THE OHIO STATE UNIVERSITY

Board of Trustees

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SUMMARY OF ACTIONS TAKEN

November 15, 2022 - Wexner Medical Center Board Meeting

Members Present:

Abigail S. Wexner
Alan A. Stockmeister
John W. Zeiger
Gary R. Heminger
Tom B. Mitevski
Tanner R. Hunt
Robert H. Schottenstein
Cindy Hilsheimer
Hiroyuki Fujita (ex officio)
Kristina M. Johnson (ex officio)
Melissa L. Gilliam (ex officio)
Michael Papadakis (ex officio)
Andrew Thomas (ex officio)
Jay Anderson (ex officio)

Members Present via Zoom:
Amy Chronis

Members Absent:
Leslie H. Wexner
Stephen D. Steinour
W.G. "Jerry" Jurgensen

PUBLIC SESSION

The Wexner Medical Center Board convened for its 44th meeting on Tuesday, November 15, 2022, at the Longaberger Alumni House on Ohio State's Columbus campus. Board Secretary Jessica A. Eveland called the meeting to order at 1:00 p.m. As co-interim leaders of the Wexner Medical Center, both Jay Anderson Chief Operating Officer, and Andrew Thomas, Chief Clinical Officer, were in attendance, but only Mr. Anderson served as a voting member for this meeting.

Item for Action

1. Approval of Minutes: No changes were requested to the August 16, 2022, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Items for Discussion

2. Interim Co-Leaders' Report:
   Dr. Thomas and Mr. Anderson began by sharing a variety of updates and happenings around the Wexner Medical Center. Dr. Thomas asked for a pause in remembrance of Dr. Rebecca Jackson who sadly passed away in October. Dr. Jackson was a nationally recognized translational clinician-scientist and lifelong Buckeye. Dr. Thomas extended condolences to her family and our entire Buckeye family as we grieve the loss of our friend and colleague.

   Mr. Anderson shared his gratitude for the hundreds of fellow veterans and active-duty service members a the Wexner Medical Center. Our Veterans Employee Resource Group recently hosted our annual Veteran's Day Celebration where we reflected on incredible strides happening in our Military Medicine Program. The U.S. Department of Defense recently awarded combined $11.5 million to advance this important work - $3.1 million for a study aimed at improving the standard of care for military personnel with traumatic nerve injuries and $8.4 million to study suicide prevention for military service members.

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Mr. Anderson also noted that we are preparing to celebrate an exciting milestone for our new inpatient hospital tower with an official topping out ceremony inviting Wexner Medical Center faculty, staff, learners and patients to take part by autographing one of the beams.

Dr. Thomas congratulated more than 300 clinical faculty who were included on the 2022 Castle Connolly Top Doctors list – a resource directory created to guide patients to the most trusted, skilled physicians in the U.S., along with 90 clinical faculty named to Castle Connolly's Exceptional Women in Medicine list this year.

On the topic of dedication to the field of medicine, Dr. Thomas recognized a recent nurse-led study at the Wexner Medical Center's Brain and Spine Hospital that identified an effective way to reduce hospital falls – acknowledging the work of senior investigator Dr. Tammy Moore, associate chief nursing officer, and co-author Tina Bodine, nurse navigator, both from the Neurological Institute, as well as collaborators from the College of Medicine's Center for Biostatistics. This important study advances our goals for continuous improvement in the quality and safety of patient care.

A few additional awards to note:

- Recently earned national recognition as the 2022 recipient of the Association of American Medical College's Spencer Foreman Award for Outstanding Community Engagement
- Ohio Bureau of Workers' Compensation recently awarded a nearly $1.5 million grant to the Wexner Medical Center and College of Medicine to fund *The Buckeye Pause Bundle* which includes participation in our renowned Mindfulness in Motion program, wearable technology that tracks biometric outcomes and access to respite spaces located strategically across the medical center
- The Ohio State University and The Ohio State University Wexner Medical Center also received the Governor's Inclusive Employer Award for our commitment to individuals with disabilities in the workplace and being leaders of diversity and inclusion practices in Ohio

Dr. Thomas concluded by sharing that he and Mr. Anderson recently had the privilege of attending the 13th Annual Faces of Resilience event which celebrated community members helping to transform behavioral health care for Central Ohio and raised more than $400,000 in support of our Center for Psychiatry and Resilience and the Stress, Trauma and Resilience (STAR) Program. He encouraged everyone to remember that there are so many lives touched by the challenges of mental illness, suicide and substance use disorder, which is why we invited Dr. Luan Phan to join us and highlight some of the world-class programs and resiliency initiatives at the Wexner Medical Center.

3. Leading the Way: Behavioral Health: Dr. Luan Phan, Chair of the Department of Psychiatry and Behavioral Health, highlighted some of the medical center's signature programs that focus on improving the lives of people with mental illness and addiction.
(See Attachment XXXII for background information, page 840)

4. James Cancer Hospital Report: Dr. David Cohn, Interim CEO of the James Cancer Hospital, shared details regarding some innovative programs at the James/Comprehensive Cancer Center, including information on the pioneering work taking place in the Center for Cancer Engineering.
(See Attachment XXXIII for background information, page 855)

5. Wexner Medical Center Financial Report: Mr. Vincent Tammaro, Wexner Medical Center Chief Financial Officer, provided a high-level presentation regarding the medical center's financial performance through the end of the first quarter of FY23.

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(See Attachment XXXIV for background information, page 866)

Items for Action

6. Resolution No. 2023-44: Recommend Approval to Enter Into/Increase Professional Services and Construction Contracts:

APPROVAL TO INCREASE PROFESSIONAL SERVICES AND CONSTRUCTION CONTRACTS
East Hospital Dock Expansion
Wexner Medical Center Inpatient Hospital

APPROVAL TO ENTER INTO CONSTRUCTION CONTRACTS
Doan - Roof Replacement

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 increase professional services and construction contracts for the following projects; and

	Prof. Serv. Approval Requested	Construction Approval Requested	Total Requested	
East Hospital Dock Expansion	$0.2M	$2.4M	$2.6M	auxiliary funds
Wexner Medical Center Inpatient Hospital	$3.8M	$81.2M	$85.0M	university debt fundraising auxiliary funds partner funds

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

	Construction Approval Requested	Total Requested	
Doan - Roof Replacement	$3.3M	$3.3M	auxiliary funds

NOW THEREFORE

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

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BE IT FURTHER RESOLVED, 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 Attachment XXXV for background information, page 871)

7. Resolution No. 2023-45: Amendments to the Bylaws of The Ohio State University Wexner Medical Center Board:

Synopsis: Approval of the attached amendments to the Bylaws of The Ohio State University Wexner Medical Center Board is proposed.

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

WHEREAS a periodic review of the board's bylaws is a governance best practice; and WHEREAS the last revisions to the Bylaws of The Ohio State University Wexner Medical Center Board took place in February 2021:

NOW THEREFORE

BE IT RESOLVED, That the Wexner Medical Center Board hereby recommends approval by the University Board of Trustees of the attached amendments to the Bylaws of The Ohio State University Wexner Medical Center Board.

(See Attachment XXXVI for background information, page 874)

8. Resolution No. 2023-46: Scope of Care - Outpatient Care Dublin:

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 September 27, 2022, 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 hereby approves the scope of care for The Ohio State University Ambulatory Surgery Center – Outpatient Care Dublin as outlined in the attached document

(See Attachment XXXVII for background information, page 878)

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Action: Upon the motion of Mr. Stockmeister, seconded by Mrs. Wexner, the Wexner Medical Center Board recommended agenda items No. 6 – Recommend for Approval to Enter Into and Increase Professional Services and Construction Contracts, and No. 7 – Recommend for Approval Amendments to the Wexner Medical Center Board Bylaws for final approval by majority roll call vote with the following members present and voting: Mrs. Wexner, Mr. Stockmeister, Mr. Zeiger, Mr. Heminger, Mr. Mitevski, Mr. Hunt, Mr. Schottenstein, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Mr. Anderson.

Action: Upon the motion of Mr. Stockmeister seconded by Mrs. Wexner, the Wexner Medical Center Board approved agenda item No. 8 – Score of Care for Outpatient Care Dublin Item by majority roll call vote with only the votes of the following members used for approval: Mrs. Wexner, Mr. Stockmeister, Mr. Zeiger, Mr. Heminger, Mr. Mitevski, Mr. Hunt, Mr. Schottenstein, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Mr. Anderson.

EXECUTIVE SESSION

It was moved by Mrs. Wexner and seconded by Mr. Zeiger that the Wexner Medical Center Board recess into executive session to consider business-sensitive trade secrets and quality matters required to be kept confidential by federal and state statutes, to consult with legal counsel regarding pending or imminent litigation, and to discuss personnel matters involving the appointment, employment and compensation of public officials, which are required to be kept confidential under Ohio law.

A roll call vote was taken, and the board voted to go into executive session with the following members present and voting: Mrs. Wexner, Mr. Stockmeister, Mr. Zeiger, Mr. Heminger, Mr. Mitevski, Mr. Hunt, Mr. Schottenstein, Ms. Hilsheimer, Ms. Chronis, Dr. Fujita, Dr. Johnson, Dr. Gilliam, Mr. Papadakis and Mr. Anderson.

The Wexner Medical Center Board entered executive session at 2:00 p.m. and adjourned at 4:51 p.m.

Behavioral Health and Resilience

Wexner Medical Center Board

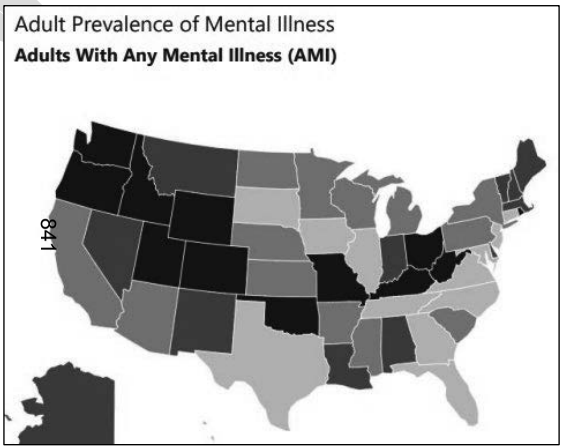
November 15, 2022

K. Luan Phan, MD – Professor and Chair

Department of Psychiatry and Behavioral Health

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Ohio: 4th Most Prevalent for Adults with Mental Illness

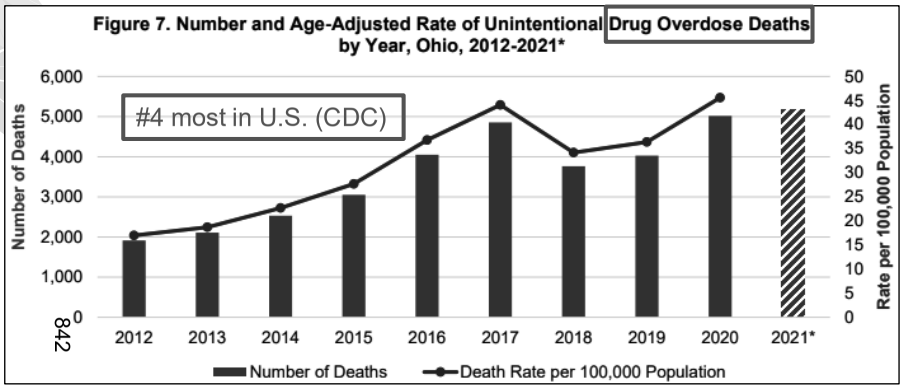


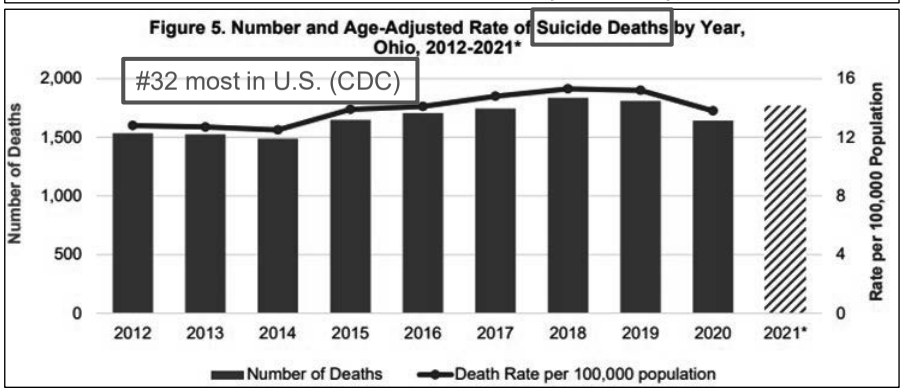
Rank	State	%	#
1	New Jersey	16.37	1,122,000
2	Texas	17.17	3,602,000
3	Florida	17.23	2,903,000
4	Hawaii	17.45	185,000
5	Maryland	17.57	810,000
6	Georgia	17.88	1,406,000
7	South Dakota	18.26	118,000
8	Iowa	18.50	441,000
9	Virginia	18.58	1,199,000
10	Connecticut	18.85	526,000
11	Illinois	19.18	1,858,000
12	North Carolina	19.31	1,532,000
13	Tennessee	19.40	1,006,000
14	South Carolina	19.43	760,000
15	California	19.49	5,864,000
16	New York	19.52	2,972,000
17	Pennsylvania	19.70	1,963,000
18	Arizona	20.06	1,099,000
19	Mississippi	20.16	446,000
20	Wisconsin	20.19	904,000
21	Nebraska	20.30	290,000
22	Michigan	20.32	1,571,000
23	Arkansas	20.34	460,000
24	North Dakota	20.50	116,000
25	Minnesota	20.53	876,000
26	Kansas	20.56	442,000

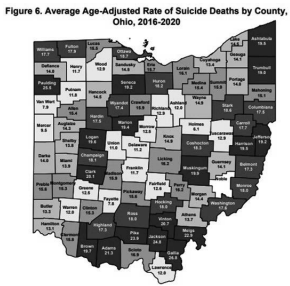
Rank	State	%	#
27	Montana	20.81	171,000
28	Delaware	20.92	157,000
29	Massachusetts	21.15	1,157,000
30	Louisiana	21.21	734,000
31	Alabama	21.29	794,000
32	New Mexico	21.39	338,000
33	Alaska	21.47	113,000
34	Nevada	21.97	512,000
35	Maine	22.10	238,000
36	Vermont	22.25	112,000
37	Indiana	22.29	1,125,000
38	New Hampshire	22.37	243,000
39	Rhode Island	22.38	187,000
40	Idaho	22.48	293,000
41	Oklahoma	22.54	657,000
42	Kentucky	22.54	762,000
43	Wyoming	22.56	98,000
44	Missouri	22.71	1,056,000
45	District of Columbia	22.83	129,000
46	Colorado	23.20	1,014,000
47	Washington	23.43	1,360,000
48	Ohio	23.64	2,112,000
49	Oregon	23.75	783,000
50	West Virginia	24.62	347,000
51	Utah	26.86	599,000
	National	19.86	49,564,000

*Source: MHA

Ohio: 19 Drug Overdose & Suicide Deaths per Day





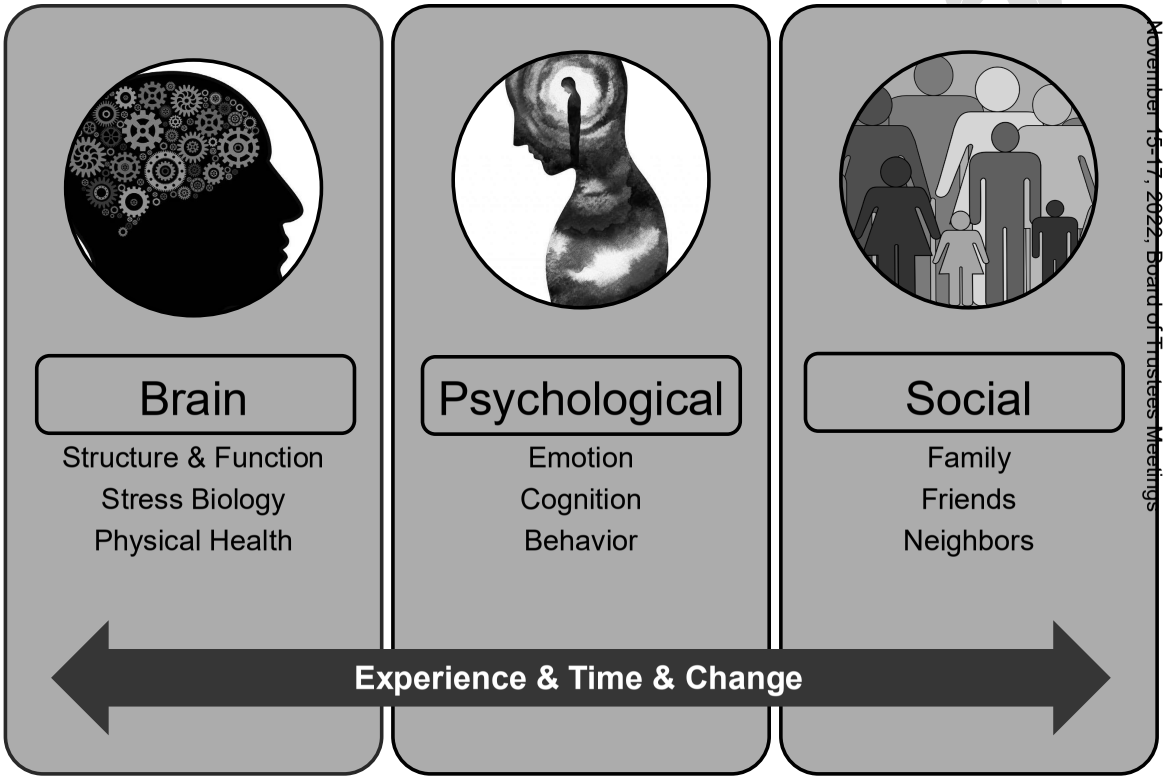


*Source: OMHAS

CY2021

- **6,934 total Ohioans** died from suicide or overdose
- Average of **19 deaths per day** *every day* in Ohio

Psychiatry:
Unique Challenges & Opportunities



Our Approach: Play both Defense and Offense

"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in."

Archbishop Desmond Tutu
(Nobel Peace Prize, 1984)

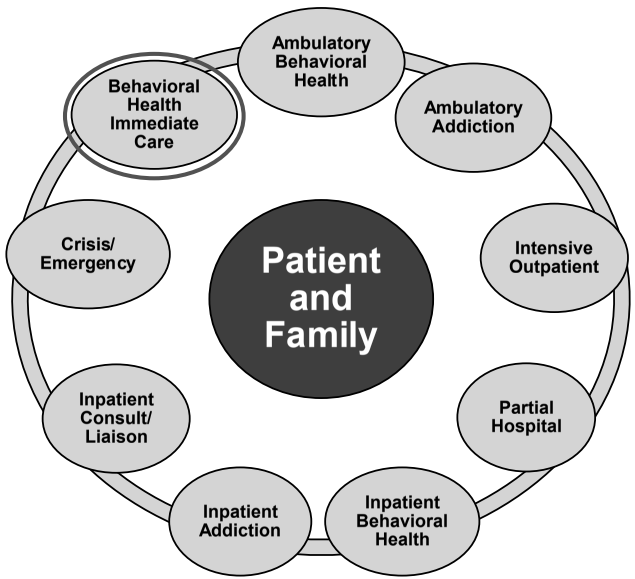
Department of Psychiatry and Behavioral Health

Mission: To be a pre-eminent department of psychiatry and behavioral health that improves and saves lives of people at risk of and with mental illness and addiction through excellence and innovation in care, discovery and education.

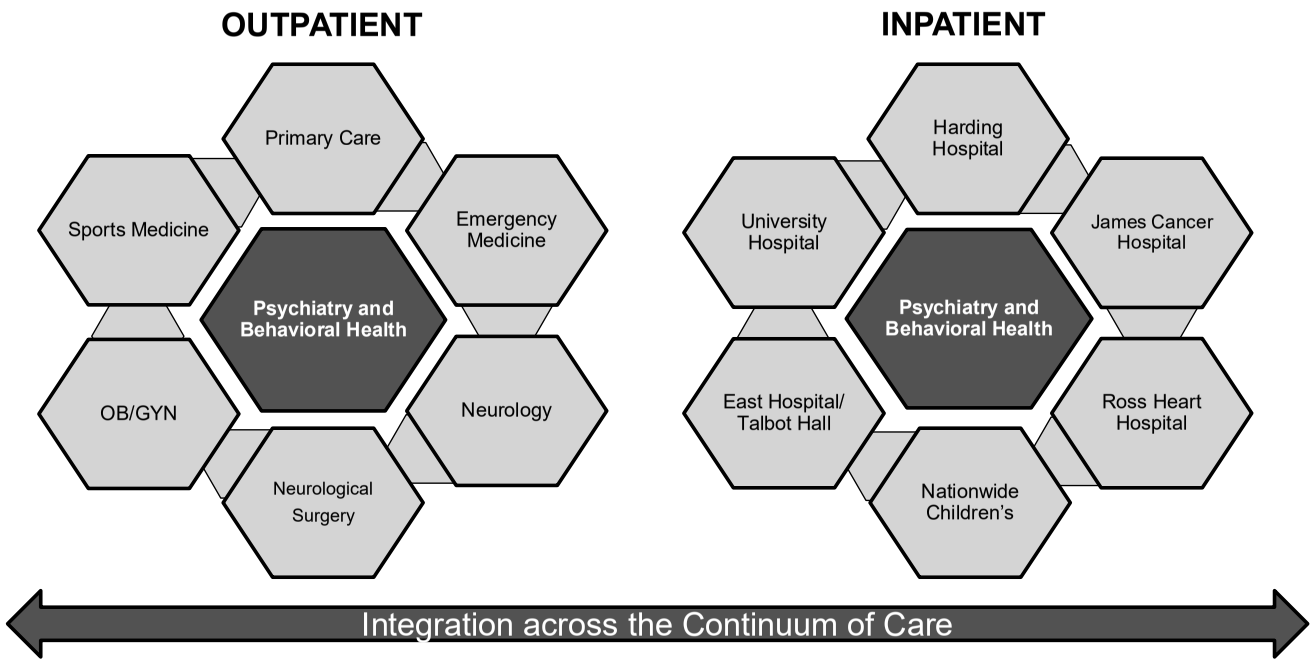
By the numbers:

- ✓ **Most comprehensive** adult mental health and addiction program in the region
- ✓ **137** primary faculty
- ✓ Over **54,000 unique patients** served (FY22)

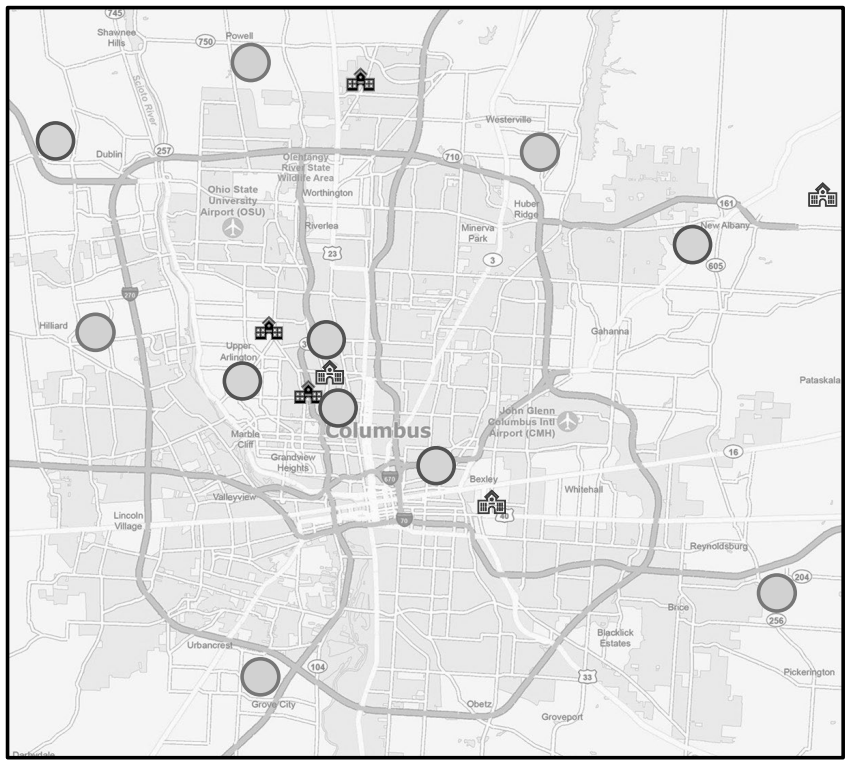
- ✓ Extramural Research Funding (3x over 3 yrs):
  - FY21: $20 million [NIH: $6 million]
  - FY22: $16 million [**NIH: $7 million**]
  - *FY23 (Q1): $13 million*
- ✓ Philanthropy:
  - FY21: $7.7 million
  - FY22: **$18 million**

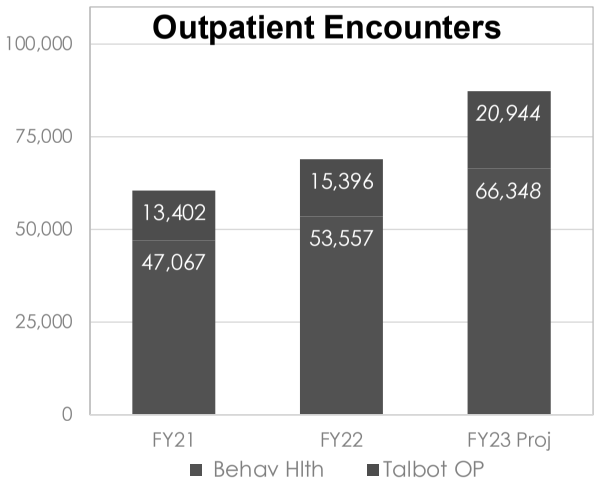


Clinical Integration



WMC Ambulatory: Current and Future





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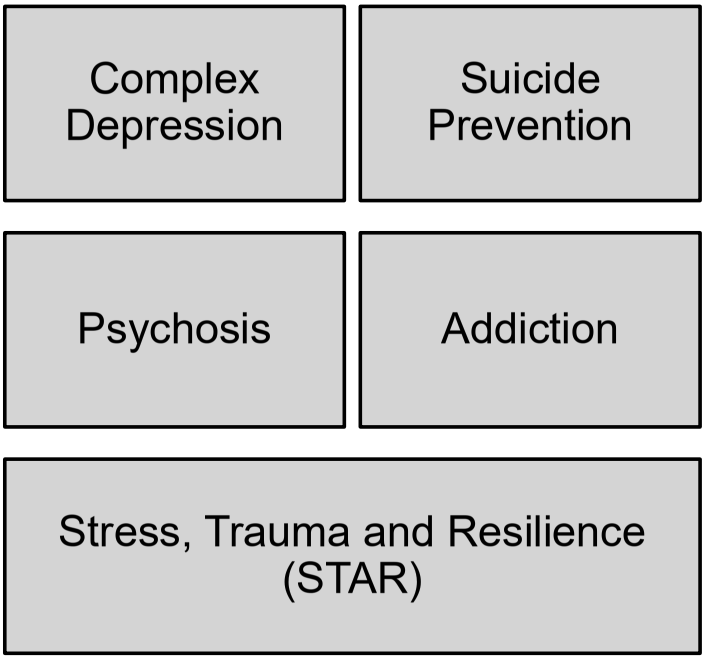
WEXNER MEDICAL CENTER

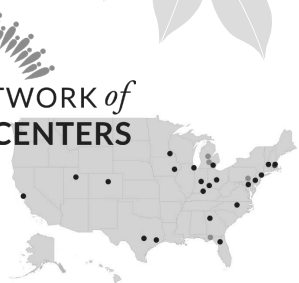
Foundational Programs of Distinction

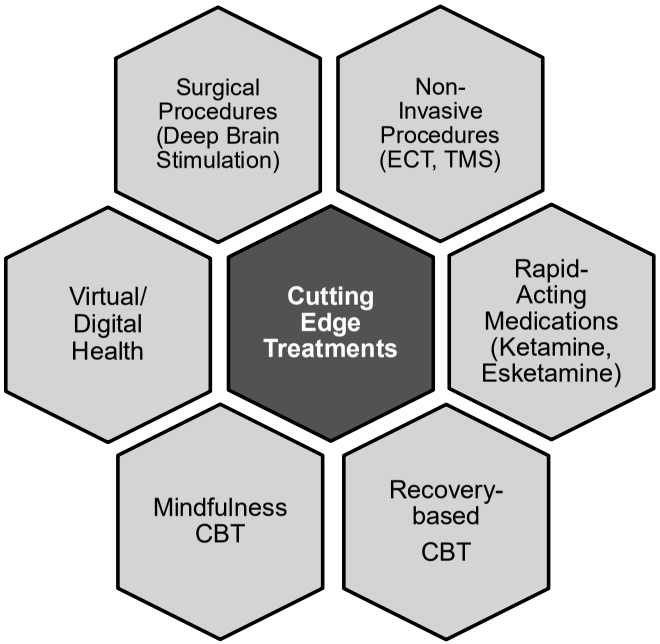


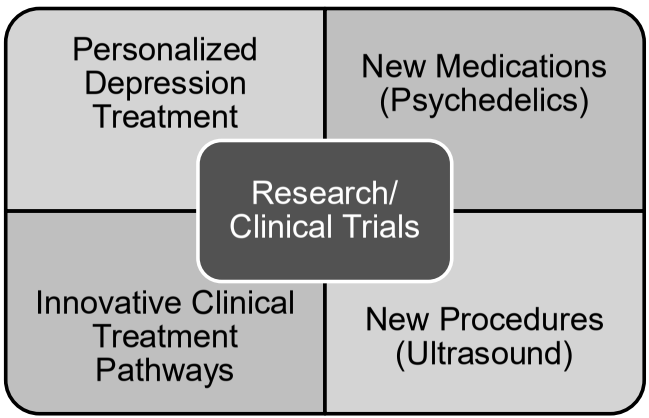
Complex Depression

- One of 22 **Centers of Excellence** nationwide designated by the **National Network of Depression Centers**
- Focus on **community engagement and outreach**

NATIONAL NETWORK *of* DEPRESSION CENTERS







Suicide Prevention

Innovative Interventions

- **Brief, crisis-targeted** suicide prevention
- Co-occurring trauma, addiction, psychosis (combined treatments)
- Increasing **speed and effectiveness** of recovery

Impact

- >150 **military veterans** enrolled to date
- Expanding to civilian community
- New comprehensive care pathways for patients with elevated suicide risk
- **Shaping federal legislation and policy**

STRIVE

SUICIDE AND TRAUMA REDUCTION INITIATIVE

REDUCTION IN SUICIDE ATTEMPTS

Up to 76% reduction in suicide attempts among military personnel who receive treatments developed by STRIVE

ENJOYING FULL RECOVERY FROM PTSD

Over 70% of service members and veterans receiving services from STRIVE no longer have PTSD after completing treatment

TYPICAL TREATMENT PLANS WITH QUICKER RESULTS

Typical length of treatment is 1 week to 3 months

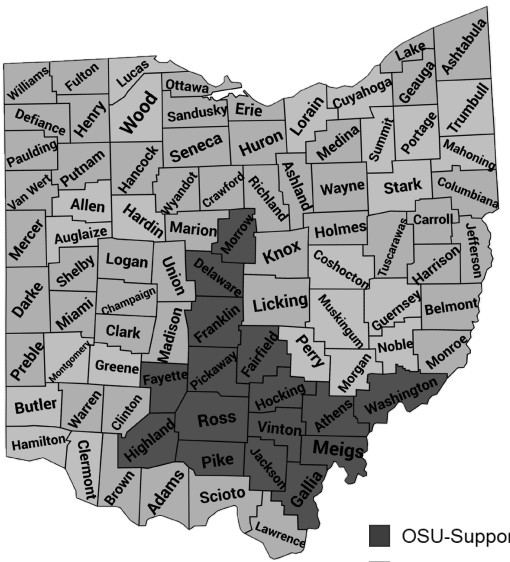
Psychosis

Recognized Leadership

- **EPICENTER enabling statewide expansion** of specialized services for individuals with “first-episode psychosis” (FEP)
- Coordination with OHMAS and local partners
- Leadership of the Ohio First Episode Psychosis Learning Network

Impact

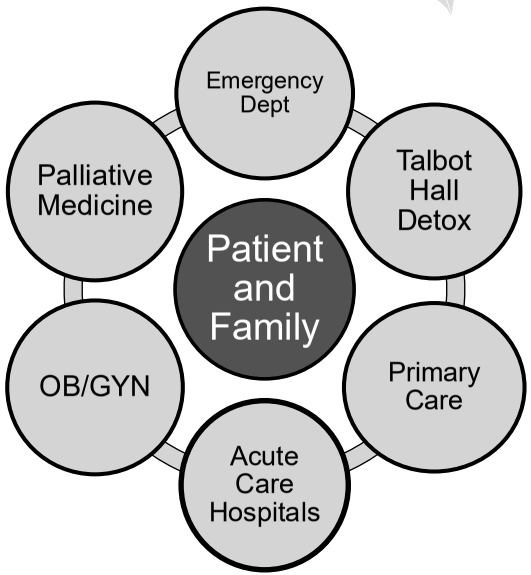
- **First program in US** to demonstrate success in improving functional outcomes in FEP
- **One of 5 national programs featured in 2022 DHHS report** for innovation in FEP care



Addiction

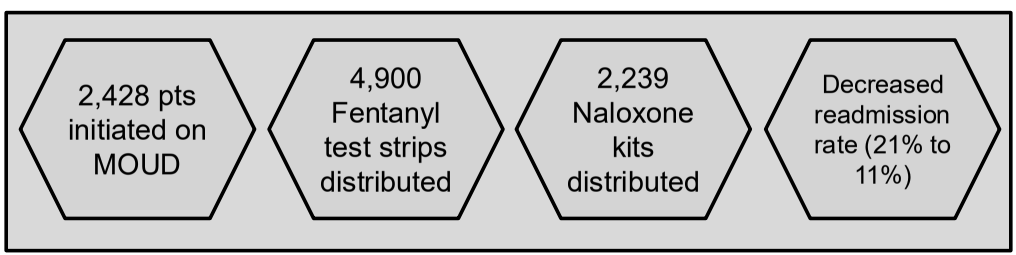
Integrated Addiction Care Across Continuum

- Multi-specialty approach to care delivery
- Linked by **Care Coordinators** throughout system of care and community
- **Embedded peer support** from other patients in recovery



Impact

- HRSA education grant for **addiction medicine fellowship (4)**
- Partnership through **Healthy State Alliance**
  - St. Vincent's (Toledo); OB/GYN STEPP Program
  - Emergency Department treatment initiative



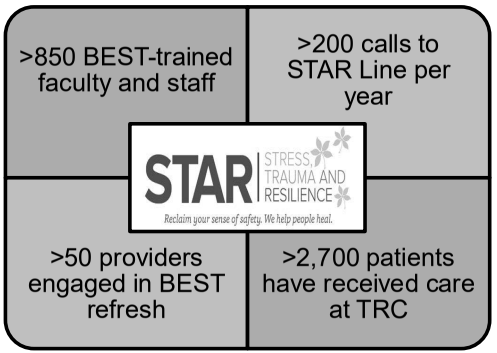
Stress, Trauma and Resilience (STAR) Program

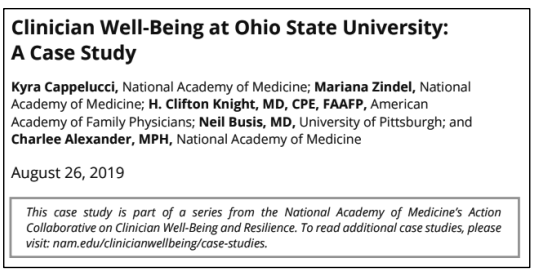
Internal Programming and Support

- **Brief Emotional Support Teams (BEST)** program
- **Trauma-Informed Care** training
- **Schwartz Center Rounds**
- 24/7 crisis line during the height of the COVID pandemic

External Impact

- **Trauma Recovery Center (TRC)** for victims of violent crime funded by state/federal grants (1 of 39 centers in the US)
- Recognition by **National Academy of Medicine** in 2019
- Training and support:
  - First responders, OHA, other health systems, ODRC
  - Expansion to schools and workplaces





Clinician Well-Being at Ohio State University: A Case Study

Kyra Cappelucci, National Academy of Medicine; **Mariana Zindel,** National Academy of Medicine; **H. Clifton Knight, MD, CPE, FAAFP,** American Academy of Family Physicians; **Neil Busis, MD,** University of Pittsburgh; and **Charlee Alexander, MPH,** National Academy of Medicine

August 26, 2019

This case study is part of a series from the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience. To read additional case studies, please visit: nam.edu/clinicianwellbeing/case-studies.

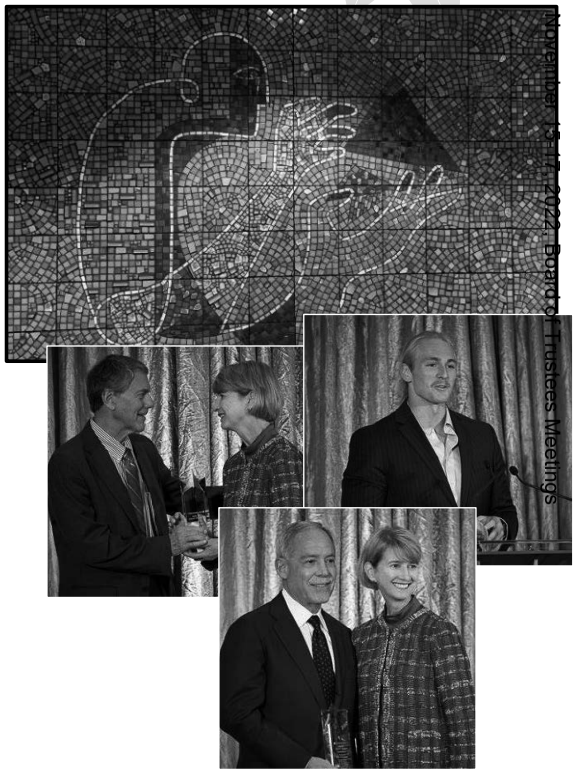
Community Impact and Support

Transformational Gifts (~$20 Million)

- Jeffrey Schottenstein Chair & Program for **Resilience** ($10.1M)
- Nancy Jeffrey Professorship and Research Fund for **Resilience** and Mental Health Equity ($2M)
- Trott Gebhardt Philips Endowed Professorship/Life Leap Foundation Research Innovation Fund in **Resilience** and Trauma ($2M)
- Ryan and Nina Day Fund for **Resilience** ($1M)
- Lee Shackelford Chair in Psychiatry ($3.5M)
- George Kontogiannis Capital Fund ($1M)

Faces of Resilience Event

- 13th annual fundraiser in 2022 raised >$518K
- Total >$4.7M raised since inception



Wexner Medical Center Board Report

The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute

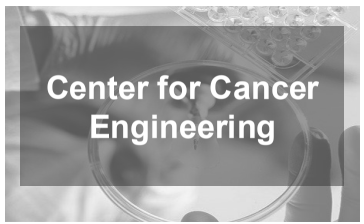
David E. Cohn, MD, MBA
Interim Chief Executive Officer
November 15, 2022

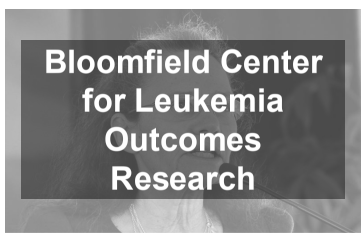
The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

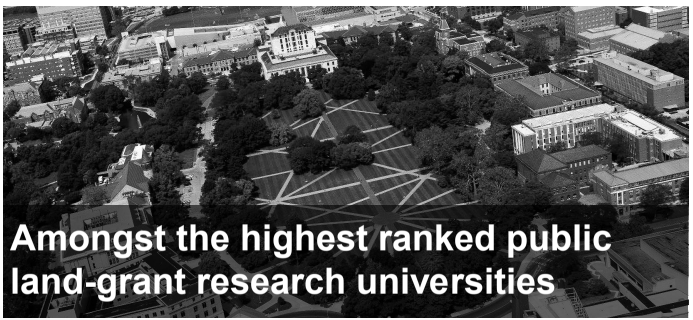
Creating a Cancer-free World.
One Person, One Discovery at a Time.

OSUCCC – James is poised to create the future of cancer prevention, treatment and survivorship





Unique attributes of the OSUCCC-James allows it to execute on the vision to create a cancer-free world



Center for Cancer Engineering

VISION

To improve cancer detection, treatment, and outcomes through research in engineering and sciences.

MISSION

To serve as a nexus for new training opportunities, high-impact collaborative research, and technology development and transfer.

- 60 faculty members
- 6 colleges; 25 departments; 5 cancer research programs
- 4 joint CCC-College of Engineering positions are supported
- Total direct research funding: $22.7M
- 11 Multi-PI research projects funded in 2021-2022
- 4 cross-cutting themes leading to fundamental and clinical discoveries

Co-Directors

Matthew Ringel, MD

Jonathan Song, PhD

The James

The Ohio State University
Wexner Medical Center

Center for Cancer Engineering

1. **Mechanisms of Cancer Invasion and Metastasis to Target Cancer Progression**
2. **Biosensors and Molecular Imaging for Cancer Detection**
3. **Therapeutics to Improve Cancer Care**
4. **Data Analysis and Computing to Link Discovery to the Cancer Clinic**

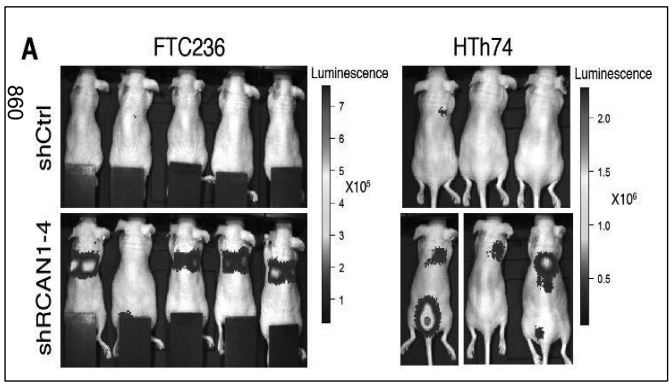
“Metastasis on a Chip” for Thyroid Cancer


M. Ringel

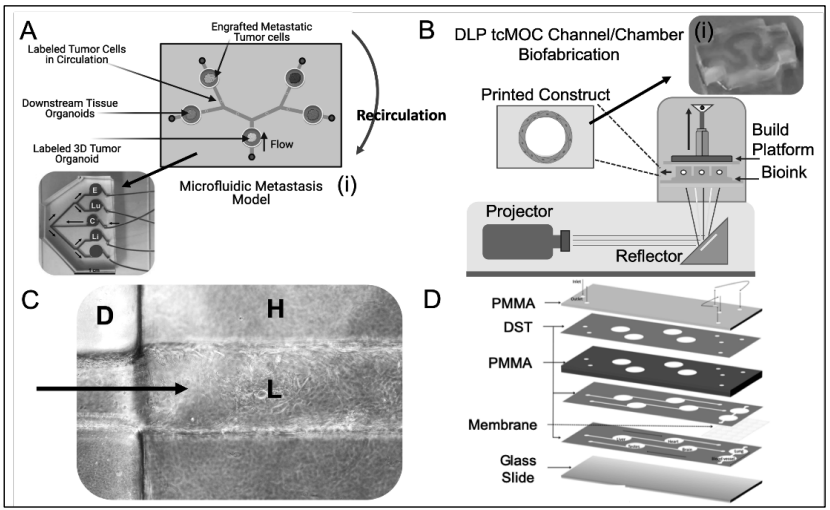

A. Skardal

Novel foundational technology to replicate vertebrate models of metastasis in thyroid cancer (Funded by Department of Defense CDMRP Impact Award)

Current Mouse Model of Metastasis



New Metastasis on Chip Design



Research and Innovation

November 15-17, 2022, Board of Trustees Meetings

New Biomarker Discovery for Sarcoma

Funded by Department of Defense Translational Team Science Award (PI: Raph Pollock, MD, PhD, CCC Director)

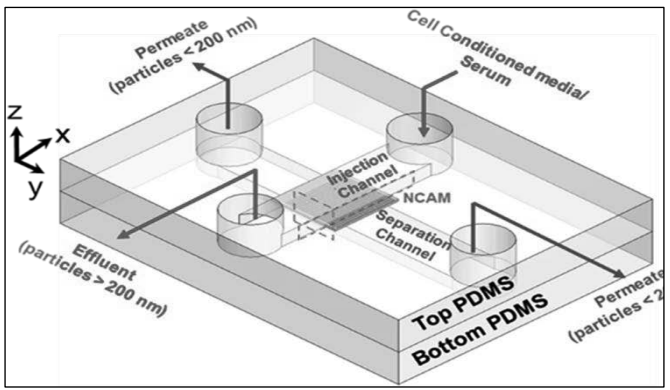

S. Prakash


R. Pollock

Current Isolation Method

5 feet wide
Large volume of serum (15mL)
Run time 8 hours

New 3D-Printed Microfluidic Device



5 centimeters wide
Small volume of serum (0.5 ml)
Run time 30 minutes

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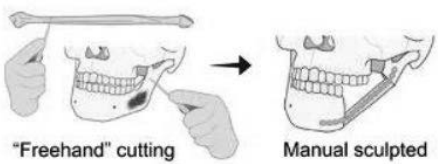
3-D Printing in Head and Neck Cancer Surgery

Computer-aided design and manufacturing (CAD/CAM) with 3-D printing with real time consultation

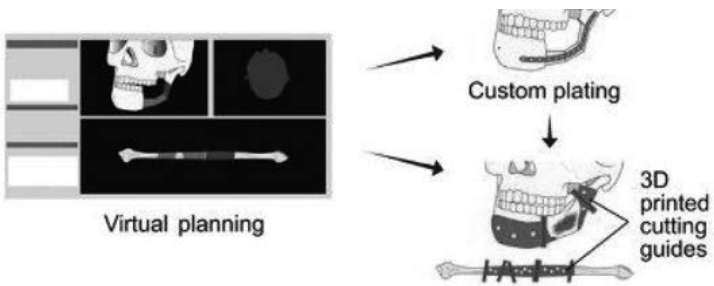
K. VanKoevering

J. Rocco

Current Freehand Surgery



State of the Art Custom Plating



New 3-D Scaffolding and Integrated Therapeutics

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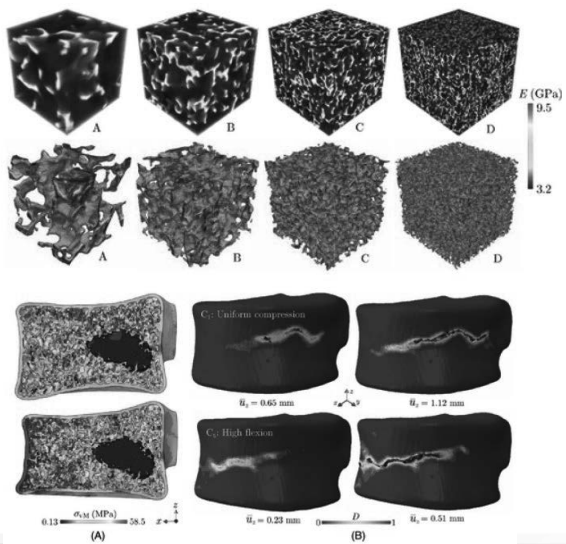
Using AI to Predict Pathologic Fractures

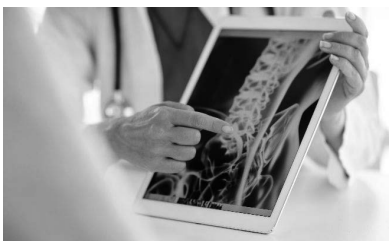

S. Soghrati


W. Marras

<u>Current</u> MRI and CT images informed modeling of stress during compression fractures



<u>New</u> Defines risk and helps to inform therapeutic interventions



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You Didn't Choose Cancer, but the Choice of Where to Treat it is Clear

#ChooseTheJames

Buckeyes For A Cancer-Free World Football Game

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Together, we are working to create a cancer-free world.

One person, one discovery at a time.

The James

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Wexner Medical Center Board
Financial Report
Public Session

November 15, 2022

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

The Ohio State University Health System

Consolidated Statement of Operations
For the YTD ended: September 30, 2022
(in thousands)

OSUHS	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Operating Revenue	$ 959,001	$ 976,393	$ (17,392)	-1.8%	$ 909,252	5.5%
Operating Expenses						
Salaries and Benefits	417,424	415,104	(2,320)	-0.6%	349,723	-19.4%
Resident/Purchased Physician Services	48,083	47,335	(748)	-1.6%	32,488	-48.0%
Supplies	108,969	107,969	(1,000)	-0.9%	107,693	-1.2%
Drugs and Pharmaceuticals	134,309	137,652	3,343	2.4%	127,024	-5.7%
Services	100,508	102,051	1,543	1.5%	91,903	-9.4%
Depreciation	54,631	54,631	-	0.0%	49,670	-10.0%
Interest	11,341	11,341	-	0.0%	6,940	-63.4%
Shared/University Overhead	18,375	18,214	(161)	-0.9%	15,469	-18.8%
Total Expense	893,640	894,297	657	0.1%	780,910	-14.4%
Gain (Loss) from Operations (pre MCI)	65,361	82,096	(16,735)	-20.4%	128,343	-49.1%
Medical Center Investments	(57,704)	(57,704)	-	0.0%	(62,292)	7.4%
Income from Investments	6,445	7,996	(1,551)	-19.4%	7,523	-14.3%
Other Gains (Losses)	6,861	6,607	254	---	6,071	---
Excess of Revenue over Expense	$ 20,963	$ 38,995	$ (18,032)	-46.2%	$ 79,645	-73.7%
Margin Percentage	2.2%	4.0%	-1.8%	-45.3%	8.8%	-6.6%

The Ohio State University Wexner Medical Center

Combined Statement of Operations
For the YTD ended: September 30, 2022
(in thousands)

	Actual	Budget	Act-Bud Variance	Budget % Var	Prior Year	PY % Var
OPERATING STATEMENT						
Total Revenue	**$1,295,061**	**$1,312,938**	**$ (17,877)**	**-1.4%**	**$1,216,221**	**6.5%**
Operating Expenses						
Salaries and Benefits	729,152	725,064	(4,088)	-0.6%	633,048	-15.2%
Resident/Purchased Physician Services	48,083	47,335	(748)	-1.6%	32,488	-48.0%
Supplies	122,040	125,019	2,978	2.4%	119,648	-2.0%
Drugs and Pharmaceuticals	139,206	141,877	2,671	1.9%	131,034	-6.2%
Services	148,631	141,498	(7,133)	-5.0%	131,252	-13.2%
Depreciation	59,364	59,896	532	0.9%	53,751	-10.4%
Interest/Debt	11,412	11,405	(7)	-0.1%	6,998	-63.1%
Other Operating Expense	17,054	17,311	257	1.5%	20,801	18.0%
Total Expense	**1,274,942**	**1,269,405**	**(5,537)**	**-0.4%**	**1,129,021**	**-12.9%**
Excess of Revenue over Expense	**$ 20,119**	**$ 43,534**	**$ (23,414)**	**-53.8%**	**$ 87,201**	**-76.9%**
Financial Metrics						
Integrated Margin Percentage	**1.6%**	**3.3%**	**-1.8%**	**-53.1%**	**7.2%**	**-5.6%**

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

** Medical Center financials exclude market value adjustments for long-term investment funds

The Ohio State University Wexner Medical Center

Combined Balance Sheet
As of: September 30, 2022
(in thousands)

	Sep 2022	June 2022	Change
Cash	$ 1,163,018	$ 1,420,752	$ (257,734)
Net Patient Receivables	602,599	498,775	103,824
Other Current Assets	736,909	668,437	68,472
Assets Limited as to Use	999,397	1,031,455	(32,058)
Property, Plant & Equipment - Net	2,769,589	2,679,932	89,657
Other Assets	656,744	656,973	(229)
Total Assets	$ 6,928,256	$ 6,956,324	$ (28,068)
Current Liabilities	$ 712,860	$ 758,764	$ (45,904)
Other Liabilities	192,740	183,763	8,977
Long-Term Debt	1,208,047	1,228,933	(20,887)
Net Assets - Unrestricted	3,937,140	3,941,011	(3,871)
Net Assets - Restricted	877,470	843,853	33,617
Liabilities and Net Assets	$ 6,928,256	$ 6,956,324	$ (28,068)

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

Thank You

Wexnermedical.osu.edu

Project Data Sheet for Board of Trustees Approval

East Hospital Dock Expansion

OSU-210249 (REQ ID# EAS210001)
Project Location: East Hospital - Main (398)

- **approval requested and amount**

professional services	$0.2M
construction w/contingency	$2.4M
total	$2.6M

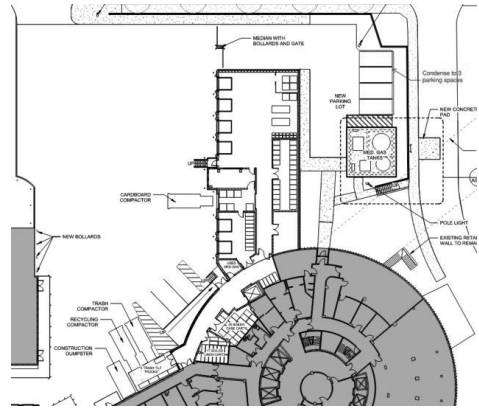
- **project budget**

professional services	$.8M
construction w/contingency	$7.3M
total project budget	$8.1M

- **project funding**
  auxiliary funds

- **project schedule**

BoT professional services approval	02/22
design	02/22 – 11/22
BoT construction approval	11/22
construction	04/23 – 10/24
facility opening	11/24



- **project delivery method**
  Construction Manager at Risk

- **planning framework**
  - This project is included in the FY 2021, FY 2022, FY 2023 Capital Investment Plans and is based on a study that was completed in January 2020.

- **project scope**
  - This project will add approximately 6,000 square feet to the existing loading dock. This includes nine new bays which will be added to the existing three bays for a total of twelve bays.
  - The upgrade will meet the offsite central sterile requirements to provide an enclosed space for dedicated clean/dirty cart storage, soiled linen, medical gas manifold room, cardboard processing area, secure storage and receiving office.
  - The proposed increase is related to materials cost escalation and the delivery of a $1.1M project to relocate the bulk oxygen system (tank farm) behind the new addition. Delivery of the tank farm relocation scope within this project, as opposed to a separate, stand-alone project, will result in schedule, budget and project management efficiencies.

- **approval requested**
  - Approval is requested to increase professional services and construction contracts.

- **project team**

University project manager:	Trick, Benjamin
AE/design architect:	Wellogy
CM at Risk:	Barton Malow

Project Data Sheet for Board of Trustees Approval

Wexner Medical Center Inpatient Hospital

OSU-180391 (REQ ID# 16000036, 17000099, WMC230001, WMC23003)

Project Location: James Cancer Hospital (375), Medical Center Tower (870), Parking Garage - Cannon Dr N and S (172), Ross Heart Hospital (353)

- **approval requested and amount**

professional services	$3.8M
construction w/contingency	$81.2M
total	$85.0M

- **project budget**

professional services	$167.0M
construction w/contingency	$1737.7M
total project budget	$1904.7M

- **project funding**
  university debt
  fundraising
  auxiliary funds
  partner funds – ENGIE, Franklin County

- **project schedule**

BoT professional services approval	02/18
design	02/18 – 01/22
BoT construction approval	08/20
construction	09/20 – 10/25
facility opening	03/26

- **project delivery method**
  Construction Manager at Risk

- **planning framework**
  - This project is included in the FY 2018, FY 2020, and FY 2023 Capital Investment Plans.
  - FY 2023 Capital Investment Plan will be amended to include the proposed increase.

- **project scope**
  - Requested increase is to complete the design and construction for the full build out of Level 11 ICU (60 beds) and Levels 19 south and 20 south PCU (60 beds) which were previously construction shelled. This does not include the furniture and equipment for these spaces.
  - This project will design and construct a new Inpatient Hospital Tower with 820 private room beds and 51 bassinets. The project will include state-of-the-art diagnostic, treatment and inpatient service areas including imaging, operating rooms, critical care and progressive care beds and leading-edge digital technologies to advance patient care and teaching.

- **approval requested**
  - Approval is requested to increase professional services and construction contracts.
  - Approval is requested to amend the FY 2023 Capital Investment Plan.

- **project team**

University project manager:	Fallang, Ragan
AE/design architect:	HDR
CM at Risk:	Walsh-Turner Joint Venture

Project Data Sheet for Board of Trustees Approval

Doan - Roof Replacement

OSU-200598 (REQ ID# WMC22000001)

Project Location: Doan Hall (089)

- **approval requested and amount**

construction w/contingency	$3.3M

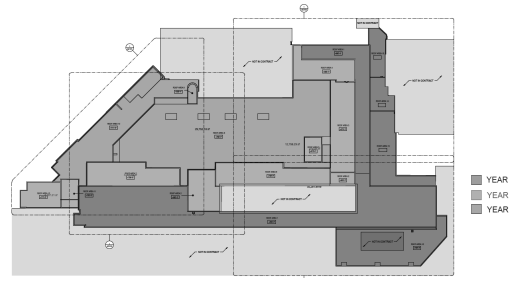
- **project budget**

professional services	$1.1M
construction w/contingency	$3.3M
total project budget	TBD

- **project funding**
  auxiliary funds

- **project schedule**

BoT professional services approval	08/22
design	06/21 – 01/23
BoT construction approval	11/22
construction	08/23 – 10/25
facility opening	10/25



- **project delivery method**
  Construction Manager at Risk

- **planning framework**
  - This project is included in the FY 2018 and FY 2023 Capital Investment Plans.

- **project scope**
  - The requested construction funding is for the pre-purchase of roofing material, which has a long lead time, to reduce the risk of delays. The remaining construction funds will be requested once the final budget is validated.
  - The project will replace the Doan roof, which is comprised of 16 roof areas totaling 91,000 square feet. This project is being proposed as a three-year, three-phase project.
  - Final budget will be validated as design is being finalized and construction phasing is being developed.

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

- **project team**

University project manager:	Boyce, Brett
AE/design architect:	Legat Architects
CM at Risk:	Barton Malow

OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER BOARD BYLAWS

3335-93-01 The Ohio state university Wexner medical center board.

(A) The Ohio state university Wexner medical center board ("University Wexner Medical Center Board") shall be the governing body responsible to the Ohio state university board of trustees ("University Board of Trustees") for operation, oversight, and coordination of the Ohio state university Wexner medical center consisting of the Ohio state university hospitals, (Ohio state university hospital, Ohio state university hospital east, Ohio state Richard M. Ross heart hospital, Ohio state Harding hospital, Ohio state brain and spine hospital and Ohio state university rehabilitation services at Dodd hall) and the Ohio state James cancer hospital and Solove research institute ("The James") and other such clinical health care enterprises, including without limitation to ambulatory services and outpatient health care facilities, clinics, the faculty group practice, primary and specialty practices, university Wexner medical center signature programs, and clinical laboratories.

Although the Ohio state university board of trustees has the fiduciary and legal responsibility for the Wexner medical center, the Ohio State university board of trustees acknowledges the important contributions and role of the Wexner medical center board. The complexity and scope of the Wexner medical center makes the focused oversight of the Wexner medical center board particularly helpful to the Ohio state university board of trustees. To assure clarity of roles and maximize the benefit of this structure, the Wexner medical center board shall be responsible for providing input and recommendations regarding the development and strategic allocation of resources, planning and delivery of medical services, and such other powers and duties as detailed in rule 3335-93-02 of the Administrative Code, subject to the ultimate authority of the university board of trustees.

(B) The university Wexner medical center board shall be composed of up to ~~seventeen~~ twenty-two voting members:

(1) Up to six members of the university board of trustees, including one student trustee, appointed annually by the chair of the university board of trustees and ratified by the university board of trustees.

(2) Up to ~~six~~ eleven public members appointed annually by the chair of the university board of trustees in consultation with the university president, the chair of the Wexner medical center board, the executive vice president and ~~chancellor for health affairs~~ chief executive officer and the chair of the university board of trustees' governance committee and ratified by the university board of trustees, and

(3) Five ex-officio voting members consisting of:

(a) The chair of the university board of trustees;

(b) The university president;

(c) The executive vice president and ~~chancellor for health affairs~~ chief executive officer;

(d) The university senior vice president and chief financial officer; and

(e) The university executive vice president and provost.

(C) The selection criteria for public members shall ensure that the university Wexner medical center board membership will include persons with a broad array of skill sets, perspectives, backgrounds, including knowledge in health care delivery, sophisticated business expertise, prior board service, and/or persons who can assist the university Wexner medical center in its outreach to and relationships with the public, communities, and patients served, and governmental entities to ensure optimal operations and advancement of the university Wexner medical center's strategic mission, vision, and goals. Membership shall be national in scope and the selection processes shall incorporate the diversity policies of the university.

3335-93-02 Powers and duties.

The university board of trustees retains its ultimate sovereign power and authority over and fiduciary responsibility for all aspects of the mission and operations of the university Wexner medical center, health sciences colleges, and clinical health care enterprises.

Under the ultimate authority of the university board of trustees and consistent with Ohio law, the university board of trustees authorizes and designates the university Wexner medical center board to act as a governing body on behalf of the university for certain quality and patient care matters, for all of the hospitals and clinics of the university. In accordance with that responsibility, as authorized by the university board of trustees, the university Wexner medical center board will be responsible for the following:

(A) Assuring the quality of patient care throughout the university Wexner medical center, including the planning and delivery of patient services and formation of quality assessments, improvement mechanisms and monitoring the achievement of quality standards and patient safety goals;

(B) Oversight for the purposes of accreditation and licensure; and

(C) Approval of clinical privileging forms, medical and dental staff appointments, clinical privileges, medical staff operations, including the approval, adoption, and amendment of medical staff bylaws and rules and regulations, and the conducting of peer review and professional review actions for medical staff and credentialed providers within university board of trustees-defined and approved parameters.

Any action taken by the board pursuant to the powers and duties as defined in paragraphs (A) to (C) of this rule shall be taken only by the voting, non-public members and approved by majority vote thereof.

(D) In addition, in accordance with that authority and responsibility authorized by the university board of trustees, and consistent with Ohio law, the university Wexner medical center board shall serve in a consultative role and shall be responsible for, subject to the review and approval of the university board of trustees, the following:

(1) Making recommendations to the university board of trustees, university president, and executive vice president and ~~chancellor for health affairs~~ chief executive officer for the Wexner medical center regarding the development and strategic allocations of resources of the university Wexner medical center, including operations, fiscal health, space and facilities management and utilization, personnel, safety and security, and technology;

(2) Oversight of extramural affiliations, partnerships, operating agreements, and strategic business opportunities as approved by the university board of trustees, with regard to the university Wexner medical center and its affiliated entities;

(3) Upon recommendation by the medical staff of university hospitals or the medical staff of the James, approval of medical staff bylaws amendments and recommendation thereof to the university board of trustees;

(4) Making recommendations for approval to the university board of trustees of the purpose and governance documents of any organization established as an auxiliary service organization to the university Wexner medical center;

(5) Monitoring and assisting the university Wexner medical center in its relationship with the public, affected communities, governmental entities, and public and private organizations;

(6) Monitoring the university Wexner medical center integrity and compliance programs as adopted by the university board of trustees; and

(7) Reviewing strategic plans, capital and operating budgets of the university Wexner medical center, and making recommendations for approval to the university board of trustees, university president, and ~~chancellor for health affairs~~ executive vice president and chief executive officer for the Wexner medical center.

(8) Providing general advice and guidance to the university board of trustees, university president, and ~~chancellor for health affairs~~ executive vice president and chief executive officer for the Wexner medical center regarding extramural affiliations, operating agreements and other strategic business opportunities of the university Wexner medical center; and

(9) Advising the university board of trustees, university president, and executive vice president and ~~chancellor for health affairs~~ chief executive officer for the Wexner medical center regarding strategic aspects of the university's education and research programs in the health sciences colleges.

3335-93-03 Relationship of the university Wexner medical center board to the health sciences academic programs.

The health sciences schools and colleges of the university carry out a significant portion of their educational and research activity in facilities of the university Wexner medical center. The university board of trustees shall have exclusive governing authority over the academic and research programs of the university Wexner medical center, including the college of medicine, the planning, administration, and operations of the health sciences schools and colleges and all other educational and research institutes, centers, and programs. The university Wexner medical center board shall lend its best efforts to assure that the programs of the health sciences colleges are effectively supported in collaboration with the university Wexner medical center's patient care programs. The executive vice president and ~~chancellor for health affairs~~ chief executive officer shall be charged with maintaining an effective liaison between the health sciences colleges and the university Wexner medical center board to assure excellence in both academic and patient care programs.

3335-93-04 Scope of role, accountability and reporting.

(A) To ensure that the university board of trustees meets its governance obligations under all applicable laws and regulations, the university Wexner medical center board shall be accountable to the university board of trustees.

~~(1) The chair of the university Wexner medical center board or other designee as selected by the chair of the university board of trustees shall provide a summary report of its activities and actions taken at each regular meeting of the university board of trustees.~~

(1)~~(2) The chair of the university Wexner medical center board or other designee shall report annually also to the university board of trustees or appropriate Board committee on the following topics: The Wexner medical center board shall provide regular reports to the university board of trustees and/or to its appropriate board committees, including:~~ The chair of the Wexner medical center board or his/her designee shall present a comprehensive report annually to the university board of trustees at its fall meeting on the state of the Wexner medical center, including an assessment of quality of care, overall operations and finance, compliance, and strategic plans, as well as opportunities for the future.

~~(a) Annual patient safety and quality report;~~
~~(b) Annual compliance report; and~~
~~(c) Annual financial report.~~

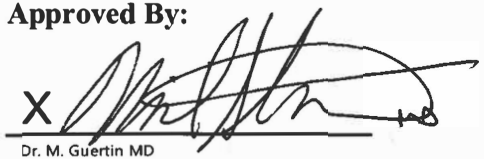
3335-93-05 Meetings and notice.

(C) Special meetings. Special meetings may be called at the discretion of the chair of the university Wexner medical center board, the university president, the executive vice president and ~~chancellor for health affairs~~ chief executive officer for the Wexner medical center, or the chair of the university board of trustees, and shall be called by the chair at the request of three members of the university Wexner medical center board, provided that notice of any special meeting shall be given in accordance with Ohio law.

(F) All trustees are encouraged to attend meetings of the Wexner medical center board, whether they are members or not, to maximize effective and knowledgeable oversight by the university board of trustees. Trustees who are members of the Wexner medical center board shall represent the interests of both boards during their service.

OSU AMBULATORY SURGERY CENTER
Scope of Care – Outpatient Care Dublin
Clinical Departments

Approved By:

X 

Dr. M. Guertin MD
Chief PeriOperative Medical Director

X 

Sheryl Burtch MA, BSN, RN
Senior Director PeriOperative Services

Department/ Patient Care Unit Name: The Ohio State University Outpatient Care Dublin - Ambulatory Surgery Center. The Center is an Ambulatory Surgery Center of OSUWMC which provides for services related to elective outpatient procedures.

Types (and age range) of patients served:

- 18 or more years of age.
- Patients aged 13 to 17 with the following requirements please follow below approval process:
  1. Treating physician has admitting privileges at an age-appropriate inpatient center
  2. Permission from Medical Director or Designee
  3. Minimum Height/ Weight requirements: 5'0" and 100 pounds. Variance shall require medical director (or designee) approval.
  4. All patients must be mature enough to have an IV placed in the preop area (ie- no inhaled inductions).
  5. All patients will have an anesthesia evaluation at the Pre-Procedure Preparation. Variance shall require medical director (or designee) approval.
  6. Pediatric BMI limit is 40.0.

Approved: July 2022
Date Last Rev ised:
Date Last Reviewed:

7. An accompanying responsible adult, preferably the custodial parent or legal guardian, must remain present in the building. A custodial parent or legal guardian must be available by phone during the surgery admission.

Physical Status:

- ASA I-II.
- ASA III without signs or symptoms of uncontrolled or decompensated conditions.
- ASA IV without signs or symptoms of uncontrolled or decompensated conditions and anesthesia limited to Monitored Anesthesia Care (MAC).
- ASA III or IV patients may not have straight Local without Anesthesia care; they may have MAC or General Anesthesia at the discretion of the Anesthesiologist.
- General and MAC Anesthesia will be administered by Department of Anesthesia providers. Conscious sedation will be administered by any individual provider credentialed to do so.

Procedure Length

- Procedures requiring more than 4 hours of total OR time will need prior authorization by the Medical Director or designee
- Patients anticipated to have an extended PACU length of stay will need prior authorization by the Medical Director or designee
- These cases will be scheduled no later than the first case in a surgeon's block and will be scheduled to end by 3:00pm
- Extended Recovery will be an option for patients at Outpatient Care Dublin – Ambulatory Surgery Center.

DNR:

For patient admitted to the surgery center with an active DNR order, the advance directive should be discussed with the patient and/or their family members or caregivers, the surgeon/proceduralist and anesthesia providers to determine whether the do-not-resuscitate orders are suspended or maintained for the surgery or procedure. **Ideally, this should occur before the day of surgery, after the ComPAC visit has been completed.**

When a patient chooses to **suspend a DNR order for a procedure or surgery**, they must sign one of the DNR Suspension Informed Consents based on their surgery or procedure (DNR Suspension during Surgery Informed Consent or DNR Suspension during Moderate and/or Deep Sedation Informed Consent). If the decision is to suspend the DNR, a provider or their proxy must place an order in IHIS to update the patient's code status. The attending physician or their designee must discuss the process for reinstating the pre-existing DNR orders (a new code status order to reinstate the patient's previous DNRCC [DNR-Comfort Care or DNRCC-A or DNR Comfort Care – Arrest]). **The patient's DNR order takes effect when the patient is discharged from PACU. The patient's code status is updated in IHIS when the order is released.**

The patient may choose to have a **Limited Attempt at Resuscitation Defined with Regard to Specific Procedures:** The patient or designated surrogate may elect to continue to refuse certain specific resuscitation procedures (for example, chest compressions, defibrillation or tracheal intubation). The anesthesiologist should inform the patient or designated surrogate about which procedures are

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1) essential to the success of the anesthesia and the proposed procedure, and 2) which procedures are not essential and may be refused. After agreement by the patient and providers, the DNR Suspension During Surgery Informed Consent or DNR Suspension during Moderate and/or Deep Sedation Informed Consent must be signed by the patient or their representative, the surgeon and attending anesthesiologist. Documentation should include the discussion as to what measures the patient will allow during the procedure (i.e., oxygen administration, sedation, management of blood pressure and heart rate variations, etc.).
An Ethics Consult can be requested if discussion is needed regarding DNR reinstatement or suspension.

Malignant Hyperthermia:
Patients with a personal or family history of MH must be reviewed by the Medical Director or Designee.

Morbid Obesity:
Patients will be considered with identified criteria - Variance shall require medical director (or designee) approval.

- All patients must have current height & weight in IHIS before scheduled at the ASC.
- Patients with BMI > 35.0 may not be performed in the prone position if anesthetized and unable to move themselves into that position.
- Patients with BMI > 40.0 may not be performed in the lateral position if anesthetized and unable to move themselves into that position.
- Patients with a BMI 45.0-55.0 will be considered. Procedure planned should require minimal sedation and the patient should be evaluated by an in-person or video Pre-Procedure Preparation appointment. Elective conversion to General Anesthesia will not be an option. If General Anesthesia conversion is an anticipated option, the surgery/procedure should not be scheduled at the ASC.
- No patient with BMI > 55.0 will be accepted at the ASC.
- No pediatric (age < 18 years) patient with BMI > 40.0 will be accepted at the ASC

Hemodialysis:
Hemodialysis patients cannot have surgery and hemodialysis scheduled on the same day. Either the date of surgery or dialysis must be changed if they are scheduled for the same day.

Ambulation:
Patients must be able to ambulate with minimal assistance including ability to stand up and pivot to cart

- Procedures will not be performed with patient's personal medical equipment (i.e. wheelchairs)
- Physical Therapy will be available for patients in Extended Recovery for total joint procedures.

Anesthesia:

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General and MAC Anesthesia will be administered by providers from Department of Anesthesiology. Conscious sedation will be administered by any individual provider credentialed to do so.

Difficult Airway:
Patients with a history of difficult airway / intubation must be evaluated in-person or video by the Pre-Procedure Preparation department and approved by the Medical Director or Designee.

Pacemakers / Defibrillators:

- Patients with isolated pacemakers must have the device evaluated by their Cardiologist within twelve (12) months prior to Date of Service. Documentation of interrogation must be readily available and there should be no change in patient's clinical status since last cardiac evaluation.
- Patients with pacemakers will not be considered for ESWL procedures without OSU Pacer Clinic personnel on site throughout the surgical procedure.
- Patients with AICD's are considered for MAC Anesthesia only. Patients must be evaluated by their cardiologist within six (6) months prior to Date of Service. Documentation of interrogation must be readily available and there should be no change in patient's clinical status since last cardiac evaluation.

Reference:

Crossley, George H. et al "The Heart Rhythm Society (HRS)/American Society of." *Heart Rhythm* 8.7 (2011): 1114-140. Print.
Michael, Platonov A., MD, Anne Gillis, MD, and Katherine M. Kavanagh, MD. "Pacemakers, Implantable Cardioverter/Defibrillators." *Journal of Endourology* 22.2 (2008): 243-47. Print.

Obstructive Sleep Apnea:
Anesthesiology services will evaluate the appropriateness of outpatient surgery, given the patient's OSA history, the proposed procedure, and the patient's co-morbidities.

- Patients with known diagnosis of OSA that have optimized co-morbid medical conditions will be considered if they are able to use a continuous positive airway pressure device in the post op period.
- Patients with a presumed diagnosis of OSA based on screening (STOP Bang) questionnaire, and with optimized co-morbid conditions, will be considered for the OSC if postoperative pain can be managed predominantly with non-opioid analgesia.

Reference:

Stein, E., Das, A., Guertin, M., Dalton, R., Springer, A., Rogers, B., & Heavener, D. (2021). *Perioperative assessment and management of obstructive sleep apnea (OSA): OSUWMC Clinical Practice Guideline.* https://onesource.osumc.edu/sites/ebm/Documents/Guidelines/ObstructiveSleepApnea.pdf

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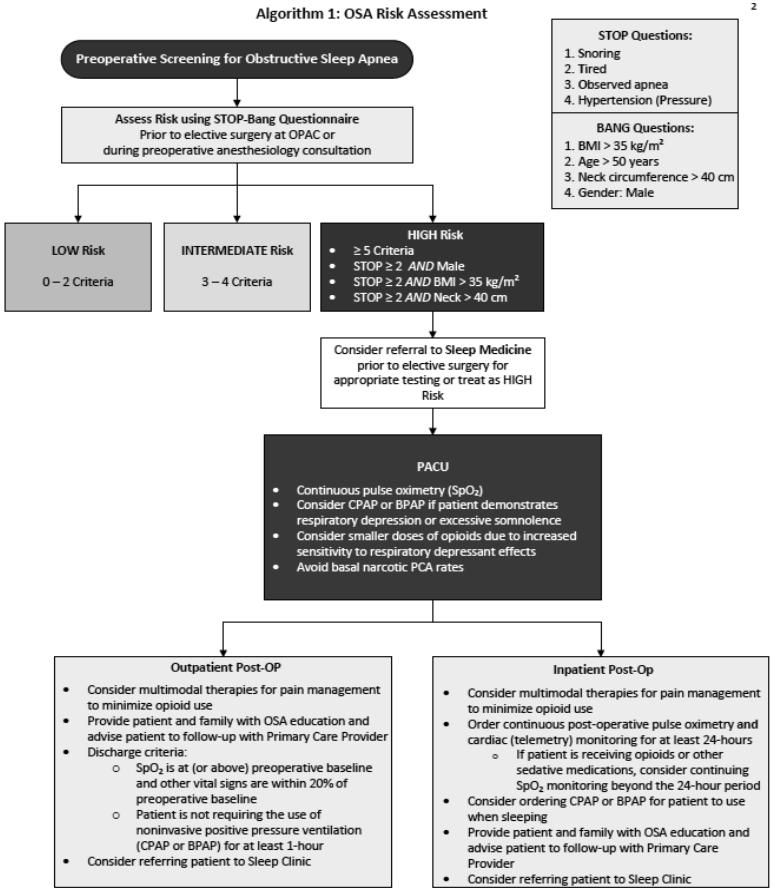

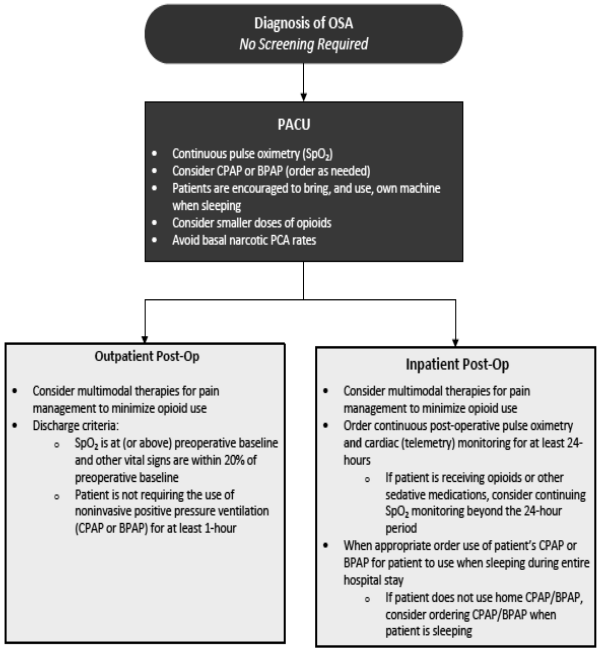

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Isolation Patients/ Infection Prevention:
Patients requiring isolation precautions (droplet, airborne) as defined by medical center guidelines will need approval by the Medical Director or Designee.

Patients requiring contact isolation precautions may be considered as defined by medical center guidelines using appropriate PPE.

Patients with wounds that are bleeding or draining will have sites contained with an occlusive dressing and treated with standard precautions.

Patients with known current Bed Bug infestation will not have their procedure performed at the Ambulatory Surgery Center.

Management of MRSA in Ambulatory Surgical Facilities. (n.d.). *Management of MRSA in Ambulatory Surgical Facilities*. Retrieved from http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2010/Jun7%282%29/Pages/61.aspx

Guide to Infection Prevention In Outpatient Settings: Minimum Expectations for Safe Care. (n.d.). *CDC.Gov*. Retrieved from

Pregnancy:
No patient with a known pregnancy or positive pregnancy test may be treated at the ASC. All patients of childbearing age will submit a urine pregnancy test on the day of surgery. Every attempt will be made to collect urine specimen. If the patient is unable to void, refuses to void, or the patient's power of attorney refuses the pregnancy test, a pregnancy test waiver consent form may be signed by the patient or the patient's power of attorney after a discussion of risks and signature from the anesthesiologist and attending proceduralist.

Developmental Disabilities/Special Needs:
The ASC will be provided an updated History & Physical that includes diagnosis of specific conditions/ syndromes. Along with the H&P, the "Functional Ability Assessment" will be completed. All Developmentally Disabled/ Special Needs patients require Anesthesia approval prior to scheduling.

Toxicology Screen:
All patients who appear to be intoxicated and who test positive on Date of Service for methamphetamines, amphetamines, cocaine &/or alcohol will have their procedure cancelled. Patients testing positive for other drugs will be evaluated on an individual basis.

Preoperative Evaluation:
Patients may undergo pre-operative testing according to the current Pre-Anesthetic Testing Algorithm. Complete pre-operative services are available by a Pre-Procedure Preparation appointment.

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Accompanying Adult:
Patients who have undergone minor, superficial procedures ***without sedation*** may be discharged at the discretion of their admitting physician. If the procedure performed involves the hand, eye, or foot & impairs their visual acuity, or hand/ foot dexterity to the degree that they cannot operate a motor vehicle, the patient will not be permitted to drive when discharged.

All other patients will require an accompanying adult (18 or more years of age) to provide patient transportation upon discharge. The ASC will recommend that the adult representative remain at the ASC throughout the procedure. Patients will be made aware that the absence of an accompanying adult may result in their procedure being cancelled. Patients found to be without transportation after their procedure will be discharged according to current medical center policy.

Scope and complexity of patient's care needs:
Six operating rooms located on the second floor of The Ohio State University Outpatient Care Dublin Ambulatory Surgery Center servicing the following specialties: Otolaryngology, Ophthalmology, Hand & Upper Extremity, Orthopaedics, Endoscopy and Interventional Radiology, Pain Management, and Podiatry. The Center is staffed 24 hours a day, Monday through Friday, primarily for adult patients requiring surgical intervention under local anesthesia, monitored anesthesia care, conscious sedation, regional anesthesia, or general anesthesia.

Patients are admitted to the ASC on an ambulatory basis. The patients are required to have the ability to understand and carry out their discharge instructions or have a responsible adult which will assist them in fulfilling these needs.

All procedures performed at the Ambulatory Surgery Center are part of the Core Privileges approved by Ohio State University Wexner Medical Center.
The following types of procedures are not performed at the Center:

- Are associated with the risk of extensive blood loss.
- Require major or prolonged invasion of body cavities.
- Directly involve major blood vessels.
- Are an emergency or life threatening in nature
- Noted on the CMS Inpatient Only List. This list will be reviewed and updated annually.

Methods used to assess and meet patient's care needs:
Care of all patients experiencing surgical intervention is based on the nursing process and standards from AORN, ASPSN, and other National Peri-operative organizations supporting the service lines of the Center. Preoperatively, the RN verifies the patient, identifies the patient's special needs, completes a patient assessment, and develops a plan of care. Intra-operatively, the RN implements the patient's plan of care and

documents on the appropriate medical records (e.g.: Op-Time and hospital approved documents).

Methods used to determine the appropriateness, clinical necessity, and timeliness of support services provided directly or through referral

The Circulating RN works collaboratively with the surgeons, anesthesiologists, PACU RN, and the Pre-op Holding RN in assessing, prioritizing, and meeting the patient's individual needs. Based on the scheduled surgical procedure and communication with the surgeon and anesthesia, specific patient concerns regarding safety, infection control, positioning, and psychosocial needs are anticipated and met (e.g.: preparation of OR environment for latex allergy patient, isolation protocols implemented, limitation of patient's range of motion, need for an interpreter or caregiver for MR/DD patients). The continued need for support is communicated to the receiving unit via the oral transfer report and OR documentation. A collaborative effort to improve this communication is ongoing. The success of this method is determined by the achievement of positive patient outcomes, reflected by PI monitors and retrospective chart reviews.

Extent to which the level of care or service meets patient's needs:

The Center is staffed 24 hours a day, Monday through Friday, primarily for adult patients requiring surgical intervention under local anesthesia, monitored anesthesia care, conscious sedation, regional anesthesia, or general anesthesia.

In the event of an identified patient need to receive services not provided at the ASC, the patient will be transferred to the Wexner Medical Center for subsequent evaluation.

Standards of practice/ practice guidelines, when available

The Ambulatory Surgery Center provides services related to elective outpatient procedures in the fields of Otolaryngology, Ophthalmology, Hand & Upper Extremity, Orthopaedics, Endoscopy, Interventional Radiology, Pain Management, and Podiatry in Outpatient Care at Dublin Ambulatory Surgery Center - 6700 University Blvd, Dublin, Ohio 43016. The OSUWMC Board of Directors, the OSUWMC Medical Staff, in conjunction with the Ambulatory Executive Director, Ambulatory Medical Director, Senior Director, Associate and Administrative Directors, & Nurse Manager assess, plan, implement, and evaluate the delivery of care and services. The Ambulatory leadership team is responsible for ensuring that the delivery of care provided is consistent with the mission, standards, and policies established for patient care. The Ambulatory leadership team promotes an environment that fosters empowerment through active participation in strategic planning and development of processes that ensure adequacy of services and resources to meet the current and projected community needs, policy establishment, and professional growth.

The objective of the Outpatient Care Dublin Ambulatory Surgery Center is to deliver excellent surgical, procedural, and anesthesia services to those we serve in accordance with the standards set forth by The Joint Commission, CMS Conditions of Participations for Hospitals and The Vision and Mission statements of The Ohio State University Wexner Medical Center. The Scope of Care is designed to provide appropriate care and services for all patients in a timely manner.

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Utilizing a multi-disciplinary approach in the delivery of patient care, our services promote continuous quality and performance improvement activities provided in an environment where collaboration and multi-disciplinary approaches to problem identification and resolution are the expectation. Important criteria and thresholds are measured and continuously monitored through our Quality and Performance Improvement process to optimize patient outcomes and assure the highest level of satisfaction for all our customers. Results of our Quality and Performance Improvement activities are used to improve patient outcomes enhance our services and our staff performance.

Understanding that the provision of health care services is dynamic and fluid; the Scope of Care will be ***reviewed at least annually*** and revised as needed to reflect the changing patient needs, community changes, and or facility needs and initiatives.

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