



OHSU Board of Directors Meeting

Thursday, January 31, 2019

12:45pm – 2:45pm

RLSB, Room 3A001

2730 SW Moody Ave., Portland, OR 97201



OREGON HEALTH & SCIENCE UNIVERSITY BOARD OF DIRECTORS MEETING

Thursday, January 31, 2019

12:45 – 2:45 pm

RLSB 3A001

12:45 pm	Call to Order/ Chairman's Comments President's Comments Approval of Minutes Oct. 25 (Action)	Wayne Monfries Danny Jacobs, MD Wayne Monfries
1:00 pm	Financial Update	Lawrence Furnstahl
1:25 pm	SCB6 Parking/Affordable Housing	Sara Vonde Feld Jennifer Taylor
1:50 pm	Center for Diversity and Inclusion Report	Brian Gibbs, PhD
2:15 pm	History and Update - Campus Safety	Greg Moawad
2:40 pm	Update Committee Membership (Action)	Wayne Monfries
2:45 pm	Meeting adjourned	

Oregon Health & Science University
Board of Directors Meeting
October 25, 2018
RLSB, Room 3A001

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 1:32 p.m. in the RLSB Conference Room 3A001, 2730 SW Moody, Portland, OR 97201.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the OHSU Board Secretary at 3181 SW Sam Jackson Park Road, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

Attendance

Board members in attendance were Amy Tykeson, Ana Brar, Stacy Chamberlain, Prashant Dubey, Danny Jacobs, MD, Chad Paulson, Steve Zika, Lawrence Furnstahl, Chief Financial Officer, Connie Seeley, Secretary of the Board; other OHSU staff members and members of the public.

Call to Order

Amy Tykeson called the meeting to order at 1:32 p.m.

Acting Chair of the Board's Comments

Amy Tykeson

Amy Tykeson welcomed everyone and was delighted to fill in as board chair on behalf of Wayne Monfries, who was absent. She announced the agenda items covering the results of the fiscal year 2018 audited financials from Chief Financial Officer, Lawrence Furnstahl and the audit team from KPMG. Mr. Furnstahl also provided OHSU's fiscal year 2019 first quarter financial update followed by OHSU's fiscal year 2018 performance indicators from Dan Forbes, Vice President for Human Resources; Dr. John Hunter, CEO of the OHSU Health System; Dr. Peter Barr-Gillespie, Interim Senior Vice President for Research; and Dr. Elena Andresen, OHSU's Executive Vice President and Provost. Mr. Forbes also presented fiscal year 2019 indicators. Dr. Nathan Selden and Dr. Cort Garrison were the final speakers presenting on the important topic of supporting faculty wellness.

Ms. Tykeson spoke about Time Magazine naming OHSU scientist Dr. Shoukhrat Mitalipov as one of its 50 most influential people in healthcare for 2018. She said Dr. Mitalipov, Director of the OHSU Center for Embryonic Cell and Gene Therapy, was recognized for his work toward advancing the use of gene editing tools to prevent inherited disease. She said OHSU established the Center for Embryonic and Gene Therapy under Dr. Mitalipov's leadership in 2014 and has established itself as an international leader in developing new techniques to treat and prevent genetic disease. This is one example of the profound impact of OHSU's mission of healing, teaching and discovery, but it is a good reminder that OHSU is recognized for excellence across the country and around the world. The meeting was then turned over to Dr. Jacobs for his president's comments.

President's Comments

Danny Jacobs, MD

- ***Shoukhrat Mitalipov, PhD:*** Dr. Jacobs seconded the congratulations to Dr. Mitalipov.
- ***Ms. Tykeson:*** Dr. Jacobs congratulated Ms. Tykeson as she was recently named the 2018 Citizen of the year by the Bend Chamber of Commerce. He said the award is given annually to a leader whose long term and active engagement in the community has had a significant positive impact locally.
- ***Listening Tour:*** Dr. Jacobs discussed his listening tour, a series of meetings with OHSU members to discuss three framing questions – what is great, what is good and what needs to be better. There were over 65 meetings total, including large groups, one on one's and some randomly constituted.
- ***Leading Themes from the Listening Tour:*** Dr. Jacobs said there were three leading themes that came from the listening tour. The first theme is that OHSU members are passionate about their work but may feel occasionally disconnected from the larger institution regarding the mission, vision and values. The second theme: A need for better multimodal omni-directional dense communication. The third theme: People are working very hard because they believe in OHSU and its missions, people and programs, but OHSU needs to focus more on the quality of their work environment.
- ***Final Thoughts:*** Dr. Jacobs said wonderful things are happening at OHSU and its national reputation is strong and getting stronger. Dr. Jacobs shared as he has said in previous sessions and will continue to say going forward, OHSU will focus on how they can best take care of themselves so they can best care for those they serve while ensuring that everyone feels recognized, appreciated and joyful about what they do.

Amy Tykeson thanked Dr. Jacobs for the report on exceptional progress at OHSU, she speaks for the board to say how proud they are to be associated with OHSU and the continued momentum under his capable leadership.

Approval of Minutes

Ms. Tykeson asked for approval of the minutes from the September 27th board meeting. Upon motion duly made by Steve Zika and seconded by Ana Brar, the minutes were unanimously approved.

YTD Financial Results

Lawrence Furnstahl and Drew Corrigan

Mr. Furnstahl reported on the results of the external audit of OHSU's FY18 financial results.

Mr. Corrigan went into detail about the audit process. He discussed the purpose and scope of their audit. He said that KPMG is independent of OHSU under all of their required professional standards.

Amy Tykeson stated it was nice to have the consistency of staff on OHSU's team at KPMG and also to work with OHSU's accounting and finance group. The teamwork and consistency of support was appreciated over the years, and their knowledge of OHSU is very valuable.

Lawrence Furnstahl said included in the material was a resolution requesting acceptance by the board of the audit report, which he asked for their consideration.

Resolution 2018-10-11 FY18 Audited Financial Results

Amy Tykeson entertained a motion for Resolution 2018-10-11. Ana Brar moved to approve the motion. Chad Paulson seconded the motion. The motion passed.

YTD Financials Results continued

Lawrence Furnstahl

Lawrence Furnstahl reported the first quarter financial results performed well. They ended last year with new grant awards of \$458 million and an increase in total net worth of \$70 million.

Steve Zika asked about financial exposure and has OHSU learned lessons that are going to help them.

Lawrence Furnstahl said we have opened a fair number of buildings and substantial additions. This has taught us many lessons about the criticality of training and preparation. He said the hospital and medical staff, particularly Dr. Renee Edwards as the chief medical officer, have done very well on that. They are opening the CHH2 and the Rood Family Pavilion in stages starting next month continuing through the end of the fiscal year. He said while in the beginning it costs more, it pays dividends in making sure there are no any major slips.

Amy Tykeson welcomed Dan Forbes, Dr. Hunter, Dr. Peter Barr-Gillespie and Dr. Elena Andresen to talk about OHSU's 2018 indicator results. Ms. Tykeson said it was exciting to have the level of transparency and visibility to the board and staff.

Final Report FY18 Indicators

Dan Forbes, John Hunter, MD, Peter Barr-Gillespie, PhD, Elena Andresen, PhD

Dan Forbes began by giving a detailed overview of the final report for the FY18 Indicators covering people.

Dan Forbes said they used Press Ganey as their survey instrument, and had a goal to raise their score from 3.99 to 4.14 in FY18. They didn't have the faculty in that survey for FY17, so the results were based on non-faculty. They did include them for FY18 and said they had a slight improvement from 3.99 to 4.0.

Amy Tykeson said there was such an extensive body of work done on the transportation committee. She asked if there was something like that for the employee engagement in terms of action steps relative to the survey areas of opportunity.

Dan Forbes said for 2017 they took a survey and they will give an update on that moving forward. They will see that as a goal for 2019. He said a goal was set in increasing the number trained in unconscious bias to 2600 individuals, which they exceeded. He said the first half of the year was figuring out how they were going to get it operationalized.

Amy Tykeson asked how is OHSU keeping that fresh and keeping people aware.

Dan Forbes referred to Dr. Gibbs to discuss this.

Brian Gibbs said they have just launched phase II of the Unconscious Bias Campus-Wide Initiative, which is the Inclusion Ambassador Program Pilot. The Inclusion Ambassadors Program is designed to further the benefits that derive from participating in the 2 hour Unconscious Bias Training. Inclusion Ambassadors are selected by their department's management team to serve as a resource and/or facilitator supporting ongoing discussions, activities and learning about one's own unconscious bias, its impact on the work environment and ways to interrupt it.

Dan Forbes said the fourth goal was increasing actively managed recruitments which was a metric where it enables them to understand their AAEO goals as it relates to recruitments. He then turned it over to Dr. Hunter to talk about healthcare.

John Hunter began by giving a detailed overview of the final report for the FY18 Indicators covering healthcare.

Amy Tykeson asked if their goal was to be in the top 10% and asked if they achieved that.

John Hunter said they were slightly under that goal but want to improve patient access to OHSU clinics. He said they are continuing to work to get all their clinics up to meet the metrics. The next goal was patient satisfaction, driving their scores to higher levels of patient centeredness, using Vizient data. They achieved their aim and last year they were number two out of 123 medical centers. He said as they improve their access to the parameters they set out for themselves they will be able to achieve their target as well.

Amy Tykeson asked if the tool was different for measuring the adult versus the pediatric satisfaction.

John Hunter said they are changing vendors for both, from Picker to NRC Health and they are using another tool, which can be used across all businesses. He said that generates the score on loyalty and that is the net promoter score they will start seeing emerge in upcoming years.

Steve Zika said patient satisfaction is incredibly important and as they talk about their strategic plan going forward, he would hope they would have a challenge not just to be top quartile, but maybe to top decile. He said that is an important part of OHSU's mission to be near the top if they want to attract the kind of patients they want and give them the service they deserve.

John Hunter said they will strive to achieve that in ambulatory as they have done in the adult inpatient and pediatric area. The fourth goal is to improve the appropriate transfer acceptance rate. He said they spent much time talking about their mission control and their engagement.

Peter Barr-Gillespie gave a detailed overview of the final report for the FY18 indicators covering research.

Amy Tykeson asked if there were several really large grants or were the grants larger across the board.

Peter Barr-Gillespie said there were a number of large grants. He said the way they are recording grants now they don't book the whole five years, they break those out into individual years. They do have a number of large awards that came in last year, including the CTSA, the translational research center award for OCTRI and the large cryo-electron microscopy grant and another grant associated with the OCTRI.

Prashant Dubey asked if they have visibility to grant submission as it happens.

Peter Barr-Gillespie said they do not have an ongoing daily report. The numbers are available but they don't collect them on a regular basis that it is done by the individual investigators.

Prashant Dubey asked if there was a speculation about why. He asked if OHSU is in a good environment to do research or submit grants and if OHSU is challenging the environment.

Peter Barr-Gillespie said there is no speculation at the moment. He said that grants submitted were not a good metric but what's more important is what the success rate is. He said that it's not hard to calculate, but it's not something that can be done right now. He said OHSU does intend to move to other better measures for grant submissions.

Danny Jacobs said it's a concept around a concierge service and that it's an institutional responsibility to remove as much of the administrative burden so the scientists can focus on the science. He said a deeper dive is needed to determine grant declines versus grant award dollars.

Steve Zika commented as indicators are thought about going forward, there should be a way to revise them in terms of qualitative versus just numbers.

Peter Barr-Gillespie finds that the indicators are useful, but they don't necessarily reflect what OHSU really cares about in science. There are ways of getting numbers that do reach more towards impact of papers but this approach takes a longer time to measure as it doesn't happen in the first year.

Danny Jacobs said they have had conversations about having more granular and meaningful metrics for research.

Peter Barr-Gillespie said the fourth goal, was to improve the turnaround time for industry sponsored clinical trials. He said they had a goal of 90 days peaking at 130 days, however, due to much concerted effort by the clinical research office, they were able to bring that turnaround time down to 86 days.

Ana Brar asked if industry support was anything that OHSU is measuring in any of the goals, as far as the amount of collaborations that the investigators are having with industry sponsors.

Peter Barr-Gillespie responded saying that isn't something that is specifically measured. The total grant dollars include industry sponsored research, but there isn't a specific goal for industry or actions of researchers.

Stacy Chamberlain asked how it is determined what is measurable or what the goals are moving forward.

Peter Barr-Gillespie said it is difficult to get something that is truly reflective and each of these particular indicators have different aspects to them, they are focusing on the quality of science, which is being imperfectly measured with a number of publications and grant activity.

Stacy Chamberlain asked if they include the investigators in determining what the indicators should be. She asked how they include folks working in the department.

Peter Barr-Gillespie said going forward this is going to be a significant part of the strategic planning process.

Dan Forbes said as they look at FY20 they will have the strategic planning process unfolding and close to being completed. He said that should drive a lot of what they anticipate seeing in FY20.

Danny Jacobs said for the upcoming strategic plan the idea is to do exactly as they suggest. He suggested reaching out to Dr. Barr-Gillespie and others as leaders, about what is relevant to OHSU in terms of how they want to support, facilitate and change their research programs. He is looking forward to that feedback.

Elena Andresen then completed the FY18 indicators report by presenting a detailed overview covering education.

Chad Paulson commented that the numbers were fantastic.

Elena Andresen said they can thank their programs and their very strong outreach. She said the quality of students was excellent, and it had to do with bringing in strong students.

Chad Paulson asked if they had to change entry criteria.

Elena Andresen said no, they attract really good students at OHSU.

Ana Brar asked if she could clarify what underrepresented meant in this instance.

Cherie Honnell answered Ana Brar's question with an in-depth overview of what underrepresented minority means.

Amy Tykeson said they have been doing outreach directed at youth and high schoolers for some years and she wondered if that was creating changes.

Elena Andresen said they have had four years of the Build Exito program collaborating with Portland State University bringing in not just underrepresented minority, but first generation, rural, and others. They also have had an expansion of a number of pipeline programs. She said they just opened another area in Oregon for Klamath tribes. The next goal was to increase the number of applicants in targeted publicly supported degree programs and for the third goal they looked at the trajectory over a period of years and then set the pass rates for credentialing exams that are reported to the state. The final goal was to reduce overall indebtedness as measured by a combined average in targeted publically supported degree programs.

Dan Forbes, John Hunter, MD, Peter Barr-Gillespie, PhD, Elena Andresen PhD gave a presentation of the FY19 Indicators covering people, healthcare, research, education and finance.

Dan Forbes said the first goal was transportation. They are moving to make a more flexible work schedule and environment, and add remote work opportunities. He said decreasing the demand on traffic and parking and improving engagement and retention will make a big difference in a lot of employee's lives at OHSU. They have a number of programs they will be implementing that will lead to improved engagement and will demonstrate to faculty and staff that they are making changes to improve the engagement of individuals.

Amy Tykeson asked if they have a committee like they have for the transportation group that is overseeing this.

Dan Forbes said there are a number of committees with real structure and deliverables and a number of very well organized approaches, as well as organic approaches that are coming up from faculty and staff.

Amy Tykeson said she noticed very important aspects related to leadership training.

Dan Forbes said the third goal was to increase the number of individuals trained in unconscious bias. He said they have a new training that is being launched and everybody will be taking that training.

John Hunter said for Healthcare they will continue with their top deciles benchmark for mortality. He said they will continue to measure their access based on the availability to get into a particular clinic for a particular service. The next goal is using the NRC health and the net promoter score. He said recently they have started using Tuality and Adventist to help them with hospital-to-hospital transfers and that has been a great move forward in their transfer capacity.

Dan Forbes said as the number of transfers and the number of individuals seeking care grows at OHSU, the bar gets higher. He said OHSU's ability to manage that gets more challenging, but with technology and our partners, OHSU will succeed.

John Hunter said it's the burden of success, but until every bed is occupied at Tuality and Adventist he is going to continue pushing forward.

Amy Tykeson asked if they expect relief when they open CHH2.

John Hunter said yes as it will open up 14 to 17 new beds and there will also be some additional capacity for further growth once CHH2 opens.

Peter Barr-Gillespie said the goals for research don't change but the numbers will. He said there are higher targets for each of them.

Elena Andresen mentioned that they moved goal number 1 to expand to all the programs at OHSU in terms of tracking and reporting underrepresented minority students. She said they are keeping the second goal similar, except they are now looking at outputs in terms of the number of degrees and certificates awarded, not the number of students recruited.

Steve Zika said the goal is to have a great experience so OHSU's reputation is out there. He said whether it is research or the hospital that is a critical piece throughout the University. He said the recruiting is important, but if they don't provide the good experience for everybody associated with OHSU, they will struggle long term.

Elena Andresen agreed and said they are going to be better able at tracking students across time because of the increased capacity they have centrally in terms of data.

Steve Zika said he thinks the long-term efforts will pay off if they keep focusing on them.

Amy Tykeson said it helps to identify additional areas of opportunity and support for special needs, diverse students and first generation, so that they have students graduating with their degree in the time that they expected to develop their education.

Dan Forbes said he is looking forward to having that as a part of the future for the FY20 indicators.

Amy Tykeson said that having transparencies on goals and indicators with ongoing methods to communicate the progress helps keep an organization aligned and people engaged around what matters most.

Supporting Faculty Wellness

Nathan Selden, MD, Cort Garrison, MD and David Robinson, PhD

Nathan Selden, MD, Cort Garrison, MD and David Robinson, PhD each gave an overview of the Supporting Faculty Wellness program

Steven Zika asked if they are seeing progress in the wellness program.

Nathan Selden said one of the things they've learned both internally and from the literature is that while wellness is important, the bigger driver is work environment. He said they are facing a big challenge now with the electronic medical record, which has been very disengaging nationally.

Ana Brar asked if they could elaborate on the plans to increase the efficiency of practice.

Cort Garrison said there are two best practices to diminish that and to encourage better use of EMR. He said certain features of an EMR lets the practitioner personalize themselves and the other one is a more clinician engaged training. He said this allows people to individualize their workspace and understand that workspace in a more efficient manner to get their job done in a quicker period of time.

Sharon Anderson said there is wellness and resilience and there is also the work environment. She said the ACGME, which regulates all residency training in this country recently hired a chief wellness officer. She said they need to make the work environment better, as well as help one another learn techniques for resilience and wellness.

Stacy Chamberlain thanked them for laying out the issues so well and looking at it in such a global way.

Danny Jacobs said that besides what they have heard, he thought there are other opportunities for OHSU. He said everyone that's part of the team should practice to the top of their license and receive role responsibilities and priorities in that regard. He said that in the near future they can better use technology to facilitate some of the pieces that are forward facing for the electronic medical record.

Amy Tykeson felt encouraged to see how comprehensive and inclusive the report was so they can set goals and move the dial. Ms. Tykeson thanked everybody for their participation.

Adjournment

Hearing no further business, Ms. Tykeson adjourned the meeting at 3:29pm.

Respectfully submitted,

Connie Seeley
Secretary to the Board



FY19 December YTD Financial Update

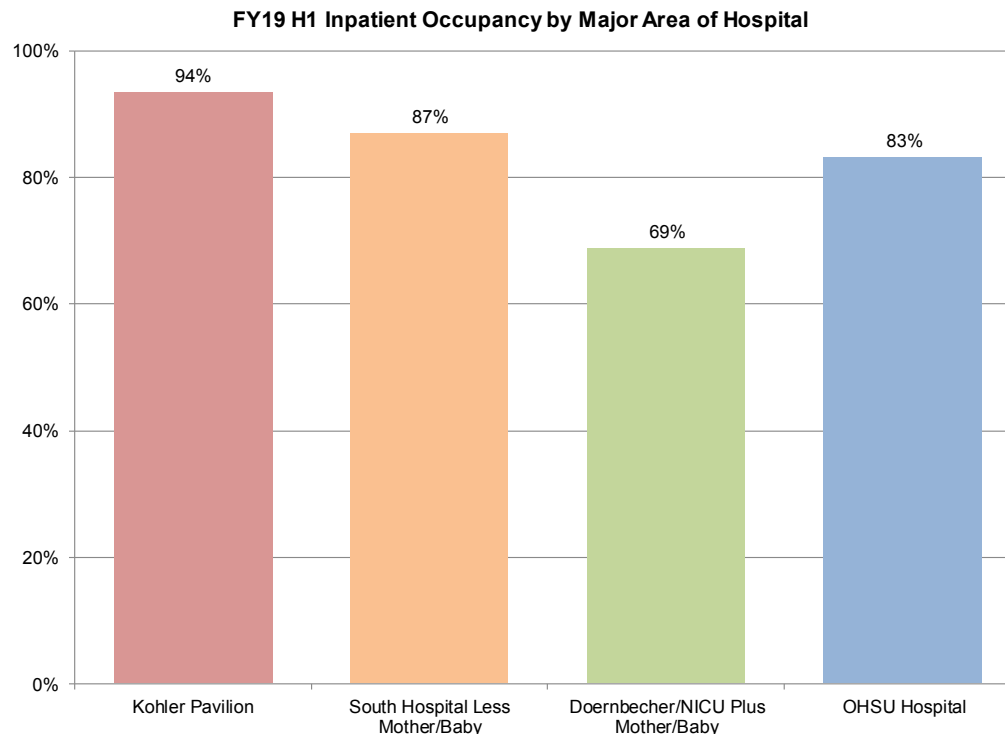
OHSU Board of Directors / January 31, 2019

FY19 December YTD Financial Results

- First half financial performance include OHSU operating income of \$86 million, \$50 million above budget and 87% above last year, on 11.5% revenue growth.
- December month results, with nearly \$13 million in earnings, recovered from a weaker November—gains and losses from large cases can create monthly volatility in the hospital component of income.
- For the 12 months ending December 31, 2019, OHSU's operating income reached \$177 million with a 5.7% operating margin and 11.5% EBITDA margin. While we do not expect FY19 results to sustain this level, calendar year 2019 earnings indicates the level of performance possible.
- December also shows continued strength on OHSU's balance sheet:
 - Consolidated net worth rose \$87 million while cash held on OHSU's balance sheet was up \$75 million, both from operations and reversing the usual trend of negative cash flow in the first half when principal payments are due.
 - As planned, cash is expected to decline steadily through the end of the fiscal year with completion of CHH-2 after application of all debt proceeds and available gift receipts.

FY19 December Results (continued)

- Both net patient revenue and grants & contracts are up 10% from last year.
- Patient activity continues the trend of very high occupancy in specialty adult medical/surgical (Kohler) beds, higher casemix, surgical and ambulatory growth.
- We expect to end FY19 with operating income of about \$135 million, \$20 million above budget, taking into account startup costs for CHH-2 and support of Adventist Health Portland operations, plus accelerated spending on faculty recruitment.



December YTD Operating Income \$50M > Budget

December YTD (6 months) (millions)	FY18 Actual	FY19 Budget	FY19 Actual	FY19 - Budget	FY19 / FY18
Net patient revenue (less tax)	\$1,006	\$1,064	\$1,103	\$39	10%
Medicaid R&E IGT	43	56	56	0	32%
Grants & contracts	213	230	234	4	10%
Gifts applied	43	49	45	(3)	5%
Tuition & fees	36	37	38	1	6%
State appropriations	19	19	19	0	1%
Other revenue	67	76	96	20	43%
Operating revenues	1,427	1,530	1,591	61	12%
Salaries & benefits	854	912	934	22	9%
Services & supplies	436	486	476	(9)	9%
Depreciation	77	82	81	(1)	6%
Interest	14	14	14	0	-2%
Operating expenses	1,382	1,494	1,506	11	9%
Oper. income (budget basis)	45	36	86	50	89%

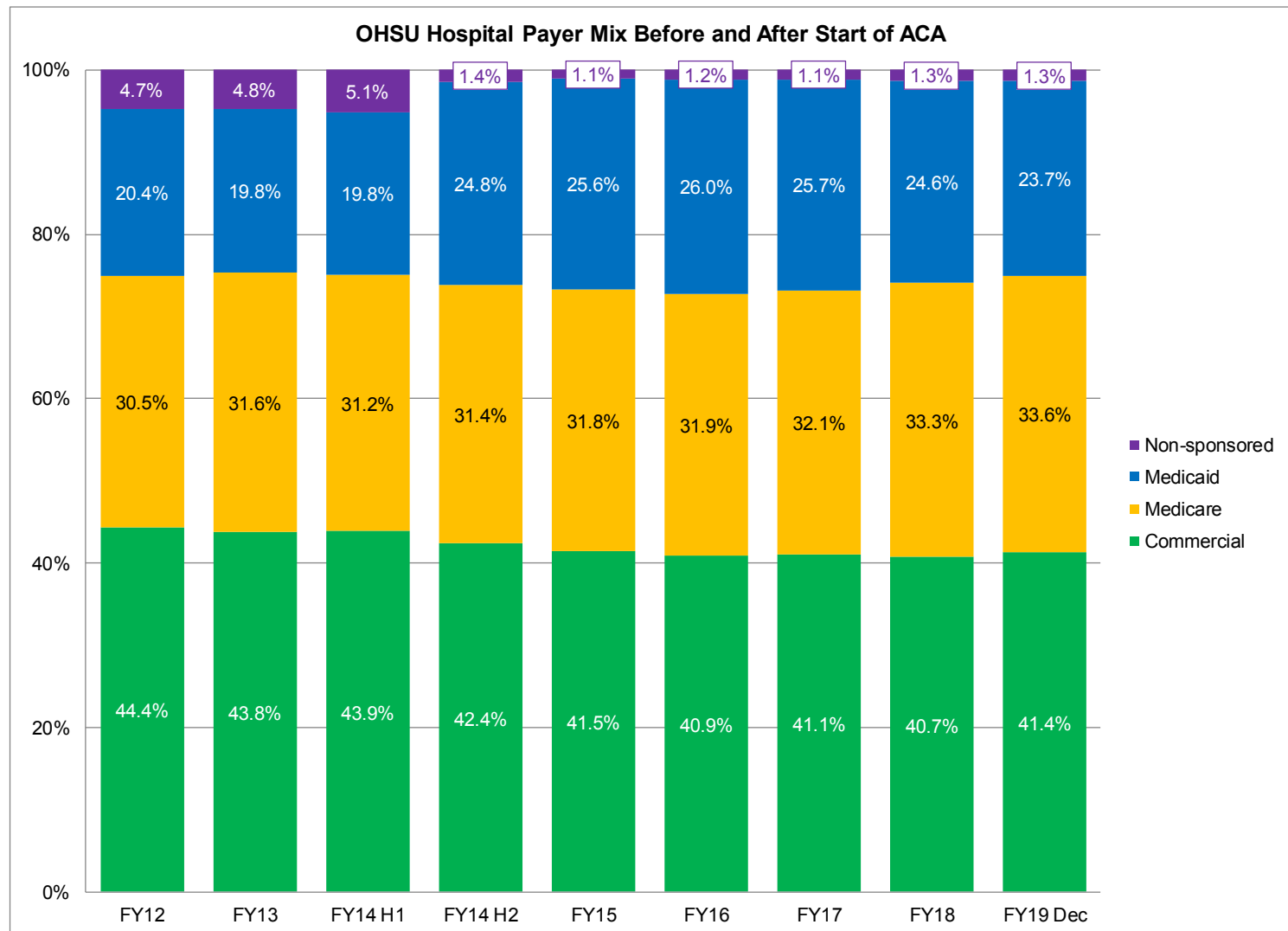
December YTD Budget Variance by Area

FY19 Budget Variance (000)	December YTD
OHSU Hospital*	\$18,920
Tuality / Adventist Healthcare	(290)
Subtotal - healthcare	18,630
Schools, centers & institutes**	8,386
Administration & support	19,264
Restricted funds (mostly grants)	3,511
Subtotal - other university	31,161
Total OHSU	\$49,791

*~\$20m in CHH-2 startup costs in FY19 H2.

**Includes \$8.5m prior year adjustment.

Commercial Share Stabilizes in FY19 YTD



Growth in Casemix, Ambulatory & Surgical Cases

OHSU Patient Activity December YTD (6 months)	FY18 Actual	FY19 Budget	FY19 Actual	Actual / Budget	Actual / Last Year
Inpatient admissions	14,592	14,692	14,349	-2.3%	-1.7%
Average length of stay	5.85	5.90	6.13	3.9%	4.8%
Average daily census	456	456	470	3.0%	3.0%
Day/observation patients	19,918	20,314	21,286	4.8%	6.9%
Emergency visits	23,202	25,308	22,895	-9.5%	-1.3%
Ambulatory visits	469,911	490,682	492,337	0.3%	4.8%
Surgical cases	17,772	18,189	18,481	1.6%	4.0%
Casemix index	2.17	2.20	2.25	2.3%	3.7%
Outpatient share of activity	51.0%	51.1%	51.8%	1.4%	1.6%
CMI/OP adjusted admissions	64,644	66,156	67,144	1.5%	3.9%

Cash Up \$75M & Net Worth Up \$87M in 6 Months

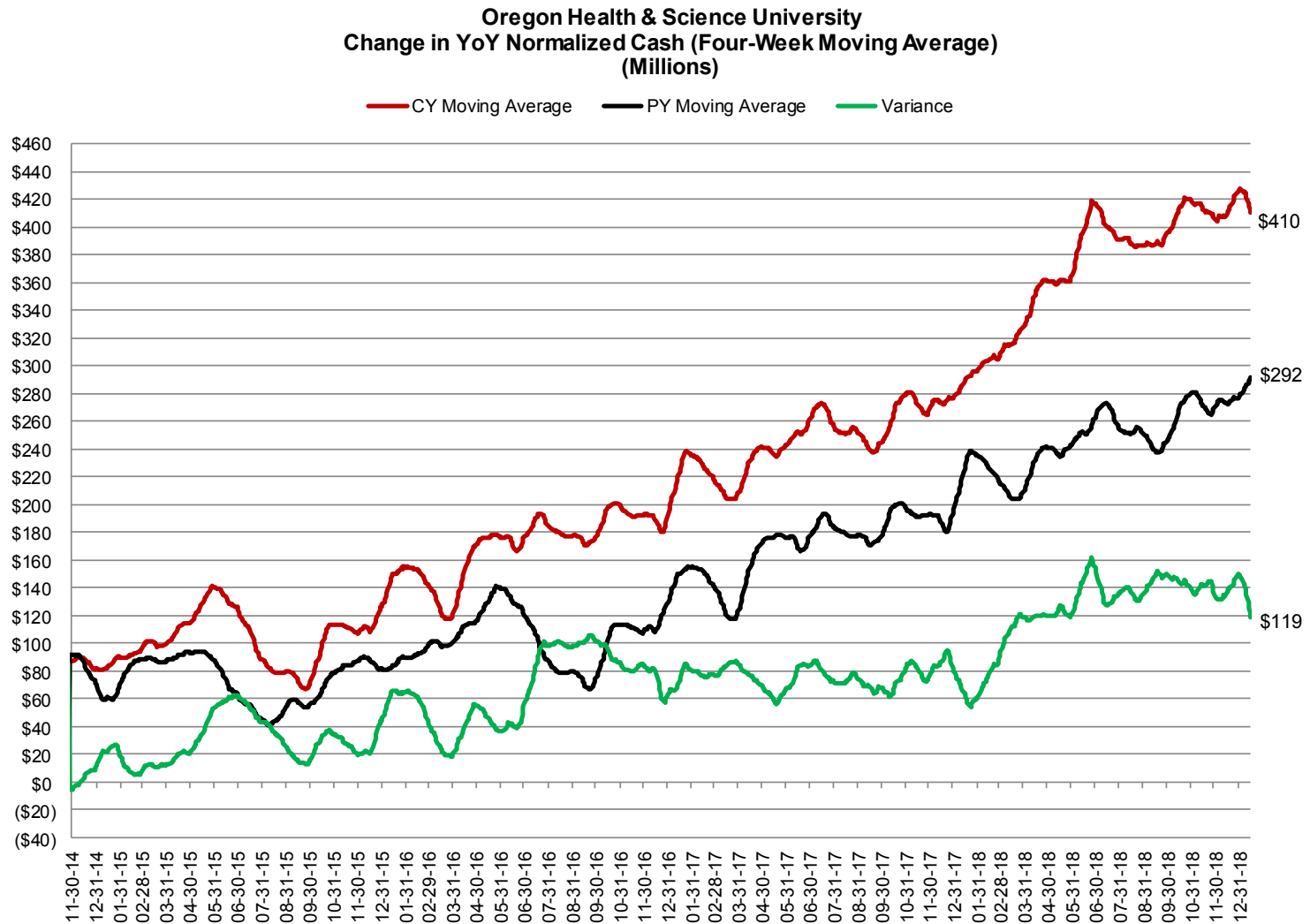
Balance Sheet (millions)	6/30/18	12/31/18	Change
Operating cash & investments	\$926	\$1,004	\$78
Quasi-endowment funds	94	91	\$(3)
Moda surplus note, net	34	34	\$0
OHSU cash & investments	1,054	1,129	75
Trustee-held bond funds	43	29	(14)
KCC project fund	8	1	(7)
CHH-2 project fund	11	3	(8)
Total cash & investments	1,115	1,162	47
Net physical plant	2,009	2,050	41
Interest in Foundations	1,388	1,341	(46)
Long-term debt	(980)	(960)	20
GASB 68 pension items, net	(327)	(327)	0
Working capital & other, net	162	188	26
OHSU net worth	3,367	3,454	87

Oper. income (budget basis)	86
State grant to KCC	7
Gift Funding for KCRB	14
OHSU investment return	9
Gain (loss) from Foundations	(46)
Other non-operating items	18

Total change in net worth 87

FY19 Cash Flow (millions)	December YTD
Oper. income (budget basis)	\$86
State grant to KCC	\$7
Gift Funding for KCRB	\$14
Depreciation	81
OHSU investment return	9
CHH-2 project funds applied	8
Sources of OHSU cash	204
Regular principal repaid	(20)
Capital spending	(122)
Other working capital, net	12
Uses of OHSU cash	(129)
Sources less uses of cash	75
6/30/18 balance	\$1,054
12/31/18 balance	\$1,129

Year-Over-Year Operating Cash Now +\$119M



Schnitzer Campus Block 6

PARKING GARAGE & HOUSING



PRESENTED TO: OHSU Board of Directors | **PRESENTED BY:** Sara Vonde Veld and Jennifer Taylor

January 31, 2019

Schnitzer Campus

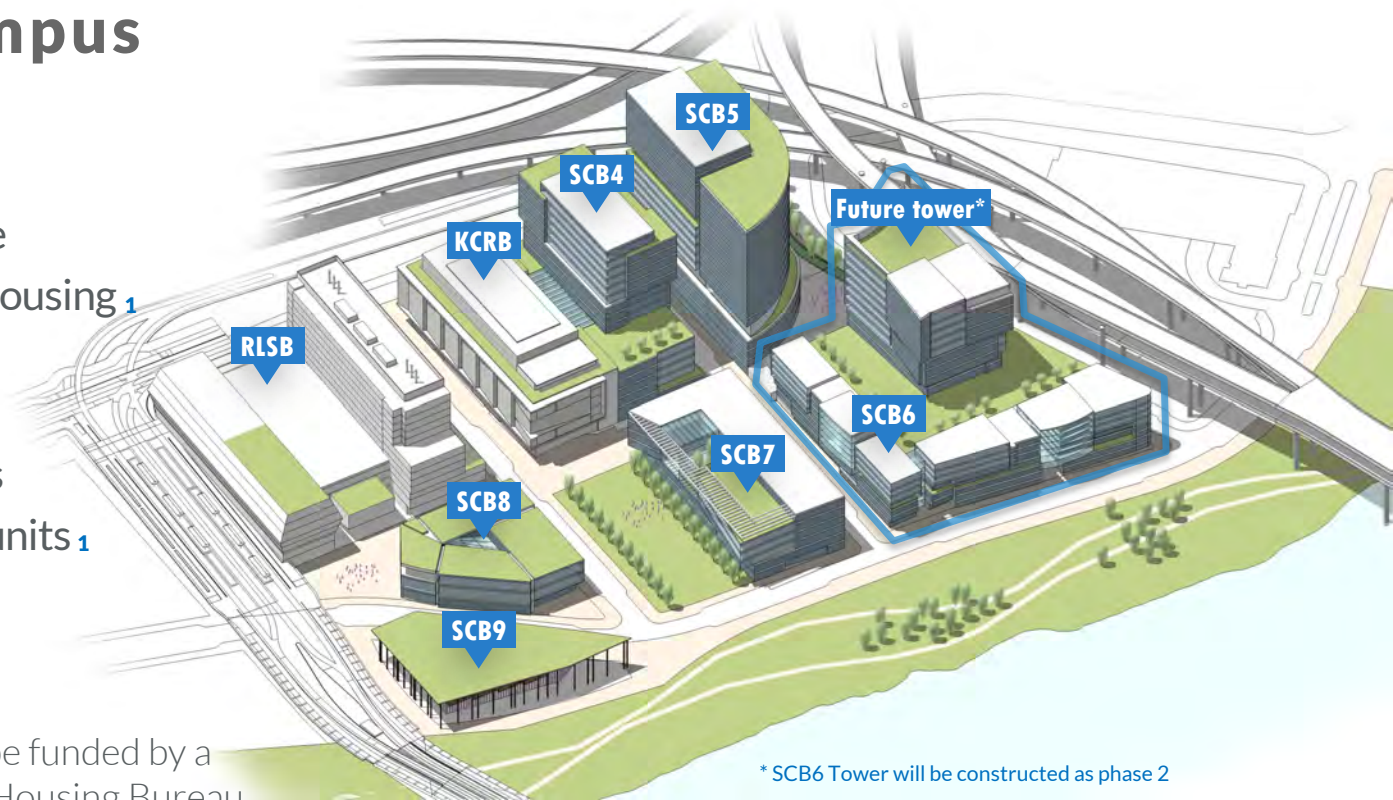
BUDGET

- \$75M OHSU Garage
- ~\$40M Affordable housing ¹

PROGRAM

- ~1,200 parking stalls
- Affordable housing units ¹
- Retail space
- Shelled dock

¹ Affordable housing will be funded by a developer and Portland Housing Bureau



* SCB6 Tower will be constructed as phase 2

RLSB

424 stalls

**515 fewer than
allowed by code**

KCRB

81 stalls

**446 fewer than
allowed by code**

**Schnitzer
Lot**

528 stalls

Expires in 2027

RLSB

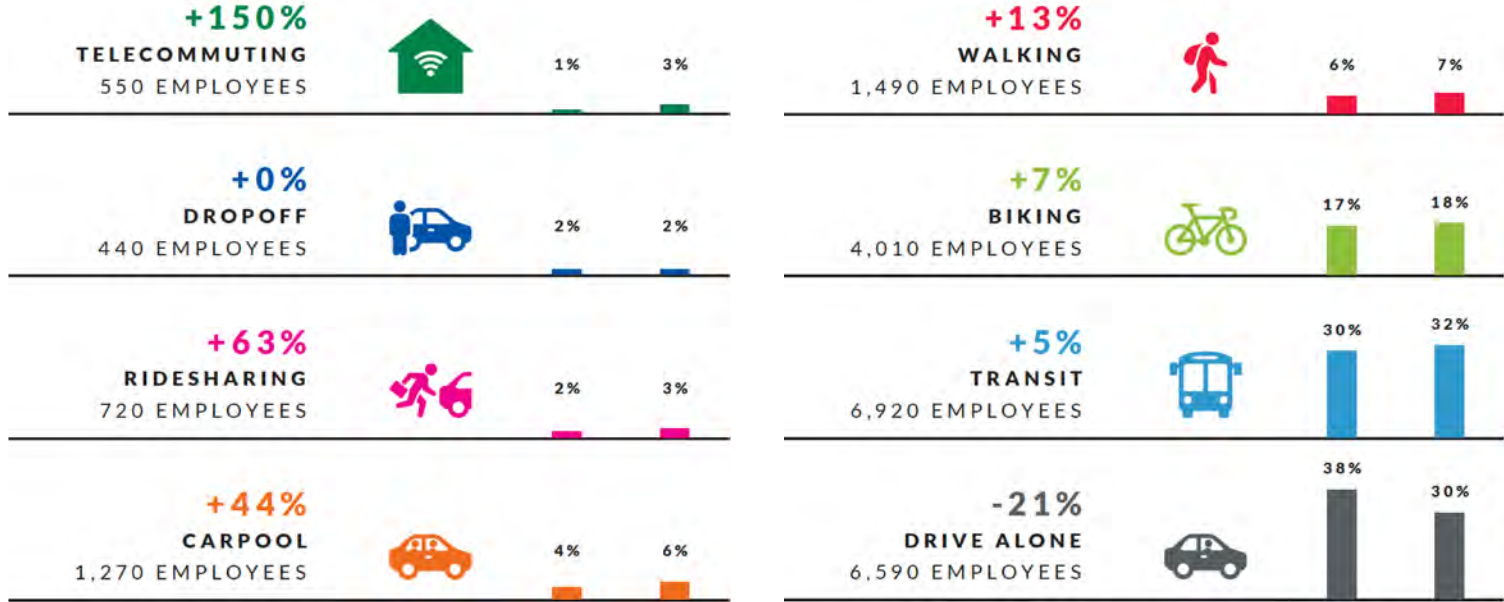
KCRB

Schnitzer Lot

SCB6

OHSU Transportation Demand Management Plan

2017 to 2027 mode split goals



Parking Demand

2017

15,450 EMPLOYEES ¹

5,222 PERMIT STALLS

1 stall for every 3 employees

¹ Marquam Hill & South Waterfront employees

² Includes RPV and SCB6 employee stalls

2027

21,990 EMPLOYEES ¹

6,680 PERMIT STALLS ²

1 stall for every 3.3 employees

SCB6 Program

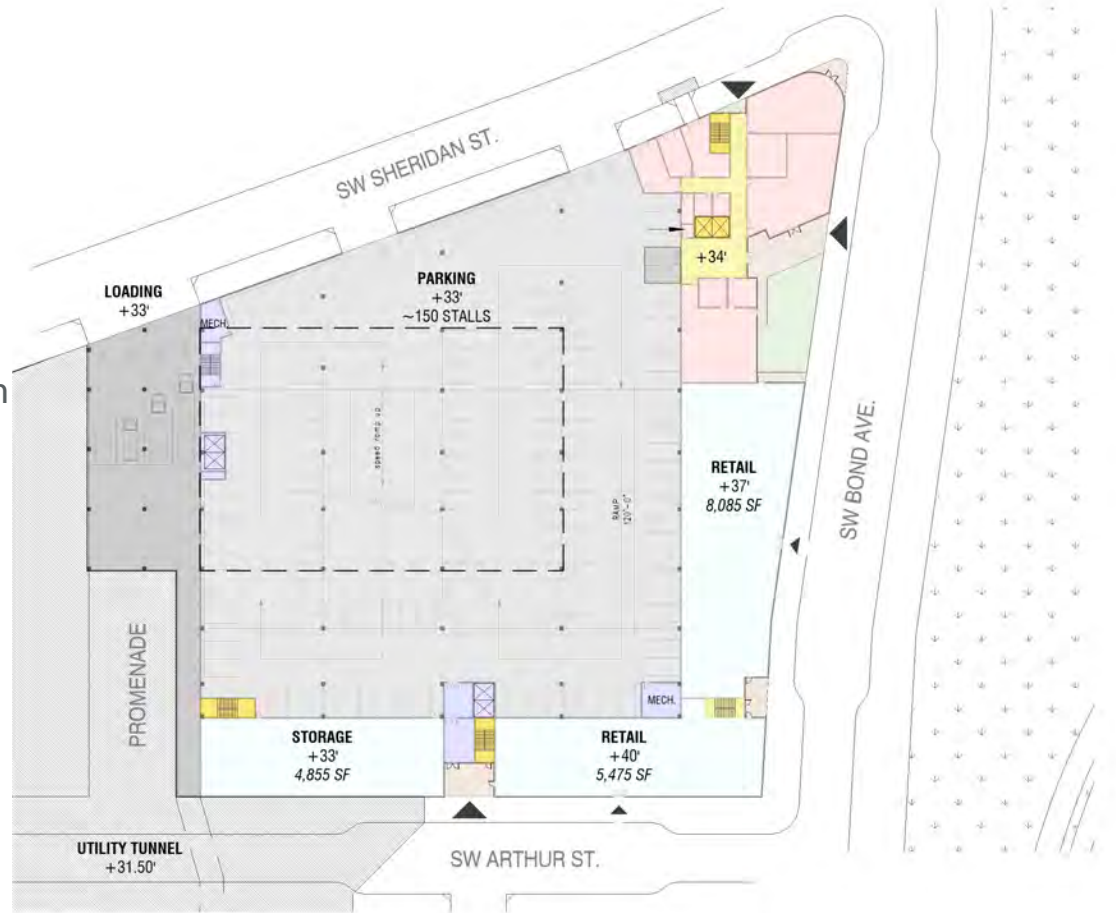
AFFORDABLE HOUSING

1. 121 Units
2. \$35-40M
3. Portland Housing Bureau contribution
4. OHSU ground lease for housing

PARKING

P2	150
P1	183
L1	183
L2	183
L3	183
L4	183
L5	183

1,248 stalls total



SCB6 Program

AFFORDABLE HOUSING

1. 121 Units
2. \$35-40M
3. Portland Housing Bureau contribution
4. OHSU ground lease for housing

PARKING

P2	150
P1	183
L1	183
L2	183
L3	183
L4	183
<u>L5</u>	<u>183</u>

1,248 stalls total



Development Timeline

PROJECT START UP

2018	JUL	Approved by PaWS & WMG
	FALL	Housing Feasibility Study
	OCT	Affordable housing meetings: Prosper Portland, Portland Housing Bureau, Mayor's Office
	DEC	PHB confirmed housing funding
2019	JAN	OHSU Board Meeting – Project introduction

PROJECT DUE DILIGENCE

ONGOING		Review Schnitzer Gift Agreement
2019	FEB	Issue RFP
	FEB-JUN	Select and Contract with Developer, Architect & General Contractor
	JUN	OHSU Board Meeting – Approval of Preconstruction Services (FY 20: \$16M)

DESIGN & CONSTRUCTION

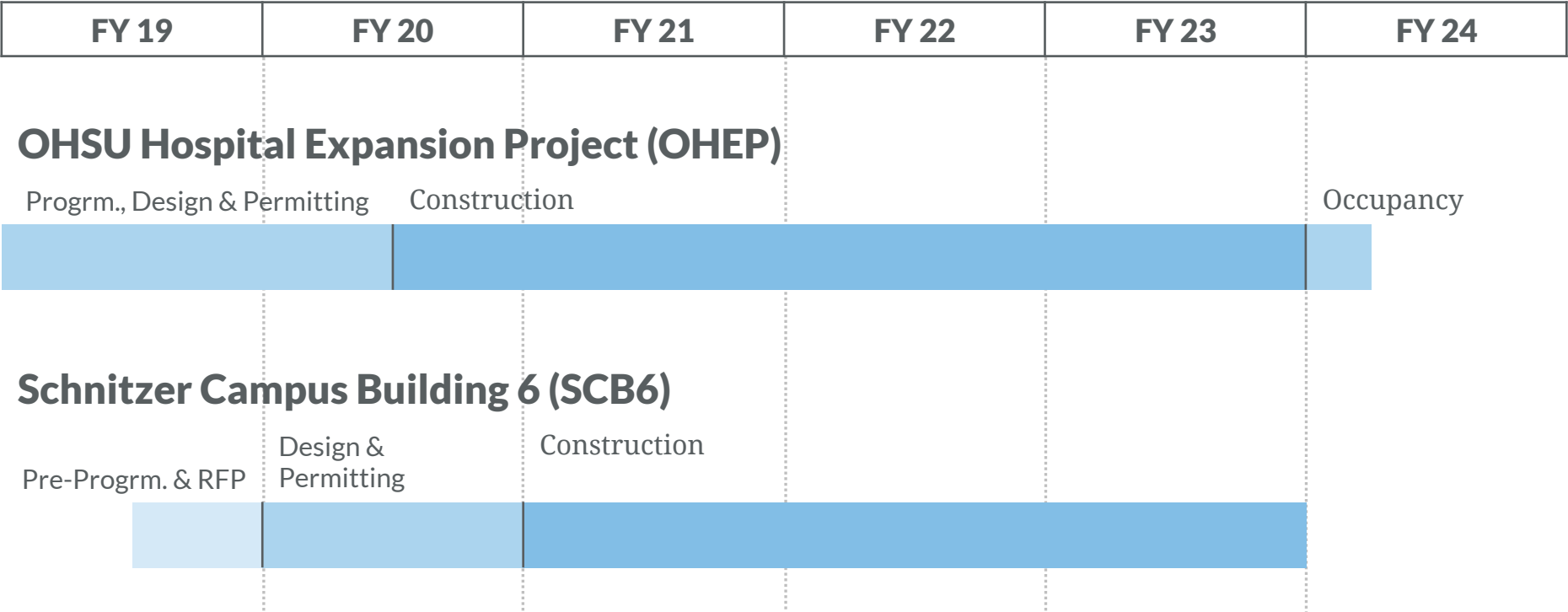
2019	JUL	Pre-Development Phase
	DEC	Design Phase
2020	JUN	OHSU Board Meeting – Approval of Construction (FY 21: \$59M)
	SEP	Construction Phase
	WINTER	Substantial Completion

OHSU Cash Flow

	PRECONSTRUCTION	CONSTRUCTION
FY 19	\$150,000	
FY 20	\$14,850,000	\$1,000,000
FY 21		\$32,000,000
FY 22		\$23,500,000
FY 23		\$3,500,000
Total	\$15,000,000	\$60,000,000
	<i>20% of construction</i>	
Grand Total		\$75,000,000*

* Price excludes \$1.7M to increase structure to support a future tower

Schedule Overlay





Thank You



State of Diversity at OHSU

Center for Diversity and Inclusion

DATE: JAN. 31, 2019 PRESENTED BY: BRIAN GIBBS, PH.D., M.P.A.

Presentation outline

- A case for equity and inclusion
- What we do
- Where are we and where do we go from here

Diversity at OHSU

“Embracing diversity, equity and inclusion gives us the power to be better at what we do and allows us to demonstrate integrity, compassion and leadership.

We have the responsibility to carry forward the simple concept that all are welcome here.”



Vision 2020, Goal 1:

Be a great organization, diverse in people and ideas

Strategy 1.2:

Transform OHSU from an organization that values diversity to one that lives it

Four Levers for an Evolving Culture

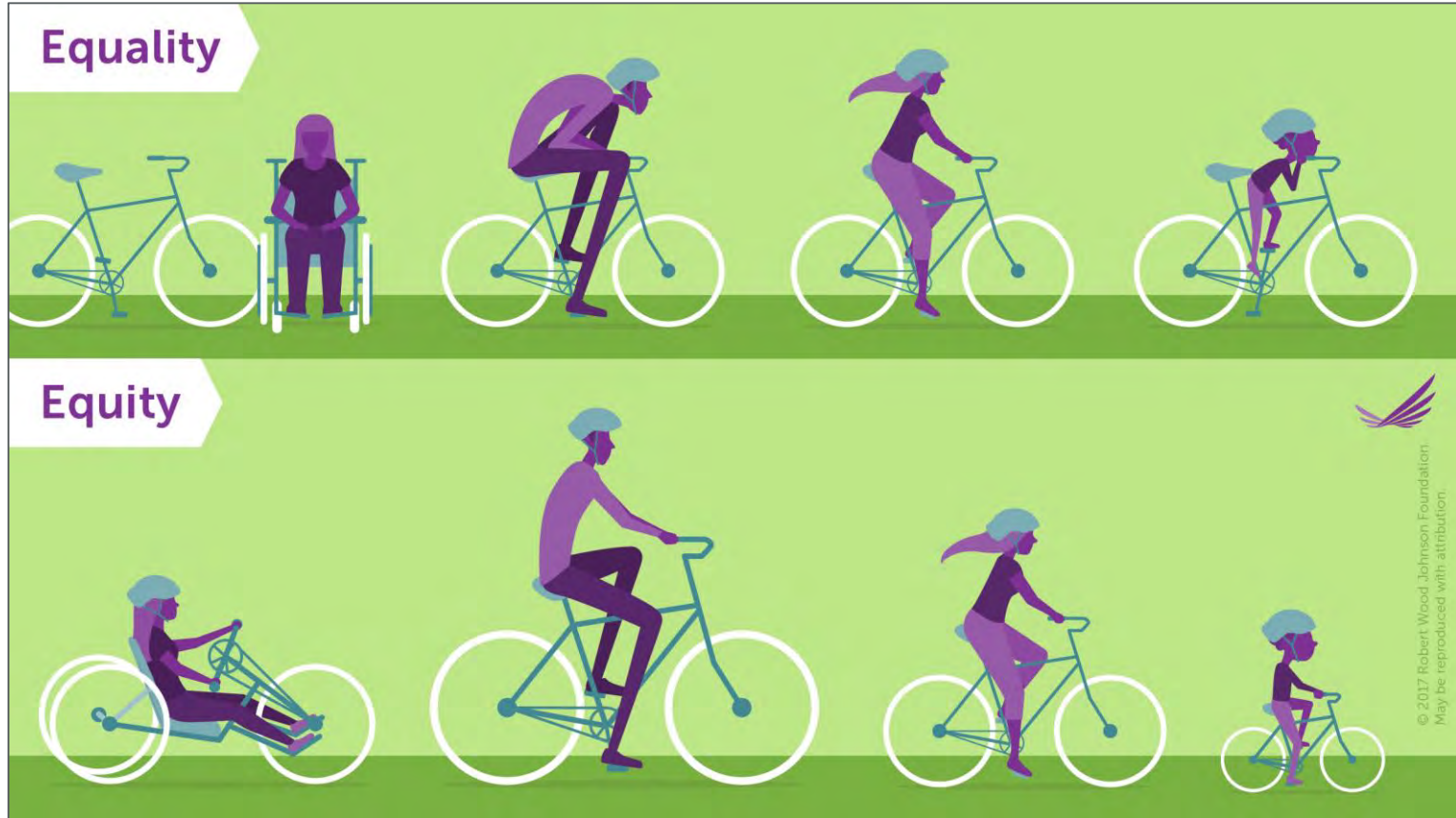
- Articulate the aspiration
- Select and develop leaders who align with the target culture
- Use organizational conversations about culture to underscore the importance of change
- Reinforce the desired change through organizational design

“When aligned with strategy and leadership, a strong culture drives positive organizational outcomes... Successful leaders will stop guarding culture with frustration and instead use it as a fundamental management tool.”

[Boris Groysberg](#) [Jeremiah Lee](#) [Jesse Price](#) [J. Yo-Jud Cheng](#)



Drivers for Diversity, Equity and Inclusion



Diversity, Equity and Inclusion Offerings at OHSU (snippet)

<u>Faculty</u> Women in Academic Med Conference URM physician recruitment Diverse Medical Student Mentorship Affirmative Mental Health Care for Transgender and Gender Diverse Youth Training Conference Provost Faculty Startup Package	<u>Students/Trainees</u> Dean of Diversity in SoM Oregon Students Learn & Experience President's Fund Diversity Achievement Scholarships Scholars for a Healthy Oregon Initiative Build Exito Wy'East Post-Bacc Initiative	<u>Staff</u> Respect at the University Booster Transgender Health Program Avel Gordly Center for Healing Center for Women's Health Intercultural Psychiatric Program House Officer Association Diversity Committee
<u>Oregon colleges</u> A Day in the Life Program Murdock Undergrad Collaborative Research Program Vollum Institute/Neuroscience Grad Program Summer Fellowship Provost Scholars Program	<u>K-12 pipeline</u> LEND Multicultural Training (IDD) On Track OHSU Knight Scholars Program MedQuest Health Careers Camp Youth Engaged in Science (YES!) Youth Health Services Corps STEM Assessment & Reporting Tracker	<u>Center for Diversity and Inclusion</u>

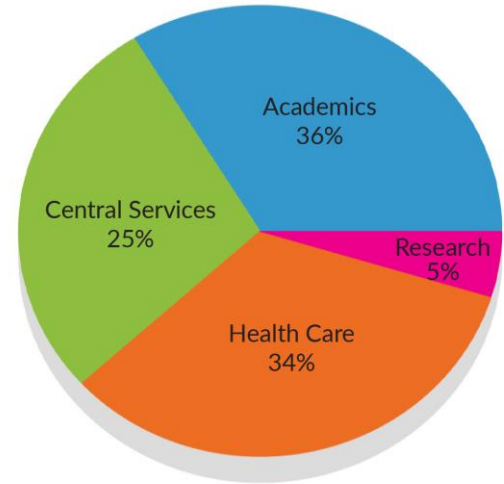


Center for Diversity and Inclusion Programs

Recruit	Retain	Support
Greater Oregon Higher Education Recruitment Consortium (GOHERC)	Unconscious bias initiative	AAEO
	Employee resource groups	Diversity Advisory Council
Summer internships	Diversity student interest groups	Healthcare Equality Index (LGBTQ)
Student interviews/“Second Look”	Cultural lecture series	Community partnerships
Recruitment Manual	MLK celebration	Consulting
Data Collection	Diversity Digest	Lectures and events
Diversity Career Fair (HR)	CultureVision	Physical Access Committee
	Religious and Spiritual Beliefs Guide	Oregon Higher Education Coordinating Commission: Equity Advisory Group

Unconscious Bias Campus-wide Initiative

- ✓ Provides tools to mitigate biases that affect decisions and behaviors that undermine equity and inclusion efforts
- ✓ Changes our mindset
- ✓ Facilitates conversation without blame
- ✓ Helps reduce disparities that contribute to negative health outcomes
- ✓ Maximizes true potential, creativity, innovation, quality care, educational excellence and outstanding service



FY2018

Goal: 2,600

Trained: 4,277 (165% of goal)

FY2019

Goal: 4,600

ON TARGET (2,166 - 47%)

5-Year Ethnicity/Race Trends (FY2014 – FY2018)

Areas of progress

Women in upper management, chairs, SR+

- ✓ FY2014: 36% women; 63% men
- ✓ FY2018: 44% women; 56% men

Hispanic/Latino

- ✓ Faculty: Increased 98% (51 to 101)
- ✓ Staff: Increased 81% (460 to 831)
- ✓ Students: Increased 68% (134 to 225)

Improvement opportunities

Ethnic/race gap among employees

- Non-white employees increased 23% over five years but still represent only 20% of total employees in FY2018
- Black/African-American: Decreased 1% over five years

Student representation

- Black/African-American, AI/AN, Native Hawaiian/Pac Islander numbers remain under 2% all five years
- Non-white students represent only 26% of total students in FY2018

What's Next

- Strengthening of the Center for Diversity and Inclusion
 - Alignment with OHSU 2025
 - Improve focus on culture
 - Increase coordination of URM faculty, students and staff recruitment
 - Alignment with Institutional Benchmarking
- Annual Diversity Report
 - Spring 2019
- UBCI
 - Inclusion Ambassadors
 - Student Curriculum
 - Unconscious Bias for Search Committees
 - Evaluation



Thank You



Date: January 18, 2019

To: Oregon Health & Science University Board of Directors

From: Greg Moawad, JD, MBA, Vice President for Campus Safety

Re: Public Safety History and Update for January 31 Board Meeting

After 2007's shooting at Virginia Tech, Oregon Health & Science University convened a task force to evaluate and improve the institution's readiness to respond to a similar critical incident on its campus. The task force, chaired by State Senator Ginny Burdick and comprised of a remarkable cross-section of Oregon municipal agencies, political offices, the OHSU community – including a member of the Board of Directors, students, faculty and mental health professionals – made two recommendations: 1) that OHSU seek legislation to empower its Department of Public Safety (the then security department) with police officer authority in order to allow them to be more proactive to interrupt threats; and, 2) that OHSU establish an armed police presence on its campus – by either arming its Public Safety officers or contracting with another agency for that presence. Those decisions were driven by a variety of factors, including the unique skills required to police in this environment and the inability for Portland Police officers to respond to our campus as quickly as needed due to our remote geographical location.

Given OHSU's unique role in our community as a university, and as an academic health center focused on teaching, healing, and discovery, the institution initially opted to transition our Department of Public Safety into an unarmed police force and seek an external armed presence. In 2009, OHSU sought and received OHSU-specific legislation from the Oregon Legislature to start an unarmed police department. We began interviewing and screening officers (psychological and medical) before putting selected candidates through the 16-week live-in state certification program at the Oregon Department of Safety Standards and Training. This curriculum was followed by a six-month OHSU field training and evaluation period. In February 2012, we transitioned into a functioning, unarmed police department.

We contemporaneously sought to contract with an outside agency for an armed presence. While pursuing the contracting model, we reached out to other regional academic institutions where that model was currently deployed (the University of Oregon and Oregon State University) and found disappointing levels of satisfaction.

Concerns included poor service levels, the non-presence of assigned officers, an inability to adequately oversee which officers were assigned, a lack of control over the policies guiding officers' decisions, and a poor mesh of officers – used to the militaristic employment model of law enforcement – into an academic community. We ultimately decided that contracting for an armed presence was not in our best interest.

Meanwhile, the drivers for the task force's recommendations continued to occur on our campus – including an incident in which a man who had previously been in possession of a gun threatened to shoot medical staff. Confirming information heard by the task force, responding Portland Police officers took 14 minutes to arrive in sufficient numbers to form a safe contact team – long enough for two complete Virginia Tech incidents to have occurred.

The decision to arm our officers required a second OHSU-specific request to the Oregon Legislature in 2013.

In order to provide an armed presence worthy of our campus' unique needs, the Department of Public Safety designed and implemented a remarkably different arming and training plan for its officers. Because of the needs of the populations we serve on our campus, including a high density of the mentally ill and individuals undergoing incredible life stress, our plan focused on preparing officers to manage mental health interactions and resolve conflict via communication and de-escalation wherever possible. We also made certain that any newly required policies and practices reflected the state of the art in the industry – including one of the nation's first policies on Strategic Disengagement. That policy authorizes our officers to separate themselves from situations where their presence risks a greater negative outcome than disengaging.

Finally, the process used to design and implement every step of this plan reflected the purposeful, collaborative, inclusive and thorough approach needed in our environment. That meant complete transparency for, and input by, non-law enforcement OHSU staff at every point in the program's development. It also includes complete OHSU community oversight for instances in which our officers deploy force.

After a review of the extensive work put into this program, the OHSU Board of Directors voted at the June 2014 board meeting to allow Public Safety officers to arm.

The Board received an update on Public Safety in September of 2015. Because of the recent natural turnover at the Board, we are seeking to provide an additional update to the Board at the January 31, 2019 meeting.



History and Update – Campus Safety

Safety, *differently.*

PRESENTED BY: Greg Moawad, JD, MBA

2008 OHSU Critical Incident Readiness Task Force

- Spurred by Virginia Tech (2007) and Northern Illinois (2008) shootings
- Work performed:
 - Reviewed statistics/timelines for active shooter events
 - Reviewed OHSU's then-current active shooter response
 - Reviewed “attractors”/risk factors for mass-casualty event at OHSU
 - Heard testimony from technical experts (local and national academic medical center and law enforcement leadership)

Active Shooter Characteristics

- 2014 FBI study of 160 events (2000-2013):
 - 70% of the incidents lasted < 5 minutes; 37% < 2 minutes
 - On average, four people are killed per minute
- Oversimplified finding: Time = Lives

Task Force Findings/Recommendations

- Findings:
 - OHSU Department of Public Safety lacks sufficient legal authority to protect the campus
 - Portland Police cannot provide adequate armed response (up to 15 minute response time/lack of familiarity with campus)
- Recommendations:
 - OHSU should seek legislation to provide Public Safety with police officer authority/training
 - OHSU should arm Public Safety officers or contract with police agency for armed presence on campus

2009 – Senate Bill 658

- Oregon Legislature passed an OHSU-specific bill to enhance Public Safety's lawful abilities as state-certified unarmed police officers
 - 16-week live-in state academy
- OHSU is not a traditional municipality when it comes to law enforcement services, and the state standards are not sufficient for our officers
 - We need to be *different*

Foundational Analysis

- Broad, multi-disciplinary input
- Complete transparency
- Unprecedented training levels
- Force and policy oversight by our community
 - *Different* policies - uniquely suited for this environment

Policy Work

- Campus-wide committee evaluated “traditional” policy blind spots
- Focus on de-escalation and communication
- Unique solutions for academic medical setting
 - Aggressive “Strategic Disengagement” policy
 - Application of medical quality model to review process for force incidents
 - Critical Incident Committee
 - Learning opportunities embedded in culture

Armed Presence

- Evaluated potential agencies to provide armed police officers
- Reviewed Oregon/Oregon State models
 - Service/integration issues
 - Low value
 - Concerns about training levels/municipal policies
- We need our armed presence to be *different*
- Oregon Legislature passed OHSU-specific Senate Bill 565 (2013)
 - Unanimous 30 - 0 Senate vote
 - OHSU Board voted to arm OHSU police officers June 26, 2014

Onboarding and Annual Training

- Hiring
 - Full interview and evaluation process
 - Psychological and medical evaluation
 - Full background investigation
- Training
 - 16 week state basic academy
 - OHSU-specific training (130 Hours)
 - 20 week Field Training and Evaluation Program
 - 96 hours annually (3-5x peers)

Onboarding and Annual Training

- Firearm Program
 - Safety, OHSU environment, retention, skills
 - Level IV holsters: most secure holster available
- Critical Incident Training
 - Historical treatment of mentally ill, mental health system and resources available
 - Consumer panel, crisis communication, suicide intervention
 - Skills testing: scenario-based decision making

Trauma Informed Care and Culturally Responsive Approach To Policing

Outcomes:

- Understanding Trauma Informed Care – How to avoid triggering the person you are interacting with as well as ensuring you do not trigger
- Expanded Empathy For Others – How to be intentionally mindful of the needs or present state of mind of all people you interact with and adjust your approach accordingly
- Culture Change within Department of Public Safety – How to instill these skills and values into the Department such that they are consistently and perpetually applied

Learning Opportunities

Critical Incident Committee

- Broad institutional representation
- Reviews any reported uses of force, high-risk incidents, Code Green (imminent violence from patient)
- Tasked with incident review as well as policy and training improvements

Internal Incident Reviews

- Any incident where outcome is exemplary, summary sent to all officers to commend and reinforce expected outcome
- Any incident with learning points, summary sent to all officers for review to learn from incident and reinforce expected outcome



Training and Culture Reflected in Force Outcomes

Outcomes (2014 – 2018):

- Firearms drawn or retention defeated
 - Person currently armed
 - Person reported to be armed
 - Clearing space for felony suspect
 - Challenging felony suspect at end of nighttime foot pursuit
- Taser deployed
 - Person attempted to assault officer
 - Person attempted to assault officer, grabbed officer's holstered firearm
 - Person assaulted officer
 - Person armed with knife

Three Year Strategic Direction

Highlights:

- Increased employee engagement
- More structured accountability and quality control
- Continued improvement in hiring and retention
- Customer perception and satisfaction reviews
- Improved management systems

Full Service Police Department

Services:

- Crime-in-progress, violent incident response
- Police, fire, medical dispatch services
- Threat Assessment Team
- Victim assistance and safety planning
- Missing person, child abduction response
- Clery and Uniform Crime Reporting compliance
- Traffic crash, control and safety Interventions
- Lost, found, and abandoned property
- Access control and camera system management
- Helipad landing management and support
- Student and employee training and education



**RESOLUTION 2019-01-01
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

(Approval of Appointment to the UHS Board)

WHEREAS, the Board wishes to identify and appoint Board members to serve on the University Health System (UHS) Board.

NOW, THEREFORE, BE IT RESOLVED:

Wayne Monfries is removed from the UHS Board; and

Steve Zika is appointed to the UHS Board and shall serve at the pleasure of the OHSU Board of Directors:

This Resolution is adopted this 31st day of January, 2019.

Yeas _____

Nays _____

Signed by the Secretary of the Board on January 31, 2019.

Connie Seeley
Board Secretary

Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

ACA - Affordable Care Act. The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010

AFSCME - American Federation of State, County and Municipal Employees. A union that represents OHSU classified employees.

AH - Adventist Health.

AHC - Academic Health Center. A partnership between healthcare providers and universities focusing on research, clinical services, education and training. They are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

AI/AN - American Indian/Alaska Native

AMD - Age-Related Muscular Degeneration is a common eye condition and a leading cause of vision loss among people age 50 and older.

APP – advanced practice providers

APR - Academic Program Review: The process by which all academic programs are evaluated for quality and effectiveness by a faculty committee at least once every five years.

ARRA - American Recovery and Reinvestment Act of 2009.

A/R - Accounts Receivable. Money owed to a company by its debtors

ASF - Assignable Square Feet. The sum of all areas on all floors of a building assigned to, or available for assignment to, an occupant or specific use.

AVS – After visit summary

A&AS – Audit and Advisory Services

BRB - Biomedical Research Building. A building at OHSU.

CAGR - Compound Annual Growth Rate measures the annual growth rate of an investment for a time period greater than a year.

CAO - Chief Administrative Officer.

Capex - Capital expense

CEI - Casey Eye Institute. An institute with OHSU.

CFO - Chief Financial Officer.

CHH - Center for Health & Healing Building. A building at OHSU.

CHH-2 - Center for Health & Healing Building 2. A building at OHSU.

CHIO – Chief Health Information Officer

CLSB - Collaborative Life Sciences Building. A building at OHSU.

CMH - Columbia Memorial Hospital. A hospital in Astoria, Oregon.

CMI - Case Mix Index. Relative value assigned to a diagnosis-related group of patients in a medical care environment.

CMS - Centers for Medicare & Medicaid Services. A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov.

CPI - Consumer Price Index measures the average prices of goods & services in the United States.

CY - Current Year.

Downstream referral activity - specialty referrals that generate a higher margin and result from the primary care activity.

Days Cash on Hand - The number of days that OHSU can continue to pay its operating expenses with the unrestricted operating cash and investments.

DCH - Doernbecher Children's Hospital. A building at OHSU.

DMD - Doctor of Dental Medicine.

DNP - Doctor of Nursing.

E&M – Evaluation and management

EBIT - Earnings before Interest and Taxes. A financial measure measuring a firm's profit that includes all expenses except interest and income tax.

EBITDA - Earnings before Interest, Taxes, Depreciation and Amortization.

ED - Emergency Department. A department in OHSU specializing in the acute care of patients who present without prior appointment.

EHR - Electronic Health Record. A digital version of a patient's medical history.

EHS – Environmental Health and Safety

EMR – Electronic medical record

ENT - Ear, Nose, and Throat. A surgical subspecialty known as Otorhinolaryngology.

EPIC - Epic Systems. An electronic medical records system.

ER - Emergency Room.

ERG – Electoretinography is an eye test used to detect abnormal function of the retina.

ERM - Enterprise Risk Management. Enterprise risk management in business includes the methods and processes used by organizations to manage risks and seize opportunities related to the achievement of their objectives.

FTE - Full-time equivalent is the hours worked by an employee on a full-time basis.

FY - Fiscal Year. OHSU's fiscal year is July1 – June30.

GAAP - Generally Accepted Accounting Principles. Is a collection of commonly-followed accounting rules and standards for financial reporting.

GASB - Governmental Accounting Standards Board. Is the source of generally accepted accounting principles used by state and local governments in the United States.

GDP - Gross Domestic Product is the total value of goods and services produced within a country's borders for a specified time period.

GME - Graduate Medical Education. Any type of formal medical education, usually hospital-sponsored or hospital-based training, pursued after receipt of the M.D. or D.O. degree in the United States This education includes internship, residency, subspecialty and fellowship programs, and leads to state licensure.

GPO –group purchasing organization

H1 – first half of fiscal year

H2 – second half of fiscal year

HR - Human Resources.

HRBP – Human resources business partner

HSE – Harvard School of Education

HSPH – Harvard School of Public Health

IA - Internal Arrangements. The funds flow between different units or schools within OHSU.

ICU - Intensive Care Unit. A designated area of a hospital facility that is dedicated to the care of patients who are seriously ill

IGT - Intergovernmental Transfers. Are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state Medicaid agency

IHI – Institute for Health Care Improvement

IP – In Patient

IPS – Information Privacy and Security

KCC - Knight Cancer Center. A building at OHSU.

KCRB – Knight Cancer Research Building

KPV - Kohler Pavilion. A building at OHSU.

L – Floor Level

L&D - Labor and Delivery.

LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer

LOI - Letter of Intent. Generally used before a definitive agreement to start a period of due diligence before an enduring contract is created.

M - Million

MA – Medicare Advantage

M and A - Merger and acquisition.

MBU - Mother-Baby Unit. A unit in a hospital for postpartum women and their newborn.

MCMC - Mid-Columbia Medical Center. A medical center in The Dalles, OR.

MD - Doctor of Medicine.

MOU—Memorandum of Understanding

MPH - Master of Public Health.

NFP - Not For Profit.

NICU - Neonatal Intensive Care Unit specializes in the care of ill or premature newborn infants.

NIH - National Institutes of Health. A part of the U.S. Department of Health and Human Services, NIH is the largest biomedical research agency in the world.

NOL - Net Operating Loss. A loss taken in a period where a company's allowable tax deductions are greater than its taxable income. When more expenses than revenues are incurred during the period, the net operating loss for the company can generally be used to recover past tax payments.

NPS: Net Promotor Score.

NWCCU - Northwest Commission on Colleges and Universities: OHSU's regional accrediting body which is recognized by the U.S. Department of Education as the authority on the educational quality of institutions in the Northwest region and which qualifies OHSU and our students with access to federal Title IV student financial aid funds.

OCA - Overhead Cost Allocation. Internal OHSU mechanism for allocating overhead expenses out to departments.

OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.

OCT - Optical Coherence Tomography is a non-invasive imaging test.

OCTRI - Oregon Clinical & Translational Research Institute. An institute within OHSU.

OHA - Oregon Health Authority. A government agency in the state of Oregon.

OHSU—Oregon Health & Science University

OHSUF - Oregon Health & Science University Foundation.

ONA - Oregon Nurses Association. Professional association for nurses in Oregon.

ONPRC - Oregon National Primate Research Center. One of seven federally funded National Primate Research Centers in the United States and a part of OHSU.

OP – Outpatient. If your doctor sends you to the hospital for x-rays or other diagnostic tests, or if you have same-day surgery or visit the emergency department, you are considered an outpatient, even if you spend the night in the course of getting those services. You only become an inpatient if your doctor writes orders to have you formally admitted.

OPP – OHSU Practice Plan

OPAM - Office of Proposal and Award Management is an OHSU department that supports the research community by providing pre-award and post-award services of sponsored projects and awards.

OPE - Other Payroll Expense. Employment-related expenses for benefits which the university incurs in addition to an employee's actual salary.

Opex: Operating expense

OR- Oregon

OR - Operating Room. A room in a hospital specially equipped for surgical operations.

OSU - Oregon State University.

P – Parking Floor Level

PAMC - Portland Adventist Medical Center.

PaWS – Parking and Workplace Strategy

PDT - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.

PERI-OP – Perioperative. The time period describing the duration of a patient's surgical procedure; this commonly includes ward admission, anesthesia, surgery, and recovery

PERS - Public Employees Retirement System. The State of Oregon's defined benefit plan.

PET/MRI - Positron Emission Tomography and Magnetic Resonance Imaging. A hybrid imaging technology that incorporates MRI soft tissue morphological imaging and positron emission tomography PET functional imaging.

PHB – Portland Housing Bureau

PPI – physician preference items

PPO - Preferred Provider Organization. A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network.

Prgogrm - Program

PSU - Portland State University.

PTO - Personal Time Off. For example sick and vacation time.

PV - Present Value. The current value of a future sum of money or stream of cash flows given a specified rate of return.

PY - Previous Year.

Quaternary - Extension of Tertiary care involving even more highly specialized medical procedures and treatments.

R&E - Research and Education.

RFP – Request for Proposal

RLSB: Robertson Life Sciences Building

RN - Registered Nurse.

ROI – return on investment

RPA - Robotic Process Automation. Refers to software that can be easily programmed to do basic tasks across applications just as human workers do

RPV – revenue per visit

SCB – Schnitzer Campus Block

SG&A - Selling, General and Administrative expenses. A major non-production cost presented in an income statement

SLM – Senior Leadership Meeting

SLO - Student Learning Outcomes Assessment: The process of establishing learning goals, providing learning opportunities, measuring student learning and using the results to inform curricular change. The assessment process examines whether students achieved the learning goals established for them.

SoM - School of Medicine. A school within OHSU.

SPH - School of Public Health. A school within OHSU.

SPD - Sterile Processing Department. An integrated place in hospitals and other health care facilities that performs sterilization and other actions on medical devices, equipment and consumables.

TBD – to be decided

Tertiary - Highly specialized medical care over extended period of time involving advanced and complex procedures and treatments.

TTBD - Technology Transfer & Business Development supports advancement of OHSU research, innovation, commercialization and entrepreneurship for the benefit of society.

UBCI – Unconscious Bias Campus – wide initiative

Unfunded Actuarial Liability - Difference between actuarial values of assets and actuarial accrued liabilities of a pension plan. Represents amount owed to an employee in future years that exceed current assets and projected growth.

UO—University of Oregon

UPP - University Pension Plan. OHSU's defined benefit plan.

URM – underrepresented minority

VGTI - Vaccine and Gene Therapy Institute. An institute within OHSU.

WACC - Weighted Average Cost of Capital is the calculation of a firm's cost of capital in which each capital category is proportionately weighted.

WMG – Wednesday Morning Group

wRVU - Work Relative Value Unit. A measure of value used in the United States Medicare reimbursement formula for physician services

YoY - Year over year.

YTD - Year to date.