UWHCA Board of Directors

May 26, 2022, 1:30 - 4:30 PM

https://uwhealth.webex.com/uwhealth/j.php?MTID=m9ecfeb84ad8183d81d489e85f7680e59

Meeting number: 2623 965 0068 / Password: 052622

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UWHCA Board of Directors - May 26, 2022 - Public Meeting Notice

Agenda

1:30 PM
I. Call to Order of Board Meeting
Mr. Paul Seidenstricker

1:30 PM
II. Consent Agenda
Mr. Paul Seidenstricker

Meeting Minutes - Open Session

Medical Staff Membership and Clinical Privileges
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East Madison Hospital Level IV State Verified Trauma Center Designation

Executive Summary - East Madison Hospital Level IV State Verified Trauma Center Designation 15
Resolution - East Madison Hospital Level IV State Verified Trauma Center Designation 17

UW Health Quality Assurance and Process Improvement (QAPI) Plan

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1:32 PM
III. Recognition of Gratitude – Chancellor Rebecca Blank
Mr. Paul Seidenstricker, Dean Robert Golden

Resolution - In Recognition of the Service of Chancellor Rebecca Blank 38

1:37 PM
IV. UW Health Governance Matters
Mr. Paul Seidenstricker

Attachment - UW Health Committee Population 40

1:40 PM
V. COVID-19 Situational Update
Dr. Peter Newcomer

Update

1:50 PM
VI. Eastpark Medical Center Update
Ms. Liz Douglas

Presentation - Eastpark Medical Center Update 47

2:15 PM
VII. UW Health Financial Report
Mr. Robert Flannery, Ms. Jodi Vitello

Presentation - UW Health Financial Update (April 2022) 61
FYI Attachment - UW Health Consolidated Financials - YTD April 30, 2022 66

2:25 PM
VIII. Closed Session

Motion to enter closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed and executive closed session meeting minutes; update regarding fiscal year 2022 financial scenario projection; UW
Health/UnityPoint Health-Meriter Joint Operating Agreement update; UW Health Workforce Review and Update and UW Health CEO Perspective; pursuant to Wisconsin Statutes section 19.85(1)(c) for discussion of an employment matter over which UWHCA has jurisdiction and responsibility; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

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: May 2, 2022
Medical Board: May 12, 2022

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

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

New Applications—Medical Staff

**Tonia S. Afshan, 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.

**Christina E. Amend, MD, Active Staff**
Department of Pediatrics/Hematology/Oncology

- Pediatric Hematology/Oncology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat infants, children and adolescents with documented or possible hematologic/oncologic disease. These privileges include, but are not limited to, bone marrow aspiration and bone marrow biopsy; lumbar puncture and administration of intrathecal chemotherapy; interpretation and reading of blood smears and bone marrow aspirates; ordering and interpreting diagnostic tests and procedures required for the care of the above patient population; administration of intravenous and oral chemotherapy/immunotherapy/other agents required for the care of this patient population; management of patients receiving complex care for hematologic and/or oncologic issues including autologous and allogeneic stem cell transplant in multiagent chemotherapy; processing of peripheral blood stem cell harvest for transplant purposes, planning & regimen protocol writing/selection for patients receiving unrelated or mismatched hematopoietic stem cell transplants; percutaneous needle insertion into V-P shunts or similar intracerebral access devices for patients with CNS malignancies; provision of immediate and longitudinal care for adults previously treated for pediatric hematologic or oncologic disease; and supervision of residents, fellows and others in training.

**Diane M. Anderson, 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...
Kaitlin V. Bradley, DO, Active Staff

Department of Medicine/Allergy, Pulmonary & Critical Care

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

Laura R. Hanks, 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.
- Use of surgical robot for procedures otherwise privileged to perform.

Whitley N. Hulse, MD, Active Staff

Department of Pediatrics/Neonatology

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

Abraham Jacob, MD, Active Staff
Department of Medicine/Cardiovascular Medicine
- Cardiovascular Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose,
consult, and treat adult patients presenting with medical illnesses with focus on cardiac issues and problems. These
issues include care of patients via telemedicine. These privileges include, but are not limited to, cardioversion;
insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents;
pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement;
supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Carlos A. Jaramillo, IV, 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.

Anupama T. Joseph, MD, Active Staff
Department of Medicine/Cardiovascular Medicine
- Cardiovascular Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose,
consult, and treat adult patients presenting with medical illnesses with focus on cardiac issues and problems. These
issues include care of patients via telemedicine. These privileges include, but are not limited to, cardioversion;
insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents;
pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement;
supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Cardiac Imaging: Transthoracic echocardiography
- Cardiac Imaging: Transesophageal echocardiography
- Cardiac Imaging: Stress echocardiography
- Cardiac Imaging: Nuclear Cardiology
- Adult Moderate Sedation at all UWHCA locations

Sarah M. Kloiber, 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.

Sophie M. Kramer, MD, Active Staff
Department of Medicine/Geriatrics (Home Based Primary Care/Hospital at Home)
- 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.
- **Joint Aspiration/Injection**
- **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.
- **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.
- **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, sutting 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.
- **Substance Use Disorder (Alcohol) Core Privileges:** Physicians granted these privileges are permitted to provide care for patients who have or are suspected of having alcohol use disorders who they are not seeing primarily for other conditions. Privileges to evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with possible or present alcohol related problems. These privileges include, but are not limited to, assessment and management of physical dependence upon and withdrawal from alcohol.
- **Substance Use Disorder (Addictive Substances Other Than Alcohol: Prescription-based and Illicit Drugs) Core Privileges:** Physicians granted these privileges are permitted to provide care for patients with substance use disorders who they are not seeing primarily for other conditions. Privileges to evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with substance use related problems. These privileges include, but are not limited to assessment and management of physical dependence upon and withdrawal from controlled substances.
- **Pediatric Pulmonology Core Privileges:** Privileges to admit, evaluate including performance of H&P, diagnose,
consult and treat infants, children and adolescents with documented or possible pulmonary disease. These privileges include, but are not limited to, bronchoprovocation testing; bronchoscopy with or without lavage and/or with or without bronchial biopsy; mechanical ventilation; nasal mucosal scraping for cytology; pilocarpine iontophoresis; pulmonary function testing; exercise testing; interpretation of oximetry; capnography; respiratory impedance and heart rate recordings; rhinolaryngoscopy; provision of immediate and longitudinal care for adults previously treated for pediatric pulmonary disease; and supervision of residents, fellows and others in training.

Amanda P. McIntyre, MD, Active Staff
Department of Medicine/Allergy, Pulmonary & Critical Care
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and 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.
- Allergy & Immunology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat patients of all ages presenting with diseases and disorders affecting the immune system. These privileges include, but are not limited to, allergy skin testing and interpretation, allergic desensitization, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Joseph P. Musto, 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.

Angela M. O’Connor, MD, Active Staff
Department of Pediatrics/Urgent Care
- 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.

Kristin R. O’Dell, 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.

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

Sabrina S. Sam, 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.

Sindhu Singh, MD, Active Staff

Department of Medicine/Hematology/Oncology

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

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

- **Medical Oncology Core Privileges:** Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with malignancies. These privileges include, but are not limited to, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes; management and maintenance of indwelling venous access catheters; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Amy B. Susnow, 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.

Sodienye U. Tetenta, MD, Affiliate Staff

Department of Medicine/Allergy, Pulmonary & Critical Care

- **Critical Care Medicine Core Privileges:** Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges 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. These privileges also include care of patients via telemedicine.

- **Pulmonary Medicine Core Privileges:** Privileges to evaluate including performance of H&P, diagnose, admit, consult, and treat adult patients presenting with diseases and disorders of the organs of the thorax or chest. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, management of mechanical ventilation; management of noninvasive ventilation; direct laryngoscopy, diagnostic flexible bronchoscopy; including transbronchial lung biopsy, transbronchial needle aspiration, endobronchial ultrasound. Therapeutic bronchoscopy including simple reduction and treatment of bleeding and opening of blocked bronchi; pulmonary function testing (including methacholine challenges) and interpretation; sleep study testing and interpretation; endotracheal intubation; needle aspiration of the chest; chest tube placement; pulmonary treadmill exercise testing; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Nicole L. Werner, 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.
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.

Adult Moderate Sedation ONLY within University Hospital or UW Health East Madison Hospital

Thomas J. Westfall, 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.

Katie B. Williams, 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.

Jonathan Y. Wong, DO, Active Staff
Department of Pediatrics/Gastroenterology
- Pediatric Gastroenterology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat infants, children and adolescents with documented or possible disorders of the stomach, intestine, and related structures such as the esophagus, liver, gall bladder and pancreas. These privileges include, but are not limited to, colonoscopy with or without biopsy; flexible sigmoidoscopy with or without biopsy; upper endoscopy including endoscopic esophageal dilatation with or without biopsy; liver biopsy; placement of gastrostomy tube; pH probe; rectal suction biopsy; sclerosis of esophageal varices; provision of immediate and longitudinal care for adults previously treated for pediatric gastrointestinal diseases; and supervision of residents, fellows and others in training.

Joanna C. Zurko, MD, Active Staff
Department of Medicine/Hematology/Oncology
- Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, 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.
- Hematology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases and disorders of the blood and blood-forming tissues. These privileges include, but are not limited to, bone marrow aspiration and biopsy; administration of chemotherapy; the management and care of indwelling venous access catheters; plasmapheresis; therapeutic phlebotomy; lymph node aspiration; bone marrow harvest; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Medical Oncology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with malignancies. These privileges include, but are not limited to, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes; management and maintenance of indwelling venous access catheters; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Bone marrow harvest
- Hematopoietic progenitor cell component infusion

Additional Privileges—Medical Staff
Shera A. Teitge, MD, Active Staff
Department of Emergency Medicine
- Deep Sedation--Adults (13 years and older)
- Fluoroscopy

New Applications—Advanced Practice Providers
Alanna V. Briski, 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

Amy J. Franklin, 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

Ann L. Lapacinski, CRNA, Advance Practice Nurse

Department of Anesthesiology
- Certified Registered Nurse Anesthetist Core Privileges: preanesthesia evaluation and preparation, administration of general and regional anesthesia and all levels of sedation techniques, and postanesthesia care for children, adolescent, and adult patients under the direct supervision of physician members of the medical staff. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. May also order respiratory therapy.

Sheila M. Opelt, PA, Physician Assistant

Department of Surgery/Transplant
- 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 Transplant Surgery Core Privileges: Privileges to manage and treat adolescents and adults with transplant injuries or diseases and related issues.
- Prescriptive Authority

Earlise C. Ward, PHD, Clinical Psychology

Department of Family Medicine and Community Health
- Individual psychotherapy: children (play)
- Individual psychotherapy: adolescents
- Individual psychotherapy: adult
- Behavior modification

Additional Privileges--Advanced Practice Providers

Meredith G. Arevalo, NP (Family Nurse Practitioner)

Department of Medicine/General Internal Medicine
- Subdermal birth control removal

Jillian M. Bodden Hoenisch, NP (Adult Gerontology Primary Care NP)

Department of Medicine/Geriatrics
- Intra-articular/intra-bursal injections

Alexandra M. Colwell, NP (Family Nurse Practitioner)

Department of Medicine/Hematology/Oncology
- Bone Marrow Biopsy

Rebecca E. Koslov, NP (Adult Gerontology Primary Care NP)

Department of Medicine/Geriatrics
- Cryotherapy and Shave Biopsy

Maira L. Luettinger, NP (Adult Gerontology Primary Care NP)

Department of Medicine/Geriatrics
- Paring of Calluses and toenail care

Abigail M. McGuire, PA
Department of Family Medicine and Community Health/General
  - Family Medicine and Community Health Core Privileges

Jessica J. Olson, NP (Primary Care Pediatric NP)

Department of Neurology/Pediatric Neurology
  - Botox Injections

Cara A. Omernik, NP (Adult-Gerontology PCNP)

Department of Medicine/Geriatrics
  - Lumbar Puncture

Jessica A. Stafford Draper, NP (Pediatric NP - Primary Care)

Department of Surgery/Pediatric
  - Pediatric NP Child Abuse Core Privileges

Branden M. Statz, PA

Department of Surgery/Cardiothoracic
  - Chest Tube Removal

Kathleen L. Wilkinson, PA, Physician Assistant

Transfer to Department of Surgery/Minimally Invasive 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 General Surgery Core Privileges: Privileges to manage and treat patients in need of surgical care and related issues.
  - Prescriptive Authority

Laura M. Zeller, PA

Department of Medicine/Cardiovascular Medicine
  - Cardioversions

Focused Professional Practice Evaluation Review

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
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<tbody>
<tr>
<td>Anderson, Meghan K., NP</td>
<td>Medicine/Hospital Medicine</td>
<td>Advance Practice Nurse</td>
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<tr>
<td>Beattie, Shelby J., CRNA</td>
<td>Anesthesiology</td>
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<td>Gutgesell, Elizabeth Win S., NP</td>
<td>Medicine/Cardiovascular Medicine</td>
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<td>Kramer, Laura E., NP</td>
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<tr>
<td>Liss, Cassandra J., CNM</td>
<td>Obstetrics and Gynecology/Nurse Midwife</td>
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<td>Millard, Amy D., NP</td>
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<tr>
<td>Moss, Haleigh N., NP</td>
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<td>Thayer, Jonathan D., NP</td>
<td>Medicine/Allergy, Pulm &amp; Critical Care</td>
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<td>Whelley, Christine M., NP</td>
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<tr>
<td>Gardner, Kerry, PA</td>
<td>Orthopedics and Rehabilitation/Orthopedic Surgery</td>
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<td>Hartmann, Kim L., PA</td>
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<td>Holmes-Drammeh, Emelle S., PA</td>
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<td>McCutcheon, Emily J., PA</td>
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<td>Rasch, Ian, CAA</td>
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<td>Aljuboori, Zaid S., MD</td>
<td>Neurological Surgery/Fellow</td>
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<td>Beshish, Arij G., MD</td>
<td>Pediatrics/General</td>
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<td>Boland Rigby, Taylor M., MD</td>
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<td>Cohn, Michael W., PsyD</td>
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<td>Kjeldahl, Amy J., NP</td>
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<td>Wilson, Margaret G., PA</td>
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<td>Glazer, Joshua M., MD</td>
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<td>Kusmirek, Joanna E., MD</td>
<td>Radiology/Thoracic Imaging (Chest)</td>
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<tr>
<td>Lee-Miller, Cathy A., MD</td>
<td>Pediatrics/Hematology/Oncology</td>
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<td>Oo, Pye P., MBBS</td>
<td>Medicine/Fellow</td>
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<td>Patel, Ravi V., MBBS</td>
<td>Medicine/Nephrology</td>
<td>Active Staff</td>
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<td>Pothof, Jeffrey J., MD</td>
<td>Emergency Medicine</td>
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<tr>
<td>Will, Tyler D., MD</td>
<td>Medicine/Hospital Medicine</td>
<td>Active Staff</td>
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**Focused Professional Practice Evaluation Review - Additional Privileges**

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

East Madison Hospital Designation as a Level IV Trauma Center
EXECUTIVE SUMMARY

DATE: May 26, 2022

RE: East Madison Hospital Designation as a Level IV Trauma Center

Wisconsin has 117 of 130 potential hospitals participating in its trauma system, with 12% of them being American College of Surgeons verified Level I or II and the remaining 88% being a Level III or IV trauma care facility designated by the state as a part of their voluntary participation in the state trauma system. East Madison Hospital is currently one of 13 hospitals in the state listed as “undesignated” within the trauma system. Of note, the nearest trauma designated system to East Madison Hospital is the SSM Health Emergency Center located 3.8 miles away which is a Level IV state-verified trauma center. Under current trauma protocols, patients who meet trauma criteria must be transported to the nearest trauma care facility (TCF) for stabilization.

The definition of a Level IV TCF is as follows:

- Level IV: Facility provides stabilization and advanced trauma life support prior to patient transfer to a Level I or II.

The request to the UWHCA Board of Directors is to support the process of applying to have East Madison Hospital become a Level IV state-verified trauma facility (TCF). Becoming a Level IV TCF will allow East Madison Hospital to better meet the needs of our community east of Madison while also allowing East Madison Hospital to begin to capture revenue for the trauma services that would be provided. Per the State of Wisconsin Trauma Guidelines:

_The decision of a hospital to become a Trauma Care Facility (TCF) requires the commitment of the institutional governing body and the medical staff, and this administrative commitment must be documented._

East Madison Hospital has the current clinical capabilities to care for trauma patients without additional capital investment. The work required to achieve verification is primarily related to integrating a Performance Improvement Patient Safety (PIPS) plan with existing structures within UW Health as well as designating a Trauma Medical Director for East Madison Hospital who will be accountable for the program.

This request is endorsed and supported by the Department of Surgery (to include Acute Care Surgery and Trauma), Department of Emergency Medicine and the leadership of East Madison Hospital.
Resolution

East Madison Hospital Designation as a Level IV Trauma Center
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

East Madison Hospital Designation as a Level IV Trauma Center

May 26, 2022

WHEREAS, the UW Health Department of Surgery, including Acute Care Surgery and Trauma, and the UW Health Department of Emergency Medicine (collectively, the “Departments”), along with UW Health East Madison Hospital leadership (“UW Health management”), have determined that in order to better meet the needs of the East Madison community and to allow for the UW Health East Madison Hospital (the “Hospital”) to proceed with continuity of care for trauma services provided, the Hospital should become a Level IV state-verified trauma center; and

WHEREAS, the Departments and UW Health management have reviewed the process to have the UW Health East Madison Hospital (the “Hospital”) apply to become a Level IV state-verified trauma center in order to commit to maintaining high standards needed to provide optimal care of all trauma patients and have recommended approval to the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) Board of Directors (“Board”); and

WHEREAS, the UWHCA Board has reviewed the request to support the process of applying to have the Hospital become a Level IV state-verified trauma center as well as the work required to achieve verification as prepared and presented by UW Health management.

NOW, THEREFORE, BE IT RESOLVED, that the UWHCA Board approves the Hospital to apply for verification as a Level IV state-verified trauma center in order to commit to maintaining high standards needed to provide optimal care of all trauma patients; and

FURTHER RESOLVED, the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; 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 an on behalf of UWHCA as deemed necessary or appropriate in furtherance of the matters contemplated by these resolutions;

FURTHER RESOLVED, that any and all lawful actions previously taken by the 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.
EXECUTIVE SUMMARY

DATE: May 26, 2022

RE: Quality Assurance and Process Improvement Plan

The Centers for Medicare and Medicaid Services (CMS) expects every organization to have a Quality Assessment and Process Improvement (QAPI) plan that outlines how we will ensure we provide safe and high-quality care for our patients. The purpose of QAPI in our organization is to take a proactive approach to reduce medical errors and continually improve the way we care for and engage with our patients and their families, visitors, partners, and each other so that we may realize our vision of Remarkable Healthcare. The scope of the QAPI program integrates improvement activities from across the organization. The program encompasses all segments of care and services provided by UW Health as well as indirectly by contract. The plan is flexible to accommodate significant service changes, unusual events or other similar elements.

Each year the QAPI plan is reviewed and updated accordingly. The proposed plan was reviewed and endorsed the UW Health Patient Safety and Quality Committee on May 18, 2022.

Attached is the UW Health Quality Assurance and Process Improvement (QAPI) Plan for your review and approval.

If you have any questions, please contact, Ms. Betsy Clough at 608.262.0098 or eclough@uwhealth.org.

Thank you.
Attachment

Quality Assurance and Process Improvement (QAPI) Plan
Vision

Remarkable Healthcare

University of Wisconsin Hospitals and Clinics Authority (UW Health) has a proud tradition of advancing science and practice of medicine. When the UWHCA Board approved the strategic plan, it also reaffirmed our core mission of advancing health without compromise thorough service, scholarship, science and social responsibly.

The strategic plan sharpens our focus of our vision: Remarkable Healthcare. These two words are our promise to patients and their families. It is always important to remember that we exist as a health care organization for only one reason – our patients. We will keep them at the center of our work.

Our strategies are focused on our future; however, to be successful, there are certain things that will never change and are foundation to our success. In parallel to tracking the progress of our strategic plan, we will also track and measure our performance in five foundational competencies.

• Quality and Safety
• Staff and Physician Wellbeing
• Diversity, Equity and Inclusion
• Information Management and Analytics
• Financial Performance

To advance our new vision we identified 5 strategic areas we call “domains” where we will focus our work.

• Patient Experience: Exceed expectations of our patients and families, every patient, every time
• Population Health: Bring value through an equitable, coordinated, affordable system of care that improves the health of our patients and communities.
• Distinctive Programs: Develop and grow remarkable clinical programs with patient outcomes that are recognized locally, regionally, nationally
• Discovery and Innovation: Be the preferred, trusted partner to safely and equitably lead innovation and take it from discovery to the people we serve
• Smart Growth: Enhance relevance and sustainability by connecting with more patients and communities
Mission

The mission of UW Health is to advance health without compromise through:

- **Service** — providing the best possible patient care experience and outcomes for all those who need our services and providing programs that support the health and wellness of individuals and populations;
- **Scholarship** — delivering contemporary education for current and future generations of health professionals;
- **Science** — conducting a broad range of research to discover the most promising ways to promote health and to prevent, detect and treat illness in people and communities; and
- **Social Responsibility** — doing what is best for the communities we serve through environmental sustainability, policy advocacy, health care delivery and public health

This is a shared mission with the University of Wisconsin School of Medicine and Public Health and is about the direct delivery of care, the education of next generation providers and our world-changing research.

Purpose:

The purpose of QAPI in our organization it to take a proactive approach to reduce medical errors and continually improve the way we care for and engage with our patients and their families, visitors, partners, and each other so that we may realize our vision of Remarkable Healthcare. To do this, all employees will participate in ongoing QAPI efforts which support our mission to advance health without compromise.
Scope

The scope of the QAPI program integrates improvement activities across the organization. Appreciation of UW Health’s system including both in-patient and out-patient care delivery sites, requires continuous discussion of initiatives to ensure alignment and achievement between units, departments, clinics, and support services. The program encompasses all segments of care and services provided by UW Health as well as by contract and the departments that support this work resulting in participation from all departments. These include but are not limited to:

- Clinical Care Services- (i.e. emergency, inpatient and outpatient, physicians, advanced practice practitioners, nursing, respiratory services, therapies, radiology, nuclear medicine, lab, anesthesia, surgical services, rehab including home medical equipment, telehealth and home based hospital care)
- Service Lines: Transplant, Oncology, UW Health Kids, Heart & Vascular, Orthopedics, and Neurology & Neurosurgery.
- Nursing quality, safety, competencies and adherence to policies (i.e. medication administration timing, transfusion reaction reporting, standard protocols are effective and safe, and staff are following policy.)
- Patient flow and discharge planning, including readmission monitoring
- Spiritual Care Services
- Culinary and Clinical Nutrition
- Pharmacy Services including home medical equipment
- Organ, Tissue and Eye donation
- Facilities, Housekeeping, Maintenance & Engineering
- Infection control and prevention, including Antibiotic Stewardship
- Health Information Management including review of standing orders, storage, security, and confidentiality of medical records
- Information Systems and Enterprise Analytics
- Clinical Knowledge Management
- Quality and Patient Safety
- Security Services
- Human Resources
- Legal, Business Integrity, Procurement (including contract management), Compliance
- Volunteers
- Interpreter Services
- Population Health
- Administration

The QAPI program at UW Health will aim for safety and high quality with all clinical interventions, by ensuring our data collection tools and monitoring systems are in place and are consistent for a proactive analysis. We will utilize the best available evidence (such as data from Vizient, national or state benchmarks, national registries, published best practice clinical guidelines, etc.), to define and measure our goals.

Unusual Changes or Events

The QAPI Plan is flexible to accommodate significant services changes, structure changes, unusual events or other similar elements. Objectives and topics can be introduced at any time to be prioritized and included in the scope of the QAPI Plan.
Structure and Leadership

The governing body is responsible for the safety and quality of care, treatment, and services within UW Health.

The governing body, medical staff and operational leaders ensure UW Health’s QAPI plan:

- Is ongoing, defined, implemented, and maintained,
- Addresses organizational-specific priorities for improved quality of care and patient safety, and that all improvements are evaluated,
- Establishes clear expectations for safety in the organization,
- Allocates adequate resources for the organizational-specific QAPI program, and
- Annually reviews the prioritization of distinct improvement projects conducted in the organization

Key employees are responsible for the development and implementation of the QAPI. These individuals include the Vice President/President, UW Hospitals, Madison Region; Chief Nursing Executive; Vice President, Quality and Safety; Vice President/Chief Nursing Officer Inpatient; Senior Vice President/Chief Ambulatory Officer, Chief Nursing Officer Ambulatory; Chief Clinical Officer; Chief Quality Officer; Chief Medical Officer to fully represent the spectrum of hospital services. These leaders work directly and openly to improve quality and safety by setting priorities, modeling core values, promoting a learning atmosphere, acting on recommendations, and allocating resources for improvement.

All leaders are responsible for understanding the quality and patient safety issues in their area and enhancing processes to identify and improve gaps. The mechanism by which this is done is utilization of UW Health Way methods. (At the writing of this plan, UW Health is in the process of deploying UW Health Way and training all leaders on the tools, methods and expectations. As such, there will be variation in implementation and deployment of the tools across the organization. All leaders will be trained by December 2023.)

These methods include:

- Respect for People: the foundation for the way we work and interact with others at UW Health.
  - Respect for People Commitments: shared behavioral expectations for staff and providers
  - OARS Plus: foundational communication tool to help cultivate respect and create a mutual understanding between individuals
  - Transformational Leadership Mindset: mindset for leaders to use to cultivate strengths in others and help facilitate culture change.
- Continuous Improvement: incremental improvement aimed at removing waste and maximizing value
  - A3: problem-solving method that follows the scientific method by using the FOCUS-PDCA model
  - 5S: process for organizing work/spaces to be more efficient and effective
- Cross-Functional Teamwork: working with others across areas to deliver value to a patient or customer
  - Value Streams: visualizing the work involved with transforming a patient, customer or product from current state to desired state
  - 8 Wastes: way to identify work that is non-value added in a process for elimination or reduction
- Strategic Focus: identify and prioritize work to achieve our vision
  - Driver Diagram: method to align and cascade goals from system level to individual level
  - Catch-ball: meaningful two-way discussion resulting in relevant and aligned goals
  - SMART Goals: performance metric that is specific, measurable, achievable, relevant and time-bound
- Real-Time Management: methods used to run and improve the business, manage your work, ensure quality and reduce defects
  - Huddles: succinct, on-the-go gatherings used to prepare, debrief, improve, inform or problem-solve
  - Rounding: consistent practice of asking specific questions of key stakeholders to meet work requirements
Communication between leaders and staff is bi-direction and cross functional. All quality and safety issues and barriers, including but not limited to staffing knowledge, training, and skills, are brought to the attention of the next level leader. Significant or unresolved concerns are escalated through senior leadership and the individuals responsible for the QAPI, including the governing board as warranted.

Senior leaders are supported by a structure of formal and informal committees or work groups where the components of the program are defined, implemented, refined, and monitored. These work groups are comprised of attending physicians, resident physicians, staff, management, patients, and community members and are represented via a reporting process to the Inpatient and Ambulatory Operations Councils, which acts as the “oversight committee” for QAPI and patient safety reporting. The QAPI reports to the Patient Safety and Quality Committee of the Board Authority. The Medical Staff Committee reports directly to the Board Authority. Refer to Appendix I and Appendix II.

Strategic planning and timeline are in place that is parallel to the budget process so we can have a budget aligned with the initiatives. Appendix III.

As part of the oversight process, the QAPI information flows from the department/service work groups and committees to Senior Leadership Council and Patient Safety and Quality Committee (PSQC). Quality reports, that tie together with the priorities in the appendix, are submitted to the PSQC. Through this process an annual review of the entire QAPI content and results occurs.

**Patient Safety and Quality Committee**

The Patient Safety and Quality Committee (PSQC) is a confidential committee protected under Wisconsin State Statutes 146.37 and 146.38. This committee was established on behalf of the University of Wisconsin Hospitals and Clinics Authority Board of Directors (“Board”) and provides oversight and is accountable for ensuring continue improvement of health outcomes and the patient experience across UW Health. Specifically, the PSQC provides oversight, monitoring, and assessment of key organizational process, outcomes, and external reports, and recommends action to the Board. In addition, the Board looks to the PSCQ to review, assess, and recommend Board action for all quality matters bought before the Board.

PSQC membership is cross functional and multidisciplinary including members of the medical staff.

The PSQC ensure top level commitment to clinical, services and organization excellence at UW Health by: Overseeing the effective functioning of systems and policies to enhance the safety, health outcomes and care experience for UW Health patients, and providing a forum for review of sensitive quality improvement, safety, critical events causal analysis, risk, and regulatory (non-fiscal) compliance plans. Monitoring and review consist of:

- Safety events and results from root cause analysis
- Medication Safety
- Culture of Safety
- Nursing Quality (including information on discharge planning, patient’s rights, use and safety regarding restraints and seclusion)
- Infection Control
- Transplant
- Behavioral Management and Treatment
- Pain Management
Medical Board

The medical staff is accountable for the quality of care within UW Health and accepts and assumes this responsibility subject to the Authority Board. The medical staff practicing in UW Health organize themselves in conformity with the Bylaws and rules and regulations throughout UW Health. The Medical Staff Executive Committee reports to the Board. The roster of multidisciplinary standing Medical Staff Committees consists of:

- Bylaws Committee
- Credentials Committee
- Critical Care Committee
- Ethics Committee
- Graduate Medical Education Committee
- Hearing
- Infection Control Committee
- Investigation Committee
- Medical Records Committee
- Medical Staff Behavior Committee
- Nutrition Committee
- Operation Room Committee
- Peer Review Committee
- Pharmacy and Therapeutics Committee
- Provider Health Committee
- Respiratory Care Committee
- Resuscitation Review Committee
- Utilization Management Committee
- UW Health Clinical Policy Committee

UW Health Patient Safety Committee

The purpose of the Patient Safety Committee is to identify patient safety risks and hazards within UW Health, ensuring mitigation of those risks, and overseeing the improvement efforts for reducing harm events.

QAPI Plan

Prioritization of Areas for Measurement
The process for identifying priorities for measurement requires input and discussion with senior leadership, departments, and services from all areas involved with quality performance measurement and improvement. Priorities are identified based on:

- organizational foundational competencies,
- strategic domains,
- regulatory requirements,
- opportunities identified in external benchmarking, opportunities identified through analysis of patient safety event reports,
- opportunities identified through patients, families and staff surveys, complaints, and grievances,
- gaps identified in care compared to best practices and clinical practice guidelines,
- opportunities identified through other analyses with consideration of high-risk, high-volume, or problem-prone areas, and
- opportunities identified through the assessment of our sustainability of the corrections and improvement activities.

As performance measurement is monitored through internal and external reports, areas of improvement opportunities are identified and communicated with operational leaders through a process we call “catchball.” Catchball is a process where ideas and information are shared back and forth or up and down the organization. Impact to patient safety and patient outcomes and organizational level of readiness are considered in the prioritization of initiatives. Key objectives with accompanying metrics are identified as a mechanism to determine the success of interventions. Appendix IV

Priority initiatives have defined measures that are monitored by leadership including the Board and cascade to all applicable clinical areas. The clinical areas monitor their results and their impact on the priority measures as well as other quality, safety, and operational measures they have identified as priorities for their area. Priority measures – Appendix V

Data is then gathered and displayed with benchmark goals and indicators on a pre-determined data refresh timeframe (e.g. weekly, monthly, quarterly). Enterprise Analytics department supports the display and distribution of these dashboards and scorecards.

Cross functional teams are identified to collaboratively develop improvement initiatives around these priorities. The improvement teams will also identify metrics to assess the impact of their improvement initiatives. The work groups discuss data analysis and determine what changes must be implemented to reach the desired outcome. Analysis usually involved multiple tests of change and evaluation of effectiveness of the test. Implementation begins and re-measurement occurs with refinement in actions if the desired outcome is not achieved or the outcome is not maintained.

Analysis also involves a standard process for using run charts, run chart rules for interpretation and statistical control methods, when applicable. Analysis also use a standard method of comparison with published and/or external benchmarks to analyze measures of performance.

Communication of the information is the responsibility of clinical and administrative leadership. The information is reported to various committees throughout the organization and may vary based upon the topic. Key stakeholder meetings include but are not limited to: Quality and Patient Safety Department, Organizational Improvement Department, Senior Leadership Council, Inpatient and Ambulatory Operations Council, Nursing Core Councils, Madison Operations Council, weekly Leadership Update and the Patient Safety and Quality Committee of the Board Authority.

Improvements in quality outcomes, process and safety occur throughout the organization and are facilitated by cross functional partners. These include the key functions listed below, among others.
**Quality and Patient Safety**

**Quality**

- External surveillance of benchmarking, quality, and regulatory requirements.
- Internal Quality and regulatory compliance and survey readiness
- Monitor and support participation on national registries, certifications and accreditations.
- Assist UW Health staff and physicians with identification of appropriate data resources,
- Assist UW Health in prioritizing improvement initiatives.

**Patient Safety**

- Culture of Safety survey administration and analysis
- Patient Event Reporting, not only events that cause harm or risk to the patient but also those that do not cause harm such as “near misses” and “good catches”
- Facilitation of root cause analysis for serious safety events (SSE), monitoring of action plans items to ensure completion
- Oversight of patient safety sentinel events that are not serious safety events (SBAR or A3 processes)
- Dissemination of key learning from safety and improvement events to support learning across the organization as well as with external organizations

**Organizational Improvement**

- Coaching and mentorship of improvement education, specifically the UW Health Way
- Facilitation of value stream and rapid improvement workshops
- Communication lessons learned
- Support key strategic and departmental improvement initiatives using the FOCUS PDCA improvement methodology.

**Employee Health and Wellbeing**

- Employee event reporting, not only events that cause harm or risk to the employee but also those that do not cause harm such as “near misses” and “good catches”
- Oversight of employee safety sentinel events (SBAR or A3 processes)

The Center of Clinical Knowledge Management evaluates and organizes evidence to drive clinical decisions that promote efficiency, consistency, and quality throughout UW Health by:

- Developing clinical practice tools (guidelines, protocols, policies, etc.) that promote evidence-based care across the continuum of health needs
- Enabling the adoption of evidence-based practices and decision making within the electronic health records by standardizing clinical decision support tools (order sets, best practice alerts, etc.) to decrease unwarranted variation in care and improve safety

Remarkable patient and family experience is safe, respectful, and equitable. Our patients are the reason we are here, and each of us influences their deeply personal experiences. Patient and Family Experience is dedicated to improving human experience in healthcare, by:

- Collaborating with providers and staff to evaluate the importance of experience across all care settings.
- Partnering with current and former UW Health Patients and their family members through our Patient and Family Advisor Partnership Program.
• Improving communication skills
• Providing insight into the UWHCA patient experience via data analysis and observations.
• Recognizing those who provide excellent experiences
• Monitoring complaints and grievances
• Supporting process improvement to better engage all members of the healthcare team, patients, and their families.

Competency

All staff have required orientation, annual testing, and ongoing training. Policy 9.60 New Employee Orientation summarizes the elements included in orientation and ongoing training sessions. These elements include infection control, quality improvement, patient safety and risk management, policies and procedures, compliance, patient care initiatives, values, and culture. Staff providing medical care also have regular competency testing. Orientation, testing, and training applies to contracted services as well. Quality and performance problems result in corrective or improvement activities.

Once initial training takes place, training is provided with enough frequency as to ensure the staff possesses the required knowledge and skills. This includes the safely care for restrained or secluded patients in accordance with regulations where applicable such as nursing.

Contracted services are documented in a centralized database and monitored by leadership based on the performance expectations written into the contract. Local operational leaders evaluate performance and report concerns to their next level leaders through the QAPI process. Performance improvement strategies are initiated when services fall short of the expectations.

Privileged practitioners are also assessed for their quality of care. Privileges and qualifications are consistent with established criteria that are approved by the Medical Board and assessed every two years. This process is documented in the 8.39 Peer Review for All Individuals Holding Clinical or Professional Privileges Review Policy and Medical Staff Bylaws.

Improvement Model

Improvement work is approached using A3 thinking and is standardly documented as an A3. The improvement technique developed internally and adopted by UW Health is referred to as FOCUS PDCA. FOCUS PDCA is one part of the improvement model utilized at UW Health. The FOCUS PDCA technique is the model utilized for improvement work. See Appendix VI

This cyclical process incorporates finding an opportunity, organizing a team, clarifying current knowledge, understanding root causes of the problem, selecting improvements, and then testing changes. Multiple tests of changes under a variety of conditions may occur and include collecting data to measure the effects of the test, analyzing the results of the test, identifying which action steps to take, and repeating tests of change as necessary.

Summary

The Quality Assessment Performance Improvement plan provides the framework for UW Health to implement quality and performance improvement, and patient safety activities. These activities improve patient outcomes and patient safety in a comprehensive, methodical, and systematic manner.
APPENDIX

Appendix I

UW Health Quality Reporting Structure
February 12, 2020

[Diagram of Reporting Structure]

UW Hospitals and Clinics Authority
Board of Directors

Patient Safety and Quality Committee

Accreditation and Regulatory Readiness Committee

Patient Safety Committee

Clinical Knowledge Management Council

Patient and Family Experience Executive Committee

Root Cause Analysis Sub Committee

Event Evaluation Teams (pediatric, inpatient and ambulatory)
Appendix II

UW Health Quality Oversight Structure
February 2020

Purpose: The purpose of this document is to depict the integration of quality and safety into the operations and governance of UW Health. This document is not meant to be an organizational chart or depict a reporting structure.

Governance: The board committee on quality (Patient Safety and Quality Committee) will ultimately be responsible for the quality and safety outcomes of UW Health.

Operational Committees: The various local improvement activities and outcomes will report to the operational committees. This is not meant to depict the entirety of UW Health committee structure.

Local Improvement Efforts: These are examples of various groups supporting improvement activities occurring across the organization.

Infrastructure and Support: These are examples of the types of system infrastructure and support that exist within the organization.
Appendix III

Corporate Portfolio: Initiative Prioritization and Decision Process

- Prioritization Scoring
- Tiering (Do now, Do later, Don’t do)
- Sequencing and Pacing
- Approval

Portfolio Characteristics:
- Aim statement defines overarching outcome
- Multiyear
- Updated as new needs are identified
Appendix IV

Goal Setting and Measure Review Process
Appendix V

Strategic Goals impacting Patient Safety, Quality and Patient Experience

- **Patient Experience**: Exceed expectations of our patients and families Goals:
  - Annual Number of Denied Transfers Due to MDs, Beds, and/or Staffing = 0
  - New Primary Care Patients Seen in 10 Days = 69%
  - New Specialty Care Patients Seen in 10 Days = 55%

- **Population Health**: Bring value through an equitable, coordinated, affordable system of care that improves the health of our patients and communities.

- **Distinctive Programs**: Develop and grow remarkable clinical programs with patient outcomes that are recognized locally, regionally, nationally.

- **Discovery & Innovation**: Be the preferred, trusted partner to safely and equitably lead innovation and take it from discovery to the people we serve.

- **Empower our providers and staff to be problem solvers for the betterment of our patients. All staff will complete introduction and participant level UW Health Way training by July 31, 2021. All leaders will complete Lead Level Training by December 2023.**

- **Zero Harm measures by Serious Safety Event Rate Per Adjusted Patient Days (Annual) = 0 by FY23**

- **UW Health must ensure that staff and physicians have what they need to effectively care for the people and families we serve while also caring for their own well-being. Goals:**
  - Annual Non-Physician Turnover Rate = 11.3%
  - Annual Physician Turnover Rate = 4.4%
  - Biennial Provider Burnout = 30%

- **For UW Health to continue to have the privilege of caring for patients and delivering remarkable healthcare, we need to maintain financial health. Goal: Total Operating Margin >/= 3.5%**

Key Quality and Safety Measures Monitored by the Patient Safety and Quality Committee of the Board

- Serious Safety Event Rate
- 30-Day Readmission
- Total 30-Day Mortality
- Pressure Injury
- Inpatient “Overall Rating”
- Ambulatory- Breast Cancer Screening
- Ambulatory-Controlling high BP
- Diabetes Care-Inpatient and Ambulatory
- Likelihood of Recommending Clinic (in person only)
- Likelihood of Recommending Clinic (telehealth only)
Appendix VI

UW Health Way

We aspire towards Remarkable Healthcare and to be remarkable in all areas of our organization, we need to think the same way about the work we do. How each person’s work optimizes patient and employee safety, patient experience, and provider and staff wellbeing, needs to be understood. By using the principles of UW Health Way, we will create a safer, more positive experience for our patients and a more fulfilling workplace for our providers and staff. We want to empower our providers and staff to be problem solvers for the betterment of our patients. The UW Health Way framework includes three parts:

1. Respect for People
2. Continuous Improvement
3. Management Systems (Strategic Focus, Real-Time Management, and Cross-Functional Teamwork)

FOCUS PDCA Methodology:
Resolution

In Recognition of the Service of Chancellor Rebecca Blank
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

In Recognition of the Service of Chancellor Rebecca Blank

May 26, 2022

WHEREAS, Chancellor Rebecca Blank (“Chancellor Blank”) has served with distinction, dedication and unwavering loyalty on the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) from July 1, 2013, through May 31, 2022. In addition, she also served on the UWHCA Executive Committee and the UWHCA Executive Compensation Committee; and

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

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

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

NOW THEREFORE BE IT RESOLVED that the Board of Directors and the management of the UWHCA extend their heartfelt gratitude to Chancellor Blank for her leadership, exemplary work, and loyal support of the UWHCA.
ARTICLE IV: COMMITTEES

Section 4.1 Committee Designation. The Board shall establish an Executive Committee, a Finance Committee, an Audit Committee, an Executive Compensation Committee, and a Patient Safety and Quality Committee. In addition, the Board may establish other standing and special committees.

Section 4.2 Composition. The Chairperson shall appoint the members of committees, unless another method of selection for a particular committee is specified in these Bylaws or by resolution of the Board. Non-board members may be appointed to serve on committees of the Board of the Directors, unless these Bylaws or a Board resolution specifies otherwise. At least two members of each committee shall be members of the Board. One or more members of the medical staff shall be included on all committees appointed to deliberate issues affecting the discharge of medical responsibilities, except for Board committees, if any, reviewing medical staff appointment, reappointment, clinical privileges, or corrective action.

UWHCA Executive Committee

The Executive Committee shall consist of the following voting and non-voting members: (voting members) the Chairperson, the Vice Chairperson, the UW-Madison Chancellor or designee, a chairperson of a Medical School clinical department, and a separate UWHCA Authority Director; and (non-voting members) the UW Health CEO, and three individuals nominated by the UW Medical Foundation and elected by the UWHCA Authority Board.

Current Membership

Board Chair, Mr. Paul Seidenstricker  (Committee Chair)  (ex-officio, voting)
Vice Chair, Dean Robert Golden (ex-officio, voting)
Chancellor Rebecca Blank
Representative Mark Born
Dr. Thomas Grist

Dr. Alan Kaplan (ex-officio, non-voting)
Ms. Jennifer Alexander (UWMF nominee, non-voting)  (12/31/22)
Dr. Stephen Nakada (UWMF nominee, non-voting)
Dr. Betsy Trowbridge (UWMF nominee, non-voting)  (12/31/22)

Staff
Ms. Kelly Wilson, Secretary
Ms. Patti Meyer
UWHCA Finance Committee

The Finance Committee shall consist of the Chairperson, the Vice Chairperson, and two or more additional persons appointed by the Chairperson. The UW Health CEO shall be an ex-officio member of the Finance Committee without vote.

Current Membership      Staff
Mr. Ken Mount, Committee Chair (retiring June 2022)                 Ms. Kelly Wilson, Secretary
Board Chair, Mr. Paul Seidenstricker (ex-officio)                  Mr. Robert Flannery
Board Vice Chair, Dean Robert Golden (ex-officio)                 Ms. Jodi Vitello
Representative Mark Born                                          Ms. Heidi Westley
Mr. Robert Cramer
Dr. Alan Kaplan (ex-officio, non-voting)
Dr. Rebecca Minter
Dr. Lynn Schnapp
Regent Karen Walsh
Mr. Mike Weiden

UW Health Audit Committee

(UW Health” refers to UWHCA, University of Wisconsin Medical Foundation (“UWMF”), and the subsidiaries and affiliates which are financially consolidated with UWHCA)

The Audit Committee shall consist of no less than five (5) and no more than nine (9) members (“Members”) as designated by the Chairperson of the Board. The Audit Committee Chair shall also be designated by the Chairperson of the Board. A majority of the members of Audit Committee shall be independent and the Audit Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: financial oversight (policies, processes, reporting and procedures), accounting oversight (policies, processes, reporting and procedure), external audit, cybersecurity, risk (identification, prioritization, management); internal controls and internal audit, data analytics, revenue cycle and policies and procedures. One individual members of the Audit Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an “independent member” is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out his/her responsibilities. Appointees may include persons who are not members of the Board.

Current Membership      Staff
Mr. Ron Anderson, Committee Chair                                Ms. Kelly Wilson, Secretary
Representative Mark Born                                          Mr. Robert Flannery
Mr. Sheldon Cuffie                                                Mr. Troy Lepien
Dean Robert Golden (non-voting)                                   Ms. Patti Meyer
Mr. George Kamperschroer                                          
Ms. Karen Menéndez Collier                                        
Dr. Cristopher Meyer                                              
Ms. Annette Miller                                                
Dr. Peter Rahko
**UWHCA Executive Compensation Committee**

The Executive Compensation Committee shall consist of the Chairperson, the Vice Chairperson, and two (2) or more other independent members of the Board appointed by the Chairperson. “Independent” shall mean that the member (a) is not an officer or employee of an entity (except the State of Wisconsin or an agency of the State of Wisconsin) that has any contract with the Authority, unless the Board unanimously approves an exception after full disclosure, and (b) is not an employee of the Authority, the Foundation, the University of Wisconsin-Madison (except the Chancellor), or any organization representing such employees.

The Committee shall define the compensation philosophy and standards and otherwise ensure that the compensation strategies and practices of the Authority are consistent with applicable law and its charitable mission. The Executive Compensation Committee shall recommend the compensation of the CEO to the Board. The Executive Compensation Committee shall approve the compensation of the senior executives holding the titles of Vice President and Senior Vice President, subject to any limits prescribed by the Board. In addition, the Executive Compensation Committee shall have such other functions, duties, and powers as reflected in any Committee Charter, and as may be assigned by the Board.

**Current Membership**

**Board Chair, Mr. Paul Seidenstricker** (Committee Chair) (ex-officio, voting)  
Vice Chair, Dean Robert Golden (ex-officio, voting)  
Chancellor Rebecca Blank  
Regent Mike Jones  
Mr. John Litscher

**Staff**

Ms. Elizabeth Bolt, Assistant Secretary  
Ms. Carrie Richard  
Dr. Alan Kaplan (Guest)  
Ms. Betsy Clough

**UW Health Patient Safety and Quality Committee**

The Patient Safety and Quality Committee shall consist of at least three Directors appointed by the Chair of the Board, the Chief Executive Officer, the Chief Medical Officer, the Associate Chief Medical Officer (Inpatient), the Associate Chief Medical Officer (Ambulatory), the Senior Vice President and Chief Nursing Officer, the President of UW Hospitals/Chief of Clinical Operations, the Chair of the Council of Chairs, the President of the Medical Board, the UW Medical Foundation President, the Chief Population Health Officer, a faculty representative appointed by the UW Medical Foundation Board of Directors, and two Patient and Family Advisors appointed by the Patient and Family Advisory Council. Other Vice Presidents and Senior Vice Presidents appointed by the CEO shall be ex-officio members without vote. In addition, each member of the Board of Directors is encouraged to attend at least one Patient Safety and Quality Committee meeting each year.

The Committee shall provide a forum for review of sensitive quality improvement, safety, utilization review, critical event causal analysis, and regulatory (non-fiscal) compliance plans and shall accept reports of resulting action plans; oversee the effective functioning of systems and policies to enhance the safety, health outcomes, and care experience for the patients of the combined clinical enterprise of the Authority, Foundation, and their respective subsidiaries and affiliates (collectively, “UW Health”); oversee systems and policies to achieve compliance with legal, regulatory, and accreditation requirements and standards; report to the Board at least quarterly; and perform such other functions, duties, and powers as reflected in any Committee Charter, and as may be assigned by the Board. The Patient Safety and Quality Committee
is a confidential peer review committee, and its activities are part of UW Health’s patient safety evaluation system.

Current Membership

Mr. Pablo Sanchez, Committee Chair (1 of at least 3 UWHCA Board Members)
Dr. Aimee Becker (ex-officio, UWH Chief Clinical Officer)
Dr. Thomas Grist (ex-officio, Chair CoCs)
Dr. Jamie Hess (ex-officio, UWH President)
Dr. Rudy Jackson (ex-officio, SVP/Chief Nurse Executive)
Dr. Jonathan Jaffery (ex-officio, SVP/Chief Population Health Officer)
Regent Mike Jones (1 of at least 3 UWHCA Board Members)
Dr. Sandra Kamnetz (UWMF Board Faculty Representative)
Dr. Alan Kaplan (ex-officio, UWH CEO)
Dr. Meghan Lubner (ex-officio, President of Medical Board) (08/31/22)
Ms. Candice Owley (1 of at least 3 UWHCA Board Members)
Mr. Ric Ransom (ex-officio, VP/President UW Hospitals, Madison Region)
Dr. Linda Scott (1 of at least 3 UWHCA Board Members)
Mr. Paul Seidenstricker (1 of at least 3 UWHCA Board Members)
Ms. Peggy Zimdars (1 of at least 2 Patient and Family Advisors)
Dr. Michael Garren (non-voting, The American Center Rep)
Dr. Kathleen Kelly (non-voting, SAHS Rep)
Ms. Teresa Neely (non-voting, SVP/Chief Ambulatory Officer)
Ms. Jennifer Rauser (non-voting, Risk Management)
Ms. Rachel Rudd (non-voting, Nursing Resident)
Ms. Kimberly Vander Ploeg (non-voting, AFCH Rep)

UW Health Compliance Committee

The Compliance Committee shall consist of no less than five (5) and no more than nine (9) members (“Members”) as designated by the Chairperson of the Board. The Compliance Committee Chair shall also be designated by the Chairperson of the Board. A majority of the members of the Compliance Committee shall be independent and the Compliance Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: with the majority of the Members being independent – cybersecurity; risk (identification, prioritization, management, analytics, legal, revenue cycle, physician/patient care (inpatient); physician/patient care (ambulatory); privacy; policies and procedures; and human resources. One individual member of the Audit Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an “independent member” is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out his/her responsibilities. Appointees may include persons who are not members of the Board.

The Committee shall assist the Board with oversight of the UWHCA and UWMF Business Integrity Office and compliance programs as set forth in the Committee Charter, and such other matters as may be assigned by the Board.

Current Membership

Regent Mike Jones, Committee Chair
Ms. Jennifer Alexander
Ms. Deb Archer

Staff

Mr. Troy Lepien
Ms. Mary Link
Ms. Kristina Miller
UW Health Investment Sub-Committee

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

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

Current Membership
Mr. John Litscher – Sub-Committee Chair
Ms. Ann Casey
Dr. Susan Goelzer
Dr. Rebecca Minter
Dr. Venkat Rao
Mr. Thomas Walsh

Staff
Ms. Patti DeWane
Mr. Robert Flannery
Ms. Christine O’Connor
Ms. Jodi Vitello
Ms. Patti Meyer

UW Health Workforce Committee

The Workforce Committee shall consist of no less than five (5) and no more than nine (9) individuals as designated by the Chairperson of the Board and shall include no less than three (3) members of the Board. The following UW Health executives shall be invited to participate in meetings of the Workforce Committee and shall serve as executive staff to, not as members of, the Workforce Committee: the UW Health Chief Executive Officer, the UW Health Chief Operations Officer, the UW Health Vice President Human Resources, and the UW Health Chief Nursing Executive.

The Workforce Committee shall provide leadership and oversight and shall assist the Board with understanding and addressing issues of importance to the UW Health workforce and sustaining a best place to work environment for UW Health’s employees and staff.

Current Membership
Mr. Paul Seidenstricker, Committee Chair
Ms. Jennifer Alexander, Committee Vice Chair
Ms. Deb Archer
Regent Mike Jones

Staff
Ms. Betsy Clough
Dr. Alan Kaplan
Ms. Kelly Wilson
Ms. Elizabeth Bolt
Objectives

➢ Review project vision and opportunity

➢ Provide project progress and updates since September 2021
Nationally Recognized Distinctive Programs

Highly Coordinated, Seamless Patient Experience

Integrated Clinical Trials with Patient Care

Constant Connectivity Through Virtual Care

Team Based, Collaborative Approach

Redesigned Specialty Care Services

Reduced Care Fragmentation
The Triple Hub: Future State Ambulatory System Model

**Single Hub**
- Services:
  - Burn
  - CT Surgery
  - Peds Specialties

**Dual Hub**
- Services:
  - Hematology
  - Hepatology
  - Infectious Disease
  - Nephrology

**Triple Hub**
- Services:
  - Allergy
  - Behavioral Health (Specialty)
  - Cardiology (Higher Acuity)
  - Dermatology
  - Endocrinology/Diabetes
  - ENT
  - Gastroenterology
  - General Surgery
  - Geriatrics Primary Care

**Distributed**
- Services:
  - Behavioral Health (Collaborative Care Model)
  - Cardiology (Lower Acuity)
  - Family Medicine
  - General Pediatrics

- Reproductive Endocrinology
  - Transplant
  - Level One Trauma

- Neurology
  - Oncology
  - Oncology – Infusion
  - Specialty Geriatrics

- Neurosurgery
  - OB/GYN
  - Ophthalmology
  - Orthopedics
  - Plastic Surgery
  - Pulmonary
  - Rheumatology
  - Urology
  - Vascular

- General Internal Medicine
  - OB/GYN (general)
  - Ophthalmology (general)
  - PT/OT/Rehab
Eastpark Medical Center: A Platform For Remarkable Healthcare

469,000 sq. ft. Ambulatory Facility and Parking

Distinctive Programs: Oncology and Women’s Complex Care

Integrated Advanced Specialty Care

Diagnostic and Advanced Imaging and Therapeutics

Clinical Trials, Research and Education
Project History

➢ October 2018: Board approval of Eastpark Business Plan
➢ December 2018: Board overview of Ambulatory System of Care
➢ June 2019: Board approval of revised Eastpark plan to substantially relocate 75% of radiation oncology
➢ March 2020: Project put on hold for pandemic response
➢ April 2021: Project restarted
➢ September 2021: Board approval of revised and expanded Eastpark plan to include proton therapy, improved sustainability and other improvements
➢ May 2022: Design complete
➢ May 2022: Ceremonial groundbreaking
PARTICLE BEAM THERAPY
Deposits radiation with great precision inside the tumor

✓ 1st particle beam proton center in the state of WI
✓ Advancement of UW Health Oncology and Pediatric Specialty distinctive programs
✓ Unique facility design and equipment that allows greater capacity and upright positioning when best for the patient
Sustainable Design: Target - LEED GOLD

- Roof R value
- Glazing type
- Spandrel glass sill
- Air infiltration
- Daylighting
- Wall R Value
- Efficient water use
- Lighting power density
- Low voltage lighting
- Lighting shutoff controls
- Exterior lighting
- Hours of operation
- Plug loads
- Heat recovery chiller
- Energy recovery wheels
- Improved chiller efficiency
- Improved cooling tower
- Reduce glazing / Increased wall to window ratio 34.1%
- 930 kW Solar photovoltaic system
- Electric vehicle charging stations
- Accessible by public transportation
- Pedestrian and bicycle amenities
- Pesticide & Herbicide Free Landscape
- Locally sourced materials, i.e. exterior stone, pre-cast conc.
- Unoccupied HVAC controls
- Domestic water preheat
37% energy reduction below state code

20% energy offset with renewables

40% GHG reduction below state code

- 3,305 acres of forest
- 590 passenger cars
- 500 homes
Schedule

- Equipment Planning
  - Fall 2022

- Transition Planning
  - 2022 - 2023

- Workforce Planning
  - 2022 - 2024

- Relocation
  - Summer 2024

- Training and Orientation
  - Fall 2024

- Welcome First Eastpark Patient!
  - Fall 2024
Questions?
Board Update
April Financials

Bob Flannery
UW Health SVP & CFO

May 26, 2022
FY22 – Month of April 2022 Financials

Send questions to LeadershipUpdate@uwhealth.org

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<th>Actual</th>
<th>Plan</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
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<td>TOTAL OPERATING REVENUES, NET</td>
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<td>327,715,153</td>
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<td>327,334,318</td>
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<td>316,906,006</td>
<td>16,429,804</td>
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<td>INCOME FROM OPERATIONS</td>
<td>10,857,464</td>
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<td>10,428,312</td>
<td>429,152</td>
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<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>(86,552,024)</td>
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<td>55,348,563</td>
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<td>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>(75,694,560)</td>
<td>11,273,418</td>
<td>(86,967,978)</td>
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<td>65,776,875</td>
<td>(141,471,435)</td>
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### FY22 – YTD through April 2022 Financials

#### Operating Margin

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<th>Actual</th>
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<tr>
<td></td>
<td>Apr- FY22</td>
<td>Apr- FY22</td>
<td>vs. Plan</td>
<td>vs. Plan</td>
<td>Apr- FY21</td>
<td>vs. PY</td>
<td>vs. PY</td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUES, NET</td>
<td>3,305,873,553</td>
<td>3,307,111,290</td>
<td>(1,237,737)</td>
<td>0%</td>
<td>3,126,348,402</td>
<td>179,525,151</td>
<td>6%</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>3,282,061,180</td>
<td>3,233,321,648</td>
<td>48,739,532</td>
<td>2%</td>
<td>3,053,484,684</td>
<td>228,576,496</td>
<td>7%</td>
</tr>
<tr>
<td>INCOME FROM OPERATIONS</td>
<td>23,812,373</td>
<td>73,789,642</td>
<td>(49,977,269)</td>
<td>-68%</td>
<td>72,863,718</td>
<td>(49,051,345)</td>
<td>-67%</td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>(116,319,704)</td>
<td>64,613,446</td>
<td>(180,933,150)</td>
<td>-280%</td>
<td>310,485,261</td>
<td>(426,804,965)</td>
<td>-137%</td>
</tr>
<tr>
<td>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>(92,507,331)</td>
<td>138,403,088</td>
<td>(230,910,419)</td>
<td>-167%</td>
<td>383,348,979</td>
<td>(475,856,310)</td>
<td>-124%</td>
</tr>
</tbody>
</table>

Send questions to LeadershipUpdate@uwhealth.org

---

**Favorable to Budget**

**Unfavorable to Budget**
## Favorable Direction FY 22

<table>
<thead>
<tr>
<th>Health Ratio</th>
<th>S&amp;P &quot;AA-&quot; Rated (1)</th>
<th>Moodys &quot;Aa3&quot; Rated (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin*</td>
<td>0.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total Margin</td>
<td>-2.9%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>257</td>
<td>287</td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>27.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>5.1%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>227.3%</td>
<td>237.3%</td>
</tr>
</tbody>
</table>

---

* excludes provision for bad debt and retiree health insurance, includes academic support

** average for 12 months

(1) S&P’s 2020 financial ratios based on 38 obligators rated "AA-" by S&P. Based on 2020 audited financials.

(2) Moody’s 2020 financial ratios based on 32 "Aa3" rated hospitals. Based on 2020 audited financials.
Key Financial Takeaways for the month of April

- Volumes were strong across different areas compared to budget
  - ED visits were 8.9% favorable to budget and ahead of last year by 2.0%.
  - Surgical volume were more than 6% favorable to budget and consistent with last year. Patient days came in 4.1% favorable to budget.

- We saw net revenues coming in $16.5M favorable to budget. This was in relation to the strong volumes that we saw for the month.

- Expenses were unfavorable to budget by $10.4M, leading to operating income for the month of about $6.0M favorable to budget. Biggest variances this month:
  - Salaries & Benefits were $5.7M unfavorable to budget
  - Purchased Services & Agency Costs were $3.8M unfavorable to budget driven by temporary staff.
  - Pharmaceuticals were $1.7M unfavorable to budget.

- On the non-operating side, we saw unfavorable results compared to budget, with an unrealized loss on investments of $85.8 in the current month.

Send questions to LeadershipUpdate@uwhealth.org
<table>
<thead>
<tr>
<th>UWH-Madison/ACO/Isthmus</th>
<th>SAHS/RDI</th>
<th>Total *</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8% 1.6% 6.8%</td>
<td>0.1% 1.0%</td>
<td>3.2% 1.5% 3.2%</td>
</tr>
</tbody>
</table>

-14.1%

- Actual
- Budget
- Prior Year
## Summary of Enterprise-wide Month of April 30, 2022 Operating Results

### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Actual Apr- FY22</th>
<th>Plan Apr- FY22</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Apr- FY21</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET PATIENT SERVICE REVENUE</td>
<td>337,772,024</td>
<td>321,430,461</td>
<td>16,341,563</td>
<td>5%</td>
<td>321,535,456</td>
<td>16,236,568</td>
<td>5%</td>
</tr>
<tr>
<td>OTHER OPERATING REVENUES</td>
<td>6,421,250</td>
<td>6,284,692</td>
<td>136,558</td>
<td>2%</td>
<td>5,798,862</td>
<td>622,388</td>
<td>11%</td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUES, NET</td>
<td>344,193,274</td>
<td>327,715,153</td>
<td>16,478,121</td>
<td>5%</td>
<td>327,334,318</td>
<td>16,858,956</td>
<td>5%</td>
</tr>
</tbody>
</table>

### TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual Apr- FY22</th>
<th>Plan Apr- FY22</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Apr- FY21</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES AND BENEFITS</td>
<td>185,395,859</td>
<td>179,715,310</td>
<td>5,680,549</td>
<td>3%</td>
<td>164,873,704</td>
<td>20,522,155</td>
<td>12%</td>
</tr>
<tr>
<td>NON-CASH PENSION AND OTHER OPEB EXPENSES</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>PURCHASED SERVICES AND AGENCY COSTS</td>
<td>27,064,671</td>
<td>23,302,205</td>
<td>3,762,466</td>
<td>16%</td>
<td>24,817,706</td>
<td>(7,775,955)</td>
<td>-3%</td>
</tr>
<tr>
<td>MEDICAL MATERIALS AND SUPPLIES</td>
<td>24,037,951</td>
<td>24,312,621</td>
<td>(274,670)</td>
<td>-1%</td>
<td>24,817,706</td>
<td>(7,775,955)</td>
<td>-3%</td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>52,262,499</td>
<td>50,558,329</td>
<td>1,704,170</td>
<td>3%</td>
<td>56,267,474</td>
<td>(4,004,975)</td>
<td>-7%</td>
</tr>
<tr>
<td>FACILITIES AND EQUIPMENT</td>
<td>15,459,843</td>
<td>19,338,279</td>
<td>(3,878,436)</td>
<td>-20%</td>
<td>13,283,357</td>
<td>2,176,486</td>
<td>16%</td>
</tr>
<tr>
<td>DEPRECIATION AND AMORTIZATION</td>
<td>11,435,748</td>
<td>8,993,848</td>
<td>2,441,900</td>
<td>27%</td>
<td>9,368,460</td>
<td>2,067,288</td>
<td>22%</td>
</tr>
<tr>
<td>INTEREST EXPENSE</td>
<td>3,184,134</td>
<td>1,857,066</td>
<td>1,327,068</td>
<td>71%</td>
<td>1,434,134</td>
<td>1,740,968</td>
<td>121%</td>
</tr>
<tr>
<td>PUBLIC AID ASSESSMENT</td>
<td>5,362,799</td>
<td>5,356,667</td>
<td>6,132</td>
<td>0%</td>
<td>5,000,346</td>
<td>262,453</td>
<td>5%</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>3,153,555</td>
<td>3,483,403</td>
<td>(329,848)</td>
<td>-9%</td>
<td>1,712,999</td>
<td>1,440,556</td>
<td>84%</td>
</tr>
<tr>
<td>NONOPERATING EXPENSES - ACADEMIC SUPPORT</td>
<td>5,978,751</td>
<td>5,991,747</td>
<td>(12,996)</td>
<td>0%</td>
<td>5,805,255</td>
<td>173,496</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>333,335,810</td>
<td>322,909,475</td>
<td>10,426,335</td>
<td>3%</td>
<td>316,906,006</td>
<td>16,429,804</td>
<td>5%</td>
</tr>
</tbody>
</table>

### INCOME FROM OPERATIONS

<table>
<thead>
<tr>
<th></th>
<th>Actual Apr- FY22</th>
<th>Plan Apr- FY22</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Apr- FY21</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,857,464</td>
<td>4,805,678</td>
<td>6,051,786</td>
<td>126%</td>
<td>10,428,312</td>
<td>429,152</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

### NON-OPERATING REVENUE/EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual Apr- FY22</th>
<th>Plan Apr- FY22</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Apr- FY21</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</td>
<td>(85,819,704)</td>
<td>411,325</td>
<td>(86,231,029)</td>
<td>-20964%</td>
<td>35,347,648</td>
<td>(121,167,352)</td>
<td>-343%</td>
</tr>
<tr>
<td>INVESTMENT INCOME</td>
<td>2,350,573</td>
<td>4,221,097</td>
<td>(1,870,524)</td>
<td>-44%</td>
<td>5,297,790</td>
<td>(2,947,217)</td>
<td>-56%</td>
</tr>
<tr>
<td>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</td>
<td>(4,776,431)</td>
<td>1,423,014</td>
<td>(6,199,445)</td>
<td>-436%</td>
<td>611,668</td>
<td>(5,388,099)</td>
<td>-881%</td>
</tr>
<tr>
<td>NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td>
<td>543,347</td>
<td>543,347</td>
<td>0%</td>
<td>96,080</td>
<td>639,427</td>
<td>583,347</td>
<td>666%</td>
</tr>
<tr>
<td>OTHER, NET</td>
<td>1,150,191</td>
<td>412,304</td>
<td>737,887</td>
<td>179%</td>
<td>14,187,537</td>
<td>(13,037,346)</td>
<td>-92%</td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>(86,552,024)</td>
<td>6,467,740</td>
<td>(93,019,764)</td>
<td>-1438%</td>
<td>55,348,563</td>
<td>(141,900,587)</td>
<td>-256%</td>
</tr>
</tbody>
</table>

### REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS & DONATIONS

<table>
<thead>
<tr>
<th></th>
<th>Actual Apr- FY22</th>
<th>Plan Apr- FY22</th>
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</tr>
</thead>
<tbody>
<tr>
<td>(75,694,560)</td>
<td>11,273,418</td>
<td>(66,967,978)</td>
<td>-771%</td>
<td>65,776,875</td>
<td>(141,471,435)</td>
<td>-215%</td>
<td></td>
</tr>
</tbody>
</table>
### Summary of Enterprise-wide YTD April 30, 2022 Operating Results

#### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
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<th>Plan</th>
<th>Variance</th>
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<td>3,126,348,402</td>
<td>179,525,151</td>
<td>6%</td>
</tr>
<tr>
<td>NET PATIENT SERVICE REVENUE</td>
<td>3,243,551,233</td>
<td>3,234,447,984</td>
<td>9,103,249</td>
<td>0%</td>
<td>3,065,798,331</td>
<td>177,752,902</td>
<td>6%</td>
</tr>
<tr>
<td>OTHER OPERATING REVENUES</td>
<td>62,322,320</td>
<td>72,663,306</td>
<td>(10,340,986)</td>
<td>-14%</td>
<td>60,550,071</td>
<td>1,772,249</td>
<td>3%</td>
</tr>
</tbody>
</table>

#### TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
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<th>Plan</th>
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<th>Variance</th>
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<td>228,576,496</td>
<td>7%</td>
</tr>
<tr>
<td>SALARIES AND BENEFITS</td>
<td>1,831,441,589</td>
<td>1,801,626,540</td>
<td>29,815,049</td>
<td>2%</td>
<td>1,695,994,605</td>
<td>135,446,984</td>
<td>8%</td>
</tr>
<tr>
<td>NON-CASH PENSION AND OTHER OPEB EXPENSES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>PURCHASED SERVICES AND AGENCY COSTS</td>
<td>246,739,850</td>
<td>235,154,175</td>
<td>11,585,675</td>
<td>5%</td>
<td>205,862,824</td>
<td>40,877,026</td>
<td>20%</td>
</tr>
<tr>
<td>MEDICAL MATERIALS AND SUPPLIES</td>
<td>243,178,935</td>
<td>240,632,421</td>
<td>2,546,514</td>
<td>1%</td>
<td>226,408,686</td>
<td>16,770,249</td>
<td>7%</td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>533,717,908</td>
<td>510,055,798</td>
<td>23,662,110</td>
<td>5%</td>
<td>519,452,922</td>
<td>14,264,986</td>
<td>3%</td>
</tr>
<tr>
<td>FACILITIES AND EQUIPMENT</td>
<td>144,355,714</td>
<td>192,385,663</td>
<td>(48,029,949)</td>
<td>-25%</td>
<td>161,935,260</td>
<td>17,579,546</td>
<td>11%</td>
</tr>
<tr>
<td>DEPRECIATION AND AMORTIZATION</td>
<td>112,328,540</td>
<td>89,925,816</td>
<td>22,402,724</td>
<td>25%</td>
<td>93,145,237</td>
<td>19,183,303</td>
<td>21%</td>
</tr>
<tr>
<td>INTEREST EXPENSE</td>
<td>30,943,104</td>
<td>19,099,486</td>
<td>11,843,618</td>
<td>62%</td>
<td>18,679,837</td>
<td>12,263,267</td>
<td>66%</td>
</tr>
<tr>
<td>PUBLIC AID ASSESSMENT</td>
<td>52,528,154</td>
<td>52,486,667</td>
<td>41,487</td>
<td>0%</td>
<td>50,643,709</td>
<td>1,884,445</td>
<td>4%</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>27,014,193</td>
<td>32,037,617</td>
<td>(5,023,424)</td>
<td>-16%</td>
<td>21,844,025</td>
<td>5,170,168</td>
<td>24%</td>
</tr>
<tr>
<td>NONOPERATING EXPENSES - ACADEMIC SUPPORT</td>
<td>59,813,193</td>
<td>59,917,465</td>
<td>(104,272)</td>
<td>-6%</td>
<td>59,517,579</td>
<td>295,614</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING EXPENSES (EXPENSES), NET</td>
<td>(116,319,704)</td>
<td>64,613,446</td>
<td>(180,933,150)</td>
<td>-280%</td>
<td>310,485,261</td>
<td>(426,804,965)</td>
<td>-137%</td>
</tr>
<tr>
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<td>73,789,642</td>
<td>(49,977,269)</td>
<td>-68%</td>
<td>72,863,718</td>
<td>(49,051,345)</td>
<td>-67%</td>
</tr>
<tr>
<td>NON-OPERATING REVENUE/EXPENSES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</td>
<td>(211,099,008)</td>
<td>4,113,250</td>
<td>(215,212,258)</td>
<td>-5232%</td>
<td>225,933,080</td>
<td>(437,032,088)</td>
<td>-193%</td>
</tr>
<tr>
<td>INVESTMENT INCOME</td>
<td>56,773,634</td>
<td>42,210,972</td>
<td>14,562,662</td>
<td>34%</td>
<td>48,649,096</td>
<td>8,124,538</td>
<td>17%</td>
</tr>
<tr>
<td>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</td>
<td>13,400,213</td>
<td>14,230,140</td>
<td>(829,927)</td>
<td>-6%</td>
<td>12,238,206</td>
<td>1,162,007</td>
<td>9%</td>
</tr>
<tr>
<td>NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td>
<td>2,352,127</td>
<td>2,352,127</td>
<td>0%</td>
<td>0%</td>
<td>1,267,187</td>
<td>1,084,940</td>
<td>86%</td>
</tr>
<tr>
<td>OTHER, NET</td>
<td>22,533,330</td>
<td>4,059,084</td>
<td>18,194,246</td>
<td>448%</td>
<td>22,397,692</td>
<td>(144,362)</td>
<td>-1%</td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>(116,319,704)</td>
<td>64,613,446</td>
<td>(180,933,150)</td>
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</tr>
<tr>
<td>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>(92,507,331)</td>
<td>138,403,088</td>
<td>(220,910,419)</td>
<td>-167%</td>
<td>383,348,979</td>
<td>(475,856,310)</td>
<td>-124%</td>
</tr>
</tbody>
</table>
## Enterprise-wide April 30, 2022 Performance Ratios

<table>
<thead>
<tr>
<th>Healthcare System Industry Comparisons</th>
<th>Favorable Direction</th>
<th>FY 22</th>
<th>S&amp;P &quot;AA-&quot; Rated (1)</th>
<th>Moody's &quot;Aa3&quot; Rated (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin*</td>
<td>↑</td>
<td>0.7%</td>
<td>1.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total Margin</td>
<td>↑</td>
<td>-2.9%</td>
<td>4.1%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>↑</td>
<td>257</td>
<td>287</td>
<td>299</td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>↓</td>
<td>45</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>↓</td>
<td>27.8%</td>
<td>26.9%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>↑</td>
<td>5.1%</td>
<td>7.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>↑</td>
<td>227.3%</td>
<td>237.3%</td>
<td>280.2%</td>
</tr>
</tbody>
</table>

* excludes provision for bad debt and retiree health insurance, includes academic support

** average for 12 months

(1) S&P's 2020 financial ratios based on 38 obligators rated "AA-" by S&P. Based on 2020 audited financials.

(2) Moody's 2020 financial ratios based on 32 "Aa3" rated hospitals. Based on 2020 audited financials.
## Enterprise-wide April 30, 2022 Balance Sheet

### Cash & Investments

<table>
<thead>
<tr>
<th></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>Unrestricted</td>
<td>1,681,010,349</td>
<td>446,794,371</td>
<td>7,040,357</td>
<td>2,134,845,077</td>
<td>500,715,505</td>
<td>2,635,560,582</td>
</tr>
<tr>
<td>Restricted by Trustee &amp; Donors</td>
<td>381,393,501</td>
<td>-</td>
<td>-</td>
<td>381,393,501</td>
<td>-</td>
<td>381,393,501</td>
</tr>
</tbody>
</table>

### Accounts Receivable

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Receivable</td>
<td>368,867,954</td>
<td>85,198,889</td>
<td>-</td>
<td>454,066,843</td>
<td>75,058,355</td>
</tr>
</tbody>
</table>

### Property, Plant & Equipment, Net

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, Plant &amp; Equipment, Net</td>
<td>843,276,589</td>
<td>111,691,258</td>
<td>6,586</td>
<td>954,974,433</td>
<td>421,089,128</td>
</tr>
</tbody>
</table>

### Other Assets & Deferred Outflows of Resources

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Assets &amp; Deferred Outflows of Resources</td>
<td>1,259,708,033</td>
<td>100,905,677</td>
<td>176,322</td>
<td>1,240,359,395</td>
<td>76,999,111</td>
</tr>
</tbody>
</table>

### Total Assets & Deferred Outflows of Resources

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets &amp; Deferred Outflows of Resources</td>
<td>$4,534,256,426</td>
<td>$744,590,195</td>
<td>$7,223,265</td>
<td>$5,165,639,249</td>
<td>$1,073,862,099</td>
</tr>
</tbody>
</table>

### Current Liabilities

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td>473,959,539</td>
<td>296,397,135</td>
<td>566,515</td>
<td>657,149,302</td>
<td>195,396,765</td>
</tr>
</tbody>
</table>

### Long-term Debt & Deferred Inflows of Resources

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Long-term Debt &amp; Deferred Inflows of Resources</td>
<td>1,863,030,596</td>
<td>74,338,017</td>
<td>-</td>
<td>1,937,368,613</td>
<td>287,639,704</td>
</tr>
</tbody>
</table>

### Net Position

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Net Position</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>2,074,674,692</td>
<td>373,855,043</td>
<td>6,656,750</td>
<td>2,448,529,735</td>
<td>582,260,193</td>
</tr>
<tr>
<td>Restricted</td>
<td>122,591,599</td>
<td>-</td>
<td>-</td>
<td>122,591,599</td>
<td>8,565,437</td>
</tr>
</tbody>
</table>

### Total Liabilities, Deferred Inflows of Resources & Net Position

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Liabilities, Deferred Inflows of Resources &amp; Net Position</td>
<td>$4,534,256,426</td>
<td>$744,590,195</td>
<td>$7,223,265</td>
<td>$5,165,639,249</td>
<td>$1,073,862,099</td>
</tr>
</tbody>
</table>

Elimination Entries are not displayed but are part of the Consolidated Numbers.
Key Takeaways for April

-Volumes in the Madison UW Health region were favorable to budget in most categories, except admissions, where they were unfavorable to budget. N.IL exceed budget in all volume categories for the month.

-We saw net revenues coming in $16.5M favorable to budget, including factoring in the risk share true-up with Quartz, through April. Madison region was favorable to budget by $13.2M and N. IL was favorable $4.6M.

-Expense were unfavorable to budget by $10.4M. There were several factors contributing to this for April. The main contributing factors were salary & benefits unfavorable to budget by $5.7M, temporary help roughly $5.2M unfavorable to budget, and pharmaceuticals were $1.7M unfavorable.

-On the non-operating side, we saw unfavorable results compared to budget, with an unrealized loss on investments of $85.8M.