THURSDAY, DECEMBER 4, 2025
FULL-BOARD PUBLIC SESSION

Longaberger Alumni House
2200 Olentangy River Road, Columbus, OH 43210
Or watch via livestream at: https://vimeo.com/event/5545128/00d528fe67

1:00 p.m. **Board Meeting Reconvenes**
Approval of August 2025 Meeting Minutes – Mr. John Zeiger
President's Report – President Walter E. Carter Jr.

Consent Agenda

1. Resolutions in Memoriam
2. Approval of Personnel Actions
3. Revocation of Degree – Doctor of Philosophy
4. Revocation of Degree – Bachelor of Arts
5. Approval to Establish an Executive Master of Health Administration
6. Approval of the Report on Low Enrollment Courses and Duplicate Programs
7. Approval of Revisions to the Interim Policy on Faculty Appointments, Faculty Workload, Tenure, and Retrenchment
8. Amendments to the *Rules of the University Faculty*
9. Faculty Personnel Actions
10. Degrees and Certificates
11. Approval to Enter Into/Increase Professional Services and Enter Into/Increase Construction Contracts
12. Approval of the East Hospital Level III Trauma Center Verification
13. Approval of Amendments to the *Bylaws of the Medical Staff* – The Ohio State University Hospitals
14. Approval of Amendments to the *Bylaws of the Medical Staff* – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
15. Approval of Amendments to the *Medical Staff Rules and Regulations* – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
16. Approval for Acquisition of Real Property – 941 Chatham Lane
17. Approval of the FY25 Progress Report on the Ohio Task Force on Affordability and Efficiency in Higher Education Recommendations
18. Authorization to Approve Golf Course Dues and Fees
19. Approval of the University Foundation Report
20. Naming of the Herbert J. Block Memorial Tournament Patient Registration
21. Naming of the Harry T. Mangurian, Jr. Foundation Visitor Lounge
22. Naming of the James L. Prusa Turfgrass Innovation Lab
23. Naming of the Kimmet Family Capstone Room
24. Naming of the Minnie M. McGee Academic Success Hub
25. Naming of Internal Spaces – University Hospital
26. Naming of Internal Spaces – Multispecies Animal Learning Complex
27. Naming of Internal Spaces – Engineering Research and Education Laboratories
28. Naming of Engineering Research and Education Laboratories

THE OHIO STATE UNIVERSITY

OFFICIAL PROCEEDINGS OF THE

ONE THOUSAND FIVE HUNDRED AND THIRTY-FIRST

MEETING OF THE BOARD OF TRUSTEES

Columbus, Ohio, June 4 – August 20, 2025

The Board of Trustees and its committees met in Columbus, Ohio, at Longaberger Alumni House, unless noted otherwise herein, and virtually over Zoom on June 4; July 2, 16 and 30; and August 13, 19 and 20, 2025, pursuant to adjournment.

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Minutes of the last meetings were approved.

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LEGAL, AUDIT, RISK AND COMPLIANCE COMMITTEE MEETING

Committee Chair Elizabeth P. Kessler called the meeting of the Legal, Audit, Risk and Compliance Committee to order on Wednesday, June 4, 2025, at 2:00 p.m.

Members Present: Elizabeth P. Kessler, Bradley R. Kastan, Juan Jose Perez, Kendall C. Buchan, John W. Zeiger (ex officio)

Members Present via Zoom: Michael F. Kiggin, Amy Chronis

Members Absent: N/A

It was moved by Ms. Kessler and seconded by Mr. Kastan that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation; to consider business-sensitive trade secrets; 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 move into executive session with the following members present and voting: Ms. Kessler, Mr. Kastan, Mr. Kiggin, Mr. Perez, Dr. Buchan, Ms. Chronis and Mr. Zeiger.

The committee entered executive session at 2:09 p.m. The meeting adjourned at 5:24 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

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TALENT, COMPENSATION AND GOVERNANCE COMMITTEE MEETING

Committee Chair Jeff Kaplan called the meeting of the Talent, Compensation and Governance Committee to order on Wednesday, July 2, 2025, at 2:00 p.m. The committee convened in Columbus, Ohio, in room 5000 of University Square South, and virtually over Zoom.

Members Present: Jeff M.S. Kaplan, Elizabeth P. Kessler, Reginald A. Wilkinson, Tomislav B. Mitevski, Juan Jose Perez, Kara J. Trott – arr. 2:11 p.m., John W. Zeiger (ex officio)

Members Present via Zoom: Gary R. Heminger – arr. 2:09 p.m.

Members Absent: N/A

It was moved by Mr. Kaplan and seconded by Mr. Perez that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters regarding the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Kaplan, Ms. Kessler, Dr. Wilkinson, Mr. Mitevski, Mr. Perez and Mr. Zeiger. Mr. Heminger and Ms. Trott were not present for this vote.

The committee entered into executive session at 2:04 p.m. and adjourned at 5:14 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

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ACADEMIC AFFAIRS AND STUDENT LIFE COMMITTEE MEETING

Committee Chair Reginald Wilkinson called the meeting of the Academic Affairs and Student Life Committee to order on Wednesday, July 16, 2025, at 2:00 p.m.

Members Present: Reginald A. Wilkinson, Elizabeth A. Harsh, Jeff M.S. Kaplan, Bradley R. Kastan, Kendall C. Buchan, Eric Bielefeld, John W. Zeiger (ex officio)

Members Present via Zoom: Michael F. Kiggin – arr. 2:40 p.m., Stefanie Sanford – arr. 2:05 p.m.

Members Absent: Elizabeth P. Kessler

It was moved by Dr. Wilkinson and seconded by Mr. Kaplan that the committee recess into executive session to discuss business-sensitive trade secrets and 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 committee voted to move into executive session with the following members present and voting: Dr. Wilkinson, Mrs. Harsh, Mr. Kaplan, Mr. Kastan, Dr. Buchan, Dr. Bielefeld and Mr. Zeiger. Mr. Kiggin and Dr. Sanford were not present for this vote.

The committee entered executive session at 2:02 p.m. and reconvened in public session at 4:07 p.m. The committee adjourned at 4:53 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

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MASTER PLANNING AND FACILITIES COMMITTEE MEETING

Committee Chair John Perez called the meeting of the Master Planning and Facilities Committee to order on Wednesday, July 30, 2025, at 1:57 p.m.

Members Present: Juan Jose Perez, Reginald A. Wilkinson, Pierre Bigby, Bradley R. Kastan, Kendall C. Buchan, Robert H. Schottenstein, Keith Myers

Members Present via Zoom: George A. Skestos – arr. 1:59 p.m.

Members Absent: Elizabeth A. Harsh, John W. Zeiger (ex officio)

It was moved by Mr. Perez and seconded by Mr. Bigby that the committee recess into executive session to consult with legal counsel regarding pending or imminent litigation, to consider business-sensitive trade secrets and to discuss details relative to security arrangements and emergency response protocols.

It was moved by Mr. Perez and seconded by Dr. Wilkinson that the committee recess into executive session to consider business-sensitive trade secrets and to consult with legal counsel regarding pending litigation. A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Dr. Wilkinson, Mr. Bigby, Mr. Kastan, Dr. Buchan, Mr. Schottenstein and Mr. Myers. Mr. Skestos was not present for this vote.

The committee entered executive session at 1:59 p.m. and reconvened in public session at 4:24 p.m. The meeting adjourned at 4:31 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

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FINANCE AND INVESTMENT COMMITTEE MEETING

Committee Chair Tomislav Mitevski called the meeting of the Finance and Investment Committee to order on Wednesday, August 13, 2025, at 9:30 a.m.

Members Present: Tomislav B. Mitevski, Pierre Bigby, Gary R. Heminger, George A. Skestos, John W. Zeiger (ex officio)

Members Present via Zoom: Michael F. Kiggin, Amy Chronis

Members Absent: Kent M. Stahl

It was moved by Mr. Mitevski and seconded by Mr. Bigby that the committee recess into executive session to consider business-sensitive trade secrets. A roll-call vote was taken, and the committee voted to go into executive session with the following members present and voting: Mr. Mitevski, Mr. Bigby, Mr. Kiggin, Mr. Skestos, Ms. Chronis and Mr. Zeiger. Mr. Heminger was not present for this vote.

The committee entered into executive session at 9:31 a.m. and reconvened in public session at 11:24 a.m. The meeting adjourned at 11:59 a.m.

(See Appendix X for Summary of Actions Taken, page XX)

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TALENT, COMPENSATION AND GOVERNANCE COMMITTEE MEETING

Committee Chair Jeff Kaplan called the meeting of the Talent, Compensation and Governance Committee to order on Wednesday, August 13, 2025 at 1:00 p.m.

Members Present: Jeff M.S. Kaplan, Elizabeth P. Kessler, Gary R. Heminger, Reginald A. Wilkinson, Tomislav B. Mitevski, Juan Jose Perez, Kara J. Trott, John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Kaplan and seconded by Mr. Heminger that the committee recess into executive session to discuss business-sensitive trade secrets and personnel matters regarding the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Kaplan, Ms. Kessler, Mr. Heminger, Dr. Wilkinson, Mr. Mitevski, Mr. Perez, Ms. Trott and Mr. Zeiger.

The committee entered into executive session at 1:05 p.m. and adjourned at 3:25 p.m.

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FULL-BOARD EXECUTIVE SESSION

Board Chair John W. Zeiger called the meeting of the Board of Trustees to order on Tuesday, August 19, 2025, at 9:28 a.m.

Members Present: John W. Zeiger, Elizabeth P. Kessler, Gary R. Heminger, Jeff M.S. Kaplan, Elizabeth A. Harsh, Reginald A. Wilkinson, Michael F. Kiggin, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott, Patrick J. Tiberi

Members Present via Zoom: N/A

Members Absent: N/A

Mr. Zeiger:

Will the Secretary please advise when a quorum is present?

Ms. Eveland:

A quorum is present.

Mr. Zeiger:

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 consult with legal counsel regarding pending or imminent litigation; to consider business-sensitive trade secrets; and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

Upon the motion of Mr. Zeiger, seconded by Mr. Perez, the Board of Trustees adopted the foregoing motion by unanimous roll-call vote, cast by trustees: Mr. Zeiger, Ms. Kessler, Mr. Heminger, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos, Ms. Trott and Mr. Tiberi.

The meeting entered executive session at 9:29 a.m. and adjourned at 12:06 p.m.

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WEXNER MEDICAL CENTER BOARD MEETING

Board Secretary Jessica A. Eveland called the meeting of the Wexner Medical Center Board to order on Tuesday, August 19, 2025, at 12:59 p.m.

Members Present: Gary R. Heminger, Tomislav B. Mitevski, Juan Jose Perez, George A. Skestos, Kara J. Trott, Robert H. Schottenstein, Cindy Hilsheimer, Amy Chronis, Hiroyuki Fujita, John W. Zeiger (ex officio), Walter E. Carter Jr. (ex officio), Ravi V. Bellamkonda (ex officio), John J. Warner (ex officio)

Members Present via Zoom: Stephen D. Steinour – arr. 1:03 p.m., Michael Papadakis (ex officio)

Members Absent: Leslie H. Wexner

It was moved by Mr. Schottenstein and seconded by Dr. Warner that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential.

A roll-call vote was taken, and the Board voted to go into executive session with the following members present and voting: Mr. Heminger, Mr. Mitevski, Mr. Perez, Mr. Skestos, Ms. Trott, Mr. Schottenstein, Mr. Steinour, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Mr. Zeiger, President Carter, Dr. Bellamkonda, Mr. Papadakis and Dr. Warner.

The Wexner Medical Center Board entered executive session at 1:40 p.m. and adjourned at 4:21 p.m.

(See Appendix X for Summary of Actions Taken, page XX)

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ATHLETICS COMMITTEE MEETING

Committee Chair Gary Heminger called the meeting of the Athletics Committee to order on Wednesday, August 20, 2025, at 7:59 a.m.

Members Present: Gary R. Heminger, Michael F. Kiggin, Elizabeth P. Kessler, Jeff M.S. Kaplan, Pierre Bigby, Bradley R. Kastan, George R. Skestos, Kendall C. Buchan, John W. Zeiger (ex officio)

Members Present via Zoom: N/A

Members Absent: N/A

It was moved by Mr. Heminger and seconded by Mr. Kaplan that the committee recess into executive session to discuss business-sensitive trade secrets and to discuss personnel matters involving the appointment, employment and compensation of public employees.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Heminger, Mr. Kiggin, Ms. Kessler, Mr. Kaplan, Mr. Bigby, Mr. Kastan, Mr. Skestos, Dr. Buchan and Mr. Zeiger.

The committee entered into executive session at 8:05 a.m., and the meeting adjourned at 9:48 a.m.

(See Appendix X for Summary of Actions Taken, page XX)

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FULL-BOARD PUBLIC SESSION

Board Chair John W. Zeiger convened The Ohio State University Board of Trustees on Wednesday, August 20, 2025, at 10:03 a.m.

Members Present: John W. Zeiger, Elizabeth P. Kessler, Gary R. Heminger, Jeff M.S. Kaplan, Elizabeth A. Harsh, Reginald A. Wilkinson, Michael F. Kiggin, Tomislav B. Mitevski, Pierre Bigby, Juan Jose Perez, Bradley R. Kastan, George A. Skestos, Kara J. Trott

Members Present via Zoom: N/A

Members Absent: Patrick J. Tiberi

Mr. Zeiger:

> Good morning and welcome to this session of the Board of Trustees meeting of The Ohio State University. Will the Secretary please advise when a quorum of trustees is present?

Ms. Eveland:

> A quorum is present.

Mr. Zeiger:

Thank you. I would like to convene this meeting of the Board of Trustees and remind everyone with us today that this meeting is being recorded and livestreamed for the public by WOSU. I also ask that everyone with us this morning follow rules of decorum proper to the conducting of the business at hand.

I'd like to start the meeting this morning by welcoming our two newest members to this Board of Trustees — Trustee Pat Tiberi and Student Trustee Patrick Arp, both of whom have been appointed by Governor DeWine to the Board of Trustees since our last public meeting. Pat Tiberi has had a remarkable career as a public servant, having served — and served with distinction — in the Congress of the United States from the central Ohio area for many years. He's currently the CEO of the Ohio Business Roundtable. Patrick is a junior studying biomedical science and economics — to make sure that he has plenty of things to do — and has already impressed us as a very thoughtful and good contributor. So, we welcome both Pat and Patrick to this board and appreciate your service in this respect.

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RECOGNITION OF DISTINGUISHED UNIVERSITY PROFESSORS

Mr. Zeiger:

We have a special event this morning. It focuses on the core mission of this university, which is the education and research that distinguish us from so many other universities. We have the privilege of honoring the newest Distinguished University Professors, each of whom is an accomplished faculty member known as an expert in their field both at the university and well beyond. Each is an outstanding scholar, mentor and educator.

Academic excellence is the highest priority of this Board of Trustees, as we have discussed at many of our meetings. And the accomplishments of these individuals add to the excellence and prestige of our university. So, we welcome our honorees this morning with great pride.

Provost Bellamkonda — if you would please introduce the newest Distinguished University Professors? Thank you.

Dr. Bellamkonda:

Thank you, Mr. Chairman.

Mr. Chairman and members of the board, it is my distinct honor to introduce to you The Ohio State University's Distinguished University Professors for 2025. Before I make the introductions, however, I'd like to explain what the title “Distinguished University Professor” means and what a significant recognition it represents.

This is the highest honor bestowed by Ohio State. Period. Since its creation more than 35 years ago, the Distinguished University Professor title has been awarded to a very limited group of exceptional faculty members each year. This

year, we are fortunate to have five. They hold the title in perpetuity. Nominations are put forward by our colleagues and, following an extremely rigorous review process, the candidates' records in teaching, research and scholarly activity, as well as creative work and service, are evaluated, and final recommendations are made by the members of the President and Provost's Advisory Committee, a committee of peers. Distinguished University Professors are awarded $30,000 as a one-time grant to support their academic work. They also automatically become members of the President and Provost's Advisory Committee. That means that Ohio State can call on their expertise to advise us on how best to promote academic excellence at the university.

This year's Distinguished University Professors are: Dr. Patrick Green, College of Veterinary Medicine; Dr. Peter Hahn, College of Arts and Sciences; Dr. Anita Hopper, College of Arts and Sciences; Dr. Michael Lisa, College of Arts and Sciences; and Dr. Phil Popovich, College of Medicine.

Dr. Green is unable to join us today. However, with your permission, I will introduce Dr. Green as well.

Dr. Patrick Green is internationally recognized for his pioneering research that has significantly advanced the understanding of human T-cell leukemia viruses, or HTLV, and retroviruses. Widely regarded as the preeminent researcher and worldwide leader in the structure-function relationships of HTLV proteins and their role in disease, Dr. Green has not only improved our understanding of cancer-causing retroviruses, but is also applying his discoveries to the development of therapeutics and vaccines to address such conditions.

Dr. Green is the director of our Center for Retroviral Research and is a senior advisor at The Ohio State University Comprehensive Cancer Center. The relevance of Dr. Green's work to human health has been broad and significant, especially with respect to cancer, leading to a long list of prestigious awards and scientific recognitions. He's a Fellow of the American Association of the Advancement of Science, American Academy of Microbiology, American Cancer Society, Leukemia Society of America, amongst other honors. He's been recognized by the International Retrovirology Association for exceptional contributions to the field of HTLV and other related viruses. And, in 2019, he received the Dale McFarlin Award for outstanding service to the association. In 2009, he was named a University Distinguished Scholar, a recognition of outstanding scholarly activity, research or creative works. May we now see a video of Dr. Green.

[VIDEO PRESENTATION]

Dr. Bellamkonda:

Congratulations to Dr. Green, sir. Thanks.

It is now my pleasure to introduce Distinguished University Professor Peter Han. Peter Hahn is a prominent scholar recognized for his extensive contributions to the field of U.S. foreign policy, especially regarding the Middle East. His work has significantly shaped the understanding of U.S. diplomatic history and international relations, earning him a recognition as the leading expert in his field. He's authored eight books, co-edited a collection of articles and published nearly 100 scholarly reviews, essays and commentaries. His research has been supported by prestigious fellowships, including the National Endowment for the

Humanities, the Fulbright Scholar Program and the Office of the Secretary of Defense. In recognition of his research achievements, Dr. Hahn has received the Society for Historians of American Foreign Relations Distinguished Service Award in 2017 and the Stuart L. Bernath Lecture Prize in 1998.

In addition to his research during his over three-decade tenure at Ohio State, Dr. Hahn has exemplified excellence in teaching and mentorship. He has developed and taught courses on U.S. foreign policy, modern U.S. history, including a study abroad program focusing on World War II in Europe. I'd like to go on that program. Dr. Hahn has mentored nearly 40 PhD students and 34 master's students, many of whom have gone on to prestigious careers.

This spring, Dr. Hahn also retired from Ohio State after more than 30 years of service to the university. He now proudly bears the title of professor emeritus. May we now please see the video of Dr. Hahn.

[VIDEO PRESENTATION]

Dr. Bellamkonda:

Congratulations, Dr. Hahn. Would you like to say a couple words?

Dr. Hahn:

I would. Thank you for the opportunity to address the board briefly.

I'm deeply honored to accept this award of Distinguished University Professor. Ohio State University has been a remarkable place for me to pursue my professional aspirations. The Department of History boasts a dynamic cohort of scholars in diplomatic and military history — many of them here this morning — who have earned a reputation for comprising the nation's finest research and graduate education program in those fields. Department chairs, including the current one, Professor Scott Levi, have maintained standards of excellence and have carefully shepherded resources in support of scholarly achievements. The Mershon Center for International Security Studies has been a gateway for interdisciplinary perspectives and discussion that sharpened my scholarship.

To put it succinctly, it's hard to imagine a better environment for me as I analyzed the long and complicated history of U.S. foreign policy in the Middle East.

Ohio State's commitment to excellence among undergraduates has created fabulous opportunities for me to pursue my other passion, which is teaching. In partnership with colleagues David Steigerwald and Peter Mansoor, I learned that there is no better way to instruct students and alumni about the D-Day invasion except to walk with them on Omaha Beach.

I cherish the traditional classroom where I taught the intricacies of U.S. foreign policy to hundreds of undergraduates who were destined for careers in civil and military service, and also in medicine, business and engineering, among other professions — citizens all. Through their questions and comments, I learned how to articulate the narrative more cogently, more evenhandedly and more comprehensively. Semester after semester, they demonstrated the synergy generated by Ohio State's dual commitment to excellence in teaching and excellence in research. My students confirmed my principled view that

undergraduate instruction was our original purpose and remains our most important mission.

Thank you.

Dr. Bellamkonda:

Thank you, Dr. Hahn, for everything that you do.

Mr. Chairman, it's my pleasure now to introduce our Distinguished University Professor, Dr. Anita Hopper.

Dr. Anita Harper's groundbreaking research has significantly advanced the understanding of transfer RNA biogenesis and processing. She was the first to discover mutants that accumulate unspliced tRNAs, a finding that has paved the way for numerous biochemical assays in tRNA splicing. Her recent work has identified more than 140 novel proteins involved in tRNA intron turnover and nuclear-cytoplasmic bidirectional movement, providing new insights into tRNA biogenesis.

Throughout her career, Dr. Hopper has published more than 120 peer reviewed papers and has been continuously funded by the National Institutes of Health since 1976. Her exceptional contributions to science have been recognized by numerous awards, including the election to the National Academy of Sciences, the American Academy of Arts and Sciences, the American Academy of Microbiology, and the American Association for the Advancement of Science. She's received the Lifetime Achievements in Science Award from the RNA Society and has also received the Ohio State Distinguished Scholar Award in 2012. In addition to her research, Dr. Hopper is a dedicated educator, having mentored dozens of postdoctoral fellows, graduate and undergraduate and high school students.

Maybe now please see the video of Dr. Hopper.

[VIDEO PRESENTATION]

Dr. Bellamkonda:

Dr. Hopper, congratulations. We're proud of your work. Would you like to share a few words, please?

Dr. Hopper:

OK, most of what I would have liked to say is in that video.

I have three passions I might like to describe. The first is what I do: basic research — what I call discovery research. This is investigations into the unknown, and it is so important because without advances into the unknown, there's no application in medicine, health or the environment. And we do a very good job in basic sciences here at Ohio State.

The second passion is mentorship. So, as a first-generation college student, I would not be here at all if I hadn't had dedicated, supportive mentors who advised me all the way through. So, part of my mission here is payback, to have

the next generation of young scientists have the support that they need to pursue.

And then the third passion is state-supported schools. So, all my education and all my academic career has been in state-supported schools, and they are essential to the mission of this country and of our next generation. Ohio State is, I think, the best of the universities that I've been at because it is so crazy large, and we have everything here from sciences to engineering and physics all on one campus, which means we can interact in ways that would not be possible if we were dispersed in different groups. So, this has been a wonderful place for me to teach undergraduates, graduate students, postdocs; to conduct what I think is unique research; and to look forward to next generation of scientists.

Dr. Bellamkonda:

Thank you so much and congratulations.

We now switch gears to atomic physics, in a matter of sense. It is my pleasure to introduce you to Distinguished University Professor, Dr. Michael Lisa.

Dr. Michael Lisa's research bridges the boundary between the traditional fields of nuclear physics and high-energy particle physics. His experimental studies investigate collisions between very heavy atomic nuclei traveling at nearly the speed of light. His goal is to melt these nuclei into a hot stew of quarks, which are usually trapped within the protons, which constitute the nucleus. This phenomenon, known as the quark-gluon plasma, was last seen in nature only microseconds after the Big Bang — not the TV show.

Dr. Lisa's research is responsible for seminal breakthrough discoveries. His development of azimuthally sensitive femtoscopy is a touchstone in the field, allowing for precise measurements of the size and lifetime of the fireball created in nuclear collisions. More recently, his work has led to the exciting development of measuring the vorticity of the quark-gluon plasma, a way to quantify how fast this extreme fluid is swirling.

Widely recognized for his scientific contributions, Dr. Lisa received the Sambamurti Memorial Prize Lectureship from Brookhaven National Lab, where he was, and he was also a Fulbright Scholar. He's a Fellow of the American Association of the Advancement of Science and the American Physical Society. In 2020, he was named a University Distinguished Scholar.

May we now please see a video of Dr. Lisa.

[VIDEO PRESENTATION]

Dr. Bellamkonda:

Congratulations, Dr. Lisa. Would you like to share a few thoughts please?

Dr. Lisa:

Sure. Thank you. Thanks to the Board of Trustees and university. I'm very honored by this title.

It's been a pleasure to be at Ohio State. I bring international research from national labs, from international labs to Ohio State. We're working at scales 100,000 times smaller than a single atom, at very high energies, as was said. And this leads to new phenomenon never anticipated before. And there have been three discoveries — which I won't go into the details on — made here at Ohio State by students at Ohio State.

As I guess the video said, presenting very complex physical systems to bright young minds really can lead to surprising and fascinating results. It's been a pleasure to work with the students here. I'm always — well, I used to be very surprised by what they can do, and now I am no longer surprised. These young students, then, are leading to basically the intellectual infrastructure of our country. They enter the workforce with skills that they really could get nowhere else. I'll sort of echo the words said before that the size of this university allows me to access other scientific departments, the engineering department to promote my scientific research. And the support of the faculty has been tremendous in terms of sharing knowledge from atomic physics, quantum optics, etcetera, to sort of expand my own research. I'd say the collaborative culture of OSU is largely unique. I talked to colleagues at other universities, and this is not ubiquitous. It's something that is special here, and it's a culture that we strive for. I've noticed this, that we strive for this. It leads to excellence and sort of builds on itself, and that's something valuable that we need to keep in mind as we move forward.

The teaching aspect here is also very important. I found the culture very supportive of teaching. Teaching is a passion of mine. I was able to write a textbook on the physics of sports, as a matter of fact, and this actually has been quite popular. And I find that the passion for teaching is also reflected among my colleagues. Once again, this leads to a culture that supports instruction of our young people. I found Ohio State a fantastic place to work and unique place to develop the science and education I've been able to participate in. So, thank you.

Dr. Bellamkonda:

Thank you so much. You're an important part of creating that culture. Thank you.

Finally, it is my pleasure to introduce you to Distinguished University Professor, Dr. Phillip Popovich.

Dr. Phillip Popovich has conducted more than 20 years of groundbreaking research at Ohio State, leading to significant discoveries, including the crucial role of immune cells in regulating spinal-cord injury and repair processes.

Dr. Popovich serves as the chair of the Department of Neuroscience in the College of Medicine as well as the executive director of the Belford Center for Spinal Cord Injury and the director for the Center for Brain and Spinal Cord Repair. Many of you also know him as one of our faculty public members who offers his valuable perspectives and expertise this board.

Throughout his career, he has published more than 160 peer reviewed papers and has secured more than $90 million in research funding. In recognition of his exceptional research achievements, Dr. Popovich has been honored with the university's Distinguished Scholar award in 2018. In addition to research, Dr.

Popovich has also demonstrated excellence in teaching, mentorship and service. Throughout his tenure, he has mentored more than 140 students, postdoctoral researchers and fellow faculty members. Dr Popovich has a long record of service to Ohio State and his broader field, serving on more than 60 Ohio State committees and over 35 national or international organizations.

May we please now see the video of Dr. Popovich.

[VIDEO PRESENTATION]

Dr. Bellamkonda:

Thank you so much. Would you like to share a few words, Dr. Popovich?

Dr. Popovich:

Sure. Thank you very much. Given the video and your comments, I'll be brief.

Even though I'm being honored with this award today, I think it's important to acknowledge that that my professional accomplishments were made possible because of Ohio State, to the many resources and investments they've made in my lab and in me in particular, but also to the exceptional trainees, colleagues and friends whose collaboration makes this really complex work that we do engaging and rewarding, and a lot of fun to do.

One of the advantages of being an academic scientist is being able to travel the world, and I've been fortunate to do that. I've given hundreds of lectures across the world and have visited many institutions that you often see in our aspirational list of places that we'd like to be like. And I can tell you that none of them surpass Ohio State in terms of quality of faculty, trainees and resources. So, I'm truly honored and proud to be part of this institution. And I again thank the board and my colleagues for nominating me and bestowing me with this honor.

Dr. Bellamkonda:

As your chief academic officer, I also want to convey my thanks to this board. We have incredible faculty, and the board and your focus on academic excellence is an asset to this university, and it gives me pleasure to support our faculty.

May I, at this time, invite Chairman Zeiger and President Carter to please step forward so we can present our faculty with some medallions?

[PRESENTATION OF MEDALLIONS]

Mr. Zeiger:

Wow.

Our board is very committed to academic excellence, and we've seen just an extraordinary display of Ohio State's greatest this morning, and we know there are many other faculty members who are following the same path. So, thank you for the commitment you've made to the university. We are so pleased to honor you for what has just been a tremendous contribution to the university and to the academic world. So, thank you so much.

I'd be remiss if we didn't say also a special thank you to Dr. Popovich, our friend. He has served with distinction as an advisor to, and participant in, a number of our university Board of Trustees committees. He is a respected voice who speaks on behalf of the faculty and gives us a perspective that is unique and important. So, Phil, thank you for that.

Dr. Popovich:

Thank you.

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APPROVAL OF MINUTES

Mr. Zeiger:

Our next order of business this morning is the approval of the minutes from our May meeting of the Board of Trustees. They have been distributed to the trustees. Are there any additions or corrections to those minutes?

Hearing none, the minutes will be approved as distributed. *(Minutes were approved.)*

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PRESIDENT'S REPORT

Mr. Zeiger:

I now invite President Carter to update us on the developments and give us his report. Ted?

Mr. Carter:

Thank you, Mr. Chairman. And I want to add my congratulations to our Distinguished University Professors. And, yes — you do not have to stay for the rest of the meetings. We've held you hostage enough already, so if you do want to depart — or if you do want to stay — you're welcome.

I want to join the chairman in welcoming our two new board members: Trustee Pat Tiberi and our new undergraduate student trustee, Patrick Arp. We are fortunate to be led by a board that cares about our mission and continually challenges us to think big and bold.

Trustee Tiberi couldn't be here today, but to him and Trustee Arp, I would say that we appreciate your service, and I look forward to working closely with you to build a strong future for Ohio State.

We have had a busy summer since this board last met. Of course, the highlight was a few weeks ago when we celebrated the Class of 2025 during our summer commencement ceremony. We awarded 1,769 degrees and certificates that day to the future leaders of Ohio.

I am proud to say that the total number of living Buckeye alumni is now over 629,000. 629,000. That is an incredible network of leaders all around the world who represent the collective power of an Ohio State education.

As we send one class of graduates out into the world, we are excited to welcome the newest cohort of Buckeyes. As you all know, we are six days from the start of the fall semester, and I'm already feeling the energy and excitement as students and faculty return to campus. In fact, today is the first of the move-in days — the biggest move-in day. Forty-five hundred students moving in on campus just today.

As I've said to our university community, last year was an incredible year for us, in terms of student enrollment, success in the classroom, record research activity, record philanthropy and of course our historic run to the national championship. But I have every reason to believe we are going to raise the bar even higher this year.

I look at the quality of our faculty — which was just on display — the talents of our students, the partnerships we have across the community, the opportunities we have to invest in ourselves, and I am as optimistic as I have ever been about Ohio State's future.

So, we are excited to get the fall semester underway and continue our pursuit of excellence.

And when we say we want to compete with the best in everything we do, we mean it. We're looking forward to hosting the No. 1-ranked team in the country at the Horseshoe next week.

Maybe the most significant announcement we made this summer was the launch of Ohio State's new AI Fluency initiative. This is an effort to make sure every Ohio State student, beginning with the Class of 2029, is fluent in artificial intelligence, or AI, when they graduate.

This isn't limited to computer science and technology students; we will integrate AI into every program of study, whether it's agriculture, health care, the arts or accounting. That's because we recognize that AI is transforming just about every part of our lives. We want our students to be ready.

Our goal isn't to teach students how to use ChatGPT, it's about equipping students with the skills they need to use this technology to do good. And it's about preparing a tech-ready workforce for Ohio.

I just read a story that said 57 million people in this country are interested in learning AI, but higher education is only meeting a tiny fraction of that demand. I am proud that Ohio State is out in front.

Our teams have been working hard to implement the AI Fluency initiative in preparation for the fall semester. All undergraduates will be required to participate in a General Education Launch Seminar and GenAI workshops that will be integrated into the First Year Success series.

A new “Unlocking Generative AI” course will also be available to students in all majors. Students in the course will learn skills to interact with AI creatively and responsibly while exploring AI’s impact on society.

I want to thank Provost Bellamkonda, who has worked closely with our academic leadership to successfully move this effort forward. This work is key to our vision to define the future of higher education at Ohio State, and we expect that, ultimately, AI will touch almost every aspect of campus life.

We have made several new appointments, by the way, on our senior leadership team. On August 1, we welcomed Rob Lowden as our new vice president and chief information officer. Rob comes to us from Indiana University, where he served for 20 years, and we are pleased to have attracted someone with his experience and expertise to our university. I know he’s going to bring big thinking to our work in the technology space.

We also shared the bittersweet news that Elizabeth Parkinson has decided to retire as senior vice president for marketing and communications, effective next March. Elizabeth has capably led our marketing and communications teams for the past four years, and she has graciously given us a runway to prepare for the transition.

Beginning September 1, Mike Eicher will become senior vice president for external affairs and will assume leadership of marketing, as well as our government relations team, in addition to continuing to lead advancement and alumni relations. Senior Vice President for Administration and Planning Chris Kabourek will also become a senior advisor to me and oversee our communications team. I thank both Mike and Chris for taking on these expanded leadership roles.

We are also welcoming a familiar face back to campus — as you can see on the screen. President Emeritus E. Gordon Gee is returning to Ohio State for a one-year residency to consult on academic initiatives. President Emeritus Gee brings significant experience from his many years of leadership at Ohio State and across higher education, and I know we will benefit from his perspectives.

The last time we were together, I discussed our ongoing work to implement the provisions of Senate Bill 1, most of which took effect on June 27. It has been no small task to bring us into compliance with the legislation under a compressed timeline, and I want to again recognize Provost Bellamkonda, Anne Garcia and Stacy Rastauskas for their leadership.

As planned, we have launched a centralized website that covers the full details related to SB 1 and implementation guidance for our university community. We are also in regular communication with faculty and others across our campus as we prepare for a new academic year with the law in place. I’m pleased with our work and our continued commitment to providing all students, faculty and staff with the support they need to successfully learn, teach and do life-saving research.

I’ll conclude my report by saying that we have been hard at work building out the details of our Education for Citizenship 2035 strategic plan. I am grateful to this board and our entire campus community for the inputs and ideas they’ve shared with me about Ohio State’s future. And I am excited to share more details as our campus comes back together this fall.

I have said that I believe the future of higher education will run through America's great land-grant universities. And I think Americans are looking to places like Ohio State to lead the way forward. I've seen that recently as I have had opportunities to participate on *Face the Nation* and join the NCAA Board of Governors. Ohio State is driving the conversation forward, and we are very excited to keep that conversation going. There's more to come, very soon.

Mr. Chairman, that concludes my report. Thank you all.

Mr. Zeiger:

Thank you, President Carter.

An institution as large and prominent as Ohio State presents a wide array of pressing matters for our president to deal with on a daily basis. We've learned that it takes a leader who is also an optimist to recognize the abundance of opportunities these challenges present — opportunities in student academics, research, patient care and outreach throughout our state and beyond.

President Carter, the board continues to be impressed by your ability, with the help of your team, to manage the day-to-day complexities of the university while also developing, and now beginning to implement, a plan to enhance Ohio State's unique strengths and position. The board feels a momentum you are generating — changes that will enhance student preparation and academic excellence, grow our already tremendous research portfolio and set the standard for top-tier patient care. We are confident this momentum will continue and gain speed over the next year, benefiting every student and inspiring all who love Ohio State.

You are a fine ambassador to our community and to every constituency of this university. You connect well with students, faculty, staff, alumni and our partners on the Columbus campus, on our regional campuses, and with the leaders and students and citizens of our state.

It goes without saying that the board is deeply appreciative of the collaborative working relationship we have enjoyed with you. Without question, the alignment we have built and maintained over the past 20 months provides us an outstanding foundation for the university's future.

We are grateful for your leadership and your partnership, and we are excited that the future holds great things for Ohio State under your leadership.

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CONSENT AGENDA

Mr. Zeiger:

We will now move to our consent agenda, the final item of business this morning.

I think it's important that the public understand that there are 35 items on this consent agenda list, but all of them have been reviewed by our committees, which have met on a regular basis since our last public meeting.

And I hold in my hand the materials that have resulted from these deliberations. For those who are listening but not seeing, this is about a four-inch thick set of resolutions for today, which reflect literally hours and hours and hours of not only administrative time, but time of this board.

Among these various proposals for consideration today are: measures that will approve the university's operating and capital budgets, which are reviewed in great detail by our board; proposals ratifying the policies and procedures for patient care and patient experience at the Wexner Medical Center; and some cleanup, adjusting some of the membership of our committees and some of the authority of our committees.

In addition to these items that have been thoroughly reviewed by our committees, we also have resolutions in memoriam, and we have two hand-carried resolutions that we will deal with this morning. The two hand carried resolutions — one on the board's assessment of President Carter's performance during fiscal year '25 and the related compensation adjustments, and the other identifying presidential goals for fiscal year '26 that the board has set — these both will be part of the materials that will be presented for action on the consent agenda. Copies of the hand-carried items are available from our media relations team for the public.

Two of the resolutions we deal with this morning implement the requirements of newly passed Senate Bill 1. One of those complies with the legislative mandate that we limit the voting privileges of our student trustees. The board has been and continues to be clear that we believe our student trustees add unique value and are important voices, and frankly, we're disappointed that they will not be voting members going forward. While the university will honor this legislative change, our trustees continue to believe that we have outstanding student trustees, both currently and in the past, and will remain most appreciative of their views as we have our committee meetings in which they will participate fully.

The second resolution this morning implements other provisions of Senate Bill 1. Those documents implementing those provisions reflect just a tremendous amount of work, commitment and focus by many across this university, since as President Carter mentioned, that law went into effect on June 27. On behalf of the trustees, I want to express appreciation to everyone who worked in this major undertaking, particularly since the approach was one of collaboration between diverse groups on this campus — students, faculty and administration all were in participation.

There are significant changes in those provisions that we implement today, but we need to be very, very clear on one fundamental point: These changes have not and will not alter the mission of the university. Ohio State is and will steadfastly remain committed to academic freedom, open inquiry, intellectual diversity and rigorous academic conversation and debate — just as it has been since its founding.

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RESOLUTIONS IN MEMORIAM

Resolution No. 2026-15

CAROL A. BAKER

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death of Carol A. Baker, Professor Emeritus in the College of Nursing, on April 24, 2025. She was 88 years old.

Professor Baker received her BSN (1958) and MSN (1972) from The Ohio State University, and she earned her PhD from University of Illinois. Professor Baker became a Professor and Lecturer in 1972 until she retired in 1995 with emeritus status. She was a trailblazer as one of the first nursing faculty to hold a joint appointment at the College of Nursing and the Arthur G. James Cancer Hospital. She loved teaching students and staff nurses how to implement research into practice.

Professor Baker was a very active alumna of The Ohio State University and the College of Nursing, having served as President of the College of Nursing's Alumni Association Board for many years and dedicating time to raise money for student scholarships. She was part of a group of nursing alumni leaders — many of whom had been presidents of the alumni society — who saw a need for nursing student scholarships. They set an ambitious goal of raising $1 million for scholarships by the College of Nursing's centennial year in 2014. They achieved that goal by organizing letter writing campaigns to nursing alumni, several golf outings, a chocolate fantasy dessert event and a wine tasting.

After retirement, Professor Baker learned how to play golf and discovered a hidden passion for downhill skiing, joining the Columbus and Cleveland Ski Clubs. She enjoyed both domestic and foreign travel with her husband and close friends. She became an avid gardener and always said to herself, "gardening is taking care of things. That's what nurses do."

Food carried special significance in Carol's life, both during her career and in her volunteerism. She focused on teaching her patients the importance of nutrition and their overall health. She loved caring for and providing service to others, which she continued after retirement as she coordinated and served "Monday Meals" to Friends of the Homeless, a support mission of First Community Church. She credited her organizational skills — attributes learned from teaching — for being able to feed so many people every Monday.

When Professor Baker was asked what she thought her greatest legacy will be, she answered that it was her love for nursing and her enthusiasm for the profession.

On behalf of the entire Ohio State community, the Board of Trustees expresses to the family and loved ones of Professor Carol A. Baker its deepest sympathy and compassion for 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.

ROBERT A. BUERKI

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow upon the passing on June 7, 2025, of Robert A. Buerki, PhD, Professor Emeritus in the College of Pharmacy.

Professor Buerki received his BS in pharmacy from the St. Louis College of Pharmacy in 1963 and his MS in social studies of pharmacy in 1967 from the University of Wisconsin. He received his PhD in adult education and educational development, with a minor in history of science, in 1972 from The Ohio State University and his MA in public history in 1988 from Wright State University. A member of the faculty of The Ohio State University College of Pharmacy Division of Pharmacy Practice and Science since 1965, Dr. Buerki retired in June 2011. As Professor Emeritus, he continued to teach the history of pharmacy and professional ethics on a part-time basis. He served as Secretary-Treasurer, Chairman-Elect and Chairman of the American Association of Colleges of Pharmacy Section of Continuing Professional Education from 1970-1979; Secretary-Treasurer, Vice President and President of Rho Chi Pharmacy Honor Society from 1967-1978; and as Historian for both of these organizations. He also served as President-Elect, President and Secretary of the American Institute of the History of Pharmacy from 1981-1985.

During his 46-year career, Dr. Buerki authored over 80 articles, book chapters and books on various aspects of professional ethics and the history of pharmaceutical education. He received many awards, including the National Rho Chi Society Distinguished Service Award in 1972 and 1978, the Certificate of Commendation from the Academy of the History of Pharmacy in 1987 and the American Association of Colleges of Pharmacy Section of Continuing Professional Education's William L. Blockstein Award for sustained contributions to continuing pharmaceutical education in 2000. Dr. Buerki was inducted into the International Academy of the History of Pharmacy (AIHP) in 2003, received the AIHP's Edward Kremers Award for distinguished pharmaco-historical writing by an American in 2004 and received the Edmund D. Pellegrino Medal for his contributions to health care ethics in 2006.

On behalf of the university community, the Board of Trustees expresses to the family and loved ones of Professor Emeritus Robert Buerki its deepest sympathy for 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 appreciation.

KONRAD DABROWSKI

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death of Konrad Dabrowski, Professor in the College of Food, Agricultural, and Environmental Sciences School of Environment and Natural Resources, on June 26, 2025.

Professor Dabrowski joined the faculty in 1989 and served for 36 years with distinction until 2025. Dr. Dabrowski earned his MS and PhD from Agriculture University, Olsztyn, Poland, and his DSc from Agricultural University, Szczecin, Poland. He focused his exemplary scholarly career on aquaculture and fish physiology. Recognized as a foundational figure in the field of aquaculture, Dr. Dabrowski made an indelible mark, becoming an internationally recognized expert in this field. His work sought to advance and broaden the understanding of linkages between nutrition and genetics, primarily in freshwater fish.

Professor Dabrowski has made a lasting scholarly impact on improvements in aquaculture and fish production in controlled environments. Dr. Dabrowski led international collaborations in Southeast Asia, Africa, the Middle East and Europe

to advance the understanding of the biological value of fish diet formulations and reproduction, the role of nutrition of early life stages of aquaculture species, and their growth and survival.

Dr. Dabrowski held two patents — one on dietary formulations and one on methods of producing chimeric fish. He served the field of aquaculture and fish physiology generously as an active member of regional, national and international scientific and professional organizations and served on the editorial boards of more than 10 scientific journals. He was the author of more than 390 peer-reviewed publications, and his research shaped global thinking in fisheries science. Over 21,000 citations were credited to his work.

He expanded learning and development for both undergraduate and graduate students through exemplary research, guest lectures and teaching. He mentored generations of undergraduate and graduate students, Fulbright Scholars and visiting scholars from around the world. As an internationally recognized expert, he traveled extensively to present his research, teach, learn new methods and build scientific collaborations.

He facilitated academic and professional growth among students with enduring influence to study-controlled reproduction, early life history, maturation, sex reversal, and gynogenesis of several fish species. He encouraged student engagement in research and outreach communications, including presenting their work at Aquaculture America, and many of his mentees have gone on to careers in academia and government agencies and carry this work forward.

On behalf of the university community, the Board of Trustees expresses to the family and loved ones of Professor Konrad Dabrowski its deepest sympathy for 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.

MELVIN N. GREENBALL

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on March 27, 2025, of Melvin N. Greenball, Professor Emeritus in the Department of Accounting Management Information Systems in Fisher College of Business. He was 87 years old.

Dr. Greenball received his BS with distinction in accounting and economics from Indiana University in 1958. He went on to earn an MBA with distinction in 1961 from the University of Michigan and his PhD from the University of Chicago in the fields of mathematical methods and computers, economics and accounting in 1966. He passed his CPA exam in Indiana in 1958 and in Ohio in 1987.

His first role in accounting was as an Auditor at Arthur Anderson from 1961-1962. After graduating with his PhD from the University of Chicago, he served as Assistant Professor of business administration at the University of California, Berkeley from 1966-1968.

In 1968, he joined The Ohio State University and became a Professor at the then-College of Administrative Science until 1982. With a brief break from 1982-1986, he would return to the school, now called the College of Business, in 1987. This

began his long, storied career as Professor of Accounting at Ohio State that would last until retirement.

Dr. Greenball taught a wide variety of classes, from undergraduate studies in personal individual taxation to macroeconomics. His course offerings included accounting theory and theory of finance seminars and workshops. One of Professor Greenball's unique innovations was his scientific and scholarly approach to teaching classical accounting theories of valuation and income measurement. He designed a set of unifying examples, which helped students develop intuition about the costs and benefits of the various theories. He was always happy to preside over dissertations of PhD candidates seeking to learn from him. Dedicated to his field, Professor Greenball could be found sharing wisdom on radio and television programs as well as consulting.

While he worked hard to be an excellent teacher, he never stopped learning or engaging in vigorous research. This is evidenced by his published texts and articles featured in publications such as the Journal of Accounting Research, Empirical Research in Accounting and others.

When Dr. Greenball was not teaching or writing, he was reviewing the work of others in his field. A theorist at heart, Professor Greenball examined and eloquently spoke about his proposal of a "flat tax system" based on his research on the disparities of tax rates based on income and marital status. This innovative thinking, combined with his love for the field, earned him numerous accolades throughout his career.

Perhaps the greatest compliment is that Dr. Greenball was known as a generous and conscientious instructor who managed to impart his passion for the science of accounting to all of his students. He was granted faculty emeritus status effective April 1, 1997.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Melvin N. Greenball its deepest sympathy and compassion for 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.

JOHN F. GRIMES

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on April 16, 2025, of John F. Grimes, Associate Professor Emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences (CFAES).

Mr. Grimes began working for Ohio State University Extension in Brown County in March 1986 as an Extension Associate focusing on agriculture. He became the county Extension Agent, focusing on agriculture, in Adams and Brown counties as of January 1990. From January 1994 to mid-February 1998, Mr. Grimes served as an agriculture Extension Agent in Brown County. He was promoted to Assistant Professor during this time. He served as the agriculture and natural resources Extension Educator in Highland County from February 1998 through December 2010. Mr. Grimes then served as the Extension State Beef Coordinator and an Associate Professor from 2011 until his retirement on May 1, 2019.

Mr. Grimes was most recently recognized in 2025 as an inductee into the Animal Science Hall of Fame by the CFAES Department of Animal Sciences at Ohio State for his many years of leadership, research and service to Ohio's beef industry. He received the Industry Excellence Award from the Ohio Cattlemen's Association in 2022 and the Ohio Angus Association's Distinguished Service Award in 2015.

Mr. Grimes was known as an accomplished cattleman, as well as a mentor and a servant leader through his work in Extension and his contributions to many industry organizations. He held several leadership roles in the Ohio Cattlemen's Association, Ohio Beef Council, Ohio Angus Association, National Cattlemen's Beef Association, American Angus Association (board of directors member) and the Beef Improvement Federation. He also chaired the boards of Angus Genetics Inc. and Certified Angus Beef.

Mr. Grimes authored numerous educational publications and videos, and presented programs for beef producers locally and nationally, as well as his colleagues. He was well known for combining academic research and practical knowledge. He provided leadership on the Ohio State University Extension beef team, which provided research, programming and materials for the industry.

His research on early weaning of beef calves was recognized nationally and helped to inform producers nationwide with results of his study presented at meetings of the National Association of County Agricultural Agents, with cattlemen's organizations and in the Journal of Extension. He also conducted research on agronomic crop production, wrote beef resource and livestock judging educational materials for youth throughout the state, and presented educational clinics that addressed a variety of beef production and showmanship topics in multiple Ohio counties and several states.

Mr. Grimes earned his Bachelor's degree in animal science in 1983, and his Master's degree in animal science in 1988, both at The Ohio State University. After his college graduation, before joining Extension, Mr. Grimes returned home and founded Maplecrest Farms, a purebred Angus seedstock operation still in business today.

On behalf of the university community, the Board of Trustees expresses to the family and loved ones of John F. Grimes its deepest sympathy for 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.

LOIS ANN HUNGATE

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on June 12, 2025, of Lois Ann Hungate, Professor Emeritus in the Department of Agricultural, Environmental, and Development Economics in the College of Food, Agricultural, and Environmental Sciences. She was 95.

Professor Hungate grew up on a vegetable farm and then received her Bachelor's degree, Master's degree and PhD from The Ohio State University. For 31 years, she taught at Ohio State, retiring as Associate Professor of Agricultural Economics. Lois was a member of the American Marketing Association and the American Agricultural Economics Association. She also served as a member of Ohio State's

American Agricultural Economics Club for several years and was a 10-year 4-H member.

Professor Hungate had a 100% extension appointment, working closely with food retail management teams during a time when many small grocers needed her expertise. The food retailers she worked with were able to improve the profitability of their stores and to grow their stores because of her extension education. She hosted a weekly radio show at Ohio State on food economics and was a co-author of a book named Food and Economics. She researched and wrote many Extension publications on key topics such as food marketing, consumer demand for different types of retail, and food price inflation.

Members of her department remember Professor Hungate as a wonderful colleague who was always ready to offer a young faculty member advice. She was the only female faculty member for many years and may have been the first woman faculty member in the department. She was a lovely soul who was fervent in her passion for Extension, endowing a graduate fellowship to provide ongoing support for graduate students in extension education.

Professor Hungate took a three-month sabbatical with Ohio State at the University of Hawaii (Oahu). That passion for travel and discovery continued through her life, and she traveled all over the world with the Ohio State Alumni Association. In retirement, she and her husband traveled extensively — including frequent bookings for transit on commercial ships — and shared tales and wisdom about their travels with others.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Lois Ann Hungate its deepest sympathy and compassion for 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.

ANN LILLY

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on June 4, 2025, of Ann Lilly, Professor Emeritus in the Department of Dance in the College of Arts and Sciences. She was 95.

After graduating from West Virginia University, Ann accepted a teaching position at Marion-Franklin High School in Columbus. She rented a house on Beck Street in the early days of the German Village restoration movement, unknowingly landing across from a vacant lot that, within days, would become the site of a carnival. She spent the first months of her Columbus life urging her family not to visit, for fear they would take her back to West Virginia if they saw the camp of carnival employees she was now calling neighbors.

Instead, Ann met the moment — and made a life.

Encouraged to apply for a position at The Ohio State University, her experience as a swimming coach was an unexpected match for the needs of the synchronized swimming team. That was her first toe-dip into becoming a Buckeye, leading to decades of meaningful contributions, legendary tailgates and a Master of Arts degree in physical education in 1964. Her organizational strengths and calm authority led to her being recruited as stage manager for the very first dance

performance in Mershon Auditorium in 1960. Ann continued providing occasional support until the Dance Department was formalized in 1968, when she was appointed Assistant to the founding Chair, Helen Alkire.

For nearly two decades, Ann helped orchestrate the rise of what became one of the premier academic dance programs in the country — not from the spotlight, but from the wings, where she made everything run smoother and everyone feel steadier. She later served as Assistant Dean of Curriculum and Advising in the former College of the Arts, helping students navigate their way through Ohio State. Ann had a way of gently pointing out true north that felt like more like remembering than being told.

Two former deans began their tributes with the same sentence: “Most of all, I loved her laugh.” That may say more than any title — or tribute — ever could.

While Ann’s professional world flourished, she also became a steward of German Village’s restoration and preservation movement. She joined the German Village Commission, eventually serving as its long-time Chair. Ann’s leadership extended beyond policy into placemaking. She was instrumental in creating the Grace Highfield Garden in Schiller Park and quietly funded the flower beds at the park entrance and the plantings around the Umbrella Girl fountain. Ann helped establish the nonprofit status of Friends of Schiller Park and led the organization through important milestones as its President. Her leadership style was quiet but unmistakable. The German Village Society honored her with the Frank Fetch Award, the Caretakers of a Legacy President’s Award, and, in 2024, recognized her as a German Village Legend. The awards that seemed to tickle her most were the record-breaking run of “Best in Show” from the Garden Club for her stunning window boxes.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Ann Lilly its deepest sympathy and compassion for 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 and loved ones as an expression of the board’s heartfelt sympathy and appreciation.

STEVEN M. STILL

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death, on July 10, 2025, of Steven M. Still, Professor Emeritus in the Department of Horticulture and Crop Science in the College of Food, Agricultural, and Environmental Sciences. He was 80.

Professor Still received his BS in soils, an MS in agriculture education and a PhD in horticulture from the University of Illinois. As a Teaching and Research Assistant at University of Illinois, he noted the need for a better textbook, leading him to write the Manual of Herbaceous Ornamental Plants, which was adopted by over 100 other colleges and universities. He joined the faculty at Kansas State in 1974, and his research into utilizing hardwood bark in potting media transformed greenhouse practices worldwide. He joined the faculty at The Ohio State University in 1979, and he remained there throughout the rest of his 30-year professorial career.

In 1983, Dr. Still organized the first symposium dedicated to growing perennials, sponsored by Ohio State. Following this initial meeting, Steven met with growers

and, out of that meeting, the Perennial Plant Association (PPA) was formed. He remained its Executive Director until his retirement in 2017.

One year after joining the faculty at Ohio State, he was appointed as the inaugural Director of Chadwick Arboretum, developing the land into a premier facility to preserve trees, creating a living classroom for students in horticulture and other related areas, and a garden where all could relax and appreciate nature and plants. From this humble beginning, Chadwick Arboretum and Learning Gardens is now 60 acres of trees, shrubs, perennials and annuals. It also includes a 5,000 square foot garden dedicated to Dr. Still.

The Steven M. Still Perennial Garden was originally designed by renowned British designer Adrian Bloom and was dedicated in 2007. In 2024, the garden was completely redesigned and reinstalled in the original style but now includes updated cultivars, pathways and a patio for relaxation. Steven was able to attend the rededication in August 2024 with his family.

Dr. Still served on many boards including: President of the International Plant Propagator's Society and The American Horticultural Society, in addition to his work leading the PPA. He was an award-winning professor and received the Medal of Honor from the Garden Club of America, the LC Chadwick Education Award from the American Nursery and Landscape Association, and the Liberty Hyde Bailey Award from the American Horticultural Society. Trees have been planted in his honor in gardens and arboreta across the country.

Steven was a consummate gentleman, leading with actions, generosity and love for people, education and plants. He embodied all that is vital about horticulture and horticulture education — not just the plant itself, not just the student, but the nurturing of becoming, knowledge-sharing and community building. He inspired students, colleagues and gardeners to see beyond immediate tasks, to recognize the joy in discovery and the responsibility in stewardship. His passion for students, plants and education extended beyond the formal classroom with many memorable lessons taking place at the best public gardens, private landscapes leading production facilities around the state and across the country. His teaching and writing continue to guide professionals and hobbyists. The gardens he helped build survive as dynamic classrooms and tranquil spaces for thousands. His students now scatter worldwide, teaching and designing with the confidence and curiosity he instilled in them.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Steven M. Still its deepest sympathy for 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.

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PRESIDENTIAL REVIEW AND COMPENSATION

Resolution No. 2026-16

Synopsis: Approval of changes to the president's base compensation and the issuance of a performance award to the president, 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 the Procedure for Setting and Reviewing Compensation for University Executives authorizes the chair of the Talent, Compensation and Governance Committee to review and approve the total compensation of the president, subject to ratification by the committee and the Board of Trustees; and

WHEREAS under the terms of President Carter's letter of offer, the president shall be entitled to annual increases in his base salary as determined by the Board of Trustees; and

WHEREAS under the terms of President Carter's letter of offer, the president shall be eligible for an annual performance award for achieving mutually agreed-upon performance measures; and

WHEREAS pursuant to its charter, the Talent, Compensation and Governance Committee has reviewed the performance of the president for Fiscal Year 2025 and believes that President Carter has demonstrated strong leadership and progress with regard to the performance goals set forth by the president and the Board of Trustees last year; and

WHEREAS the Talent, Compensation and Governance Committee has reviewed and recommends for approval the compensation changes set forth below:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves a base salary increase for the president of $51,233, which amounts to 4.5% of his base salary; and

BE IT FURTHER RESOLVED, That the Board of Trustees hereby approves a performance award for the president of $398,475 for Fiscal Year 2025.

(See Appendix X for background information, page XX)

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APPROVAL OF FISCAL YEAR 2026 PRESIDENTIAL GOALS

Resolution No. 2026-17

Synopsis: Approval of the attached presidential goals for Fiscal Year 2026, is proposed.

WHEREAS under the terms of President Carter's letter of offer, each fiscal year, the president and the Board of Trustees will set forth the president's goals; and

WHEREAS in order to establish these goals, the president is submitting the attached for review and approval by the Board of Trustees; and

WHEREAS once approved by the Board of Trustees, the attached goals will serve as the basis to evaluate the president during his review period:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the attached goals, which focus on 1) Academic Excellence, 2) Enterprise Artificial Intelligence, 3) Transformative Research and Innovation, 4) Operations, 5) Healthcare and 6) Talent and Culture.

(See Appendix X for background information, page XX)

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APPROVAL TO ESTABLISH A MASTER OF SYSTEMS ENGINEERING

Resolution No. 2026-18

IN THE COLLEGE OF ENGINEERING

Synopsis: Approval to establish a Master of Systems Engineering degree program in the College of Engineering is proposed.

WHEREAS the proposed Master of Systems Engineering is a professional program aimed at practicing engineers seeking to increase their systems engineering modeling, planning, and decision-making skills; and

WHEREAS the proposed program would be technically based and education on concepts, principles, tools, and methods to model and manage systems engineering projects and programs across engineering settings and disciplines; and

WHEREAS the target audience for the program is engineers in business, industry, healthcare, and government who have worked in the field and are responsible for modeling, designing and deploying complex systems and may be employed in the public or private sectors; and

WHEREAS the curriculum is a minimum of 30 semester credit hours, will be delivered completely online, has well-developed learning outcomes, includes 15 required credit hours, 12 credit hours of electives and a three-credit hour capstone course, with content offered by faculty in the College of Engineering and the John Glenn College of Public Affairs; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on March 19, 2025; and

WHEREAS the University Senate approved this proposal on April 17, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish a Master of Systems Engineering degree program in the College of Engineering.

(See Appendix X for background information, page XX)

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FACULTY PERSONNEL ACTIONS

Resolution No. 2026-19

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 May 21, 2025, meeting of the board, including the following appointments, faculty awards, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name: ROBERT BAKER
Title: Professor (The Phyllis and Richard Leet Endowed Chair in Chemistry)
College: Arts and Sciences
Term: August 15, 2025, through August 14, 2030

Name: GLEN BARBER
Title: Professor (The Klotz Chair in Cancer Research #2)
College: Medicine
Term: May 1, 2025, through June 30, 2029

Name: AMANDA BERRIAN
Title: Associate Professor (Dr. Tom Mack Endowed Chair in Global One Health)
College: College of Veterinary Medicine
Term: July 1, 2025, through June 30, 2030

Name: ARAVIND CHANDRASEKARAN
Title: Interim Dean (The John W. Berry, Sr. Chair in Business)
College: Fisher College of Business
Term: June 1, 2025, through June 30, 2027, or until a permanent dean is appointed

Name: WEI-LUN (HARRY) CHAO
Title: Associate Professor (College of Engineering Innovation Scholar)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: DENNIS HIRSCH
Title: Professor (The Kara J. Trott Endowed Professorship in Law in honor of Prof. Lawrence Herman)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: YUHENG HU
Title: Associate Professor (Fisher College of Business Distinguished Associate Professor)
College: Fisher College of Business
Term: August 15, 2025, through August 14, 2028

Name: JEN-YI HUANG*
Title: Professor (The Dale A. Seiberling Professorship in Food Engineering)
College: Food, Agricultural, and Environmental Sciences
Term: January 1, 2026, through December 31, 2031

Name: KIM JORDAN
Title: Professor-Clinical (The Joseph S. Platt-Porter, Wright, Morris, & Arthur Professorship)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: MARGARET KWOKA
Title: Professor (The Frank R. Strong Chair in Law)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: GABRIEL LADE*
Title: Professor (The C. William Swank Chair in Rural and Urban Policy)
College: Food, Agricultural, and Environmental Sciences
Term: August 15, 2025, through August 14, 2030

Name: KRISTEN LINDQUIST*
Title: Professor (Robert K. and Dale J. Weary Chair in Social Psychology)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Name: GREGORY NIXON
Title: Professor-Clinical (The Vision Service Plan (VSP) Chair for the Advancement of Professional Practice)
College: Optometry
Term: June 1, 2025, through June 30, 2026

Name: MASAKI OSHIKAWA*
Title: Professor (Ohio Eminent Scholar in Condensed Matter Theory)
College: Arts and Sciences
Term: January 1, 2026, through June 30, 2030

Name: MARC SPINDELMAN
Title: Professor (The Heck-Faust Memorial Chair in Constitutional Law)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: JOHN STAFFORD*
Title: Professor (The Charles Austin Doan Chair of Medicine Funded by the Charles Austin Doan Fund)
College: Medicine
Term: August 1, 2025, through June 30, 2029

Name: TODD STARKER
Title: Professor-Clinical (Charles W. Ebersold and Florence Whitcomb Ebersold Professorship)
College: Law
Term: August 15, 2025, through August 15, 2030

Name: YU SU
Title: Associate Professor (College of Engineering Innovation Scholar)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: SHIGEO TAMIYA

Title: Associate Professor (The Dr. Frederick H. Davidorf Honorary Professorship Fund)
College: Medicine
Term: August 1, 2025, through June 30, 2029

Name: WEN TANG
Title: Associate Professor (Burghes Professorship in the College of Medicine)
College: Medicine
Term: August 1, 2025, through June 30,2029

Name: JIN WANG
Title: Professor (Distinguished Professor of Engineering)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: JENNIFER WOYACH
Title: Professor (The Bertha Bouroncle M.D. and Andrew Pereny Chair of Medicine
College: Medicine
Term: July 1, 2025, through June 30, 2029

Reappointments

Name: GEORGIOS ANAGNOSTOU
Title: Professor (The Miltiadis Marinakis Endowed Professorship of Modern Greek Language and Culture)
College: Arts and Sciences
Term: July 1, 2025, through June 30, 2030

Name: MICHAEL BEVIS
Title: Professor (Ohio Eminent Scholar in Geodynamics)
College: Arts and Sciences
Term: June 1, 2022, through May 31, 2027

Name: STEVEN CLINTON
Title: Professor (The Robert A. and Martha O. Schoenlaub Cancer Research Chair
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: SARAH COLE
Title: Professor (The Michael E. Mortiz Chair in Alternative Dispute Resolution)
College: Law
Term: June 1, 2025, through May 31, 2030

Name: VADIM FEDOROV
Title: Professor (Corrine Frick Research Chair in Heart Failure and Arrhythmia)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: DATTA GAITONDE

Title: Professor (The John Glenn Endowed Chair for Technology and Space Exploration and Ohio Research Scholar in Advanced Propulsion System Integration)
College: Engineering
Term: July 1, 2025, through June 30, 2030

Name: B. SCOTT GAUDI
Title: Professor (The Thomas Jefferson Chair for Discovery and Space Exploration)
College: Arts and Sciences
Term: September 1, 2024, through August 31, 2029

Name: ANDREW GLASSMAN
Title: Professor and Chair (The Frank J. Kloenne Chair in Orthopedic Surgery)
College: Medicine
Term: July 1, 2025, through June 30, 2026

Name: SUSAN OLESIK
Title: Divisional Dean for Natural and Mathematical Sciences
College: Arts and Sciences
Term: July 1, 2025, through June 30, 2027

Name: LISA PINKERTON
Title: Associate Professor-Clinical (The Marie Clay Endowed Chair in Reading Recovery and Early Literacy)
College: Education and Human Ecology
Term: August 15, 2025, through August 14, 2030

Name: FRANK SCHWARTZ
Title: Professor (Ohio Eminent Scholar in Hydrogeology)
College: Arts and Sciences
Term: June 1, 2022, through May 31, 2027

Name: JAMI SHAH
Title: Professor (Honda Designated Professorship in Engineering Design for Manufacturing)
College: Engineering
Term: July 1, 2025, through June 30, 2028

Name: LU ZHANG
Title: Professor (John W. Galbreath Chair in Real Estate)
College: Fisher College of Business
Term: October 1, 2025, through August 14, 2030

*New Hire

University Faculty Awards

Name: BRUCE ACKLEY
Title: Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College: Food, Agricultural, and Environmental Sciences

Name: LAURA BOUCHER
Title: Associate Professor-Clinical (Alumni Award for Distinguished Teaching)

College: Medicine

Name: KELLEN CALINGER-YOAK
Title: Assistant Professor-Clinical (Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: MEOW GOH
Title: Associate Professor (Alumni Award for Distinguished Teaching)
College: Arts and Sciences

Name: PETER HAHN
Title: Professor (Distinguished University Professor)
College: Arts and Sciences

Name: L. CAMILLE HÉBERT
Title: Professor (President and Provost's Award for Distinguished Faculty Service)
College: Law

Name: ANITA HOPPER
Title: Professor (Distinguished University Professor)
College: Arts and Sciences

Name: JEFFREY JOHNSTON
Title: Senior Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College: Pharmacy

Name: SARA GOMBASH LAMPE
Title: Assistant Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Medicine

Name: MITCHELL LERNER
Title: Professor (President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences, Newark

Name: ANDY MAY
Title: Associate Professor (Alumni Award for Distinguished Teaching)
College: Engineering

Name: LISA NGUYEN
Title: Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: TANYA NOCERA
Title: Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Engineering

Name: NIKOLE PATSON
Title: Professor (Alumni Award for Distinguished Teaching)
College: Arts and Sciences, Marion

Name: KRISTIN PAULUS

Title: Senior Lecturer (Provost's Award for Distinguished Teaching by a Lecturer)
College: Education and Human Ecology

Name: PHILLIP POPOVICH
Title: Professor and Chair (Distinguished University Professor)
College: Medicine

Name: COLLEEN SETTINERI
Title: Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Law

Name: RUTH SMITH
Title: Assistant Professor-Clinical (Provost's Award for Distinguished Teaching by a Lecturer)
College: Arts and Sciences

Name: KRISTIN STOVER
Title: Assistant Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Medicine

Name: SARA WATSON
Title: Associate Professor (President and Provost's Award for Distinguished Faculty Service)
College: Arts and Sciences

Name: LINDY WEAVER
Title: Associate Professor-Clinical (Alumni Award for Distinguished Teaching)
College: Medicine

Name: SHIRLEY YU
Title: Associate Professor (Alumni Award for Distinguished Teaching)
College: Education and Human Ecology

(See Appendix X for background information, page XX)

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ADOPTION OF REQUIRED POLICIES, RULES AND PLANS PURSUANT TO OHIO SENATE BILL 1, THE ADVANCE OHIO HIGHER EDUCATION ACT

Resolution No. 2026-20

Synopsis: Adoption of policies and plans for which Board of Trustees approval is required under Ohio Senate Bill 1, the Advance Ohio Higher Education Act.

WHEREAS Ohio Senate Bill 1 (SB1), the Advance Higher Education Act, took effect on June 27, 2025; and

WHEREAS the university created an implementation committee to identify all applicable requirements in SB1, consult with key organizational constituencies about each such measure (including faculty, staff, and student representatives), and develop appropriate action steps to meet these requirements; and

WHEREAS SB1 requires the Board of Trustees to adopt a series of policies in accordance with statutory requirements, including those concerning diversity, equity, and inclusion (DEI), intellectual diversity, controversial beliefs, faculty annual reviews, post-tenure review, tenure, and retrenchment, and to submit those policies to the chancellor of higher education for review; and

WHEREAS SB1 further requires the Board of Trustees to identify a plan for developing and offering a course or courses on civic literacy, which shall be required for all students beginning with those graduating in the spring semester of the 2029-2030 academic year, and to submit that plan to the chancellor of higher education for approval; and

WHEREAS, to fulfill these requirements, the following policies, which are attached hereto, were revised in consultation with workgroups consisting of faculty, staff, and students from across the university:

- DEI, Intellectual Diversity, and Controversial Beliefs under the Advance Ohio Higher Education Act (as required by R.C. 3345.0217(B));
- Faculty Annual Review, Post-Tenure Review, and Reappointment (as required by R.C. 3345.452(B) and R.C. 3345.453(B)); and
- Faculty Appointments, Tenure, and Retrenchment (as required by R.C. 3345.454(B)); and

WHEREAS SB1 likewise required changes to Faculty Rules 3335-5-04, 3335-5-04.1, and 3335-5-04.4 to address new complaint processes and post-tenure review as set forth in these policies, and these changes were similarly developed in consultation with key university constituents, including Senate leadership, which are attached hereto; and

WHEREAS the university has likewise developed the American Civic Literacy Plan and Request for Approval for providing civic literacy courses pursuant to R.C. 3345.382(B), which is attached hereto; and

WHEREAS the Board supports each policy, rule, and plan developed to meet these requirements, and has an obligation to adopt these provisions directly and submit them to the chancellor of higher education:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the DEI, Intellectual Diversity, and Controversial Beliefs under the Advance Ohio Higher Education Act policy; the Faculty Annual Review, Post-Tenure Review, and Reappointment policy; the Faculty Appointments, Tenure, and Retrenchment policy; the revisions to Faculty Rules 3335-5-04, 3335-5-04.1, and 3335-5-04.5; and the American Civic Literacy Plan and Request for Approval, and directs the President to take all required steps to submit these policies, rules, and plan to the chancellor of higher education as required by law.

(See Appendix X for background information, page XX)

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APPROVAL OF FISCAL YEAR 2026 CAPITAL INVESTMENT PLAN

Resolution No. 2026-21

Synopsis: Authorization and acceptance of the Capital Investment Plan for the fiscal year ending June 30, 2026, as proposed.

WHEREAS the university has presented the recommended capital expenditures for the fiscal year ending June 30, 2026; 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 that Capital Investment Plan for the fiscal year ending June 30, 2026, as described in the accompanying documents, be approved; and

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

(See Appendix X for background information, page XX)

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APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS

Resolution No. 2026-22

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
BLANKENSHIP HALL UPGRADES
BRAIN AND SPINE HOSPITAL – LOWER-LEVEL RENOVATION
DOAN HALL – PET/CT REPLACEMENT
OUTPATIENT CARE EAST – CLINIC RENOVATIONS & RELOCATIONS

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
EAST HOSPITAL – CHILLER & COOLING TOWER REPLACEMENT
HERRICK DRIVE REBUILD
1922 CLUB
POLARIS MEP UPDATES
600 ACKERMAN – SPECIALTY PHARMACY EXPANSION

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
TUNNEL REHABILITATION PHASE 1

Synopsis: Authorization to enter into/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 enter into/increase professional services contracts for the following projects; and

	Prof. Serv. Approval Requested	Total Requested	
Blankenship Hall Upgrades	$1.2M	$1.2M	University funds
Brain and Spine Hospital – Lower-Level Renovation	$0.3M	$0.3M	Auxiliary funds
Doan Hall – PET/CT Replacement	$0.4M	$0.4M	Auxiliary funds
Outpatient Care East – Clinic Renovations & Relocations	$1.1M	$1.1M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Chiller & Cooling Tower Replacement	$1.2M	$5.8M	$7.0M	Auxiliary funds
Herrick Drive Rebuild	$0.6M	$3.4M	$4.0M	University debt
1922 Club	$0.2M	$14.3M	$14.5M	University debt Auxiliary funds
Polaris MEP Updates	$0.8M	$6.6M	$7.4M	Auxiliary funds
600 Ackerman – Specialty Pharmacy Expansion	$1.2M	$14.0M	$15.2M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
Tunnel Rehabilitation Phase 1	$5.5M	$5.5M	University debt University funds State funds Partner 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 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 enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

(See Appendix X for background information, page XX)

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APPROVAL OF OHIO STATE ENERGY PARTNERS UTILITY SYSTEM CAPITAL IMPROVEMENTS PLAN FOR FISCAL YEAR 2026

Resolution No. 2026-23

Utility System Life-Cycle Renovation, Repair and Replacement Projects

Synopsis: Approval of the Ohio State Energy Partners LLC (“OSEP”) utility system capital improvements plan (“OSEP CIP”) for fiscal year 2026; authorization for OSEP to make such capital improvements 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”).

WHEREAS the Agreement requires OSEP to annually submit an OSEP CIP for approval; and

WHEREAS the Board of Trustees approved an interim fiscal year 2026 OSEP CIP in May 2025, prior to the university’s finalization of its capital investment plan for fiscal year 2026; and

WHEREAS the university has now finalized its capital investment plan for fiscal year 2026; and

WHEREAS the fiscal year 2026 OSEP CIP includes the requests for approval of these utility system capital improvement projects for the fiscal year beginning July 1, 2025; and

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

WHEREAS these utility system capital improvement projects will be delivered pursuant to the terms of the Agreement, including the schedules as detailed in the project approval requests; and

WHEREAS these capital expenditures for the approved OSEP CIP utility system projects will be added to the utility fee pursuant to the Agreement and any associated university directives; and

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

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

WHEREAS the Finance & Investment Committee has reviewed the OSEP CIP for alignment with the Capital Investment Plan and other applicable financial plans:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the fiscal year 2026 OSEP CIP; and

BE IT FURTHER RESOLVED, That the Board of Trustees authorizes OSEP to proceed with these fiscal year 2026 capital improvements to the Utility System as outlined in the attached materials.

(See Appendix X for background information, page XX)

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APPROVAL FOR DISPOSITION OF REAL PROPERTY

Resolution No. 2026-24

THAYER ROAD
BATH TOWNSHIP, ALLEN COUNTY, OHIO

Synopsis: Authorization to sell real property located along Thayer Road, Bath Township, Allen County, Ohio, is proposed.

WHEREAS The Ohio State University seeks to sell 5.369 acres along Thayer Road, Bath Township, Ohio, identified as Allen County parcel number 37-3500-02-001.000, to Allen County so they may improve and widen Thayer Road; and

WHEREAS the sale of this property corresponds with the strategic investment and divestment of land assets in support of the university's current and future needs; and

WHEREAS the administration has identified this site as excess and no longer aligning with current and future planned needs:

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 effect the sale of the aforementioned property upon terms and conditions deemed to be in the best interest of the university and at a sale price at or above the appraised value.

(See Appendix X for background information, page XX)

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APPROVAL OF FISCAL YEAR 2026 OPERATING BUDGET

Resolution No. 2026-25

Synopsis: Approval of the Operating Budget for the Fiscal Year ending June 30, 2026, is proposed.

WHEREAS The State of Ohio Biennial Budget for State Fiscal Years 2026 and 2027, including funding levels for State institutions of higher education, has been signed into law; and

WHEREAS Tuition and mandatory fee levels for the Columbus and Regional Campuses for the Academic Year 2025-2026 were proposed at the May 21, 2025, Board of Trustees meeting; and

WHEREAS The Administration now recommends approval of the Fiscal Year 2026 Operating Budget for the University for the Fiscal Year ending June 30, 2026.

NOW THEREFORE

BE IT RESOLVED, That the University's Operating Budget for the Fiscal Year ending June 30, 2026, as described in the accompanying Fiscal Year 2026 Operating Budget Book for the Fiscal Year ending June 30, 2026, be approved with authorization for the President to make expenditures within the projected income.

(See Appendix X for background information, page XX)

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APPOINTMENT TO THE SELF-INSURANCE BOARD

Resolution No. 2026-26

Synopsis: Appointment of a member to the Self-Insurance Board is proposed.

WHEREAS the Board of Trustees directed that a Self-Insurance Board be established to oversee the University Self-Insurance Program; and

WHEREAS all members of the Self-Insurance Board are appointed by The Ohio State University Board of Trustees upon recommendation of the President.

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approve that the following individual be appointed as a member of the Self-Insurance Board effective September 1, 2025 for the term specified below:

Christopher A. Cray, term ending June 30, 2027

BE IT FURTHER RESOLVED, That this appointment entitles each member to any immunity, insurance or indemnity protection to which officers and employees of the University are, or hereafter may become, entitled.

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UNIVERSITY FOUNDATION REPORT

Resolution No. 2026-27

Synopsis: Approval of the University Foundation Report as of June 30, 2025, 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 chairs: the Dr. Harold "Hal" Miller and Betty J. Miller Endowed Chair in Organic Chemistry and Biochemistry and the Endowed Chair in Integrative Health; five (5) endowed professorships: the Honda Endowed Professorship in Artificial Intelligence in Mechanics and Manufacturing, the Dr. John M. McGregor Department of Neurosurgery Professorship, the Jeffrey Professorship in Children, Young Adult and Family Psychiatry, The Leon M. McCorkle Jr. Professorship in Commercial Law, and the Colleen McMahon Professorship in Music; two (2) professorship funds: The Ernestine R. Lowrie Professorship Fund in Thoracic Surgery and the Wayne Urban Endowed Professorship Fund; one (1) scholarship as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and twenty-one (21) additional named endowed funds; (ii) the revision of twenty-six (26) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of June 30, 2025.

(See Appendix X for background information, page XX)

***

NAMING OF INTERNAL SPACES

Resolution No. 2026-28

IN UNIVERSITY HOSPITAL

Synopsis: Approval for the naming of internal spaces in the University Hospital located at 650 W. 10th Avenue is proposed.

WHEREAS The Ohio State University is taking a major step forward with the development of the new University Hospital that, combined with modern educational space, will enhance a unified Ohio State Wexner Medical Center campus; and

WHEREAS the Ohio State Wexner Medical Center campus provides leading-edge research, outstanding clinical training and world-class patient care; and

WHEREAS the following donors have provided significant contributions to the Wexner Medical Center and University Hospital; and

- Stan and Jodi Ross
- Dr. Mark Landon
- Dawson Fund
- Cindy and Larry Hilsheimer

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 facility the aforementioned spaces be named the following:

- Stanley D. and Joan H. Ross Neurosciences Critical Care Unit (Floor 14)
- Mark B. Landon, MD and Jane Landon Visitor Lounge (Floor 23 Visitor Lounge)
- Janet and Elden Thomas Sanctuary (Room 2075)
- Cindy and Larry Hilsheimer Chairman's Conference Room (Room 0075)

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NAMING OF INTERNAL SPACES

Resolution No. 2026-29

IN THE RIFFE BUILDING

Synopsis: Approval for the naming of the 2nd floor pharmacy classroom (classroom A) and the student lounge in the Riffe Building, located at 496 W. 12th Ave, is proposed.

WHEREAS the College of Pharmacy is consistently ranked a top pharmacy school in the country, home to world-class faculty, dedicated students and innovative researchers working toward improving medications and medication-related health outcomes; and

WHEREAS the College of Pharmacy commits to providing students access to state-of-the-art facilities and spaces to promote learning; and

WHEREAS the donors listed below have provided significant contributions to the Riffe Building renovations; and

- Dr. Robert Weber and Mrs. Barbara Weber
- Mrs. Ann M. Klein and Mr. Barry E. Klein

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 facility the aforementioned spaces be named the following:

- Dr. Robert J. and Barbara B. Weber Classroom
- Ann & Barry Klein Family Student Lounge

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NAMING OF INTERNAL SPACES

Resolution No. 2026-30

IN MASON HALL

Synopsis: Approval for the naming of internal spaces in Mason Hall, located at 250 W. Woodruff Avenue, is proposed.

WHEREAS Mason Hall is currently undergoing renovations to accommodate the growing and changing needs of Max M. Fisher College of Business students, reinforcing the university's commitment to being a preeminent business school that creates transformational ideas and leaders; and

WHEREAS Mason Hall includes state-of-the-art spaces for active learning and research to the benefit of students and faculty; and

WHEREAS the donors listed below have provided significant contributions to Fisher College of Business and are currently recognized with spaces affected by the renovation; and

- Nu Chapter Delta Sigma Pi Corporation
- Kathryn Esselburn
- Charles and Lynne Klatskin

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 facility the spaces be named the following:

- Nu Chapter Delta Sigma Pi Corporation Room (room 133)
- Esselburn Breakout Room (room 140D)
- Neil M. Klatskin Conference Room and Neil M. Klatskin Collaborative and Learning Resource Corridor

***

NAMING OF INTERNAL SPACE

Resolution No. 2026-31

IN THE JAMES OUTPATIENT CARE

Synopsis: Approval for the naming of room 1234 in The Ohio State University Wexner Medical Center James Outpatient Care facility, located at 2121 Kenny Road, is proposed.

WHEREAS The James Outpatient Care facility provides convenient access to state-of-the-art health services for The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) patients; and

WHEREAS the facility includes a variety of services supporting the OSUCCC – James program; and

WHEREAS Albert & Karen Sheridan and Stephen Sheridan have provided significant contributions to the OSUCCC – James and the James Outpatient Care facility; 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 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 facility the internal space be named the following:

- Generous gift from the Metzger/Sheridan Family Fund (Room 1234)

***

NAMING OF INNOVATION DISTRICT AT OHIO STATE

Resolution No. 2026-32

Synopsis: Approval for the administrative renaming of the university's innovation community, currently known as Carmenton, is proposed.

WHEREAS the administrative naming of the university's innovation community was approved on May 19, 2022; and

WHEREAS upon further consideration with stakeholders as plans for the district have evolved, a new name is recommended that provides brand clarity and accurately conveys the district's purpose; and

WHEREAS this change does not affect the names of streets approved on May 19, 2022; 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 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 facility the aforementioned space be named the Innovation District at Ohio State.

***

NAMING OF THE WATERMAN – MULTISPECIES ANIMAL LEARNING COMPLEX

Resolution No. 2026-33

IN THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

Synopsis: Approval for the naming of the Multispecies Animal Learning Complex, located at the northwest corner of Lane Avenue and Kenny Road, is proposed.

WHEREAS the new Multispecies Animal Learning Complex (MALC) is being constructed to meet the aims of the Waterman Agricultural and Natural Resources Laboratory to provide comprehensive agricultural education; and

WHEREAS the College of Food, Agricultural, and Environmental Sciences (CFAES) aims to maintain consistent nomenclature across Waterman Complex; and

WHEREAS CFAES recommends and Planning, Architecture and Real Estate reviewed this change; 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 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 facility the aforementioned space be named the Waterman—Multispecies Animal Learning Complex.

***

APPROVAL FOR A PERPETUAL GAS TRANSMISSION EASEMENT

Resolution No. 2026-34

IN THE WEXNER MEDICAL CENTER

Synopsis: Approval for the naming of the Powell outpatient care location (building #1046), located at 7171 Sawmill Parkway, is proposed.

WHEREAS the new Powell outpatient facility is part of the Wexner Medical Center's suburban outpatient care program, supporting growth in the region and excellence in academic health care; and

WHEREAS the facility will provide convenient access to comprehensive health care services to the Powell community; and

WHEREAS the Wexner Medical Center recommends and Planning, Architecture and Real Estate reviewed this change; 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 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 facility the aforementioned space be named Outpatient Care Powell.

***

NAMING OF COMMERICAL VEHICLE INNOVATION LABORATORY

Resolution No. 2026-35

IN THE COLLEGE OF ENGINEERING

Synopsis: Approval for the administrative naming of the building located at 920 Kinner Road (building #1145) in the College of Engineering, is proposed.

WHEREAS the building being constructed at 920 Kinner Road will further the mission of the Center for Automative Research; and

WHEREAS this facility name accurately reflects its purpose and current naming standards within the College of Engineering; and

WHEREAS the College of Engineering recommends and Planning, Architecture and Real Estate reviewed these changes; 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 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 facility the aforementioned space be named the Commercial Vehicle Innovation Laboratory.

***

AMENDMENT TO THE *BYLAWS OF THE BOARD OF TRUSTEES*

Resolution No. 2026-36

Synopsis: Amendment to the *Bylaws of the Board of Trustees* related to Ohio Senate Bill 1, the Advance Ohio Higher Education Act, and organizational changes to the Academic Affairs and Student Life Committee.

WHEREAS Ohio Senate Bill 1 (SB1), the Advance Higher Education Act, took effect on June 27, 2025; and

WHEREAS SB1 prohibits student trustees from serving as voting members on the full Board of Trustees and from attending Board executive sessions, but student trustees may continue to serve on Board committees, as their input and perspectives deepen the Board's understanding of the student experience; and

WHEREAS the university has reorganized research operations such that the Enterprise for Research, Innovation and Knowledge now reports to the Executive Vice President and Provost, such that all of these operations may be addressed by the Board's Academic Affairs and Student Life Committee, rather than in a separate Research, Innovation and Strategic Partnerships Committee; and

WHEREAS these developments require amending Board Bylaw 3335-1-02 to reflect the changes to student trustee authority and Board committee standing and authority:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the attached amendment to Board Bylaw 3335-1-02.

(See Appendix X for background information, page XX)

***

RATIFICATION OF COMMITTEE APPOINTMENTS FY2026

Resolution No. 2026-37

BE IT RESOLVED, That the Board of Trustees hereby approves that the ratification of committee appointments for Fiscal Year 2026 are as follows:

Academic Affairs & Student Life:
Reginald A. Wilkinson, Chair
Elizabeth A. Harsh, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Michael F. Kiggin
Bradley R. Kastan
Kara J. Trott
Patrick C. Arp
Phillip Popovich (faculty member)
Eric Bielefeld (faculty member)
Stefanie Sanford
John W. Zeiger (ex officio)

Athletics:
Gary R. Heminger, Chair
Michael F. Kiggin, Vice Chair
Elizabeth P. Kessler
Jeff M.S. Kaplan
Pierre Bigby
Bradley R. Kastan
George A. Skestos
Patrick C. Arp
John W. Zeiger (ex officio)

Finance & Investment:
Tomislav B. Mitevski, Chair
Pierre Bigby, Vice Chair
Gary R. Heminger
Michael F. Kiggin
George A. Skestos
Kendall C. Buchan
Amy Chronis
Kent M. Stahl
John W. Zeiger (ex officio)

Legal, Audit, Risk & Compliance:
Elizabeth P. Kessler, Chair
Bradley R. Kastan, Vice Chair
Michael F. Kiggin
Juan Jose Perez
Patrick C. Arp
Amy Chronis
John W. Zeiger (ex officio)

Finance Committee, Wexner Medical Center:
Stephen D. Steinour, Chair
John W. Zeiger
Tomislav B. Mitevski
Juan Jose Perez
Pierre Bigby
George A. Skestos

Master Planning & Facilities:
Juan Jose Perez, Chair
George A. Skestos, Vice Chair
Elizabeth A. Harsh
Reginald A. Wilkinson
Pierre Bigby
Bradley R. Kastan
Kendall C. Buchan
Robert H. Schottenstein
Keith Myers
John W. Zeiger (ex officio)

Talent, Compensation & Governance:
Jeff M.S. Kaplan, Chair
Elizabeth P. Kessler, Vice Chair
Gary R. Heminger
Reginald A. Wilkinson
Tomislav B. Mitevski
Juan Jose Perez
John W. Zeiger (ex officio)

Wexner Medical Center:
Leslie H. Wexner, Chair
Gary R. Heminger
Tomislav B. Mitevski
Juan Jose Perez
George A. Skestos
Kara J. Trott
Kendall C. Buchan
Robert H. Schottenstein
Stephen D. Steinour
Cindy Hilsheimer
Amy Chronis
Hiroyuki Fujita
John W. Zeiger (ex officio, voting)
Walter E. Carter Jr (ex officio, voting)
Ravi V. Bellamkonda (ex officio, votin
Michael Papadakis (ex officio, voting)
John J. Warner (ex officio, voting)

Quality & Professional Affairs Committee, Wexner Medical Center:
Juan Jose Perez, Chair
George A. Skestos
Ravi V. Bellamkonda
Michael Papadakis
John J. Warner
Jay M. Anderson
Eric Bourekas
Carol R. Bradford
Stacy A. Brethauer

Amy Chronis
John J. Warner
Michael Papadakis

David E. Cohn
Scott A. Holliday
Kami J. Maddocks
Elizabeth Seely
Deana Sievert
Corrin Steinhauer
Andrew M. Thomas

Foundation Board Representative:
Pierre Bigby

Alumni Board Representative:
Elizabeth A. Harsh

BE IT FURTHER RESOLVED, That these appointments shall take effect at the adjournment of the meeting at which they are approved and remain in effect through the fiscal year ending June 30, 2026, or until they are superseded by a subsequent action of the board, whichever occurs first, so long as the persons appointed continue to be eligible to serve in such a capacity.

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THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER CLINICAL QUALITY MANAGEMENT, PATIENT SAFETY AND PATIENT EXPERIENCE PLAN

Resolution No. 2026-38

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 Patient Experience Plan for FY26 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 Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 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 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 Patient Experience Plan for FY26 was approved by the Quality Leadership Council on May 28, 2025; and

WHEREAS the annual review of the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 was approved by the University Hospitals Medical Staff Administrative Committee on July 9, 2025; and

WHEREAS on July 22, 2025, 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 Patient Experience Plan for FY26:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the Clinical Quality Management, Patient Safety and Patient Experience Plan for FY26 for University Hospital, Ohio State Ross Heart Hospital, Ohio State Harding Hospital and Ohio State East Hospital as outlined in the attached document.

(See Appendix X for background information, page XX)

***

THE JAMES CANCER HOSPITAL QUALITY, SAFETY AND EXPERIENCE COUNCIL PLAN

Resolution No. 2026-39

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 James Quality, Safety and Experience Council Plan for FY26 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 Quality, Safety and Experience Council Plan for FY26 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 James Quality, Safety and Experience Council Plan for FY26 was approved by The James Quality, Patient Safety, and Reliability Committee on April 23, 2025; and

WHEREAS the annual review of The James Quality, Safety and Experience Council Plan for FY26 was approved by The James Medical Staff Administration Committee on May 16, 2025; and

WHEREAS on July 22, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the annual review of The James Quality, Safety and Experience Council Plan for FY26:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve The James Quality, Safety and Experience Council Plan for FY26 as outlined in the attached document.

(See Appendix X for background information, page XX)

***

PLAN FOR PATIENT CARE SERVICES

Resolution No. 2026-40

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the annual review of the plan for 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 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 patient care services was approved by the University Hospital Medical Staff Administrative Committee on May 14, 2025; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the plan for patient care services:

NOW THEREFORE

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

(See Appendix X for background information, page XX)

***

PLAN FOR PATIENT CARE SERVICES

Resolution No. 2026-41

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 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 patient 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 patient care services was approved by The James Medical Staff Administrative Committee on April 18, 2025; and

WHEREAS on June 24, 2025 the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the plan for patient care services:

NOW THEREFORE

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

(See Appendix X for background information, page XX)

***

SCOPE OF CARE
THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER
OUTPATIENT CARE NEW ALBANY

Resolution No. 2026-42

Synopsis: Approval of the annual review of the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany, 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 scope of care describes services related to elective outpatient procedures at The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany; and

WHEREAS ON June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany.

(See Appendix X for background information, page XX)

***

SCOPE OF CARE
THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER
OUTPATIENT CARE DUBLIN

Resolution No. 2026-43

Synopsis: Approval of the annual review of the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin, 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 scope of care describes services related to elective outpatient procedures at The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin; and

WHEREAS ON June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the scope of patient care services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the scope of care for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin.

(See Appendix X for background information, page XX)

***

PATIENT COMPLAINT AND GRIEVANCE MANAGEMENT

Resolution No. 2026-44

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the review of the Patient Complaint and Grievance Management policy for FY26 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 Ohio State University Hospitals is to improve people's lives through the provision of high-quality patient care; and

WHEREAS in order to promote patient satisfaction, the Wexner Medical Center is committed to resolving any patient complaints and grievances that may arise in a timely and effective manner, and as set forth in the attached Patient Complaint and Grievance Management policy; and

WHEREAS the review of the Patient Complaint and Grievance Management policy was approved by the Ohio State University Hospitals Medical Staff Administrative Committee on June 11, 2025; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the Patient Complaint and Grievance Management policy, including the delegation of the responsibility for reviewing and resolving grievances to the Ohio State University Hospitals Grievance Committee:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approves the Patient Complaint and Grievance Management policy for the OSU Wexner Medical Center, including delegation of the responsibility for reviewing and resolving grievances to the Ohio State University Hospitals Grievance Committee.

(See Appendix X for background information, page XX)

***

PATIENT COMPLAINT AND GRIEVANCE MANAGEMENT

Resolution No. 2026-45

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
THE ARTHUR G. JAMES CANCER HOSPITAL AND
RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: Approval of the review of Patient Complaint and Grievance Management policy 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 in order to promote patient satisfaction, The James is committed to resolving any patient complaints and grievances that may arise in a timely and effective manner; and as set forth in the attached Patient Complaint and Grievance Management policy; and

WHEREAS the review of the Patient Complaint and Grievance Management policy was approved by The James Medical Staff Administrative Committee on June 20, 2025:

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the Patient

Complaint and Grievance Management policy, including delegation of the responsibility for reviewing and resolving grievances to The James Grievance Committee:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the Patient Complaint and Grievance Management policy, including delegation of the responsibility for reviewing and resolving grievances to The James Grievance Committee.

(See Appendix X for background information, page XX)

***

DIRECT PATIENT CARE SERVICES CONTRACTS AND PATIENT IMPACT SERVICE CONTRACTS EVALUATION

Resolution No. 2026-46

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 Ohio State 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 Ohio State University Hospital Medical Staff Administrative Committee on June 11, 2025; and

WHEREAS on June 24, 2025, 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 and the Board of Trustees hereby 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 as

outlined in the attached University Hospitals Contracted Services Annual Evaluation Report.

(See Appendix X for background information, page XX)

***

DIRECT PATIENT CARE SERVICES CONTRACTS AND PATIENT IMPACT SERVICE CONTRACTS EVALUATION

Resolution No. 2026-47

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 James Medical Staff Administrative Committee on June 20, 2025; and

WHEREAS on June 24, 2025, 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 and the Board of Trustees hereby approve 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 Appendix X for background information, page XX)

***

CONTRACTED SERVICES THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER OUTPATIENT CARE NEW ALBANY

Resolution No. 2026-48

Synopsis: Approval of the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany, 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 contracted services are evaluated annually to review the scope, nature, and quality of services provided to clinical departments and personnel who provide care and services for the mission of The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care New Albany.

(See Appendix X for background information, page XX)

***

CONTRACTED SERVICES THE OHIO STATE UNIVERSITY AMBULATORY SURGERY CENTER OUTPATIENT CARE DUBLIN

Resolution No. 2026-49

Synopsis: Approval of the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin, 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 contracted services are evaluated annually to review the scope, nature, and quality of services provided to clinical departments and personnel who provide care and services for the mission of The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin; and

WHEREAS on June 24, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and the Board of Trustees hereby approve the annual review of the contracted services for The Ohio State University Ambulatory Surgery Center — Outpatient Care Dublin.

(See Appendix X for background information, page XX)

***

Mr. Zeiger:

Given these consent agenda items, we will have two votes, each of which will be by roll call. First, we will vote on item No. 7 — Approval of the Fiscal Year 2026 Capital Investment Plan — and item No. 11, which is the Approval of the Fiscal Year 2026 Operating Budget.

Mr. Kaplan has been advised to abstain.

Upon the motion of Mr. Zeiger, seconded by Dr. Wilkinson, the Board of Trustees adopted the foregoing resolutions by unanimous roll-call vote, cast by the following trustees: Mr. Zeiger, Ms. Kessler, Mr. Heminger, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos and Ms. Trott. Mr. Kaplan abstained.

Ms. Eveland:

Motion carries.

***

Mr. Zeiger:

Thank you. I will now move that the board approve the remaining items on the consent agenda.

Upon the motion of Mr. Zeiger, seconded by Mr. Heminger, the Board of Trustees adopted the foregoing resolutions by majority roll-call vote, cast by the following trustees: Mr. Zeiger, Ms. Kessler, Mr. Heminger, Mr. Kaplan, Mrs. Harsh, Dr. Wilkinson, Mr. Kiggin, Mr. Mitevski, Mr. Bigby, Mr. Perez, Mr. Kastan, Mr. Skestos and Ms. Trott.

Ms. Eveland:

Motion carries.

***

Mr. Zeiger:

Thank you again. Is there any further business to come before the board today?

Hearing none, this meeting will be adjourned. Thank you so much.

The meeting adjourned at 10:53 a.m.

Attest:

John W. Zeiger
Chairman

Jessica A. Eveland
Secretary

RESOLUTIONS IN MEMORIAM

Synopsis: Approval of Resolutions in Memoriam is proposed.

BE IT RESOLVED, That the Board of Trustees hereby approves the attached Resolutions in Memoriam and that the President be requested to convey copies to the families of the deceased.

Ann D. Christy
Clyde C. Goad
William “Bill” E. Henderson
Paul R. Hothem
James “Jim” Gottling
Jacqueline E. LaMuth
Brian G. McHale
Helen Deacon Swank
Desh Pal Singh Verma
Thomas A. Willke

The Ohio State University
Board of Trustees

December 4, 2025

ANN D. CHRISTY

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on October 3, 2025, of Ann D. Christy, associate dean and professor in the Department of Food, Agricultural and Biological Engineering in the College of Food, Agricultural, and Environmental Sciences. She was 63.

Professor Christy received her BS (1983) in agricultural engineering and MS (1985) in biomedical engineering from Ohio State's College of Engineering, and she earned her PhD (1991) from Clemson University in environmental systems engineering. Following a short period as an engineer, she joined Ohio State in 1996 and served as a faculty member until her passing. Her research in bioenergy, environment and engineering education generated 145 publications, including more than 40 topics in teaching and learning. She was named a fellow of the American Society for Engineering Education (ASEE) and of the American Society of Agricultural and Biological Engineers (ASABE). Christy chaired ASEE's Biological and Agricultural Division and helped found and subsequently chaired ASABE's Education Division.

Her impact at The Ohio State University was significant, highlighted by her service as a faculty fellow in the Office of Academic Affairs during the semester conversion process and reviewing over 9,000 courses. She was interim associate dean for Undergraduate Education and Student Services in the College of Engineering, then served as the inaugural assistant dean for Teaching and Learning. After stepping down from this role, she was subsequently named associate dean and director for academic programs in the College of Food, Agricultural, and Environmental Sciences.

Everyone who knew Professor Christy was drawn to her warmth, light and enjoyment of each day as it came. Ann had an immense passion for higher learning and embracing her inner child. Through her kind-hearted and resolute leadership, Professor Christy fostered an atmosphere of collegiality and camaraderie among all members of the department, which fostered the professional development of graduate students. Professor Christy exemplified what the College of Food, Agricultural, and Environmental Sciences strongly values — putting students first and working collaboratively to sustain life.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Ann D. Christy its deepest sympathy and compassion for 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.

The Ohio State University
Board of Trustees

December 4, 2025

CLYDE C. GOAD

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 21, 2025, of Clyde C. Goad, professor emeritus from the former Department of Geodetic Science and Surveying.

Professor Goad received his BS in applied mathematics (1969) from North Carolina State University, his MS in numerical science (1971) from Johns Hopkins University and his PhD in aeronautical engineering in 1977 from the Catholic University of America.

Until 1986, Clyde worked in the private sector and in the government, including for the National Oceanic and Atmospheric Administration. In 1986, Clyde was invited to join the Department of Geodetic Science and Surveying at The Ohio State University. Clyde's forte was associated with the theory and practical use of and exciting new technology — the global positioning system (GPS). Professor Goad developed and taught several courses in GPS methodology with specific emphasis on highly accurate positioning.

His knowledge and teaching skills soon attracted students from many countries and, in a few years, Ohio State became the educational magnet for individuals interested in high accuracy positioning. Nearly all his students have become highly successful and have responsible positions in their workplaces.

Professor Goad worked closely with the Center for Mapping at Ohio State and therefore became involved with the commercialization of GPS. The union of the private sector and the university fostered new avenues of applied and basic research.

An example of the result of the marriage of the academy and the private sector is the development of using GPS to obtain and display the movement of the blade of earth-moving equipment (e.g., bulldozer and implements for precision agriculture) to an accuracy of one quarter of an inch. Many other important research concepts and practical uses resulted from Professor Goad's brilliant and creative mind.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Clyde C. Goad its deepest sympathy and compassion for 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.

The Ohio State University
Board of Trustees

December 4, 2025

JAMES "JIM" GOTTLING

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on October 29, 2025, of James "Jim" Gottling, professor emeritus in the Department of Electrical and Computer Engineering in the College of Engineering. He was 92.

Professor Gottling earned a Bachelor of Science in electrical engineering from Lehigh University in 1955 and completed his Doctor of Science in electrical engineering at the Massachusetts Institute of Technology in 1960. He joined the Ohio State University faculty that same year and served with distinction for three decades until his retirement.

A prolific educator and researcher, Professor Gottling authored notable works such as *Electronics: Models, Analysis, and Systems* (1982), *Matrix Analysis of Circuits Using Matlab* (1995) and *Hands on PSpice: Circuit Modeling and Analysis* (1995). His research contributions spanned circuit analysis, including works like "Node and Mesh Analysis by Inspection" (1995), and optical measurements, as seen in "Double-Layer Interference in Air-CdS Films" (1966).

Professor Gottling was recognized repeatedly for his excellence in teaching, receiving prestigious accolades such as The Ohio State University Alumni Award for Distinguished Teaching (1967), the Charles E. MacQuigg Outstanding Teaching Award (1994) and the Eta Kappa Nu Professor of the Year Award (1995). He was an active member of a faculty group that welcomed and supported international graduate students and their families as they acclimated to life at Ohio State. He belonged to numerous academic and professional societies and was deeply admired for his mentorship, dedication to students and commitment to fostering a collaborative academic environment.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor James "Jim" Gottling its deepest sympathy and compassion for 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.

The Ohio State University
Board of Trustees

December 4, 2025

WILLIAM "BILL" E. HENDERSON

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on August 13, 2024, of William "Bill" E. Henderson, associate professor emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences.

Mr. Henderson began his career with Ohio State University Extension in 1971, serving as the 4-H educator in Allen County until 1990. He also served as county chair since 1983. During his county service, Mr. Henderson was promoted to Assistant Professor in July 1978 and then to associate professor in July 1989.

In April 1990, he became the Northwest District 4-H specialist and served in that role until his retirement in April 2002.

During his career, Mr. Henderson shared his expertise and developed meaningful 4-H experiences within the county, across county lines and with other educational partners.

He helped to develop the multi-county 4-H Space Camp, which was held at Ohio Northern University, and Teen Leadership Camp, which was held at The Ohio State University at Lima. He dedicated time to youth activities at the Ohio State Fair, serving as an assistant superintendent for the 4-H photography and woodworking days for nearly 20 years.

Mr. Henderson was a member of the Ohio Cooperative Extension Agents Association, the National Association of Extension 4-H Agents and Epsilon Sigma Phi national Extension honorary. He also served as a longtime member of the planning committee for the Buckeye Leadership Workshop, even during retirement.

Mr. Henderson was recognized as a 2008 inductee in the Ohio 4-H Hall of Fame, and he was a 2015 Walk of Honor inductee at the Allen County Fair.

Mr. Henderson earned his bachelor's degree in sociology in 1968 and his master's degree in sociology in 1976, both from Ohio University.

Before he joined OSU Extension, Mr. Henderson worked as a teaching assistant at Ohio University, a director for Head Start in Cambridge, a summer assistant for Extension and an inspector for the Ohio Department of Highways.

On behalf of the university community, the Ohio State Board of Trustees expresses to the family of William "Bill" E. Henderson its deepest sympathy and sense of understanding of their loss. It is directed that his 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.

PAUL R. HOTHEM

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 7, 2025, of Paul R. Hothem, assistant professor emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences.

Mr. Hothem began his career with Ohio State University Extension in March 1962 as an associate county agent for 4-H and home economics in Knox County. In July 1964, he became the 4-H agent in Knox County. Mr. Hothem was promoted to assistant professor in July 1974. He also served as office chair for 15 years until his retirement in December 1988.

Mr. Hothem won many local, state and national awards for his distinguished service and was known for his innovative programs. He created the first 4-H trapping club in the state and authored the *Muskrat Trapping Project* book, as well as a book on arrowheads.

Mr. Hothem was very active in on the 4-H Camp Ohio board. He also remained very active in the Knox County Fair for many years, including serving as the junior fair coordinator for five years after retirement. He was a member and coordinator for the fair's Agriculture Museum Committee. Mr. Hothem assisted the Ohio Division of Wildlife by serving as the county head instructor for hunter safety for 20 years and trapping education for 32 years. Many local boards and committees benefited from his expertise and experience.

Mr. Hothem earned his bachelor's degree in animal science in 1959 from The Ohio State University. After graduation, he worked briefly as a summer assistant in Coshocton County before serving in the U.S. Army until March 1962. He furthered his studies by earning a master's degree in agricultural education in 1971.

On behalf of the university community, the Ohio State Board of Trustees expresses to the family of Paul R. Hothem, its deepest sympathy and compassion for 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.

The Ohio State University
Board of Trustees

December 4, 2025

JACQUELINE E. LaMUTH

The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 28, 2025, of Jacqueline E. LaMuth, associate professor emeritus with The Ohio State University in the College of Food, Agricultural, and Environmental Sciences.

Dr. LaMuth began working for Ohio State University Extension in April 1971 as a county Extension agent for 4-H and home economics. She became an agent focusing on 4-H in Franklin County in December 1972. She was promoted to assistant professor in 1979 and then to associate professor in 1987. Dr. LaMuth also served as an acting chair in 1989 and became chair of the Franklin County office in September 1990.

Dr. LaMuth later served as the interim leader for evaluation, grantsmanship and product development, followed by interim leader, resource development. In October 2000, she was appointed as the leader, grants and contracts. She served in this role for several years, followed by leader, resource development and management, until her retirement on September 1, 2014.

Dr. LaMuth was a respected scholar and educator. She authored numerous educational publications and resources for colleagues and Extension clientele. She served on the Extension Grantsmanship Action Learning Team, coordinating resources and learning opportunities with several colleagues for the benefit of all Extension professionals.

Dr. LaMuth served as a counselor for Ohio 4-H Sea Camp at Kelleys Island for many years, where she embraced the opportunity to teach young people about aquatic science, sailing and other recreational watersports.

Dr. LaMuth gave back to her community by serving as board chair for the Solid Waste Authority of Central Ohio. She was well known for her horticultural and geological knowledge, which she shared enthusiastically with colleagues and friends. She was also a renowned local musician and enjoyed travelling with her fellow musicians.

Dr. LaMuth earned her bachelor’s degree in 1971 and her master’s degree in 1977, both in home economics education, as well as her doctoral degree in human and community resource development in 2006, all from The Ohio State University.

On behalf of the university community, the Ohio State Board of Trustees expresses to the family of Jaqueline E. LaMuth, its deepest sympathy and compassion for 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.

The Ohio State University
Board of Trustees

December 4, 2025

BRIAN G. McHALE

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on July 27, 2025, of Brian Geoffrey McHale, professor emeritus in the Department of English in the College of Arts and Sciences. He died on his 73rd birthday.

Professor McHale received his BA from Brown University in 1974 and was awarded a Rhodes Scholarship that same year. He received his DPhil in English language and literature in 1977. Joining the Department of English at The Ohio State University as an Arts and Humanities Distinguished Professor in 2002, Professor McHale was a vital member of the department as a scholar, teacher, mentor and colleague even after his retirement in 2022.

One of the world's most influential scholars of postmodern literature and culture, and one of its leading narrative theorists, Professor McHale's first book, *Postmodernist Fiction* (1987), changed the conversation about the nature of postmodernism and its relation to modernism. In narrative theory, he did groundbreaking work on narrative discourse, narrative in poetry and science fiction. When he spoke or wrote, scholars around the world listened: His work was read and taught by literary scholars across six continents and representing a wide variety of literary periods, genres and methodologies. Professor McHale was the author of three other monographs and over 100 essays published in leading scholarly journals and edited collections. He co-edited five additional volumes.

He also served the global scholarly community as associate editor, co-editor and editor-in-chief of *Poetics Today* and as president of both the International Society for the Study of Narrative (ISSN) and the Association for the Study of the Arts of the Present. A co-founder of Ohio State's Project Narrative, his work helped define and shape the field. Fittingly, he received the ISSN's Wayne C. Booth Lifetime Achievement Award in 2025.

A beloved teacher and mentor, he brought his expertise and passion to his undergraduate and graduate students. Simultaneously generous and scrupulous in his criticism and advice, he always improved the research and writing of students and colleagues with whom he worked. In recognition of Brian's exemplary mentorship, the department named the award for Best Essay by a Graduate Sudent in Narrative Studies after him. In department meetings, he was the model of eloquence and good sense. He ceaselessly served the department, the university and the discipline of English studies.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Brian McHale its deepest sympathy and compassion for 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.

HELEN DEACON SWANK

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on August 6, 2025, of Helen Deacon Swank, professor emerita of voice in the School of Music in the College of Arts and Sciences. She was 93.

Professor Swank joined Ohio State's faculty in 1965 and served until her retirement in 1991, including service as area head of voice from 1977 to 1991. A visionary educator and mentor, she created the School of Music's nationally recognized graduate programs in voice pedagogy, among the first in the nation; these programs continue to flourish today.

Beyond campus, Professor Swank served the broader community as choir director at The Church of the Messiah in Westerville and nurtured a lifelong love of the arts through oil painting and writing. With her husband, C. William Swank, she was a steadfast supporter of Ohio State and endowed the Helen Swank Award recognizing outstanding graduate singers.

Professor Swank earned a BS in education and an MA in music from The Ohio State University. Her graduate work was an interdisciplinary course of study of her own design, integrating physics, speech and hearing science, and medicine. This holistic approach presaged and informs today's singing health work in the Helen Deacon Swank Voice Teaching and Research Laboratory in the School of Music. She received the Alumni Award for Distinguished Teaching in 1976 and 1987, and the School of Music Distinguished Service Award in 1997. In 2007, the trustees approved naming the Helen Deacon Swank Voice Teaching and Research Laboratory in her honor.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Professor Helen Deacon Swank its deepest sympathy and compassion for 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.

The Ohio State University
Board of Trustees

December 4, 2025

DESH PAL SINGH VERMA

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on October 10, 2025, of Dr. Desh Pal Singh Verma, professor emeritus in the Department of Molecular Genetics in the College of Arts and Sciences.

Dr. Verma earned a master's degree in botany from Agra University in 1964 and a PhD from the University of Western Ontario in 1970. After completing his postdoctoral research at the Fox Chase Cancer Center, he joined McGill University as an assistant professor in 1974. While at McGill, he was awarded the E.W.R. Steacie Memorial Fellowship by the National Research Council of Canada, was elected a Fellow of the Royal Society of Canada and became a member of the Canadian Academy of Sciences in 1986. In 1988, he joined the newly formed Department of Molecular Genetics at The Ohio State University as professor and associate director of the Biotechnology Center.

Dr. Verma's research contributions included the first isolation of the first plant mRNA (encoding soybean leghemoglobin) as well as the cloning of its encoding gene. He also led the identification of a novel class of genes referred to as “nodulins,” which are involved in the development of Rhizobium-Legume symbiosis. During his career, Dr. Verma trained over 150 graduate students, postdoctoral fellows and visiting scientists; authored over 200 peer-reviewed research publications; and edited 11 academic books. Dr. Verma served as a senior editor for the International Society of Molecular Plant-Microbe Interactions (IS-MPMI), and as co-editor for its flagship journal *Molecular Plant-Microbe Interactions.* In 2003, he was elected a Fellow of The World Academy of Sciences. He also served as a consultant to several international companies and was an advisor to the Planning Commission of India (now NITI Aayog) on agricultural biotechnology from 2006-2011.

Dr. Verma was a valued colleague with a deep interest in all scientific areas, who always asked the most rigorous and thought-provoking questions. He will be deeply missed.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Dr. Desh Pal Singh Verma its deepest sympathy for 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 appreciation.

The Ohio State University
Board of Trustees

December 4, 2025

THOMAS A. WILLKE

Synopsis: The Board of Trustees of The Ohio State University expresses its sorrow regarding the death on August 21, 2025, of Thomas A. Willke, founding member of the Department of Statistics in the College of Arts and Sciences. He was 93.

Professor Willke received his MA and PhD in mathematics from Ohio State under the guidance of Ransom Whitney. After a brief appointment as assistant professor of mathematics at the University of Maryland, Tom returned to Ohio with his wife, Gerry, and their young family to serve as an associate professor for Ohio State's Department of Mathematics in 1966.

Tom was one of the founding faculty to establish the Department of Statistics in 1970, and he was promoted to full professor of statistics in 1972. The department, which recently celebrated its 50th anniversary, was formalized in 1974, and Tom was one of only eight initial faculty members. As the department grew and celebrated new milestones, Tom was instrumental in recording aspects of its earliest history. In 2003, he conducted and transcribed an interview with the founding chair of the Department of Statistics, Ransom Whitney, which detailed its inaugural years.

Tom continued to serve the university with distinction as vice provost/dean of undergraduate studies for the College of the Arts and Sciences from 1973-1987, and as acting dean of University College from 1983-1985. After retiring from Ohio State in 1987 as emeritus dean of undergraduate studies and professor of statistics, he continued his academic career as chair of the Department of Mathematical Sciences at Otterbein College until 1997.

Throughout his distinguished career, Tom focused on service to others and touched the lives of countless students and colleagues. His legacy lives on, both through the department he helped to create and the many lives he influenced. Remarkably, Tom's personal dedication to academia and to the university has led to 31 degrees conferred by Ohio State to his family members. Within the Willke family, this tradition has also translated to at least 145 years in academic or service positions at the university.

On behalf of the entire university community, the Board of Trustees expresses to the family and loved ones of Thomas A. Willke its deepest sympathy and compassion for 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.

APPROVAL OF 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 August 20, 2025, meeting of the Board, including the following appointments and contract amendments:

Appointment

Name: John Horack
Title: Vice President, Enterprise for Research, Innovation and Knowledge
Unit: Office of Academic Affairs
Term: October 1, 2025 – September 30, 2027

Name: Rob Lowden
Title: Vice President and Chief Information Officer
Unit: Administration and Planning
Term: August 1, 2025

Interim Appointment

Name: Erik Porfeli
Title: Interim Dean, College of Education and Human Ecology
Unit: Office of Academic Affairs
Term: January 1, 2026 – June 30, 2028

REVOCATION OF DEGREE

Synopsis: Revocation of a Doctor of Philosophy degree.

WHEREAS the committee on academic misconduct constituted according to rule 3335-5-48.7 of the administrative code requested that the Board of Trustees effectuate the revocation of the Doctor of Philosophy degree of Samantha Carter; and

WHEREAS the request was concurred with by the Executive Vice President and Provost; and

WHEREAS the request was further concurred with by the Academic Affairs and Student Life Committee; and

WHEREAS the appropriate bodies and administrative officer of the university have fully complied with applicable procedures and, in accordance with those procedures:

NOW THEREFORE

BE IT RESOLVED, That the Doctor of Philosophy degree, granted on August 4, 2024, pursuant to paragraph (E) of rule 3335-1-06 of the administrative code, is hereby revoked immediately.

The Ohio State University
Board of Trustees

December 4, 2025

REVOCATION OF DEGREE

Synopsis: Revocation of a Bachelor of Arts degree.

WHEREAS the university registrar and director of undergraduate admissions after utilization of rule 3335-9-20 requested that the Board of Trustees effectuate the revocation of the Bachelor of Arts degree of Ava Misseldine conferred under the name of Brie Bourgeois; and

WHEREAS the request was concurred with by the Executive Vice President and Provost; and

WHEREAS the request was further concurred with by the Academic Affairs and Student Life Committee; and

WHEREAS the appropriate bodies and administrative officer of the university have fully complied with applicable procedures and, in accordance with those procedures:

NOW THEREFORE

BE IT RESOLVED, That the Bachelor of Arts degree, granted on March 22, 2009, pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, is hereby revoked immediately.

APPROVAL TO ESTABLISH AN EXECUTIVE MASTER OF HEALTH ADMINISTRATION

IN THE COLLEGE OF PUBLIC HEALTH

Synopsis: Approval to establish an Executive Master of Health Administration degree program in the College of Public Health is proposed.

WHEREAS the proposed Executive Master of Health Administration program is an extension of the accredited full-time, residential, early career Master of Health Administration program and would extend the reach of the program to more experienced mid-career professionals; and

WHEREAS the program's mission is to provide students with an exceptional educational experience encompassing the organization, financing, delivery and improvement of health care services leading to rewarding careers in health services management and policy; and

WHEREAS the residential program has been a national leader in healthcare management for more than 50 years and is currently ranked No. 8 in *U.S. News & World Report*; and

WHEREAS the proposed executive program is 45 credits, over five semesters, is primarily online and cohort-based with 20-25 students per cohort expected; and

WHEREAS markets for enrollment include employees of local health systems, clinicians seeking to move into leadership roles and others working in the broader healthcare space; and

WHEREAS the proposal was reviewed and approved by the Council on Academic Affairs at its meeting on May 28, 2025; and

WHEREAS the University Senate approved this proposal on October 30, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the proposal to establish an Executive Master of Health Administration degree program in the College of Public Health.

Revised Proposal for Executive MHA Program Development
College of Public Health, Division of Health Services Management and Policy

INTRODUCTION

The Ohio State University (OSU) College of Public Health (CPH) Health Services Management and Policy (HSMP) division has developed the attached proposal to develop an Executive Master of Health Administration (EMHA). This proposed program is designed as an extension of our Commission on Accreditation of Healthcare Management Education (CAHME) accredited Master of Health Administration (MHA) program.

The MHA program's mission is to "*provide early-to mid-careerists with an exceptional educational experience encompassing the organization, financing, delivery and improvement of health care services leading to rewarding careers in health services management and policy"* Currently, the MHA program is offered in a full-time residential format that primarily, and increasingly, attracts early careerists that are less than two years out of college. The proposed EMHA program will enable us to more completely fulfill this mission by extending our reach to a more experienced, mid-career professional.

Strategic Considerations

OSU's residential MHA program has been a national leader in healthcare management education for more than 50 years; for the last decade, we have consistently ranked in the US News and World Report (USNWR) top 10 (currently #8). Among our peers, we are one of only 5 in the USNWR top 20 that does not offer an executive, or mid-career, degree option for individuals who are already working in the field. More locally, lower ranked (Xavier) and recently accredited in AU23 (Ohio University, Cincinnati) universities are already operating executive MHA programs. Details about these programs are included in Appendix I (USNWR Top 20) and Appendix II (Ohio-based programs).

Given our program's reputation for quality education, graduate success, and enduring alumni network as well as our strong connections to health system leaders locally and nationally, we are well-positioned for success should we launch a well-designed, well-supported executive program. Considerations include:

- ***Brand integrity.*** Our greatest strength in launching this program is our well-established brand and reputation. As we develop and launch a new program it is crucial that we maintain the standards, e.g., quality faculty, strong curriculum and courses, high-touch professional/ leadership development, connection to practice and alumni, that potential students will expect.

- ***Differentiated experience.*** Mid-career learners have many options for graduate education, including some graduate education degree offerings that require fewer credits for completion, therefore it is imperative that our program offer a differentiated experience that clearly explains how the EMHA benefits students by requiring more credits and explaining that this approach is consistent with our established brand as described above. Leadership and management are high touch endeavors; possible ways to differentiate our program include offering structured leadership coaching and interactive experiences that build students' leadership competencies and support their career growth through exposure and networking.

Potential Risks

While the strong foundation and reputation of the current MHA program, as well as CPH and OSU more broadly, position the proposed program for success, we have identified potential risks that will need to be considered and mitigated as this program is developed. Identified risks and mitigation considerations are described in the table below.

Potential Risks	Mitigation Strategy
Highly competitive market, with well-established competition outside of Ohio and several-options within	Clarify brand and value-proposition for this program vis-à-vis competitors; incorporate into program design and marketing
Strong evidence of market need, but some challenges accurately estimating total demand for this degree program within specified target	Leverage existing MHA relationships and networks to reach unmet need among high potential candidates; collaborate with Office of Technology and Digital Innovation (OTDI) to define and effectively reach target market.
Need to clearly differentiate from other, similar CPH graduate programs, e.g. residential MHA, Master of Public Health Program for Experienced Professionals (MPH-PEP)	Collaborate with MHA, MPH-PEP, CPH Office of Academic Programs and Student Services and other CPH leaders to clearly define and differentiate target audience and educational goals and outcomes for this program.
Relatively high costs for program start-up relative to initial enrollment.	Seek economies of scale in program design by 1) building on existing MHA program structures/processes where possible, e.g., CAHME accreditation, and 2) adapting existing HSMP courses, e.g., MPH-PEP. Evaluate and modify as enrollment grows (if enrollment is limited initially, cohorts could be staggered every other year for almost all classes).

Data Sources

This proposal was developed based on a comprehensive review of the following data.

- Commission on Accreditation of Healthcare Management Education (CAHME) benchmark data for accredited graduate programs in healthcare management
- Qualitative interviews with program leaders at other top graduate programs in health care management regarding program format, target market, marketing/ recruitment, opportunities and challenges
- Initial review of current Ohio-based options for a “mid-careerist,” MHA degrees e.g. 4-5 years work/ clinical experience, interested in a graduate degree in health administration

PROPOSED PROGRAM

The proposed EMHA program will expand the current CAHME-accredited MHA program by adding an executive track. While the current residential program is designed for early careerists, many of whom have just graduated from college, the executive track will be designed for

individuals who have 4-5 years of healthcare administration and/or clinical experience. This program will use the OSU MHA program competency model and offer a similar curriculum that has been slightly modified as appropriate for a more experienced student population. The expected learning outcomes, mode of program delivery, and draft curriculum and assessment plan are detailed below.

Expected Learning Outcomes
The proposed EMHA program will use the same competency model as the current residential MHA program which is designed to develop learners' competencies across five domains as outlined below and detailed in Attachment II:

Domains	Competencies
Management Functions	MHA 1: Organizational Management MHA 2: Organizational Structure and Governance MHA 3: Workforce and Organizational Development MHA 4: Operations Assessment and Improvement MHA 5: Clinical Quality Assessment and Improvement MHA 6: Information Technology Management and Assessment MHA 7: Strategic and Business Planning MHA 8: Financial Management
Health System and Policy	MHA 9: Economic Analysis MHA 10: Health Care Issues and Trends MHA 11: Health Policy MHA 12: Health Care Legal Principles MHA 13: Population Health
Leadership and Professionalism	MHA 14: Leadership and Change Management MHA 15: Impact and Influence MHA 16: Professional Development MHA 17: Collaboration and Working in Teams MHA 18: Personal and Professional Ethics MHA 19: Critical Thinking
Business and Analytic Skills	MHA 20: Written Communication MHA 21: Verbal Communication MHA 22: Quantitative Skills MHA 23: Project Management MHA 24: Performance Measurement MHA 25: Problem-Solving and Decision-Making

Mode of Program Delivery
Based on initial research and feedback from HSMP faculty, the initial proposal for this program is as follows though may be modified pending additional feedback from CPH leadership, OTDI, alumni, and practitioner stakeholders.

- 45 credits (median for top programs is 45, range is 37-57), 45 would be 5 semesters (including one summer between the first and second years) of 3 courses

- Mostly online, with limited in-person engagement (professional development, connection to practice, networking); the in-person component will be "voluntary" with high value-added components with a limited virtual option as feasible.
- Cohort-based – with a common start date, courses offered 1x per year and an emphasis on building community and network, another possible differentiator for this program.

Proposed Curriculum
The proposed curriculum for this program is based on the residential MHA, with appropriate modifications for the target learner who will have more grounding in health care organizations and management. A side-by-side comparison of the residential and proposed executive program curricula is included as Attachment 5. During the start-up period, the proposed curriculum will incorporate established distance-based courses, including PUBHHMP 6010 (Essentials of Public Health) and 5 Master of Public Health Program for Experienced Professionals (MPH-PEP) courses currently taught by HSMP faculty. Depending on enrollment sizes and learner needs, these courses may need to be slightly modified or supported for EMHA student. As the EMHA program grows, we expect to re-evaluate the need for dedicated courses.

The sample curriculum is the only possible pathway to this degree. There are currently no planned elective courses; all the classes are required. There are only two classes that are new classes that have been developed and approved—Executive Skills I and Executive Skills II.

Proposed Program Alignment and Plan
Table detailing alignment of program competencies, courses, assessment methods and standards across the curriculum TBD pending additional discussion.

Targeted Enrollment
In 2021-22, the median number of students enrolled in our CAHME peers' (top 20 programs) executive programs was 45, though there is a considerable range (36-57), with a median of 27 new applicants, and 17 new enrollments. The numbers above are based on data during the height of the pandemic where health care administrators, clinicians, and other working leaders may have been disinclined to take on graduate school. Based on our conversations with program leaders in several programs, applications and enrollments have been on a general decline (possibly due to more competition).

We have had preliminary discussions with OTDI to refine our estimates of market demand, but based on what we know now we believe we could conservatively expect cohorts of 20-25 students. Potential markets for enrollment include:

- Employees of local health system employees seeking to advance their careers, e.g., move into management, go from manager to director. Consider: The Ohio State University Wexner Medical Center (OSUWMC), Nationwide Children's Hospital (NCH), and OhioHealth, to start and then expand others in the state.
- Physicians, nurses, and other clinicians seeking to move into leadership roles
- Individuals working in the broader healthcare space, e.g., IT, medical devices, start-ups etc.
- OSU alumni, e.g., MHA alumni, others who went to OSU for undergrad, interested in MHA

Executive program leaders among our top-ranked peers indicate that the most successful marketing and outreach is based on established relationships and word of mouth, e.g.

organizations who always support a "slot," alumni who refer colleagues. Therefore, a key role for program leaders/staff will be to develop relationships with health system administrative and clinical leaders, local health-related employers, key alumni who can serve as advocates for our program within their institutions. In addition, the program director will need to work closely with OTDI which has resources for web-based marketing that targets potential students based on google searches and/or LinkedIn profiles among other things.

RESOURCE NEEDS

Preliminary resource needs and (very high level) estimated costs are summarized in a table below. Pending additional discussion and approvals, we will work with CPH leaders to develop a more robust analysis of program costs. The estimates below assume (a) substituting CPH/MPH-PEP courses wherever appropriate, and (b) offering "new" courses every other year, at least during start up.

Resource Need	Estimated Cost/ Year 1	Estimated Cost Ongoing
Faculty Program Director (75% FTE to start/ launch program, 30-50% thereafter), will teach 2 courses after first year	$95,000 (at 75%)	$50,000 (at 40%)
Program Manager/Administrative/Coaching Support – 1-2 FTE (depending on model)	$65,000 + benefits (1 FTE)	$65,000 + benefits
Course faculty: 15 courses (8 using existing CPH/MPH-PEP courses), $10,000 each; new courses offered every other year. Program director to teach 2 courses starting year 2	$40,000, if offered every other year	$20,000
Instructional design support, 0.5 FTE	$25,000 + benefits	$25,000
Total	$225,000	$160,000
Plus: OTDI Marketing	TBD	

TUITION CONSIDERATIONS

The table below summarizes available tuition data for executive programs among our USNWR Top 20 peers, CAHME-accredited online programs, and Ohio-based MHA and other similar programs that are likely to be our competitors. Over the next several months, we will work with CPH leaders, OTDI, and others at OSU to determine the tuition option(s) for this program. Tuition will be set to ensure that the program is both financially self-supporting and market competitive. An initial estimate would be about $63,000, setting the instructional fee at $1,575 per credit hour. That would put us around the median/average for the top 20.

Benchmark	Cost to Degree	Range
USNWR Top 20	$61k (median)	$43-90k
CAHME Online	$32k (median)	$28-40k
Ohio-based Programs	$30k range for MHA programs, Master Nursing Innovation $54k for MBOE (Master of Business Operational Excellence) (Fisher) $77-115 for MBA	

Proposed Timeline for Program Approval and Implementation

Date	Key Steps
Fall/ Winter 2023 (Completed)	• Finalize program proposal based on input from CPH leadership, OTDI, HSMP faculty and other stakeholders, e.g. MHA Advisory • Explore program approval process • Explore tuition and fee options
Spring 2024	• Secure CPH Academic Studies Governance Committee (ASGC) approval • Submit for OSU Graduate School approval • Pursue additional OSU and/or State of Ohio Approvals
TBD	• Seek final approval from permanent CPH Dean to launch program
Timeline for Implementation, Pending	
Year 1: AY24-25* Implementation Planning and Program Set Up	• Identify/ hire program director to build relationships, focus marketing outreach, develop detailed program plans (in coordination with OAPSS, residential MHA director) • Initiate CAHME accreditation under "one program, two tracks" • Establish courses, e.g., names, titles • Secure teaching faculty, other resources e.g., coaching • Coordinate instructional design support for new/ adjunct faculty • Hire program manager • Begin marketing and outreach, launch admissions
Year 2: AY26-27*	• First class enrolled

*earliest possible implementation; pending multi-level review process and approvals

USNWR Top 20 Program in Healthcare Management
Executive Program Data for AY2021-22

Rank	Program	Residential	Executive	Format	Total Students	Complete applications	New Enrollments	Cost (in)	Cost (out)	$/credit (instate)
1	UAB*	71	57	Hybrid	58	35	20	$ 59,600	$ 59,600	$ 1,046
2	UMN	60	42	Hybrid	39	24	13	$ 68,544	$ 68,544	$ 1,632
3	UNC	60	49	Hybrid	48	42	21	$ 49,005	$ 94,158	$ 1,000
3	Michigan	60	40	Hybrid	16	10	0	$ 50,308	$ 82,816	$ 1,258
5	Rush	58	52	Residential	13	23	13	$ 63,232	$ 63,232	$ 1,216
5	VCU*	59	41	Hybrid	63	29	22	$ 43,432	$ 74,715	$ 1,059
7	Ohio State	60								
8	Iowa	58	45	Residential	19	11	9	$ 55,000	$ 55,000	$ 1,222
9	Cornell	64	36.5	Hybrid	87	67	48	$ 81,776	$ 81,776	$ 2,240
9	Johns Hopkins	83								
12	George Washington	50	50	Hybrid	90	190	90	$ 90,000	$ 90,000	$ 1,800
13	SLU	60	50	Hybrid	27	16	11	$ 62,500	$ 62,500	$ 1,250
13	Trinity*	57	41	Hybrid	15	8	6	$ 73,000	$ 73,000	$ 1,780
15	Columbia	55		Residential	197	81	26	$ 49,785	$ 49,785	
16	Washington	NA	NA	Hybrid	9	17	9	$ 72,138	$ 72,138	
17	Baylor	58								
17	Tulane	NA								
17	Pittsburgh	60								
	Average	61	46		52	43	22	$ 62,948	$ 71,328	$ 1,409
	Median	60	45		44	27	17	$ 61,050	$ 70,772	$ 1,250
	Min	50	36.5		13	8	0	43432	49785	$ 1,000
	Max	83	57		197	190	90	90000	94158	$ 2,240

Source: Commission on Accreditation of Health Management Education

MHA and other related graduate programs in Ohio

Program	Degree	CAHME?	Credits	Format	Notes	Cost (in)	$ per credit
Master of Health Administration Programs							
Xavier Executive	MHSA	Yes	42	Online		$ 28,164	$ 671
Ohio University	MHA	Yes (as of Fall, 2023)	36	Online	Can be completed in 1 year. Specializations: Traditional, HC Leadership, Business Analytics, Project Management, Aging Studies, Quality Improvement		
University of Cinicinnati Executive Program	MHA	Candidate	40	Online	Also offer certificates in HC Admin, Finance, Operations, Policy and Reg	$ 30,160	$ 754
Franklin University	MHA	No	36	Online			
Other Related Graduate Programs							
OSU - Fisher, Masters of Business in Operational Excellence	MBOE	[redacted]		Hybrid	13-month, 15-course executive (3 years exp) master's. Focus on operational excellence, data/decisions, change, impact	$ 54,585	
OSU- Fisher, Working Professional	MBA		48	Hybrid	On campus or online (or hybrid), evenings weekends	$ 80,114	
OSU- Fisher, Online Working Professional	MBA		48	Online	At least 30% synchronous	$ 77,136	
OSU- Fisher, Executive	MBA			Online	For mid to senior-level; weekend program; 17 months (average 17 years experience); cohort	$ 115,000	
OSU - Nursing, Masters in Health Care Innovation	MHI		31	Online	Synchronous/ Asynchronous, includes leadership, design thinking, policy, communication; also have a certificate in healthcare leadership and innovation	$ 31,785	
Other??							

CAHME-accredited Executive Programs, fully online

Program	Resident	Executiv	Format	Total Studen	Complete applications	New Enrollments	Cost (in)	Cost (out)	$ per credit
Des Moines	NA	48	Online	116	29	11	$ 38,016	$ 38,016	$ 792
Ferris State	46	40	Online	185	129	90	$ 40,500	$ 40,500	$ 1,013
George Mason	45	45	Online	26	0	0	$ 28,440	$ 28,440	$ 632
UCF	51	NA	Online	27	51	27	$ 33,998	$ 33,998	NA
Louisville	57	57	Online	28	15	12	$ 29,673	$ 29,673	$ 521
Memphis	53	45	Online	8	0	0	$ 30,000	$ 30,000	$ 667
UNLV	45	40	Online	13	20	12	$ 35,920	$ 41,870	$ 898
Xavier*	66	42	Online	115	36	14	$ 28,164	$ 28,164	$ 671
average	52	45		65	35	21	$ 33,089	$ 33,833	$ 742
median	51	45		28	25	12	$ 31,999	$ 31,999	$ 671

MHA Competencies

Management Functions

MHA 1. Organizational Management. Assess opportunities to improve health services organizations through application of organizational theories and organization development principles.

MHA 2. Organizational Structure and Governance. Analyze how organizational and environmental factors shape the structure of health care organizations and the roles, responsibilities and influence of governing bodies.

MHA 3. Workforce and Organizational Development. Apply methods and techniques for organizational, employee, and professional staff development that ensure a diverse and high performing work force.

MHA 4. Operations Assessment and Improvement. Use systems-thinking and analytic methods to assess operations performance and improve organizational processes.

MHA 5. Clinical Quality Assessment and improvement. Apply principles of quality improvement in the context of clinical performance.

MHA 6. Information Technology Management and Assessment. Analyze the value, risks and opportunities of information technology and associated data for improving performance of health organizations and the broader health system.

MHA 7. Strategic and Business Planning. Perform environmental, market, and community needs analyses, develop strategic alternatives, formulate strategic goals, and develop programs, business plans, and implementation strategies to support goal achievement.

MHA 8. Financial Management. Explain financial and accounting information, prepare and manage budgets, and evaluate investment decisions.

Health Systems and Policy

MHA 9. Economic Analysis. Analyze and apply economic theory and concepts for decision-making.

MHA 10. Health Care Issues and Trends. Explain important issues in health care, including circumstances causing major changes and reform in U.S. health care delivery.

MHA 11. Health Policy. Describe the public policy process related to health care, including the creation and implementation of policy and the political aspects of policy and articulate the impact on the delivery of health services.

MHA 12. Health Care Legal Principles. Recognize legal issues that may arise in health care delivery and business settings and respond appropriately

MHA 13. Population Health. Describe how epidemiological, market, patient outcome, and organizational performance data are used to improve quality, and manage financial and other risks associated with defined populations.

Leadership and Professionalism

MHA 14. Leadership and Change Management. Develop effective leadership approaches to communicate a vision, motivate stakeholders, build consensus, and lead organizational change efforts.

MHA 15. Impact and Influence. Shape opinions, processes, or outcomes through example, persuasive communication, or use of informal power

MHA 16. Professional Development. Demonstrate a commitment to continuous learning and self-improvement through reflection, goal setting, self-assessment, and the cultivation of professional networks.

MHA 17. Collaboration and Working in Teams. Work cooperatively with others, create, participate on, and lead teams, including inter-professional.

MHA 18. Personal and Professional Ethics. Apply ethical principles, social and professional values to analyze managerial, organizational and policy situations demonstrate professional values and ethics.

MHA 19: Critical Thinking. Evaluate a situation, issue, or idea by understanding and challenging assumptions, considering competing points of view, and anticipating potential effects within and beyond the health care system.

Business and Analytic Skills

MHA 20. Written Communication. Write in a clear, logical manner and prepare effective business communications.

MHA 21. Verbal Communication. Demonstrate effective oral communication and presentation skills.

MHA 22. Quantitative Skills. Analyze data and interpret quantitative information for organization decision making.

MHA 23. Project Management. Design, plan, implement, and assess projects and develop appropriate timelines related to performance, structure and outcomes.

MHA 24. Performance Measurement. Identify and use data within organizations to improve performance.

MHA 25. **Problem-Solving and Decision-Making**. Use multiple methods and sources to seek comprehensive information, generate creative new solutions—or adapt previous solutions—and apply structured decision-making techniques and tools to address health care questions

Sample Curriculum

The proposed curriculum for this Executive MHA is summarized in the table below, comparing the total number of credits for the residential (60) and proposed Executive MHA (45). This proposed curriculum was developed using the residential MHA as the starting point with adjustments made to (a) reflect a more experienced learner, and (b) to substitute established PEP courses where appropriate. The table also summarizes the total number of courses being proposed for the program. There are only two classes that are new classes that have been developed—Executive Skills I and Executive Skills II.

Proposed Curriculum

Course Number (Residential MHA)	Course Name	Credits	Total Exec Program Courses	New Courses to Develop
Existing CPH Distance Learning Courses				
PUBHLTH 6010	Essentials of Public Health	3	1	0
PUBHHMP 6625	Leveraging Healthcare Data for Practice and Policy Change	3	1	0
PUBHHMP 7632	Strategic Change for PH and Population Health Management	3	1	0
PUBHHMP 7624	Health Economics for Experienced Professionals (PEP)	3	1	0
PUBHHMP 7632	HS Strategy and Marketing	3	1	0
PUBHHMP 7683	Operations Management and System Design (PEP)	3	1	0
PUBHHMP 6630	Project Management (PEP)	3	1	0
Existing Residential MHA Courses (to be adapted for Distance Learning)				
PUBHHMP 6611	Health and Healthcare in the US	3	1	0
PUBHHMP 7605	Introduction to Health Policy	3	1	0
PUBHHMP 7611	Health Law for Managers	3	1	0
PUBHHMP 6615	Public Health Leadership and Organizational Behavior			
PUBHHMP 7620	HS Finance I	3	1	0
PUBHHMP 7622	Health Services Financial Decision Making	3	1	0
PUBHHMP 7631	Strategic Management & Program Development (Capstone)	3	1	0
New courses				
PUBHHMP 7690	Executive Skills I	3	0	1
PUBHHMP 7691	Executive Skills II	3	2	1
	Total	45	15	2

Denotes proposed substitution of MPH-PEP Course

APPROVAL OF THE REPORT ON LOW ENROLLMENT COURSES AND DUPLICATE PROGRAMS

Synopsis: Approval of the university's Report on Low Enrollment Courses and Duplicate Programs for submission to the Ohio Department of Higher Education is proposed.

WHEREAS Ohio Revised Code 3345.35 requires the governing boards of each state institution of higher education to evaluate courses and programs based on enrollments and duplication with other state institutions of higher education within a geographic region; and

WHEREAS the university currently adopts a minimum class size of 18 students, with exceptions for distinctive instructional settings; and

WHEREAS to prepare for this submission, the Office of Academic Affairs worked with the university's 15 academic colleges and four regional campuses to examine trend data and alignment of college enrollment policies; and

WHEREAS approximately 13,000 courses are offered at the university, with 409 identified as low enrolling; and

WHEREAS each college or regional campus has been directed to take appropriate action on its low enrollment courses; and

WHEREAS The Ohio State University has strong collaborations with two-year institutions and no significant program duplication with other institutions in the central Ohio region:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the Report on Low Enrollment Courses and Duplicate Programs for submission to the Ohio Department of Higher Education.

Low Enrollment Courses and Program Duplication

The Ohio State University, October 2025

I. Low-enrollment Thresholds

IN COMPLIANCE WITH SECTION 3345.35 OF THE OHIO REVISED CODE, which mandates the evaluation of courses and programs based on enrollment, The Ohio State University, through the Office of Academic Affairs (OAA), submits this triennial report.

Course thresholds are specified and monitored through Faculty Rule 3335-8-16. This rule states that the chair of a department or director of an instructional unit may cancel any course that has not enrolled sufficient numbers of students, usually defined as **fewer than 15 students**, although courses enrolling fewer than 15 may be offered if sufficient resources and programmatic justifications exist. The University Registrar monitors the frequency of course offerings, identifying those that have not been offered for three consecutive years, and informs the relevant college where course offering decisions are made.

At the state level, the Chancellor permits a 20% variation above the institutional definition. Therefore, for the purpose of identifying low-enrollment courses for this report, **the university currently adopts a minimum class size of 18 students**. The Chancellor defines low-enrollment courses as course sections that fall below this institutionally defined threshold (18 students) over **two or more semesters**.

II. Low-enrollment Course Identification

Course enrollment levels are monitored and interpreted at the academic unit and institutional levels, driven by the university's mission as a public, land-grant, Research 1, urban, Carnegie "engaged" institution serving a large student population. Since 2005, the university has operated under a responsibility-centered management (RCM) budget model, ensuring that course and program enrollments are monitored closely by colleges and campuses, as budgets are influenced by credit hours delivered.

To prepare for the 2025 submission, OAA worked directly with the university's **15 academic colleges** in Columbus and the four regional campuses, addressing the alignment of college-specific enrollment policies with university policy. This process included:

1. Reviewing 3-year trend data for courses.
2. Identifying courses that had **fewer than 18 students** at least twice during the time frame.
3. Academic units removing those courses that could be justified based on established exceptions.

Established Exceptions

Consistent with previous submissions, the university maintains exceptions to the minimum class size policy for distinctive instructional settings, as these courses will not necessarily enroll 18 students at all times. These exceptions include:

- Graduate-level classes, particularly those with a strong research orientation
- Laboratories with space/equipment limits
- Studios with individual or small-group interactions.
- Special programmatic offerings (e.g., service learning, undergraduate research, study abroad, honors, clinical courses)
- Sequenced courses
- Internships, individual/group studies courses, and new courses in their early stages of offering
- Courses offered by faculty on overload to fill student demand
- Regional campus courses, reflecting their distinctive teaching environment

For the remaining courses identified as low enrollment, colleges were required to provide a statement on the course's future status — **withdrawn or kept** — along with a rationale for those being kept.

III. Low-enrollment Course Analysis of Course Enrollments and Recommended Actions (2025)

The subsequent analysis of low-enrolled courses across the colleges confirms that many courses were identified for elimination, phase-out or programmatic review.

Based on the course data reviewed for withdrawal status, a total of **409 unique course entries** were processed by the colleges.

The recommended actions for these 409 courses are summarized below, aligning the reported statuses (Withdraw, In Limbo, No Decision) with the required reporting categories:

Course Elimination or Alternate Offerings / Phase out	Follows enrollment monitoring at the college level, including: Old curriculum, Teach out, Program discontinuation, Curricular change, Low enrollment, Course content migration.	**366**	**Withdraw**
In Limbo / Programmatic Pause	Course is temporarily paused (e.g., "program paused"), pending future review or program restart.	**18**	**In Limbo**
Pending Review / No Final Action	Final determination (elimination or retention) still in discussion (e.g., "check with Grad School" or status blank).	**25**	**No decision / Other status**
Total Actions		**409**	

Details of Actions and Rationales

- **Course Elimination / Phase Out (366 courses):** These courses have been formally identified for withdrawal. Rationales include specific program discontinuations (e.g., UG Athletic Training program), courses being part of an **Old curriculum** (e.g., numerous Veterinary Medicine courses), and courses undergoing a **Teach out** process (e.g., Nursing courses).
- **In Limbo / Programmatic Pause (18 courses):** These courses are predominantly associated with the John Glenn College of Public Affairs (two courses) and the College of Nursing (16 courses), often due to a "program paused" rationale.
- **Pending Review / No Final Action (25 courses):** These include courses that were awaiting a decision from the Graduate School (Business courses), as well as courses where the status field was left blank in the documentation (Rural Sociology courses) and certain Nursing courses.

IV. Low-enrollment Program Analysis

The university has not had a minimum program size requirement. Individual colleges determine and review programs on a regular basis, including through a thorough program review process, and through the responsibility-based budget model with its strong enrollment component.

SB 1 required that programs with low numbers of graduates — fewer than five — be deactivated. During summer 2025, it was determined that eight such programs should be deactivated, and in September 2025, deactivation was approved at the state level.

- **College of Arts and Sciences**

  Integrated Major in Mathematics and English (BS)

  Medieval and Renaissance Studies (BA)

  Music Theory (BM)

  Musicology (BM)

- **College of Food, Agricultural, and Environmental Sciences**

  Biochemical Science (AS)

  Landscape Horticulture (AAS)

  Sustainable Agriculture (AS)

  Sustainable Agriculture (AAS)

Waivers were requested for 12 programs, and temporary waivers were requested for 20 programs. The university awaits action on those requests from ODHE.

V. Duplicate Program Analysis

There is no other public university in our central Ohio region for which there would be duplication.

Instead, we focus on collaborations.

The university has a special working relationship with Columbus State Community College (CSCC) in terms of both General Education course transfer and more than 70 2+2 pathways. It is now working on pathways directly related to workforce development in IT-Cybersecurity and in Construction Systems Management. In September 2025, the Buckeye Bridge program was established. With select stipulations, tuition and fees will be covered for all students who graduate with an associate degree from CSCC, starting with graduates of spring 2026, and come to the Columbus campus. This represents an important step forward for students in our evolving working relationship with CSCC.

Potential regional collaborations could extend to two-year public and four-year private institutions, particularly concerning online offerings in specialized fields like language

instruction. Furthermore, the review of duplicative programs requires the evaluation of the benefits of collaboration with other state institutions of higher education to deliver a program. Factors considered in determining collaboration feasibility include low-enrollment programs needing specialized faculty (BFA or MFA) or courses with specialized needs across the state (certain languages).

For our regional campuses, if there appears to be duplication in the General Studies associate degree programs, each serves a different purpose. The university's program is a step toward a bachelor's degree, whereas the co-located institution has a stand-alone degree. Enrollments reveal that they do compete for students — they have different audiences.

There are ongoing discussions, notably at Lima and Marion, about possible degree program alignment with the co-located campus, with workforce development being a key stimulus.

The Ohio State University
Board of Trustees

December 4, 2025

APPROVAL OF REVISIONS TO THE INTERIM POLICY ON FACULTY APPOINTMENTS, FACULTY WORKLOAD, TENURE, AND RETRENCHMENT

Synopsis: Approval of revisions to the interim policy is requested to align with Senate Bill 1's faculty workload policy requirements found in Ohio Revised Code 3345.45.

WHEREAS Ohio Senate Bill 1 (SB1), the Advance Ohio Higher Education Act, took effect on June 27, 2025; and

WHEREAS SB1 requires the Board of Trustees to adopt a series of policies in accordance with statutory requirements, including those concerning faculty workload, and to submit those policies to the chancellor of higher education for review; and

WHEREAS the Board of Trustees approved an interim Faculty Appointments, Tenure, and Retrenchment Policy at its August 20, 2025, meeting to address SB1's requirements related to tenure and retrenchment; and

WHEREAS the proposed revisions expand that interim policy to address the required elements of faculty workload, including alignment with the Ohio Department of Higher Education (ODHE) Standards for Instructional Workloads issued by the chancellor of higher education in late October; and

WHEREAS a faculty workload policy consistent with the ODHE standards should be adopted by the board of trustees and submitted to ODHE by December 31, 2025, and every five years thereafter:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves revisions to the renamed interim policy on Faculty Appointments, Faculty Workload, Tenure, and Retrenchment.

Faculty Appointments, Faculty Workload, Tenure, and Retrenchment

Interim University Policy

Applies to: Faculty

Responsible Office

Office of Academic Affairs

POLICY

Issued: 07/20/2004
Revised: 12/19/2025 (interim revision)

Appointment decisions for faculty positions must be based on criteria that reflect strong potential to advance through the faculty ranks, including attaining tenure, being promoted, and/or being reappointed.

Purpose of the Policy

To provide guidance for appointment decisions for each faculty type, set forth the university's **faculty workload** requirements as required by Ohio Revised Code (ORC) 3345.45, and outline the university's governance documents on tenure and retrenchment as required by ORC 3345.454.

Definitions

Term	Definition
Faculty workload	A faculty member's total work effort, in terms of full-time equivalency (FTE), is comprised of different proportions of core faculty duties (teaching, basic and applied research, scholarship, creative activities, extension programming, clinical patient practice, commercialization and entrepreneurship, librarianship, service, and administration) according to their faculty appointment. Each core faculty duty must be defined in terms of credit hours or credit-hour equivalencies as required by ORC 3345.45. See the OAA Faculty Workload Standards and Guidelines *[link]* for more detailed information and examples.
Joint appointment	One in which a faculty member has a compensated full-time equivalent (FTE) appointment in two or more tenure-initiating units (TIUs).

Policy Details

I. Tenure-track, Clinical/Teaching/Practice, and Research Faculty
   A. Tenure
      1. Tenure may be earned by all tenure-track faculty members upon completion of all applicable university requirements as set forth in Faculty Rule 3335-5-03, the OAA Procedures and Guidelines Handbook, and applicable unit appointment, promotion, and tenure (APT) documents and may be achieved through multiple pathways.
      2. Tenured faculty must serve on appointments totaling fifty per cent or more service to the university to maintain tenure as set forth in Faculty Rule 3335-5-19(A).
   B. Length of appointment
      1. Tenure-track, clinical/teaching/practice, and research faculty may be offered either a nine-month or a twelve-month appointment by the TIU. The most common schedule for a nine-month on-duty period under semesters is from August 15 to May 15, with compensation paid out over twelve months. Twelve-month appointments typically begin either July 1 or on the first day of autumn semester. Colleges with clinical practice for teaching and patient care have hiring dates throughout the year.
      2. In accordance with Faculty Rule 3335-5-07, all full-time faculty members are to be on duty an average of 19 working days a month, with working days defined as weekdays that are not designated as university holidays.
         a. Nine-month faculty members are commonly on duty for nineteen working days a month averaged over a nine-month period and do not accrue vacation. They are not expected to be on duty during

breaks within a given semester, summer term, or session, nor any days between the end of the exam period and the beginning of the next semester or session.

b. Twelve-month faculty members are on duty on all working days except for the days they accrue and designate as vacation days. See Paid Time Off policy.

3. TIUs are to provide candidates for faculty appointments with an offer letter to sign containing, at the minimum, the proposed start date, faculty title, reappointment date, duties and responsibilities, and salary and compensation, including whether any compensation is subject to productivity expectations and requirements.

C. Joint appointments

1. Appointing new faculty members to a **joint appointment**

a. TIUs considering making a joint appointment are to determine whether this is the most appropriate means of accomplishing a shared goal. Financial reasons (neither unit has the resources to make the appointment on its own) alone do not provide an optimal foundation for joint appointments. The Office of Academic Affairs (OAA) suggests not pursuing a joint appointment if there are other means (such as joint service on graduate studies committees) that will accomplish the shared goal.

b. TIUs making a joint appointment are to reach agreement on its terms before seeking an individual to fill the position so that these terms can be communicated clearly to candidates. These terms, modified as a consequence of negotiation with a particular candidate when appropriate, must be set forth in a memorandum of understanding (MOU) signed by the heads of the TIUs and the dean(s) of those TIUs.

c. Before being extended to candidates, offer letters involving joint appointments, along with the executed MOU, must be approved by OAA. A candidate must be provided with the terms of the MOU before being asked to decide on an offer. Items that must be included in the MOU include:

i. The TIU in which the candidate's tenure or other appointment will reside (see Faculty Rule 3335-6-06). This is the unit where the candidate will be a member of the eligible faculty for APT decisions. If it is possible for the TIU designation to be renegotiated at a subsequent time, the MOU should describe how such a negotiation would be initiated and concluded.

ii. What each unit will contribute to the appointment in terms of compensation; office; research space, equipment, and start-up funds; and any other relevant resources, as well as the process by which relative contributions could be changed over time.

iii. The defined workload associated with each part of the appointment; the process by which the defined workload associated with the different parts of the appointment can be changed; and the mechanism for resolving workload issues should it be alleged by either the joint appointee or one of the TIUs that one or both of the TIUs' expectations differ from those agreed to in the MOU.

iv. The annual salary decisions process and whether the TIUs agree to reach consensus on salary increases or each provide its own recommendation based on performance in areas relevant only to its part of the appointment.

v. In the case of an untenured faculty member, how annual reviews and the review for tenure will be conducted; whether both TIUs must agree on renewal of the appointment and ultimately on the award of tenure for the peer recommendation to be considered positive and if not, how a disagreement on renewal and tenure will be handled. If the TIUs cannot reach an agreement on this extremely important matter, then the hire is not to be made.

vi. In the case of a tenured faculty member, how annual reviews and reviews for promotion will be conducted and whether both TIUs must agree that promotion is warranted for the peer recommendation to be considered positive.

vii. The governance rights of the joint appointee in each of the TIUs sharing the joint appointee.

2. Faculty transfer into a joint appointment

a. On occasion, a faculty member hired into a faculty position in a particular TIU seeks a joint appointment with another unit. In such cases, the two TIUs must enter into an MOU about the

appointment that includes the items set forth in Policy Details I.C.1.c, including which unit will serve as the TIU, with the MOU being signed by the heads of the TIUs and the dean(s) of those TIUs and OAA. In such circumstances, OAA recommends that the faculty member and the TIUs involved observe the following process:

i. The faculty member consults with the head of the unit with which they want to establish a joint appointment and explain why such an appointment would benefit their academic career at the university.
ii. The TIU head then makes a judgment about whether the joint appointment will benefit the mission of the unit as a whole and whether there are funds to cover the salary and benefits associated with the joint appointment. In making this judgment, the TIU head consults with the dean (if applicable) about the effect of this joint appointment, if any, on future hires in the unit.
iii. If the TIU head ascertains that the transfer would benefit the unit, the TIU head consults with the dean about whether there are funds in place to support the joint appointment. At this point, the faculty member requesting the joint appointment writes a formal letter of application to the TIU head.
iv. The receiving unit provides information about the faculty member to its tenured faculty and requests a vote, following hiring procedures laid out in the Appointments, Reappointments, Promotion and Tenure web page, about whether the unit approves the joint appointment.
v. The dean and TIU head of the receiving unit decide whether to approve the appointment.
vi. Joint appointed faculty may vote on appointments, promotion, and tenure decisions only in the TIU where their tenure reside.

D. Academic appointments
   1. Academic appointments have 0% FTE and occur when a tenure-track, clinical/teaching/practice, or research faculty member holds an appointment in one or more academic units outside the TIU.
   2. TIUs must establish formal expectations for academic appointments. Academic appointments are to be discontinued when expectations are not met and when a faculty member retires from or otherwise terminates employment with the university.

E. Changes in appointment
   1. Transfer of TIU
      a. The concept of a TIU and the circumstances under which a tenure-track faculty member may be considered for transfer to a new TIU are described, along with the necessary approvals, in Faculty Rule 3335-6-06.
      b. Approval of the transfer by OAA is dependent on the establishment of mutually agreed upon arrangements between the administrators of the affected TIUs, including the deans(s), and the faculty member.
      c. An MOU signed by all parties, including OAA, must describe in detail the arrangements of the transfer. Since normally the transferring faculty member will fill an existing vacancy in the receiving unit, the MOU will describe the resources supporting the position, including salary, provided by the receiving unit.
      d. The review schedule of probationary tenure-track faculty is not altered by transferring to a new TIU. Requests for exceptions due to special circumstances must be submitted to OAA before the MOU is finalized.
   2. Transfer from tenure-track to clinical/teaching/practice or research appointments
      a. Tenure-track faculty members who transfer to clinical or research appointments are required to resign their tenure-track positions, relinquishing tenure if applicable.
      b. Such transfers are initiated for consideration only upon the written request of the faculty member. Clear evidence must be offered of a change in the individual's career goals and expectations, duties, and activities.

c. The following Faculty Rules describe the circumstances under which such a transfer may be considered and approved:
   i. To clinical/teaching/practice, Faculty Rule 3335-7-09.
   ii. To research, Faculty Rule 3335-7-38.

d. Transfer from a clinical/teaching/practice or research appointment to the tenure-track is not permitted (see Faculty Rule 3335-7-10 and Faculty Rule 3335-7-39 respectively). Clinical/teaching/practice or research faculty may apply for tenure-track positions and compete in regular national searches for such positions.

3. Reduction in FTE
   a. Involuntary reduction
      i. Unless otherwise agreed upon by the TIU and faculty member or otherwise set forth under the faculty rules, the involuntary reduction of FTE must follow the process under Faculty Rule 3335-5-04.
   b. Tenure-track faculty
      i. If a part-time appointment was not included in the terms of hire as stated in the offer letter, a tenure-track faculty member who desires a temporary FTE reduction or a permanent FTE reduction must consult with the TIU head.
      ii. Tenure-track faculty are defined in Faculty Rule 3335-5-19(A) as holding an appointment of 50% FTE or greater. Persons with a tenure-track faculty title on an appointment of less than 50% FTE are associated faculty.
      iii. Upon the faculty member's request, the TIU head, with the approval of the dean in colleges with TIUs, has the authority to grant a reduction in FTE.
   c. Probationary tenure-track faculty
      i. A reduction in FTE does not involve an automatic exclusion of time from the probationary period, even though the projected revised dates may be mentioned in the letter approving the reduction, as is often the case. Probationary tenure-track faculty whose appointment is less than full-time but not less than 50% may request an exclusion of time from the probationary period in accordance with Faculty Rule 3335-6-03(D)(1)(c).
      ii. OAA does not approve exclusions of time in advance. Rather, during the second year of a faculty member's reduced appointment, OAA will approve an exclusion of time for one year. For example, a 50% FTE appointment will reflect one year of service within the probationary period upon working two academic years for a nine-month appointment or two full years for a twelve-month appointment. At the appropriate time, a letter requesting approval of the exclusion of time is forwarded by the TIU head to the dean and then OAA.
      iii. For probationary faculty, the letter directed to the final level of approval is to include (in addition to the amount of the reduction, when it will take effect, and whether it is permanent or temporary) a projected revision of the review schedule and the projected year in which the adjusted Fourth-Year Review would fall (if the Fourth-Year Review has not already occurred).
   d. Clinical/teaching/practice and research faculty
      i. Clinical/teaching/practice and research faculty who wish to renegotiate their FTE during a contract period must consult with the TIU head to seek approval.
4. Twelve-month and nine-month appointment conversions
   a. Faculty will normally convert between a twelve-month and a nine-month appointment using a 12/9 or a 9/12 salary conversion ratio. Any other arrangement requires the approval of OAA.
   b. See the Faculty Compensation policy for information regarding a faculty member with an administrative appointment.
5. Transfer of campus
   a. The circumstances under which a faculty member may be considered for a transfer from one campus to another are described in Faculty Rule 3335-6-07.

b. OAA's approval of the transfer is dependent on the establishment of a mutually agreed upon financial arrangement between administrators of the affected TIUs, including the dean(s).

F. Endowed chairs or professorships
   1. Only the Board of Trustees (BOT) can establish an endowed chair or professorship and appoint an individual to hold that position. TIUs are to defer publicity regarding the establishment of an endowed chair/professorship or the appointment of an individual to that position until action has been taken by the BOT.

G. College distinguished professors
   1. Colleges wishing to recognize distinguished faculty members may establish distinguished professorships, the titles of which must be (college name) distinguished professor.
   2. Criteria for review and procedures for awarding such distinctions must be included in the college Pattern of Administration.

H. Emeritus faculty
   1. Tenure-track, clinical/teaching/practice, research, and associated faculty are eligible for consideration for emeritus status upon retirement or resignation at the age of sixty or older with ten or more years of service or at any age with twenty-five or more years of service at the university (see Faculty Rule 3335-5-19 and Faculty Rule 3335-5-36). The process for recommending emeritus status to the executive vice president and OAA is to be set forth in the TIU APT document and the Faculty Rules. Various offices within the university offer perquisites to emeritus faculty, which are subject to modification and remain at the discretion of the applicable office.
   2. Graduate faculty status
      a. See the Graduate School Handbook for details on graduate faculty status when a faculty member terminates employment with or retires from the university.
   3. Emeritus titles for endowed chairs/professorships
      a. Faculty members who hold an endowed chair/professorship or an Ohio eminent professorship at the time of their retirement or resignation may continue to use the chair designation upon request by their TIU head with the approval of the dean, OAA, and Board of Trustees (BOT).
      b. The request can only be made for a faculty member retiring from the university and from the chair/professorship, not for those who may have held the chair/professorship in the past or those simply ending a term holding the chair/professorship.
      c. The request can only be for carrying the name of the chair/professorship with the “emeritus” designation preceding the name. No chair/professorship resources can be allocated to the individual carrying the emeritus designation.
   4. Title for members of the Emeritus Academy
      a. A faculty member who has been granted emeritus academy status may use the title academy professor during the period that such faculty is an active member of the Emeritus Academy.

I. Reemployment of retired faculty
   1. For eligibility requirements and guidelines on the rehiring of faculty who have retired from the university, see the Reemployment of Faculty and Staff policy.
   2. Re-employment of retired faculty is not an entitlement and cannot be guaranteed. Note that faculty may be rehired into the same position at greater than 75% FTE only if the salary is not greater than 75% of the salary at the time of retirement, subject to the requirements under the Reemployment of Faculty and Staff policy.
   3. Use the guidelines below in Section III.G.1-3 of this policy to determine appointment classification and FTE.
   4. Rehiring a retired faculty member requires approval of the TIU head, the college human resources business partner, the college dean (or campus dean/director), and OAA prior to extending an offer. Colleges must forward requests to hire a retired faculty member using the Request to Rehire Retired Faculty/Staff Member Form.

J. Reemployment of tenure-track faculty following nonrenewal of appointment or denial of tenure
   1. OAA must approve the rehire of a tenure-track faculty member denied reappointment or tenure. This requirement for approval applies to faculty members rehired within three years of the final day of their original tenure-track appointment. Approval will be based on the nature of the proposed appointment in relationship to the reasons for denial of reappointment or tenure.
   2. A proposal to rehire a faculty member to teach or to conduct research in some capacity when unacceptable teaching or research, respectively, was a factor in the denial of reappointment or tenure is unlikely to be approved.
   3. TIUs are to exercise sound judgment in considering the rehire of probationary tenure-track faculty who withdraw from a mandatory review and resign.

K. Reemployment of tenure-track faculty who have resigned
   1. There may be rare circumstances when a unit is unable to retain a truly exceptional faculty member (e.g., a member of a national academy), and the unit and college wish to facilitate the faculty member's return to the university. The chair and dean may request approval from OAA, within two years of the faculty member's departure, to rehire the faculty member into a vacant position without a national search. The unit/college must not promise to rehire the faculty member in advance since intervening events could make it undesirable or not feasible to follow through on such a commitment.

II. Faculty Workload

A. Each TIU, college, and regional campus must provide specific faculty workload guidance in their Pattern of Administration (POA), ensuring that every faculty member has duties commensurate with their respective appointment and that the overall unit workload is distributed fairly and equitably among its faculty.

B. All POA faculty workload provisions must comply with the OAA Faculty Workload Standards and Guidelines *[link]* and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies.

C. The university standard for faculty with a 100% teaching load consisting only of conventional class instruction (e.g., lecturers/senior lecturers) is 24 credit hours (eight three-credit courses, or other combination of credit hours) for nine-month contracts and 30 credits for 12-month contracts (ten three-credit courses, or other combination of credit hours).
   1. Credit hours are based on contact hours and not inclusive of the time required for course design and preparation, or extension travel (e.g., county to county).
   2. The university-wide baseline for autumn and spring semesters is that one three-credit course equates to 0.25 FTE for that semester. This translates into approximately 10 hours/week, or 3.33 hours/week/credit hour. This baseline can be used to calculate equivalencies of effort for courses that generate fewer or more than three credits.
   3. Only associated faculty members and some clinical/teaching/practice faculty can have their duties exclusively consisting of conventional class instruction. When this is the case, the FTE is determined by the number of credit hours assigned per term. Compensated associated faculty teaching fewer than 12 credit hours per long semester (autumn and spring) will have their FTE adjusted accordingly in that semester.

D. In areas where faculty are not assigned to conventional class instruction (e.g., health sciences, extension, graduate and professional programs), TIUs must define in their POAs what constitutes "teaching" for the purposes of determining appropriate faculty workload and aligning that workload to effort distribution as identified in the OAA Faculty Workload Standards and Guidelines. *[link]*

E. All POAs must be reviewed and approved by OAA.

F. All faculty appointment letters must specify the faculty workload expectations of the appointment consistent with the TIU's POA and the OAA Faculty Workload Standards and Guidelines *[link]*.

G. Faculty workload expectations are to be reviewed by the TIU head or designee and affirmed or revised annually during the annual review process.

H. All faculty, including those with tenure and those without, may be subject to disciplinary action for failing to meet faculty obligations pursuant to Faculty Rule 3335-5-04.

III. Associated Faculty
A. For definitions and rules regarding associated faculty, see Faculty Rule 3335-5-19.
B. Regardless of title, all associated appointments require an offer letter stating the start date and the end date, not to exceed a term of three years. Appointments carry no presumption of academic tenure or reappointment.
C. Associated appointments do not typically require OAA approval except in instances when the individual does not have a degree beyond a baccalaureate degree (see section III.M below).
D. All initial appointments at senior rank (including for associated faculty) require prior approval of the college dean and OAA.
E. Renewal requires a new offer letter and a new action in the human resources (HR) system. Nonrenewal requires termination in the HR system effective on the end date as stated in the offer letter.
F. Persons with tenure-track faculty titles employed at 50% FTE or greater, clinical/teaching/practice faculty, and research faculty cannot hold an associated faculty appointment.
G. General concerns
1. Appointment classification
a. Temporary and Regular appointment status are determined by the length of the appointment. These appointments are renewable.
b. Temporary:
i. Appointment is for one semester or less.
ii. While a faculty member may be appointed for back-to-back semesters, continuous consecutive back-to-back appointments should be reviewed annually to determine if a regular appointment would be more appropriate.
c. Regular:
i. Appointment is for a minimum of two semesters up to three years.
ii. Faculty members with a multiple-year commitment to work for only part of the year, e.g., to be the instructor of record each fall for three years in a row, would only be appointed for the period they work.
d. Benefit eligibility for multiple appointments will follow the principles in the Office of Human Resources Staff Employment policy.
2. FTE in semesters
a. Using the university teaching standard set forth in II.C above, a 100% FTE lecturer or other associated faculty nine-month appointment would be distributed by credit hour across two semesters as 12 credit hours for autumn semester and 12 credit hours for spring semester. Faculty teaching more than 12 credit hours (in any combination of courses) in a semester must be paid for this overload. No associated faculty member should teach more than 15 credit hours in a single semester.
b. TIUs and regional campuses may develop formal guidelines (written into their POAs) for addressing types of courses that warrant a different credit-hour to FTE equivalency. This allows TIUs to address concerns about the differing amounts of time required for the preparation or evaluation of types of courses due to enrollment size, assistance from graduate teaching associates, studios, labs, one-on-one instruction, and so on, while at the same time providing a standard ensuring that all associated faculty members within a college or campus are treated equitably.
c. In cases when associated faculty members have duties beyond conventional class instruction, the TIU head must adjust the FTE accordingly. For example, in a given semester a lecturer could teach nine credit hours and be assigned the remaining 25% FTE duties in other teaching areas, such as advising, guest lecturing, or developing curriculum.
d. All appointment letters for associated faculty members must specify the FTE of the appointment.

3. FTE in summer term
    a. For the full summer term, each three-credit course equates to 25% FTE. Associated faculty teaching three credits in one four-week session will be appointed at 100% FTE for the session, in one six-week session will be appointed at 75% FTE for the session, and in one eight-week session will be appointed at 50% FTE for the session. A summer course may be appended to a two-semester appointment.
4. Pay Period; Benefits
    a. Associated faculty members on appointments 75% FTE or greater for two semesters or the nine month academic year will be paid out over twelve months as a 9/12 appointment. Such appointments will be eligible for benefits, subject to the terms and conditions of the applicable university employee benefit plan, program and/or policy, during the entire twelve-month appointment, from September-August.

H. Professional titles if less than 50% FTE
1. Individuals who perform across the full range of faculty duties and responsibilities (teaching, scholarship, and service) if less than 50% FTE are given tenure-track titles.

I. Clinical practice faculty
1. Clinical practice faculty appointments are limited to the health sciences.
2. These appointments are appropriate for persons who provide significant service to the university such as:
    a. Teaching the equivalent of one or more courses.
    b. Advising graduate students or serving on graduate committees.
    c. Serving as a co-investigator on a clinical trial or scholarly project that entails regular interaction with unit faculty and students as part of the collaboration.
    d. Providing necessary university affiliation so that non-university health care providers may practice in university facilities and/or engage in teaching activities.
3. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
4. Clinical practice faculty (compensated)
    a. Clinical practice appointments are appropriate for persons who teach and provide patient care for compensation at an FTE ranging from 1% - 100%.
5. Clinical practice faculty (uncompensated)
    a. 0% FTE clinical practice appointments are made for the period in which the uncompensated service is provided, not to exceed three years.
    b. TIUs may renew uncompensated clinical practice appointments only in cases when the purpose of the appointment continues to be met.

J. Visiting faculty
1. Visiting faculty (compensated)
    a. Fiscal or programmatic circumstances may sometimes make it appropriate to hire faculty under time-limited contracts. Visiting faculty appointments may be renewed for up to three consecutive years or given a contract for up to three years at 100% FTE. Part-time appointments may be renewed until the equivalent of three years at 100% FTE is reached.
    b. TIUs may also use the visiting faculty title for the temporary appointment of faculty members from other institutions and for foreign national faculty members who have been awarded tenure but do not have permanent residency status.
    c. Only TIUs may make visiting faculty appointments for temporary duties. A non-TIU unit, such as a center that wishes to appoint persons, must use an appropriate non-faculty title.
2. Visiting faculty (uncompensated)
    a. TIUs may use the visiting faculty title for the temporary appointment of faculty from other institutions who are not compensated by Ohio State, typically when the faculty member is compensated by their home institution.

K. Adjunct faculty
   1. These appointments are appropriate for persons who provide significant service to the university such as:
      a. Teaching the equivalent of one or more course.
      b. Advising graduate students or serving on graduate committees.
      c. Serving as a co-investigator on a research project that entails regular interaction with unit faculty and students as part of the collaboration.
   2. Such individuals may be either non-university employees or university employees compensated on a non-instructional budget.
   3. APT documents, as well as offer letters to adjunct faculty, must clearly state that adjunct appointments are:
      a. Recommended at the discretion of the unit;
      b. Made for periods not to exceed three years; and
      c. Entail no commitment to renew the appointment beyond that period.
   4. Adjunct faculty (compensated)
      a. Colleges may approve compensation for services provided by adjunct faculty in instances where such individual takes on exceptional responsibility.
   5. Adjunct faculty (uncompensated)
      a. Adjunct appointments are made for the period in which the uncompensated service is provided, not to exceed three years. Renewal is contingent upon continued significant contributions.

L. Lecturers
   1. When part-time instructors are needed for teaching, other than graduate teaching associates, the appropriate appointment is lecturer or senior lecturer.
   2. Colleges and the regional campuses must establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers.

M. Qualifications for Appointment
   1. While qualified faculty members are identified primarily by credentials, other factors, including but not limited to equivalent experience, may be considered by the university in determining whether a faculty member is qualified. To be a member of the faculty or be the instructor of record for college credit at the university, the faculty member must satisfy at least one of the following criteria:
      a. Holds an academic degree that is relevant to what the faculty member is teaching and that is one level above the level at which the faculty member teaches. In terminal degree programs, faculty members possess the same level of degree.
      b. Holds a master's degree or higher in the discipline or subfield (or if master's is in another discipline or subfield, has completed 18 graduate credit hours in the discipline or subfield in which the appointee teaches) when teaching general education courses, or other non-occupational courses.
   2. Exceptions to the qualification requirements set forth in Section II.M.1. include the instructor of record who:
      a. Has completed all requirements for the terminal degree with the exception of the dissertation, all but dissertation (ABD). This exception applies for a maximum of three years, after which time the faculty member must have completed the terminal degree;
      b. Holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline and is equivalent to the degree that is otherwise required for a faculty position, as documented through a review process as determined by the TIU or college. Qualifications must be documented and approved by the appropriate chair and dean; or
      c. Is a graduate student supervised by university faculty.
   3. For faculty holding less than a master's degree, the university defines the minimum threshold of equivalent experience generally as five years of professional experience or demonstrated skills in the same area in which the potential instructor of record will be teaching. Credentials will be the primary

determinant of minimal instructional qualifications but equivalent professional experience (having a breadth and depth of experience outside the classroom, in real-world situations relevant to what the faculty is teaching) and/or industry credentials are other possible determinants. OAA has final decision-making authority to determine whether the qualification of an instructor of record whose highest degree is less than a master's degree meets the minimum threshold. Such appointments should be rare and will only be approved if it is clear that the expertise of the faculty member fulfills a specific instructional need.

PROCEDURE

Issued: 07/20/2004
Revised: 12/19/2025 (interim revision)

I. Appointing a Faculty Member to an Endowed Chair or Professorship
   A. Once the BOT has approved the establishment of an endowed chair/professorship, the college is to transmit a draft offer letter to OAA for approval before extending an offer to the candidate. The letter must state the effective date and length of term, not to exceed five years, at which time the appointment will be up for renewal. After OAA returns the draft offer letter to the college, the unit may extend an offer to the candidate. The candidate must acknowledge acceptance of the position in writing.
   B. The college must follow the requirements under the Faculty Recruitment and Selection policy for such appointments and include all required documentation with the draft offer letter when making an offer to an external candidate. OAA does not require a curriculum vitae (CV) for internal candidates.
   C. The college sends to OAA a copy of the final offer on letterhead along with the candidate's acceptance, either as a signature on the offer letter or as a separate letter.
   D. OAA forwards the offer letter with the candidate's acceptance to the BOT for final approval.
   E. The appointment becomes official only upon approval by the BOT.
   F. The dean must conduct a formal review prior to submitting an individual for reappointment to an endowed position.
   G. Appointments to endowed chairs are ordinarily made at senior tenure rank and appointments to endowed professorships, when appropriate, can be made for early or mid-career faculty. Such endowments are to support the establishment of a new endowed position, and support the work of the faculty in terms of academic work and/or compensation as determined in consultation with OAA.

II. Procedures for Faculty Emeritus Requests
   A. Colleges are to forward written requests for faculty emeritus status to OAA using the Request for Emeritus Status Form (Form 207). TIUs are to follow the unit approval process set forth in their APT documents.
   B. The title request is to be tied to final faculty status (e.g. associate professor emeritus). The process for using an emeritus title with an endowed chair, endowed professorship, or eminent scholar position is set forth in Policy Details I.H. The request for emeritus status must be received by the BOT prior to the date of retirement, if the perquisites of emeritus status (see Policy Details I.H.) are to become effective by that date.
   C. After the emeritus request is approved by the BOT, the unit and/or college enters the emeritus appointment into the HR system. A retirement action must be entered prior to entering the emeritus action, and the emeritus effective date in the HR system must correspond with the effective date of the BOT approval. The emeritus effective date does not affect the retirement effective date or access to approved perquisites as determined by the TIU.
   D. The process for recommending emeritus status to the executive vice president and provost must be set forth in the TIU APT document.
   E. Emeritus status may be revoked in accordance with the Faculty Rules.

III. Procedures for Verifying Qualifications
   A. Each course instructor must provide a CV to their department or college. The current CV, along with all relevant documents, will be kept by each department, college, or program in accordance with the university's General Records Retention Schedule.
   B. Any offer of employment to a prospective faculty member will be made contingent on verification of necessary academic credentials. The candidate must submit credentials to verify that they hold an appropriate degree and any other academic or professional credential and/or experience (e.g., license or certification) required for the position.
   C. TIUs are responsible for verifying that received credentials are appropriate to the faculty member's position and teaching assignments.

IV. Retrenchment
   A. Pursuant to ORC 3345.454(A)(2) and (B), the university must outline procedures for addressing faculty and program levels in the event of a reduction of the student population or overall funding, a change to institutional missions or programs, or other fiscal pressures or emergencies facing the institution.
   B. In the event of financial exigency as defined in Faculty Rule 3335-5-02.1(A), the president may initiate the process to address that situation as outlined in Faculty Rule 3335-5-02.1. Tenured faculty are subject to the provisions outlined in Faculty Rule 3335-5-02.2 during financial exigency, and tenured faculty have the appeal rights outlined in Faculty Rule 3335-5-02.3 if their employment is terminated in accordance with those rules.
   C. In the event that a department, school, or college must be restructured, altered, or abolished due to financial exigency or any other reasons, the provisions in Faculty Rule 3335-3-37 and Faculty Rule 3335-6-06 will apply.
   D. Faculty may be subject to furloughs in accordance with bylaw 3335-1-08(E) of the Ohio Administrative Code and the procedure in the Furloughs policy.
   E. Pursuant to ORC 3345.454(C), unless a waiver is granted by the Chancellor of the Ohio Department of Higher Education, the university must eliminate any undergraduate degree program that confers an average of fewer than five degrees annually over any three-year period, without counting any academic year prior to the first academic year in which an undergraduate degree is conferred. The Office of Academic Affairs is responsible for monitoring degree conferrals and working with impacted units to develop appropriate plans for addressing these requirements in accordance with applicable policies, rules, and laws.

Responsibilities

Position or Office	Responsibilities
Board of Trustees (BOT)	1. Establish endowed chair or professorship and approve appointments. 2. Provide final approval for requests for endowed positions. 3. Review and approve requests for emeritus status.
Candidate	1. Acknowledge acceptance of an endowed position in writing. 2. Verify credentials as set forth in the policy.
College	1. Forward requests to hire retired faculty members using the Request to Rehire Retired Faculty/Staff Member Form. 2. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 3. Establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers. 4. Extend offers of endowed positions as set forth in the policy. 5. Forward written requests for faculty emeritus status to OAA using Request for Emeritus Status Form and enter emeritus appointments into HR system. 6. Maintain course instructor CVs in accordance with the university's General Records Retention Schedule.
College dean	1. Approve or deny requests for reduction in FTE prior to TIU head granting such requests.

Applies to: Faculty

Position or Office	Responsibilities
	2. Approve or deny the rehire of retired faculty. 3. Approve or deny joint appointments of faculty as set forth in the policy. 4. Approve or deny initial appointments of all faculty at senior rank (including associated faculty). 5. Approve qualifications of instructor of record when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline. 6. Conduct a formal review prior to submitting an individual for reappointment to an endowed position.
Faculty	1. Agree upon arrangements and sign MOU prior to transferring TIUs. 2. Consult with TIU head if wish to renegotiate FTE. 3. Serve in an appointment totaling fifty per cent or more service to the university to maintain tenure. 4. Provide a CV to department or college.
Office of Academic Affairs (OAA)	1. Approve or disapprove offer letters and MOUs involving joint appointments and all faculty transfers into joint appointments. 2. Approve and sign MOUs of faculty transfers of TIUs, or deny such transfers. 3. Approve or deny exclusion time during a faculty member's reduced appointment as set forth in the policy. 4. Approve or deny campus transfers by faculty. 5. Approve or deny requests for use of chair designation for faculty who hold endowed chair/professorships or Ohio eminent professorships at the time of their retirement or resignation. 6. Approve or deny the rehire of retired faculty. 7. Approve or deny the rehire of tenured-track faculty denied reappointment or tenure into a different faculty title. 8. Review and approve/disapprove POAs, including faculty workload expectations. 9. Approve or disapprove initial appointments of all faculty at senior rank (including associated faculty). 10. Have final decision-making authority to determine whether the qualifications of a candidate whose highest degree is less than a master's degree meets the threshold of equivalent experience to be an instructor of record. 11. Approve or disapprove offer letters for appointments to endowed chairs or professorships and forward their accepted offer letters to the BOT for final approval. 12. Monitor undergraduate degree conferrals and work with impacted units as set forth in the policy.
Regional campus	1. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 2. Establish appropriate criteria and associated pay scales for differentiating lecturers from senior lecturers.
Tenure initiating unit (TIU)	1. Provide offer letters to candidates for faculty appointments as set forth in the policy. 2. Reach agreement with a partnering TIU on the terms, requirements, workload of a joint appointment before filling the position. 3. Establish formal expectations for academic appointments. 4. Provide specific faculty workload guidance in POA in compliance with OAA Faculty Workload Standards and Guidelines and ORC 3345.45, which requires that all faculty duties be defined in terms of credit hours or credit-hour equivalencies. 5. Define in POA what constitutes "teaching" for purposes of determining appropriate faculty workload in areas where faculty are not assigned to conventional class instruction. 6. Follow unit approval process set forth in their APT documents for requests for faculty emeritus status. 7. Verify that received credentials are appropriate to a faculty member's position and teaching assignments. 8. Annually review and affirm or revise faculty workload expectations during annual performance reviews.
TIU head	1. Assign workload to individual faculty. 2. Sign joint appointment MOUs. 3. Approve or disapprove the rehire of retired faculty. 4. Consult on and grant or deny requested changes in FTE as set forth in the policy. 5. Adjust FTE as needed in cases when associated faculty members have duties beyond conventional class instruction. 6. Approve qualifications of instructor of record when such faculty holds an academic degree that is not above the level at which they teach but possesses a minimum threshold of special competence, experience, and expertise that uniquely qualifies the individual in their discipline.

Applies to: Faculty

Resources

Forms

Reemployment after Retirement, hr.osu.edu/benefits/retirement/reemployment
Request for Emeritus Status Form, Form 207, oaa.osu.edu/sites/default/files/documents/Form-207.pdf
Request to Rehire Retired Faculty/Staff Member Form, hr.osu.edu/wp-content/uploads/form-rehire-retired-request.pdf

Governance Documents

Advance Ohio Higher Education Act, ORC 3345.454, codes.ohio.gov/ohio-revised-code/section-3345.454
OAA Faculty Workload Standards and Guidelines, *[link]*
OAA Procedures and Guidelines Handbook, faculty.osu.edu/procedures-guidelines-handbook
ODHE Standards for Instructional Workloads, dam.assets.ohio.gov/image/upload/highered.ohio.gov/sb1/Standards_for_Instructional_Workloads.pdf
Rules of the University Faculty, trustees.osu.edu/bylaws-and-rules/university-faculty-rules

University Policies, policies.osu.edu
Faculty Annual Review, Post-Tenure Review, and Reappointment, go.osu.edu/faculty-annual-review-policy
Faculty Compensation, go.osu.edu/faculty-compensation-policy
Faculty Recruitment and Selection, go.osu.edu/faculty-recruitment-selection-policy
Furloughs, hr.osu.edu/wp-content/uploads/policy450.pdf
Paid Time Off, hr.osu.edu/policy/policy627.pdf
Reemployment of Faculty and Staff, hr.osu.edu/policy/policy425.pdf
Staff Employment, hr.osu.edu/policy/policy420.pdf

Additional Guidance

Faculty Rank Title Codes, bpb-us-w2.wpmucdn.com/u.osu.edu/dist/c/58333/files/2018/02/FacultyRankTitleCode-rj1af3.pdf
Faculty Titles, Contracts and Renewals, faculty.osu.edu/faculty-titles-contracts-and-renewals
Graduate School Handbook, gradsch.osu.edu/graduate-school-handbook-gsh
Higher Learning Commission Criteria for Accreditation and Assumed Practices, download.hlcommission.org/FacultyGuidelines_OPB.pdf

Contacts

Subject	Office	Telephone	E-mail/URL
Policy questions	Office of Academic Affairs	614-292-5881	oaa.osu.edu
Establishing an endowed chair or professorship Endowment approval schedule	University Advancement	614-292-2970	advancement.osu.edu
Graduate faculty status	Graduate School	614-292-6031	gradsch.osu.edu
Benefits	HR Connection	614-247-myHR (6947)	HRConnection@osu.edu

History

Issued: 07/20/2004
Edited: 04/28/2011
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Revised: 05/19/2011
Revised: 09/07/2012

Applies to: Faculty

Revised:	09/19/2013	
Revised:	04/04/2014	
Edited:	07/01/2014	
Edited:	10/13/2014	
Reviewed:	08/22/2016	
Revised:	08/01/2019	
Revised:	01/03/2021	Minor revision
Edited:	01/03/2024	
Revised:	04/02/2025	Minor revision
Interim Revised:	08/25/2025	Renamed Faculty Appointments, Tenure, and Retrenchment; Approved via interim university policy process and by BOT, 08/20/2025, Resolution #2026-20
Interim Revised:	12/19/2025	Renamed Faculty Appointments, Faculty Workload, Tenure, and Retrenchment; Approved via interim university policy process and by BOT, 12/04/2025, Resolution #2026-xx

AMENDMENTS TO THE *RULES OF THE UNIVERSITY FACULTY*

Synopsis: Approval of the following amendments to the *Rules of the University Faculty* are proposed.

WHEREAS the University Senate, pursuant to rule 3335-1-09 of the Administrative Code, is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the *Rules of the University Faculty* as approved by the University Senate; and

WHEREAS rule 3335-5-04 outlines procedures for complaints of failure to meet academic responsibilities, post-tenure review, and misconduct made against faculty members, including different investigatory procedures for different cases depending on the subject matter at issue; and

WHEREAS, pursuant to rule 3335-5-04.2, the Research Integrity Standing Committee (RISC), which consists of faculty members with specific research expertise and training, performs investigations of complaints of research misconduct; and

WHEREAS all other research-related complaints are investigated by faculty members serving on college-level investigation committees; and

WHEREAS complaints relating to research compliance often involve complex research-related issues, such that the RISC committee's expertise would be beneficial in conducting those investigations; and

WHEREAS the proposed amendments would change the process for reviewing complaints pertaining to research compliance to assign such cases to RISC for investigation rather than college-level investigation committees; and

WHEREAS this change would ensure that faculty with relevant research experience perform these research compliance investigations; and

WHEREAS the proposed amendments were approved by the University Senate during its meeting on November 13, 2025:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves that the attached amendments to the *Rules of the University Faculty* be adopted as recommended by the University Senate.

3335-5-04.1 Procedures for complaints of failure to meet academic responsibilities.

...

(B) Initial proceedings~~.~~

1. A complaint may be filed by any student or university employee, including employees from administrative offices who are filing complaints arising out of investigations by those offices. Complaints may be filed with a chair, dean, associate dean, provost, vice provost for ~~academic policy and faculty resources~~ faculty affairs (hereinafter "vice provost"), or the president. All complaints must be referred to the vice provost for initial review in accordance with this rule.

2. The complaint shall be set forth in writing and shall state facts to support an allegation that a faculty member has failed to meet their academic responsibilities.
    a. The vice provost shall review every complaint to determine whether the complaint presents an actionable violation and ~~that the complaint~~ is not clearly retaliatory or abusive in nature. Further, the vice provost shall determine whether the allegations in the complaint relate directly to research compliance and indicate this determination to the department chair conducting the probable cause review. Research compliance refers to the adherence to applicable laws, regulations, ethical standards, institutional policies, and sponsor requirements governing the responsible conduct of research activities. If the vice provost is named as a respondent, the provost shall identify a designee. If the vice provost determines that a complaint either does not allege a violation that can be addressed under this rule or was filed for clearly retaliatory or abusive purposes, the vice provost must consult with the complainant within seven days of filing to clarify the nature of the complaint. The vice provost may dismiss such a complaint within seven days of consulting with the complainant if it cannot be addressed under this rule or is clearly retaliatory or abusive in nature. This determination does not prohibit referral of a complaint filed under this rule to another applicable university process.

        i. The complainant may appeal this dismissal in writing to the provost within seven days of this decision. Upon receiving such an appeal, the provost may either reinstate the complaint or dismiss it, and that decision is final. The provost must issue a decision within fourteen days of receiving such an appeal.

    b. If the vice provost determines that the complaint should proceed or if the complaint is reinstated by the provost, the vice provost shall furnish a

copy of the complaint to the respondent and shall refer it to the respondent's department chair for a probable cause review in accordance with section (C) of this rule.

i. If the faculty member's department chair is the complainant or respondent, the complaint shall be referred to the faculty member's dean for the initial probable cause review.

ii. For the purposes of this provision, the term "department chair" shall include school directors and deans of colleges without departments. For regional campus faculty, the campus dean ~~or~~ and director shall serve as the department chair for the probable cause review. If the complaint is filed by the regional campus dean or director, the college dean shall serve as the regional campus dean ~~or~~ and director for the probable cause review.

c. Only allegations stated in the complaint shall be considered at the various stages of deliberation. However, additional facts relevant to the allegations set forth in the complaint may be presented throughout the process.

(C) Probable cause review~~.~~

1. The department chair shall review the allegations in the complaint and discuss the matter with the complainant and the respondent to determine whether there is probable cause to believe that the allegations are true. The department chair may have another administrator present in discussions with the complainant and respondent as they evaluate probable cause.

2. If the department chair determines that there is not probable cause to believe that the allegations are true, the chair shall dismiss the complaint.

    a. If the complaint is dismissed, the complainant may appeal the dismissal to the dean. The appeal must be in writing and filed with the dean within twenty-one days after the notice of the chair's decision was mailed. Upon receiving such an appeal, the dean may either reinstate the complaint and refer it ~~to the college investigation and sanctioning committee~~ as described in 3335-5-04.1(C)(3) or dismiss it, and such a dismissal is final. The dean must issue a decision within thirty days after receiving such an appeal.

3. If the department chair determines that there is probable cause to believe that the allegations are true, the department chair shall refer the matter ~~to the college investigation and sanctioning committee~~ for an investigation unless the department chair completes an informal resolution in accordance with rule

3335-5-04(E). If the vice provost determines that the allegations in the complaint relate directly to research compliance, the investigation shall be referred to the Research Integrity Standing Committee. This committee is described in rule 3335-5-04.2(C) and will serve to investigate the complaint in accordance with rule 3335-5-04.1(D). If the allegations do not relate directly to research compliance, the investigation shall be referred to the college investigation and sanctioning committee.

4. The department chair shall complete this process within fourteen days.

(D) ~~College investigation and sanctioning committee~~ Investigation and sanctioning~~.~~

(1) Each college shall appoint a college investigation and sanctioning committee, which shall fulfill the responsibilities set forth in this section. The college investigation and sanctioning committee shall be all tenured faculty or a majority of tenured faculty if including clinical/teaching/practice faculty who are non-probationary associate professors or professors. A college may include faculty members from other colleges on its committee. In instances in which the vice provost has determined that the allegations in the complaint relate directly to research compliance, the Research Integrity Standing Committee shall fulfill the responsibilities set forth in this section.

...

(E) Decision by the dean~~.~~

1. After reviewing the report and recommendation of the college investigation and sanctioning committee or the Research Integrity Standing Committee, the dean may:

    a. Dismiss the complaint if the committee did not find a violation;
    b. Impose the committee's proposed sanction;
    c. Impose what would reasonably be interpreted as an equivalent or lesser sanction; or
    d. Increase the sanction if the committee determined that the respondent engaged in a serious failure to meet faculty obligations

2. The dean shall make a decision in twenty-one days. The final investigation report ~~of the college investigation and sanctioning committee~~ and the dean's decision shall be sent to the complainant and the respondent.

....

3335-5-04.4 Procedures for complaints of misconduct and other violations of applicable law, university policies or rules, or governance documents made against faculty members.

...

(B) Initial proceedings~~.~~

1. A complaint may be filed by any student or university employee, including employees from administrative offices who are filing complaints arising out of investigations by those offices. Complaints may be filed with a chair, dean, associate dean, provost, vice provost for ~~academic policy and faculty resources~~ faculty affairs (hereinafter "vice provost"), or the president. All complaints must be referred to the vice provost for initial review in accordance with this rule.

2. The complaint shall be set forth in writing and shall state facts to support an allegation that a faculty member has engaged in misconduct or has otherwise violated applicable law, university policies or rules, or unit governance documents.

    a. The vice provost shall review every complaint to determine whether the complaint presents an actionable violation and ~~that the complaint~~ is not clearly retaliatory or abusive in nature. Further, the vice provost shall determine whether the allegations in the complaint relate directly to research compliance and indicate this determination to the department chair conducting the probable cause review. Research compliance refers to the adherence to applicable laws, regulations, ethical standards, institutional policies, and sponsor requirements governing the responsible conduct of research activities. If the vice provost is named as a respondent, the provost shall identify a designee. If the vice provost determines that a complaint either does not allege a violation that can be addressed under this rule or was filed for clearly retaliatory or abusive purposes, the vice provost must consult with the complainant within seven days of filing to clarify the nature of the complaint. The vice provost may dismiss such a complaint within seven days of consulting with the complainant if it cannot be addressed under this rule or is clearly retaliatory or abusive in nature. This determination does not prohibit referral of a complaint filed under this rule to another applicable university process.

i. The complainant may appeal this dismissal in writing to the provost within seven days of this decision. Upon receiving such an appeal, the provost may either reinstate the complaint or dismiss it, and that decision is final. The provost must issue a decision within fourteen days of receiving such an appeal.

b. If the vice provost determines that the complaint should proceed or if the complaint is reinstated by the provost, the vice provost shall furnish a copy of the complaint to the respondent and shall refer it to the respondent's department chair for a probable cause review in accordance with section (C) of this rule.

i. If the faculty member's department chair is the complainant or respondent, the complaint shall be referred to the faculty member's dean for the initial probable cause review.

ii. For the purposes of this provision, the term "department chair" includes school directors, deans of colleges without departments, and regional campus deans and directors. For regional campus faculty, the campus dean and director shall serve as the department chair for the probable cause review. If the complaint is filed by the regional campus dean and director, the college dean shall serve as the regional campus dean and director for the probable cause review.

3. Only allegations stated in the complaint shall be considered at the various stages of deliberation. However, additional facts relevant to the allegations set forth in the complaint may be presented throughout the process.

(C) Probable cause review~~.~~

1. The department chair shall review the allegations in the complaint and discuss the matter with the complainant and the respondent to determine whether there is probable cause to believe that the allegations are true.

2. If the department chair determines that there is not probable cause to believe that the allegations are true, the chair shall dismiss the complaint.

(a) If the complaint is dismissed, the complainant may appeal the dismissal to the dean. The appeal must be in writing and filed with the dean within twenty-one days after the notice of the chair's decision was mailed. Upon receiving such an appeal, the dean may either reinstate the complaint and refer it as described in 3335-5-04.4(C)(3) ~~to the college investigation~~

~~and sanctioning committee~~ or dismiss it, and such a dismissal is final. The dean must issue a decision within thirty days after receiving such an appeal.

3. If the department chair determines that there is probable cause to believe that the allegations are true, the department chair shall refer the matter to the college investigation and sanctioning committee for an investigation unless the department chair completes an informal resolution in accordance with rule 3335-5-04(E). If the vice provost determines that the allegations in the complaint relate directly to research compliance, the investigation shall be referred to the Research Integrity Standing Committee. This committee is described in rule 3335-5-04.2(C) and will serve to investigate the complaint in accordance with rule 3335-5-04.1(D). If the allegations do not relate directly to research compliance, the investigation shall be referred to the college investigation and sanctioning committee.

4. The department chair shall complete this process within fourteen days.

(D) ~~College investigation and sanctioning committee~~ Investigation and sanctioning

1. Each college shall appoint a college investigation and sanctioning committee, which shall fulfill the responsibilities set forth in this section. The college investigation and sanctioning committee shall be all tenured faculty or a majority of tenured faculty if including clinical/teaching/practice faculty who are non-probationary associate professors or professors. A college may include faculty members from other colleges on its committee. In instances in which the vice provost has determined that the allegations in the complaint relate directly to research compliance, the Research Integrity Standing Committee shall fulfill the responsibilities set forth in this section.

...

(E) Decision by the dean~~.~~

1. After reviewing the report and recommendation of the college investigation and sanctioning committee or the Research Integrity Standing Committee, the dean may:

...

2. The dean shall make a decision in twenty-one days. The final report ~~of the college investigation and sanctioning committee~~ and the dean's decision shall be sent to the complainant and the respondent.

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 August 20, 2025, meeting of the board, including the following appointments, appointments/reappointments of chairpersons, faculty professional leaves and emeritus titles:

Appointments

Name:	ELLIOT BENDOLY
Title:	Professor (The Richard M. Ross Chair in Management)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2030

Name:	LAURA FLANNIGAN
Title:	Assistant Professor (The Warner Woodring Chair in History)
College:	Arts and Sciences
Term:	August 15, 2025, through August 15, 2030

Name:	LARRY GARVIN
Title:	Professor (The Leon M. McCorkle Jr. Professorship in Commercial Law)
College:	Law
Term:	August 15, 2025, through August 15, 2030

Name:	ANNA GAWBOY
Title:	Associate Professor (Colleen McMahon Professorship in Music)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030

Name:	KURT GRAY*
Title:	Professor (Weary Foundation Endowed Chair in Social Psychology)
College:	Arts and Sciences
Term:	December 4, 2025, through June 30, 2030

Name:	ROGER GODDARD
Title:	Professor (Novice G. Fawcett Chair in Educational Administration)
College:	Education and Human Ecology
Term:	September 15, 2025, through September 14, 2030

Name:	JENNIFER GOLD*
Title:	Professor and Chair (The Harry C. and Mary Elizabeth Powelson Professorship of Medicine)
College:	Medicine
Term:	December 1, 2025, through June 30, 2030

Name:	MARYANNA KLATT
Title:	Professor-Clinical (Endowed Chair in Integrative Health)
College:	Medicine
Term:	November 1, 2025, through June 30, 2029

Name:	JOSEPH KWON
Title:	Professor (Richard M. Morrow Chair in Polymer Engineering)
College:	Engineering

Term:	August 15, 2025, through June 30, 2030
Name:	ROBERT LOUNT
Title:	Professor (Irving Abramowitz Memorial Professorship)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2030
Name:	OLAN MUNSON
Title:	Assistant Professor (Dr. Chris Lee Endowed Professorship in Korean)
College:	Arts and Sciences
Term:	August 15, 2025, through August 15, 2030
Name:	MICHAEL MURPHY
Title:	Assistant Professor-Clinical (Smathers Designated Professor at the Moritz Entrepreneurial Business Law Clinic)
College:	Law
Term:	August 15, 2025, through August 14, 2030
Name:	EFTHIMI PARASIDIS
Title:	Professor (The Kara J. Trott Endowed Professorship in Law in honor of Prof. Morgan E. Shipman)
College:	Law
Term:	November 15, 2025, through November 14, 2030
Name:	ERIK PORFELI
Title:	Interim Dean
College:	Education and Human Ecology
Term:	January 1, 2026, through June 30, 2028, or until a permanent Dean is appointed
Name:	PAUL REITTER
Title:	Professor (The Ohio Eminent Scholar in German)
College:	Arts and Sciences
Term:	August 15, 2025, through June 30, 2030
Name:	BLAINE SAITO
Title:	Associate Professor (The Lawrence D. Stanley Professorship in Law)
College:	Law
Term:	August 15, 2025, through August 15, 2030
Name:	COLLEEN SETTINERI
Title:	Professor-Clinical (The Chief Justice Thomas J. Moyer Professorship for the Administration of Justice and Rule of Law)
College:	Law
Term:	November 15, 2025, through November 14, 2030
Name:	ABRAHAM SCHNEIDER*
Title:	Professor (The George C. Paffenbarger Alumni Chair in Dental Research)
College:	Dentistry
Term:	November 3, 2025, through November 2, 2030
Name:	BENNETT TEPPER
Title:	Professor (John A. Russell Chair for Communication Excellence)
College:	Fisher College of Business
Term:	August 15, 2025, through August 14, 2030
Name:	ANDREW VAN BUSKIRK

Title: Professor (The Harry T. Mangurian, Jr. Foundation Professorship in Business)
College: Fisher College of Business
Term: August 15, 2025, through August 14, 2030

Name: XIAOGUANG WANG
Title: Assistant Professor (The H.C. 'Slip' Slider Professorship in Chemical and Biomolecular Engineering)
College: Engineering
Term: August 15, 2025, through June 30, 2030

Name: LIN ZHU NEWSAD
Title: Assistant Professor (Elizabeth McKeever Ross Professorship Fund)
College: Medicine
Term: November 1, 2025, through June 30, 2029

Reappointments

Name: YIGIT AKIN
Title: Associate Professor (Carter V. Findley Chair of Ottoman and Turkish History)
College: Arts and Sciences
Term: August 15, 2025, through June 30, 2030

Name: ARNAB CHAKRAVARTI
Title: Professor and Chair (Klotz Family Chair in Cancer Research)
College: Medicine
Term: July 1, 2025, through June 30, 2029

Name: JEFFREY CHALMERS
Title: Professor (Helen C. Kurtz Chair in Chemical Engineering)
College: Engineering
Term: July 1, 2025, through June 30, 2030

Name: DANIEL CHOW
Title: Professor (The Frank E. and Virginia H. Bazler Chair in Business Law)
College: Law
Term: November 16, 2025, through November 15, 2030

Name: LOUIS DIMAURO
Title: Professor (The Dr. Edward E. and Sylvia Hagenlocker Chair in Physics)
College: Arts and Sciences
Term: July 1, 2025, through December 31, 2027

Name: EDWARD FOLEY
Title: Professor (Charles W. Ebersold and Florence Whitcomb Ebersold Chair)
College: Law
Term: November 16, 2025, through November 15, 2030

Name: JOHN FULTON
Title: Professor (The Food, Agricultural, and Biological Engineering Endowed Professorship)
College: Food, Agricultural, and Environmental Sciences
Term: June 1, 2024, through May 31, 2029

Name: JINGYIN HUANG
Title: Associate Professor (The Alice Louise Ridenour Wood Chair in Mathematics)
College: Arts and Sciences

Term:	August 15, 2025, through August 15, 2030

Name:	DOROTHEE IMBERT
Title:	Professor and Director (The Hubert Schmidt Chair in Landscape Architecture)
College:	Engineering
Term:	July 1, 2025, through June 30, 2026

Name:	ALAN MICHAELS
Title:	Professor (The Edwin M. Cooperman Endowed Chair at The Michael E. Mortiz College of Law)
College:	Law
Term:	February 1, 2026, through January 31, 2031

Name:	ERIN MOORE
Title:	Assistant Professor (Dr. Carl F. Asseff Professorship in Anthropology and History of Medicine)
College:	Arts and Sciences
Term:	August 15, 2024, through June 30, 2030

Name:	DAVID NAGIB
Title:	Professor (Dr. Harold “Hal” Miller and Betty J. Miller Endowed Chair in Organic Chemistry and Biochemistry)
College:	Arts and Sciences
Term:	August 15, 2025, through August 14, 2027

Name:	RITA PICKLER
Title:	Professor (FloAnn Sours Easton Endowed Professorship in Child and Adolescent Health)
College:	Nursing
Term:	October 1, 2025, through May 15, 2028

Name:	JAMES ROCCO
Title:	Professor and Chair (The Mary E. and John W. Alford Research Chair in Head and Neck Cancer)
College:	Medicine
Term:	July 1, 2025, through June 30, 2029

Name:	BRUCE WEINBERG
Title:	Professor (Eric Byron Fix-Monda Endowed Chair)
College:	Arts and Sciences
Term:	December 4, 2025, through August 14, 2026

<u>Extensions</u>

*New Hire

Appointments/Reappointments of Chairpersons

ARNAB CHAKRAVARTI**, Chair, Department of Radiation Oncology, July 1, 2025, through June 30, 2029

LOUIS DIMAURO**, Director, Institute for Optical Science, August 15, 2025, through August 14, 2026

JENNIFER GOLD*, Chair, Department of Biomedical Education and Anatomy, December 1, 2025, through June 30, 2030

JOHN HORACK, Vice President for Research, Enterprise for Research, Innovation and Knowledge, October 1, 2025, through September 30, 2027

LAURA JUSTICE**, Executive Director, Schoenbaum Family Center and the Crane Center for Early Childhood Research and Policy, August 15, 2026, through August 14, 2031

JOHN LENHART, Acting Chair, Department of Civil, Environmental and Geodetic Engineering, August 1, 2025, through December 31, 2025

JAMES ROCCO**, Chair, Department of Otolaryngology, July 1, 2025, through June 30, 2029

JEANNE SERB*, Chair, Department of Evolution, Ecology and Organismal Biology, January 1, 2026, through June 30, 2029

**Reappointment
*New Hire

Faculty Professional Leaves

LEAH BEVIS, Associate Professor, Agricultural, Environmental and Development Economics, FPL for Spring 2026

ENRICO BONELLO, Professor, Plant Pathology, FPL for Spring 2026

ELIZABETH KOLKOVICH, Associate Professor, Department of English, Mansfield Campus, FPL for Fall 2025 and Spring 2026

RATTAN LAL, Distinguished University Professor, School of Environmental and Natural Resources, FPL for Spring 2026

SAYEED MEHMOOD, Associate Professor, School of Environmental and Natural Resources, FPL for Spring 2026

RYAN NASH, Associate Professor, Department of Biomedical Education and Anatomy, FPL for Fall 2026

Faculty Professional Leave Changes/Cancellations

GEORGIOS ANAGNOSTOU, Professor, Department of Classics, Change of FPL from Fall 2025 and Spring 2026 to Fall 2025 only

E. LEIGH BONDS, Associate Professor, University Libraries, Change of FPL from Fall 2025 to Fall 2026

NICHOLAS BRUNELLI, Professor, Department of Chemical and Biomolecular Engineering, Change of FPL from Fall 2025 and Spring 2026 to Fall 2025 only

OVIDIU COSTIN, Professor, Department of Mathematics, Cancelation of FPL for Fall 2025 and Spring 2026

ANDREW CRUSE, Associate Professor, Knowlton School of Architecture, Cancellation of FPL for Fall 2025 and Spring 2026

YVONNE GODDARD, Associate Professor, Department of Educational Studies, Cancelation of FPL for Fall 2025

DOROTHEE IMBERT, Professor, Knowlton School of Architecture, Cancellation of FPL for Fall 2025 and Spring 2026

RAGHU MACHIRAJU, Professor, Department of Computer Science and Engineering, Cancellation of FPL for Fall 2025 and Spring 2026

SRINIVASAN PARTHASARATHY, Professor, Department of Computer Science and Engineering, Cancellation of FPL for Fall 2025 and Spring 2026

DARREN ROULSTONE, Professor, Department of Accounting and Management Information Systems, Cancellation of FPL for Spring 2026

VLADIMIR SLOUTSKY, Professor, Department of Psychology, Change of FPL from Fall 2025 and Spring 2026 to Fall 2025 only

Emeritus Titles

V.M. BALASUBRAMANIAM, Department of Food Science and Technology, with the title of Professor Emeritus, effective September 1, 2025

DENNIS BARTHOLOMEW, Department of Pediatrics, with the title of Professor-Clinical Emeritus, effective January 1, 2024

GREGORY BOOTON, Department of Molecular Genetics, with the title of Assistant Professor-Clinical Emeritus, effective January 1, 2026

MATTHEW CARIELLO, Department of English, with the title of Associated Faculty Emeritus, effective January 1, 2026

JOHN CHRISTMAN, Department of Internal Medicine, with the title of Professor Emeritus, effective July 1, 2026

ROSS DALBEY, Department of Chemistry, with the title of Professor Emeritus, effective August 1, 2025

DAVID DEAN, Department of Materials Science and Engineering, with the title of Associate Professor Emeritus, effective January 1, 2026

HAROLD GIBBS, Department of Evolution, Ecology, and Organismal Biology, with the title of Professor Emeritus, effective March 1, 2026

CAROLYNN JONES, College of Nursing, with the title of Professor-Clinical Emeritus, effective January 1, 2026

JACK KOPECHEK, Department of Pediatrics, with the title of Professor-Clinical Emeritus, effective March 1, 2026

ROBERT LEE, College of Pharmacy, with the title of Professor Emeritus, effective October 1, 2025

DAN LEVIN, Department of Economics, with the title of Professor Emeritus, effective August 15, 2025

DOUGLAS MARTIN, Department of Radiation Oncology, with the title of Professor-Clinical Emeritus, effective November 1, 2025

JOHN MCCONAGHY, Department of Family and Community Medicine, with the title of Professor-Clinical Emeritus, effective January 1, 2026

MINEHARU NAKAYAMA, Department of East Asian Languages and Literature, with the title of Professor Emeritus, effective June 1, 2026

BISHUN PANDEY, Department of Mathematics, with the title of Professor Emeritus, effective December 1, 2025

THALIYIL RAJANBABU, Department of Chemistry and Biochemistry, with the title of Professor Emeritus, effective January 1, 2026

JOHN SHERIDAN, College of Dentistry, with the title of Professor Emeritus, effective August 1, 2025

ROYCE THORNTON, Agricultural Technical Institute, with the title of Assistant Professor Emeritus, effective October 1, 2025

SUSAN TRAVERS, College of Dentistry, with the title of Professor Emeritus, effective November 1, 2025

W. JAMES WALDMAN, Department of Pathology, with the title of Associate Professor Emeritus, effective August 1, 2025

ROBIN WHARTON, Department of Molecular Genetics, with the title of Professor Emeritus, effective January 1, 2026

MELENA WHITTINGTON, Agricultural Communication Education and Leadership, with the title of Professor Emeritus, effective September 1, 2025

THOMAS WORLEY, Department of Extension, with the title of Associate Professor Emeritus, effective April 1, 2025

CHRISTOPHER ZIRKLE, Department of Educational Studies, with the title of Associate Professor Emeritus, effective January 1, 2026

2025/2026 Hires

COLLEGE OF ARTS AND SCIENCES

DIVISION OF NATURAL AND MATHEMATICAL SCIENCES

PROMOTION TO PROFESSOR WITH TENURE
Serb, Jeanne, Evolution, Ecology and Organismal Biology, January 1, 2026

DIVISION OF SOCIAL AND BEHAVIORAL SCIENCES

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Everett, Bethany, Sociology, January 1, 2026
Linke, Andrew, Geography, August 15, 2026

COLLEGE OF ENGINEERING

PROMOTION TO PROFESSOR WITH TENURE
Pekkan, Kerem, Biomedical Engineering, January 1, 2026

COLLEGE OF ENGINEERING
CLINICAL

REAPPOINTMENT
Atiq, Syedah Zahra, Computer Science and Engineering, August 15, 2025
Boggus, Matthew, Computer Science and Engineering, August 15, 2026
Eryilmaz, Irem, Electrical and Computer Engineering, August 15, 2025
Jhemi, Ali, Mechanical and Aerospace Engineering, August 15, 2026
Kentner, Jason, Knowlton School of Architecture, August 15, 2026
Leonard, Don, Knowlton School of Architecture, August 15, 2026
Nocera, Tanya, Biomedical Engineering, August 15, 2025
Ritchie, Brian, Mechanical and Aerospace Engineering, August 15, 2026
Villarroel, Wladimiro, Electrical and Computer Engineering, August 15, 2025
Zaccai, Diego, Computer Science and Engineering, August 15, 2026

COLLEGE OF ENGINEERING
RESEARCH

REAPPOINTMENT
Harwig, Dennis, Materials Science Engineering, August 15, 2026
Nahar, Niru, Electrical and Computer Engineering, August 15, 2025
Yardim, Caglar, Electrical and Computer Engineering, August 15, 2025

2025/2026 Hires

COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

PROMOTION TO PROFESSOR WITH TENURE
Huang, Jen-Yi, Food, Agricultural and Biological Engineering, January 6, 2026

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Lade, Gabriel, Agricultural, Environmental and Developmental Economics, August 15, 2025

COLLEGE OF MEDICINE

PROMOTION TO PROFESSOR WITH TENURE
Merlin, Jessica, Internal Medicine, October 7, 2025
Gold, Jennifer, Biomedical Education and Anatomy, December 1, 2025
Rathmell, W. Kimryn, Internal Medicine, August 5, 2025
Sen, Triparna, Internal Medicine, September 16, 2025
Torrelles, Jordi, Internal Medicine, October 7, 2025

COLLEGE OF MEDICINE
RESEARCH

REAPPOINTMENT
Alain, Gabriel, School of Health and Rehabilitation Sciences, July 1, 2025 (updated date)
Baker, Gretchen, School of Health and Rehabilitation Sciences, July 1, 2025 (updated date)

SALMON P. CHASE CENTER FOR CIVICS, CULTURE, AND SOCIETY

PROMOTION TO ASSOCIATE PROFESSOR WITH TENURE
Simpson, William, January 1, 2026

COLLEGE OF VETERINARY MEDICINE
CLINICAL

REAPPOINTMENT
Dennis, Pam, Veterinary Preventive Medicine, September 1, 2025

DEGREES AND CERTIFICATES

Synopsis: Approval of Degrees and Certificates for autumn term 2025 is proposed.

WHEREAS pursuant to paragraph (E) of rule 3335-1-06 of the Administrative Code, the Board has authority for the issuance of degrees and certificates; and

WHEREAS the faculties of the colleges and schools shall transmit, in accordance with rule 3335-9-29 of the Administrative Code, for approval by the Board of Trustees, the names of persons who have completed degree and certificate requirements:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the degrees and certificates to be conferred on December 21, 2025, to those persons who have completed the requirements for their respective degrees and certificates and are recommended by the colleges and schools.

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS

APPROVAL TO ENTER INTO PROFESSIONAL SERVICES CONTRACTS
EAST HOSPITAL – TOWER – ELEVATOR RENOVATIONS

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
EAST HOSPITAL – FIRE SUPPRESSION
NEWTON HALL AHU REPLACEMENTS
VMA – LIBRARY REDESIGN

APPROVAL TO INCREASE CONSTRUCTION CONTRACTS
COLLEGE ROAD REBUILD
DENTAL SIMULATION SPACE MODERNIZATION
OHIO STADIUM, WHAC AUDIO AND VIDEO UPGRADES
WMC OUTPATIENT CARE POWELL

Synopsis: Authorization to enter into/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 enter into professional services contracts for the following project; and

	Prof. Serv. Approval Requested	Total Requested	
East Hospital – Tower – Elevator Renovations	$1.7M	$1.7M	Auxiliary funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase professional services contracts and enter into/increase construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital – Fire Suppression	$0.6M	$6.8M	$7.4M	Auxiliary funds
Newton Hall AHU Replacements	$3.4M	$8.6M	$12.0M	University funds
VMA – Library Redesign	$0.7M	$3.8M	$4.5M	University funds

WHEREAS in accordance with the attached materials, the University desires to enter into/increase construction contracts for the following projects; and

	Construction Approval Requested	Total Requested	
College Road Rebuild	$0.8M	$0.8M	University debt

APPROVAL TO ENTER INTO/INCREASE PROFESSIONAL SERVICES AND ENTER INTO/INCREASE CONSTRUCTION CONTRACTS (CONT)

	Construction Approval Requested	Total Requested	
Dental Simulation Space Modernization	$16.0M	$16.0M	University debt University funds State funds
Ohio Stadium, WHAC Audio and Video Upgrades	$6.5M	$6.5M	Auxiliary funds University debt
WMC Outpatient Care Powell	$4.7M	$4.7M	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 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 fiscal year 2026 Capital Investment Plan be amended to include professional services and construction approval for the College of Veterinary Medicine Library Redesign project and additional construction funding for the Dental Simulation Space Modernization project; and

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 enter into/increase professional services and construction contracts for the projects listed above in accordance with established university and State of Ohio procedures, with all actions to be reported to the board at the appropriate time.

Project Data Sheet for Board of Trustees Approval

East Hospital - Tower - Elevator Renovations

OSU-265016 (REQ ID# WMC240003)

Project Location: East Hospital - Tower (0397)

- **Approval Requested and Amount**

Professional services	$1.7M
Total requested	$1.7M

- **Project Budget**

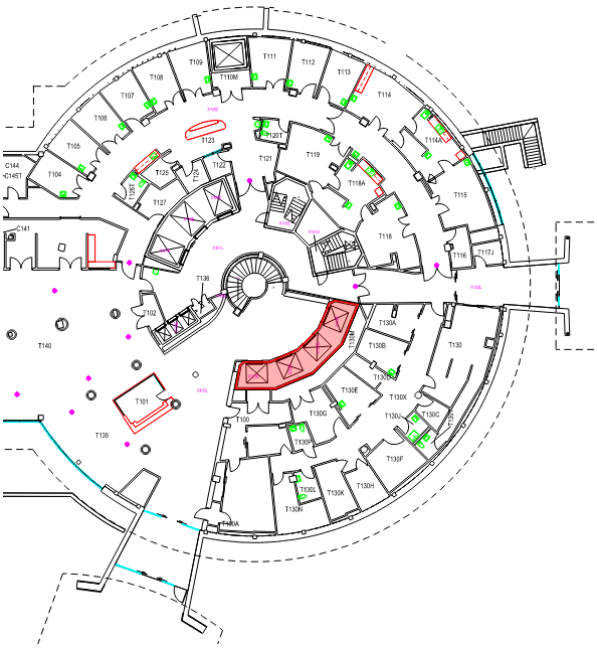
Professional services	$1.7M
Construction w/contingency	$12.3M
Total project budget	$14.0M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	12/25
Design	02/26 – 08/26
BoT construction approval	09/26
Construction	10/26 – 12/28
Facility opening	12/28

- **Project Delivery Method**
  Construction Manager at Risk



- **Planning Framework**
  - This project is included in the FY26 Capital Investment Plan and will cash flow over the next two years.

- **Project Scope**
  - This project is a four-phase elevator modernization project at OSU East Tower which will replace all four public elevators sequentially, always maintaining three elevators in service to minimize disruption.
  - Scope includes full replacement of elevator equipment and interior finishes to improve reliability, safety, and user experience.

- **Approval Requested**
  - Approval is requested to enter into professional services contracts.

- **project team**
  University project manager: Jackson, Clay
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

East Hospital - Fire Suppression

OSU-220196 (REQ ID# WMC22000001; WMC240001)

Project Location: East Hospital - Main (0398), East Hospital - Tower (0397)

- **Approval Requested and Amount**

Professional services	$0.6M
Construction w/contingency	$6.8M
Total requested	$7.4M

- **Project Budget**

Professional services	$1.4M
Construction w/contingency	$12.2M
Total project budget	$13.6M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/22
Design	10/22 – 06/27
BoT construction approval	11/23
Construction (phased)	05/25 – 06/28
BoT construction approval	12/25
Facility opening	06/28

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project was included in the FY23 Capital Investment Plan with cash flow programmed over several fiscal years.

- **Project Scope**
  - This project will extend the fire suppression system to all non-sprinklered areas of OSU East Hospital bringing the building into compliance.
  - Scope includes the installation of a new fire pump serving the full facility. Work will be phased within occupied hospital areas.
  - This project faced multiple delays and limited contractor interest. Scope and budget have been clarified, resulting in a successful bid with the CMR.

- **Approval Requested**
  - Approval is requested to increase professional services and construction contracts.

- **project team**
  University project manager: Flaherty, Brendan
  AE/design architect: Karpinski Engineering
  CM at Risk or Design Builder: Messer Construction

Project Data Sheet for Board of Trustees Approval

Newton Hall AHU Replacements

OSU-260004 (REQ ID# NURS260002)

Project Location: Newton Hall (0275)

- **Approval Requested and Amount**

Professional services	$3.4M
Construction w/contingency	$8.6M
Total requested	$12.0M

- **Project Budget**

Professional services	$3.4M
Construction w/contingency	$8.6M
Total project budget	$12.0M

- **Project Funding**
  University funds

- **Project Schedule**

BoT professional services approval	12/25
BoT construction approval	12/25
Design	02/26 – 09/26
Construction	09/26 – 05/27

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY26 Capital Investment Plan.

- **Project Scope**
  - The project addresses deferred maintenance at Newton Hall by replacing aging air handling units (AHUs 1, 5, and 6) in phases to ensure reliable building performance.
  - Work is being coordinated with College of Nursing master planning to align AHU capacities and placement with long-term program growth and facility needs.
  - Additional high-priority electrical and fire safety upgrades are being evaluated for inclusion in the project.

- **Approval Requested**
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Hyde, Carrie
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

VMA - Library Redesign

OSU-260053 (REQ ID#VET260001)

Project Location: Veterinary Medicine Academic (0136)

- **Approval Requested and Amount**

Professional services	$0.7M
Construction w/contingency	$3.8M
Total requested	$4.5M

- **Project Budget**

Professional services	$0.7M
Construction w/contingency	$3.8M
Total project budget	$4.5M

- **Project Funding**
  University funds

- **Project Schedule**

BoT interim approval	09/25
BoT professional services approval	12/25
Design	11/25 – 03/26
BoT construction approval	12/25
Construction	04/26 – 08/26
Facility opening	09/26

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - Interim board approval to amend the FY26 Capital Plan and to authorize professional services and construction for the project was obtained in September 2025. Per university policy, this action is required to be reported at the next regular meeting.

- **Project Scope**
  - The project will modify 8,300 SF of the second floor of the existing library at the Veterinary Medical Academic Building to create a new classroom & open event space capable of seating an expanded student body.
  - The project will renovate and reduce the library space to accommodate classroom for an occupancy up to 200 individuals.

- **Approval Requested**
  - Approval is requested to amend the FY26 Capital Investment Plan.
  - Approval is requested to enter into professional services and construction contracts.

- **project team**
  University project manager: Munger, Steve
  AE/design architect: TBD
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

College Road Rebuild

OSU-250061 (REQ ID# FOD19000122)

*Project Location: **Site-see project information*

- **Approval Requested and Amount**

Construction w/contingency	$0.8M
Total requested	$0.8M

- **Project Budget**

Professional services	$0.8M
Construction w/contingency	$5.5M
Total project budget	$6.3M

- **Project Funding**
  University debt

- **Project Schedule**

BoT professional services approval	08/24
BoT construction approval	08/24
Design	03/25 – 01/26
Construction	06/26 – 02/27
Facility opening	03/27

- **Project Delivery Method**
  General Contracting

- **Planning Framework**
  - This project is included in the FY25 Capital Investment Plan.

- **Project Scope**
  - The proposed increase will be used to restore tunnel infrastructure within the roadway limits.
  - The project will rebuild College Road between 12th Ave and the north edge of the Oval, including hardscape improvements between Page Hall and the Timashev Family Music Building.
  - Utility infrastructure within the limits of the roadway will be replaced.

- **Approval Requested**
  - Approval is requested to increase construction contracts.

- **project team**
  University project manager: Sayer, Dan
  AE/design architect: Korda/Nemeth Engineering
  CM at Risk or Design Builder: TBD

Project Data Sheet for Board of Trustees Approval

Dental Simulation Space Modernization

OSU-250312 (REQ ID# DENT240001)

*Project Location: **Site-see project information*

- **Approval Requested and Amount**

Construction w/contingency	$16.0M
Total requested	$16.0M

- **Project Budget**

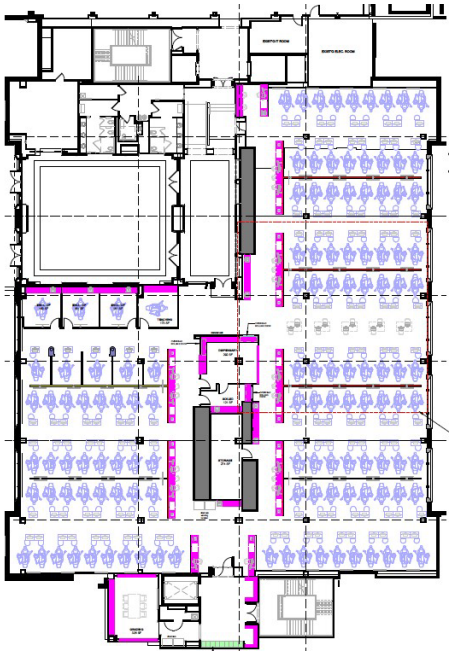
Professional services	$1.4M
Construction w/contingency	$16.0M
Total project budget	$17.4M

- **Project Funding**
  University funds, State funds, University debt

- **Project Schedule**

BoT professional services approval	02/25
Design	06/25 – 02/26
BoT construction approval	12/25
Construction	04/26 – 12/26
Facility opening	01/27

- **Project Delivery Method**
  Construction Manager at Risk



- **Planning Framework**
  - This project is included in the FY25 Capital Investment Plan for Professional Services and FY26 Capital Investment Plan for Construction for a total of $12.0M.
  - The FY26 Capital Investment Plan will be amended to include the remaining $5.4M.

- **Project Scope**
  - The project will build out 16,000 SF of shelled space in the new addition of Postle Hall for a Dental Simulation Lab. Once complete, the lab will simulate a clinical environment for dental and hygiene students.
  - The project scope includes 125 full-size dental chairs, five of which can be utilized for clinics, as well as support space.
  - The project incorporates advanced A/V technology and facility upgrades to deliver high-quality learning environments for students and faculty.

- **Approval Requested**
  - Approval is requested to amend the FY26 Capital Investment Plan.
  - Approval is requested to enter into construction contracts.

- **project team**
  University project manager: Vetrano, Christina
  AE/design architect: DesignGroup
  CM at Risk or Design Builder: Barton Malow

Project Data Sheet for Board of Trustees Approval

Ohio Stadium, WHAC Video Board/Audio Upgrades

OSU-250319 (REQ ID# ABA260006 ABA260011)

Project Location: Ohio Stadium (0082)

- **Approval Requested and Amount**

Construction w/contingency	$6.5M
Total requested	$6.5M

- **Project Budget**

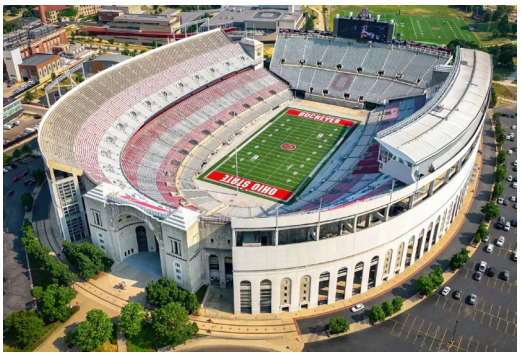
Professional services	$1.7M
Construction w/contingency	$26.8M
Total project budget	$28.5M

- **Project Funding**
  Auxiliary funds, University debt

- **Project Schedule**

BoT professional services approval	05/25
Design	08/25 – 05/26
BoT construction approval	12/25
Construction	02/26 – 07/27
Facility opening	09/27

- **Project Delivery Method**
  Construction Manager at Risk



- **Planning Framework**
  - This project is included in the FY25 Capital Investment Plan.

- **Project Scope**
  - The project will update scoreboard components and audio equipment at Ohio Stadium and Woody Hayes Athletic Center.
  - Approval is requested for procurement and installation of Ohio Stadium north video board replacement, Ohio Stadium east and west ribbon boards, Ohio Stadium B-Deck video boards, WHAC interior and exterior audio replacement and expansion, and WHAC video board replacement. This portion of the overall project will be completed prior to the 2026 season.
  - Approval for the remaining project scope for the Ohio Stadium south video and ribbon boards, Pay Forward Society signage, and audio replacements will be requested at later date for installation prior to the 2027 season.

- **Approval Requested**
  - Approval is requested to enter into construction contracts.

- **project team**
  University project manager: Lytle, Sara
  AE/design architect: Osborn Engineering Company
  CM at Risk or Design Builder: Pepper Construction Co. of Ohio, LLC

Project Data Sheet for Board of Trustees Approval

WMC Outpatient Care Powell

OSU-220880 (REQ ID# WMC229002; WMC240009)

Project Location: Outpatient Care Powell (1046)

- **Approval Requested and Amount**

Construction w/contingency	$4.7M
Total requested	$4.7M

- **Project Budget**

Professional services	$23.0M
Construction w/contingency	$164.7M
Total project budget	$187.7M

- **Project Funding**
  Auxiliary funds

- **Project Schedule**

BoT professional services approval	05/22
Design	06/22 – 09/23
BoT construction approval	02/24
Construction	04/24 – 06/26
Facility opening	08/26

- **Project Delivery Method**
  Construction Manager at Risk

- **Planning Framework**
  - This project was included in the FY23 Capital Investment Plan with cash flow programmed over several fiscal years.
  - Consistent with the strategic plans of the university and Wexner Medical Center to provide medical services within community-based ambulatory facilities.

- **Project Scope**
  - Design and construction of a five-story medical office building and a two-story ambulatory health center which includes imaging, outpatient rehab/PT, endoscopy, and support services.
  - The James added cancer infusion services to the 4th and 5th floors of the facility and work is underway using contingency funds.
  - The proposed funding increase supports an MRI upgrade from 1.5T to 3.0T, and medical and lab equipment for infusion.

- **Approval Requested**
  - Approval is requested to increase construction contracts.

- **project team**
  University project manager: Rice, George
  AE/design architect: DLR Group
  CM at Risk or Design Builder: CK Construction

The Ohio State University
Board of Trustees

December 4, 2025

APPROVAL OF THE EAST HOSPITAL LEVEL III TRAUMA CENTER VERIFICATION

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: Approval of the triennial review of the Level III Trauma Center for East Hospital, is proposed.

WHEREAS, the mission of 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 East Hospital, is to improve people's lives through innovation in research, education, and patient care; and

WHEREAS, the Ohio State University Hospitals continue to provide emergency, specialty, and subspecialty clinical trauma services, as well as professional and public education, injury prevention, research, and performance improvement programs (collectively, the "Trauma Program"); and

WHEREAS, the Ohio State University Hospitals intend to continue to meet all requirements and criteria to maintain Level III Trauma Center verification at East Hospital and support its Trauma Program, including ensuring that the necessary personnel, facilities, and equipment are made available to support a Level III Trauma Center at East Hospital; and

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Ohio State University Hospitals Medical Staff Administrative Committee on October 8, 2025; and

WHEREAS, the triennial review of a Level III Trauma Center at East Hospital was approved by the Quality and Professional Affairs Committee on October 28, 2025:

NOW, THEREFORE

BE IT RESOLVED, That The Ohio State University Wexner Medical Center Board and The Ohio State University Board of Trustees hereby commit to maintain the high standards needed to provide optimal care to all trauma patients and supports the East Hospital Level III Trauma Center verification by the American College of Surgeons Committee on Trauma.

OSUWMC
Adult Level III
Trauma Center

Standard 1.1 Administrative Commitment

"In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle"

1.1 Administrative Commitment—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

Resources

None

References

None

WMC Board Approval Request

Documented Compliance:

- "Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification"
- "Commitment to adherence to the standards required for the level of verification"
- "Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards"

1.1 Administrative Commitment—TYPE I

Applicable Levels

LI, LII, LIII, PTCI, PTCII

Definition and Requirements

In all trauma centers, the institutional governing body, hospital leadership, and medical staff must demonstrate continuous commitment and provide the necessary human and physical resources to properly administer trauma care consistent with the level of verification throughout the verification cycle.

Additional Information

Human resources include physicians, registered nurses, advanced practice providers (APPs), physician assistants, coordinators, and so forth.

This standard fully encompasses all staffing needs, physical structures, space allotments, and equipment needed for a trauma center to function optimally.

Measures of Compliance

Documentation that demonstrates compliance, including:

- Hospital Board of Directors (or other administrative governing authority) approval of the establishment of the trauma center at the level specified and of the application for verification
- Commitment to adherence to the standards required for the level of verification
- Commitment to ensuring that the necessary personnel, facilities, and equipment are made available to support adherence to the standards

Resources

None

References

None

The Ohio State University
Board of Trustees

December 4, 2025

APPROVAL OF AMENDMENTS TO THE *BYLAWS OF THE MEDICAL STAFF*

OHIO STATE UNIVERSITY HOSPITALS d/b/a OSU WEXNER MEDICAL CENTER

Synopsis: The amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals were approved by the University Hospitals Medical Staff Administrative Committee on September 10, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws of the Medical Staff* of The Ohio State University Hospitals:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Bylaws of the Medical Staff* for The Ohio State University Hospitals, including Ohio State University Hospital, Ohio State Richard M. Ross Heart Hospital, Ohio State Harding Hospital, and Ohio State East Hospital.

Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

University Hospitals Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-43-07 (Categories of the medical staff) describing the required period of active clinical practice from “two” years to “three” to bring in-line with current recredentialing cycles.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-43-07(K)(11).

University Hospitals Rules and Regulations

- No proposed amendments

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Chapter 3335-43 - *Bylaws of the Medical Staff* of The Ohio State University Hospitals

Updated July 25, 2025

3335-43-01 Medical staff name.

The board of trustees of the Ohio state university, by official action on September 13, 1963, established "the Ohio state university hospitals." In accordance with Chapters 3335-93-01 to 3335-93-03 and 3335-101-04 of the Administrative Code, the Ohio state university Wexner medical center board (herein called Wexner medical center board) has delegated to the medical staff of the Ohio state university hospitals the responsibility to prepare and recommend adoption of these bylaws. "The medical staff of the Ohio state university hospitals" shall be the name of the hospitals' medical staff organization.

(Board approval date: 5/14/2010, 11/7/2014)

3335-43-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state university Wexner medical center board for the quality of care provided to the patients of the Ohio state university hospitals, shall be:

(A) To strive to maintain quality standards of patient care for all patients admitted to the Ohio state university hospitals, consistent with an active teaching environment, realizing that the care and treatment of the individual patient is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred.

(B) To support educational and research programs; elevate and advance the educational standards of our professions, including, but not limited to, pre- and post-M.D. students, nurse students, graduate nurse students, students of the allied medical professions, and students of other health professional colleges; and provide research programs to enhance and advance the educational and patient-care programs.

(C) To provide a means whereby medical problems may be reviewed; policies and procedures discussed; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, organization, and discipline within the medical staff and harmonious cooperation and understanding among the units comprising the Ohio state university hospitals.

(D) To provide service, education and research programs to benefit the mental, physical, and environmental health of the citizens of the state of Ohio; dedicate itself to be responsive to the needs of its patients and to communicate effectively concerning matters of patient care; and encourage dissemination of medical knowledge to health professionals and the public, and conduct research for the prevention and treatment of disease.

(E) To govern medical staff and credentialed practitioners these bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 4/6/2018, 8/15/2023)

3335-43-03 Patients.

(A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, community affiliate A and community affiliate D medical staff to whose care the patient is admitted or transferred within the Ohio state university hospitals and to licensed health care professionals being granted clinical privileges under these bylaws.

(B) There shall be only one category or classification of patients in the Ohio state university hospitals, and those patients are the private patients of the medical staff under whose care they are admitted. Patients admitted to the Ohio state university hospitals who, at the time of admission, have not requested or selected a member of the medical staff to attend them shall be assigned by the chief of the appropriate clinical division or department or their designees, to a member of the medical staff for their care and treatment.

(C) All patients admitted to the Ohio state university hospitals should cooperate and be an integral part of the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the Ohio state university hospitals or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patient's representative, of their right to refuse participation. Students, including pre- and post-M.D., but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned upon admission to the Ohio state university hospitals or transfer within the Ohio state university hospitals' services. The Ohio state university hospitals respect the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's right to refuse care treatment and services, in accordance with law and regulation.

(Board approval dates: 6/7/2002, 2/2/2007, 9/19/2008, 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-04 Membership.

(A) Qualifications.

(1) Membership on the medical staff of the Ohio state university hospitals is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same procedures as all other applicants for the medical staff.

(2) All members of the medical staff of the Ohio state university hospitals shall, except as specifically provided in these bylaws, be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry. All members, except for physician scholar medical staff, shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their

profession, dedication to educational and research-goals, and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at university hospitals will be given the high quality of medical care provided at university hospitals, shall be qualified for membership on the medical staff of the Ohio state university hospitals.

All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The chief medical officer of the medical center, medical directors, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant. All members of the medical staff and licensed health care professionals will comply with medical staff and the Ohio state university policies regarding employee and medical staff health and safety; uncompensated care; and will comply with appropriate administrative directives and policies to avoid disrupting those operations of the Ohio state university hospitals which adversely impact overall patient care or which adversely impact the ability of the Ohio state university hospitals employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the Wexner medical center to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosure. Medical staff members and licensed health care professionals with clinical privileges must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

(3) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental health care programs.

(a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental programs.

(b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the Ohio state university hospitals and the immediate lapse of clinical privileges at the Ohio state university hospitals as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

(c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.

(4) An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in his or her primary are of practice at the Ohio state university hospitals. This Board certification must be approved by at least one of the American board of medical specialties, or other applicable certifying boards, including certifying boards if applicable for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be and remain certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirements. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.

(5) All applicants must demonstrate recent clinical activity in their primary area of practice during the last ~~two~~three years to satisfy minimum threshold criteria for privileges within their clinical departments.

(6) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(3) to (A)(5) of this rule may be requested and considered as follows:

(a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden of demonstrating that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

(b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.

(c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the quality and professional affairs committee of the Ohio state university Wexner medical center and the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.

(d) The Ohio state university Wexner medical center board's determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a "denial" of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted. Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

(e) Waiver requests for the threshold eligibility requirement listed in paragraph (A)(3) of this rule may only be considered for applicants who have voluntarily opted out of governmental health care programs. Applicants who have been excluded or suspended shall be ineligible to request a waiver.

(f) Waivers to requirements prescribed by regulatory accrediting or other external agencies will not be granted.

(7) Any medical staff member whose membership has been terminated pursuant to paragraph (A)(3) or (A)(4) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code. Any licensed health care professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (G)(3) of rule 3335-43-07 of the Administrative Code.

(8) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.

(B) Application for membership.

Initial application for medical staff membership for all categories of the medical staff shall be made by the applicant to the chief of the clinical department on forms prescribed by the medical staff administrative committee stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the applicant meets the qualifications outlined in paragraph (A) of this rule. The application shall include written statements of the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government-issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant shall agree that membership on the medical staff requires participation in the peer review process of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in this review process as long as the peer review was taken in the reasonable belief that it was in furtherment of quality health care based upon a reasonable review and appropriate procedural due process. In order to optimize the clinical organization resource utilization and planning of the Ohio state university hospitals, the chief of the clinical department may require that the community affiliate D medical staff member identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant, which shall be made a part of the application for appointment. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment. Initial appointment to the medical staff shall be for a period not to exceed thirty-six months. During the first six months of the initial appointment, except for medical staff appointments without clinical privileges, appointees shall be subject to focused professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by of the chief of the clinical department with oversight by the credentials committee and the medical staff administrative committee. Following the six-month FPPE period, the chief of the clinical department may: 1. recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee; 2. extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or 3. terminate the initial appointee’s medical staff

membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Ethics and ethical relationship. The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American psychological association, American osteopathic association and the American podiatric medical association shall govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

(1) The written and signed application for membership on the medical staff shall be presented to the applicable chief of the clinical department. The applicant shall include in the application a signed statement indicating the following:

(a) If the applicant should be accepted to membership on the medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board and the board of trustees of the Ohio state university.

(b) The applicant consents to be interviewed in regard to the application.

(c) The applicant authorizes the Ohio state university hospitals to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.

(d) The applicant consents to the Ohio state university hospitals' inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges for which the applicant is seeking as well as the applicant's professional ethical qualifications for medical staff membership.

(e) The applicant releases from any liability:

(i) All representatives of university hospitals for acts performed in connection with evaluating the applicant’s credentials or releasing information to other institutions for the purpose of evaluating the applicant’s credentials in compliance with these bylaws performed in good faith; and

(ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the Ohio state university hospitals staff, Ohio state university Wexner medical center board members and members of the Ohio state university board of trustees concerning the applicant’s credentials performed in good faith.

(f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(g) The applicant further agrees to disclose to the chief medical officer of the Ohio state university hospitals the initiation of any process which could lead to such loss or restriction of the applicant’s professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(h) The applicant agrees that acceptance of membership on the medical staff of the Ohio state university hospitals authorizes the Ohio state university hospitals to conduct any appropriate health assessment including but not limited to drug or alcohol screens on a practitioner at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the chief medical officer of the Ohio state university hospitals or their authorized designees.

(2) The purpose of the health assessment shall be to ensure that the member of the medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the member is permitted to exercise by reason of medical staff membership. If, at the time of the initial request for a health assessment, and at any time a medical staff member refuses to participate as needed in a health assessment, including but not limited to a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or Wexner medical center board, the applicant will provide documentation the applicant's physical and mental status with sufficient adequacy to demonstrate that any patient treated by the applicant will receive care of a generally professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as a member of the medical staff.

(3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the application is signed by the applicant and the information is verified. A completed application must contain:

(a) Peer recommendation from at least three individuals with "first hand" knowledge about the applicant's clinical and professional skills.

(b) Evidence of required immunizations.

(c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges.

(d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.

(e) Verification by primary source documentation of:

(i) Current and previous state licensure;

(ii) Faculty appointment (not required for community affiliate B, community affiliate C, community affiliate D or contracted category);

(iii) DEA registration when required for exercise of clinical privileges;

(iv) Graduation from an accredited medical or professional school;

(v) Successful completion or record of post graduate medical or professional education; and

(vi) Board certification active candidacy for board certification (may not be required for community affiliate B, community affiliate C and community

affiliate D categories). or applicant qualifies for a waiver pursuant to paragraph (A)(6) of rule 3335-43-04 of the Administrative Code.

(f) Information from the national practitioner data bank.

(g) Verification that the applicant has not been excluded from any federally funded health care program.

(h) Complete disclosure by applicant of all past and current claims, suits, and settlements, if any.

(i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.

(j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.

(k) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.

(l) Demonstration of recent active clinical practice during the last ~~two~~three years required for exercise of clinical privileges.

(m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.

(4) The chief of the applicable clinical department shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within thirty days of receipt of the complete application, submit a report of those findings along with a recommendation on membership and clinical privileges to the chief medical officer of the Ohio state university hospitals.

(5) The chief medical officer shall receive all initial signed and verified applications from the chief of the clinical department and shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information.

The chief medical officer shall forward all complete applications to the credentials committee. The applicant shall have the burden of producing information for an adequate evaluation of applicant's qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn which action is not subject to hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

If the chief of the applicable clinical department does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the chief medical officer for presentation to the credentials committee on the same basis as other applicants.

(6) Completed applications shall be acted upon as follows:

(a) By the credentials committee within thirty days after receipt of a completed application from the chief medical officer.

(b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report and recommendation of the credentials committee.

(c) By the quality and professional affairs committee through the expedited credentialing process or Wexner medical center board within sixty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

All applications shall be acted upon by the Ohio state university Wexner medical center board within one hundred twenty days of receipt of a completed application. These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-43-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

(7) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the chief of the clinical department's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications and ethical standing of the applicant and shall determine, through information contained in personal references and from other sources available to the credentials committee, including an appraisal from the chief of the clinical department in which clinical privileges are sought, whether the applicant has established and meets all of the necessary qualifications for the category of medical staff membership and clinical privileges requested.

The credentials committee shall, within thirty days from receipt of a complete application, make a recommendation to the chief medical officer that the application be accepted, rejected, or modified. The chief medical officer shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the chief medical officer may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session. The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

(8) At any time the medical staff administrative committee first recommends non-appointment of an initial applicant for medical staff membership or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the chief medical officer to notify the applicant by certified return receipt mail that the applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-43-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-43-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-43-06 of the Administrative Code. If an applicant fails to properly request a hearing, the

medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

The final recommendation of the medical staff administrative committee shall be directly communicated to the Wexner medical center board by the chief medical officer, who shall make a separate recommendation to the Wexner medical center board.

When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division. The chairperson of the board shall also notify the dean of the college of medicine and the chief executive officer of the Ohio state university hospitals of the decision of the board.

(F) Procedure for reappointment.

(1) At least ninety days prior to the end of the medical staff member's appointment period, the chief of the clinical department shall provide each medical staff member with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee. The reappointment application shall include all information necessary to update and evaluate the qualifications of the medical staff member. The chief of the clinical department shall review the information available on each medical staff member, and the chief of the clinical department shall make recommendations regarding reappointment to the medical staff and for granting clinical privileges for the ensuing appointment period. The chief of the clinical department's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the chief medical officer at least forty-five days prior to the end of the medical staff member's appointment period.

The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Reappointment to the medical staff shall be done on a regular basis for a period not to exceed thirty-six months. Only completed applications for reappointment shall be considered by the credentials committee. An application for reappointment is complete when all the information requested on the reappointment application form is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application form must contain:

(a) Evidence of required immunizations if applicable since last appointment.

(b) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges.

(c) Verification of primary source documentation of:

(i) State licensure;

(ii) DEA registration when required for clinical privileges;

(iii) Successful completion or record of additional post graduate medical or professional education; and

(iv) Board certification, re-certification, or continued active candidacy for certification (may not be required for community affiliate category) or applicant qualifies for a waiver pursuant to paragraph (A) (4) of rule 3335-43-06 of the Administrative Code.

(d) Information from the national practitioner data bank.

(e) Verification that the applicant has not been excluded from any federally funded health care program.

(f) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines.

(g) Specific requests for any changes in medical staff category.

(h) A summary of the member's clinical activity during the previous appointment period.

(i) Patterns of care as demonstrated through quality assurance records.

(j) Verification of completion of annual educational requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office.

(k) Complete disclosure by medical staff members of claims, suits, and settlements, if any.

(l) Continuing medical education and applicable continuing professional education activities. Documentation of category one CME that at least in part relates to the individual medical staff member's specialty or sub-specialty area and are consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

(m) Attestation of current OARRS account for all applicants who have a DEA registration.

(2) The member for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The chief of the clinical department shall review and evaluate the reappointment application and the supporting documentation. The chief of the clinical department shall evaluate all matters relevant to recommendation, including the member's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the Ohio state university hospitals' personnel and the use of the Ohio state university hospitals' facilities for patients; relations with other physicians, other health professionals or other staff, and maintenance of a professional attitude toward patients; and the responsibility to the Ohio state university hospitals and the public.

(3) The chief medical officer shall forward the reappointment forms and the recommendations of the chief of the clinical department to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that the same level of quality of care is delivered by all medical staff members with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

The credentials committee shall forward its recommendations to the chief medical officer at least thirty days prior to the end of the period of appointment. The chief medical officer shall transmit the completed reappointment application and the recommendation of the credentials

committee to the medical staff administrative committee.

Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic expiration of membership and all clinical privileges at the end of the medical staff member's current appointment period, which action shall not be subject to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically expired shall be processed as a new appointment.

Failure of the chief of the clinical department to act timely on an application for reappointment shall be the same as provided in paragraph (E)(5) of this rule.

(4) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The medical staff administrative committee shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The recommendation of the medical staff administrative committee regarding reappointment of a member shall be communicated by the chief medical officer, along with the recommendation of the chief medical officer, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Ohio state university Wexner medical center board has acted, the chairperson of the board shall instruct the chief medical officer to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division.

(5) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension or revocation of clinical privileges, the medical staff administrative committee shall instruct the chief medical officer to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to paragraphs (A) and (B) of rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (D) of rule 3335-43-05 of the Administrative Code apply. The notice by the chief medical officer shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.

(6) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-43-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter.

(7) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

(G) Resumption of clinical activities following leave of absence.

(1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the chief medical officer. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the chief medical officer provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the chief medical officer and the member or credentialed provider shall be

placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the chief medical officer that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

(2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and quality and professional affairs committee of the Wexner medical center board. The credentials committee, the chief medical officer, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

(3) All members of the medical staff or credentialed providers who take a leave of absence for medical or non-medical reasons must be in good standing upon resumption of clinical activities. No member shall be granted leave of absence in excess or his or her current appointment and the usual procedures for appointment and reappointment, including deadlines for submission of application as set forth in this rule, will apply irrespective of the nature of the leave. Absence extending beyond his or her current term or failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1999, 10/1/1999, 10/5/2001, 6/7/2002, 9/6/2002, 3/5/2003, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-43-05 Peer review and corrective action.

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the Ohio state university hospitals.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

(3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the chief medical officer. The chief of the clinical department and the chief medical officer shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

(a) The matter warrants no further action;

(b) Informal resolution under this paragraph is appropriate. The chief of the clinical department and the chief medical officer shall determine whether to include documentation of the informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

(c) Formal peer review under paragraph (B) of this rule is warranted.

(6) In cases where the chief of the clinical department and chief medical officer cannot agree on the need for formal peer review, the matter shall be submitted for formal peer review and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

(1) Formal peer review may be initiated when a member of the medical staff of the Ohio state university hospitals:

(a) Fails to adhere to standards of patient care and professional conduct appropriate for a physician practicing in an academic medical center as determined by the medical staff;

(b) Is disruptive to the operation of the Ohio state university hospitals;

(c) Violates the bylaws, rules and regulations of the medical staff, the Ohio state university Wexner medical center board, or the board of trustees of the Ohio state university;

(d) Violates state or federal law; or

(e) Is responsible for acts or omissions detrimental to patient safety or to the quality or efficiency of patient care within the Ohio state university hospitals; or

(f) Is responsible for acts or omissions damaging to the reputation of the medical staff of the Ohio state university hospitals.

Formal peer review may be initiated by a chief of a clinical department, the chief medical officer, any member of the medical staff, the chief executive officer of the Ohio state university hospitals, the dean of the college of medicine, any member of the board of the Ohio state

university hospitals, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the chief medical officer, and shall specifically state the conduct or activities which constitute grounds for the requested action.

(2) The chief medical officer shall promptly deliver a written copy of the request for formal peer review to the affected member of the medical staff, in a confidential manner. The chief medical officer shall then conduct a preliminary review to verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the chief medical officer decides that no further action is warranted, the chief medical officer shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action will be taken.

(3) Whenever the chief medical officer determines that formal peer review is warranted, he or she shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings.

(4) The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the chief medical officer under these rules for implementing corrective action and appellate procedure if:

(a) The chief medical officer is the medical staff member charged;

(b) The chief medical officer has a financial interest or a relationship with any person that may have an improper effect on the exercise of his or her judgment in the matter, or may be perceived to have such an effect.

(5) The formal peer review committee shall investigate every request and shall deliver written findings and recommendations for action to the chief of the clinical department. The formal peer review committee may recommend a reduction, suspension or revocation of the medical staff member's clinical privileges or other action as it deems appropriate. In making its recommendation the formal peer review committee may consider, relevant literature and clinical practice guidelines, the opinions and views expressed throughout the review process, information or explanations provided by the member under review, and other relevant information. Prior to making its report, the committee shall afford the medical staff member against whom the action has been requested an opportunity for an interview. At such interview, the medical staff member shall be informed of the specific actions or omissions alleged to constitute grounds for formal peer review and shall be given copies of any statements, reports, opinions or other information compiled at prior stages of the proceedings. The medical staff member may furnish written or oral information to the formal peer review committee at this time and shall be given an opportunity to discuss, explain, or refute the allegations and to respond to any statements, reports or opinions previously compiled in the proceedings. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action are expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.

(6) Upon receipt of the written report and recommendation from the formal peer review committee, the chief of the clinical department shall make his or her own written recommendation for corrective action and forward that recommendation along with the findings and recommendations of the formal peer review committee to the chief medical officer.

(7) The chief medical officer shall decide whether to accept, reject or modify the recommendation of the chief of the clinical department. If the chief medical officer decides the grounds are not

substantiated, the chief medical officer will notify the formal peer review committee, the chief of the clinical department, the person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

If the chief medical officer finds the grounds for the requested corrective action are substantiated, the chief medical officer shall promptly notify the affected medical staff member of that decision and the corrective action that will be taken. This notice shall advise the affected medical staff member of his or her right to request a hearing before the medical staff administrative committee pursuant to rule 3335-43-06 of the Administrative Code and shall also include a statement that failure to request a hearing in the timeframe prescribed in this rule shall constitute a waiver of rights to a hearing and to an appeal on the matter and the affected medical staff member shall also be given a copy of the rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the chief medical officer shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(8) If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, he or she shall be deemed to have waived the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

(9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

(C) Composition of formal peer review committee.

(1) When the determination that formal peer review is warranted is made, the chief of the clinical department shall select three members of the medical staff to serve on a formal peer review committee.

(2) Whenever the questions raised concern the clinical competence of the member under review, the chief of the clinical department shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.

(3) An external peer review consultant may serve as a member of the peer review committee whenever:

(a) A determination is made by the chief of the clinical department and the chief medical officer that the clinical expertise needed to conduct the review is not available on the medical staff;

(b) The objectivity of the review may be compromised; or

(c) Whenever the chief medical officer determines that an external review is otherwise advisable.

If an external reviewer is recommended, the chief of the clinical department shall make a written recommendation to the chief medical officer for selection of an external reviewer. The chief medical officer shall make the final selection of an external reviewer.

(D) Summary suspension.

(1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or

any portion of his or her clinical privileges suspended or appointment terminated by the chief medical officer or the chief of the member's clinical department whenever such action must be taken immediately, when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the medical staff member shall be subsequently notified in writing of the suspension by the chief medical officer. Such notice shall be issued by certified return mail to the affected medical staff member's last known address as determined by university records.

(2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to a hearing and appeal of the suspension pursuant to rule 3335-43-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief medical officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter. If a timely, written request for a hearing is made, the procedures of rule 3335-43-06 of the Administrative Code shall apply.

(3) Immediately upon the imposition of a summary suspension, the chief medical officer or the appropriate chief of a clinical department shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the Ohio state university hospitals at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension and termination.

(1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief medical officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff. The chief medical officer shall notify the chief executive officer of the Ohio state university hospitals of the action taken.

(2) Action by the Ohio state boards of licensure revoking or suspending a medical staff member's license or placing the member upon probation shall automatically impose the same restrictions to that member's Ohio state university hospitals' privileges.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member’s appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-43-04 and automatically relinquish his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member’s appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic terminations is permitted to rule 3335-43-04(A)(3).

(5) If a medical staff member pleads guilty to or is found guilty of a felony which involves: violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member’s

appointment and privileges shall be immediately and automatically terminated.

(6) Whenever a medical staff member's drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.

(7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.

(8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-43-06 of the Administrative Code as a result of an automatic suspension or termination. As soon as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

(9) Resignation, termination, or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals.

(F) Reporting responsibility.

When a decision on corrective action is taken which constitutes a "formal disciplinary action" as may be defined in Ohio state law, or as may be required to be reported pursuant to federal law, including the health care quality improvement act, the chief medical officer shall ensure that a report of said action is made in order to maintain compliance with applicable state or federal law or regulations. The chief medical officer shall ensure that such reports are amended as may be required to reflect subsequent actions taken under the hearing and appeal rights afforded in these bylaws.

When applicable, any recommendations or actions that are the result of a review or hearing and appeal shall be monitored by the chief medical officer on an ongoing basis through the Ohio state university hospitals' quality management activities.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-43-06 Hearing and appeal process.

(A) Right to hearing and to an appeal.

(1) When a member of the medical staff who has exhausted all remedies under paragraphs (E) and (F) of rule 3335-43-04 of the Administrative Code on appointment or reappointments; or under rule 3335-43-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-43-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial by the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in

any government reimbursement program.

(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

(e) A leave of absence extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.

(f) Actions or recommendations resulting from an informal peer review.

(g) Termination of community affiliate C medical staff appointments upon approval by the Wexner medical center board.

(3) All hearings and appeals shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

(1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief medical officer within thirty days of notification by the chief medical officer of the intended action. The chief medical officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.

(2) The failure of a medical staff member to request a hearing, to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the right to any review by the medical staff administrative committee. The chief medical officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Ohio state university Wexner medical center board as provided for in paragraph (F) of rule 3335-43-05 of the Administrative Code. The chief medical officer shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

(1) After receipt of a timely request for hearing by the chief medical officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief medical officer and shall at the next scheduled meeting take the following action:

(a) Instruct the chief medical officer and chief of staff to jointly appoint within seven days a hearing committee, consisting of five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the formal peer review of the matter under consideration.

(b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty days nor more than sixty days from the date of the receipt of the request for hearing by the chief medical officer; provided, however, that a hearing for a medical staff member who is under suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that this notice may be waived in writing by the medical staff member.

Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

(1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination.

The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than four members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

(2) An accurate record of the hearing shall be kept. The mechanism for taking the record shall be by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the member's expense.

(3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived all rights to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The medical staff administrative committee may, in its own discretion, order the hearing committee to proceed with the hearing without the medical staff member and impose a sanction which is greater or lesser than that originally imposed.

(4) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.

(5) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his or her

own behalf, the staff member may be called and examined as if under cross-examination.

(6) The hearing committee shall request the person who has taken the action from which the affected staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any parties witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written. The hearing committee may request legal representation from the Ohio state university.

(7) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may elect to limit its proceedings when sufficient material has been received. The parties may be required by the hearing committee to provide evidence in oral or written form. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.

(8) Within sixty days after its appointment, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the medical staff administrative committee. The affected medical staff member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.

(9) The medical staff administrative committee shall submit a written report, including its recommendation to the chairperson of the Wexner medical center board within fourteen days of the final vote by the medical staff administrative committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this rule. The affected member of the medical staff shall be notified of the decision of the medical staff administrative committee by the chief medical officer.

(10) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member’s right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee may accept, reject, or modify the decision of the medical staff administrative committee. The quality and professional affairs committee may remand that matter back to the medical staff administrative committee for further action as directed.

(11) The recommendation of the quality and professional affairs committee shall be promptly considered by the Wexner medical center board, at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee. The Wexner medical center board may remand the matter

back to the medical staff administrative committee for further action as directed.

(12) A copy of the Wexner medical center board decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

(1) Within thirty days after receipt of a notice by an affected medical staff member of the decision of the medical staff administrative committee, the member may, by written notice to the chairperson of the Ohio state university Wexner medical center board, request an appeal. The appeal shall only be held on the record before the medical staff administrative committee.

(2) If an appeal is not requested within thirty days, the affected medical staff member shall be deemed to have:

(a) Waived the member's right to appeal, and

(b) Accepted the adverse decision.

(3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.

(4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the medical staff administrative committee. The staff member shall then submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee no later than seven days following the date of the affected member's notice of appeal.

(5) New or additional matters not raised during the hearing or in the medical staff administrative committee hearings shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.

(7) Any final decision by the Wexner medical center board shall be communicated by the chief medical officer and by certified return receipt mail to the affected medical staff member at that member's last known address as determined by university records. The chief medical officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services, chief of staff, the chief of the clinical department, and the person(s) who initiated the request for formal peer review. The chief medical officer shall take immediate steps to implement the final decision.

(Board approval dates: 6/7/2002, 5/6/2005, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023, 8/20/2024)

3335-43-07 Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into nine categories: attending, community affiliate A, community affiliate B, community affiliate C, community affiliate D, consulting, contracted, physician scholar and limited staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last ~~two~~ three years and specific annual education requirements but are otherwise subject to the provisions of these bylaws.

(A) Attending.

(1) Qualifications: The attending medical staff shall consist of those faculty members of the colleges of medicine and dentistry to whom clinical teaching responsibilities are assigned in the Ohio state university hospitals and who satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code. The assignment of teaching responsibility is the prerogative of the chief of the clinical department or the chief's designee.

(2) Prerogatives.

An attending medical staff member may:

(a) Admit patients consistent with their clinical privileges and the balanced teaching and patient care responsibilities of the Ohio state university hospitals. When, in the judgment of the chief of the clinical department, a balanced teaching program is jeopardized, following consultation with the dean of the college of medicine; and the Ohio state university hospitals' chief executive officer, and with the concurrence of a majority of the medical staff administrative committee, the chief of the clinical department may restrict an attending medical staff member’s ability to admit patients. Imposition of such restrictions shall not entitle the attending medical staff member to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and of the department and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

(d) Hold office in the medical staff organization and in the clinical department and committees of which he or she is a member, unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

(3) Responsibilities.

Each member of the attending medical staff with clinical privileges shall:

(a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.

(c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such medical staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-43-11 of the Administrative Code for attendance at staff and departmental meetings and meetings of those committees of which he or she is a member and for payment of membership dues.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.

(f) Supervise other licensed healthcare professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed healthcare professional to perform only those services which the licensed healthcare professional is privileged to perform.

(g) Take call as assigned by the chief of the clinical department.

(B) Community Affiliate A.

(1) Qualifications: The community affiliate A medical staff shall consist of physicians and other licensed healthcare professional who do not meet the criteria for attending medical staff appointment. This category includes community physicians and physicians employed by an affiliate entity who have clinical activity required for membership and actively participate in teaching programs.

(2) Prerogatives.

The community affiliate A medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(b) Admit, consistent with their clinical privileges, patients who complement the clinical teaching program.

(c) Attend meetings as a member of the medical staff and the clinical department of which he or she is a member and any medical staff or the Ohio state university hospitals education programs. The community affiliate A medical staff member may vote on medical staff policies, bylaws, rules and regulations and for elected officials of the medical staff. Members of the community affiliate A medical staff may be appointed to serve on medical staff committees as provided by these bylaws.

(3) Responsibilities: Each member of the community affiliate A medical staff with clinical privileges shall be required to have a faculty appointment and discharge the basic responsibilities specified in paragraph (B)(3) of this rule.

(C) Community affiliate B.

(1) Qualifications: The community affiliate B medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are employed by an affiliate entity, do not have patient activity at university hospitals but who are enrolled under institutional managed care contracts or other contractual arrangements and who work at facilities not owned by the Wexner medical center. Community affiliate B medical

staff members shall not be required to obtain appointment to the faculty of the Ohio state university and will not possess clinical privileges. Community affiliate B medical staff shall not be eligible to hold office or required to pay medical staff dues and shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws. Community affiliate B medical staff shall not be assigned to a clinical department under rule 3335-43-08 of the Administrative Code.

(2) Appointment and reappointment: For purposes of processing applications for appointment and reappointment of community affiliate B medical staff, the duties of the chief of the clinical department set forth in rule 3335-43-04 of the Administrative Code shall be assigned by the chief medical officer to be performed by the chief physician of the affiliate entity or authorized designee. To perform these duties on behalf of community affiliate B medical staff, the chief physician or authorized designee must be an active member of the medical staff under these bylaws and will also serve as a voting member on the Medical Staff Administrative Committee.

(3) Termination of medical staff membership: The medical staff membership of a community B affiliate physician shall automatically terminate upon loss of employment with the affiliate entity. This automatic termination shall not entitle the community B affiliate physician to any of the hearing processes set forth in rule 3335-43-06 of the Administrative Code.

(D) Community affiliate C.

(1) Qualifications: The community affiliate C medical staff shall consist of those physicians and other licensed healthcare professionals who do not qualify for attending medical staff appointment and shall not possess clinical privileges. This category is comprised of referring physicians who desire to be associated with the Ohio state university hospitals to refer and follow patients. Community affiliate C medical staff members shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office and are not required to pay medical staff dues.

(2) Prerogatives.

Community affiliate C medical staff members may:

(a) Have access to the Ohio state university hospitals and shall be given notice of all medical staff activities and meetings.

(b) Attend meetings as a member of the medical staff and the clinical departments of which he or she is a member and any medical staff or the Ohio state university hospitals education programs.

(c) The grant of community affiliate C medical staff appointment to physicians is a courtesy only and may be terminated by the Wexner medical center board upon recommendation of the medical staff administrative committee without the right to a hearing or appeal.

(E) Community affiliate D.

This is a closed medical staff category that was created as a one-time historical category for medical staff members of the Ohio state university hospitals east prior to July 1, 2007.

(1) Qualifications: Community affiliate D medical staff shall consist of those doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who:

(a) Do not qualify for an attending medical staff appointment; and

(b) Are community affiliate D members seeking reappointment; and

(c) Satisfy the requirements and qualifications set forth in rule 3335-43-04 of the Administrative Code and are already appointed to the community affiliate D medical staff pursuant to these bylaws.

(4) A community affiliate D medical staff member shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff. Community affiliate D medical staff members shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph. The community affiliate D medical staff member shall not be required to obtain appointment to the faculty of the Ohio state university. The community affiliate D medical staff member shall not be subject to the requirement for board certification within the community affiliate D medical staff member's respective area of practice if that requirement was waived when he or she became a member of the Ohio state university east medical staff. Teaching and research accomplishments shall not be required in determining the qualifications of applicants to this category of the medical staff.

(5) To optimize the clinical organization, resource utilization, and planning of the hospitals, the chief of the clinical department may require that the applicant for community affiliate D medical staff membership to identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant which will be made a part of the application for appointment.

(4) Prerogatives.

A community affiliate D medical staff member may:

(a) Admit patients consistent with the limitations of bed and service allocations established by the medical directors and approved by the medical staff administrative committee, and the Wexner medical center board. If, in the judgment of the medical directors, a balanced teaching program is jeopardized, following consultation with the chief of the clinical department, and with the concurrence of a majority of the medical staff administrative committee, the medical director may restrict admissions of members of the community affiliate D medical staff. Patients admitted under the care of the community affiliate medical staff D will not be required to participate in the educational mission of the Ohio state university hospitals. Ordinarily, no coverage by the limited medical staff will be afforded, with the exception of emergency medical services.

(b) Exercise the clinical privileges granted, have access to all medical records, and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.

(c) Attend teaching and educational conferences approved by the Ohio state university, attend medical staff social functions, and participate as providers in the Ohio state university or the Ohio state university hospitals affiliated health plans.

(5) Responsibilities.

Each member of the community affiliate D medical staff shall:

(a) Participate in the management of and represent the interests of the clinical department for which he or she is granted clinical privileges. The community affiliate D medical staff member shall comply with all provisions of these bylaws and rules and regulations of the medical staff, unless expressly exempted under this rule.

(b) The community affiliate D medical staff member shall comply with all the Ohio state university hospitals' policies and accreditation standards, and shall be subject to the same quality evaluation, monitoring, and resource management requirements as other members of the medical staff.

(c) Be responsible within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.

(d) Not be eligible to vote on medical staff policies, rules and regulations, or bylaws or to hold office. Members of the community affiliate D medical staff may serve on non-elected medical staff committees as provided by these bylaws.

(e) Be subject to payment of medical staff dues or assessments as approved by the medical staff.

(F) Consulting.

(1) Qualifications. The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:

(a) Satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code.

(b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services at the Ohio state university hospitals only at the request of attending or community affiliate A members of the medical staff.

(c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the Ohio state university hospitals. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the Ohio state university hospitals. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.

(2) Prerogatives.

Consulting medical staff members may:

(a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or community affiliate A medical staff member.

(b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted pursuant to these bylaws.

(c) Not admit patients to the Ohio state university hospitals.

(d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.

(e) Must actively participate in such quality evaluation and monitoring activities as

required by the medical staff and as outlined in the medical staff policy entitled "Consulting medical staff member policy."

(f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.

(g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as chief of a clinical department.

(h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.

(3) Responsibilities.

Each member of the consulting medical staff shall:

(a) Meet the basic responsibilities set forth in rules 3335-43-02 and 3335-43-03 of the Administrative Code.

(b) Be exempt from all medical staff dues.

(G) Contracted.

(1) Qualifications: contracted medical staff shall consist of those members who meet the requirements for medical staff membership and are providing services to Wexner medical center patients exclusively through a contract with the Wexner medical center. Contracted medical staff members shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff and shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph.

Contracted medical staff shall not be required to obtain appointment to the faculty of the Ohio state university. Contracted medical staff shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office or required to pay medical staff dues.

(2) Prerogatives.

Contracted medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(3) Any contracted medical staff member whose membership has been terminated due to loss of contract and/or clinical privileges shall not be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code.

(H) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) Prerogatives: Members of the physician scholar medical staff shall have access to the Ohio

state university hospitals and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

(3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(I) Limited staff.

Limited staff are not considered full members of the medical staff, do not have delineated clinical privileges and do not have the right to vote in general medical staff elections. Except where expressly stated, members of the limited staff are bound by the terms of these bylaws, the rules and regulations of the medical staff, and the limited staff agreement.

(1) Qualifications.

(a) The limited staff shall consist of doctors of medicine, osteopathic medicine, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a post-doctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws.

(b) The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state university Wexner medical center board, or the limited staff member's respective licensing board.

(c) Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities.

Each member of the limited staff shall:

(a) Be responsible to respond to all questions and to complete all forms as may be required by the credentials committee.

(b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.

(c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending or community affiliate A medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending or community affiliate A medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending or community affiliate A medical staff. The limited staff member shall follow all rules and regulations of the service to which the limited staff member is assigned, as well as the general rules of the Ohio state university hospitals pertaining to limited staff. Specifically, a limited staff member shall consult with the attending or

community affiliate A member of the medical staff responsible for the care of the patient before the limited staff member undertakes a procedure or treatment that carries a significant, material-risk to the patient unless the consultation would cause a delay that would jeopardize the life or health of the patient.

(d) Serve as a member of various medical staff committees in accordance with established committee composition as described in these bylaws and/or the rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization but may vote on committees to which the limited staff member is assigned.

(e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or sub-specialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical departmental chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.

(f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training program will be conducted and limited in accordance with written guidelines established by the respective department or training program and approved by the program director and the Ohio state university hospitals graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies. Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-43-05 and 3335-43-06 of the Administrative Code.

(3) Failure to meet reasonable expectations.

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

(4) Temporary appointments.

(a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. These appointments shall not exceed sixty days.

(b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the medical directors, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision.

Limited staff members shall be under the supervision of an attending or community affiliate A medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending or community affiliate A medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending or community affiliate A medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending or community affiliate A medical staff member or the director of the training program.

(a) Limited staff members may write admission, discharge and other orders for the care of patients under the supervision of the attending or community affiliate A medical staff member.

(b) All records of limited staff member cases must document involvement of the attending or community affiliate A medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

(J) Temporary medical staff appointment.

(1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.

(2) Proctoring. Temporary privileges may be extended to visiting medical faculty for special clinical or educational activities as provided by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting physician may apply for temporary privileges per the prescribed medical staff proctoring policy.

(K) Clinical privileges.

(1) Delineation of clinical privileges.

(a) Every person practicing at the Ohio state university hospitals by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed health care professional by the Ohio state university Wexner medical center board after recommendation from the medical staff administrative committee.

Each clinical department shall develop specific clinical criteria and standards for the evaluation of clinical privileges with emphasis on invasive or therapeutic procedures or treatment which present significant risk to the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.

(b) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the

forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.

(c) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the chief medical officer. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible the review should be of primary source information.

(d) The applicant shall have the burden of establishing the applicant’s qualifications and competency in clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

(e) The applicant's request for clinical privileges and the recommendation of the chief of the clinical department shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-43-04 of the Administrative Code.

(f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioners’ professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.

(g) Upon resignation, termination or expiration of the medical staff member’s faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.

(h) Medical staff members authorize the Ohio state university hospitals and clinics to share credentialing, quality and peer review information pertaining to the medical staff member’s clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member’s medical staff appointment to the medical staff of the Ohio state university hospitals.

(i) Medical staff members authorize the Ohio state university hospitals to release information, in good faith and without malice, to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member’s qualifications pursuant to a request for appointment, clinical privileges, participation or other credentialing or quality matters.

(2) Temporary privileges.

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed health care professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines.

Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient-care need, and shall be granted for a period not to exceed one hundred twenty days.

(b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental board.

(c) Temporary privileges granted for locum tenens may be exercised for a maximum of ninety days, consecutive or not, any time during the thirty-six month period following the date they are granted.

(d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.

(e) Special privileges. Upon receipt of a written request for specific temporary privileges and the approval of the clinical department chief and the chief medical officer, an appropriately licensed practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in these bylaws.

(f) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.

(g) The temporary and special privileges must be in conformity with accrediting bodies' standards and the rules and regulations of the professional boards of Ohio.

(3) Expedited privileges.

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgement against the applicant or a challenge by a state licensing board.

(4) Podiatric privileges.

(a) Practitioners of podiatry may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care that a podiatrist may provide

without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

(d) The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) Psychology privileges.

(a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise, unless otherwise authorized by law.

(b) Psychologists may not admit patients to the Ohio state university hospitals, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the Ohio state university hospitals.

In outpatient settings, psychologists shall diagnose and treat their patients' psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.

(c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.

(6) Dental privileges.

(a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy

shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(7) Oral and maxillofacial surgical privileges.

All patients admitted to the Ohio state university hospitals for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Other licensed health care professionals.

(a) Clinical privileges may be exercised by licensed health care professionals who are duly licensed in the state of Ohio, and who are either:

(i) Members of the faculty of the Ohio state university, or

(ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(iii) Employees or members of the medical staff.

(b) A licensed health care professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed health care professionals may perform all or part of the medical history and physical examination of a patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

(c) Licensed health care professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-43-04 of the Administrative Code subject to the provisions of paragraph (G)(8) of this rule.

(d) Licensed health care professionals are not members of the medical staff, but may write admitting orders for patients of the Ohio state university hospitals when granted such privileges under this rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed health care professionals and shall not be eligible to hold office, to vote on medical staff affairs,

or serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(e) Each licensed health care professional shall be individually assigned to a clinical department and shall be sponsored by one or more members of the medical staff. The licensed health care professional's clinical privileges are contingent upon the sponsoring medical staff member's privileges. In the event that the sponsoring medical staff member loses privileges or resigns, the licensed health care professionals whom he or she has sponsored shall be placed on administrative hold until another sponsoring medical staff member is assigned. The new sponsoring medical staff member must be assigned in less than thirty days.

(f) Licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

(g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed health care professional:

(i) Current license, certification, or other legal credential required by Ohio law.

(ii) Certificate of authority, standard care agreement, or utilization plan.

(iii) Education, training, professional background and experience, and professional competence.

(iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed health care professional subcommittee and the quality management department.

(v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law.

(vi) Evidence of required immunization.

(vii) Evidence of good personal and professional reputation as established by peer recommendations.

(viii) Satisfactory physical and mental health to perform requested clinical privileges.

(xi) Ability to work with members of the medical staff and the Ohio state university hospitals employees.

(h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the Ohio state university hospitals that any patient cared for by the licensed health care professional seeking clinical privileges shall be given quality care, and that the efficient operation of the Ohio state university hospitals will not be disrupted by the applicant's care of patients in the Ohio state university hospitals.

(i) By applying for clinical privileges as a licensed health care professional, the applicant agrees to the following terms and conditions:

(i) The applicant has read the bylaws and rules and regulations of the medical

staff of the Ohio state university hospitals and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable Ohio state university hospitals policies that the Ohio state university hospitals may from time to time put into effect.

(ii) The applicant releases from liability all individuals and organizations who provide information to the Ohio state university hospitals regarding the applicant and all members of the medical staff, the Ohio state university hospitals staff, the Ohio state university Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.

(iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the Ohio state university hospitals.

(iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a member of the medical staff.

(v) The applicant shall not perform any patient care in the Ohio state university hospitals that is not permitted under the applicant's license, certification, or other legal credential required under Ohio law.

(vi) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.

(j) Licensed health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the chief quality officer or his or her designee. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, who may accept, reject, or modify the recommendation. The chief quality officer forwards his or her recommendation to the chief medical officer for final determination.

(k) Appeal process.

(i) A licensed health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.

(ii) If an appeal is not so requested within the thirty-day period, the licensed health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the chief medical officer.

(iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed health care professional under review. The licensed health care professional under review shall have

the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

(iv) The affected licensed health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review committee no later than seven days following the date of the licensed health care professional's notice of appeal.

(v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(vi) Within thirty days following submission of the written statement by the licensed health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.

(vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed health care professional as determined by university records. The chief quality officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief executive officer of the Ohio state university hospitals and the vice president for health services and the chief of the applicable clinical department or departments. The chief medical officer shall take immediate steps to implement the final decision.

(9) Emergency privileges.

In case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the Ohio state university hospitals necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition which would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges.

Disaster privileges may be granted in order to provide voluntary services during a local, state, or national disaster in accordance with hospital/medical staff policy and only when the

following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the chief medical officer or his or her designee to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the chief medical officer.

(11) Telemedicine privileges.

Practitioners who provide contracted patient care, treatment, and services via telemedicine shall be credentialed and privileged to provide such services. A grant of telemedicine privileges shall include appointment to the contracted medical staff category as described in paragraph (G) of this rule.

Practitioners providing contracted telemedicine services shall be credentialed and privileged through one of the following mechanisms:

(a) The practitioner shall be credentialed and privileged in accordance with rule 3335-43-04.

(b) The practitioner shall be credentialed and privileged by proxy using the credentialing and privileging decision from the distant site if all of the following requirements are met:

(i) The distant site is also accredited by the Joint Commission.

(ii) The distant site is a Medicare-participating hospital or a facility that qualifies as a distant-site telemedicine entity under federal regulations.

(iii) The Ohio state university hospitals have entered into a written agreement with the distant site.

(iv) If the distant site is a Medicare-participating hospital, the written agreement shall specify that it is the responsibility of the distant-site hospital to meet the Centers for Medicare and Medicaid Services conditions of participation applicable to medical staff credentialing and privileging.

(v) If the distant site is a distant-site telemedicine entity as defined by federal regulations, the written agreement shall specify that the distant-site telemedicine entity is a contractor of services to the Ohio state university hospitals and furnishes the contracted services in a manner that allows the Ohio State university hospitals Hospital to comply with all applicable Centers for Medicare and Medicaid Services conditions of participation for contracted services and for medical staff credentialing and privileging.

(vi) The individual distant-site practitioner is privileged at the distant site for those services to be provided to patients of the Ohio state university hospitals via telemedicine and the distant site provides a current list of the practitioner's privileges at the distant site.

(vii) The individual distant-site practitioner holds an appropriate license, telemedicine certificate, or telemedicine waiver issued by the applicable Ohio licensing board for the practitioner's area of practice.

(viii) The Ohio state university hospitals maintain documentation of all internal reviews of the performance of each distant-site Practitioner and sends the distant site such performance information for use in the distant site's periodic appraisal of the distant-site Practitioner's privileges. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to patients of the Ohio state

university hospitals, and all complaints the Ohio state university hospitals receive about the distant-site practitioner.

(Board approval dates: 6/7/2002, 9/6/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 5/14/2010, 4/8/2011, 8/31/2012, 2/1/2013, 11/07/2014, 11/6/2015, 4/6/2018, 2/8/2022, 8/15/2023, 8/20/2024)

3335-43-08 Organization of the medical staff.

(A) Each member of the attending, community affiliate A, community affiliate C, community affiliate D, limited, and physician scholar medical staff shall be assigned to a clinical department and division, if applicable, upon the recommendation of the applicable chief of the clinical department.

(B) Names of clinical departments.

(1) Anesthesiology.

(2) Dermatology

(3) Emergency medicine.

(4) Family and community medicine.

(5) Internal medicine.

(6) Neurological surgery.

(7) Neurology.

(8) Obstetrics and gynecology.

(9) Ophthalmology and visual science.

(10) Orthopaedics.

(11) Otolaryngology – head and neck surgery.

(12) Pathology.

(13) Pediatrics.

(14) Physical medicine and rehabilitation.

(15) Plastic and reconstructive surgery.

(16) Psychiatry and behavioral health.

(17) Radiation oncology.

(18) Radiology.

(19) Surgery.

(20) Urology.

(21) Dentistry.

(C) The directors of the divisions in the Ohio state university hospitals shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included.

(D) Qualifications and responsibilities of the chief of the clinical department.

The academic department chairperson shall ordinarily serve also as the chief of the clinical department. Each chief of the clinical department shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each chief of the clinical department must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the college of medicine or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

(1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective college of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer.

(2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(1) of this rule.

(3) Duties of the chief of the clinical department.

Each chief of the clinical department is responsible for the following:

(a) Clinically related activities of the department;

(b) Administratively related activities of the department, unless otherwise provided by the hospital;

(c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;

(d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;

(e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;

(f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the

hospital;

(g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;

(h) The coordination and integration of interdepartment and intradepartmental services;

(i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;

(j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including ensuring that call coverage provides for continuous high quality and safe care;

(k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;

(l) The continuous assessment and improvement of the quality of care, treatment, and services;

(m) The maintenance of quality control programs, as appropriate;

(n) The orientation and continuing education of all persons in the department or service;

(o) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of departmental meetings, including a record of attendance, shall be electronically available and/or distributed to all medical staff members in the clinical department, and such minutes shall be kept in the clinical department.

(Board approval dates: 6/7/2002, 7/6/2002, 3/5/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/1/2006, 2/2/2007, 9/21/2007, 9/19/2008, 9/18/2009, 10/29/2009, 9/17/2010, 4/8/2011, 8/31/2012, 1/31/2014, 5/18/2021, 8/15/2023, 8/20/2024)

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) Chief of staff.

The chief of staff shall:

(1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of that board.

(2) Serve as vice chairperson of the medical staff administrative committee.

(3) Provide for communication between the medical staff and the Ohio state university Wexner medical center board or its committees in matters of quality of care, education, and research.

(4) Serve as liaison between the Ohio state university hospitals administration, medical administration, and the medical staff in all matters of mutual concern within the Ohio state university hospitals.

(5) In consultation with the medical directors and the chief medical officer, seek to ensure that the medical staff is represented and participates as appropriate in any Ohio state university hospitals deliberation which affects the discharge of medical staff responsibilities.

(6) Call, preside, and be responsible for the agenda of all general medical staff meetings.

(7) Make medical staff committee appointments in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code.

(8) Be spokesperson for the medical staff in its external professional and public relations.

(9) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

(1) Serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(2) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.

(3) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(4) Assist the Chief of Staff with duties outlined above in paragraph (A)(1) to (A)(9).

(C) Representatives of the medical staff elected at-large.

There shall be six medical staff representatives elected at-large. Each representative shall be a member of the medical staff administrative committee and shall serve on those committees of the Ohio state university Wexner medical center board as appointed by the chairperson of the Wexner medical center board.

(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) Chiefs of the clinical departments shall not be eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their Ohio state university hospitals administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) shall be elected by a majority of those voting by electronic ballot of the attending staff.

(2) The nominating committee shall be composed of five members. The chief of staff shall serve on the committee and shall select four other members for the committee. The chief of staff shall be its chairperson.

(3) Nominations for officers shall be accepted from any member of the medical staff and shall be submitted either electronically or in writing to the nominating committee.

(4) The committee's nominees shall be submitted to all voting members of the attending staff no later than May first of the election year.

(5) Candidates for the office of chief of staff-elect shall be listed and each attending staff member shall be entitled to cast one vote. Candidates for the at-large positions shall be voted upon as a group. Each voting member of the attending staff shall be entitled to vote for three at-large candidates. The three candidates with the highest number of votes shall be elected. A majority of the votes shall not be necessary.

(6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the Ohio state university Wexner medical center, its goals and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

(1) The chief of staff and chief of staff-elect shall each serve two years in office beginning on July first. The chief of staff-elect shall be elected in the odd numbered years. A former chief of staff may not succeed the immediately preceding chief of staff-elect.

(2) The at-large representatives shall each serve two years, beginning July first. The at-large representatives may succeed themselves for three successive terms (six years total), if so elected. Upon completion of the three successive terms, the representative may not serve again without a period of two years out of office as an at-large representative. The representative may be elected chief of staff-elect at any time.

(G) Vacancies in office.

(1) A vacancy in the office of chief of staff shall be filled by the chief of staff-elect. If the unexpired term is one year or less, the new chief of staff shall serve out the remaining term in office and shall then serve as chief of staff for the term for which elected. If the unexpired term is more than one year, the new chief of staff shall serve out the remaining term only.

(2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The new chief of staff-elect shall become chief of staff at the end of the term of the incumbent.

(3) Vacancies in the at-large representatives medical staff positions shall be filled by appointment by the chief of staff.

(Board approval dates: 6/7/2002, 3/5/2003, 5/30/2003, 11/4/2005, 2/2/2007, 9/19/2008, 9/18/2009, 4/8/2011, 8/31/2012, 11/7/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/23, 8/20/2024)

3335-43-10 Administration of the medical staff of the Ohio state university hospitals

(A) Chief medical officer.

The chief clinical officer functions as the chief medical officer as referred to herein these bylaws. The chief medical officer is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is

responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state university Wexner medical center board bylaws.

(B) Chief quality officer.

The chief quality and patient safety officer of the Ohio state university Wexner medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including the director of medical affairs for the James cancer hospital, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(C) Medical directors.

The medical directors of the hospitals of the Ohio state university report to the chief executive officer or the executive director of the respective hospital and chief medical officer. Each medical director will collaborate with the chief quality officer, the chief medical officer and the clinical department chiefs to develop, execute and monitor the quality and safety programs of the hospital. The appointment, scope of authority, and responsibilities of the medical directors for the Ohio state university hospitals shall be further outlined in the Ohio state university Wexner medical center board bylaws.

(D) Medical staff committees.

(1) Appointments:

Appointments to all medical staff committees except the medical staff administrative committee, nominating committee and all health system committees, shall be made jointly by the chief of staff, chief of staff-elect, and the hospital medical directors with medical staff administrative committee ratification. Representatives from the Ohio state university hospitals to health system committees shall be appointed jointly by the chief medical officer of the health system and the medical director. Unless otherwise provided by these bylaws, all appointments to medical staff committees shall be for two years and may be renewed. The chief of staff, chief medical officer, medical director, and the chief executive officer of the Ohio state university hospitals may serve on any medical staff committee as an ex-officio member without vote.

(2) Meetings:

Each medical staff committee shall meet at the call of its chairperson and at least quarterly. Committees shall maintain records of proceedings and minutes of meetings and shall forward all recommendations and actions taken to the chief medical officer who shall promptly communicate them to the medical staff administrative committee. The chairperson shall control the committee agenda, attendance of staff and guests, and conduct of the proceedings. A simple majority of appointed voting members shall constitute a quorum.

(3) Peer review committees:

The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and/or monitoring the quality and utilization of patient care services provided by

the Ohio state university hospitals.

(E) Medical staff administrative committee.

(1) Composition.

(a) This committee shall consist of the following voting members: chief of staff, chief of staff-elect, chiefs of the clinical departments, chief physician for the affiliated entity employing community affiliate B medical staff, six medical staff representatives elected at large, the chief medical officer, and the chief executive officer of the Ohio state university hospitals or designee. Additional members may be appointed to the medical staff administrative committee at the recommendation of the dean or the chief medical officer of the medical center subject to the approval of the medical staff administrative committee and subject to review/renewal on a biennial basis. Any members may be removed from the medical staff administrative committee at the recommendation of the dean, the executive vice president for health sciences or the chief medical officer of the medical center and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's constituency. The chief medical officer shall be the chairperson and the chief of staff shall be vice-chairperson.

(b) Any member of the committee who anticipates absence from a meeting of the committee may appoint as a temporary substitute another member of the same category of the medical staff to represent him or her at the meeting. The temporary substitute shall have all the rights of the absent member.

(c) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(2) Duties.

(a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by these bylaws, by the bylaws of the Ohio state university Wexner medical center board, the bylaws or rules of the board of trustees of the Ohio state university.

(b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to section 3335-43-13 of these bylaws.

(c) To receive and act upon committee reports.

(d) To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

(e) To approve and implement policies of the medical staff.

(f) To provide a liaison between the medical staff, medical director, chief executive officer, and the Wexner medical center board.

(g) To recommend action to the medical directors and chief executive officer of the Ohio state university hospitals on matters of medical-administrative nature.

(h) To fulfill the medical staff's accountability to the Wexner medical center board and the board of trustees of the Ohio state university for medical care rendered to patients in the Ohio state university hospitals, and for the professional conduct and activities of the medical staff, including recommendations concerning:

(i) Medical staff structure;

(ii) The mechanism to review credentials and to delineate clinical privileges;

(iii) The mechanism by which medical staff membership may be terminated;

(iv) Participation in the Ohio state university hospitals' performance improvement activities; and

(v) Corrective action and hearing procedures applicable to medical staff members and other licensed health care professionals granted clinical privileges.

(vi) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the Ohio state university hospitals.

(i) To review and act on medical staff appointments, reappointments, and requests for delineation of clinical privileges. Whenever there is doubt of an applicant's ability to perform the privileges requested, the medical staff administrative committee shall have the authority to request an evaluation of the applicant's clinical activities relevant to requested privileges.

(j) To report to the medical staff all actions affecting the medical staff.

(k) To inform the medical staff of all changes in committees, and the elimination of such committees as circumstances shall require.

(l) To create committees (for which membership is subsequently appointed pursuant to rule 3335-43-09 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

(m) To establish and maintain rules and regulations governing the medical staff.

(n) To perform other functions as are appropriate.

(3) Executive session.

(a) Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.

(4) Meetings. The committee shall meet monthly and shall keep detailed minutes which shall be distributed to each committee member and to the Wexner medical center board through the quality and professional affairs committee.

(5) Voting. At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership

or permanent suspension of clinical privileges, wherein a two-thirds vote of members present shall be required.

(F) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition.

The credentialing responsibilities of medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each health system hospital.

The credentialing committee of the hospitals of the Ohio state university shall be appointed by the chief medical officer of the health system. The chief of staff, director of medical affairs and medical directors of each hospital shall make recommendations to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, who shall be appointed by the chief medical officer of the health system.

(2) Duties.

(a) To review all applications for medical staff and licensed health care professional appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;

(b) To review triennially all applications for reappointment or renewal of clinical privileges;

(c) To review all requests for changes in medical staff membership;

(d) To assure, through the chairperson of the committee, that all records of formal peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

(e) To make recommendations to the medical staff administrative committee through the chairperson of the credentialing committee regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

(f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;

(g) The committee, after review and investigation, may make recommendations to the chief medical officer, chief of staff or the chief of a clinical department, regarding the restriction or limitation of a member’s clinical privileges for noncompliance or any

other matter related to its responsibilities;

(h) To review all grants of special or temporary privileges; and

(i) To review requests made for clinical privileges by other licensed health care professionals as set forth in these bylaws.

(j) To recommend eligibility criteria for the granting of medical staff membership and privileges.

(k) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

(l) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

(m) To perform such other functions as requested by the medical staff administrative committee, the quality and professional affairs committee or Wexner medical center board.

(3) Licensed health care professionals subcommittee.

(a) Composition.

This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The subcommittee shall be chaired by a director of nursing who shall serve as chair of the subcommittee.

(b) Duties.

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university.

(ii) To review and investigate the character, qualifications and professional competence of the applicant.

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal.

(iv) To verify the accuracy of the information contained in the application.

(v) To request a personal interview with the applicant if deemed appropriate.

(vi) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.

(vii) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed health care professional specialty. These policies and procedures shall be ratified by the credentialing committee and medical staff administrative committee, and be approved by the Wexner medical center board.

(G) Committee for practitioner health.

(1) Composition.

The committee shall consist of medical staff members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code.

(2) Duties.

(a) To consider issues of licensed practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, the Ohio state university hospitals staff, or any other individual.

(b) To educate the medical staff and the Ohio state university hospitals staff about illness and impairment recognition issues, including at-risk criteria, specific to licensed practitioners.

(c) To provide appropriate counsel, referral and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.

(d) To consult regularly with the chief of staff, chief medical officer and medical director of the Ohio state university hospitals.

(e) To advise credentials or other appropriate medical staff committees on the credibility of any complaint, allegation or concern, including those affecting the quality and safety of patient care.

(f) To assure, through the chairperson of the committee, that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest confidence in accordance with the laws of the state of Ohio.

(g) To initiate appropriate actions when a licensed practitioner fails to complete the required rehabilitation program.

(H) Medical staff bylaws committee.

(1) Composition.

The committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

(a) To review and recommend amendments, as appropriate, to these medical staff bylaws to the medical staff administrative committee at least every two years.

(b) To receive from members of the medical staff or the medical staff administrative committee any suggestions that may necessitate amendment of these bylaws.

(I) Infection prevention committee.

(1) Composition.

The medical staff members of the committee shall consist of those members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code. The committee shall also include representatives of nursing, environmental services, and hospital administration as may be invited from time to time by the chief of staff. The chairperson shall be a physician member of the medical staff with experience or training in infectious diseases.

(2) Duties.

(a) To oversee surveillance and institute any recommendations necessary for the investigation, prevention, containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities owned, operated, or controlled by the Ohio state university hospitals and subject to JCAHO standards.

(b) To take necessary action through the chairperson of the committee, and the Ohio state university hospitals' epidemiologist, in consultation with the medical director of the Ohio state university hospitals, to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

(J) Ethics committee.

(1) Composition.

The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. Members shall be appointed as provided in these bylaws. The chairperson shall be a medical staff member who is a clinically active physician.

(2) Duties.

(a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.

(b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the Ohio state university hospitals.

(c) To provide a support mechanism for primary decision makers at the Ohio state university hospitals.

(d) To provide educational resources on ethics to all health care providers at the Ohio state university hospitals.

(e) To provide and enhance interaction between hospitals administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(K) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the

assistance from any medical staff member or recommend to the chief medical officer an external review.

(2) Duties.

(a) To meet and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer and chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and operations improvement office.

(b) To ensure that ongoing and systematic monitoring, evaluation, and process improvement is performed in each clinical department.

(c) To develop and utilize objective criteria in practitioner peer review activities.

(d) To ensure that the medical staff peer review process is effective.

(e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of PEC by any individual, clinical department, division, or committee.

(L) Quality Leadership Council.

(1) Composition.

The quality leadership council shall consist of members appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code, and shall include the executive vice president for health sciences, the dean of the college of medicine and the chairperson of the quality and professional affairs committee of the Wexner medical center board as ex-officio members without a vote. The chief quality officer shall be the chairperson of the quality leadership council.

(a) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery system.

(b) To serve as the oversight council for the clinical quality management and patient safety plan.

(c) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(M) Clinical quality and patient safety committee.

(1) Composition.

The members of this group shall be appointed pursuant to these bylaws and shall include medical staff members from various clinical departments and support services, and shall include the director of the clinical quality management policy group, and representatives of nursing and hospitals administration. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

(a) To coordinate the quality management related activities of the clinical departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and isoimmunization, and other medical staff and the Ohio state university hospitals committees.

(b) To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(c) To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

(d) To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.

(e) To make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university hospitals.

(f) To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals staff and make appropriate recommendations and evaluate action plans when appropriate to the chief medical officer, the medical director, the chief of a clinical department, or the Ohio state university hospitals administration.

(g) To appoint ad-hoc interdisciplinary teams to address the Ohio state university hospitals-wide quality management plan.

(h) To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.

(i) To report and coordinate with the quality leadership council all quality improvement initiatives.

(N) Utilization management committee.

(1) Composition.

The members shall be appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code and shall include medical staff members from various clinical departments and support services the directors of clinical quality and case management, and representatives of nursing and hospitals administration. The chairperson of the committee shall be a physician member of the medical staff.

(2) Duties.

(a) To promote the most efficient and effective use of the hospitals of the Ohio state university health system facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.

(b) To formulate and maintain a written resource management review plan for the hospitals of the Ohio state university health system consistent with applicable governmental regulations and accreditation requirements.

(c) To conduct resource management studies by clinical department or divisions, or by disease entity as requested or in response to variation from benchmark data would indicate.

(d) To report and recommend to the quality leadership council changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management.

(e) To oversee evaluation and cost effective utilization of clinical technology.

(f) To oversee the activities of the utilization management committee of the hospitals of the Ohio state university health system. This oversight will include the annual review and approval of the utilization management plan.

(O) Clinical practice guideline committee.

(1) Composition.

The members shall be appointed in accordance with paragraph (D)(1) of rule 3335-43-10 of the Administrative Code, and shall include medical staff members from various clinical departments and support services, representatives of nursing, pharmacy, information systems, hospitals administration, and the chair of the clinical quality and management policy group. The chairperson of the policy group shall be a physician member of the medical staff.

(2) Duties.

(a) To oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e., clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the Ohio state university hospitals and its affiliated institutions. Planning should be based on the prioritization criteria approved by the quality leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.

(b) To report and recommend to quality leadership council specific process and outcomes measures for each evidence-based medicine resource.

(c) To oversee ongoing education of medical staff (including specifically limited staff) and other appropriate Ohio state university hospitals staff regarding the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.

(d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council.

(e) To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state university hospitals and its affiliated institutions. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to quality leadership council for approval. All other computerized ordersets and clinical rules should be forwarded to the quality leadership council for information.

(f) To regularly report a summary of all actions to the quality leadership council.

(P) Committee for practitioner effectiveness.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

(a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;

(b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;

(c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;

(d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;

(e) Forward all recommendations to the clinical department chief, the chief medical officer or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 4/7/2000, 10/5/2001, 6/7/2002, 5/30/2003, 6/4/2004, 5/6/2005, 11/4/2005, 2/2/2007, 2/1/2008, 9/19/2008, 9/18/2009, 10/29/2009, 4/8/2011, 8/31/2012, 2/01/2013, 1/31/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023, 8/20/2024)

3335-43-11 History and physical

(A) History and physical examination.

(1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:

(a) Admitted to the hospital

(b) Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation

(c) Undergoing outpatient/ambulatory surgery

(d) In a hospital-based ambulatory clinic

(2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:

(a) Date of admission

(b) History of present illness, including chief complaint

(c) Past medical and surgical history

(d) Relevant past social and family history

(e) Medications and allergies

(f) Review of systems

(g) Physical examination

(h) Test results

(i) Assessment or impression

(j) Plan of care

(3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatient/ambulatory surgery, the history and physical examination shall include at a minimum:

(a) Indications for procedure or surgery

(b) Relevant medical and surgical history

(c) Medications and allergies or reference to current listing in the chart or electronic medical record

(d) Focused review of systems, as appropriate for the procedure or surgery

(e) Pre-procedure assessment and physical examination

(f) Assessment/impression and treatment plan

(4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:

(a) Chief complaint

(b) History of present illness

(c) Medications and allergies

(d) Problem-focused physical examination

(e) Assessment or impression

(f) Plan of care

(5) Deadlines and sanctions.

(a) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and be signed, timed and dated.

(b) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.

(c) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.

(d) Admitted patients or patients undergoing a procedure requiring anesthesia or

sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission or the procedure/surgery. If completed before admission or the procedure/surgery, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be completed and documented in the patient's medical record within twenty-four hours after admission or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, timed and dated. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, it shall be countersigned, timed and dated by the responsible medical staff member.

(i) For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.

(ii) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required to be countersigned.

(e) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.

(f) When the history and physical examination, including the results of indicated laboratory studies and x-rays, is not recorded in the medical record before the time stated for a procedure or surgery, the procedure or surgery cannot proceed until the history, and physical is signed or countersigned when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee or other licensed health care professional, who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is a disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee. (B/T 10, 29/2009, 8/31/12)

(g) Ambulatory patients must have a history and physical at the initial visit as outlined in paragraph (A)(4) of this rule.

(h) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:

i. within the past six months prior to the initial visit,

ii. at the initial visit, or

iii. within 30 days following the initial visit.

(Board approval dates: 10/29/2009, 8/31/2012, 1/31/2014, 11/7/2014, 11/6/2015, 8/20/2024)

3335-43-12 Meetings and dues.

(A) Meetings.

The medical staff of the Ohio state university hospitals shall conduct scheduled meetings at least annually. Notice of the meeting shall be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special and/or electronic meetings of the medical staff may be called at the option of the medical staff administrative committee.

(B) Dues.

The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued staff membership.

(Board approval date: 10/29/2009, 4/6/2018, 8/15/2023)

3335-43-13 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations, and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment, it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five per cent of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

(1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.

(2) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment to any rule, regulation, or policy by submitting a petition signed by twenty-five percent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

(D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval date: 4/8/2011, 11/7/2014, 8/15/2023)

3335-43-14 Rules of construction.

(A) "Shall" as used herein is to be construed as mandatory.

(B) These bylaws should be construed to be gender neutral.

(Effective 6/14/2011 no board date given; was not 4/8/2011)

APPENDICES

APPENDIX I. COAT OF ARMS OF THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of The Ohio State University Hospitals shall be as follows:

The blazon of the arms of University Hospitals is a shield, 16th century style, on a field of gray surrounded by an "O" in scarlet with the words, "The Ohio State University Hospitals" in black.

The shield is embattled above the chief, with three azure towers. The shield is divided "fesse cotised," through the "fesse point" by three bars, "gemels of or" (gold), separated each by bars, "gemels of argent" (silver). The chief is "gules" (scarlet), impaled by a charge, "The Ohio State University Crest." The "O" is argent, the center is gules, impaled by a charge with the "or" book of knowledge, and the base of the "O" is impaled by a charge of a "buckeye leaf vert" (green).

The base is quartered per pale.

The dexter base is vertical with a charge, the staff of Aesculapius.

The sinistra base is azure with a charge, the Hospitalier's cross, gules.

The scroll contains the Latin motto: "Hospitale-Academia-Investigatus."

The use of the coat of arms of The Ohio State University Hospitals will be by all who are connected with University Hospitals.

APPENDIX II.

COAT OF ARMS OF THE MEDICAL STAFF
OF THE OHIO STATE UNIVERSITY HOSPITALS

The official coat of arms of the medical staff of The Ohio State University Hospitals shall be as follows: The shield on vertical narrow stripes, alternating silver and white, is square, parted per green (medicine) chevron. The dexter chief contains the golden oak leaf surmounted by the silver acorn representing the practice of medicine; the sinistra chief contains the multiple atomis circles representing research; the center base contains the golden book of knowledge encircled by the gray "O" from the crest of The Ohio State University and represents the teaching obligation of our staff. The scroll is gold, with the black lettering of the motto, "Eruditio A Scientia Exornata Miliorem Valetudinem Mortalibus Praestat" (knowledge enhanced by science assures better health for mankind).

Encircling the achievement are the words, "The Medical Staff" joined by a green buckeye leaf (symbol of the State of Ohio) to the words, "The Ohio State University Hospitals." Impaled in this "coat of arms" are the heritage of the State of Ohio and The Ohio State University with the obligation of teaching and research to provide and improve medical care. The use of this coat of arms of the medical staff shall be limited to duly appointed members of the medical staff and the staff organization.

The Ohio State University
Board of Trustees

December 4, 2025

APPROVAL OF AMENDMENTS TO THE *BYLAWS OF THE MEDICAL STAFF*

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: The amendments to the *Bylaws of the Medical Staff* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on September 19, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Bylaws of the Medical Staff* of the James Cancer Hospital.

Joint Bylaws Committee Meeting
University Hospitals and The James

August 21, 2025

Summary of Proposed Amendments

The James Bylaws

- Proposed changes to 3335-43-04 (Membership) and 3335-111-07 (Categories of the medical staff) describing the required period of active clinical practice from "two" years to "three" to bring in-line with current recredentialing cycles.

- Proposed addition of Contracted medical staff category in 3335-111-07(G) to align with Contracted medical staff category in University Hospitals Bylaws and to align with current workflow of Corporate Credentialing.

- Proposed addition of granting telemedicine privileges by proxy as permitted by Centers for Medicare and Medicaid Services Conditions of Participation and by Joint Commission standards – added at 3335-111-07(K)(11).

- Removal of outdated telemedicine privilege language in same paragraph. Telemedicine privileges for health system employed providers are now addressed on delineation of privilege forms.

The James Rules and Regulations

- Proposed deletion of "as verified by the attending medical staff member's signature" from Rule 10 (Medical records) at paragraph (A)(1)(a)(xii)(d) to remove this additional requirement that is not present in UH bylaws.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Chapter 3335-111 - *Bylaws of the Medical Staff* of the
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

Updated July 25, 2025

3335-111-01 Medical staff name.

The board of trustees of the Ohio state university, by official action, established "the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI)." Hereinafter, the abbreviation "CHRI" shall mean the Arthur G. James cancer hospital and Richard J. Solove research institute; the term "medical staff" shall refer to the medical staff of the cancer hospital and research institute. "The medical staff of the Arthur G. James cancer hospital and Richard J. Solove research institute" shall be the name of the hospital's medical staff organization. In accordance with rules 3335-109-01 to 3335-109-20 and 3335-104-07 of the Administrative Code, the Ohio state university Wexner medical center board (herein called "Wexner medical center board") has delegated to the medical staff of the CHRI the responsibility to prepare and recommend adoption of these bylaws.

(Board approval dates: 9/1/1993, 2/5/1999, 9/6/2002, 2/6/2004, 11/4/2005, 2/11/2011, 11/7/2014)

3335-111-02 Purpose.

The purpose of the self-governing, democratically organized medical staff, which is accountable to the Ohio state medical center board for the quality of care provided to the patients of the CHRI shall be:

(A) To maintain exemplary standards of medical care for all patients at the CHRI. To assure continuity of care and treatment for the individual patient throughout the course of his or her illness, and to assure ongoing support and care for cancer survivors. To commit to being responsive to the needs of all CHRI patients and to communicate compassionately and effectively concerning matters of patient care.

(B) To support and encourage research, with an emphasis on the prevention and treatment of cancer; to actively encourage patients to participate in clinical trials and other research, and to foster research programs to enhance and advance the educational and patient care programs.

(C) To support educational programs for health care and other professionals, patients and families, and the community, with an emphasis on cancer-related education; to elevate and advance the educational standards of our professions, including pre and post medical or osteopathic students, nursing students, students of the allied medical professions, and students of other health professional colleges.

(D) To provide a means to identify and review medical problems, assure adherence to regulatory and accreditation standards, review and revise policies and procedures; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, evaluation and discipline within the medical staff, and harmonious cooperation and understanding among the units comprising the CHRI.

(E) To govern medical staff credentialed practitioners and these Bylaws are not intended to and shall not create any contractual rights between the Ohio state university Wexner medical center and any practitioner. Any and all contracts of affiliation, association or employment shall control contractual and financial relationships between the Ohio state university Wexner medical center and such practitioners.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 11/4/2005, 9/18/2009, 10/29/2011, 4/8/2011, 4/6/2018)

3335-111-03 Patients.

(A) The continuous care and treatment of individual patients is the medical responsibility of the member of the attending, associate attending, clinical attending or community associate attending medical staff to whose care the patient is treated at or transferred to the CHRI, and to an allied health professional being granted clinical privileges under these bylaws.

(B) There shall be only one category or classification of patients in the CHRI, and those patients are the patients of the medical staff under whose care they are treated. Patients treated at the CHRI who, prior to treatment, have not requested or selected a member of the medical staff to attend them shall be assigned for their care and treatment to a member of the medical staff for their care and treatment.

(C) All patients treated at the CHRI should cooperate in, and, whenever applicable, participate in an approved cancer related protocol and knowingly participate in the teaching program of the college of medicine. Should a patient, or on the behalf of the patient, the patient's representative, refuse to participate or cooperate in the teaching program of the CHRI or the college of medicine, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs, but will simultaneously inform patients, or when appropriate, the patients representative, of their right to refuse participation.

(D) Students, including pre and post medical or osteopathic, but not limited thereto, shall be under the direction and control of the members of the medical staff to whom the patient is assigned for treatment within the CHRI. The CHRI respects the patient's right to participate in decisions about his or her care, treatment and services, and further respects the patient's rights to refuse care, treatment and services, in accordance with law and regulation.

(Board approval dates: 9/1/1993, 12/6/1996, 12/3/1999, 9/6/2002, 2/6/2004, 11/4/2005, 9/18/2009, 4/8/2011)

3335-111-04 Membership.

(A) Qualifications.

(1) Membership on the medical staff of the CHRI is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, handicap, genetic information or veteran/military status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same policies and procedures as all other applicants for the medical staff.

(2) All members of the medical staff of the CHRI, except physician scholar medical staff, shall be members of the faculty of the Ohio state university college of medicine, or in the case of dentists, of the Ohio state university college of dentistry, and shall be duly licensed or certified to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, or an unrestricted license from the applicable state board based on the eligibility criteria defined by that board. All members of the medical staff and limited staff and licensed health care professionals with clinical privileges shall comply with provisions of state law and the regulations of the respective state medical board or other state licensing board if applicable. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of

their profession, dedication to educational and research goals and ability to work with others with sufficient adequacy to assure the Wexner medical center board and the board of trustees of the Ohio state university that any patient treated by them at the CHRI will be given high quality medical care provided at CHRI, shall be qualified for eligibility for membership on the medical staff of the CHRI. CHRI medical staff members shall also hold appointments to the medical staff of the Ohio state university hospitals for consulting purposes. Loss of such appointment shall result in immediate termination of membership on the CHRI medical staff and immediate termination of clinical privileges as of the effective date of the Ohio state university hospitals appointment termination. This consequence does not apply to an individual's suspension for completion of medical records. If the medical staff member regains an appointment to the Ohio state university hospitals medical staff, the affected medical staff member shall be eligible to apply for CHRI medical staff membership at that time. All applicants for membership, clinical privileges, and members of the medical staff must provide basic health information to fully demonstrate that the applicant or member has, and maintains, the ability to perform requested clinical privileges. The director of medical affairs of the CHRI, the medical director of credentialing, the department chairperson, the credentialing committee, the medical staff administrative committee, the quality and professional affairs committee of the Ohio state university Wexner medical center board, or the Ohio state university Wexner medical center board may initiate and request a physical or mental health evaluation of an applicant or member. Such request shall be in writing to the applicant.

(3) All members of the medical staff and licensed health care professionals will comply with medical staff and the CHRI policies regarding employee and medical staff health and safety, provision of uncompensated care, and will comply with appropriate administrative directives and policies which, if not followed, could adversely impact overall patient care or may adversely impact the ability of the CHRI employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff and licensed health care professionals shall agree to comply with bylaws, rules and regulations, and policies and procedures adopted by the medical staff administrative committee and the Wexner medical center board, including but not limited to policies on professionalism, behaviors that undermine a culture of safety. Annual education and training approved by the medical staff administrative committee or as required by the CHRI to meet accreditation standards, federal regulations, or quality and safety goals is required for medical staff members with clinical privileges in addition to conflict of interest disclosures. Medical staff members and licensed health care professionals must also comply with the university integrity program requirements including but not limited to billing, self-referral, ethical conduct and annual education. Medical staff members and licensed health care professionals with clinical privileges must immediately disclose to the chief medical officer and the department chairperson the occurrence of any of the following events: a licensure action in any state, any malpractice claims filed in any state or an arrest by law enforcement.

(4) All members of the medical staff and credentialed providers must maintain continuous uninterrupted enrollment with all governmental healthcare programs. This includes any federal and state government programs.

(a) It shall be the duty of all medical staff members and credentialed providers to promptly inform the chief medical officer and the corporate credentialing office of any investigation, action taken, or the initiation of any process which could lead to an action taken by any governmental program.

(b) Exclusion of any medical staff member or credentialed provider from participation in any federal or state government program or suspension from participation, in whole or in part, in any federal or state government reimbursement program, shall result in immediate lapse of membership on the medical staff of the CHRI and the immediate

lapse of clinical privileges at the CHRI as of the effective date of the exclusion or suspension. Medical staff members may submit a request to resign their medical staff membership to the Chief Medical Officer in lieu of automatic termination. The resignation in lieu of automatic termination shall be discussed at the next credentialing committee and medical staff administrative committee in order to provide recommendations to the Quality and Professional Affairs Committee of the Wexner Medical Center Board. A final determination should be decided by the Quality and Professional Affairs Committee at its next regular meeting.

(c) If the medical staff member's or credentialed provider's participation in all governmental programs is fully reinstated, the affected medical staff member or credentialed provider shall be eligible to apply for membership and clinical privileges at that time.

(5) Board certification.

An applicant for membership shall at the time of appointment or reappointment, be board certified in his or her specialty. This board certification must be approved by the American board of medical specialties, or other applicable certifying boards for doctors of osteopathy, podiatry, psychology, and dentistry. All applicants must be certified within the specific areas for which they have requested clinical privileges. Applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for medical staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of their residency or fellowship training. Applicants must maintain board certification and, to the extent required by the applicable specialty/subspecialty board, satisfy recertification requirement. Recertification will be assessed at reappointment. Failure to meet or maintain board certification shall result in termination of membership on the medical staff of the CHRI.

(6) All applicants must demonstrate recent clinical activity in their primary area of practice during the last ~~two~~three years to satisfy minimum threshold criteria for privileges within their clinical departments.

(7) Waiver requests for the threshold eligibility requirements listed in paragraphs (A)(4) to (A)(6) of this rule may be requested and considered as follows:

(a) A request for a waiver will only be considered if the applicant provides information sufficient to satisfy his or her burden to demonstrate that his or her qualifications are equivalent to or exceed the criterion in question and that there are exceptional circumstances that warrant a waiver. The clinical department chief must endorse the request for waiver in writing to the credentialing committee.

(b) The credentialing committee may consider supporting documentation submitted by the prospective applicant, any relevant information from third parties, input from the relevant clinical department chiefs, and the best interests of the hospital and the communities it serves. The credentialing committee will forward its recommendation, including the basis for such, to the medical staff administrative committee.

(c) The medical staff administrative committee will review the recommendation of the credentialing committee and make a recommendation to the Wexner medical center board regarding whether to grant or deny the request for a waiver and the basis for its recommendation.

(d) The Wexner medical center board determination regarding whether to grant a waiver is final. A determination not to grant a waiver is not a denial of appointment or clinical privileges and does not give rise to a right to a hearing. The prospective applicant who requested the waiver is not entitled to a hearing. A determination to grant a waiver in a particular case is not intended to set a precedent for any other applicant. A determination to grant a waiver does not mean that an appointment will be granted.

(e) Waivers of threshold eligibility criteria will not be granted routinely. No applicant is entitled to a waiver or to a hearing if a waiver is not granted.

(f) Waivers to requirements prescribed by regulatory, accrediting, or other external agencies will not be granted.

(8) Resignation, termination or non-reappointment to the faculty of the Ohio state university shall result in immediate termination of membership on the medical staff of the CHRI for attending, associate attending and clinical attending staff members.

(9) Any staff member whose membership has been terminated pursuant to paragraph (A)(4) or (A)(5) of this rule shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code. Any allied health professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may not request an appeal in accordance with paragraph (J)(8)(i) of rule 3335-111-07 of the Administrative Code.

(10) No applicant shall be entitled to medical staff membership and or clinical privileges merely by the virtue of fulfilling the above qualifications or holding a previous appointment to the medical staff.

(B) Application for membership.

Initial application for all categories of medical staff membership shall be made by the applicant to the clinical department chief or designee on forms prescribed by the medical staff administrative committee, stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the qualifications are fulfilled as outlined in paragraph (A) of this rule. See paragraph (E)(1) of rule 3335-111-07 of the Administrative Code for exceptions to signature requirements. The application shall include written statements by the applicant that commit the applicant to abide by the bylaws, rules and regulations and policies and procedures of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university. The applicant shall produce a government issued photo identification to verify his/her identity pursuant to hospital/medical staff policy. The applicant for medical staff membership shall agree that membership requires participation in and cooperation with the peer review processes of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in these review processes as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment.

Initial appointment to the medical staff, except for the honorary category, shall be for a period not to exceed thirty-six months. An appointment or grant of privileges for a period of less than twenty-four months shall not be deemed an adverse action. During the first six months of the initial appointment, except medical staff appointments without clinical privileges, appointees shall be subject to focused

professional practice evaluation (FPPE) in order to evaluate the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization pursuant to these bylaws. FPPE requires the evaluation by the clinical department chief with oversight by the credentials committee and the medical staff administrative committee.

The provisional appointee identifies the primary hospital. Following the six month FPPE period, the clinical department chief may:

(1) recommend the initial appointee to transition to ongoing professional practice evaluation (OPPE), which is described later in these bylaws to the medical staff administrative committee;

(2) extend the FPPE period, which is not considered an adverse action, for an additional six months not to exceed a total of twelve months for purposes of further monitoring and evaluation; or

(3) terminate the initial appointee's medical staff membership and clinical privileges. In the event that the medical staff administrative committee recommends that an adverse action be taken against an initial appointee, the initial appointee shall be entitled to the provisions of due process as outlined in these bylaws.

(D) Professional ethics.

The code of ethics as adopted, or as may be amended, by the American medical association, the American dental association, the American osteopathic association, the American psychological association, the American college of surgeons, or the American podiatric medical association shall usually govern the professional ethical conduct of the respective members of the medical staff.

(E) Procedure for appointment.

(1) The completed and signed application for membership of all categories of the medical staff as defined in rule 3335-111-07 of the Administrative Code, shall be presented to the clinical department chief or designee. The applicant shall include in the application a signed statement indicating the following:

(a) If the applicant should be appointed to a category of the CHRI medical staff, the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of the trustees of the Ohio state university.

(b) The applicant consents to be interviewed in regard to the application.

(c) The applicant authorizes the CHRI to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.

(d) The applicant consents to the CHRI's inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical and educational privileges which the applicant is seeking as well as the applicant's professional and ethical qualifications for medical staff membership.

(e) The applicant releases from any liability:

(i) All representatives of the CHRI for acts performed in connections with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith and without malice; and

(ii) All third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the CHRI staff, the medical center board members, and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith and without malice.

(f) The applicant has an affirmative duty to disclose any prior termination, voluntary or involuntary, current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(g) The applicant further agrees to disclose to the director of medical affairs or the medical director of credentialing the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(h) The applicant agrees that acceptance of an appointment to any category of the CHRI medical staff authorizes the CHRI to conduct any appropriate health assessment including, but not limited to, drug or alcohol screens on a practitioner before granting of privileges and at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the director of medical affairs of the CHRI or their authorized designees.

(2) The purpose of the health assessment shall be to ensure that the applicant or appointee to the CHRI medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the applicant or appointee would or is permitted to exercise by reason of medical staff appointment. If, at the time of the initial request for a health assessment, and at any time an appointee refuses to participate as needed in a health assessment, including, but not limited to, a drug or alcohol screening, this shall result in automatic lapse of membership, privileges, and prerogatives until remedied by compliance with the requested health assessment. Upon request of the medical staff administrative committee or the Wexner medical center board, the applicant or appointee will provide documentation of their physical/mental status with sufficient adequacy to demonstrate that any patient treated by the applicant or appointee will receive efficient and quality care at a professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as an appointee to the medical staff.

(3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, the applicant signs the application and the information is verified. A completed application must contain:

(a) Peer recommendations from at least three individuals with first hand knowledge about the applicant's clinical and professional skills within the last year;

(b) Evidence of required immunizations;

(c) Evidence of current professional medical malpractice liability coverage required for the exercise of clinical privileges;

(d) Satisfaction of ECFMG requirements, if applicable. If an individual receives a conceded eminence certificate or a clinical research faculty certificate from the state medical board of Ohio, the requirement for ECFMG certification may be waived at the discretion of the Wexner medical center board.

(e) Verification by primary source documentation of:

(i) Current and previous state licensure, and

(ii) Faculty appointment, when applicable.

(iii) DEA registrations, when required for the exercise of requested clinical privileges;

(iv) Graduation from an accredited professional school, when applicable;

(v) Successful completion or record of post professional graduate medical education;

(vi) Board certification or, active candidacy for board certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.

(f) Information from the national practitioner data bank and other JCAHO approved sources;

(g) Verification that the applicant has not been excluded from any federally funded health care program; and

(h) Complete disclosure by the applicant of all past and current claims, suits, verdicts, and settlements, if any.

(i) Completion of a criminal background investigation that meets the requirements of the Wexner medical center.

(j) Completion of drug testing for substances required for individuals applying for clinical privileges and in accordance with Wexner medical center approved testing protocols.

(k) Verification of completion of specific competencies required for clinical privileges, as approved by the Medical Staff Administrative Committee and maintained in the provider's credentials files. All other required annual online learnings must be completed within sixty days of employment.

(l) Demonstration of recent active clinical practice during the last two years required for exercise of clinical privileges.

(m) Attestation of current Ohio automated Rx reporting system ("OARRS") account for all applicants who have a DEA registration.

(4) The clinical department chief shall be responsible for investigating and verifying the character, qualifications and professional standing of the applicants by making inquiry of the

primary source of such information and shall within thirty days of receipt of the completed application, submit a report of those findings along with a recommendation on medical staff membership and clinical privileges to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of applications for associates to the medical staff.

(5) The department chairperson and/or division director shall receive all initial signed and verified applications from the appropriate clinical department chief and shall make a recommendation to the medical director of credentialing on each application. The medical director of credentialing shall make an initial determination as to whether the application is complete. The credentials committee, the medical staff administrative committee, the quality and professional affairs committee, and the Wexner medical center board have the right to render an application incomplete, and therefore not able to be processed, if the need arises for additional or clarifying information. The medical director of credentialing shall forward all completed applications to the credentials committee.

(6) The applicants shall have the burden of producing information for an adequate evaluation of his/her qualifications for membership and for the clinical privileges requested. If the applicant fails to complete the prescribed forms or fails to provide the information requested within sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn, action which is not subject to hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(7) If the clinical department chief does not submit a report and recommendation on a timely basis, the completed application shall be forwarded to the medical director of credentialing for presentation to the credentials committee on the same basis as other applicants.

(8) Completed applications shall be acted upon as follows:

(a) By the credentials committee within thirty days after receipt of a completed application from the medical director of credentialing;

(b) By the medical staff administrative committee within thirty days after receipt of a completed application and the report of the recommendation of the credentials committee;

(c) By the quality and professional affairs committee of the Wexner medical center board;

(d) By the Wexner medical center board within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee; and

(e) By the Wexner medical center board, or a subcommittee of the Wexner medical center board if eligible for expedited credentialing, within one hundred twenty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

(9) These time periods are deemed guidelines only and do not periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights create any right to have an application processed within these precise specified in rule 3335-111-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

(10) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the clinical department chief's report and recommendation, and other relevant information. The credentials committee shall examine the character, professional competence, professional conduct, qualifications, and ethical standing of the applicant and shall determine, through information contained in the personal references and from other sources available, whether the applicant established and met all of the necessary qualifications for the category of the medical staff and clinical privileges requested.

(11) The credentials committee shall, within thirty days from receipt of a completed application, make a recommendation to the medical director of credentialing that the application be accepted, rejected or modified. The medical director of credentialing shall forward the recommendation of the credentials committee to the medical staff administrative committee. The credentials committee or the medical director of credentialing may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session.

(12) The recommendation of the medical staff administrative committee regarding an appointment decision shall be made within thirty days of receipt of the credentials committee recommendation and shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the respective department chairperson and/or division director.

(13) At any time, the medical staff administrative committee first recommends non-appointment of an initial applicant for any category of the medical staff or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the medical director of credentialing to notify the applicant by certified return receipt mail that applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-111-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-111-06 of the Administrative Code. If a hearing is properly requested, the applicant shall be subject to the rights and responsibilities of rule 3335-111-06 of the Administrative Code. If an applicant fails to properly request a hearing, the medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

(14) The director of medical affairs, who may make a separate recommendation to the Wexner medical center board, shall directly communicate the final recommendation of the medical staff administrative committee to the Wexner medical center board. When the Wexner medical center board has acted, the director of medical affairs will transmit the final decision to the clinical department chief, the applicant, the respective department chairperson and/or division director, and the Ohio state university board of trustees.

(F) Procedure for reappointment.

(1) Reappointment for all categories of the medical staff shall be for a period not to exceed thirty-six months. An appointment or grant of privileges for a period of less than thirty-six months shall not be deemed an adverse action. At least ninety days prior to the end of the medical staff member' or licensed allied health professional's appointment period, the clinical department chief shall provide each individual with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee.

(2) The reappointment application shall include all information necessary to update and evaluate the qualification of the applicant. The clinical department chief shall review the information available on each applicant for reappointment and shall make recommendations regarding reappointment to the medical staff and for granting of privileges for the ensuing appointment period. The clinical department chief's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the appropriate department chairperson and/or division director at least forty-five days prior to the end of the individual's appointment. The terms of paragraphs (A), (B), (C), (D), (E)(1), and (E)(2) of this rule shall apply to all applicants for reappointment. Only completed applications for reappointment shall be considered by the credentials committee.

(3) An application for reappointment is complete when all the information requested on the reappointment application is provided, the reappointment form is signed by the applicant, and the information is verified, and no need for additional or clarifying information is identified. A completed reappointment application must contain:

(a) Evidence of current professional medical malpractice liability insurance required for the exercise of clinical privileges;

(b) Verification by primary source documentation of state licensure;

(c) DEA registration when required for clinical privileges as requested;

(d) Successful completion or record of any additional post graduate medical or professional education not submitted since initial or last appointment;

(e) Board certification, recertification, or continued active candidacy for certification or applicant qualifies for a waiver pursuant to paragraph (A)(5) of this rule.

(f) Information from the national practitioner data bank;

(g) Verification that the applicant has not been excluded from any federally funded health care program;

(h) Specific requests for any changes in clinical privileges sought at reappointment with supporting documentation as required by credentialing guidelines;

(i) Specific requests for any changes in medical staff category;

(j) A summary of the member's clinical activity during the previous appointment period;

(k) Verification of completion of any annual education requirements approved by the medical staff administrative committee and maintained in the chief medical officer's office;

(l) Complete disclosure by individuals of claims, suits, verdicts and settlements, if any since last appointment; and

(m) Continuing medical education and applicable continuing professional education activities: documentation of category one CME that, at least in part, relates to the individual medical staff member's specialty or subspecialty area and is consistent with the licensing requirements of the applicable Ohio state licensing board shall be required.

(n) Attending physicians only: submit information summarizing clinical research activities with each application.

(o) Attestation of current OARRS account for all applicants who have a DEA registration.

(4) The applicant for reappointment shall be required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The clinical department chief shall review and evaluate the reappointment application and the supporting documentation. The clinical department chief shall evaluate all matters relevant to recommendation, including: the applicant's professional competence; clinical judgment; clinical or technical skills; ethical conduct; participation in medical staff affairs, if applicable; compliance with the bylaws, rules and regulations of the medical staff, the Wexner medical center board, and the board of trustees of the Ohio state university; cooperation with the CHRI hospitals personnel and the use of the CHRI hospital's facilities for patients; relations with other physicians other health professionals or other staff; maintenance of a professional attitude toward patients; and the responsibility to the CHRI and the public.

(5) The clinical department chief shall submit a report of those findings along with a recommendation on reappointment to the applicant's respective CHRI department chairperson and/or division director. Licensed allied health professional applicants will have their clinical department chief's report submitted to the subcommittee of the credentials committee charged with review of application for associates to the medical staff. The department chairperson and/or division director shall review the reappointment application and forward to the medical director of credentialing with a recommendation for reappointment. The medical director of credentialing shall forward the reappointment forms and the recommendations of the clinical department chief and department chairperson and/or division director to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority, as an original application for medical staff membership. The credentials committee shall review all aspects of the reappointment application including source verification of the member's quality assurance record for continuing membership qualifications and for continuing clinical privileges. The credentials committee shall review each member's performance-based profile to ensure that all medical staff members deliver the same level of quality of care with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

(6) The credentials committee shall forward its recommendations to the medical director of credentialing at least thirty days prior to the end of the period of appointment for the individual. The medical director of credentialing shall transmit the completed reappointment application and recommendation of the credentials committee to the medical staff administrative committee.

(7) Failure of the member to submit a reappointment application shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges at the end of the medical staff member's current appointment period, action which shall not be subject to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically terminated shall be processed as a new appointment.

(8) Failure of the clinical department chief to act in a timely manner on an application for reappointment shall be the same as provided in paragraph (E)(7) of this rule.

(9) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for appointment to the medical staff and shall accept, reject, or modify the request for reappointment in the same

manner and with the same authority as an original application. The recommendation of the medical staff administrative committee regarding reappointment shall be communicated by the medical director of credentialing, along with the recommendation of the director of medical affairs, to the quality and professional affairs committee of the Wexner medical center board, and thereafter to the Wexner medical center board. When the Wexner medical center board has acted, the chair of the Wexner medical center board shall instruct the director of medical affairs to transmit the final decision to the clinical department chief, the applicant, and the department chairperson and/or division director.

(10) When the decision of the medical staff administrative committee results in a decision of non-reappointment or reduction, suspension, or revocation of clinical privileges, the medical staff administrative committee shall instruct the medical director of credentialing to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the appeal process shall occur prior to an adverse decision unless the provisions outlined in paragraph (C) of rule 3335-111-06 of the Administrative Code apply. The notice by the medical director of credentialing shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.

(11) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any hearing or appeal as provided in rule 3335-111-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter. If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(G) Resumption of clinical activities following a leave of absence:

(1) A member of the medical staff or credentialed provider shall request a leave of absence in writing for good cause shown such as medical reasons, educational and research reasons or military service to the chief of clinical service and the director of medical affairs. Such leave of absence shall be granted at the discretion of the chief of the clinical service and the director of medical affairs provided, however, such leave shall not extend beyond the term of the member's or credentialed provider's current appointment. A member of the medical staff or credentialed provider who is experiencing health problems that may impair his or her ability to care for patients has the duty to disclose such impairment to his or her chief of clinical department and the director of medical affairs and the member or credentialed provider shall be placed on immediate medical leave of absence until such time the member or credentialed provider can demonstrate to the satisfaction of the director of medical affairs that the impairment has been sufficiently resolved and can request for reinstatement of clinical activities. During any leave of absence, the member or credentialed provider shall not exercise his or her clinical privileges, and medical staff responsibilities and prerogatives shall be inactive.

(2) The member or credentialed provider must submit a written request for the reinstatement of clinical privileges to the chief of the clinical service. The chief of the clinical service shall forward his recommendation to the credentialing committee which, after review and consideration of all relevant information, shall forward its recommendation to the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board. The credentials committee, the director of medical affairs, the medical director of credentialing, the chief of the clinical service or the medical staff administrative committee shall have the authority to require any documentation, including advice and consultation from the member's or credentialed provider's treating physician or the committee for practitioner health that might have a bearing on the medical staff member's

or credentialed provider's ability to carry out the clinical and educational responsibilities for which the medical staff is seeking privileges. Upon return from a leave of absence for medical reasons the medical staff member or credentialed provider must demonstrate his or her ability to exercise his or her clinical privileges upon return to clinical activity.

(3) All members or credentialed providers of the medical staff who take a leave of absence for medical or non-medical reasons must be in good standing on the medical staff upon resumption of clinical activities. No member shall be granted leave of absence in excess of his or her current appointment and the usual procedure for appointment and reappointment, including deadlines for submission of application as set forth in this rule will apply irrespective of the nature of the leave. Absence extending beyond his or her current term of failure to request reinstatement of clinical privileges shall be deemed a voluntary resignation from the medical staff and of clinical privileges, and in such event, the member or credentialed provider shall not be entitled to a hearing or appeal.

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 2/6/2004, 11/4/2005, 8/6/2007, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 6/6/2014, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 8/15/2023)

3335-111-05 Peer review and corrective action

(A) Informal peer review.

(1) All medical staff members agree to cooperate in informal peer review activities that are solely intended to improve the quality of medical care provided to patients at the CHRI.

(2) Information indicating a need for informal review, including patient complaints, disagreements, questions of clinical competence, inappropriate conduct and variations in clinical practice identified by the clinical departments or divisions and medical staff committees shall be referred to the chair of the practitioner evaluation committee.

(3) The practitioner evaluation committee chair or his or her designee may obtain information or opinions from medical staff members or credentialed providers as well as external peer review consultants pursuant to criteria outlined in these bylaws. The information or opinions from the informal peer review may be presented to the practitioner evaluation committee or another designated peer review committee.

(4) Following the assessment by the practitioner evaluation committee chair or his or her designee, the practitioner evaluation committee may make recommendations for educational actions of additional training, sharing of comparative data or monitoring or provide other forms of guidance to the medical staff member to assist him or her in improving the quality of patient care. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing.

(5) At the conclusion of the evaluation, the practitioner evaluation committee chair or his or her designee submits a report to the applicable clinical department chief and the director of medical affairs. The clinical department chief and the director of medical affairs shall evaluate the matter to determine the appropriate course of action. They shall make an initial written determination on whether:

(a) The matter warrants no further action;

(b) Informal resolution under this paragraph is appropriate. The clinical department chief and the director of medical affairs shall determine whether to include documentation of the

informal resolution in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the file. Informal review under this paragraph is not a procedural prerequisite to the initiation of formal peer review under paragraph (B) of this rule; or

(c) Formal peer review under paragraph (B) of this rule is warranted. In cases where the clinical department chief and director of medical affairs cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule.

(B) Formal peer review.

(1) Formal peer review may be requested in more serious situations or where informal review has not resolved an issue or whenever the activities or professional conduct of a member of the medical staff of the CHRI:

(a) Violates the standards or aims of the medical staff or standards of professional conduct;

(b) Is considered to be disruptive to the operation of the CHRI;

(c) Violates the bylaws, rules and regulations of the medical staff, the Wexner medical center board, or the board of trustees of the Ohio state university;

(d) Violates state or federal law; or

(e) Is detrimental to patient safety or to the delivery of patient care within the CHRI.

(2) Formal peer review may be initiated by the clinical department chief, the department chairperson and/or division director, the director of medical affairs, any member of the medical staff, the chief executive officer of the CHRI, the dean of the college of medicine, any member of the Wexner medical center board, or the vice president for health services. All requests for formal peer review shall be in writing, shall be submitted to the director of medical affairs, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.

(3) The director of medical affairs shall promptly notify the affected member of the medical staff, in a confidential manner, that a request for formal peer review has been made, and inform the member of the specific activities or conduct which constitute grounds for the requested action. The director of medical affairs shall verify the facts related to the request for formal peer review, and within thirty days, make a written determination. If the director of medical affairs decides that no further action is warranted, the director of medical affairs shall notify the person(s) who filed the request for formal peer review and the member accused, in writing, that no further action would be taken.

(4) Whenever the director of medical affairs determines that formal peer review is warranted and that a reduction, suspension or revocation of clinical privileges could result, the director of medical affairs shall refer the request for formal peer review to the formal peer review committee. The affected member of the medical staff shall be notified of the referral to the formal peer review committee, and be informed that these medical staff bylaws shall govern all further proceedings. The executive vice president for health sciences or designee shall exercise any or all duties or responsibilities assigned to the director of medical affairs under these rules for implementing corrective action and appellate procedure only if:

(a) The director of medical affairs is the medical staff member charged;

(b) The director of medical affairs is responsible for having the charges brought against another medical staff member; or

(c) There is an obvious conflict of interest.

(5) The formal peer review committee shall investigate every request and shall report in writing its findings and recommendations for action to the appropriate clinical department chief and notice given to the division director. In making its recommendation the formal peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making its report, the medical staff member against whom the action has been requested shall be afforded an opportunity for an interview with the formal peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for formal peer review, and shall be afforded the opportunity to discuss, explain or refute the allegations against the medical staff member. The medical staff member may furnish written or oral information to the formal peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview. The written findings and recommendations for action is expected to be submitted within 90 days, unless an extension is deemed necessary by the committee.

(6) Upon receipt of the written report from the formal peer review committee, the appropriate clinical department chief shall make his or her own written determination and forward that determination along with the findings and recommendations of the formal peer review committee to the director of medical affairs, or if required by paragraph (B)(3) of this rule, to the executive vice president for health sciences or designee.

(7) Following receipt of the recommendation from the clinical department chief and the report from the formal peer review committee, the director of medical affairs, or the executive vice president for health sciences or designee, shall approve or modify the determination of the clinical department chief. Following receipt of the report of the clinical department chief, the director of medical affairs or executive vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as should result in a reduction, suspension or revocation of clinical privileges. If the director of medical affairs, or executive vice president for health sciences or designee, decides the grounds are not substantiated, the director of medical affairs will notify the formal peer review committee; clinical department chief and if applicable, the academic department chairperson; division director; person(s) who filed the complaint and the affected medical staff member, in writing, that no further action will be taken.

In the event the director of medical affairs or executive vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the director of medical affairs shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's right to request a hearing before the medical staff administrative committee pursuant to rule 3335-111-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member’s failure to request a hearing in the timeframe prescribed in rule 3335-111-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-111-06 of the Administrative Code; and a copy of the rule 3335-111-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the director of

medical affairs shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(8) If the affected member of the medical staff does not make a written request for a hearing to the director of medical affairs within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

(9) If a timely, written request for hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(C) Composition of the formal peer review committee.

(1) When the determination that formal peer review is warranted is made, the clinical department chief shall select three members of the medical staff to serve on a formal peer review committee.

(2) Whenever the questions raised concern the clinical competence of the member under review, the clinical department chief shall select members of the medical staff to serve on the formal peer review committee who shall have similar levels of training and qualifications as the member who is subject to formal peer review.

(3) An external review consultant may serve as a member of the formal peer review whenever:

(a) A determination is made by the clinical department chief and the director of medical affairs that the clinical expertise needed to conduct the review is not available on the medical staff;

(b) The objectivity of the review may be compromised due to economic considerations; or

(c) Whenever the director of medical affairs determines that an external review is otherwise advisable.

If an external reviewer is recommended, the clinical department chief shall make a written recommendation to the director of medical affairs for selection of an external reviewer. The director of medical affairs shall make the final selection of an external reviewer.

(D) Summary suspension.

(1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of clinical privileges immediately suspended or appointment terminated by the chief executive officer or department chairperson and/or division director, whenever such action must be taken when there is imminent danger to patients or to the patient care operations. Such summary suspension shall become effective immediately upon imposition and the chief executive officer will subsequently notify the medical staff member in writing of the suspension. Such notice shall be by certified return receipt mail to the affected medical staff member's last known address as determined by university records.

(2) A medical staff member whose privileges have been summarily suspended or whose appointment has been terminated shall be entitled to appeal the suspension pursuant to rule 3335-111-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the chief executive officer within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the affected member's right to

any review by the medical staff administrative committee of which the member might otherwise been entitled. If a timely, written request for a hearing is made, the procedures set forth in rule 3335-111-06 of the Administrative Code shall apply.

(3) Immediately upon the imposition of a summary suspension, the chief executive officer in consultation with the appropriate department chairperson and/or division director, shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the hospital at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension and termination.

(1) Notwithstanding the provisions of this rule, a temporary lapse of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the chief executive officer after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff.

(2) Action by the state boards of licensure revoking or suspending a medical staff member's licensure or placing the member on probation shall automatically impose the same restrictions to that member’s CHRI medical staff privileges.

(3) Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurer, shall result in immediate and automatic suspension of a medical staff member’s appointment and privileges until such time as proof of appropriate insurance coverage is furnished. In the event such proof is not provided within ten days of notice of such suspension, the medical staff member or credentialed provider shall be deemed to no longer comply with medical staff requirements under 3335-111-04 and automatically relinquish his or her appointment and privileges.

(4) Upon exclusion, debarment, or other prohibition from participation in any state or federal health care reimbursement program, or a federal procurement or non-procurement program, the medical staff member’s appointment and privileges shall immediately and automatically terminate, unless resignation in lieu of automatic termination is permitted pursuant to rule 3335-43-04(A)(4).

(5) If a medical staff member pleads guilty to or is found guilty of a felony which involves violence or abuse upon a person, conversion, embezzlement, or misappropriation of property; fraud, bribery, evidence tampering, or perjury; or a drug offense, the medical staff member’s appointment and privileges shall be immediately and automatically terminated.

(6) Whenever a medical staff member’s drug enforcement administration (DEA) or other controlled substances number is revoked, he or she shall be immediately and automatically divested of his or her right to prescribe medications covered by the number.

(7) When a medical staff member's DEA or other controlled substances number is suspended or restricted in any manner, his or her right to prescribe medications covered by the number is similarly automatically suspended or restricted during the term of the suspension or restriction.

(8) No medical staff member shall be entitled to the procedural rights set forth in rule 3335-111-06 of the Administrative Code as a result of an automatic suspension or termination. As soon

as practicable after the imposition of an automatic suspension, the medical staff administrative committee shall convene to determine if further corrective action is necessary. Any further action with respect to an automatic suspension must be taken in accordance with this rule.

(Board approval dates: 9/1/1993, 5/2/1997, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2011, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018)

3335-111-06 Hearing and appellate review procedure.

(A) Right to hearing before the medical staff administrative committee and to appellate review.

(1) When a member of the medical staff has exhausted remedies under paragraph (F) of rule 3335-111-04 of the Administrative Code on reappointments; or under rule 3335-111-05 of the Administrative Code for corrective action; or who has been summarily suspended under paragraph (D) of rule 3335-111-05 of the Administrative Code, the staff member shall be entitled to an adjudicatory hearing.

(2) A medical staff member shall not be entitled to a hearing under the following circumstances:

(a) Denial of the Wexner medical center board to grant a waiver of board certification for a medical staff member.

(b) Termination of a medical staff member because of exclusion from participation in any government reimbursement program.

(c) Voluntary withdrawal of a medical staff application.

(d) Failure to submit a reappointment application.

(e) A leave of absences extending beyond current appointment or failure to request reinstatement of clinical privileges following a leave of absence.

(f) Actions or recommendations resulting from an informal peer review.

(3) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

(1) The request for a hearing shall be submitted in writing by the affected medical staff member to the chief executive officer within thirty days of notifications by the chief executive officer of the intended action. The chief executive officer shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.

(2) The failure of a medical staff member to request a hearing to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the member's right to any review by the medical staff administrative committee to which the member might otherwise been entitled. The chief executive officer shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of the Wexner medical center board as provided for in paragraph (E) of this rule. The chief executive officer shall promptly inform the affected medical staff member

that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

(1) After receipt of a timely request for hearing by the chief executive officer from a medical staff member entitled to such hearing, the medical staff administrative committee shall be notified of the request for hearing by the chief executive officer, and shall at the next scheduled meeting take the following action:

(a) Instruct the director of medical affairs and chief of staff to jointly appoint within seven days a hearing committee, consisting of three to five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.

(b) Instruct the hearing committee to schedule and arrange for a hearing which hearing shall be conducted not less than thirty nor more than sixty days from the date of the receipt of the request for a hearing by the chief executive officer. However, an initial hearing or meeting for a medical staff member who is under summary suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.

(2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that the medical staff member may waive this notice in writing. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative medical records or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the hearing committee during the hearing.

(D) Conduct of hearing.

(1) The hearing committee shall select a chairperson from the committee to preside over the hearing. The chairperson may require a representative for the individual and for the medical staff administrative committee (or the Wexner medical center board) to participate in a pre-hearing conference. At the pre-hearing conference, the chairperson shall resolve all procedural questions, including any objections to exhibits or witnesses, the role of legal counsel, and determine the time to be allotted to each witness's testimony and cross-examination. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than two members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken the action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a de novo hearing, although evidence of the prior recommendations and decisions may be presented.

(2) An accurate record of the hearing shall be kept. The record shall be done by the use of a professional stenographer. This record shall be available to the affected member of the medical staff upon request at the affected member's expense.

(3) The personal presence of the medical staff member for whom the hearing has been scheduled shall be required. A medical staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived the right to appear and to have a hearing before the medical staff administrative committee in the same manner as provided in paragraph (B) of this rule, and to have accepted the adverse recommendation or decision involved and the same shall therein become and remain in effect as provided in paragraph (B) of this rule. The hearing committee may, at its own discretion, proceed with the hearing without the medical staff member and impose a sanction.

(4) Postponements of hearings beyond the time set forth in this chapter shall be made only with the approval of the medical staff administrative committee. Granting of such postponement shall be only for good cause shown.

(5) The hearing need not be conducted strictly according to the rules of law related to the examination of witnesses or presentation of evidence. Any relevant matters upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The member of the medical staff for whom the hearing is being held shall, prior to, or during the hearing, be entitled to submit memoranda concerning any issues of procedure or of fact and such memoranda shall become a part of the hearing record.

(6) The affected medical staff member shall have the following rights: to be represented by an attorney at law and to call and examine witnesses; to introduce evidence; to cross-examine any witnesses on any matter relevant to the issue of the hearing; and to challenge any witness and to rebut any evidence. If the medical staff member does not testify in his/her own behalf, the member may be called and examined as if under cross-examination.

(7) The hearing committee shall request the person who has taken the action from which the affected medical staff member has requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any party's witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written.

(8) The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The hearing committee shall make its best effort to expeditiously determine the issues presented. The hearing committee may limit its proceedings when sufficient material has been received. The parties may be required to provide evidence in oral or written form. Upon conclusion of the presentation of evidence the hearing shall be closed. The hearing committee may there upon, at a time convenient to itself, conduct its deliberations outside the presence of the medical staff member for whom the hearing was convened.

(9) Within sixty days after its appointment, unless otherwise extended by the medical staff administrative committee, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation presented by the parties to the medical staff administrative committee. The affected member shall be notified of the recommendation of the hearing committee including a statement of

the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or lesser sanction than that recommended by the hearing committee.

(10) Within fourteen days after the conclusion of the taking of all evidence and of all hearings, the medical staff administrative committee shall make a written report of its findings and its recommendation and shall forward the same together with the hearings record and all other documentation to the chairperson of the Wexner medical center board. Notice of that decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records by the director.

(11) The decision and record of the medical staff administrative committee shall be transmitted to the quality and professional affairs committee of the Wexner medical center board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The quality and professional affairs committee of the Wexner medical center board may accept, reject, or modify the decision of the medical staff administrative committee.

(12) The recommendation of the quality and professional affairs committee of the Wexner medical center board shall be promptly considered by the Wexner medical center board at its next scheduled meeting. The Wexner medical center board may accept, reject, or modify the recommendation of the quality and professional affairs committee of the Wexner medical center board.

(13) A copy of the Wexner medical center board decision shall be sent by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal process.

(1) Within thirty days after receipt of a notice by an affected medical staff member of the action of the medical staff administrative committee the staff member may, by written notice to the chairperson of the Wexner medical center board, request an appeal. Such appeal shall only be held on the record before the medical staff administrative committee.

(2) If an appeal is not requested within the thirty-day period, the affected medical staff member shall be deemed to have waived the right to an appeal, and to have accepted such adverse decision.

(3) The appeal shall be conducted by the quality and professional affairs committee of the Wexner medical center board.

(4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the medical staff administrative committee and all other material, favorable or unfavorable, that have been considered by that committee. The member shall then submit a written factual statement specifying those factual and procedural matters with which the member disagrees, and the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the quality and professional affairs committee of the Wexner medical center board no later than seven days following the date of the affected member's notice of appeal.

(5) New or additional matters not raised during the hearing procedure or in the medical staff administrative committee hearings shall only be introduced on appeal at the sole discretion of the quality and professional affairs committee of the Wexner medical center board.

(6) Within fourteen days following submission of the written statement by the affected medical staff member, the quality and professional affairs committee shall recommend to the Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation.

(7) Any final decision by the Wexner medical center board shall be communicated by the chief executive officer by certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records. The chief executive officer shall also notify in writing the executive vice president for health sciences, the dean of the college of medicine, the chief medical officer of OSU medical center, the vice president for health services, the director of medical affairs, chief of staff, the department chairperson and/or division director, clinical department chief and the academic department chairperson and the person(s) who initiated the request for formal peer review. The chief executive officer shall take immediate steps to implement the final decision.

(Board approval dates: 9/1/1993, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 10/29/2010, 4/8/2011, 11/7/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-07 Categories of the medical staff.

The medical staff of the CHRI shall be divided into honorary, physician scholar, attending, associate attending, clinical attending, consulting medical staff and limited designations. All medical staff members with admitting privileges may admit patients in accordance with state law and criteria for standards of care established by the medical staff. Medical staff members who do not wish to obtain any clinical privileges shall be exempt from the requirements of medical malpractice liability insurance, DEA registration, demonstration of recent active clinical practice during the last ~~two~~ three years and specific annual education but are otherwise subject to the provisions of these bylaws.

(A) Honorary staff.

The honorary staff will be composed of those individuals who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature in an oncology field of interest. The honorary staff designation is awarded by the Wexner medical center board on the recommendation of the chief executive officer of the CHRI, executive vice president for health sciences, department chairperson and/or division director, or the credentials committee after approval by the medical staff administrative committee. This is a lifetime appointment. Honorary staff are not entitled to patient care privileges.

(B) Physician scholar medical staff.

(1) Qualifications: The physician scholar medical staff shall be composed of those faculty members of the colleges of medicine and dentistry who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. This medical staff category includes but is not limited to emeritus faculty members. Nominations may be made to the chair of the credentialing committee who shall present the candidate to the medical staff administrative committee for approval.

(2) Prerogatives: Members of the physician scholar medical staff shall have access to the CHRI and shall be given notice of all medical staff activities and meetings. Members of the physician scholar medical staff shall enjoy all rights of an attending medical staff member except physician scholar members shall not possess clinical privileges.

(3) Physician scholar medical staff must have either a full license or an emeritus registration by the State Medical Board of Ohio.

(C) Attending medical staff.

(1) Qualifications:

The attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who are licensed or certified in the state of Ohio, whose practice is at least seventy-five percent oncology and with a proven career commitment to oncology as demonstrated by the majority of the following:

Training, current board certification (as specified in paragraph (A)(5) of rule 3335-111-04 of the Administrative Code), publications, grant funding, other funding and experience (as deemed appropriate by the chief executive officer and the department chairperson and/or division director); and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

Attending staff members may:

(a) Admit patients consistent with the balanced teaching and patient care responsibilities of the CHRI. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.

(d) Hold office in the medical staff organization, clinical departments and committees of which they are a member, unless otherwise provided by resolution of the medical staff, clinical department or committee and approved by the medical staff administrative committee.

(3) Responsibilities:

An attending staff member shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom he or she is providing care, or arrange a suitable alternative for such care and supervision.

(c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services that the limited staff member is competent to perform under supervision.

(f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(g) Take call as assigned by the clinical department chief.

(D) Associate attending staff.

(1) Qualifications:

The associate attending staff shall consist of those regular faculty members of the colleges of medicine and dentistry who do not qualify for attending staff appointment.

(2) Prerogatives:

The associate attending staff may:

(a) Admit patients consistent with the balanced teaching and patient care responsibilities of the institution. When, in the judgment of the director of medical affairs, a balanced teaching program is jeopardized, following consultation with the chief executive officer, the clinical department chief and with the concurrence of a majority of the medical staff administrative committee, the director of medical affairs may restrict admissions. Imposition of such restrictions shall not entitle the associate attending staff member to a hearing or appeal pursuant to rule 3335-111-06 of the Administrative Code.

(b) Be free to exercise such clinical privileges as are granted pursuant to the bylaws.

(c) Vote on all matters presented at general and special meetings of the medical staff and at committees of which he or she is a member unless otherwise prohibited by these bylaws or by resolution approved by the medical staff administrative committee.

(d) The associate attending staff member may not vote on amendments to the bylaws.

(3) Responsibilities:

Associate attending staff members shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's care area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.

(c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(E) Clinical attending staff.

(1) Qualifications:

The clinical attending staff shall consist of those clinical faculty members of the colleges of medicine and dentistry who have training, expertise, and experience in oncology, as determined by the chief executive officer in consultation with the department chairperson and/or division director and who satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(2) Prerogatives:

The clinical attending staff may:

(a) Admit patients which complement the research and clinical teaching program. At times when hospital beds or other resources are in short supply, patient admissions of clinical staff shall be subordinate to those of attending or associate attending staff.

(b) Be free to exercise such clinical privileges as are granted pursuant to these bylaws.

(c) Attend meetings as non-voting members of the medical staff and any medical staff or hospital education programs. The clinical attending staff may not hold elected office in the medical staff organization.

(3) Responsibilities:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the CHRI for whom the member is providing care, or arrange a suitable alternative for such care and supervision including the supervision of interns, residents and fellows assigned to their service.

(c) Actively participate in such quality evaluation and monitoring activities as required by the staff and discharge such staff functions as may be required from time to time.

(d) Satisfy the requirements set forth in rule 3335-111-13 of the Administrative Code for attendance at medical staff meetings and meetings of those committees of which they are a member.

(e) Supervise members of the limited staff in the provision of patient care in accordance with accreditation standards and policies and procedures of approved clinical training programs. It is the responsibility of the attending physician to authorize each member of the limited staff to perform only those services which the limited staff member is competent to perform under supervision.

(f) Supervise other licensed allied health professionals as necessary in accordance with accreditation standards and state law. It is the responsibility of the attending physician to authorize each licensed allied health professional to perform only those services which the licensed allied health professional is privileged to perform.

(F) Consulting medical staff.

(1) Qualifications.

The consulting medical staff shall consist of those faculty members of the colleges of medicine and dentistry who:

(a) Satisfy the requirements and qualifications for membership set forth in rule 3335-111-04 of the Administrative Code.

(b) Are consultants of recognized professional ability and expertise who provide a service not readily available from the attending medical staff. These practitioners provide services to James patients only at the request of attending or associate attending members of the medical staff.

(c) Demonstrate participation on the active medical staff at another accredited hospital requiring performance improvement/quality assessment activities similar to those of the hospitals of the Ohio state university. The practitioner shall also hold at such other hospital the same privileges, without restriction, that he/she is requesting at the James cancer hospital. An exception to this qualification may be made by the Wexner medical center board provided the practitioner is otherwise qualified by education, training and experience to provide the requested service.

(2) Prerogatives:

Consulting medical staff members may:

(a) Exercise the clinical privileges granted for consultation purposes on an occasional basis when requested by an attending or associate attending medical staff member.

(b) Have access to all medical records and be entitled to utilize the facilities of the Ohio state university hospitals and James cancer hospital incidental to the clinical privileges granted pursuant to these bylaws.

(c) Not admit patients to the Ohio state university hospitals or James cancer hospital.

(d) Not vote on medical staff policies, rules and regulations, or bylaws, and may not hold office.

(e) Must actively participate in such quality evaluation and monitoring activities as required by the medical staff and as outlined in the medical staff policy entitled "consulting medical staff member policy."

(f) Attend medical staff meetings, but shall not be entitled to vote at such meetings or hold office.

(g) Attend department meetings, but shall not be entitled to vote at such meetings or serve as clinical department chief.

(h) Serve as a non-voting member of a medical staff committee; provided, however, that he/she may not serve as a committee chair or as a member of the medical staff administrative committee.

(3) Responsibilities.

Each member of the consulting medical staff shall:

(a) Meet the basic responsibilities set forth in rules 3335-111-02 and 3335-111-03 of the Administrative Code.

(b) Be exempt from all medical staff dues.

(G) Contracted.

(1) Qualifications: contracted medical staff shall consist of those members who meet the requirements for medical staff membership and are providing services to CHRI patients exclusively through a contract with the CHRI. Contracted medical staff members shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff and shall be subject to these bylaws and the rules and regulations of the medical staff except as provided in this paragraph.

Contracted medical staff shall not be required to obtain appointment to the faculty of the Ohio state university. Contracted medical staff shall not be eligible to vote on medical staff policies, rules and regulations, or bylaws, shall not be eligible to hold office or required to pay medical staff dues.

(2) Prerogatives.

Contracted medical staff may:

(a) Exercise such clinical privileges as are granted pursuant to these bylaws.

(3) Any contracted medical staff member whose membership has been terminated due to loss of contract and/or clinical privileges shall not be entitled to request a hearing and appeal in accordance with rule 3335-111-06 of the Administrative Code.

~~(G)~~(H) Limited staff.

Limited staff are not considered members of the medical staff, do not have delineated clinical privileges, and do not have the right to vote in general medical staff elections. Except where expressly stated, limited staff are bound by the terms of these bylaws, rules and regulations of the medical staff and the limited staff agreement.

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(1) Qualifications:

The limited staff shall consist of doctors of medicine, osteopathic physicians, dentists and practitioners of podiatry or psychology who are accepted in good standing by a program director into a postdoctoral graduate medical education program and appointed to the limited staff in accordance with these bylaws. The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state medical board, or the limited staff member's respective licensing board.

Members of the limited staff shall possess a valid training certificate or an unrestricted Ohio license from the applicable state board based on eligibility criteria defined by that state board. All members of the limited staff shall be required to successfully obtain an Ohio training certificate prior to beginning training within a program.

(2) Responsibilities:

The limited staff shall:

(a) Be responsible to respond to all questions and complete all forms as may be required by the credentials committee.

(b) Participate fully in the teaching programs, conferences, and seminars of the clinical department in which he or she is appointed in accordance with accreditation standards and policies and procedures of the graduate medical education committee and approved clinical training programs.

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(c) Participate in the care of all patients assigned to the limited staff member under the appropriate supervision of a designated member of the attending medical staff in accordance with accreditation standards and policies and procedures of the clinical training programs. The clinical activities of the limited staff shall be determined by the program director appropriate for the level of education and training. Limited staff shall be permitted to perform only those services that they are authorized to perform by the member of the attending medical staff based on the competence of the limited staff to perform such services. The limited staff may admit or discharge patients only when acting on behalf of the attending, associate attending or clinical attending medical staff. The limited staff member shall follow all rules and regulations of the service to which he or she is assigned, as well as the general rules of the CHRI pertaining to limited staff.

(d) Serve as full members of the various medical staff committees in accordance with established committee composition as described in these bylaws and/or rules and regulations of the medical staff. The limited staff member shall not be eligible to vote or hold elected office in the medical staff organization, but may vote on committees to which the limited staff member is assigned.

(e) Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or subspecialty program of post-doctoral training in which the limited staff member is enrolled. Evaluation of professional growth and appropriate humanistic qualities shall be made on a regular schedule by the clinical department chief, program director, teaching faculty or evaluation committee in accordance with accreditation standards and policies and procedures of the approved training programs.

(f) Appeal by a member of the limited staff of probation, lack of promotion, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities or failure to successfully complete any other competency as required by the accreditation standards of an approved training

program will be conducted and limited in accordance with written guidelines established by the respective academic department or training program and approved by the program director and the Ohio state university's graduate medical education committee as delineated in the limited staff agreement and by the graduate medical education policies.

Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined above, shall be handled in accordance with rules 3335-111-05 and 3335-111-06 of the Administrative Code.

(3) Failure to meet reasonable expectations:

Termination of employment from the limited staff member's residency or fellowship training program shall result in automatic termination of the limited staff member's appointment pursuant to these bylaws.

(4) Temporary appointments:

(a) Limited staff members who are Ohio state university faculty may be granted an early commencement or an extension of appointment upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, when it is necessary for the limited staff member to begin his or her training program prior to or extend his or her training program beyond a regular appointment period. The appointment shall not exceed sixty days.

(b) Temporary appointments may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the associate dean for graduate medical education, for limited staff members who are not Ohio state university faculty but who, pursuant to education affiliate agreements approved by the university, need to satisfy approved graduate medical education clinical rotation requirements. These appointments shall not exceed a total of one hundred twenty days in any given post-graduate year. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for limited staff member appointment must be satisfied.

(5) Supervision:

Limited staff members shall be under the supervision of an attending, associate attending or clinical attending medical staff member. Limited staff members shall have no privileges as such but shall be able to care for patients under the supervision and responsibility of their attending, associate attending or clinical attending medical staff member. The care they extend will be governed by these bylaws and the general rules and regulations of each clinical department. The practice of care shall be limited by the scope of privileges of their attending, associate attending or clinical attending medical staff member. Any concerns or problems that arise in the limited staff member's performance should be directed to the attending, associate attending or clinical attending medical staff member or the director of the training program.

(a) Limited staff members may write admission, discharge or other orders for the care of patients under the supervision of the attending, associate attending or clinical attending medical staff member.

(b) All records of limited staff member cases must document involvement of the attending, associate attending or clinical attending medical staff member in the supervision of the patient's care to include co-signature of the admission order, history and physical, operative report, and discharge summary.

~~(H)~~(I) Associates to the medical staff.

(1) Qualifications:

Licensed health care professionals are those professionals who possess a license, certificate or other legal credential required by Ohio law to provide direct patient care in a hospital setting, but who are not acting as licensed independent practitioners.

(2) Due process:

Licensed health care professionals are subject to corrective action for violation of these rules, their certificate of authority, standard care agreement, utilization plan or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, the clinical department chief, the chairperson of an academic

department, the section chief, the medical director of credentialing or the director of medical affairs. All requests shall be in writing and be submitted to the director of medical affairs.

The director of medical affairs shall appoint a three-person committee to review the situation and recommend appropriate corrective action, including termination or suspension of clinical privileges. The committee shall consist of at least one licensed health care professional licensed in the same field as the individual being reviewed, if available, and one medical staff member. The committee shall make a written recommendation to the director of medical affairs, who may accept, reject or modify the recommendation. The decision of the director of medical affairs shall be final.

~~(I)~~(J) Temporary medical staff appointment.

(1) External peer review. When peer review activities are being conducted by someone other than a current member of the medical staff, the chief medical officer or director of medical affairs may admit a practitioner to the medical staff for a limited period of time. Such membership is solely for the purpose of conducting peer review in a particular evaluation and this temporary membership automatically expires upon the member's completion of duties in connection with such peer review. Such appointment does not include clinical privileges, and is for a limited purpose.

(2) Proctoring. Temporary privileges may be extended to visiting physician or visiting medical faculty for special clinical or educational activities as permitted by the Ohio state medical or dental board. When medical staff members require proctoring for the purposes of gaining experience to become credentialed to perform a procedure, a visiting medical faculty or visiting physician may apply for temporary privileges pursuant to the medical staff proctoring policy.

~~(J)~~(K) Clinical privileges.

(1) Delineation of clinical privileges:

(a) Every person practicing at the CHRI by virtue of medical staff membership, faculty appointment, contract or under authority granted in these bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed allied health professional by the Wexner medical center board after recommendation from the medical staff administrative committee.

(b) Each clinical department and CHRI department and/or division shall develop specific clinical criteria and standards for the evaluation of privileges with emphasis on invasive or therapeutic procedures or treatment which represent significant risk to

the patient or for which specific professional training or experience is required. Such criteria and standards are subject to the approval of the medical staff administrative committee and the Wexner medical center board.

(c) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.

(d) The chief of the clinical department shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the medical director of credentialing. Requests for clinical privileges shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible, the review should be of primary source information. The applicant shall have the burden of establishing qualifications and competence in the clinical privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.

(e) The applicant's request for clinical privileges and the recommendation of the clinical department chief shall be forwarded to the credentials committee and shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-111-04 of the Administrative Code.

(f) Medical staff members who are granted new or initial privileges are subject to FPPE, which is a six-month period of focused monitoring and evaluation of practitioner's professional performance. Following FPPE medical staff members with clinical privileges are subject to ongoing professional practice evaluation (OPPE), which information is factored into the decision to maintain existing privileges, to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal. FPPE and OPPE are fully detailed in medical staff policies that were approved by the medical staff administrative committee and the Wexner medical center board.

(g) Upon resignation, termination or expiration of the medical staff member's faculty appointment or employment with the university for any reason, such medical staff appointment and clinical privileges of the medical staff member shall automatically expire.

(h) Medical staff members authorize the CHRI and clinics to share amongst themselves credentialing, quality and peer review information pertaining to the medical staff member's clinical competence and/or professional conduct. Such information may be shared at initial appointment and/or reappointment and at any time during the medical staff member's medical staff appointment to the medical staff of the CHRI.

(i) Medical staff members authorize the CHRI to release, in good faith and without malice, information to managed care organizations, regulating agencies, accreditation bodies and other health care entities for the purposes of evaluating the medical staff member's qualifications pursuant to a request for appointment, clinical

privileges, participation or other credentialing or quality matters.

(2) Temporary and special privileges:

(a) Temporary privileges may be extended to a doctor of medicine, osteopathic medicine, dental surgery, psychologist, podiatry or to a licensed allied health professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of the chief of the clinical department. All temporary privileges are granted by the chief executive officer or authorized designee. The temporary privileges granted shall be consistent with the applicant's training and experience and with clinical department guidelines. Prior to

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granting temporary privileges, primary source verification of licensure and current competence shall be required. Temporary privileges shall be limited to situations which fulfill an important patient care need and shall not be granted for a period not to exceed one hundred twenty days.

(b) Temporary privileges may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental boards.

(c) Temporary privileges granted for locum tenens may be exercised for a maximum of one hundred twenty days, consecutive or not, any time during the thirty-six month period following the date they are granted.

(d) Practitioners granted temporary privileges will be restricted to the specific delineations for which the temporary privileges are granted. The practitioner will be under the supervision of the chair of the clinical department while exercising any temporary privileges granted.

(e) Practitioners exercising temporary privileges shall abide by these medical staff bylaws, rules and regulations, and hospital and medical staff policies.

(f) Special privileges -- upon receipt of a written request for specific temporary clinical privileges and the approval of the clinical department chief, the chairperson of the academic department and the director of medical affairs, an appropriately licensed or certified practitioner of documented competence, who is not an applicant for medical staff membership, may be granted special clinical privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in rule 3335-111-04 of the Administrative Code.

(g) The temporary and special privileges must also be in conformity with accrediting bodies' standards and the rules and regulations of professional boards of Ohio.

(3) Expedited privileges:

If the Wexner medical center board is not scheduled to convene in a timeframe that permits the timely consideration of the recommendation of a complete application by the medical staff administrative committee, eligible applicants may be granted expedited privileges by the quality and professional affairs committee of the Wexner medical center board. Certain restrictions apply to the appointment and granting of clinical privileges via the expedited process. These include but are not limited to: an involuntary termination of medical staff membership at another hospital, involuntary limitation, or reduction, denial or loss of clinical privileges, a history of professional liability actions resulting in a final judgment against the applicant, or a challenge by a state licensing board.

(4) Podiatric privileges:

(a) Practitioners of podiatry may admit patients to the CHRI if such patients are being admitted solely to receive care that a podiatrist may provide without medical assistance, pursuant to the scope of the professional license of the podiatrist. Practitioners of podiatry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.

(b) A member of the medical staff who is a doctor of medicine or osteopathy.

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnosis or therapeutic interventions defined by the medical staff.

(c) Practitioners of podiatry shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record.

(d) The podiatrist shall be responsible to the chief of the department of orthopaedics.

(5) Psychology privileges:

(a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise unless otherwise authorized by law.

(b) Psychologists may not admit patients to the CHRI, but may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the CHRI. In ambulatory settings, psychologists shall diagnose and treat their patient's psychological illness. Psychologists shall ensure that their patients receive referral for appropriate medical care.

(c) Psychologists shall be responsible to the chief of the clinical department in which they are appointed.

(6) Dental privileges:

(a) Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the CHRI if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances, co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine.

(b) A member of the medical staff who is a doctor of medicine or osteopathy:

(i) Shall be responsible for any medical problems that the patient has while an inpatient of the CHRI; and

(ii) Shall confirm the findings, conclusions and assessment of risk prior to high-risk diagnoses or therapeutic interventions defined by the medical staff.

(c) Practitioners of dentistry shall be responsible for the dental care of the patient including the dental history and physical examination and all appropriate elements of the patient's record.

(7) Oral and maxillofacial surgical privileges:

All patients admitted to the CHRI for oral and maxillofacial surgical care shall receive the same medical appraisal as all other hospitalized patients. Qualified oral and maxillofacial surgeons shall admit patients, shall be responsible for the plan of care for the patients, shall perform the medical history and physical examination, if they have such privileges, in order to assess the medical, surgical, and anesthetic risks of the proposed operative and other procedure(s), and shall be responsible for the medical care that may be required at the time of admission or that may arise during hospitalization.

(8) Licensed allied health professionals:

(a) Clinical privileges may be exercised by licensed allied health professionals who are duly licensed in the state of Ohio and who are either:

(i) Members of the faculty of the Ohio state university, or

(ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(iii) Employees of members of the medical staff.

(b) A licensed allied health professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. If granted such privileges under this rule and in accordance with applicable Ohio state law, other licensed allied health professionals may perform all or part of the medical history and physical examination of the patient. Licensed health care professionals with privileges are subject to FPPE and OPPE.

(c) Licensed allied health professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-111-04 of the Administrative Code.

(d) Licensed allied health professionals are not members of the medical staff, but may write admitting orders for; patients of the CHRI when granted such privileges under tis rule and in accordance with applicable Ohio state law. If such privileges are granted, the patient will be admitted under the medical supervision of the responsible medical staff member. Licensed allied health professionals are not members of the medical staff and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(e) Each licensed allied health professional shall be individually assigned to a clinical department and shall be supervised by or collaborate with one or more members of the medical staff as required by Ohio law. The licensed health care professional's clinical privileges are contingent upon the collaborating/supervising medical staff member's privileges. In the event that the collaborating/supervising medical staff member loses privileges or resigns, the licensed allied health care professionals whom he or she has supervised shall be placed on administrative hold until another collaborating/ supervising medical staff member is assigned. The new collaborating/supervising medical staff member shall be assigned in less than thirty days.

(f) Licensed allied health professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

(g) Only applicants who can document the following shall be qualified for clinical privileges as a licensed allied health professional:

(i) Current license, certification, or other legal credential required by Ohio law;

(ii) Certificate of authority, standard care arrangement/agreement, or utilization plan;

(iii) Education, training, professional background and experience, and professional competence;

(iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed allied health professional subcommittee and the quality management department of the Ohio state university medical center;

(v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law;

(vi) Evidence of required immunization;

(vii) Evidence of good personal and professional reputation as established by peer recommendations;

(viii) Satisfactory physical and mental health to perform requested clinical privileges; and

(ix) Ability to work with members of the medical staff and the CHRI employees.

(h) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the CHRI that any patient cared for by the licensed allied health professional seeking clinical privileges shall be given quality care, and that the efficient operation of the CHRI will not be disrupted by the applicant's care of patients in the CHRI.

(i) By applying for clinical privileges as a licensed allied health professional, the applicant agrees to the following terms and conditions:

(i) The applicant has read the bylaws and rules and regulations of the medical staff of the CHRI and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable CHRI policies that the CHRI may from time to time put into effect;

(ii) The applicant releases from liability all individuals and organizations who provide information to the CHRI regarding the applicant and all members of the medical staff, the CHRI staff and the Wexner medical center board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant;

(iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the CHRI;

(iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed allied health professional is a member of the medical staff; and

(v) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.

(j) Licensed allied health care professionals shall be subject to quality review and corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Review may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director of quality or the chief quality officer. All requests shall be in writing and shall be submitted to the chief quality officer. The chief quality officer, unless delegated to the medical director of quality, shall appoint a three-person committee to review and make recommendations concerning appropriate action. The committee shall consist of at least one licensed allied health care professional and one medical staff member. The committee shall make a written recommendation to the chief quality officer, unless delegated to the medical director of quality, who may accept, reject, or modify the recommendation. The chief quality officer, unless delegated to the medical director of quality shall forward his or her recommendation to the director of medical affairs for final determination.

(k) Appeal process.

(i) A licensed allied health care professional may submit a notice of appeal to the chairperson of the quality and professional affairs committee within thirty days of receipt of written notice of any adverse corrective action pursuant to these bylaws.

(ii) If an appeal is not so requested within the thirty-day period, the licensed allied health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the director of medical affairs.

(iii) The appellate review shall be conducted by the chief of staff, the chair of the licensed health care professionals subcommittee and one medical staff member from the same discipline as the licensed allied health care professional under review. The licensed allied health care professional under review shall have the opportunity to present any additional information deemed relevant to the review and appeal of the decision.

(iv) The affected licensed allied health care professional shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the chief quality officer. The licensed allied health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the review

committee no later than seven days following the date of the licensed allied health care professional's notice of appeal.

(v) New or additional matters shall only be considered on appeal at the sole discretion of the quality and professional affairs committee.

(vi) Within thirty days following submission of the written statement by the licensed allied health care professional, the chief of staff shall make a final recommendation to the chair of the quality and professional affairs committee of the Wexner medical center board. The quality and professional affairs committee of the Wexner medical center board shall determine whether the adverse decision will stand or be modified and shall recommend to the Ohio state university Wexner medical center board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the review committee for further review and recommendation. Such referral to the review committee may include a request for further investigation.

(vii) Any final decision by the Wexner medical center board shall be communicated by the chief quality officer and by certified return receipt mail to the last known address of the licensed allied health care professional as determined by university records. The chief quality officer shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine, the chief executive officer of the CHRI and the vice president for health services and the chief of the applicable clinical department or departments. The chief quality officer, unless delegated to the medical director of quality, shall take immediate steps to implement the final decision.

(9) Emergency privileges:

In the case of an emergency, any member of the medical staff to the degree permitted by the member's license or certification and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the CHRI necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition that would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

(10) Disaster privileges:

Disaster privileges may be granted in order to provide voluntary services during a local, state or national disaster in accordance with hospital/medical staff policy and only when the following two conditions are present: the emergency management plan has been activated and the hospital is unable to meet immediate patient needs. Such privileges may be granted by the director of medical affairs or the medical director of credentialing to fully licensed or certified, qualified individuals who at the time of the disaster are not members of the medical staff. These privileges will be limited in scope and will terminate once the disaster situation subsides or at the discretion of the director of medical affairs temporary privileges are granted thereafter.

(11) Telemedicine privileges.

Practitioners who provide contracted patient care, treatment, and services via telemedicine shall be credentialed and privileged to provide such services. A grant of telemedicine privileges shall include appointment to the contracted medical staff category as described in paragraph (G) of this rule.

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Practitioners providing contracted telemedicine services shall be credentialed and privileged through one of the following mechanisms:

(a) The practitioner shall be credentialed and privileged in accordance with rule 3335-111-04.

(b) The practitioner shall be credentialed and privileged by proxy using the credentialing and privileging decision from the distant site if all of the following requirements are met:

(i) The distant site is also accredited by the Joint Commission.

(ii) The distant site is a Medicare-participating hospital or a facility that qualifies as a distant-site telemedicine entity under federal regulations.

(iii) The Ohio state university hospitals have entered into a written agreement with the distant site.

(iv) If the distant site is a Medicare-participating hospital, the written agreement shall specify that it is the responsibility of the distant-site hospital to meet the Centers for Medicare and Medicaid Services conditions of participation applicable to medical staff credentialing and privileging.

(v) If the distant site is a distant-site telemedicine entity as defined by federal regulations, the written agreement shall specify that the distant-site telemedicine entity is a contractor of services to the Ohio state university hospitals and furnishes the contracted services in a manner that allows the Ohio State university hospitals Hospital to comply with all applicable Centers for Medicare and Medicaid Services conditions of participation for contracted services and for medical staff credentialing and privileging.

(vi) The individual distant-site practitioner is privileged at the distant site for those services to be provided to patients of the Ohio state university hospitals via telemedicine and the distant site provides a current list of the practitioner's privileges at the distant site.

(vii) The individual distant-site practitioner holds an appropriate license, telemedicine certificate, or telemedicine waiver issued by the applicable Ohio licensing board for the practitioner's area of practice.

(viii) The Ohio state university hospitals maintain documentation of all internal reviews of the performance of each distant-site Practitioner and sends the distant site such performance information for use in the distant site's periodic appraisal of the distant-site Practitioner's privileges. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to patients of the Ohio state university hospitals, and all complaints the Ohio state university hospitals receive about the distant-site practitioner.

~~(11) Telemedicine:~~

~~Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Diagnosis and treatment of a patient may now be performed via telemedicine link.~~

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~~(a) A member of the medical staff who wishes to utilize electronic technologies (telemedicine) to render care must so indicate on the application for clinical privileges form.~~

~~(b) A member of the medical staff may request to exercise via telemedicine the same clinical privileges he or she has already been granted. The credentials committee, the chief of the clinical service, medical director of credentialing, the director of medical affairs or the medical staff administrative committee, and the Wexner medical center board shall have the prerogative of requiring documentation or making a determination of the appropriateness of the exercise of a particular specialty/subspecialty via telemedicine.~~

(Board approval dates: 9/1/1993, 3/3/1995, 4/3/1996, 12/6/1996, 9/1/1999, 12/3/1999, 6/2/2000, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 8/6/2006, 2/6/2009, 9/18/2009, 5/14/2010, 10/29/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 4/6/2018, 5/18/2021, 2/8/2022, 8/15/2023)

3335-111-08 Organization of the CHRI medical staff.

(A) The chief executive officer.

(1) Method of appointment:

The chief executive officer shall be appointed by the board of trustees of the Ohio state university upon recommendation of the president, executive vice president for health sciences, and the vice president for health services following consultation with the medical center board in accordance with university bylaws, rules and regulations. The chief executive officer shall be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The chief executive officer shall be responsible for the conduct of teaching, research, and CHRI service activities of the facility, including continuing compliance with all appropriate quality assurance standards, ethical codes, or other monitoring or regulatory requirements. The chief executive officer shall be a member of all committees of the CHRI.

(B) The director of medical affairs (physician-in-chief/chief medical officer of the James cancer hospital).

(1) Method of appointment:

The director of medical affairs shall be appointed by the executive vice president for health sciences upon recommendation by the chief executive officer of the James Cancer Hospital. The director of medical affairs is the physician-in-chief and shall be the chief medical officer of the CHRI and must be a member of the attending medical staff of the CHRI.

(2) Responsibilities:

The director of medical affairs shall report to the chief executive officer and the Wexner medical center board for the quality of patient care provided in the CHRI. The director of medical affairs shall assist the chief executive officer in the administration of medical affairs including quality assurance and credentialing. In addition, the director of medical affairs determines initial medical staff category appointments, reappointments and any changes in categories of the medical staff.

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(C) The chief medical officer of the Ohio state university medical center.

The chief medical officer of the Ohio state university medical center is the senior medical officer for the medical center with the responsibility and authority for all health and medical care delivered at the medical center. The chief medical officer is responsible for overall quality improvement and clinical leadership throughout the medical center, physician alignment, patient safety and medical staff development. The appointment, scope of authority, and responsibilities of the chief medical officer shall be as outlined in the Ohio state medical center board bylaws. The director of medical affairs will work collaboratively with the chief medical officer and medical directors of each hospital of the medical center for the: coordination and supervision of patient care and clinical activities; responsibility for the clinical organization of his or her respective hospital; and to establish priorities, jointly with the chief executive officer or executive director of his or her respective hospital, for capital medical equipment, clinical space, and the establishment of new clinical programs, or the revision of existing clinical programs.

(D) The chief quality officer of the Ohio state university medical center.

The chief quality and patient safety officer of the Ohio state university medical center is referred to herein these bylaws as the chief quality officer. The chief quality officer reports to the chief medical officer. The chief quality officer works collaboratively with clinical leadership of the medical center, including medical director of quality for the CHRI, director of medical affairs for the CHRI, nursing leadership and hospital administration. The chief quality officer provides leadership in the development and measurement of the medical center's approach to quality, patient safety and reduction of adverse events. The chief quality officer communicates and implements strategic, operational and programmatic plans and policies to promote a culture where patient safety is an important priority for medical and hospital staff.

(E) Medical director of credentialing.

The medical director of credentialing for the James cancer hospital oversees the process for the credentialing of practitioners applying for membership and/or clinical privileges at the James cancer hospital. The medical director of credentialing shall provide guidance on specific practitioner application or privileging concerns as raised pursuant to these bylaws and shall recommend practitioners for membership and/or privileges at the James cancer hospital and facilitate the process for approving such membership and granting of clinical privileges.

(F) Medical director, James surgical services.

The medical director, James surgical services has oversight of all James designated perioperative services and procedural suites. Working collaboratively with the administrator of perioperative services, the medical director, James surgical services facilitates the timely sharing of OR resources (including personnel and equipment) across the medical center in order to maximize the efficiency of OR services. The medical director, James surgical services works with clinical service lines and clinical leadership to coordinate OR services in a manner that enhances the quality of care and safety of services for patients. The medical director, James surgical services reports to the director of medical affairs of the James.

(G) Professional assignments.

Each member of the attending, associate attending, clinical, limited, physician scholar and honorary staff shall be assigned to a CHRI division and/or department by the chief executive officer upon the recommendation of the appropriate academic department chairperson and the credentials committee.

Appointment to a specific department and/or division is based on the clinical specialty of the applicant for medical staff membership. Each department and/or division is headed by a department chairperson or division director who has the responsibility to oversee all research and clinical activities conducted by members of the department and/or division. Specifically, the department chairperson or division director shall be responsible for the following: the development and implementation of policies and procedures that guide and support the provision of service; recommendations re: staffing needs and clinical privileges for all members appointed to the department and/or division; the orientation and continuing surveillance of the professional performance of all department and/or division members; recommendation for space and other resources needed.

(H) Clinical department chief.

(1) Qualifications and responsibilities of the chief of the clinical department. The academic department chair shall ordinarily serve also as the chief of the clinical department. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each clinical department chief must be board certified by an appropriate specialty board or must establish comparable competence. The chief of the clinical department must be a medical staff member at the Ohio state university hospitals. Such qualifications shall be judged by the respective dean of the colleges of medicine or dentistry. Qualifications for chief of the clinical department generally shall include recognized clinical competence, sound judgment and well-developed administrative skills.

(2) Procedure for appointment. Appointment or reappointment of chief of the clinical department shall be made by the dean of the respective colleges of medicine or dentistry in consultation with elected representatives of the medical staff and the chief medical officer of the Ohio state university medical center.

(3) Term of appointment of the chief of the clinical department. The term of the appointment of the chief of the clinical department shall be concurrent with the chief's academic appointment but shall be no longer than four years. Prior to the end of said four-year term, a review shall be conducted by the dean of the college of medicine and such review shall serve as the basis for the recommendation for reappointment pursuant to paragraph (D)(2) of this rule.

(4) Duties of the chief of the clinical department:

Each clinical department chief is responsible for the following:

(a) Clinically related activities of the department;

(b) Administratively related activities of the department, unless otherwise provided by the hospital;

(c) Continuing surveillance of the professional performance of all practitioners in the department who have delineated clinical privileges;

(d) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;

(e) Recommending clinical privileges for each practitioner of the department based on relevant training and experience, current appraised competence, health status that does not present a risk to patients, and evidence of satisfactory performance with existing privileges;

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(f) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the hospital;

(g) The integration of the department or service into the primary functions of the hospital, developing services that complement the medical center's mission and plan for clinical program development;

(h) The coordination and integration of interdepartmental and intradepartmental services;

(i) The development and implementation of policies and procedures that guide and support the provision of care, treatment, and services. This includes the development, implementation, enforcement and updating of departmental policies and procedures that are consistent with the hospital's mission. The clinical department chief shall make such policies and procedures available to the medical staff;

(j) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services, including call coverage for continuous high quality and safe care;

(k) The determination of the qualifications and competence of department or service personnel who are not licensed practitioners and who provide patient care, treatment, and services;

(l) The continuous assessment and improvement of the quality of care, treatment, and services;

(m) The maintenance of quality control programs, as appropriate;

(n) The orientation and continuing education of all persons in the department or service;

(o) Recommending space and other resources needed by the department or service; and

(p) Hold regular clinical department meetings and ensure open lines of communication are maintained in the clinical department. The agenda for the meetings shall include, but not be limited to, a discussion of the clinical activities of the department and communication of the decisions of the medical staff administrative committee. Minutes of the departmental meetings, including a record of attendance, shall be kept in the clinical department.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/01/2013, 6/6/2014, 11/6/2015, 4/6/2018, 8/15/2023)

3335-111-09 Elected officers of the medical staff of the CHRI.

(A) Chief of staff.

The chief of staff shall:

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(1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.

(2) Be a vice chairperson of the medical staff administrative committee and serve as liaison between university administration, CHRI administration, and the medical staff in all matters of mutual concern within the CHRI.

(3) Call, preside, and be responsible for the agenda of all general staff meetings.

(4) Make medical staff committee appointments in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code.

(5) Be a spokesperson for the medical staff in its external professional and public relations.

(6) Serve as chairperson of the nominating committee of the medical staff.

(B) Chief of staff-elect.

The chief of staff-elect shall:

(1) Serve on those committees of the Ohio state medical center board as appointed by the chairperson of the medical center board.

(2) Serve as the chairperson of the bylaws committee of the CHRI.

(3) Carry out all the duties of the chief of staff when the chief of staff is unable to do so.

(4) Oversee the inclusion of changes in the bylaws, rules and regulations of the medical staff.

(5) Assist the Chief of Staff with duties outlined above in section (A) 1-6.

(C) Delegates at-large.

Up to two additional at-large member(s) may be appointed to the medical staff administrative committee at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal every two years.

(D) Qualifications of officers.

(1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

(2) The chief executive officer and director of medical affairs, chiefs of the clinical departments, and division directors are not eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their CHRI administrative role during the period of their term of office.

(E) Election of officers.

(1) All officers (other than at-large officers) will be elected by a majority of those voting by electronic ballot after the April meeting of the medical staff. If one candidate does not achieve a majority vote, there will be an election on a second ballot between the two receiving the greatest number of votes.

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(2) The nominating committee will be composed of five members. The chief of staff and the chief of staff-elect will serve on the committee and the chief of staff will be its chairperson. The chief of staff will appoint the three other members of the committee.

(3) Nominations for officers will be accepted from the floor at the March meeting.

(4) The committee's nominees will be submitted by electronic or written ballot to all voting members of the medical staff no later than May.

(5) Candidates for the office of chief of staff-elect will be listed and each attending staff member may vote for one.

(6) Automatic removal shall be for failure to meet those responsibilities assigned within these bylaws, failure to comply with medical staff rules and regulations, policies and procedures of the medical staff, for conduct or statements that damage the reputation of the CHRI, its goal and missions, or programs, or an automatic termination or suspension of clinical privileges that lasts more than thirty days.

(F) Term of office.

(1) The chief of staff and chief of staff-elect will each serve two years in office beginning on the first of July. The chief of staff-elect will be elected in the odd years. The chief of staff may not be elected chief of staff-elect within one year of the end of the chief of staff's term in office.

(2) The at-large representatives shall serve two years, beginning on the first of July. The delegate at large may succeed themselves for three successive terms (six years, total), if so elected. They may not serve again without a period of two years out of office as a delegate at large. The delegate at large may be elected chief of staff-elect at any time if they are members of the attending staff.

(G) Vacancies in office.

(1) Vacancies in the office of chief of staff during the chief's term will be automatically succeeded and performed by the chief of staff-elect. When the unexpired term is one year or less, the new chief of staff will continue in office until the completion of the expected term in that office. When the unexpired term is more than one year, the new chief of staff will serve out the remaining term only.

(2) Vacancies in the office of chief of staff-elect shall be filled by a special election held within sixty days of establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the voting members of the medical staff will be called to add nominations and elect the replacement. The new chief of staff-elect will become chief of staff at the end of the term of the incumbent.

(3) Vacancies in the at-large representatives' positions will be filled by appointment by the chief executive officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 2/6/2009, 9/18/2009, 2/11/2011, 4/8/2011, 6/6/2014, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023. 8/20/2024)

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3335-111-10 Administration of the medical staff of the CHRI.

Medical staff committees.

(A) Appointments: Appointments to all medical staff committees except the medical staff administrative committee (MSAC) and the nominating committee will be made jointly by the chief of staff, chief of staff-elect, and the director of medical affairs with medical staff administrative committee ratification. Unless otherwise provided by the bylaws, all appointments to medical staff committees are for two years and may be renewed. The chairperson shall control the committee agenda, attendance of staff and guests and conduct the proceedings. A simple majority of appointed voting members shall constitute a quorum. All committee members appointed or elected to serve on a medical staff committee are expected to participate fully in the activities of those committees. The chief of staff, director of medical affairs and the chief executive officer of the CHRI may serve on any medical staff committee as an ex-officio member without vote.

(B) The medical staff as a whole and each committee provided for by these medical staff bylaws is hereby designated as a peer review committee in accordance with the laws of the state of Ohio. The medical staff through its committees shall be responsible for evaluating, maintaining and monitoring the quality and utilization of patient care services provided by CHRI.

(C) Medical staff administrative committee:

(1) Composition:

(a) Voting membership includes: chief of staff, chief of staff-elect, immediate past chief of staff, clinical department chief or division director of medical oncology, radiation oncology, anatomic pathology and molecular pathology; department chairperson or division director of hematology, gynecologic oncology, otolaryngology/head and neck, hospital medicine, human genetics, infectious diseases, surgical oncology, thoracic surgery, neurological oncology, orthopaedic oncology/sarcoma pulmonary, critical care, sleep medicine, and urology; medical director of James emergency services; clinical department chiefs of anesthesia, dermatology, physical medicine and rehabilitation, plastic surgery, psychiatry, and radiology; CHRI medical director of quality, CHRI medical director of credentialing, CHRI chief executive officer, CHRI director of medical affairs, director of the division of palliative medicine, chairperson of the cancer subcommittee, CCC director for clinical research, CCC director for cancer control, and medical director of the James surgical services. Up to two additional at-large member(s) may be appointed to the MSAC at the recommendation of the chief executive officer of the CHRI, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis. If a division director is a member by leadership position, he or she will also fulfill the role of division director appointment. The director of medical affairs shall be the chairperson and the chief of staff shall be the vice-chairperson.

(b) Ex-officio non-voting membership includes: the CHRI executive director, the CHRI chief nursing officer, the CHRI executive director of patient services, the medical director of university hospital and/or the chief medical officer of the medical center, the dean of the Ohio state university college of medicine and the executive vice president for health sciences.

(c) Any member of the committee who anticipates absence from a meeting of the committee may appoint a temporary substitute as a representative at the meeting. The temporary substitute will have all the rights of the absent member.

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(d) All members of the committee shall attend, either in person, virtual, or by proxy, a minimum of two-thirds of all committee meetings.

(e) Any members may be removed from the medical staff administrative committee at the recommendation of the dean of the college of medicine, the director of medical affairs or the executive vice president for health sciences and subject to the review and approval of the medical staff administrative committee. A replacement will be appointed as outlined above to maintain the medical staff administrative committee's composition as stated in this paragraph.

(2) Duties:

(a) To represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by this chapter, and the bylaws or rules of the Ohio state university.

(b) To have primary authority for activities related to self-governance of the medical staff. Action approved by the medical staff administrative committee can be reviewed by the quality and professional affairs committee pursuant to rule 3335-43-13 of the Administrative Code.

(c) To receive and act upon commission and committee reports. To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees. This shall include but is not limited to review of and action upon medical staff appointments and reappointments whenever timely action is necessary.

(d) To approve and implement policies of the medical staff.

(e) To recommend action to the chief executive officer on matters of medico-administrative nature.

(f) To fulfill the medical staff's accountability to the Wexner medical center board for medical care rendered to patients in the CHRI, and for professional conduct and activities of the medical staff, including recommendations concerning;

(i) Medical staff structure;

(ii) The mechanism to review credentials and to delineate clinical privileges;

(iii) The mechanism by which medical staff membership may be terminated or suspended;

(iv) Participation in the CHRI's performance improvement, quality and patient safety activities; and

(v) Corrective action and hearing procedures applicable to medical staff members and other licensed allied health professionals granted clinical privileges.

(g) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the CHRI.

(h) To review and act on medical staff appointments and reappointments.

(i) To report to the medical staff all actions affecting the medical staff.

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(j) To inform the medical staff of all changes in committees, and the creation or elimination of such committees as circumstances shall require.

(k) To create committees (for which membership is subsequently appointed pursuant to rule 3335-111-10 of the Administrative Code) to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

(l) To establish and maintain rules and regulations governing the medical staff.

(m) To oversee functions related to performance improvement of professional services provided by individuals with clinical privileges.

(n) To perform other functions as are appropriate.

(3) Executive session.

Upon the recommendation of the credentialing committee, the medical staff administrative committee may vote to hold a portion of a regular, special or emergency meeting in executive session with participation limited to voting members of the medical staff administrative committee. Other individuals may be invited to attend any or all portions of an executive session as deemed necessary by the committee chair.

(4) Meetings:

The committee shall meet monthly and keep detailed minutes, which shall be distributed to each committee member before or at the next meeting of the committee.

(5) Voting:

At a properly constituted meeting, voting shall be by a simple majority of members present except in the case of termination or non-reappointment of medical staff membership or permanent suspension of clinical privileges, wherein two-thirds of members present shall be required.

(D) Credentialing committee of the hospitals of the Ohio state university:

(1) Composition:

The credentialing responsibilities of the medical staff are delegated to the credentialing committee of the hospitals of the Ohio state university, the composition of which shall include representation from the medical staff of each hospital.

The chief medical officer of the medical center shall appoint the credentialing committee of the hospitals of the Ohio state university. The director of medical affairs and medical director of credentialing shall make recommendation to the chief medical officer for representation on the credentialing committee of the hospitals of the Ohio state university.

The credentialing committee of the hospitals of the Ohio state university shall meet at the call of its chair, whom shall be appointed by the chief medical officer of the medical center.

(2) Duties:

(a) To review all applications for medical staff and licensed allied health professional appointment and reappointment, as well as all requests for delineation, renewal, or

amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits. During its evaluation, the credentialing committee of the hospitals of the Ohio state university will take into consideration the appropriateness of the setting where the requested privileges are to be conducted;

(b) To review triennially all applications for reappointment or renewal of clinical privileges;

(c) To review all requests for changes in medical staff membership;

(d) To assure, through the chairperson of the committee, that all records of peer review activity taken by the committee, including committee minutes, are maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

(e) To make recommendations to the medical staff administrative committee through the medical director of credentialing regarding appointment applications and initial requests for clinical privileges. Such recommendations shall include the name, status, department (division and/or department), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current competence, experience, qualifications, and ability to perform the clinical privileges requested;

(f) To recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session;

(g) The committee, after review and investigation, may make recommendations to the director of medical affairs, chief of staff, or the chief of a clinical department, regarding the restriction or limitation of any medical staff member’s clinical privileges, noncompliance with the credentialing process, or any other matter related to its responsibilities;

(h) To review requests made for clinical privileges by other licensed allied health professionals as set forth in this chapter.

(i) To recommend eligibility criteria for the granting of medical staff membership and privileges.

(j) To develop, recommend, and consistently implement policy and procedures for all credentialing and privileging activities.

(k) To review, and where appropriate take action on, reports that are referred to it from other medical staff committees and medical staff members.

(l) To perform such other functions as requested by the medical staff administrative committee, quality and professional affairs committee or Wexner medical center board.

(3) Licensed health care professionals subcommittee:

(a) This subcommittee shall consist of other licensed health care professionals who have been appointed in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code. This subcommittee shall be chaired by a director of nursing.

(b) Duties:

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentialing committee of the hospitals of the Ohio state university;

(ii) To review and investigate the character, qualifications and professional competence of the applicant;

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal;

(iv) To verify the accuracy of the information contained in the application; and

(v) To forward, following review of the application, a written recommendation for clinical privileges to the credentialing committee of the hospitals of the Ohio state university for review at its next regularly scheduled meeting.

(vi) To develop relevant policies and procedures regarding the scope of service and scope of practice to be granted to each licensed allied health care professional specialty. These policies and procedures shall be ratified by the credentialing committee, and medical staff administrative committee and be approved by the Wexner medical center board.

(E) Medical staff bylaws committee:

(1) Composition.

The committee shall be composed of at least four members of the attending staff pursuant to paragraph (A) of rule 3335-111-10 of the Administrative Code. The chairperson shall always be the chief of staff-elect.

(2) Duties.

To review and recommend amendments to the medical staff administrative committee as necessary to maintain bylaws that reflect the structure and functions of the medical staff but not less than every two years. This committee will recommend changes to the medical staff administrative committee.

(F) Committee for practitioner health.

(1) Composition:

The committee shall consist of medical staff members appointed in accordance with paragraph (A) of rule 3335-111-10 of the Administrative Code.

(2) Duties:

(a) To consider issues of licensed practitioner health or impairment whenever a self-referral or referral is requested by an affected member or another member or committee of the medical staff, CHRI hospital staff, or any other individual.

(b) To provide appropriate counsel, referral, and monitoring until the rehabilitation is complete and periodically thereafter, if required, to enable the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.

(c) To consult regularly with the chief of staff, medical director of credentialing and director of medical affairs of the CHRI.

(d) To advise credentials and/or other appropriate medical staff committees on the credibility of a complaint, allegation or concern, including those affecting the quality and safety of patient care.

(e) It will be the responsibility of the chairperson of the committee to assure that all proceedings and records, including the identity of the person referring the case, are handled and maintained in the strictest of confidence in accordance with the laws of the state of Ohio.

(f) To educate CHRI hospital and the medical staff about illness and impairment recognition issues, including at risk criteria specific to licensed practitioners.

(G) Cancer subcommittee:

(1) Composition:

Required to be included as members of the cancer subcommittee are physician representatives from surgery, medical oncology, radiology, radiation oncology, anesthesia, plastic surgery, urology, otolaryngology/head and neck, hematology, gynecologic oncology, thoracic surgery, orthopaedic oncology, neurological oncology, emergency medicine, palliative medicine and pathology, the cancer liaison physician and non-physician representatives from the cancer registry, administration, nursing, social services, and quality assurance. Other disciplines should be included as appropriate for the institution. The chairperson is appointed at the recommendation of the chief executive officer of the CHRI and the director of medical affairs, subject to the approval of the medical staff administrative committee and subject to review and renewal on a yearly basis.

(2) Duties:

(a) Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.

(b) Promote a coordinated, multidisciplinary approach to patient management.

(c) Ensure that educational and consultative cancer conferences cover all major site and related issues.

(d) Ensure that an active supportive care system is in place for patients, families, and staff.

(e) Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes.

(f) Promote clinical research.

(g) Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting.

(h) Perform quality control of registry data.

(i) Encourage data usage and regular reporting.

(j) Ensure content of the annual report meets requirements.

(k) Publishes the annual report by November first of the following year.

(l) Upholds medical ethical standards.

(m) Serve as cancer committee for commission on cancer program of the American college of surgeons.

(3) Meetings:

(a) The subcommittee shall meet in collaboration with the medical staff administrative committee as a policy-advisory and administrative body with documentation of activities and specialties in attendance.

(b) Any member anticipating an absence from the meeting should designate a representative to attend in their place.

(H) Ethics committee.

(1) Composition.

The committee is a joint committee and shall consist of members of the medical staff, nursing, hospital administration, and other persons representing both the CHRI and UH who, by reason of training, vocation, or interest, may make a contribution. Appointments will be made as provided by in this chapter. The chairperson shall be a physician who is a clinically active member of the medical staff of UH or the CHRI.

(2) Duties

(a) To make recommendations for the review and development of guidelines or policies regarding ethical issues.

(b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the CHRI.

(c) To provide a support mechanism for primary decision makers at the CHRI.

(d) To provide educational resources on ethics to all health care providers at the CHRI.

(e) To provide and enhance interaction between CHRI administration and staff, departmental ethics committees, pastoral care services, and members of the medical staff.

(I) Practitioner evaluation committee.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners. If additional expertise is needed, the practitioner evaluation committee may request the assistance from any medical staff member or recommend to the director of medical affairs an external review.

(2) Duties:

(a) To meet regularly and keep minutes, which describe issues, opportunities to improve patient care, recommendations and actions to the chief quality officer, unless delegated to the medical director of quality and the chair of the clinical department, responsible parties, and expected completion dates. The minutes are maintained in the quality and patient safety office.

(b) To ensure that ongoing and systematic monitoring, evaluation and process improvement is performed in each clinical department.

(c) To develop and utilize objective criteria in practitioner peer review activities.

(d) To ensure that the medical staff peer review process is effective.

(e) To maintain confidentiality of its proceedings. These issues are not to be handled outside of the practitioner evaluation committee by any individual, clinical department, division, or committee.

(J) Committee for practitioner effectiveness.

(1) Composition.

This multi-disciplinary peer review committee is composed of clinically-active practitioners and other individuals with expertise in professionalism.

(2) Duties.

(a) Receive and review validity of complaints regarding concerns about professionalism of credentialed practitioners;

(b) Treat, counsel and coach practitioners in a firm, fair and equitable manner;

(c) Maintain confidentiality of the individual who files a report unless the person who submitted the report authorizes disclosure or disclosure is necessary to fulfill the institution's legal responsibility;

(d) Ensure that all activities be treated as confidential and protected under applicable peer review and quality improvement standards in the Ohio Revised Code;

(e) Forward all recommendations to the clinical department chief, director of medical affairs or his/her designee and, if applicable, to the chief nursing officer.

(Board approval dates: 9/1/1993, 3/3/1995, 12/6/1996, 9/1/1999, 10/1/1999, 12/3/1999, 4/5/2002, 9/6/2002, 2/6/2004, 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 8/31/2012, 2/1/2013, 11/7/2014, 11/6/2015, 9/2/2016, 4/6/2018, 5/18/2021, 8/15/2023, 8/20/2024)

3335-111-11 History and physical.

(A) History and physical examination.

(1) A history and physical appropriate to the patient and/or the procedure to be completed shall be documented in the medical record of all patients either:

(a) Admitted to the hospital

(b) Undergoing outpatient/ambulatory procedures requiring anesthesia or sedation

(b) Undergoing outpatient/ambulatory surgery

(d) In a hospital-based ambulatory clinic

(2) For patients admitted to the hospital, the history and physical examination shall include at a minimum:

(a) Date of admission

(b) Chief complaint and/or indication for procedure

(c) History of present illness

(d) Past medical and surgical history

(e) Relevant past social and family history

(f) Medications and allergies

(g) Review of systems

(h) Physical examinations

(i) Test results

(j) Assessment or impression

(k) Plan of care

(3) For patients undergoing outpatient/ambulatory procedures requiring anesthesia or sedation or outpatients/ambulatory surgery, the history and physical examination shall include at a minimum:

(a) Indication for procedure/surgery

(b) Relevant medical or surgical history

(c) Medications and allergies or reference to current listing in the electronic medical record

(d) Focused review of systems, as appropriate

(e) Pre-procedure assessment and physical examination

(f) Assessment/impression and treatment plan

(4) For patients seen in a hospital-based ambulatory clinic, the history and physical shall include at a minimum:

(a) Chief complaint

(b) History of present illness

(c) Medications and allergies

(d) Problem-focused physical examination

(e) Assessment or impression

(f) Plan of care

(B) Deadlines and sanctions

(1) A history and physical examination must be performed by a member of the medical staff, his/her designee or other licensed healthcare professional, who is appropriately credentialed by the hospital, and be signed, dated and timed.

(2) Patients admitted to the hospital: If the history and physical is performed by the medical staff member's designee or other licensed healthcare professional who is appropriately credentialed by the hospital, the history and physical must be countersigned by the responsible medical staff member.

(3) The complete history and physical examination shall be dictated, written or updated no later than twenty-four hours after admission for all inpatients.

(4) Admitted patients or patients undergoing a procedure requiring anesthesia or sedation or surgery, the history and physical examination may be performed or updated up to thirty days prior to admission, or the procedure/surgery. If completed before admission or the procedure, there must be a notation documenting an examination for any changes in the patient's condition since the history and physical was completed. The updated examination must be completed and documented in the patient's medical record within twenty-four hours after admission, or before the procedure/surgery, whichever occurs first. It must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and be signed, dated and timed. In the event the history and physical update is performed by the medical staff member's designee or other licensed health care professional who is appropriately credentialed by the hospital, it shall be countersigned, dated and timed by the responsible medical staff member.

(a) For patients undergoing an outpatient procedure requiring anesthesia or sedation or surgery, regardless of whether the treatment, procedure or surgery is high or low risk, a history and physical examination must be performed by a member of the medical staff, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital and must be signed or countersigned when required, timed and dated.

(b) If a licensed health care professional is appropriately credentialed by the hospital to perform a procedure or surgery independently, a history and physical performed by the licensed health care professional prior to the procedure or surgery is not required

to be countersigned.

(5) Hospital-based ambulatory clinic: If a history and physical examination is performed by a licensed health care professional who is appropriately credentialed by the hospital to see patients independently, the history and physical is not required to be countersigned.

(6) When the history and physical examination including the results of indicated laboratory studies and x-rays is not recorded in the medical record before the times stated for a procedure or surgery, the procedure or surgery cannot proceed until the history and physical is signed or countersigned, when required, by the responsible medical staff member, and indicated test results are entered into the medical record. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the medical record by the responsible medical staff member, his/her designee, or other licensed health care professional who is appropriately credentialed by the hospital, and the procedure or surgery may begin. When there is disagreement concerning the urgency of the procedure, it shall be adjudicated by the medical director or the medical director's designee.

(7) Ambulatory patients must have a history and physical at the initial visit.

(8) For psychology, psychiatric and substance abuse ambulatory sites, if no other acute or medical condition is present on the initial visit, a history and physical examination may be performed either:

(a) Within the past six months prior to the initial visit,

(b) At the initial visit, or

(c) Within thirty days following the initial visit.

(Board approval dates: 5/14/2010, 6/6/2014, 11/7/2014, 11/6/2015, 8/20/2024)

3335-111-12 Amendments and adoption.

(A) Medical staff responsibility.

The medical staff bylaws committee shall have the initial responsibility to formulate, review at least biennially, and recommend to the quality and professional affairs committee of the Wexner medical center board any medical staff bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the bylaws shall be effective when approved by the university board of trustees. Amendments to the rules and regulations shall be effective when approved by the Wexner medical center board.

Such responsibility shall be exercised in good faith, in a timely manner and in accordance with applicable laws and regulatory standards. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of these bylaws.

The organized medical staff shall also have the ability to propose amendments to the medical staff bylaws, rules and regulations and policies and procedures and propose them directly to the quality and professional affairs committee of the Wexner medical center board.

If the voting members of the organized medical staff propose to adopt amendments to the bylaws, rules and regulations or policies, they must first communicate the proposal to the medical staff administrative committee. When the medical staff administrative committee proposes to adopt

amendments to the bylaws, rules and regulations or policies, it communicates the proposal to the organized medical staff.

Conflict between the organized medical staff and the medical staff administrative committee will be managed by allowing communication directly from the medical staff to the quality and professional affairs committee of the Wexner medical center board on issues including, but not limited to: amendments to the bylaws and the adoption of new rules and regulations or policies. Medical staff members may communicate with the quality and professional affairs committee of the Wexner medical center board by submitting their communication in writing to the chief of staff, who shall then communicate on their behalf to the quality and professional affairs committee of the Wexner medical center board at its next regularly scheduled meeting for final determination.

In cases of urgent need to update the medical staff bylaws or rules and regulations in order to comply with law, statute, federal regulation, or accreditation standard, the medical staff administrative committee and the quality and professional affairs committee of the Wexner medical center board may provisionally approve an urgent amendment without prior notification to the medical staff. The medical staff shall be immediately notified by the medical staff administrative committee. The medical staff shall have the opportunity for review of and vote on the provisional amendment. If the medical staff votes in favor of the provisional amendment it shall stand. If there is conflict over the provisional amendment, process for resolving conflict between the organized medical staff and the medical staff administrative committee shall be implemented.

(B) Methods of adoption and amendment to these bylaws.

Proposed amendments to these bylaws may be originated by the medical staff bylaws committee, medical staff administrative committee or by a petition signed by twenty-five percent (25%) of attending medical staff members.

Each attending medical staff member will be eligible to vote on the proposed amendment via secure ballot in a manner determined by the medical staff administrative committee. All attending medical staff members shall receive at least fourteen days advance notice of the changes to be adopted:

(1) The medical staff receives a simple majority of the votes cast by those members eligible to vote.

(2) Amendments so adopted shall be effective when approved by the university board of trustees.

(C) Methods of adoption and amendment to medical staff rules, regulations and policies.

The medical staff may adopt additional rules, regulations and policies as necessary to carry out its functions and meet its responsibilities under these bylaws.

Proposed amendments to the rules, regulations and policies may be originated by the medical staff bylaws committee or the medical staff administrative committee.

The medical staff administrative committee shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the medical staff administrative committee, rules and regulations may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the organized medical staff, and the Wexner medical center board. Policies and procedures will become effective upon approval of the medical staff administrative committee.

In addition to the process described above, the organized medical staff itself may recommend directly to the quality and professional affairs committee of the Wexner medical center board an amendment

to any rules, regulation, or policy by submitting a petition signed by twenty-five per cent of the members of the attending medical staff category. Upon presentation of such petition, the adoption process outlined above will be followed.

(D) The medical staff administrative committee may adopt such amendments to these bylaws, rules, regulations, and policies that are, in the committee's judgment, administrative, technical or legal modifications or clarifications. Such modifications may include reorganization or renumbering, punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Wexner medical center board but must be approved by the vice president of health services. Neither the organized medical staff nor the Wexner medical center board may unilaterally amend the medical staff bylaws or rules and regulations.

The medical staff bylaws, rules and regulations, Wexner medical center board bylaws, and relevant policies shall not conflict. The medical staff bylaws committee shall assure that there is no conflict.

(Board approval dates: 9/1/1993, 3/3/1995, 12/3/1999, 9/6/2002, 2/6/2004, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 11/7/2014, 8/15/2023)

3335-111-13 Meetings and dues.

(A) Meetings.

The medical staff of the CHRI shall conduct scheduled meetings semi-annually. Notice of the meetings will be sent to all medical staff at least two weeks prior to the meeting. Attendance is encouraged, but shall not be a requirement for continued medical staff membership and clinical privileges. Special or electronic meetings may be called at the option of the medical staff administrative committee.

(B) Dues. The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued medical staff membership except honorary, clinical, and limited staff.

(Board approval date: 4/8/2011)

3335-111-14 Rules of construction.

(A) "Shall" as used herein is to be construed as mandatory.

(B) These bylaws should be construed to be gender neutral.

(Board approval dates: 9/1/1993, 12/6/1996, 9/1/1999, 9/6/2002, 5/14/2010, 4/8/2011)

The Ohio State University
Board of Trustees

December 4, 2025

APPROVAL OF AMENDMENTS TO THE *MEDICAL STAFF RULES AND REGULATIONS*

THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER
ARTHUR G. JAMES CANCER HOSPITAL AND RICHARD J. SOLOVE RESEARCH INSTITUTE

Synopsis: The amendments to the *Medical Staff Rules and Regulations* of the Arthur G. James Cancer Hospital and Richard J. Solove Research Institute are recommended for approval.

WHEREAS a summary of the proposed amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital is attached; and

WHEREAS the proposed amendments are also attached; and

WHEREAS the proposed amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital were approved by the James Cancer Hospital Medical Staff Administrative Committee on September 19, 2025; and

WHEREAS on October 28, 2025, the Quality and Professional Affairs Committee recommended that the Wexner Medical Center Board approve the amendments to the *Medical Staff Rules and Regulations* of the James Cancer Hospital:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board and The Ohio State University Board of Trustees hereby approve the amendments to the *Medical Staff Rules and Regulations* for The James.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

MEDICAL STAFF RULES AND REGULATIONS
Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
as of August 15, 2023

01 Ethical pledge.

(A) Each member of the medical staff and health care providers with clinical privileges shall pledge adherence to standard medical ethics, including:

(1) Refraining from fee splitting or other inducements relating to patient referral;

(2) Providing for continuity of patient care;

(3) Refraining from delegating the responsibility for diagnosis or care of hospitalized patients to a medical or dental practitioner or other licensed healthcare professional who is not qualified to undertake this responsibility or who is not adequately supervised;

(4) Seeking consultation whenever necessary; and

(5) Never substituting physicians without the patient's knowledge or appropriate consent.

(Board approval dates: 7/7/2006, 8/31/2012, 4/6/2016)

02 Admission procedures.

(A) Except in an emergency, in the interest of assignment to the appropriate service, no patient shall be admitted to the hospital until after a provisional diagnosis has been stated by the patient's attending physician a member of the attending staff, limited staff member or other licensed healthcare professional who is appropriately credentialed by the hospital and under the supervision of the responsible medical staff member. The request for admission shall also include the following information:

(1) Any facts essential for the protection of the general hospital population against unnecessary exposure to infectious and other communicable diseases.

(2) Any information which will warn responsible hospital personnel of any tendency of any patient to commit suicide or to injure others because of mental disturbance.

(3) Any information concerning physical condition or personality idiosyncrasy which might be objectionable to other patients who might be occupying the same or adjoining rooms.

(B) It shall be the responsibility of the attending physician to notify hospital or medical staff personnel of the existence of mental or substance disorders and to order such precautionary measures as may be necessary to assure protection of the patient and the protection of others whenever a patient might be a source of danger. The attending physician is responsible to provide a comprehensive plan of care, including emergency care.

(Board approval dates: 9/18/2009, 4/6/2016)

03 Attending assignment.

(A) All patients entering the Arthur G. James cancer hospital and Richard J. Solove research institute (CHRI) who have not requested the services of a member of the medical staff to be responsible for their care and treatment while a patient therein shall be assigned to a member of the attending staff of the service concerned with the treatment of the disease, injury, or condition which necessitated the admission of the patient to the CHRI. This shall also apply to the transfer of patients within the services of the CHRI.

(B) Alternative attending medical staff member coverage.

Each division shall have a plan for medical coverage. Each member of the medical staff shall designate on his or her medical staff application one or more members of the attending or limited medical staff who have accepted this responsibility and who shall be called to attend his or her patients if the responsible attending medical staff member is not available, the director of medical affairs, section chiefs, department chair or his designee shall have authority to contact any member of the medical staff and arrange for coverage should the attending medical staff member and the alternate be unavailable.

(C) In the case of a medical or psychiatric emergency involving a patient, visitor or CHRI staff member in an inpatient or outpatient setting, any individual who is a member of the medical staff or who has been delineated privileges is permitted to do everything possible to save the life or prevent serious harm regardless of the individual's staff status or clinical privileges.

(Board approval dates: 11/4/2005, 2/11/2011, 4/6/2016)

04 Consultations.

(A) Consultation requirements.

When a patient care problem is identified that requires intervention during the hospital stay that is outside the medical staff member’s area of training and experience, it is the responsibility of the medical staff member or his or her designee (with appropriate credentials) to obtain consultation by the appropriate specialist. The consultation may be ordered by the responsible medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges as designated in these rules and regulations. If a consultation is ordered prior to 10:00 a.m., the consult shall occur on the same business day. If a consultation is ordered after 10:00 a.m., the consult shall occur within twenty-four hours. Each patient is continuously assessed and his or her plan for care if modified as necessary.

(B) Responsibility to monitor consultations.

It is the duty of the medical staff, through its clinical section chief and the medical staff administrative committee, to assure that members of the staff comply in the matter of requesting consultations as needed.

(C) Consultation contents.

A satisfactory consultation shall be rendered within one day of the request and shall include examination of the patient, examination of the medical record, and a written opinion signed by the consultant that is made a part of such record. If operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation.

(Board approval dates: 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 4/8/2011, 4/6/2016)

05 Order writing privileges.

(A) Definition of "patient orders".

(1) A patient order(s) is a prescription for care or treatment of patients. An order can be given verbally, electronically or in writing to qualified personnel identified by category in paragraph (C) of this rule and shall be authenticated by the licensed medical practitioner, a member of the limited staff, or another licensed healthcare professional with appropriate clinical privileges. Patient orders may be given initially, renewed, discontinued or cancelled. Throughout these rules and regulations, the word “written” and its grammatical derivatives, as used to describe a nonverbal order, refer to both written and electronically entered orders.

(2) Electronic orders are equivalent and have the same authority as written orders. Electronic orders have been expressly structured to mirror these rules and regulations and all policy guidelines adopted by the medical staff and hospital administration.

(B) Responsible medical practitioner.

All patient care is the responsibility of the attending, associate attending, clinical attending, or community associate attending staff. Coverage may be provided by the limited staff or another licensed healthcare professional with appropriate clinical privileges under supervision. The licensed physician, dentist, podiatrist, or psychologist (under medical doctor supervision) with appropriate clinical privileges responsible for the hospitalization or outpatient care, and treatment of the patient is responsible for all orders for the patient. Attending, associate attending and clinical medical staff may designate members of the limited staff, or other licensed healthcare professionals with appropriate clinical privileges to write or electronically enter orders under their direction. The attending staff member may also designate members of the pre-M.D. medical student group to write or electronically enter orders, but in all cases these orders shall be signed by the physician, dentist, psychologist, podiatrist, or designated limited staff member who has the right to practice medicine, dentistry, psychology, or podiatry and who is responsible for that patient's care prior to the execution of the order. Supervising physicians may delegate to a medical staff member (who is appropriately credentialed) the ability to relay, enter, transcribe or write orders for routine laboratory, radiologic and diagnostic studies under their direction, but, in all cases, the order shall be co-signed by the supervising physician within twenty-four hours of the order being written. Community associate staff coverage may be provided by the limited staff under supervision.

(C) Telephone and verbal orders may be given by the responsible attending physician, dentist, podiatrist, psychologist, member of the limited medical staff, or other licensed healthcare professionals with appropriate clinical privileges only to health care providers who have been approved in writing by title or category by the director of medical affairs and each chief of the clinical service where they will exercise clinical privileges, and only where said health care provider is exercising responsibilities which have been approved and delineated by job description for employees of the hospital, or by the customary medical staff credentialing process when the provider is not an employee of the hospital. Lists of the approved titles or categories of providers shall be maintained by the director of medical affairs. Verbal orders should be utilized infrequently. The individual giving the verbal or telephone order must verify the complete order by having the person receiving the information record and “read back” the complete order to assure the quality and safety of patient care. The job description or delineated privileges for each provider must indicate each provider’s authority to receive telephone or verbal orders, including but not limited to the authority to receive orders for medications. The order is to be recorded and authenticated by approved health care provider to whom it is given as “verbal order by _____,” or “V.O. or T.O. by _____,” giving the licensed healthcare practitioner’s name and the time of the order, followed by the approved health care provider’s signature and date, and read back in its entirety to the ordering physician, dentist, psychologist, podiatrist, designated limited staff member, or other licensed healthcare professionals with appropriate clinical privileges. All verbal orders for DEA schedule II controlled substances, patient seclusion, or patient restraint must be

authenticated within twenty-four hours by signature of a licensed physician, dentist, podiatrist, psychologist, or designated limited staff member or other licensed healthcare professionals with appropriate clinical privileges. Verbal orders for directives of urgent issues that cannot be addressed by the prescriber's order entry are encouraged to be signed electronically within forty-eight hours, but must be authenticated within twenty-one days by signature by a licensed physician, dentist, podiatrist, psychologist, limited staff member, or other licensed healthcare professionals with appropriate clinical privileges.

(D) Standing orders.

Standing orders for medications are only approved in emergency situations. All other standing orders must be developed, approved, used and monitored in strict compliance with the standing orders medical staff policy approved by the medical staff administrative committee and hospital administration.

(E) Preprinted orders.

Preprinted order forms for patients must be reviewed, dated, timed and signed by a responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges before becoming effective.

(F) Investigational drug orders.

Evidence of informed patient consent must be available to a nurse or pharmacist before an investigational agent is ordered and administered. Investigational drugs may be ordered only upon authorization of the principal or co-investigator or other delegated physician, dentist, or podiatrist named in FDA forms 1572 or 1573. Registered nurses or pharmacists who are knowledgeable about the investigational agents may administer the drugs to patients.

(G) Change of nursing service.

Level of care is defined as the type and frequency of medical and nursing interventions required to appropriately manage the medical and nursing care requirements of the patient. "Change of level of care" means official and physical movement (transfer) of a patient from an inpatient or observation care unit providing one level of care to another providing a different level of care, with or without change in attending physician, dentist, psychologist or podiatrist or clinical service. Orders effective before transfer must be reviewed, renewed or rewritten upon transfer by signature of a responsible medical practitioner. The new or renewed orders may be written or electronically entered before or when the patient arrives on the receiving unit and may become effective immediately.

In each case of "change of nursing service," it is the responsibility of the receiving nurse to establish the availability of renewed or new written or electronically entered orders. Prior orders will remain in effect until new orders are available. This should be done within eight hours of transfer.

(H) "Transfer of clinical service" means transfer of full patient responsibility from one attending physician, dentist, psychologist or podiatrist to another; the patient may remain on the same unit or a change in patient care area may also occur. Admission of a patient from an emergency service to the hospital as an inpatient involves "transfer of clinical service."

For the purposes of order writing or electronically entering orders, two essentials of "transfer of clinical service" are necessary:

(1) The initial transfer order must indicate the release of responsibility and control of the patient, pending acceptance by the receiving service. The order may read "transfer (or admit) to Dr., head and neck service."

(2) Transfer of service may be completed only by the receiving service writing an order to the effect "accept in transfer (or admission) to Dr., head and neck service."

Orders effective before the transfer must be renewed or rewritten upon transfer by signature of a responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges. The new or renewed orders may be written or electronically entered before or at the time of transfer, and may become effective immediately. It is the responsibility of the receiving nurse to establish the availability of new or renewed orders. If new orders are unavailable, then the nurse may continue previous orders and immediately notify the responsible medical practitioner, a limited staff member, or other licensed healthcare professionals with appropriate clinical privileges.

(I) Patient orders and the "covering" medical practitioner.

"Coverage" of patient responsibilities for another physician, dentist or podiatrist for a brief period of time does not constitute or require "transfer of clinical service" unless so desired and agreed upon by the physician, dentist, or podiatrist and patient.

(J) Hospital discharge/readmission orders.

Hospital discharge from standard inpatient units or day care unit to outpatient status requires appropriate discharge orders. Readmission to any inpatient unit requires new, rewritten/reentered or renewed orders by signature of the responsible medical practitioner, limited staff member, or other licensed healthcare professional with appropriate privileges and under the supervision of the responsible medical staff member.

(K) Do not resuscitate orders.

The order for do not resuscitate indicating that the patient should not undergo cardiopulmonary resuscitation may be written only by the attending physician or his delegate. Verbal orders for do not resuscitate will not be accepted under any circumstances. The order for do not resuscitate may be rescinded only by the attending physician or delegate and an order must be written to annul said order. Please refer to hospital policy 03-24 do not resuscitate orders for further details.

(L) Hospital admission/observation orders.

Hospital admission/observation requires an appropriate level of care (ALOC) order designating the patient as inpatient or outpatient (observation). The appropriate level of care (ALOC) order may be written a signed by the attending physician. If the ALOC order for inpatient admission is written by a member of the limited staff or other licensed healthcare practitioner with appropriate clinical privilege, it must be co-signed by the attending physician prior to the patient being discharged from the hospital. Admission to any inpatient unit or placing a patient in observation status requires new, rewritten/reentered or renewed orders by the responsible medical practitioner or limited staff member or other licensed healthcare professional with appropriate privileges and under the supervision of the responsible medical staff member.

(Board approval dates: 4/6/2016, 9/2/2016)

06 Death procedures.

(A) Every member of the medical staff shall be actively interested in securing necropsies in every death on their service. No autopsy shall be performed without written consent, permission, or direction as prescribed by the laws of Ohio.

(B) The death of a patient in the hospital within twenty-four hours of admission must be reported to the proper legal authorities under the laws of Ohio.

(C) When a necropsy is performed, provisional anatomic diagnosis should be recorded in the medical record within three days and the complete protocol should be made a part of the record within sixty days.

(D) Criteria for autopsy requests include the following:

(1) Coroner's cases when the coroner elects not to perform an autopsy. The county coroner has jurisdiction for performing an autopsy when death is the result of violence, casualty, or suicide, or occurs suddenly in a suspicious or unusual manner. Deaths occurring during surgery or within twenty-four hours of admission to the hospital are also coroner's cases, and the decision whether to autopsy is the coroner's responsibility. When the coroner elects not to perform an autopsy, a request of an autopsy shall be made pursuant to paragraph (A) of this rule.

(2) Unexpected or unexplained deaths, where apparently due to natural causes or due to those occurring during or following any surgical, medical, or dental diagnostic procedures or therapies.

(3) Undiagnosed infections disease where results may be of value in treating close contacts.

(4) All deaths in which the cause of death is not known with certainty on clinical grounds.

(5) Cases where there is question of disease related to occupational exposure.

(6) Organ donors (to rule out neoplastic or infectious disease).

(7) Cases in which autopsy may help to allay the concerns of the family or public regarding the death and to provide assurance to them regarding the same.

(8) Deaths in which autopsy may help to explain unknown or unanticipated medical complications to the attending.

(9) Deaths of patients who have participated in investigational therapy protocols.

(10) Deaths in which there is a need to enhance the education and knowledge of the medical staff and house staff. The attending practitioner shall be notified of the autopsies performed by the pathology department.

(E) When an autopsy is performed, provisional anatomic diagnosis should be recorded in the medical record within three days and the complete protocol should be made a part of the record within sixty days.

(Board approval dates: 11/4/2005, 4/6/2016)

07 Emergency preparedness.

(A) Emergency care.

Emergency care is considered to be treatment rendered to stabilize the patient prior to transport to the Ohio state university hospital's emergency department or other appropriate facility as the patient's condition dictates.

(B) Disaster preparedness.

In case of a civil, military, natural emergency or disaster, patients may be discharged from the CHRI, moved to other community hospitals, or moved to other facilities made available for the care and treatment of patients, by the order of the director of medical affairs of the CHRI or the director of medical affairs designated agent, to preserve life and health, to make room for more critically ill or injured patients sent to the hospitals from a disaster area or for the purpose of saving lives and to provide adequate medical care and treatment.

(Board approval dates: 11/4/2005, 2/6/2009, 4/6/2016)

08 Surgical case review (tissue committees).

Surgical case review shall be performed on an on-going basis by each department regularly doing surgical procedures in conjunction with the clinical quality management committee. The review shall include indications for surgery and all cases in which there is a major discrepancy between preoperative and postoperative (including pathologic) diagnoses. Discrepancies between the clinical impression and tissue removed during a surgical procedure are identified by pathology and then referred to the appropriate department for review. A screening mechanism based on predetermined criteria may be established for cases involving no specimens. Written records of the evaluations and any action taken shall be maintained in the quality and operations improvement department, and be available to the director of medical affairs, the CHRI section chief, department chairperson or their designees.

(Board approval dates: 11/4/2005, 4/6/2016)

09 Tissue disposition.

All tissue and foreign bodies removed during a surgical procedure shall be sent to the pathology laboratory for examination except for the following categories. These exceptions may be invoked by the attending surgeon only when the quality of care is not compromised by the exception when another suitable means of verification of the removal is routinely employed and when there is an authenticated operative or other official report that documents the removal. The categories of specimens that may be exempted from pathological examination are the following:

(A) Specimens that by their nature or condition do not permit fruitful examination, such as cataract, orthopedic appliance, foreign body, or portion of rib removed only to enhance operative exposure;

(B) Therapeutic radioactive sources, the removal of which shall be guided by radiation safety monitoring requirements;

(C) Traumatically injured members that have been amputated and for which examination for either medical or legal reasons is not deemed necessary;

(D) Foreign bodies (for example bullets) that for legal reasons are given directly in the chain of custody to law enforcement representatives.

(E) Specimens known to rarely if ever show pathological change, and removal of which is highly visible postoperatively.

(F) Teeth, provided the number including fragments is recorded in the medical record.

(G) Specimens for gross only examination.

(H) Medical devices. Soft tissue accompanying medical devices may be submitted for microscopic examination if deemed appropriate by the pathologist.

(I) Foreign bodies that are hard and cannot be decalcified. Accompanying soft tissue may be submitted for microscopic examination if deemed appropriate by the pathologist.

(J) Portions of bone removed from feet for bunions/hammer toes, if microscopic exam deemed unnecessary by pathology.

(K) Portions of rib removed for operative exposure only and not designated "disposal only." At the pathologist's discretion, marrow samples from such ribs may be submitted for microscopic examination.

(L) Nasal bone and cartilage removed for deviated septum (does not apply if deviation due to neoplastic or inflammatory process). If soft tissue accompanies nasal bone and cartilage, it may be examined at pathologist's discretion.

(Board approval dates: 11/4/2005, 4/6/2016)

10 Medical records.

(A) Each member of the medical staff shall conform to the following medical information management department policies:

(1) Medical record contents.

(a) The attending physician is ultimately responsible for the preparation of a complete medical record for each patient. The medical record may contain information collected and maintained by members of the medical staff, limited staff, other licensed healthcare professionals, medical students or providers who participate in the care of the patient. This record shall including the following elements as it applies to the patient encounter:

(i) Identification demographic data including the patient’s race and ethnicity.

(ii) The patient’s language and communication needs.

(iii) Emergency care provided to the patient prior to arrival, if any.

(iv) The legal status of patients receiving mental health services.

(v) Evidence of known advance directives.

(vi) Statement of present complaint.

(vii) History and physical examination.

(viii) Any patient generated information.

(ix) Provisional diagnosis.

(x) Documentation of informed consent when required.

(xi) Any and all orders related to the patient’s care.

(xii) Special reports, as those from:

(a) The clinical laboratory, including examination of tissues and autopsy findings, when applicable.

(b) Signed and dated reports of nuclear medicine interpretations, consultations, and procedures.

(c) The radiology department.

(d) Consultants ~~as verified by the attending medical staff member's signature~~.

(xiii) Medical and surgical treatments.

(xiv) Progress notes.

(xv) Pre-sedation or pre-anesthesia assessment and plans of care for patients receiving anesthesia.

(xvi) An intra-operative anesthesia record.

(xvii) Postoperative documentation records, the patient's vital signs and level of consciousness; medications, including IV fluids, blood and blood components; any unusual events or postoperative complications; and management of such events.

(xviii) Postoperative documentation of the patient's discharge from the post-sedation or post-anesthesia care area by the responsible licensed independent practitioner or according to discharge criteria.

(xix) A post anesthesia follow-up report written within forty-eight hours after surgery by the individual who administers the anesthesia.

(xx) All reassessments and any revisions of the treatment plan.

(xxi) Every dose of medication administered and any adverse drug reaction.

(xxii) Every medication dispensed to an inpatient at discharge.

(xxiii) Summary and final diagnosis as verified by the attending physician's signature.

(xxiv) Discharge disposition, condition of patient at discharge, instructions given at that time and the plan for follow up care.

(xxv) Any referrals and communications made to external or internal providers and to community agencies.

(xxvi) Any records of communication with the patient made by telephone or email or patient electronic portal.

(xxvii) Memorandum copy of the death certificate when applicable.

(2) Deadlines and sanctions.

(a) A procedure note shall be entered in the record by the responsible attending medical staff member or the medical staff member's designee (who is appropriately credentialed) immediately upon completion of an invasive procedure. Procedure notes must be written for any surgical or medical procedures, irrespective of their repetitive nature, which involve material risk to the patient. Notes for procedures performed in the operating rooms must be finalized in the operating room information system by the attending surgeon. For any formal operative procedures, a note shall include pre-operative and post-operative diagnoses, procedure(s) performed and description of each procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications, estimated blood loss, any pertinent information not included on the O.R./anesthesia record, preliminary surgical findings, and specimens removed and disposition of each specimen. Where a formal operative procedure report is appropriate, the report must be completed immediately following the procedure. The operative/procedure report must be signed by the attending medical staff member. Any operative/procedure report not completed or any procedure note for procedures completed in the operating rooms not completed in the operating room information system by 10:00 a.m. the day following the procedure shall be deemed delinquent and the attending medical staff member responsible shall lose operating/procedure room and medical staff privileges the following day. The operating rooms and procedure rooms will not cancel cases scheduled before the suspension occurred. Effective with the suspension, the attending medical staff member will lose all privileges to schedule elective cases. Affected medical staff members shall receive telephone calls from the medical information management department indicating the delinquent operative/procedure reports.

(b) Progress notes must provide a pertinent chronological report of the patient's course in the hospital and reflect any change in condition or results of treatment. A progress note must be completed by the attending medical staff member or his or her designated member of the limited medical staff or practitioner with appropriate privileges at least once every day. Each medical student or other licensed health care professional progress note in the medical records should be signed or counter-signed by a member of the attending, courtesy, or limited staff.

(c) Medical staff members with more than twenty-five verbal orders that remain unsigned greater than twenty-one days after the date of the order will be subject to corrective action including administrative suspension which may include suspension of admitting and operating room scheduling privileges until the orders are signed. Medical staff members shall be notified electronically prior to suspension for unsigned verbal orders.

(d) Birth certificates must be signed by the medical staff member who delivers the baby within one week of completion of the certificate. Fetal death certificates and death certificates must be signed and the cause of death must be recorded by the medical staff member with a permanent Ohio license within twenty-four hours of death.

(e) Office visit encounters shall be closed within ten days of the patient’s visit.

(f) All entries not previously defined must be signed within ten days of completion.

(g) Queries by clinical documentation specialists requesting clarification of a patient’s diagnoses and procedures will be resolved within five business days of confirmed notification of request.

(3) Discharges.

(a) Patients may not be discharged without a written or electronically entered discharge order from the appropriately credentialed, responsible medical staff member, a limited staff member or other licensed healthcare professional.

(b) At the time of discharge, the appropriately credentialed attending medical staff member, limited staff member, or other licensed healthcare professional is responsible for certifying the principal diagnosis, secondary diagnosis, the principal procedure, if any, and any other significant invasive procedures that were performed during the hospitalization. If a principal diagnosis has not yet been determined, then a "provisional" principal diagnosis should be used instead.

(c) The discharge summary must be available to any facility receiving the patient before the patient arrives at the facility. Similarly, the discharge summary must be available to the care provider before the patient arrives at any outpatient care visit subsequent to discharge. The discharge summary should be available within forty-eight hours of discharge for all patients. The discharge summary should be signed by the responsible attending medical staff member within forty-eight hours of availability.

(d) The discharge summaries must contain the following elements:

i. hospital course including reason for hospitalization and significant findings upon admission;

ii. principal and secondary diagnoses or provisional diagnosis;

iii. relevant diagnostic test results;

iv. procedures performed and care, treatment and services provided;

v. condition on discharge;

vi. medication list and medication instructions;

vii. plan for follow-up of tests and studies for which results are pending at discharge;

viii. coordination and planning for follow-up testing and physician appointments;

ix. plans for follow-up care and communication, and the instructions provided to the patient.

(e) All medical records must be completed by the attending medical staff member or, when applicable, the limited staff member or other licensed healthcare professional who is appropriately credentialed by the hospital, within twenty-one days of discharge of the patient.

(f) Attending medical staff members shall be notified prior to suspension for all incomplete records. After notification, attending medial staff members shall have their admitting and operative scheduling privileges suspended until all records are completed. Attending medical staff members shall receive electronic notification of delinquent records. If an attempt is made by the attending medical staff member, or the attending medical staff member’s designee, who is appropriately credentialed by

the hospital, when applicable, to complete the record, and the record is not available electronically for completion, the record shall not be counted against the attending medical staff member. Medical staff members who are suspended for a period of longer than one hundred twenty consecutive days are required to appear before the practitioner evaluation committee.

(g) Records which are incomplete greater than twenty-one days after discharge or the patient's visit are defined as delinquent.

(4) Confidentiality.

Access to medical records is limited to use in the treatment of patients, research, and teaching. All medical staff members are required to maintain the confidentiality of medical records. Improper use or disclosure of patient information is subject to disciplinary action.

(5) Ownership.

Medical records of hospital sponsored care are the property of the hospital and shall not be removed from the hospital's jurisdiction and safekeeping except in accordance with a court order, subpoena, or statute.

(6) Records storage, security, and accessibility.

All patient's records, pathological examinations, slides, radiological films, photographic records, cardiographic records, laboratory reports, statistical evaluations, etc., are the property of the CHRI and shall not be taken from the CHRI except on court order, subpoena or statute duly filed with the medical record administrator or the hospital administration. The hospital administration may, under certain conditions, arrange for copies or reproductions of the above records to be made. Such copies may be removed from the hospital after the medical record administrator or the proper administrative authority has received a written receipt thereof. In the case of readmission of the patient, all previous records or copies thereof shall be available for the use of the attending medical staff member.

In general, medical records shall be maintained by the hospital. Records on microfilms, paper, electronic tape recordings, magnetic media, optical disks, and such other acceptable storage techniques shall be used to maintain patient records for twenty-one years for minors and ten years for adults. In the case of readmission of the patient, all records or copies thereof from the past ten/twenty-one years shall be available for the use of the attending medical staff member or other health care providers.

(7) Informed consent documentation.

(a) Where informed consent is required for a special procedure (such as surgical operation), documentation that such consent has been obtained must be made in the hospital record prior to the initiation of the procedure.

(b) In the case of limb amputation, a limb disposition form, in duplicate, must be signed prior to the operation.

(8) Sterilization consent.

Prior to the performance of an operative procedure for the expressed purpose of sterilization of a (male or female) patient, the attending medical staff member shall be responsible for the completion of the legal forms provided by the hospital and signed by the patient. Patients who are enrolled in the Medicaid program must have their forms signed at least thirty days

prior to the procedure. Informed consent must also be obtained from one of the parents or the guardian of an unmarried minor.

(9) Criteria changes.

The medical information management department shall make recommendations for changes in the criteria for record completion with approval of the medical staff.

(10) Entries and authentication.

(a) Entries in the medical record can only be made by staff recommended by the medical information management department subject to the approval of the medical staff.

(b) All entries must be legible and complete and must be authenticated, dated and timed promptly by the person, identified by name and credentials, who is responsible for ordering, providing, or evaluating the service furnished.

(c) The electronic signature of medical record documents requires a signing password. At the time the password is issued, the individual is required to sign a statement that she/he will be the only person using the password. This statement will be maintained in the department responsible for the electronic signature.

(d) Signature stamps may not be used in the medical record.

(11) Abbreviations.

Abbreviations, acronyms and symbols appearing on the non-approved abbreviations list may not be used in the medical record.

(Board approval dates: 9/18/2009, 4/8/2011, 8/31/2012, 4/6/2016, 9/2/2016, 4/6/2018, 5/31/2019, 2/8/2022)

11 Committees.

In addition to the medical staff committees, the medical staff shall participate in the following hospital and monitoring functions: infection control, clinical quality management, safety, and disaster planning and in other quality leadership council policy groups.

Operating Room Committee

(A) The operating room committee shall have representation from all clinical departments utilizing the operating room. Representation will include: medical director of the CHRI operating room, the section or division chief, or their designee, of: surgery, gynecologic oncology, urology, otolaryngology, radiation oncology, thoracic surgery, surgical oncology, neurological surgery, orthopedic surgery, anesthesia, and plastic surgery; epidemiology/infection control, the medical director of perioperative services for the Ohio state university, the CHRI medical director of quality, the director of perioperative services of the CHRI operating room, the manager of perioperative services, the director of admitting, the operating room coordinator, and the CHRI director of operations. The committee chair will be a CHRI surgeon selected by the nominating committee and shall serve a two-year term beginning on the first of July. The committee shall meet monthly and carry out the following duties:

(1) Develop written policies and procedures concerning the scope and provision of care in the surgical suite in cooperation with the departments and services concerned, including allocation of operating room resources. Allocation of operating room time will be done by the director of medical affairs and approved by the operating room committee.

(2) Monitor quality concerns and consider problems and improvements in operating room functions brought to its attention by any of its members.

(3) Monitor medical staff compliance with operating room policies established for patient safety, infection control, access and throughput, and smooth functioning of the operating rooms.

(4) Maintain written records of actions taken, and results of those actions, and make these available to each committee member, the vice president of health services, the director of medical affairs, and the executive director of the CHRI.

(B) Each member of the medical staff shall conform to the policies established by the operating room committee, including the following:

A member of the surgical attending staff and a member of the anesthesiology staff shall be present in person for crucial periods of surgical procedures and anesthetization, shall be familiar with the progress of the procedure, and be immediately available at all times during the procedure.

Pharmacy and Therapeutics Committee (P & T Committee)

The P & T committee shall be appointed in conformity with the medical staff bylaws and have representation from medical staff, nursing, pharmacy department, and the hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

(A) Review the appropriateness, safety, and effectiveness of the prophylactic empiric and therapeutic use of drugs, including antibiotics, through the analysis of individual or aggregate patterns of drug practice.

(B) Consider the welfare of patients as well as education, research and economic factors when analyzing the utilization of drugs and related products.

(C) Advise on the use and control of experimental drugs.

(D) Develop or approve policies and procedures relating to the selection, distribution, use, handling, and administration of drugs and diagnostic testing materials.

(E) Review all significant untoward drug reactions.

(F) Maintain the Formulary of Accepted Drugs with review of proposed additions and deletions and review of use of non-formulary drugs within the institution.

(G) Maintain written reports of conclusions, recommendations, actions taken, and the results of actions taken, and report these at least quarterly to the medical staff administrative committee.

(H) Create sub-committees with defined responsibilities and scope and appoint members with expertise in specified areas.

Transfusion and Isoimmunization Committee

(A) The transfusion and isoimmunization committee has representation from physicians of the clinical departments frequently using blood products, nursing, transfusion service, and hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

(1) Evaluate the appropriateness of all transfusions, including the use of whole blood and blood components.

(2) Evaluate all confirmed or suspected transfusion reactions.

(3) Develop and recommend to the medical staff administrative committee policies and procedures relating to the distribution, use, handling, and administration of blood and blood components.

(4) Review the adequacy of transfusion services to meet the needs of patients.

(5) Review ordering practices for blood and blood products.

(6) Provide a liaison between the clinical departments, nursing services, hospital administration, and the transfusion service.

(7) Use clinically valid criteria for screening and more intensive evaluation of known or suspected problems in blood usage.

(8) Keep written records of meetings, conclusions, recommendations, and actions taken, and the results of actions taken, and make these available to each committee member and to the medical staff administrative committee.

(B) Each member of the medical staff shall conform to the policies established by the transfusion committee, including the following:

(1) All pregnant patients admitted for delivery or abortion shall be tested for Rh antigen.

(2) No medication may be added to blood or blood products.

Infection Control Committee

(A) The committee members shall be appointed and shall also include representation from nursing, environmental services, and hospital administration. The chairperson will be a physician with experience and/or training in infectious diseases and carry out the following duties.

(1) Oversee surveillance and institute any recommendations necessary for investigation, prevention, and containment of nosocomial and clinical infectious diseases of both patients and staff at all facilities operated by CHRI and subject to TJC standards.

(2) The chairperson of the committee and the hospital epidemiologist, in consultation with the director of medical affairs of the CHRI, will take necessary actions to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

Quality Leadership Council

The quality leadership council shall consist of members appointed pursuant to the university hospital's medical staff bylaws, and shall include the senior vice president for health sciences, the dean of the college of medicine and the chairperson of the professional affairs committee of the Wexner medical center board as ex officio members without a vote, and the director of medical affairs and chief of staff as voting members. The chief quality officer shall be the chairperson of the quality leadership council. The quality leadership council shall authorize policy groups to be formed to accomplish necessary hospital and medical staff functions on behalf of the CHRI and university hospitals.

CHRI representatives on the quality leadership council shall be appointed as provided in the CHRI bylaws.

(A) Duties include:

(1) To design and implement systems and initiatives to enhance clinical care and outcomes throughout the integrated health care delivery systems.

(2) To serve as the oversight council for the clinical quality management and patient safety plan.

(3) To establish goals and priorities for clinical quality, safety and service on an annual basis.

(B) James Quality, Safety and Experience Council (Q-SEC).

(1) Composition.

The members shall include physicians from various clinical areas and support services, the director of clinical quality management policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Coordinate the quality management related activities of the clinical sections or departments, the medical information management department, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and immunization, and other medical staff and hospital committees.

(b) Implement clinical improvement programs to achieve the goals of the CHRI quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

(c) Review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical section or department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.

(d) Serve as liaison between the CHRI and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.

(e) Make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the CHRI.

(f) Hear and determine issues concerning the quality of patient care rendered by members of the medical staff and hospitals staff, make appropriate recommendations and evaluate action plans when appropriate to the director of medical affairs, the chief of a clinical section or department, or hospitals administration.

(g) Appoint ad-hoc interdisciplinary teams to address hospital-wide quality management plan.

(h) Annually review and revise as necessary the hospital-wide clinical quality management plan.

(i) Report and coordinate with the quality leadership council all quality improvement initiatives.

(C) Clinical resource utilization policy group.

(1) Composition.

The members shall include physicians from various areas and support services, the director of clinical resource utilization policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Promote the most efficient and effective use of hospital facilities and services by participating in the review process and continued stay reviews on all hospitalized patients.

(b) Formulate and maintain a written resource management review plan for hospitals consistent with applicable governmental regulations and accreditation requirements.

(c) Conduct resource management studies by clinical service or by disease entity as requested or in response to variation from benchmark data would indicate.

(d) Report and recommend to the quality leadership council changes in clinical practice patterns in compliance with applicable governmental regulations and accreditation requirements when the opportunity exists to improve the resource management.

(D) Clinical Practice Guideline Committee.

(1) Composition.

The members shall include physicians from various areas and support services, the director of the practice guidelines policy group, and representation from nursing and hospitals administration. The chairperson of the policy group will be a physician.

(2) Duties.

(a) Oversee the planning, development, approval, implementation and periodic review of evidence-based medicine resources (i.e. clinical practice guidelines, quick reference guides, clinical pathways, and clinical algorithms) for use within the CHRI. Planning should be based on the prioritization criteria approved by the leadership council and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guidelines.

(b) To report regularly to the quality leadership council for approval of all new and periodically reviewed evidence-based medicine resources for use within the CHRI.

(c) Oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the CHRI. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to the quality leadership council for approval. All other computerized value enhancement for approval. All other computerized

ordersets and clinical rules should be forwarded to the quality leadership council for information.

(d) To initiate and support research projects when appropriate in support of the objectives of the quality leadership council.

(e) Oversee ongoing education of the medical staff (including specifically limited staff) and other appropriate hospital staff on the fundamental concepts and value of evidence-based practice and outcomes measurement and its relation to quality improvement.

(f) Regularly report a summary of all actions to the quality leadership council.

(Board approval dates: 11/4/2005, 7/7/2006, 2/6/2009, 9/18/2009, 5/14/2010, 2/11/2011, 4/8/2011, 4/6/2016, 5/18/2021, 8/15/2023)

12 Standards of practice.

(A) Surgical schedules shall be reviewed by the attending surgeon prior to the day of surgery. Attending surgeons must notify the operating room prior to the first scheduled case that they are physically present in the hospital and immediately available to participate in the case. Attending surgeons may accomplish this by being physically present in the operating room or by calling the operating room to notify the staff of such immediate availability. The operating room must be informed of the attending surgeon's availability prior to anesthetizing the patient. The only exception is an emergency situation, where waiting might compromise the patient's safety.

(B) All medical staff members must abide by the quality and safety protocols that may be defined by the medical staff administrative committee and the Wexner medical center board.

(C) Inpatients must be seen daily by an attending physician, with no exceptions, to provide the opportunity of answering patient and family questions.

(Board approval dates: 4/8/2011, 4/6/2016)

13 Mechanism for changing rules and regulations.

(A) These rules and regulations may be amended pursuant to rule 3335-111-12 of the Administrative Code.

(B) Amendments so accepted shall become effective when approved by the Ohio state university Wexner medical center board.

(C) These rules and regulations shall not conflict with the rules and regulations of the board of trustees of the Ohio state university.

(D) Each member of the medical staff and those having delineated clinical privileges shall have access to an electronic copy of the rules and regulations upon finalization of the approved amendment changes.

(Board approval dates: 11/4/2005, 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

14 Adoption of the rules and regulations.

These rules and regulations shall be adopted by the medical staff administrative committee and forwarded for approval in successive order to the following: the professional affairs committee of the Wexner medical center board if it meets prior to the next scheduled Wexner medical center board meeting, and the Wexner medical center board.

(Board approval dates: 7/7/2006, 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

15 Sanctions.

Each member of the medical staff shall abide by policies approved by the medical staff administrative committee of the CHRI. Failure to abide may result in suspension of some or all hospital privileges.

(Board approval dates: 9/18/2009, 2/11/2011, 4/8/2011, 4/6/2016)

The Ohio State University
Board of Trustees

December 4, 2025

APPROVAL FOR ACQUISITION OF REAL PROPERTY

2.646 +/- ACRES AT 941 CHATHAM LANE,
COLUMBUS, FRANKLIN COUNTY, OHIO

Synopsis: Authorization to acquire real property located at 941 Chatham Lane, Columbus, Ohio, is proposed.

WHEREAS The Ohio State University seeks to acquire 2.646 acres of improved real property located at 941 Chatham Lane, Columbus, Ohio, identified as Franklin County parcel number 010-003322 at a price of $3,550,000; and

WHEREAS the acquisition of this property supports the strategic investment of land assets in support of the university's current and future needs; and

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 effect the purchase of the aforementioned property upon terms and conditions deemed to be in the best interest of the university and at a purchase price at or below the appraised value.

APPROVAL FOR ACQUISITION OF REAL PROPERTY
941 CHATHAM LANE
COLUMBUS, FRANKLIN COUNTY, OHIO
BOARD BACKGROUND

Background

The Ohio State University seeks to purchase 2.646 acres located at 941 Chatham Lane from The Ohio State University Foundation. The property is considered a strategic land asset that is located contiguous to the existing Columbus campus footprint. It is located at the northeast corner of Kenny Road and Ackerman Road, just west of the State Route 315/Ackerman Road interchange, where the university already has significant land holdings. The property will be held in the name of the Board of Trustees.

Location and Description

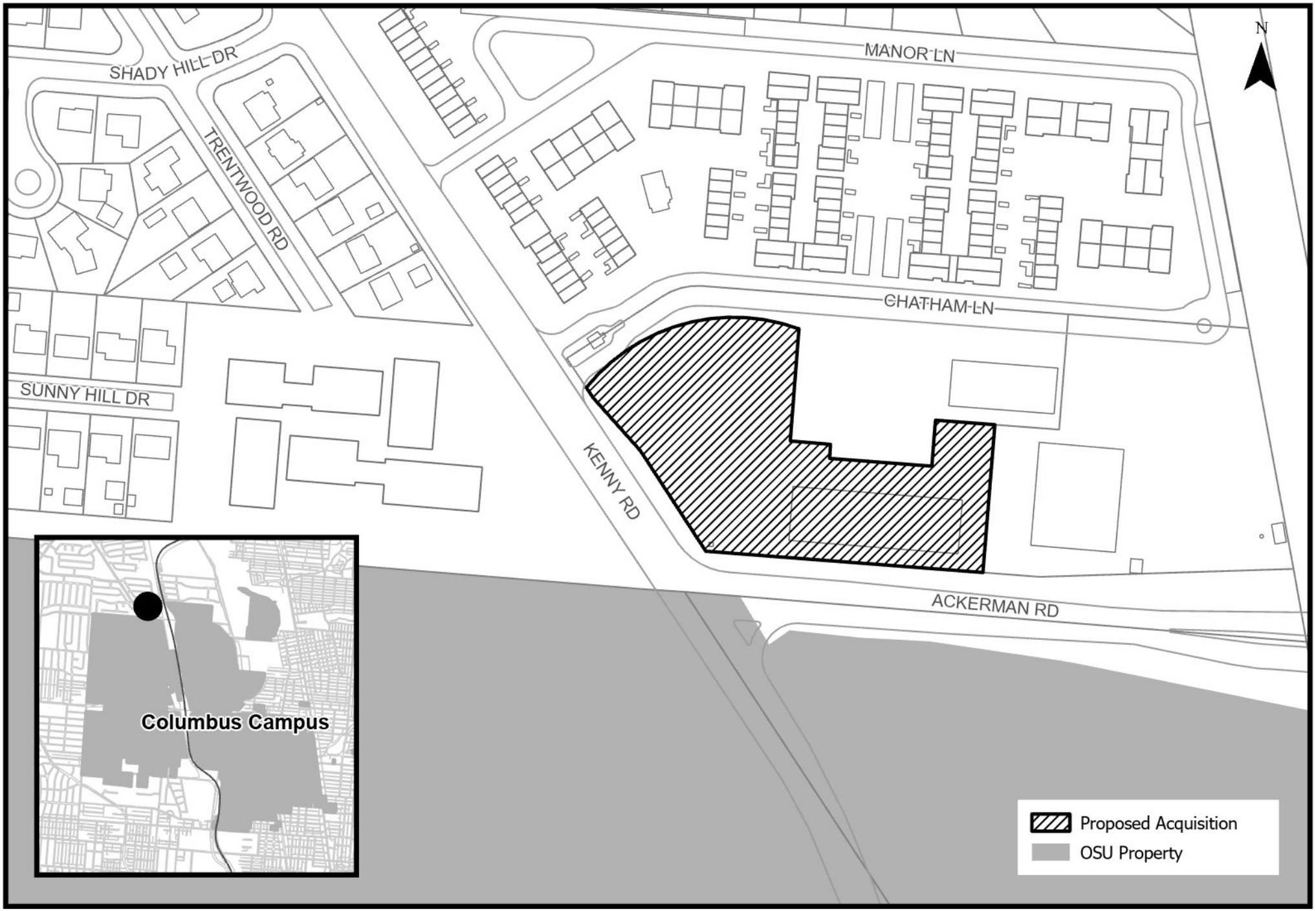
The subject property is located at 941 Chatham Lane, Columbus, Ohio 43221 and is identified as Franklin County parcel number 010-003322. The site includes an 18,530 square foot, three story brick commercial building and asphalt pavement parking lot.

Property History

In December 2022, the property was gifted to The Ohio State University Foundation. The proceeds from the sale of the property are to be used by the Foundation to establish the Peter H. Edwards, Sr. Endowment in the Max M. Fisher College of Business at The Ohio State University.

Acquisition of Property

Planning, Architecture and Real Estate (PARE), recommends that the +/- 2.646 acres of improved real property be acquired under terms and conditions that are deemed to be in the best interest of the university.



THE OHIO STATE UNIVERSITY

2.646 Acres
941 Chatham Lane Acquisition
Columbus, Franklin County, Ohio

Prepared By: The Ohio State University
Office of Planning, Architecture and Real Estate
Issue Date: September 24, 2025
The Ohio State University Board of Trustees

The Ohio State University
Board of Trustees

December 4, 2025

APPROVAL OF THE FY25 PROGRESS REPORT ON THE OHIO TASK FORCE ON AFFORDABILITY AND EFFICIENCY IN HIGHER EDUCATION RECOMMENDATIONS

Synopsis: Approval of Ohio State's FY24 progress report on the Ohio Task Force on Affordability and Efficiency recommendations, which will be submitted to the Chancellor of Higher Education, is proposed.

WHEREAS Governor John R. Kasich established the Ohio Task Force on Affordability and Efficiency in Higher Education in 2015 to recommend solutions for state colleges and universities to enhance affordability and efficiency; and

WHEREAS The Ohio State University supported the goals and work of this task force; and

WHEREAS the task force delivered its recommendations in the report "Action Steps to Reduce College Costs" on October 1, 2015; and

WHEREAS House Bill 49 (Section 381.550) requires the Board of Trustees of each state college and university to approve an efficiency report based on the task force recommendations each fiscal year and submit it to the Chancellor of Higher Education; and

WHEREAS consultations have taken place within the university to review and apply the recommendations to Ohio State's circumstances; and

WHEREAS Ohio State's strategic goal, focused on operational excellence and resource stewardship, is in strong alignment with task force recommendations:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the university's FY25 progress report in response to the task force recommendations, as detailed in the attached document; and

BE IT FURTHER RESOLVED, That the attached document be delivered to the Chancellor of the Ohio Department of Higher Education.

FY25 Efficiency Reporting Template

Introduction:

Ohio Revised Code section 3333.95 requires the chancellor of the Ohio Department of Higher Education (DHE) to maintain an "Efficiency Advisory Committee" that includes an "efficiency officer" from each state institution of higher education (IHE). Each IHE must then provide an "**efficiency report**" updated annually to DHE, which is compiled by the chancellor into a statewide report shared at year end with the governor and legislature. The committee itself meets at the call of the chancellor.

There are a number of topics that are required to be addressed per the Ohio Revised Code. Specifically, ORC Section 3333.951(C) requires IHEs to report on their annual study to determine the cost of textbooks for students enrolled in the institution. ORC 3333.951(B) requires Ohio's co-located colleges and universities to annually review best practices and shared services and report their findings to the Efficiency Advisory Committee. ORC 3345.59(E) requires information on efficiencies gained as a result of the "regional compacts" created in 2018.

The reporting template also requests information regarding college debt and debt collection practices, among other things.

Your Efficiency Report Contact: ***Alex Penrod***, Special Assistant to the Chancellor for External Affairs, 614-995-7754 or apenrod@highered.ohio.gov. Please provide your institution's efficiency report by **Friday, November 21, 2025** via email.

As in previous years, the Efficiency Reporting Template is structured into the following sections:

- **Section I: Efficiency and Effectiveness –** This section captures information on progress made from strategic partnerships and practices that are likely to yield significant savings and/or enhance program offerings.

- **Section II: Academic Practices –** This section covers areas more directly related to instruction, with an emphasis on actions taken to reduce the costs to students of textbooks, including the options of Inclusive Access and Open Educational Resources.

- **Section III: Additional Practices** – This section requests information about ways to create efficiencies that have not been captured in the previous sections.

For purposes of this report, efficiency is defined on a value basis as a balance of quality versus cost:

- Direct cost savings to students (reducing costs)
- Direct cost savings to the institution (reducing costs)
- Cost avoidance for students (reducing costs)
- Cost avoidance to the college/university (reducing costs)
- Enhanced advising, teaching (improving quality)
- IP commercialization (improving quality)
- Graduation/completion rates (improving quality)
- Industry-recognized credentials (improving quality)
- Experiential learning (improving quality)

These are examples only. Please consider your responses to address broader measures of efficiency, quality, cost and value. Please also note that this is only a template. Feel free to respond in any additional way you believe is helpful.

The Ohio State University

Section I: Efficiency and Effectiveness

Benchmarking

Each institution should regularly identify and evaluate its major cost drivers, along with priority areas that offer the best opportunities for efficiencies. Institutions should also track their progress in controlling costs and improving effectiveness.

The Ohio State University has partnered with HelioCampus, a national benchmarking consortium, since FY19. HelioCampus specializes in analyzing the administrative spend of 70+ colleges and universities, providing peer comparisons that help identify opportunities to improve process efficiency and optimize administrative costs. Their analyses align with NACUBO and IPEDS standards and categorize administrative activities across multiple key areas: Academics, Administrative Student Employees, Athletics, Communications, Development, Facilities, Finance, Human Resources, Information Technology, Research Administration, and Student Services.

Within each of these functional areas, HelioCampus evaluates sub-activities (for example, Accounts Payable within Finance) to pinpoint where resources are most heavily concentrated, providing insight at a granular level. Normalization factors, including student enrollment, campus square footage, employee counts, research expenditures, and annual operating budget, are applied to create meaningful, equitable comparisons across institutions of varying size, complexity, and mission.

FY24 peer institutions were selected based on consortium membership and R1 public research status, and include the following: UNC Chapel Hill, University of Wisconsin – Madison, University of Utah, University of California – Davis, University of Illinois at Urbana–Champaign, University of Arizona, and Rutgers University – New Brunswick + RBHS. Areas of opportunity are being reviewed by the University Efficiency Committee to validate potential for increased operational efficiency and to inform considerations for budget adjustments where appropriate.

Facilities Planning

1. Has your institution changed the use of campus space to reduce costs and increase efficient use of capital resources? If so, please describe. Approximately how many buildings have been affected and what is the projected average annual savings of the efforts?

   University space is a valuable institutional resource that must be managed prudently and efficiently. All space belongs to the university and is assigned based on institutional priorities and the functional requirements of each user group. Decisions regarding the allocation of space are based on campus and program priorities, academic and strategic plans, the master plan for the campus, and overall need. The university's standards for office and research spaces were updated in October 2021 to reflect the need for greater flexibility, consistency in the allocation of space, and to ensure optimal utilization. A space governance committee was established in 2023 to serve as the stewards of the university's space standards and ensure efficient, equitable, and strategic use of space to support the academic, student life, research, and administrative needs of the university.

   To better understand the condition of our physical assets, the university recently completed updated building assessments. These assessments were used, along with other data, to identify buildings for demolition. The top five demolition targets will reduce the overall square footage on campus by approximately 208,000 square feet and reduce annual operating costs by more than $6M. Enabling projects are needed to decant the target buildings before demolition can occur.

2. What benchmarks or data sources does your institution use to assess demand for physical space?

   While we routinely benchmark and share best practices with our peers, demand assessments are based on university-specific data sources such as enrollment figures and projections, course offerings/requirements, faculty and staff hiring plans, space utilization data, and strategic program growth. Facility Master Plans for each college are also underway with expected completion in FY27. These plans will consider the programmatic needs of each college along with space efficiency and deferred maintenance strategies to provide a more detailed roadmap for investment.

Regional Compacts

ORC Section 3345.59 requires regional compacts of Ohio's public institutions, with an executed agreement in place by June 30, 2018, for institutions to collaborate more fully on shared operations and programs. The section identifies areas to be addressed to improve efficiencies, better utilize resources and enhance services to students and their regions. Per paragraph E of that section:

> (E) Each state institution of higher education shall include in its annual efficiency report to the chancellor the efficiencies produced as a result of each compact to which the institution belongs.

Specific to the Regional Compact in which your institution is a member, please describe collaborations that have occurred within the regional compacts and the efficiencies or enhanced services provided in any of the relevant categories below.

Category	Description
Reducing duplication of academic programming	There remains no academic program duplication within the Central Ohio region where there is one public university and a set of two-year institutions with different missions and program offerings.
Implementing strategies to address workforce education needs of the region	Completed a 5-year $7 million grant from JP Morgan Chase with Columbus City Schools (CCS) and Columbus State Community College (CSCC) on career pathways in two high need workforce development areas: Information Technology (IT) and Health Services. Found the need for a new pathway between OSU and CSCC in the IT area. A new pathway in IT- Cybersecurity is being developed this academic year, designed by colleagues from both institutions. We are enhancing a pathway in Construction Systems Management, and identifying other areas such as Advanced Manufacturing for workforce needs. Developed a pathway in Social Work at OSU Lima with Rhodes State College. Lima campus working on online offerings with other colleges in Columbus.
Sharing resources to align educational pathways and to increase access within the region	See above.
Reducing operational and administrative costs to provide more learning opportunities and collaboration in the region	N/A

Enhancing career counseling and experiential learning opportunities for students	As an outgrowth of the Chase grant, all three (OSU, CCS and CSCC) institutions are committed to enhancing experiential learning. OSU is now working with all its colleges and regional campuses to coordinate ongoing activities and identify next steps. University President is strongly supportive. Office of Academic Affairs just created a Center of Excellence to help coordinate and lead such efforts. In September 2025, the Buckeye Bridge was announced where, for qualifying students, all students who graduate from CSCC with an Associate's degree will have tuition and fees covered by OSU – starting with SP26 CSCC graduates. This is a major initiative for access and college completion.
Collaboration and pathways with information technology centers, adult basic and literacy education programs and school districts	With CSCC and CCS, completed Year 4 of STEAMM Rising – a one week K-12 Summer Institute to show teachers STEAMM areas at OSU and establish partnerships with OSU faculty. 100 teachers planned each year. In 2025, Career Technical Education (CTE) teachers were included. In June 2026, at the request of CCS, the emphasis will shift completely to CTE teachers and those teaching in the new high school "Academies". This is a strong new aspect to the partnership with attention to regional workforce needs. OSU remains an active participant in the Central Ohio Compact.
Enhancing the sharing of resources between institutions to expand capacity and capability for research and development	As a major research institution, OSU is adding a research dimension to its ongoing work in the activities identified above. The University established a Center for Software Innovation that will help bring research and educational opportunities to the whole region.
Identifying and implementing the best use of regional campuses	Each of the regional campuses is committed to workforce development programming rooted in the cities in which they are located. Plans are being developed. Our President announced an important new program to cover tuition and fees for students who begin at a regional campus before campus-changing to Columbus. For the first time, there is a Vice Provost position in the Office of Academic Affairs specifically to help guide the future development of the regional campuses.
Other initiatives not included above	Within the Office of Academic Affairs, a major initiative on workforce development programming is underway led by the Vice Provost for Academic Programs and a new position, Assistant Vice Provost for Workforce Development and Innovation. All 15 colleges and the four regional campuses are participating. There are three pillars of activity:

	• Programming – offering certificates, stackable certificates, and micro credentials in emerging workforce areas. This includes enhancing experiential learning and continuing education. • Pathways – focus initially on Central Ohio, enhancing the pathways with CCS and CSCC. Particular attention is being given to strengthening the academic program partnership with CCS. This approach is easily scalable to our regional campus cities and the other regions of the State. • Partners – the University is establishing connections with workforce development organizations – One Columbus, Ohio Manufacturing Association, Ohio Life Sciences – to strengthen the working relationships and if needed play a convening role.

Co-located Campuses

ORC Section 3333.951(B) requires Ohio's co-located colleges and universities to annually review best practices and shared services in order to improve academic and other services and reduce costs for students, and to report their findings to the Efficiency Advisory Committee.

> (B) Each state institution of higher education that is co-located with another state institution of higher education annually shall review best practices and shared services in order to improve academic and other services and reduce costs for students. Each state institution shall report its findings to the efficiency advisory committee established under section 3333.95 of the Revised Code. The committee shall include the information reported under this section in the committee's annual report.

Co-located campus: OSU Newark Campus/Central Ohio Technical College

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations (includes physical facilities leadership, grounds keeping, building maintenance and environment services, campus custodial, and scheduling of campus facilities)	Cost sharing for physical facilities leadership, building maintenance and environment services, utilities, and campus custodial services is done on a student FTE basis. Cost sharing for groundskeeping is shared equally.	Estimated savings to university: $444,674
Academic Support Services (includes libraries)	Cost sharing for library services for personnel, materials and equipment is done on a full-time equivalent (FTE) method of calculation. Cost sharing for library collection costs is done by direct cost collections unique to each institution. Also included here is a small Career Services department, which is shared by FTE as well.	Estimated savings to university: $209,071
Campus Security and Public Safety (includes public safety administration; traffic management; and police and emergency responses)	Cost sharing for Campus Security and Public Safety services for personnel, materials, and equipment is done on an on-campus full-time equivalent (FTE) method of calculation.	Estimated savings to university: $228,829
Student Life and Campus Events (includes student engagement; recreation and intramural sports and athletics)	Cost sharing for the personnel and operation expenses is done on an on-campus headcount (HC) method of calculation.	Estimated savings to university: $97,346
Administrative Services (includes Office of Advancement, Business and Finance, Marketing, Chief of Staff, Services Center, Student Financial Services, IT and telecommunications.	Cost sharing for the personnel and operation expenses is done on an FTE method of calculation, as well as a 50/50 factor based on the different departments' cost drivers.	Estimated savings to university: $384,249
Auxiliary Services	Not material	

Co-located campus: Marion Technical College

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations includes operations, FTE, management, utilities, maintenance, custodial, grounds, roads, real estate lease(s), space rental, and energy management	This shared service operation supports efficient use of the limited resources of both institutions for preservation of the facilities, operational improvements, and savings. Total revenue and expense are equally split across two cost pools, which are differentially allocated based on the institution's percentage ownership of on-campus assignable square footage (ASF) and faculty/staff/student full-time equivalent (FTE).	Estimated savings to the university: $936,616
Academic Support Services Library collections and operations	Expense is split 50/50 to cost pools and differentially allocated based on each institution's percent ownership of on-campus assignable square footage (ASF) and faculty/staff/student full-time equivalent (FTE). Some testing, mental health, and disabilities services are shared between the institutions on a no-cost exchange basis.	Estimated savings to the university: $64,735
Campus Security and Public Safety includes public safety administration, traffic management, and police and emergency responses	Expense is split 50/50 to cost pools and differentially allocated based on each institution's percent ownership of on-campus assignable square footage (ASF) and faculty/staff/student full-time equivalent (FTE).	Estimated savings to the university: $59,867
Student Life and Campus Events includes student engagement, recreation and intramural sports and athletics; student center	Cost sharing for these services allocates 75% of the cost to Ohio State Marion and 25% of the cost to Marion Technical College in recognition of comparative use by each institution's student population.	Estimated savings to the university: $5,500
Administrative Services Administrative management and overhead	Administrative management of business operations.	Estimated savings to the university: $9,399
Auxiliary Services Includes vending services	Bricks & Mortar bookstore closed, no sharing of copying or printing services at this time. Vending services are outsourced, and revenue generated through this outsourced agreement is shared between institutions following a	$-4,430 revenue distribution

	revenue-based allocation of 50/50 to ASF/FTE cost pools and allocated based on percent ownership of pools. Farmland lease and shared room/space rental revenue is shared.	
Technology Services Includes core IT services	Provides IT services to FTE in cost-shared areas, including computer, support, file storage, network, and software OSU employees need to perform their job. Methodology of cost allocation is the same as for physical facilities.	Estimated savings to the university: $14,690
Approach and Process to Sharing Services with Co-located Campus	In accordance with state policy and by mutual accord, the University and Marion Technical College share resources and connect programs to benefit the students of both institutions. This collaboration allows for multiple pathways for student education, reducing unnecessary duplication of services, and promotes the effective use of state fiscal, physical, and personnel resources. The University and Marion Technical College continue to cultivate shared services opportunities wherever possible with the goal of heightening academic quality, operational transparency, and economic efficiency. By administering the model through OSU Marion, Marion Technical College benefits from sourced and contracted cost agreements with vendors at rates lower than available to them otherwise. Resources from both institutions are combined for some infrastructure and building renovation projects through the capital budget allocation.	

Co-located campus: North Central State College

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations (includes physical facilities leadership, grounds keeping, building maintenance, and environment services; campus custodial; and scheduling of campus facilities)	Cost sharing is managed generally by a formula based on assigned square feet for each co-located institution. Changes in course offerings between campuses changed the percent allocation for credit hours on-campus vs off-campus. Capital projects for the entire campus are agreed to via monthly shared services meetings.	Estimated savings to university: $727,521

Academic Support Services (includes libraries)	Cost sharing for library services changed due to classes on campus versus remote.	Estimated savings to university: $75,554
Campus Security and Public Safety (includes public safety administration, traffic management, and police and emergency responses)	Cost sharing for public safety admin, traffic management personnel, and police and emergency response services is generally on a 50/50 basis for the University and for the co-located institution.	Estimated savings to university: $183,528
Student Life and Campus Events (includes student engagement, recreation and intramural sports and athletics)	Cost sharing for student engagement and recreation and intramural sports is 75% for the University and 25% for the co-located institution. The new position of Director of Student Engagement oversees events open to students from both institutions.	Estimated savings to university: $88,654
Administrative Services (includes Office of Advancement and shared marketing agency)	N/A	
Auxiliary Services (includes childcare center, cafeteria and vending services; shared copying and printing services; and campus bookstore/gift shop)	Cost for the childcare center is supported by revenue generated from user fees and grants. Cafeteria and vending services have proceeds from contracts directed to a Campus Improvement Fund to benefit shared improvements. Cost for shared copying and printing services is managed and paid by the co-located institution and provided on a cost basis to the University. Cafeteria, vending, copying, and printing are no longer applicable.	Estimated savings to university: $273,440
Approach and Process to Sharing Services with Co-located Campus	In accordance with state policy and by mutual accord, the University and the co-located institution share resources and connect programs to benefit the students of both institutions. This collaboration allows for multiple pathways for student education, reducing unnecessary duplication of services, and promotes the effective use of state fiscal, physical, and personnel resources. Academic programs are deliberately designed to be non-duplicative.	

Co-located campus: Rhodes State College

Type of Shared Service or Best Practice (IE: Administrative, Academic, etc.)	Please include an explanation of this shared service.	Monetary Impact from Shared Service
Physical Facilities Operations (includes physical facilities leadership, grounds keeping, building maintenance and environment services, campus custodial, and scheduling of campus facilities)	Cost sharing for physical facilities leadership, building maintenance, environmental services, and campus custodial services is done on a building square feet method of calculation. Cost sharing for grounds keeping is done on an aggregate square feet method of calculation. Utilities and building-specific costs are charged by the respective building's expenses.	Estimated savings to university: $705,000
Academic Support Services (includes libraries)	Cost sharing for library services for personnel, materials, and equipment is done on an on-campus full-time equivalent (FTE) method of calculation. Cost sharing for library collection costs is done by direct cost collections unique to each institution. Borra Center students (RSC downtown building) are included in FTE	Estimated savings to university: $144,723
Campus Security and Public Safety (includes public safety administration, traffic management; and police and emergency responses)	Cost sharing for Campus Security and Public Safety services for personnel, materials, and equipment is done on an on-campus full-time equivalent (FTE) method of calculation.	Estimated savings to university: $156,000
Student Life and Campus Events (includes student engagement, recreation and intramural sports and athletics)	Cost sharing for the personnel and operation expenses is done on an on-campus full-time equivalent (FTE) method of calculation.	Estimated savings to university: $40,000
Administrative Services (includes Office of Advancement and shared marketing agency)	N/A	
Auxiliary Services (includes childcare center, cafeteria and vending services; shared copying and printing services; and campus bookstore / gift shop)	The cafeteria and vending service is outsourced through a contract with external service providers. Cost sharing for contract is done on a full time equivalent (FTE) method of calculation. Cost sharing for shared copying and printing services on a cost-share reconciliation method each quarter. The bookstore and gift shop service is outsourced through a contract with external service providers. Cost sharing for contract is done on a full time equivalent (FTE) method of calculation.	Estimated savings to university: $-19,000 revenue share

Section II: Academic Practices

This section covers areas more directly related to instruction, with an emphasis on savings strategies related to the cost of textbooks, and the expanded use of alternative instructional materials.

Textbook Affordability

Textbook Cost Study and Reducing Textbook Costs for Students

ORC Section 3333.951(D) requires Ohio's public colleges and universities to do the following on an annual basis:

> (D) Each state institution of higher education shall conduct a study to determine the current cost of textbooks for students enrolled in the institution, and shall submit the study to the chancellor of higher education annually by a date prescribed by the chancellor.

ORC Section 3333.951(C) requires Ohio's public colleges and universities to report their efforts toward reducing textbook costs for students.

> (C) Each state institution of higher education annually shall report to the efficiency advisory committee on its efforts to reduce textbook costs to students.

Your institution's submission of information via the annual Efficiency Report is used to satisfy these statutory requirements. **Please attach one spreadsheet with two tabs.** The first tab should include the analysis of textbook costs developed by your institution as shown in Table 1 below. The second tab should include the analysis of the number of courses that utilized other sources of information as shown in Table 2 below.

Table 1	
Category	Amount
Average cost for textbooks that are new	$62.68
Average cost for textbooks that are used	$45.09
Average cost for rental textbooks	$39.56
Average cost for eBook	$41.18

Table 2	
Category	Number of Courses
Did not require students to purchase course materials; includes OER and/or institutionally provided materials	N/A
Exclusively used OER materials	N/A
Used OER materials together with purchased course materials	N/A
Provided course materials through inclusive access	446

Other Textbook Affordability Practices

What other practices, if any, does your institution utilize to improve college textbook affordability?

- Syllabus Review Grants, CarmenBooks (inclusive access) (see table below)

Please provide contact information for the person completing this section of the Efficiency Report, so that we may follow up if we have questions.

Syllabus Review Grant: Amanda Larson, AERI Program Coordinator, larson.581@osu.edu
CarmenBooks: Mike Shiflet, Textbook Affordability Coordinator, shifllet.16@osu.edu

Syllabus Review Grants	Instructors commit to a cost reduction of their course materials by at least 25%.	$59,820 for the most recent cohort, $332,416.80 cumulative savings through AU 2025.
CarmenBooks	Ohio State's inclusive access initiative	AY25: delivered 142,642 titles, $7,099,861.29 savings.

		Cumulative savings to date: 659,142 titles, $38,741,224.02 savings.

Section III: Additional Practices

Some IHE's may implement practices that make college more affordable and efficient, but which have not been the topic of a specific question in this reporting template. This section invites your institution to share any positive practices you have implemented that benefit student affordability and/or institutional efficiency.

1. Please share any additional best practices your institution is implementing or has implemented.

Ohio State University has a long history of prioritizing cost containment strategies across the university using targeted financial efficiency goals. Executive leadership sets forth guidelines defining what counts as achieved efficiency and how those savings will be reallocated to support the university's strategic initiatives. Each time we embark on an efficiency project with new multiyear targets, we look back at prior endeavors for lessons learned to integrate changes in the process and targets. The institution has employed the use of targeted financial efficiency goals as part of its annual budget process since FY2015. FY2025 efficiency savings totaled $227.5 million: university, $48.7 million; Ohio State University Wexner Medical Center, $131.5 million; and capital, $47.3 million.

Thank you for completing the FY25 Efficiency Reporting Template. We appreciate the important role Ohio's colleges and universities play in supporting Ohio students, economic growth, world-class research and the overall success for our state.

Table 1 - Analysis of Textbook Costs	
Category	Amount
Average cost for textbooks that are new	$62.68
Average cost for textbooks that are used	$45.09
Average cost for rental textbooks	$39.56
Average cost for eBook	$41.18

Completed by Name, Title, Email: **Erin Sandona, General Manager Barnes & Noble, ESandona@bncollege.com**

Table 2 - Number of Courses that Utilized OER Materials	
Category	Number of Courses
Did not require students to purchase course materials; includes OER and/or institutionally provided materials	N/A
Exclusively used OER materials	N/A
Used OER materials together with purchased course materials	N/A
Provided course materials through inclusive access	446

Completed by Name, Title, Email: **Amanda Larson, AERI Program Coordinator, larson.581@osu.edu**

The Ohio State University
Board of Trustees

December 4, 2025

AUTHORIZATION TO APPROVE GOLF COURSE DUES AND FEES

Synopsis: Approval of golf course membership dues and fees for calendar year 2026 at the recommended levels is requested.

WHEREAS The Ohio State University Department of Athletics has a long history of self-sustainability in supporting 36 world-class athletics programs and providing needed revenues back to the university for scholarships and academic programs; and

WHEREAS each year the Athletic Council reviews projections for the coming year's budget and recommends golf course membership dues and fees; and

WHEREAS the Athletic Council has approved the golf course membership dues and fees as shown on the attached document; and

WHEREAS the Athletic Council's recommendations have been reviewed and are recommended by the appropriate University administration:

NOW THEREFORE

BE IT RESOLVED, That the recommended golf course membership dues and fees for calendar year 2026 be approved.

THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES
FINANCE AND INVESTMENT COMMITTEE

December 4, 2025

TOPICS: Golf Course Membership Dues and Fees

CONTEXT:

The Ohio State University Department of Athletics remains among the select few self-sustaining collegiate athletics programs nationwide. The department currently supports over 1,000 student-athletes, fostering their academic excellence, athletic performance, and personal and professional growth. Notably, it achieves a Graduation Success Rate of 94% and a career placement rate of 97%. In addition, the Department of Athletics transfers approximately $56 million each year to the University, which covers contributions and payments for goods and services provided, including $35 million allocated for student-athlete grant-in-aid.

The Ohio State University Golf Club Green Committee and Athletics administration propose raising membership dues and initiation fees to cover rising costs, maintain financial stability, and fund club improvements in 2026. These changes have been reviewed and are recommended for approval by the Athletic Council and university administrators.

RECOMMENDATION:

For Golf Course Membership Dues and Daily Green Fees:

- For the 2026 calendar year, increase the initiation fee for new members to $25,000 and increase membership dues and daily green fees as indicated in the attached table.

CONSIDERATIONS:

Golf Course Membership Dues and Green Fees:

- Due to increasing demand for golf and service expectations from our members and guests, coupled with rising costs of labor, fuel, fertilizers, and other supplies, the club is proposing a 2% increase in membership dues and daily fees for all membership categories.

- The club is seeking to increase the initiation fee for new members from $20,000 to $25,000. The club has approximately 422 individuals on the waiting list and feels the increase in the initiation fee is warranted and supported by a comparison of market fees.

- Students converting to full membership receive a discounted initiation fee, similar to the discount applied to membership dues for young professionals. Young professionals between the ages of 21

and 26 pay 65% of the alumni membership dues, and the initiation fee for converting students would be set at $16,250. Students who convert to full membership are not subject to the current waitlist.

- Initiation fees are payable upon membership acceptance into the club and are allocated to the capital reserve account for deferred maintenance and future projects.

Golf Course Membership Dues and Daily Green Fees – 2026 Calendar Year			
	Annual	Green Fees	
Category / Affiliation	Membership	Scarlet	Gray
Student	$ 1,225	$ 80	$ 60
Faculty / Staff	$ 3,492	$ 100	$ 60
With Spouse	$ 5,238		
Full Family	$ 6,110		
Alumni / Buckeye Club	$ 4,363	$ 125	$ 80
With Spouse	$ 6,542		
Full Family	$ 7,634		
Young Professional (21-26yo)	$ 2,836	$ 125	$ 80
With Spouse	$ 5,015		
Young Professional (27-32yo)	$ 3,272	$ 125	$ 80
With Spouse	$ 5,452		

REQUESTED OF FINANCE AND INVESTMENT COMMITTEE:

Approval

APPROVAL OF THE UNIVERSITY FOUNDATION REPORT

Synopsis: Approval of the University Foundation Report as of October 31, 2025, 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 one (1) endowed chair as part of the Provost's Endowed Chair Matching Program: the Eric Byron Fix-Monda Endowed Chair; two (2) endowed chairs: the Seth Andre Myers Chair in Global Military History and the Weary Foundation Endowed Chair in Social Psychology ; one (1) endowed chair fund as part of the Provost's Endowed Chair Matching Program: the Horticulture and Crop Science Chair Fund for Future Molecular Plant Scientists - Bridging University Research and High School Classrooms; three (3) endowed professorships: The William E. and Charlotte Curtis Hunt Professorship in the Department of Neurosurgery, The Daniel H. Reigle Endowed Professorship in Sarcoma Research and Care, the Elizabeth McKeever Ross Professorship; five (5) scholarships as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; and thirty-four (35) additional named endowed funds; (ii) the revision of thirteen (13) named endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves The Ohio State University Foundation Report as of October 31, 2025.

	Amount Establishing Endowment*	Total Commitment
Establishment of Named Endowed Professorship (University)		
The William E. and Charlotte Curtis Hunt Professorship in the Department of Neurosurgery Established March 7, 1986, with gifts in honor of William E. Hunt (M.D. 1945) from friends and colleagues. Significant contributions were made after the death of Charlotte Curtis Hunt, former Associate Editor of The New York Times and daughter of Dr. George Morrice Curtis, first Professor of Research Surgery at Ohio State. Supports a professorship position in the Department of Neurosurgery whose focus is maintaining and enhancing joint teaching and research activities in clinical neurosurgery and the basic neurosciences. If the position is vacant, the annual distribution may be used to support faculty in the College of Medicine. With a fund transfer from the Department of Neurosurgery, college; the required funding level for a professorship has been reached. Revised and position established December 4, 2025.	$1,288,906.02	$1,288,906.02
Establishment of Named Endowed Funds (University)		
Entrepreneurial Business Law Clinic Endowed Support Fund Established December 4, 2025, as a quasi-endowment, with a fund transfer by the Michael E. Mortiz College of Law of unrestricted gifts from John Thomas Mills (JD 1973) and R. Jeffrey Harris (JD 1980); supports current needs of the Entrepreneurial Business Law Clinic. The fund may support research, faculty, fellowships, or other needs associated with the clinic.	$370,839.75	$370,839.75
Colonel Peter R. Mansoor World War II History Excellence Fund Established December 4, 2025, with gifts from friends of the Department of History; supports faculty, program and student initiatives to enhance the World War II Program at The Ohio State University.	$102,818.00	$102,818.00
Change in Name and Description of Named Endowed Funds (University)		
From: The William A. Behnke Associates, Inc., Minority Scholarship To: The William A. Behnke Associates, Inc., Scholarship		
From: Keith B. Key Buckeye Social Entrepreneurship Program Investment Quasi-Endowed Fund To: Keith B. Key Fund to Support Social Entrepreneurship		
From: The Martin Krumm Korean Students Scholarship Fund To: The Martin Krumm Scholarship Fund		
Change in Description of Named Endowed Funds (University)		

BEWEL Leadership in Innovation Award Fund		
The Frank W. Hale, Jr., Endowed Scholarship		
Samuel G. Huber Undergraduate Teaching Assistant Award		
The Stanley W. Joehlin Award in Agricultural Engineering		
<u>Establishment of Named Endowed Chairs (Foundation)</u>		
Seth Andre Myers Chair in Global Military History Established December 4, 2025, with gifts from Stephen Myers; supports a chair position in the Department of History focused on global military history. The position holder shall be appointed and reviewed in accordance with the then current guidelines and procedures for faculty appointment. If the position is vacant, the annual distribution may be used to support the faculty in the College of Arts and Sciences, Department of History. The required funding level for a chair has been reached. Revised and position established December 4, 2025.	$3,510,744.25	$3,510,744.25
Eric Byron Fix-Monda Endowed Chair Established November 21, 2019, with gifts from Keith Monda (BS 1968, MA 1971) and Linda Monda; supports a chair position in behavioral finance and economics. It is the donors' preference that the appointee has global perspective and that they will be committed to embracing and encouraging students to seek experiences that prepare them to be citizens of the world. If the position is vacant, the annual distribution may be used to support faculty who are focused on behavioral finance and economics. With additional gifts from Keith and matching funds as part of the Provost's Endowed Chair Matching Program, the required funding level for a chair has been reached. Revised and position established December 4, 2025.	$3,500,000.00	$3,500,000.00

Weary Foundation Endowed Chair in Social Psychology Established by the Board of Trustees of The Ohio State University February 22, 2024, with gifts from the Weary Family Foundation; supports a chair position in Social Psychology within the Department of Psychology focused on a multidisciplinary approach to the science of polarization and misinformation. Candidates should be external scholars who are highly regarded in the field of social psychology, whose primary research focus includes but is not limited to polarization and misinformation. Annual distribution shall be allocated as outlined below: •13% of the annual distribution shall be used to support the social psychology program of the department. •20% of the annual distribution shall be used to support the salary of the chair holder. •67% of the annual distribution shall be used to support the chair holder's research efforts. If the chair is vacant as a result of nonrenewal, resignation, or retirement, the donor desires the Department of Psychology prioritize attracting an eminent external hire in Social Psychology to fill the chair and use the endowment to support the research and the academic program of the chair holder. If, however, the chair is vacant and there is a need to retain an exceptional faculty member in the social psychology program working in the appropriate area of research, due to a competitive external offer, then the funds may be used to recognize and retain that senior faculty member at the discretion of the highest ranking official in the College of Arts and Sciences or his/her designee. The donor desires to enhance faculty funding in the social psychology program of the department rather than replace existing faculty funding. Revised and position established December 4, 2025.	$3,500,000.00 As of November 30, 2025	$3,500,000.00
<u>Establishment of Named Endowed Chair Fund (Foundation)</u>		
Horticulture and Crop Science Chair Fund for Future Molecular Plant Scientists - Bridging University Research and High School Classrooms Established December 4, 2025, with gifts from an anonymous donor and matching funds as part of the Provost's Endowed Chair Matching Program; supports a chair position in the College of Food, Agricultural, and Environmental Sciences, Department of Horticulture and Crop Science who is committed to bridging University research and high school classrooms and whose research should be focused on molecular plant-microbe interactions if the gifted principal balance reaches $3,500,000 by July 31, 2031. Expenditures may include, but are not limited to, research initiatives (including student salaries and/or expenses for participation in said initiatives), equipment expenses, marketing and publication costs, and compensation. Prior to full funding, if the position is vacant for two consecutive years, or if full funding is not reached, the annual distribution may be used to support faculty in the department who are focused on molecular plant-microbe interactions, including but not limited to hosting high school age students to participate in research. If at any time this specific research is not being conducted in the department, the annual distribution may support other research initiatives as similar to plant molecular microbiology as possible in the department.	$100,000.00	$3,500,000.00

Establishment of Named Endowed Professorships (Foundation)		
The Daniel H. Reigle Endowed Professorship in Sarcoma Research and Care Established December 4, 2025, with gifts from Beverly S. Reigle; supports a professorship position in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) focused on sarcoma research and treatment, with a preference for soft tissue sarcomas. If the position is vacant, the annual distribution may be used to support sarcoma research and treatment with a preference for soft tissue sarcomas.	$1,011,963.75	$1,011,963.75
Elizabeth McKeever Ross Professorship Established February 20, 2025, with gifts from Sarah Ross Soter; supports a three-year rotating professorship position for early-career clinicians and/or scientists in the College of Medicine focused on improving women's health. If the position is vacant, the annual distribution may be used to support faculty in the college focused on improving women's health. If at any time there are no faculty in the college focused on improving women's health, the annual distribution shall be used to support all faculty in the college. The required funding level for a professorship has been reached. Revised and position established December 4, 2025.	$1,000,000.00	$1,000,000.00
Establishment of Named Endowed Funds (Foundation)		
Donald E. Jessup Scholarship Fund Established December 4, 2025, with an estate gift from Donald E. Jessup (BS 1950, MS 1951); provides one or more scholarships to students who are studying geology.	$4,653,518.29	$4,653,518.29
Weary Foundation Endowed Program Fund in Social Psychology Established December 4, 2025, with a gift from the Weary Family Foundation; the annual distribution provides program support for the Department of Psychology's multidisciplinary approach to the science of polarization and misinformation ("Collaborative"). Funds may be used for salary support for staff to provide programming and media outreach for the work of the collaborative. The donor recognizes that over time the title or focus of the collaborative and the Program Fund could change as the specific focus of the Department of Psychology and the collaborative evolves to focus on different societal issues. In the event that the collaborative ceases to exist or the Social Psychology program is no longer part of the collaborative, this fund shall remain in and be used to support the Social Psychology program of the department within the College of Arts and Sciences.	$1,339,312.34 As of November 30, 2025	$1,500,000.00
Charles M. Shearer and Marcia Catherine Shearer Fund Established December 4, 2025, with gifts from the estate of Marcia C. Shearer (BS 1956); provides one or more scholarships to worthy students at the University.	$750,000.00	$750,000.00

Irvin J. Nisonger Endowed Fund Established December 4, 2025, with gifts from Thomas E. Nisonger and Claire W. Nisonger; supports the purchase, restoration, and/or preservation of books, other print materials, e-books and electronic content, and other media related to public school education and administration of educational institutions at the discretion of the highest ranking official in University Libraries or his/her designee. First preference shall be given for print materials. Second preference shall be given to e-books and electronic content.	$600,000.00	$600,000.00
Alice Jean Boyer Matuszak Pharmacy Scholarship Fund Established December 4, 2025, with gifts from Dr. Charles A. Matuszak (PhD 1957) in memory of his wife, Alice Jean Boyer Matuszak; provides one or more scholarships to undergraduate students who are enrolled in the College of Pharmacy and demonstrate academic merit and excellence. First preference shall be given to candidates who graduated from a high school in Licking County, Ohio. If no students meet the selection criteria, the scholarship(s) will be open to graduate and/or professional degree students who are enrolled in the college.	$500,000.00	$500,000.00
Michael and Deborah George Endowed Scholarship Fund Established December 4, 2025, with gifts from Michael George (BS 1978) and Deborah George; provides one or more scholarships to undergraduate students. The donors desire to provide three, equal scholarships annually based on the criteria below: One scholarship to a candidate who graduated from Hamilton Township High School; One scholarship to a candidate who graduated from Columbus South High School or Columbus Marion-Franklin High School; One scholarship to a candidate who graduated from one of the following high schools - Bishop Hartley High School, St. Francis DeSales High School, Bishop Watterson High School, Bishop Ready High School. If at any time, Columbus South High School and Columbus Marion-Franklin High School close, then the donors desire that a scholarship(s) be awarded to a candidate who graduated from any Columbus Public High School. If there are no eligible students from any one of the groups listed above, the donors desire that the scholarship(s) be awarded to a candidate from the other two groups listed above.	$375,000.00	$375,000.00
Ruth Dunlap Will Scholarship Fund Established December 4, 2025, with gifts from Ruth Dunlap Will (BA 1951); provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences and are majoring in economics. Preference shall be given to candidates who graduated from a high school in Vinton County or Ross County in the state of Ohio. 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.	$272,777.00	$300,000.00

Dr. William Watson II and Linda Watson Endowed Scholarship in Medicine Established December 4, 2025, with gifts from Dr. William D. Watson II (MD 1976) and Linda Watson (MS 1986); provides one or more scholarships to MD students who are enrolled in the College of Medicine. First preference shall be given to candidates who graduated from Wooster High School in Ohio. Second preference shall be given to candidates who graduated from any high school in Wayne County, Ohio. Third preference shall be given to candidates who graduated from any high school in contiguous counties of Wayne County, Ohio. Scholarships may be renewable as long as recipients remain in good academic standing.	$251,663.15	$251,663.15
The Patricia Kunz Brundige Fund: Endowing the Future of Ohio 4-H Established December 4, 2025, with gifts from Patricia Kunz Brundige; designated to OSU Extension, Ohio 4-H Program. Funds shall support county and state level personnel positions within Ohio 4-H. If in any given year, there are any remaining funds and/or additional needs, funds shall support traditional programing for Ohio 4-H.	$250,000.00	$5,000,000.00
Billy Ireland Cartoon Library & Museum Collections Preservation Endowment Fund Established December 4, 2025, with gifts from an anonymous donor; supports the collections preservation activities of the Billy Ireland Cartoon Library & Museum. Expenditures shall be used for activities and expenses related to collections conservation, physical preservation, and digitization.	$250,000.00	$1,000,000.00
Ritenour Family Scholarship Fund Established December 4, 2025, with gifts from Michael Louis Ritenour (BS 1991) and Karen Bauer Ritenour (BS 1990) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the Max M. Fisher College of Business, demonstrate financial need, and graduated from a high school in the state of Ohio. Scholarships are renewable as long as the recipients are in good standing with the University and meet the selection criteria.	$240,000.00	$240,000.00
Sheldon M. Berman Memorial Endowed Fund Established December 4, 2025, with gifts from the estate of Judith Ann Berman (BA 1985, JD 1988); provides support to students who are majoring in public affairs journalism in the School of Communication and demonstrate financial need. If no students meet the selection criteria, the support will be open to all students who are enrolled in the school and demonstrate financial need.	$206,753.30	$206,753.30

The Kimmel Family Scholarship Fund Established December 4, 2025, with gifts from Joseph W. Kimmel (BME 1967) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to second-, third-, or fourth-year undergraduate students who are enrolled in the College of Engineering and are majoring in mechanical engineering. Special consideration will be given to students who participate in activities to increase the participation of underrepresented groups in the field of engineering.	$203,975.00	$203,975.00
The Michael and LeAnn Gillette Scholarship Fund for the John Glenn College of Public Affairs Established December 4, 2025, with gifts from Dr. Michael L. Gillette and LeAnn Gillette and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to stellar undergraduate students who are enrolled in the John Glenn College of Public Affairs and demonstrate financial need. Scholarships are renewable for up to four years as long as recipients maintain good academic standing.	$175,000.00	$175,000.00
The William and Jean VanCuren Scholarship Established December 4, 2025, with gifts from William T. VanCuren (BS 1984) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students from Hocking or Pickaway counties in Ohio who are enrolled in the Max M. Fisher College of Business. If no students meet the selection criteria, the scholarship(s) will be open to all students from counties in southeastern Ohio who are enrolled in the college.	$150,000.00	$150,000.00
Hamilton County 4-H Youth Development Endowment Fund Established December 4, 2025, with gifts from Colonel David Edwin Bull (MS 1967) and Dr. Nancy Bull (PhD 1992), as well as community partners and friends of former Hamilton County Extension personnel, in particular Marguerite “Marge” Warren, former Home Economics Agent for the Hamilton County Extension Office from 1961 to 1979, and others like her, whose passion and dedication helped shape the county extension program as it is today. Supports the 4-H Youth Development program in Hamilton County. If the 4-H Youth Development program ceases to exist, the annual distribution shall support the OSU Extension Hamilton County Office.	$122,723.58	$122,723.58

Lawson Burns Scholarship Fund Established December 4, 2025, with gifts from Christa L. Lawson (BS 1997) and Timothy H. Burns (BS 1998) and matching funds as part of the Scarlet and Gray Advantage Endowed Matching Gift Program; provides one or more scholarships to undergraduate students who are enrolled in the College of Engineering, have a minimum 3.3 grade point average on a 4.0 scale, graduated from a high school in a rural area of Ohio, and are currently employed. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college with a preference for students who are majoring in mechanical engineering or welding engineering. The donors' desire to provide up to three scholarships annually. Scholarships may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Scholarships are renewable as long as recipients continue to meet the selection criteria.	$120,000.00	$120,000.00
The George and Barbara Serian Endowed Engineering Scholarship Fund Established December 4, 2025, with gifts from Dale Serian (BS 1973) and Mary Serian (BS 1978); provides one or more scholarships to students who are enrolled in the College of Engineering, are studying in the William G. Lowrie Department of Chemical and Biomolecular Engineering, and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all students who enrolled in the college and are studying in the department. Scholarships may be renewable as long as recipients maintain a minimum 2.5 grade point average on a 4.0 scale. It is the Donors' desire to provide as significant financial support as possible to one eligible recipient, up to 50% of the cost of tuition and fees. Any remaining distribution shall be used to provide as significant financial support as possible to additional eligible recipients, up to 50% of the cost of tuition and fees.	$112,000.00	$112,000.00
Rosemary D. Platt Endowed Scholarship Fund Established December 4, 2025, with gifts from Dr. Benjamin Dickerson Caton III (MA 1972, PhD 1982); provides one or more scholarships to graduate and DMA students who are enrolled in the School of Music, majoring in piano performance, and have a minimum 3.0 grade point average on a 4.0 scale. If no students meet the selection criteria, scholarship(s) will be open to students who are enrolled in the school and are majoring in piano performance. 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. Scholarships are renewable for one additional year as long as recipients continue to meet the selection criteria above. If in any given year, there are no students who are eligible to receive this scholarship, the annual distribution may be used for emerging needs in the piano program in the school.	$106,593.31	$106,593.31
Marjorie Flanagan Laboratory Support Fund Established December 4, 2025, with gifts from Marjorie Flanagan (BS 1967); supports the Clinical Diagnostic Laboratories including hematology, clinical chemistry, cytology, urinalysis, hemostasis, microbiology, parasitology, and surgical pathology.	$101,429.34	$101,429.34

Don and Peg Brown Journalism Fund Established December 4, 2025, with gifts from Terrence Alan Brown (BS 1979); provides one or more scholarships to undergraduate students who are enrolled in the College of Arts and Sciences, majoring in journalism, and demonstrate financial need. Preference shall be given to candidates who demonstrate an interest in copy editing. If no students meet the selection criteria, the scholarship(s) shall be open to all undergraduate students who are enrolled in the college and are studying a major in the School of Communication.	$100,575.00	$100,575.00
Williamson Scholarship Fund in Family Medicine Established December 4, 2025, with gifts from Dr. Jay Curtis Williamson (MD 1973) and Janice Ann Williamson; provides one or more scholarships to third- or fourth-year MD students who are enrolled in the College of Medicine, are in good academic standing and demonstrate a strong interest in pursuing a career in family medicine. First preference shall be given to candidates who graduated from a high school in Summit County, Ohio. Second preference shall be given to candidates who graduated from high schools in the contiguous counties. Scholarships may be used for, but are not limited to, tuition and fees, travel and transportation costs associated with away rotations or other academic opportunities and other education-related expenses.	$100,559.65	$100,559.65
College of Arts and Sciences STEM Student Travel and Professional Development Fund Established December 4, 2025, with gifts from Dr. Sarah Jean Rockey (BS 1980, MS 1982, PhD 1985) and Dr. James Bentley Stribling (MS 1982, PhD 1986); supports costs associated with travel to conferences and events, professional development, and other career opportunities for students who are enrolled in the College of Arts and Sciences and are studying a science, technology, engineering, and/or mathematics discipline. First preference shall be given to graduate students. Second preference shall be given to undergraduate students who demonstrate high academic merit and are active in research and/or pursuing an undergraduate thesis. The donors desire to support multiple students annually, as opposed to supporting only one eligible recipient. Support may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Additionally, the donors desire to support students who lack access to other financial resources, such as stipends or grants, to help support costs associated with travel to conferences and events, professional development, and other career opportunities.	$100,400.00	$100,400.00

College of Food, Agricultural, and Environmental Sciences STEM Student Travel and Professional Development Fund Established December 4, 2025, with gifts from Dr. Sarah Jean Rockey (BS 1980, MS 1982, PhD 1985) and Dr. James Bentley Stribling (MS 1982, PhD 1986); supports costs associated with travel to conferences and events, professional development, and other career opportunities for students who are enrolled in the College of Food, Agricultural, and Environmental Sciences and are studying a science, technology, engineering, and/or mathematics discipline. First preference shall be given to graduate students. Second preference shall be given to undergraduate students who demonstrate high academic merit and are active in research and/or pursuing an undergraduate thesis. The donors desire to support multiple students annually, as opposed to supporting only one eligible recipient. Support may be awarded in varying numbers and amounts based on student enrollment, available funding, and other factors. Additionally, the donors desire to support students who lack access to other financial resources, such as stipends or grants, to help support costs associated with travel to conferences and events, professional development, and other career opportunities.	$100,400.00	$100,400.00
The Robert Hirschl, MD Neurological Surgery Residency Support Fund Established December 4, 2025, with gifts from Dr. Robert A. Hirschl (MD 2004); supports the Neurosurgery Residency Program in the Department of Neurosurgery. First priority shall be given to supporting the needs of residents in the program. Expenditures may include, but are not limited to, educational purposes, travel to conferences, research awards for Resident Research Day, cadavers and equipment. Second priority shall be given to program enhancements such as call rooms and dedicated resident spaces.	$100,237.50	$200,000.00
The William H. Cameron Scholarship Fund in Chemical Engineering Established December 4, 2025, with gifts from Patricia J. Denman (BS 1977); provides one or more scholarships to students who are enrolled in the College of Engineering, are studying chemical engineering, and are in good academic standing. Preference shall be given to candidates who demonstrate financial need and graduated from a high school in the state of Ohio.	$100,061.50	$100,061.50
Haywood Family CDME Student Support Fund Established December 4, 2025, with gifts from James W. Haywood (BS 1978) and Lynn P. Haywood; provides salary support for students who are student employees of the Center for Design and Manufacturing Excellence. If no students meet the selection criteria, the annual distribution may be used to support student programming at the discretion of the highest ranking official in the center or his/her designee.	$100,000.00	$100,000.00

R. Scott Henningsen Endowed Fund Established December 4, 2025, with a grant from the Mooney-Henningsen Fund of the Columbus Foundation as recommended by R. Scott Henningsen (BS 1986, MArch 2010); supports non-traditional graduate students who are pursuing graduate degrees in architecture in the Austin E. Knowlton School of Architecture. Candidates shall be seeking to pivot from established careers in business, construction, or other professional fields and be committed to reshaping their future through the study of architecture. It is the donor's hope that recipients will bring a wealth of real-world experience and a fresh perspective to the discipline. If no students meet the selection criteria, support will be open to all graduate students who are enrolled in the school.	$100,000.00	$100,000.00
Carolyn Tilley Hill Undergraduate Primary Education Scholarship Fund Established December 4, 2025, with gifts from James Russell Hill (BME 1969) and family, in memory of Carolyn Tilley Hill (BS 1942); provides one or more scholarships to undergraduate students who are enrolled in the College of Education and Human Ecology, are studying primary education (preschool through fifth grade), graduated from a high school in the state of Ohio, and demonstrate financial need. If no students meet the selection criteria, the scholarship(s) will be open to all undergraduate students who are enrolled in the college. 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.	$100,000.00	$100,000.00
The James and Nancy Hui Endowed Graduate Student Award Established December 4, 2025, with a gift from Dr. James Hui (PhD 1988) and Nancy Hui; provides support to graduate students who are enrolled in a PhD program in the College of Pharmacy and are engaged in pharmaceutical research. Preference shall be given to international students.	$100,000.00	$100,000.00
The Dr. William P. Lafuse Basic Research Fund Established December 4, 2025, with gifts from Dr. William Perry Lafuse; supports research grants to faculty or undergraduate students within the Department of Microbial Infection and Immunity who are conducting innovative, preliminary basic science research in immunity to microbial pathogens such as bacteria, viruses, fungi, and parasites. If at any time this specific research is not being conducted in the department, the annual distribution may support other research initiatives at the discretion of the highest ranking official in the department or his/her designee.	$100,000.00	$100,000.00
Larry and Barbara Margolis First-Generation Student Endowed Scholarship Fund Established December 4, 2025, with gifts from Lawrence William Margolis (MS 1973); provides one or more scholarships to students who are enrolled in the College of Public Health and demonstrate financial need. Preference shall be given to candidates who are first-generation college students.	$100,000.00	$100,000.00

Meyer, Bayer Family SPAWS Endowment Fund Established December 4, 2025, with grants from The Columbus Foundation as recommended by Jennifer P. Meyer; supports the sport psychology and wellness services efforts within the Department of Athletics and provides student-athletes support for mental health services to improve patient outcomes. Preference for support shall be given to student-athletes whose treatment is not covered by their insurance provider.	$100,000.00	$100,000.00
Kathleen A. Murphy Endowed Fund in the College of Optometry Established December 4, 2025, with gifts from Kathleen Ann Murphy (OD 1982); provides one or more scholarships to students who are enrolled in the College of Optometry and are members in good standing with Epsilon Psi Epsilon. 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. If at any time Epsilon Psi Epsilon is no longer active at the University, or no eligible members can be identified, scholarships will be open to all students who are enrolled in the college.	$100,000.00	$100,000.00
Molly Hamrick Schiff Fund Established December 4, 2025, with a gift from David L. Schiff; supports cardiopulmonary hypertension and pulmonary hypertension research. If at any time, the need for cardiopulmonary hypertension and pulmonary hypertension research diminishes or ceases to exist, the annual distribution may support faculty in the Dorothy M. Davis Heart and Lung Research Institute.	$100,000.00	$100,000.00
Dr. Jacob Thompson Endowed Residency Support Fund Established December 4, 2025, with gifts from Dr. Jacob Thompson (MS 2010) and Dr. Kristen Thomas (MD 2004); supports graduate students who are enrolled in the Master of Science Health-System Pharmacy Administration & Leadership (MS/HSPAL) program in the College of Pharmacy, for professional development opportunities that will further their education and preparation for hospital and health system pharmacy leadership positions. Support may be used for, but is not limited to, research projects, travel to present research, advanced leadership development, and more. If at any time the MS/HSPAL program ceases to exist and there is no clear successor program, or if no students meet the selection criteria, support will be open to any student who is enrolled in the college for professional development opportunities focused on hospital system pharmacy administration and leadership.	$100,000.00	$100,000.00

Irene Tramonte Family Scholarship Fund Established December 4, 2025, with gifts from Michael A. Tramonte; provides one or more scholarships to first-year undergraduate students who are enrolled in the University and graduated from a high school in Medina County, Ohio. Candidates must be current or former Ohio 4-H members who demonstrated achievement through awards, competitions, or other accolades, either at the local, state, or national level. Preference shall be given to candidates who demonstrate financial need. If no students meet the selection criteria, the scholarship(s) shall be open to all undergraduate students who are current or former Ohio 4-H members. The donor desires to award scholarships in an amount as close to 25% of tuition and fees as possible.	$100,000.00	$100,000.00
Dr. Frank J. Zidonis Scholarship Fund Established December 4, 2025, with gifts from Margaret A. Zidonis (MA 1978), in memory of her husband, Dr. Frank J. Zidonis (BS 1955, MA 1958, PhD 1961); provides one or more scholarships to undergraduate, graduate or PhD students who are enrolled in the College of Education and Human Ecology. First preference shall be given to candidates who are studying integrated language arts/English education (or successor program(s)).	$100,000.00	$100,000.00
<u>Change in Name and Description of Named Endowed Fund (Foundation)</u>		
From: The Sara (Sally) E. and Robert (Bob) C. Delaney Endowed Scholarship Fund in Mental Retardation and Developmental Disabilities To: The Sara (Sally) E. and Robert (Bob) C. Delaney Endowed Scholarship Fund in Intellectual and/or Developmental Disabilities		
<u>Change in Description of Named Endowed Funds (Foundation)</u>		
Charlie's Angels Student Endowed Fund		
The Katherine Miles Durst University Scholars in Early Childhood Development Fund		
Surendra and Karen Gupta ARC Foundation Endowed Physics Student Support Fund		
Dr. Charles R. Hancock Graduate Scholarship Fund in Urban Education		
Donald R. and Allen R. White Mechanical Engineering Undergraduate Student Professional Enrichment Support Fund		
Total	$26,968,250.73	

*Amounts establishing endowments as of October 31, 2025, unless notated otherwise.

The Ohio State University
Board of Trustees

December 4, 2025

NAMING OF THE HERBERT J. BLOCK MEMORIAL TOURNAMENT PATIENT REGISTRATION

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

Synopsis: Approval for the naming of the registration room in The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, located at 460 W. 10th Avenue on The Ohio State University Wexner Medical Center campus, is proposed.

WHEREAS The University Hospital tower expansion of the Wexner Medical Center's campus is the largest project in Ohio State's history; and

WHEREAS the James Cancer Hospital and Solove Research Institute patient registration has been remodeled as a part of the construction of the University Hospital tower; and

WHEREAS the Herbert J. Block Memorial Tournament has provided significant contributions to the building fund for the James Cancer Hospital and Solove Research 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 Herbert J. Block Memorial Tournament'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 for the life of the physical facility the aforementioned space be named the Herbert J. Block Memorial Tournament Patient Registration.

The Ohio State University
Board of Trustees

December 4, 2025

NAMING OF THE HARRY T. MANGURIAN, JR. FOUNDATION VISITOR LOUNGE

IN THE JAMES OUTPATIENT CARE

Synopsis: Approval for the naming of the visitor lounge in The Ohio State University Wexner Medical Center James Outpatient Care facility, located at 2121 Kenny Rd, is proposed.

WHEREAS The James Outpatient Care facility provides convenient access to state-of-the-art health services for The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James) patients; and

WHEREAS the facility includes a variety of services supporting the James Cancer Hospital and Solove Research Institute program; and

WHEREAS The Harry T. Mangurian, Jr. Foundation has provided significant contributions to the OSUCCC – James and the James Outpatient Care facility; 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 aforementioned donor'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 for the life of the physical facility the internal space (Rooms X602L, 6000) be named the "The Harry T. Mangurian, Jr. Foundation Visitor Lounge."

The Ohio State University
Board of Trustees

December 4, 2025

NAMING OF THE JAMES L. PRUSA TURFGRASS INNOVATION LAB

AT THE COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES
WOOSTER CAMPUS

Synopsis: Approval for the naming of the turfgrass innovation lab in the Secrest Welcome and Education Center at the College of Food, Agricultural, and Environmental Sciences (CFAES)Wooster Campus, located at 2122 Williams Road, Wooster, OH, is proposed.

WHEREAS Ohio State ATI on the CFAES Wooster Campus strives to offer quality educational programs to prepare students in agriculture, horticulture and environmental sciences to be technically competent and self-reliant in a global society; and

WHEREAS the Ohio State ATI Turfgrass Management program is a popular field of study preparing students for a future in the science and business related to turfgrasses in commercial, residential and recreational settings; and

WHEREAS John Prusa and Mary Prusa have provided significant contributions to the CFAES Wooster Turf Facilities Project; 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 John Prusa and Mary Prusa'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 for the life of the physical facility the aforementioned space be named the James L. Prusa Turfgrass Innovation Lab.

The Ohio State University
Board of Trustees

December 4, 2025

NAMING OF THE KIMMET FAMILY CAPSTONE ROOM

IN SCOTT LABORATORY

Synopsis: Approval for the naming of Capstone Room A (room W258) in Scott Laboratory, located at 201 W 19th Ave, is proposed.

WHEREAS The capstone sequence in mechanical engineering in the College of Engineering is intended to provide experience in the design process and bring together and reinforce knowledge and skills learned throughout the program; and

WHEREAS the classrooms provided by the capstone sequence are undergoing renovations and equipment upgrades to better serve the needs of students completing their capstone projects; and

WHEREAS Daniel Kimmet has provided significant contributions to the mechanical engineering capstone lab's development; 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 Daniel Kimmet'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 for the life of the physical facility the aforementioned space be named the Kimmet Family Capstone Room.

The Ohio State University
Board of Trustees

December 4, 2025

NAMING OF THE MINNIE M. MCGEE ACADEMIC SUCCESS HUB

IN HITCHCOCK HALL

Synopsis: Approval for the naming of the CARE Student Lounge in Hitchcock Hall, located at 2070 Neil Ave, is proposed.

WHEREAS The Office of Community, Access, Retention, and Empowerment (CARE) plays a unique role in strategic enrollment, planning, supporting student persistence in STEM, and supports the university's land-grant mission in the College of Engineering by creating an environment where everyone thrives; and

WHEREAS the CARE lounge space was designed to support and motivate academic growth for all College of Engineering students, offering tutoring, supplemental instruction, and self-care items; and

WHEREAS Herbert Robinson and Barbara Sferra have provided significant contributions to the College of Engineering; 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 Herb Robinson and Barbara Sferra'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 for the life of the physical facility the aforementioned space be named the Minnie M. McGee Academic Success Hub.

The Ohio State University
Board of Trustees

December 4, 2025

NAMING OF INTERNAL SPACES

IN UNIVERSITY HOSPITAL

Synopsis: Approval for the naming of internal spaces in the University Hospital located at 650 W. 10th Avenue is proposed.

WHEREAS The Ohio State University is taking a major step forward with the development of the new University Hospital that, combined with modern educational space, will enhance a unified Ohio State Wexner Medical Center campus; and

WHEREAS the Ohio State Wexner Medical Center campus provides leading-edge research, outstanding clinical training and world-class patient care; and

WHEREAS the following donors have provided significant contributions to the Wexner Medical Center and University Hospital; and

- The Walsh Group
- The Harry T. Mangurian, Jr. Foundation
- Douglas W. Armbrust, MD ‘67
- Jane’s Room

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 facility the aforementioned spaces be named the following:

- Lampert Family Auditorium
- The Harry T. Mangurian, Jr. Foundation Visitor Lounge (Rooms 14000, X1403L, 14040)
- Gift in memory of William and Peg Armbrust by their grateful son, Douglas W. Armbrust, MD ’67 (Room 17582)
- Jane’s Room (Room 23420)

NAMING OF INTERNAL SPACES

IN THE MULTISPECIES ANIMAL LEARNING COMPLEX

Synopsis: Approval for the naming of internal spaces in the Multispecies Animal Learning Complex (MALC), located in the Waterman Agricultural and Natural Resources Laboratory, is proposed.

WHEREAS The College of Food, Agricultural, and Environmental Sciences (CFAES) works to sustain life every day through teaching, research, and extension statewide on all of our campuses; and

WHEREAS the MALC will support the CFAES mission of education, research, and outreach and engagement by bringing people and animals together in a state-of-the-art facility that will be used by Ohio State students and public learners of all ages alike; and

WHEREAS the donors listed below have provided significant contributions toward the construction of the MALC; and

- Russell and Brenda Simmonds
- VAL-CO

WHEREAS the naming has been reviewed according to the approval process outlined in the Naming of University Spaces and Entities policy, and if at any time following the approval of a naming, circumstances change so that the continued use of the name may compromise the integrity or reputation of the University, the University may remove the name with the approval of the President and the Board of Trustees and notification of the Donors, if possible:

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 facility the aforementioned spaces be named the following:

- Dr. Charles H. Ingraham Memorial Lobby
- VAL-CO Broiler Room (room D113)

The Ohio State University
Board of Trustees

December 4, 2025

NAMING OF INTERNAL SPACES

IN ENGINEERING RESEARCH AND EDUCATION LABORATORIES

Synopsis: Approval for the naming of internal spaces in Engineering Research and Education Laboratories, located at the corner of Woodruff Ave and College Rd, is proposed.

WHEREAS The College of Engineering's new Engineering Research and Education Laboratories is being built to capitalize on the momentum and gains in education, research, innovation, and economic well-being; and

WHEREAS Engineering Research and Education Laboratories will create collaborative spaces for the university's highly ranked Departments of Materials Science and Engineering, Biomedical Engineering and Chemical and Biomolecular Engineering, spurring new ways of conducting research, new improvements to human health and new partnerships to advance Ohio businesses; and

WHEREAS the donors listed below have provided significant contributions to the construction of Engineering Research and Education Laboratories and

- Douglas E. Herr and Jane F. Maliszewski
- George E. Smith and Gretchen D. Smith
- James L. Balthaser and Anita Y. Balthaser
- Victor H. Yin and Kuei-Chun Yin
- Edward G. Smariga and Pamela D. Smariga
- Thomas J. Paquin, Suzanne R. Paquin, Joseph H. Paquin Jr. and Betsy C. Paquin
- Susan M. Sand and Timothy J. Sand
- Allan V. Johnson
- William A. Baeslack III and Michelle L. Baeslack
- Srinivasan K. Ganapathi and Nivedita Ganapathi
- Dorie-Ellen N. Eisenman
- Doruk A. Borekci and Ece Borekci
- Ann E. Schavey and Larry D. Schavey
- Byrne Family Foundation Agency
- Lincoln Electric Foundation

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 facility the aforementioned spaces be named the following:

- Douglas "Ben" Herr and Jane Maliszewski Impact Engineering Lab (room 4260)

NAMING OF INTERNAL SPACES (CONT)

- Douglas “Ben” Herr and Jane Maliszewski Impact Engineering Collaboration Space (room 4319)
- The George and Gretchen Smith Lab (room 1230)
- The James L. and Anita Y. Balthaser Lobby (X104L)
- The Victor Yin EED Teaching Prep Room (room 1210)
- Smariga Collaboration Space (room 2235)
- The Joseph and Mary Jane Paquin Makerspace Office (room 1320)
- Tim and Susan Sand Conference Room (room 2243)
- The Allan V. Johnson Reception Area (room 6300)
- Bud and Shelley Baeslack Conference Room (room 6215)
- KG and Nivedita Ganapathi IBE Innovation Space (room 3243)
- The Mark Eisenman Family Collaboration Space (room 2227)
- The Ece & Doruk Borecki Family Huddle Room (room 2229)
- The Schavey Family Graduate Office (room 5229)
- The Byrne Family Foundation Collaboration Space (room 1227)
- Lincoln Electric Foundations Lab (room 1240)
- Lincoln Electric Collaboration Space (room 1235)
- Lincoln Electric Conference Room (room 1243)
- Lincoln Electric Huddle Room (room 1229)
- Lincoln Electric Collaboration Space (room 1241)

NAMING OF ENGINEERING RESEARCH AND EDUCATION LABORATORIES

IN THE COLLEGE OF ENGINEERING

Synopsis: Approval for the administrative naming of the Engineering Research and Education Laboratories at the corner of W Woodruff Avenue and College Road, is proposed.

WHEREAS The renovation and construction at this facility is almost complete and will maximize collaborative research and learning and capitalize on momentum in education, research, innovation and economic well-being, and

WHEREAS this name accurately reflects the purpose and current naming standards within the College of Engineering; and

WHEREAS the College of Engineering recommends and Planning, Architecture and Real Estate reviewed these changes; 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 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 facility the aforementioned space be named Engineering Research and Education Laboratories (Building 0265).