UWHCA Board of Directors

September 22, 2021, 3:00 - 5:00 PM

WebEx: https://uwhealth.webex.com/uwhealth/j.php?MTID=mf6937ec992ef0301ca4b601260102afc

Meeting number: 2621 985 4377 // Password: 092221


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UWHCA Board of Directors - September 22, 2021 - Public Meeting Notice

Agenda

3:00 PM I. Call to Order of Board Meeting
Mr. Paul Seidenstricker

3:00 PM II. Consent Agenda
Mr. Paul Seidenstricker

Meeting Minutes

Medical Staff Membership and Clinical Privileges

Attachment - Medical Staff Membership and Clinical Privileges - August 2021

Attachment - Medical Staff Membership and Clinical Privileges - September 2021

UW Health ACO, Inc. Board Director Appointment

Executive Summary - ACO, Inc. Board Director Appointment

Attachment - Biography - Dr. Elizabeth Trowbridge

Resolution - UW Health ACO, Inc. Board Director Appointment

Isthmus Project, Inc. Board Director Appointment

Executive Summary - Isthmus Project, Inc. Board Director Appointment

Attachment - Biography - Mr. Cherodeep Goswami

Resolution - Isthmus Project, Inc. Board Director Approval

UWHCA Board Policy and Bylaws/Committee Policy Manual

(Material to be added in advance of the meeting)

Attachment - Summary of Amendments to UWHCA Bylaws

Attachment - UWHCA Bylaws (Clean)

UWHCA Board of Directors Policy Manual

UWMF Board of Directors - Faculty Director Candidates

Attachment - UWMF Proposed Candidates for UWMF Board Faculty Director Seat as Selected by the UW Health Council of
Delegation of Authority of UWMF Joint Ventures’ and Subsidiary Entities’ Board Director and Corporate Officer Appointments to UW Health Chief Executive Officer

(Material to be added in advance of the meeting)

3:02 PM
III. UW Health Alternate Liaison to UnityPoint Health-Meriter Board of Directors
Mr. Paul Seidenstricker, Mr. Pablo Sanchez
(Request for volunteer/self-nominations)

3:05 PM
IV. COVID-19 Situational Update
Dr. Peter Newcomer

Presentation - UW Health Situational Update

(Presentation to be added in advance of the meeting)

3:15 PM
V. UW Health Financial Report
Mr. Robert Flannery

Presentation - Financial Update - August 2021

Attachment - UW Health Consolidated Financial Report - YTD August 2021

3:22 PM
VI. Closed Session

Motion to enter into closed session pursuant to Wisconsin Statutes sections 19.85(1)(c) and 19.85(1)(e), for the discussion of the following compensation and confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed and executive closed session minutes; financial and budgetary matters including UW Health’s plan of finance recommendation; review of health care compensation trends and impact including executive total compensation assessment; pursuant to Wisconsin Statutes section 146.38, for the review of the Patient Safety and Quality Committee report; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

4:51 PM*
VII. Return To Open Session

Estimated time to return to Open Session

4:51 PM
VIII. ACTION: UW Health Executive Compensation
Mr. Paul Seidenstricker

Motion to approve UW Health executive compensation resolution as discussed in closed session.

5:00 PM
IX. Adjourn
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: July 19 & August 2, 2021
Medical Board: August 12, 2021

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

**July 19, 2021**

**New Applications—Medical Staff**

**Emily M. Buttigieg, MD, Active Staff**
**Department of Obstetrics and Gynecology/General Ob & Gyn**

- 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, 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.

- Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat pregnant patients. These privileges include, but are not limited to, ultrasound; fetal monitoring; amniocentesis; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows, and others in training.

- Emergency Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, manage, and surgically treat pregnant and post-partum patients admitted to UWHC. This does not permit admission for the primary purpose of obstetrical services, except when such admission is required by law in emergencies. These privileges include, but are not limited to, vaginal delivery; outlet forceps delivery; cesarean section; electronic fetal monitoring; D&C and/or uterine exploration and exploratory laparotomy for post-partum hemorrhage and supervision of residents, fellows and others in training.

**Melisa A. Carrasco McCaul, MD, Active Staff**
Department of Neurology/Pediatric Neurology

- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.

- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.

Steven M. Chau, MD, Active Staff

Department of Surgery/Fellow (Laryngology)

- Otolaryngology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton, and respiratory and upper alimentary system. These privileges include, but are not limited to, surgical procedures involving the temporal bone, nasal and paranasal sinuses, the skull-base, the thyroid, parathyroid, salivary glands, and lymphatic tissue of the head and neck, maxillofacial plastic and reconstructive procedures; sinus endoscopy; 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

Alexander S. Chiu, MD, Active Staff

Department of Surgery/Fellow (Endocrine Surgery)

- 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.

Andrew O. Coyle, MD, Active Staff

Department of Medicine/General Internal Medicine

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Juan S. Danobeitia, MD, Active Staff

Department of Surgery/Fellow (Transplant Surgery)

- 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.
Molly A. Day, MD, Active Staff

Department of Orthopedics and Rehabilitation/Orthopedic Surgery

- Orthopedic 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 musculoskeletal system; 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.

Fluoroscopy

Paul G. Durick, 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, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Maryam L. Famouri, MD, Active Staff

Department of Medicine/General Internal Medicine

- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods, supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training. These privileges include care of patients via telemedicine.

Michael Gorelik, MD, Active Staff

Department of Surgery/Otolaryngology

- Otolaryngology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton, and respiratory and upper alimentary system. These privileges include, but are not limited to, surgical procedures involving the temporal bone, nasal and paranasal sinuses, the skull-base, the thyroid, parathyroid, salivary glands, and lymphatic tissue of the head and neck, maxillofacial plastic and reconstructive procedures; sinus endoscopy; 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

Randy S. Heidel, MD, Active Staff

Department of Medicine/General Internal Medicine

- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Mitchell J. Hughes, MD, Active Staff

Department of Orthopedics and Rehabilitation/Fellow(Spine Surgery)

- Orthopedic 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 musculoskeletal system; 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.

Fluoroscopy

James C. Ircink, 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
Sonya Kirmani, MD, Active Staff
Department of Pediatrics/Cardiology
- Pediatric Cardiology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat fetuses, infants, children and adolescents with cardiac disease or possible cardiac disease. These privileges include, but are not limited to, electrocardiography performance and interpretation; echocardiography; exercise testing; cardioversion/defibrillation; central venous/pulmonary artery catheterization; temporary transvenous pacemaker placement; pacemaker interrogation and programming; balloon atrial septostomy; pericardiocentesis; provision of immediate and longitudinal care for adults with congenital heart disease and adult patients with pediatric acquired heart disease and arrhythmias; and supervision of residents, fellows and others in training.

Michelle Kuei, MD, Active Staff
Department of Anesthesiology/Fellow (Regional Anesthesia and Acute Pain)
- 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, electrocardiography performance and interpretation; echocardiography; exercise testing; cardioversion/defibrillation; central venous/pulmonary artery catheterization; temporary transvenous pacemaker placement; pacemaker interrogation and programming; balloon atrial septostomy; pericardiocentesis; provision of immediate and longitudinal care for adults with congenital heart disease and adult patients with pediatric acquired heart disease and arrhythmias; and supervision of residents, fellows and others in training.

Samuel S. Lake, MD, Active Staff
Department of Orthopedics and Rehabilitation/Fellow (Adult Reconstructive Surgery)
- Orthopedic 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 musculoskeletal system; and performing waived laboratory testing not requiring an instrument, including but not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and supervision of residents, fellows, and others in training.

Matthew C. Lambert, MD, Active Staff
Department of Medicine/Fellow (Infectious Disease/Research IMPACT)
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and supervision of residents, fellows, and others in training.

Swapnil S. Lanjewar, MD, Active Staff
Department of Medicine/Infectious Disease
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and supervision of residents, fellows, and others in training.
• Infectious Diseases Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and
treat adult patients presenting with infectious or immunologic diseases. These privileges include supervision of
physician assistants with prescriptive authority; and supervision of residents, fellows, and other persons in training.

Kathryn B. Less, MD, Active Staff
Department of Pediatrics/General
• Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose,
consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including
those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These
privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture;
neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams;
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.

Karen L. Mecklenburg, 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 others in training.

Anand K. Narayan, MD, Active Staff
Department of Radiology/Breast Imaging
• Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including
radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These
privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrogram and joint
aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with
prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of
patients via telemedicine.
• Fluoroscopy
• Breast Imaging: Including but not limited to breast image guided needle biopsy, ablation, drainage or aspiration;
image guided localization or analysis for surgery, biopsy or treatment planning using any imaging modality.

Andrew N. Pap, 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.
• Lumbar Puncture
• Paracentesis
• Thoracentesis

Jon F. Pennycuff, MD, Active Staff
Department of Obstetrics and Gynecology/General Ob & Gyn
• 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, 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.
• Emergency Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, manage,
and surgically treat pregnant and post-partum patients admitted to UWHC. This does not permit admission for the
primary purpose of obstetrical services, except when such admission is required by law in emergencies. These
privileges include, but are not limited to, vaginal delivery; outlet forceps delivery; cesarean section; electronic fetal monitoring; D&C and/or uterine exploration and exploratory laparotomy for post-partum hemorrhage and supervision of residents, fellows and others in training.

- Use of surgical robot for procedures otherwise privileged to perform.

**Jennifer L. Philip, MD, Active Staff**

**Department of Surgery/Fellow (Transplant Surgery)**

- 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.

- Organ Procurement

**Peter E. Qualey, 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.

**Carolyn M. Sleeth, MD, Active Staff**

**Department of Pediatrics/NICU Hospitalist**

- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; 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.

- Pediatrics/NICU Hospitalist Core Privileges: Under the supervision of a Neonatologist, privileges include performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 6 months of life. These privileges include but are not limited to the following core procedures: arterial lines insertion; umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; and thoracentesis. This care is provided in inpatient settings.

**Liam P. Smyth, DDS, Active Staff**

**Department of Surgery/Plastic**

**GENERAL DENTAL PRIVILEGES - Including performance of history and physical.**

- operative restorations
- treatment of minor infections
- removal of minor benign lesions
- biopsy
- uncomplicated extractions
- extraction of simple tissue impacted teeth
- conventional endodontics
- treatment of traumatic dental injuries
- treatment of minor intraoral wounds
- dental prophylaxis and root planning
- surgical endodontics on anterior teeth

**ORTHODONTIC CONSULTATION PRIVILEGES -- general orthodontic consults**

**ENDODONTIC CORE PRIVILEGES - Including performance of history and physical.**

- conventional endodontics
- extraction of teeth
- biopsy
- treatment of traumatic dental injuries
- treatment of minor infections

**PERIODONTIC CORE PRIVILEGES - Including performance of history and physical.**
• extraction of teeth
• biopsy

PEDIATRIC DENTISTRY CORE PRIVILEGES- Including performance of history and physical.
• general dental core privileges
• interceptive orthodontics
• behavioral, physical and pharmacologic (non-parenteral) management for patients unable to cooperate

John F. Swietlik, MD, Active Staff
Department of Radiology/Interventional Radiology
• Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
• Fluoroscopy
• Vascular-Interventional: Including but not limited to Imaged guided catheter placement, TIPs procedure, Transjugular liver biopsy, Image guided caval filter, Therapeutic percutaneous peripheral arterial or venous angioplasty or stenting, Tunneled catheter and port placement, Image guided percutaneous biliary dilatation, drainage, ballooning, stenting or biopsy, Image guided urological dilatation, drainage, ballooning, stenting or biopsy, Image guided embolotherapy, Image guided ablation and/or operative imaging of thoracolumbar or pelvic neoplasms, Imaged guided needle, biopsy, ablation, drainage or aspiration, Image guided analysis for surgery, biopsy or treatment planning using any imaging modality.
• Adult Moderate Sedation—All UWHC locations

Ryan E. Tsuchida, MD, Active Staff
Department of Emergency Medicine
• Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
• Deep Sedation--Adults (13 years and older)
• Point of Care Emergency Ultrasound
• Fluoroscopy

Paul J. Vithayathil, MD, Active Staff
Department of Anesthesiology/Fellow (Regional Anesthesia and Acute Pain)
• 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.

Bryn D. Webb, MD, Active Staff
Department of Pediatrics/Genetics & Metabolism
• Pediatric Genetics and Biochemical Genetics Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat children and adolescents with documented or possible biochemical genetic or genetic diseases. These privileges include, but are not limited to, skin biopsy; muscle biopsy; provision of immediate and longitudinal care for adults previously treated for pediatric genetic or biochemical genetic diseases; and supervision of residents, fellows and others in training.

Katrina M. Wolfe, 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.
• Paracentesis
• Thoracentesis

Kristen A. Wong, MD, Active Staff
Department of Surgery/Fellow (Minimally Invasive Surgery)
• 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.

Ali Zandieh, MD, Active Staff

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

Additional Privileges—Medical Staff

David D. Aufhauser, Jr., MD
Department of Surgery/Fellow (Transplant)
- Transplant Surgery (effective 8/1/21)

Laura G. Cooney, MD
Department of Obstetrics and Gynecology/Reproductive Endocrinology
- Adult Moderate Sedation-within UH/TAC

Aleksandar Stanci-Kostic, MD
Department of Obstetrics and Gynecology/Reproductive Endocrinology
- Adult Moderate Sedation—All UWHC locations

New Applications—Advanced Practice Providers

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diskin, Michael A., CAA</td>
<td>Anesthesiology</td>
<td>Anesthesiologist Assistant</td>
</tr>
</tbody>
</table>
New Applications—Medical Staff

August 2, 2021

Megan M. Bartz, MD, Active Staff
Department of Family Medicine and Community Health/Fellow (Integrative Medicine)

- 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 dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- 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.

Sandip Biswal, MD, Active Staff
Department of Radiology/Musculoskeletal Imaging

- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrogram and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.

- Fluoroscopy

- Musculoskeletal Imaging and Intervention: Including but not limited to Imaged guided, extracranial injection, biopsy, ablation, drainage or aspiration.

Taylor M. Boland Rigby, MD, Active Staff
Department of Family Medicine and Community Health/Fellow (Academic)

- 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 dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- 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.

Kathryn K. Chen, MD, Active Staff
Department of Psychiatry

- 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.

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

Lauren A. Fetsko, DO, Active Staff
Department of Pediatrics/Neurodevelopmental-Behavioral
- Rehabilitation Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with acute or chronic neuromuscular disease or disorders. These privileges include, but are not limited to, anesthetic nerve block; arthrocentesis, electrodiagnosis, injection of neuromuscular block; neurolytic nerve block; soft tissue injection; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Use of surgical laser
- 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.
- Critical Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care within an ICU type setting. These privileges include, but are not limited to, Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Use of surgical laser
- Otolaryngology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton, and respiratory and upper alimentary system. These privileges include, but are not limited to, surgical procedures involving the thyroid, parathyroid, salivary glands, and lymphatic tissue of the head and neck, maxillofacial plastic and reconstructive procedures; sinus endoscopy; 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.
- Urology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses or injuries of the genitourinary system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal 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.

Rajeev K. Masson, MD, Active Staff
Department of Surgery/Fellow (Head and Neck)
- 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.

**Tovah Z. Moss, MD, Active Staff**

**Department of Surgery/Acute Care and Regional General**
- 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.

**Katherine M. Shaum, MD, Active Staff**

**Department of Surgery/Plastic**
- Plastic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with both congenital and acquired defects of the body’s soft tissue and skeleton, including functional and aesthetic management; 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.

**Zhuyi Elizabeth Sun, MD, Active Staff**

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

**Nicholas B. Wallace, MD, Active Staff**

**Department of Orthopedics and Rehabilitation/Fellow Spine Surgery**
- Orthopedic 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 musculoskeletal system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training. supervision of physician assistants with prescriptive authority
- Fluoroscopy

**Rachel K. Wilson, DO, Active Staff**

**Department of Medicine/General Internal Medicine**
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.
- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P,
diagnose, consult, and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

- Central venous catheter insertion for access

**Additional Privileges—Medical Staff**

**Daniel R. Calnan, MD**  
Department of Neurological Surgery/Fellow  
- Adult Moderate Sedation--All locations - includes UH, TAC, DHC, and UWHC Clinics

**Mitchell K. Daun, MD**  
Department of Radiology/Community Radiology  
- Musculoskeletal Imaging and Intervention: Including but not limited to Imaged guided, extracranial injection, biopsy, ablation, drainage or aspiration.

**Jacqueline S. Israel, MD**  
Department of Surgery/Plastic  
- Fluoroscopy

**Eric J. Monroe, MD**  
Department of Radiology/Pediatric Imaging  
- Adult Moderate Sedation--ONLY within University Hospital or UW Health at The American Center

**Kalyan V. Nadiminti, MD**  
Department of Medicine/Hematology/Oncology  
- Adult Moderate Sedation--ONLY within University Hospital or UW Health at The American Center

**Marcial A. Torres, MD**  
Department of Medicine/Fellow  
- Fluoroscopy

**New Applications--Advanced Practice Providers**

**Samantha L. Archer, PA, Physician Assistant**  
Department of Surgery/Cardiothoracic  
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. Assist in surgery to include, but not limited to, first assist on major or minor surgeries.
- PA CT Surgery Core Privileges: Privileges to manage and treat patients in need of cardiothoracic surgical care and related issues.
- Prescriptive Authority

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

**Jana M. Slinger, PA, Physician Assistant**  
Department of Orthopedics and Rehabilitation/Rehab 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. Assist in surgery to include, but not limited to, first assist on major or minor surgeries.

- PA Rehab Medicine Core Privileges: Privileges to manage and treat patients with acute or chronic neuromuscular disease or disabilities.
- Prescriptive Authority

**Transfer including Additional Privileges--Advanced Practice Providers**

**Meredith G. Arevalo, 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

**Additional Privileges--Advanced Practice Providers**

**Claire E. Bergman, NP (Family Nurse Practitioner)**
Department of Surgery/Plastics
- Aspiration/drainage of a seroma or hematoma

**Peter E. Schaal, PA**
Department of Surgery/Cardiothoracic
- Chest Tube Removal, Epicardial Pacemaker Wire Removal

**Focused Professional Practice Evaluation Review**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
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</thead>
<tbody>
<tr>
<td>Brown, Morgan M., CAA</td>
<td>Anesthesiology</td>
<td>Anesthesiologist Assistant</td>
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<tr>
<td>Duncan, Hanna L., PA</td>
<td>Medicine/Hospital Medicine</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Hart, Connor S., CAA</td>
<td>Anesthesiology</td>
<td>Anesthesiologist Assistant</td>
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<tr>
<td>Kildow, Jane M., CAA</td>
<td>Anesthesiology</td>
<td>Anesthesiologist Assistant</td>
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<tr>
<td>Kirk, Amy K., PA</td>
<td>Medicine/Hematology/Oncology</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Knavel Koepsel, Erica M., MD</td>
<td>Radiology/Interventional</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Kruser, Jacqueline M., MD</td>
<td>Medicine/Allergy, Pulm &amp; Crit Care</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Mullan, Brian F., MD</td>
<td>Radiology/Thoracic Imaging (Chest)</td>
<td>Active Staff</td>
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<tr>
<td>Peszek, Jessica L., CAA</td>
<td>Anesthesiology</td>
<td>Anesthesiologist Assistant</td>
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<tr>
<td>Rekowski, Matthew K., CAA</td>
<td>Anesthesiology</td>
<td>Anesthesiologist Assistant</td>
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<tr>
<td>Schaal, Peter E., PA</td>
<td>Surgery/Cardiothoracic</td>
<td>Physician Assistant</td>
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<tr>
<td>Stelse, Megan M., PA</td>
<td>Ob Gyn/Reproductive Endocrinology</td>
<td>Physician Assistant</td>
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<tr>
<td>Strait, Britanni J., NP</td>
<td>Medicine/Geriatrics</td>
<td>APN</td>
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<tr>
<td>Toigo, Michelle P., PhD</td>
<td>Psychiatry</td>
<td>Clinical Psychology</td>
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<tr>
<td>Trybek, Kristina M., PA</td>
<td>Neurology</td>
<td>Physician Assistant</td>
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<td>Vestman, Dana M., CAA</td>
<td>Anesthesiology</td>
<td>Anesthesiologist Assistant</td>
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</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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<tr>
<td>Avey, Gregory D., MD</td>
<td>Radiology/Neuroradiology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Glazer, Joshua M., MD</td>
<td>Emergency Medicine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Goodavish, Christopher B., PA</td>
<td>Surgery/Cardiothoracic</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Hill, Jackie L., NP</td>
<td>Medicine/Hematology/Oncology</td>
<td>APN</td>
</tr>
</tbody>
</table>
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 27, 2021
Medical Board: September 9, 2021

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

**New Applications—Medical Staff**

**Robert T. Arrigo, MD, Active Staff**
Department of Anesthesiology

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

**Crystal G. Bockoven, MD, Active Staff**
Department of Pathology and Lab. Medicine Pediatric Pathology

- 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.

**Shannon T. Cannon, MD, Active Staff**
Department of Urology Pediatric Urology

- Urology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses or injuries of the genitourinary system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and...
vaginal 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
- Laparoscopic urologic procedures
- Fluoroscopy
- Use of surgical robot for procedures otherwise privileged to perform.

**Jacqueline M. Garonzik Wang, MD, Active Staff**

**Department of Surgery/Transplant**

- 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.
- Transplant Surgery.
- Organ Procurement
- Use of surgical robot for procedures otherwise privileged to perform.

**Erin C. MacKinney, MD, Active Staff**

**Department of Surgery/Endocrine**

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

**Carrie F. Thiessen, MD, Active Staff**

**Department of Surgery/Transplant**

- 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.
- Transplant Surgery.
- Organ Procurement
- Adult Moderate Sedation-- All locations - includes UH, TAC, DHC, and UWHC Clinics

**Benjamin B. Whidden, 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.

**Anna I. Wijatyk, MD, Active Staff**

**Department of Family Medicine and Community Health/Fellow (Integrative Medicine)**

- 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 dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- 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.

**New Applications—Advanced Practice Providers**

**Ellie M. Ament, NP, Advance Practice Nurse**

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

**Molly K. Barrie, 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

**Kelly N. Garaffa, NP, Advance Practice Nurse**

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

**Kerry Gardner, 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. Assist in surgery to include, but not limited to, first assist on major or minor surgeries.
- PA Orthopedic Surgery Core Privileges: Privileges to manage and treat pediatric, adolescents and adults with orthopedic injuries, diseases and other related issues.
- Prescriptive Authority

**Lauren M. Golla, PsyD, Clinical Psychology**

**Department of Psychiatry**
- Psychological testing: adults
- Individual psychotherapy: adult
- Behavior modification
- Family therapy
- Group therapy
- Neuropsychology

**Kortney Krueger, PA, Physician Assistant**
Department of Family Medicine and Community Health/Urgent 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.
- PA Family Medicine Core Privileges: Privileges to manage and treat patients with family medicine related injuries or diseases.
- Prescriptive Authority

Benjamin Schultz, 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

Leslie R. Smith, 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.

Joy L. Teelin, NP, Advance Practice Nurse

Department of Surgery/Cardiothoracic

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

Additional Privileges—Advanced Practice Providers

Therese A. Aschkenase, NP (Adult Gerontology Acute Care NP)
Department of Neurology/General
- Vagus Nerve Stimulator Programming

Marcella L. Eveler, NP (Family Nurse Practitioner)
Department of Neurology/General
- Lumbar Puncture

Amy J. Kjeldahl, NP (Family Nurse Practitioner)
Department of Medicine/Hematology/Oncology
- Skin Punch Biopsy

Katelynn M. Knipper, PA
Department of Surgery/Cardiothoracic
- Chest Tube Removal and Epicardial Pacemaker Wire Removal

Maira L. Luettinger, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Geriatrics
- Shave Biopsy

Focused Professional Practice Evaluation Review

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

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<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
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Page 23 of 60
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<tr>
<th>Name</th>
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<tr>
<td>Kisat, Mehreen T., MD</td>
<td>Surgery/Acute Care and Regional General</td>
<td>Active Staff</td>
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<tr>
<td>Lacey, Alexandra M., MD</td>
<td>Surgery/Acute Care and Regional General</td>
<td>Active Staff</td>
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<tr>
<td>Lyon, Jane B., MD</td>
<td>Radiology/Pediatric Imaging</td>
<td>Active Staff</td>
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<tr>
<td>Reid, Amy M., NP</td>
<td>Neurology</td>
<td>APN</td>
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<tr>
<td>Shada, Amber L., MD</td>
<td>Surgery/Minimally Invasive</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Williams, Brian S., MD</td>
<td>Pediatrics/Hospitalist</td>
<td>Active Staff</td>
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EXECUTIVE SUMMARY

DATE: September 22, 2021

RE: Director Appointment to the UW Health ACO, Inc. Board of Directors

Dear UWHCA Board of Directors:

The University of Wisconsin Hospitals and Clinics Authority (UWHCA) is the sole Member of the UW Health Accountable Care Organization (“ACO”), Inc. Board of Directors.

Dr. Matthew Anderson resigned as a Director on the ACO Board of Directors effective August 13, 2021. The ACO Board of Directors met on August 19, 2021, reviewed, and recommended the appointment of Dr. Elizabeth Trowbridge to serve as a UW Health ACO Participant/Physician Director effective immediately and for the remainder of Dr. Anderson’s term.

Due to its reserve powers under Section 3.1(a) of the ACO Bylaws, UWHCA as the sole Member, approves the ACO Board of Directors nomination as applicable.

Please find attached for your consideration Dr. Trowbridge’s bio and accompanying resolution.

If you have any questions regarding the ACO Board of Directors nomination, please contact Dr. Jonathan Jaffery at jjaffery@uwhealth.org.

Thank you.
Dr. Elizabeth (Betsy) Trowbridge is the Executive Vice Chair of the Department of Medicine at the University of Wisconsin. She is also the Division Chief of General Internal Medicine. She holds the Phillip August and Sarah Neely Herrmann Professorship in General Internal Medicine and is a graduate fellow of the ELAM (Hedwig van Ameringen Executive Leadership in Academic Medicine Program for Women). She completed medical school, residency, and chief residency at University of Wisconsin School of Medicine and Public Health.

Dr. Trowbridge has been instrumental in the primary care redesign effort at UW Health and developed an innovative population-based compensation model for primary care. Dr. Trowbridge is the co-director of PATH (Primary Care Academics Transforming Healthcare), a multi-disciplinary writing group of physicians and change leaders at UW Health who write about UW Health system redesign efforts.

Dr. Trowbridge is a Fellow of the American College of Physicians and in 2017 received their Helen Dickie Award for Outstanding Woman Physician. She is a member of the Association of Chiefs and Leaders of General Internal Medicine, the Society of Internal General Medicine, and has been named to the Best Doctors in America list and Madison Magazine’s Top Docs list multiple times. Dr. Trowbridge received one of the UW Health Patient and Family Experience awards in 2018 and 2019. Trowbridge continues to practice general internal medicine at the clinic where she started her practice.

Dr. Trowbridge currently serves on the University of Wisconsin Medical Foundation Board of Directors, and the University of Wisconsin Hospital and Clinics Authority (UWHCA) Board Executive Committee, and as a UWMF Board liaison on the UWHCA Board of Directors. She is also honored to serve on the Green Bay Packers Board of Directors.
Resolution

ACO, Inc. Board of Director Appointment
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

UW Health ACO, Inc. Board Director Appointment

September 22, 2021

WHEREAS, the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority (the “Authority Board”) approved a restructuring of the UW Health ACO, Inc. (the “Corporation”) on November 17, 2016; and

WHEREAS, the Authority Board is the sole Member of the Corporation; and

WHEREAS, Section 3.1(a) of the Corporation’s Bylaws require that appointments to its Board of Directors be recommended by the Corporation’s Board of Directors and subject to approval by the Authority Board; and

WHEREAS, Section 4.1(a) of the Corporation’s Bylaws require that no less than seventy-five percent (75%) of the total members of the Corporation’s Board shall be selected from ACO Participants and no less than fifty percent (50%) of the Corporation’s Board will be composed of practicing physicians; and

WHEREAS, Dr. Matthew Anderson (“Dr. Anderson”) resigned as a UW Health ACO Participant/Physician Director of the Corporation effective August 13, 2021; and

WHEREAS, the Corporation’s Board of Directors met on August 19, 2021, to review and recommend the appointment of Dr. Elizabeth Trowbridge (“Dr. Trowbridge”) as a UW Health ACO Participant/Physician Director effective immediately and for the remainder of Dr. Anderson’s term ending January 31, 2023; and

WHEREAS, pursuant to its reserved powers under Section 3.1(a) of the Corporation’s Bylaws, the Authority Board has received the recommendations from the Corporation’s Board of Directors to consider the appointment of Dr. Trowbridge as an ACO Participant Director/Physician as pursuant to Section 4.1(a).

NOW, THEREFORE BE IT RESOLVED, that the Authority Board approves the appointment of Dr. Trowbridge to serve as an ACO Participant Director/Physician on the Corporation’s Board of Directors effectively immediately and to hold office until the expiration of her term on January 31, 2023, or until the appointment and qualification of her successor, or until her earlier resignation or removal in accordance with the Corporation’s Bylaws; and

FURTHER RESOLVED, that the UW Health CEO, and his delegates are hereby authorized and directed to take any and all actions, and to execute, deliver, and perform any and all agreements and other documents in the name of and on behalf of UWHCA as deemed necessary or appropriate in furtherance of the matters contemplated by these resolutions; and

FURTHER RESOLVED, that any and all lawful actions previously taken by the UW Health CEO, and officers and representatives of UW Health in its name and on its behalf and in furtherance of the matters contemplated by these resolutions are hereby ratified, confirmed and approved in all respects.
Executive Summary

Isthmus Project, Inc. Board of Director Appointment
Dear UWHCA Board of Directors:

The University of Wisconsin Hospitals and Clinics Authority (UWHCA) is the sole Member of the Isthmus Project, Inc. Board of Directors.

Mr. Mark Bakken resigned as a Director on the Isthmus Project, Inc. Board of Directors effective August 20, 2021. It is recommended by Isthmus Project leadership, as well as UW Health leadership, that Mr. Cherodeep Goswami be appointed as a Director to the Isthmus Project, Inc. Board of Directors for the remainder of Mr. Bakken’s term.

Due to its sole power and voting rights per Section 3.01(a) of the Isthmus Project, Inc. Bylaws, UWHCA as the sole Member appoints the Directors to the Isthmus Project, Inc. Board of Directors as applicable.

Please find attached for your consideration Mr. Goswami’s bio and accompanying resolution.

If you have any questions regarding the Isthmus Project, Inc. nomination, please contact Dr. Elizabeth Hagerman, Chief Innovation Officer at ehagerman@uwhealth.org.

Thank you.
BIOGRAPHY
Chero Goswami
System Vice President, Chief Information Officer

Cherodeep (Chero) Goswami serves as a System Vice President and Chief Information Officer for the UW Health System. In his role, he serves a talented team of technology professionals and provides strategic direction and leadership for IT in alignment with the mission and goals of UW Health.

Mr. Goswami brings a depth of experience and a successful track record of leading and deploying strategic initiatives in healthcare and other industries. He comes to UW Health from BJC Healthcare, where he served in a variety of leadership roles including Vice President for Business Relationship Management where he delivered maximum value through technical and digital initiatives, co-led an enterprise-wide EMR initiative and led IT strategic planning for St. Louis Children's Hospital. Prior to BJC Healthcare, he served in different roles at AT&T and consulting firms.

Mr. Goswami received his dual master's degree in Computer Technology and Business Administration from Webster University, Missouri, and Bachelor's in Physics and Computer Science from India. He has also been trained under prestigious leadership programs at Harvard School of Public Health in Boston, Massachusetts, and Columbia University in New York City, New York.
Resolution

Isthmus Project, Inc. Board Director Appointment
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Appointment of Director to the
Isthmus Project, Inc. Board of Directors

September 22, 2021

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA,” or the “Authority”) is the sole Member of the Isthmus Project, Inc. (the “Corporation”); and

WHEREAS, Section 3.01(a) of the Corporation’s Bylaws require that the approval of the Corporation’s Directors are subject to approval by the Authority Board; and

WHEREAS, Mr. Mark Bakken (“Mr. Bakken”) resigned as a Director of the Corporation effective August 20, 2021; and

WHEREAS, the Corporation leadership as well as UW Health leadership have recommended the appointment of Mr. Cherodeep Goswami (“Mr. Goswami”) to serve as a Director on the Corporation’s Board of Directors, replacing Mr. Bakken; and

WHEREAS, pursuant to its rights under Section 3.01(a) of the Corporation’s Bylaws, the Authority Board has received the recommendation from the Corporation leadership and UW Health leadership to consider Mr. Goswami’s appointment to serve as Director on the Corporation’s Board of Directors.

NOW, THEREFORE BE IT RESOLVED, that the Authority Board approves the selection of Mr. Goswami to serve as a Board Director on the Corporation’s Board of Directors for a term commencing September 23, 2021 and for the remainder of Mr. Bakken’s term ending June 30, 2022; and

FURTHER RESOLVED, that the UW Health Chief Executive Officer (“CEO”), and his delegates (“Authorized Officers”) are hereby authorized and directed to take any and all actions, and to execute, deliver, and perform any and all agreements and other documents in the name of and on behalf of UWHCA as deemed necessary or appropriate in furtherance of the matters contemplated by these resolutions; and

FURTHER RESOLVED, that any and all lawful actions previously taken by the UW Health CEO, and Authorized Officers and representatives of UW Health in its name and on its behalf and in furtherance of the matters contemplated by these resolutions are hereby ratified, confirmed and approved in all respects.
Attachment

UW Medical Foundation Proposed Candidates for 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 15, 2021 to evaluate eight (8) candidates to prepare a slate of three (3) candidates for one (1) Faculty Director seat on the UWMF Board of Directors. CoF utilized criteria which included at a minimum gender balance, diversity, experience level, the location of practice, and the type of practice, academic interest, and service record of the nominee.

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

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

- J. Igor Iruretagoyena, MD
- Sarah McAchran, MD
- J. Carter Ralph, MD

See Attached - 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)
BYLAWS OF THE UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION, INC.

AMENDED AND RESTATED EFFECTIVE MARCH 24, 2021
(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.
(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.
Financial Update
August Results

September 22, 2021
## FY22 – Month of August 31, 2021 Financials

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Var. %</th>
<th>Actual</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>August- FY22</td>
<td>August- FY22</td>
<td>vs. Budget</td>
<td>vs. Budget</td>
<td>August- FY21</td>
<td>vs. PY</td>
<td>vs. PY</td>
</tr>
<tr>
<td>Total operating revenues, net</td>
<td>326,811,400</td>
<td>337,482,717</td>
<td>(10,671,317)</td>
<td>-3%</td>
<td>301,613,050</td>
<td>25,198,350</td>
<td>8%</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>311,157,873</td>
<td>322,914,243</td>
<td>(11,756,370)</td>
<td>-4%</td>
<td>300,422,694</td>
<td>10,735,179</td>
<td>4%</td>
</tr>
<tr>
<td>Income from operations</td>
<td>15,653,527</td>
<td>14,568,474</td>
<td>1,085,053</td>
<td>7%</td>
<td>1,190,356</td>
<td>14,463,171</td>
<td>1215%</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>25,116,553</td>
<td>6,477,480</td>
<td>18,639,073</td>
<td>288%</td>
<td>41,544,754</td>
<td>(16,428,201)</td>
<td>-40%</td>
</tr>
<tr>
<td>Net Profit</td>
<td>40,770,080</td>
<td>21,045,954</td>
<td>19,724,126</td>
<td>94%</td>
<td>42,735,110</td>
<td>(1,965,030)</td>
<td>-5%</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>4.8%</td>
<td>4.3%</td>
<td>0.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FY22 – Year-to-date August 31, 2021 Financials

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Var. %</th>
<th>Actual</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aug_YTD- FY22</td>
<td>Aug_YTD- FY22</td>
<td>vs. Budget</td>
<td>vs. Budget</td>
<td>Aug_YTD- FY21</td>
<td>vs. PY</td>
<td>vs. PY</td>
</tr>
<tr>
<td>Total operating revenues, net</td>
<td>656,501,806</td>
<td>675,164,532</td>
<td>18,662,726</td>
<td>-3%</td>
<td>615,859,918</td>
<td>40,641,888</td>
<td>7%</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>625,794,283</td>
<td>649,127,147</td>
<td>23,332,864</td>
<td>-4%</td>
<td>601,519,297</td>
<td>24,274,986</td>
<td>4%</td>
</tr>
<tr>
<td>Income from operations</td>
<td>30,707,523</td>
<td>26,037,385</td>
<td>4,670,138</td>
<td>18%</td>
<td>14,340,621</td>
<td>16,366,902</td>
<td>114%</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>38,198,404</td>
<td>12,889,980</td>
<td>25,308,424</td>
<td>196%</td>
<td>104,092,244</td>
<td>(65,893,840)</td>
<td>-63%</td>
</tr>
<tr>
<td>Net Profit</td>
<td>68,905,927</td>
<td>38,927,365</td>
<td>29,978,562</td>
<td>77%</td>
<td>118,432,865</td>
<td>(49,526,938)</td>
<td>-42%</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>4.7%</td>
<td>3.9%</td>
<td>2.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Takeaways

- We continue to see strong volumes across the JOA. For the month of August, ED visits exceeded budget by 18.7%, Admissions were 4.6% favorable to budget and patient days came in 5.6% favorable.

- Even with the strong volumes, revenues are lagging compared to budget. Some of the factors there includes a weaker payor mix than what was budgeted and higher capitation impact.

- Expense were favorable to budget by $11.8M, leading to positive operating income by $1.1M. The biggest variance was in salaries and benefits, which is consistent with the amount of vacant positions we have in recruitment. We are seeing higher traveler and agency usage.

- On the non-operating side, we saw positive results compared to budget, with the unrealized gain coming in roughly $18M favorable.
<table>
<thead>
<tr>
<th></th>
<th>UWH-Madison/ACO/Isthmus</th>
<th>SAHS/RDI</th>
<th>Total *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>4.9%</td>
<td>5.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Budget</td>
<td>4.6%</td>
<td>3.1%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Prior Year</td>
<td>0.5%</td>
<td>0.1%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>
### Summary of Enterprise-wide Preliminary Month of August 31, 2021 Operating Results

#### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Actual August- FY22</th>
<th>Budget August- FY22</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual August- FY21 vs. PY</th>
<th>Variance Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>320,985,999</td>
<td>331,021,524</td>
<td>(10,035,525)</td>
<td>-3%</td>
<td>296,785,752</td>
<td>4,200,247</td>
</tr>
<tr>
<td>Other operating revenues</td>
<td>5,825,401</td>
<td>6,461,193</td>
<td>(635,792)</td>
<td>-10%</td>
<td>4,827,298</td>
<td>998,103</td>
</tr>
<tr>
<td>Total operating revenues, net</td>
<td>326,811,400</td>
<td>337,482,717</td>
<td>(10,671,317)</td>
<td>-3%</td>
<td>301,613,050</td>
<td>25,198,350</td>
</tr>
</tbody>
</table>

#### TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual August- FY21 vs. PY</th>
<th>Variance Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>173,290,150</td>
<td>180,079,101</td>
<td>(6,788,951)</td>
<td>-4%</td>
<td>167,281,444</td>
<td>6,008,706</td>
</tr>
<tr>
<td>Other expenses</td>
<td>2,882,791</td>
<td>3,176,629</td>
<td>(293,838)</td>
<td>-9%</td>
<td>3,037,366</td>
<td>(154,575)</td>
</tr>
<tr>
<td>Purchased services and agency costs</td>
<td>20,688,216</td>
<td>23,619,668</td>
<td>(2,931,452)</td>
<td>-12%</td>
<td>18,866,533</td>
<td>2,001,683</td>
</tr>
<tr>
<td>Medical materials and supplies</td>
<td>24,394,739</td>
<td>23,780,723</td>
<td>614,016</td>
<td>3%</td>
<td>22,328,523</td>
<td>1,006,216</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>50,365,470</td>
<td>51,055,723</td>
<td>(690,279)</td>
<td>-1%</td>
<td>49,860,400</td>
<td>505,070</td>
</tr>
<tr>
<td>Interest expense</td>
<td>2,093,599</td>
<td>1,888,824</td>
<td>204,775</td>
<td>11%</td>
<td>1,984,804</td>
<td>98,975</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>9,232,152</td>
<td>8,899,673</td>
<td>332,479</td>
<td>3%</td>
<td>9,577,223</td>
<td>(345,071)</td>
</tr>
<tr>
<td>Public aid assessment</td>
<td>5,179,094</td>
<td>5,176,667</td>
<td>2,427</td>
<td>0%</td>
<td>5,206,420</td>
<td>(27,326)</td>
</tr>
<tr>
<td>Facilities and equipment</td>
<td>17,024,387</td>
<td>19,155,462</td>
<td>(2,131,075)</td>
<td>-11%</td>
<td>16,815,175</td>
<td>209,212</td>
</tr>
<tr>
<td>Nonoperating expenses - academic support</td>
<td>6,007,275</td>
<td>5,991,747</td>
<td>15,528</td>
<td>0%</td>
<td>5,734,806</td>
<td>272,469</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>311,157,873</td>
<td>322,914,243</td>
<td>(11,756,370)</td>
<td>-4%</td>
<td>300,422,694</td>
<td>10,735,179</td>
</tr>
</tbody>
</table>

#### Income from operations

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual August- FY21 vs. PY</th>
<th>Variance Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15,653,527</td>
<td>14,568,474</td>
<td>1,085,053</td>
<td>7%</td>
<td>1,190,356</td>
<td>14,463,171</td>
</tr>
</tbody>
</table>

#### NON-OPERATING REVENUE/EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
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<th>Actual August- FY21 vs. PY</th>
<th>Variance Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net increase/decrease in fair value of investments</td>
<td>18,381,398</td>
<td>411,325</td>
<td>17,970,073</td>
<td>4369%</td>
<td>36,774,529</td>
<td>(18,393,131)</td>
</tr>
<tr>
<td>Investment income</td>
<td>4,944,663</td>
<td>4,221,098</td>
<td>723,565</td>
<td>17%</td>
<td>2,163,050</td>
<td>2,781,613</td>
</tr>
<tr>
<td>Equity interest in income/loss of joint ventures</td>
<td>1,184,398</td>
<td>1,423,014</td>
<td>(238,616)</td>
<td>-17%</td>
<td>2,077,534</td>
<td>(893,136)</td>
</tr>
<tr>
<td>Net inc/dec in fair value of derivative instrument</td>
<td>104,130</td>
<td>0</td>
<td>104,130</td>
<td>0%</td>
<td>213,364</td>
<td>(109,234)</td>
</tr>
<tr>
<td>Other, net</td>
<td>501,964</td>
<td>422,043</td>
<td>79,921</td>
<td>19%</td>
<td>316,277</td>
<td>185,687</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>25,116,553</td>
<td>6,477,480</td>
<td>18,639,073</td>
<td>288%</td>
<td>41,544,754</td>
<td>(16,428,201)</td>
</tr>
</tbody>
</table>

#### Net Profit

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual August- FY21 vs. PY</th>
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<tbody>
<tr>
<td></td>
<td>40,770,080</td>
<td>21,045,954</td>
<td>19,724,126</td>
<td>94%</td>
<td>42,735,110</td>
<td>(1,965,030)</td>
</tr>
</tbody>
</table>

Favorable Variance
Unfavorable Variance
## Summary of Enterprise-wide Preliminary YTD August 31, 2021 Operating Results

### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual Aug_YTD- FY22</th>
<th>Budget Aug_YTD- FY22</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual Aug_YTD- FY21 vs. PY</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>645,453,654</td>
<td>662,277,723</td>
<td>(16,824,069)</td>
<td>-3%</td>
<td>605,897,847</td>
<td>39,555,807</td>
<td>7%</td>
</tr>
<tr>
<td>Other operating revenues</td>
<td>11,048,152</td>
<td>12,886,809</td>
<td>(1,838,657)</td>
<td>-14%</td>
<td>9,962,071</td>
<td>2,924,738</td>
<td>30%</td>
</tr>
<tr>
<td>Total operating revenues, net</td>
<td>656,501,806</td>
<td>675,164,532</td>
<td>(18,662,726)</td>
<td>-3%</td>
<td>615,859,918</td>
<td>40,641,888</td>
<td>7%</td>
</tr>
</tbody>
</table>

### TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>350,737,805</td>
<td>361,462,083</td>
<td>(10,724,278)</td>
<td>-3%</td>
</tr>
<tr>
<td>Other expenses</td>
<td>3,940,242</td>
<td>6,272,881</td>
<td>(2,332,639)</td>
<td>-37%</td>
</tr>
<tr>
<td>Purchased services and agency costs</td>
<td>39,489,103</td>
<td>47,701,680</td>
<td>(8,212,577)</td>
<td>-17%</td>
</tr>
<tr>
<td>Medical materials and supplies</td>
<td>47,821,809</td>
<td>48,758,035</td>
<td>(936,226)</td>
<td>-2%</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>104,372,397</td>
<td>102,414,014</td>
<td>1,958,383</td>
<td>2%</td>
</tr>
<tr>
<td>Interest expense</td>
<td>4,226,496</td>
<td>3,782,119</td>
<td>444,377</td>
<td>12%</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>18,537,029</td>
<td>17,979,096</td>
<td>557,933</td>
<td>3%</td>
</tr>
<tr>
<td>Public aid assessment</td>
<td>10,279,465</td>
<td>10,353,333</td>
<td>(73,868)</td>
<td>-1%</td>
</tr>
<tr>
<td>Facilities and equipment</td>
<td>34,353,216</td>
<td>38,420,413</td>
<td>(4,067,197)</td>
<td>-11%</td>
</tr>
<tr>
<td>Nonoperating expenses - academic support</td>
<td>12,036,721</td>
<td>11,983,493</td>
<td>53,228</td>
<td>0%</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>625,794,283</td>
<td>649,127,147</td>
<td>(23,332,864)</td>
<td>-4%</td>
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<tr>
<td>Income from operations</td>
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<td>18%</td>
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</table>

### NON-OPERATING REVENUE/EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
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<th>Budget</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net increase/decrease in fair value of investments</td>
<td>24,206,058</td>
<td>822,650</td>
<td>23,383,408</td>
<td>2842%</td>
</tr>
<tr>
<td>Investment income</td>
<td>7,656,794</td>
<td>8,442,195</td>
<td>(785,401)</td>
<td>-9%</td>
</tr>
<tr>
<td>Equity interest in income/loss of joint ventures</td>
<td>5,566,694</td>
<td>2,846,028</td>
<td>2,720,666</td>
<td>96%</td>
</tr>
<tr>
<td>Net inc/dec in fair value of derivative instrument</td>
<td>(8,743)</td>
<td>0</td>
<td>(8,743)</td>
<td>0%</td>
</tr>
<tr>
<td>Other, net</td>
<td>777,601</td>
<td>779,107</td>
<td>(1,506)</td>
<td>0%</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>38,198,404</td>
<td>12,889,980</td>
<td>25,308,424</td>
<td>196%</td>
</tr>
<tr>
<td>Net Profit</td>
<td>68,905,927</td>
<td>38,927,365</td>
<td>29,978,562</td>
<td>77%</td>
</tr>
</tbody>
</table>

Favorable Variance
Unfavorable Variance
### Enterprise-wide Preliminary August 31, 2021 Performance Ratios

<table>
<thead>
<tr>
<th>Component</th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,805,638,181</td>
<td>525,802,668</td>
<td>4,055,373</td>
<td>2,335,496,222</td>
<td>544,601,648</td>
<td>2,880,097,870</td>
</tr>
<tr>
<td>Restricted by Trustee &amp; Donors</td>
<td>21,906,887</td>
<td>-</td>
<td>-</td>
<td>21,906,887</td>
<td>10,373,824</td>
<td>32,280,711</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>328,815,085</td>
<td>61,648,759</td>
<td>-</td>
<td>390,463,844</td>
<td>80,071,024</td>
<td>470,534,868</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment, Net</td>
<td>763,321,431</td>
<td>63,200,123</td>
<td>7,991</td>
<td>826,529,545</td>
<td>425,246,679</td>
<td>1,242,408,560</td>
</tr>
<tr>
<td>Other Assets &amp; Deferred Outflows of Resources</td>
<td>1,373,972,653</td>
<td>128,219,362</td>
<td>173,592</td>
<td>1,274,750,995</td>
<td>77,157,058</td>
<td>1,104,364,813</td>
</tr>
<tr>
<td><strong>Total Assets &amp; Deferred Outflows of Resources</strong></td>
<td><strong>$4,293,654,237</strong></td>
<td><strong>$778,870,912</strong></td>
<td><strong>$4,236,956</strong></td>
<td><strong>$4,849,147,493</strong></td>
<td><strong>$1,137,450,233</strong></td>
<td><strong>$5,729,686,822</strong></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>545,823,860</td>
<td>342,236,943</td>
<td>289,140</td>
<td>664,683,147</td>
<td>206,073,647</td>
<td>628,143,240</td>
</tr>
<tr>
<td>Long-term Debt &amp; Deferred Inflows of Resources</td>
<td>1,468,115,647</td>
<td>34,735,000</td>
<td>-</td>
<td>1,502,850,647</td>
<td>301,072,605</td>
<td>1,803,923,252</td>
</tr>
<tr>
<td>Net Position</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>2,174,130,946</td>
<td>401,898,969</td>
<td>3,947,816</td>
<td>2,576,029,915</td>
<td>621,494,398</td>
<td>3,192,594,627</td>
</tr>
<tr>
<td>Restricted</td>
<td>105,583,784</td>
<td>-</td>
<td>-</td>
<td>105,583,784</td>
<td>8,809,583</td>
<td>105,025,703</td>
</tr>
<tr>
<td><strong>Total Liabilities, Deferred Inflows of Resources &amp; Net Position</strong></td>
<td><strong>$4,293,654,237</strong></td>
<td><strong>$778,870,912</strong></td>
<td><strong>$4,236,956</strong></td>
<td><strong>$4,849,147,493</strong></td>
<td><strong>$1,137,450,233</strong></td>
<td><strong>$5,729,686,822</strong></td>
</tr>
<tr>
<td></td>
<td>Favorable Direction</td>
<td>FY 22</td>
<td>S&amp;P &quot;AA-&quot; Rated (1)</td>
<td>Moodys &quot;Aa3&quot; Rated (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------</td>
<td>-------</td>
<td>---------------------</td>
<td>------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>↑</td>
<td>4.7%</td>
<td>1.9%</td>
<td>2.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Margin</td>
<td>↑</td>
<td>10.0%</td>
<td>4.1%</td>
<td>5.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>↑</td>
<td>304</td>
<td>^ 287</td>
<td>299</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>↓</td>
<td>49</td>
<td>47</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>↓</td>
<td>18.4%</td>
<td>26.9%</td>
<td>26.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>↑</td>
<td>8.2%</td>
<td>7.1%</td>
<td>7.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>↑</td>
<td>400.6%</td>
<td>237.3%</td>
<td>280.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* excludes provision for bad debt and retiree health insurance, includes academic support
** average for 12 months
^ The significant increase to DCOH is related to the advanced received from Medicare, which is over 25 days and some rebounds in the investment portfolio
Key Takeaways for August

-We continue to see strong volumes across the JOA. For the month of August, ED visits exceeded budget by 18.7%, Admissions were 4.6% favorable to budget and patient days came in 5.6% favorable.

-Even with the strong volumes, revenues are lagging compared to budget. Some of the factors there includes a weaker payor mix than budget and higher capitation impact.

-Expense were favorable to budget by $11.8M, leading to positive operating income by $1.1M. The biggest variance was in salaries and benefits, which is consistent with the amount of vacant positions we have in recruitment. We are seeing higher traveler and agency usage.

-On the non-operating side, we saw positive results compared to budget, with the unrealized gain coming in roughly $18M favorable.