UWHCA Board of Directors

December 16, 2021, 1:30 - 4:30 PM

WebEx: https://uwhealth.webex.com/uwhealth/j.php?MTID=m979b3fe8ea762d537c4831a735e3757a

Meeting number: 2624 093 4265 // Password: 121621


**ADVANCE MEETING MATERIALS ARE POSTED FOR REFERENCE. OCCASIONALLY, THE POSTED MATERIALS DO NOT REFLECT CHANGES MADE SHORTLY BEFORE OR DURING BOARD MEETINGS. THE FULL BOARD MINUTES ARE THE OFFICIAL RECORD OF FINAL BOARD ACTION**
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30 PM</td>
<td>I. Call to Order of Board Meeting</td>
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<tr>
<td></td>
<td>Mr. Paul Seidenstricker</td>
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<tr>
<td>1:30 PM</td>
<td>II. Recognition of Service - Mr. John Litscher</td>
<td>Approval</td>
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<td></td>
<td>Mr. Paul Seidenstricker</td>
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<td>Resolution - In Recognition of the Service of Mr. John Litscher</td>
<td>5</td>
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<tr>
<td>1:32 PM</td>
<td>III. Welcome/Introduction of New Member - Lt. Governor Barbara Lawton</td>
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<td></td>
<td>Mr. Paul Seidenstricker</td>
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<td></td>
<td>Biography - Lieutenant Governor Barbara Lawton</td>
<td>7</td>
</tr>
<tr>
<td>1:35 PM</td>
<td>IV. Consent Agenda</td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td>Mr. Paul Seidenstricker</td>
<td></td>
</tr>
</tbody>
</table>

### Meeting Minutes - Open Session

#### Medical Staff Membership and Clinical Privileges

- Attachment - Medical Staff Membership and Clinical Privileges (November 2021) 9
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#### UWMF Board of Directors Nomination (Academic Representation) to UWHCA Executive Committee

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#### 2022 - 2024 Community Health Needs Assessment

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- Resolution - 2022-2024 Community Health Needs Assessment 37
  (Exhibit A was presented to UWHCA Board on October 28, 2021. Enclosed for reference / supporting documentation to seek approval)

#### UW Health Alternate Liaison to UnityPoint Health-Meriter Board of Directors

- Executive Summary - UW Health Alternate Liaison to UnityPoint Health-Meriter Board of Directors 194
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:35 PM</td>
<td><strong>V. COVID-19 Situational Update</strong>&lt;br&gt;Dr. Peter Newcomer&lt;br&gt;(Material to be added in advance of or at the meeting)</td>
<td>Update</td>
</tr>
<tr>
<td>1:50 PM</td>
<td><strong>VI. UW Organ and Tissue Donation Annual Report and Quality Assessment and Performance Improvement Plan</strong>&lt;br&gt;Mr. Michael Anderson, Dr. Nikole Neidlinger</td>
<td>Report/Approval</td>
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<tr>
<td></td>
<td><strong>UW Organ and Tissue Donation Annual Report 2021</strong></td>
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<tr>
<td></td>
<td>Presentation - UW Organ and Tissue Donation Annual Report 2021</td>
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<td>Attachment - UW Organ and Tissue Donation Annual Summary Report 2021</td>
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<td></td>
<td><strong>UW Organ and Tissue Donation Quality Assessment and Performance Improvement Plan 2022</strong>&lt;br&gt;(Please review report in advance of meeting)</td>
<td>Approval</td>
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<tr>
<td></td>
<td>Attachment - UW Organ and Tissue Donation Quality Assessment and Performance Improvement Plan 2022</td>
<td></td>
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<tr>
<td>2:00 PM</td>
<td><strong>VII. UW Health Diversity, Equity &amp; Inclusion Program Strategic Plan</strong>&lt;br&gt;Ms. Shiva Bidar-Sielaff</td>
<td>Presentation/Discussion</td>
</tr>
<tr>
<td></td>
<td>Presentation - UW Health Diversity, Equity &amp; Inclusion Program Strategic Plan</td>
<td></td>
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<tr>
<td>2:30 PM</td>
<td><strong>VIII. UW Health Year-End FY21 Audit Report</strong>&lt;br&gt;Mr. Ron Anderson, Mr. Robert Flannery, Mr. Jeremy Zabel [RSM]&lt;br&gt;(Refer to FYI Attachment - UW Health Year-End FY21 Audit Report)</td>
<td>Informational</td>
</tr>
<tr>
<td>2:35 PM</td>
<td><strong>IX. Closed Session</strong>&lt;br&gt;Motion to enter into closed session pursuant to Wisconsin Statutes sections 19.85(1)(e) and 146.38, for the review and evaluation of health care services and the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed session and executive closed session meeting minutes; review of UW Health Audit Committee Annual Report; discuss UW Health Workforce Review and Update and State of Nursing and Shared Governance; discuss UW Health Workforce strategy; and review of the Patient Safety and Quality Committee report; and pursuant to Wisconsin Statutes section 19.85(1)(g) to seek confidential and privileged legal advice regarding potential litigation regarding workforce matters and to confer with legal counsel regarding these and other matters.</td>
<td></td>
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</tbody>
</table>
X. Adjourn
Resolution

In Recognition of the Service of
Mr. John Litscher
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

In Recognition of the Service of Mr. John Litscher

December 16, 2021

WHEREAS, Mr. John Litscher (“Mr. Litscher”) has served with distinction, dedication and unwavering loyalty on the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) from November 15, 2013 through December 9, 2021. In addition, he also served on the UW Health Patient Safety and Quality Committee, UW Health Investment Sub-Committee, and UWHCA Executive Compensation Committee; and

WHEREAS, during his tenure, Mr. Litscher was a strong supporter of the strategic vision of UWHCA, as it strengthened and cemented its regional presence, both through organic growth as well as through a variety of strategic affiliations and ventures, enabling it to succeed in the ever-changing health care marketplace; and

WHEREAS, Mr. Litscher provided invaluable guidance, support, and leadership during an important time in UWHCA’s history including a time of integration between UWHCA and UW Medical Foundation creating an integrated health care delivery system; and

WHEREAS, Mr. Litscher is an honored and trusted friend of UWHCA and has served UWHCA in true fulfillment of its mission, vision, and values; and

NOW THEREFORE BE IT RESOLVED that the Board of Directors and the management of the UWHCA extend their heartfelt gratitude to Mr. Litscher for his leadership, exemplary work, and loyal support of the UWHCA.
Biography
Lieutenant Governor Barbara Lawton
Prior to election, Wisconsin's Lieutenant Governor (2003-11) Barbara Lawton helped found the Educational Resource Foundation, Greater Green Bay Community Foundation, and Multicultural Center, was advisor to Entrepreneurs of Color, on the board of Northeast Wisconsin Technical College Foundation, and founding member/spokesperson for the Heffernan Commission: A Citizens' Panel for a Clean Elections Option. She continues in an active role as trustee to the community foundation.

While in office, she served as Chair of the National Lieutenant Governors Association (NLGA), and developed a cultural diplomacy agenda and anchored it in the NLGA's first International Committee. She served on the Harvard University’s Kennedy School of Government Public Diplomacy Collaborative, the National Leadership Council for the American Association of Colleges and Universities LEAP initiative, and led WI's pilot. She was a founding Advisory Board member to the Wisconsin Institute for Policy and Public Service and to Oxfam America’s Sisters on the Planet initiative, and continues active service to both. And she was an advisor to the national Millennial Action Project.

Born 7/5/51 in Milwaukee, graduated from Waterford Union High School; summa cum laude from Lawrence University; M.A. from UW-Madison; Honorary Doctorate of Fine Arts from Milwaukee Institute of Arts and Design; Honorary Doctorate of Laws from Lawrence University. Married (Charles Lawton), children Amanda (Krupp) and Joseph, four grandchildren. Lived in Green Bay for 30 years, in Oaxaca, Mexico and Santiago, Chile, and now in Madison and Algoma.

Barbara’s statement: “My work at the intersection of competing interests in the delivery of health care started 35 years ago when the president of Bellin Hospital in Green Bay asked me to represent the patient in an initiative aimed at getting physicians in various fields to collaborate better. As Lt. Governor, my economic development initiative Wisconsin Women = Prosperity cataloged best practices to support women making better health care decisions, and their success in the workplace; I brought that research to Oakwood Village to guide negotiations between caregivers and management to a contract celebrated as a success by both. I worked with Dean Bob Golden to make WI’s participation in National Depression Screening Day best in nation, engaging such diverse partners as Gannett, WMC and NFIB, WEAC, United Way and institutions of higher ed. After eight years serving the state as lieutenant governor, I have a deep understanding of the complex forces that encourage or limit good public health, and of the responsibility of public accountability. My commitment to the mission success of the UW Hospitals and Clinics, and the integrity of its governance, is profound.”
The Medical Board, upon the recommendation of the Credentials committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: November 1, 2021
Medical Board: November 11, 2021

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New Applications—Medical Staff

Parisa Amleshi, MD, Active Staff
Department of Medicine/General Internal Medicine
- Internal Medicine/Intermediate Care Core Privileges: No independent privileges

Smitha K. Holla, MD, Active Staff
Department of Neurology
- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.
- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.

Deanna M. Jewell, DO, Active Staff
Department of Pediatrics/Neurodevelopmental-Behavioral
- Rehabilitation Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with acute or chronic neuromuscular disease or disabilities. These privileges include, but are not limited to, anesthetic nerve block; arthrocentesis, electrodiagnosis, injection of neuromuscular block; neurolytic nerve block; soft tissue injection; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.

Robert W. Newell, MD, Active Staff
Department of Pediatrics/Neonatology

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Meghan Lubner, MD
Chair of Medical Board & President of Medical Staff

The following actions were endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action.
- Neonatology-Perinatology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants who have severe or life-threatening medical conditions requiring specialized knowledge or skills. These privileges include, but are not limited to, counseling, including antenatal maternal consultations. Administration of sedative agents and other medications including narcotics and vasoactive drugs to neonates. Request and perform diagnostic tests. Transport supervision and management.
- Umbilical artery and vein catheterization, peripheral and cut-down arterial and venous line placement, central arterial and venous line placement, arterial and venous phlebotomy, bone marrow aspiration, exchange and partial exchange transfusion, intraosseous line placement, chest tube placement, abdominal paracentesis, thoracentesis, suprapubic bladder aspiration, circumcision, oral or nasogastric tube placement, endotracheal intubation, laryngeal mask airway placement, pericardiocentesis, lumbar puncture, skin punch and muscle biopsy, cardioversion/defibrillation, I & D of abscess. Emergency cricothyrotomy. Wound and burn care including sutures, closed-fracture management.
- Management of modalities that provide PEEP (CPAP, high flow nasal cannula), non-invasive ventilation, mechanical ventilation, high frequency ventilation, T-piece. Inhaled medications (including surfactant administration, HeliOx and Nitric Oxide). Neonatal resuscitation. Hypothermia (including head and/or total body cooling), management of ECMO.
- Performance and interpretation of electrocardiogram (ECG), amplitude integrated electroencephalogram (aEEG), functional echocardiography, non-diagnostic bedside ultrasonography, and polysomnography utilizing 8 or less channels (including home monitor downloads); and supervision of NNPs, NICU and Newborn Hospitalists, residents, fellows, and others in training. These privileges include care of patients via telemedicine.

**Amik Sodhi, MBBS, Active Staff**

**Department of Medicine/Allergy, Pulmonary & Critical Care**

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training. These privileges also include care of patients via telemedicine.
- Pulmonary Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, admit, consult, and treat adult patients presenting with diseases and disorders of the organs of the thorax or chest. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, management of mechanical ventilation; management of noninvasive ventilation; direct laryngoscopy, diagnostic flexible bronchoscopy; including transbronchial lung biopsy, transbronchial needle aspiration, endobronchial ultrasound. Therapeutic bronchoscopy including simple reduction and treatment of bleeding and opening of blocked bronchi; pulmonary function testing (including methacholine challenges) and interpretation; sleep study testing and interpretation; endotracheal intubation; needle aspiration of the chest; chest tube placement; pulmonary treadmill exercise testing; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Central venous catheter insertion for access
- Adult Moderate Sedation ONLY within University Hospital or UW Health at The American Center
- Fluoroscopy
Justin N. Tawil, MD, Active Staff
Department of Anesthesiology

- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.
- Critical Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority and supervision of residents, fellows, and others in training.
- Advanced Transesophageal Echocardiography (TEE)

Sara J. Westergaard, MD, Active Staff
Department of Medicine/Hospital Medicine

- Internal Medicine/Hospital Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, providing care via inpatient service and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Reinstatements—Medical Staff

Ricardo V. Lloyd, MD, Active Staff
Department of Pathology and Lab. Medicine

- Clinical Pathology Core Privileges: Privileges in clinical pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of clinical laboratory tests on body fluids and secretions. These privileges also include care of patients via telemedicine. These privileges include supervision of residents, fellows and others in training. These privileges also include performance of duties via telemedicine.
- Anatomic Pathology Core Privileges: Privileges in anatomic pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of tissue specimens, cells and body fluids and performance of autopsies. These privileges also include performance of duties via telemedicine. These privileges include supervision of residents, fellows and others in training.

Additional Privileges—Medical Staff

Cathy A. Lee-Miller, MD
Department of Pediatrics/Hematology/Oncology

- Internal Medicine/Medical Oncology Core Privileges to treat patient up to age 39 in the AYA Oncology Clinic only.

Pye P. Oo, MBBS
Department of Medicine/Fellow

- Tunneled Hemodialysis Catheter Placement

Ravi V. Patel, MBBS
Department of Medicine/Nephrology

- Tunneled Hemodialysis Catheter Placement

Tyler D. Will, MD
Department of Medicine/Hospital Medicine

- Ventilator management on Intermediate Care patients

New Applications--Advanced Practice Providers

Meghan K. Anderson, NP, Advance Practice Nurse
Department of Medicine/Hospital Medicine

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage,
prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.

- NP Hospital Medicine Core Privileges: Privileges to manage and treat adolescents and adults with acute and chronic medical diseases and disorders and adult medical ICU patients (excluding trauma patients) in the inpatient setting. This includes patients admitted to the Hospitalist service and for whom a Hospitalist consultation has been requested.
- Prescriptive Authority

**Mariam M. Cheaib, NP, Advance Practice Nurse**
**Department of Medicine/Hematology/Oncology**

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Hematology/Oncology Core Privileges: Privileges to manage and treat patients with documented or possible hematologic and oncologic diseases.
- Prescriptive Authority

**Alexandra M. Colwell, NP, Advance Practice Nurse**
**Department of Medicine/Hematology/Oncology**

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Hematology/Oncology Core Privileges: Privileges to manage and treat patients with documented or possible hematologic and oncologic diseases.
- Prescriptive Authority

**Elizabeth Win S. Gutgesell, NP, Advance Practice Nurse**
**Department of Medicine/Cardiovascular Medicine**

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.
- Prescriptive Authority

**Kathleen N. Hipke, PhD, Clinical Psychology**
**Department of Psychiatry/Child**

- Individual psychotherapy: children (play)
- Individual psychotherapy: adolescents
- Individual psychotherapy: adult
- Family therapy
- Group therapy
- Psychological consultation

**Laura E. Kramer, NP, Advance Practice Nurse**
**Department of Medicine/Hospital Medicine**

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Hospital Medicine Core Privileges: Privileges to manage and treat adolescents and adults with acute and chronic medical diseases and disorders and adult medical ICU patients (excluding trauma patients) in the inpatient setting. This includes patients admitted to the Hospitalist service and for whom a Hospitalist consultation has been requested.
- Prescriptive Authority

**Cassandra J. Liss, CNM, Advance Practice Nurse**
Department of Obstetrics and Gynecology/Nurse Midwife

- Nurse Midwife Core Privileges: Privilege as a Certified Nurse Midwife, as defined by the Wisconsin State Statutes, includes the management of women’s health care, pregnancy, childbirth, family planning, and gynecological services. These privileges include, but are not limited to, endometrial biopsy; I&D of abscess; Implanon/Nexplanon insertion; IUD insertion and removal; skin tag and wart removal; suturing; vulvar biopsy; wound debridement. It also includes health maintenance, episodic care, urgent care and ongoing monitoring and management of chronic health problems. These privileges also include prescriptive authority, ordering respiratory therapy and blood product ordering.

Ian A. Rasch, CAA, Anesthesiologist Assistant
Department of Anesthesiology

- Anesthesiologist Assistant - Certified Privileges: Under the direction and supervision of the responsible and credentialed Anesthesiologist(s) who possesses UWHC privileges, an Anesthesiologist Assistant may perform the following: preanesthesia evaluation and preparation; administration of general and regional anesthesia and all levels of sedation techniques; postanesthesia care for children, adolescent, and adult patients; and assess, stabilize, and determine disposition of patients with emergent conditions consistent with policy regarding emergency and consultative call services. These privileges also include ordering respiratory therapy.

Eric Rogers, PA, Physician Assistant
Department of Medicine/Cardiovascular Medicine

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.
- Prescriptive Authority

Valerie R. Thomas, NP, Advance Practice Nurse
Department of Neurological Surgery

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Neurological Surgery Core Privileges: Privileges to manage and treat patients with illnesses, injuries, and disorders of the neurological system and related issues.
- Prescriptive Authority

Josie Ullsperger, PhD, Clinical Psychology
Department of Psychiatry

- Psychological testing: children (under 12)
- Psychological testing: adolescents
- Psychological testing: adults
- Individual psychotherapy: children (play)
- Individual psychotherapy: adolescents
- Individual psychotherapy: adult
- Behavior modification
- Family therapy
- Group therapy
- Psychoeducational counseling
- Psychoeducational testing
- Psychological consultation

Additional Privileges--Advanced Practice Providers

Chad E. Hermsdorf, PA
Department of Surgery/Cardiothoracic

- Intraaortic balloon pump removal

Jennifer D. Hildner, NP (Adult Gerontology Acute Care NP)
Department of Neurological Surgery
- CSF removal from a line

Alyssa N. Reding, NP (Adult Gerontology Acute Care NP)

Department of Medicine/Cardiovascular Medicine
- VAD Privileges

Jackie L. Sell (formerly Hill), NP (Adult Gerontology Primary Care NP)

Department of Medicine/Hematology/Oncology
- Chemotherapy Ordering

Kristina M. Trybek, PA

Department of Neurology
- Supraorbital Nerve Block

Transfers requiring a change in privileges

Jill M. Deluca, PA, Physician Assistant

Transfer To: Neurosurgery From: Orthopedic Surgery
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. Assist in surgery to include, but not limited to, first assist on major or minor surgeries.
- PA Neurological Surgery Core Privileges: Privileges to manage and treat patients with illnesses, injuries, and disorders of the neurological system and related issues.
- Prescriptive Authority

Marcella L. Eveler, NP, Advance Practice Nurse

Transfer To: Medicine/Geriatrics From: Neurology
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Medicine - Clinical Research Unit Core Privileges: Privileges to manage and treat patients enlisted by principal investigators to serve as subjects for designated studies in the Clinical Research Unit and IRB approved studies.
- Prescriptive Authority
- Lumbar puncture

Focused Professional Practice Evaluation Review

The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
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<tbody>
<tr>
<td>Bladorn, Amber R., NP</td>
<td>Medicine/Allergy, Pulmonary &amp; Critical Care</td>
<td>APN</td>
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<tr>
<td>Brzycki, Elizabeth M., NP</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>APN</td>
</tr>
<tr>
<td>Haggerty, Kaitlin J., NP</td>
<td>Medicine/Allergy, Pulmonary &amp; Critical Care</td>
<td>APN</td>
</tr>
<tr>
<td>Povlich, Matthew T., NP</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>APN</td>
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<tr>
<td>Skaife, Samantha J., NP</td>
<td>Neurological Surgery</td>
<td>APN</td>
</tr>
<tr>
<td>Barthel, Jasmin, PA</td>
<td>Ob Gyn/Reproductive Endocrinology</td>
<td>PA</td>
</tr>
<tr>
<td>de Oliveira Dias, Karine, MD</td>
<td>Anesthesiology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Fischer, Barbara L., PsyD</td>
<td>Neurology</td>
<td>Clinical Psych</td>
</tr>
<tr>
<td>Hanger, Christopher C., MD</td>
<td>Anesthesiology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Marty, Eric S., MD</td>
<td>Medicine/Hematology/Oncology</td>
<td>Active Staff</td>
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<tr>
<td>Richards, Elizabeth S., MD</td>
<td>Pathology and Lab. Medicine</td>
<td>Active Staff</td>
</tr>
</tbody>
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Focused Professional Practice Evaluation Review- Additional Privileges
The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
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<tbody>
<tr>
<td>Gilbertson, Lauren K., NP</td>
<td>Medicine/General Internal Medicine</td>
<td>APN</td>
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<tr>
<td>Majcen, Christina M., NP</td>
<td>Medicine/General Internal Medicine</td>
<td>APN</td>
</tr>
<tr>
<td>Nathwani, Lucille E., NP</td>
<td>Surgery/Acute Care and Regional General</td>
<td>APN</td>
</tr>
<tr>
<td>Piechowski, Dena L., NP</td>
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Reappointments

The following reappointment applications have been endorsed by the UWHC Credentials Committee, and the appropriate peer committee, if applicable, for two-year reappointments and are recommended to the Medical Board for approval/action:

*indicates committee member who abstained from voting on their own application.

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The Medical Board, upon the recommendation of the Credentials committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: December 6, 2021
Medical Board: December 9, 2021

The following actions were endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action.

**New Applications—Medical Staff**

### Simon A. Holoubek, DO, Active Staff
**Department of Surgery/Endocrine**
- General Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with disorders, illnesses or injuries of the alimentary tract, the abdomen and its contents, breast, skin, soft tissue, head and neck, endocrine system and minor extremity surgery. These privileges include, but are not limited to, laparoscopic surgery, upper gastrointestinal endoscopy, colonoscopy, insertion and management of arterial catheter, insertion and management of chest tubes, insertion and management of central venous catheters, lumbar puncture, pericardiocentesis, tracheostomy, paracentesis, management of trauma, and complete care of critically ill patients with underlying surgical conditions; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
- Stereotactic breast biopsy
- Transoral thyroidectomy vestibular approach (TOETVA)

### Shera A. Teitge, MD, Active Staff
**Department of Emergency Medicine/General**
- Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Point of Care Emergency Ultrasound

### Aditi Vidholia, MD, Active Staff
**Department of Pathology and Lab. Medicine**
- Clinical Pathology Core Privileges: Privileges in clinical pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of clinical laboratory tests on body fluids and secretions. These privileges also include care of patients via telemedicine. These privileges include supervision of residents, fellows and others in training. These privileges also include performance of duties via telemedicine.
- Anatomic Pathology Core Privileges: Privileges in anatomic pathology include provision of consultation to
physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of tissue specimens, cells and body fluids and performance of autopsies. These privileges also include performance of duties via telemedicine. These privileges include supervision of residents, fellows and others in training.

**Reinstatement—Medical Staff**

Nelida N. Sjak-Shie, MD, Active Staff  
Department of Medicine/Hematology/Oncology

- Hematology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases and disorders of the blood and blood-forming tissues. These privileges include, but are not limited to, bone marrow aspiration and biopsy; administration of chemotherapy; the management and care of indwelling venous access catheters; plasmapheresis; therapeutic phlebotomy; lymph node aspiration; bone marrow harvest; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Medical Oncology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with malignancies. These privileges include, but are not limited to, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes; management and maintenance of indwelling venous access catheters; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

**Additional Privileges—Medical Staff**

Jared L. Dubey, DO  
Department of Family Medicine and Community Health  
- Family Medicine Point of Care Ultrasound

Cholene D. Espinoza, MD  
Department of Obstetrics and Gynecology/General Ob & Gyn

- Adult Moderate Sedation--All locations - includes UH, TAC, DHC, and UWHC Clinics
- Critical Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients in need of critical care within an ICU type setting. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Marcial A. Torres, MD  
Department of Medicine/Fellow  
- Adult Moderate Sedation--All locations - includes UH, TAC, DHC, and UWHC Clinics

**New Applications—Advanced Practice Providers**

Ashley N. Berka, NP, Advance Practice Nurse  
Department of Obstetrics and Gynecology/Maternal Fetal Medicine

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Gynecology Core Privileges: Privileges to manage and treat patients with acute and chronic gynecologic conditions and related issues.
- NP Obstetrics Core Privileges: Privileges to manage and treat patients during antepartum, pregnancy, and postpartum.
- Prescriptive Authority

David W. Castellanos, PA, Physician Assistant  
Department of Medicine/General Internal Medicine

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA General Internal Medicine Core Privileges: Privileges to manage and treat patients with general internal medicine injuries or diseases.
- Prescriptive Authority

Joy C. Gibson, NP, Advance Practice Nurse  
Department of Surgery/Cardiothoracic
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Cardiothoracic Surgery Core Privileges: Privileges to manage and treat patients with cardiothoracic surgical needs and related issues.
- Prescriptive Authority

Claire F. Johnson, NP, Advance Practice Nurse
Department of Psychiatry/Child
- Psychiatry (Adult) Core Privileges: Privileges to promote health, prevent disease, assess/evaluate including performance of H & P, diagnose, consult and manage adolescent and adult patients with mental, behavioral or emotional disorders in inpatient and outpatient settings in collaboration with physician members of the medical staff. These privileges also include ordering respiratory therapy and blood product ordering.
- Psychiatry (Pediatric) Core Privileges: Privileges to promote health, prevent disease, assess/evaluate including performance of H & P, diagnose, consult and manage pediatric patients with mental, behavioral or emotional disorders in inpatient and outpatient settings in collaboration with physician members of the medical staff. These privileges also include ordering respiratory therapy and blood product ordering.
- Prescriptive Authority

Allison Ladner, NP, Advance Practice Nurse
Department of Obstetrics and Gynecology/General Ob & Gyn
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Gynecology Core Privileges: Privileges to manage and treat patients with acute and chronic gynecologic conditions and related issues.
- NP Obstetrics Core Privileges: Privileges to manage and treat patients during antepartum, pregnancy, and postpartum.
- Prescriptive Authority

Michael Maher, NP, Advance Practice Nurse
Department of Anesthesiology/General
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- Pediatric NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Pain Management Core Privileges: Privileges to manage and treat patients with chronic and acute pain and related conditions.
- Prescriptive Authority

Joelle B. Mulroy Cluff, PA, Physician Assistant
Department of Obstetrics and Gynecology/Gynecologic Oncology
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA Gynecologic Oncology Core Privileges: Privileges to manage and treat patients with gynecological oncology conditions and related issues and assist physician and research office staff in all aspects of clinical trials.
- Prescriptive Authority

Abby W. Neisius, PsyD, Clinical Psychology
Department of Pediatrics/Neurodevelopmental-Behavioral
- Psychological testing: children (under 12)
- Psychological testing: adolescents
- Psychological testing: adults
- Psychoeducational testing

Cara A. Omernik, NP, Advance Practice Nurse
Department of Medicine/Geriatics
Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.

NP Medicine - Clinical Research Unit Core Privileges: Privileges to manage and treat patients enlisted by principal investigators to serve as subjects for designated studies in the Clinical Research Unit and IRB approved studies.

Prescriptive Authority

Kelly H. Pappas, NP, Advance Practice Nurse
Department of Obstetrics and Gynecology/Maternal Fetal Medicine
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Gynecology Core Privileges: Privileges to manage and treat patients with acute and chronic gynecologic conditions and related issues.
- NP Obstetrics Core Privileges: Privileges to manage and treat patients during antepartum, pregnancy, and postpartum.

Prescriptive Authority
Margaret M. Symanski, PA, Physician Assistant
Department of Medicine/Cardiovascular Medicine
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.

Transfer requiring Additional Privileges--Advanced Practice Providers
Diana M. DuPont, PA, Allied Health Professional
Department of Medicine/Nephrology
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA Nephrology Core Privileges: Privileges to manage and treat patients with chronic kidney disease, organ transplant candidates undergoing desensitization in preparation for transplantation, and adult kidney transplants recipients.

Prescriptive Authority

Additional Privileges--Advanced Practice Providers
Maureen M. Casey, NP (Adult-Gerontology Primary Care Nurse Practitioner)
Department of Medicine/Hematology/Oncology
- Bone Marrow Biopsy
- Adult Moderate Sedation ONLY within University Hospital or UW Health at The American Center

Bailey E. Higby, NP (Family Nurse Practitioner)
Department of Orthopedics and Rehabilitation/Orthopedic Surgery
- NP Orthopedic Surgery Core Privileges: Privileges to manage and treat patients with orthopedic injuries or disorders.

Terri A. Lefeber, NP (Family Nurse Practitioner)
Department of Pediatrics/Gastroenterology
- Gastrostomy tube removal/exchange

Kari L. Nelson, NP (Pediatric NP - Primary Care)
Department of Surgery/Cardiothoracic
- VAD Management

Jennifer L. Trott, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Hematology/Oncology
- Chemotherapy Ordering
Focused Professional Practice Evaluation Review
The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

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Focused Professional Practice Evaluation Review- Additional Privileges
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<td>Bothun, Jessica L., NP</td>
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Reappointments
The following reappointment applications have been endorsed by the UWHC Credentials Committee, and the appropriate peer committee, if applicable, for two-year reappointments and are recommended to the Medical Board for approval/action:

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Resolution

Approving Dr. Stephen Nakada to Serve on UWHCA Executive Committee
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approving Dr. Stephen Nakada
to Serve on UWHCA Executive Committee

December 16, 2021

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) is the sole corporate member of University of Wisconsin Medical Foundation, Inc. (“UWMF”), with such powers over the governance of UWMF as are provided in the Bylaws of the University of Wisconsin Medical Foundation, Inc., Amended and Restated Effective March 24, 2021 (the “UWMF Bylaws”); and

WHEREAS, pursuant to the Integration Agreement, UWHCA amended its Bylaws to permit UWMF to nominate three individuals that represent the academic, faculty, and public members views to serve as non-voting members of the UWHCA Executive Committee (the “Executive Committee”); and

WHEREAS, UWMF Board academic representative, Dr. Laurel Rice’s (“Dr. Rice”) resigned from her UWMF Board position September 30, 2021; and

WHEREAS, the UWMF Board of Directors recommends to the UWHCA Authority Board ("Authority") that Dr. Stephen Nakada ("Dr. Nakada") replace Dr. Rice, to serve as the academic representative, on the UWHCA Executive Committee effective January 1, 2022; and

WHEREAS, the Authority has determined that Dr. Nakada is fully qualified to serve as UWMF Board academic representative on the Executive Committee, and has further determined that it is in the best interests of the UWHCA and UWMF, to have Dr. Nakada serve in that capacity.

NOW, THEREFORE, BE IT RESOLVED, that the Authority approves the nomination of Dr. Nakada to serve as UWMF Board academic representative on the Executive Committee for a three (3) year term beginning January 1, 2022.
Short Biography: Stephen Y. Nakada, MD, FACS, FRCS

Dr. Nakada is certified by the American Board of Urology. He is an internationally renowned expert in urinary stones disease (urolithiasis) and urologic laparoscopy. In 1997, he performed and reported the first hand-assisted laparoscopic nephrectomy in the United States using a sleeve. In 2001, he was named Chairman of the Division of Urology and the first David T. Uehling Chair and Professor of Urology. In 2008, he became founding chairman of the Department of Urology at the University of Wisconsin-Madison.

In 2003, Dr. Nakada became the 15th Dornier/A.F.U.D. Award Winner for Innovative Research in Urology. He has received the 2004 Gold Cystoscope Award, the 2017 Distinguished Service Award, and the 2020 Hugh Hampton Young Award from the American Urological Association. He received the 2019 Ralph Clayman Mentor Award from the Endourological Society. Dr. Nakada has served on both the Staghorn Stone Guidelines Committee and the Distal Stones Guidelines Panel of the American Urological Association. He is routinely listed in Best Doctors in America, Castle Connelly's Top Doctors, and Madison Magazine's Top Doctors.

Dr. Nakada has authored or coauthored over 250 peer-reviewed scientific articles and he has edited 11 textbooks. He has co-inventor status of the WISQOL, a kidney stone-specific quality of life instrument used worldwide. He has served on the ABU/AUA Examination Committee as well as the editorial boards for Urology, the Journal of Endourology, and Urology Times. Dr. Nakada is the past President of the North Central Section of the AUA, the Endourology Society, the Society of Academic Urologists, the ROCK Society, and the American Board of Urology. He is currently an active member of the American Association of Genitourinary Surgeons and Secretary/Treasurer of the Clinical Society of Genitourinary Surgeons. In July 2020 he was named Chief Administrative Physician of the UWMF Practice Plan.
Executive Summary

Approval of 2022-2024 Community Health Needs Assessment
EXECUTIVE SUMMARY

DATE: December 16, 2021

RE: Approval of 2022-2024 Community Health Needs Assessment

During the October 28, 2021 UWHCA Board of Directors (“Board”) meeting, Dr. Jonathan Jaffery, Ms. Robin Lankton and Ms. Adrian Jones provided a preview of the FY22-24 Community Health Needs Assessment (CHNA) for Board consideration.

Attached is the final FY22-24 Community Health Needs Assessment for your approval.

If you have any questions regarding the CHNA, please contact Dr. Jaffery at jjaffery@uwhealth.org or Ms. Robin Lankton at rlankton@uwhealth.org.

Thank you.
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

APPROVING UW HEALTH 2022 - 2024
COMMUNITY HEALTH NEEDS ASSESSMENT

December 16, 2021

WHEREAS, Section 501(r) of the Internal Revenue Code (“Section 501(r)”) imposes certain requirements on tax-exempt hospital organizations and facilities related to conducting community health needs assessments (a “CHNA”) and adopting strategies to address identified community health needs (the “Implementation Strategies”); and

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) previously conducted a CHNA of the communities served by UWHCA pursuant to the requirements of Section 501(r), and the CHNA findings were reviewed, considered, and adopted by UWHCA’s Board of Directors on December 20, 2018; and

WHEREAS, UWHCA further reviewed and approved the 2019 - 2021 CHNA Implementation Strategies to formally document UWHCA’s priorities and plans to address significant health needs in the community on July 25, 2019; and

WHEREAS, pursuant to federal requirements under the Affordable Care Act (ACA), hospitals qualifying for charitable exemption under the IRS code are required to conduct a CHNA and develop an implementation strategy every three years.

WHEREAS, UWHCA’s Board of Directors on October 28, 2021 reviewed the 2022 - 2024 Community Health Needs Assessment Preview.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby adopts and approves the 2022 - 2024 CHNA attached hereto as Exhibit A.

FURTHER RESOLVED, that management of UWHCA will maintain responsibility of operationalizing the implementation strategy.

FURTHER RESOLVED, that the officers and management of UWHCA are hereby authorized and directed to take such other actions necessary or advisable to affect the CHNA in accordance with Section 501(r); and

FURTHER RESOLVED, that the UWHCA CEO, and his delegates are hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolutions and any and all acts heretofore taken by the UWHCA CEO, or his delegates in connection with the foregoing resolutions are hereby ratified and confirmed.
Greetings,

Dane County has a unique history of collaboration between local health care providers. For many years, our organizations have worked together in order to leverage our combined resources and address the health concerns of our community. In 2012, members of the Dane County Health Council came together to develop a joint health needs assessment under the name Healthy Dane Collaborative. Since the development of the 2012 Community Health Needs Assessment (CHNA), the Healthy Dane Collaborative continues to work together to pursue collaborative approaches aimed at improving the health of Dane County.

This 2021-2023 CHNA was collaboratively completed in 2021 by Healthy Dane partners: Group Health Cooperative, Public Health Madison Dane County, SSM Health-St. Mary’s, Stoughton Health, UnityPoint Health-Meriter and UW Health. It combines population health data in addition to feedback gathered from the community through community input sessions and interviews to present a big-picture view of the factors impacting the health of our community. While many indicators of health are positive overall, it is apparent that specific populations in Dane County, specifically Black, Indigenous, and People of Color, experience significant inequities in terms of social and economic opportunities and health outcomes.

The Healthy Dane Collaborative recognizes the health needs of the community and the resources available are constantly evolving. The CHNA can serve as a valuable guidepost to establish shared priorities and as a benchmarking tool as we continue to create a healthier Dane County. The Healthy Dane Collaborative is proud to share this CHNA with the community.

Sincerely,

UW Health, SSM Health St. Mary’s, UnityPoint Health – Meriter, Stoughton Health, Group Health Cooperative SCW, and Public Health Madison Dane County
Healthy Dane Collaborative Partners

Healthy Dane Collaborative
www.healthydane.org
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Section X: Acknowledgements

Appendix
Healthy Dane is a community collaborative comprised of 4 Dane County hospitals (UnityPoint Health – Meriter, SSM Health St. Mary’s Hospital – Madison, Stoughton Health, and UW Health), Group Health Cooperative – South Central Wisconsin and Public Health Madison and Dane County. The group came together to assess community health needs. The members of Healthy Dane have a long history of collaboration particularly around issues affecting access to healthcare.

The development of Healthy Dane is another example of how area hospitals and the local health department work together to improve the health of all Dane County residents. The group recognizes that health issues that are identified in this assessment may be larger and more complex than one organization can address. We are committed to working together, along with other Dane County partners and residents, to understand and address the needs of the community in coordinated and effective ways.

This community health assessment included significant input from the community and a detailed examination of public health data. Community input was collected through a community health survey that was made available in English, Spanish and Hmong and through virtual and in-person community input sessions and key informant interviews. An additional healthcare provider survey gathered additional input and insights from healthcare providers about the health needs and challenges of their patients. Much secondary data was examined to further explore and understand health needs and impediments to good health. Most data came from healthydane.org which utilizes data from the National Cancer Institute, the Environmental Protection Agency, U.S. Census Bureau, the U.S. Department of Education, as well as other national, state and regional sources.

This assessment included data and findings from the 2021 Dane County Youth Assessment (DCYA). The DCYA is a collaborative effort led by the Dane County Youth Commission in partnership with the United Way of Dane County, Public Health Madison & Dane County, the City of Madison, and public and private schools in Dane County. Since 1980, Dane County youth in grades 7-12 have been surveyed regarding their experiences at home, in school and in their communities. Survey topics include alcohol/drug use, level of school engagement, use of free time, health and nutrition, mental health, family relationships, and risk behaviors. DCYA data offers a comprehensive profile of the needs and interests of Dane County youth. In 2021, 26,993 youth completed the survey.
Section 1: Communities Served
1.1: History of the Land

The Ho-Chunk Nation, People of the Big Voice, have long occupied land in Wisconsin extending from Green Bay beyond Lake Winnebago to the Wisconsin River and even to the Rock River in Illinois amounting to 8.5 million acres.

Due to lead mining in the late 1820s, the Ho-Chunk were forced to leave Wisconsin and sell their land to the U.S. Government. Over time, many returned to Wisconsin and had to repurchase tribal lands that they once owned including areas in Dane County.

Healthy Dane wishes to acknowledge that Dane County is on ancestral land that has long been home to the Ho-Chunk Nation.
Healthy Dane Collaborative selected Dane County as the community of focus for this needs assessment. The county is the primary service area for most of the patients served by our health systems.

- The county is nearly 1,200 square miles of urban, suburban, and rural communities.
- Although Dane County has approximately 572,000 acres (about 72% of the total land) in agricultural use, Dane County is classified by the United States Census Bureau as a metropolitan area.
- Four of the health systems are in the metropolitan area while one (Stoughton) is in a rural area.
- Over 23,000 middle and high school youth participants.

Madison has 258,054 residents, almost half of the county's population. Among its residents are more than 47,571 UW students.

In addition to being the center for the state and county government, Dane County is also home to Wisconsin's flagship public university, the University of Wisconsin-Madison.

As a result, educational and health services are the largest industry sub-sector in the county, followed by trade, transportation and utilities, professional & business services, leisure & hospitality, and public transportation.
1.2: Data Profile of the Communities Served

Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state.

The population grew 2.8% between 2016 and 2019, bringing the total population to 546,695.

Section 2: Framework for Assessment
2.1: Frameworks

Environmental and social factors greatly impact the health of a community.

We assessed input from the community and data related to each of the Health Factors in the County Health Rankings Model to better understand what is impacting the health of our community.
2.1: Frameworks

The Healthy Dane Collaborative conducted this Community Health Needs Assessment using a health equity lens.

We are committed to addressing health inequities: “types of unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect a group of people.”

Data Sources:
Community Health Improvement

CHNA
- Tax-exempt hospitals complete a Community Health Needs Assessment (CHNA) every 3 years to identify priority health issues

CHIS
- Following CHNA, required to complete Community Health Implementation Strategy (CHIS) that includes actions, resources, planned collaboration and anticipated impact.

Outcomes
- Implement community health implementation strategies and measure impact
### 2.2: Methodology: Qualitative Data

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<td>Healthy Dane Collaborative partners conducted 10 Key Informant Interviews.</td>
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<td>The Key Informant Interviews were carried out with individuals knowledgeable of broad or specific community health needs.</td>
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<th><strong>Community Input Sessions</strong></th>
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<td>Healthy Dane Collaborative partners conducted 9 Community Conversations [Focus Groups] with diverse groups.</td>
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<td>Efforts were made to gather input from more vulnerable and historically marginalized populations.</td>
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<td>A Community Health survey was conducted in English, Spanish and Hmong.</td>
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<td>862 individuals from Dane County completed the survey.</td>
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<td>17 individuals completed the Spanish-language survey, and one individual completed the Hmong-language survey.</td>
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<td>A survey was conducted among healthcare providers in the community to gather their perspective on the needs of their patients.</td>
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<td>186 Providers participated from the following specialties: pediatrics, family medicine, general internal medicine and obstetrics and gynecology.</td>
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<th><strong>Dane County Youth Assessment</strong></th>
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<td>The Healthy Dane Collaborative partners incorporated findings of the 2021 Dane County Youth Assessment (DCYA).</td>
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<tr>
<td>The DCYA is a survey of youth in grades 7 – 12 that is completed every three years.</td>
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<tr>
<td>26,993 students participated in the 2021 DCYA.</td>
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Community Partners Engaged

- Reach Dane
- Children’s Mental Health Collaborative
- Fitchburg Fire Department
- Bayview Community Center
- Oregon Youth Center
- Latino Health Council
- African American Opioid Coalition
- Urban League of Greater Madison Guild

- Delta Sigma Theta Sorority Inc.
- Road Home
- Hmong Institute
- Vera Court/Bridge Lakepoint
- Neighborhood Free Health Clinic (Stoughton)
- Oceanhawk Counseling
- Stoughton Area Resource Team (START)
- Alpha Kappa Alpha Sorority Inc.
- Madison Links Inc.
- Madison Network of Black Professionals
2.2: Methodology: Quantitative Data

Our main source of secondary data was www.healthydane.org. This website is maintained by Health Communities Institute and utilizes data available from the National Cancer Institute, the Environmental Protection Agency, U.S. Census Bureau, the U.S. Department of Education, as well as other national, state and regional sources, to provide a snapshot of the community’s health. Other data sources are cited throughout the report (see footnotes).
### 2.2: Methodology: Community Survey

The first survey question asked, “With which category do you identify?”

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American or Black</td>
<td>11.5%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian Indian or Pacific Island</td>
<td>1.0%</td>
</tr>
<tr>
<td>East Asian or North African</td>
<td>1.5%</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>5.8%</td>
</tr>
<tr>
<td>Middle Eastern or North African</td>
<td>0.3%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Asian or Middle Eastern</td>
<td>0.2%</td>
</tr>
<tr>
<td>Southeast Asian or North African</td>
<td>1.7%</td>
</tr>
<tr>
<td>White</td>
<td>79.5%</td>
</tr>
<tr>
<td>Other</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

The second question asked, “What is your gender identity?”

- **Male**: 78.65%
- **Female**: 1.39%
- **Other**: 16.13%

[Diagram showing gender identity categories]
2.2: Methodology: Community Survey

• In the Spring of 2021, the Healthy Dane Collaborative developed and distributed a community health survey in English, Spanish and Hmong.

• The 24-question survey was designed to gather respondents’ demographic information, community input regarding priority health needs or issues, input about clinical care experiences, and thoughts about the social determinants of health strengths of the community.
2.2: Methodology: Community Survey Demographics

What is your age group?

- <18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- ≥75

What is the highest grade or year of school you completed?

- 8th grade or below
- 9th - 12th grade, no diploma
- High school graduate (includes GED)
- Trade/technical training program
- Some college credit, no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree
2.2 Methodology: Community Survey Data

Very critical health need or issue: Reproductive Justice, Chronic Conditions, Behavioral Health, and Injury

<table>
<thead>
<tr>
<th>All Responses</th>
<th>BIPOC</th>
<th>Spanish-language Survey</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health (80.7%)</td>
<td>Mental Health (76.5%)</td>
<td>Mental Health (58.8%)</td>
<td>Mental Health (82.6%)</td>
</tr>
<tr>
<td>Substance Abuse (60.2%)</td>
<td>High Blood Pressure (63.1%)</td>
<td>Access to Dental Services (52.9%)</td>
<td>Substance Abuse (61.0%)</td>
</tr>
<tr>
<td>Healthy Pregnancy (56.5%)</td>
<td>Heart Disease (63.1%)</td>
<td>Substance Abuse (47.1%)</td>
<td>Healthy Pregnancy (56.3%)</td>
</tr>
<tr>
<td>Suicide/Self-harm (55.5%)</td>
<td>Diabetes (62.6%)</td>
<td>Diabetes (47.1%)</td>
<td>Suicide/Self-harm (56.31%)</td>
</tr>
<tr>
<td>Diabetes (53.9%)</td>
<td>Healthy Pregnancy (60.9%)</td>
<td>Alcohol Misuse (47.1%)</td>
<td>Diabetes (51.8%)</td>
</tr>
<tr>
<td>Obesity (50.7%)</td>
<td>Substance Abuse (58.7%)</td>
<td>Obesity (47.1%)</td>
<td>Alcohol Misuse (50.2%)</td>
</tr>
<tr>
<td>Alcohol Misuse (49.3%)</td>
<td>Suicide/Self-harm (54.8%)</td>
<td>High Blood Pressure (41.2%)</td>
<td>Obesity (50.2%)</td>
</tr>
<tr>
<td>Nutrition (49.3%)</td>
<td>Nutrition (54.2%)</td>
<td>Heart Disease (41.2%)</td>
<td>Heart Disease (48.8%)</td>
</tr>
<tr>
<td>Access to Dental Services (48.6%)</td>
<td>Access to Dental Services (53.6%)</td>
<td>Nutrition (41.2%)</td>
<td>Nutrition (48.2%)</td>
</tr>
<tr>
<td>Heart Disease (48.4%)</td>
<td>Cancer (53.1%)</td>
<td>Alzheimer’s/Dementia (35.3%)</td>
<td>Access to Dental Services (47.2%)</td>
</tr>
<tr>
<td>High Blood Pressure (48.4%)</td>
<td>Obesity (52.5%)</td>
<td>Suicide/Self-harm (29.4%)</td>
<td>High Blood Pressure (44.4%)</td>
</tr>
<tr>
<td>Cancer (44.4%)</td>
<td>Alcohol Misuse (46.4%)</td>
<td>Cancer (29.4%)</td>
<td>Cancer (42.6%)</td>
</tr>
</tbody>
</table>
2.2: Methodology: Provider Survey Data

In the Spring of 2021, the Healthy Dane Collaborative sought the views of healthcare providers regarding critical health needs in the community. A nine-question, on-line survey was developed and distributed. The survey received 186 responses from Dane County healthcare providers.

**What is your gender identity?**

- Gender: Female
- Cis-gender
- Male
- Cis Female

**What is your clinical specialty?**

- Pediatric Development
- Emergency Medicine
- Pediatrics / Adolescent Medicine
- Obstetrics / Gynecology
- Adolescent Medicine
- Behavioral Pediatrics
- Hospital Medicine
- Pulmonology
- Pediatric ENT
- Pediatric Diabetes
- Pediatric Nephrology
- Ambulatory Pediatrics
- Family Medicine
- Pediatric Cardiology
- Internal Medicine
- Pediatric Endocrinology
- Pediatric Urology
- Pediatric Hepatology

**Survey Respondent’s Self-Identified Race/Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>86%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>2%</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
</tr>
<tr>
<td>Middle Eastern or North African</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>2%</td>
</tr>
</tbody>
</table>
2.2: Methodology – Provider Survey Data (Health Conditions)

In the last year, have you noticed a change in the following health needs?

<table>
<thead>
<tr>
<th>Need</th>
<th>Percent Reporting Increase in Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>86.8%</td>
</tr>
<tr>
<td>Obesity</td>
<td>69.1%</td>
</tr>
<tr>
<td>Suicide/Self-Harm</td>
<td>55.3%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>47.2%</td>
</tr>
<tr>
<td>Alcohol Misuse</td>
<td>45.5%</td>
</tr>
<tr>
<td>Substance Use (Including Tobacco)</td>
<td>42.9%</td>
</tr>
</tbody>
</table>

If there are critical needs that are not mentioned above that you are seeing in your patient population, please list here? (66 of 186 responses to this question)
2.2: Methodology – Provider Survey Data (Social Needs)

Did you see increased social needs in your patient population during the past year?

- Yes
- No

(43% of respondents answered “housing” to this question.)
Key for Data Retrieved from Healthy Dane

The gauge represents the distribution of communities reporting the data, and tells you how you compare to other communities. Keep in mind that in some cases, high values are "good" and sometimes high values are "bad."

- Green represents the "best" 50th percentile.
- Yellow represents the 50th to 25th quartile.
- Red represents the "worst" quartile.

The circle represents a comparison to a target value:
- The current value has met, or is better than the target value.
- The current value not met the target value.

The diamond represents a comparison to a single value:
- The current value is lower than the comparison value.
- The current value is higher than the comparison value.
- The current value is not statistically different from the comparison value.

The square represents the measured trend:
- There has been a non-significant increase over time.
- There has been a non-significant decrease over time.
- There has been a significant increase over time.
- There has been a significant decrease over time.
- There has been neither a statistically significant increase nor decrease over time.

The triangle represents a comparison to a prior value:
- The current value is higher than the previously measured value.
- The current value is lower than the previously measured value.
- The current value is not statistically different from the previously measured value.

Our icons are color-coded. Green ✅ is good. Red ❌ is bad. Blue ○ is neither.

- Significantly better than the overall value
- Significantly worse than the overall value
- Significantly different than the overall value
- Not significantly different than the overall value (or no confidence intervals available)

The “Why It Matters” sections throughout this assessment also come directly from HealthyDane.org.
2.3: Data Limitations

• County and local level data broken down by race, ethnicity, socioeconomic status and other demographics are not always available. These data are included whenever possible.

• Community input sessions represent voices from both community leaders and vulnerable populations. Because inequities continue to exist in maternal child health, mental health, chronic conditions and substance abuse, we chose to focus our questions in those specific areas. In addition, we sought to better understand how health systems and the community could better partner together to improve health outcomes.

• This assessment used data readily and publicly available and known to the team that contributed to the analysis. Additional data sources and community engagement could result in additional or modified findings. Future versions will build on this work and enhance knowledge and insights of the health of the community.
2.4: Summary Themes

Generally, Dane County’s health outcomes fair better than many state and national averages. However, the state and national averages do not adequately capture the inequities between populations. When health and other data are disaggregated, the inequities in the community become clear.

The community health survey revealed that:
- Mental health was the most critical need.
- Most (82.4% - 95.9%) survey respondents reported good, very good or excellent experiences with healthcare centers or organizations.
- The COVID-19 pandemic made approximately two-thirds of community members concerned about their job security.
- Most respondents indicated that their neighborhoods do not have affordable housing.
- Almost all survey respondents (95.0%) noted that they have internet or WIFI access in their homes and have access to technology.
- When asked about strengths of the community, respondents cited diversity, neighborly/welcoming, safety, recreation, fitness, nutrition, and the school district/education among the major themes.
Section 3: Health Factors
Health Outcomes

Health behaviors such as tobacco use, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.

3.1.1: Life Expectancy

- In Dane County, life expectancy is 81.8 years compared to national rates of 79.2 years.¹

- However, disparities exist in life expectancy between Black and White populations.²

3.1.2: Premature Death

WHAT DOES PREMATURE DEATH MEASURE?

Premature death is a rate that measures the risk of dying before age 75. This measure gives more weight to deaths at earlier ages than deaths at later ages.¹

Across the US, values for measures of length and quality of life for American Indian, Black and Hispanic residents are regularly worse than for Whites and Asians. For example, even in the healthiest counties in the US, Black and American Indian premature death rates are about 1.5 times higher than White rates.

In Dane County, the Black premature death rate is more than 2 times higher than the White rate.

Data Source:
3.1.3: Quality of Life

- Dane County residents report an average of 3.3 “poor physical health” days per month, and 3.6 “poor mental health” days per month. This is slightly better than statewide responses of 3.7 “poor physical health” days and 4.0 “poor mental health” days per month.¹

- Despite few days reported as physically or mentally unhealthy, prevalence of certain health conditions is high among Dane County residents and many disproportionality impact communities of color as described in the following slides.

Data Source:
2. Photo Credit: Daniel Stout
3.1.4: Infant Mortality

Dane County’s infant mortality rate is lower than state and national rates at 5.6 deaths per 1,000 live births. However, rates are higher among Blacks and people who identify with two or more races.¹

Why it matters:

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Unexpected Infant Death (SUID), and maternal complications during pregnancy.

Many factors can impact pregnancy and childbirth outcomes including:²
- Preconception health status
- Maternal age
- Access to preconception and inter-conception health care
- Poverty

Data Source:
3.1.5: Low Birthweight

- African American babies are more likely to be born with low birth weight (less than 5 pounds, 8 ounces) or very low birth weight (less than 3 pound, 5 ounces) than White babies.¹

- Due to social and environmental factors, expectant mothers of color experience greater barriers to accessing early prenatal care which has been shown to positively impact birth weight.²

- The birth of a healthy baby is not only the result of 9 months of pregnancy, but the entire span of a woman’s life leading up to pregnancy. Chronic stress over the life-course (e.g. in the community, social relationships, discrimination, finances, trauma) causes wear and tear on the body and can impact health outcomes.³

Data Source:
3.1.5: Low Birthweight

In the community health survey, Dane County residents identified “Healthy pregnancy” as the third most critical health need.

- 56.5% of all community survey respondents identified “Healthy pregnancy” as a very critical health need.

- Responses varied by race, ethnicity and language preference. Black, Indigenous and Persons of Color (BIPOC) identified “Healthy pregnancy” with the highest critical need among respondents to this question.

- For BIPOC survey respondents, only “Diabetes” and “Heart disease” were seen as more critical health needs.

Data Source:
3.1.6: Maternal & Child Health

• In Dane County, 82.7% of women accessed early prenatal care. Rates were lower for mothers 15 – 24 years old.¹

• There are racial disparities in the percentage of women who receive early prenatal care. Compared to the overall population, African American women are 15% less likely to access early prenatal care.

• The percentage of mothers who smoked during pregnancy is lower than state and national rates at 4.4%; however, percentages are higher among Blacks and people who identify with two or more races.¹

Data Source:
3.1.6: Maternal Mortality

The Dane County Black-White disparity in severe maternal mortality is similar to statewide and national benchmarks. Structural racism is associated with these disparities and may affect the quality of care Black women and birthing persons receive before and during pregnancy, during delivery hospitalization, and postpartum.

Data Source:
3.1.7: Heart Disease & Stroke

As with the death rate due to diabetes, age-adjusted death rates due to heart disease and stroke for the overall population in Dane County are lower than state and national rates; however, rates vary by race and ethnicity.¹

3.1.8: Hypertension

The age-adjusted hospitalization rate due to hypertension in Dane is 10.1 hospitalizations per 10,000 population ages 18 or older.¹

Data Source:
3.1.9: Diabetes

- In Dane County, the age-adjusted hospitalization rate due to diabetes is 36.0 hospitalizations per 100,000 population ages 18 or older.¹

- While the overall age-adjusted death rate due to diabetes in Dane County is lower than state and national rates at 13.5 deaths per 100,000, the rate for Black Dane residents is almost 3 times that of Whites.²

- In the community health survey, “Diabetes” was seen as the fifth highest critical health need.
3.1.10: Cancer

The Healthy People 2030 national health target is to reduce the overall cancer death rate to 122.7 deaths per 100,000 population.¹

Data Source:
3.1.10: Cancer

- The overall age-adjusted death rate due to cancer in Dane County is lower than state and national rates at 140.8 deaths per 100,000, the rate for Black Dane residents is almost 4 times that of Asian and Pacific Islanders.¹

- Over 53% of BIPOC community health survey respondents identified “Cancer” as a very critical health issue.²

Cervical Cancer Screening (21-65)

County: Dane

84.1%

Colon Cancer Screening

County: Dane

73.6%

Mammogram Screening (50-74)

County: Dane

75.1%

Data Source:
3.1.11: Asthma

- 8.5% of adults in Dane County have been diagnosed with asthma, slightly worse than prior 7.4% values.¹

- Hospitalization rates due to asthma are highest among young children and adults over age 65.¹

Data Source:

Why it Matters:
In the past thirty years, asthma has become one of the most common long-term diseases of children, but it also affects 15.7 million non-institutionalized adults nationwide. Symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.
3.1.12: Injury

- Injuries, such as motor vehicle crashes, falls, suicides and violence are a leading cause of death and disability for both Dane County adults and children.¹

- Age-adjusted death rate due to falls in Dane County is higher than State (20.6), National (9.5) and HP 2020 target (7.2) at 30.3 deaths per 100,000 population. Falls are the leading cause of unintentional injury and injury deaths in older adults ages 65+ in Dane County.¹,²

- The age-adjusted death rate due to motor vehicle collisions is 6.2 deaths per 100,000 people.²

Data Source:
3.1.13: Injury

• The age-adjusted death rate due to suicide in Dane County is less than state and national rates at 11.5 deaths per 100,000. It is also less than the Healthy People 2030 Target.¹

• The age group with the highest suicide rate in Dane County was ages 65+. This age group (18.9) and ages 45-64 (15.3) had higher rates than Wisconsin rates (14.9).²

• Males had an age-adjusted suicide rate of 18.1 while females had a rate of 5.5.¹

• In the community health survey, respondents identified “Suicide/Self-harm” as the fourth highest critical health need.

Data Source:
3.1.14: Depression & Anxiety

• Rates of depression among Medicare beneficiaries in Dane County are higher at 18.1%.
• Medicare beneficiaries include adults over age 65, individuals with disabilities and end-stage renal disease.¹
• The mental health of children and youth will be described in the following slides.

3.1.14: Depression & Anxiety

- Dane County residents report an average of 3.6 “poor physical health” days per month. This is slightly better than statewide responses of 4.0 “poor mental health” days per month.¹

- 11.2% of Dane County Residents stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.¹

- Despite few days reported as mentally unhealthy, prevalence of certain health conditions is high among Dane County residents and many disproportionately impact communities of color as described in the following slides.

Data Source:
3.1.14: Depression & Anxiety

- In the community health survey, Dane County residents identified “Mental health” as the most critical health need.

- 80.7% of all community survey respondents identified “Mental health” as a very critical health need.

- Although responses varied by race, ethnicity and language preference, “Mental health” was seen as the most critical health need among survey respondents.

Data Source:
1. Dane County Community Health Survey, 2021
Prevalence of mental health issues was a top concern voiced by focus group members and interviewees.

"Mental health care is very much needed. You see the decline in mental health status among all age groups. This pandemic has made that worse for folks."

-Urban League of Greater Madison Key Informant Interview

"Big need for mental health support. Most times it is not a financial option for most people. Everyone is struggling as a baseline. Getting worse since reopening."

-LGBTQ + Community Input Session Participant

Source: 1. Community Input Sessions and Key Informant Interviews. 2021
Health Behaviors

Health behaviors such as, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.

3.2.1: Tobacco Use

• The overall smoking rate for adults in Dane County is at a low 10.4%.
• During the past 30 days, 81% of high school students used an electronic vapor product for 0 of those days and 6% of high school students used one for 10 or more of those days.
• 91% of high school students reported not using any form of tobacco products during the past 30 days.

Data Source:
3.2.1: Tobacco Use

- Overall, 3.9% of Dane County mothers reported smoking during pregnancy. However, higher rates of smoking were found among younger age groups of pregnant women.

Data Source:
3.2.2: Obesity

- 25.3% of adults living in Dane County are obese.

- 32.6% of adults in Dane County are overweight.

- 31% of high school students are not trying to do anything about their weight.

Data Source:
3.2.3: Diet

- There are many social and environmental factors that contribute to people’s ability to maintain a healthy diet, including, access to healthy food.
- People's access to healthy food may be limited by their income and/or their ability to easily access a grocery store.

Data Source:
3.2.3: Diet

- Food insecurity occurs when food access is insufficient or uncertain for at least one person in the household at some point in the year.
- 7.8% of all people and 10.2% of children living in Dane experienced food insecurity at some point during the year.
  - These rates are less than state rates of 9.1% of all people and 14.2% of children.

Why It Matters:

Food insecurity is associated with chronic health problems in adults, including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity and mental health issues including major depression.

Children exposed to food insecurity are of particular concern given the implications scarce food resources pose to a child’s health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing obesity and asthma. Children who experience food insecurity may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety and bullying.

Data Source:
3.2.3: Diet

Residents of low-income neighborhoods are less likely to have a grocery store near their home and may have to rely on fast food restaurants and/or convenience stores for food, which often lack healthy options.¹

“If there are no stores and all you have is restaurants - then there’s obesity. There’s unhealthy living and things that happen because of an environment that has no resources.”

-Voices of our Communities Interviewee

“…People are deciding between groceries or taking medications.”

-Wisconsin Faith Voices for Justice Participant

Data Source:
2. Community Input Sessions and Key Informant Interviews. 2021
3.2.3: Diet

- In Dane County there are 0.15 grocery stores per 1,000 population.
- The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers that can be used to purchase food. In Dane County between 2015-2019, there were 6,828 households that received SNAP benefits.
- 23% of middle school students receive free or reduced lunch and 18% of high schoolers receive free or reduced lunch.
- The yellow and red areas highlighted on the map represent low-income census tracts where a significant share of residents are more than one mile from the nearest grocery store.

Data Source:
3.2.4: Exercise

- In Dane County, 16.6% of adults reported not participating in any physical activities during the past month.

- 19% of Dane County high school students report being physically active for 60 minutes per day for the past 7 days.

- 94.1% of Dane County residents live close to a park or recreational facility, ranking Dane among the top counties in the state for access to exercise opportunities.

Data Source:
2. Photo from CHNA 2019-2021
3.2.5: Alcohol Use

- Binge drinking is defined as consuming 5 or more drinks on one occasion for men, and 4 or more drinks on one occasion for women.
- 23.5% of adults in Dane County report binge drinking at least once in the last 30 days.
- Alcohol is involved in 34.3% of motor vehicle crash deaths in Dane County.

Data Source:

Why it matters:
Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.
3.2.6: Drug Use

- Dane County’s age-adjusted death rate due to unintentional poisonings is 19.0 deaths per 100,000 population

Between 2015 and 2019, the rate of opioid-related overdose deaths in Dane County increased by almost 50%.

Data Source:
3.2.6: Drug Use

• Despite the increase in total drug overdose deaths in Dane County from 2015 to 2019, heroin overdoses and deaths continue to decrease.

Data Source:
3.2.6: Drug Use

In the community health survey, Dane County residents identified “Substance abuse” as the second most critical health need.

60.2% of all community survey respondents identified “Substance abuse” as a very critical health need.

Although responses varied by race, ethnicity and language preference, “Substance abuse” was consistently seen as the second most critical health need among survey respondents.

Data Source:
1. Community Health Needs Assessment Survey. 2021
3.2.7: Sexual Activity

- Dane County’s chlamydia incidence rate is among the highest in the state at 655 cases per 100,000 population.

- There are 126.4 cases of gonorrhea per 100,000 population which is higher than previous years.

Data Source:
3.3: Clinical Care

Clinical care includes the ability of appropriately delivered medical interventions (preventive, symptom treatment and curative care) to impact length and quality of life.

3.3.1: Access to Care

- Many Dane County residents gained access to health insurance after implementation of the Affordable Care Act (ACA), however an estimated 5% of people remain uninsured.

- Of the remaining uninsured, Latinx are disproportionately represented, in part due to ineligibility for coverage as a result of immigration status.

Data Source:
3.3.1: Access to Care

• Although having health insurance is critical for accessing health care, it does not ensure that people can access all the health care services they need.
• Barriers to health services include:
  • High cost of care
  • Inadequate or no insurance coverage
  • Lack of availability of services
  • Lack of culturally responsive care
• Which can lead to:
  • Unmet health needs
  • Delays in receiving appropriate care
  • Inability to get preventive services
  • Financial burdens
  • Preventable hospitalizations
3.3.1: Access to Care

“[I have people waiting months to see someone. We have no prescriber. We make referrals to the HMOs but they're all full because of the lack of providers in the area.]”

- Oceanhawk Counselor

“There was no friendliness, no getting to know me and I just felt like he [the doctor] was doing a job rather than caring about me.”

- African American Opioid Coalition Member

“The hours health providers are available do not allow folks to obtain medical care outside of going to Urgent Care or the ER. Those cost more.”

- Centro Hispano Member

“We do not have enough mental health providers in the community – especially bilingual or of color. They [youth] are stating a need and we can not make it happen.”

- Youth Key Informant Interview

“For children, there are so few dental offices that accept Medicaid, and if they do, it’s pretty much like, good luck, they’re not accepting patients.”

- Youth Key Informant Interview
3.3.1: Access to Care

- The Dane County community health survey asked respondents, “Have you experienced any challenges with covering medical expenses.”
- 28.5% of all respondents reported having challenges with covering medical expenses. Unfortunately, higher percentages of BIPOC and Spanish-language survey respondents reported challenges with covering medical expenses.

Survey Question: Have you experienced any challenges with covering medical expenses?

<table>
<thead>
<tr>
<th>BIPOC Survey Respondents</th>
<th>Yes</th>
<th>No</th>
<th>Blank</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.5%</td>
<td></td>
<td></td>
<td>0.5%</td>
</tr>
<tr>
<td>60.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spanish-language Survey Respondents</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source: Dane County Community Health Survey, 2021.
3.3.1: Access to Care

- Dane County ranks best in the state for availability of mental health providers with 422 for every 100,000 persons. This is also well within the top decile nationally (229 per 100,000 population).

Data Source:
3.3.2: Quality of Care

- Quality of clinical care can be measured in many ways including looking at number of preventable hospitals stays.
- Preventable hospital-stays are measured by looking at the hospital discharge rates for ambulatory care sensitive conditions, meaning conditions that could have been properly treated in the outpatient setting.
- In Dane County the hospital discharge rate for ambulatory care sensitive conditions is 31.1 per 1,000 Medicare enrollees.

3.3.2: Quality of Care

- Quality of clinical care can also be measured by looking at rates of screening needed for proper management of chronic disease and rates of preventative screening.
- 74% of women in Dane County who have Medicare coverage and are between age 67-69 have had a mammogram in the past 2 years.
- 93.9% of Dane County residents who have Medicare coverage and have been diagnosed with diabetes received necessary blood sugar (HbA1c) screening tests in the past year.

Data Source:
3.3.2: Quality of Care

- The Dane County community health survey asked individuals to rate their experience with healthcare centers/organizations.

- Overall, approximately 60% of all respondents indicated that their experience with healthcare centers/organizations was “Very Good” or “Excellent.”

- The ratings for White respondents were higher than those of Black, Indigenous and Persons of Color (BIPOC) respondents or those of individuals who completed the Spanish-language survey.

Survey Question: Rate your experience with healthcare centers/organizations.

Data Source:
Dane County Community Health Survey, 2021.
3.3.2: Quality of Care

In focus groups and interviews, community members repeatedly voiced that quality of care would be improved if providers and health care organizations:

- Improved communication
- Practiced cultural humility
- Employed staff representative of Dane County’s diverse communities
- Focused on health inequity and improving disparities

“A lot of frustration with physicians when providers ask me about my family background. Providers are shaming and not understanding the cultural implications when it comes to seeking care.”
- Asian American/Pacific Islander Community Input Session

“Missed opportunities to providing quality care to the queer community. It is tough finding a provider that will take our concerns seriously.”
- LGBTQ+ Community Input Session

Data Source: Community Input Sessions and Key Informant Interviews, 2021
Social & Economic

Of all the factors impacting health, social and economic factors, including; income, access to education and employment, presence of supportive social networks and safety of a community are shown to have the greatest impact on health outcomes.

3.4.1: Education

- Dane County’s high school graduation rate is 90.6%.
- The student-to-teacher ratio in Dane County is 13.6:1.

Data Source:
2. Photo from CHNA 2019-2021
3.4.1: Education

- In Dane County, 51.4% of people aged 25 or older have a Bachelor’s Degree or higher. However, rates among the Black and Latinx populations are much lower.

Data Source:
3.4.2: Employment

- Dane County has an unemployment rate of 3.6%.
- However, communities of color continue to be disproportionately impacted by unemployment.

Data Source:
3.4.3: Income

- Median household income in Dane County is higher than state and national values at $73,893.

- Despite a high median income for the overall population, there are inequities in median household income by race and ethnicity with median income for Black households in Dane County closer to $35,000.

Data Source:
3.4.3: Income

- The overall poverty rate in Dane County is lower than state and national rates at 10.9%.
- However, poverty rates disproportionately affect communities of color with 24.3% of the Black population living in poverty and 18.7% of the Latinx population.
- The disproportionate impact of poverty on communities of color is even more profound when looking at rates of children living in poverty.
- 24.6% of children in Dane County are eligible for free or reduced-price lunch.

Data Source:
3.4.4: Family & Social Support

- 15.4% of adults in Dane County report not getting the social and emotional support that they need.

- In Dane County, 28.2% of adults over the age of 65 live alone.

Data Source:

Why it matters:

Older adults who live alone may be at risk for social isolation, limited access to support or inadequate assistance in emergency situations. Older people living alone may lack social support, and are at high risk for institutionalization or losing their independent lifestyle.
3.4.4: Community Safety

- The violent crime rate in Dane County is 227 crimes per 100,000 population. This is lower than the overall state rate of 298.1 per 100,000.

Data Source:
3.4.4: Community Safety

- In 2020, length of stay increased by 27% (9.36 in 2019) for incarcerated individuals.
- 143 individuals accounted for 218 Juvenile Detention admissions.
- 100 individuals were admitted once while 43 individuals accounted for the remaining 118 admissions.

Analysis from Dane County Juvenile Court Program Annual Report 2020
https://www.doj.state.wi.us/dles/bjia/ucr-offense-and-arrest-data-agency

| 2020 INDIVIDUAL ADMISSIONS BY RACE/SEX |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|                 | NUMBER OF ADMISSIONS | % of total | % of total | Total | % of total |
| BLACK MALE      | 47               | 47.0%       | 25            | 58.14% | 72            | 50.35%       |
| BLACK FEMALE    | 19               | 19.0%       | 6             | 13.95% | 25            | 17.48%       |
| WHITE MALE      | 12               | 12.0%       | 3             | 6.98%  | 15            | 10.49%       |
| WHITE FEMALE    | 3                | 3.0%        | 1             | 2.33%  | 4             | 2.80%        |
| HISPANIC MALE   | 11               | 11.0%       | 3             | 6.98%  | 14            | 9.79%        |
| HISPANIC FEMALE | 1                | 1.0%        | 1             | 2.33%  | 2             | 1.40%        |
| ASIAN MALE      | 0                | 0.0%        | 1             | 2.33%  | 1             | 0.70%        |
| ASIAN FEMALE    | 0                | 0.0%        | 1             | 2.33%  | 1             | 0.70%        |
| PACIFIC ISLAND MALE | 0 | 0.0%       | 1             | 2.33%  | 1             | 0.70%        |
| MULTI-RACIAL MALE | 3             | 3.0%        | 1             | 2.33%  | 4             | 2.80%        |
| MULTI-RACIAL FEMALE | 3           | 3.0%        | 1             | 2.33%  | 4             | 2.80%        |
| NATIVE AMERICAN MALE | 1          | 1.0%        | 0             | 0.0%   | 1             | 0.70%        |
| TOTAL           | 100              | 100.0%      | 43            | 100.0% | 143           | 100.0%       |
3.4.4: Community Safety

While crime rates are traditionally used to measure community safety, crime was not specifically mentioned as a concern in focus groups and interviews. However, members of communities of color repeatedly voiced feeling unsafe as a result of relationships with law enforcement and the criminal justice system.

Why it Matters:

Children of incarcerated parents suffer higher rates of homelessness, behavior problems, and long term health problems. Losing a parent to jail or prison undermines the trust children have in their adult caregivers and confidence they are loved, and can create sadness, anger, sleeplessness and indifference. It can lead to aggressiveness at school, poor grades, bullying, truancy, drug and alcohol use, risky sexual behavior and violence. 1
The physical environments where we live, work and play impact our health. Clean air, safe water and safe housing all contribute to good health.

3.5.1: Air & Water Quality

• The current water quality challenges in Dane County are influenced by:
  • Lead-containing plumbing fixtures and corroding pipes in homes built prior to 1950.
  • Shallow private wells in agricultural areas with high fertilizer applications.
  • Decades of road salt application.

The air quality index in Dane County is 84% (good).

There were 168 days that Dane County had beach closures due to water issues.

“I feel like I want people to be more committed especially with taking care of the Earth and let people know about it.”

- Youth Focus Group Participant

Data Source:
3.5.2: Housing

- 1.8% of households in Dane County are overcrowded.
- 15.6% of people in Dane County experience severe housing problems.

Data Source:
3.5.2: Housing

- 46.2% of Dane County renters spend 30% or more of their household income on rent.

- The homeownership rate for Dane County has decreased to 55.7% which is lower than state and national values.

Data Source:
3.5.3: Transit

- 24.8% of Dane County residents report driving alone to work with a commute of 30 minutes or more.

- 5.1% of Dane County residents report using public transportation to commute to work. This ranks in the top quartile of U.S. counties and is just below the Healthy People 2020 and 2030 targets.

“Medical transportation (MTM) will only take the child and the parent, not the other siblings, but nobody is at home to watch them.”

- Youth Key Informant Interview

Why it matters:

Workers who drive alone to work contribute to traffic congestion and air pollution. The sedentary habit of driving to work has been associated with decreased levels of physical activity and cardiorespiratory health, and increased BMI and hypertension. Stress-inducing traffic congestion may further exacerbate these negative health effects. Alternatives to driving alone—carpooling, taking public transportation, and biking—can help to reduce the number of commuters who drive alone to work each day.

Data Source:
3.5.4: Internet Access & Wi-Fi

- 88.8% of Dane County households have an internet subscription.

Disproportionately, African Americans and adults 65+ have a fewer subscriptions.

Data Source:
Section 4: Youth Welfare
Health Outcomes

Health behaviors such as tobacco use, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.

4.1: Chronic Conditions

Asthma

- Hospitalization rates due to asthma are highest among young children and adults over age 65.¹

- The age-adjusted hospitalization rate due to pediatric asthma in Dane County is higher than state rate (6.8) at 11.0 hospitalizations per 100,000, the rate for Black pediatric Dane residents is almost 6 times that of Whites.²

Data Source:
4.1: Chronic Conditions

Lead Exposure

• Of the children (age 0 to 5) that were tested for lead exposure, 0.5% were reported were lead poisoned (≥5 µg of lead/dL of blood).

Why is this important?

• Lead exposure has several health effects, from causing high blood pressure and anemia to irreversibly damaging the nervous system. Children are particularly vulnerable to lead exposure. Even low levels of lead in children can have lifelong consequences of adverse developmental effects, including slowed growth, lowered intelligence, learning disabilities, and behavior or attention problems. Typically, lead poisoning builds up slowly over time, without any obvious symptoms. The Centers for Disease Control and Prevention recommends public health actions be initiated in children with blood lead levels at or exceeding the current reference level of five micrograms per deciliter.

Data Source:

93
4.1: Chronic Conditions

Poverty

- 8.6% of Dane County Youth under the age of 18 live below the federal poverty level.¹

Why is this important?

- Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

"(Are children's) basic needs met – food, shelter? Sense of foundation that these basic needs are met, housing, employment, etc. affect (their) mental health."

- Youth Key Informant Interview

Data Sources:
4.1: Chronic Conditions

Childhood Obesity

- Dane County has a high degree of variability in childhood obesity rates (children 5 – 17). In Madison, 24% of children living in the 53713-zip code were obese compared to children living in the 53726-zip code.¹

- 58.5% of high school students say they have at least one serving of fruits and vegetables each day and 23.0% say they have 3 or more servings a day, both virtually unchanged from 2018 (59.9% and 23.8% respectively). Similar results are seen for middle school students.²

- 88.2% of high school students report being physically active for 60 minutes at least one or more days per week, slightly lower than 2018 at 91.

Data Source:
1. WI Health Atlas, 2018
2. 2021 Dane County Youth Assessment, Dane County Youth Commission
4.1: Mental Health

Youth experience emotional and mental health challenges ranging from short-term adjustment issues to long-term mental illness impacting their lives including social interactions and educational achievements. The Dane County Youth Assessment asked youth about anxiety, stress, depression, self-harm and suicidal thoughts, and attempts.

“The pandemic affected everybody especially because we couldn’t go anywhere, and schools closed. It can affect your mental health, emotional health, physical health, EVERYTHING.”

- Youth Focus Group Participant

<table>
<thead>
<tr>
<th>DCYA Anxiety Scale</th>
<th>LGBTQ+ % of Group</th>
<th>Cisgen Straight Male % of Group</th>
<th>Cisgen Straight Female % of Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>36%</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>Often</td>
<td>28%</td>
<td>13%</td>
<td>22%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>21%</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Not at all</td>
<td>15%</td>
<td>57%</td>
<td>32%</td>
</tr>
</tbody>
</table>

LGBTQ+ grouping includes lesbian, gay, bisexual and transgender students who tend to have similarly high rates of mental health concerns.

The anxiety score includes Felt nervous, anxious or on edge; Not been able to stop or control worrying; Felt problems were piling up so high that you could not handle them.

Data Source:
2021 Dane County Youth Assessment, Dane County Youth Commission.
4.1: Mental Health

Anxiety

- 53.3% of high school females
- 23.3% of high school males report having feelings of anxiety often or always.
- 32.5% of BIPOC high school youth report having these feelings always or often, compared to all other students at 33.7%. This rises to 43.3% for BIPOC females.
- 77.5% of youth who identify as gay or lesbian
- 70.5% of youth who identify as bi-sexual
- 63.9% of youth questioning their sexual orientation report feeling anxious “Always or often” compared to 44.1% of youth who identify as straight/heterosexual.
- Youth whose families are struggling financially are more anxious (65.8%) than students who say money is not a problem for their family right now (33.1%).

Main reason for feeling anxious

<table>
<thead>
<tr>
<th>Reason</th>
<th>% of HS students selecting this reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure to perform in school (hard classes, getting good grades)</td>
<td>60.7%</td>
</tr>
<tr>
<td>Too much homework</td>
<td>57.4%</td>
</tr>
<tr>
<td>Problems in the world, US</td>
<td>29.7%</td>
</tr>
<tr>
<td>Concerns about COVID</td>
<td>27.4%</td>
</tr>
<tr>
<td>Social pressure to be popular, look good</td>
<td>16.7%</td>
</tr>
<tr>
<td>Feeling like I don't fit in at school</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

“We have not created family and student-centered systems to support the needs of families. The resources that it takes to connect with mental health services is astounding.”

- Youth Key Informant Interview

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.1: Mental Health

Depression:

Loss of interest in activities and prolonged feelings of sadness and hopelessness suggest clinical depression. Youth were asked, “During the past 12 months, did you ever feel so sad or hopeless almost every day for at least 2 weeks in a row that you stopped doing some usual activities?” We have been seeing an increase in this overtime, which align with national data, and that increase seems to have accelerated this year.

- 29.2% of all 7th-12th grade youth responded affirmatively to this question compared to 23.5% in 2018, 21.7% in 2015 and 19.4% in 2012.
- 44.0% of high school female youth report depressive symptoms up from 34.2% in 2018, 30.3% in 2015 and 25.6% in 2012.
- High school females (44.0%) are more likely than males (20.4%) to report depressive symptoms.
- 58.2% of high school youth who identify as LGBTQ responded affirmatively compared to 24.4% of youth who identify as straight or heterosexual.
- Youth whose families are struggling financially report more depression (63.1%) than students who say money is not a problem for their family right now (25.9%).

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.1: Mental Health

Suicidal Thoughts and Suicide Attempts

- 20.2% of all 7th-12th grade youth report having suicidal thoughts (ideation) during the past 30 days. This compares to 2018 at 20.7%, 2015 at 18.7% and 2012 at 12.3%.

- 27.4% 9th-12th grade females report having suicidal thoughts as do 25.9% of 7th – 8th grade females compared to 2018 reports of 27.6% and 25.1% respectively.

- Lower income high school youth report a higher rate of suicidal thoughts (41.9%) than their more affluent peers (16.3%).

- 13.9% of high school youth who identify as straight/heterosexual report they have thought seriously about killing themselves in the past 12 months compared to 38.7% gay/lesbian, 46.7% bi-sexual and 35.1% of youth questioning their sexual orientation.

- 3.8% of middle and high school youth report that they have attempted suicide in the past 12 months compared to 2018 reports of 5.0% and 5.8% in 2015.

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.1: Injury

Self-Harm

• 17.2% of 9th-12th and 17.7% of 7th-8th grade youth report they had intentionally harmed themselves in the past 12 months compared to 15.5% and 14.9% respectively in 2018. 1

Pediatric Injury

• Poisoning was the leading cause of injury related hospitalization (from 2017 – 2019), followed by falls, then motor vehicle crashes.

• Suffocation was the leading cause of injury related death, followed by motor vehicle crashes during this same time period. 2

“Great to have Safe Kids in (the Fitchburg Fire Station). The Fitchburg Fire Department understands the value of pediatric risk reduction and injury prevention- this partnership is an asset for our city.”

- Youth Key Informant Interview

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
2. Wisconsin Interactive Statistics on Health.
4.1: Teen Maternal & Child Health

- Teen birth rate in Dane County is 6.7 live births per 1,000 females aged 15-19 compared to national bench markers of 16.7.
- The percentage of mothers who smoked during pregnancy is lower than state and national rates at 4.4%, however percentages are higher among Blacks and people who identify with two or more races.¹

Data Source:
Health Behaviors

Health behaviors such as diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.

4.2: Diet & Exercise

Diet

- 58.5% of high school students say they have at least one serving of fruits and vegetables each day and 23.0% say they have 3 or more servings a day, both virtually unchanged from 2018 (59.9% and 23.8% respectively). Similar results are seen for middle school students.

- 54.8% of high school students had 5 or more evening meals with their families each week, which is more than 2018 at 47.3%.

“There are food deserts in certain parts of (our community) – no grocery stores or pharmacies, just convenience stores or gas stations. But many are not in walking distance to a store where they can buy healthy foods.”

- Youth Key Informant Interview

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.2: Diet & Exercise

Exercise

- 88.2% of high school students report being physically active for 60 minutes at least one or more days per week, slightly lower than 2018 at 91.2%.

- 78.8% of high school students report exercising on their own one or more times a week with 50.5% exercising on their own 3 or more days a week.

- Those high school students who do not exercise report the restrictions of COVID-19 as the main barrier (35.0%) followed closely by lack of time (25.2%).

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.2: Sexual Activity

Sexual Activity

• 69% of Dane County high school youth always use a condom to prevent pregnancy when having vaginal sexual intercourse and 52% always use a condom to prevent sexually transmitted infections (STI) when having sex.¹

• 27.1% of sexually active high school youth have had intercourse while under the influence of alcohol, marijuana, or other drugs, compared to 33.2% in 2018.

• 44% of high school youth reported not knowing where to get health care for a sexually transmitted infection.¹

Dane County’s teen birth rate is lower than state and national rates at 6.7 live births per 1,000 females aged 15-19.²

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.2: Tobacco Use

Tobacco Use

• Less than 1% of high school youth report smoking a cigarette in the last 30 days compared to 3.0% in 2018 and 7.0% in 2015.

• 7.6% of high school students say they have used vapor electronic cigarettes in the last 30 days compared to 18.8% in 2018 and 16.0% in 2015.

• 20.1% of high school youth report there is a “Slight to no risk” to e-cigarette use daily compared to 55.4% in 2018.

• 1.5% of middle school youth report they used e-cigarettes and 15.8% said there is little or no risk to regular e-cigarette use compared to 34.5% in 2018.

Why it matters:

Nearly all tobacco use begins in adolescence. If young people can remain free of tobacco until age 18, most will never start to smoke. Tobacco use is considered a “gateway drug” because its use generally precedes and increases the risk of another drug useⁱ.

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.2: Substance Misuse

Alcohol Use

- 22.9% of high school youth report drinking alcohol in the past 12 months compared to 30.9 in 2018, 34.8% in 2015 and 43.1% in 2012.
- 38.2% of high school seniors had a drink in the last 12 months compared to 49.2% in 2018 and 71.6% in 2015.
- 6.4% of high school youth report binge drinking in the past 30 days compared to 10.6 in 2018, 11.1% in 2015, 15.8% in 2012, and 12.6% in 2009.
- 13.8% of high school seniors report binge drinking.
- 60.1% of the binge drinkers were girls.

Why youth don’t drink...

High school youth who never use alcohol were asked the main reason they don’t drink and reported:

- 23.2% say it’s bad for your health
- 14.9% say they worry about the impact on their future
- 12.0% say they had a taste and didn’t like it
- 9.7% say parents would be disappointed

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.2: Substance Misuse

Drug Use

- 14.1% of high school youth and 2.5% of middle school youth report using marijuana in the past 12 months down from 2018 (HS 21.1% and MS 3.3%).

- 63.0% of high school youth using marijuana have used it in a vaping device.

- The percentage of high school youth who reported drug use at least one time in the past 30 days is outlined in the table to the right.¹

<table>
<thead>
<tr>
<th>Drug use at least once in the past 30 days</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>9.0</td>
</tr>
<tr>
<td>Prescription Drug w/out a doctor’s prescription</td>
<td>1.0</td>
</tr>
<tr>
<td>Over the counter medication in a way other than it was intended</td>
<td>2.0</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>0</td>
</tr>
<tr>
<td>Inhalant (glue, paint, spray can, markers)</td>
<td>1.0</td>
</tr>
<tr>
<td>Speed, crystal meth, crank</td>
<td>0</td>
</tr>
<tr>
<td>Heroin</td>
<td>0</td>
</tr>
<tr>
<td>Ecstasy (Molly)</td>
<td>1.0</td>
</tr>
<tr>
<td>Bath Salts</td>
<td>1.0</td>
</tr>
<tr>
<td>Steroids, HGH</td>
<td>0</td>
</tr>
<tr>
<td>Synthetic Marijuana (K-2, Spice, Blaze)</td>
<td>1</td>
</tr>
</tbody>
</table>

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.2: Abuse

Family and Dating Violence

• 3.5% of all 9th-12th grade youth report they have been hit by a parent, leaving signs of injury.

• 25.6% of high school youth who have been physically abused by their parents have run away from home compared to 4.1% all high school youth who have run away from home.

• 4.2% of high school students who have dated report being physically abused by their boyfriend or girlfriend.

• 3.7% of high school youth who have dated report that a boyfriend or girlfriend had forced them to have sexual contact.

• 9.0% of high school youth who are dating report that their partner put them down, calling them names, telling them no one wanted them, or they were ugly. 71.0% of these students are girls.

Data Source:

1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
Social & Economic

Of all the factors impacting health, social and economic factors, including; income, access to education and employment, presence of supportive social networks and safety of a community are shown to have the greatest impact on health outcomes.

4.3: Family & Social Support

- Adverse childhood events (ACEs) are potentially traumatic events that can have negative, long-lasting effects. Examples include physical, emotional or sexual abuse, parental divorce, and incarceration of a parent.

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Percentage of High School Students who have Adverse Childhood Experiences (ACEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>77%</td>
</tr>
<tr>
<td>1</td>
<td>15%</td>
</tr>
<tr>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>3+</td>
<td>1%</td>
</tr>
</tbody>
</table>

- As the number of ACEs increases so does the risk for negative health outcomes.

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission

Why it Matters:

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. ACEs have been shown to have lasting effects on:

- **Health:** obesity, diabetes, depressions, suicide attempts,STDs, heart disease, cancer, stroke, COPD, broken bones
- **Behaviors:** smoking, alcoholism, drug use
- **Life Potential:** graduation rates, academic achievement, lost time from work

Prevention of, assessment for and response to ACEs is a key component of creating a healthy community².
**4.3: Family & Social Support**

**School Belonging**

- 78.4% of all 7th-12th grade youth “Agree” when asked if they feel like they *belong* at their school slightly higher than pre-COVID 2018 at 75.9%.

- 69.1% of Black/African American and 78.8% of White high school youth “Agree” when asked if they belong to their school compared to 77.5% of all high school youth.

- 58.9% of gay/lesbian/bi youth feel like they belong at school compared to 64.2% in 2018.

- 51.8% of 9th-12th grade Black/African-American students “Agree” that they feel close to people at their school compared to 64.1% in 2018 and 66.9% in 2015. 62.7% of all high school students agreed.

“I think that our community is very supportive but it’s only like ¼ the community and I think the community could be better at learning to support people, even if they’re different.”

- Youth Focus Group Participant

Data Source:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
4.3: Employment

Youth Employment and Volunteer Work

- 53.3% of all 9th-12th grade youth have done some volunteer work in the past 12 months compared to 82.6% in the non-pandemic year of 2018.
- 44.9% of high school youth report regular or occasional work (i.e. babysitting or lawn work).
- High school youth looking for work, but unable to find employment, had been declining since 2009 but increased to 21.4% in 2021 from a low of 18.1% in 2018.

Data Sources:
1. 2021 Dane County Youth Assessment, Dane County Youth Commission.
2. Photo: Madison Park Development Corporation (Permission Granted)
Section 5: Older Adult Welfare (65+)
Health Outcomes

Health behaviors such as tobacco use, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.
5.1 Older Adult 65+ Community

Population Over Age 65

- Older Adults make up 14.2% of the Dane County Population.
- There are 77,771 people over age 65 in Dane County, higher than prior value of 70,979 people.¹

Why is this important?

The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and childcare. A population with more youth will have greater education and childcare needs, while an older population may have greater health care needs. Older people are also far more likely to vote, making them an important political force.

Data Source:
5.1: Chronic Conditions

Adults 65+ with Arthritis

- 23.1% of Medicare beneficiaries were treated for rheumatoid arthritis or osteoarthritis.

Why is this important?

- According to the Arthritis Foundation, more than 50 million adults have doctor-diagnosed arthritis, and arthritis is the number 1 cause of disability in the U.S. Two common types of arthritis are Osteoarthritis (OA) and Rheumatoid arthritis (RA).

Data Source:
5.1: Chronic Conditions

Adults 65+ with a Disability

- In Dane County, 26.5% of adults are limited in any activities because of physical, mental, or emotional problems. However, disparities exist between Black and 75+ populations.¹

Why is this important?
Rates of disability increase sharply with age. Disability takes a much heavier toll on the very old. There is often a strong relationship between disability status and reported health status, and many individuals with disabilities require more specialized health care and assistance as a result of the disability.

Data Sources:
5.1: Chronic Conditions

Adults 65+ with a Hearing Difficulty

- 10.9% of adults 65+ are deaf or have some serious difficulty hearing.\(^1\)

Why is this important?

- Hearing loss is one of the most common conditions affecting older adults. Hearing impairment can impose a social and economic burden on individuals and families. In adults, hearing impairment often makes it difficult to obtain, perform, and maintain employment. It also makes it difficult to respond to warnings or hear doorbells/alarms, and to understand and follow a doctor's advice. Hearing impairment can lead to depression, withdrawal, or isolation, as it can be hard to make conversation with friends and family and lead to frustration or embarrassment.

Data Sources:
5.1: Fall Prevention

Falls are a leading cause of unintentional injury and injury death. Falls commonly produce bruises, hip fractures, and head trauma. These injuries can increase the risk of early death and can make it difficult for older adults to live independently. Most fatal falls occur among adults aged 65 or over. Falls are also the leading cause of work-related injury death, especially among construction workers. Most falls are preventable. Effective prevention strategies create safer environments and reduce risk factors, from installing handrails and improving lighting and visibility, to reducing tripping hazards and exercising regularly to enhance balance.

Data Source:
5.1: Mental Health

Alzheimer's Disease and Dementia

- 7.8% of Medicare beneficiaries were treated for Alzheimer's disease or dementia.

Why is this important?

Dementia is a non-specific syndrome that severely affects memory, language, complex motor skills, and other intellectual abilities seriously enough to interfere with daily life. Although dementia is much more common in the geriatric population (approximately 5 percent of those over 65 are said to be affected), it can occur in the younger population, in which case it is termed "early onset dementia."

Alzheimer's disease is the most common form of dementia among the geriatric population, accounting for 50 to 80 percent of dementia cases. It is a progressive and irreversible disease where memory and cognitive abilities are slowly destroyed making it impossible to carry out even simple, daily tasks. Alzheimer's disease typically manifests after the age of 60. According to the Centers for Disease Control and Prevention, Alzheimer's disease is the fifth leading cause of death among adults aged 65 and older. The Alzheimer's Association notes that the number of people aged 65 and older with Alzheimer's disease is estimated to reach 7.1 million by 2025—a 40 percent increase from the estimated 5 million age 65 and older currently affected by the disease. Medicare costs for those with Alzheimer's and other dementias are estimated to be $107 billion dollars in 2013.

Data Source:
5.1: Mental Health

Alzheimer's Disease and Dementia

- The overall age-adjusted death rate due to Alzheimer's Disease in Dane County is higher than state and national rates at 33.3 deaths per 100,000.

Data Source:
Health Behaviors

Health behaviors such as, diet, exercise, alcohol and drug use, and sexual activity all impact health outcomes.

5.2: Diet

People 65+ Access to a Grocery Store

- 2.2% of adults 65+ live more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.¹

Why is this important?

- Access to healthy foods is essential for preventing and managing health conditions such as diabetes and high blood pressure. For older adults, the increased risk of some cancers and chronic disease can be reduced by eating a diet rich in fresh fruits and vegetables. Low access to grocery stores makes it more difficult for individuals to access healthy foods, and older adults can face further barriers if their mobility is impaired, or they are unable to drive.

Data Source:
Clinical Care

Clinical care includes the ability of appropriately delivered medical interventions (preventive, symptom treatment and curative care) to impact length and quality of life.

5.3: Clinical Care

Adults 65+ who Received Recommended Preventive Services

29.5% of older adult females and 30.3% of older adult males received recommended clinical preventive services.¹

Why is this important?

• Utilizing appropriate clinical and preventive services can have important implications on the progression and treatment of many diseases. Individuals aged 65 and older who receive recommended clinical preventive services in a timely manner have greater opportunity to prevent disease or detect disease during earlier, treatable stages.

Data Source:
Of all the factors impacting health, social and economic factors, including income, access to education and employment, presence of supportive social networks and safety of a community are shown to have the greatest impact on health outcomes.

5.4: Income

People 65+ Below Poverty Level

- 3,575 people aged 65 years and over live below the federal poverty level, higher than the prior value of 3,505 older adults.¹

- The overall percentage of people aged 65 years and over living below the federal poverty level in Dane County is lower than state (7.6%) and national (9.3%) rates at 5.1%.¹

Data Source:
5.4: Family and Social Support

People 65+ Living Alone

- 28.2% of people aged 65 years and older live alone.\(^1\)

Why is this important?

- People over age 65 who live alone may be at risk for social isolation, limited access to support, or inadequate assistance in emergency situations. Older adults who do not live alone are most likely to live with a spouse, but they may also live with a child or other relative, a non-relative, or in group quarters. The Commonwealth Fund Commission on the Elderly Living Alone indicated that one third of older Americans live alone, and that one quarter of those living alone live-in poverty and report poor health. Rates of living alone are typically higher in urban areas and among women. Older people living alone may lack social support and are at high risk for institutionalization or losing their independent lifestyle.

Data Source:
5.4: Housing

Adults 65+ with an Independent Living Difficulty
• 10% of adults 65+ have a physical, mental, or emotional condition that leads to challenges performing instrumental activities of daily living such as grocery shopping or visiting a doctor's office alone.¹

Why is this important?
• Older adults may have more difficulty accessing food or health services due to inability to drive or navigate public transportation, physical limitations (walking, reaching, lifting, etc.), and financial limitations. Without assistance, older people with an independent living difficulty may not be able to successfully perform daily activities and can experience a decline in quality of life.

Data Sources:
Community Strengths
Priority Issues
Prioritization Process

- Both community input and quantitative data were used to assess the needs and assets of Dane County.
- Areas of high community need, and priority focus were identified using the following criteria:
  - Data indicated an inequity, disparity or notable differences in outcomes within the population
  - Community voiced need
  - Data indicated that Dane County outcomes are worse than state or national outcomes
  - Established collaboration and continuing momentum of existing work
- Areas of identified inequities were weighted the most highly when prioritizing health needs.
- Identify areas for momentum and collaboration.
## Crosscutting Themes

<table>
<thead>
<tr>
<th>Health Priority</th>
<th>Health Equity</th>
<th>Social Determinants of Health</th>
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<td>Reproductive Justice:</td>
<td>Disparities/Inequalities</td>
<td>Access to Care</td>
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<td>• Birth Outcomes</td>
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<td>Housing</td>
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<td>• Maternal Morbidity</td>
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<td>Transportation</td>
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<td>• Infections</td>
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<td>Healthy Food Access</td>
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<td>Chronic Conditions:</td>
<td>Racism/Discrimination</td>
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<td>• Heart Disease</td>
<td>Cultural Humility</td>
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<td>• Hypertension</td>
<td>Culturally Responsive Care:</td>
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<td>• Diabetes</td>
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Priority Health Outcomes

- Reproductive Justice
- Chronic Conditions
- Behavioral Health
- Injury
**Progress Since Last Assessment**
The following section highlights actions taken by each health system to address the significant health needs that were identified in our prior Community Health Needs Assessment.
Priority Area: Mental Health

Safe Communities Partnership. SSM Health’s St. Mary’s Hospital – Madison joined with the Safe Communities Partnership to support mental health programming around substance use disorder recovery and suicide prevention.

- Recovery Coaching Road to Recovery Programs. The Emergency Department to Recovery (“ED2Recovery”) project began as a pilot program in 2016. When a person presents in the emergency room as experiencing an overdose, a recovery coach is called and responds to the hospital. In 2017, services were expanded to include the Pregnancy2Recovery program that connects pregnant women who have opioid use disorder with a recovery coach.

- Suicide Prevention – The Zero Suicide partnership included health care systems and community organizations in suicide prevention. The initiative was modeled after Henry Ford Health Care System’s program, which demonstrated an 80% reduction in suicide among health care plan members.

Latino Health Council Programming. SSM Health St. Mary’s Hospital – Madison also partnered with the Latino Health Council to provide specialized mental health support to the Latinx community. The Council produced and distributed linguistically, culturally and contextually relevant educational videos and emotional support Spanish-language materials and programming.

Meditation at Monona Terrace. St. Mary’s Hospital sponsored a weekly mindfulness meditation program, led by Sarah Moore M.D., a mind-body practitioner, therapist, and physician. The free program at Monona Terrace in Madison has been and is open to all community members.
Priority Area: Chronic Disease

Chronic Disease Screening, Prevention and Black Men’s Health

• Rebalanced-Life Wellness Association (RLWA). St. Mary’s Hospital provided and continues to provide multi-year support to the RWLA for health screening, education and health promotion services for Black men in a barber shop health clinic environment.

Chronic Disease Prevention/Healthy Food Access

• Second Harvest Foodbank’s Diabetes Wellness Program and Mobile Pantries. St. Mary’s Hospital supported a boxed food assistance delivery model based on diabetes-specific nutrition plan. Through its Mobile Pantries - representing about 25% of its total food deliveries - Second Harvest switched from a pounds-based system to a nutrition plan-based system, with a goal ≥50% of available food being fresh and healthy.

• Community Action Coalition’s Double Dollars Program. The Double Dollars program provided electronic benefit transfer (EBT) card shoppers with a dollar-for-dollar match up to $25 per market day at participating farmers’ markets. The extra money went to the vendors who were reimbursed for the full value of every Double Dollar.

• REAP Food Group. REAP has been transforming school meals in Dane County to promote access to healthy food, education about healthy eating, creating understanding about where our food comes from and why it matters. Much of REAP’s work focuses on the prevention of chronic disease.
Priority Area: Maternal and Child Health

**Dane County Health Council (DCHC).** SSM Health St. Mary’s Hospital – Madison (SMHM) is a proud member of the Dane County Health Council and is a co-contributor to the Council’s efforts to improve Dane County’s maternal and child health outcomes and achieve racial health equity. The DCHC is leading with enhanced care coordination through the Connect Rx project. It is partnering with the Foundation for Black Women’s Wellness through the Saving Our Babies project to more fully engage with Black women in the community and drive change. Lastly, the DCHC is advocating for Community Health Workers’ participation and compensation as important members of a culturally competent and accessible healthcare workforce.

**Doulas Projects with Harambee Village Doulas and Roots4Change.** SMHM and SSM Health’s Dean Health Plan are partnering with organizations in the Dane County area to expand access to Doulas and Doulas services. They have engaged with the Harambee Village Doulas organization to enroll Black women with community Doulas. Dean Health Plan is also working with Roots4Change to expand community-based wellness services to Latinx women.

**Community Advisory Board (CAB).** In coordination with the Healing Our Hearts organization, SMHM worked with Black women to organize a community advisory board to advise hospital leadership on culturally competent maternal and child health (MCH) services. The CAB provided and provides a safe vehicle for engaging in strategic dialogue, listening to concerns, uncovering racism and providing input on specific projects.
Priority Area: Maternal and Child Health

First Breath Program for Smoking Cessation with the Wisconsin Women’s Health Foundation. St. Mary’s Hospital partnered with the Wisconsin Women’s Health Foundation, a nonprofit organization that provides health services and education for women and families. The First Breath program provides free smoking cessation programming and services to pregnant women and to new parents and caregivers with babies less than six months old.

Pre-Natal Care Program with Access Community Health Centers. St. Mary’s Hospital – Madison contributes to Pre-Natal Support Specialist services through the Access Community Health Centers, a Federally Qualified Healthcare Center (FQHC) in the Dane County community. The Pre-Natal Support Specialists provide care coordination and other “wrap around” services for pregnant women receiving Access’ care. The women are typically among the most vulnerable populations in the community and these important services are not currently reimbursable through medical assistance programs.
Priority Area: Mental Health

• Collaborations:
  • Partnered with Neighborhood Free Health Clinic, police, EMS, Journey Mental Health, Tellurian, Dane County Behavioral Health Services, Ocean Hawk Counseling, Building a Safer Evansville (BASE) LGBTQ+, local churches and other networks
  • Provided financial support for National Alliance of Mental Health Dane County (NAMI) & Alzheimer’s Association
  • Continued work with community coalitions including Stoughton Wellness Coalition and Oregon Area Wellness Coalition
  • Collaborated with safe communities to implement the Zero Suicide Initiative
  • Partnering with Integrated Telehealth Partners (ITP) in November 2021 to offer improved behavioral health support

• Education, Advocacy and Media:
  • Expanded and supported programs for older adults that offer educational, social, or physical group activities and programs through community senior centers and civic organizations
  • Treat acute mental health disorders in adults 55 years and over through the Geriatric Psychiatry Inpatient Program
  • Continue to educate on Dementia Friendly and facilitated Memory Café with over 20 families participating
  • Screened over 300 middle school students for mental health and substance abuse risk factors through Cognitive Behavioral Intervention for Trauma in Schools (CBITS) - 52 of those students are now in group therapy
  • Offered numerous free classes to manage daily life; Three ways to relieve stress now, Freedom through Forgiveness, Managing your mental health during the pandemic, meditation, mindfulness, yoga, and more with over 300 attendees
  • Trained five police officers with CIT (Critical Incidence Training) training designed to de-escalate situations and offered through NAMI with support of SWC funding
  • Formed an LGBTQ+ Advisory Committee with the focus of providing safe and inclusive healthcare for all individuals regardless of their sexual orientation or gender identity, will be submitting Healthcare Equality Index Application Sept. 2021

• Community & Evidence Based Practices:
  • Implemented stigma-free media campaign via social media, flyers, banners, and website interaction.
  • Offered Mental Health first aid training - over 35 attendees have received certifications and completed
  • Trained 79 students and 16 staff in the Safe School Ambassador program that harnesses the power of students to prevent and stop bullying and mistreatment
Priority Area: Substance Misuse

**Collaborations:**
- Continued collaboration with Stoughton Wellness Coalition (SWC) to act as fiscal agent for the Drug-Free Communication (DFC) grant with three Stoughton Health employees actively engaged as Board Members
- Continued work with Oregon Area Wellness Coalition as they completed and received a 5 year DFC grant with focus on youth alcohol prevention
- Strengthen partnerships with schools, community coalition, churches, EMS, businesses, police, treatment centers and Free Health Clinic.
- Partnered with SAFE communities through participation with the Recovery Coach Program

**Education, Advocacy & Media:**
- Offered Overdose education and Free Narcan distribution
- Applied and received over $15,000 through the State Opioid Response Prevention Funding over past three years for Medication Disposal Events, community education & public awareness campaign with SWC
- Certified by the State of WI for Behavioral Health and Medication Management of Detoxification
- Provided AODA/Detox to increasing number of patients through Stoughton Health’s AODA Program
- Promoted and supported alcohol free community and family events such as proms, movie nights and more
- Supported advocacy work of coalitions for policy, systems and environmental changes
- Screened over 300 middle school aged students for mental health and substance use risk factors
- Conducted multi-media campaign with billboards, radio, digital for med drop box, and print

**Community & Evidence-Based Practices:**
- Assured prescriber compliance with prescription drug monitoring program through the hospital emergency department
- Supported multiple alcohol compliance checks through the work of SWC
- Collected over 3500 pounds of medication and 2500 pounds of sharps through five medication and sharps disposal events & drop box collection
- Reduced youth access by providing portable ID scanners at local community events
- Distributed over 1600 medication lock boxes, deterra bags and refrigerator locks at community events
- Participated with the Recovery Coach Program through Emergency Dept. at Stoughton Health
Priority Area: Chronic Disease

• Collaborations:
  • Continued partnership and collaboration with Oregon Area Wellness Coalition, Neighborhood Free Health Clinic, area youth centers, Civic Organizations, area Senior Centers, Healthy Kids Collaborative, local schools and Stoughton Wellness Coalition
  • Continued financial investment of www.healthydane.org for support, data, and evidence-based practice ideas
  • Partnered with senior centers, free clinics, EMS, schools, coalitions and parish nurses in the community to develop consistent messages on tobacco free lifestyles
  • Continued collaboration with Stoughton Hospital Foundation for the medication voucher program
  • Continued and expanded collaboration with Skaalen Retirement Services for offering Community Supported Agriculture (CSA) shares

• Education, Advocacy & Media:
  • Presented multiple free educational trainings with dietitians on healthy eating to businesses, senior centers and community reaching more than 200 individuals
  • Offered Healthy Living with Diabetes six-week course different periods resulting in over 60 people indicating increase in knowledge
  • Recorded Health Talk Podcasts featured on Stoughton Health website on a variety of health topics to improve chronic conditions
  • Promoted 5210 Program on website, social media and with banners
  • Expanded educational classes including: Five Ways to Improve your Heart Health, Healthy Summer Cooking, Top ways to Protect your Heart Health, Understanding Heart Disease, Understanding Cholesterol, Understanding Risk Factors for Heart Disease
  • Celebrate and Promote heart health month with education classes and awareness through social media and digital boards

• Community & Evidence Based Practices:
  • Supported matching dollars for fresh food at Stoughton Farmers Market
  • Provided support to food pantries in service area supporting healthy nutrition
  • Provided resources and meeting space to Diabetes Support Group, Parkinson’s Exercise and Crohn’s Support Group
Priority Area: Prevent & Treat Opioid and Substance Use Disorders

Care Model:
• Increased the number of primary care providers that can provide Medication Assisted Therapy to more than 50% of providers. This includes at least one provider at each primary care clinic.
• Developing a plan to ensure referrals are made to Recovery Coaches via ED2Recovery and Pregnancy2Recovery programs (Safe Communities).

Community Giving:
• Safe Communities
Priority Area: Achieve Healthy Birth Outcomes for Black Individuals

Care Model:

• Providing additional lactation support and education to birthing individuals in the hospital. Have increased the percentage of black individuals breastfeeding exclusively at discharge.

• Actively working with Dane County Health Council partners on shared goals to eliminate disparities in low birthweight babies born to black individuals.

• Providing focused DEI training to staff members in Perinatal Clinic, NICU and Birthing Center.

• Support for March of Dimes programming.

Community Giving:

• African-American Breastfeeding Alliance of Dane County

• Harambee Village Doulas

• Foundation for Black Women’s Wellness

• Pre-eclampsia Foundation

• March of Dimes

• Wisconsin Women’s Wellness Foundation (First Breath Program)

• Roots for Change
Priority Area: Provide Additional Mental/Behavioral Health Resources

Suicide:
• Increased the number of Meriter team members that are trained in Question, Persuade and Refer (QPR) to decrease the number of suicides in patients. Training is open to all staff.
• Participant in Zero Suicides initiative.

Behavioral Health Access:
• Physically integrated behavioral health into five of seven primary care clinics; accept referrals from all seven clinics. This nearly doubled the number of behavioral health patients served since 2019.
• Dramatically increased inpatient access at Child & Adolescent Psychiatry.
• Started a new half-day Intensive Outpatient Services program at Child & Adolescent Psychiatry.
• Continued work to enhance access to services across care continuum via UW Health partnership

Community Giving:
• Zero Suicide Initiative (Safe Communities)
• NAMI Dane County
Priority Area: Maternal and Child Health

- **Collaboration**: Continued commitment to the foundational principle of “Nothing about us without us.” It is partnering with the Foundation for Black Women’s Wellness through the Saving Our Babies project to more fully engage with Black women in the community and drive change.
- **Tobacco Cessation Referrals**: Implemented tobacco cessation electronic referral for pregnant patients to First Breath program at Wisconsin Women’s Health Foundation including home visits, phone calls and text support.
- **Group Well-Child Visits**: Implemented planning for CenteringParenting group well-child visits.
- **Neighborhood-Based Education**: Secured funding for Healthy Birth Ambassadors neighborhood-based education in the high-needs zip codes where 80% of low birthweights to African American women occur.
- **Group Prenatal Visits**: Expanded CenteringPregnancy to four sites that included two community-based sites.
- **Breastfeeding**: UW Health supports African American Breastfeeding Alliance through community giving and partners with UnityPoint Health – Meriter through the Joint Operating Agreement on lactation initiatives such as developing culturally responsive breastfeeding policies.
- **Healthy Women, Healthy Babies**: UW Health and Dane County Health Council partners supported extended Medicaid to one-year post-partum and Medicaid coverage for doulas.
- **DEI in Workforce**: UW Health Authority Board approved a comprehensive Diversity, Equity, Inclusion and Antiracism Plan including $1M increase in community giving for BIPOC organizations. Partnered with DEI department to offer trainings for OB department and NICU staff. UW Health will be employing Community Health Workers in Fall 2021. UW Health partnered with Harambee Village Doulas for a doula training program.
- **Care Coordination System**: Secured more than $2M in philanthropy and grants to address social determinants of health and care coordination. UW Health is a proud member of the Dane County Health Council and is a co-contributor to the Council’s efforts to improve Dane County’s maternal and child health outcomes and achieve racial health equity. The DCHC is leading with enhanced care coordination through the Connect Rx WI project to address social determinants of health, implement a closed loop referral system, and hire a culturally responsive workforce including community health workers.
Priority Area: Opioids and Substance Use

- **Safe Storage and Disposal** – Installed medication drop boxes at 9 UW Health pharmacy locations where people can turn in unused medications, so they are less likely to be abused or misused.

- **Hub and Spoke** – Increased access to Medications for Opioid Use Disorder by embedding Hub and Spoke treatment model in three primary care clinics

- **Project E.C.H.O. ACCEPT** – Dr. Randy Brown implemented statewide physician provider education sessions and offered 24 monthly sessions from 2019-2021

- **Naloxone Education & Distribution** – Implemented delegation protocol for pharmacists and nurses to increase accessibility for Naloxone medication that can reverse an opioid overdose

- **Provider Prescribing & Feedback** – Dr. Andrew Quanbeck implemented provider education, practice facilitation, prescriber peer consulting regarding opioid prescribing in primary care to increase percentage of patients at or under recommended morphine milligram equivalent per day and decrease number of patients on opioids and benzodiazepines concurrently

- **Hub and Spoke Payment** – Two items were approved in the 2021-2023 WI state budget supporting MA reimbursement and expanding Medication Assisted Treatment

- **Recovery Coaches** – The Emergency Departments at University Hospital and The American Center partnered with Safe Communities to make nearly 400 patient referrals to peer support specialists

- **Community Giving** – Supported African American Opioid Coalition, Safe Communities and other partners working on recovery
Priority Area: Mental Health

- **Workforce** – Implemented comprehensive plan to hire more than 60 behavioral health positions
- **Collaborative Care** – UW Health implemented integrated care model for depression and anxiety in 22 primary care clinics and depression, anxiety, and ADHD in two pediatric clinics
- **Suicide Prevention** – Implemented suicide prevention clinical guidelines in alignment with community wide Zero Suicide Initiative and launched Child Health Advocacy Steering Group focused on youth suicide prevention
- **Community Giving** – Supported Safe Communities, NAMI, Rainbow Project, Sankofa, American Foundation for Suicide Prevention, Canopy Center, Center for Suicide Prevention, Children’s Mental Health Collaborative, Community Agency Bridging the Gap, Each One Teach One (EOTO), Mt. Zion, RISE, and Safe Harbor.
- **Advocacy** – Supported suicide prevention and mental health support legislation
Priority Area: Chronic Conditions

- **Obesity Prevention in Children** – The Healthy Kids Collaborative, comprised of over 400 community partners, addressed access to physical activity by managing the Dane County Safe Routes to School program, Healthy Kids Healthy Schools, access to clean water in schools through the Got Water? Program, and overall child wellness during the COVID-19 pandemic through the Safe, Strong and Healthy School partnership with the UW Department of Pediatrics.

- **Active Communities** – Increased number and level of designation of Bike Friendly Communities in Dane County and participation in Vision Zero

- **Care Coordination** – UW Health improves health outcomes through Population Health Care Model and care coordination programs and initiatives such as RN Care Coordination, Advance Care Planning, and Transitional Care Program.
Additional Resources
Resources: County Level Secondary Data

Healthy Dane
www.healthydane.org

County Health Rankings and Roadmaps
www.countyhealthrankings.org

Latino Consortium for Action: Cuéntame Más

Public Health Madison and Dane County
publichealthmdc.com

Race to Equity Report
racetoequity.net

2-1-1 Counts
https://wi.211counts.org/
Resources: Community Input Support

Area Health Education Center – Community Health Internship Program
https://ahec.wisc.edu/chip/

Goodman Youth Evaluators
https://www.goodmancenter.org/

UW-Madison and UW Health Career Pathways Program – Career Pathways Students
https://hopemadisonwi.org/

UW-Madison School of Medicine and Public Health, Master's in Public Health Program – Applied Practice Experience (APEX) Program Student
Acknowledgements

This project is the result of reaching far into the community and tapping the resources of multiple organizations. Many thanks are owed to the members of the Healthy Dane Collaborative, especially to their representatives, who worked countless hours in the name of community health.

In addition, recognition would not be complete without thanks to the many individuals, organizations and community leaders who assisted with the community focus groups, key informant interviews and provided their candid opinions.

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- Justin Svingen, Public Health Madison Dane County
EXECUTIVE SUMMARY

DATE: December 16, 2021

RE: UW Health Alternate Liaison to UnityPoint Health-Meriter Board of Directors

UWHCA Board of Directors,

Per the UW Health / UnityPoint Health-Meriter (UPH-M) Joint Operating Agreement, each organization has the right to appoint a board member (and alternate) to serve as a non-voting liaison on the other organization’s board.

Mr. Pablo Sanchez was appointed to serve as UW Health’s non-voting liaison on the UPH-M Board of Directors effective July 1, 2019. Mr. Gary Wolter served as UW Health’s non-voting liaison “alternate” until his resignation on the UWHCA Board of Directors which was effective December 30, 2020.

During the September 22, 2021 UWHCA Board of Directors meeting, Board Members were encouraged to self-nominate if interested in filling the vacancy position. Regent Amy Bogost indicated her willingness to serve.

Therefore, UW Health leadership recommends Regent Amy Bogost to serve as the UW Health non-voting liaison “alternate” to the UPH-M Board effective October 28, 2021.

In connection with this appointment, we are requesting your approval of the resolution (UW Health Alternate Liaison to UnityPoint Health-Meriter Board of Directors).
Resolution

UW Health Alternate Liaison to UnityPoint Health-Meriter Board of Directors
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

UW Health Alternate Liaison to
UnityPoint Health-Meriter Board of Directors

December 16, 2021

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“Authority”) including its affiliate, the University of Wisconsin Medical Foundation, Inc. (“UWMF” and collectively with the Authority, “UW Health”) and Iowa Health System, doing business as UnityPoint Health, including its affiliates, Meriter Health Services, Inc., Meriter Hospital, Inc., doing business as UnityPoint Health – Meriter, and Iowa Physicians Clinic Medical Foundation, doing business as UnityPoint Clinic and UnityPoint at Home (collectively, “UPH Parties”) entered into a Joint Operating Agreement dated July 1, 2017 (“JOA”), pursuant to which UW Health will assumed strategic directional control over certain activities and operations of the UPH Parties in the Dane County and surrounding region.

WHEREAS, Section 5.1 of the JOA provides that UW Health shall have the right to appoint one (1) member of the Authority Board of Directors (“Authority Board”) or the Authority Chief Executive Officer to act as a non-voting liaison with the UPH-M Board of Directors (“UWH Representative”), and one (1) member of the Authority Board or the Authority Chief Executive Officer to act as an alternate non-voting liaison in the event the UWH Representative is unable to attend a properly noticed UPH-M Board meeting (the “UWH Representative Alternate”), with such appointments to be effective upon Closing.

WHEREAS, Mr. Gary Wolter (“Mr. Wolter”) served as the UWH Representative Alternate until his resignation effective December 30, 2020; and

WHEREAS, the Authority Board ratified the designation and appointment of Regent Amy Bogost (“Regent Bogost”) as the UWH Representative Alternate effective October 28, 2021.

NOW, THEREFORE BE IT RESOLVED, Mr. Wolter’s term on the Authority Board and as UWH Representative Alternate ended effective December 30, 2020; and

FURTHER RESOLVED, the Authority Board hereby ratifies the designation and appointment of Regent Bogost as UWH Representative Alternate effective October 28, 2021; and

FURTHER RESOLVED, that the UWHCA Chief Executive Officer, and his delegates are hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolutions and any and all acts heretofore taken by the UWHCA Chief Executive Officer, or his delegates in connection with the foregoing resolutions are hereby ratified and confirmed.
EXECUTIVE SUMMARY

DATE: December 16, 2021

RE: Highland Insurance Company, LLC Board of Managers - Removal of Board Manager

UWHCA Board of Directors,

UWHCA is the sole Member of The Highland Insurance Company, LLC ("Highland") Board of Managers ("Board").

Mr. Roger Gustafson serves as a Manager on the Highland Board, and his employment ended with SwedishAmerican Health System Corporation ("SAHSC") effective December 7, 2021. This prompted Highland leadership to recommend his removal from the Highland Board.

Per the Highland Operating Agreement, the Member may remove any member of the Management Board at any time, with or without cause.

Please review the attached resolution. If you have any questions regarding this matter, please contact Ms. Jennifer Rauser at jrauser@uwhealth.org.

Thank you for your consideration.
Resolution
Highland Insurance Company, LLC Board of Managers - Removal of Manager
RESOLUTION OF  
THE BOARD OF DIRECTORS OF  
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY  

Highland Insurance Company, LLC Board of Managers - Removal of Manager  

December 16, 2021  

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA,” or the “Authority Board”) is the sole Member of Highland Insurance Company, LLC (“Highland” or the “Management Board”); and  

WHEREAS, Section 6.1.2 of the Management Board’s Operating Agreement require that any member of the Management Board may resign at any time upon notice to Highland and such resignation shall take effect upon receipt of notice by Highland or at any later time specified in the notice. In addition, the Member may remove any member of the Management Board at any time, with or without cause; and  

WHEREAS, the employment of Mr. Roger Gustafson (“Mr. Gustafson”) with SwedishAmerican Health System Corporation ended December 7, 2021, and therefore prompted Highland leadership to recommend the removal of Mr. Gustafson as a Manager on the Management Board effective that same date; and  

WHEREAS, pursuant to its rights under Section 6.1.2 of the Management Board’s Operating Agreement, the Authority Board may remove any member of the Management Board at any time, with or without cause, and has determined that they will remove Mr. Gustafson as a Manager on the Management Board.  

NOW, THEREFORE BE IT RESOLVED, that the Authority Board approves the removal of Mr. Gustafson from the Management Board as a Manager effective immediately; and  

FURTHER RESOLVED, that the UWHCA Chief Executive Officer (“CEO”), and his delegates are hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolutions and any and all acts heretofore taken by the UWHCA CEO, or his delegates in connection with the foregoing resolutions are hereby ratified and confirmed.
Hello my Name is Bryan in Anthony’s Father.
I just wanted to thank you for your generosity and thoughtful ness in allowing a part of your child to live on in mine. By doing so you gave him what I could not.

AND SO ARE YOU.

THANK YOU SO MUCH

God bless you.
Bryan.
UW OTD Donation Service Area

- 3.5 million population
- 111 hospitals in Wisconsin, Michigan, Illinois, Minnesota
- 72 counties
- 55,000 square miles
- Hospital based
- 1 OPO/1 transplant center
UW Organ and Tissue Donation Strategic Priorities

1. Achieve an Effective Next of Kin Consent Process
2. Achieve High Quality Donor Family Care
3. Maximize the Donation
4. Maintain and Improve Employee Engagement
5. Maintain and Expand the Donor Registry

Sustain Constant State of Regulatory Readiness
Accomplishments

Effective Next of Kin Consent Process & High-Quality Donor Family Care:
- Consent Steering Committee
- Updated Donor Family Services outreach materials

Maximize the Donation:
- Referral management improvement project
- New advanced recovery techniques (NRP, Lung Bioengineering)
- Improved donor management protocols and order sets
- Centralized Recovery Center

Employee Engagement:
- UW OTD participation in Waggle survey /pulse
- Easier adverse event reporting practice
- Diversity, Equity and Inclusion training

Expand the Donor Registry:
- “Got Your Dot” Grant
- WI DNR registry bill

Regulatory Readiness:
- Development of QAPI Scorecard
- Data Committee for CMS Performance Metrics
- DSA hospital regulatory gap analyses
Challenges

Staffing:
• Increased need for deployments
• Limited quality improvement staff resources

COVID-19:
• Donor partner hospital capacity issues
• Often changing guidance on hospital visitors and PPE requirements
• Limitations on staff travel

Supply Chain Issues:
• UW Solution shortage nationwide
• Organ packaging supplies shortage

Transportation:
• Air transport scheduling difficulties
UW OTD CASE ACTIVITY TRENDS

Year Over Year 2021
14% Increase in Case Activity (+53)

*Beginning 2020, living donation volumes include stacked cases due to transplant program change.

**Total Case Activity = (Donors + Attempted DCD/MRO in OR + Import Cases + Living Donation)
UW OTD observed/expected organ trends

UW OTD transplanted 11% (+9) additional organs than expected in 2021.
Deceased Donors
A Look Ahead: 2022 and Beyond

Strategic planning

Continue focus on consent and authorization

Organ utilization

CMS Survey

New CMS performance measures

Staffing Resources
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According to a 2006 resolution of the University of Wisconsin Hospital and Clinics Authority Board, the Executive Director of University of Wisconsin Organ and Tissue Donation (UW OTD) is required to provide an annual report regarding its services and performance. The following report provides a summary of UW OTD priorities, performance data, and improvement initiatives.

**UW OTD Background**

UW OTD is a hospital-based, federally designated Organ Procurement Organization (OPO) that coordinates all aspects of organ donation for the life-saving purpose of transplantation. UW OTD provides service to 111 hospitals throughout the states of Wisconsin, Minnesota, Michigan, and Illinois. UW OTD is one of 57 OPOs in the U.S. with the responsibility to:

- provide education and training, ongoing support, and collaboration for physicians, nurses, and other health care professionals involved in the organ and tissue donation process;
- facilitate the consent process;
- determine donor suitability;
- provide medical management to improve organ function in the deceased donor patient;
- facilitate the surgical recovery of the organs;
- provide ongoing compassionate care to the donor family during and after the donation, and
- provide and coordinate education in the communities throughout the UW OTD service area.

**Mission Statement:** UW OTD advocates for donors, donor families, and recipients and educates the healthcare professionals and the public to enrich and save lives through organ and tissue donation.

**Vision Statement:** Universally recognized as a preeminent organ procurement organization, we will identify and maximize every opportunity to save lives through organ donation.

**2021 Highlights & Accomplishments**

**Clinical Care Innovations and Updates:**

- **Lung Bioengineering Partnership:** In 2021, UW OTD established a partnership with a national lung preservation program, Lung Bioengineering. Utilizing Lung Bioengineering as part of the recovery and transplantation of lungs allows for greater utilization of lungs through regeneration of marginal lungs at one of their facilities before transporting for transplant or maintaining inter-operatively declined lungs until they are placed.
- **Referral Management Project:** The referral management performance improvement initiative focused on significant training, quality assurance and development of strategies aimed to improve clinical, donor family support staff, and hospital development staff collaboration. This project will ensure additional successful consent opportunities are identified and maintained for patients with grave prognosis.
- **Donor Management Protocolization/Order Set Improvements:** UW OTD’s clinical leadership team developed protocols for kidney and liver biopsies and cardiac catheterization in order to standardize early order set entry by Organ Procurement Coordinators in order to move the donation process more expeditiously.
- **Initiation of Normothermic Regional Perfusion Techniques:** UW OTD adopted the practice of using Normothermic Regional Perfusion (NRP) in 2021. This advanced clinical technique improves organ function in hearts recovered during donation after cardiac deaths and increases the potential for lifesaving heart transplants.

**Donor Family Support Services Updates:**

- **Outreach:** In 2021 the Donor Family Services program improved outreach to Hispanic donor families though translation of several handouts in the Family Support Folder, a resource provided to every family to guide them through the process of donation and support resources for the family after recovery.
- **Quality Metrics:** In 2021, UW OTD improved donor metric approach goals within the QAPI Scorecard reviewed at monthly QAPI meetings. This more nuanced metric better allows for ongoing program quality improvement.
Hospital Development and Community Outreach Initiatives:

- **Gap Analysis:** The Hospital Development (HD) team has been focused on developing and undergoing a significant gap analysis project for the largest volume donor hospital partners in UW OTD’s Designated Service Area. This partnership project is an opportunity to use data and regulations to support quality improvement initiatives and engage quality and regulatory staff at partner hospitals.

- **Donor Registry:** The HD and Community Outreach teams received a “Got Your Dot” Donate Life Wisconsin grant to increase awareness of and promote the Wisconsin Donor Registry in primary care clinics. The team will be working with high volume primary care clinics in the UW system.

- A link to the WI Donor Registry has been added to the My Chart home page throughout the UW system.

Recovery and Preservation Services Updates:

- **Centralized Recovery Center:** UW OTD continues to work toward implementing a centralized recovery center in partnership with UPH-Meriter and the JOA Implementation Committee.

Quality Assurance and Performance Improvement (QAPI) Initiatives:

- **QAPI Scoreboard:** Throughout 2021, the QAPI Committee developed and refined a monthly scorecard of key objective measures for consideration and evaluation of quality and performance improvement opportunities.

- **Updated Adverse Event Reporting:** In Summer 2021, UW Health transitioned away from the Patient Safety Network (PSN) reporting system. The new system was not compatible with UW OTD’s adverse event reporting needs and so an in-house protocol was developed. The new adverse event reporting system for UW OTD is described in further detail in the QAPI Plan.

Regulatory, Government Affairs and Policy Assessment Updates:

- **Policy Development and Review:** UW OTD policies were reviewed for update in 2021. UW OTD policy development is governed by UW Health Policy 1.10, UW Health Administrative (Non-clinical) Policies - Development, Revision, Retiring and Approval. UW OTD policies are updated at a minimum three-year interval but more frequently when federal policies or standard practices change.

- **WI DNR Donor Registry Bill:** UW OTD staff worked closely with UW Health’s Government Affairs department to provide assistance and education to state representatives pursuing legislation allowing Wisconsin residents to sign up on the Wisconsin Donor Registry when registering for a hunting or fishing license through the Wisconsin Department of Natural Resources. At the time of this report, the legislation is still pending.

- **Wisconsin Delegation Educational Meetings:** UW OTD leadership met with the offices of Wisconsin federal representatives in the Fall of 2021 to provide an overview and update on UW OTD’s current performance and achievements.

Diversity, Equity, and Inclusion Commitment:

- In 2021, the Hospital Development and Community Outreach team completed the full 30 module series of training modules on Diversity, Equity, and Inclusion provided by UW Health. The leadership team plans to make training available for all staff in 2022 in a way that accommodates various staff members off-hours work schedules.

- The Association for Organ Procurement Organization (AOPO) released a comprehensive report on findings and recommendations for improving diversity, equity, and inclusion across the organ donation and transplantation industry. UW OTD has committed to participating in this nationwide effort.

**2021 Challenges**
Staﬃng
- Significant leave of absences and a vacancy along with increased Donation Support Specialist deployments (31 average per month) led to a review of staﬀ deployments and time studies including future considerations to staﬀ modeling, compensation for exempt staﬀ for overtime, and justiﬁcation for increased staﬀing.
- Positions split across departments has created a gap in QAPI staﬃng resources for the past ﬁve years.

COVID-19
- DSA hospitals have experienced a number of challenges due to the COVID-19 pandemic. Capacity and staﬀing issues and frequently changing guidelines on family visitors, outside partner visits, and PPE regulations have taken a toll on hospitals nationwide and Wisconsin is no exception.
- Limitations on staﬀ travel prevented staﬀ and leadership from visiting as many local and regional partners and prevented attendance at nationwide industry conferences.

Supply Chain Issues
- There is a nationwide shortage of “UW Solution,” a major recovery preservation solution used in organ donation and transplantation. Additional products and limitations on use of existing supplies have been put in place not only at UW OTD but at OPOs and Transplant Centers across the nation.
- UW OTD has also had to contend with nationwide organ packaging supplies shortages.

Transportation
- UW OTD has had diﬃculties arranging appropriate and timely air transportation. One factor contributing to this is a nationwide shortage of pilots and aircraft.

Looking Ahead to 2022

Strategic Planning
- UW OTD is committed to continuos quality improvement and as such is undergoing a comprehensive strategic planning process along with the Transplant Center and led by UW Health’s Quality department.

Continued focus on consent and authorization
- A priority focus for improvement initiatives and committee work will continue to focus on increased next of kin consent and ﬁrst-person authorization. The Consent Steering Committee will continue its work reviewing each donation opportunity approach and identifying metrics and best practices to increase consent and authorization.

Organ Utilization
- A number of clinical and recovery focused initiatives in 2022 will increase organ utilization, including further work on implementation of the Centralized Recovery Center.
- Normothermic Regional Perfusion and new machine preservation technology will additionally increase organ utilization and improve outcomes for transplant recipients.

CMS Survey & Performance Metric Updates
- CMS will survey all OPOs for recertiﬁcation between January and June 2022. This comprehensive site survey is unannounced and on-site, spanning multiple days.
- After the recertiﬁcation period, CMS will implement new performance metrics, the Donation Rate and Transplant Rate. UW OTD’s Data Committee has been working to prepare for these metrics. Past assessment provided by CMS and internal predictive analyses show and project UW OTD to be a Tier 1 performing OPO.
Staffing Resources

• UW OTD aims to close gaps in staffing in 2022 and continue to support the strategic priority of increasing employee engagement.

Regulatory Status:

Center for Medicare and Medicaid Services (CMS)

• Per statute, CMS surveys all OPOs every four (4) years. CMS is next scheduled to visit all 57 OPOs between the period of January – June 2022. This survey will be based on the current outcome measures and after this cycle beginning in August 2022 newer outcome measures will be utilized.
• UW OTD is currently in good standing with full CMS certification.

United Network for Organ Sharing (UNOS)

• Next survey scheduled: 2023
• Last routine onsite survey was completed in January 2020 (three-year cycle)
• UW OTD is currently a member in good standing
• UW OTD supports UNOS’s commitment to continuous quality improvement and safety and self-reports any variances in allocation or practice.

Association of Organ Procurement Organizations (AOPO)

• Beginning in 2022, AOPO will end their accreditation program. UW OTD continued to stay fully accredited as long as this program was available.
• In 2022 AOPO will launch a new technical assistance program, the AOPO IMPACT Task Force, aimed at providing similar assistance and standardized best practices as the accreditation process provided. UW OTD is participating in the preliminary pilot.
Glossary of Terms

**Donor in Spirit:**
When consent for organ donation was obtained, but no organs were transplanted (i.e. due to ineligibility), we refer to these donors as “Donors in Spirit,” to reflect the positive hope they give all those waiting on the list for transplants.

**Donation Support Services (DSS)**
Based on national best practices and an 18+ month pilot study, UW OTD now supports referring hospitals and families onsite with a donation resource to help facilitate end-of-life conversations and answer questions about the donation process.

**First Person Authorization**
Legislation allows donor designation to be indicated on a driver’s license or an official signed donor document, which gives legal authority to proceed with organ procurement without consent from the family.

**Gift of Life Ceremony**
An event that demonstrates the State of Wisconsin’s support for organ donation by recognizing and thanking donor families for their decision to honor their loved one at the time of their death to be an organ donor. The event is held annually at the State of Wisconsin Executive Residence.

**Regulatory Conversion Rate**
The percentage of times a death meeting eligible death criteria, as determined by regulatory agencies, becomes an actual donor.

**Referral Rate**
Measures the accuracy by which a hospital identifies a patient who meets clinical triggers and notifies the OPO. The identification and notification is a CMS standard for hospitals.

**True Conversion Rate**
Measures consent performance and overall donation performance.

**Tissue Donor**
An individual for whom at least one tissue was recovered for purposes of transplantation. Tissues include: corneas, heart valves, ligaments, saphenous veins, and tendons.
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Approval Date: March 2008
Revision Date: December 2021
Section I: Introduction to UW Organ and Tissue Donation and QAPI Program

UW OTD Overview

University of Wisconsin Organ and Tissue Donation (UW OTD) is a hospital-based non-profit organ procurement organization established in 1984. As designated by the federal government, UW OTD manages all organ donation activities for the majority of the state of Wisconsin and portions of upper Michigan and northern Illinois. The donation service area covers 72 counties and 111 hospitals.

UW OTD professional staff is available 24/7 to support the end-of-life process, evaluate, manage, recover, preserve, and provide organs for transplantation. UW OTD is dedicated to increasing the community’s awareness and sending a call to action to help alleviate the organ shortage and to improve quality of life through transplantation. To foster this commitment, UW OTD partners with hospital stakeholders through local improvement initiatives and active membership in Donate Life Wisconsin. These collaborations provide community and professional education, sponsor
donor awareness events, and promote a positive donation focus in the media. Additionally, UW OTD is committed to honoring donors and their families through recognition and support programs such as the annual Gift of Life ceremony traditionally held at the Wisconsin Governor’s mansion each summer or in more recent years, virtually. UW OTD is part of the University of Wisconsin Health system (UW Health).

Scope and Purpose of the QAPI Program
The UW OTD Quality Assessment and Performance Improvement (QAPI) Plan facilitates organization-wide participation that is committed to raising the standards of performance and ethical behavior while serving donor families, hospitals, recipients, medical research, and those waiting for a transplant. As a part of UW Health, UW OTD aligns with their mission, vision, values and collaborates with the UW Health Quality, Safety and Innovation (QSI) Department. One of UW Health’s goals is to be clearly distinguished as the quality and patient safety leader in the nation. Further, UW OTD believes that quality is:

- A core accountability of all UW OTD employees
- Doing things right the first time
- Providing the best service to our stakeholders to meet and exceed expectations
- Continuously searching for ways to innovate and improve daily operations
- Meeting and exceeding performance targets to raise the bar of excellence.

UW Health & UW OTD Mission / Vision
UW Health’s vision is Remarkable Healthcare. UW Health’s mission is advancing health without compromise through:

- Service
- Scholarship
- Science
- Social Responsibility

UW OTD has defined the following mission and vision to further address the unique practice of our organization.

**Mission:** UW OTD advocates for donors, donor families, and recipients and educates healthcare professionals and the public to enrich and save lives through organ and tissue donation.

**Vision:** Universally recognized as a preeminent organ procurement organization, we will identify and maximize every opportunity to save lives through organ donation. Further, the QAPI Plan will align with and support the key priorities of UW OTD:

- Achieve an Effective Next of Kin Consent Process
- Achieve High Quality Donor Family Care
- Maximize the Donation
- Maintain and Improve Employee Engagement
- Maintain and Expand the Donor Registry

Sustain Constant State of Regulatory Readiness
UW OTD QAPI Program Goals & Objectives

The overall goal of UW OTD’s QAPI program is to improve the performance of organ and tissue donation activities. This aligns with UW Health’s organizational quality improvement philosophy. The objectives of the QAPI Program are to:

- **Utilize data to drive improvement**: UW OTD has an abundance of objective process and objective outcome data to assist decision making. iTransplant is UW OTD’s primary platform for collecting and evaluating performance data. Performance data generated from iTransplant is shared with staff. Benchmarking is utilized to support decision making and assist with setting goals.

- **Foster a culture of safety and continuous quality improvement**: Maintaining quality and safety requires vigilance and effort. The mindset is exemplified by our organization’s commitment to increase voluntary incident reporting and ensure all employees utilize the UW Health Way Tool Kit’s performance improvement framework to solve problems.

- **Use proven improvement principles and processes**: The program utilizes the UW Health Way resources to carry out improvement work. The UW Health Way provides a set of guiding principles, an education program tailored to the varied needs of UW Health, and the framework to apply improvement concepts that lead to improved outcomes.

- **Ensure accountability**: Quality and safety issues are reviewed by UW OTD Leadership at the UW OTD Regulations and Standards Committee. UW OTD Managers review all adverse event reports and occurrences. The UW Healthcare Event Evaluation Team (HEET) ensures severe safety issues are addressed by the appropriate administrative team.

Confidentiality, Corporate Compliance, & Third-Party Service Agreements and Contracts

**Confidentiality**

All internal information that includes but is not limited to donor and recipient data, personnel records, accounting records, and quality assurance and occurrence data is privileged and confidential information. UW OTD employees who access this information in order to perform assigned duties are expected to treat materials with care and consideration for privacy as outlined in UW Health policy.

**Corporate Compliance**

UW OTD exercises due diligence in complying with all legal and regulatory requirements related to donation. Additionally, UW OTD seeks to detect and prevent unlawful and/or unethical conduct by its employees. UW OTD participates in the overall UW Health Corporate Compliance program, which ensures that Conflicts of Interest are assessed and disclosed if needed, annually by all staff, governing board, and advisory board members.

**Third Party Service Agreements and Contracts**

UW OTD Leadership in collaboration with UW Health resources is responsible for the oversight of current agreements and contracts with third party agencies. Suppliers of these products or services can affect the quality and/or safety of donation services and may be evaluated based on their ability to perform in accordance with specified requirements.

Section II: QAPI Program Governance: Leadership, Governance, and Structure

**Roles & Responsibilities**

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UW OTD Director | Assumes organizational responsibility for implementation of the UW OTD QAPI plan, monitors and shares process and outcome measures to evaluate the quality of activities performed and works to provide adequate resources and staffing.

UW OTD Medical Directors | Provides guidance and clinical oversight on the evaluation of potential organ donors and provides leadership to improve the number of organs transplanted per donor. Supports donation service area performance improvement initiatives aimed at maximizing true potential and successful reaccreditation and preparation for regulatory surveys.

UW OTD Leadership Team: Director; Medical Directors; all Managers, the Nurse Practitioner, Senior staff. | Prioritizes, oversees, and reviews UW OTD improvement initiatives and performance indicators and ensures appropriate resources are deployed to performance improvement teams.

QAPI Coordinator | Leads and oversees the implementation of the QAPI Plans for the UW Health Transplant Center. Provides ongoing communication, quality training, and education for UW OTD staff and provides resources for performance improvement initiatives and projects. Leads the review and update of the plan annually. Reports performance improvement activities to the UW Health Transplant Center and UW Health leadership.

All UW OTD Staff | Learns the methodology for improvement and participates in performance improvement activities as needed, identifies opportunities for improvement through stakeholder engagement activities, occurrence reporting, and quality assessment and assurance activities.

### Committee Structure

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<td>UW OTD QAPI Committee</td>
<td>Responsible for reviewing quality assurance and scorecard data to identify trends and opportunities for improvement. The committee is also responsible for reviewing process improvement intake forms, approving or denying project ideas utilizing a PICK chart and referencing strategic priorities, project monitoring, removing barriers for project leads, and implementing sustainability plans. Annually the committee evaluates scorecard measures, goals and redlines, tracks historic improvement outcomes, approves QAPI plan updates, and undergoes strategic quality planning. Critical initiatives from the QAPI committee are reported to the VP overseeing UW OTD, the VP/President of UW Hospitals, Madison Region</td>
</tr>
<tr>
<td>Donor Management Steering Committee (DMSC)</td>
<td>This committee completes a clinically focused review of every organ on all recovered donors to monitor for missed potential organ opportunities and identifies and disseminates novel donor management improvement strategies to increase organs transplanted per donor and observed to expected ratios.</td>
</tr>
<tr>
<td><strong>Consent Steering Committee (CSC)</strong></td>
<td>This committee completes a monthly review of potential donation conversation opportunities and monitors for necessary improvements in the consent process as well as cognitive behavior approach enhancements. This is done to identify and disseminate improvement strategies to optimize UW OTD and partner hospital collaborative communication that leads to and includes the consent conversation. This committee identifies best practices to guide behaviors and practices for quality decision-making by the next of kin (NOK) in consent for organ, tissues, and eyes for the purposes of transplant, education and research.</td>
</tr>
<tr>
<td><strong>UW OTD Data Committee</strong></td>
<td>The Data Committee was formed in response to new performance metrics released by CMS for implementation in late 2022. The committee has focused on gathering data needed to perform predictive analysis of these critical regulatory performance metrics.</td>
</tr>
<tr>
<td><strong>UW OTD Advisory Board</strong></td>
<td>May provide recommendations regarding performance improvement projects or initiatives. Provides professional advice and/or recommendations for organ and tissue donation activities. Reviews the QAPI plan annually.</td>
</tr>
<tr>
<td><strong>UW Health Organizational Improvement Department</strong></td>
<td>Supports the UW OTD QAPI Plan by providing resources and educational opportunities as appropriate. Additionally, UW OTD collaborates with and gives updates as requested.</td>
</tr>
<tr>
<td><strong>UWHC Authority Board</strong></td>
<td>Serves as a governing body for UW OTD. Reviews the overall performance of UW OTD annually. Reviews and approves the QAPI plan annually.</td>
</tr>
</tbody>
</table>
Communication

Morning Report and Shift Handoff
These activities provide a standardized approach to communicate patient care updates and important announcements among the UW OTD team. They also provide an opportunity to debrief about any previous activity. UW OTD conducts twice daily organ procurement coordinator shift-handoff discussions that are open to all staff to participate. An all-staff morning report occurs Monday through Friday.

Daily UW OTD Leadership Team Operational Huddles
The leadership team huddles daily Monday through Friday to review any operational needs (staffing, case activity, stakeholder concerns, equipment issues, regulatory updates, industry announcements, patient or staff safety issues, etc.) in order to prioritize and resource them accordingly. This team also discusses any PSNs that have been recently submitted and require leadership team review (see “Corrective and Preventative Action (CAPA) System” section, below).

UW Health Transplant Morbidity and Mortality (M&M) Conference
On a weekly basis, the UW Health transplant surgical team facilitates a learning discussion of all cases performed in the previous week, inclusive of primary transplant operations, re-operations, or other surgical procedures performed in the
pre and/or post-transplant phase. A representative of the UW OTD team participates to represent the organ recovery process, such as surgical errors and other technical or procedural issues.

**Stakeholder Engagement**
UW OTD’s relationships with its stakeholders are measured in a variety of qualitative and quantitative ways.

**Designated Requestor Program Evaluation**
Trained and certified Designated Requestors are an essential component to the successful consent rate within the UW OTD service area. On-going innovations and improvements are made to the training program for designated requestors to adapt national best practices on effective requesting. The Hospital and Community Development Manager oversees the administration and recertification of the program for the >500 requestors in the service area. Certified designated requestors have limited opportunity to practice their consent conversation skills since donation is such a low frequency event. Thus, based on best practices in the field and feedback from our hospital partners, UW OTD implemented Consent Workshops using simulated scenarios and actors so designated requestors can increase their experience, comfort, and competence in holding these conversations. The evaluations from participants have demonstrated the need for such an advanced training and the course has become a standard UW OTD course offering.

**Donor Family Questionnaire**
Every donor family is offered the opportunity to complete a survey about their donation experience. Analysis of this feedback data provides insight into on-going opportunities for performance improvement in the UW OTD donor family care process.

**Hospital Feedback Survey**
Hospital staff members involved in donation opportunities are sent a survey to provide feedback on their experience. Surveys may be submitted anonymously. Individual follow-up with hospital staff members is done on a case-by-case basis or as requested. Aggregate data may be analyzed to identify on-going opportunities for performance improvement in hospital development activities.

**After Action Reviews (AAR)**
UW OTD adapted the AAR framework, based on the work of Nancy Dixon and her book *Common Knowledge: How Organizations Thrive by Sharing What They Know*, to conduct a learning conversation with the appropriate UW OTD and hospital staff involved on donation opportunities. The AAR framework is used to identify how processes can be improved, foster questions about practices and outcomes, create accountability for follow-up on action items, and identify best practices in donation. The purpose is to translate learning into actions that generate improvements in the donation process. When the donation is a shared organ and tissue case, tissue donation discussions and dispositions are also incorporated for the hospitals receiving tissue development services from UW OTD.

**Monthly Hospital Dashboards**
Targeted hospitals are provided a monthly dashboard of organ donation activity with outcome metrics by a member of the UW OTD Hospital Development Team. In instances where UW OTD also provides tissue services for that hospital, tissue data is also shared. In collaboration with hospital staff, the dashboard analysis is used to guide improvement initiatives at the hospital. Dashboards are also shared with hospitals with lower organ donor volume either bi-annually or annually, depending on overall donation potential.

**UW OTD Tissue and Eye Partners**
The UW OTD regularly collaborates with tissue and eye recovery partners throughout the donation service area. In addition to cooperative outreach initiatives through our membership in Donate Life Wisconsin, UW OTD also is a contractual partner of Versiti and provides hospital development services on their behalf for hospitals with which they have contractual agreements. UW OTD participates in partner audits by tissue and eye banks as requested. All UW OTD staff work to facilitate successful recovery of tissue and eyes by sharing infectious disease reports and collaborating whenever possible on shared cases.

Section III: Components of the QAPI Program

Cross-Departmental Commitment to Quality
Each department within UW OTD has a commitment to providing quality services and continuous performance evaluation and improvement. Each manager is a member of the UW OTD QAPI Committee and the UW OTD Leadership Team. These two committees serve as the primary venues for reporting of program performance, adverse events, CAPA initiatives and approval of organization-wide plans such as the Emergency Management Plan.

Most UW OTD staff are divided among four teams and focus quality improvement initiatives in the following areas:

- **Clinical and Donor Family Services**
  - Infectious disease evaluation
  - Donor Management

- **Surgical Recovery and Preservation**
  - Surgical recovery safety
  - Participation in the Transplant Center’s Morbidity & Mortality program

- **Hospital Development and Community Outreach**
  - Missed opportunities for donation identification and death records reviews
  - Measurement of effectiveness with relationships to hospitals, tissue and eye banks

- **Administration/Leadership**
  - Compliance with OPTN and CMS policies
  - QAPI Plan compliance
  - Conflict of interest evaluation, including for the Advisory and Governing Bodies
  - Evaluation of staff compliance with approved protocols

Environmental Safety
UW OTD and UW Health have policies to guide employee practice and ensure workplace safety and appropriate follow-up for injuries and illnesses. All UW OTD staff members complete annual safety and infection control training offered by UW Health. All UW OTD owned equipment, facilities and supplies that affect the quality of recovered organs are inspected, stored, cleaned, and maintained according to manufacturer’s recommendations and regulatory standards. Supplies are stored properly with quantities and expiration dates monitored to determine usage and prevent outdated stock. The Manager of Recovery and Preservation Services is responsible for overseeing this process in conjunction with the Preventative Maintenance Program of UW Health Facilities and Engineering Services and external vendors. The Manager of Recovery and Preservation Services also oversees and manages all aspects of safety related to organ recovery and preservation processes.

Staff Education, Development, and Competency
UW OTD provides department and role-specific new employee orientation, in addition to the orientation program offered by UW Health, and offers ongoing education and development opportunities to all employees. Additionally, core competency requirements for each job description are reviewed with each new employee to assure an appropriate level
of mastery is achieved and maintained. New UW OTD staff members complete two or three phases of orientation: A general orientation to UW OTD, a position / department-specific orientation, and a third phase for clinical positions where competency is demonstrated. The second and third phases are unique to each team, while the first general phase is uniform across the organization. Orientation records are documented in individual checklists and a central record is kept of all orientation documents.

Managers conduct needs assessments with each employee to identify on-going areas for development during annual performance reviews and regular status meetings. A variety of training opportunities are offered by UW Health Learning and Development and external organizations. All training activities are documented in employee training records per UW OTD policy. UW OTD staff receive annual training on sensitivity and family interactions not only through UW Health Compliance training, which focuses on privacy and patient interactions, but also through role-specific training as well such as Crucial Conversations and Grief Resources for Donation Support Specialists.

Death Record Reviews
UW OTD’s Hospital Development team completes death record reviews (referred to as “medical record reviews” in UW OTD internal policies) in order to identify missed opportunities for donation. Data from these reviews is used to calculate the Referral Rate, a metric shared with the QAPI Committee, the Advisory Board, the Governing Board, and all staff during regular staff meetings. Death record reviews are further detailed in UW OTD Policy 4.01, “Medical Record Review, Hospital Classifications, and True Conversion Rate.”

Corrective and Preventative Action (CAPA) System
Occurrence Reporting System
Based on UW OTD policy on occurrence reporting, the UW OTD uses a comprehensive occurrence reporting system to identify, report, document and conduct analysis of occurrences, including complaints and / or investigations from partners such as DSA hospital, tissue or eye banks or transplant centers. Staff are empowered to enter adverse events and always contribute to a culture of safety, reporting and quality improvement. After event reports are submitted, they are sent to the appropriate manager or leader for follow up and corrective and preventative action assessment. Each event is assessed by the manager and leader for the following:
A. Probability of event recurrence (high, medium or low)
B. Whether there is an opportunity for a quality improvement initiative
C. Harm Scores (see below for more information)
D. Follow up actions recommended and completed
E. Any additional comments from the manager or leader.

Adverse event reporting is discussed at each daily leadership huddle as relevant and reviewed in depth at monthly QAPI meetings. Data compiled from event reporting is also utilized to identify and prioritize opportunities for improvements. Events identified for further in depth review may undergo a Thorough Analysis or Root Cause Analysis, depending on the type of event and follow up needs.

Harm Scores Table

<table>
<thead>
<tr>
<th>Harm Score</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>


No Evident Harm (1)
Event did not result in injury, loss of an organ / tissue material for transplant or otherwise affect donation outcome. Event does not jeopardize OPO’s regulatory compliance. Event might be recorded for tracking purposes only.

*Preferred transport option not available
*Minor downtime of system (ITx / DonorNet / Statline, etc.) that did not escalate to extended downtime procedures
*Late post case data entry in iTx or DonorNet

Harm, Not Significant (2)
Event did not result in injury, loss of an organ / tissue for transplant or otherwise affect case outcome. Event resulted in OPO deviating from policy, affected a standard process, or caused delay in a case. Event might be reportable to outside agencies but is not a risk for any immediate action by regulators.

*Extended system downtime affecting case efficiency
*Scheduling issues with ORs
*Notification process for SRCs / DSS not followed

Significant (3)
Event resulted in injury, loss of an organ / tissue for transplant. Event is reportable to an outside agency. Event required immediate action by leadership. Even could result in immediate regulatory action.

*Incorrect ABO
*Organ damaged or lost
*Serious urgent or public complaint / issue
*Complaint / investigation by regulatory agency
*Failure to report critical infectious disease information resulting in recipient injury

Performance Improvement Activities
Identifying and Selecting Performance Improvement Projects
Improvement Ideas are identified in the following sources:

1. **Staff submissions form**: UW OTD staff can submit a request for resources when a quality improvement project is identified. An intake form is available on the Organ Donation and Transplant intranet site for staff and faculty members to complete. Intake forms are reviewed at the monthly QAPI committee meetings. Staff are encouraged to discuss improvement ideas with their direct leader prior to going to the QAPI committee meeting. Selection and prioritization of intake forms varies based on available data, staff capacity, link to performance measures or strategic priorities, and risk / harm scores.

2. **Adverse event reporting**: Adverse event reporting activity is reviewed at monthly QAPI meetings. The following thresholds are used to identify opportunities for improvement:
   a. **Threshold**: Manager identified opportunity and one of the following:
      i. Probability of recurring ≥ medium and harm score ≥ 2
      ii. Repeated similar events of any harm score
      iii. Events with a harm score of 3

3. **Dashboard Metrics**: When objective measures do not meet the established goal, teams investigate for contributing factors and identify any opportunities for improvement. Metrics and event reports are looked at simultaneously to identify common themes that might be contributing to lower metrics or increased event reports and these themes are considered for an improvement initiative.

4. **Regulatory changes**: When new regulations are implemented, the Regulatory, Quality, and Data team assesses for any adjustments in policy or practice that are needed. Should substantial changes to programs be identified, change management and improvement idea strategies will be utilized to complete.

“Just Do Its” Improvement Tracking
A Just Do It is an improvement that may not require a documented A3 and Sustainability Plan because there is a clear solution, that is simple and requires minimal resources, people, and time. A Just Do It can be implemented in less than 3
days, with less than 3 people, and requires less than 3 tasks. Staff members self-report *Just Do Its* by completing a questionnaire that is accessible from the Organ Donation and Transplant Quality intranet site.

**Executing, Monitoring, and Sustainment of Performance Improvement Activities**

**Methodology**

UW OTD follows FOCUS-PDCA using an A3, which is the standard improvement methodology endorsed by UW Health. This approach takes an improvement from development through testing to sustainment. The UW Health Way Toolkit provides templates and instructions for following this methodology, and relevant tools and techniques.

**Sustainability**

Sustainability of interventions is a critical component of the improvement process. If an intervention or change idea positively impacts a process, outcome, and/or other aspects of the system, the next step is to determine if it can be sustained by current resources. To promote sustained improvement, a Sustainability Plan is created and executed by each improvement team or operational leader. If an improvement idea is unsuccessful, plans are modified, and the change(s) enter another cycle of the PDCA process until they are either shown effective and move into sustainability planning or are discontinued.

**Quality Improvement Education**

Education of quality improvement methods and tools is provided during new employee onboarding and periodically during all-staff meetings, as needed.

**Section IV: Quality Data Systems**

**Data methodology**

UW OTD has a full-time staff member dedicated to managing data and data systems. Data is systematically collected for improvement priorities, ongoing measurement, and goal setting. Data is collected from the Scientific Registry of Transplant Recipients (SRTR), United Network for Organ Sharing (UNOS), the Association of Organ Procurement Organizations (AOPO), Centers for Medicare and Medicaid (CMS) and internal data records. Data received from external sources is validated. Data is collected and compiled monthly by the Data Analyst and shared with all staff, including leadership. Improvement projects and new initiatives are supported and measured by data.

**Internal Audit Procedures**

UW OTD performs a variety of quality assurance audits to ensure that data submitted is complete and accurate, referrals are not missed, and hospitals are compliant with death reporting regulations. The QA is multidisciplinary, conducted by administrative staff, Organ Procurement Coordinators, Hospital Development Specialists, Surgical Recovery staff, and others. Commonly occurring outcomes and / or trends from these reviews are reported at the QAPI Committee meetings. Medical (death) record reviews are conducted monthly, quarterly, or annually, depending on the hospital classification. If needed, action plans are implemented to improve performance, per UW OTD hospital development policy.

UW OTD has a full-time Quality Assurance Auditor. This position assists with developing and maintaining a comprehensive and centralized quality assurance program, streamlining QA activities and identifying more areas for performance improvement.

**Regulatory Compliance**
UW OTD complies with and is surveyed by the United Network for Organ Sharing (UNOS) and Centers for Medicare and Medicaid Services (CMS). UW OTD is a hospital-based organ procurement organization and thus, complies with the applicable hospital regulations under the direction of UW Health. UW OTD also collaborates with tissue and eye bank partners for shared services and complies with the applicable regulations under the direction of the tissue and eye banks. UW OTD staff is provided regulatory training as needed.

**Objective Measures and Performance Indicators**
Objective measures in all phases of the donation process are utilized to evaluate UW OTD’s performance regarding procurement activities and outcomes. The indicators and their established benchmarks are presented monthly at UW OTD Staff meetings and QAPI Committee meetings as well. When objective measures do not meet the established goal, teams investigate for contributing factors and identify any opportunities for improvement and report findings at the monthly QAPI Committee meetings.

The priorities are evaluated and assessed in a variety of ways across the phases of organ procurement, including but not limited to those in the table below. These priorities and measurements were identified with consideration of encompassing each phase of the organ procurement process; the associated phases can be seen in this table.

Each month the QAPI Committee reviews the QAPI Scorecard which contains detailed performance indicators; objective measures with identified thresholds for review and improvement. This scorecard can be seen in the Appendix.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Measurement</th>
<th>Organ Procurement Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective next of kin consent process</td>
<td>Deceased Donor Volumes</td>
<td>Pre-Organ Procurement</td>
</tr>
<tr>
<td></td>
<td>Regulatory Conversion and True Conversion rate</td>
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<tr>
<td></td>
<td>DSS Onsite Performance</td>
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<tr>
<td></td>
<td>Hospital Referral Rates</td>
<td></td>
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<tr>
<td>High quality donor family care</td>
<td>DSS Program Satisfaction Surveys</td>
<td>Post-Organ Procurement</td>
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<tr>
<td></td>
<td>DSS Onsite Performance</td>
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<tr>
<td>Maximize the donation</td>
<td>OPTN Yield Measure</td>
<td>Procurement of Organs</td>
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<td></td>
<td>CMS Donation Rate</td>
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<tr>
<td></td>
<td>CMS Transplant Rate</td>
<td></td>
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<tr>
<td>Improve Employee Engagement</td>
<td>WAGGL Survey Results</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Staff Turnover and Retention Trends</td>
<td></td>
</tr>
<tr>
<td>Expand the donor registry</td>
<td>First Person Authorization Rates</td>
<td>Pre-Organ Procurement</td>
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<td></td>
<td>Community Outreach Team Events</td>
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</tr>
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</table>

**Section V: Summary and Approval**
The UW OTD QAPI Plan is intended to serve as a guideline for the program to monitor, drive, and sustain improved performance outcomes.

**References**
UWHC Quality Assessment and Performance Improvement Plan (Updated 2021)
UW Health Way Toolkit
Annual Approval

____________________________________
Michael E. Anderson, PA-C   Date
Director, UW Organ and Tissue Donation

12/6/2021

Date
Section VI: Appendices

QAPI Monthly Scorecard Overview: Sample: November 2021

Glossary of Terms
## UW Organ and Tissue Donation
### QAPI Scorecard 2021

### CMS Donation Rate

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
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<tbody>
<tr>
<td><strong>Referral Rate (Goal 100%)</strong></td>
<td>96%</td>
<td>97%</td>
<td>98%</td>
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<td>97%</td>
<td>99%</td>
<td>98%</td>
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<td>97%</td>
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<td><strong>Referrals/Missed Referrals</strong></td>
<td>156 / 9</td>
<td>157 / 5</td>
<td>150 / 3</td>
<td>191 / 3</td>
<td>165 / 3</td>
<td>204 / 3</td>
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<td>177 / 4</td>
<td>185 / 5</td>
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<td>73%</td>
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<td>21 / 30</td>
<td>15 / 31</td>
<td>26 / 44</td>
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<td>25 / 36</td>
<td>15 / 28</td>
<td>21 / 33</td>
<td>156 / 310</td>
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<td><strong>NOK Consent Rate (Goal 55%)</strong></td>
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<td>25%</td>
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<td>27%</td>
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<td>38%</td>
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<td>84%</td>
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<td>67%</td>
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<td>23 / 31</td>
<td>26 / 44</td>
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<td><strong>Conversion Rate (Goal 100%)</strong></td>
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<td>73%</td>
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<td>100%</td>
<td>92%</td>
<td>89%</td>
<td>82%</td>
<td>87%</td>
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<td>8 / 11</td>
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<td>18 / 18</td>
<td>11 / 12</td>
<td>17 / 19</td>
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<td>11 / 11</td>
<td>17 / 18</td>
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<td><strong>True Conversion Rate (Goal ≥ 75%)</strong></td>
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<td>50%</td>
<td>72%</td>
<td>66%</td>
<td>41%</td>
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<td>68%</td>
<td>57%</td>
<td>44%</td>
<td>61%</td>
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<td>116</td>
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<td>Brain Dead (Eligible), No Consents</td>
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<td>Brain Dead or DCD PD</td>
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<td>Missed Referral PD</td>
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<td>69%</td>
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<td>63%</td>
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<tr>
<td><strong>Consents/Approaches</strong></td>
<td>28 / 52</td>
<td>34 / 49</td>
<td>25 / 39</td>
<td>25 / 47</td>
<td>34 / 57</td>
<td>46 / 73</td>
<td>41 / 70</td>
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<td>30 / 45</td>
<td>54 / 72</td>
<td>359 / 381</td>
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### CMS Transplant Rate

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
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<th>NOV</th>
<th>DEC</th>
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<td>2.92</td>
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<td>2.28</td>
<td>2.00</td>
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<td>3.65</td>
<td>3.04</td>
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<tr>
<td>Organs Transplanted</td>
<td>46</td>
<td>24</td>
<td>35</td>
<td>61</td>
<td>36</td>
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<td>417</td>
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<td><strong>ROPD (Goal 1.00)</strong></td>
<td>1.08</td>
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<td>0.44</td>
<td>0.27</td>
<td>0.71</td>
<td>0.78</td>
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<td>Research Organs</td>
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<td>Aggregate O/E (Goal 1.2)</td>
<td>1.11</td>
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<td>0.97</td>
<td>1.11</td>
<td>1.13</td>
<td>1.22</td>
<td>0.95</td>
<td>0.67</td>
<td>0.93</td>
<td>1.11</td>
<td>1.03</td>
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<td>Liver</td>
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<td>0.95</td>
<td>1.07</td>
<td>0.97</td>
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<td>0.82</td>
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<td>1.09</td>
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<td>Kidney</td>
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<td>1.03</td>
<td>0.94</td>
<td>1.05</td>
<td>1.13</td>
<td>1.20</td>
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<td>Pancreas</td>
<td>0.69</td>
<td>0.00</td>
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<td>0.75</td>
<td>4.37</td>
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<td>0.00</td>
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<td>2.31</td>
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<td>Heart</td>
<td>1.38</td>
<td>0.32</td>
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<td>1.42</td>
<td>0.98</td>
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<td>1.13</td>
<td>1.06</td>
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<tr>
<td>Lung</td>
<td>1.56</td>
<td>1.01</td>
<td>0.76</td>
<td>1.52</td>
<td>2.00</td>
<td>1.24</td>
<td>0.86</td>
<td>1.37</td>
<td>0.99</td>
<td>1.34</td>
<td>1.28</td>
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<td>Intestine</td>
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<td>0.00</td>
<td>9.88</td>
<td>0.00</td>
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<td>7.18</td>
<td>2.23</td>
<td>2.23</td>
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</tr>
</tbody>
</table>
Glossary of Terms

Donor in Spirit:
When consent for organ donation was obtained, but no organs were transplanted (i.e. due to ineligibility), we refer to these donors as “Donors in Spirit,” to reflect the positive hope they give all those waiting on the list for transplants.

Donation Support Services (DSS)
Based on national best practices and an 18+ month pilot study, UW OTD supports referring hospitals and families onsite with a donation resource to help facilitate end-of-life conversations and answer questions about the donation process. These staff members provide support to donor families and assure consent documentation is properly attained.

First Person Authorization
Legislation allows donor designation to be indicated on a driver’s license or an official signed donor document, which gives legal authority to proceed with organ procurement without consent from the family.

Gift of Life Ceremony
An event that demonstrates the State of Wisconsin’s support for organ donation by recognizing and thanking donor families for their decision to honor their loved one at the time of their death to be an organ donor. The event is held annually at the State of Wisconsin Executive Residence.

QAPI Scorecard
A monthly report utilized at the QAPI Committee to identify areas of improvement. Objective measures and their performance indicators such as goals, red lines, and regulatory standards are included.

Regulatory Conversion Rate
The percentage of times a death meeting eligible death criteria, as determined by regulatory agencies, becomes an actual donor.

Referral Rate
Measures the accuracy by which a hospital identifies a patient who meets clinical triggers and notifies the OPO. The identification and notification is a CMS standard for hospitals.

True Conversion Rate
Measures consent performance and overall donation performance.

Tissue Donor
An individual for whom at least one tissue was recovered for purposes of transplantation. Tissues include: corneas, heart valves, ligaments, saphenous veins, and tendons.

WAGGL
Waggl is a real-time Employee Voice platform designed to help UW Health foster dialogue around critical topics. Waggl provides a space for actionable insights to be shared and utilizes insights to guide conversations between leaders and their teams via the Employee Voice Process. Unlike a more traditional survey process, Waggl sends pulses, which are a fast and easy way for participants to make their voice heard in just a few minutes.
This is a 3-year system-wide Diversity, Equity, and Inclusion strategic plan for UW Health-Wisconsin and UW Health-Northern Illinois Region.

Scope:
- Development of UW Health DEI vision, strategies, and high-level tactics
- Creation an initial structure and timeline to guide implementation efforts
- Formulation of a communication plan
Environmental Assessment
UW Health Has a Growing Understanding of Racism as a Barrier

- UW Health’s Chief Executive Officer issued an official statement naming racism as a public health crisis
- DEI was made a foundational competency in UW Health’s Strategic Plan in FY2021
- Investment in internal DEI infrastructure
- UW Health is working on eliminating health disparities such as Black maternal/child health and COVID vaccination
Expanding Professional Development and Training Programs
- Expansion of tools, curriculum, and access points
- Dashboards built to track progress
- Roadmaps built to create longitudinal learning opportunities

Investment in Diversifying Staff
- Partnership with HR on recruitment and retention processes and strategies
- Allied Health & Career Pathways
  - Health Occupation Professions Exploration (HOPE)
  - 74 apprentices across all UWH programs (87% BIPOC)

Supporting Providers and Staff of Color
- Employee Resource Groups (ERGs) in Madison and Rockford
- Supportive wellbeing check-ins available (e.g. microaggression, bias, navigating conflict, assisting in connecting with Employee or Provider Relations)

Integrating Equity Tools into Policies and Practices
- A suite of tools has been developed to guide leaders through a process of reflection and evaluation to improve workplace culture of inclusion and mitigate unintended consequences of bias in decision-making

Addressing Health Disparities
- Shared goals with Dane County Health Council
- Connect Rx WI will go live in November
- Social Determinants of Health Care Model & Business Planning on the horizon
- Forward-thinking approach to support organizations and partnerships

Executive and Board Support • Team Expansion
We must treat all patients with respect and dignity at every touchpoint.

We must cultivate a sense of belonging for our employees and nurture equitable growth.

Eliminating bias in our systems, processes, and tools will serve as the foundation for our continued progress toward anti-racism.

Systemic racism continues to be evident in our communities.

To achieve sustainable change, we must continue to engage in public policy even in the context of political and social polarization.

COVID-19 will continue to stress our system’s resources and deepen inequities within our communities.

Environmental Assessment Themes
UW Health has made significant strides, but there’s more work to be done.
### Internal Strengths:
- Organizational culture/respect for people/philosophy/accountability
- Employee engagement/internal sentiment toward DEI
- Size of organization/resources/infrastructure
- Executive/leadership support
- DEI Team/leadership/integration
- Visibility in community/community partnerships
- Proactive/forward looking organization
- Zero tolerance policy
- UW Health Way and value stream work

### Internal Weaknesses:
- Focus/commitment/conflicting priorities
- Not recognized or measuring existing/internal bias
- Resistance from employees/fear/heightened emotions & sensitivity
- Funding/systems to support DEI initiatives/health outcomes for diverse populations
- Access to DEI resources/training and education
- History of not being responsive/inadequate policies and processes
- Large organization/large workforce/silos/slow to change
- Lack of representation/leadership representation
- Leadership/faculty/staff fatigue
- Unclear/differing definitions of equity/racism/outcomes
- DEI not fully integrated/behaviors mismatch words/no recognition programs

### External Opportunities:
- Community partnerships/initiatives
- Increase awareness and activism in community/stand out as leader
- Workforce development/hire more diverse populations
- Politics/political engagement/advocacy
- Expand services into community (e.g., health insurance, mental health, evidence-based practices, etc.)
- Engagement/alliances with other corporations/organizations/boards
- Leverage strong media presence/social media
- Community that wants change/national momentum toward anti-racism

### External Threats:
- National/state politics/political polarization
- Social movements/violence/fatigue
- Disparities in community/economic inequality/Social Determinants of Health
- Misleading information on social media/media
- Personal bias/racism
- National history/embedded racism
- Inflation
- General sense of external urgency may impact our ability to take our time and approach issues systematically
- Relative lack of racial diversity in the Madison region
Strategic Plan
FY2023 – FY2025
Diversity, Equity and Inclusion is a System Effort

DEI Program Strategic Plan will:

- build on the FY21 effort and align with the UW Health enterprise strategic goals
- apply to all departments as we look to build DEI as an organizational foundational competency
- align initiatives and enhance collaboration throughout the system
- create context for decision-making
Future State Vision Statement

UW Health is a leader in actively dismantling racism in ourselves, in our system, and in our community.
DEI Strategies for Success

- Develop and embed DEI behavioral expectations and accountability goals
- Expand DEI learning and professional development
- Enhance recruitment, retention, and professional development opportunities for BIPOC employees
- Proactively embed a systematic application of DEI lens across clinical and non-clinical policies, processes, and business decisions
- Advocate responsively and intentionally around Social Determinants of Health
- Build authentic relationships with and fund organizations led by people of color whose work addresses our community health improvement and DEI priorities
1 Develop and embed DEI behavioral expectations and accountability goals

Creating expectations for individual responsibility in everyday interactions will build a culture of anti-racism and inclusion

Key Tactics

Develop DEI performance evaluation and accountability goals

- Create expectations for providers and staff to advance their learning & professional development
- Ensure all leaders are accountable to being stewards of this work

Continue to intentionally focus on recruitment of staff of color at every level

Dismantling Racism in Ourselves

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2 Expand DEI learning and professional development

Supporting employees learning and growth will embed antiracism and inclusion in everyday behaviors and actions

Vision Category

Dismantling Racism in Ourselves

Key Tactics

a. Integrate longitudinal learning & professional development plans in departments

b. Create additional learning tools and modules

c. Facilitate opportunities for provider and staff participation in anti-racism training offered by our community partners
Enhance recruitment, retention, and professional development opportunities for BIPOC employees

Providing BIPOC employees with equitable pathways for success and growth will allow us to attract and retain top talent

Dismantling Racism in Ourselves

**Vision Category**

**Key Tactics**

a. Create pathways for staff of color to advance to leadership positions

b. Increase allied health & career pathways programs

c. Support well-being check-ins and organizational navigation for providers and staff of color

d. Accelerate growth of ERGs

e. Be focused on being equitable around compensation and benefits
Ensuring that our internal tools, systems, and approaches generate equitable results is the foundation for all our DEI efforts to succeed.

**Vision Category**

**Key Tactics**

**Dismantling Racism in Our System**

- **Integrate/embed equity lens in initiatives, programs, and processes through ongoing training, consultation, and application of equity tools**
  - Embed this work in care redesign process

- **Create BIPOC and LGBTQ+ Patient & Family Advisory Councils**
Addressing systemic racism will allow us to advance health equity.

Vision Category

Dismantling Racism in Our Community

Key Tactics

(a) Create a communication plan about our anti-racism journey and actions
   • Make a public commitment of accountability for antiracism goals
   • Create a visible means by which to demonstrate commitment

(b) Advance public policy on issues that impact our communities and our patients’ health (e.g., housing and housing affordability)
Build authentic relationships with and support organizations led by people of color whose work addresses our community health improvement and DEI priorities.

Partnering with community leaders will allow UW Health to make a deeper and broader impact on racism and equity.

**Vision Category**

**Dismantling Racism in Our Community**

**Key Tactics**

- **a** Build upon existing community relationships/partnerships
- **b** Expand community giving aligned with our CHNA and DEI focus areas
- **c** Increase transformation-sized support to key partners
- **d** Create a supplier diversity program
- **e** Expand support of education, entrepreneurship, and employment pathways

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## Measures of Success

<table>
<thead>
<tr>
<th>Measure</th>
<th>Working Measure Definition</th>
<th>FY21 Baseline (Unless otherwise noted)</th>
<th>Multi-Year Strategic Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recruitment</strong></td>
<td>% of BIPOC applicants by level</td>
<td>UW Health-WI: 24%**</td>
<td>Establish in 2022</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UW Health-NIR: 39%**</td>
<td></td>
</tr>
<tr>
<td><strong>Representation</strong></td>
<td>% of BIPOC employees at every level</td>
<td>UW Health-WI: 14%**</td>
<td>Establish in 2022</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UW Health-NIR: 21%**</td>
<td></td>
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<tr>
<td><strong>Retention</strong></td>
<td>Turnover rate for BIPOC employees minus turnover rate for white employees*</td>
<td>UW Health-WI: 8.3%</td>
<td>Establish in 2022</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UW Health-NIR: 10.8%</td>
<td></td>
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<tr>
<td><strong>Patient Experience</strong></td>
<td>Composite measure inclusive of positive experiences, sense of inclusivity, sense of belonging, and being listened to</td>
<td>Establish in 2022</td>
<td>Establish in 2022</td>
</tr>
<tr>
<td><strong>Improving Health Outcomes</strong></td>
<td>% Low birthweight births (less than 2,500 grams) for African American women in Dane County and Winnebago County compared to county average of low birthweight births for all race/ethnicities</td>
<td>3-Year Rolling Average: Dane: 13.1% Winnebago: 15.2%</td>
<td>Dane: 12.5% Winnebago: 14.5%</td>
</tr>
<tr>
<td><strong>Community Perception</strong></td>
<td>% of respondents who live in Dane or Winnebago counties identify UW Health–WI or UW Health-NIR as an authentic leader in DEI</td>
<td>Establish in 2022</td>
<td>Establish in 2022</td>
</tr>
<tr>
<td><strong>Supplier Diversity</strong></td>
<td>Total diverse supplier spend on Vizient GPO contracts</td>
<td>UW Health Total: $478,961 direct spend</td>
<td>3x Baseline</td>
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</table>

*Measure currently slated for the UWH Foundational and Strategic Quarterly Dashboard

**Does not include physician residents

- UW Health-WI FY21 Recruitment: % of BIPOC physician resident applicants = 49% (6,986 BIPOC applicants/14,339 total applicants)
- UW Health-WI FY21 Representation: % of BIPOC physician residents = 20% (138 BIPOC residents/682 total residents)
Next Steps

- Launch DEI Implementation Leadership Team
- Socialize plan throughout the organization to generate awareness and further embed DEI as a foundational competency
- Secure resources to successfully implement the strategic plan
Thank you!
<table>
<thead>
<tr>
<th>Name</th>
<th>Perspective</th>
<th>Name</th>
<th>Perspective</th>
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<tbody>
<tr>
<td>Juli Aulik</td>
<td>Director, Community Relations</td>
<td>Ric Ransom</td>
<td>Regional VP/President, UW Hospitals- Madison Region</td>
</tr>
<tr>
<td>Stephanie Berkson</td>
<td>VP, Corporate Strategy and Planning</td>
<td>Jay Robaidek</td>
<td>SVP, External Affairs</td>
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<tr>
<td>Shiva Bidar-Sielaff</td>
<td>VP, DEI</td>
<td>Chris Roth</td>
<td>VP, Marketing Communications</td>
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<tr>
<td>Jedediah Cantrell</td>
<td>VP, Operations, UW Health NIR</td>
<td>Linda Sparks</td>
<td>Director, Patient and Family Experience</td>
</tr>
<tr>
<td>Betsy Clough</td>
<td>VP, Chief Human Resources Officer</td>
<td>Amy Topel</td>
<td>Interim Senior Director, Organizational Development</td>
</tr>
<tr>
<td>Dr. Tom Grist</td>
<td>Chair, Department of Radiology</td>
<td>Jessica Kendall</td>
<td>RN</td>
</tr>
<tr>
<td>Rudy Jackson</td>
<td>SVP, Chief Nurse Executive</td>
<td>Manuel Santiago</td>
<td>Interim CDIO, SMPH</td>
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<tr>
<td>Robin Lankton</td>
<td>Director, Population Health</td>
<td>Dr. Kirstin Rindfleisch</td>
<td>Clinical Service Chief, DFMCH</td>
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<tr>
<td>Dr. Rebecca Minter</td>
<td>Chair, Department of Surgery</td>
<td>Allison Henke</td>
<td>Ambulatory Operations Leadership</td>
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<tr>
<td>Dr. Mariah Quinn</td>
<td>Chief Wellness Officer</td>
<td></td>
<td></td>
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</tbody>
</table>
### Why should we have a Supplier Diversity Program?

- Widens the pool of suppliers, which can improve quality and drive down costs
  - More agile and resilient supply chains with a larger pool of suppliers to select from
- Delivers broader societal benefits by generating economic opportunity for historically marginalized communities

### Would we have to pay more for supplies?

- Not necessarily.
  - It is a criterion for decision-making, but it does not exclude other factors from being considered when selecting supplies, such as quality, price, and availability
UW Health – WI Representation Data Example
Measure Definition: Percent of BIPOC Employees by Level

<table>
<thead>
<tr>
<th></th>
<th>Percent BIPOC</th>
<th>FY21 Data*</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td># of BIPOC Employees / Total # of Employees</td>
</tr>
<tr>
<td>Composite – Including Residents</td>
<td>14.3%</td>
<td>1,703 / 11,924</td>
</tr>
<tr>
<td>Composite – Not Including Residents</td>
<td>13.9%</td>
<td>1,565 / 11,242</td>
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<tr>
<td>Executive</td>
<td>17.5%</td>
<td>7 / 40</td>
</tr>
<tr>
<td>Management</td>
<td>7.4%</td>
<td>60 / 814</td>
</tr>
<tr>
<td>Non-Management</td>
<td>14.4%</td>
<td>1,500 / 10,388</td>
</tr>
<tr>
<td>Physician Residents</td>
<td>20.2%</td>
<td>138 / 682</td>
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</table>

*Data reflect averages for the fiscal year
## Communication Plan

<table>
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<tr>
<th>Audience</th>
<th>Communication Method</th>
<th>Timing</th>
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<tbody>
<tr>
<td>Council of Chairs</td>
<td>• Informational presentation</td>
<td>October</td>
</tr>
<tr>
<td>UWHCA Board</td>
<td>• Informational presentation</td>
<td>December</td>
</tr>
<tr>
<td>SwedishAmerican Board</td>
<td>• Informational presentation</td>
<td>November - January</td>
</tr>
<tr>
<td>UW Health-NIR Leadership</td>
<td>• Informational presentation</td>
<td>November - January</td>
</tr>
<tr>
<td>Leaders</td>
<td>• Presentations</td>
<td>November - January</td>
</tr>
<tr>
<td></td>
<td>• Leadership Briefing</td>
<td></td>
</tr>
<tr>
<td>Faculty</td>
<td>• Presentations</td>
<td>November - January</td>
</tr>
<tr>
<td>GMEC</td>
<td>• Informational presentation</td>
<td>November - January</td>
</tr>
<tr>
<td>Organization-wide</td>
<td>• Video with Dr. Kaplan</td>
<td>December - February</td>
</tr>
<tr>
<td>(Other groups, as requested)</td>
<td>• U-Connect announcements</td>
<td></td>
</tr>
<tr>
<td>External</td>
<td>• Social media</td>
<td>January - February</td>
</tr>
<tr>
<td></td>
<td>• Targeted communications to partner organizations</td>
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</table>
## Timeline Framework

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Tactic (sub-tactics removed for spacing purposes)</th>
<th>Lead Department(s)</th>
<th>FY22</th>
<th>FY23</th>
<th>FY24</th>
<th>FY25</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Develop and embed DEI behavioral expectations and accountability goals</td>
<td>1 Develop DEI performance evaluation and accountability goals</td>
<td>Human Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Continue to intentionally focus on recruitment of staff of color at every level</td>
<td>Human Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Expand DEI learning and professional development</td>
<td>3 Integrate longitudinal learning &amp; professional development plans in departments</td>
<td>DEI (CDR to ensure all VPs have it)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Create additional learning tools and modules</td>
<td>DEI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Facilitate opportunities for provider and staff participation in anti-racism training offered by our community partners</td>
<td>DEI, Community Relations</td>
<td></td>
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<tr>
<td>C</td>
<td>Enhance recruitment, retention, and professional development opportunities for BIPOC employees</td>
<td>6 Create pathways for staff of color to advance to leadership positions</td>
<td>Human Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Increase Pathways Program and Allied Health Programs</td>
<td>Human Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Support well-being check-ins and organizational navigation for providers and staff of color</td>
<td>DEI</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>9 Accelerate growth of ERGs</td>
<td>DEI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 Be focused on being equitable around compensation and benefits</td>
<td>Human Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Proactively embed a systematic application of DEI lens across clinical and non-clinical policies, processes, and business decisions</td>
<td>11 Integrate/embed equity lens in initiatives, programs &amp; processes through ongoing training, consultation, and application of equity tools</td>
<td>Ambulatory and Inpatient with Consult from DEI</td>
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<td>12 Create a BIPOC and LGBTQ+ PFAC</td>
<td>Patient and Family Experience (HR)</td>
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<td>E</td>
<td>Advocate responsively and intentionally around Social Determinants of Health</td>
<td>13 Create a communication plan about our anti-racism journey and actions</td>
<td>Community Relations/MarComm</td>
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<td>14 Advance public policy on issues that impact our communities and our patients’ health (e.g., housing and housing affordability)</td>
<td>Government Affairs</td>
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<td>F</td>
<td>Build authentic relationships with and fund organizations led by people of color whose work addresses our community health improvement and DEI priorities</td>
<td>15 Build upon existing community relationships/partnerships</td>
<td>Community Relations</td>
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<td>16 Expand community giving aligned with our CHNA and DEI focus areas</td>
<td>Community Relations, Population Health, DEI</td>
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<td>17 Increase funding to allow transformation-sized support to key partners</td>
<td>Community Relations</td>
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<td>18 Create a supplier diversity program</td>
<td>Supply Chain</td>
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<td>19 Expand support of education, entrepreneurship, and employment pathways</td>
<td>Community Relations</td>
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</tbody>
</table>
Implementation Structure

Executive Sponsors Team

Executive Sponsors:
- Monitor progress
- Resolve barriers
- Ensures integration

Implementation Leadership Team:
- Monitor progress against performance measure targets
- Guide implementation work plans and business plan development
- Ensure overall progress against strategic plan
- Resolve and escalate issues

Cross-Functional Action Teams:
- Develop business and operational plans
- Implement plans

Implementation Leadership Team
(Human Resources, DEI, Community Relations, Ambulatory Operations, Inpatient Operations, Patient and Family Experience, Marketing, Government Affairs, Population Health, Supply Chain, any other stakeholders?)

Executive Sponsors Team
SLC

TBD
TBD
TBD