



OHSU Board of Directors Meeting

**Friday, September 27, 2024
1:00pm**

**Robertson Life Sciences Building, Room 3A001
2730 S Moody Ave, Portland, OR 97201**



**OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS MEETING
Public Agenda**

**Friday, September 27, 2024
1:00pm**

**Robertson Life Sciences Building, Room 3A001
2730 S. Moody Ave., Portland, OR 97201**

1:00pm	Call to Order/ Chair's Comments Approval of Minutes June 28, 2024 (ACTION) President's Comments	Wayne Monfries Wayne Monfries Danny Jacobs, M.D., M.P.H., FACS
1:15pm	Standing Reports <ul style="list-style-type: none">Faculty Senate	Amy Miller Juvé, Ed.D., M.Ed.
1:30pm	FY24 Unaudited Financial Results with FY25 August YTD Update	Lawrence Furnstahl
2:00pm	Annual Assessment of Student Learning	Marie Chisholm-Burns, Pharm.D., Ph.D., M.P.H., MBA Constance Tucker, M.A., Ph.D. Cherie Honnell
2:20pm	30-30-30 Update	Marie Chisholm-Burns, Pharm.D., Ph.D., M.P.H., MBA Susan Bakewell-Sachs, Ph.D., R.N., FAAN Denise Dallman, N.D., M.S.
2:50pm	Complex Care Strategy Update	Joe Ness, M.H.A., B.S.Pharm Nate Selden, M.D., Ph.D., FASC, FAAP
3:10pm	Resolution update Bylaws (ACTION)	Chad Paulson
3:40pm	Code of Conduct	Tim Marshall Heather Nickerson, CHC, CPC, CEMC, CPMA
4:10pm	Appointment of OHSU Board Chair and Vice Chair (ACTION)	Wayne Monfries
4:25pm	Meeting adjourned	

Oregon Health & Science University
Board of Directors Meeting
June 28, 2024
WebEx/ECHO 360 virtual live meeting

Following due notice to the public, the regular meeting of the Board of Directors of Oregon Health & Science University (OHSU) was held at 1:00pm at the Robert Life Sciences Building and via YouTube links.

A transcript of the audio recording was made of these proceedings. The recording and transcript are both available by contacting the Secretary of the Board at 3225 SW Pavilion Loop, Mail Code L101, Portland, Oregon 97239. The following written minutes constitute a summary of the proceedings.

Attendance

Board members who attended in person were President Danny Jacobs, Chair Wayne Monfries, Chad Paulson, Calvin Jara, James Carlson, Steve Zika, Ruth Beyer. Sue Steward attended remotely. Susan King was unable to attend. Alice Cuprill Comas, JD, Connie Seeley, Secretary of the Board as well as other OHSU staff members were also in attendance.

Call to Order

Chair Wayne Monfries

Mr. Wayne Monfries, Chair of the OHSU Board of Directors, called the public meeting to order at 1:00pm and welcomed those that were in-person and virtual attendance.

Chairman's Comments

Wayne Monfries, Board Chair

Chair Monfries began by welcoming everyone in attendance, in-person and virtually. He said they recently had the honor to attend the graduation ceremony for the class of 2024. He said he was sure the graduates of this class will do the entire community enormously proud.

He congratulated Dr. Jacobs for the remarkable honor of being elected to the prestigious American Philosophical Society. The society was founded in 1743 by Benjamin Franklin. Only thirty-seven members were elected this year with a total of 5,853 members total since inception.

Chair Monfries took a moment to recognize the angst among members over feelings about the budget and impending reductions in force and said they do not take these matters lightly.

He then reviewed the meeting agenda and turned the meeting over to President Jacobs.

President's Comments

Danny Jacobs, MD, OHSU President

President Dr. Danny Jacobs welcomed everyone in attendance. He appreciated the election acknowledgement by Chair Monfries.

President Jacobs discussed the impending upcoming layoffs and said it is not something that any of them wants to do but it is the last resort due to the severe financial strains they have experienced since the beginning of the COVID pandemic. He spoke of the excellent work by the Financial Performance Team by increasing revenue and decreasing expenses. President Jacobos stressed that whatever happens with Legacy has not affected the actions that are required to be taken now. He said the investment in Legacy Health represents a strategic advancement that is designed to improve OHSU's ability to tend to the health and wellness needs of people across the Pacific Northwest.

President Jacobs closed his remarks by remembering things that continue to happen at OHSU every day, including 1000 new OHSU graduates at the 2024 commencement ceremony. He also shared that Dr. Nate Selden had been appointed as permanent Dean to the School of Medicine. He also thanked Dr. Hunter for his work on the Executive Leadership team and support on the new inpatient addition construction project.

President Jacobs said they are continuing a search for a new Health System CEO, and he acknowledged that Mr. Joe Ness has stepped in as Interim CEO as the search continues.

He thanked their supporters for all they continue to do and turned the meeting back over to Chair Monfries.

Approval of Minutes

Wayne Monfries

Chair Monfries asked for approval of the minutes from the April 19, 2024, OHSU Public Board meeting. Upon motion duly made by James Carlson and seconded by Sue Steward the minutes were approved by all board members in attendance.

Standing Reports

Amy Miller Juve, EdD, Med and Martina Ralle, PhD

Chair Monfries recognized Amy Miller Juve, EdD, Med, Professor, Anesthesiology & Perioperative Medicine and Martina Ralle, PhD, Professor of Molecular and Medical Genetics, School of Medicine.

Dr. Miller Juve and Dr. Ralle provided an Update from the Faculty Senate. They provided highlights and appreciations and discussed their areas of focus that included recommending a faculty candidate to serve on the OHSU Board of Directors, financial challenges, a plan for filling gaps by departed colleagues, variable pay for clinicians, HR function and organizational trust.

Board members asked for additional information on areas of improvement including communication.

YTD Results, FY25 Budget

Lawrence Furnstahl, MD, John Hunter, MD, Alice Cuprill Comas, MD, Nathan Selden, MD, Connie Seeley, Peter Barr-Gillespie, PhD and Danny Jacobs, MD.

Chair Monfries recognized Lawrence Furnstahl, EVP, Chief Financial Officer and John Hunter, MD, FACS, Alice Cuprill Comas, EVP, General Counsel, Nathan Selden, MD, EVP, Dean School of Medicine, Peter Barr-Gillespie, EVP, Chief Research Officer, Connie Seeley, EVP, CAO & Chief of Staff and Danny Jacobs, MD, President.

Mr. Furnstahl provided an update on the FY24 May YTD results and the proposed FY25 Operating & Capital Budget. He discussed FY24 dollar changes YTD, the FY25 budget proposal, financial stability, operating margins, healthcare spending, May 2026 IPA, cash flow projections and cash on hand.

Dr. Hunter discussed major budget impacts, healthcare growth against the budget, patient-facing hospital staff investments, wages and payment rate increases and adult admissions trends.

The meeting was interrupted by an audience member protesting the testing of animals and recommending they ban this policy. There were several other outbursts by members of the audience protesting the recent reductions in force and animal testing.

Ms. Cuprill Comas discussed current pay comparisons versus pre-COVID.

Dr. Selden discussed OHSU's strategic alignment in the FY25 budget and beyond.

Ms. Seeley discussed OHSU's reductions in filled and vacant positions for FY25.

Dr. Jacobs discussed how OHSU can achieve the new post-pandemic equilibrium.

Board members asked for additional information on consideration of salary reductions, position eliminations, added positions in patient facing roles, salary increases, benefit reallocations, communication strategy in alerting folks regarding changes, operating expenses, revenue, Medicare and Medicaid payments versus commercial payers, payer mix, and patient access to care at OHSU.

Presentation of Academic Tuition and Fee Book

Marie Chisholm-Burns, PharmD, PhD, MPH, MBA

Chair Monfries recognized Marie Chisholm-Burns, PharmD, PhD, MPH, MBA, EVP, Provost.

Dr. Chisholm-Burns presented the proposed 2024/2025 OHSU Tuition and Fees.

She proposed a tuition rate increase of 2% for 2025 and the continuation of the OHSU Tuition Promise. She covered the increase between resident and non-resident totals, the percent change for full-time tuition and a no increase to the University fee.

Board members asked for further information on the full cost of tuition, patient service revenues and debt load.

Resolution Approval of Budget and Academic Fees

Chair Monfries presented OHSU Board Resolution 2024-06-08, Approval of Budget and Academic Fees.

OHSU Board Resolution 2024-06-08

Chair Monfries asked for a motion to adopt Resolution 2024-06-08. Chad Paulson moved to approve the motion. Sue Steward seconded the motion, and it was approved by all OHSU Board members in attendance.

Schneider Recommendations Implementation

Angela Fleischer, MSW, OLCSW, CFP-A

Chair Monfries recognized Angela Fleischer, MSW, OLCSW, CFP-A, AVP, OCIC/Title IX Coordinator.

Ms. Fleischer provided an overview of next steps and recommendations from the external Schneider review.

She spoke of cultural considerations and then covered the twelve recommendations from the Schneider Report and the action taken to make improvements in those areas of concern. These included Adequate Staffing, CAP Support, Improvement of Supportive Measures, Performance Monitoring, Role Clarification, Reporting Structure, Training, Policy and Procedure Updates, Alternative Resolutions, Confidentiality, Discrimination Remedies and Title IX Requirements.

Board members asked for further information on Institutional trust, challenges faced implementing the changes, student dialogue and learner feedback.

Adjournment

Wayne Monfries

Hearing no further comments or business for discussion, Chair Monfries thanked the board members and presenters for their participation. The meeting was adjourned at 3:02pm.

Respectfully submitted,

Connie Seeley
Secretary of the Board



September 19, 2024

TO: Oregon Health & Science University Board of Director
FROM: Amy Miller Juve, Senate President and Professor, Anesthesiology & Perioperative Medicine, on behalf of the OHSU Faculty Senate

SUBJECT: OHSU Faculty Senate Update, September 2024

Amy Miller Juve, Ed.D., M.Ed.
President

Erin Madriago M.D., FASE
President Elect

Gabriel Kleinman, M.D.
Secretary

Sue Aicher, Ph.D.
Treasurer

Carmem Pfeifer, D.D.S., Ph.D.
Senator A-large

Sudhir Isharwal, M.D., M.B.A.
Senator At-large

Virginia Cuzon-Carlson, Ph.D.
Senator At-large

senate@ohsu.edu
www.ohsu.edu/education/faculty-senate

Mail code: L349
Baird Hall, room 1028
3225 S.W. Pavilion Loop
Portland, OR 97239

Senate highlights and appreciations:

1. Welcome to the new Faculty Senators:
 - Amy Hermesch – School of Medicine Unit D
 - Andrew Giustini - School of Medicine Unit A
 - Angie Docherty – School of Nursing
 - Jens Kreth – School of Dentistry
 - Kendall Tucker – College of Pharmacy
 - Lorne Walker – School of Medicine Unit E
 - Marcel Curlin – School of Medicine Unit B
 - Megan Quinn – School of Nursing
 - Meike Niederhausen – School of Public Health
 - Tyler Chipman – School of Nursing
2. We appreciate the institution's commitment to supporting employee benefits; taking on more risk to the institution to keep our employee paid benefit costs as low as possible.
3. The Senate is excited to welcome Dr. Maria Rodriguez and Claire Irvan to the OHSU Board of Directors.
4. We continue to be appreciative of leaders across the institution and their willingness to meet and engage with Senators about institutional decisions and faculty concerns and suggestions.

Areas of focus:

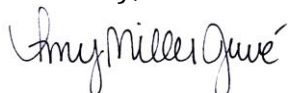
- 1) Policy and procedure updates:
 - a. We have convened a workgroup to review and propose updates and refinements to our Academic Freedom policy, which was last updated in 2012. Specifically, the Senate is interested in aligning our policy and practices with other academic medical centers as well as organizations such as the American Association of University Professors, that have a long-standing history of supporting the legal and professional right to academic freedom as well as the faculty voice in shared governance.

- b. Members of the Faculty Senate and the SoM Physician Advisory Council are reviewing faculty discipline processes and procedures to ensure appropriate alignment with practices across the institution and job roles.
- 2) The Senate is collecting ideas from Faculty in all three missions concerning work efficiencies, cost saving measures, and revenue generation. We have been in communication with Dr. Jacobs in anticipation of working with him and other Senior Leaders to explore each submission.
- 3) Our annual Senate gathering to identify priorities for the year was held earlier this month. Our 2024/2025 areas of focus include:
 - a. Creation of a finance workgroup to operate similar to the compensation subgroup.
 - b. Communication and community building within faculty groups but also between faculty and other job roles.
 - c. Working toward increased transparency and equity – understanding how and why institutional decisions are made and seeking equity in policies, procedures, and practices.
 - d. If Legacy moves forward, ensuring faculty inclusion in the integration work.
 - e. Increasing awareness of Senate’s work among Faculty and OHSU Leaders.

We will also continue to focus on areas we identified last year, including:

- a. Support and inform the institutional response to the Engagement Survey
- b. Continued advocacy related to Faculty compensation
- c. Create community and connection where everyone feels safe, valued, and cared for

Sincerely,



Amy Miller Juve, Ed.D, M.Ed.

OHSU Faculty Senate President, on behalf of the OHSU Faculty Senate



September 16, 2024

To: Members, OHSU Board of Directors

From: Lawrence J. Furnstahl
Executive Vice President & Chief Financial Officer

Re: Finance Report for September 27th Meeting

Enclosed is the finance report for next Friday's public Board meeting, covering unaudited FY24 results and an update on FY25 through August. You may recall that the OHSU Board must meet every quarter, so we schedule back-to-back meetings in September (to review unaudited June results with an August update) and October, to receive the external audit report from KPMG on last year's financial statements and review Q1 results for the current year. To date, the audit process is going well.

OHSU ended FY24 with an operating loss of \$(97)m, a result that includes two large non-recurring items: +\$44m from a Medicare settlement of prior-year 340b pharmacy underpayments, and \$(18)m accrued in June for severance and related costs from the Strategic Alignment reduction in force. These RIF costs will be realized in cash (and the accrued liability relieved) during the first quarter of FY25.

Absent one-time items, the Q4 loss of \$(36)m is slightly higher than the average of the prior three quarters at \$(29)m, due to the increased investment in staff as the year went on. The shortfall in earnings from the approved balanced budget occurs entirely in Healthcare, reflecting the greater than budgeted investment in frontline patient care staff, higher Rx & medical supply inflation, and slower than targeted growth in complex care, although Improving Financial Performance (IFP) work reduced this last gap as the year progressed. All other areas of the University ended the year better than budget.

For Board and management reporting purposes, we show the annual accrual for OHSU's share of the PERS pension plan under GASB 68 accounting "below the line" of operating gain (loss). This entry is made each June and can swing widely from a positive to a negative based on PERS investment returns and other pension factors, recorded on a one-year lag. In FY24, the PERS accrual was an expense or loss of \$(13)m. Also booked with non-operating items is \$104m of FEMA recoveries that reimburse OHSU for otherwise uncovered pandemic costs in prior years, plus an investment gain on OHSU-held funds of \$175m, in line with benchmarks and a strong stock market.

New gifts raised in FY24 were nearly \$132m, exceeding the Foundation's goal of \$125m. Overall, net worth is up 4.4% in FY24 to \$4.3 billion, about half the annual growth rate achieved pre-pandemic due to the shortfall in operating income.

The FY25 budget approved in June has a 12-month operating loss of \$(25)m. Each year, we spread revenue, expense and operating income by month and quarter, using historical patterns of seasonality and calendar workdays. For FY25, the budget spread shifts from a loss to a gain as Strategic Alignment work phases in, especially the redeployment of beds, ORs and diagnostic capacity toward complex care requiring an AHC like OHSU. In addition, the budgets in early months include severance, notice and other costs from reductions in force; under GAAP accounting, \$18m of these were booked in June 2024.

Through the first two months of FY25, OHSU has an operating loss of \$(16)m on nearly 12% year-over-year revenue growth. This is +\$19m better than the seasonally-spread budget for July + August. Results in early months of the fiscal year can be erratic. Patient activity measured by rate-adjusted gross charges is up about 10% from last year and 3.5% above budget. High-growth areas that support complex, subspecialty programs are up more, showing progress toward Strategic Alignment goals to care for each patient promptly in the right setting. Of the \$18m in RIF-related costs accrued as a liability in June 2024, \$8m has been reversed to cover cash payments for severance, notice and other costs through August. The remaining \$10m will be applied in September.

On July 1st OHSU implemented GASB 101, "Compensated Absences." This new accounting standard impacts FY25 YTD accrued results but not cash. Previously, OHSU didn't record a liability or expense for compensated absences that couldn't be cashed out or weren't paid out when the employee left OHSU. GASB 101 requires all forms of earned leave to be consistently recognized as a liability (and operating expense) as they are earned by employees, whether or not they can ever be cashed out.

Although this ensures clearer and more transparent reporting of leave-related obligations, it does increase booked liabilities (initially by \$255m at OHSU) and this liability increases through an expense whenever an employee's pay rate increases or their bank of paid leave grows. GASB 101 became effective for OHSU on July 1st, so the beginning July net worth was decreased through a "below the line" accounting adjustment of \$(255)m off the June 30, 2024 base of \$4.28 billion. Also, through the first two months of FY25, we recorded an additional current year expense of \$5m, reflecting the net of leave accrued vs leave taken, as well as increases in employee pay rates.

This change is non-cash so we propose to measure final FY25 budget performance across operating units on a pre-GASB 101 basis, like we handle the non-cash impact of the GASB 68 pension accrual changes. In other words, the positive budget variance through August of +\$19m would have been +\$24m (or \$5m better), absent the non-cash impact of GASB 101. Of this +\$24m, \$8m reflects the accrual into June of RIF-related costs paid in July & August.

Strategic alignment at this challenging time will protect and enhance OHSU's unique role as Oregon's public health sciences university with statutory state-wide missions in education, research, patient care and outreach. To balance the needed step-function increase in wages & costs post-COVID, we will:

- Care for each patient promptly in the right setting and cost structure
- Invest in patient-facing staff
- Secure inflation-appropriate payment rates
- Implement rigorous cost savings while increasing capacity
- Hold fixed costs fixed with growth to capture economies of scale
- Expand revenue sources such as philanthropy and pharmacy services
- Serve the health & well-being priorities of the State of Oregon (e.g., behavioral health and workforce development) to sustain OHSU's missions and public support.



OHSU Onward: FY24 Unaudited Financial Results with FY25 August YTD Update

OHSU Board of Directors / September 27, 2024

Introduction to FY24 Year-End Results

- This document presents unaudited FY24 financial results together with an update through the first two months of FY25.
- KPMG will report on their external audit of the FY24 financial statements at the October meeting. To date, the audit process is going well.
- OHSU ended FY24 with an operating loss of \$(97)m, a result that includes two large non-recurring items: +\$44m from a Medicare settlement of prior-year 340b pharmacy underpayments, and \$(18)m accrued in June for severance and related costs from the Strategic Alignment reduction in force.
- These RIF costs will be realized in cash (and the accrued liability relieved) during the first quarter of FY25.
- The shortfall in earnings from the approved balanced budget occurs entirely in Healthcare, reflecting the greater than budgeted investment in frontline patient care staff, higher Rx & medical supply inflation, and slower than targeted growth in complex care, although IFP work reduced this last gap as the year progressed.
- All other areas of the University ended the year better than budget.
- Absent one-time items, the FY24 Q4 loss of \$(36)m is slightly higher than the average of the prior three quarters at \$(29)m, due to the increased investment in staff as the year went on.

Introduction to FY24 Results (continued)

- For Board and management reporting purposes, we show the annual accrual for OHSU's share of the PERS pension plan "below the line" of operating gain (loss). This entry is made each June and can swing widely from a positive to a negative based on PERS investment returns and other pension factors, recorded on a one-year lag.
- In FY24, the PERS accrual was an expense or loss of \$(13)m.
- Also booked "below the line" with non-operating items is \$104m of FEMA recoveries that reimburse OHSU for otherwise uncovered pandemic costs in prior years, plus an investment gain on OHSU-held funds of \$175m.
- The expected investment return on OHSU's indexed stock & bond portfolio is about 6% with one standard deviation of plus or minus 12%.
- In other words, annual returns from -6% to +18% would be expected two-thirds of the time; actual FY24 returns (detailed later in this document) although higher than the 6% average due to a strong stock market, are well within this range.
- Fundraising progress (new gifts counted under "CASE" or fundraising professionals' standards) was nearly \$132m, exceeding the Foundation's FY24 goal of \$125m.
- Overall, net worth is up 4.4% in FY24 to \$4.3 billion, about half the annual growth rate achieved pre-pandemic due to the shortfall in operating income.

FY24 Dollar Change from Prior Year

- The broadest way of looking at FY24 financial results is to compare dollars of revenue and expense to the prior year.
- Through 12 months, revenues are up \$462m or 10% but expenses are up \$612m or 13.5%, for a \$(150)m negative swing in operating income.
- Improving Financial Performance (IFP) work has narrowed the gap between revenue and expense growth but has not eliminated it.
- Strategic Alignment in the FY25 budget aims to reduce this gap further.

OHSU Operating Income (millions)	FY23 Jun YTD	FY24 Jun YTD	Dollar Change
Operating revenue	\$4,573	\$5,035	\$462
Operating expense	4,520	5,132	612
Operating gain (loss)	\$53	\$(97)	\$(150)

FY24 Results: Major Budget Impacts through June

- From FY13 to FY23, OHSU patient activity increased by 4% per year. To meet patient demand while balancing the FY24 budget, we targeted 6% growth through June. With IFP efforts, we ended FY24 within 0.6% or \$20m of this goal.
- Taking out **one-time** items and areas **ahead of budget** (largely due to program ramp up) shows a \$157m lift from FY24's run-rate to break even.

FY24 June YTD Variance from Budget (millions)

\$0 Budgeted operating income (12 months)

(20) Revenue impact of -0.8% lower complexity-weighted activity

(134) Greater than budgeted investment in patient-facing pay & staffing

+34 Provost, CRO & Central areas ahead of budget (program ramp up)

+44 Medicare 340b settlement (one-time)

(18) Severance & other expense from Strategic Alignment reduction in force

(3) All other, net

\$(97) Actual operating income

\$(157) Annual loss taking out both **one-time** items and **positive variances**

Variance from Budget by Major Area of OHSU

- Due to the greater-than-budgeted investment in patient facing staff combined with higher Rx & medical supply inflation and delay in achieving complex care growth, the FY24 shortfall from budget occurred in Healthcare.
- All other areas of the University—the School of Medicine, Provost and Chief Research Officer areas, central administrative and support units, and institutional accounts such as strategic initiatives, insurance, depreciation and interest ended the year better than budget.
- The “Other Central Administration” line includes areas reporting to the EVP Chief Administrative Officer & Chief of Staff, the EVP & Chief People Officer, the EVP Institutional Affairs & General Counsel, and the President’s Office. Spending in each of these areas was below budget in FY24.

FY24 Variance from Budget	(millions)
Healthcare	\$(164.6)
School of Medicine	17.2
Subtotal - HC + SoM	(147.4)
Provost Areas	14.6
Chief Research Officer Areas	6.1
Chief Financial Officer Areas	7.9
Other Central Administration	5.5
Subtotal - Other Operating Areas	34.1
Institutional Accounts*	12.2
Restricted (Grant) Funds	0.9
Depreciation & Interest	2.8
Total Shortfall from Budget	\$(97.4)
<i>*Includes Strategic Initiatives, Insurance, Contingency and other OHSU-wide items.</i>	

FY24 Unaudited Loss at \$(97)M with -1.9% Margin

June YTD (12 Months) (millions)	FY23 Last Year	FY24 Budget	FY24 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$3,069	\$3,417	\$3,449	\$32	12.4%
Medical contracts	154	184	185	1	19.8%
Grants & contracts	562	557	580	23	3.1%
Gifts applied	99	113	121	8	22.2%
Tuition & fees	82	83	81	(2)	-0.4%
Sales, services & other	275	259	327	68	18.7%
State support*	331	283	293	11	-11.5%
Operating revenues	4,573	4,896	5,035	140	10.1%
Salaries & benefits*	2,739	3,013	3,172	159	15.8%
Rx & medical supplies	861	949	998	49	15.9%
Other services & supplies	669	676	708	32	5.8%
Depreciation	209	217	213	(4)	1.7%
Interest	42	42	43	1	0.2%
Operating expenses	4,520	4,896	5,133	237	13.6%
Operating income (loss)	\$53	\$0	\$(97)	\$(97)	
<i>Operating margin</i>	<i>1.2%</i>	<i>0.0%</i>	<i>-1.9%</i>	<i>-1.9%</i>	
<i>EBITDA margin</i>	<i>6.7%</i>	<i>5.3%</i>	<i>3.1%</i>	<i>-2.1%</i>	
*State support in FY23 included \$57.5m of funds related to the State's mid-biennium rebalance.					

Volume Metrics Up but Size-Weighted Activity Off

Patient Activity	FY23	FY24	FY24	Actual	Actual
June YTD (12 Months)	Last Year	Budget	Actual	/ Budget	/ Last Year
Inpatient admissions	27,446	27,720	27,713	0.0%	1.0%
Average length of stay	7.02	7.00	7.03	0.4%	0.1%
Average daily census	487.2	481.6	493.2	(2.4%)	1.2%
Day / observation patients	45,954	46,890	48,538	3.5%	5.6%
Surgical cases	35,257	36,399	37,150	2.1%	5.4%
Emergency visits	54,748	55,005	56,441	2.6%	3.1%
Ambulatory visits	1,139,073	1,170,899	1,210,547	(3.4%)	6.3%
Casemix index (CMI)	2.52	2.50	2.51	0.4%	-0.4%
Outpatient share of activity	56.2%	57.8%	58.3%	0.9%	3.7%
CMI/OP adjusted admissions	157,853	164,401	166,861	1.5%	5.7%
Rate-adjusted gross charges	7,203	7,423	7,381	(-0.6%)	2.5%

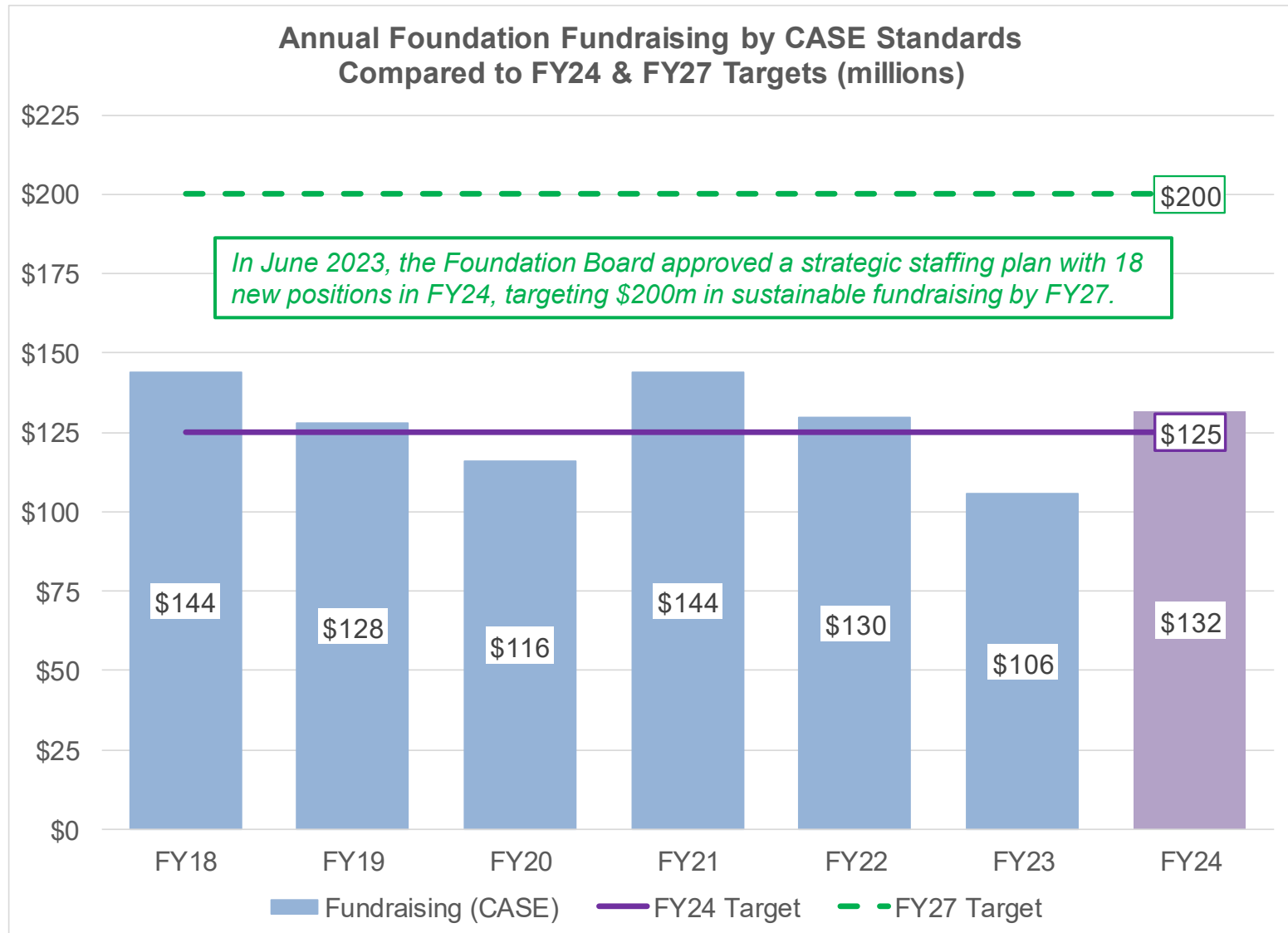
Healthcare Growth Against Budget & Last Year

- Services to meet AHC-level demand were targeted to grow the fastest in FY24. These are up strongly from the prior year (+10.8%) but not yet as much as planned (+13.5%).
- During the year, IFP work has narrowed this gap, closing it completely for non-hospital pharmacy services such as home infusion.

June YTD Volume Growth by Service Area (FY24 / FY23)	% of Hosp. Charges	Budgeted Growth	Actual Growth	Actual vs Budget
Non-hospital pharmacy	137%	15.9%	16.6%	0.6%
Professional (imaging, lab, etc.)	93%	8.3%	4.8%	-3.2%
Oncology services	25%	21.0%	4.8%	-13.4%
Subtotal - higher growth areas	255%	(13.5%)	(10.8%)	-2.3%
Surgery & procedural	107%	2.1%	1.4%	-0.7%
All other hospital services	150%	-2.8%	-0.2%	2.7%
Subtotal - lower growth areas	258%	-0.7%	0.5%	1.3%
Rate-adjusted gross charges	513%	6.0%	5.4%	-0.6%

- The FY25 budget and Strategic Alignment aim to meet patient needs better by allocating more physical and staffing capacity (such as beds & ORs) to cancer care and other complex subspecialty programs unique to Oregon's only AHC.

Foundation Exceeded \$125m Gift Target in FY24



Net Worth Up \$181M or +4.4% in FY24

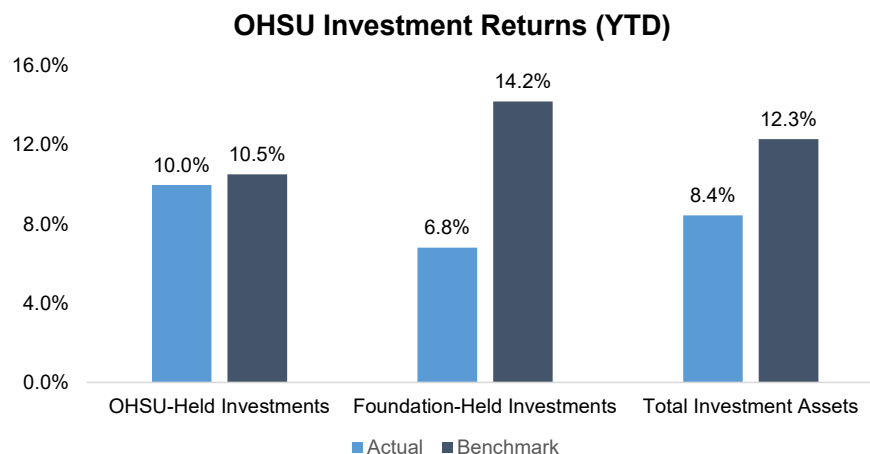
- OHSU's days cash on hand are 172 on 6/30/24, down from 184 at last year-end. The FY23 Fitch medians are 270 days cash for AA credits, 205 for A, and 138 for BBB.
- OHSU-held investments returned \$175m, consistent with benchmarks.
- \$104m of FEMA assistance has been approved by the government in FY24. These funds mitigate extra costs from the pandemic and will be used to cover part of the shortfall in operating income to fund the \$650m Inpatient Addition project.

Balance Sheet (millions)	6/30/23	6/30/24	12-Month Change
OHSU-held cash & investments	\$1,386	\$1,460	\$73
OHEP construction fund	236	111	(125)
Net property, plant & equipment	2,219	2,414	195
Interest in OHSU Foundation	1,536	1,546	9
Long-term debt	(1,370)	(1,336)	33
PERS pension liability	(396)	(513)	(116)
Deferred pension outflows/inflows	12	118	106
Working capital (A/R) & other, net	473	479	6
Consolidated net worth	\$4,097	\$4,278	\$181
Operating income (loss)			(97)
FEMA public assistance			104
Year-end PERS pension accrual			(13)
Return on OHSU-held investments			175
Grant & gift funded capital			6
Foundation gain (loss)			9
Other non-operating items			(4)
FY24 change in net worth			\$181

FY24 June YTD Cash Flow (millions)	
Operating income	\$(97)
Depreciation	213
FEMA public assistance	104
Investment return	175
Construction funds applied	125
Grant & gift funded capital	6
Sources of cash	526
Long-term debt repaid	(33)
Capital spending	(408)
Patient A/R & other, net	(12)
Uses of cash	(453)
Net cash flow	\$73
<i>6/30/23 Days cash on hand</i>	<i>184</i>
<i>6/30/24 Days cash on hand</i>	<i>172</i>

FY24 June YTD Investment Returns Up 8.4%

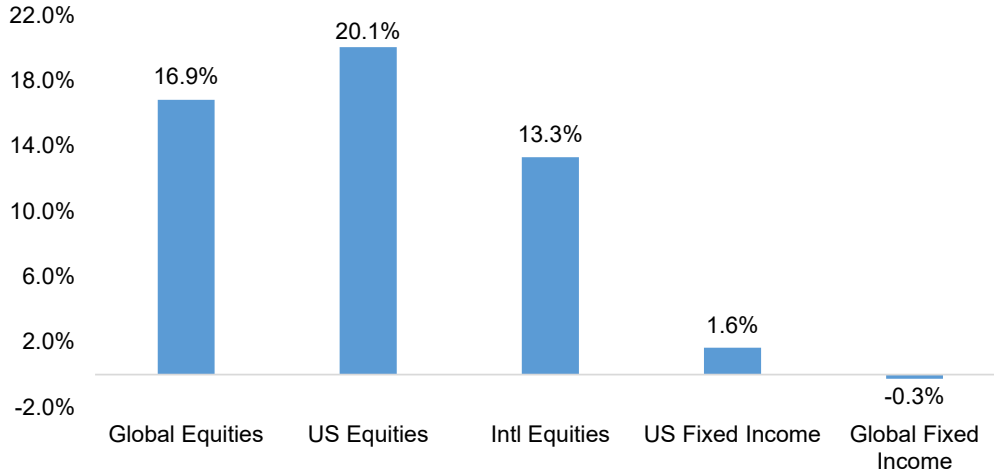
- Inflation continued to moderate globally, and the US economy exhibited strength with unemployment remaining at historically low levels (4.1% at year-end). This provided a positive economic backdrop with respect to corporate financial performance, with earnings increasing 10.1% on a year-over-year basis.
- Global Equities returned 19.4% during FY24. US Equities outperformed International Equities returning 24.6% vs. 11.5%. In particular, the US tech sector outperformed due to earnings results and the optimism over further AI innovation and adoption.
- US Fixed Income returned 2.6% during FY24. Yields on US treasury bonds rose modestly while corporate credit spreads tightened, coincident with improved corporate financial performance. Private investments in the Foundation endowment are expected to lag public benchmarks during periods of rapid stock market gains.



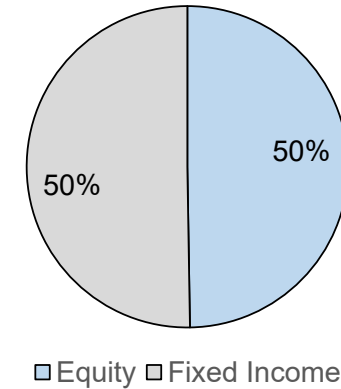
** Foundation actual and benchmark return calculated by OHSUF staff, with NAV sourced from investment managers.*

FY24 June YTD Investments Up 8.4% in Total

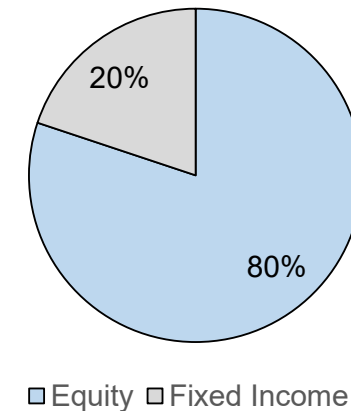
Major Index Returns (YTD)



Asset Allocation – OHSU-Held Funds



Asset Allocation – Foundation-Held Funds



Asset Pool	6/30/2023 Balance	6/30/2024 Balance	FY24 YTD TR (%)	Benchmark YTD TR (%)
OHSU-Held Funds				
Short-Term Asset Pools	536,897	442,811	5.3%	5.2%
Long-Term Asset Pools	1,081,776	1,150,444	12.3%	13.2%
Other Asset Pools	102,582	113,890	14.3%	14.3%
Total OHSU Assets	\$1,721,256	\$1,707,146	10.0%	10.5%
Foundation-Held Funds*				
Non-Endowment Asset Pools	238,524	186,551	7.9%	7.5%
Endowment Assets	1,367,038	1,449,688	6.7%	15.3%
Total Foundation Assets	\$1,605,562	\$1,636,239	6.8%	14.2%
Total OHSU Investable Assets	\$3,326,818	\$3,343,385	8.4%	12.3%

* Foundation actual and benchmark return calculated by OHSUF staff, with NAV sourced from investment managers.

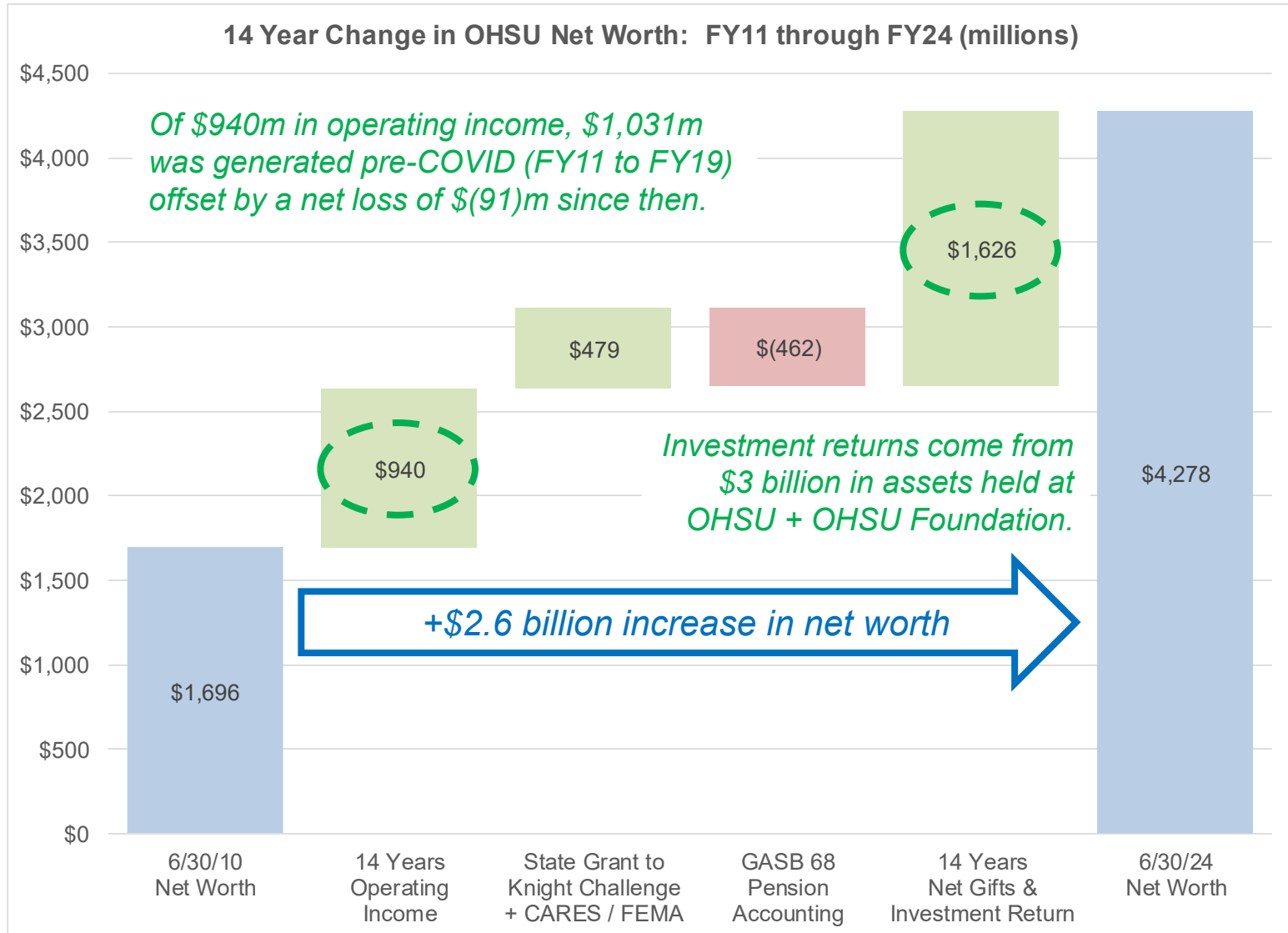


Shortfall in Resources from Pre-Pandemic Levels

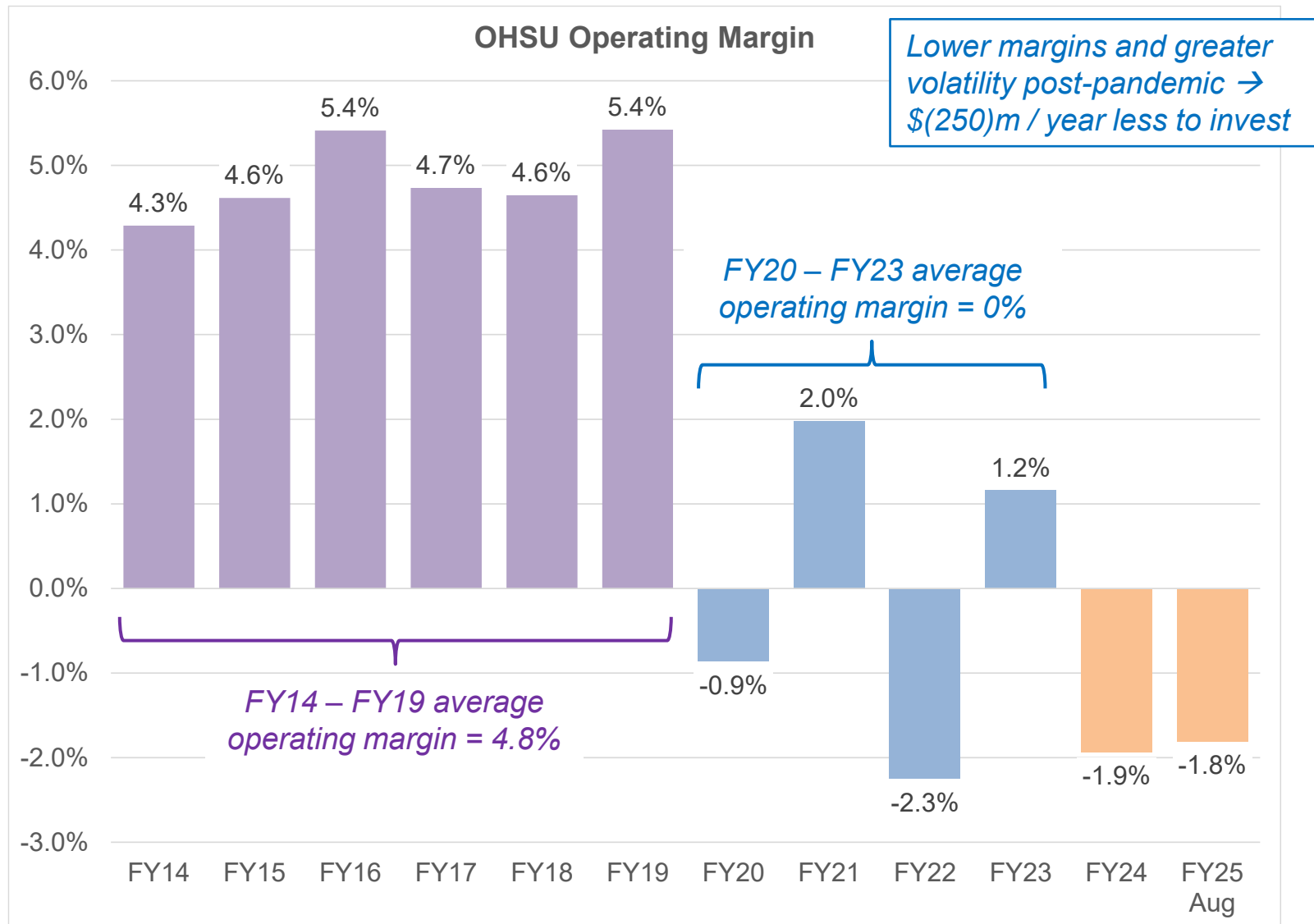
- In FY19, OHSU had an operating gain of \$176.5m. If we had kept just this dollar level of earnings for the next 5 years (FY20 through FY24), cumulative earnings would be \$882m—and higher if calculated on a percent of revenue basis.
- In fact, operating income is a cumulative loss of \$(91)m, offset by \$144m of CARES Act and \$136m of FEMA support booked “below the line” per GASB accounting.
- The actual net is a gain of \$189m or \$(693)m below the pre-pandemic dollar level. OHSU uses earnings to invest in its people, programs, places and things.

Oper. Income & Federal Support (millions)	Actual Gain (Loss)	FY19 Earnings Comparison
FY20 operating loss	\$(29.2)	\$176.5
FY21 operating gain	72.4	176.5
FY22 operating loss	(89.7)	176.5
FY23 operating gain	53.0	176.5
FY24 operating loss	(97.4)	176.5
Subtotal - 5 years oper. income	(91.0)	882.4
CARES Act / FEMA assistance	280.0	
Total - oper. income & fed. support	189.0	882.4
Shortfall from FY19 dollar earnings	\$(693.4)	

Growth Requires Capital: 6.8% Net Worth CAGR



Margin to Invest in People, Programs & Places



Strategic Alignment Principles in FY25 Budget

- Lead the healthcare sector in patient-facing staffing and pay to retain & recruit front-line clinicians and provide the complex care our patients need (~\$175m investment)
- Invest \$25m from incremental IGT funds in Behavioral Health
- Sustain the OHSU Tuition Promise with 2% increase for entering students
- Budget for Schneider Report recommendations.
- Fund salaries & benefits for faculty and staff that increase by an average of 6.1% in FY24, exceeding the projected growth in payment rates from patient care (average 4.3%), research (flat NIH budget), and education (2% tuition increase).
- Care for patients promptly with right care, in right setting & at right cost structure
- Advance OHSU toward regional leadership in complex subspecialty care that requires an academic health center, including a national-class cancer center (~\$55m gain).

Strategic Alignment in FY25 Budget (continued)

- Continue construction on the Inpatient Addition (IPA) with start of interior buildout, using FEMA dollars (which covered extra pandemic costs) in place of regular earnings to supplement bond funds borrowed in December 2021.
- Continue tight management of positions and vacancies (~\$75m savings)
- Cut spending, eliminate duplication and streamline functions across communications & marketing, supply chain, revenue cycle, and central finance functions (~\$20m savings)
- Mitigate operational risk by increasing financial risk: \$(25)m operating deficit balanced by a corresponding holdback in annual capital budget.

Spread of FY25 Budget by Month & Quarter

- The FY25 budget approved in June has a 12-month operating loss of \$(25)m.
- Each year, we spread revenue, expense and operating income by month and quarter, using historical patterns of seasonality and calendar workdays.
- There is a significant amount of noise to signal in these patterns, especially on a month-by-month basis.
- For FY25, the budget spread shifts from a loss to a gain as Strategic Alignment work phases in, especially the redeployment of beds, ORs and diagnostic capacity toward complex care requiring an AHC like OHSU.
- In addition, the budgets in early months include severance, notice and other costs from reductions in force; under GAAP accounting we booked \$18m of these in June 2024.

FY25 Budget Spread by Month & Quarter (millions)	Operating Revenue	Operating Expense	Operating Income
July	\$450	\$477	\$(27)
August	442	449	(8)
September	432	446	(14)
Q1 total	1,324	1,372	(48)
October	460	471	(11)
November	435	438	(2)
December	458	459	(1)
Q2 total	1,353	1,367	(14)
January	463	476	(13)
February	441	432	9
March	465	458	8
Q3 total	1,369	1,366	4
April	473	465	8
May	471	464	8
June	471	453	17
Q4 total	1,416	1,382	34
FY24 total (12 months)	\$5,462	\$5,487	\$(25)

FY25 August YTD Financial Results

- Through the first two months of FY25, OHSU has an operating loss of \$(16)m on nearly 12% year-over-year revenue growth.
- This is +\$19m better than the seasonally-spread budget for July + August noted on the prior page. Results in early months of the fiscal year can be erratic.
- Patient activity measured by rate-adjusted gross charges is up about 10% from last year and 3.5% above budget. High-growth areas that support complex, subspecialty programs are up more, showing progress toward Strategic Alignment goals to care for each patient promptly in the right setting.
- Of the \$18m in RIF-related costs accrued as a liability in June 2024, \$8m has been reversed to cover cash payments for severance, notice and other costs through August. The remaining \$10m will be applied in September.
- On July 1st OHSU implemented GASB 101, “Compensated Absences.” This new accounting standard impacts FY25 YTD accrued results but not cash.
- Previously, government entities like OHSU recorded liabilities and expense for leave, such as vacation, paid-time-off, and sick leave, that employees could be paid for upon termination or retirement, but the treatment of different types of leave could vary across different entities.
- Specifically, OHSU didn't record a liability or expense for compensated absences that couldn't be cashed out or weren't paid out when the employee left OHSU.

FY25 August Results – GASB 101 Impact

- GASB 101 addresses this inconsistency by requiring all forms of earned leave to be consistently recognized as a liability (and operating expense) as they are earned by employees, whether or not they can ever be cashed out.
- Although this ensures clearer and more transparent reporting of leave-related obligations, it does increase booked liabilities (initially by \$255m at OHSU) and this liability increases through an expense whenever an employee's pay rate increases or their bank of paid leave grows.
- GASB 101 became effective for OHSU on July 1st, so the beginning July net worth was decreased through a "below the line" accounting adjustment of \$(255)m off the June 30, 2024 base of \$4.28 billion.
- Also, through the first two months of FY25, we recorded an additional current year expense of \$5m, reflecting the net of leave accrued vs leave taken, as well as increases to employee pay rates.
- This change is non-cash so we propose to measure final FY25 budget performance across operating units on a pre-GASB 101 basis, like we handle the non-cash impact of the GASB 68 pension accrual changes.
- In other words, the positive budget variance through August of +\$19m would have been +\$24m (or \$5m better), absent the non-cash impact of GASB 101. Of this +\$24m, \$8m reflects the accrual into June of RIF-related costs paid in July & August.

FY25 August YTD Loss \$(16)m vs \$(35)m in Budget

August YTD (2 Months) (millions)	FY24 Last Year	FY25 Budget	FY25 Actual	Actual - Budget	Actual / Last Year
Net patient revenue	\$554	\$615	\$603	\$(12)	8.9%
Medical contracts	29	35	32	(2)	11.5%
Grants & contracts	94	100	101	1	7.5%
Gifts applied	15	22	18	(4)	16.6%
Tuition & fees	12	12	13	1	3.9%
Sales, services & other	39	45	55	10	40.6%
State support	49	63	63	0	30.4%
Operating revenues	793	892	886	(6)	11.8%
Salaries & benefits*	489	579	567	(12)	15.9%
Rx & medical supplies	153	181	185	4	20.8%
Other services & supplies	110	121	108	(14)	-1.7%
Depreciation	35	38	36	(3)	1.4%
Interest	7	7	7	0	5.7%
Operating expenses	794	926	902	(24)	13.7%
Operating income (loss)	\$(1)	\$(35)	\$(16)	\$19	
<i>Operating margin</i>	<i>-0.1%</i>	<i>-3.9%</i>	<i>-1.8%</i>	<i>2.1%</i>	
<i>EBITDA margin</i>	<i>5.2%</i>	<i>1.2%</i>	<i>3.0%</i>	<i>1.9%</i>	
<i>*Salaries & benefits in FY24 August YTD did not yet included negotiated ONA increases.</i>					
	Last Year	Budget	Actual	Act / Bdg	Act / Lst Yr
Patient Activity Summary:					
Average daily census	485.8	501.9	490.5	-2.3%	1.0%
Surgical cases	6,286	6,378	6,538	2.5%	4.0%
CMI/OP adjusted admissions	28,355	28,019	30,035	7.2%	5.9%
Rate-adjusted gross charges	1,309	1,390	1,440	3.5%	9.9%

Healthcare Growth Against Budget & Last Year

- Services to meet AHC-level demand are targeted to grow about twice as fast as other services in FY25.
- Through two months both categories are up strongly from prior year (12% and 8% respectively) and exceeding budget.
- This pattern reflects progress in meeting patient needs by allocating more physical and staffing capacity (such as beds & ORs) to cancer care and other complex subspecialty programs unique to Oregon's only academic health center.

August YTD Volume Growth by Service Area (FY25 / FY24)	% of Hosp. Charges	Budgeted Growth	Actual Growth	Actual vs Budget
Non-hospital pharmacy	28%	11.3%	18.5%	6.5%
Professional (imaging, lab, etc.)	17%	3.4%	0.9%	-2.4%
Oncology services	5%	10.1%	19.9%	8.9%
Subtotal - higher growth areas	50%	8.2%	12.0%	3.5%
Surgery & procedural	20%	3.8%	3.1%	-0.7%
All other hospital services	30%	4.5%	11.4%	6.6%
Subtotal - lower growth areas	50%	4.2%	8.0%	3.6%
Rate-adjusted gross charges	100%	6.2%	9.9%	3.5%

August YTD Change in Net Worth with GASB 101

- As noted above, the July 1st implementation of accounting standard GASB 101 required all forms of earned leave to be recognized as a liability, whether or not the leave can ever be cashed out.
- This reduced the FY25 beginning balance of net worth (or net position, the difference between assets and liabilities) by \$(255)m.
- Other changes through August include the YTD operating loss, investment gains on OHSU-held funds, and the net gain on Foundation assets, which reflects new gifts and investment return less transfers to OHSU for program support as well as Foundation operating costs.

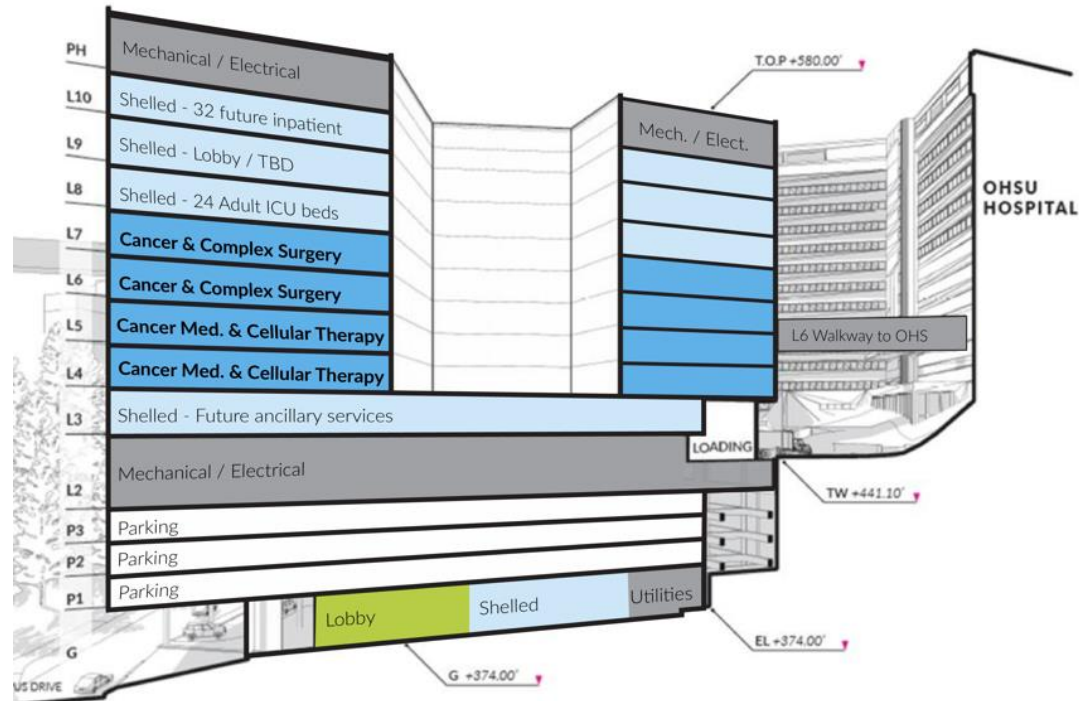
	(millions)
Consolidated net worth at 6/30/24	\$4,278
July 1 st implementation of GASB 101	(255)
FY25 August YTD operating income	(16)
Investment return on OHSU-held funds	55
Net gain on Foundation	<u>14</u>
Total August YTD change in net worth	(202)
Consolidated net worth at 8/31/24	\$4,076

IPA Adding 128 New Beds + 4 Shelled Floors

- The \$650m Inpatient Addition (IPA) is on schedule and on budget to open in spring 2026.
- Of \$350m borrowed in December 2021, \$86m remains to be applied.
- The IPA will add 128 new beds, bringing OHSU's total from 549 to 677 beds, with 4 shelled floors.



Construction as of 9/13/24



Level	Unit	Beds
7	Cancer & Complex Surgery	32
6	Cancer & Complex Surgery	32
5	Cancer Medicine & Cellular Therapy	32
4	Cancer Medicine & Cellular Therapy	32
		128

Inpatient Addition Funding	(millions)
Bonds issued in December 2021	\$350
FEMA funds in place of earnings	136
Fundraising & cash balances	164
Total IPA funding	\$650

Achieving the New Post-Pandemic Equilibrium

- Our financial strategy has been to continuously grow patient activity to meet the needs of Oregon and the Pacific Northwest while spreading fixed costs across a wider base.
- We focus on highly specialized programs that leverage research and draw patients with complex diseases who need AHC-level care from throughout Oregon and beyond.
- Growth requires earnings, investment income and gifts to invest in people, programs, places and things.
- To balance the needed step-function increase in wages & costs post-COVID, we will:
 - Care for each patient promptly in the right setting and cost structure
 - Invest in patient-facing staff
 - Secure inflation-appropriate payment rates
 - Implement rigorous cost savings while increasing capacity
 - Hold fixed costs fixed with growth to capture economies of scale
 - Expand revenue sources such as philanthropy and pharmacy services
 - Serve the health & well-being priorities of the State of Oregon (e.g., behavioral health and workforce development) to sustain OHSU's missions and public support.
- Strategic alignment at this challenging time will protect and enhance OHSU's unique role as Oregon's public health sciences university with statutory state-wide missions in education, research, patient care and outreach.



Date: September 27, 2024

To: OHSU Board of Directors

From: Marie Chisholm-Burns, OHSU Executive Vice President and Provost

RE: Educational Update: Annual Institutional Effectiveness and Assessment Update

Memo:

This presentation is to facilitate the annual review of institutional effectiveness and assessment activities by the OHSU Board which is an expectation of our accrediting agency, the Northwest Commission on Colleges and Universities (NWCCU).

The Office of Institutional Research and Effectiveness is responsible for analysis of OHSU educational data, tracking key indicators of success and working with academic units toward continuous improvement based on those indicators. The presentation displays graduation rates and first-time pass rates for large OHSU programs.

Assessment for Student Learning is essentially “what do we want our students to know and be able to do and how do we know they got it?” This presentation is to make the OHSU Board aware of our institutional assessment activities over the past year.

Educational Update: Annual Institutional Effectiveness and Assessment Update

Marie Chisholm-Burns, PharmD, PhD, MPH, MBA, FCCP, FASHP, FAST, FACHE
Executive Vice President and Provost

Cherie Honnell
Vice Provost for Enrollment Management & Academic Programs

Elias Cohen, PhD
Assistant Vice Provost for Institutional Research & Effectiveness

Constance Tucker, MA, PhD
Vice Provost for Educational Improvement and Innovation



OHSU Board Meeting: September 27, 2024



INSTITUTIONAL EFFECTIVENESS

Cherie Honnell

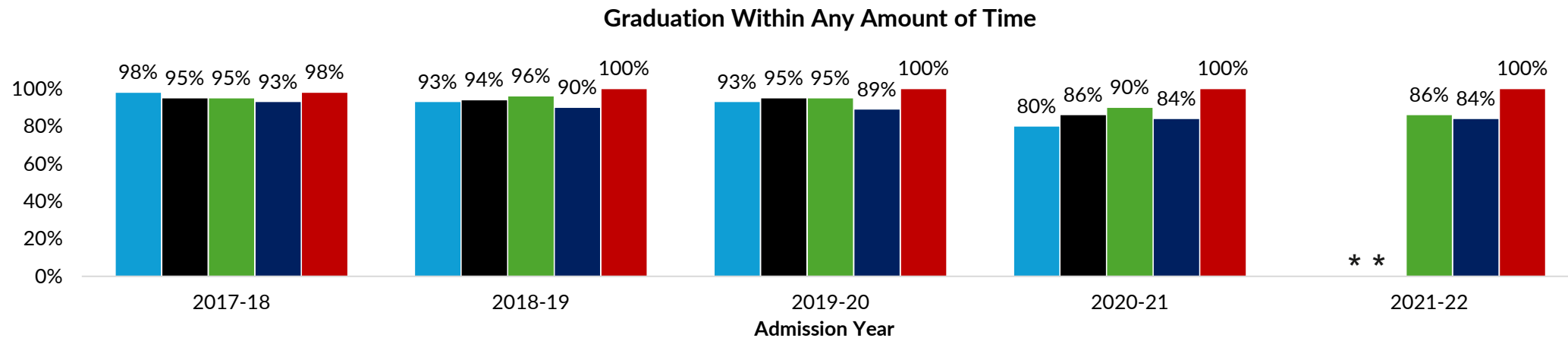
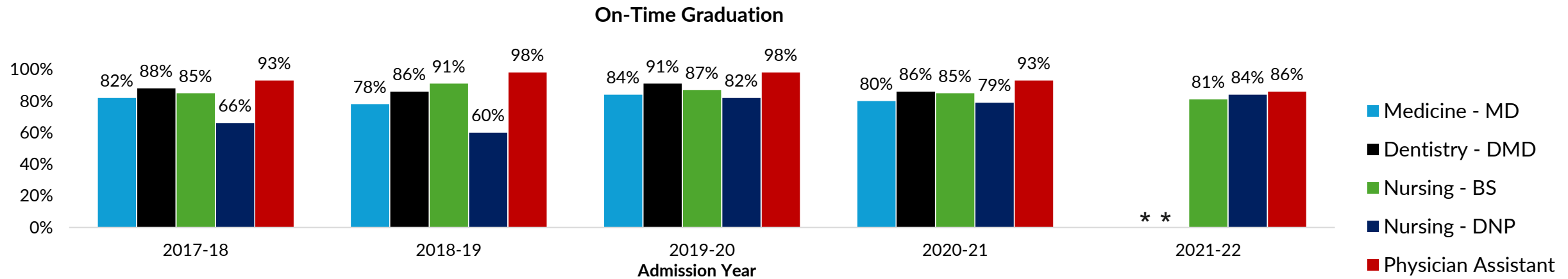
Vice Provost for Enrollment Management & Academic Programs

Elias Cohen

Assistant Vice Provost for Institutional Research & Effectiveness

GRADUATION RATES BY YEAR OF ADMISSION

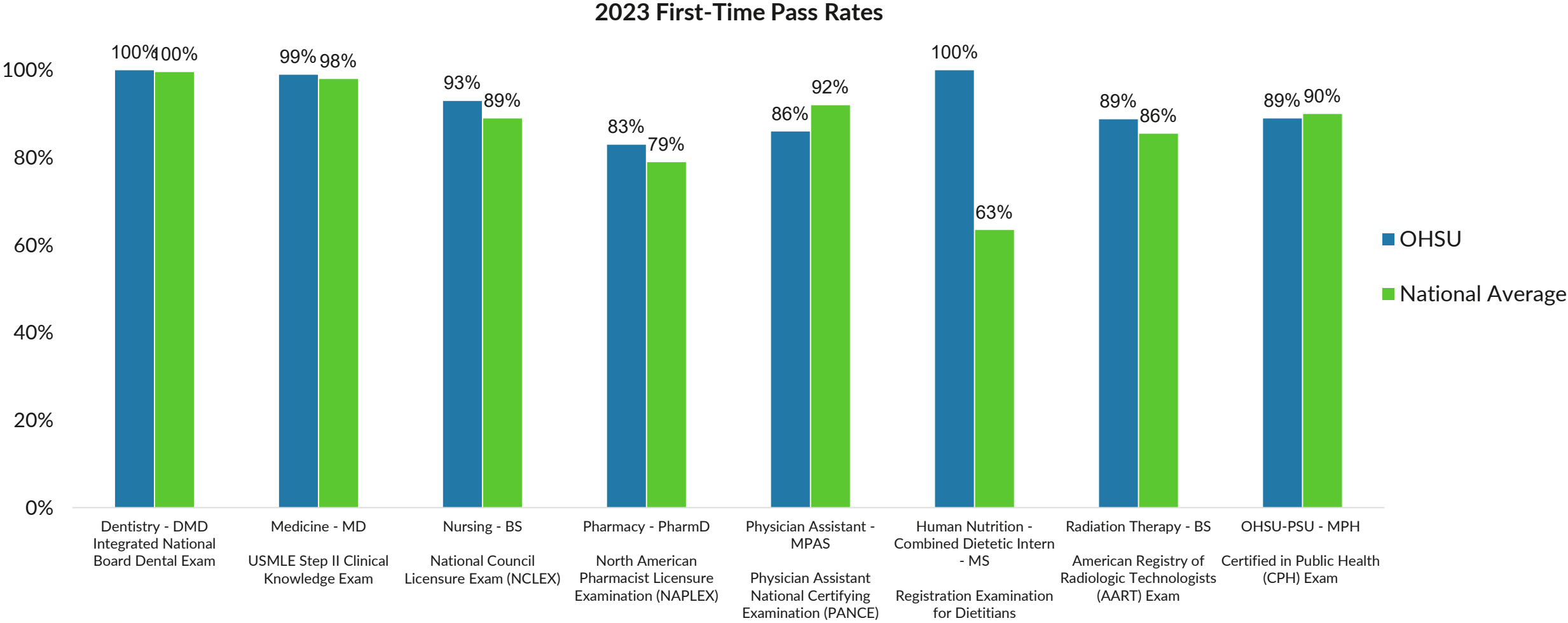
- For the most recent cohorts, 80% or more of students in OHSU's largest programs graduated on-time
- Given extended time, 93% or more graduated



* MD and DMD Programs require 4 years to complete so data is not yet available

FIRST-TIME PASS RATES FOR SENIOR-LEVEL CREDENTIALING EXAMINATIONS

- OHSU Students outperform national averages on most credentialing exams



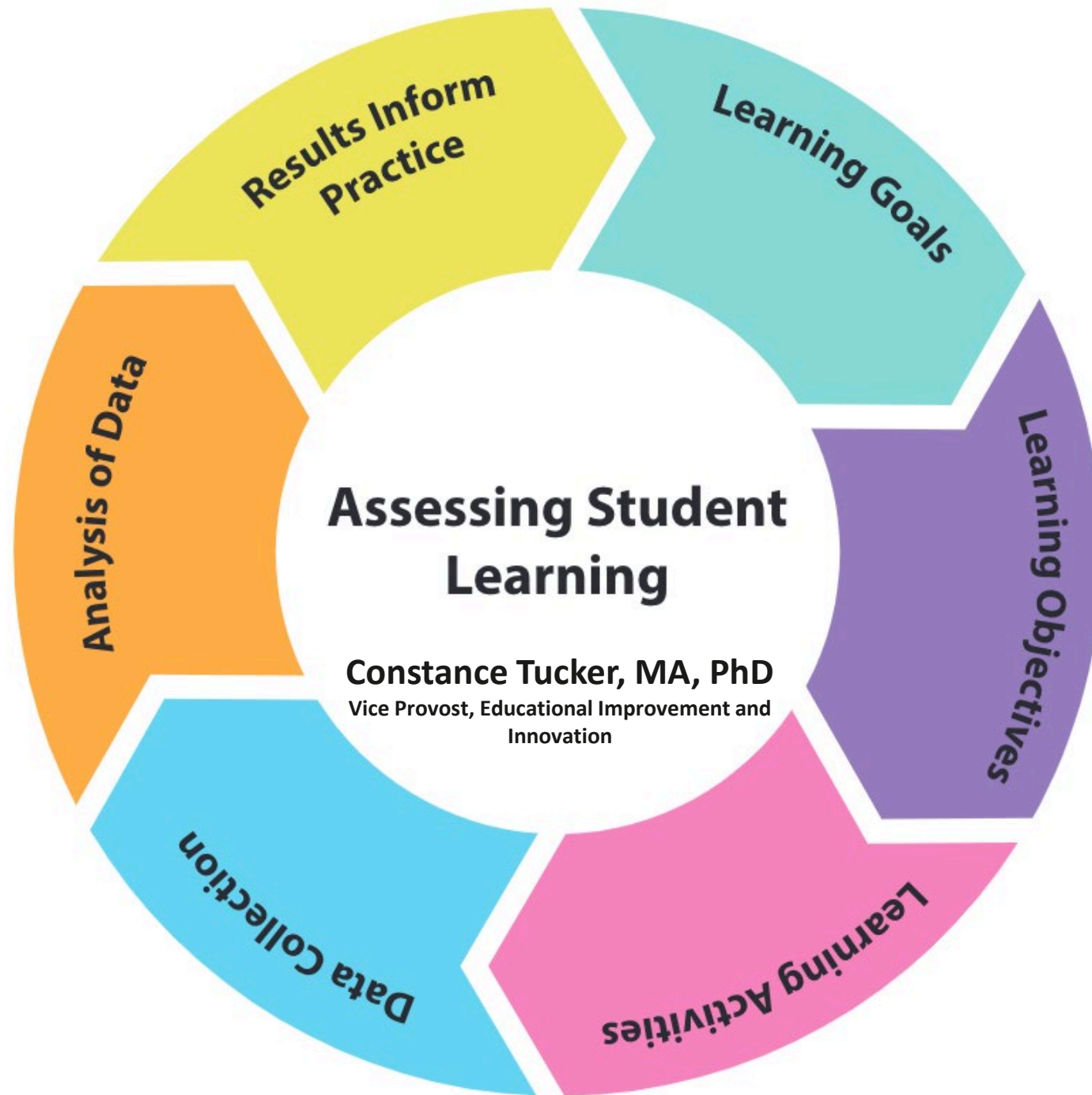
2024-2025 INCREASED FOCUS ON INSTITUTIONAL EFFECTIVENESS

Data Dissemination

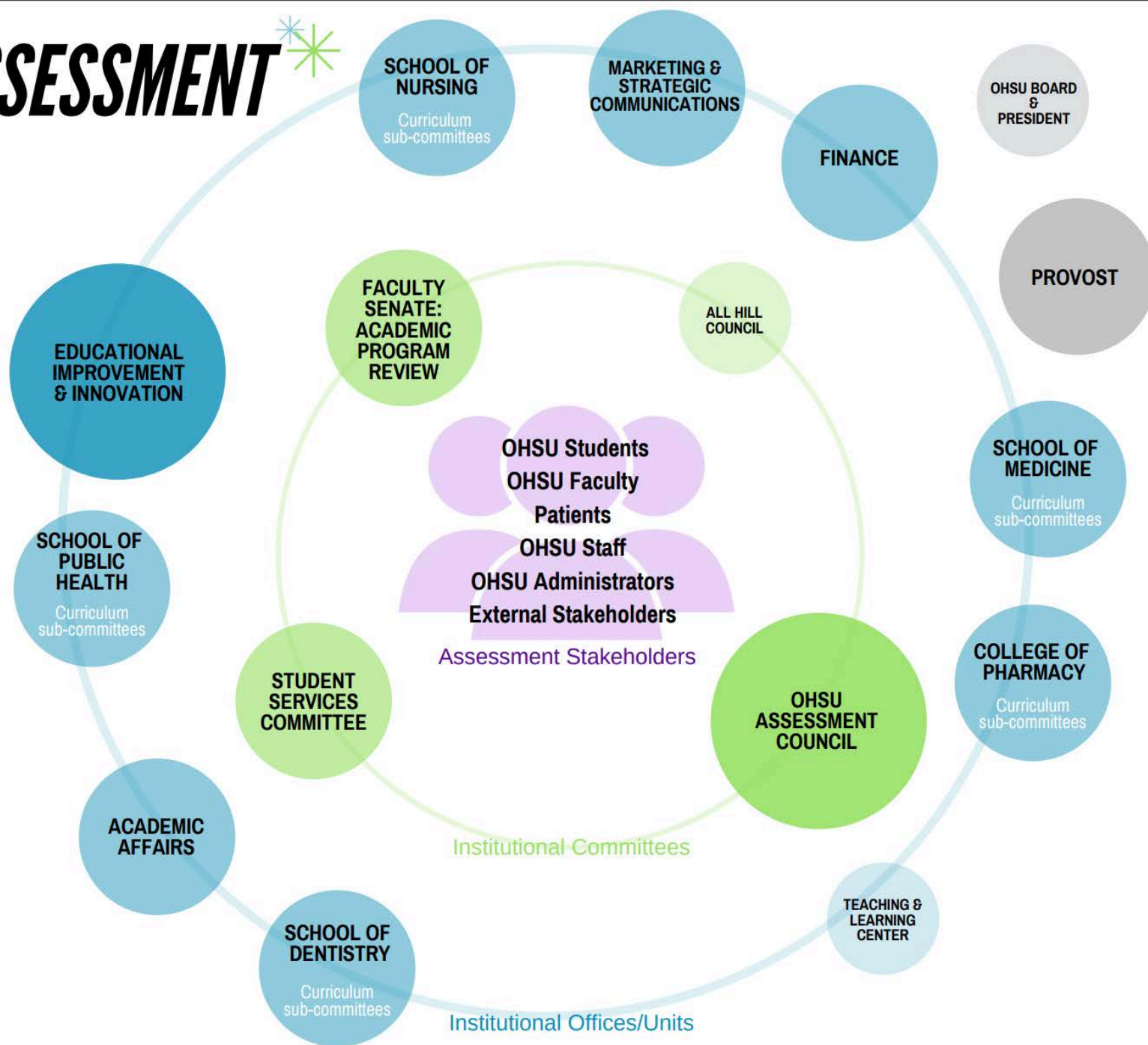
Study of Student
Outcomes

University-wide
Improvement Actions

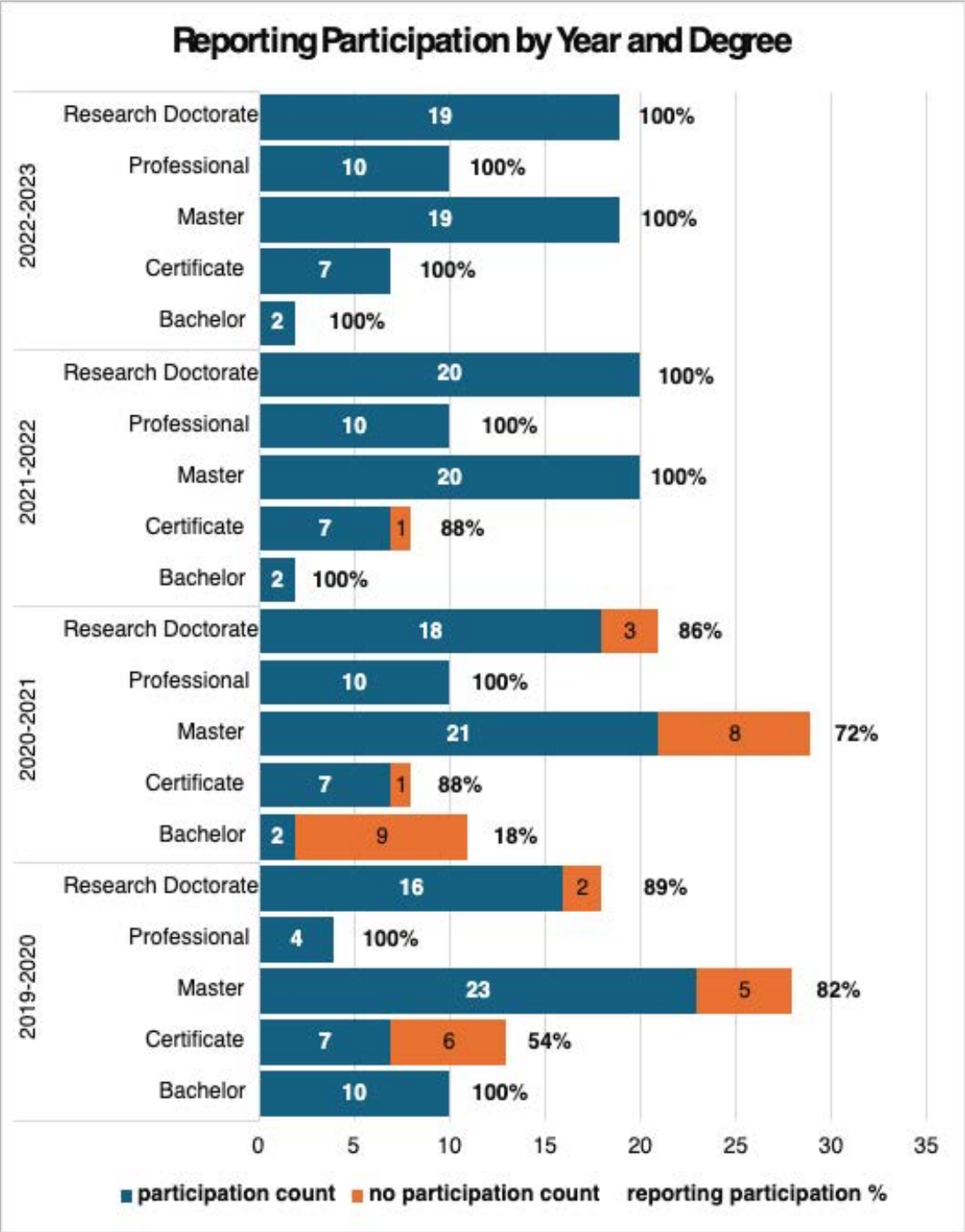
- Broad effort kicks off this year to **disseminate program outcome data**, disaggregated by student population (degree type, first-generation status, sex, race/ethnicity, age).
- Annual academic program assessment process has been broadened to include **self-study of equity in educational outcomes** and addressing inequities in success.
- The new **Office of Institutional Research & Effectiveness** will lead efforts to recognize university-wide student success and enrollment challenges across programs.



OHSU ASSESSMENT



Reporting Participation by Degree



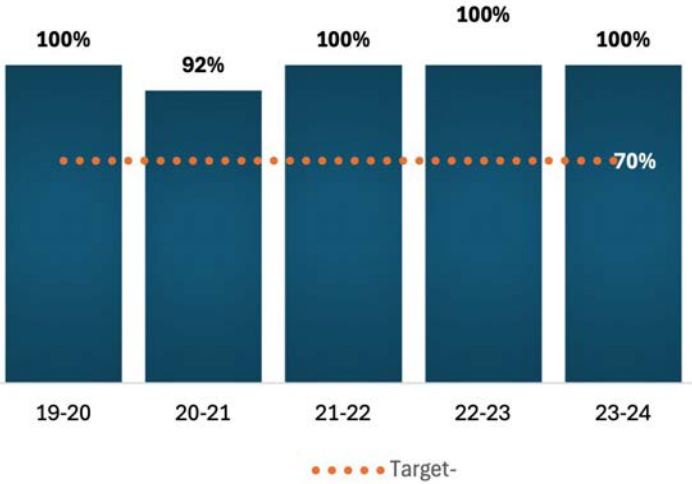
OHSU Graduation Core Competencies

- Professional Knowledge and Skills
- Professional Identity and Ethical Behavior
- Information Literacy
- Communication
- Teamwork
- Social Justice, Equity, and Community Engagement
- Patient Centered Care

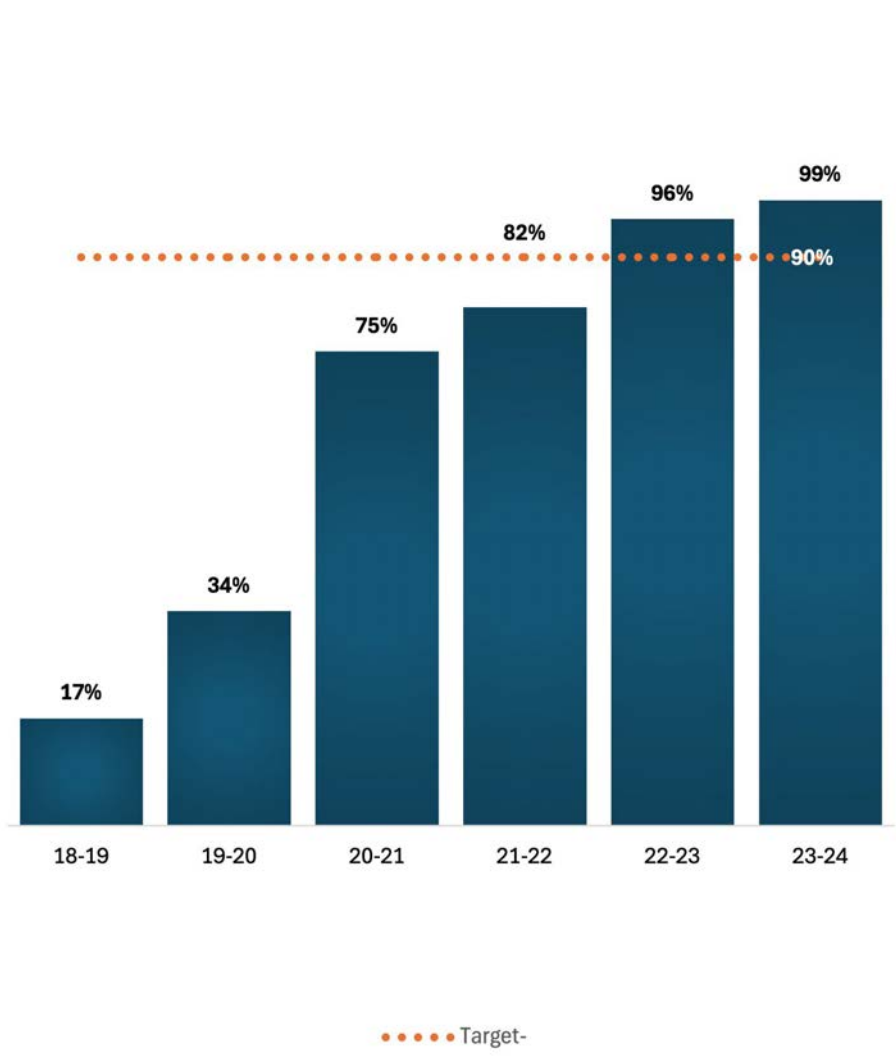
2023-2024 Indicator Results

Title	Description	%
Academic Program Alignment	Percentage of academic programs that demonstrate alignment of the OHSU Graduation Core Competencies to their student learning objectives, activities, and assessments.	99%
Use of Feedback to Improve	Percentage of academic programs that use OHSU Assessment Council feedback and/or other assessment data to improve assessment activities.	89%
Use of Assessment Data to Improve	Percentage of academic programs that use assessment data to improve or maintain the achievement of student learning outcomes.	89%
Student Services Alignment	Percentage of central student support services that map their assessments to an OHSU Graduation Core Competency.	100%

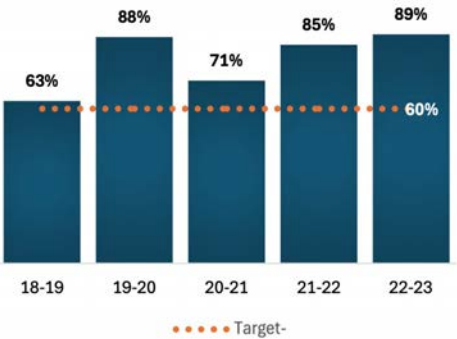
Student Services Alignment



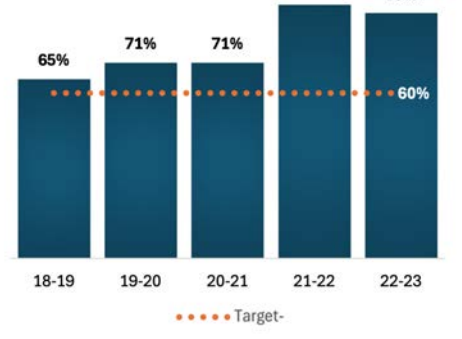
Academic Program Alignment



Use of Feedback to Improve



Use of Assessment Data to Improve



OHSU ASSESSMENT TIMELINE



- - - Plans and Reports due annually on November 1 - - -

thank you



Date: September 27, 2024

To: OHSU Board of Directors

From: Marie Chisholm-Burns, OHSU Executive Vice President and Provost

RE: OHSU 30-30-30 Update

Memo:

This presentation is to facilitate an update on the progress of the OHSU 30-30-30 Initiative. In 2022, the Oregon Legislature funded 30-30-30. The OHSU 30-30-30 Initiative is uniquely focused on two outcomes: by 2030, OHSU will increase the number of graduates in certain health care programs by at least 30% (Aim 1), and increase the diversity of our student body to at least 30% (Aim 2).

This presentation reports on: the Aims of 30-30-30; its relationship to OHSU's missions; some of the programs/projects that have received 30-30-30 funding; and progress on achieving Aims 1 and 2.


OHSU 30-30-30

Marie Chisholm-Burns, PharmD, PhD, MPH, MBA, FCCP, FASHP, FAST, FACHE
Executive Vice President and Provost

Susan Bakewell-Sachs, PhD, RN, FAAN
Dean of the School of Nursing

Denise Dallmann, ND, MS
Assistant Vice Provost of Workforce Capacity Development



A woman with dark curly hair and red-rimmed glasses, wearing a white lab coat, is seated at a desk. She is looking slightly to the right with a thoughtful expression. Her hands are resting on the desk, and she appears to be holding a small object. In the foreground, a large, out-of-focus red shape, possibly a person's head or shoulder, is visible on the left side. The background is a plain, light-colored wall.

Educating Oregon's
health care workforce:
30-30-30



30-30-30: An investment in Oregon's future

By 2030, increase:

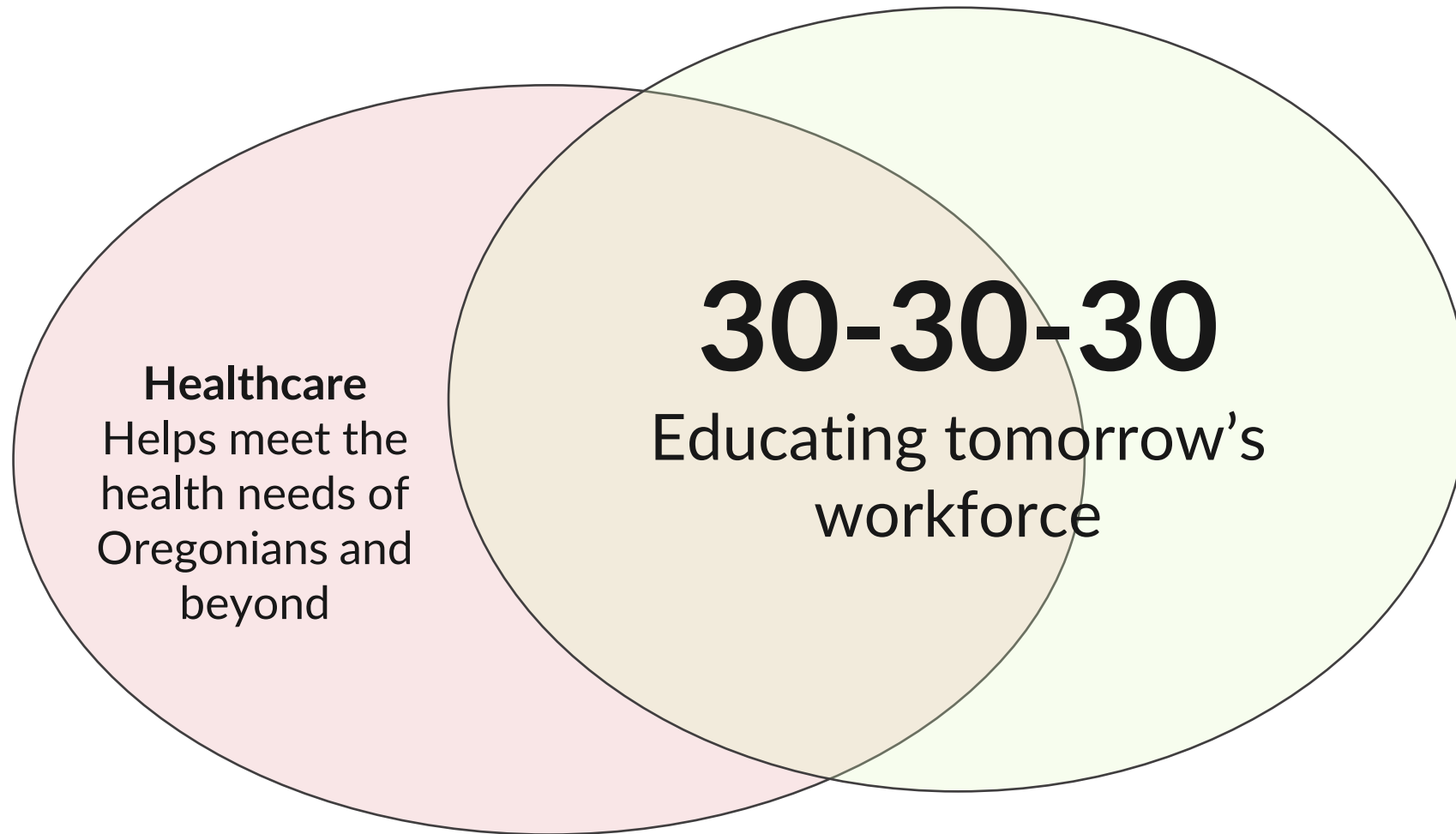
- Graduates of select programs by at least 30%
- Diversity of student body to at least 30%

Relationship of 30-30-30 to OHSU's Missions

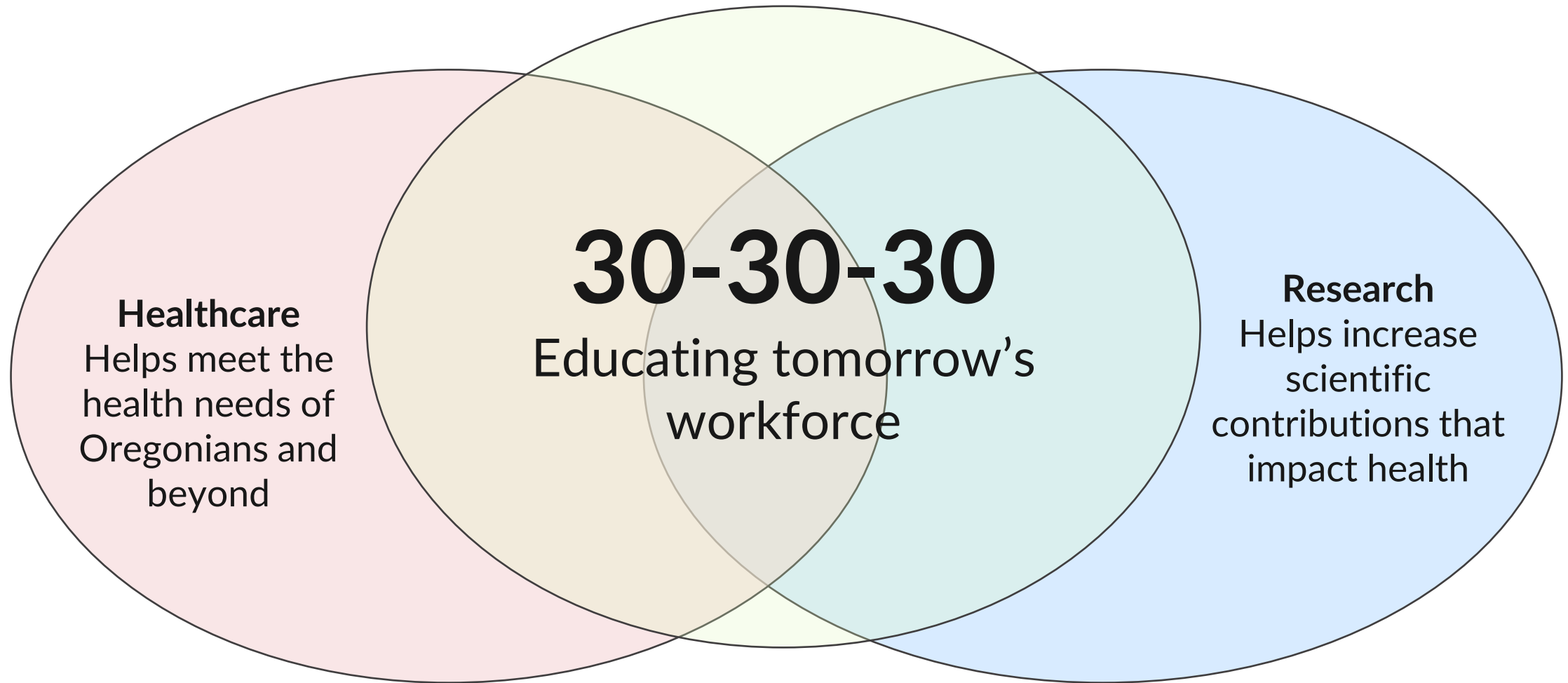
30-30-30

Educating tomorrow's
workforce

Relationship of 30-30-30 to OHSU's Missions



Relationship of 30-30-30 to OHSU's Missions



30-30-30 Investments

Over 35 initiatives and programs have received funding; examples of projects to meet Aims 1 and Aims 2 include:

- Increasing graduates in certain programs (e.g., nursing)
- Expanding capacity for pathway programs at OHSU (for example, Wy'east and On Track, which includes dentistry, nursing, and others)
- Expanding the Academic Success Center to increase support and services for students throughout their educational pathway
- Providing additional support for student recruitment, retention, and services to promote access and success
- Supporting Clinical Placement to increase clinical education opportunities
- Remodeling classrooms and upgrading equipment to enhance learning environment
- Supporting marketing and communication efforts focused on student recruitment
- Supporting faculty recruitment, retention, and development
- Creating of an Office of Institutional Research & Effectiveness to track student outcomes and 30-30-30 goals
- Scholarships

30-30-30 Investments

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- Scholarships

Cost is a Barrier to Health Professions Education

	Tuition Increase	Resident Tuition	Non-Resident Tuition	OHSU Fees	Resident 2024-25 Total	Non-Resident 2024-25 Total
Medicine – MD ¹	2%	\$48,012	\$73,804	\$10,263	\$58,275	\$84,067
Dentistry – DMD ¹	2%	\$49,924	\$80,576	\$20,160	\$70,084	\$100,736
Medicine – Physician Assistant ¹	2%	\$44,136	\$44,136	\$11,031	\$55,167	\$55,167
Medicine – Human Nutrition & Dietetic Internship ²	2%	\$32,214	\$32,214	\$8,682	\$40,896	\$40,896
Medicine – Radiation Therapy ¹	2%	\$22,704	\$27,324	\$10,009	\$32,713	\$37,333
Nursing – Undergraduate 3-Year Bachelor ³	2%	\$15,624	\$28,656	\$8,682	\$24,306	\$37,338
Nursing – Undergraduate Accelerated Bachelor ¹	2%	\$35,940	\$48,000	\$11,031	\$46,971	\$59,031
Nursing – Graduate Nurse Practitioner ³	2%	\$25,164	\$32,688	\$8,682	\$33,846	\$41,370
Nursing – Graduate Nurse Anesthesia ⁴	2%	\$41,856	\$43,584	\$11,031	\$52,887	\$54,615

¹Based on four terms of enrollment

²Based on three terms of enrollment

³Based on three terms of enrollment at 12 credits each — actual enrollment may vary

⁴Based on four terms of enrollment at 12 credits each — actual enrollment may vary

Educational Debt and Annual Income

2022 Student Educational Debt

Dentists	\$286,200
Optometrists	\$187,075
Pharmacists	\$160,000
Physicians	\$200,000
Veterinarians	\$175,920




Chisholm-Burns M, Spivey C. Educational debt and income among pharmacists and other health professionals. 2024;88(8):100753. <https://doi.org/10.1016/j.ajpe.2024.100753>. Data Sources: Association of American Medical Colleges. Graduation questionnaire (GQ). <https://www.aamc.org/data-reports/students-residents/report/graduation-questionnaire-gq>. Istrate EC, et al. Dentists of tomorrow 2022: an analysis of the results of the 2022 ADEA survey of U.S. dental school seniors summary report. American Dental Education Association (ADEA) Education Research Series, Issue 4. September 2022. <https://www.adea.org/Seniors2022/>. Association of Schools of Colleges of Optometry. Annual student data reports. <https://optometriceducation.org/data-reports/annual-student-data-report/>. American Association of Colleges of Pharmacy. Graduating student survey national summary reports. <https://www.aacp.org/categories/graduating-student>. Association of American Veterinary Medical Colleges. Public data. <https://www.aavmc.org/about-aavmc/public-data/>. AAVMC Research. <https://public.tableau.com/app/profile/aavmc.research/vizzes>.

30-30-30 Scholarships

- Scholarships are a key strategy to overcoming the cost barrier
- Scholarships not only improve recruitment but also degree completion
- Funds were allotted for scholarships



A photograph of three young women, likely nursing students, smiling and looking towards the right. They are in a clinical or hospital setting. The woman on the left is wearing a pink lab coat and a green hijab. The woman in the middle is wearing a light blue sleeveless top and a name tag. The woman on the right is wearing a teal scrub top. The background is slightly blurred, showing what appears to be a window or a wall with some notices.

“Your belief in my potential and your decision to invest in my education have not only lightened the financial burden of pursuing my nursing degree but have also provided me with the encouragement and motivation to excel in my studies.”

—School of Nursing Student and
OHSU Provost Excellence Scholarship Recipient

Examples of School of Nursing Initiatives

- Enhance faculty and staff recruitment, retention, and development to support growth of student enrollment
- Hire faculty and staff positions for Simulation, as well as purchase Simulation equipment to increase capacity and improve learning environment
- Hire and resource Student Inclusion and Success Coordinators to better support increasingly diverse student body



Examples of School of Nursing Initiatives

- Develop and implement a Wy'east nursing pathway (launching in 2025)
- Open new instructional site in Bend (launched in Summer 2024)



Student Recruitment and Marketing

- Created a 3D virtual campus tour
- Redesigned OHSU's education websites
- Developed a pool of diverse student photos for use in recruitment activities
- Launched social media campaigns
 - Featured newly-created student recruitment videos



Student Recruitment and Marketing

- Participated in live recruiting events
- Host of other marketing efforts including I-84 billboard



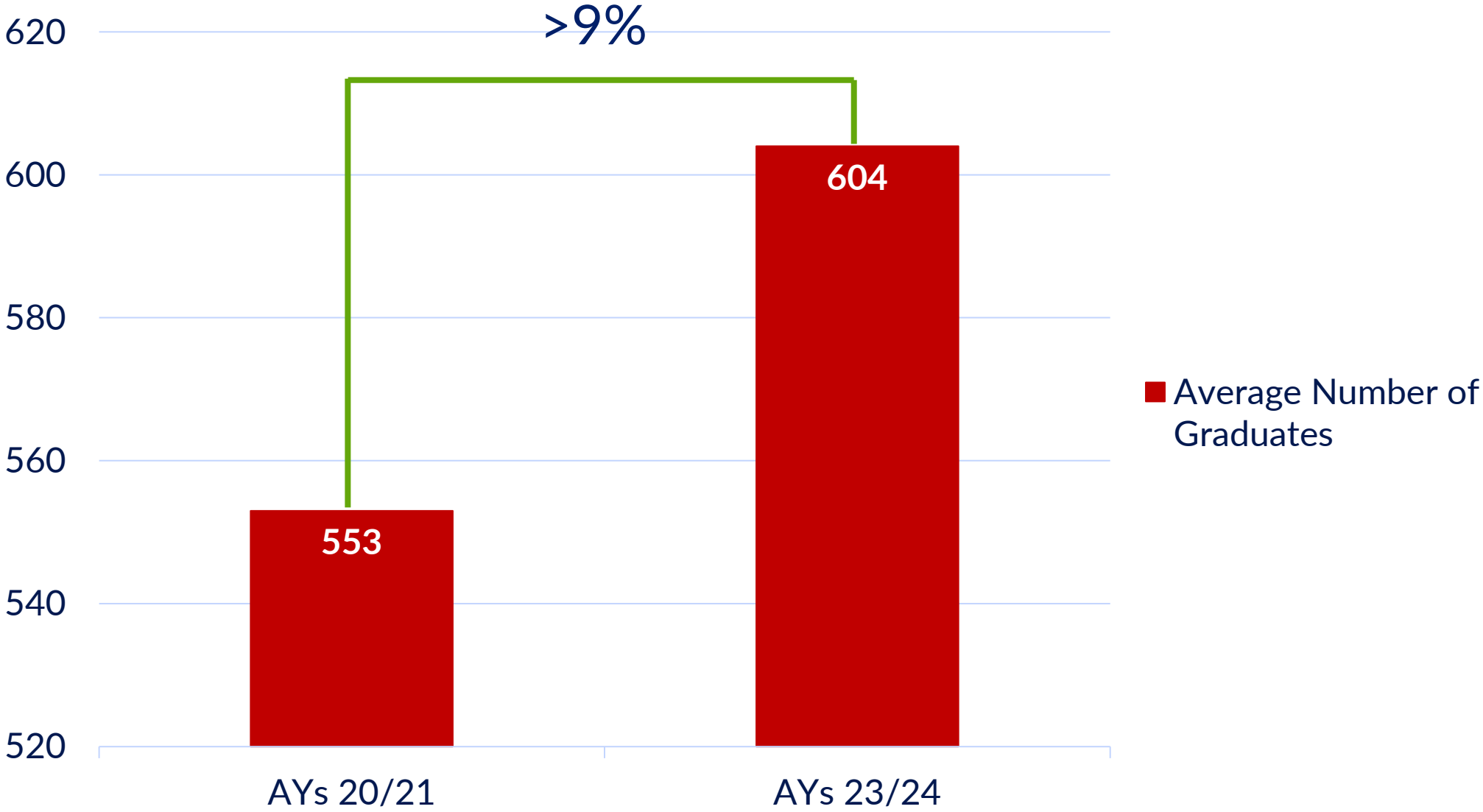
Health degrees
change lives

Scholarships available
Apply now at [ohsu.edu](https://www.ohsu.edu)

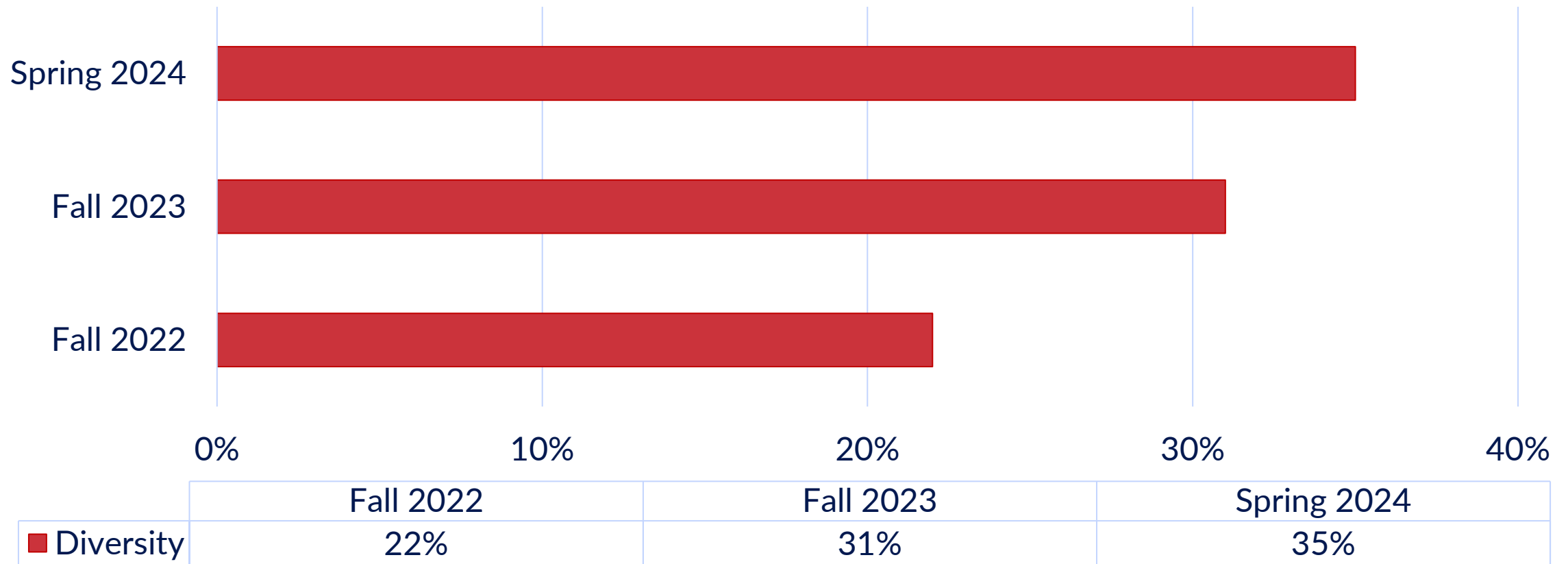
An aerial photograph of a university campus, showing various academic buildings, a large circular road, and surrounding greenery. A prominent yellow banner with rounded corners is overlaid across the center of the image, containing the text "Results So Far...".

Results So Far...

30-30-30 Aim 1: Increase Graduates by $\geq 30\%$



30-30-30 Aim 2: Increase Diversity to $\geq 30\%$





Thank You!



OHSU Board of Directors meeting

**NATE SELDEN, EVP & DEAN, OHSU SCHOOL OF
MEDICINE**

9/20/2024

JOE NESS, INTERIM EVP & CEO, OHSU HEALTH

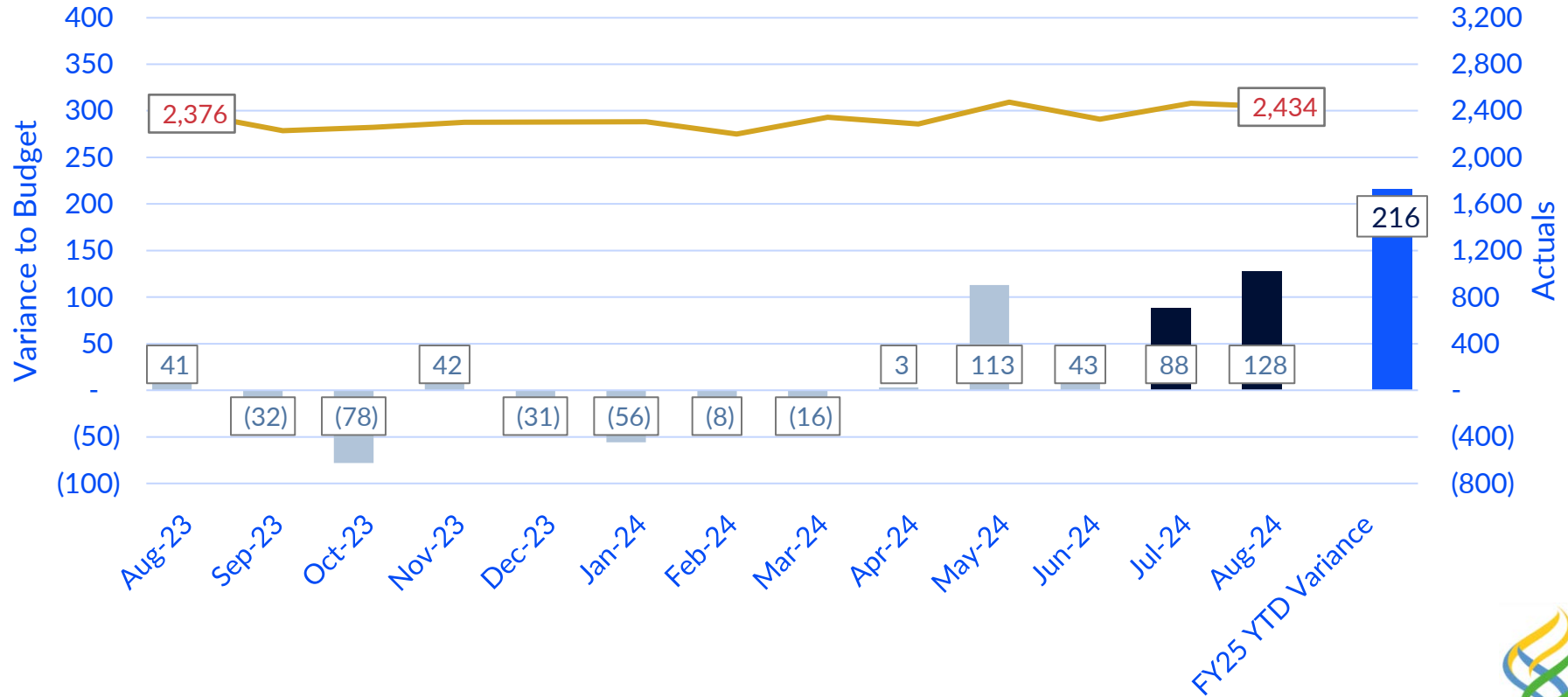
Agenda

- Impacts of budgetary reductions and restructuring
 - Impact of layoffs on patient volumes
 - Programmatic changes
- Complex Care Strategy (TQCC)
 - Workstreams review
- Tracking results in real time
 - FY25 Budget Oversight Process

Impact of layoffs on patient volumes

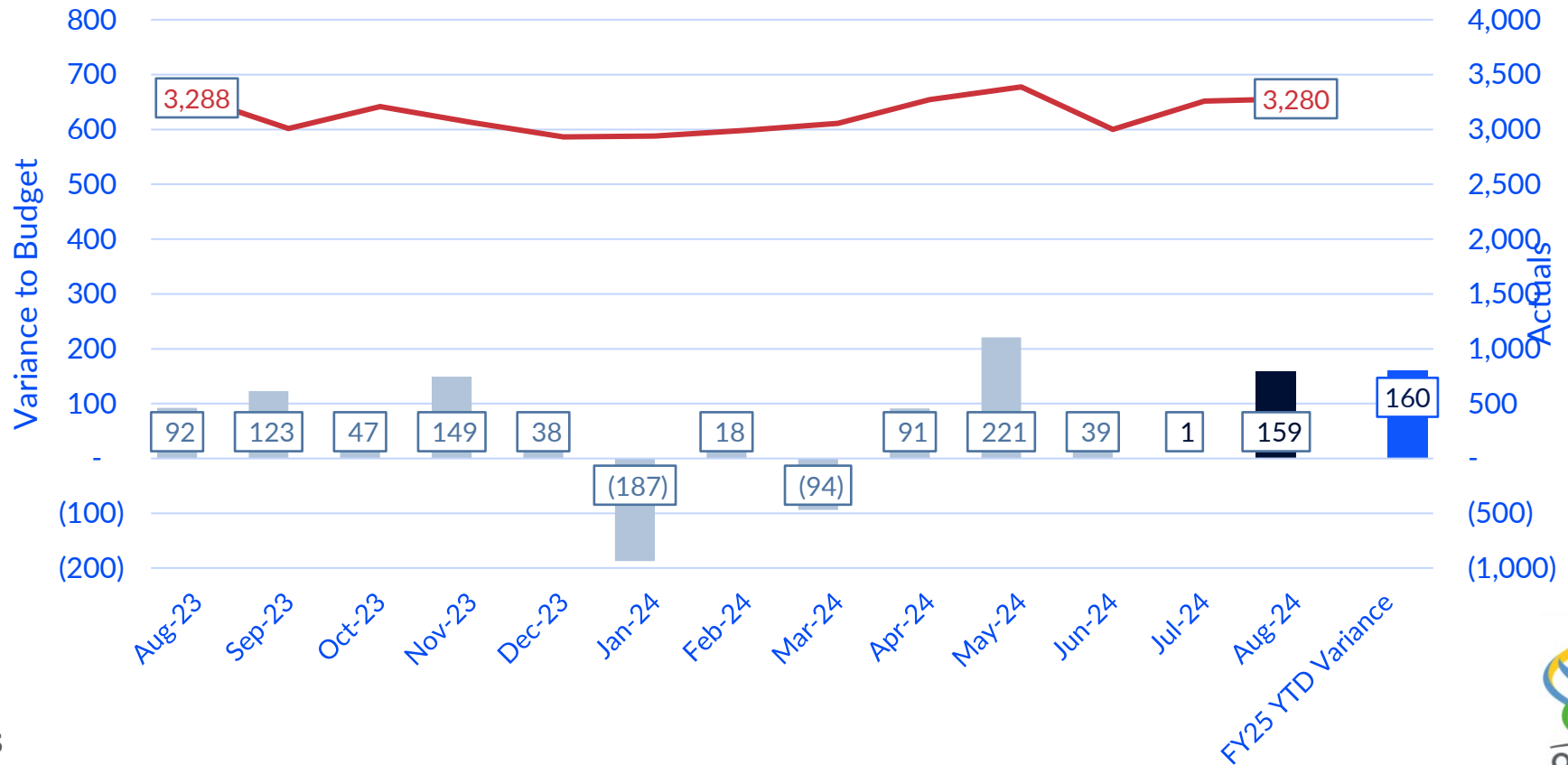
Admissions

Bars: Variance to Budget, Line: Actuals



Surgical Cases

Bars: Variance to Budget, Line: Actuals



Surgical Cases: Up 4.0% year over year and 2.5% above budget

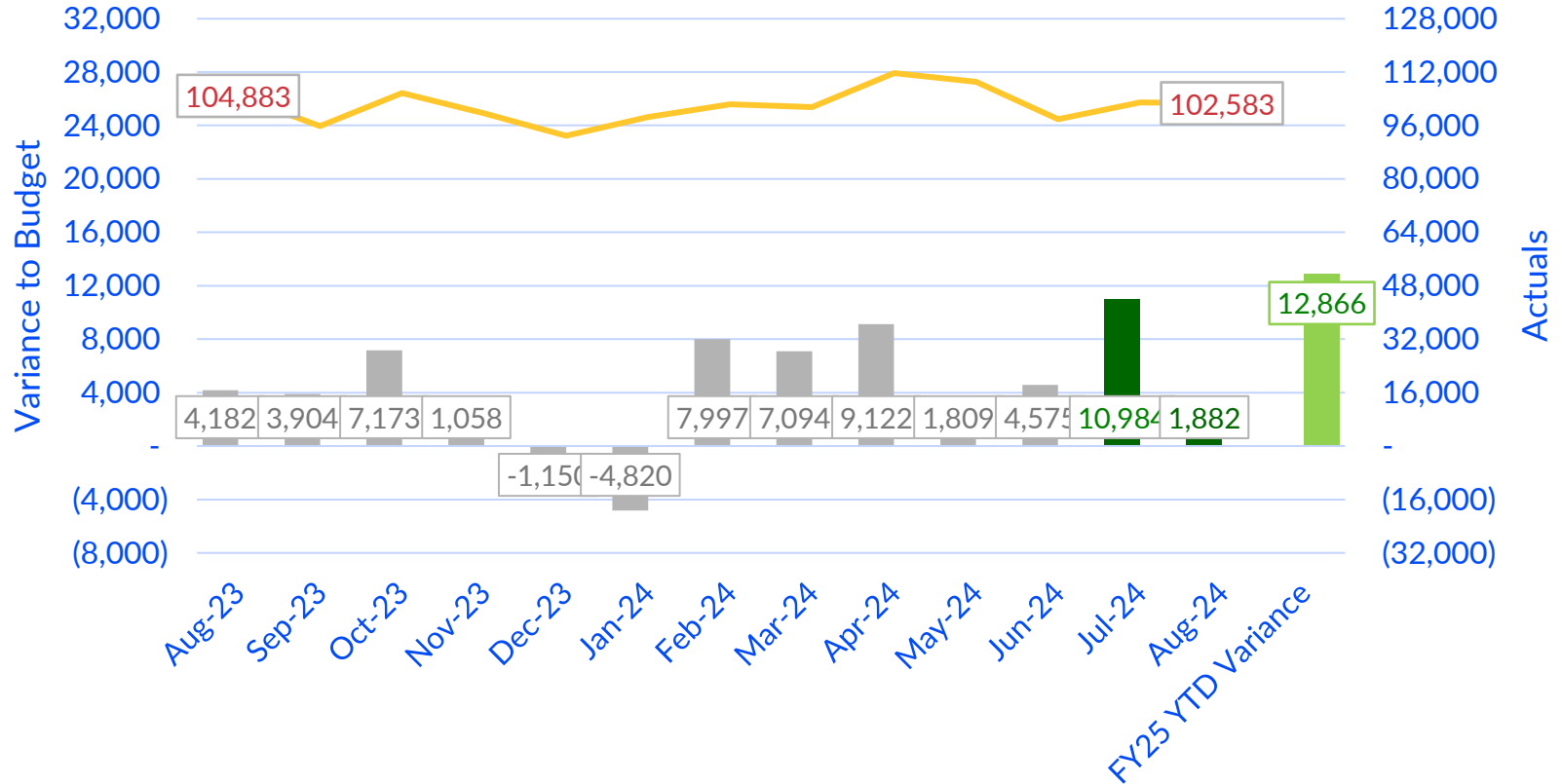
Surgical Cases by Service	Aug FY24 YTD	Aug FY25 Budget YTD	Aug FY25 YTD	Actual vs Budget	Actual vs Budget %	Actual vs PY	Actual vs PY%
Bariatric	40	34	40	● 6	17.6%	● -	0.0%
CT Surgery	213	245	246	● 1	0.4%	● 33	15.5%
ENT	474	537	539	● 2	0.4%	● 65	13.7%
General Surgery	322	317	293	● (24)	-7.6%	● (29)	-9.0%
Gynecology	350	343	350	● 7	2.0%	● -	0.0%
Hepatobiliary	70	62	66	● 4	6.5%	● (4)	-5.7%
Medicine	69	66	82	● 16	24.2%	● 13	18.8%
Neurosurgery	311	330	336	● 6	1.8%	● 25	8.0%
Oncology	215	218	200	● (18)	-8.3%	● (15)	-7.0%
Ophthalmology	844	921	949	● 28	3.0%	● 105	12.4%
Oral & Maxillofacial Surgery	87	80	85	● 5	6.3%	● (2)	-2.3%
Orthopaedics	879	874	903	● 29	3.3%	● 24	2.7%
Pediatrics**	1,427	1,371	1,428	● 57	4.2%	● 1	0.1%
Plastic Surgery	243	266	295	● 29	10.9%	● 52	21.4%
Trauma	157	147	146	● (1)	-0.7%	● (11)	-7.0%
Urology	398	349	346	● (3)	-0.9%	● (52)	-13.1%
Vascular	161	161	211	● 50	31.1%	● 50	31.1%
Other*	26	57	23	● (34)	-59.6%	● (3)	-11.5%
TOTAL YTD	6,286	6,378	6,538	● 160	2.5%	● 252	4.0%
IP	2,002	2,073	2,060	● (13)	-0.6%	● 58	2.9%
OP	4,284	4,305	4,478	● 173	4.0%	● 194	4.5%

*Other includes Anesthesia

**Pediatrics is defined by surgeries performed in the DCH OR.

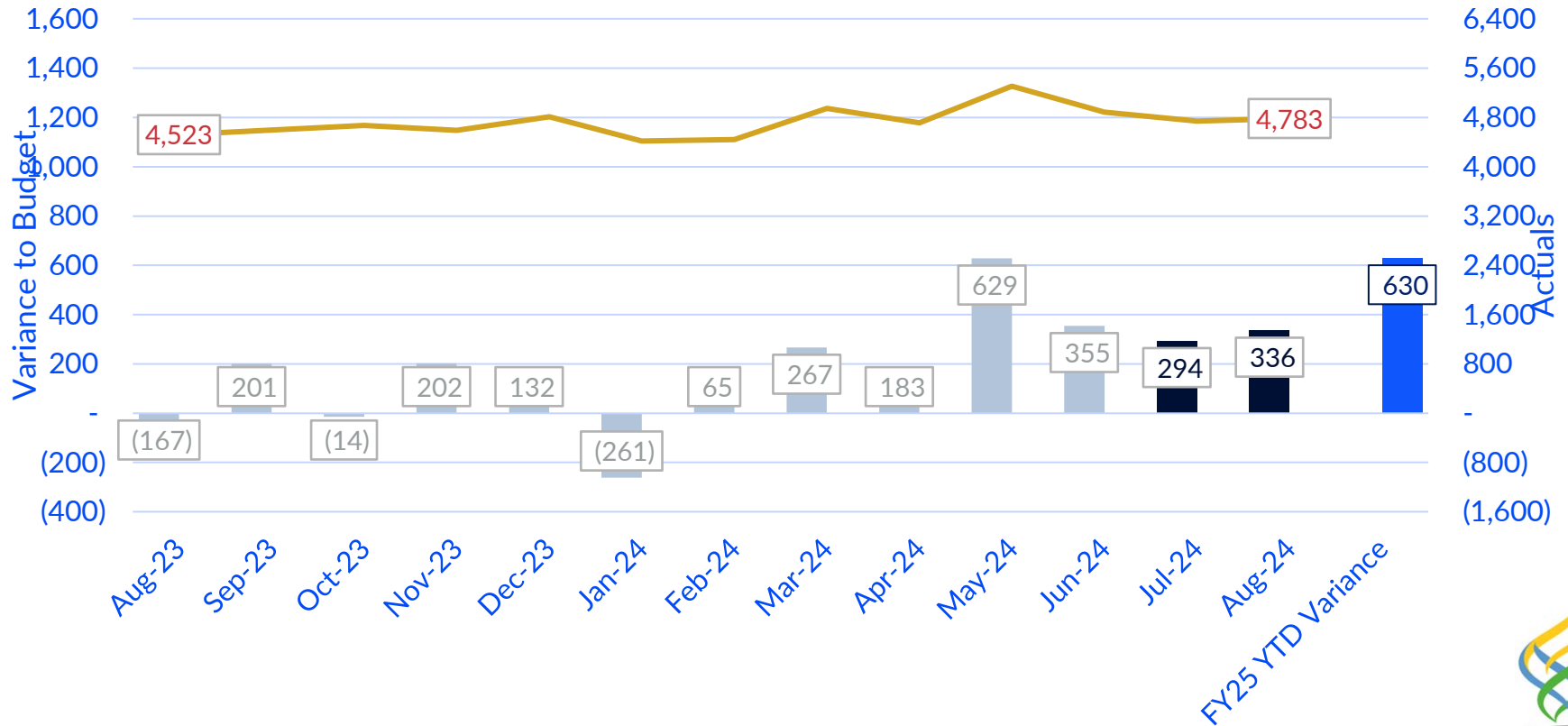
Ambulatory Visits

Bars: Variance to Budget, Line: actuals



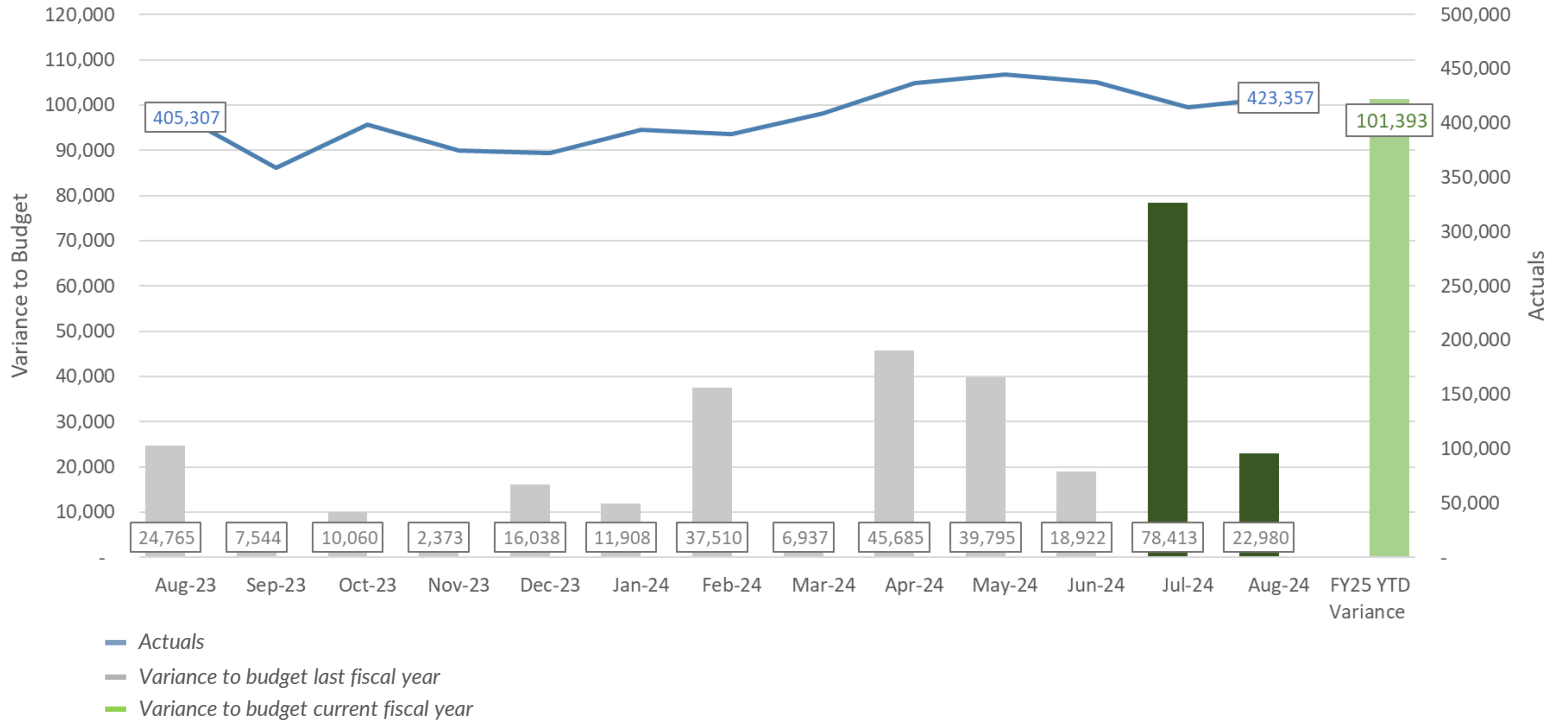
Emergency Visits

Bars: Variance to Budget, Line: Actuals



Clinician Effort: Relative Value Units

Bars: Variance to Budget, Line: Actuals



Programmatic changes

Strategic Alignment work continues

These are the programmatic changes underway. Program level changes have been significantly limited to ensure that we continue to fulfill our state-mandated missions, prioritizing those things that Oregon depends on OHSU to deliver:

- Comprehensive Pain Center
 - Reduction in integrative pain services starting January 2025 (eg. massage therapy and rolfing, which are available in the community)
- Connected Care Center (C3)
 - Transition to central scheduling refocused on patient access; central nurse triage function deferred to future state consideration
- Adult and pediatric sleep medicine
 - Analyzing options to reduce community level services and improve access to specialty support services

Strategic Alignment work continues

- Research finance and administration pods for Chief Research Officer and School of Medicine areas under development
- Restructuring of finance central support services
 - Transactional day-to-day work
 - Financial strategy, analysis, and planning
- Communications centralized structure development
 - Coordinated messaging
 - Central tracking and consolidation of information
 - Re-design of audience channels
- Leadership and management work redesign
 - Workflow and workload re-design still underway

Complex Care Strategy

Strategic Goal

Increase access to OHSU for patients needing OHSU Academic Health Center-specific care focused on cancer, neuroscience, heart-vascular and complex surgery & procedural care that is only available at the OHSU Marquam Hill campus to serve our health system and the state of Oregon



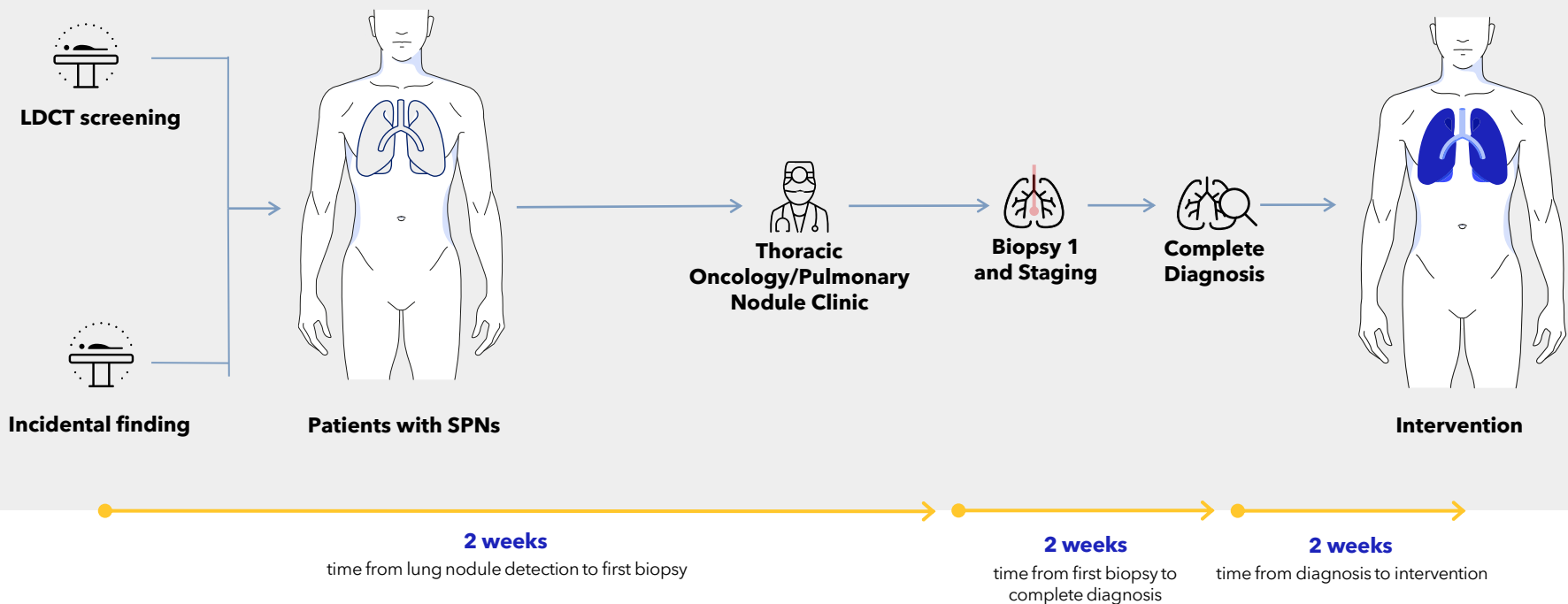
Tactics (high level approach)

Dedicate specific units at OHSU for complex care service lines only

Prioritize transfer patients who are waitlisted for OHSU-specific needs

Re-design patient flows to improve access to the OHSU ED

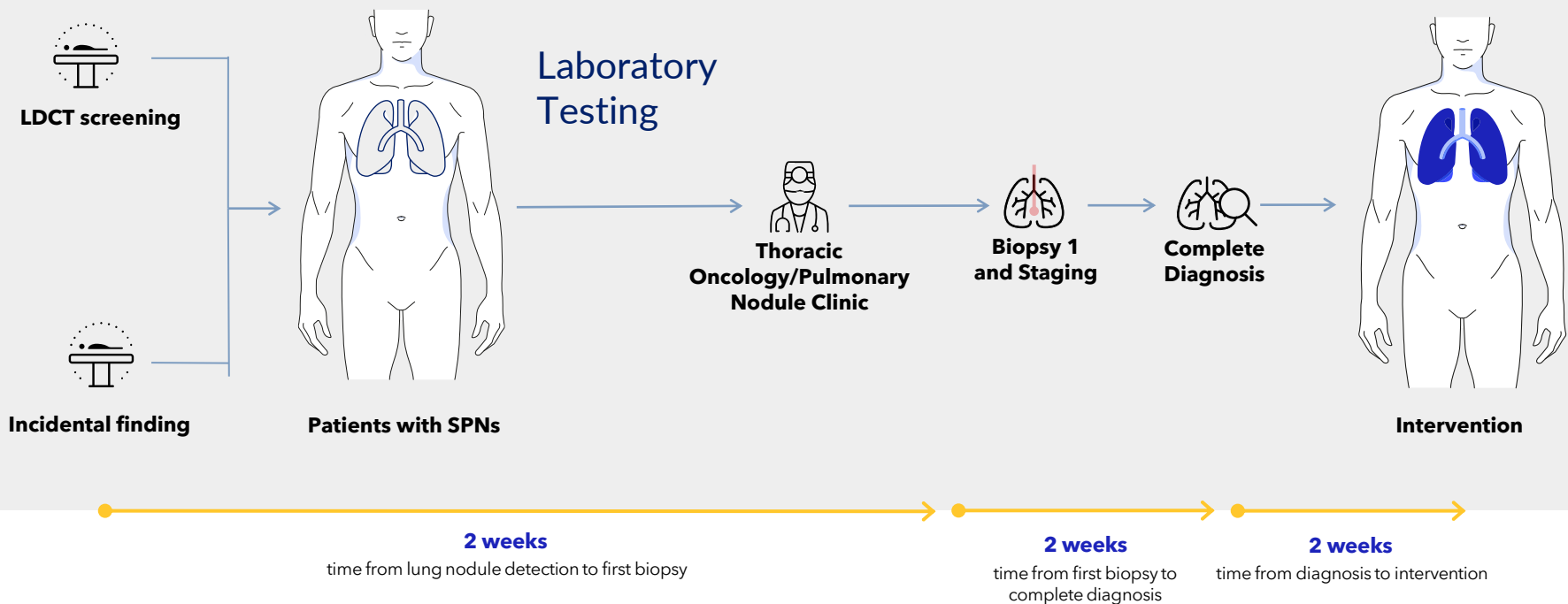
Streamlining the patient pathway: Goal of 6 Weeks Total Time to Treat



Goal: 6 Weeks Total Time to Treat

Average time from lung nodule detection to intervention

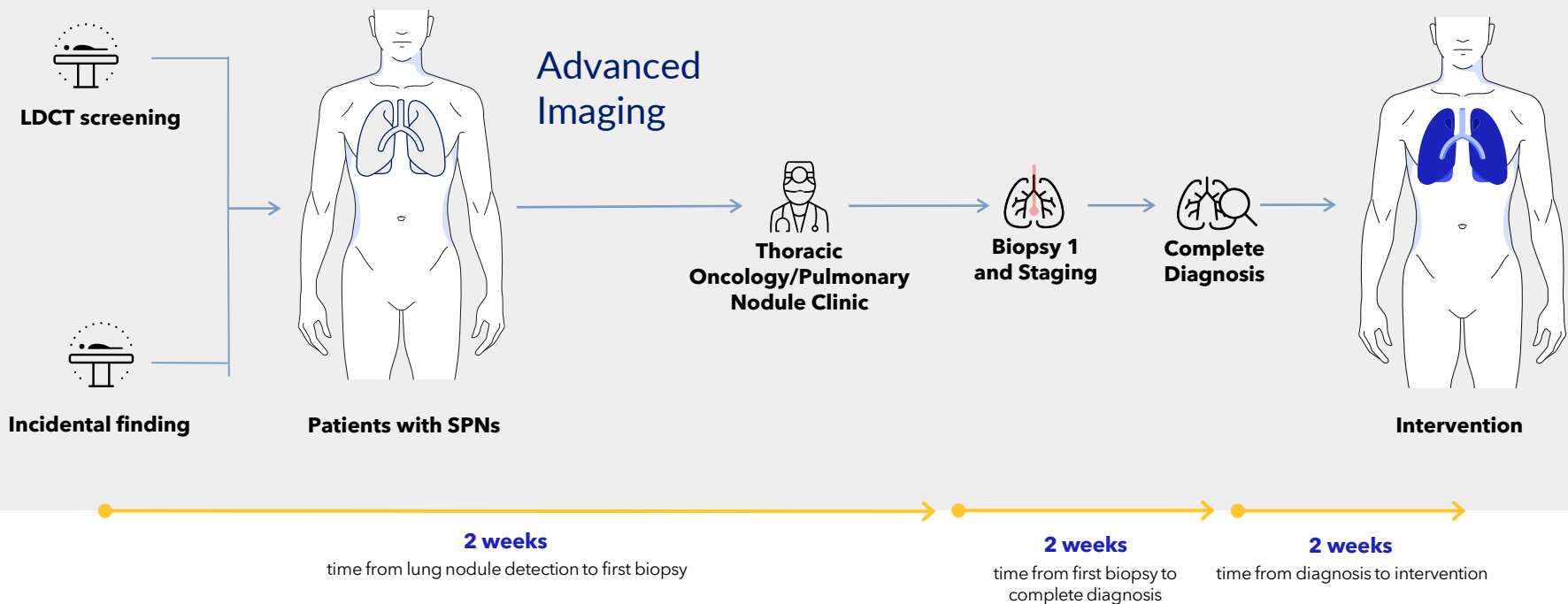
Streamlining the patient pathway: Goal of 6 Weeks Total Time to Treat



Goal: 6 Weeks Total Time to Treat

Average time from lung nodule detection to intervention

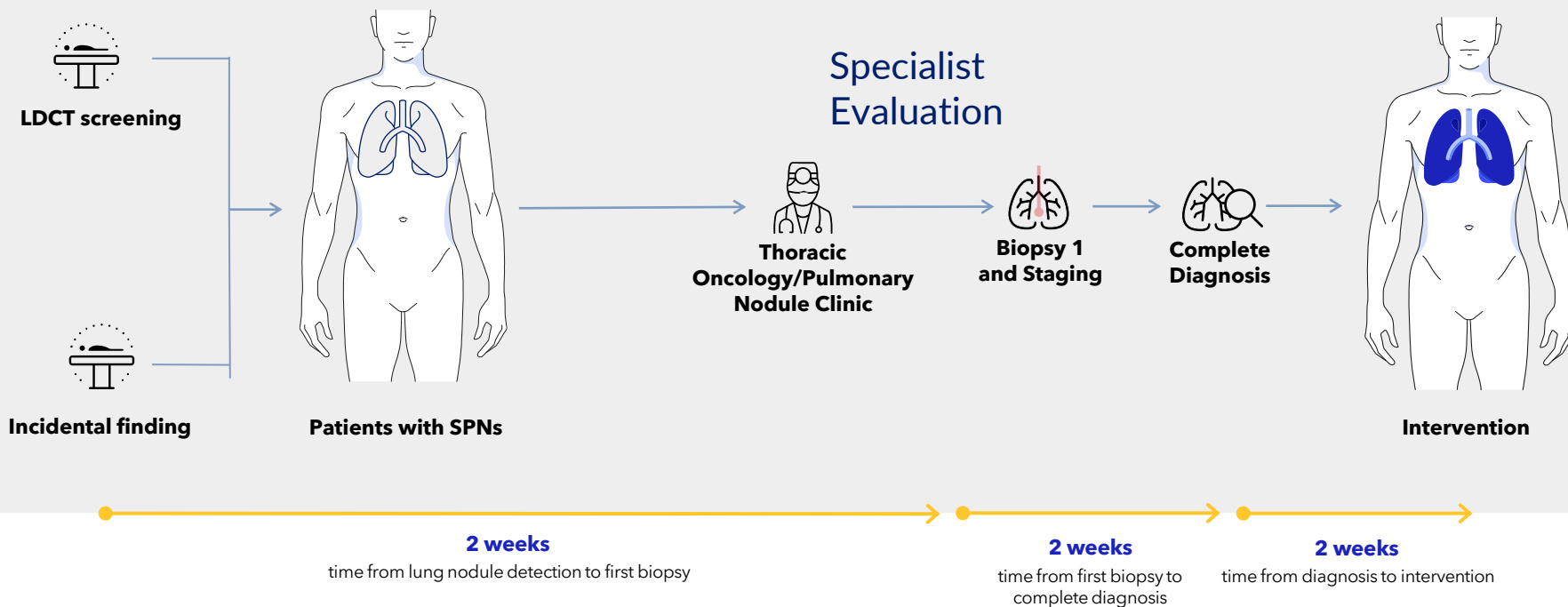
Streamlining the patient pathway: Goal of 6 Weeks Total Time to Treat



Goal: 6 Weeks Total Time to Treat

Average time from lung nodule detection to intervention

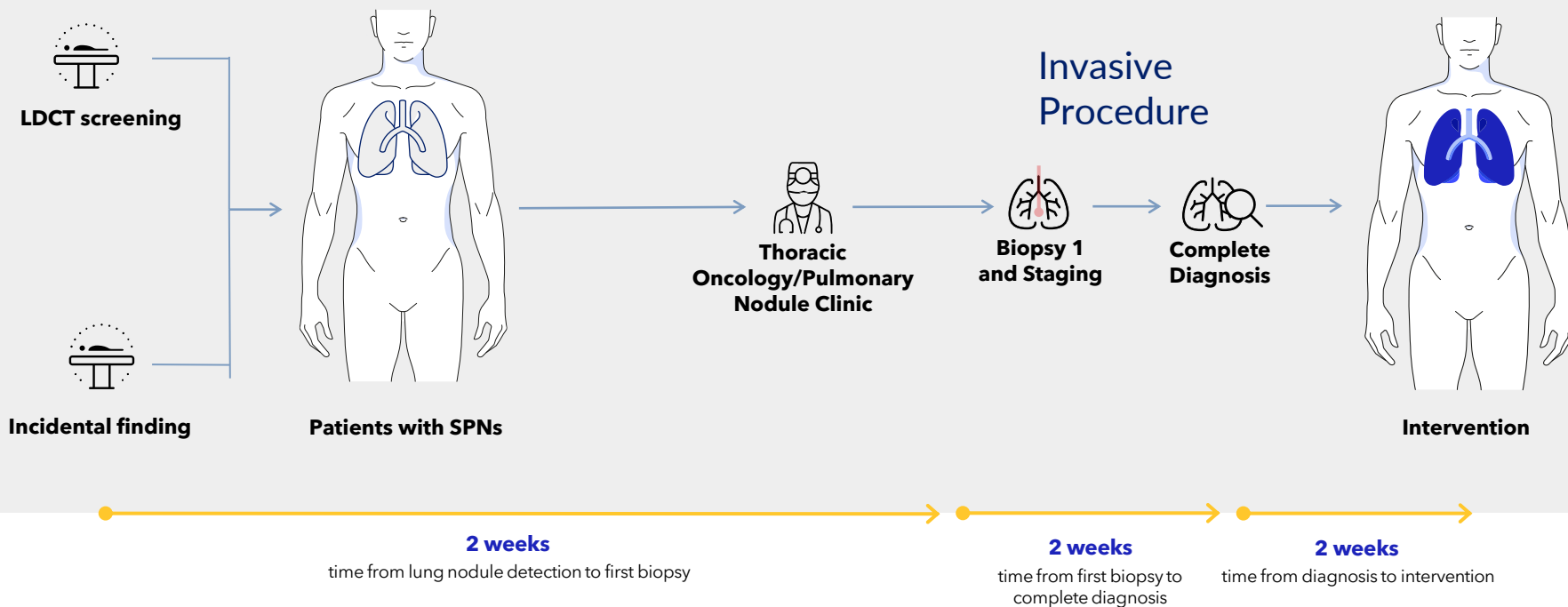
Streamlining the patient pathway: Goal of 6 Weeks Total Time to Treat



Goal: 6 Weeks Total Time to Treat

Average time from lung nodule detection to intervention

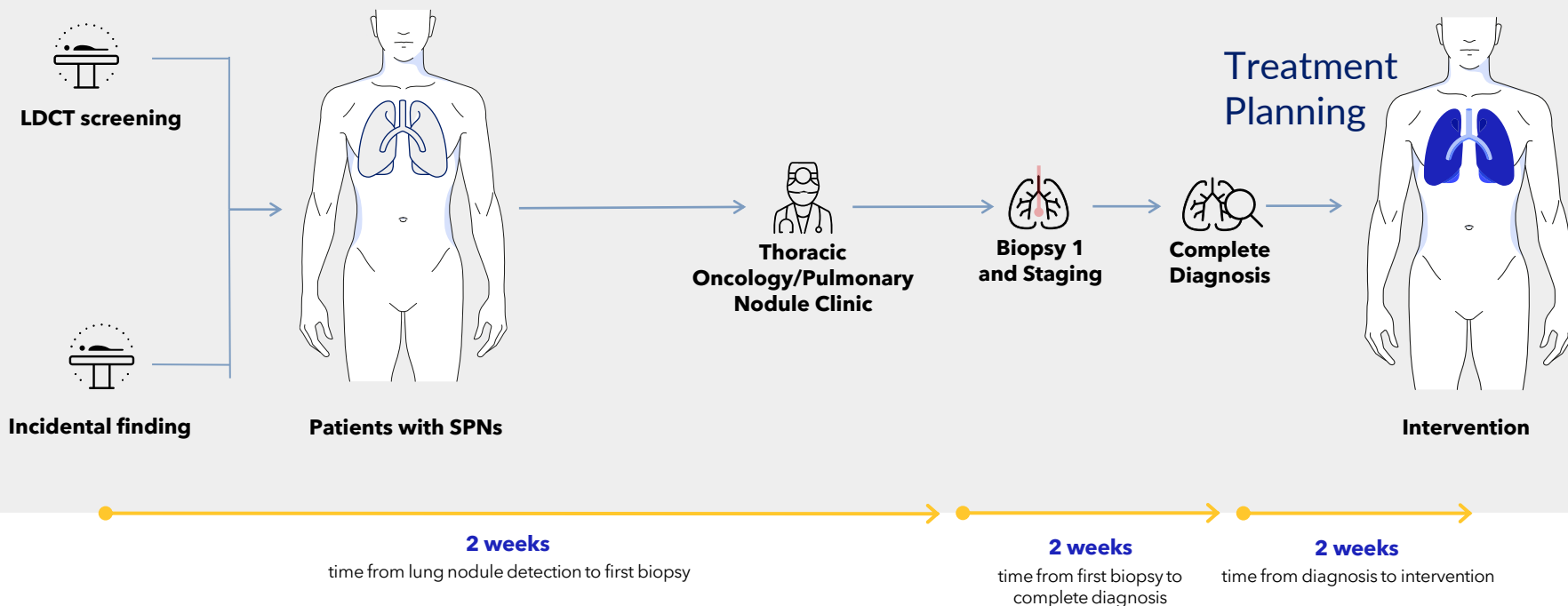
Streamlining the patient pathway: Goal of 6 Weeks Total Time to Treat



Goal: 6 Weeks Total Time to Treat

Average time from lung nodule detection to intervention

Streamlining the patient pathway: Goal of 6 Weeks Total Time to Treat



Goal: 6 Weeks Total Time to Treat

Average time from lung nodule detection to intervention



Complex Care Re-design: Inpatient Strategy

- Reserve cancer, neuroscience, cardiovascular, and complex surgery beds
- Empower mission control to make patient flow decisions
- Expand ancillary services to meet need (imaging, labs, pathology)
- Meet the needs of all patients using system-wide resources
 - Standard care levels
 - Population health needs
 - Health equity goals

Dedicated Units at OHSU Academic Health Center

1. July 1, 2024

- 11K = Limited to Heart and Vascular Service line patient admissions
- 7C = Primary focus on complex thoracic patients
- 10K = Primary focus on Neuroscience Service line patients

2. September 1, 2024

- 14C = 16 beds (50%) for Complex Care patient admissions
- Re-organization of beds and cancer expansion involving 14C, 13K and 14K

3. October 1, 2024

- 14C = 32 beds (100%) reserved for Complex Care patients
- 13K = Reserved fully for cancer patients plus expanded recovery of University Hospital OR complex care patients
- 14A = Reserved fully for expanded recovery of University Hospital OR complex care patients



Surgical and Procedural Complex Care (TQCC) Enhancements

July-Sept, 2024 (Complete)

Expanded OR / Procedural Operations

- Expanded weekend hours
- Expanded total block time

Complex care (TQCC)

Prioritization

- Move Day Surgery cases to CHH
- Open time triaged for Complex Care

Partners

- Expanded Bariatric and General Surgery Services to HMC
- Relaunched Ortho Joint program at AHP

Oct-Dec, 2024

Expand OR / Procedural Operations

- Open and staff all CHH (15) and SOR (24) rooms
- Service specific expansions

Complex Care (TQCC)

Prioritization

- Re-allocate adult beds for Complex Care surgical patients

Partners

- HMC Expansion utilizing all 8 Inpatient ORs:
 - Colorectal Surgery
 - Neurosurgery
 - Interventional Radiology
 - OTO

Jan-June, 2025

OHSU Operations Efficiency

- Optimize use of robotic equipment
- Reduce late cancellations
- Implement new analytic capabilities

Partners

- HMC Expansion:
 - Vascular Surgery
 - Plastic Surgery

FY25 Budget Oversight Process

Purpose

Establish executive oversight group over key goals
assumed in the FY25 Budget

- Identify early indicators for on-track/off-track
- Develop specific action plans and assign accountability to correct course

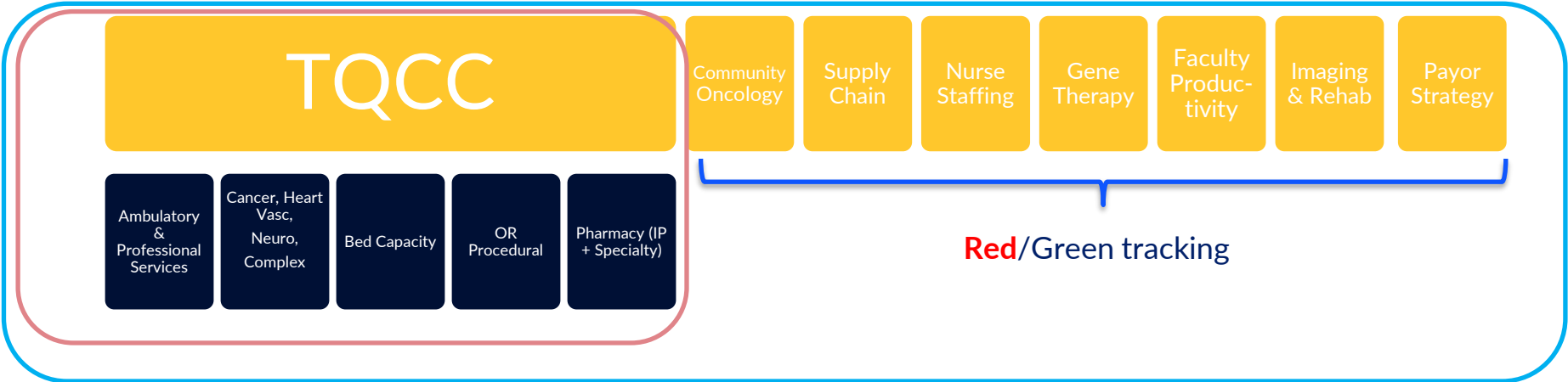
FY25 Budget Oversight

Dr. Jacobs/Board

Executive Committee:
Joe Ness, Nate Selden, Renee Edwards, Brooke Baldwin,
Bridget Barnes, Atif Zaman, Elaine King, Maulin Patel

Finance and Facilitation:
Tara Williams, Sarah Howell, Pete Hazel, Tim Kringen, Abby Tibbs

PM:
Phil Gordon & Emma Horton



Dashboards under development



Thank you



Date: September 20, 2024

To: Members of the Board

From: Connie Seeley, Secretary to the OHSU Board of Directors

Attached for your review are two versions of DRAFT updated bylaws, one “red-lined” and one clean. Along with a general review and update, you will see in part, our goal is to accommodate the new public meetings law and incorporate the addition of two new board members. The Governance committee met in public session where they reviewed and offered feedback. I look forward to the discussion at the public meeting of the Board of Directors at the end of this month. Highlights of the bylaw amendment include:

- Incorporation of two additional board members where appropriate
- Additional language regarding how we assist the Governor in the appointment of Directors
- Clarity regarding the compensation of Directors
- Additional/updated description of types of meetings: Public, Exempt, Special and Executive Session.
- Clarity around quorum
- Small change in process of calling Special meetings and adherence to public posting requirements
- Moving from written minutes to video archive of meetings
- Allowing for up to 30 minutes of public testimony
- Providing terms of office for Chair and Vice chair and contemplation of terms limits

~~SIXTH~~ AMENDED AND RESTATED BYLAWS
OF
OREGON HEALTH & SCIENCE UNIVERSITY

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ARTICLE ONE
Name

The legal name of this corporation is Oregon Health and Science University ("University"), an Oregon public corporation. To the extent practical, the University shall be known as "Oregon Health & Science University" or "OHSU".

ARTICLE TWO
Purposes of Organization

The purposes for which the University is organized as a public corporation are to carry out and exercise the powers, rights and privileges expressly or impliedly conferred upon it and to pursue the missions defined for it by the Oregon Legislature.

ARTICLE THREE
Board of Directors

1. **Business and Affairs.** The business and affairs of the University shall be managed by the Board of Directors, which may exercise all such powers of the University as are permitted by law.

2. **Number of Directors.** The number of Directors of the University shall be ~~eleven (11)~~.

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3. **Membership.** The membership of the Board shall be as follows:

a. ~~Seven~~ representatives who, in the discretion of the Governor, have experience in areas related to the University missions or that are important to the success of the University, including but not limited to higher education, health care, scientific research, engineering and technology and economic and business development;

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b. One representative who is a student enrolled at the University ~~(the~~ "Student Director");

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~~c. One representative who is a member of the faculty of the university~~ (the "Faculty Director");

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d. One representative who is a member of the staff of the university (the "Staff Director");

and

e. The President of the University.

4. **Qualifications.** Members of the Board must be citizens of the United States. Except for the Faculty Director, the Staff Director and the President, no voting member of the Board may be an employee of the University.

5. **Appointment of Directors.** With the exception of the President of the University, the members of the Board shall be appointed by the Governor of the State of Oregon and shall be confirmed by the Senate of the State of Oregon in the manner prescribed by law. To assist the Governor in appointing the Student Director, the duly organized and recognized entity of student government shall submit a list of nominees to the Governor for consideration. To assist the Governor in appointing the Faculty Director, the duly organized and recognized entity of faculty government shall submit a list of nominees to the Governor for consideration. To assist the Governor in appointing the Staff Director, the University will advise employees to submit applications and nominations directly to the Governor. To assist the Governor in appointing Board members other than the student member and the President, the Board shall submit a list of nominees to the Governor for consideration whenever a vacancy on the Board occurs or is announced.

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6. **Terms of Directors.** With the exception of the Faculty Director, the Staff Director, the President of the University and the Student Director, and except as otherwise provided by law or specified in the appointment or confirmation process, the term of office of each member of the Board shall be four (4) years. The term of office of the Student Director, the Faculty Director and the Staff Director shall be two (2) years, except as otherwise specified in the appointment or confirmation process. The term of office of the President of the University shall be determined by the Board. A Director may be reappointed for one (1) additional term.

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7. **Vacancies.** A vacancy on the Board shall exist upon the death, resignation, removal or expiration of the term of any member of the Board. For any vacancy other than a vacancy of the President's position on the Board, the Governor shall appoint a successor to fill a vacancy for the unexpired term.

8. **Removal.** The Governor may remove a member of the Board other than the President at any time for cause, after notice and public hearing, but no more than three (3) members of the Board shall be removed within a period of four (4) years, unless it is for corrupt conduct in office. The Board may remove the President as a member of the Board in the manner, on the grounds and subject to the limitations it deems necessary and appropriate.

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9. **Compensation; Reimbursement of Expenses.** ~~Other than the President, a Director performing their official duties is not acting as an employee of the University and shall not receive a salary or otherwise~~ be compensated. ~~In accordance with University policy a Director~~ may be reimbursed for reasonable expenses incurred in connection with the performance of official duties.

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- Deleted:** Directors will
- Deleted:** for their services as members of the Board. Upon approval by the Board, Directors
- Deleted:** their

10. **Compensation of Faculty and Staff Directors.** ~~The Faculty Director and Staff Director are each hereby granted reasonable leave with pay at their regular salaries as employees of the University to attend meetings of the Board and other official Board functions that occur between the hours of 8 a.m. and 5 p.m. Pacific Time Monday through Friday. Nothing in this section 10 shall be deemed to alter the compensation of the Faculty Director or Staff Director for the performance of their duties as a University employee.~~

ARTICLE FOUR Meetings of the Board of Directors

1. **Types of Board Meetings.** "Public Meeting" of the Board of Directors is the convening of the members of the Board for a purpose for which a quorum is required in order to make a decision or to deliberate toward a decision on any matter. "Public Meeting" does not include any on-site inspection of any project or program, the attendance of members of the Board of Directors at any national, regional or state association or the convening of directors for any purpose for which a quorum is not required. ~~An "Exempt Meeting" of the Board is a meeting at which the Board's decisions and deliberations concern only matters identified in Section 5~~ below.

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2. **Compliance with Public Meetings Law.** As used in these Bylaws, the term "Public Meeting" shall mean a meeting subject to the provisions of ORS 192.610 to 192.710, as the same shall be amended from time to time (the "Public Meetings Law"). All Public Meetings of the Board shall be conducted in compliance with the Public Meetings Law in effect from time to time, including without limitation those provisions relating to the location of meetings, notice, accessibility for the disabled, the conduct of meetings by means of telephonic or electronic communication, the preparation of minutes, and the provision of interpreters.

~~Where these Bylaws provide for the calling of a meeting upon the request of Board members, communications among Board members shall be nonsubstantive in nature and relating to scheduling, and shall not themselves require a public meeting pursuant to ORS 192.690(1)(m)(C).~~

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3. **Quorum.** A quorum for the transaction of business at any meeting of the Board shall be a majority of the Directors who are in office at the time of the meeting. A quorum is required to be present to conduct business at any meeting of the Board. Provided, however, that if a quorum fails to attend any meeting of the Board, members of the Board in attendance may discuss and receive information about items on the agenda but may not vote. Such meetings shall comply with the requirements of these Bylaws notwithstanding the absence of a quorum.

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- Deleted: a Public Meeting
- Deleted: , plus one more Director,
- Deleted: Public Meeting at which the Board makes any of the following decisions but shall not otherwise be required:

4. **Jurisdiction of the Board.** The Board shall have jurisdiction over all matters relating to governance of the University, except that it may delegate matters to individual members, officers, or staff. The Board shall vote on the following matters:

- a. Approval or adoption of an annual operating budget and capital expenditure plan for the University.
- b. Approval of any transaction involving the purchase or sale of real property by the University, except for transactions involving exigent circumstances and transactions described in Section 4(b) or 4(c) below.
- c. Approval of the University's institution of condemnation proceedings.
- d. Adoption, amendment or repeal of these Bylaws.
- e. Any decision for which applicable law or these Bylaws require the participation of a quorum of the Board of the University.
- f. Any decision as to which the Board has adopted a resolution requiring the participation of a quorum of the Board.

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5. **Exempt Board Meetings.** The Public Meetings Law provides that its provisions do not apply with respect to meetings of the Board or its designated committees regarding any of the following matters:

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- a. Meetings regarding candidates for the position of president of the University;
- b. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to financings, mergers, acquisitions or joint ventures;

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c. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to the sale or other disposition of, or substantial change in use of, significant real or personal property; and

d. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to health system strategies.

Decisions on any matter at ~~an Exempt~~ Meeting shall require the approval of not less than a majority of the members of the Board.

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~~6.~~ **Adjournment.** A majority of the Directors present at a meeting that is subject to the quorum requirements of this Article, although less than a quorum, may adjourn the meeting from time to time to a different time and place before the date of the next regular meeting without further notice of any adjournment. At such adjourned meeting at which a quorum is present, any business may be transacted that might have been transacted at the meeting originally held.

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~~7.~~ **Manner of Acting.**

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a. Action upon a matter for which a quorum is required shall be taken upon the approval of a majority of the Directors present at a meeting at which a quorum is present. Action upon all other matters may be taken upon the approval of a majority of the Directors present at a meeting.

~~b.~~ The Board may permit any or all Directors to participate in a meeting by, or conduct the meeting through use of, any means of telephonic or other electronic communication by which all Directors participating may simultaneously hear each other or otherwise communicate with each other during the meeting. Participation in such a meeting by a Director shall constitute such Director's presence in person at the meeting. With the conduct of a Public Meeting through such telephonic or electronic means, the Board shall make available to the public a location where the public can listen to the communication at the time it occurs by means of speakers or other devices.

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~~8.~~ **Waiver of Notice by Director.** A Director's attendance at or participation in a meeting waives any required notice of the meeting to the Director unless the Director at the beginning of the meeting, or promptly upon the Director's arrival, objects to the holding of the meeting or the transaction of business at the meeting and does not subsequently vote for or assent to action taken at the meeting. A Director may at any time waive any notice required by law or these Bylaws, with a writing signed by the Director and specifying the meeting for which notice is waived. Any such waiver of notice shall be filed with the minutes of the meeting for which notice is waived.

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ARTICLE FOUR-A
Public Meeting Types and Procedures

1. **Regular Meetings.** Regular Public Meetings of the Board shall be held at least once every three (3) months on such dates and at such times as specified by the Chair, and on such additional dates and at such times as specified by the Chair or a majority of the Directors then in office.

2. **Special Meetings.** Subject to the notice requirement described in Section 6a. below, special Public Meetings of the Board may be called at any time by the Chair and must be called by the Chair within forty-eight (48) hours after the Chair's receipt of a written request for a special Public Meeting signed by a majority of the Directors then in office and specifying the purpose of the meeting. In no case shall a Special Meeting be called with less than 24 hours' notice to the Public.

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3. **Emergency Meetings.** Emergency Public Meetings of the Board may be called at any time by the Chair in instances of an actual emergency and must be called by the Chair within twenty-four (24) hours after the Chair's receipt of a written request for such a meeting signed by a majority of the Directors then in office, identifying the actual emergency and specifying the purpose of the meeting. Minutes of emergency Public Meetings shall describe the emergency justifying the emergency Public Meeting.

4. **Executive Sessions.** Executive sessions are meetings of a governing body held pursuant to ORS 192.660(2) that are closed to the general public. An executive session of the Board may be called at any time by the Chair so long as the subject of the meeting fits within an authorized use of executive session as listed in ORS 192.660(2) or another applicable statute. An executive session must be called by the Chair within forty-eight (48) hours after the Chair's receipt of a written request for an executive session signed by a majority of the Directors then in office and specifying the purpose of the meeting. Prior to calling an executive session, the Chair shall consult with legal counsel to determine whether a particular meeting topic is an authorized use of executive session, and which statutory authorization(s) may apply to the executive session. The meeting will thereafter be called by the Chair in accordance with the notice requirements in section 6(a). Representatives of the news media shall have a right to attend executive sessions generally but shall not report on the matters deliberated upon therein. Representatives of the news media may not attend either executive sessions called for labor negotiations per ORS 192.660(2)(d) or when the news media is a party to current or likely litigation that is the subject of an executive session under ORS 192.660(2)(h).

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5. **Place of Meetings.** All regular Public Meetings and special Public Meetings of the Board shall be held within the state of Oregon and should generally be held at the University or at a location owned or controlled by the University. Emergency Public Meetings necessitating immediate action may be held at other locations.

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6. Notice of Meetings.

a. To the Public. Except as otherwise provided, notice shall be given at least twenty-four (24) hours in advance of the start-time of the meeting in a manner reasonably calculated to give interested persons actual notice of the time and place of the meeting; shall be provided to the general public and to members of the news media who have so requested; and shall include the principal subjects anticipated to be considered at the meeting. Notices shall be posted in a conspicuous location of the Oregon Health & Sciences University website.

Notwithstanding the foregoing requirements:

(a) Notice of an Emergency Public Meeting need not be given at least twenty-four (24) hours in advance of the start-time of the meeting but shall be such as is appropriate to the circumstances.

(b) Notice of an executive session need not include the principal subjects anticipated to be considered at the meeting but shall state the statutory authorization for the meeting under ORS 192.660(2) or other applicable statutes.

b. To the Directors. Notice of a regular, special or emergency Public Meeting must be given to each Director at least twenty-four (24) hours prior to the hour of the meeting. Notice of such a meeting may be given orally either in person or by telephone or may be delivered in writing, either personally, by mail, by electronic mail, or by facsimile transmission. If mailed other than by electronic mail, notice shall be deemed to be given three (3) days after deposit in the United States mail addressed to the Director at the Director's address on file with the Board secretary for the purpose of receiving Board correspondence, with postage thereon prepaid. If notice is sent by electronic mail or facsimile transmission, notice shall be deemed given immediately if the electronic mail notice is sent to the Director's electronic mail address or, as applicable, the Director's facsimile on file with the Board Secretary for the purpose of receiving such correspondence. Notice by all other means shall be deemed to be given when received by the Director.

7. Record of Public Board Meetings. The Board shall provide for the recording of all of its Public Meetings. Such recordings shall constitute the official record of the Board's public proceedings. Recordings of Public Meetings shall be made available to the public within a reasonable time after a Public Meeting concludes.

Minutes of executive sessions shall be maintained but withheld from disclosure as provided by law. Such minutes shall give a true reflection of the matters discussed at the meeting and the

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views of the participants, and shall include the following information at a minimum as required by law:

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- (a) All members of the governing body present;
- (b) All motions, proposals, resolutions, orders, ordinances and measures proposed and their disposition;
- (c) The results of all votes and, except for public bodies consisting of more than 25 members unless requested by a member of that body, the vote of each member by name;
- (d) The substance of any discussion on any matter; and
- (e) Subject to ORS 192.311 to ORS 192.478 relating to public records, a reference to any document discussed at the meeting.

8. Remote Attendance. Except for executive sessions and only to the extent reasonably possible, members of the public should be provided a means of accessing and attending public meetings by telephone, video, or other electronic or virtual means. If in-person oral testimony is allowed, testimony shall be allowed in writing or by telephone (or other remote means) to the extent reasonably possible.

9. Public Testimony. Except as otherwise decided by the Chair, the Board will allow for public testimony at its public meetings at a time and place on the agenda selected by the Chair. Unless otherwise directed by the Chair, the total allotted time for public testimony at public meetings will be a maximum of 30 minutes, with each speaker limited to 3 minutes. The Chair may shorten or lengthen the total amount of time allotted for comment at the Chair's discretion. The Chair also may shorten the speaking time for each speaker at a meeting if a substantial number of speakers are signed up to testify so as to allow the Board to hear from more speakers. Speakers shall state their names at the beginning of their comments for the record of the public meeting.

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Members of the public who wish to provide public testimony shall complete a testimony registration form that will be available at the public meeting and online. The testimony registration form must be completed and delivered to staff prior to the start of the meeting.

ARTICLE FOUR-B

Exempt Meeting Types and Procedures

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1. Exempt Meetings Generally. Exempt Meetings may be held only on the subjects stated in Article Four, section 5 of these Bylaws. Prior to calling an Exempt Meeting, the Chair shall consult with legal counsel to determine whether a particular meeting topic is an authorized use of the exemption.

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2. Regular Meetings. Regular Exempt Meetings of the Board shall be held on such dates and at such times as specified by the Chair or a majority of the Directors then in office.

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3. Special Meetings. Special Exempt Meetings of the Board may be called at any time by the Chair and must be called by the Chair within twenty-four (24) hours after the Chair's receipt of a written request for a special Exempt Meeting signed by a majority of the Directors then in office and specifying the purpose of the meeting.

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4. Emergency Meetings. Emergency Exempt Meetings of the Board may be called at any time by the Chair in instances of an actual emergency and must be called by the Chair within twenty-four (24) hours after the Chair's receipt of a written request for such a meeting signed by a majority of the Directors then in office identifying the actual emergency and specifying the purpose of the meeting. Minutes of emergency Exempt Meetings shall describe the emergency justifying the emergency Exempt Meeting.

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5. Notice of Meetings. Notice of a regular, special or emergency Exempt Meeting must be given to each Director at least twenty-four (24) hours prior to the hour of the meeting. Notice of such a meeting may be given orally either in person or by telephone or may be delivered in writing, either personally, by mail, or by facsimile transmission. If mailed other than by electronic mail, notice shall be deemed to be given three (3) days after deposit in the United States mail addressed to the Director at the Director's business address, with postage thereon prepaid. If notice is sent by electronic mail or facsimile transmission, notice shall be deemed given immediately if the electronic mail notice is sent to the Director's electronic mail address or, as applicable, the Director's facsimile on file with the Board Secretary for the purpose of receiving such correspondence. Notice by all other means shall be deemed to be given when received by the Director. The notice provided pursuant to this section shall state the specific statutory authorization relied upon for calling the Exempt Meeting. Notices of Exempt Meetings shall constitute and be identified as sensitive business records or financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.311 to 192.431.

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6. Minutes. Minutes of all Exempt Meetings shall be prepared when directed by the Chair. All such minutes shall constitute and be identified as sensitive business records or financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.311 to 192.431.

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7. Written Consent in Lieu of Actual Meeting. Any action that is permitted to be taken by the Board at an Exempt Meeting may be taken without a meeting if a consent in writing setting forth the action so taken shall be signed by all of the Directors entitled to vote on the matter. The action shall be effective on the date when the last signature is placed on the consent or at such earlier or later time as is set forth therein. Such consent, which shall have the same effect as a unanimous vote of the Directors, shall be filed with the minutes of all Exempt Meetings of the Board and shall constitute and be identified as sensitive business records or financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.311 to 192.431.

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**ARTICLE FIVE
Officers**

1. **Officers of the University.** The officers of the University shall be a Chair, a Vice Chair, a President, a Secretary and such other officers and assistant officers as may be deemed necessary by the Board to conduct its business. The officers shall have such powers and duties as set out in these Bylaws, and as may be prescribed by the Board and/or by law.

2. **Chair and Vice Chair.** The selection of the Chair and Vice Chair shall be governed by this section.

a. Every two years, the Board shall select one of its members as Chair and another as Vice Chair, who shall be the Board Officers. The term for a board officer shall be approximately two years, or until death, resignation, removal or expiration of appointment as a Director within a term. The Chair and Vice Chair may be elected to consecutive terms. The Chair and Vice Chair may serve a maximum of two full terms in each respective position. The Chair and Vice Chair shall not be employees or students at the University and shall not, as Chair and Vice Chair, be authorized to bind the University. The Board may appoint such other Board Officers with such duties as the Board determines necessary or appropriate.

b. In the event of a vacancy in the position of Chair, the Vice Chair shall, as soon as practicable, call a meeting of the Board for purposes of filling the vacancy; the Vice Chair shall temporarily assume the responsibilities of the Chair until such a meeting occurs and a new Chair is elected. A vacancy in the position of Vice Chair shall be filled by the Board at its next regular meeting. In the event of a vacancy in both positions simultaneously, the President shall facilitate a meeting of the Board, as soon as reasonably practicable, for the purpose of filling both vacancies.

c. The Chair shall establish the agenda for and preside at all meetings of the Board. The Chair has the right to vote on all questions and is to otherwise serve as a spokesperson for the Board. The Chair serves as an ex officio member of all standing committees of the Board. The Chair shall perform such other duties as assigned by the Board. In the absence of the Chair or in the event of the Chair's inability to act, the Vice Chair shall perform the duties of the Chair, and when so acting, shall have the powers of and be subject to all the restrictions upon the Chair. The Vice Chair shall perform such other duties as assigned by the Board. The Chair may designate another Director, who is not the President, to temporarily preside over a meeting.

d. Notwithstanding the appointment of a Chair and Vice Chair, authority is vested in the Board collectively and not in any individual Director, except as otherwise provided in these Bylaws and as delegated by the Board to individual directors. Individual directors do not speak on behalf of the Board or the University unless authorized to do so by the Board or Chair.

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- Deleted:** officer shall hold office for one (1) year, or until a successor shall have been duly appointed and qualified or until the officer's death, resignation, or removal.
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- **Vacancies.** A vacancy in any Board office because of death, resignation, removal, disqualification, or otherwise may be filled by the Board.
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The Chair may speak on behalf of the Board and the University, unless otherwise determined by the Board. Individual directors may not bind the University.

e. A Board Officer serves at the pleasure of the Board. A Board Officer may be removed from office by a two-thirds majority vote of directors eligible to vote. A Board Officer may voluntarily relinquish his or her position as Chair or Vice Chair by submitting a letter of resignation to the Secretary with an effective date.

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3. Vacancies. A vacancy in any Board office because of death, resignation, removal, disqualification, or otherwise may be filled by the Board.

4. President of the University. The President shall be the chief executive officer of the University and, subject to the control of the Board, shall supervise, direct and control the affairs of the University. The President shall, from time to time, report to the Board all matters within the President's knowledge affecting the University that should be brought to the attention of the Board. The President shall perform such other duties as assigned by the Board. The President may appoint other officers, who shall have such powers and duties as may be prescribed by the President

5. Secretary. The Secretary shall be responsible for the giving of required notices of meetings of the Board and the preparation of the minutes of meetings of the Board. The Secretary shall perform such other duties as may be assigned by the Board.

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ARTICLE SIX Board Committees

Subject to the requirements of applicable law, the Board may appoint such committees as it deems appropriate or necessary from time to time and shall define the duties of such committees and the reporting requirements of such committees and its members. Any committee of the Board and the members of any such committee shall serve at the pleasure of the Board.

ARTICLE SEVEN Conflicts of Interest

Subject to the requirements of law and of this Article Seven, the Board may take any action involving either a potential conflict of interest or an actual conflict of interest (as defined in ORS Chapter 244). Prior to taking any action in an official capacity on any matter involving a potential conflict of interest or an actual conflict of interest for a Director, the Director shall publicly announce the nature of the potential or actual conflict of interest. Any Director having an actual conflict of interest in a transaction with the University shall in addition (i) refrain from participating as a public official in any discussion or debate on the issue out of which the

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conflict arises, and (ii) refrain from voting on the issue, unless the Director's vote is necessary for Board action on the issue and is otherwise not prohibited by ORS Chapter 244.

The Faculty Director, Student Director and Staff Director of the Board may not participate in any discussions or action by the Board or attend any executive session of the Board involving collective bargaining issues that affect students, faculty or staff at the University.

ARTICLE EIGHT

Confidentiality of Business Records and Financial Information

Subject to the requirements of applicable law, the Board and officers of the University shall take such steps as are necessary to preserve the confidentiality of sensitive business records and financial and commercial information concerning or belonging to the University which is of a nature not customarily provided to business competitors.

ARTICLE NINE

Indemnification

1. **Indemnification.** The University shall indemnify and defend to the fullest extent not prohibited by law any Party to any Proceeding against all expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by the Party in connection with such Proceeding.

2. **Advancement of Expenses.** Expenses incurred by a Director or officer of the University in defending a Proceeding shall in all cases be paid by the University in advance of the final disposition of such Proceeding at the written request of such Director or officer if:

a. The conduct of such Director or officer was in good faith, and the Director or officer reasonably believed that such conduct was in the best interests of, or not opposed to the best interests of, the University.

b. The Director or officer furnishes the University a written undertaking to repay such advance to the extent it is ultimately determined by a court that such Director or officer is not entitled to be indemnified by the University under this Article or under any other indemnification rights granted by the University to such Director or officer.

Such advances shall be made without regard to the person's ability to repay such advances.

3. **Definition of Proceeding.** The term "Proceeding" shall include any threatened, pending, or completed action, suit, or proceeding, whether brought in the right of the University or otherwise and whether of a civil, administrative, or investigative nature. The term "Party" shall include any person who may be or may have been involved in a Proceeding as

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a party or otherwise by reason of the fact that the person is or was a Director or officer of the University, or is or was serving at the request of the University as a director, officer, or fiduciary of an employee benefit plan of another corporation, partnership, joint venture, trust, or other enterprise, whether or not serving in such capacity at the time any liability or expense is incurred for which indemnification or advancement of expenses can be provided under this Article.

4. **Non-Exclusivity and Continuity of Rights.** This Article: (i) shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any statute, agreement, general or specific action of the Board or otherwise, both as to action in the official capacity of the person indemnified and as to action in another capacity while holding office, (ii) shall continue as to a person who has ceased to be a Director or officer, (iii) shall inure to the benefit of the heirs, executors, and administrators of such person.

5. **Amendments.** Any repeal of this Article shall only be prospective and no repeal or modification hereof shall adversely affect the rights under this Article in effect at the time of the alleged occurrence of any action or omission to act that is the cause of any Proceeding.

ARTICLE TEN
Miscellaneous Provisions

1. **Contracts.** The Board may authorize any officer or officers and agent or agents to enter into any contract or execute and deliver any instrument in the name of and on behalf of the University, and such authority may be general or confined to specific instances.

2. **Severability.** Any determination that any provision of these Bylaws is for any reason inapplicable, invalid, illegal, or otherwise ineffective shall not affect or invalidate any other provision of these Bylaws.

3. **Amendment of Bylaws.** These Bylaws may be altered, amended, restated or repealed and new bylaws may be adopted by the Board at any regular or special Public Meeting.

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**SIXTH AMENDED AND RESTATED BYLAWS
OF
OREGON HEALTH & SCIENCE UNIVERSITY**

**ARTICLE ONE
Name**

The legal name of this corporation is Oregon Health and Science University (“University”), an Oregon public corporation. To the extent practical, the University shall be known as “Oregon Health & Science University” or “OHSU”.

**ARTICLE TWO
Purposes of Organization**

The purposes for which the University is organized as a public corporation are to carry out and exercise the powers, rights and privileges expressly or impliedly conferred upon it and to pursue the missions defined for it by the Oregon Legislature.

**ARTICLE THREE
Board of Directors**

1. **Business and Affairs.** The business and affairs of the University shall be managed by the Board of Directors, which may exercise all such powers of the University as are permitted by law.
2. **Number of Directors.** The number of Directors of the University shall be eleven (11).
3. **Membership.** The membership of the Board shall be as follows:
 - a. Seven representatives who, in the discretion of the Governor, have experience in areas related to the University missions or that are important to the success of the University, including but not limited to higher education, health care, scientific research, engineering and technology and economic and business development;
 - b. One representative who is a student enrolled at the University (the “Student Director”);
 - c. One representative who is a member of the faculty of the university (the “Faculty Director”);

d. One representative who is a member of the staff of the university (the “Staff Director”);
and

e. The President of the University.

4. **Qualifications.** Members of the Board must be citizens of the United States. Except for the Faculty Director, the Staff Director and the President, no voting member of the Board may be an employee of the University.

5. **Appointment of Directors.** With the exception of the President of the University, the members of the Board shall be appointed by the Governor of the State of Oregon and shall be confirmed by the Senate of the State of Oregon in the manner prescribed by law. To assist the Governor in appointing the Student Director, the duly organized and recognized entity of student government shall submit a list of nominees to the Governor for consideration. To assist the Governor in appointing the Faculty Director, the duly organized and recognized entity of faculty government shall submit a list of nominees to the Governor for consideration. To assist the Governor in appointing the Staff Director, the University will advise employees to submit applications and nominations directly to the Governor. To assist the Governor in appointing Board members other than the student member and the President, the Board shall submit a list of nominees to the Governor for consideration whenever a vacancy on the Board occurs or is announced.

6. **Terms of Directors.** With the exception of the Faculty Director, the Staff Director, the President of the University and the Student Director, and except as otherwise provided by law or specified in the appointment or confirmation process, the term of office of each member of the Board shall be four (4) years. The term of office of the Student Director, the Faculty Director and the Staff Director shall be two (2) years, except as otherwise specified in the appointment or confirmation process. The term of office of the President of the University shall be determined by the Board. A Director may be reappointed for one (1) additional term.

7. **Vacancies.** A vacancy on the Board shall exist upon the death, resignation, removal or expiration of the term of any member of the Board. For any vacancy other than a vacancy of the President’s position on the Board, the Governor shall appoint a successor to fill a vacancy for the unexpired term.

8. **Removal.** The Governor may remove a member of the Board other than the President at any time for cause, after notice and public hearing, but no more than three (3) members of the Board shall be removed within a period of four (4) years, unless it is for

corrupt conduct in office. The Board may remove the President as a member of the Board in the manner, on the grounds and subject to the limitations it deems necessary and appropriate.

9. **Compensation; Reimbursement of Expenses.** Other than the President, a Director performing their official duties is not acting as an employee of the University and shall not receive a salary or otherwise be compensated. In accordance with University policy a Director may be reimbursed for reasonable expenses incurred in connection with the performance of official duties.

10. **Compensation of Faculty and Staff Directors.** The Faculty Director and Staff Director are each hereby granted reasonable leave with pay at their regular salaries as employees of the University to attend meetings of the Board and other official Board functions that occur between the hours of 8 a.m. and 5 p.m. Pacific Time Monday through Friday. Nothing in this section 10 shall be deemed to alter the compensation of the Faculty Director or Staff Director for the performance of their duties as a University employee.

ARTICLE FOUR Meetings of the Board of Directors

1. **Types of Board Meetings.** “Public Meeting” of the Board of Directors is the convening of the members of the Board for a purpose for which a quorum is required in order to make a decision or to deliberate toward a decision on any matter. “Public Meeting” does not include any on-site inspection of any project or program, the attendance of members of the Board of Directors at any national, regional or state association or the convening of directors for any purpose for which a quorum is not required. An “Exempt Meeting” of the Board is a meeting at which the Board’s decisions and deliberations concern only matters identified in Section 5 below.

2. **Compliance with Public Meetings Law.** As used in these Bylaws, the term "Public Meeting" shall mean a meeting subject to the provisions of ORS 192.610 to 192.710, as the same shall be amended from time to time (the “Public Meetings Law”). All Public Meetings of the Board shall be conducted in compliance with the Public Meetings Law in effect from time to time, including without limitation those provisions relating to the location of meetings, notice, accessibility for the disabled, the conduct of meetings by means of telephonic or electronic communication, the preparation of minutes, and the provision of interpreters.

Where these Bylaws provide for the calling of a meeting upon the request of Board members, communications among Board members shall be nonsubstantive in nature and

relating to scheduling, and shall not themselves require a public meeting pursuant to ORS 192.690(1)(m)(C).

3. **Quorum.** A quorum for the transaction of business at any meeting of the Board shall be a majority of the Directors who are in office at the time of the meeting. A quorum is required to be present to conduct business at any meeting of the Board. Provided, however, that if a quorum fails to attend any meeting of the Board, members of the Board in attendance may discuss and receive information about items on the agenda but may not vote. Such meetings shall comply with the requirements of these Bylaws notwithstanding the absence of a quorum.

4. **Jurisdiction of the Board.** The Board shall have jurisdiction over all matters relating to governance of the University, except that it may delegate matters to individual members, officers, or staff. The Board shall vote on the following matters:

a. Approval or adoption of an annual operating budget and capital expenditure plan for the University.

b. Approval of any transaction involving the purchase or sale of real property by the University, except for transactions involving exigent circumstances and transactions described in Section 4(b) or 4(c) below.

c. Approval of the University's institution of condemnation proceedings.

d. Adoption, amendment or repeal of these Bylaws.

e. Any decision for which applicable law or these Bylaws require the participation of a quorum of the Board of the University.

f. Any decision as to which the Board has adopted a resolution requiring the participation of a quorum of the Board.

5. **Exempt Board Meetings.** The Public Meetings Law provides that its provisions do not apply with respect to meetings of the Board or its designated committees regarding any of the following matters:

a. Meetings regarding candidates for the position of president of the University;

b. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to financings, mergers, acquisitions or joint ventures;

c. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to the sale or other disposition of, or substantial change in use of, significant real or personal property; and

d. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to health system strategies.

Decisions on any matter at an Exempt Meeting shall require the approval of not less than a majority of the members of the Board.

6. **Adjournment.** A majority of the Directors present at a meeting that is subject to the quorum requirements of this Article, although less than a quorum, may adjourn the meeting from time to time to a different time and place before the date of the next regular meeting without further notice of any adjournment. At such adjourned meeting at which a quorum is present, any business may be transacted that might have been transacted at the meeting originally held.

7. **Manner of Acting.**

a. Action upon a matter for which a quorum is required shall be taken upon the approval of a majority of the Directors present at a meeting at which a quorum is present. Action upon all other matters may be taken upon the approval of a majority of the Directors present at a meeting.

b. The Board may permit any or all Directors to participate in a meeting by, or conduct the meeting through use of, any means of telephonic or other electronic communication by which all Directors participating may simultaneously hear each other or otherwise communicate with each other during the meeting. Participation in such a meeting by a Director shall constitute such Director's presence in person at the meeting. With the conduct of a Public Meeting through such telephonic or electronic means, the Board shall make available to the public a location where the public can listen to the communication at the time it occurs by means of speakers or other devices.

8. **Waiver of Notice by Director.** A Director's attendance at or participation in a meeting waives any required notice of the meeting to the Director unless the Director at the beginning of the meeting, or promptly upon the Director's arrival, objects to the holding of the meeting or the transaction of business at the meeting and does not subsequently vote for or

assent to action taken at the meeting. A Director may at any time waive any notice required by law or these Bylaws, with a writing signed by the Director and specifying the meeting for which notice is waived. Any such waiver of notice shall be filed with the minutes of the meeting for which notice is waived.

ARTICLE FOUR-A

Public Meeting Types and Procedures

1. **Regular Meetings.** Regular Public Meetings of the Board shall be held at least once every three (3) months on such dates and at such times as specified by the Chair, and on such additional dates and at such times as specified by the Chair or a majority of the Directors then in office.

2. **Special Meetings.** Subject to the notice requirement described in Section 6a. below, special Public Meetings of the Board may be called at any time by the Chair and must be called by the Chair within forty-eight (48) hours after the Chair's receipt of a written request for a special Public Meeting signed by a majority of the Directors then in office and specifying the purpose of the meeting. In no case shall a Special Meeting be called with less than 24 hours' notice to the Public.

3. **Emergency Meetings.** Emergency Public Meetings of the Board may be called at any time by the Chair in instances of an actual emergency and must be called by the Chair within twenty-four (24) hours after the Chair's receipt of a written request for such a meeting signed by a majority of the Directors then in office, identifying the actual emergency and specifying the purpose of the meeting. Minutes of emergency Public Meetings shall describe the emergency justifying the emergency Public Meeting.

4. **Executive Sessions.** Executive sessions are meetings of a governing body held pursuant to ORS 192.660(2) that are closed to the general public. An executive session of the Board may be called at any time by the Chair so long as the subject of the meeting fits within an authorized use of executive session as listed in ORS 192.660(2) or another applicable statute. An executive session must be called by the Chair within forty-eight (48) hours after the Chair's receipt of a written request for an executive session signed by a majority of the Directors then in office and specifying the purpose of the meeting. Prior to calling an executive session, the Chair shall consult with legal counsel to determine whether a particular meeting topic is an authorized use of executive session, and which statutory authorization(s) may apply to the executive session. The meeting will thereafter be called by the Chair in accordance with the notice requirements in section 6(a). Representatives of the news media shall have a right to attend executive sessions generally but shall not report on the matters deliberated upon therein. Representatives of the news media may not attend either executive sessions called for labor negotiations per ORS

192.660(2)(d) or when the news media is a party to current or likely litigation that is the subject of an executive session under ORS 192.660(2)(h).

5. **Place of Meetings.** All regular Public Meetings and special Public Meetings of the Board shall be held within the state of Oregon and should generally be held at the University or at a location owned or controlled by the University. Emergency Public Meetings necessitating immediate action may be held at other locations.

6. **Notice of Meetings.**

a. **To the Public.** Except as otherwise provided, notice shall be given at least twenty-four (24) hours in advance of the start-time of the meeting in a manner reasonably calculated to give interested persons actual notice of the time and place of the meeting; shall be provided to the general public and to members of the news media who have so requested; and shall include the principal subjects anticipated to be considered at the meeting. Notices shall be posted in a conspicuous location of the Oregon Health & Sciences University website.

Notwithstanding the foregoing requirements:

(a) Notice of an Emergency Public Meeting need not be given at least twenty-four (24) hours in advance of the start-time of the meeting but shall be such as is appropriate to the circumstances.

(b) Notice of an executive session need not include the principal subjects anticipated to be considered at the meeting but shall state the statutory authorization for the meeting under ORS 192.660(2) or other applicable statutes.

b. **To the Directors.** Notice of a regular special or emergency Public Meeting must be given to each Director at least twenty-four (24) hours prior to the hour of the meeting. Notice of such a meeting may be given orally either in person or by telephone or may be delivered in writing, either personally, by mail, by electronic mail, or by facsimile transmission. If mailed other than by electronic mail, notice shall be deemed to be given three (3) days after deposit in the United States mail addressed to the Director at the Director's address on file with the Board secretary for the purpose of receiving Board correspondence, with postage thereon prepaid. If notice is sent by electronic mail or facsimile transmission, notice shall be deemed given immediately if the electronic mail notice is sent to the Director's electronic mail address or, as applicable, the Director's facsimile on file with the Board Secretary for the purpose of receiving such correspondence. Notice by all other means shall be

deemed to be given when received by the Director.

7. **Record of Public Board Meetings.** The Board shall provide for the recording of all of its Public Meetings. Such recordings shall constitute the official record of the Board's public proceedings. Recordings of Public Meetings shall be made available to the public within a reasonable time after a Public Meeting concludes.

Minutes of executive sessions shall be maintained but withheld from disclosure as provided by law. Such minutes shall give a true reflection of the matters discussed at the meeting and the views of the participants and shall include the following information at a minimum as required by law:

- (a) All members of the governing body present;
- (b) All motions, proposals, resolutions, orders, ordinances and measures proposed and their disposition;
- (c) The results of all votes and, except for public bodies consisting of more than 25 members unless requested by a member of that body, the vote of each member by name;
- (d) The substance of any discussion on any matter; and
- (e) Subject to ORS 192.311 to ORS 192.478 relating to public records, a reference to any document discussed at the meeting.

8. **Remote Attendance.** Except for executive sessions and only to the extent reasonably possible, members of the public should be provided a means of accessing and attending public meetings by telephone, video, or other electronic or virtual means. If in-person oral testimony is allowed, testimony shall be allowed in writing or by telephone (or other remote means) to the extent reasonably possible.

9. **Public Testimony.** Except as otherwise decided by the Chair, the Board will allow for public testimony at its public meetings at a time and place on the agenda selected by the Chair. Unless otherwise directed by the Chair, the total allotted time for public testimony at public meetings will be a maximum of 30 minutes, with each speaker limited to 3 minutes. The Chair may shorten or lengthen the total amount of time allotted for comment at the Chair's discretion. The Chair also may shorten the speaking time for each speaker at a meeting if a substantial number of speakers are signed up to testify so as to allow the Board to hear from more speakers. Speakers shall state their names at the beginning of their comments for the record of the public meeting.

Members of the public who wish to provide public testimony shall complete a testimony registration form that will be available at the public meeting and online. The testimony registration form must be completed and delivered to staff prior to the start of the meeting.

ARTICLE FOUR-B
Exempt Meeting Types and Procedures

1. **Exempt Meetings Generally.** Exempt Meetings may be held only on the subjects stated in Article Four, section 5 of these Bylaws. Prior to calling an Exempt Meeting, the Chair shall consult with legal counsel to determine whether a particular meeting topic is an authorized use of the exemption.

2. **Regular Meetings.** Regular Exempt Meetings of the Board shall be held on such dates and at such times as specified by the Chair or a majority of the Directors then in office.

3. **Special Meetings.** Special Exempt Meetings of the Board may be called at any time by the Chair and must be called by the Chair within twenty-four (24) hours after the Chair's receipt of a written request for a special Exempt Meeting signed by a majority of the Directors then in office and specifying the purpose of the meeting.

4. **Emergency Meetings.** Emergency Exempt Meetings of the Board may be called at any time by the Chair in instances of an actual emergency and must be called by the Chair within twenty-four (24) hours after the Chair's receipt of a written request for such a meeting signed by a majority of the Directors then in office identifying the actual emergency and specifying the purpose of the meeting. Minutes of emergency Exempt Meetings shall describe the emergency justifying the emergency Exempt Meeting.

5. **Notice of Meetings.** Notice of a regular, special or emergency Exempt Meeting must be given to each Director at least twenty-four (24) hours prior to the hour of the meeting. Notice of such a meeting may be given orally either in person or by telephone or may be delivered in writing, either personally, by mail, or by facsimile transmission. If mailed other than by electronic mail, notice shall be deemed to be given three (3) days after deposit in the United States mail addressed to the Director at the Director's business address, with postage thereon prepaid. If notice is sent by electronic mail or facsimile transmission, notice shall be deemed given immediately if the electronic mail notice is sent to the Director's electronic mail address or, as applicable, the Director's facsimile on file with the Board Secretary for the purpose of receiving such correspondence. Notice by all other means shall be deemed to be given when received by the Director. The notice provided pursuant to this section shall state the specific statutory authorization relied upon for calling the Exempt Meeting. Notices of Exempt Meetings shall constitute and be identified as sensitive business records or financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.311 to 192.431.

6. **Minutes.** Minutes of all Exempt Meetings shall be prepared when directed by the Chair. All such minutes shall constitute and be identified as sensitive business records or

financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.311 to 192.431.

7. **Written Consent in Lieu of Actual Meeting.** Any action that is permitted to be taken by the Board at an Exempt Meeting may be taken without a meeting if a consent in writing setting forth the action so taken shall be signed by all of the Directors entitled to vote on the matter. The action shall be effective on the date when the last signature is placed on the consent or at such earlier or later time as is set forth therein. Such consent, which shall have the same effect as a unanimous vote of the Directors, shall be filed with the minutes of all Exempt Meetings of the Board and shall constitute and be identified as sensitive business records or financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.311 to 192.431.

ARTICLE FIVE

Officers

1. **Officers of the University.** The officers of the University shall be a Chair, a Vice Chair, a President, a Secretary and such other officers and assistant officers as may be deemed necessary by the Board to conduct its business. The officers shall have such powers and duties as set out in these Bylaws, and as may be prescribed by the Board and/or by law.

2. **Chair and Vice Chair.** The selection of the Chair and Vice Chair shall be governed by this section.

a. Every two years, the Board shall select one of its members as Chair and another as Vice Chair, who shall be the Board Officers. The term for a board officer shall be approximately two years, or until death, resignation, removal or expiration of appointment as a Director within a term. The Chair and Vice Chair may be elected to consecutive terms. The Chair and Vice Chair may serve a maximum of two full terms in each respective position. The Chair and Vice Chair shall not be employees or students at the University and shall not, as Chair and Vice Chair, be authorized to bind the University. The Board may appoint such other Board Officers with such duties as the Board determines necessary or appropriate.

b. In the event of a vacancy in the position of Chair, the Vice Chair shall, as soon as practicable, call a meeting of the Board for purposes of filling the vacancy; the Vice Chair shall temporarily assume the responsibilities of the Chair until such a meeting occurs and a new Chair is elected. A vacancy in the position of Vice Chair shall be filled by the Board at its next regular meeting. In the event of a vacancy in both positions simultaneously, the President shall facilitate a meeting of the Board, as soon as reasonably practicable, for the purpose of filling both vacancies.

c. The Chair shall establish the agenda for and preside at all meetings of the Board. The Chair has the right to vote on all questions and is to otherwise serve as a spokesperson for the Board. The Chair serves as an ex officio member of all standing committees of the Board. The Chair shall perform such other duties as assigned by the Board. In the absence of the Chair or in the event of the Chair's inability to act, the Vice Chair shall perform the duties of the Chair, and when so acting, shall have the powers of and be subject to all the restrictions upon the Chair. The Vice Chair shall perform such other duties as assigned by the Board. The Chair may designate another Director, who is not the President, to temporarily preside over a meeting.

d. Notwithstanding the appointment of a Chair and Vice Chair, authority is vested in the Board collectively and not in any individual Director, except as otherwise provided in these Bylaws and as delegated by the Board to individual directors. Individual directors do not speak on behalf of the Board or the University unless authorized to do so by the Board or Chair. The Chair may speak on behalf of the Board and the University, unless otherwise determined by the Board. Individual directors may not bind the University.

e. A Board Officer serves at the pleasure of the Board. A Board Officer may be removed from office by a two-thirds majority vote of directors eligible to vote. A Board Officer may voluntarily relinquish his or her position as Chair or Vice Chair by submitting a letter of resignation to the Secretary with an effective date.

3. **Vacancies.** A vacancy in any Board office because of death, resignation, removal, disqualification, or otherwise may be filled by the Board.

4. **President of the University.** The President shall be the chief executive officer of the University and, subject to the control of the Board, shall supervise, direct and control the affairs of the University. The President shall, from time to time, report to the Board all matters within the President's knowledge affecting the University that should be brought to the attention of the Board. The President shall perform such other duties as assigned by the Board. The President may appoint other officers, who shall have such powers and duties as may be prescribed by the President

5. **Secretary.** The Secretary shall be responsible for the giving of required notices of meetings of the Board and the preparation of the minutes of meetings of the Board. The Secretary shall perform such other duties as may be assigned by the Board.

ARTICLE SIX
Board Committees

Subject to the requirements of applicable law, the Board may appoint such committees as it deems appropriate or necessary from time to time and shall define the duties of such committees and the reporting requirements of such committees and its members. Any committee of the Board and the members of any such committee shall serve at the pleasure of the Board.

ARTICLE SEVEN
Conflicts of Interest

Subject to the requirements of law and of this Article Seven, the Board may take any action involving either a potential conflict of interest or an actual conflict of interest (as defined in ORS Chapter 244). Prior to taking any action in an official capacity on any matter involving a potential conflict of interest or an actual conflict of interest for a Director, the Director shall publicly announce the nature of the potential or actual conflict of interest. Any Director having an actual conflict of interest in a transaction with the University shall in addition (i) refrain from participating as a public official in any discussion or debate on the issue out of which the conflict arises, and (ii) refrain from voting on the issue, unless the Director's vote is necessary for Board action on the issue and is otherwise not prohibited by ORS Chapter 244.

The Faculty Director, Student Director and Staff Director of the Board may not participate in any discussions or action by the Board or attend any executive session of the Board involving collective bargaining issues that affect students, faculty or staff at the University.

ARTICLE EIGHT
Confidentiality of Business Records and Financial Information

Subject to the requirements of applicable law, the Board and officers of the University shall take such steps as are necessary to preserve the confidentiality of sensitive business records and financial and commercial information concerning or belonging to the University which is of a nature not customarily provided to business competitors.

ARTICLE NINE
Indemnification

1. **Indemnification.** The University shall indemnify and defend to the fullest extent not prohibited by law any Party to any Proceeding against all expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by the Party in connection with such Proceeding.

2. **Advancement of Expenses.** Expenses incurred by a Director or officer of the University in defending a Proceeding shall in all cases be paid by the University in advance of the final disposition of such Proceeding at the written request of such Director or officer if:

a. The conduct of such Director or officer was in good faith, and the Director or officer reasonably believed that such conduct was in the best interests of, or not opposed to the best interests of, the University.

b. The Director or officer furnishes the University a written undertaking to repay such advance to the extent it is ultimately determined by a court that such Director or officer is not entitled to be indemnified by the University under this Article or under any other indemnification rights granted by the University to such Director or officer.

Such advances shall be made without regard to the person's ability to repay such advances.

3. **Definition of Proceeding.** The term "Proceeding" shall include any threatened, pending, or completed action, suit, or proceeding, whether brought in the right of the University or otherwise and whether of a civil, administrative, or investigative nature. The term "Party" shall include any person who may be or may have been involved in a Proceeding as a party or otherwise by reason of the fact that the person is or was a Director or officer of the University, or is or was serving at the request of the University as a director, officer, or fiduciary of an employee benefit plan of another corporation, partnership, joint venture, trust, or other enterprise, whether or not serving in such capacity at the time any liability or expense is incurred for which indemnification or advancement of expenses can be provided under this Article.

4. **Non-Exclusivity and Continuity of Rights.** This Article: (i) shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any statute, agreement, general or specific action of the Board or otherwise, both as to action in the official capacity of the person indemnified and as to action in another capacity while holding office, (ii) shall continue as to a person who has ceased to be a Director or officer, (iii) shall inure to the benefit of the heirs, executors, and administrators of such person.

5. **Amendments.** Any repeal of this Article shall only be prospective and no repeal or modification hereof shall adversely affect the rights under this Article in effect at the time of the alleged occurrence of any action or omission to act that is the cause of any Proceeding.

ARTICLE TEN
Miscellaneous Provisions

1. **Contracts.** The Board may authorize any officer or officers and agent or agents to enter into any contract or execute and deliver any instrument in the name of and on behalf of the University, and such authority may be general or confined to specific instances.

2. **Severability.** Any determination that any provision of these Bylaws is for any reason inapplicable, invalid, illegal, or otherwise ineffective shall not affect or invalidate any other provision of these Bylaws.

3. **Amendment of Bylaws.** These Bylaws may be altered, amended, restated or repealed and new bylaws may be adopted by the Board at any regular or special Public Meeting.



**RESOLUTION 2024-09-09
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

WHEREAS, the OHSU Board Chair and the Board Secretary have conducted a review of the OHSU Bylaws.

WHEREAS, as a result of this review and upon the recommendation of the Chair and Secretary the Board wishes to adopt certain amendments to the Bylaws.

NOW, THEREFORE, BE IT RESOLVED:

The Board hereby approves the amendment to the Fifth Amended and Restated Bylaws of the Oregon Health and Science University as reflected on Exhibit A attached hereto, effective immediately.

This Resolution is adopted this 27th day of September, 2024.

_____ Yeas
_____ Nays
_____ Abstentions

Signed by the Secretary of the Board on September 27, 2024.

Connie Seeley
Board Secretary



Date: September 27, 2024
To: OHSU Board of Directors
From: Tim Marshall, Chief Integrity Officer
RE: Integrity Code of Conduct presentation

The Integrity Office will be providing an update on the extensive revision of the OHSU Code of Conduct (“Code”) and planned next steps for Board approval. Over the past 4 years, through collaboration with many stakeholders, content owners and groups across the institution, the Integrity Office is pleased to present a re-imagined and enhanced Code to the Board for review and feedback. As part of this work, we have collaborated with the Strategic Communications and Branding teams to align the Code with OHSU branding standards.

This presentation will provide an overview of key changes to the Code, work done to date, and stakeholder engagement. We have provided a draft of the Code for Board review and feedback, along with the current published version (2015) for comparison purposes, and will discuss next steps of this important work, including the planned roll-out of the enhanced Code, and translated versions, for all OHSU members.

We intend to incorporate any feedback and provide the final draft version of the Code for a Board resolution and approval during the October 2024 meeting.

OHSU INTEGRITY OFFICE

Code of Conduct: 2024 Updates





Code of Conduct

Revised 2024

Code of Conduct

The OHSU community

The Code of Conduct provides guidelines and expectations for all those working, learning, healing and conducting business at OHSU.

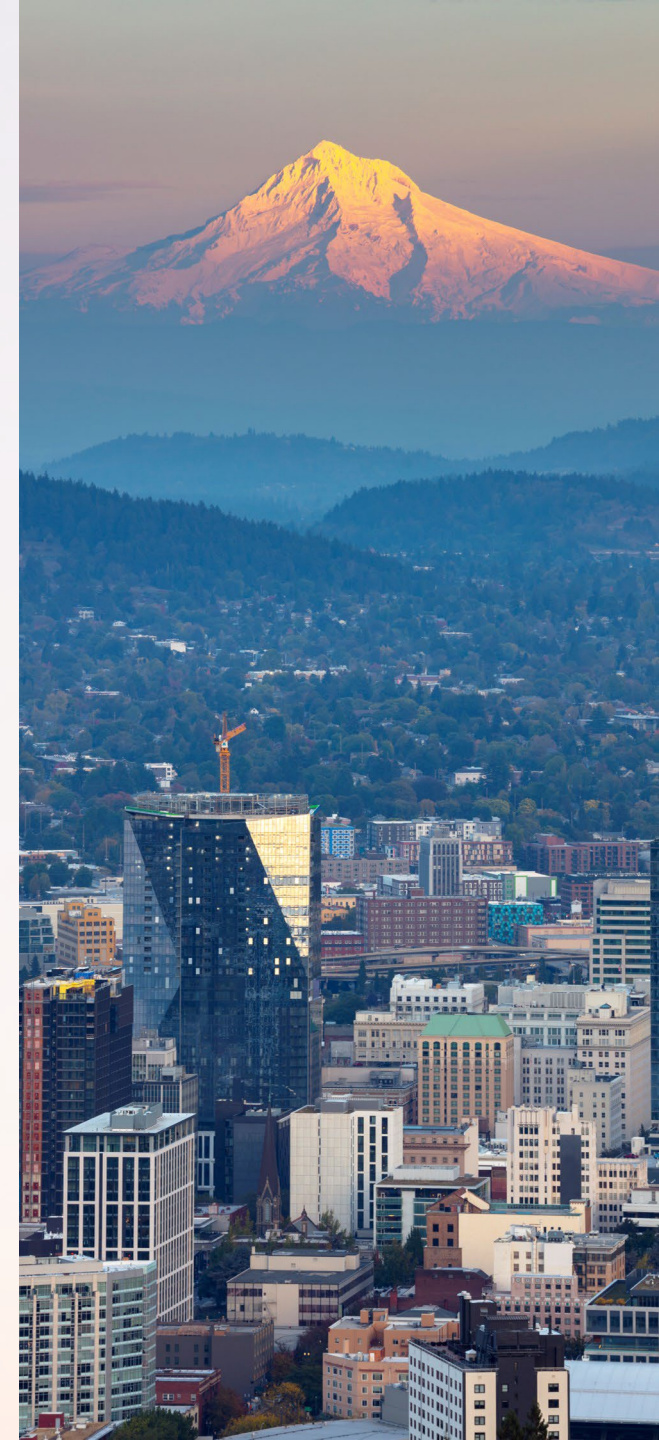
The Code of Conduct has been adopted as policy and all OHSU members are held to its standards. As with other OHSU policies, adherence to these standards ensures effective, efficient operations that enable us to achieve our mission.

Code of Conduct Updates

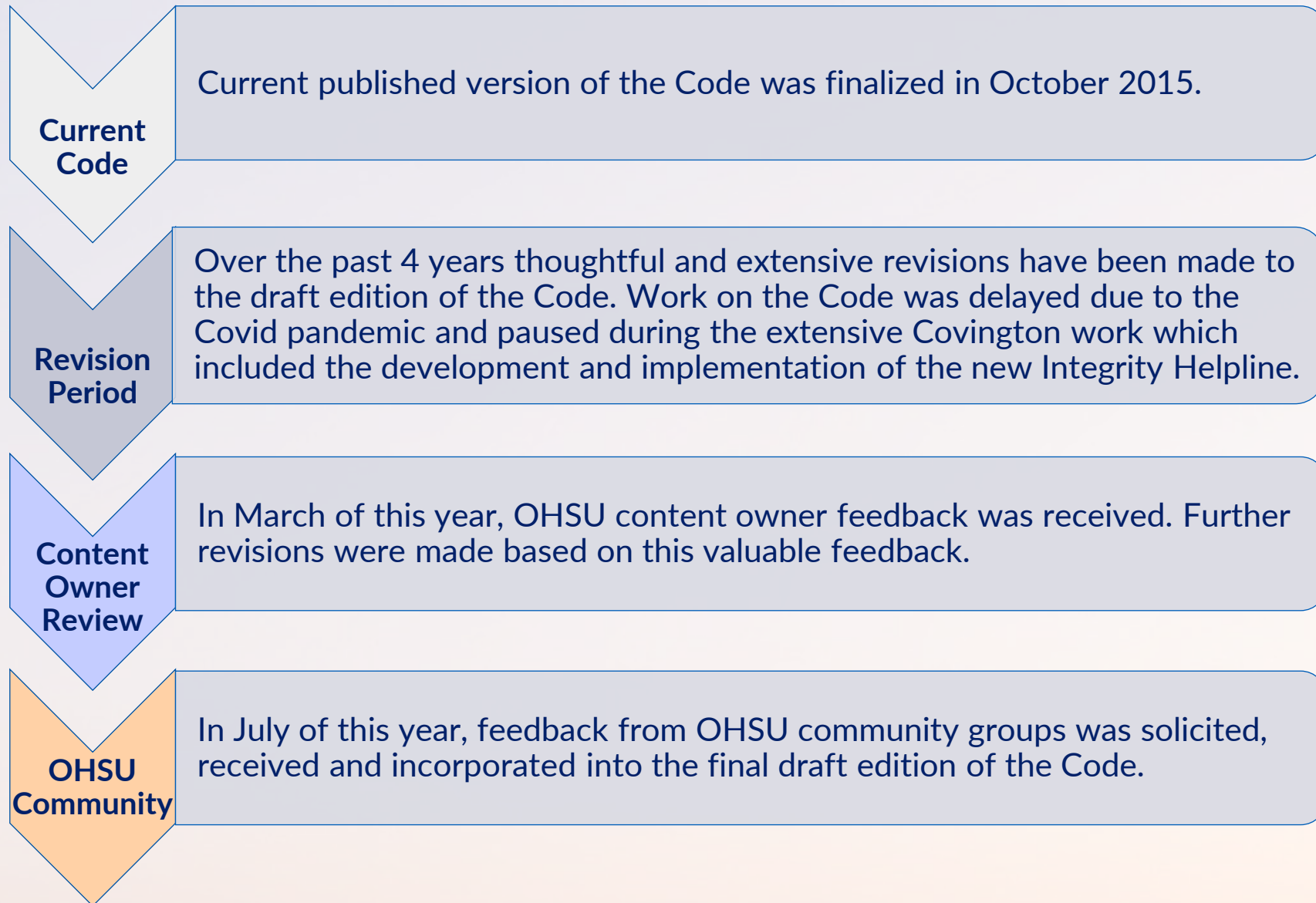
The Central Integrity and Brand Strategy and Marketing teams have prepared a draft edition of the Code of Conduct (“Code”) for OHSU Board of Directors review and approval.

Thoughtful revisions have been made to highlight diversity, equity, inclusion and belonging as well as promote more accessible language, reader engagement and alignment with OHSU branding.

Feedback from the OHSU community was paramount as we progressed toward this draft edition of the Code.



Code of Conduct Timeline



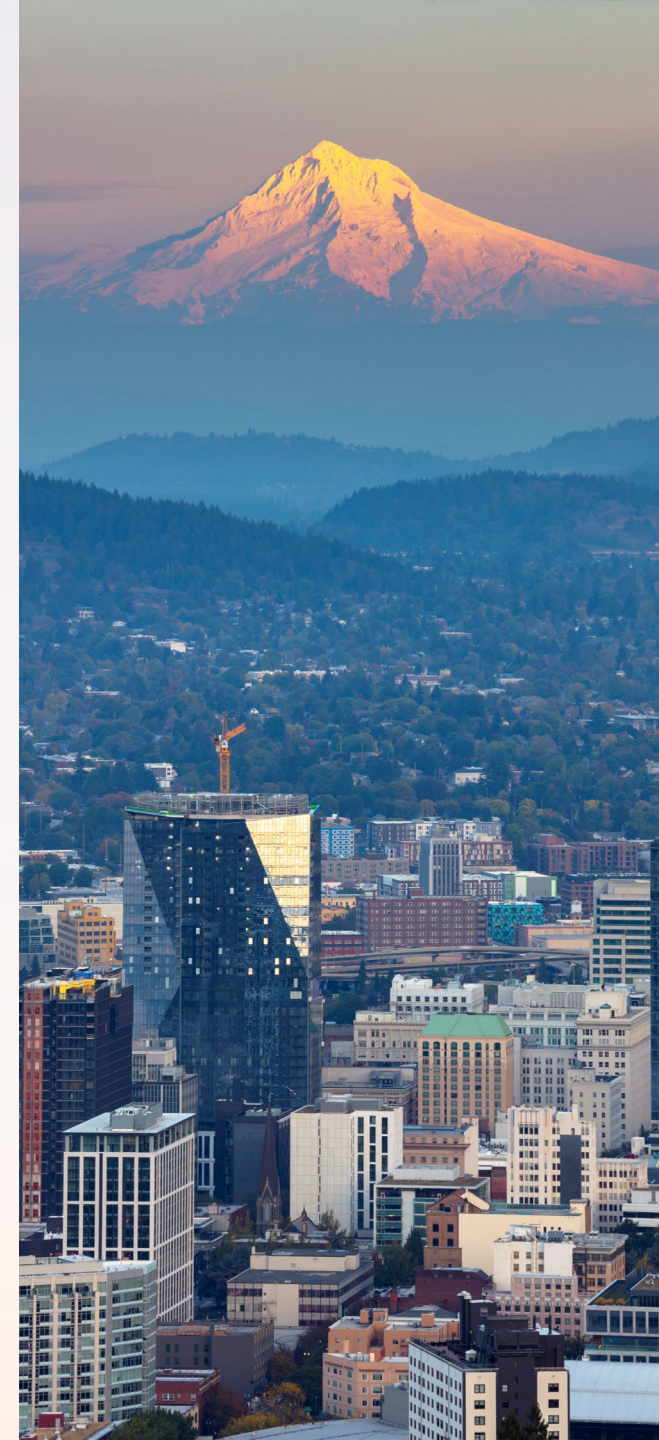
Key updates to the Code of Conduct

- A more accessible and equitable reader experience and understanding, including:
 - Plain language throughout the Code.
 - Improved fonts and color contrast for a more accessible experience. Once finalized, the Code will be structured for optimized use with text-to-speech programs.
 - Glossary of key terms and direct references to OHSU policies, where appropriate, to help our community find the information they need to be successful.
 - Once finalized, the Code will be translated in OHSU's top 7 languages, plus the Code will also be available to members in a one-page guide to include top OHSU and community resources referenced in the Code.
- New content specific to OHSU's values of diversity, equity, inclusion and belonging, as well as anti-racism and connections to resources to support our diverse community.
- Examples to contextualize concepts and conduct described in the Code to help OHSU members understand their expectations and rights.
- Enhanced formatting throughout and aligned with current OHSU branding.

OHSU Content Owner Feedback

In March of this year, the Integrity team invited feedback from content owners with a request for observation of the following elements during their review:

1. Ensure a more accessible experience that highlights OHSU's mission and values.
2. If the content accurately reflects the expectations of behavior, as well as rights and responsibilities for all OHSU members.
3. Missing content or updates to the content to reflect current policy guidance.
4. Consideration of sections or content that may qualify for redesign or reduction to decrease content length to encourage reader engagement.



OHSU Content Owner Feedback

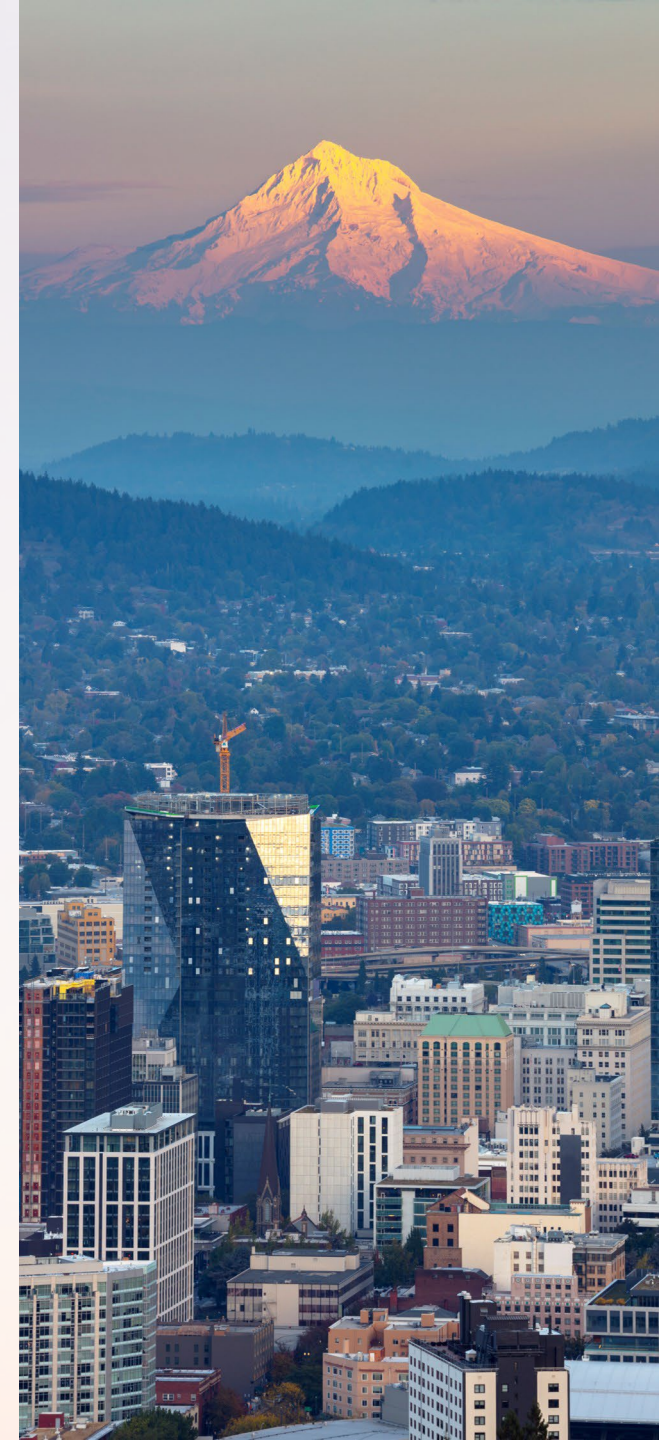
Content owners from the following areas were invited to provide feedback on the draft Code:

- Clinical Integrity
- Conflict Management
- Contracting
- Center for Diversity and Inclusion
- Environmental Health and Safety
- Government Relations
- Human Resources
- Information Privacy and Security
- Legal
- Office of Visitors and Volunteers
- Office of Civil Rights Investigations and Compliance
- Patient Experience
- Patient Relations
- Provost Office
- Public Safety
- Quality
- Research
- Risk Management
- Safety
- Strategic Communications
- Supplier Diversity
- Tech Transfer

OHSU Community Feedback

Following the content owner review, the draft Code was shared with the following OHSU community groups inviting their review and feedback:

- Employee Resource Groups
- Faculty Senate
- GME Committee
- Student Affairs
- All-Hill Student Council



Next Steps

- Request for OHSU Board of Directors review and approval – incorporating feedback received.
- Finalize the updated Code for publication, including accessibility enhancements.
- Develop translated versions of the Code.
- OHSU Community engagement:
 - Creation of a one-page guide to provide expectations and guidance to promote understanding and resources provided in the Code.
 - Develop roll-out strategy with Strategic Communications including:
 - All Leaders Meeting update
 - OHSU Now post(s)
 - Education / Awareness campaign

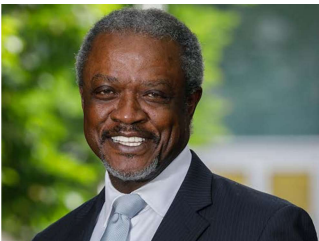
CURRENT PUBLISHED VERSION 2015

INTEGRITY DEPARTMENT

Code of Conduct



A message from Danny Jacobs



Dear Members,

At Oregon Health & Science University, we hold ourselves to a high standard. As an organization, we follow numerous laws, regulations and professional standards. But, most importantly, we must endeavor to model best practices in education, research and patient care and to lead change.

This edition of the Code of Conduct (“Code”) includes our established core values of quality, transparency, service excellence and diversity. OHSU is committed to continuously reviewing our policies and practices to ensure they are as inclusive, effective and equitable as possible. At my request, this edition is currently under review with an anticipated update in 2020.

As a mission-based organization, we rely deeply on the public trust. How we treat one another and those that we serve holds equal importance to our accomplishments in health care, education and research. Our reputation is earned and upheld through the actions, words and deeds of our members.

We embrace a culture of inclusion and expect respectful conduct from all employees, students, volunteers and vendors. I want to be clear that discrimination, harassment, violence and sexual misconduct are not tolerated at OHSU.

Please join me in carefully reviewing this Code, adhering to its standards, and bringing the highest level of integrity to all that you do for OHSU.

Thank you.

A handwritten signature in black ink that reads "Danny Jacobs". The signature is written in a cursive, flowing style.

Danny Jacobs, M.D., M.P.H., FACS
President

Table of contents

Introduction

The OHSU Community	5
The OHSU Vision	5
The OHSU Mission	5
OHSU Core Values	6
OHSU Core Competencies	7

1 Meeting Our Responsibilities

1.1 A Culture of Ethics and Integrity	8
1.2 Accountability under the Code of Conduct	9
1.3 Making the Right Choice	9
1.4 Managing Conflict Constructively	10
1.5 Asking Questions and Reporting Concerns	11
What to Expect When you Use the Integrity Helpline	
Retaliation is Prohibited	

2 Our Responsibilities to One Another and for Those in Our Care

2.1 Keeping Safe and Healthy	13
2.2 Diversity, Inclusion and Equal Opportunity	13
2.3 Harassment and Bullying	14
2.4 Patient Care	15
2.5 OHSU Culture of Safety Position Statement	15

3 Our Academic and Research Responsibilities

3.1 Our Teaching and Learning Philosophy	17
3.2 Academic and Research Standards	17
Intellectual Property	
Technology Transfers	

4	Protecting Information and Assets	
4.1	Privacy and Security of OHSU Restricted Information	19
	OHSU Restricted Information	
	Personal Information	
4.2	Creating and Maintaining Records	20
	Records Management	
4.3	Protecting Our Assets	21
4.4	Proper Use of OHSU’s Computer and Telecommunications Resources	22
4.5	Communicating with the Public	22
4.6	Outreach and Volunteerism	23
4.7	Using Social Media	23
5	Working with Our External Business Partners	
5.1	Vendor Relations	25
	Vendor Diversity	
5.2	Conflicts of Interest	26
	Business Opportunities	
	Outside Activities	
	Significant Financial Interests	
	Family Members	
5.3	Gifts and Entertainment	27
6	Our Responsibilities to the Letter and Spirit of the Law	
6.1	Vendor Relations	28
	Government Contracting	
	Gifts and Entertainment of Government Representatives	
	Kickbacks and Inducements	
6.2	Anti-Corruption and Bribery	29
6.3	Fraud, Waste and Abuse Prevention and the False Claims Act (FCA)	29
	The False Claims Act’s ‘Whistleblower’ or ‘qui tam’ Provisions	
6.4	Insider Trading	31
6.5	Political Involvement	31
	Code of Conduct and You	33
	Acknowledgements	35

Introduction

The OHSU Community

This Code of Conduct* provides the guidelines and expectations for conducting business on behalf of OHSU. This Code of Conduct has been approved by the following Boards of Directors: OHSU, Doernbecher Children's Hospital, and the FPP. It has been adopted as policy and all OHSU Members are held to its standards. As with other OHSU policies, those who violate the Code of Conduct are subject to disciplinary action.

The OHSU Code of Conduct applies to all OHSU Members, defined as:

- Members of the OHSU Board of Directors
- Employees
- Students and trainees
(e.g., interns, post-doctoral fellows on training grants, etc.)
- Volunteers
- Visiting faculty, researchers and healthcare practitioners
- Contractors and vendors, while doing business with OHSU
- Others who work for or on behalf of OHSU

The OHSU Vision

OHSU will partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians.

The OHSU Mission

Oregon Health & Science University is the state's only comprehensive public academic health center. Its fundamental purpose is to improve the health and well-being of people in Oregon and beyond. A ten-member Board of Directors nominated by the Governor and confirmed by the Oregon Senate governs the University.

As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative, and cooperation among students, faculty and staff.

Setting the example for integrity, compassion and leadership, OHSU strives to:

- 1 Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.
- 2 Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information services, and translate these discoveries, wherever possible, into applications in the health and commercial sectors.
- 3 Deliver excellence in healthcare, emphasizing the creation and implementation of new knowledge and cutting edge technologies.
- 4 Lead and advocate for programs that improve health for all Oregonians, and extend OHSU's education, research and healthcare missions through community service, outreach and partnerships.

* This Code of Conduct should not be construed as a legal document or a binding employment contract between an employee and OHSU. OHSU reserves the right to amend, modify or delete provisions contained in the Code of Conduct at any time and will notify employees of any significant changes that may affect them. All decisions regarding the application and interpretation of the Code of Conduct are under OHSU's discretion. OHSU reserves the right to deviate from this Code of Conduct when, in its discretion, it determines it is appropriate.

OHSU Core Values

Quality

As Oregon's only comprehensive academic health center, OHSU is and should be the standard bearer for quality. We are looked to by the community — and by extension the nation and the world — to establish the benchmarks for quality and to model behavior that adheres to those standards. Our commitment to quality extends throughout the institution. We embrace the pursuit of quality in the broadest possible sense — a commitment to excellence in our mission areas and integrity in our behavior.

Transparency

Transparency is the foundation on which trust grows and develops, and as such is essential to everything we do — including collaboration, a cornerstone of OHSU strategy. Transparency builds credibility — and, over time, a sense of institutional integrity — by creating clarity around key facts in many areas from clinical outcomes to financial and other performance data. This can be uncomfortable because transparency can also reveal areas of vulnerability, but it is necessary to inspire public trust, to meet the needs of those we serve, and to fulfill our missions. There is no trust without transparency.

Service Excellence

As a mission-based organization with a vision to improve the health and well-being of Oregonians, OHSU exists to serve others. To be effective, we need to be approachable and accommodating — we must offer comfort and reassurance and uphold the confidence of those we serve. This is true of internal clients, collaborators and stakeholders as well as patients, external partners, community leaders and the general public. We must always remember that the people we serve do not experience OHSU as an institution, but as a person — whether in a patient ward, on a physician consult line, through research collaboration or navigating our complex campus. OHSU's reputation is made and re-made, every day, one encounter at a time.

Diversity

The first goal of Vision 2020 captures the centrality of diversity to OHSU values and strategy: “Be a great organization, diverse in people and ideas.” Patients should be able to see providers who understand and can meet their diverse needs — providers who appreciate and respect differences, whether ethnic background, race, language, religion, abilities, sexual orientation or culture. Students learn best in a diverse educational environment, from mentors with varied backgrounds and experiences, and are thus better equipped to treat the increasingly diverse patient population. In the research mission, diversity promotes creativity. Innovation happens when you bring together people with a wide variety of backgrounds and ideas. Embracing diversity is the right thing to do, and the smart thing to do as well.



OHSU Core Competencies

The OHSU Core Competencies are expected of everyone who works at OHSU, regardless of role, title or level of authority. These Core Competencies are the knowledge, skills and behaviors that create the organizational culture required for success at OHSU.

Inclusion, Collaboration and Teamwork

Every person matters. We benefit from the rich variety of ideas, skills and perspectives that emerge when we work together. Our collaboration fuels innovation, better solutions to complex problems and a sense of community. Cultivating a climate of inclusion and respect enables us to partner with those who can help OHSU achieve its vision.

Organizational Perspective

We are all connected. Whether our role is caring for patients, inspiring students, advancing scientific knowledge or supporting those endeavors, each person's work impacts another's. When we understand how our actions and decisions affect the whole, we can better align the needs of our workgroup with the best interests of OHSU. We have a common purpose that guides what we do and why.

Performance Results

We work hard to make great things happen. We hold ourselves and our colleagues to high standards of performance that are focused on results. We pursue excellence by giving and receiving feedback openly and directly. We continually seek to improve ourselves and our work by setting goals, measuring outcomes, and developing our knowledge and skills. We exceed expectations in pursuit of our vision.

Personal Effectiveness

We are strong in character. As individuals, we value integrity and inspire trust. We meet obstacles with calm resolve, and can adapt quickly to change. We continue to move forward, even when the way is unclear. Each of us aspires to be our best self, accountable for the work we do and dedicated to the purpose of OHSU.

Clinical Enterprise Excellence *

(FOR ALL HEALTHCARE EMPLOYEES)

We make a difference. Through innovation, education and clinical expertise we provide the best possible health care experience for patients and their families. Each of us understands our vital role in promoting clinical excellence, delivering value, and reducing total costs. We continuously strive to make a positive impact through our work.

Each Core Competency has associated behaviors for the organizational roles of Leading Self, Leading Others, Leading Leaders, Leading the Function and Leading the Organization.

Learn more at o2.ohsu.edu/corecompetencies

* Leaders of employees outside of Healthcare may elect this competency for their teams as appropriate.

1

Meeting Our Responsibilities

Integrity: To commit to and remain true to a set of values and principles through consistent actions, with unwavering dedication to being upright and honest.

1.1 A Culture of Ethics and Integrity

Every organization has its own unique culture. Culture is defined by the written and unwritten rules, the common ways of doing things, and the formal and informal processes that account for the way things get done. Culture is also defined by what an organization and the people who make up the organization value and prioritize.

We also know it is important that others trust us. Our patients and families, students, researchers, vendors, neighbors and other care providers in Oregon and beyond must trust that we will do what we say, honor our commitments and meet our responsibilities. In other words, we must have integrity.

In practice, this means we are committed to reviewing our own processes, and identifying strategies for progress. As a result, we are an organization committed to solving problems with careful deliberation and with methods that are mindful of the standards, requirements, our values and mission. We never lose sight of the fact that our decisions can have profound effects on the lives of others, intended or not.

This is our culture. It is defined by our action and inaction; the ways which we approach and resolve the tasks placed before us.

Our Responsibilities

All OHSU Members are expected to meet the following responsibilities:

- Align your decisions and actions with the Code as well as with other OHSU policies and applicable laws. Pay particular attention to the policies pertaining to your work responsibilities.
- Behave in a professional, honest and ethical manner when acting on behalf of OHSU or participating in OHSU activities. This includes:
 - Abiding by the professional standards set forth by our respective professions. Maintaining all necessary qualifications and licenses related to patient care, teaching or conducting research;
 - Exercising good judgment and professional objectivity in all matters related to OHSU;
 - Treating others with respect and dignity, including our patients and families, visitors, vendors and other members of the OHSU community;
 - Being courteous, honest and respectful in our verbal and nonverbal interpersonal behavior;
 - Value and respect difference, individuality and diversity of thought; and
 - Holding yourself accountable and encouraging others to speak up, contribute and fully utilize talents.
- Create an environment where others feel comfortable asking questions, addressing issues and raising concerns.
- Do not abuse the power and authority you might have based on title, position or other delegated authority.
- Foster an environment of improvement by taking prompt action to honestly report deficiencies and errors, even those that may seem small or insignificant, to the appropriate individual in your area.
- Resolve any differences that might impact safety, quality or performance in a respectful manner through open and honest discussions. When you are not able to resolve differences directly with team members, seek additional resources to help resolve the issue.
- Promptly report concerns about possible violations of laws, regulations,

OHSU policies and this Code as noted below, without fear of retaliation, especially from those in positions of power and influence.

- Complete all required training in a timely manner and apply what you have learned in your work every day.
- Cooperate, tell the whole truth and provide all information when responding to a review, investigation or audit.
- Manage partnerships with third parties such that they align and abide with this Code.
- Refrain from unacceptable and disruptive behaviors, including but not limited to:
 - Shouting or yelling;
 - Using profanity;
 - Physically demonstrative or threatening behavior, including slamming or throwing objects in anger;
 - Engaging in hostile or demeaning communication or actions;
 - Criticizing others' performance or competency in a public or an inappropriate manner not aimed at performance improvement; or
 - Being unfit for duty for any reason, including impairment from alcohol or other substances.

1.2 Accountability Under the Code of Conduct

The *Code* details the fundamental principles and framework for action within our organization. It states our expectations and responsibilities, which support our culture of acting with integrity. We value the prevention, detection and resolution of ethical and integrity issues.

1.3 Making the Right Choice

Making the right decision is not always easy. There will be times when you will be under pressure or unsure of what to do. Always remember when you have a tough choice to make that you are not alone. Your colleagues and the resources cited throughout this Code are available to help.

When faced with a difficult decision it may help you to stop and ask yourself these questions:

- *What action(s) or outcomes are most aligned with safety, quality and our OHSU Core Values?*
- *Is it the right thing to do?*
- *Do I know the policies, regulations, procedures and standards that are applicable and can help me to make the right decision?*
- *Have I considered all the options?*
- *Can I honestly say I would be proud of the choice I made if it were subsequently made public or others were made aware?*
- *What is the possible impact of my actions on others?*

1.4 Managing Conflict Constructively

Collaboration, mutual respect and clear communication are necessary parts of performance excellence — as individuals, teams and as an organization. In addition, OHSU is diverse in people and perspectives, making for a rich and dynamic environment. But, when different perspectives become incompatible, it may lead to conflict, a normal and inevitable part of any workplace. Conflict can have constructive and/or destructive impacts, affected in large part by how each person approaches the matter and one another. Conflict management involves open, productive and respectful communication that acknowledges the rights and responsibilities of involved parties. An open exchange of diverse information and perspectives enhances effective decision making, particularly in challenging or complex situations. OHSU Members should seek to resolve issues as soon as possible in order to protect performance excellence, even in the most challenging situations. Consider these questions when facing a difficult interpersonal situation:

- *Who and what will be impacted if this situation continues to go unresolved?*
- *What can I do to respectfully address the matter directly with the person(s) involved?*
- *What are my options for managing a difficult work relationship that is ongoing?*
- *Have I considered support resources, such as the Conflict Coaching Service, to help me talk directly with the other individual(s) involved as my first course of action?*

OHSU strives for performance excellence in all of our domains — safety, quality, and service. Inter-professional collaboration, mutual respect, clear communication and teamwork are necessary to achieve performance excellence. However, situations may arise when team members cannot agree on the plan and additional resources are necessary to facilitate a collaborative resolution that assures a satisfactory solution for each team member.

Human factors science tells us that even skilled and experienced individuals can make mistakes. The limitations of human memory and our capacity to multitask make us vulnerable to the effects of stress, fatigue, distractions and interruptions. Therefore, all members are responsible to assure effective communication that creates a well understood plan that reduces the chances of inevitable errors becoming consequential and injuring others or OHSU.

Issues that call for open, clear, and direct communication include:

- Behaviors or practice variations that pose a threat to the safety of OHSU Members, patients, visitors, family, etc.
- Unresolved environmental, equipment or system issues that pose a risk.

The following are the steps that OHSU Members are encouraged to take for self-resolution of integrity concerns:

- Colleague to Colleague
 - Work directly with the colleague(s) involved in the situation to come to a solution.
- Lead, Supervisor, Manager (etc.)
 - If unable to come to a mutually agreed upon solution, seek assistance from your supervisor or manager. Either with your colleague(s) or alone.
- Department Head, Division Director

- Contact appropriate department:
 - Integrity Department or Helpline, OCIC or Human Resources.

Our Responsibilities

Optimize integrity with open, respectful and collegial communication directly between OHSU Members, especially during times of disagreement.

Utilize direct, respectful escalation of concerns between OHSU Members by asking questions, requesting clarifications or corrections, expressing concerns and involving others in the resolution as described above.

OHSU Integrity Helpline

1 877 733-8313

www.ohsu.edu/helpline

24 HOURS A DAY

7 DAYS A WEEK

1.5 Asking Questions and Reporting Concerns

OHSU has the opportunity to improve every time you ask a question or raise a concern. When you speak up to clarify a policy or report questionable conduct, you are protecting your colleagues, the interests of patients, caregivers and students and the reputation of OHSU. **Remember, an issue cannot be addressed unless it is brought to the right person's attention.**

- If you have a concern about a decision, behavior or action as a possible safety risk (e.g. workarounds, breaks in team communication, non-standard practices), you are responsible for speaking up immediately, not after the fact.
- When addressing an issue, if appropriate and you are comfortable doing so, it is generally best to talk directly to the individual(s) involved.
- If you are not comfortable talking directly to the individual(s) involved, discuss the concern with your supervisor or manager. **If at all possible, consider directly approaching the other individual(s) involved as your first course of action.**
- If you are uncomfortable discussing certain questions or concerns with your supervisor or manager, or if you have already done so and the situation remains unresolved, you are encouraged to discuss the issue with someone at a higher level of authority such as a department head/chair or area lead.
- You also may discuss the concern with an OHSU Integrity Officer or a representative from the Office of Civil Rights Investigations and Compliance, or the Human Resources, Legal and/or Public Safety department(s).
- If you do not feel comfortable with any of these steps, you may call the OHSU Integrity Helpline or one of the Integrity Department staff to discuss your concern. These calls are not recorded.
- For those in a management position:
 - Create a safe space by being open to understanding the issue and seek to understand what and why the individual is concerned.
 - Follow up on the concern, taking action as appropriate, such as providing information or referral to another resource for further review.

What to Expect When You Use the Integrity Helpline

OHSU contracts with an outside company to provide an Integrity Helpline for the OHSU community. The Helpline provides a confidential and anonymous way to ask questions or report concerns. You may report concerns online or via a toll-free phone number.

If you use the helpline to report a concern, you will be given a tracking number. This will enable you to provide additional information that can then be linked to your original report.

Retaliation is Prohibited

Regardless of the type of misconduct reported or the method of reporting, OHSU will not tolerate retaliation against anyone who makes a good faith report of an alleged violation of the law, this Code or OHSU's policies and procedures.

Retaliation: Occurs when someone takes an adverse action against an individual as a result of bringing forward a concern or participating in an investigation or review of a reported concern.

We view reporting as a positive action, and we take allegations of retaliation seriously. If you believe you have been retaliated against, you should report such action using any of the resources listed in this Code.



2

Our Responsibilities to One Another and for Those in Our Care

2.1 Keeping Safe and Healthy

Nothing is more important to us than ensuring the safety of our patients and all members of the OHSU community. We must always be careful to use sound and safe procedures and to always look out for the safety of others. We must be alert to health and safety risks as we go about our jobs and speak up whenever we see a potential hazard. We care about the health and safety of members of the OHSU community, OHSU's physical environment and the environmental impact of our activities on the broader community.

Our Responsibilities

- Do not use threats, intimidation or violence. These actions undermine everything we stand for as an organization and will not be tolerated.
- Do not possess any firearm on OHSU property unless covered by an exemption in OHSU Policy 07-30-010.
- Do not possess any weapon on OHSU property that creates a security concern or is disruptive to OHSU operations or the OHSU work, learning or health care environment.
- Help contractors and third parties to act consistently with our safety requirements.
- Promote a healthy environment by following our Tobacco Free Policy.
- Ensure that OHSU buildings, laboratory spaces, chemicals, drugs, equipment and products are used safely and in accordance with all applicable policies and laws.
- Take the necessary steps and precautions to safely perform your duties and protect other OHSU Members, patients, visitors and the public.

2.2 Diversity, Inclusion and Equal Opportunity

Diversity at OHSU means creating a community of inclusion. We honor, respect, embrace and value the unique contributions and perspectives of all OHSU Members including but not limited to, employees, patients, students, volunteers and our local and global communities. We value the unique contribution each person brings to the OHSU community. We accomplish more together as a team when we include people with diverse backgrounds, talents and contributions.

Diversity is fundamental to OHSU's ability to attract and retain top talent, achieve innovation and creativity, flourish in a competitive market, maximize the return on our investment in people, and ensure flexibility to thrive. Diversity is essential to realize our multifaceted mission and to set the example for integrity, compassion and leadership in healthcare, education, research and community service.

OHSU also complies with Title IX of the Education Amendments of 1972 and the Campus Sexual Violence Act (Campus SaVE Act) by prohibiting sex and gender discrimination in education programs, activities, employment and admissions. Such discrimination includes (but is not limited to) discrimination and harassment on the basis of gender, gender identity, gender expression or sex, sexual harassment, sexual misconduct, sexual violence and retaliation for reporting such concerns. OHSU also prohibits dating violence, domestic violence, sexual assault and stalking.

Our Responsibilities

- Respect and value all who we serve.
- Be open and non-judgmental to new ideas and varied perspectives.

- Help create an environment in which we can openly discuss diversity.
- Understand our individual responsibility to meet equal opportunity laws.
- Ensure that any materials being distributed or displayed are respectful and inclusive (messaging, photos, translation, etc.) rather than discriminatory or offensive.
- If you supervise others, evaluate them solely on their work performance. Assign work and make employment-related decisions solely on the basis of qualifications, past work performance and potential. Avoid introducing non-job-related considerations into your decisions. Use objective and quantifiable standards.

2.3 Harassment and Bullying

People work best when they feel safe and respected. We do not tolerate harassment or bullying. This includes any conduct, whether electronic, physical, nonverbal, verbal, visual or other conduct, that disrupts another's work performance or creates an intimidating, offensive, abusive or hostile work environment.

Harassment: Any conduct that is connected in a negative way with an individual's or a group's age, color, disability, gender, gender identity or expression, marital status, military status, national origin, race, religion, sex, sexual orientation, participating in a Civil Rights complaint, use of the federal Family and Medical Leave Act or Oregon Family Leave Act, use of the workers' compensation system or any other status protected by law when:

- A Submission to or rejection of such conduct is used either explicitly or implicitly as a basis for any decision affecting terms or conditions of an individual's employment, receipt of services or academic activities; or
- B Such conduct has the effect of unreasonably interfering with an individual's work performance, receipt of services or academic activities or creates an intimidating, hostile or offensive environment.

Bullying: Any behavior that is repeated, systematic and directed towards an individual or group of individuals which a reasonable person would expect to victimize, humiliate, undermine or threaten that individual or group and which creates a risk to health and safety. Intimidation is a form of bullying where someone acts aggressively in a manner that causes someone else to reasonably fear physical harm.

Our Responsibilities

- Hold ourselves and others accountable to identify and address all forms of harassment or bullying.
- Remember that harassment and bullying violate our values and may violate the law, even when they involve individuals outside the OHSU community or occur outside the workplace.
- Do not engage in degrading jokes, slurs, bigotry, physical or verbal intimidation, unwelcome sexual advances or other disrespectful conduct when interacting with others. Understand that offensive messages, derogatory remarks, symbols, and inappropriate jokes can all be forms of harassment, may result in disciplinary action up to and including termination, and are inconsistent with our culture and beliefs.
- Speak up, be direct and tell a person if you are upset by his or her actions or inappropriate language. If possible, explain why and ask him or her to stop. Make a formal complaint if the behavior continues, if you are uncomfortable taking a direct approach, or when such resolution is not possible or appropriate.

- If someone says you are offending him or her with your words or actions, you should stop at once, even if you believe you are acting innocently or inoffensively.

2.4 Patient Care

We are committed to providing compassionate, appropriate, high-quality, cost-effective care in a manner that is sensitive to our patients' and families' individuality, personal beliefs and culture. We are also committed to providing considerate and respectful care, including consideration of cultural, spiritual and personal variables that influence the perceptions of illness. We also subscribe to the Patient's Bill of Rights that guides us in providing culturally sensitive care and work to deliver this care in a setting that is free from abuse, discrimination or harassment.

We work to promote an atmosphere that strongly supports excellent care and to document that care accurately and thoroughly.

Our Responsibilities

- Consistently treat patients and families with respect and dignity.
- Be responsive to individual, family and community health care needs, making reasonable efforts to accommodate their preferences and honor their rights, culture, belief systems and language of preference.
- Consistently maintain a safe patient care environment that is free from verbal, sexual, physical, mental abuse and/or other barriers that might prevent receiving the best care.
- Help patients and families to secure their property.
- Never solicit or accept offers of gifts, tips or loans from patients or their family members regardless of the amount or of your intent to repay.
- Providers should not provide treatment to themselves or members of their immediate family, except in emergencies.

2.5 OHSU Culture of Safety Position Statement

Decreasing patient harm by reducing preventable medical errors is a primary healthcare provider obligation. To reduce preventable medical errors, the Institute of Medicine and other regulatory agencies have urged healthcare organizations to create a "culture of safety" in which safety is the core value and highly reliable systems of care are the core strategy.

Creating a culture of safety requires that we constantly learn how and why we make errors and that we dedicate ourselves to continuously improving the systems in place to prevent errors. It means that we are committed to achieving a "culture of safety" at OHSU by addressing all aspects of that culture, including creating an environment in which it is easy and desirable for anyone to report an error.

There are four components to a culture of safety at OHSU, we embrace the following:

Just Culture: We recognize that most mistakes come from system failures. We are committed to a non-punitive and transparent response to error reporting. We maintain individual accountability for actions in a manner that reflects overall patterns of behavior and performance.

Reporting Culture: We continuously dedicate ourselves to promoting open reporting of errors. We commit to a response that is objective, timely and reliable.

Learning Culture: We develop highly reliable systems and teams by engaging in process improvement efforts, using internal and external sources to guide our learning and being transparent with OHSU Members, patients and families.

Engaged and Informed Culture: We are mindful and respectful of the ideas and perspectives of all OHSU employees. We honor the courage of those who raise concerns and foster the development of trusting relationships that enhance our community.

Our Responsibilities

- Hold ourselves individually accountable.
- Recognize that most mistakes come from system failures, not human failures.
- Respond to system errors in a non-punitive, transparent and consistent way.
- Raise concerns face-to-face with team members in a respectful manner.
- Develop and cultivate highly reliable systems and teams.
- Fulfill our obligation to safety by reporting patient safety risks immediately.
- Respond to events consistently, reliably and in a timely manner.
- Learn from our mistakes and rectify problems and inconsistencies.
- Be honest and transparent with OHSU Members, patients and families about safety.



3.1 Our Teaching and Learning Philosophy

OHSU provides educational opportunities for current and future health care professionals, scientists, engineers, managers and educators.

As educators, we place a high value on intellectual curiosity, academic freedom, integrity and outstanding professional preparation. We understand the importance of maintaining a collegial environment in which faculty, staff and students are valued and respected. We accept the responsibility to impart knowledge that is accurate and thorough, and to do so in a stimulating manner and environment that will help our students and colleagues engage in continual inquiry and lifelong learning.

Our Responsibilities

Those of us who teach recognize the responsibilities we have to:

- Foster our students' professional growth and ethical behavior.
- Consistently treat students with respect, protect our students' privacy and ensure a safe and equitable learning environment, free from discrimination, harassment and retaliation, where students can express opinions and ask questions.
- Hold ourselves and others accountable to upholding our responsibilities for scholarship, professionalism and mutual respect.
- Carefully weigh the credentials of each candidate for graduation, ensuring that only those who have exhibited the appropriate level of expertise, who meet expected competencies and demonstrate that they are deserving of the public's trust are allowed to graduate.
- Those of us who are students recognize the responsibilities we have to:
- Honor the learning environment through active participation.
- Respect our instructors, mentors, administrators, fellow students and other OHSU Members.
- Honestly represent our skills, abilities and the work we have done individually and collaboratively.
- Embrace the ethical expectations associated with our future professions.
- Demonstrate a level of competence consistent with the responsibilities we have chosen to assume.

3.2 Academic and Research Standards

The reputation of OHSU's research is critical to the organization's mission. Protecting the high quality of this reputation requires that we also maintain and protect our academic and research integrity.

We are committed to the well-being of our research participants and their families, and we create and maintain an environment that fosters privacy, security and comfort.

OHSU does not tolerate acts of plagiarism, falsification or fabrication of data.

Our Responsibilities

- Respect all research participants — human and animal.
- Engage all human research participants or their appropriate representatives in a meaningful informed consent process.
- Protect human research participants, laboratory personnel, laboratory animals and scientific integrity by following processes of institutional review and approval for any research and disclosure of financial interests.

- Adhere to approved protocols and obtain prospective approval of any changes in those protocols as required by OHSU policies.
- Ensure that reporting of research is accurate, complete and unbiased.
- Comply with all requirements and stated terms and conditions of grant awards and contracts.
- Properly record and charge all costs to appropriate accounts.

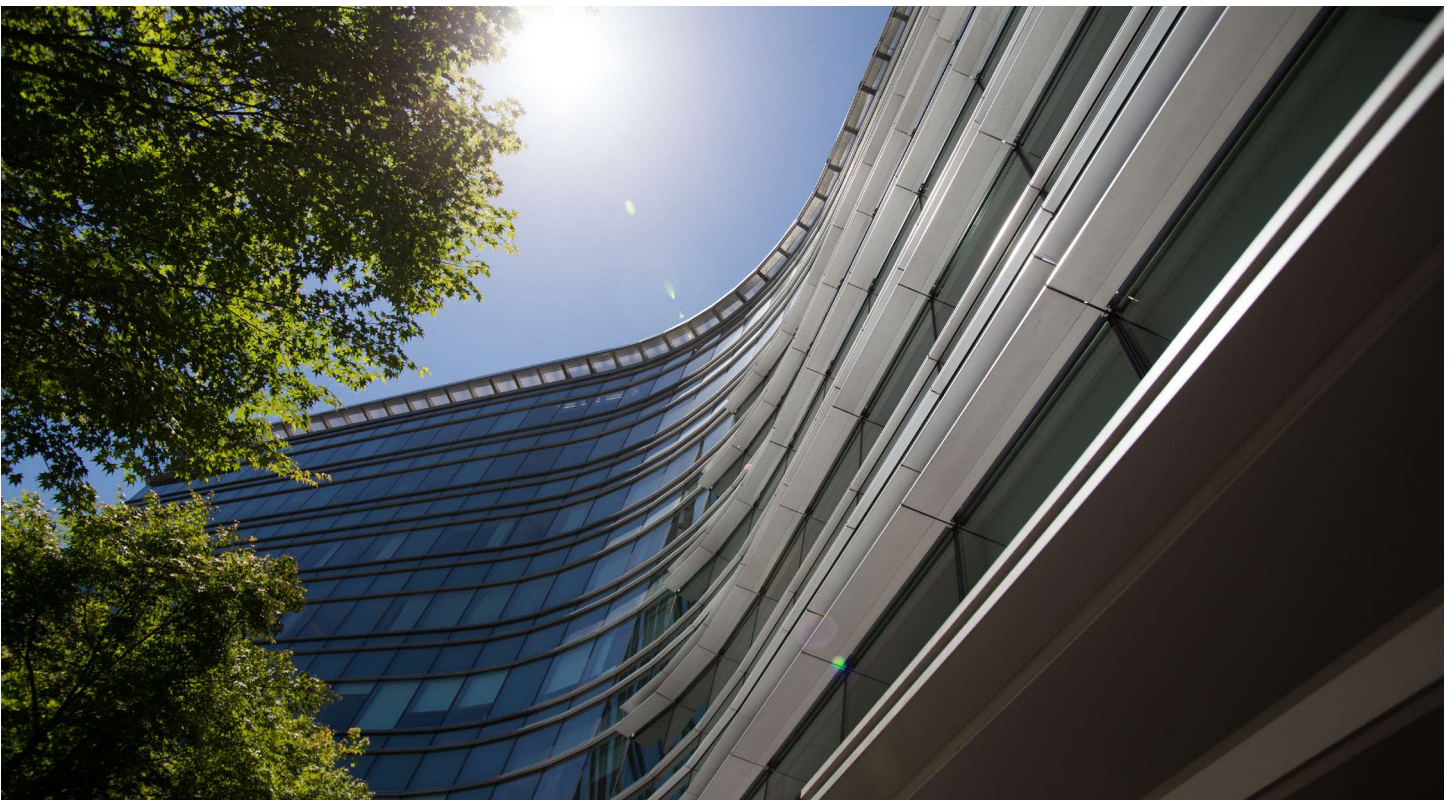
Intellectual Property

As a health and research institution, OHSU is committed to collegial exchange, sharing ideas, research findings and the products of intellectual pursuit with the broader academic community. This sharing advances our search for scientific knowledge, the development of successful practices and results in benefits to the people and communities we ultimately serve.

Whenever research results have the potential for commercial applicability, OHSU makes every effort to ensure that the technology is developed through appropriate relationships with industry. In such cases, we take steps to recognize OHSU's ownership interest and to protect its ownership rights to intellectual property.

Technology Transfers

Faculty and students are reminded that federal export rules may restrict the transfer of technology and technical data to some foreign countries or their citizens. Transfers can occur through postings on the internet, emails and even conversations, meetings and database access. If you have any questions, contact the Office of International Affairs' Export Controls Program



4

Protecting Information and Assets

4.1 Privacy and Security of OHSU Restricted Information

One of our most valuable assets is information. At OHSU, there are several different types of information that we work with: Public, Confidential, Proprietary and Classified. Public information is information that is intended for public use and disclosure whereas OHSU Restricted Information — which includes Confidential, Proprietary and Classified information — must be secure and kept confidential. This means it must be accessed, stored and transmitted in a manner consistent with our policies and procedures.

OHSU Restricted Information

Classified: OHSU information that has significant security implications if improperly used or disclosed. Classified information misuse or disclosure may affect national security, law enforcement activities or public health and safety. Information provided to OHSU under extremely restrictive access requirements will generally be considered “classified.” Examples of classified information are Department of Defense contracts for research.

Confidential: OHSU information for which disclosure to unauthorized individuals would violate OHSU policy or applicable regulations or may pose a security risk. Examples of such information are Protected Health Information (PHI), student records, employee records, other individually identifiable information and some types of research information.

Proprietary: OHSU information that is not intended for public review or access or carries risk to the organization if used or disclosed inappropriately. Examples might be financial statements, individual practice business plans, some types of research information or strategic planning documents that may impact competitive advantage in the market place.

Our Responsibilities

- Follow all OHSU policies pertaining to confidentiality and acceptable use of computing and telecommunications (Policy No. 11-20-010) resources.
- Be attentive and safeguard all OHSU Restricted Information including research results as well as patients’ and families’ confidential information that is entrusted to us.
- Only access, use or disclose OHSU information for legitimate business purposes, as required to fulfill your OHSU responsibilities, or as allowed or required by law and OHSU policy or procedures.
- Do not share, sell or post OHSU Restricted Information (including but not limited to, research projects, student information or patients’ and families’ information) outside of OHSU unless approved. This includes posting information to personal social media, email or “cloud” storage accounts.
- When accessing, maintaining, sharing, storing or transmitting electronic data (including but not limited to records, manuals, computer files, databases, generated reports):
 - Use only encrypted OHSU-owned or -approved systems and storage devices;
 - Use only OHSU.edu or other OHSU approved email systems; and
 - Type “secure” as the first word in the email subject line when sending OHSU Restricted Information outside of OHSU to ensure encryption.
- Avoid discussion of OHSU Restricted Information in public areas including but not limited to:
 - Public transportation, the Tram, cafeterias and restaurants, gift shops, when using mobile phones or outside OHSU property.

- Ensure the physical safety and protection of restricted information:
 - Verify fax numbers before transmission. We must be careful not to send OHSU Restricted Information to unattended fax machines or printers.
 - Verify mailed documents are placed into the correct envelopes. Be certain the correct documents are being given to the correct person.
 - Secure bags, backpacks, laptops and other portable devices containing OHSU Restricted Information. Do not leave them unattended and in plain sight in public spaces, including vehicles, offices or homes.
- Report any unauthorized use or disclosure of OHSU Restricted Information to your supervisor or to the Integrity Department.
- The obligation to preserve the confidentiality of OHSU's information is ongoing, even after employment ends.

Personal Information

In recent years, individuals, organizations and governments have grown increasingly aware of issues relating to the privacy and security of personal information. As a result, laws protecting the privacy of personal information and how it may be collected, shared and used are becoming more common. We have a legal and ethical responsibility to protect the private and confidential information of our employees, students, volunteers, research subjects, patients and families and other members of the OHSU community.

Our Responsibilities

- Accept responsibility and be accountable for protecting personal information and for handling it securely.
- Collect personal information only for legitimate purposes, and keep it only as long as necessary.
- Take precautions to safeguard personal information when collecting, processing, storing and transferring it.
- Ensure that any third parties that legitimately receive information from us (in order to provide OHSU service) understand the importance we place on maintaining the privacy of personal information and agree to uphold our standards.
- Keep student records confidential, as is required by the Family Educational Rights and Privacy Act (FERPA).
- Keep patient health information confidential, as is required by state and federal privacy laws including the Health Insurance Portability and Accountability Act (HIPAA); ensure that the original copies of medical records remain in the facility unless authorized (a patient or the patient's legally authorized representative may request a copy of his or her own medical records orally or in writing).

4.2 Creating and Maintaining Records

The public, government authorities and others need to be able to rely on the accuracy and completeness of our records. Accurate and accessible information is also essential within OHSU so that we can make good decisions.

OHSU is committed to transparency and to making full, accurate, timely and understandable disclosure on all aspects of our operations. This includes clinical documentation, billing, cost reports, payroll records, student information, contracts, expense reports, receipts and financial reports that are submitted to regulatory authorities.

All of us contribute to the process of recording employee, student or patient information, research results, or maintaining business documents, but OHSU Members with a role in the preparation of our public, financial and regulatory disclosures have a special responsibility in this area. In various ways, all of us contribute to the process of recording student or patient information, research results or maintaining business documents.

Our Responsibilities

- Ensure the information we record is accurate, complete and maintained in a manner that is consistent with our system of internal controls.
- Confirm that those who report to you, including students, understand and comply with their responsibilities for maintaining accurate and complete records.
- Always be accurate, complete and truthful when creating any OHSU record or submitting academic, clinical or financial documentation.
- Ensure that financial entries are clear, complete and fully disclose any transaction.
- Be as clear, concise, truthful and accurate as possible when recording any information. Avoid exaggeration, colorful language, guesswork, legal conclusions and derogatory characterizations of people and their motives.

Records Management

OHSU has records management policies and procedures to ensure that our records are maintained, stored and destroyed when appropriate, in accordance with our business needs and in compliance with applicable regulations.

Each of us is responsible for information and records under our control. We must be familiar with the recordkeeping procedures that apply to our jobs. We are accountable for the accuracy and truthfulness of the records we produce and it is also our responsibility to keep our records organized so they can be located and retrieved when needed.

Documents containing sensitive and/or OHSU Restricted Information shall be kept in their designated storage locations when not in use. Sensitive information must be disposed of properly. The information should be shredded or deposited in a designated location for removal and destruction.

Documents shall only be destroyed in accordance with Policy No. 07-90-010, Records Retention and Destruction, and never in response to or in anticipation of an investigation, audit, claim, lawsuit or arbitration proceeding.

4.3 Protecting Our Assets

We all have a responsibility to use OHSU's resources and physical property judiciously, and to ensure that they are not misused, damaged, lost, stolen or wasted.

OHSU's property includes our facilities, furnishings, vehicles, equipment, computers, software, supplies, cash, reports, records, electronic files, websites and data as well as our patents, trademarks, intellectual property and Restricted Information.

Our Responsibilities

- Report any suspicions you may have concerning theft, embezzlement or misappropriation of any OHSU property.
- Handle documents containing sensitive information carefully during all hours and secure them properly at all times. This includes information stored on computer systems as well as physical paper.
- Look for the following red flags that may indicate inappropriate use of our resources and possible fraud or theft:
 - OHSU property that is not secured when not in use;
 - OHSU Members allowing others to borrow or use equipment without approval;
 - Sharing of individual passwords or login information;
 - Unknown individuals without proper credentials in our facilities;
 - Excessive use of resources for personal purposes; or
 - Lax enforcement of electronic access control cards.

4.4 Proper Use of OHSU's Computer and Telecommunications Resources

OHSU provides various computer and telecommunication resources including phones, personal computers, networks and related software and hardware to assist in performing our duties for OHSU.

Our Responsibilities

- Ensure that incidental personal use of computers and telecommunication resources does not interfere with our jobs or violate any of our policies or values.
- Do not use OHSU equipment and resources for personal-commercial purposes.
- Be responsible for the physical security of OHSU-issued computer and telecommunications resources.
- Understand OHSU-supplied equipment is the property of OHSU; as such, there should be no expectation of privacy.
- Comply with OHSU standards of respect and integrity and ensure OHSU-supplied equipment is kept free of discriminatory or offensive language.

4.5 Communicating with the Public

We need a clear and consistent voice when providing information to the public and the media. As such, OHSU's Strategic Communications office is responsible for coordinating all public contacts and messages.

OHSU complies with the Oregon Code of Cooperation published by the Oregon Association of Hospitals and Health Systems to facilitate accurate, ethical and timely news coverage of medical and other health-related events. The Code of Cooperation balances the patient's right to privacy and well-being with the public's right to receive information.

Our Responsibilities

- Only speak on behalf of OHSU if authorized to do so.
- Promptly direct all media inquiries, including those regarding OHSU's activities, plans or its position on public issues, to Strategic Communications.
- Share the activities and accomplishments of the OHSU community with Strategic Communications so that the OHSU community and the public are apprised of OHSU's successes.

- Ensure that the information provided to Strategic Communications and representatives of the media is accurate and that your role and OHSU's role is honestly portrayed.
- Adhere to OHSU's visual identity guidelines to enhance our common mission and seek help when needed.

4.6 Outreach and Volunteerism

OHSU maintains close working relationships with its neighbors as well as the community at large. The organization encourages OHSU Members to share their knowledge and expertise with others through interactions in their neighborhoods and throughout the state. You are welcome to inform Strategic Communications about volunteer and community outreach activities that may be of interest to other members, or that may present an opportunity for OHSU to provide official support.

Our Responsibilities

- Seek guidance and assistance from Strategic Communications before representing OHSU in, or committing OHSU to, volunteer activities.

4.7 Using Social Media

At OHSU, we understand that social media is a remarkable way to share information, opinions and more with family, friends and co-workers around the world. However, the use of social media also presents risks and carries with it certain responsibilities.

Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks that are involved. Keep in mind that any of your conduct that adversely affects your work or school performance, or otherwise adversely affects others or OHSU's legitimate business interests, may result in disciplinary action up to and including termination.

When using social media in connection with OHSU:

- Obtain approval from OHSU's Social Media Manager before creating any OHSU social media channels. Remember to maintain institutional and patient privacy guidelines. Violation of these policies could result in a temporarily or permanently closed account. For more information, please visit the guidelines for social media.
- Use OHSU logos, trademarks or copyrighted materials only when specifically authorized to do so.
- Understand that inappropriate postings that may include discriminatory remarks, harassment, intimidation, threats of violence, or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.
- Take care to post truthful, accurate information. Avoid posting rumors or anything you know to be false. If you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the internet archives almost everything; therefore, even deleted postings may be retrievable.
- Ensure that your communications online related to the work you do or topics associated with OHSU or its competitors, make it clear that you are not speaking on behalf of OHSU. Identify yourself as an individual in the community, not as a spokesperson for OHSU. Consider adding a disclaimer to your personal accounts, e.g. "*Opinions are my own and not those of OHSU.*"

- Maintain the confidentiality of OHSU intellectual property and private information. Do not publicly post or share information posted on the intranet. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal business related confidential communications, which may include, but are not limited to, internal reports, policies and procedures.
- Be mindful of privacy settings, and take care to learn who has access to your online postings. Remember to review these settings regularly.



Working with Our External Business Partners

Vendor Diversity

We recognize the importance and benefits of a diverse vendor base.

We will help support our local community and work to maintain a strong vendor base that reflects the diversity of the overall vendor community, including but not limited to minority- and women-owned businesses.

5.1 Vendor Relations

Our vendors and external business partners make significant contributions to our success. To create an environment where our vendors have an incentive to continue to work productively with OHSU, they must be confident that they will be treated fairly and in an ethical manner.

Our policy is to purchase supplies and select vendors based on need, quality, service, price and terms and conditions. We select significant vendors and contractors through the appropriate and transparent procurement process, including informal and formal bidding processes. We believe in doing business with those who share our commitment to high standards of ethical business conduct. OHSU does not fix prices, divide geographic markets or make any agreement that may artificially raise the prices of OHSU services or otherwise impede competition.

We must be sure to perform due diligence and know our vendors and all those through whom we conduct our business. We must know whom they are, what they do and what they are doing on our behalf; and they must understand that they are required to operate in compliance with our standards and to maintain accurate and complete records.

Our Responsibilities

- Respect and protect the confidential and proprietary information of vendors.
- Only certain OHSU Members have the authority to obligate OHSU under contracts. Contact one of OHSU's contracting departments, including but not limited to Logistics, Legal or Tech Transfer, to ensure proper contract language and signatory authority for all contracting as early as possible in the negotiation process.
- Fairly and accurately represent OHSU's services and responsibilities to the public and with our vendors.
- Observe fair business practices that accurately reflect OHSU's skills and accreditations.
- Select services on the basis of quality, effectiveness, economy and appropriateness, and design them to meet identified needs while also seeking to avoid unnecessary expense.
- Employ fair business practices in negotiating contracts and making purchases prior to execution or purchase.
- Do not give or accept any bribes, kickbacks or other improper payments. Federal and state laws specifically make it a crime for anyone to offer or accept a bribe, kickback or anything of value for referring patients or other business.
- If you are in a leadership position at OHSU:
 - Work with our vendors and other external business partners to ensure that they understand our standards for high performance in ethics and compliance.
 - Watch out for any signs that our vendors are violating applicable laws or regulations. Insist on honest accounting of time, materials and acceptance of prompt deliverables on time to meet our standards.
 - Disclose any situation that may appear to involve a conflict of interest (see below).

5.2 Conflicts of Interest

A conflict of interest happens whenever you have an interest that competes with your ability to make an objective decision in your OHSU role. For example, if you are involved in a situation or transaction that might create the appearance that you are promoting the interest of someone other than OHSU, whether for your personal gain or for the gain of friends, relatives or vendors, then you may have a conflict of interest.

Our Responsibilities

- Avoid conflicts of interest whenever possible.
- Consistently make decisions in the best interest of OHSU.
- Discuss with your supervisor or the Integrity Department full details of any situation that could be perceived as a potential conflict of interest.
- Proactively address situations that may put your interests, or those of a relative or others, in potential conflict with OHSU.
- Reassess your situation from time to time to look for new potential conflicts as individual and OHSU circumstances change, discussing any concerns with your supervisor or the Integrity Department.

It is impossible to describe every potential conflict, but the following are some examples:

Business Opportunities

As a condition of employment or service to OHSU, all OHSU Members have assigned to OHSU all right, title and interest to intellectual property created or developed in whole or in part on any OHSU time or through the use of OHSU equipment, supplies, facilities or Restricted Information. All OHSU Members and their agents should work with OHSU's Office of Technology Transfer and Business Development (TTBD) prior to discussing or engaging with any outside party in relation to any intellectual property.

Outside Activities

Outside activities such as consulting, board membership or outside employment can create a conflict of interest in several different ways. For example, outside work may interfere with your ability to fulfill your OHSU responsibilities.

There may be a risk that the outside activity leads to a disclosure of Restricted Information, the activity could adversely affect OHSU's reputation, or you might be in a position to inappropriately gain financially from knowledge learned at OHSU.

Because of the potential for conflicts, permission to provide services to others similar to those you provide for OHSU should be obtained from your supervisor by disclosing in the online Conflict of Interest disclosure system.

Significant Financial Interests

When OHSU Members have a significant financial interest in an entity that does business with, seeks to do business with or is in competition with OHSU, and they have the potential to influence OHSU decisions with that entity, this is a potential conflict of interest. This must be disclosed to their supervisor so that a management plan can be developed, which generally will be to recuse that member from decision making that impacts the business.

Family Members

Without the approval of Human Resources and your supervisor, you, as an OHSU Member, are not allowed to hire or place relatives in positions that create a conflict of interest per Policy No. 03-05-040, Employment of Family Members. Conflicts of interest are created when:

- You have direct supervisory authority over a relative;
- You may significantly influence the pay, benefits, career progression or performance of a relative; or
- You are in a position of authority to enter into a business agreement/ contract with any relatives.

5.3 Gifts and Entertainment

As an organization, we rely on major gifts and donations to provide critical support to our mission and growth. Such gifts, however, are accepted on behalf of the organization and in accordance with relevant laws and regulations.

While OHSU is grateful for the gifts the organization receives, OHSU must diligently avoid any real or perceived conflict of interest or the perception of unfair advantage. This is particularly important when gifts are solicited or received from OHSU vendors. In order to avoid the appearance of a conflict of interest, there should be an arm's length relationship between the vendor selection process and fundraising efforts.

The exchange of individual gifts and entertainment is however a very different matter. While gifts and entertainment may be usual and customary in other businesses, as an academic medical center, more stringent laws and policies apply. Situations involving gifts can be complicated, but for us one principle is always clear: We do not offer, solicit or accept gifts or entertainment that may appear to or actually influence OHSU decisions.

Our Responsibilities

- Only give or accept gifts if ALL of the following conditions are met:
 - The gift cannot be reasonably construed as payment or consideration for influence or reward for a decision or action;
 - It does not violate applicable law (it meets one of the specific exceptions noted in the Conflict of Interest policy); and
 - If the nature of the transaction or gift was disclosed to the public, it would not embarrass you or the OHSU community.

6.1 Communicating and Cooperating with Regulators and Investigations

OHSU will cooperate with every reasonable request of federal, state and local authorities seeking information concerning our operations. At the same time, we are entitled to the safeguards provided by law, including the representation of legal counsel from the first contact. For example, we may be asked for patient information that is protected by privacy laws and may be obliged to ensure privacy in responding to such requests.

Our Responsibilities

- Respond to inquiries from regulators or government authorities that you may receive during the course of your work by stating that OHSU intends to cooperate but that the matter must first be discussed with the OHSU Legal Department. During normal work hours, attorneys in the OHSU Legal Department are available at 503 494-5222. Outside of normal work hours, call the OHSU switchboard at 503 494-8311, stating that government investigators are present and requesting information, and ask the operator to contact an OHSU attorney.
- Take prompt action to preserve documents that may be relevant when we are notified of an external investigation or lawsuit. The appropriate OHSU Member or department will notify you if any actions are required of you to assist in this effort.
- Keep informed about new requirements that may affect your area. However, laws and regulations may be complicated and difficult to understand. If you have any questions, be sure to discuss them with your supervisor.

Government Contracting

OHSU conducts business with governments and government-owned entities. Our policy is to comply fully with all applicable laws and regulations that apply to government contracting and transactions.

Leaders who oversee work with governments and government-owned entities must remain up-to-date on relevant regulations and OHSU requirements. Special care is taken to ensure that any third party, while acting on behalf of OHSU, who provides goods or services on government projects, know that they are required to operate in compliance with our standards, their contractual obligations and to maintain accurate and complete records.

Gifts and Entertainment of Government Representatives

Extra care needs to be taken when dealing with government officials. Federal and state lobbying and ethics laws regulate contacts with government officials and their staffs.

No gifts or other benefits, including entertainment, may be offered to government officials if they could be considered as influencing any business decision or to obtain improper advantage.

Any request made to a member of the OHSU community by a government official for an improper payment, or any action taken or threatened by such a government official with the intent of obtaining an improper payment or benefit, must be reported immediately to the Integrity Helpline.

Kickbacks and Inducements

The Federal Anti-kickback Statute and various similar state laws prohibit giving, getting, offering or asking for anything of value in return for business referrals. You must examine all relationships and arrangements with referral sources, physicians and vendors to be certain there are no kickbacks or illegal inducements for the referral of patients or use of products.

6.2 Anti-Corruption and Bribery

The U.S. Foreign Corrupt Practices Act (FCPA), the laws of the European Union and the laws of most countries in which we operate all prohibit bribing government officials. Many countries also have laws that address bribes paid to private individuals.

Because of the complexity of anti-corruption and bribery laws worldwide, it is important that OHSU Members are aware of the requirements and ask questions if they have any doubts about the proper course of action. If you have questions, contact your supervisor or the OHSU Legal Department.

Our Responsibilities

- Never offer, provide, promise to offer or authorize money or any item of value to get business or to influence a business decision.
- Never make payments that are intended to improperly influence a government official.
- Remember the phrase “government official” applies not only to politicians and civil servants but also to officials of state owned or controlled commercial enterprises, representatives of public international organizations, office seekers, political parties and party officials.
- Contact the Integrity Department if you become aware of any unethical conduct by a supplier or vendor.

6.3 Fraud Waste, and Abuse Prevention and the False Claims Act (FCA)

OHSU takes fraud, waste and abuse seriously. We comply with all laws and regulations that are designed to prevent and detect fraud, waste and abuse in government programs.

Fraud: The intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person or entity.

Waste: Primarily the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse: Relates to practices that are inconsistent with sound fiscal, business or medical practices and which result in unnecessary costs. This includes the destruction, diversion, manipulation, misapplication, maltreatment or misuse of resources.

OHSU is responsible for the money and other resources it receives from the government for patient care, research and education. OHSU has in place policies, procedures and controls designed to ensure that there is oversight of these funds and that the claims we submit for payment will be just and accurate. Our processes are designed to prevent improper billing and to prevent, detect and correct incorrect payments.

Our Responsibilities

- Only request payment for services actually rendered or allowable costs incurred depending on the nature of the work performed. Always code data accurately (such as coding of medical billings or grant expenditures) to ensure proper billing, reporting and the integrity of the appropriate management systems.
- Ensure that all financial reports, technical reports and requests for payment submitted to the government and other external agencies are accurately documented.
- Never engage in unlawful or inappropriate practices that could result in a false claim being made. This may include but is not limited to: misrepresenting a diagnosis to justify services, unbundling charges to enhance payment, billing for services that are not medically necessary, coding unallowable costs to a grant, knowingly certifying an effort statement that is incorrect or applying costs to a grant for the purpose of spending it out.
- Base all billing on substantiating documentation. Follow all policies related to billing and documentation.
- Never submit a false claim. The Federal False Claims Act prohibits knowingly submitting a false claim to a federal payer for reimbursement. Examples of “false claims” include but are not limited to:
 - Making a false statement regarding a claim for payment;
 - Falsifying information in medical records, financial reports, technical reports or requests for payment;
 - Double billing for items or services or unbundling services for higher payment;
 - Requesting payment for unallowable costs;
 - Billing for services not performed or finished; and
 - Submitting claims that involve violations of other laws or rules, such as the anti-kickback laws.

The False Claims Act ‘Whistleblower’ or ‘qui tam’ Provisions

The False Claims Act includes provisions that allow private persons to file lawsuits in the name of the government for violations of the Act. The government may or may not choose to follow up on the information brought forward. If it does not act, the individual has the right to pursue the action independent of the government. If an entity is found in violation of the Act, the individual who brought the action forward may be entitled to a percentage of the recovery.

If you have a concern regarding submission of a claim for payment, there are many options for bringing this to the attention of OHSU. The False Claims Act does not require an individual to first report concerns to OHSU. However, if you have a legitimate concern regarding submission of claims for payment, OHSU requests being made aware in order to review the information, investigate and clarify or correct the situation promptly and appropriately.

Federal and state laws prohibit punishing, disciplining, discriminating or retaliating against a member because the member reports or discloses information about false claims or initiates or assists in a false claims action. A member who believes he or she is the victim of unlawful discipline, discrimination or retaliation may file a complaint with the Oregon Bureau of Labor and Industries.

6.4 Insider Trading

During our work for OHSU, we may hear information about publicly traded companies. It is important to know that we are prohibited from trading securities or passing information onto others (also known as “tipping”) who then trade on the basis of material information before it is made publicly available to ordinary investors.

Our Responsibilities

- Refrain from buying or selling securities of any company on the basis of nonpublic information.
- Take extra precautions when responding to requests for Restricted Information, even from our business partners, strategic alliances or other vendors. Even casual conversation could be viewed as “tipping” of inside information.

6.5 Political Involvement

OHSU recognizes the important role that it plays as a member of the broader community and supports the right of OHSU Members involved in civic and community activities. It is also important to make a clear distinction between one’s personal political activities and those undertaken on behalf of OHSU. However, this section does not restrict the right of an OHSU Member to express personal political views.

Political Activities

Political activities: are activities that promote or oppose any political committee or any initiative, referendum or recall petition, measure or candidate. Political activities do not include activities related to promoting or opposing legislative bills, unless the bill is one that results in a referral to an election.

Oregon law and OHSU policies place certain restrictions (outlined in Policies No. 03-30-003 and No. 03-30-005) on the political activities of public employees, which apply to all OHSU employees and volunteers. Specifically, no OHSU employee or volunteer while on the job during working hours shall:

- Solicit any money, influence, service or other thing of value,
- Otherwise promote or oppose any political committee,
- Promote or oppose the nomination or election of a candidate,
- Gather signatures on:
 - An initiative,
 - Referendum or recall petition,
 - The adoption of a measure, or
 - The recall of a public office holder.

Our Responsibilities

- Consistently make it clear that your personal, political views and actions are your own and not those of OHSU. In particular, be mindful of your position of authority at OHSU in your political activities.
- Avoid activities that may appear to connect your personal political thoughts or positions with OHSU such as, editorials or social media.
- Do not use OHSU resources (i.e. computers, telephones, supplies, etc.) for any political activity except those sanctioned by OHSU Government Relations.
- Refrain from holding or campaigning for a political office that could create, or appear to create, a conflict of interest with your duties.
- Never make political or charitable contributions with the intent to improperly exert influence.

You are also required by Oregon law to abide by the restrictions outlined in the following notice:

ATTENTION ALL PUBLIC EMPLOYEES

The restrictions imposed by the law of the State of Oregon on your political activities are that no public employee shall solicit any money, influence, service or other thing of value or otherwise promote or oppose any political committee or promote or oppose the nomination or election of a candidate, the gathering of signatures on an initiative, referendum or recall petition, the adoption of a measure or the recall of a public office holder while on the job during working hours. However, this section does not restrict the right of a public employee to express personal political views.

It is therefore the policy of the state and of your public employer that you may engage in political activity except to the extent prohibited by state law when on the job during working hours.



Code of Conduct and You

As an OHSU Member, it is your responsibility to:

- Read, understand and follow the Code and other OHSU policies and procedures.
- Abide by the principles of the Code.
- Ask questions regarding the contents of the Code and understand how the contents relate to your position at OHSU.
- Inform the OHSU Integrity Department if you receive a notice of exclusion or the Department of Public Safety if you are convicted of a crime, per Policy No. 03-10-011.
- Promptly report any concerns related to this Code, other OHSU policies and/or other requirements as described in the Asking Questions and Reporting Concerns section.



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OHSU
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NEW FINAL DRAFT



Code of Conduct

Revised 2024

Contents

1		
	Introduction	5
<hr/>		
	A message from Danny Jacobs	6
	The OHSU community	7
	Accountability	8
2		
	Expectations and guidance for everyone	9
<hr/>		
	Culture of integrity	10
	Diversity, equity, inclusion and belonging	11
	Creating a sense of belonging at OHSU	12
	Deepening our learning	13
3		
	Our responsibilities to each other and the people we care for	14
<hr/>		
	Expectations for all OHSU members	15
	Discrimination	16
	Harassment	16
	Bullying	17
	Retaliation	18
	Title IX of the Education Amendments of 1972 and Campus SaVE Act	18
	Sexual harassment	18
	Guide for responding to OHSU member concerns	19
	Our responsibilities for addressing and preventing discriminatory misconduct and harassing behavior	20
	Patient care	21
	Health and safety	23

4		
	Our responsibilities to report and be accountable for our actions	26
<hr/>		
	Problem solving	27
	Reporting concerns	28
	Resources	29
	Discipline and remediation (corrective measures) guidelines for employees	30
5		
	Our academic and research responsibilities	32
<hr/>		
	Our responsibilities for teaching and learning	33
	Academic and research standards	33
	Intellectual property	35
	Export controls	35
6		
	Protecting OHSU information and assets	36
<hr/>		
	Keeping OHSU information secure and private	37
	Creating and maintaining records	40
7		
	Interacting with our community	41
<hr/>		
	Communication with the public	42
	Political involvement and related activities	44

8		
	Working with our external business partners	45
<hr/>		
	Vendor relationships and management	46
	Determining conflicts of interest	48
	Recognizing and managing gifts and entertainment	49
9		
	Our responsibilities to the law:	50
	Working with federal, state and local authorities	
<hr/>		
	Communicating and cooperating with regulators and investigations	51
	Anti-corruption and bribery	52
	Fraud, waste and abuse prevention and the False Claims Act	53
	Insider trading	54
10		
	Code of conduct and you	55
11		
	Glossary	57



Accessibility Note

This document has been formatted to meet accessibility standards. For best performance in a digital format, we recommend downloading the document as a PDF and using the Adobe read aloud feature.

If you would like to request this document in an alternate format, please contact the Employee Leaves and Accommodations office at ela@ohsu.edu or 503-494-8060, the Office for Student Access at studentaccess@ohsu.edu or 503-494-0082, or OHSU Integrity Office at integrity@ohsu.edu or 503-494-8849.

1 Introduction



Dear OHSU Community,

At Oregon Health & Science University, we pride ourselves on improving the health and well-being of people in Oregon and beyond.

As an organization, we follow many laws, regulations and professional standards. But most importantly, we not only want to model best practices in education, research and patient care, but also to lead in identifying opportunities for improvement.

In that light, OHSU is committed to continuously reviewing our policies and practices to ensure they are as inclusive, effective and equitable as possible.

This edition of the Code of Conduct (“Code”) affirms the values that matter most to our community, from employees, learners and students to vendors, volunteers and visitors. The Code outlines the principles, expectations, rights and responsibilities to help everyone be as successful as possible in their working, learning and healing environments.

To fulfill our mission, we must embrace a culture that includes everyone, and honors people’s individual lived experiences and identities. Misconduct, including discrimination, harassment, violence, sexual misconduct, retaliation, bullying and intimidation cannot be tolerated at OHSU.

Please join me in carefully reviewing this Code, following its standards and bringing the highest level of integrity to all that you do for OHSU.

Sincerely yours,

A handwritten signature in black ink that reads "Danny Jacobs". The signature is written in a cursive, flowing style.

Danny Jacobs, M.D., M.P.H., FACS
OHSU President

The OHSU community

This Code of Conduct¹ provides the guidelines and expectations for all those working, learning, and conducting business at OHSU.

It has been approved by the OHSU Board of Directors and adopted as policy. All OHSU members are held to its standards. As with other OHSU policies, adherence to these standards ensures effective, efficient operations that enable us to achieve our mission.

A vision for the future

Our vision is to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of Oregonians and beyond.

OHSU's focus on healing, teaching and discovery — combined with our deep history in Oregon — is unique. We are the state's only academic health center and one of the only universities in the U.S. devoted exclusively to educating doctors, dentists, nurses, pharmacists and public health professionals.

We not only treat the most complex health needs in the region, we make discoveries that save lives and we train leaders to address the societal issues that impede health.

OHSU's mission

As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative and cooperation among students, faculty and staff.

The Code of Conduct applies to all OHSU members, which includes:

- Members of the OHSU Board of Directors
- Employees
- Students and trainees
- Volunteers
- Visiting faculty, researchers and health care practitioners
- Contractors and vendors, while doing business with OHSU
- Others who work for or on behalf of OHSU

¹ While OHSU has attempted to be as clear as possible in this Code of Conduct, questions may arise, and OHSU retains discretion over the application, interpretation, or the intent of the Code. Likewise, OHSU may change, amend, or modify this Code of Conduct from time to time and will notify members of any significant changes that affect them.

Accountability

The Code details the fundamental principles and framework for action within our organization. It states our expectations and responsibilities, which support our culture of acting with integrity. We value safety and transparency and support OHSU members who act in the prevention, detection and resolution of ethical and integrity issues.

Promptly report concerns about possible violations of laws, regulations, OHSU policies and this Code, without fear of retaliation, especially from those in positions of power and influence. Under no circumstances will retaliatory behavior be tolerated. This is something OHSU takes very seriously and will hold people accountable for their actions.

Making the right decision is not always easy. There will be times when you will be under pressure or unsure of what to do. Always remember when you have a tough choice to make that you are not alone. Your colleagues, classmates, and the resources cited throughout this Code are available to help.

For more information on reporting and retaliation, refer to section 4, Our responsibilities to report and be accountable for our actions.



OHSU has many policies that provide guidance for almost every aspect of OHSU's operations and services.

The Code of Conduct provides an accessible overview of some key policies and definitions that everyone working or learning at OHSU should know and understand. Please refer to individual policies referenced in the Code for more information.

As a reminder, policy information can be found on the [OHSU Policies](#) page on O2 and OHSU members should always follow specific policy language and guidance that supports your role at

2

Expectations and guidance for everyone

Culture of integrity

What is integrity? Integrity means we do what we say we will do and keep our promises. OHSU is committed to integrity in everything we do. We call this having a “culture of integrity.”



A culture of integrity at OHSU includes reviewing how we do things and finding ways to do them better.

Expectations

All OHSU members are expected to meet and uphold the following responsibilities:¹



Be familiar with and follow the Code of Conduct and OHSU policies.

- Avoid rude, violent, or inappropriate behavior.
- Never use your authority or job position to take advantage of someone else or to harm others.
- Honor people’s privacy, space, belongings, and right to be treated fairly.
- Follow the Code of Conduct when you work with OHSU’s partners, such as other clinics or hospitals.
- Be aware of how your personal relationships can affect your role at OHSU.



Meet the standards of your profession or academic program.

- Understand and abide by OHSU policies and maintain knowledge of state, federal, and local laws or regulations that may impact your role.
- Meet the ethical and professional standards of your role.
- Keep your licenses, certifications and other qualifications required for your role up to date.
- Complete your required trainings on time.



Create and uphold a culture of integrity.

- Be honest in your words and actions.
- Speak up and report instances of potential OHSU policy violations. Support and encourage others to speak up if something doesn’t seem right.
- Report problems if you notice them. If you want to try to solve a problem, focus on communicating honestly, talking openly and looking for ways to improve things.
- If you are part of a review, investigation, or audit, tell the whole truth by providing all of the information.



Promote high quality working, learning and healing environments.

- Treat all patients, families, visitors and OHSU members with respect.
- Be productive, work effectively and efficiently to the best of your skills and capabilities.
- Maintain a culture that values diversity, equity, inclusion and belonging in all university functions and services.
- Be open to feedback and take responsibility for your actions and behaviors.

¹ OHSU members include: Members of the OHSU Board of Directors; Employees; Students and trainees; Volunteers; Visiting faculty, researchers, and healthcare practitioners; Contractors and vendors, while doing business with OHSU; or Others who work for or act on behalf of OHSU.

Diversity, equity, inclusion and belonging

Diversity, equity, inclusion and belonging (DEIB) are priorities at OHSU. They are crucial to our core mission of healing, teaching and discovery. Our commitment to DEIB is an evergreen and is the responsibility every member of the OHSU community makes to our employees, our patients, our physicians and faculty, our students and learners, and our partners across the community that we care for. Embracing this responsibility is part of what makes OHSU a world-class institution that leads in patient care, research and discovery, and teaching.

In order to provide the best care for our patients and promote healthy work culture and learning environments for OHSU members, it is important that we all work toward understanding what is at the foundation of equality, thriving, and belonging for all people.

Creating a unified culture requires effort from every single individual at OHSU. We all have a part to play and it begins with self-reflection on how we have impacted those around us, learning more about each other, and taking clear actions to build a more inclusive and welcoming environment for each other.



Each group is a piece of the whole, and we cannot have a true culture of diversity, equity, inclusion and belonging if we ignore or minimize the importance of any group.

For the latest information on OHSU's diversity, equity, inclusion and belonging activities, please visit the [Diversity, Equity, Inclusion and Belonging](#) pages on O2.



Diversity is all the ways we differ from each other. Visible characteristics (e.g. race, ethnicity, gender) are often the focus of diversity. In addition to visible diversity characteristics, there are many other ways we can differ from each other (e.g. sexual orientation, gender expression and identity, age, religion, disability status, citizenship, socioeconomic status) that impact how we experience and interact with the world around us.



Inclusion is how we bring all of our differences together with respect.



Belonging is the feeling we have when we actively want to bring our full selves to OHSU because we sense that our uniqueness is valued and embraced by both our colleagues, classmates, our leaders, and our institution.



Equity is the process of enabling cultural transformation by eliminating existing barriers and proactively considering the needs of everyone in our OHSU community to ensure access and opportunities for all.

Creating a sense of belonging at OHSU

OHSU is one of the largest and most diverse institutions in Oregon. We value our diverse members from different races and ethnic groups, belief systems, abilities, and identities. We are committed to creating opportunities for everyone to do well and giving each person the help they need to be successful.

As part of our dedication to our diverse community and the diversity of the communities we serve, OHSU is on a journey to become an anti-racist organization. As part of this journey we must all review how we do things and find ways to do them better, including addressing racism and oppression on individual and institutional levels.

We are strongly against being hostile or insensitive through words or actions that make members of any group feel less valuable or important. We expect OHSU members to create and maintain working, learning and healing environments that do not intentionally, or unintentionally, exclude people. This commitment includes recognizing, avoiding and reporting discrimination, harassment, bullying and retaliation.

Some ways to show we respect and value one another are by:

- Learning about the experiences of people whose backgrounds are different from our own.
- Valuing and respecting different worldviews, viewpoints and behaviors.
- Being curious and listening with the goal of understanding.
- Using each person's name and words they use, including words that stand for someone's name (pronouns) such as she, he, they, or ze.
- Being careful about the words we use. Being familiar with the [OHSU Inclusive Language Guide](#) and following it.
- Using language and interpretation services if someone needs them.
- Making sure any materials given out or displayed include different people and members of different groups. Check that documents are culturally sensitive and can be read and understood by anyone.
- Recognizing that all OHSU members have unique advantages or barriers.



Institutional racism

Is defined as the policies, procedures, and practices that operate within institutions and organizations that disadvantage individuals and groups based on race.

Institutional racism has kept some people or groups from:

- Receiving a good education.
- Getting the health care they need.
- Benefiting from research.
- Succeeding in jobs or careers.
- Living safely and comfortably.



What it means to be an anti-racist institution

“An antiracist institution is an institution that creates policies, practices, and procedures to actively promote racial equity and justice” (Kendi, Ibram X. How to be an antiracist. One world, 2019)

At OHSU this means identifying and changing how institutional racism can impact:

- Services provided at and for OHSU.
- Working or learning at OHSU.
- The way OHSU conducts its business activities, including strategic partnerships and vendor selection.
- Education, research, health care and community activities.

Deepening our learning

Every OHSU member has a role to play in building a more diverse, equitable, and inclusive environment and promoting a culture of belonging. This requires us to learn more about ourselves and one another so that all can thrive and excel. Some ways we can do that are by:



Considering new ideas and different ways of thinking:

- Learn about your own biases and how they impact your work and decision-making by taking part in the [Unconscious Bias Initiative](#).
- Visit the [DEIB Education and Advancement](#) page to find trainings and education around diversity, equity, inclusion and belonging.
- Get involved with an [Employee Resource Group](#).
- Review and use the [OHSU Inclusive Language Guide](#) and [OHSU Anti Racism Guidebook](#).



Seeking help when we need it:

- [Racial Trauma Resource page](#)
- [Racial Equity Support Line](#)
- [OHSU Avel Gordly Center for Healing](#)
- [OHSU Wellness - Spark](#)
- [OHSU Intercultural Psychiatric Clinic](#)
- [Labor Relations-Unions](#)
- [Employee Leaves and Accommodations](#)
- [Student Health and Wellness](#)
- [Student Accommodations](#)



Standing up for one another against hate and bias:

- Be an active bystander and report discrimination, harassment and retaliation that you observe or hear about to the [Integrity Helpline](#).
- Symbols of hate have no place at OHSU and will not be tolerated. Immediately contact [Public Safety](#) or file an [Integrity Helpline](#) report if hate symbols are found on or near OHSU facilities.



Learning more every day:

- [Diversity, Equity, Inclusion and Belonging](#)
- [Cultural Awareness Guide for Religious and Spiritual Beliefs](#)
- [Library Resources on Race, Racism and Health Disparities](#)
- [Library Anti-Racism Resources](#)
- [Alliance for Visible Diversity in Science \(AVDS\)](#)

3

Our responsibilities to each other and the people we care for

Expectations for all OHSU members

OHSU is committed to learning and working free of discrimination, harassment, retaliation and bullying. Our commitment comes from our mission, vision and values, as well as a wide variety of federal, state, and local laws.

All OHSU members are expected to know, understand, and follow the [OHSU Discrimination, Harassment and Retaliation Policy \(DHR\)](#) and [Prohibition on Bullying Policy](#), which can be found on O2.

The DHR and Bullying Policies are intended to prevent and respond to misconduct, which includes bullying, discrimination, harassment, sexual harassment, sexual misconduct, sexual assault, domestic violence, dating violence, stalking, sexual exploitation, and retaliation.



This section provides an overview of OHSU Policies which apply to allegations of discrimination, harassment, bullying and retaliation.

The definitions in this section have been simplified from those detailed in the policies and are meant to be straightforward and provide context and examples.

When responding to reports of any concerns, the definitions and processes in the appropriate policy will be applied.



Important Policies

[Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#)

This policy defines prohibited discrimination, harassment (including sexual harassment) and retaliation; outlines reporting options and obligations; and describes the investigation process for complaints or reports of Discriminatory Misconduct.

[Prohibition on Bullying Policy \(03-05-606\)](#)

This policy defines bullying and details responsible offices investigation process, including the appeal process and explains supportive and remedial measures as well as interim actions.

[Workplace Violence Policy \(07-30-020\)](#)

This policy outlines OHSU's commitment to a safe environment for our community, and OHSU's commitment to maintaining an environment free from violence and threats of violence.

Discrimination

Discrimination is when someone treats people in unfair or harmful ways because they belong to, or appear to belong to, a protected group or characteristic. Discrimination can be any behavior that affects employment, education or treatment or that creates a hostile environment.

Some examples of discrimination include, but are not limited to:

- Not getting a job because of your sex, gender, gender identity or gender expression.
- Being paid less than your peers because of your race.
- Not having an approved accommodation provided for a qualifying disability.
- Having your work hours reduced because of your religion.

Harassment

Harassment is a form of discrimination that targets a person or a group of people. Harassment can be verbal, visual, physical or any other type of behavior that intimidates, threatens or creates a hostile environment.

Some examples of harassment include, but are not limited to:

- Behavior that makes a person or group of people feel threatened, intimidated, offended or less than others.
- Calling names, telling jokes, or using negative nicknames or stereotypes for a person or a group.
- Using or sharing written, printed, or visual material with words or pictures that offend or make some people feel less valuable or important.



Protected characteristics include:

- Race
- Color
- Religion
- National origin
- Ethnicity
- Sex
- Sexual orientation
- Gender identity or expression
- Pregnancy
(including pregnancy-related conditions)
- Age
- Disability
(including physical or mental disability)
- Genetic information
(including family medical history)
- Ancestry
- Marital or familial status
- Citizenship
- Service in the uniformed services
(all as defined in federal or state law)
- Veteran status
- Expunged juvenile record
- Use of leave protected by state or federal law
- Use of the workers compensation system
- And/or any other status protected by law

Bullying

People work and learn best when they feel safe and respected. Bullying can be harmful words or actions that humiliate, degrade, demean, intimidate, and/or threaten a person or people. Bullying must not be part of the OHSU work or learning environment.

Some examples of bullying include, but are not limited to:

- Providing feedback to other OHSU members by yelling, screaming or other ways to embarrass, threaten or demean them.
- Hurtful or shameful comments about how someone looks, their family, lifestyle, or culture.
- Physical, verbal, and/or written actions toward someone, which causes them to reasonably fear for their safety and/or the safety of others.
- Staying in someone's personal space after being asked to move or step away and violating someone's personal space through unwanted touch.
- Openly and unfairly excluding colleagues from group activities.
- Sabotaging or threatening to sabotage someone's career advancement, studies or work.
- Spreading malicious rumors about others.

It is very important that OHSU members are able to provide feedback, have meaningful and ordinary managerial, mentoring and educational relationships.

Bullying is different from behavior which may be unpleasant or unsettling but is nevertheless appropriate for carrying out certain educational or employment-related responsibilities.

Bullying does not include:

- Providing appropriate critical feedback, including letting people know what the consequences may be for not addressing a concern.
- Classroom discussions of academic research or reasoned opinion on controversial topics.
- Critical feedback on the academic work of students, including advising a student of unsatisfactory academic work and the potential for course failure or dismissal from the program.
- Administrative actions such as performance reviews (including negative performance reviews), assigning work to employees, or other managerial decisions.



Protected activities include:

- Opposing a practice that is unlawful or that you reasonably believe is unlawful.
- Making a good faith report or assisting someone with a report of unlawful activity, discrimination, harassment, or retaliation or of an alleged violation of the Code of Conduct or OHSU's policies and procedures.
- Serving as a witness or participating in an investigation, proceeding or hearing related to unlawful activity, discrimination, harassment, or retaliation or of an alleged violation of the Code of Conduct or OHSU's policies and procedures.
- Participating in OHSU's reasonable accommodation processes.

Retaliation

Retaliation is a serious offense that can result in disciplinary action.

Retaliation is a negative action taken against an OHSU member because they reported a concern, took part in a protected activity or were part of an investigation.

Some examples of retaliation include, but are not limited to:

- Being reprimanded for reporting unlawful actions in your department.
- Being demoted for seeking an accommodation for a disability or religious observance.
- Being disciplined by your supervisor for being a witness in an investigation into discrimination in your department.
- Being punished for reporting sexual harassment.

Title IX of the Education Amendments of 1972 and Campus SaVE Act

OHSU follows Title IX (Title 9) of the Education Amendments of 1972 and the Campus Sexual Violence Elimination Act (Campus SaVE Act). We prohibit discriminating against people because of their sex or gender. This applies to sex and gender discrimination in education programs, activities, employment and admissions.

Sexual harassment

Sexual harassment is unwelcome sexual advances, requests for sexual favors and other verbal or physical harassment related to sex.

Sexual harassment does not have to involve strictly sexual behavior. For example, repeated and offensive comments about women or any gender can be sexual harassment. People who harass others can be of any gender. They can be supervisors, colleagues, peers or even patients.

Teasing and offhand comments are not usually covered under sexual harassment rules, but they can have lasting emotional effects and be considered unprofessional behavior.

Some examples of sexual harassment include, but are not limited to:

- Repeated jokes or comments about sexual acts or sexual orientation.
- Requests for sexual favors, whether stated or implied.
- Making work or learning opportunities dependent on sexual favors.
- Unwelcome sexual advances.
- Unwanted physical contact or touching.
- Unwanted or sexually explicit texts, photos or emails.
- Talking about sexual acts, fantasies or stories.



OHSU does not tolerate retaliation, which is an attempt to punish or “get back at” someone who reports a concern.



OHSU’s Title IX Coordinator is specially trained to address concerns around Title IX compliance. To contact OHSU’s Title IX Coordinator, Angela Fleischer, email titleix@ohsu.edu or call 503-494-5148 and press 6.











Learn more about prohibited sexual harassment in [OHSU’s Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#).



Although someone’s personal experience of the conduct is important, by itself it may not be enough to be considered harassment under OHSU policy, but may be a violation of other policy. OHSU will consider the personal experiences of those involved in all aspects of response.

Guide for responding to OHSU member concerns

-  Create space for receiving concerns by being open to understanding the issue.
-  Listen to understand what occurred and why the individual is concerned, whether they are concerned about you or someone else.
-  Explain what you are required to report from what they tell you. Offer them reporting and support resources, including confidential reporting options.
-  If their concerns relate to discrimination, harassment, or retaliation, make sure they know about the [Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#) and are provided a copy of the current policy by email. It is important to know your obligations under section 5 of the DHR Policy.
-  Follow up on the concern in a timely manner and take appropriate action. This could include providing information, support or a referral to another resource for further review, assistance or investigation.
-  Cooperate in any internal investigation. When it is appropriate, help decide on the appropriate action to correct the situation and help carry that action out.
-  Keep the individuals information private. Only discuss the incident with those who need to know, such as HR, Legal, OCIC, Student Affairs or Risk Management.
-  Make sure there are no further acts of misconduct or incidents of retaliation against anyone who has reported or participated in an investigation, raised a concern, requested an accommodation, or engaged in other protected activities.



If the individual is sharing concerns about discrimination or harassment, stop them before they mention a specific concern. Ask if they want to keep the concerns confidential. If they say yes, stop the conversation. Explain that you cannot keep it confidential, but OHSU has other people who can. Direct them to confidential support and reporting resources such as the [Ombuds](#), [Confidential Advocacy Program for students](#) or the [Confidential Advocacy Program for employees \(CAP-E\)](#), or a [Confidential Intake Specialist with the Office of Civil Rights Investigations and Compliance \(OCIC\)](#).



These expectations apply to all OHSU member Code of Conduct concerns brought to a leaders attention. If a member shares concerns with you, you are expected to take it seriously, listen respectfully and address or escalate it appropriately.

Our responsibilities for addressing and preventing discriminatory misconduct and harassing behavior

Be an active bystander and speak up for the OHSU community

- Be responsible for noticing and reporting discrimination, harassment, intimidation or bullying concerns.
- Speak up if you see someone offending another person or saying something offensive.
- If you are not comfortable telling someone they offended you, you have the option to make a formal complaint through the Integrity Helpline.

Mandatory reporting

All OHSU Employees who are not Confidential Employees, are required to promptly report discriminatory or harassing behavior when they become aware of, or reasonably suspect an incident of discriminatory or harassing behavior involves an OHSU member. When making a mandatory report provide the following to the OHSU OCIC/Title IX Office through the [Integrity Helpline](#) or the [Internal Incident Report Form](#):

- Name
- Date
- Time
- Location
- Description of the incident
- Involved parties (to the extent known)
- Include notes of any conversations the OHSU member had with the individuals

If you have questions about your reporting obligations, please contact OCIC at ocic@ohsu.edu or 503-494-5148.

For information regarding the OHSU [Internal Incident Report Form](#) please refer to the [Integrity Helpline O2 page](#).



The Office of Civil Rights Investigations and Compliance (OCIC) investigates reports of discrimination, harassment and retaliation based on protected characteristics and activities.

Reports of discrimination, harassment and retaliation not based on protected characteristics or activities may be responded to by Human Resources (for employees) or Office of Student Affairs (for students) or other appropriate OHSU departments.



If an investigation finds that an OHSU member has engaged in conduct against the OHSU [Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#), or this section of the Code of Conduct, immediate and appropriate corrective action will be taken. Employees who have engaged in misconduct may face discipline up to and including termination. Students who have engaged in misconduct may face sanctions up to and including suspension or dismissal per the [Student Suspension, Dismissal and Appeal policy \(02-30-050\)](#). An investigation will allow the accused individual a full opportunity to share their experience, provide witnesses and evidence and address any evidence raised against them.

Patient care

We are committed to providing compassionate, appropriate, high-quality and cost-effective health care. We are also committed to respecting the unique qualities, personal beliefs and culture of each person and their family. We provide health care in a way that considers and respects each person's culture and the way they think and feel about illness and treatment.

OHSU follows the [Patient's Bill of Rights](#) detailed by the federal government. We comply with the [Emergency Medical Treatment and Labor Act \(EMTALA\)](#) by conducting a thorough medical screening and providing stabilizing treatment to all individuals seeking emergency care or in labor, irrespective of their financial status or insurance coverage. Patients with emergency medical conditions are transferred only upon their request or when our facility lacks the capacity or resources to address their needs, ensuring that appropriate care is accessible at another facility. These transfers adhere strictly to both state and federal EMTALA regulations.



The U.S. Department of Health and Human Services has issued guidance on [Section 1557 of the Patient Protection and Affordable Care Act](#) that makes it unlawful for any health care provider that receives funding from the Federal government to discriminate, exclude people or treat them differently.

OHSU does not discriminate (exclude people or treat them differently) or harass people based on their protected characteristics, which include:

- Race
- Color
- Religion
- National origin
- Ethnicity
- Sex
- Sexual orientation
- Gender identity or expression
- Pregnancy
(including pregnancy-related conditions)
- Age
- Disability
(including physical or mental disability)
- Genetic information
(including family medical history)
- Ancestry
- Marital or familial status
- Citizenship
- Service in the uniformed services
(all as defined in federal or state law)
- Veteran status
- Expunged juvenile record
- And/or any other status protected by law

Our responsibilities for patient care

- Treat people receiving care, and their families, with respect and dignity.
- Listen and respond to people's health care needs and the needs that their families and communities tell us. Make reasonable efforts to do things the way they prefer and honor their rights, culture, belief systems and preferred language.
- Help people receiving care and their families to communicate with us. OHSU offers free language interpretation and translation services, which are outlined in the following policies: [Interpreter Services Policy \(HC-LAN-107-INT-POL\)](#) and [Translation of Documents for Individuals with Limited English Proficiency Policy \(HC-PRM-137-POL\)](#).
- Maintain a safe patient care environment that is free from verbal, sexual, physical, emotional or mental abuse and other behaviors and situations that might prevent the best care.
- Step in to help in any situation where a patient, family member or visitor does something that is not allowed at OHSU. You can ask someone with more authority, like a supervisor or Public Safety, to help if you cannot help directly or do not want to.
- Help patients and families keep their belongings safe. Turn in any items found to Public Safety.
- Never ask for, hint about or accept offers of gifts, tips or loans from patients or their family members. If patients and family members insist on giving something, refer them to the OHSU Foundation so they may gift OHSU in a beneficial way.
- Do not provide medical, nursing or other treatment to yourself or members of your immediate family except in emergencies.



Important Patient Policies

- [Patient Rights and Responsibilities](#)
- [Patient Visitation Policy \(HC-PRM-109-POL\)](#)
- [Patient/Visitor Safety Assessment and Planning Policy \(HC-PRM-135-POL\)](#)
- [Requests for or Refusal of Healthcare Professionals or Other Personnel with Specific Characteristics Policy \(HC-PRM-133-POL\)](#)
- [Administrative Discharge of an Adult Inpatient Policy \(HC-CGM-105-POL\)](#)
- [Dismissing Patients from Clinic and/or MyChart due to Disruptive Behavior Policy \(HC-AMB-109-POL\)](#)
- [EMTALA \(Emergency Medical Treatment and Active Labor Act\) Obligations Policy \(HC-EDM-106-POL\)](#)
- [Patient Complaint-Grievance Management Process Policy \(HC-PRM-107-POL\)](#)

Health and safety

Nothing is more important to us than making sure OHSU members, patients and everyone else at OHSU are safe. We must always be careful to use safe, appropriate and proven procedures and look out for the safety of others. We must look for health and safety risks and report any hazards we see.

A culture of safety

Decreasing patient harm by reducing preventable medical events is a primary health care provider obligation. To reduce preventable patient harm, the Institute of Medicine and other regulatory agencies have urged health care organizations to create a “culture of safety” in which safety is the core value and highly reliable systems of care are the core strategy.

Creating a culture of safety requires that we constantly learn how and why preventable harm occurs and that we dedicate ourselves to continuously improving the systems in place to prevent harm. This includes active listening and providing guidance and support to team members and asking for help when needed. We are committed to achieving a “culture of safety” at OHSU by addressing all aspects of that culture, including creating an environment in which it is easy and desirable for anyone to report safety events.



For more information, please refer to the [Environmental Health and Safety](#) resources on O2.

Contact ehs@ohsu.edu for assistance with investigating work-related safety hazards posing risk of injury/illness to staff.



Our responsibilities for health and safety

- Take the needed steps to conduct your job or learning activities safely and protect other OHSU members, patients, visitors and the public.
- Learn about the safety standards and best ways of performing your duties and being in your work or learning environment.
- Make sure OHSU buildings, laboratory spaces, chemicals, drugs, equipment and products are used safely. Also make sure the policies and laws for their use are followed.
- Follow [OHSU's Workplace Violence Policy \(07-30-020\)](#), and do not threaten, intimidate anyone or engage in any form of violence.
- Do not have any firearms or other weapons on OHSU property. Refer to the [Weapons and Firearms Policy \(07-30-010\)](#).
- Expect contractors and third parties to follow OHSU safety requirements.
- Follow the [Tobacco-Free Environment Policy \(07-90-021\)](#).

We embrace four components of a culture of safety at OHSU:



Just culture: We recognize that most mistakes come from system failures. We are committed to a non-punitive and transparent response to error reporting. We maintain individual accountability for actions in a manner that reflects overall patterns of behavior and performance.



Reporting culture: We continuously dedicate ourselves to promoting open reporting of errors. We commit to a response that is objective, timely and reliable and ensure that all members know where and how to report. There is no penalty for good faith reporting of a concern.



Learning culture: We develop highly reliable systems and teams by engaging in process improvement efforts, using internal and external sources to guide our learning and being transparent with OHSU members, patients and families. We are committed to creating diverse teams to enable learning that reflects the many needs and points of view from the communities we serve.



Engaged and informed culture: We are mindful and respectful of the ideas and perspectives of all OHSU members. We honor the courage of those who raise concerns and foster the development of trusting relationships that enhance our community. We provide the space and time needed for all OHSU members to voice input.



Patient Safety Reporting

Report all patient or visitor safety concerns or other unsafe conditions to [Patient Safety Intelligence \(PSI\)](#). If there are concerns of violence by a patient, visitor or OHSU member, contact [Public Safety](#) immediately.

PSI provides an important mechanism for learning about unexpected events, obstacles encountered in the delivery of patient care and potentially unsafe conditions present in the environment or system. Reports are routed to the appropriate manager based on the type and location of the event and they will investigate, take appropriate action, and follow up with the reporter.

The patient safety team reads all reports to evaluate patient harm and preventability and manages the investigations for high harm events. In addition, the patient safety team analyzes the aggregate PSI data to assess risks and works with leaders across the organization to identify systems changes that may help to reduce those risks.

If you need to file a PSI report you can submit a report directly to the [PSI system](#) or through the [Safety and Support](#) section of O2 and in Epic through the references section.

Our expectations to create a safe environment:

- Hold ourselves individually accountable.
- Respond to events, errors and near misses in a thankful, transparent, consistent and timely manner.
- Raise concerns with team members in a respectful manner.
- Develop and cultivate highly reliable systems and teams.
- Actively seek out perspectives that are underrepresented in the process of designing, developing, and enhancing systems.
- Fulfill our obligation to safety and system learning by reporting safety risks.
- Learn from our mistakes and correct problems and inconsistencies as soon as possible.
- Be honest and transparent with OHSU members, patients and families about safety.
- Promptly report all patient safety incidents or concerns to [Patient Safety Intelligence \(PSI\) reporting system](#).

**Worker and Student Injury Reporting System (WSIRS)**

WSIRS is an online reporting tool designed to streamline the communication between an injured party, their supervisor or proctor and Risk Management for near miss incidents, injuries, exposures and conditions sustained during OHSU directed activities. Good faith use of WSIRS is a protected activity.

To make a WSIRS report visit wsirs.ohsu.edu.



If you have a concern about a decision, behavior or action that may be a possible safety risk (e.g. workarounds, breakdowns in team communication, non-standard practices), you are responsible for speaking up immediately. If you have a concern, notify your manager or report an issue to the [Integrity Helpline](#), [PSI](#) or [WSIRS](#) as appropriate.

4

Our responsibilities to report and be accountable for our actions

Problem solving

The diverse people and points of view at OHSU create great results when we work and learn together.

However, disagreement is normal in any work place or learning environment. Through respectful and clear communication, we are able to work and learn together through many challenges and disagreement.

What can OHSU members do to resolve conflicts?

Talk with your colleague

Work directly with your colleagues to solve the problem.

Talk with a supervisor, a person in a leadership position or Student Affairs.

- Talk with a supervisor or person in authority if you cannot solve the problem with your colleague.
- The person you talk with may be a lead worker, supervisor, manager, department head, division director, program director or someone else in a leadership position.
- You can go to the supervisor or a person in a leadership position with your colleague or on your own.



Need help with a different workplace or learning environment problem? Please go to the [Problem Solving for OHSU Members](#) page on O2.



Talk with other resources that can help.

- You may also contact the Integrity Department, OCIC, or Human Resources directly for assistance.
- Talk to someone who is not involved in the situation (a third party). This may be a mentor, coach, mediator or facilitator.
- Other resources at OHSU include:
 - [Confidential Advocacy Program for employees \(CAP-E\)](#)
 - [Career and Workplace Enhancement Center-Manage Conflict](#)
 - [Spark Wellness](#)
 - [OHSU Ombuds Office](#)
 - [Confidential Advocacy Program for students](#)
 - [Student Support](#)

Reporting concerns

OHSU fosters a culture of reporting a question or concern. When you speak up to clarify a policy or report questionable conduct, you are protecting your colleagues, the interests of patients, caregivers, students and learners and the reputation of OHSU.

Remember, an issue cannot be addressed unless it is reported. You can take action, such as giving information, directing the people involved on what to do, or having another party review the situation. You may be required to report concerns that you hear or notice.

No penalty for reporting a concern

There is no penalty for good faith reporting of a concern. This is true no matter what type of concern you report or how you report it. OHSU believes reporting concerns honestly and in good faith (with the intent to improve OHSU rather than harm the other person) is positive. We take it seriously when someone says another person tried to retaliate or punish them for reporting a concern. If you believe someone tried to retaliate, punish or get back at you, you should report the concern immediately.



Designated Reporter

All employees, except for Confidential Employees or individuals working in their professional capacity, are required to report instances of discrimination, harassment, retaliation, or sexual misconduct that they observe, are told about, or suspect. All designated reporters should report all concerns, including information such as names, dates, times, locations, and a description of the incident and involved parties to the [Integrity Helpline](#) or through the [Internal Incident Report Form](#).



The Integrity Helpline

The Integrity Helpline is OHSU's confidential and anonymous reporting system. It is the place for all OHSU members, patients, and visitors to raise concerns about misconduct or suspected violations of the Code of Conduct, our policies or the law.

Integrity Helpline reports remain confidential to the extent possible under OHSU policies. Information will only be shared on a need-to-know basis for investigatory purposes or as required by law.

The Integrity Helpline is available 24/7 and can be reached either by visiting ohsu.edu/helpline or calling 1-877-733-8313.

For more information and guidelines for reporting, visit the [Integrity Helpline](#) page on O2.



OHSU does not tolerate retaliation, which is an attempt to punish or “get back at” someone who reports a concern in good faith.

Resources



OHSU Integrity Helpline

OHSU has a free, confidential and anonymous way to ask questions and report concerns, the Integrity Helpline. You may report concerns online or call a toll-free phone number 24 hours a day, seven days a week.

1-877-733-8313
ohsu.edu/helpline

If you use the helpline to report a concern, you will receive a unique tracking reference code. You can use this code to provide additional information or answer questions for the case as needed. The code will make sure any new information links to your original report and allows you to stay anonymous if desired.



Confidential community resources

Crisis Text Line: Text HOME to 741741 in the U.S.

National Suicide Prevention Lifeline: 800-273-8255

National Sexual Assault Hotline: 800-656-HOPE*

National Domestic Violence 24-hour hotline:
 800-799-7233 (for domestic violence survivors)*

*Can connect callers to local resources and providers.

Learn more at [OHSU Civil Rights Policies and Resources](#).



Confidential resources at OHSU:

Confidential Advocacy Program for Employees (CAP-E):
 call 503-494-5148 or email CAP-E@ohsu.edu.

Confidential Advocacy Program for Students (CAP): 1-833-495-2277 or 503-494-3256, cap-support@ohsu.edu

OHSU Ombuds Office (for everyone): 503-494-5397,
ombuds@ohsu.edu

Employee Assistance Program (EAP) (for employees):
 Call 1-800-433-2320 or Text 503-890-1777

Employee Mental Health Services (MHS): call 503-494-5271, email occhealth@ohsu.edu, or [self-schedule on Enterprise Health](#).

Student Health and Wellness: 503-494-8665 or
ohsu.edu/student-health

School of Medicine Resident and Faculty Wellness Program: Page clinician on duty at **10975** 7 days a week 9am-6pm, if after hours call the Spark Employee Assistance Program at 1-800-433-2320, or set up an initial meeting via email at wellnessmeeting@ohsu.edu. Access the [O2 page](#) for more information.

OCIC Confidential Intake Specialist: call 503-494-5148 or email ocic@ohsu.edu

Learn more at ohsu.edu/confidential-support.



Respect for All Guide and App

Reporting options and resources for anyone who experiences, witnesses or hears of prohibited bias, discrimination, harassment, sexual assault, sexual misconduct or retaliation are available in the [Respect for All Guide](#) and App.

Discipline and remediation (corrective measures) guidelines for employees

Management rights, responsibilities, and expectations

OHSU managers set goals and objectives for our most valuable asset, our employees, as well as manage employees' performance to ensure desirable organizational results are achieved. Managers also have important responsibilities and expectations related to facilitating employee success and maintaining an optimal and productive work environment.

Managerial responsibilities and rights include the following:

- Coaching, goal setting, training, and re-training direct reports.
- Hiring, promoting, transferring, evaluating, and disciplining employees.
- Deciding which positions are in the workforce, how work is organized, and how work is assigned.
- Establishing job-related standards, expectations, and guidelines, in compliance with regulatory requirements.
- Responding promptly and appropriately to employee concerns and complaints.
- Equitably interpret and apply policies and procedures, without discrimination based on protected characteristics or on the basis of non-work-related factors.

Managers should provide employees with:

- A clear understanding of the job description and performance and productivity standards.
- Knowledge of applicable employment-related policies and procedures, such as those relating to attendance, leave, and civil rights.
- A safe and healthy work environment that encourages the reporting of concerns raised in good faith.
- Materials, system access, resources, department or job specific policies and procedures, and equipment needed to do the job.
- Direction on how to approach complex work, work problems and other matters that can impact individual and team productivity.
- Informal, timely, and behaviorally specific feedback, with reasonable expectations, in a friendly and respectful manner.
- An opportunity to correct behaviors and performance concerns through corrective action, dependent upon the seriousness of the conduct.



Tips for managers

- Help the individual feel safe sharing their concerns and listen to understand the concerns shared.
- Share information about support resources with employees, students and learners. For example, make sure they know about the following programs at OHSU: [Confidential Advocacy Program for students](#), [Spark Wellness](#), [Confidential Advocacy Program for employees \(CAP-E\)](#) and [OHSU Ombuds Office](#).
- Refer to individual OHSU schools and programs [handbooks](#), [policies and resources](#) available to students and [Graduate Medical Education](#) resources for learners across the university.
- Set a good example by admitting your own mistakes and correcting them.

Discipline and remediation guide

The [Discipline and Remediation guide](#) is a tool to help managers evaluate and respond to employee performance concerns and workplace issues in a fair and equitable manner and to enhance transparency and the consistent applications of our expectations for employees. The guidelines are also intended to create transparency for employees across OHSU into the discipline and remediation processes related to expected attendance, conduct, and performance.

It is a priority for OHSU leadership that all disciplinary and remedial actions are thoroughly considered with an equity lens and incorporate OHSU's progressive discipline philosophy. For questions or more information about the Discipline and Remediation guide, contact the [Advice and Counsel Center \(ACC\)](#).



Code of conduct and policy violations

When a manager considers corrective action for an employee, they should first consider:

- What was the nature and severity of the incident or infraction and potential ramifications.
- What was the root cause of the issue and the employee's responsibility of such cause.
- Did system-based or organizational-level factors contribute to the outcome.
- Would informal resolution, like coaching or training, be effective.
- How often the violation has occurred in recent months or years.
- The employee's overall record of performance and length of service.
- How similar past situations have been handled or are currently handled in other areas.
- Were there any mitigating or escalating circumstances that impacted the situation.

Employees may have options for filing a grievance in response to a disciplinary action, although such options vary based upon role and representation.

5

Our academic and research responsibilities

Our responsibilities for teaching and learning

Educators are responsible for:

- Treating students and learners respectfully and communicating clearly with them.
- Creating learning environments that encourage respectful sharing of ideas and perspectives and support inquiry and reflection.
- Supporting our students and learners in becoming honest, compassionate, respectful, and ethical professionals.
- Supporting students and learners in working toward program and graduation outcomes.
- Abiding by legal and ethical guidelines in disclosing or accessing student or learner information.
- Ensuring accommodations are respectfully met.

Students and learners are responsible for:

- Honoring the learning environment through active participation.
- Respecting our instructors, mentors, administrators, fellow colleagues and other OHSU members.
- Learning and practicing the ethical standards of honesty, compassion and care you will use in your profession.

Academic and research standards

OHSU recognizes the power and importance of discovery for OHSU members, patients, and the larger community. To continue to perform the highest quality of research and to maintain research excellence, it is critical that we uphold our commitment to research integrity and maintain the highest standards for all research.

For our clinical research, we are committed to helping patients who take part in OHSU research stay informed and as healthy as possible while also supporting their families. We create and maintain an environment that provides privacy, security and comfort.

Academic integrity is an essential and professional virtue. Faculty, students and learners are expected to act with integrity when teaching, learning and conducting research. They are also expected to act with integrity toward each other, their patients, OHSU members and the professional community. Academic integrity includes creating original academic work, citing proper sources, including that of technologies if warranted, not plagiarizing, or taking credit for another person's ideas or work.

Our teaching and learning philosophy

- OHSU aspires to be the destination for transformational learning allowing all who enter our doors to be the next generation of outstanding health care providers, health advocates, and scientists.
- As educators, students and learners, we value curiosity and the academic freedom to pursue knowledge wherever it may lead, without undue or unreasonable interference.
- We value keeping our promises, being honest in all our actions, and working earnestly to ensure every professional is prepared to do their job well.
- We believe educators, students and learners must be equally valued and respected. We are responsible for sharing information that is accurate and complete. We must continually work toward creating learning environments that foster inclusion and critical inquiry.



OHSU does not tolerate acts of academic or research misconduct, such as plagiarism, falsifying research information, other scholarly work or making research results seem different than what the data shows.

Learn more about [research misconduct](#).

Learn more about [academic policies](#):

- [Academic Policy](#)
- [OHSU Policy Manual, Chapter 2 - Student Affairs](#)



Our responsibilities for research standards

- Be sure that every participant who takes part in clinical research goes through a meaningful consent process. The consent form should be written in terms that facilitate understanding. There are additional rules for participants who do not speak English and for children. Work with the Institutional Review Board for guidance.
- Go through the appropriate review and approval process for research projects, and share clear information about any financial interest in the project.
- Use an approved research plan (protocol). Follow the appropriate [Research Services policies](#) and procedures for review and approval of all research projects. If the research plan changes, have the changes approved before using them in the research project.
- Make sure research results are reported accurately, including everything that happened in the project and the report or publication shares all of the outcomes from the study without bias.
- Follow all of the requirements and rules for all grants and contracts.
- Properly record all research costs. Charge all costs to the appropriate accounts.



Our responsibilities for academic standards

- As educators, we place a high value on intellectual curiosity, academic freedom, integrity and outstanding professional preparation.
- Individual schools and programs at OHSU maintain [student handbooks](#) that specify academic integrity policies.
- Understand and follow the [Conduct Relating to Students – Proscribed Conduct Policy \(02-30-010\)](#).

Intellectual property

As a health and research institution, OHSU encourages all OHSU members to create and develop new technology and ideas. We are also committed to sharing what our experts create with people in the research and education communities outside OHSU. The things our experts create at OHSU are called “intellectual property,” because while they are sometimes physical things, they may also be ideas, concepts or plans.

Sharing intellectual property helps us learn even more, succeed further at what we do, and help the people and communities we serve. However, it needs to be shared in the appropriate way. We must make sure it is known that the technology or product was developed at OHSU and that OHSU has rights as an owner. For more information please refer to the [OHSU Intellectual Property and Royalty Distribution policy \(04-50-001\)](#).

As part of working at OHSU, all OHSU members have assigned to OHSU all right, title and interest to anything they create as part of their job (intellectual property) if they used OHSU time or equipment to do it. This means anything you created during your normal OHSU working hours or using OHSU equipment. It also means anything created using OHSU supplies, space (facilities) or restricted information.

Export controls

Rules about sharing equipment, technology and data with citizens of other countries may restrict what you can send from OHSU. These rules may affect how you share data, even if you are in the United States. They may also affect who can have access to a lab or research database. Shipping or traveling internationally are also impacted by export control regulations.



Our responsibilities for intellectual property

- Work with [OHSU Technology Transfer](#) to put in place proper research agreements when collaborating with industry or scientists at other institutions to protect intellectual property.
- Disclose promptly to OHSU Technology Transfer any and all new technology and intellectual property that is developed through research (as detailed in the [Intellectual Property and Royalty Distribution Policy \(04-50-001\)](#)).
- Fill out all the forms OHSU requires for intellectual property. This includes giving rights, title and interest in it to OHSU.
- Do not assign, license or otherwise dispose of any intellectual property owned by OHSU. Only authorized officials of OHSU may do this.



Research and technical data you share with a citizen of another country is considered an export to that country whether you are at OHSU or at a conference, meeting or other event. When traveling outside the U.S., take reasonable care to keep anyone from having unauthorized access to your laptop, tablet or other devices.

If you have any questions, contact the [Office of Export Controls](#).

6

Protecting OHSU information and assets

Keeping OHSU information secure and private

Information is one of OHSU's most valuable assets. Everyone at OHSU is responsible for protecting it. We work with three categories of information: public, private or sensitive, and restricted.

3 categories of information

See Data Classifications Policy [ISP-02](#).



Public information

is information that is specifically intended for public audiences.

- General information on our educational programs
- Marketing materials that have been approved and published
- General information on health care services at OHSU
- Research publications
- Other information that is publicly available on our external website



Restricted information

must be kept secure and confidential. Only authorized people can use and share it. People who store, access and send it must follow [Information Privacy and Security \(IPS\)](#) policies. Most OHSU computing systems fall under the restricted information category.

- Protected health information
- Student information, including educational records
- [Education records](#) subject to the Family Educational Rights and Privacy Act, also called FERPA
- Employee personal information
- Learner personal information
- Any other OHSU information that the OHSU Data Steward says is restricted



Private or sensitive information

must be protected in a way that keeps it from being seen by people who should not see it. [Information Privacy and Security \(IPS\)](#) policies cover how private or sensitive information may be shared.

- Some types of research information
- Individual practice plans
- Communications and memos that are only for OHSU members, but do not contain restricted information



Our responsibilities for OHSU information and assets

- Follow all OHSU policies on confidentiality, information privacy and security. These include, but are not limited to, [Confidentiality of OHSU Health Information Policy \(01-05-012\)](#), [Acceptable Use of Computing and Telecommunications Resources Policy \(11-20-010\)](#), and all other privacy and security policies on [O2](#) or in [MCN](#).
- Keep all OHSU restricted, private and sensitive Information safe. For example, be sure to keep certain research results and patients' and families' confidential information safe and private.
- Only access, use or share OHSU information as required to complete your work or study-related duties. Ask your manager or program director if you have questions about your duties.
- When sharing OHSU restricted information:
 - Use a secure (encrypted) way to send the information, such as a password-protected network or virtual private network.
 - Use an ohsu.edu email account or other OHSU-approved transmission tool.
 - Never forward OHSU restricted information to a personal email address or unapproved cloud storage.
- Do not discuss OHSU restricted, private or sensitive information in public areas including, but not limited to, public transportation, the tram, cafeterias and restaurants, etc.
- Report any unauthorized use or disclosure of OHSU restricted information to the [Information Privacy and Security Office](#), the [Integrity Helpline](#), or to your supervisor.
- You must keep OHSU information confidential even after you stop working or learning at OHSU.



Our responsibilities for personal information

We have a legal and ethical responsibility to protect the private and confidential information of our employees, students, learners, volunteers, research subjects, patients and their families and other members of the OHSU community.

Only collect, use, and share personal information as required by your role. This includes student and learner information, protected health information, and research information. Refer to [Information Privacy and Security](#) and [Education Records](#) policies for details on how this information must be protected.



Our responsibilities for computer and telecommunication resources

- Make sure that any minor (incidental) personal use of computers, phones or other resources does not keep you or others from completing work or learning duties.
- Do not use OHSU equipment and resources for personal or non-OHSU commercial (money making) purposes.
- Keep all OHSU-issued computers, phones, and electronic devices and equipment physically secure.
- Understand that computer and network equipment provided by OHSU is OHSU's property. You cannot expect that your activities and use of this equipment will be private.
- Meet OHSU standards of respect and integrity.
- For more information see the [Acceptable Use of Computing and Telecommunications Resources Policy \(11-20-010\)](#).



Our responsibilities for protecting OHSU property

- Handle documents containing restricted and private or sensitive information carefully. Keep these documents properly secured, on and off OHSU property. This includes information stored on computer systems, removable storage media such as hard drives or disks, and physical papers.
- Make sure OHSU owned property is tagged or labeled appropriately. The tag or label should indicate whose property it is and where it belongs, such as to a research lab.
- Report signs of OHSU property being used incorrectly or stolen, or signs someone may plan to steal it. These may include:
 - OHSU property that is not kept in a secure place when not being used.
 - OHSU members allowing other people to borrow or use equipment without approval.
 - OHSU members sharing passwords or login information.
 - People in an OHSU area whom you do not know, and who do not have a badge or other proper identification.
 - Unusual use of areas with badge access, such as doors, elevators, and other areas designed to limit access to parts of OHSU. Unusual use includes, but is not limited to, an unknown person following you closely to get through a door, someone propping such doors open, and people sharing or switching OHSU badges.



Documents containing restricted or sensitive information shall be kept in their designated storage locations when not in use. Restricted and sensitive information are subject to security controls and can only be shared for valid purposes. Contact [Information Privacy and Security](#) if you need help determining whether certain information is restricted or sensitive.

Documents shall be destroyed in accordance with the [Records Retention and Destruction Policy \(07-90-010\)](#). They should never be destroyed in response to or in anticipation of an investigation, audit, claim, lawsuit or case hearing.

Creating and maintaining records

The public, government authorities and others need to be able to rely on OHSU having complete, accurate records. We are committed to sharing information openly. We make full, accurate, timely and understandable disclosure on all aspects of our operations as required by local, state, or federal law or regulation. All of us contribute to the process of recording employee, student, learner or patient information, research results or maintaining business documents. OHSU members whose work includes preparing public, financial, or regulatory information, which will be shared, have a special responsibility in this area. Accurate and accessible information is essential within OHSU so that we can make good decisions.

As a public corporation of the State of Oregon, OHSU is subject to public records requests under Oregon Public Records Law. All OHSU public records requests are facilitated by the OHSU Public Records Coordinator, in the Office of Strategic Communications. They work closely with the OHSU Legal department to ensure adherence to [OHSU policy](#) and Oregon Public Records Law, especially as it relates to identification of records that are exempt from disclosure or require redaction.

In response to a request for public records, OHSU must disclose all public records responsive to the request unless an exemption applies to the record. Information subject to disclosure includes, but is not limited to, any information created or received by OHSU, whether paper, electronic or otherwise generated. Should a public records request be received for an Integrity Helpline report, or any other OHSU record, the Public Records Coordinator and the OHSU Legal department will work together to meet our obligations under the law while withholding records or information properly exempt from disclosure, under Oregon Public Records Law, prior to disclosing responsive records to the requester. The Public Records Coordinator will provide an advisory notice to current OHSU members at the time of disclosure when their name appears in the responsive records, providing an opportunity to ask questions or request additional information regarding the public records request.

Records management

OHSU has policies for keeping and storing records. We follow proper procedures outlined in these policies to make sure our records are maintained, stored and destroyed when appropriate to meet our business needs and follow laws and regulations. Information can be found under [Records Retention and Archiving Questions](#) on O2.



Our responsibilities for creating and maintaining records

- Make sure the information we record is accurate, complete and maintained in a manner that is consistent with and follows OHSU policies and procedures.
- Make sure everyone you supervise, including students and learners, understands and follows their responsibilities for keeping accurate and complete records.
- Always be accurate, complete and truthful when creating any OHSU record or submitting academic, clinical or financial documentation. When documenting something that is assumed but not proven, be clear that you are doing so.
- Avoid exaggeration, guessing, giving a legal opinion or including rude or negative comments about people and their motives.



Each of us is responsible for the information and records under our control and that apply to our roles. We must be ready to provide and describe the accuracy of the record when asked. It is also our responsibility to keep our records organized so they can be accessed when needed.

7

Interacting with our community

Communication with the public

OHSU needs a clear and consistent voice when providing information to the public and the media. For this reason, all public contacts and messages must go through OHSU's Strategic Communications office.

OHSU complies with the Oregon Code of Cooperation published by the Hospital Association of Oregon. This code is designed to facilitate accurate, ethical and timely news coverage of medical and other health-related events. It balances patients' right to privacy and well-being with the public's right to receive information.

Volunteer and community outreach

OHSU maintains close working relationships with its neighbors and the community in general. Contact the Strategic Communications office about volunteer and community outreach activities that may interest other OHSU members or that OHSU might want to officially support.

Guidelines for use of social media

At OHSU, we understand that social media lets us share information, opinions and more with people around the world. However, it also presents risks and responsibilities. Ultimately, you are the person responsible for what you post online. Before posting anything, consider the possible risks. Remember the saying: "The Internet is forever." This means that what you post may be permanent, and others can find and view it even many years from now. Anything you post may affect your work, school performance, other people or OHSU business.



Our responsibilities for communicating with the public






- Only speak on behalf of OHSU if authorized to do so.
- Promptly direct all questions from the media to the [Strategic Communications office](#). This includes all questions on OHSU's activities, plans or position on public issues and any other questions.
- Inform Strategic Communications about the activities and accomplishments of the OHSU community. This allows us to share our success with the OHSU community and the public.
- Be sure you provide accurate information to Strategic Communications and representatives of the media. Be honest about your role and OHSU's role.
- Use OHSU's [Brand Manual](#) to make the most of information about our mission. Ask Strategic Communications for help if you are not sure how to use the guidelines.







Our responsibilities for volunteer and community outreach

Ask Strategic Communications for help and guidance before representing OHSU in any volunteer activities or making a commitment for OHSU involvement.

When using social media in connection with your role at OHSU:

-  Get the approval of OHSU's Social Media department before creating any OHSU social media channels. Remember to follow OHSU and patient privacy guidelines. Violation of these policies could mean your account is temporarily or permanently closed. For more information, please visit the [guidelines for social media under Communications](#) on O2.
-  Only use OHSU logos, trademarks or copyrighted materials when you are specifically told you can do so. When you use them, be sure to follow OHSU's official [brand guidelines](#). If you are not sure something follows these guidelines, please ask.
-  Be careful to post only information that is true and accurate. Avoid posting rumors or anything you know that is false. If you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the internet saves (archives) almost everything. Even posts that you deleted may be brought back.
-  When you communicate online on topics related to your role or OHSU, make clear you are not speaking for OHSU. Identify yourself as a person in the community, not a spokesperson for OHSU. Consider adding a disclaimer to your personal accounts, for example, "Opinions are my own and not those of OHSU."
-  Keep OHSU intellectual property (ideas, research and more) confidential. Do not post or discuss knowledge, technology or anything else you know is being developed at OHSU. These things may be trade secrets, which need to be kept private until they are ready for the commercial market. Trade secrets may include information on the development of systems, processes, products, know-how and technology.

Also keep non-publicly available information confidential. Do not publicly post or share information posted on the OHSU intranet.
-  Do not post confidential internal communications related to OHSU business. These may include, but are not limited to, internal reports, policies and procedures.
-  Do not post academic content, such as videos of lectures or students or learners being taught.
-  Know what your privacy settings are and who can access the content you post online. Remember to review these settings regularly.
-  Posting something that includes discriminatory remarks, harassment, bullying, intimidation, threats of violence or similar inappropriate or unlawful conduct may bring disciplinary action from OHSU, up to and including termination for employees or dismissal for students.

Political involvement and related activities

OHSU recognizes that political involvement is an important part of the community. We support OHSU members' right to be involved in civic and community activities. As OHSU members, you are required by Oregon law to follow the restrictions outlined in this notice:

Political activities

Oregon law and OHSU policies restrict the political activities of public employees while on the job during working hours. Political activity restrictions are detailed in the [Political and Public Activities and Candidates for Public Office Policy \(03-30-003\)](#) and [Relationships with Federal, State or Local Government Policy \(03-30-005\)](#). Policy defines "political activities" as activities that promote or oppose any political committee or any initiative, referendum or recall petition, measure or candidate.



Our responsibilities for government advocacy and communication

- Any communication with executive, legislative or judicial branches of government, outside of what is required in the ordinary course of your role, must go through [OHSU's Government Relations department](#).
- OHSU does not engage in political activity and any questions about political activity should be directed to the [OHSU Legal Department](#) or [OHSU Government Relations](#).



Attention all public employees

The restrictions imposed by the law of the State of Oregon on your political activities are that no public employee shall solicit any money, influence, service or other thing of value or otherwise promote or oppose any political committee or promote or oppose the nomination or election of a candidate, the gathering of signatures on an initiative, referendum or recall petition, the adoption of a measure or the recall of a public office holder while on the job during working hours. However, this section does not restrict the right of a public employee to express personal political views. It is therefore the policy of the state and of your public employer that you may engage in political activity except to the extent prohibited by state law when on the job during working hours.

8

Working with our external business partners

Vendor relationships and management

Our vendors and external business partners are an important part of OHSU's success. To create an environment where our vendors want to continue working with us, they must be confident that they will be treated fairly, that we will work with them in partnership to address challenges, and that we will follow standards for right and wrong behavior.

OHSU buys supplies and services from vendors based on need, quality, community benefit, service, price and terms and conditions. We select significant vendors and contractors through the appropriate and transparent procurement process, including informal and formal bidding processes. We believe in doing business with those who share our commitment to community as well as our high standards of ethical business conduct. OHSU does not keep prices at a set level (fix prices), divide geographic markets or make any agreement that may artificially raise the prices of OHSU services or otherwise block competition.

We must be sure to research our vendors and business partners. Specifically, we must know who they are, what they do and what they are doing for OHSU. They must understand that they are required to follow OHSU standards when they work with us, and to keep complete, accurate records.



Our responsibilities when conducting business with our external business partners

- Respect and protect vendors' confidential information and information that they own.
- Make sure each contract has been properly reviewed, negotiated and signed by the appropriate [OHSU Contracting Unit](#). This will ensure that each contract has the proper legal language, and it is executed by an OHSU representative that holds contractual signature authority.
- Inform the public and our vendors about OHSU's services and responsibilities.
- Observe fair business practices that accurately reflect OHSU's skills and accreditations.

Vendor diversity



We actively encourage, promote and support the use of small and diverse businesses in our supply chain through close collaboration with internal teams, external organizations and partners.



We support our local community and work to maintain a strong vendor base that reflects the diversity of the overall vendor community, including but not limited to business enterprises that are owned by individuals who identify as minority, women, veteran, or disabled.



We create partnerships with organizations and businesses that have practices in line with diversity, equity, inclusion, and belonging.

**During the formal process of choosing vendors:**

- Select services on the basis of quality, effectiveness, economy, community benefit and appropriateness. Choose vendors to meet needs we have identified, while also seeking to avoid unnecessary expense.
- Identify whether the vendor is part of the Disadvantaged Business Enterprise (DBE) program such as certain minority- or women-owned businesses.
- Require vendors to share their diversity, equity, inclusion, and belonging commitments, policies and practices as part of the selection process.
- Follow fair business practices in negotiating contracts before signing a contract or making a purchase from a vendor.
- Do not give or accept any bribes, kickbacks (where the vendor gives back part of your payment as a favor for giving them the business) or other improper payments. Federal and state laws specifically make it a crime for anyone to offer or accept a bribe, kickback or anything of value for referring patients or other business.

**If you are in a leadership position at OHSU:**

- Work with our vendors and other external business partners to make sure that they understand our standards for high performance in meeting standards of right and wrong (ethics) and following appropriate rules and procedures (compliance).
- Watch out for any signs that our vendors are violating applicable laws or regulations.
- Insist on honest accounting for time and materials and receiving the product OHSU paid for on time and meeting our standards.
- Be open about any situation that may appear to involve a conflict of interest (see Conflicts of Interest section).

When in doubt, contact OHSU's Contract Triage Analyst (contract-triage@ohsu.edu) or [Contracting Unit](#) to make sure each contract includes proper language and includes someone with the authority to sign a contract. Do this as early as possible when you need a contract negotiated by OHSU.

Determining conflicts of interest

A conflict of interest happens when you have an interest that influences the decisions you make in your role at OHSU. For example, you might have a conflict of interest if you are involved in something that benefits a non-OHSU person or company. The decision may benefit you, a friend or relative or a vendor, but may not be in the best interest of OHSU.

It is impossible to describe every potential conflict, but the following are some examples.

Business opportunities

As part of working at OHSU, all OHSU members have assigned to OHSU all right, title and interest to anything they create as part of their job (intellectual property) if they used OHSU time or equipment to do it. This means anything you created during your normal OHSU working hours or using OHSU equipment. It also means anything created using OHSU supplies, space (facilities) or restricted information. All OHSU members and the people who represent them, such as attorneys (their agents) should work with [OHSU Technology Transfer](#) before talking with any non-OHSU person or company about something created at OHSU. The OHSU [Collaborations and Entrepreneurship](#) department helps make sure people and companies outside OHSU can easily connect with the OHSU community.

Outside activities

Activities you perform outside OHSU, such as consulting, being on the board of another organization or working at another job, can create a conflict of interest or conflict of commitment. For example, outside activities may get in the way of your ability to do your OHSU job or affect your role as a student.

The non-OHSU activity could:

- Lead to sharing restricted or confidential information.
- Lead to sharing information on something created at OHSU.
- Have a negative effect on OHSU's reputation, if something negative happens and people know you work or study at OHSU.
- Give you a chance to make money from something that is not yours, such as restricted or confidential OHSU information or something created at OHSU that OHSU owns.
- Impact your physical health in order to perform your OHSU job or academic related duties and responsibilities safely and efficiently.

If you provide services to other people and companies that are similar to your role at OHSU, talk with your supervisor and use the [online Conflict of Interest system](#) to report the outside activity.



You have a conflict of interest when:

- You are trying to form a business agreement or contract with a company that you also have a financial interest in.
- You are the direct supervisor for one of your relatives.
- You have influence over the pay, benefits, career progression or performance of a relative.



Our responsibilities for conflicts of interest

- Avoid conflicts of interest whenever possible.
- Make decisions that are in the best interest of OHSU.
- Talk to your supervisor or the [Conflict of Interest Office](#) if you think you might have a conflict of interest. Tell them the details of any situation you are involved in, and ask if your non-OHSU interests could be in conflict with OHSU interests.
- Ask about possible conflicts of interest before they become a problem. Be completely honest about situations that might cause a conflict of interest.
- Regularly consider if you might have a new conflict of interest or possible conflict. If you have income or benefits from non-OHSU companies, check to make sure you do not have a conflict of interest with OHSU. Disclose any possible new conflicts and non-OHSU sources of income with your supervisor and update your [Conflict of Interest](#) disclosure.

Significant financial interests

When OHSU members receive money from another business or company, there can be a possible conflict of interest. For example, you might have the opportunity to make or receive money from an organization that does business with OHSU, wants to or competes for business with OHSU. If so, you are required to talk with your supervisor about this potential conflict. You may not be included in OHSU's decisions about that business, because you could appear to be influenced by the desire to make money from the business relationship, whether it benefits OHSU or not.

You must also share any financial interests related to research or patient care. For example, if you own stock in a drug company, you must record this possible conflict of interest in the online [Conflict of Interest system](#).

Family members

Employees may not hire relatives or put them in certain job positions without the approval of Human Resources and their supervisor. This situation could create a conflict of interest. Please read [Employment of Family Members Policy \(03-05-040\)](#), for more information.

Recognizing and managing gifts and entertainment

OHSU depends on major gifts and donations to support our mission and growth. However, gifts may only be made to OHSU as an organization. They must also be given in ways that follow laws and rules.

OHSU must be careful to avoid any situations that may look like the gift giver will receive an unfair advantage. This is particularly important when vendors make gifts to OHSU. The people who choose OHSU vendors and those who raise funds for OHSU should have only a business relationship, not a personal one. This helps avoid situations where it appears that OHSU chose a vendor because the vendor gives gifts or provides benefits to OHSU.



For more information, please refer to the [Conflict of Interest manual](#), [Disclosure requirements](#), [Acceptability Criteria for Outside Activities](#), and more information on how potential conflicts of interest may affect you.



Situations involving gifts can be complicated, but for us one principle is always clear:

We do not offer, ask for (solicit) or accept gifts or entertainment that may appear to influence OHSU decisions or that may actually influence what OHSU does.

9

Our responsibilities to the law: Working with federal, state and local authorities

Communicating and cooperating with regulators and investigations

OHSU is entitled to all the safeguards provided by law. At the same time, we will cooperate with lawful, reasonable requests for information about what we do from federal, state and local authorities.

Government contracting

OHSU does business with governments and organizations managed by the government. Our policy is to fully obey all the laws and rules that apply to doing business with government entities.

OHSU leaders who supervise work with governments and organizations managed by the government must always be aware of the latest rules and OHSU requirements that apply to their work.

Gifts and entertainment of government representatives

Extra care is important when dealing with government officials. There are federal and state laws about ethics and lobbying. These laws describe how we are allowed to interact with government officials and their staff. Never offer any gift or other benefit, such as entertainment, to a government official.

Reasons why gifts are prohibited:

- It could be thought of as affecting business decisions they make about OHSU.
- It could be thought of as giving OHSU an unfair advantage with the government.

Kickbacks and inducements

The Federal Anti-Kickback Statute and various similar state laws prohibit giving, getting, offering or asking for anything of value to get a patient to receive care or someone to send business to OHSU. You must examine all relationships and arrangements with people and businesses who might refer patients to OHSU or want us to choose their products. You must be certain no money or favors are exchanged for sending patients to OHSU or using products. Health care departments should avoid giving discounts or allowing people to see a health care provider without paying the usual charges, such as a copayment, without talking with the Clinical Integrity, Revenue Cycle or Patient Relations departments first.



Individuals working for OHSU on government projects:

- Must obey OHSU standards in their work.
- Must follow their OHSU government project contract (contractual obligations).
- Must keep complete, accurate records of their work.



Our responsibilities to the law

- Fulfill your work-related responsibilities in a manner that is compliant with applicable laws and regulations.
- Respond to inquiries from enforcement authorities (regulators) or government authorities that you may receive during the course of your role. Respond by stating that OHSU intends to cooperate but that the matter must first be discussed with the [OHSU Legal Department](#).
- Take prompt action to preserve documents that may be relevant when we are told about an external investigation or lawsuit. The appropriate OHSU member or department will let you know if you need to do anything to assist.
- Stay informed about new requirements that may affect your area.

Laws and regulations may be complicated and difficult to understand. Be sure to discuss any questions you have with your supervisor, contact the [OHSU Legal Department](#), or both.

Anti-corruption and bribery

The U.S. Foreign Corrupt Practices Act, the laws of the European Union and the laws of most countries in which we operate have laws against bribing foreign officials. Many countries also have laws that address bribes paid to private individuals.

The laws against corruption and bribery are complicated. OHSU members should be aware of the laws and ask questions if they are not sure exactly what to do. If you have questions, contact your supervisor, Academic Program (for students) or the OHSU Legal Department.



You must immediately report any suspicious activity or demands by any government official, like inappropriate payment requests or threats if you don't do what they want. Report this to the [OHSU Legal Department](#) or the [Integrity Helpline](#).



Our responsibilities when dealing with government and regulatory agencies.

- Never offer, provide, promise to offer or authorize payment of money or any valuable item to get business or influence a business decision.
- Never make payments that are intended to affect a foreign official's or government decision.
- Remember that the phrase "foreign or government official" means more than politicians and civil servants. It also means officials of state-owned or controlled commercial businesses, representatives of public international organizations, employees of public universities and research institutes, people running for elected office in their country, political parties and party officials.
- OHSU can still be responsible for breaking the law even if someone else pays a bribe. Be aware of common warning signs when dealing with foreign or government officials and third parties including:
 - Large sums of money paid to third-party agents or consultants.
 - Unreasonably large discounts to third-party distributors.
 - Third-party "consulting agreements" that do not include a clear, detailed description of the services provided and include only vaguely described service.
 - Third party consultants who do a different type of work than what they are being paid for.
 - Third parties who are related to a foreign or government official or closely associated with them.
 - The foreign official specifically asked for the third party to be involved in OHSU's business with the country.
 - The third party is not a real company, just a company name registered outside the U.S. and the country doing business (offshore jurisdiction).
 - The third party asks us to make payments to offshore bank accounts (outside the U.S. and the country doing business with OHSU).

Contact the [Integrity Department](#) or [OHSU Legal Department](#) if you become aware of any unethical conduct.

Fraud, waste and abuse prevention and the False Claims Act

OHSU is responsible for the appropriate management of the money and other resources it receives from the government for patient care, research and education. OHSU takes fraud, waste and abuse seriously. We follow all laws and regulations that are designed to prevent and find fraud, waste and abuse in government programs.

OHSU is committed to submitting claims that are accurate and truthful. OHSU has many policies and procedures designed to prevent improper or erroneous billing to government benefit programs. Clinical Integrity and other staff in all missions regularly review charges and claims submitted to the government to ensure accuracy.

One of the main differences between fraud, waste and abuse is intent and knowledge. Fraud requires intent to receive payment dishonestly and the knowledge that the actions are wrong. Waste and abuse may also involve receiving an improper payment or creating an unnecessary cost, but it is not done with the same intent and knowledge.

The False Claims Act “whistle blower” or “qui tam” provisions

A U.S. law called the False Claims Act allows people to sue in the name of the government for violations of the Act. The government may or may not choose to investigate what is told to them. If it does not act, the person who filed the suit has the right to sue without the government being involved. If a false claim was filed and the organization must pay the money back, then the person who filed the suit may receive part of it because they shared information about a false claim.

If you are concerned about a specific claim, you have many options for bringing this to the attention of OHSU. The False Claims Act does not require you to report your concerns to OHSU first. However, OHSU asks that you tell us if you suspect false claims are being made. This will allow us to review the information, investigate, fully understand and correct the situation promptly and appropriately.

Contact the [Clinical Integrity Department](#), the [OHSU Legal Department](#) or file an [Integrity Helpline](#) report you have any questions or concerns about false claims.



Report fraud, waste, and abuse immediately to the [Integrity Helpline](#) (1-877-733-8313 or [ohsu.edu/helpline](#)). You will not face a penalty or negative consequences for honestly reporting suspected fraud, waste or abuse.



It is against federal and state law to punish, discipline, discriminate against (treat differently) or retaliate (create negative consequences) against someone because they report or share information on false claims. It is also against the law to treat them in these ways if they start a process of action to investigate false claims.

If you believe you have faced illegal discipline, discrimination (different treatment) or retaliation (negative consequences), you may file a complaint with the [Integrity Helpline](#) or the [Oregon Bureau of Labor and Industries](#).



Our responsibilities for preventing fraud, waste and abuse

- Only bill for services that were actually provided to the patient or the costs you are allowed to bill for based on what was done. Make sure all codes are accurate and all financial reports, technical reports and bills sent to the government and other organizations are accurately documented.
- Never do anything illegal or inappropriate that could lead to a false claim for payment. Illegal and inappropriate practices may include but are not limited to:
 - Making a patient's diagnosis seem different than it is in order to charge for more expensive services or more services.
 - Billing separately for services that should be billed together in order to get more money for each service.
 - Billing for care that the patient did not really need.
 - Charging costs to a grant that the grant is not allowed to pay for.
 - Agreeing or signing your name to a statement about someone's effort when you know it is not true.
 - Charging things to a grant fund for the specific purpose of spending all the grant money ("spending it out").
- All bills should be based on what is documented about the services and supplies provided. There should always be documents to back up the reason for the bill. Follow all policies related to billing and documentation.
- Never submit a false claim for payment. The Federal False Claims Act prohibits knowingly submitting a false claim to a federal payer for reimbursement.
- Vendors and Business partners are required to notify us immediately if they have been excluded or debarred (prevented) from participating in federal health care programs for any items or services they furnish, order or prescribe.

Insider trading

During our work for OHSU, we may hear information about publicly traded companies. It is important to know that we are prohibited from trading in shares of stock or bonds, or passing information on to other people (this is called "tipping") who trade shares of stock or bonds based on what we told them. Trading stocks or bonds based on information that is not publicly available to ordinary investors is called "insider trading." Refer to the [OHSU Board of Directors Insider Trading Policy \(2003-09-12\)](#) for more information.



Our responsibilities for insider trading

- Do not buy or sell securities (shares of stock, bonds) of any company on the basis of information that is not available to the general public.
- Be especially careful what you say or write when you respond to requests for restricted information, even from OHSU's business partners, strategic alliances or other vendors. Even casual conversation could be viewed as "tipping" of inside information.

10

Code of conduct and you

Code of conduct and you

Our Code of Conduct provides a framework to guide us in making ethical decisions and acting with integrity when interacting with and supporting our coworkers, students, learners, patients and broader community.

As an OHSU member, it is your responsibility to:

- Read, understand and follow the Code and other OHSU policies and procedures.
- Abide by the principles of the Code.
- Ask questions regarding the contents of the Code and understand how the contents relate to your role at OHSU.
- Seek guidance from your manager, academic program, the Legal or Integrity departments, or other relevant subject matter experts to ensure you have a well rounded perspective.
- Carefully consider your decisions and the potential impact on OHSU members, patients, visitors, and the communities we serve.

Effective communication of the OHSU Integrity Program across all levels of the organization is crucial. Integrity is a shared responsibility, and each of us plays a role in upholding its principles.

By fostering a culture of open communication and collaboration, we can ensure that our Integrity Program is well-understood and effectively implemented throughout OHSU.



The Integrity Department welcomes constructive input regarding the Integrity Program and the Code of Conduct. If you have any comments, suggestions, or questions, please submit them to the Integrity Department. Your feedback is valuable in helping us continuously improve and strengthen our compliance efforts.

Contact the Integrity Department:

Phone: 503-494-8849

Email: integrity@ohsu.edu

Raise a concern: ohsu.edu/helpline

11

Glossary

Glossary

Abuse

Pertaining to Fraud, Waste and Abuse, abuse is defined as actions that can cost government programs money unnecessarily. Abuse usually means billing for items or services when the patient and health care provider should not, by law, receive them. Abuse is different from fraud because the provider did not intend to deceive the program in order to get the higher payment.

For more information review the [OHSU Integrity Booster, Fraud, Waste and Abuse O2 page](#).

Anti-racist institution

“An antiracist institution is an institution that creates policies, practices, and procedures to actively promote racial equity and justice.” (Kendi, Ibram X. How to be an antiracist. One world, 2019)

Learn more in [OHSU's Institutional Anti-Racism Guidebook](#).

Bullying

Bullying can be harmful words or actions that humiliate, degrade, demean, intimidate, and/or threaten a person or people.

Learn more in [OHSU's Prohibition on Bullying Policy \(03-05-606\)](#).

Discrimination

Discrimination is when someone treats people in unfair or harmful ways because they belong to, or appear to belong to, a protected group or characteristic. Discrimination can be any behavior that affects employment, education or treatment or that creates a hostile environment. (OHSU Office of Civil Rights Investigations and Compliance)

Learn more in OHSU's [Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#).

Discriminatory misconduct

Conduct that includes Discrimination, Harassment, Sexual Harassment, Sexual Misconduct, Sexual Assault, Domestic Violence, Dating Violence, Stalking, and Sexual Exploitation, and Retaliation.

Learn more in [OHSU's Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#).

Fraud

Lying about something or making it appear different than it really is, on purpose in order to gain something by deception. Fraud is intentional and results in a dishonest profit or benefit for the person, company or other organization that commits the fraud. Medicare defines fraud as “knowingly and willfully executing (doing), or attempting to execute, a scheme or artifice (fakery) to defraud (steal from) any health care benefit program.” This definition is supported by a U.S. law called the Health Care Fraud Statute (18 U.S.C. § 1347). This law makes fraud a criminal offense.

For more information review the [OHSU Integrity Booster, Fraud, Waste and Abuse O2 page](#).

Harassment

Harassment is a form of discrimination that targets a person or a group of people. Harassment can be verbal, visual, physical or any other type of behavior that intimidates, threatens or creates a hostile environment.

Learn more in [OHSU's Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#).

Hostile Environment

A hostile work or learning environment is one where there are frequent or severe events of prohibited behavior. The behavior may be verbal, non-verbal or physical. An employer, teacher, co-worker, vendor or fellow student can create a hostile environment. For more information refer to [OCIC Civil Rights Policies and Resources](#).

Insider Trading

OHSU bonds and other obligations issued under or pursuant to its Master Trust Indenture (“OHSU Bonds”) are securities for purposes of the application of Insider Trading Laws (the Insider Trading and Securities Fraud Enforcement Act of 1988). [OHSU Board of Directors Insider Trading Policy](#) sets out restrictions on the trading of OHSU Bonds by OHSU Directors, officers and employees of OHSU.

Integrity

To commit to a set of values and principles and consistently acting in an ethical and honest way.

Learner

A person who is enrolled as a student in an academic program leading to a certificate or degree or who is a participant in a training program.

Microaggression

Commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory racial slights. These messages may be sent verbally, (“You speak good English”), non-verbally (clutching one’s purse more tightly around people from certain race/ethnicity) or environmentally (symbols like the confederate flag or using Native American mascots). Such communications are usually outside the level of conscious awareness of perpetrators.

Learn more in [OHSU’s Inclusive Language Guide](#).

Political activities

Activities for or against (promoting or opposing) any political committee or any initiative, referendum or recall petition, measure or candidate. Political activities do not include activities for or against (promoting or opposing) proposed legislation that may become law, unless the proposed legislation is one that results in a referral to an election.

Learn more in OHSU’s [Political and Public Activities and Candidates for Public Office \(03-30-003\)](#) and [Relationships with Federal, State or Local Government \(03-30-005\)](#) policies.

Protected Health Information (PHI)

Individually identifiable health information, including demographic data, which either identifies the individual or for which there is a reasonable basis to believe such information can be used to identify the individual and relates to:

- (1) the individual’s past, present, or future physical or mental health or condition;
- (2) the provision of health care to the individual; or
- (3) the past, present, or future payment for the provisions of health care to the individual.

PHI does not include employment records that are maintained by OHSU as an employer or education and other records subject to, or defined in, the Family Educational Rights and Privacy Act.

Racism

A system of inequality in which discrimination on the basis of race is institutionalized.

For more information review the [OHSU Institutional Anti-Racism Guidebook](#).

Restricted Information

Includes all information that OHSU has a contractual, legal, or regulatory obligation to safeguard in a specified manner. In some cases, a breach or loss of this data would require OHSU to notify the affected individual(s) or regulatory authorities. Restricted Information must be protected against unauthorized disclosure or modification and should only be used as necessary for business purposes. For more information, see [ISP-02, Data Classifications](#) for details.

Retaliation

Retaliation is a serious offense that can result in disciplinary action.

Retaliation is a negative action taken against an OHSU member because they reported a concern, took part in a protected activity or were part of an investigation. (OHSU Office of Civil Rights Investigations and Compliance)

Learn more in [OHSU's Discrimination, Harassment and Retaliation Policy \(03-05-048\)](#).

Student

An individual formally admitted and matriculated into an OHSU or joint OHSU/partner institution academic degree or certificate program; or an individual registered and currently enrolled in an OHSU academic course.

Waste

The Centers for Medicare and Medicaid (CMS) defines "waste" as practices that are not needed and cost Medicare money that did not need to be spent. Waste is generally not considered criminal, but it is a misuse of resources.

For more information review the [OHSU Integrity Booster, Fraud, Waste and Abuse O2 page](#).



**RESOLUTION 2024-09-10
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS**

WHEREAS, with the upcoming departure from the OHSU Board of Directors of its Chair, Wayne Monfries, the Board wishes to appoint Chad Paulson to serve as Chair of the Board; and

WHEREAS, the Board further wishes to appoint a Vice Chair of the Board;

NOW THEREFORE BE IT RESOLVED:

Chad Paulson is hereby appointed to serve as the Chair of the OHSU Board of Directors, to serve at the pleasure of the Board; and

James Carlson is hereby appointed to serve as the Vice Chair of the OHSU Board of Directors, to serve at the pleasure of the Board.

This Resolution is adopted this 27th day of September, 2024.

_____ Yeas
_____ Nays
_____ Abstentions

Signed by the Secretary of the Board on September 27, 2024.

Connie Seeley
Board Secretary

Glossary of Terms

A3 – Single page strategy

AAEO – Affirmative Action and Equal Opportunity

AAV - Adenovirus-associated virus

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

ACGME – Accreditation Council for Graduate Medical Education

ADA – Americans with Disabilities Act

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.

AHEC – Area Health Education Centers

AHEC SW - AHEC South West of Oregon located in Roseburg, OR

AHRQ – Agency for Healthcare Research and Quality

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.

AMP - Antibody-mediated protection clinical trial to prevent HIV acquisition

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

ART – Antiretroviral therapy

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

Beat AML - collaborative clinical trial for acute myeloid leukemia

BERG – Black Employee Resource Group

bNAbs – Broadly neutralizing antibody

BRB - Biomedical Research Building. A building at OHSU

BS – Bachelor of Science

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

CAUTI – catheter associated urinary tract infections

CDI – Center for Diversity & Inclusion

CDI – Clostridium Difficile Infection

C Diff – Clostridium Difficile

CEAH - Cascades East AHEC, located in Bend, OR

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

CLABSI – Central line associated bloodstream infections

Clery – Clery Act requires colleges and universities to report campus crime data, support victims of violence, and publicly outline the policies and procedures they have put into place to improve campus safety

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

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

CMHI – Center for Mental Health Innovation.

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.

DAC- Diversity Advisory Council

DEI – Diversity, Equity, & Inclusion

DEIB – Diversity, Equity Inclusion and Belonging

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.

DNV – Det Norske Veritas

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.

Envelope - HIV surface protein that is the target of bNAbs

EPIC - Epic Systems. An electronic medical records system.

EPMO – Enterprise Program Management Office

ER - Emergency Room.

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

ERG – Employee Resource Groups

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.

EVP – Executive Vice President

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.

GIP - General in-patient

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

HAC – hospital acquired conditions

HAI – hospital acquired infections

HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

Hospice GIP – Hospice General In-patient

HR - Human Resources.

HRBP – Human resources business partner

HRSA - Health Resources and Service Administration, federal agency under Health and Human Services

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

IMPACT - International Maternal Pediatric Adolescent AIDS Clinical Trials Network

INR – International Normalised Ratio
IP – In Patient
IPA – In Patient Addition
IPS – Information Privacy and Security
ISO – International Organization for Standardization

KCC - Knight Cancer Center. A building at OHSU.
KCRB – Knight Cancer Research Building
KPI – Key Performance Indicator
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.
LOS – Length of stay

M - Million
MA – Medicare Advantage
M and A - Merger and acquisition
MBCT – Mindfulness-Based Cognitive Therapy
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
MRSA – Methicillin-resistant staph aureus

NAPLEX – North American Pharmacist Licensure Examination
NCLEX – National Council Licensure Exam
NCI – National Cancer Institute
NEOAHEC - Northeast Oregon AHEC, located in La Grande, OR
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.

O2 – OHSU's Intranet
OBGYN – Obstetrics and Gynecology
OCA - Overhead Cost Allocation. Internal OHSU mechanism for allocating overhead expenses out to departments.
OCBA – Oregon Commission on Black Affairs
OCIC – Office of Civil Rights Investigations and Compliance
OCNE - Oregon Consortium for Nursing Education. A partnership of Oregon nursing programs.
OCR – Office of Civil Rights Federal Office
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
O/E – observed/expected ratio
OHSU—Oregon Health & Science University
OHSUF - Oregon Health & Science University Foundation.
OHWI - Oregon Pacific AHEC Center located in Lebanon, OR
ONA - Oregon Nurses Association. Professional association for nurses in Oregon.
OPAHEC - Oregon Pacific AHEC Center located in Lebanon, OR
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.
PARS - Physician Advice and Referral Service
PaWS - Parking and Workplace Strategy
PCLF - Primary Care Loan Forgiveness program. Oregon program that covers tuition in exchange for a service commitment. Students enroll during the mid-point of their education.
PDT - Photodynamic Therapy is a treatment that uses special drugs and light to kill cancer cells.
PEP - post-exposure prophylaxis
Perinatal Services - Before and after birth care
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.
PharmD - Doctor of Pharmacy
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
PSI - Patient safety intelligence
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
RAPP - Research Administration Partner Pod
RFP - Request for Proposal
RJC - Racial Justice Council
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

SAMHSA - Substance Abuse Mental Health
SAVE Act - The Campus Sexual Violence Elimination Act
SBAR - Situation, Background, Assessment, Recommendation
SCB - Schnitzer Campus Block
SG&A - Selling, General and Administrative expenses. A major non-production cost presented in an income statement
SHOI - Students for a Healthy Oregon Initiative. Oregon program that covers tuition in exchange of a service commitment. Students enroll at admission.
SIPP - Suicide Prevention, Prevention, Postvention Plan
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.
SMMART - Serial Measurements of Molecular and Architectural Responses to Therapy
SoD - School of Dentistry
SoM - School of Medicine. A school within OHSU.
SoN - School of Nursing
SOPs - Standard Operating Procedures
SPCP - Suicide Prevention Coalition and Partnership
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.

SSI – Surgical site infection

TBD – To be decided

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

THK – Total hip and knees

TIC – Trauma Informed Care

Title IX - The U.S. Department of Education's Office of Civil Rights enforces, among other statutes, Title IX of the Education Amendments of 1972. Title IX protects people from discrimination based on sex in education programs or activities that receive federal financial assistance. Title IX states: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

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

USMLE – United States Medical Licensing Examination

VAWA – The Violence Against Women Act

VBP – Value-based purchasing

VEC – Vaccine Equity Committee

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

VTE – venous thromboembolism

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.