Joint Meeting - UWHCA and UWMF Boards of Directors

September 20, 2023, 3:00 - 5:00 PM

And

UW Health Strategic Board Retreat

Wednesday, September 20, 2023, 6:00 PM – 6:30 PM

Thursday, September 21, 2023, 8:30 AM – 3:00 PM

Fluno Center, 601 University Avenue, Madison, WI 53715-1035 or Via WebEx: https://uwhealth.webex.com/uwhealth/j.php?MTID=mb2dadac5a0def2b6827545ef663d5215

Meeting Number: 2621 498 9481 // Password: 092023

Join by phone +1-415-655-0003 US TOLL Access code: 2621 498 9481

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Joint Meeting - UWHCA and UWMF Boards of Directors - September 20, 2023 - Public Meeting Notice

Agenda

3:00 PM
I. Call to Order of the Joint Board Meeting and Chair Announcements
   Mr. Paul Seidenstricker
   Welcome and Introduction - Secretary Kathy Blumenfeld, UWHCA Board Director

3:05 PM
II. UWHCA Consent Agenda
   Mr. Paul Seidenstricker
   UWHCA Meeting Minutes - Open Session
   UWMF Board of Directors - Faculty Director Candidates
   Attachment - UWMF Board of Directors - Faculty Director Candidates
   FYI Attachment - Criteria - March 24, 2021, UWMF Bylaws (Article 4 and Exhibit D)
   Medical Staff Membership and Clinical Privileges
   Attachment - Medical Staff and Clinical Privileges - September 2023

3:07 PM
III. UWMF Meeting Minutes - Open Session
   Mr. Paul Seidenstricker
   UWHCA Approval

3:06 PM

3:07 PM
IV. UW Health Diversity, Equity, and Inclusion (DEI) Report
   Ms. Shiva Bidar-Sielaff
   Presentation - UW Health Diversity, Equity and Inclusion (DEI) Report

3:32 PM
V. UW Health Investment Sub-Committee Membership
   Mr. Robert Flannery; Invited Guests: Ms. Jodi Vitello, Ms. Christine O'Connor
   Presentation - UW Health Investment Sub-Committee Membership
   Attachment - Bylaws of the University of Wisconsin Hospitals and Clinics Authority - Excerpts from Article IV: Committees
   Attachment - UW Health Investment Sub-Committee Charter

3:47 PM
VI. UW Health Office of Business Integrity
   Mr. Troy Lepien; Invited Guest - Ms. Carey Gehl
   Motions to approve the UW Health Code of Conduct, UW Health Compliance Plan, and UW Health FY24 Compliance Work Plan
   Presentation - UW Health Office of Business Integrity
   Attachment - UW Health Code of Conduct (REDLINE)
   Attachment - UW Health Compliance Plan (REDLINE)
   Attachment - UW Health FY24 Compliance Work Plan

4:02 PM
VII. Closed Session
Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of confidential strategic matters that for competitive reasons require a closed session: review and approval of closed session minutes, UW Health workforce matters, and UW Health CEO perspective on organization-wide system strategy; pursuant to Wisconsin Statutes sections 146.38 and 19.85(1)(e), for the review and evaluation of health care services and discussion of the following confidential strategic matters: review and discussion of the FY23 annual corporate compliance report; pursuant to Wisconsin Statutes sections 19.36(10), 19.85(1)(c), and 19.85(1)(e) for review of the UW Health Chief Compliance Officer performance evaluation; and pursuant to Wisconsin Statutes sections 19.85(1)(c) and 19.85(1)(e) for review and discussion of the FY24 annual corporate compliance report; and pursuant to Wisconsin Statutes sections 19.36(10), 19.85(1)(c), and 19.85(1)(e) for review of the UW Health Chief Compliance Officer performance evaluation.
Statutes section 19.85(1)(g) to confer with legal counsel regarding these and other matters.

4:55 PM *

VIII. Return To Open Session
* Estimated time to return to Open Session

4:56 PM

IX. ACTION: UW Health FY23 Annual Corporate Compliance Report
Mr. Paul Seidenstricker

5:00 PM

X. Recess
Mr. Paul Seidenstricker
Motion to recess and reconvene in Open Session, Fluno Center, Madison, WI, 6:00 PM, September 20, 2023
**WEDNESDAY, SEPTEMBER 20, 2023**

**6:00 PM**

Reconvene in Open Session from Joint Meeting - UWHCA and UWMF Boards of Directors

Mr. Paul Seidenstricker, Vice Chair, UWHCA Board of Directors

**6:00 PM**

Closed Session

Mr. Paul Seidenstricker, Vice Chair, UWHCA Board of Directors

Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: overview and discussion of changing healthcare landscape, proprietary presentation and discussion regarding the future of healthcare and academic medicine, review and discussion of the UW Health Strategic Playbook including strategic imperatives, review and discussion of trend radar changes and potential impact to strategy, including breakout sessions regarding alignment with academic medical centers and overall strategic market positioning; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

**6:35 PM**

Recess

Mr. Paul Seidenstricker, Vice Chair, UWHCA Board of Directors

Motion to recess and reconvene in Closed Session at 8:30 AM, Thursday, September 21, 2023

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**THURSDAY, SEPTEMBER 21, 2023**

**8:30 AM**

Reconvene in Closed Session the UW Health Strategic Board Retreat

Mr. Paul Seidenstricker, Vice Chair, UWHCA Board of Directors

**3:00 PM**

Adjourn

Mr. Paul Seidenstricker
Attachment

UW Medical Foundation (UWMF) Proposed Candidates for UWMF Board Faculty Director Seat as Selected by the UW Health Council of Faculty

September 20, 2023
UWHCA Board Approval of UW Medical Foundation, Inc. (UWMF) Proposed Candidates for One (1) UWMF Board Faculty Director Seat as Selected by the UW Health Council of Faculty

Subject to approval by the UWHCA Board of Directors, the UW Health Council of Faculty (CoF) met on September 13, 2023, to evaluate eight (8) candidates to prepare a slate of candidates for one (1) Faculty Director seat on the UWMF Board of Directors.

The CoF made their selections based on criteria which included gender balance, diversity, experience levels, practice locations, types of practices, academic interests, and service records of the nominees.

Candidates were limited to those Departments which are not already represented by Faculty Directors.

Below is the list of nominees selected for the UWMF Faculty at Large election for the UWMF Board Faculty Director seat:

- Heather L. Bartlett, MD
- Molly Hinshaw, MD
- Russell Lemmon, DO, MMM

Please see attachment - UWMF Policy on Nomination and Election of Faculty Directors Criteria - March 24, 2021, UWMF Bylaws (Article 4 and Exhibit D).
Attachment

Criteria –
March 24, 2021, UWMF Bylaws
(Article 4 and Exhibit D)
(xiii) to exercise such other powers as may be assigned to the Corporation Board in these Bylaws; and

(xiv) to exercise such other powers as the Authority may, by resolution, assign to the Corporation Board.

(b) **Statements of Policy.** Exhibits A to I attached to these Bylaws are statements of policy by the Corporation Board. Except for Exhibit A (Compensation Principles & Procedure Policy), and Exhibit B (Funds Flow Model), and except as otherwise provided in these Bylaws, the policies established in these Exhibits may be changed by the Authority Board, or by the Corporation Board subject to the approval of the Authority Board.

### 4.2 Number and Designation

(a) **Generally.** The Corporation Board shall consist of fifteen (15) voting members (each, a “Director”). The fifteen (15) voting members shall be made up of the following persons:

(i) the Authority CEO serving *ex-officio* and as Chairman of the Board;

(ii) the Vice Chair and President of the Corporation (the “Corporation President”), serving *ex-officio*;

(iii) the Chief Administrative Officer of the Corporation (the “Corporation CAO”), serving *ex-officio*;

(iv) four (4) independent members of the public (“Public Directors”) nominated and elected as described in § 4.4(a);

(v) four (4) chairs of Clinical Departments of UWSMPH (“Chair Directors”) appointed as described in § 4.4(b); and

(vi) four (4) Faculty members (“Faculty Directors”) nominated and elected as described in § 4.4(c).

(b) **Ex-Officio Directors.** The Authority CEO, as Chairman of the Corporation, Corporation President, and the Corporation CAO shall be *ex-officio* Directors (collectively, the “Ex-Officio Directors”), and shall be full voting members of the Corporation Board.

### 4.3 Qualifications of Directors

(a) **Residence.** Directors need not be residents of the State of Wisconsin.

(b) **Public Directors.** Public Directors shall be community leaders, health care professionals, or health science professionals who are: (a) not related to the employees or officers of the Corporation or Authority; and (b) not employed
by the Corporation, the Authority, UW-Madison, the University of Wisconsin System or the State of Wisconsin.

(c) **Chair Directors.** Only chairs of Clinical Departments of UWSMPH are eligible to serve as Chair Directors.

(d) **Faculty Directors.** Any Faculty member, other than a chair of a Clinical Department, is eligible to serve as a Faculty Director.

### 4.4 Nomination and Election of Directors and Terms of Office.

(a) **Public Directors.** The Public Directors will be elected by the Corporation Board pursuant to the process attached as Exhibit C.

(b) **Chair Directors.** The Council of Chairs (as hereinafter defined) shall select the four (4) Chair Directors, subject to approval by the Authority Board.

(c) **Faculty Directors.**

(i) **Faculty At Large.** The Faculty Directors shall be elected from candidates selected by the Council of Faculty (as hereinafter defined) from nominations received from the Faculty at large.

(ii) Subject to approval of the candidates by the Authority Board, the Council of Faculty will select candidates from the nominations it receives utilizing criteria which shall include, at a minimum, gender balance, experience level, the location of practice, and the functional practice of the nominee. Candidates shall be limited to those Clinical Departments which are not already represented by Faculty Directors. If the Council of Faculty is unable to fulfill its responsibility, the Corporation Board’s Executive/Governance Committee will determine the slate of candidates following the same criteria.

(iii) **Nomination and Election.** The Faculty will elect the Faculty Directors pursuant to the process attached as Exhibit D.

(d) **Terms of Office.** The non-Ex-Officio Directors shall each hold office for a term of three (3) years, or as otherwise required to implement staggered terms in accordance with Ch. 181.0806 of the Wisconsin Statutes, or any successor statute thereto.

(e) **Continuation.** Notwithstanding § 4.4(d), members of the Corporation Board shall hold office until their resignation or removal, or until their successor has been elected and qualified.
(f) **Temporary or Interim Appointments.** A person appointed as an “acting” or “interim” Authority CEO, Corporation President, or Corporation CAO will be a Director during the term of such appointment.

(g) **Re-election.** All Directors may be re-appointed or re-elected, except that Ex-Officio Directors serve until his/her resignation or removal.

4.5 **Resignation.** A Director may resign at any time by filing a written declaration of resignation with the Secretary of the Corporation.

4.6 **Removal.**

(a) **Chair Directors.** Chair Directors may be removed from office with or without cause by a written petition submitted to the Corporation Board and signed by two-thirds (2/3) of the members of the Council of Chairs.

(b) **Faculty Directors.** Faculty Directors may be removed from office with or without cause by a vote of two-thirds (2/3) of the eligible Faculty voters casting a ballot in a recall election. A recall election shall be called by the Corporation Board promptly upon presentation to the Corporation Board of a written petition signed by one-third (1/3) plus one (1) of the eligible Faculty voters. Eligible voters shall be all Faculty members.

(c) **Removal for Cause.** In the sole discretion of the Corporation Board or Authority Board, any Director may be removed for cause, as determined by the Corporation Board or Authority Board, taking into consideration the policy attached as Exhibit E to these Bylaws.

(d) **Removal by Chancellor.** The Chancellor of UW-Madison shall have the power to remove, at his or her pleasure, any Faculty Director or any Chair Director, with or without cause.

4.7 **Vacancies.** In the event a vacancy occurs on the Corporation Board for any reason, such vacancy will be filled promptly.

(a) **Public Directors.** If a vacancy occurs among the Public Directors, the Corporation Board shall hold an interim election in accordance with § 4.4(a).

(b) **Chair Directors.** If a vacancy occurs among the Chair Directors, the Council of Chairs will fill the position in accordance with § 4.4(b).

(c) **Faculty Directors.** If a vacancy occurs among the Faculty Directors, the Council of Faculty (as hereinafter defined) shall hold an interim election in accordance with § 4.4(c).

(d) **Ex-Officio Directors.** If a vacancy occurs among the Ex-Officio Directors, the position will be filled by the successor or interim successor to the
position of Authority CEO, Corporation Vice Chair and President, or Corporation CAO.

(e) **Term.** A Chair Director, Faculty Director, or Public Director elected in an interim election shall finish the term of his or her predecessor, unless the remainder of the term is less than six (6) months at the time of the interim election. If the remainder of the term is less than six (6) months, the Chair Director, Faculty Director, or Public Director will finish the term of his or her predecessor and serve the succeeding three (3) year term.

4.8 **Advice on Personnel Matters.** At its discretion, the Corporation Board shall seek the advice of interested persons, councils, and committees regarding the performance of the Corporation President and Corporation CAO.

4.9 **Special Faculty Meetings.** Special meetings of the Faculty shall be held on the written petition of not less than twenty percent (20%) of the Faculty, not less than a two-thirds (2/3) vote of the Council of Faculty, or on the call of the Corporation Board. The petition, the vote, or the call of the Corporation Board shall specify the agenda for the meeting and notice shall go to each Faculty employee specifying the date, place, and agenda for the meeting at least ten (10) days in advance.

4.10 **Faculty Vote on Certain Changes to Articles, Bylaws, and Policies.** Certain proposed changes to particular provisions of the Articles of Incorporation and Bylaws of the Corporation, the Compensation Principles & Procedure Policy (Exhibit A), and Funds Flow Model (Exhibit B), all as defined in § 15.2, shall not be adopted unless approved by not less than a two-thirds (2/3) vote of those Faculty voting in person or by proxy or by a mail or electronic ballot.

4.11 **Regular Meeting.** The Corporation Board shall provide by resolution for regular meetings of the Corporation Board, to be held at a fixed time and place, and, upon the passage of any such resolution, such meetings shall be held at the stated time and place without notice other than such resolution.

4.12 **Special Meetings.** Special meetings of the Corporation Board may be held at any time and place for any purpose or purposes, unless otherwise prescribed by statute, on call of the Corporation President, the Corporation Board Chair, or upon the written request of any three (3) Directors delivered to the Secretary of the Corporation.

4.13 **Notice and Waiver of Notice.**

(a) **Notice.** Except as provided in § 4.11, notice of the date, time, and place of meetings shall be given to members of the Corporation Board. Unless a different time is required by Chapter 181 of the Wisconsin Statutes, notice shall be given orally or in writing delivered personally to each Director at least twenty-four (24) hours prior to the meeting. Written notice may be mailed or faxed to each Director at least seventy-two (72) hours prior to the meeting in lieu of personal delivery of notice. If mailed, such notice shall
be deemed to be delivered when deposited in the United States mail addressed to the Director at his or her address as it appears on the records of the Corporation, with postage thereon prepaid. The purpose of and the business to be transacted at any special meeting of the Corporation Board shall be specified in the notice or waiver of notice of such meeting.

(b) Waiver of Notice. Whenever the Wisconsin Statutes, the Articles of Incorporation or Bylaws of the Corporation require that the Corporation give any notice, a waiver thereof in writing signed at any time by the person or persons entitled to such notice, shall be deemed equivalent to the giving of such notice. The attendance of a Director at a meeting shall constitute a waiver of notice of such meeting except where a Director attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

4.14 Quorum. Eight (8) Directors, or, if there are vacancies, fifty-one percent (51%) or more of the Directors then in office shall constitute a quorum for the transaction of business at any meeting of the Corporation Board. If fewer/less than such number/percentage are present at a meeting, a majority of the Directors present may adjourn the meeting from time to time without further notice.

4.15 Manner of Acting. The act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the Corporation Board, unless the act of a greater number is required by the Wisconsin Statutes or by the Articles of Incorporation or Bylaws of the Corporation.

4.16 Informal Action by Directors. Except as required by the Wisconsin Open Meetings Law, the Corporation Board may take action by written consent of the Directors. The consent must be in a writing signed by all of the Directors with respect to the subject matter thereof, and it must set forth the action to be taken. Such consent may be for any action that the Articles of Incorporation or Bylaws of the Corporation or any provision of applicable law requires to be taken at a meeting, or any other action that might be taken at a meeting. Such consent shall have the same force and effect as a unanimous vote.

4.17 Presumption of Assent. A Director of the Corporation, who is present at a meeting of the Corporation Board, or a committee thereof, at which action on any corporate matter is taken, is presumed to have assented to the action taken. This presumption will stand unless the Director’s dissent is entered in the minutes of the meeting or the Director files a written dissent to the action with the person acting as the Secretary of the meeting. Such dissent shall be filed before the adjournment of the meeting or shall be forwarded by registered mail to the Secretary of the Corporation immediately after the adjournment of the meeting. Such right to dissent shall not apply to a Director who voted in favor of such action.

4.18 Compensation. Directors may only receive reimbursement for reasonable expenses incurred in connection with corporate matters, provided that such
reimbursement policy is authorized by the affirmative vote of a majority of the Directors at a meeting at which a quorum is present.

4.19 **Meetings by Telephone or by Other Communication Technology.** Except as required by the Wisconsin Open Meetings Law, meetings of the Corporation Board or committees of the Corporation Board may be conducted by telephone or other communication technology in accordance with Chapter 181.0820(3) of the Wisconsin Statutes or any successor statute thereto. If such a meeting is conducted, all participating Directors shall be informed at the time the meeting is to begin that a meeting is taking place at which official business may be transacted and that any Director participating in such meeting is deemed present in person at the meeting. At the beginning of such a meeting, and again at the time any vote is taken at such a meeting, each of the Directors shall first verify his or her identity and ability to hear each other simultaneously and have communication immediately transmitted to each and all participating directors. Meetings may be held pursuant to § 4.19 to address and to vote on any matter which properly comes before the Directors pursuant to these Bylaws.
POLICY ON NOMINATION AND ELECTION
OF FACULTY DIRECTORS

(A) Nominations. The Council of Faculty, with the oversight of the Executive/Governance Committee, shall be responsible for sending a written notice to all Faculty requesting self-nominations or Faculty nomination for Faculty Directors. A nomination will require a completed application.

(B) Selection of Candidates. The Council of Faculty will receive all nominations for the open Faculty Director seats and from those nominations shall choose a slate of up to six (6) candidates based on the Selection Criteria noted in Paragraph C below, subject to approval of the candidates by the Authority Board of Directors.

(C) Selection Criteria. The Council of Faculty will choose a slate of candidates following a consideration of the following Selection Criteria in order to ensure diversity among Faculty Directors serving on the Corporation Board. The Selection Criteria include:

1. Departmental Diversity. The Council of Faculty will consider whether or not an individual is nominated from a Clinical Department which has had little or no historical representation on the Corporation Board.

2. Experience. The Council of Faculty will consider a nominee’s experience, including his or her length of service, the academic track chosen by nominee, and the nominee’s academic rank.

3. Practice Location. The Council of Faculty will consider a nominee’s practice location and hospital affiliation.

4. Academic Interests. The Council of Faculty will consider a nominee’s academic interests in practice, whether it is clinical, research, teaching or a blend of all three.

5. Type of Practice. The Council of Faculty will consider the nominee’s type of practice, including whether or not it is primary care, specialty or hospital-based.

6. Service Record. The Council of Faculty will consider a nominee’s record of service to the Corporation through participation on committees to the Corporation Board, whether or not he or she is a current Corporation Board member, or other through other administrative or community activities that support the Corporations’ corporate purposes.

7. Demographic Balance. In choosing a slate of candidates, the Council of Faculty may consider if the slate supports gender, ethnic, and age diversity and balance among Faculty Directors.
(D) **Administration.** The Council of Faculty will direct and the Corporation’s administration shall compile any and all information in the form required by the Council of Faculty and as necessary for the Council of Faculty to consider the nominations it has received.

(E) **Elections.** The Council of Faculty shall compile a slate of up to six (6) candidates, and direct the Corporation’s administration to create ballots and send the ballots to eligible Faculty, directing that each Faculty member shall vote on the open Faculty Director seats. The Corporation Board shall afford the Faculty a reasonable period of time to return their ballots. The candidates who receive the most votes shall be elected to the open Faculty Director seats. The candidate that receives the highest number of vote(s) cast shall be named the Director from the faculty at large. If there is a tie, the Council of Faculty shall recommend to the Executive/Governance Committee the final candidate to serve as a Faculty Director member.
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: August 31, September 1 & September 11, 2023
Medical Board: September 14, 2023

Anna C. Beck, MD, Active Staff
Department of Surgery/Surgical Oncology
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.

Heidi C. Bertram, 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.

Caroline K. Cox, MD, Active Staff
Department of Obstetrics and Gynecology/Female Pelvic Medicine and Reconstructive Surgery
Medical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and medically treat patients presenting with disorders of the female urogenital tract. These privileges include, but are not limited to, care of patients with reproductive health issues, gynecologic cancers, obstetric complications, and other gynecologic conditions.
to, evaluation for gynecologic disease, screening for gynecologic cancers (including breast cancer), family planning and contraception, evaluation and treatment of endocrine dysfunction and infertility, termination pregnancy, colposcopy and cervical biopsy, endometrial biopsy, gynecologic ultrasound, evaluation and treatment of incontinence; 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.

Surgical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with benign and pre-malignant disorders of the female urogenital tract. These privileges include, but are not limited to, pelvic endoscopic procedures; dilatation & curettage of the uterus; surgical termination pregnancy; surgical exploration of abdomen, major and minor abdominal and vaginal surgical procedures, repair of simple injuries to the bladder or bowel, appendectomy, evaluation and treatment of incontinence; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Ana C. De Roo, MD, Active Staff
Department of Surgery/Colorectal
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 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.
Use of surgical robot for procedures otherwise privileged to perform.
Adult Moderate Sedation at all UWHCA locations

Prerna Dogra, MBBS, Active Staff
Department of Medicine/Endocrinology
Endocrinology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases and disorders of the endocrine system or metabolic disorders. These privileges include care of patients via telemedicine. These privileges include, but are not limited to, fine needle aspiration of the thyroid; percutaneous needle biopsy of the thyroid; bone densitometry; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.

Sarah E. Nigro, PsyD, Clinical Psychology
Department of Neurology
Psychological testing: children (under 12)
Psychological testing: adolescents
Psychological testing: adults
Individual psychotherapy: children (play)
Individual psychotherapy: adolescents
Behavior modification
Family therapy
Neuropsychology
Psychoeducational counseling
Psychoeducational testing
Psychological consultation

Paul B. Tessmann, MD, Active Staff
Department of Surgery/Cardiothoracic
Cardiothoracic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses, injuries, and disorders of the chest and abdomen, including the support structures and vascular supply to the extremities and brain. These privileges include transplantation of the heart and/or lung; ventricular assist devices; ECMO cannulation; management of ECMO; pediatric cases within scope of training; 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 include care of patients via telemedicine.
Use of surgical laser
Organ Procurement

Jenny Tumba, MD, Active Staff
Department of Psychiatry/Child
Adult Psychiatry Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat patients, above the age of 15, who suffer from mental, behavioral, or emotional disorders including admit to inpatient psychiatric unit. These privileges also include care of patients via telemedicine. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
Child Psychiatry Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat children and adolescents who suffer from mental, behavioral, or emotional disorders. These privileges also include care of patients via telemedicine. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.

Eduard E. Vasilevskis, 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.

Di Yan, MD, Active Staff
Department of Dermatology
Dermatology Core Privileges: Privileges to admit, evaluate, diagnose, consult, and treat patients presenting with illnesses and or injuries of the integumentary system. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, excision or other means of removal (including by liposuction) of benign and malignant lesions; curettage; electrosurgery; liquid nitrogen cryosurgery of the skin and other appropriate lesions; nail surgery; actinotherapy treatments (phototherapy - e.g. PUVA); collagen implantation; injectable fillers; Botox injections; dermabrasion; chemical peels; laser treatments; sclerotherapy; dermatopathology; flaps and grafts; 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.

Additional Privileges—Medical Staff

Ali S. Antar, MD
Department of Urology
Use of surgical robot for procedures otherwise privileged to perform.

Matthew W. Caldis, MD
Department of Medicine/Gastroenterology & Hepatology
Adult Moderate Sedation at all UWHCA locations - includes UH, East Madison Hospital, DHC, and UWHC Clinics

Rachel A. Coburn, MD
Department of Medicine/Geriatrics
Geriatric Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with diseases and disorders of the elderly. These privileges include care of patients via telemedicine. These privileges include but are not limited to diagnostic or therapeutic joint aspiration/injection, punch biopsy of the skin, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, performed waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of advanced practice providers; and supervision of residents, fellows, and others in training (UW Fellowship completed recently)

John T. Dollerschell, MD
Department of Anesthesiology
ECMO Cannulation

Joshua M. Glazer, MD
Department of Emergency Medicine
ECMO Cannulation

Robyn W. Paloian, DPM
Department of Surgery/Vascular
Bone procedures (advanced): Forefoot procedures other than involving toes
Bone procedures (advanced): Rigid (AO) fixation procedures
Bone procedures (advanced): Accessory bone procedures
Bone procedures (advanced): Heel spurs
Bone procedures (advanced): Haglund’s deformity
Soft tissue procedures (advanced): Neuroma removal
Amputations: Toes
Amputations: Rays

Jennifer L. Philip, MD
Department of Surgery/Transplant
Transplant Surgery

**New Applications--Advanced Practice Providers**

**Alanna J. Bade, PA, Physician Assistant**
Department of Medicine/Allergy, Pulmonary & Critical Care
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. These privileges also include care of patients via telemedicine.
PA Pulmonary Core Privileges: Privileges to manage and treat patients with diseases and disorders of the organs of the thorax or chest.
Prescriptive Authority

**Emily C. Behrend, 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.

**Abbygael L. Brodbeck, NP, Advance Practice Nurse**
Department of Pediatrics/Neonatology
Pediatrics/Neonatology NP Core Privileges: Under the direction of and in collaboration with a physician, the NP is granted privileges to promote health, prevent disease, assess/evaluate including performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 1 (one) year of life. These privileges include but are not limited to the following core procedures: umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; thoracentesis, suturing, and wound debridement. These privileges include ordering respiratory therapy and blood products.
Prescriptive Authority

**Jamie L. Buisse, NP, Advance Practice Nurse**
Department of Psychiatry
NP 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.
NP 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.
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. These privileges also include care of patients via telemedicine.
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. These privileges also include care of patients via telemedicine.

APP Addiction Medicine Core Privileges: Privileges to provide care for patients who have or are suspected of having alcohol and/or substance use disorders. Privileges to evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with possible or present alcohol and/or substance use related problems. These privileges include, but are not limited to, assessment and management of physical dependence upon and withdrawal from alcohol and/or controlled substances.

Prescriptive authority

Bethany K. Bulgrin, NP, Advance Practice Nurse
Department of Medicine/Hematology, Oncology, and Palliative Care
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

Naomi L. Burke, NP, Advance Practice Nurse
Department of Medicine/General Internal 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 General Internal Medicine Core Privileges: Privileges to manage and treat patients with general internal medicine injuries or diseases.

Prescriptive Authority

Haruna Dibba, PA, Physician Assistant
Department of Medicine/Allergy, Pulmonary & Critical Care
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. These privileges also include care of patients via telemedicine.

PA Pulmonary Core Privileges: Privileges to manage and treat patients with diseases and disorders of the organs of the thorax or chest.

Prescriptive Authority

Kathleen A. Eich, PA, Physician Assistant
Department of Emergency 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. These privileges also include care of patients via telemedicine.

PA Emergency Medicine Core Privileges: Privileges to manage and treat pediatric, adolescent, and adult patients with emergency medicine conditions cared for in the emergency department.

Prescriptive Authority

Abigail T. Hein, PA, Physician Assistant
Department of Medicine/Hospital 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. These privileges also include care of patients via telemedicine.

PA 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
Kristin M. Ksobiech, 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

Jodi J. Longdo, NP, Advance Practice Nurse  
Department of Pediatrics/Gastroenterology  
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 Pediatric Gastroenterology Core Privileges: Privileges to manage and treat pediatric patients with documented or possible disorders of the stomach, intestine, and related structures and adult patients with pediatric gastrointestinal diseases.  
Prescriptive Authority

Lindsay J. Marklein, PA, Physician Assistant  
Department of Medicine/Gastroenterology & Hepatology  
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. These privileges also include care of patients via telemedicine.  
PA Gastroenterology & Hepatology Core Privileges: Privileges to manage and treat patients with gastroenterology and hepatology disorders and related issues.  
Prescriptive Authority

JoAnne G. Martin-Koob, 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. These privileges also include care of patients via telemedicine.  
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

Sheba McCants, PA, Physician Assistant  
Department of Obstetrics and Gynecology/Maternal Fetal 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. These privileges also include care of patients via telemedicine.  
PA Gynecology Core Privileges: Privileges to manage and treat patients with acute and chronic gynecologic conditions and related issues.  
PA Obstetrics Core Privileges: Privileges to manage and treat patients during antepartum, pregnancy, and postpartum.  
Prescriptive Authority

Lindsey J. Murphy, NP, Advance Practice Nurse  
Department of Medicine/Nephrology  
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 Nephrology Core Privileges: Privileges to manage and treat patients with chronic kidney disease, organ transplant candidates undergoing desensitization for transplantation, and adult kidney transplants recipients.
Prescriptive Authority

**Angelica Rosinski, 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

**Salma Salama, NP, Advance Practice Nurse**
**Department of Neurology/Pediatric Neurology**
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 Neurology Core Privileges: Privileges to manage and treat patients with neurology disorders and related issues.
Prescriptive Authority

**Samantha C. Spanbauer, NP, Advance Practice Nurse**
**Department of Medicine/Hematology, Oncology, and Palliative Care**
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

**Amy C. Walsh, 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. These privileges also include care of patients via telemedicine.
PA Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.
PA Cardiovascular Medicine/Electrophysiology Core Privileges: Privileges to manage and treat patients in need of electrophysiology care. These privileges also include first assisting in any electrophysiology procedures including but not limited to device implants/explants, laser lead extractions, electrophysiology studies, catheter ablations, basic electrophysiology, and intracardiac electro-anatomical mapping.
Prescriptive Authority

**Jennifer A. White, NP, Advance Practice Nurse**
**Department of Medicine/Endocrinology**
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 Endocrinology Core Privileges: Privileges to manage and treat patients with documented or possible endocrine or metabolic disorders.
Prescriptive Authority

**Kieran B. Wilson, PA, Physician Assistant**
**Department of Orthopedics and Rehabilitation/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. These privileges also include care of patients via telemedicine.

PA Orthopedic Surgery Core Privileges: Privileges to manage and treat pediatric, adolescents and adults with orthopedic injuries, diseases and other related issues.

Prescriptive Authority

**Additional Privileges--Advanced Practice Providers**

**Alison L. Dunlap, NP (Adult Gerontology Primary Care NP)**  
Department of Medicine/Cardiovascular Medicine  
Loop Recorder

**Rebecca L. Johnson, NP (Adult Gerontology Primary Care NP)**  
Department of Medicine/Cardiovascular Medicine  
Cardioversions

**Lacey J. Kumar, NP (Adult Gerontology Primary Care NP)**  
Department of Surgery/Transplant  
Abdominal Drain Removal

**Amanda J. Meyer, PA (Physician Assistant)**  
Department of Surgery/Acute Care and Regional General  
Pediatric Moderate Sedation

**Jessica J. Olson, NP (Pediatric NP - Primary Care)**  
Department of Neurology/Pediatric Neurology  
Vagus nerve stimulator programming

**Ellen M. Reyerson, NP (Pediatric NP - Primary Care)**  
Department of Surgery/Pediatric  
Tunneled central line removal

**Elizabeth C. Roe, NP (Pediatric NP - Primary Care)**  
Department of Pediatrics/Endocrinology  
NP Pediatric Endocrinology Core Privileges

**Transfer**

**Krista K. Skjervem, PA, Physician Assistant**  
Department of Medicine/Hospital 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. These privileges also include care of patients via telemedicine.  
PA 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

**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>Status</th>
<th>Department</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Colwell, Alexandra M., NP</td>
<td>APN</td>
<td>Medicine/ Hem Onc &amp; Pal Care</td>
<td>Chemotherapy Ordering</td>
</tr>
<tr>
<td>Crocetti, Daniel P., PA</td>
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<td>Moderate Sedation</td>
</tr>
<tr>
<td>Hoeft, Anne K., NP</td>
<td>APN</td>
<td>Anesthesiology</td>
<td>Pediatric NP Core; NP Pediatric Hematology &amp; Oncology Core; Prescriptive Authority</td>
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<tr>
<td>Katterheinrich, Sarah M., NP</td>
<td>APN</td>
<td>Radiology/ Interventional</td>
<td>Chest Tube Removal</td>
</tr>
<tr>
<td>Novotny, Melissa M., NP</td>
<td>APN</td>
<td>Surgery/Pediatric</td>
<td>Pediatric NP Core Privileges; NP Pediatric Surgery Core Privileges and Prescriptive Authority</td>
</tr>
<tr>
<td>Storhoff, Brittany J., NP</td>
<td>APN</td>
<td>Pediatrics/Hospital Medicine</td>
<td>Pediatric NP Core, NP General Pediatric Care and Prescriptive Authority</td>
</tr>
<tr>
<td>Thayer, Jonathan D., NP</td>
<td>APN</td>
<td>Medicine/ Allergy, Pulm &amp; Crit Care</td>
<td>Arterial Line and Central Line Placement</td>
</tr>
<tr>
<td>Tucholka, Jennifer L., PA</td>
<td>PA</td>
<td>Surgery/Acute Care &amp; Regional Gen</td>
<td>Minor skin/subcutaneous procedures, pairing callous and toenail care</td>
</tr>
</tbody>
</table>

**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:

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<td>Pediatric NP Core; NP Pediatric Hematology &amp; Oncology Core; Prescriptive Authority</td>
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<td>Novotny, Melissa M., NP</td>
<td>APN</td>
<td>Surgery/Pediatric</td>
<td>Pediatric NP Core Privileges; NP Pediatric Surgery Core Privileges and Prescriptive Authority</td>
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<tr>
<td>Storhoff, Brittany J., NP</td>
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<tr>
<td>Thayer, Jonathan D., NP</td>
<td>APN</td>
<td>Medicine/ Allergy, Pulm &amp; Crit Care</td>
<td>Arterial Line and Central Line Placement</td>
</tr>
<tr>
<td>Tucholka, Jennifer L., PA</td>
<td>PA</td>
<td>Surgery/Acute Care &amp; Regional Gen</td>
<td>Minor skin/subcutaneous procedures, pairing callous and toenail care</td>
</tr>
</tbody>
</table>

**September 1, 2023**

**Additional Privileges—Medical Staff**

**David A. Sonetti, MD**
Department of Medicine/Allergy, Pulmonary & Critical Care
Robotic Bronchoscopy

**September 11, 2023**

**New Applications—Medical Staff**

**Lori A. Borella, 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.

**Christopher C. Hanger, 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.

**Abigail P. Jeharaj, MD, Active Staff**  
**Department of Ophthalmology**  
Ophthalmology Medical and Minor Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways*; 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. Ophthalmology Surgical Core Privileges: Privileges to perform basic surgical procedures considered a result of a residency training program including removal of radioactive plaque, corneal micropuncture and debridement, astigmatic keratotomy, cataract surgery with or without IOL placement, glaucoma filtration surgery with or without antimetabolite, combined cataract and filtering surgery, strabismus surgery on horizontal muscles, enucleation, cryotherapy, primary repair of entropion, ectropion, eyelid injury, tarsorrhaphy, blepharoplasty, lacrimal intubation and irrigation; supervision of physician assistants with prescriptive authority; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. These privileges also include supervision of residents, fellows, and other persons in training.

Use of surgical laser - Argon for glaucoma.
Use of surgical laser - YAG capsulotomy, iridotomy, cyclophotocoagulation.
Use of surgical laser - Keratorefractive surgery

**Carrie A. Johnson, MD, Active Staff**  
**Department of Medicine/Allergy, Pulmonary & Critical Care**  
Critical Care Medicine 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 also include care of patients via telemedicine. These privileges include, but are not limited to, central line and 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 advanced practice providers; 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 advanced practice providers; and supervision of residents, fellows, and others in training.

Fluoroscopy
Adult Moderate Sedation at all UWHCA locations

**Elizabeth A. Poi, MD, Active Staff**  
**Department of Family Medicine and Community Health**  
Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, suturing of uncomplicated lacerations; arthrocentesis; I&D of abscess; simple skin biopsy or excision; removal of nonpenetrating corneal foreign body; uncomplicated minor closed fractures (not involving traction or major manipulation); uncomplicated dislocations; diagnostic endometrial sampling; peripheral intravenous cannulation; peripheral arterial puncture; lumbar puncture; preoperative care of surgical patients; postoperative medical care of surgical patients; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine
Family Medicine Pediatric Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide non-surgical treatment to pediatric patients without major complications or serious life threatening disease. These privileges include, but are not limited to, the care of normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

**Adrien M. Wang, 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.

**Ashley A. Woodfin, MD, Active Staff**

**Department of Surgery/Surgical Oncology**

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. Use of surgical robot for procedures otherwise privileged to perform.
DEI Program Strategic Plan Update

September 20, 2023
Shiva Bidar-Sielaff, VP, Chief Diversity Officer
DEI Program Strategic Plan Vision and Strategies

**Our Vision**

**UW Health is a leader in actively dismantling racism in ourselves, in our system and in our community**

- **Dismantling Racism in Ourselves**
  - Develop and embed DEI behavioral expectations and accountability goals

- **Dismantling Racism in Our System**
  - Expand DEI learning and professional development
  - Enhance recruitment, retention, and professional development opportunities for employees who identify as Black, Indigenous, and People of Color
  - Proactively embed a systematic application of DEI lens across all policies, processes, and business decisions

- **Dismantling Racism in Our Community**
  - Advocate responsively and intentionally around Social Determinants of Health
  - Build authentic relationships with/ fund organizations led by people of color whose work addresses our community health and DEI priorities
Develop and embed DEI behavioral expectations

**STATUS** - Overall Status: On Track

**Focus**
Performance growth reviews

**Key accomplishments**
- Respect for People: added *Embrace Diversity, Equity and Inclusion*
- Leadership Competencies: added *Elevate Diversity, Equity and Inclusion*
- Collaborated in development of training materials
- Performance process included in New Leader Orientation

**Impact**
“Thank you for presenting to our performance and goals cross functional team meeting yesterday on DEI foundations and operating with an equity lens. This presentation demonstrates the importance of embedding equity behaviors into our work. I'm excited to have your support as we practice this with our group. Thanks for all you are doing to support the performance and goals workstream!” – HR Manager

Dismantling Racism in Ourselves
**Expand DEI learning & professional development**

**STATUS** - Overall Status: On Track

**Focus**
Implementation of project to track participation/engagement with DEI learning roadmaps

**Key accomplishments**
- 134 learning sessions facilitated
- 6 new web-based trainings
- DEI embedded into New Employee Orientation and New Leader Onboarding
- DEI session in New Emerging Leaders Program
- Piloted new tracking system for engagement in DEI learning

**Impact**

“I was happy to learn about the DEI policies that UW Health has in place and that UW Health is making an effort to improve health equity and has the resource and programs to back it up!” - New Employee

“Thank you for all of the work you are doing with my teams. The DEI learnings you are guiding us through have been powerful and I am so appreciative of your time and expertise.” - Clinic Manager
Enhance recruitment, retention & professional opportunities

**STATUS** - Overall Status: On Track

**Focus**
A3 Phase 1: Application to HR Interview Process

**Key accomplishments**
- Completed list of 11 recommendations for Phase 1- Application to HR interview
- Increase pathway programs: launch of RN and Ophthalmology assistant pathways programs
- Rolled out GUILD to provide advanced reimbursement for educational opportunities
- Designed DEI and community partner wrap-around support roles for RN apprenticeship program
- Enhanced referral processes and workflows for employee support check ins with DEI Consultant
- Promoted Employee Resource Groups (ERGs) through internal campaign which produced increase enrolment from a 168 members in July 2022 to 270 members in September 2023

**Impact**
“Your workplace is your second home, and having support there is really important. The AAPI ERG has given me the chance to be proud of where I came from in a community that support and understand me. We share things that are work related, but also what our kids are doing. I think it’s of huge importance that UW Health is behind the ERGs-they want you to join and feel the support.” - ERG member

Dismantling Racism in Our System
Proactively embed a systemic application of DEI lens across clinical and non-clinical policies, processes, business decisions

**STATUS** - Overall Status: On Track

**Focus**
Policy review

**Key accomplishments**
- DEI department staff added to clinical and non-clinical policy review committees
- Finalized one-page policy review tool and starting pilot
- Embedded race/ethnicity/language into patient safety event (HERO) review committee
- Updated equity lens resources and tools (7 templates created)
- Partnering with Patient and Family Experience team to define roles and resources for BIPOC and LGBTQ+ Patient & Family Advisory Councils
- Co-chairing new system-wide Disparities in Health Outcomes Executive Committee
- Over 80 of consults to review policies and processes

**Impact**
“It’s really important to see each patient as the individual they are. The purpose is to alleviate stress related to their self-pay balance or potential balance, not add to it.” -Supervisor, Financial Counselling after embedding equity into the financial counselling process

Dismantling Racism in Our System
5 Advocate responsively and intentionally around social determinants of health

Key accomplishments

• Featured community partners, providers & staff in social media
  - 47 total posts
  - 249,145 impressions
  - 9,022 reactions

• Submitted letters
  - Improving Social Determinants of Health Act of 2021
  - Pursuing Equity in Mental Health Act
  - Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act of 2021
  - Racial disparities in pulse oximetry
  - Banning sale of flavored tobacco
  - CMS proposed rule to expand health insurance access for DACA recipients
  - CMS Medicaid Access to Care Proposed Rule to make a number of changes that will update payments within state Medicaid programs in an effort to increase access
  - CMS Proposed Physician Fee Schedule proposing to pay separately for Community Health Integration, Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation services (community health workers, care navigators, and peer support specialist)
Build authentic relationships with and support organizations led by people of color whose work addresses our community health improvement and DEI priorities

**STATUS** - Overall Status: On Track

**Focus**
Community investment

<table>
<thead>
<tr>
<th>$5m</th>
<th>$1m</th>
<th>74%</th>
<th>249</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base contributions budget</td>
<td>Additional one-time funding using 340B savings</td>
<td>Giving to BIPOC- and LGBTQ-led organizations</td>
<td>Dane County non-profit organizations funded</td>
<td>Partners funded by additional $1M from 340B savings for workforce and LGBTQ initiatives</td>
</tr>
</tbody>
</table>

**Impact**

“**UW Health has partnered in the past on some of our initiatives, supportive of my health and wellbeing.**” – Community non-profit leader

**UW Health is intentional about meeting with our organization and hearing about our successes as well as barriers. They are great thought partners.”** – Community non-profit leader
Measures
<table>
<thead>
<tr>
<th>Measure</th>
<th>Working Measure Definition</th>
<th>FY21 Baseline (Unless otherwise noted)</th>
<th>FY25 Strategic Target</th>
<th>FY23 Q4</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recruitment</strong></td>
<td>% of BIPOC applicants by level</td>
<td>WI: 23.4%**</td>
<td>WI: 30.6%**</td>
<td>WI: 29.7%</td>
<td>(0.9%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IL: 36.1%**</td>
<td>IL: 46.1%**</td>
<td>IL: 49.4%</td>
<td>+3.3%</td>
</tr>
<tr>
<td><strong>Representation</strong></td>
<td>% of BIPOC employees at every level</td>
<td>WI: 14%**</td>
<td>WI: 19%**</td>
<td>WI: 15.5%</td>
<td>(3.5%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IL: 21%**</td>
<td>IL: 26%**</td>
<td>IL: 26.7%</td>
<td>+0.7%</td>
</tr>
<tr>
<td><strong>Retention</strong>*</td>
<td>Turnover rate for BIPOC employees minus turnover rate for white employees*</td>
<td>WI: 8.3%</td>
<td>WI: 5.3%</td>
<td>WI: 12.4%</td>
<td>(4.1%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IL: 10.8%</td>
<td>IL: 6.8%</td>
<td>IL: 9.10%</td>
<td>(1.7%)</td>
</tr>
<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>FY22 Ambulatory: BIPOC: 79.6% Hispanic/Latinx/e: 81.7% Spanish/other language: 76.9% Inpatient: BIPOC: 77.4%</td>
<td>FY23 Ambulatory: BIPOC: 82.5% Hispanic/Latinx/e: 82.2% Spanish/other language: 77.5% Inpatient: BIPOC: 85.6%</td>
<td></td>
<td></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 (3-yr rolling average)</td>
<td>Dane: 13.1% Winnebago: 15.2%</td>
<td>Dane: 12.5%</td>
<td>2018-2020: 13.8%</td>
<td>+1.3%</td>
</tr>
<tr>
<td><strong>Community Perception</strong></td>
<td>% of community partner respondents who believe UW Health–WI is an authentic leader in DEI</td>
<td>Employer-employee relations 61.4% 68.1% 88.6% 70.4% 88.7% 68.1%</td>
<td>Healthcare delivery &amp; health equity 70% 70% 90% 80% 90% 70%</td>
<td>Community investment 70% 90%</td>
<td>Community Impact 80%</td>
</tr>
<tr>
<td><strong>Supplier Diversity</strong></td>
<td>Total diverse supplier spend</td>
<td>2021 baseline: % of Total Org Spend: 2.31%</td>
<td>&gt;6% of total org spend</td>
<td>Last available data CY22 Q4</td>
<td>Awaiting resolution of issues with Supplier Gateway</td>
</tr>
</tbody>
</table>
Patient Experience Questions – Press Ganey

The following questions were added to the survey in July 2023:

- How well staff respected your needs based on your race or ethnicity?
- How well staff respected your needs based on your gender identity?
- How well staff respected your needs based on your sexual orientation?
- How well staff respected your needs based on your disability?

<table>
<thead>
<tr>
<th>Question</th>
<th>Current Survey Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff respect based on race ethnicity</td>
<td>2355</td>
</tr>
<tr>
<td>Staff respect based on gender identity</td>
<td>2302</td>
</tr>
<tr>
<td>Staff respect based on sexual orientation</td>
<td>2180</td>
</tr>
<tr>
<td>Staff respect based on disability</td>
<td>2028</td>
</tr>
</tbody>
</table>
DEI request tracking system
Upcoming focus
01. Implementation of changes within phase 1 of the Hiring and Recruitment Equity Embed Process

02. Begin Equity review of Phase 2: Hiring Manager to Offer stage

03. Create & release new web-based trainings

04. Policy equity review one-pager pilot

05. Wraparound DEI support for RN Apprenticeship Program

06. Implement new Patient Support Fund policy and process
Questions / Comments
History

- 2013 – UWHCA Board delegated investment management to UWHCA Finance Committee
- 2015 – UW Health became integrated
  - Integration agreement statement: Section 4.4.2 The Parties shall evaluate methods to optimize management of UW Health cash and investments to maximize organizational return and investments
  - UWHCA & UWMF Boards approved creation of UW Health Investment Sub-Committee
    - Comprised of seven (7) individuals from present and past UW Health entity finance or investment committees (2 from UWHCA; 2 from UWMF; 2 from SAHS plus 1 public member (later changed to 5 UW Health and 2 SAHS nominees)
History

• 2018 – Pooling Agreement
• 2018 – Creation of UW Health Investment Policy Statement
  • Mission Statement
  • General Information
  • Assignment of Responsibility
    • Finance Committee
    • Investment Sub-Committee
    • UW Health Management / Staff
    • Investment Consultant
    • Investment Managers
• The Investment Guidelines
• Investment Manager Selection & Review
UWHCA Bylaws and Sub-Committee Charter

• Section 4.2 Committee Composition (Excerpt)

Committee Membership. The Chairperson of the Board shall appoint the members of Committees unless another method of selection of membership for a particular Committee is specified in these Bylaws, an applicable Committee Charter, or by resolution of the Board.

When selecting members of Committees, consideration should be given to the function, duties, powers, and authority of the particular Committee, the core competencies and experience that members of such Committee should have to effectively fulfill such function, duties, powers, and authority, continuity, and potential members’ experience, skills, and interests. Individuals who are not Directors may be appointed to serve on Committees unless the Bylaws, applicable Committee Charter, or resolution of the Board specifies otherwise; provided, however, that at least two (2) members of each Committee must be Directors.
The Investment Sub-Committee shall be comprised of seven (7) members, named as follows:

- Five (5) individuals nominated by UW Health-Madison; and
- Two (2) individuals nominated by SAHS.

The Finance Committee shall approve each member nominated to the Investment Sub-Committee, and upon such approval each nominee shall become a member of the Investment Sub-Committee and shall serve in such role until his or her earlier resignation or removal. Vacancies in Investment Sub-Committee membership may be filled by the Investor with the right to nominate such Member (subject to Finance Committee approval). Any Investor may remove a member of the Investment Sub-Committee designated by that Investor at any time.

The Investment Sub-Committee’s Chair (the “Chair”) shall be a member of the Investment Sub-Committee and shall be approved by the members of the Investment Sub-Committee, by majority vote.
UWHCA Bylaws and UW Health Investment Sub-Committee Charter do not align

• UWHCA Board Member identified that the UWHCA Bylaws and Charter are not aligned in regards to the UW Health Investment Sub-Committee population.

• Internal meetings to discuss
  • Concur need to resolve / Board conversation

• Met with Graystone (Investment Consultants)
  • Discussed Investment Sub-Committee population for not-for-profit health systems
    • “have diversity of business acumen; breath of perspective as other fiduciary based decision-makers in context of long-term investing has been beneficial; committee is engaged/ask thoughtful questions; good representation of thought leaders on the committee”

• Corporate Governance best practice alignment
Options/Recommendation

• Options:
  • Revise UWHCA Bylaws
  • Revise UW Health Investment Sub-Committee Charter

• Recommendation:
  • Revise UW Health Investment Sub-Committee Charter to revise membership to include two (2) UWHCA Board of Directors; and
  • Update Charter to include core competencies for relevant area in alignment with governance best practice including to ensure relevant areas of expertise is represented
    • UWHCA Finance Committee to endorse
    • UWHCA Board to Approve Revised Charter
Discussion
Attachment

Bylaws of the University of Wisconsin Hospitals and Clinics Authority –
Excerpts from Article IV: Committees
ARTICLE IV: COMMITTEES

Section 4.1 Committee Designation.

(a) **Standing Committees.** The standing committees of the Board are the Executive Committee, Finance Committee, Audit Committee, Compliance Committee, Executive Compensation Committee, and Patient Safety and Quality Committee.

(b) **Other Committees.** The Board may establish other standing and special committees as it deems appropriate from time to time. Any such Committee so established may be permanent or special or ad-hoc Committees established for a spherical or time-limited purpose, as designated by the Board.

(c) **Subcommittees.** The Board or any Committee may establish subcommittees of any Committee.

Each committee and subcommittee thereof is referred to in these Bylaws as a “Committee”.

Section 4.2 Committee Composition.

(a) **Committee Membership.** The Chairperson of the Board shall appoint the members of Committees unless another method of selection of membership for a particular Committee is specified in these Bylaws, an applicable Committee Charter, or by resolution of the Board. When selecting members of Committees, consideration should be given to the function, duties, powers, and authority of the particular Committee, the core competencies and experience that members of such Committee should have to effectively fulfill such function, duties, powers, and authority, continuity, and potential members’ experience, skills, and interests. Individuals who are not Directors may be appointed to serve on Committees unless the Bylaws, applicable Committee Charter, or resolution of the Board specifies otherwise; provided, however, that at least two (2) members of each Committee must be Directors. Unless otherwise provided in the Bylaws or applicable Committee Charter, the Chairperson may remove any Committee member at any time. Vacancies in any Committee membership shall be filled in the same manner as appointments are made to such Committee.

(b) **Medical Staff Requirement.** One or more members of the medical staff shall be included on all Committees appointed to address issues affecting the discharge of medical responsibilities, except for Committees, if any, reviewing medical staff appointment, reappointment, clinical privileges, or corrective action.

Section 4.3 Committee Charters. The Board may adopt a charter (“Committee Charter”) for any Committee at the time of the creation of the Committee or at any time thereafter setting forth the composition, authority, function, duties, and policies and procedures for Committee operations and administration for the particular Committee.
Attachment

UW Health Investment Sub-Committee Charter
Introduction
The University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) Investment Sub-Committee (the “Investment Sub-Committee”) is a standing Sub-Committee of the Finance Committee of the UWHCA Board of Directors (the “Finance Committee”). The Investment Sub-Committee reports to the UWHCA Finance Committee.

Purpose
The purpose of the Investment Sub-Committee is to establish, implement, maintain, and oversee an ongoing investment program for the Fund (as hereinafter defined) consistent with the Investment Policy Statement (as hereinafter defined), in a manner which protects the financial position of UW Health (as defined herein) while supporting UW Health’s mission. As used herein, “UW Health” refers to UWHCA, University of Wisconsin Medical Foundation (“UWMF”), Swedish American Health System Corporation and their wholly-owned subsidiaries, SwedishAmerican Hospital (SAH) and SwedishAmerican Foundation (SAF; and “Fund” means the single pool of investment assets of UWHCA, UWMF, the Swedish American Hospital Operating Fund (“SAH Operating”) and the Swedish American Foundation (“SAF”) as contributed to the Fund from time to time by each of UWHCA, UWMF, SAH Operating, and SAF (each an “Investor”) from time to time under that certain Investment Pooling Agreement entered into among such parties and effective as of January 25, 2018, as the same may be amended from time to time (the “Pooling Agreement”).

Membership
The Investment Sub-Committee shall be comprised of seven (7) members, named as follows:

- Five (5) individuals nominated by UW Health-Madison; and
- Two (2) individuals nominated by SAHS.

The Finance Committee shall approve each member nominated to the Investment Sub-Committee, and upon such approval each nominee shall become a member of the Investment Sub-Committee and shall serve in such role until his or her earlier resignation or removal. Vacancies in Investment Sub-Committee membership may be filled by the Investor with the right to nominate such Member (subject to Finance Committee approval). Any Investor may remove a member of the Investment Sub-Committee designated by that Investor at any time.

The Investment Sub-Committee’s Chair (the “Chair”) shall be a member of the Investment Sub-Committee and shall be approved by the members of the Investment Sub-Committee, by majority vote.

Meetings
The Chair or his/her delegate shall preside at meetings of the Investment Sub-Committee and shall set the agenda. The Investment Sub-Committee shall meet at least quarterly and otherwise as often as deemed necessary or appropriate, in its judgment, to discharge its duties.
and responsibilities. Meetings of the Investment Sub-Committee may be held in-person and/or via telephonic or electronic or video conference, and at such times and places as the Investment Sub-Committee determines. A majority of the then-sitting members of the Investment Sub-Committee shall constitute a quorum for the transaction of business at any meeting of the Investment Sub-Committee.

**Manner of Acting**
Each member of the Investment Sub-Committee shall have one (1) vote on all matters brought before the Investment Sub-Committee within the scope of its authority. The act of a majority of the members of the Investment Sub-Committee at a meeting at which a quorum is present shall be the act of the Investment Sub-Committee.

**Duties and Responsibilities of the Investment Sub-Committee**
In addition to carrying out any other responsibilities delegated to the Investment Sub-Committee by the Finance Committee from time to time, the Investment Sub-Committee shall:

**Investment Policy Statement, Portfolio Risk and Key Reserve Attributes**
- Develop, maintain, and review and revise from time to time, as appropriate, in each case subject to the Finance Committee approval, an investment policy for UW Health outlining the objectives and guidelines for and constraints on investment of the Fund (the “Investment Policy Statement”) and all other documents governing the investment and overall management of the Fund.
- At least annually, evaluate the target for Fund levels for appropriateness given business and operating environment risks and opportunities.
- At least annually, gather relevant input from the Finance Committee regarding risk tolerance and key Fund portfolio characteristics, including but not limited to expected return, volatility, duration and liquidity.
- In light of the foregoing information and evaluation, evaluate whether there are any necessary or desirable changes to be made to the Investment Policy Statement (including the Asset Allocation Guidelines set forth therein) or other applicable governing documents.

**Investment Performance, Investment Service Providers and Costs**
- Review the investment performance of the Fund relative to its performance benchmarks on a quarterly basis.
- Monitor and evaluate investment managers for the Fund at least quarterly.
- Determine whether investment consultants, managers, custodians and any other service provider with respect to the Fund should be retained or replaced and take appropriate action with respect to the same.
- Approve the retention of new Investment Managers or termination of contracts with then-current Investment Managers. At least annually, assess whether fees incurred by or on behalf of the Fund portfolios are appropriate and reasonable.
**Oversight of Implementation of Investment Policy Statement**
- At least quarterly, ensure compliance with the Investment Policy Statement by verifying that Fund balances are invested accordingly.
- Ensure operational functions, including, but not limited to, rebalancing and reserve funding, are performed appropriately by UW Health Staff or its designee.

**Other Duties and Responsibilities of the Sub-Committee**
- Review, at least annually, the Investment Sub-Committee’s charter and recommend any proposed changes to the Finance Committee for approval.
- Review, at least annually, the Investment Policy Statement (including the Asset Allocation Guidelines therein) and recommend any proposed changes thereto to the Finance Committee for approval.
- Report formally to the Finance Committee at least annually on the Investment Sub-Committee findings and recommendations.
- Be responsible to the Finance Committee and maintain minutes or other records of the Investment Sub-Committee meetings and activities.
- Ensure that the Fund is managed in accordance with any applicable laws and/or regulations.
- Review, evaluate and make recommendations to the Finance Committee with respect to any request to make additions to Allowed Assets or exceptions to Prohibited Assets under the Investment Policy Statement, and in evaluating such requests, shall consider UW Health’s investment objectives and values and mission.
- Such other responsibilities regarding the Fund as may be delegated to the Investment Sub-Committee from time to time by the Finance Committee.

**Authority to Engage Advisers**
On an annual basis the Finance Committee will review the performance of the Fund, investment managers, investment custodians and investment consultants in coordination with the Investment Sub-Committee. The Investment Sub-Committee has authority to retain and replace investment managers when it deems appropriate, and shall have authority to approve fees and terms of retention, without the prior permission of the Finance Committee, and shall be provided the necessary resources for such purpose.

**Executive Liaison**
The management liaison to the Investment Sub-Committee is the Chief Financial Officer of UWHCA.
UWHCA & UWMF
Joint Board of Directors

UW Health Business Integrity
Open Session
September 20, 2023
UWHCA & UWMF Joint Board of Directors

• Code of Conduct
  • Reading Level
  • Diversity, Equity, and Inclusion

• Compliance Plan
  • Provides Governance & Structure
  • Changes
    • New Charter Duties
    • Chief Administrative Officer
    • UWH NI
UWHCA & UWMF Joint Board of Directors

• Work Plan
  • Follows the OIG HCCA Measuring Compliance Program Effectiveness
    • Standards, Policies, and Procedures
    • Compliance Program Administration
    • Screening and Evaluation of Employees, Physicians, Vendors, and other Agents
    • Communication, Education, and Training on Compliance Issues
    • Monitoring, Auditing, and Internal Reporting Systems
    • Discipline for Non-Compliance
    • Investigation and Remedial Measures
UWHCA & UWMF Joint Board of Directors

• Standards, Policies, and Procedures
  • Corporate Compliance
    • Continue to Refine Integration of UW Health NI Policies, Website, and Forms
    • Complete Record Retention Policy Review for Email Retention
    • Continue Physician Administration Position Review
  • Pharmacy Compliance
    • Develop a Significant Loss Policy
    • Update Record Retention Policy to Have a Controlled Substance Records
  • Privacy Compliance
    • Review & Update Corrective Action for Non-Compliance with Confidentiality of PHI
    • Review & Update Breach Notification Policy
  • Reimbursement Compliance
    • Review & Update False Claim Policy
  • Research Compliance
    • Jointly Draft Standard Operating Procedures for Research Billing
UWHCA & UWMF Joint Board of Directors

• Compliance Program Administration
  • Corporate Compliance
    • Compliance Committee composition and attendance
    • Compliance Officer’s performance evaluation
    • Compliance Program Assessment
    • Work Plan & Annual Report
    • Compliance Officer to Meet Privately with Compliance Committee
    • Cultural Assessment
    • Evaluate current staffing and structure
UWHCA & UWMF Joint Board of Directors

• Screening & Evaluation
  • Corporate Compliance:
    • Exclusion Checks Board of Directors, Employees, Providers, and Volunteers
    • Provider Conflict of Interest Process Implementation
  • Privacy Compliance:
    • Survey & Audit High-Risk Business Associates
    • Establishment of Third-Party Management System
UWHCA & UWMF Joint Board of Directors

• Communication, Education, & Training
  • Corporate Compliance:
    • Complete Annual Compliance Training
    • Expand Pretest Option
    • Implement Provider Education for New Conflict of Interest Process
  • Pharmacy Compliance:
    • Complete Onboarding & Education of Pharm Tech, Residents, and Staff
  • Privacy Compliance:
    • Continue Cybersecurity Hygiene Education Program
    • Madison Metropolitan School District
  • Reimbursement Compliance:
    • Develop Computer Based Training
    • New Split/Share Billing Guidelines
UWHCA & UWMF Joint Board of Directors

- Monitoring, Auditing, and Internal Reporting
  - Corporate Compliance
    - Hotline Monitoring
    - Conflict of Interest Reporting
    - Gifts and Patient Support Funds
  - Pharmacy Compliance
    - Standard Investigation Process for Physician & Advance Practitioner Diversions
    - Diversion Software Module Expanding Detection Analytics
    - Waste Testing for East Madison Hospital
    - Standardization with UW Health NI
• Monitoring, Auditing, and Internal Reporting (Continued)
  • Privacy Compliance:
    • Standard Monitoring and Investigations
    • HIPAA Security Risk Assessment
    • Develop Audit Methods for Data Reporting Systems
    • Payer Access Systems (e.g., Moxe, Payer Platform, etc.)
    • New Paging System
    • 42 CFR Part 2 Confidentiality of Substance Abuse
  • Operational Resiliency
  • Reimbursement Compliance
    • Systematic Audits – Department Coordination and Summary
    • Focused Audits
    • External Audit
    • Radiation Oncology
    • Home-Based Care
  • For Cause Audit
• Discipline for Non-Compliance
  • Continue Quarterly Discipline Reviews with Human Resources
  • Investigate methods of recognition and appreciation for good compliance behavior

• Investigation and Remedial Measures
  • Corporate Compliance:
    • Establish Interaction With Industry/Provider COI Committee
    • Inventory of Items/Services Given to Patients & Develop Standard Guidelines and Escalation Process
  • Privacy Compliance:
    • Cybersecurity Threat & Escalation Process
UWHCA & UWMF Joint Board of Directors

Questions?
Attachment

UW Health Code of Conduct (REDLINE)
Code of Conduct: Common Questions

What is a Code of Conduct?
A code of conduct is a set of behavior standards, or rules, that are created by a company for its employees to follow. These standards, or rules, will align with the company’s beliefs and values, as well as any laws and regulations that the company must follow in order to run its business.

The UW Health Code of Conduct lays out behaviors that align with our vision of providing remarkable health care. The Code of Conduct also includes standards based on existing laws and regulatory requirements as a non-profit health care organization.

Why is the Code of Conduct important?
The UW Health Code of Conduct is important because it tells UW Health employees and contractors who work with UW Health what kind of behavior is expected of them. It also explains what will happen if you do not meet those expectations. UW Health expects all employees and contractors who work with UW Health to follow the standards laid out by the Code of Conduct.

What topics are included in the Code of Conduct?
The Code of Conduct covers every aspect of your job. It covers topics such as:
- Principles and standards
- Reporting and cooperating with investigations
- Principles of conduct
- Patient rights and responsibilities
- Business ethics and legal/regulatory compliance
- Confidentiality
- Conflicts of interest
- Professional conduct
- Resource management
- The workplace-Workplace Inclusion

What do I need to do?
We are asking you to review the UW Health Code of Conduct. Make sure you understand what we expect of you as an employee or contractor of UW Health.

After you review the Code of Conduct, we will ask you to sign an “acknowledgement form.” Signing this form means that you have read the Code of Conduct and understand the expectations we have for you.

What do I do if I have questions about the Code of Conduct?
If you have questions about the Code of Conduct, contact Business Integrity (608) 203-2201.
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A MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Friends and Colleagues:

UW Health has a long history as a leader in providing quality healthcare and service to its patients. As part of our vision to deliver remarkable care to our patients, UW Health is committed to maintaining a workplace that assures our medical staff, employees, and agents can perform their daily tasks with high ethical standards, honesty, integrity, and in compliance with applicable laws and regulations. We can continue this tradition and our commitment to remarkable care only through the efforts of our highly-skilled caregivers and dedicated support staff.

While the patients remain the focal point for all UW Health services, healthcare has evolved into a complex and highly regulated industry. In order to help employees maneuver their way through this sometimes confusing environment, UW Health has adopted a formal Compliance Program (Program) to ensure compliance with all applicable state and federal laws and regulations. The day to day operations of the Program are administered by the Chief Compliance Officer and the Business Integrity Department staff. An important component of the Program is the Code of Conduct (Code), which sets a cultural compass of how to conduct ourselves every day as we go about our work. The Code provides the basic principles which all UW Health and its subsidiaries, directors, officers, medical staff, employees and agents must follow.

The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles of ethical business standards as we care for our patients. All employees are responsible for ensuring that their behavior and activity is consistent with the Code of Conduct.

As we continue to be innovative and responsive to the needs of our patients, each of us must be fully knowledgeable of and adhere to the Code of Conduct. If we are successful in this endeavor, we will preserve and promote organization-wide integrity and achieve our vision of providing remarkable care to our patients.

Sincerely,

Alan Kaplan, MD
CEO UW Health
I. PURPOSE - Principles AND Standards

UW Health has a tradition of ethical standards in the provision of health care services as well as in the management of its business affairs. The Code of Conduct supplements the mission, vision and values of UW Health and applies to all who provide services under the auspices of UW Health and its affiliates.

Our Code of Conduct, which has been adopted by the highest level of leadership, provides guidance to all working for and with us in carrying out daily activities within appropriate ethical and legal standards.

The Code of Conduct provides ideals (or Principles) and policies (or Standards) to which UW Health medical staff, employees, agents, joint ventures, wholly owned subsidiaries, and affiliates are expected to adhere. The purpose of the Code of Conduct is to articulate the ethical framework within which the organization operates and communicate expectations of the Principles and Standards.

UW Health expects each medical staff, employee, and agent to abide by the Principles and Standards set forth herein and to conduct the business and affairs of UW Health in a manner consistent with the Code of Conduct. Failure to abide by the Principles and Standards or the guidelines for behavior which the Code of Conduct represents shall lead to appropriate employment action.

UW Health’s Code of Conduct has been adopted to maintain corporate compliance and enhance its ability to achieve its vision of providing remarkable healthcare.

II. OUR DUTY TO REPORT and Cooperate WITH INVESTIGATIONS

The Code of Conduct is to be used as a guide if you are confronted with situations that raise questions about ethical conduct. If you believe a law, policy or our Code of Conduct is not being followed, you must report it to your supervisor and/or the Business Integrity Department. If you do not feel comfortable talking to your supervisor about the issue, voice your concern to the next supervisory level up or again report it to the Business Integrity Department.

The Business Integrity Department can be contacted at:

- UW Health Administrative Office
  Building
  7974 UW Health Court, Middleton, Wisconsin, 53562.
- The UW Health Reporting Line (888) 225-8282 (toll-free) (608) 821-4130

UW Health is committed to providing an environment that allows reporting in good faith without fear of retaliation. Anyone making such a report is assured that it will be treated as confidential and will be shared with others only on a need-to-know basis. The findings of a compliance investigation are confidential to protect all involved in the investigation process. No adverse action will be taken against someone for making a report in good faith. UW Health has a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. Although we have this policy it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. In addition, if someone purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusation or statements made in a report or during an investigation may result in appropriate employment action.
III. SEVEN PRINCIPLES PRINCIPLES OF CONDUCT

The UW Health Code of Conduct can be categorized into Seven Principles of Conduct:

- Patient Rights & Responsibilities
- Business Ethics & Legal/Regulatory Compliance
- Confidentiality
- Conflicts of Interest
- Professional Conduct
- Resource Management
- Workplace Responsibility

Each of these principles is explained in greater detail below.

IV. PRINCIPLE OF PATIENT’S RIGHTS AND RESPONSIBILITIES

UW Health is committed to treating patients and their families with dignity and respect. We drafted the UW Health Patient Rights and Responsibilities to establish our expectation for our medical staff, employees, agents and patients. This guideline includes the patient’s right to:

- Treatment without discrimination
- Respect, confidentiality and personal dignity
- Information you can understand
- Participation in decisions about your care
- Care that supports you and your family
- Access to your billing and medical records
- A method to file a complaint

UW Health medical staff, employees, and agents are held to these standards and should refer to this document for additional detail and guidance if needed.

V. PRINCIPLE OF BUSINESS ETHICS AND LEGAL/REGULATORY COMPLIANCE

UW Health is committed to the highest standards of business ethics and integrity, and requires honesty when representing UW Health. UW Health is committed to ensuring that its activities are completed in a manner that complies with applicable federal and state laws regulations, guidelines and policies.

A. Accounting/Financial Reporting:

UW Health maintains a high standard of accuracy and completeness in the documentation and reporting of all financial records and insures that these records are completed within generally accepted accounting principles and established corporate policy. This serves as the basis for managing the business and is important to meeting the obligations to patient, suppliers, and others that we do business. It is against UW Health policy, and possibly illegal, for any person to knowingly cause UW Health’s financial records to inaccurately describe the true nature of a business transaction. We cooperate fully with internal and external auditors and any regulatory agencies that examine our financial records.

B. Anti-Kickback/Bribes:

UW Health prohibits its medical staff, employees, and agents from offering, paying, asking for, or accepting any money or other benefits in exchange for patient referrals, purchases, leases, or orders. All contracts and other referral sources are to follow all applicable laws.
C. Antitrust:

UW Health competes fairly and complies with Anti-Trust Laws. Our medical staff, employees, and agents do not engage in activities or negotiate agreements that restrain or obstruct competition or illegally share proprietary information with competitors. The illegal obtainment or use of proprietary information from competitors is also strictly prohibited.

D. Coding, Billing & False Claims Act:

Coding is the way UW Health identifies and classifies health information, such as diseases and services, which are documented in the patient medical record. Billing is the way we submit charges for the services we have provided. UW Health takes great care to ensure that billings to the government, third-party payers and patients are accurate and conform to all applicable federal and state laws and regulations. We are committed to timely, complete and accurate coding and billing. We bill only for services that we provide and believe to be medically necessary.

The Federal False Claims Acts and the Federal Deficit Reduction Act protect government programs such as Medicare, Medicaid and Tricare from fraud, waste and abuse. It is a violation of the Federal False Claims Act to knowingly submit a false claim for payment of government funds. UW Health prohibits its medical staff, employees or agents from knowingly presenting, or causing to be presented, claims for payment or approval, which are false, fictitious or fraudulent. Medical staff, employees, and agents can be prosecuted for filing inaccurate claims for reimbursement, and can be subject to civil fines, criminal penalties or both.

UW Health expects employees to report known or suspected activity of this type to the Business Integrity Office.

Employees who lawfully and in good faith report known or suspected activity of this type are protected from retaliation to the furthest extent possible under both federal and state law. UW Health performs routine auditing and monitoring, with internal controls, to prevent and detect fraud, waste, and abuse. We cooperate fully with internal and external auditors and any regulatory agencies that examine our financial records.

E. Contracts:

UW Health negotiates and enters into fair and equitable contractual arrangements with reputable vendors and individuals that meet the needs of our organizations. We fairly and accurately bid and negotiate outside contracts at an arm’s length and at fair market value. All arrangements must comply with applicable federal and state laws. Prior to executing arrangement for items and services, we verify that all contracted parties are eligible to participate in federal and state-funded healthcare programs.

F. Marketing:

UW Health utilizes marketing and advertising activities to educate the public, provide information to the community, to increase awareness of our services, and to recruit medical staff and employees. Marketing materials and media announcements are to be presented in a truthful, fully informative and non-deceptive manner.

G. Non-For Profit Status:

UW Health is a tax-exempt entity because of its charitable mission. UW Health provides community benefits that include healthcare services, medical training, education, research and community outreach activities. UW Health must use its resources in a manner that furthers the public good rather than the private or personal interest of any individual or entity.
H. Research:

UW Health is committed to following ethical standards in full compliance with federal and state laws and regulations in any research, investigations and clinical trials conducted. UW Health is
committed to integrity in disseminating appropriate, valid scientific results in accordance with applicable regulations and guidelines. It is UW Health’s priority to protect the rights of its subjects. As in all financial accounting and recordkeeping, UW Health’s policy is to submit accurate and complete costs related to research grants.

VI. **PRINCIPLE OF CONFIDENTIALITY**

Medical Staff, employees, and agents of UW Health are obligated to maintain the confidentiality of patients, personnel, and other proprietary information, as well as with those who enter into business or professional relationships with UW Health. We are trusted with a wide spectrum of confidential information. Sharing of confidential information with other employees or others outside the organization is strictly forbidden, unless the person requesting the information has a legitimate reason to know and has been properly approved by appropriate leadership.

A. **Patient Information**

UW Health collects information about patients’ medical conditions, histories, medications, and family illnesses in order to provide quality care. We realize the sensitive nature of this information and are committed to protecting patient privacy. We do not access patient information internally use patient information, or disclose patient information outside the organization except as necessary to perform our jobs. We are committed to complying with state and federal privacy laws, and to assisting patients with exercising their patient privacy rights.

B. **Proprietary Information**

UW Health closely controls the dissemination of proprietary information. Except as specifically authorized by managements pursuant to established policy and procedures, medical staff, employees, or agents should not disclose to any outside party any non-public business, whether financial, personnel, commercial or technological information, plans or data acquired during their time with UW Health.

C. **Personnel Actions and Decisions**

Salary, benefits, and other personal information relating to employees shall be treated as confidential. Personnel files, payroll information, disciplinary matters, and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws and regulations. Employees shall prevent the release or sharing of information beyond those persons who may need such information to fulfill their job function.

D. **Media Relations**

All requests from reporters or the general public for information should be referred to the Media Relations Office. Employees should never release information without the permission of Media Relations.

VII. **PRINCIPLE OF CONFLICT OF INTERESTS**

A conflict of interest involves any circumstances where your personal activities or interest are advanced at the expense of UW Health. These circumstances may be financial or involve some other type of personal interest that conflicts with your professional responsibilities. UW Health medical staff, employees, and agents avoid any situation in which our participation is or may appear to be, in conflict with the mission, vision, values, and interest of UW Health. We avoid any position or financial interest in any outside organization when such a relationship would improperly influence our professional objectivity or the performance of our duties. Should a conflict of interest arise, we will immediately disclose the situation to our immediate supervisor, the Business Integrity Department or the Legal Department.
A. Gifts

UW Health maintains high ethical standards regarding the offering and acceptance of gifts. Offering or accepting personal gifts may influence our decisions or the decisions of others and may constitute a conflict of interest. UW Health Policy prohibits medical staff, employees and agents from accepting any gifts from industry. UW Health recognizes that patients or other outside parties may wish to present employees with gifts or money. In order to avoid conflicts of interest, gratuities in any dollar amount and gifts of any value may not be accepted. However, if perishable goods are delivered to a unit or employee (e.g., cookies from a family member, fruit basket), it should be handled consistent with guidelines established by the Employee Gift Policy.

B. Outside Activities and Employment

UW Health medical staff, employees, and agents who hold positions of trust and stewardship should refrain from directly or indirectly performing duties, incurring obligations, or engaging in business or professional relationships where there would appear to be a conflict of interest. No outside activity may interfere with job performance.

C. Political Activities

UW Health encourages medical staff, employees, and agents to vote and participate in the political process. However, the use of UW Health property or funds to support a political cause, party or candidate for public office is prohibited. UW Health assets, such as telephones, copiers, and our work time should not be used to support political activity. All medical staff, employees, and agents clearly indicate that the political views they express as individuals are their own and not those of UW Health.

VIII. Principle Of Professional Conduct

UW Health expects all medical staff, employees, and agents to work in a professional manner. Due to the high expectations of our health care providers UW Health has adopted Guidelines for Professional Conduct of Physician Faculty in the Clinical Setting. Please refer to this document for additional guidelines if necessary.

IX. Principle Of Resource Management

It is our responsibility to ensure the UW Health understands the community has entrusted us with assets to be used and protected for our patients’ health. Medical Staff, employees, and agents are expected to safeguard, invest and use these assets to achieve our mission. Proper use of UW Health property and equipment is everyone’s responsibility. Theft, carelessness, and waste have a direct impact on the organization’s success. We need to report any possible loss or theft to the appropriate supervisor. It is UW Health’s policy to manage and operate its business in the manner which respects our environment and conserves natural resources. We strive to utilize resources appropriately and efficiently, to recycle where possible, and otherwise dispose of all waste in accordance with applicable laws and regulations.

We handle any purchase, transfer or sale of assets in accordance with applicable policies and procedures. We do not use materials, equipment or other assets of UW Health for any purpose that is not directly related to UW Health business. Medical staff, employees, and agents have no expectation of personal privacy in connection with personal or work use of UW Health electronic resources. We do not photocopy or distribute material from books periodicals, computer software or other sources if doing so would violate copyright laws.
X. **PRINCIPLE** of THE WORKPLACE

*UW Health* works to ensure that all medical staff, employees, agents, and others have the best possible work environment. We follow all federal, state, and Equal Employment Opportunity Commission laws and regulations for recruiting and retaining qualified employees.

A. **Workplace Health and Safety**

*All of* our continuing commitment to an environment of healing and good health, *UW Health* is smoke free. *The* use of illegal drugs and abuse of controlled substances in the workplace is prohibited. *As a condition of employment,* we do not allow employees to be involved in the unlawful use, sale, manufacture, distribution or possession of controlled substances, illicit drugs, or alcohol, and/or unauthorized use of alcohol in the workplace. Working under the influence of such substances is prohibited. UW Health has an extensive safety program for medical staff, employees, and agents to reduce the risk of injury for patients, staff and visitors.

B. **Workplace Discrimination:**

*UW Health* believes that the fair and equitable treatment of employees, patients, and other persons is critical to fulfilling its vision and goals. It is *UW Health’s* policy to treat patients without regard to race, color, religion, sex, national origin, age, disability, sexual orientation or any other classification prohibited by law. It is also *UW Health’s* policy to recruit, hire, train, and promote qualified persons in all job titles, and ensure that all other personnel actions are administered without regard to race, color, religion, sex, national origin, disability, sexual orientation or status as a special disabled veteran, Vietnam era veteran, or other covered veteran.

C. **Workplace Harassment:**

*UW Health* is committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual’s work performance or creates an intimidating, hostile or offensive work environment.

D. **Workplace Violence**

*UW Health* has zero tolerance for threats or acts of violence in the workplace. Workplace violence includes physical assaults or action or statements that give *UW Health* reasonable cause to believe that the safety for our patients, visitors, medical staff, employees, or agents may be at risk. Medical staff, employees, or agents who engage in workplace violence shall be subject to disciplinary action up to and including removal from *UW Health* facilities, termination and/or referral to appropriate law enforcement agencies.

E. **Screening of Excluded Individuals**

*UW Health* will not knowingly employ or contract with individuals or entities that have been listed as debarred, excluded or otherwise ineligible for participation in Federal health care programs. As a condition of employment or eligibility to provide services, medical staff, employees, or agents are required to notify clinical leadership or Human Resources immediately if they are currently or know they will be in the future listed as a person excluded from participation in Federal health care programs.

F. **Workplace Inclusion**

*UW Health* supports diversity, equity and inclusion initiatives throughout the organization and recognizes that all patients, families, faculty, and staff deserve to feel safe and respected. Through a wide variety of initiatives...
and teams, we work toward our goal of an inclusive workplace. Our workforce and the patients we serve include people from all backgrounds and identities, and we celebrate those differences. To protect our team members and our patients, UW Health has adopted policies and tools that dismantle racism and bigotry of any kind.
CODE of Conduct Acknowledgement Form

I acknowledge that:

- I have received the UW Health Code of Conduct. I and understand that it is my responsibility to read and comply with the legal and ethical practices contained in the Code of Conduct.
- I have responsibility to report potential compliance issues. I can do this by talking to a supervisor, contacting the Business Integrity Office, or calling the UW Health Reporting Line.
- I am aware that violations of the Code of Conduct and UW Health Policy and procedures may result in appropriate employment action.

Printed Name: ________________________________

Signature: ________________________________

Date: ________________________________

Title or Position: ________________________________

Employee ID #: ________________________________

Phone Number: ________________________________

Department: ________________________________

Direct Supervisor’s Name: ________________________________
Attachment

UW Health Compliance Plan (REDLINE)
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Updated June 2021 Reviewed July 2023
I. INTRODUCTION

The Board of Directors of the University of Wisconsin Hospital and Clinics Authority (UWHCA) and the Board of Directors of the University of Wisconsin Medical Foundation (UWMF) have had an ongoing commitment to conducting operations in a manner that promotes quality, efficiency, honesty, integrity, respect and compliance with applicable institutional policies and procedures, laws, regulations, and ethical principles and have established the UW Health Compliance Program (the “Compliance Program”). UW Health recognizes that an effective Compliance Program can prevent problems or detect potential problems early enough to reduce legal risks. In adopting the Compliance Program, both Boards of Directors establishes an ongoing commitment to compliance and the expectation that UW Health employees, medical staff, and agents demonstrate the highest ethical standards in performing their work activities. The Program applies to all activities performed by all UW Health staff members including medical staff, GME trainees, students, vendors, contractors, employees (including full time, part time, per diem, and temporary employees), agency and traveler staff, volunteers and other staff of UW Health. All staff members are obligated to incorporate elements of the Compliance Program, including the Code of Conduct into their daily performance. In addition, this Compliance Program applies to all joint ventures and wholly owned subsidiaries including, but not limited to, UW Health Northern Illinois (SwedishAmerican Health System Corporation, SwedishAmerican Hospital), Generations Fertility Care, Inc., Highland Insurance Company, LLC, InnTowner, LLC., Isthmus Project, Inc., Madison Surgery Center, Inc., Regional Division, Inc., Transformations Surgery Center, Inc., Wisconsin Dialysis, Inc., Wisconsin Sleep, Inc., Center, Wisconsin Therapies Inc., and the UW Health Accountable Care Organization. This Compliance Plan which is structure according to the Office of Inspector General (OIG) and the Federal Sentencing guidelines, seven elements of an effective compliance program, and OIG Measuring Compliance Program Effectiveness and provides the Compliance Program the structure and the authority to carry out its duties as described below.

II. THE COMPLIANCE PROGRAM STRUCTURE

UW Health is committed to ensuring that the Compliance Program is developed, implemented, and maintained throughout the organization. It has been and continues to be the intention of UW Health to fully comply with all federal, state, and local laws and regulations in its business of providing quality medical services. The business of healthcare is becoming increasingly regulated, making consistent interpretation and application of the various rules and regulations a challenging endeavor. To meet this challenge the UW Health Compliance Program will include the following elements:

A. Directors and Officers: It is the fiduciary duty of the directors and officers to ensure that the business activities of the company are conducted within lawful bounds and take effective measures to prevent wrongdoing. The Chief Executive Officer of UW Health (CEO) is ultimately responsible for overseeing the Compliance Program and the work of the Compliance Officer and Compliance Committee. The CEO will be informed of significant compliance matters through direct reports of the Compliance Officer when necessary.

B. Compliance Committee: The UW Health Compliance Committee is a committee of the UWHC Authority Board of Directors. This Committee will provide guidance and
oversight for all aspects of the Compliance Program. The Committee’s primary duties and responsibilities are to:

4. Development, review, administration, and enforcement of UW Health’s internal controls, policies, procedures, and programs for maintaining compliance with applicable law and regulations; Review and ensure enforcement of UW Health’s internal controls, policies, procedures and programs for maintaining compliance with applicable laws and regulations as well as the UW Health Compliance Plan, and make recommendations for improving same;

1. Development, review, administration, and enforcement of the UW Health Code of Conduct and all compliance related codes, policies, and procedures, and make recommendations for improving same;

3. Provide annual board member education to UW Health boards as defined in this charter;

2. Review the quarterly Compliance Dashboard with the UW Health Chief Executive Officer and Chief Administrative Officer;

5. Prepare and review the annual Compliance Committee Report, the Business Integrity Department Work Plan, and the Compliance Plan to UWHCA, UWMF, SAHSC, and SAH Boards of Directors, including an evaluation of the Chief Compliance Officer;

6. Review matters that impact UW Health’s compliance codes, policies and procedures and any reports or concerns raised by internal reviews, regulators or governmental agencies;

7. Review matters that impact UW Health’s compliance codes, policies and procedures and any reports or concerns raised by internal reviews, regulators or governmental agencies;

8. Oversee the education, auditing and monitoring initiatives of UW Health’s Compliance Program and evaluate results based on predetermined objectives;

9. Promote standards of ethical behavior within UW Health;

10. Review, through the Compliance Committee Chairperson, any material compliance issues affecting UW Health raised by the Chief Compliance Officer;

11. Obtain the advice and assistance of outside advisors as needed.

Joint ventures and wholly owned subsidiaries may have a Compliance Committee dedicated to the entity deemed appropriate by the UW Health Compliance Committee, the joint venture or wholly owned subsidiary’s Board of Directors, and the Chief Compliance Officer.
C. **Chief Compliance Officer:** The Chief Compliance Officer is responsible for the development and implementation of the UW Health Compliance Program. The Chief Compliance Officer reports directly to the Chief Operations Administrative Officer (CAOO) and is supported by the UW Health Compliance Committee, and Business Integrity staff. The Chief Compliance Officer has a direct line of communication to the UW Health CEO and the UWHCA, and UWMF, and UW Health Northern Illinois Boards as he/she deems necessary or appropriate to fill his/her duties or responsibilities. This position will carry out the Compliance Committee’s initiatives to ensure that commitment to the Compliance Program is communicated and adhered to throughout UW Health System. The Chief Compliance Officer in conjunction with this Committee shall submit to the CEO and CAOO a quarterly report regarding Compliance Program activities. This report can be provided to the CEO during the quarterly UW Health Audit Committee meetings, quarterly through its visual management system.

D. **Physical Location and Contact Information:** The Business Integrity Office is located in the UW Health Administrative Office Building at 7974 UW Health Court, Middleton, Wisconsin, 53562.

   UW Health System Contacts:
   - Telephone: (888) 225-8282 (toll-free) or (608) 821-4130
   - Online: https://uconnect.wisc.edu/depts/uwhealth/business-integrity/reporting-compliance-issues/

   UW Health Northern Illinois (SwedishAmerican Hospital—Health System Corporation, SwedishAmerican Hospital)
   - Telephone: (800) 442-5675 (toll free)
   - Online: www.swedishamerican.ethicspoint.com

### III. MAINTENANCE OF COMPLIANCE PLAN

The Compliance Plan is a working, living document. The Compliance Plan contains the structure and purpose of the Business Integrity Program. The UW Health Compliance Committee has the authority and responsibility to update and revise the Compliance Program, its policies and procedures and all plans and documentation related to the Program from time to time and without notice.

Under the direction of the Compliance Officer, the Compliance Plan and related documents will be reviewed annually and updated as necessary to reflect changes in laws and regulations. Such activities will include, but are not limited to:

A. reviewing federal and state laws and regulations and their impact on the program,
B. updating policies and procedures to coincide with laws and regulations,
C. updating training materials to reflect changes in compliance,
D. expanding and modifying the Code of Conduct as approved by the Compliance Committees,
E. updating employee handbooks.
All changes to the Compliance Plan will be reviewed and approved by the UW Health Compliance Committee prior to implementation. All material changes will be forwarded to the UWHCA, and UWMF, and UW Health Northern Illinois Boards of Directors for review.

IV. DEVELOPMENT OF COMPLIANCE WORK PLANS & ANNUAL REPORTS

The development of an annual Work Plan assists the Business Integrity Office, Compliance Committee, operational areas, and Senior Management in determining the priorities of the compliance activity and ensuring its consistency and support of the organization’s goals and objectives. The Work Plan will be presented to the UW Health Compliance Committee for review and approval. This Work Plan will provide a plan for the new fiscal year that can be scheduled and prioritized.

The Business Integrity Office in conjunction with the Compliance Committee and Senior Management will annually establish a risk-based Work Plan, which will prioritize the activities for the Compliance Program. This process will consider the areas of highest risk including potential external reviews as established by the Office of Inspector General Work Plan, Supplemental Medical Review Contractors, Recovery Audit Contractor Issue List, Fraud and Abuse Alerts, as well as internal or external risk assessments, feedback from employees, denials, and external audit request. This Work Plan will be provided to the UWHCA, and UWMF, and UW Health Northern Illinois Boards of Directors.

At the conclusion of each fiscal year the Business Integrity Office will produce an Annual Report describing the activities of the year and its relationship to the approved Work Plan. This report will be provided to the UW Health Compliance Committee and the Chief Operating Administrative Officer for review. A summary of this report will be provided to the UWHCA, and UWMF, and UW Health Northern Illinois Boards of Directors.

V. STANDARDS, POLICIES, AND PROCEDURES

Policies and procedures are the foundation for the Compliance Program. These documents provide the Business Integrity Office, Senior Management and employees with the expectations of UW Health.

A. Code of Conduct: The Code of Conduct is the fundamental document establishing a culture of compliance. UW Health will create and maintain a Code of Conduct that establishes its commitment to compliance with all federal and state standards; state UW Health’s goals related to mission and ethical requirements; and express clear expectation that all members of the workforce, management, governing board, contractors and other agents working on behalf of the organization adhere to the standards.

B. Policies and Procedures: In the Publication of the OIG Compliance Program Guidance for Hospitals, the OIG outlines several specific areas where policy developed is necessary. The OIG addresses special areas of concern, including billing for items or services never provided; providing medically unnecessary items or services; upcoding and Diagnosis Related Group (DRG) creep; unbundling services; duplicate billing; Anti-Kickback Statute; joint ventures; Stark Law and financial arrangements between hospitals
VI. SCREENING AND EVALUATION OF EMPLOYEES, MEDICAL STAFF, VENDORS, & OTHER AGENTS

A. Screening: To ensure compliance with applicable laws and regulations, UW Health must use due care not to hire or retain individuals whom the organization knows or should know through the exercise of due diligence have a propensity to engage in illegal activities and are ineligible to provide services to the Federal Government. It is UW Health’s policy not to hire, promote, or retain these individuals and therefore, UW Health will take measures to develop initial and ongoing screening processes for employees, physicians, vendors, and agents to identify these individuals and take appropriate employment action.

B. Conflict of Interest: Every employee at the time of appointment makes a personal commitment to honesty and integrity. Such a commitment is essential for UW Health to perform its proper function in our society and to ensure continued confidence of our patients. It is a violation of this commitment for any employee to seek financial gain for themselves, their immediate families or organizations with which they are associated through activities that conflict with the interests of UW Health. Therefore, UW Health will take measures to develop initial and ongoing processes to train individuals about and collect disclosures of conflicts of interest and appropriate action will be taken.

C. Exit Surveys: UW Health will develop employee termination process such as exit interviews, surveys, and/or questionnaires to ensure compliance program questions are incorporated into exit interviews and the exit interviews are reviewed and evaluated.

VIII. EDUCATION, AND TRAINING

A. Annual Compliance Training: Compliance training sessions will be provided for UW Health’s existing employees, medical staff, and agents, including Board of Director members. All personnel will receive Compliance Program training sessions on a regular basis. These sessions will be provided by a combination of in-person sessions as well as modules delivered by computer-based training systems. Training modules will be designed to enforce the organization’s commitment to compliance by specifically training employees whose job functions fall within targeted risk areas. The Business Integrity Office will work with the Revenue Cycle Department and other operational areas as needed to ensure a united understanding and interpretation of the regulations for both physicians and coding personnel. A record of participation will be maintained in the Human Resources Office or the Business Integrity Office.

B. Orientation: Compliance Program training begins during the New Employee and New Provider Orientation Sessions and includes all employees, medical staff, and agents, including Board of Director members. Each employee will review Compliance Program information including a summary of the Code of Conduct, contact information for the Business Integrity Office, and the “Compliance Reporting Line” to report suspected potential violations of the Code of Conduct or laws and regulations. New managers will
receive additional training regarding how to properly assess compliance issues and the proper process for reporting these concerns.

C. **Newsletter/Department Updates:** The Business Integrity Office will continually update employees, medical staff and agents through newsletter and department updates. These updates will contain regulatory changes, reminders, and specialized information.

**VIII. MONITORING, AUDITING AND INTERNAL REPORTING**

It will be necessary to regularly assess and evaluate, through audits and other monitoring and measurement processes, whether UW Health is compliant with laws and regulations. The Business Integrity Office will compare current operational functions to be sure they are consistent with the Code of Conduct and corporate policies and procedures.

Audits will be performed on a periodic basis to proactively and retroactively assess adherence to laws and regulations. These audits will include reviews of physicians and advanced practitioners-based services which focus on the documentation, coding, and billing of these services. Additional focused audits will be performed based upon both external risk factors, such as the RAC Issues list, OIG Work Plan, Supplemental Medical Review Contractor, the Office of Civil Rights, and other external resources, as well as, internal risk indicators that are identified on the annual risk assessment. In addition, monitoring processes will be implemented to determine the validity and accuracy of UW Health’s operations and procedures. These same processes will assist in detecting potential areas of employee misconduct or their lack of understanding of laws and regulations or other requirements, including HIPAA, Stark and Anti-Kickback Statute. Lastly, these audits, monitoring, and measurement processes will identify employees, medical staff and agents needing additional training.

**XIV. EFFECTIVE LINES OF COMMUNICATION**

In order for a compliance program to work properly, employees must be able to ask questions and report problems without fear of retribution, adverse consequences, or retaliation as a result of such reporting. UW Health is committed to handling all inquiries or suspected violations in a confidential and timely manner. Supervisors play an important role in responding to employee concerns and it is appropriate that they serve as the first line of communication. If the employee or/and other persons does not feel comfortable communicating with their immediate supervisor they may report illegal activities, breaches in the Code of Conduct, or any other suspected violation in the following ways:

A. **Business Integrity Office:** Any person may contact the Business Integrity Office. All reports will be logged and each case will be given a reference case number. The recording system will note the date of the suspected violation, name of reporter if available, and a concise description of the concern. The reporter may remain anonymous. Case numbers will ensure confidentiality and also give the reporting party a reference number to use when checking on the status of a report.

B. **Reporting Line:** Any person may submit a report by using the toll free reporting line, (888)-225-8282 or (608) 821-4130. These calls will be answered by the Business Integrity staff that will listen to the caller and collect necessary and relevant data. A caller may remain anonymous if they desire. An additional toll free number is available
to UW Health Northern Illinois (SwedishAmerican Hospital Health System Corporation, SwedishAmerican Hospital) employees (800) 442-5675.

C. **Via the Internet:** Any person may submit a compliance issues report via the intranet and remain anonymous. This form can be found at https://uconnect.wisc.edu/depts/uwhealth/business-integrity/reporting-compliance-issues. An additional online option is available to UW Health Northern Illinois (SwedishAmerican Hospital Health System Corporation, SwedishAmerican Hospital) employees that can be found at www.swedishamerican.ethicspoint.com.

**XV. DISCIPLINE FOR NON-COMPLIANCE**

An employee who has been determined to have violated the Compliance Program will be subject to appropriate employment action up to and including termination. It is UW Health’s policy to demonstrate appropriate and consistent disciplinary measures. Discipline for violations will be determined on a case-by-case basis and will be dependent on the facts and circumstances involved. Once a violation is confirmed, it is important that appropriate actions be taken. These actions can take on many forms dependent upon the individual violation. The Business Integrity Office will review discipline action to ensure that it is consistent and according to pertinent corporate policies and procedures.

**XVI. INVESTIGATIONS AND REMEDIAL MEASURES**

The Business Integrity Office is responsible for directing the investigation of any suspected violation of the Code of Conduct or applicable laws or regulations. The Business Integrity Office may solicit the assistance of internal or external resources that have knowledge of the specific issue in question.

The Compliance Officer will authorize the investigation which shall begin within a week following the report of the suspected violation. As part of the investigation, an interview will be scheduled with the reporting party if possible or other persons who may have knowledge of the suspected violation. In addition, a review of the applicable laws and regulations and related documentation which might be relevant to the issue will be performed and coordinated with the Legal Department. Lastly, audits may be necessary as a means to gather evidence.

An initial review of the data will determine whether the investigation should continue or be closed. If the initial review concludes that there is sufficient evidence to continue or that additional information is needed, the investigation will proceed. All investigations will be logged within the tracking system and all documentation will be properly filed. For each completed investigation the Business Integrity Office will produce a final report.

If during the course of an investigation, it is determined by the Compliance Officer that the integrity of the investigation may be jeopardized due to the presence of certain employees under investigation; such employees will be removed from their current work activity until the investigation is complete. It is UW Health’s intention to respond appropriately and lawfully with respect to its obligation to report violations to governmental agencies and other authorities. After review and evaluation of factual evidence relating to the alleged violation, the Business Integrity Office with the Legal Department will determine if it is appropriate to notify governmental regulatory authorities.
Attachment

UW Health FY24 Compliance Work Plan (DRAFT)
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I. Introduction

UW Health has a long history as a leader in providing remarkable healthcare and service to its patients. As part of our mission to deliver excellence to our patients, UW Health is committed to maintaining a work environment that assures our physicians and staff can perform their daily tasks with high ethical standards, honesty, and integrity, while in compliance with applicable laws and regulations.

To prioritize the projects and objectives of the Business Integrity Office and facilitate the oversight by the UW Hospital and Clinics Authority (UWHCA) of the UW Health Compliance Committee, this Work Plan is produced and distributed for their review. The Work Plan sets forth various projects to be addressed during the Fiscal Year but is a fluid document and updated based on the identified risks of UW Health. The Business Integrity Office moved to these concurrent updates due to the ever-changing regulatory environment. This structure allows the Office more mobility to address the risks that emerge and communicate with the UW Health Compliance Committee.

The Work Plan is structured in the order of the Office of Inspector General’s (OIG) and Health Care Compliance Association (HCCA) Measuring Compliance Program Effectiveness and includes projects within those elements:

- Standards, Policies, and Procedures
- Compliance Program Administration
- Screening and Evaluation of Employees, Physicians, Vendors, and other Agents
- Communication, Education, and Training on Compliance Issues
- Monitoring, Auditing, and Internal Reporting Systems
- Discipline for Non-Compliance
- Investigation and Remedial Measures

The Work Plan uses various resources, such as the US Department of Justice Criminal Division Evaluation of Corporate Compliance Programs, the OIG Work Plan, Recovery Audit Contractor (RAC) issue list, Supplement Medical Review Contractor issues list, Office of Civil Rights HIPAA enforcements, industry best practices, and UW Health risk assessment to determine the activities that will be undertaken. Some of the projects described in the Work Plan are standard activities that will be completed each year, such as the physician coding reviews, while others will vary depending on the latest compliance risks.

II. Standards, Policies, and Procedures:

To effectively communicate the organization's commitment to and expectation of compliant conduct to the providers and staff, practice standards and procedures must be developed and implemented. The federal government expects that all providers have compliance policies and procedures that are accessible, viewed by their workforce, and reviewed by leadership on a regular basis. These documents must include foundational compliance items like the Compliance Plan and the Code of Conduct. Based on these fundamental principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance:
1. Update and maintain the Integrated UW Health Compliance Plan, including review and approval by the Compliance Committee. All material changes will be forwarded to the UWMF and UWHCA Board of Directors for review and approval.
2. Continue to refine and improve the integrated policy review process of the Administrative Policy Committee including representation and participation by UW Health Northern Illinois (NI).
3. Continue to review policies and forms for integration with UW Health NI policies and procedures.
4. Update Administrative Policy 4.58 Record Retention regarding email retention.
5. Assist in the creation and standardization of physician administrative positions

B. Pharmacy Compliance:

1. Develop and finalize the Significant Loss Policy.
2. Update Clinical Policy 6.1.13 Controlled Substance Control Systems in Patient Care Areas, ensuring current workflows and regulatory requirements are reflected.
3. Review and update Administrative Policy 4.58 Record Retention incorporating a section regarding controlled substance records.

C. Privacy Compliance:

1. Review and update Administrative Policy 9.11 Corrective Action for Non-Compliance with Confidentiality of Protected Health Information
2. Review and update Administrative Policy 4.53 Breach Notification.

D. Reimbursement Compliance:

1. Review and update Policy 4.50 False Claims Act

E. Research Compliance:

1. Continue to work with Revenue Cycle to draft Standard Operating Procedures for Research Billing. This will be a multiyear project.

III. Compliance Program Administration:

This section of the Work Plan focuses on whether the compliance program is administered in a way that is appropriate for the size, resources, and scope of UW Health. This section determines whether governing bodies are actively engaged in the compliance program and promote a culture of compliance across all business functions. Additionally, this section asks whether the compliance program is appropriately resourced, whether the compliance officer has other operational responsibilities, and whether the compliance officer’s reporting structure is sufficiently independent of other operational functions. The Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance:

1. Annual review of the Compliance Committee composition and attendance with Compliance Committee Chair.
2. Compliance Committee to provide input into the Compliance Office’s performance evaluation.

3. Investigate viable partners to perform a Compliance Program Assessment. Based on this analysis funds will be requested for Fiscal Year 25.

4. Drafts of Annual Report and Work Plan to be reviewed and approved by the UW Health Compliance Committee and presented to the the UWHCA, UWMF, and UW Health NI Boards of Directors.

5. The Compliance Officer will meet privately with the Compliance Committee with no members of management present.

6. Transition from multiple tracking databases and systems for compliance (e.g., investigations, audit, conflict of interest, policies, etc.) and privacy to ServiceNow creating a single source of information for Business Integrity.

7. Evaluate the implementation of a Culture Assessment.

8. Evaluate current staffing and structure of the Business Integrity Office against an outside benchmark like American Hospital Association or the American Academy of Medical Colleges and review with Compliance Committee.

IV. Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents

This section of the Work Plan and the OIG Guidance focuses on whether all employees, physicians, vendors, and other agents are adequately screened against the OIG Exclusion List and other relevant government sanctions lists prior to their engagement. Another area of review is whether a process is in place to identify and disclose conflicts of interest and whether employees, physicians, vendors, and other pertinent agents receive appropriate education on these conflicts. These metrics emphasize that the provider should remain vigilant regarding employee, physician, vendor, and other agent eligibility both at the time of initial engagement and thereafter. Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance:

1. Continue to monitor the current processes and frequency for exclusion screening for Board of Directors, employees, providers, and volunteers.

2. Jointly implement a new provider conflict of interest process with the SMPH’s Dean’s Office, and the Office of Corporate Counsel including the establishment of the new Interactions with Industry Relationships Council.

B. Privacy Compliance:

1. Continue surveying high-risk business associates and evaluating their compliance with privacy and security requirements.

2. Work collaboratively with Information Systems and Procurement Services to develop a third-party management system.
V. Communication, Education, and Training on Compliance Issues

This section of the Work Plan reviews whether the compliance program has established appropriate lines of communication throughout UW Health. Education and training are the components of a compliance program that demonstrates a proactive approach to the rules and regulations that govern our business. Education and training can take on many forms and assists in creating a common understanding for all individuals. It is especially important for those involved in the governance, documentation, coding, and revenue cycle processes. Furthermore, education clarifies what is required by regulation, in addition to the expectations of the organization. Proactive education and training can prevent future problems if physicians and employees have a foundational understanding of the rules and regulations. This process is what makes all individuals within the organization compliance extenders. Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance
   1. Annual Training:
      i. Continue to complete annual compliance training for all employees and the Board of Directors including signing of the Code of Conduct.
      ii. Expand the pretest option for additional compliance and privacy testing and training. This option would show proficiency in the subject matter and would require individual to review sections they did not fully understand.
   2. Continue to complete new employee, new leader, and provider orientations.
   3. Draft and implement training program for Conflict of Interest for Providers.

B. Pharmacy Compliance
   1. Continue to educate staff and students on drug diversion and controlled substance management by performing lectures to the Pharmacy Technician Training Program, pharmacy residents, operating room nursing staff, clinical anesthetist, and the Cultural Congruence Group.
   2. Continue to participate in the onboarding of new Pharmacists and Pharmacy Residents by providing controlled substance handling training sessions,

C. Privacy Compliance
   1. Continue to work with Information Systems Department to develop a cybersecurity hygiene education program. This is an ongoing program that will need to adjust with the everchanging environment. It will be presented at various levels of the organization as the foundation for a culture of understanding the current computing environment and the risk associated with it.
   2. Provide HIPAA and Privacy training for the Madison Metropolitan School District.
   3. Complete six HIPAA/Privacy 101’s for departments and staff.
   4. Working collaboratively with safety team to complete six HIPAA/Privacy walk throughs and go and sees.
5. Continue Quarterly privacy and cybersecurity informational update to key stakeholders to distribute during their team huddles.

6. Continue individual physician and department in-person and or virtual education regarding privacy, documentation, coding, and billing standards.

D. Reimbursement Compliance

1. Develop Computer Based Training (CBT) for various billing processes and topics helping to ensure billing compliance for providers and coders. This is an ongoing goal.

2. Educate all areas affected by the new split/share billing guidelines, to ensure compliance.

3. Continue to attend Clinical Department meetings to provide compliance updates and hot topic education.

E. Research Billing Compliance

1. Complete seven educational sessions with the Research and Revenue Cycle Departments.

VI. Monitoring, Auditing, and Internal Reporting Systems

The purpose of internal auditing and monitoring is to provide an independent appraisal activity that systematically reviews UW Health’s adherence to regulatory requirements of the documentation, coding, and billing processes of both facility and professional services, identification of potential regulatory risk like HIPAA Privacy and Security regulations, and recommendations to mitigate the identified risks or deficiencies. This function is completed by various offices within the Business Integrity Office and in conjunction with the quality assurance efforts of operational departments. This section encompasses the OIG guidance include the establishment of confidential reporting mechanisms such as a hotline and necessary tracking and monitoring systems. In addition, the Business Integrity Office allots time for for-cause audits that were not anticipated at the time of drafting this Work Plan.

A. Corporate Compliance

1. Maintains a hotline for individuals to send concerns. All concerns are investigated and if necessary, audits are completed to ensure UW Health’s compliance with the rules and regulations.

2. Continue to monitor the annual reporting of Board Members, Key Employees, and staff. This process will include integration with UW Health NI. The Interactions with Industry process will be reinstated in conjunction with UW Madison School of Medicine and Public Health. This monitoring will include downloading and analyzing of the Sunshine Act data.

3. Develop an inventory of items or services given to patients and their families without charge by surveying the leadership team. Standardize and develop a guideline for items or services given to patients and their families without charge escalation process.

4. Develop auditing process for Patient Support Funds Program to ensure proper administration of these monies according to policy and procedure.

5. Establish an interaction with industry or provider conflict of interest appeals committee. This committee will provide a peer review of potential provider engagements that may be at conflict with UW Health or SMPH interest.
B. Pharmacy Compliance

1. Continue to support Provider Services and the School of Medicine and Public Health with diversion investigations, monitoring agreements, and performance improvement plans.

2. Continue to work with Provider Services to create a standard process for provider and faculty physician investigations.

3. Continue work with the Pharmacy and Nursing Departments on the implementation of new drug dispensing systems and discrepancy resolution process. This work will include the integration of data from those systems into the drug diversion software.

4. Implement pharmacy module of the drug diversion software which will provide diversion detection analytics for pharmacists and pharmacy technicians.

5. Expand waste testing to include East Madison Hospital.

6. Continue to assist UW Health NI in standardizing their diversion investigation and reporting process.

C. Privacy Compliance

1. Quarterly Reports of employees who had recent clinic, emergency department, and inpatient visits.

2. Monthly Reports of demographics (e.g., same last name, same address, emergency contact, etc.) access, for outside organizations with access to Health Link.

3. Work with IT Security to engage an external consultant to complete Annual HIPAA Security Risk Assessment. Ensure recommendations from this Assessment are implemented jointly by the Business Integrity Office and Information Systems Security Office.

4. Work with IT Enterprise Analytics and IT Security to evaluate methods to audit data reporting systems such as Strata, Reporting Workbench, Slicer Dicer, etc.

5. Develop and implement auditing method for payor’s access into UW Health’s electronic medical record. This will include care link usage including Quartz, as well as new payer systems like MOXE and Payer Platform.

6. Work with IT Security to develop a governance structure for privacy and security decision and strategic direction. This would include the use and implementation of artificial intelligence.

7. Audit to ensure appropriate implementation of the new paging system ensuring proper encryption.

8. Work with the Behavioral Department and Office of Corporate Counsel to ensure compliance with the 42 CFR Part 2 Confidentiality of Substance Abuse Disorder.

9. Work with Internal Audit Division to assess operational resiliency of administrative operations if UWH would be forced to paper process. This would include areas like claims processing, payroll, supply chain.

D. Reimbursement Compliance
1. Physician and Provider Audits: Reviews are completed for billed physicians and advanced practitioner-based services. These reviews focus on the documentation, coding, and billing of these services. The provider audits will include UW Health WI, UW Health NI, and UW Health Care Direct services. To concentrate resources to the highest risk areas, software is used to identify providers and hospital services that are considered outliers in billing practices.

2. Reimbursement compliance will provide audited Clinical Department a detailed summary of findings and trends. 20 summaries will be completed this Fiscal Year.

3. Coder Audits: Audits are completed of the proficiency and accuracy of the Professional Coding staff by Reimbursement Compliance Analysts. Outpatient facility coding staff and professional coding staff are reviewed by Coding Quality Analysts in addition to editing software being used to identify potential coding errors. The Inpatient Facility Coding staff are reviewed by an external consultant.

4. Focused Issue Audits: Each year specific audits are identified due to the high-risk nature of the service being provided. These audits are based upon both external risk factors, such as the RAC Issues list, OIG Work Plan, Supplemental Medical Review Contractor, the Office of Civil Rights, and internal sources such as hotline trends, exit interviews, and routine results.

5. Complete an external audit of Radiation Oncology UW Health WI and UW Health NI.

6. Review and audit compliance with billing for home-based hospital care program.

7. External Audits: UW Health receives routine audits from external Federal and State Agencies. The Business Integrity Office coordinates the response to these audits. Continue collaborating with Revenue Cycle to improve the facilitation and tracking of these audits.

E. Research Billing Compliance Audit: The Research Billing Compliance Office will be conducting Medicare Coverage Analysis to ensure appropriate billing of services. The goal is to complete 15 retrospective audits this year.

**VII. Discipline for Non-Compliance**

This section of the Work Plan addresses whether UW Health’s policies on corrective action are effective and are followed consistently throughout the organization. The Business Integrity Office works closely with the Human Resources Department for any compliance or privacy investigations that lead to disciplinary action. The OIG guidance is that employees and associates are aware of the corrective action procedures, and whether incentive and promotion criteria are appropriately aligned with compliance priorities. Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance

1. Continue quarterly meetings with Department of Human Resources reviewing disciplinary action for compliance issues and consistent discipline action.
2. Examine methods of recognition and appreciation for good compliance behavior (e.g., UW Health Logoed gift for being the first employee to complete annual compliance training, recognition of in-brief.)

VIII. Investigation and Remedial Measures

This section of the Work Plan relates to whether UW Health has responded appropriately to reported compliance concerns. The OIG expects that providers are prompted to evaluate their guidelines on conducting investigations, including those done through legal counsel under the attorney-client privilege and/or work product doctrine, and determine whether investigations are consistently conducted. Also, determination of whether investigations lead to appropriate and effective remedial responses, including corrective action plans based on a root-cause analysis, and whether the providers follow through on these corrective action plans.

Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance:

1. Establish an interaction with industry or provider conflict of interest appeals committee. This committee will provide a peer review of potential provider engagements that may be at conflict with UW Health or SMPH interest.

2. Develop an inventory of items or services given to patients and their families without charge by surveying the leadership team. Standardize and develop a guideline for items or services given to patients and their families without charge escalation process.

B. Privacy Compliance:

1. Develop a standard process for the investigation and elevation of cybersecurity threats. This will include determination of when to include outside counsel and external cyber forensic organizations.

IX. Conclusion

This Work Plan is submitted by the Business Integrity Office for approval by the UW Health Compliance Committee and subsequently the Boards of Directors of UWHCA, UWMF, and UW Health NI. Please note that due to the ever-changing regulatory environment, work plans are often altered to address new risks that need immediate attention.