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UWHCA Board of Directors

April 25, 2024, 1:30 - 4:30 PM

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UWHCA Board of Directors - April 25, 2024 - Public Meeting Notice

Agenda

1:30 PM	**I. Call to Order and Vice Chair Announcements** Mr. Paul Seidenstricker		
	Welcome New Board Members - Representative Donna Seidel and Regent Kyle Weatherly		
1:33 PM	**II. Recognition of Service** Mr. Paul Seidenstricker	Approval	
	Resolution - In Recognition of the Service of Regent Mike Jones		4
1:36 PM	**III. Consent Agenda** Mr. Paul Seidenstricker	Approval	
	Meeting Minutes - Open Session		
	Medical Staff Membership and Clinical Privileges		
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	UW Health Organizational Scope of Service		
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	UW Health FY25 Quality Assurance and Process Improvement (QAPI) Plan		
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	UW Health Antimicrobial Stewardship Program Designated Leader Appointment		
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	Biography - Brian Buss, PharmD		54
	Amendment to Isthmus Project, Inc. Investment Guidelines		
	Executive Summary - Amendment to Isthmus Project, Inc. Investment Guidelines		56
	Attachment - Amendment to Isthmus Project Inc. Investment Guidelines (REDLINE)		58
1:38 PM	**IV. UW Health Patient Safety and Quality - Just Culture Scenarios** Dr. Jeffrey Pothof	Report/Discussion	
	Presentation - Just Culture: Initiative Update and Practice Scenarios		62
	Attachment - Just Culture Algorithm (Material will be added in advance of the meeting)		
2:03 PM	**V. UWHCA Board Competency Matrix** Mr. Jay Robaidek	Discussion/Approval	
	Presentation - UWHCA Board Competencies		80

	Attachment - UWHCA Governance Competencies and Board Skills Matrix Background		89
2:23 PM	**VI. UW Health Financial Report** Mr. Robert Flannery, Ms. Jodi Vitello	Report/Discussion	
	Presentation - UW Health Consolidated Financial Indicators - March 31, 2024		93
	FYI Attachment - UW Health Consolidated Financial Indicators - February 29, 2024		100
2:33 PM	**VII. Closed Session** Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed session and executive closed session minutes; discussion of UWHC FY25 hospital rate increase, workforce matters, and UW Health CEO perspective on organization-wide system strategy; pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"), Wisconsin and Illinois patient privacy laws, and Wisconsin Statutes sections 19.85(1)(e) and 146.38, for the review of the UW Health Northern Illinois Quality and Safety report; and pursuant to Wisconsin Statutes section 19.85(1)(g), to seek confidential and privileged legal analysis and advice regarding workforce matters and potential litigation regarding the same and to confer with legal counsel regarding these and other matters.		
3:55 PM *	**VIII. Return To Open Session** * Estimated time to return to Open Session		
3:56 PM	**IX. ACTION: UWHC FY25 Hospital Rate Increase** Mr. Paul Seidenstricker Motion to approve the UWHC FY25 hospital rate increase as presented and discussed in closed session.	Approval	
4:30 PM	**X. Adjourn**		

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Resolution

In Recognition of the Service of Regent Mike Jones

RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

In Recognition of the Service of Regent Mike Jones

April 25, 2024

WHEREAS, Regent Mike Jones ("Regent Jones") has served with distinction, dedication and unwavering loyalty on the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority ("UWHCA") from June 11, 2019, through April 17, 2024. In addition, he also served on the UWHCA Executive Committee, UWHCA Executive Compensation Committee, UW Health Patient Safety and Quality Committee, and UW Health Workforce Committee. Regent Jones continues to serve on the UW Health Compliance Committee as a voting member and Committee Chairperson; and

WHEREAS, during his tenure, Regent Jones 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, Regent Jones 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 Regent Jones for his leadership, exemplary work, and loyal support of the UWHCA.

DRAFT

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Attachment

Medical Board Review – March 2024

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: March 4, 2024
Medical Board: March 14, 2024

Michael Peterson, 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

Dipanjan Banerjee, 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 adolescent and 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
- Diagnostic Cardiac Catheterization: Coronary Angiography
- Diagnostic Cardiac Catheterization: Endomyocardial biopsy
- Management of implanted VAD devices
- Percutaneous VAD implant and management (This includes ECMO cannulation as part of this procedure)
- Adult Moderate Sedation at all UWHCA locations

Evelyn L. Dawis, MD, Active Staff
Department of Anesthesiology/General

- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.

Anna E. Frackman, MD, Active Staff
Department of Anesthesiology

- Anesthesiology Core Privileges: Privileges to evaluate including performance of H&P, consult and administer anesthesia to patients for relief and prevention of pain during and following surgical, therapeutic and diagnostic procedures, including the monitoring and maintenance of normal physiology during the perioperative period and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine

dipstick, and pH by paper methods. Supervision of Anesthesiologist Assistants included in these privileges. These privileges include supervision of residents, fellows, and other persons in training.

- Critical Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges include, but are not limited to, central line and Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.

Ken M. Fujimura, MD, Active Staff
Department of Neurology

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

Mikyung Lee, MD, Active Staff
Department of Medicine/Infectious Disease

- Infectious Diseases Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with infectious or immunologic diseases. These privileges include care of patients via telemedicine. These privileges include supervision of advanced practice providers; and supervision of residents, fellows, and other persons in training.

Additional Privileges—Medical Staff

Thekla H. Oechtering, MD, Active Staff
Department of Radiology/Fellow (Cardiothoracic Imaging)

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

Jessica A. Umhoefer, PsyD
Department of Psychiatry

- Family Therapy

New Applications--Advanced Practice Providers

Lauren J. Dahms, 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

Kyle A. Desimone, PA, Physician Assistant
Department of Emergency Medicine

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Emergency Medicine Core Privileges: Privileges to manage and treat pediatric, adolescent, and adult patients with emergency medicine conditions cared for in the emergency department.
- Prescriptive Authority

Anna B. Habermeyer, CNM, Advance Practice Nurse
Department of Obstetrics and Gynecology/General Ob & Gyn

- Nurse Midwife Core Privileges: Privilege as a Certified Nurse Midwife, as defined by the Wisconsin State Statutes, includes the management of women's health care, pregnancy, childbirth, family planning, and gynecological

services. These privileges include, but are not limited to, endometrial biopsy; I&D of abscess; Implanon/Nexplanon insertion; IUD insertion and removal; skin tag and wart removal; suturing; vulvar biopsy; wound debridement. It also includes health maintenance, episodic care, urgent care and ongoing monitoring and management of chronic health problems. These privileges also include prescriptive authority, ordering respiratory therapy and blood product ordering.

Roman M. Kagan, CAA, Anesthesiologist Assistant
Department of Anesthesiology

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

Sara M. Monson, NP, Advance Practice Nurse
Department of Medicine/Nephrology

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Nephrology Core Privileges: Privileges to manage and treat patients with chronic kidney disease, organ transplant candidates undergoing desensitization for transplantation, and adult kidney transplants recipients.
- Prescriptive Authority

Brooke Mortensen, NP, Advance Practice Nurse
Department of Pediatrics/Hospital Medicine

- Pediatric NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP General Pediatrics Core Privileges: Privileges to manage and treat primary care pediatric patients.
- Prescriptive Authority

Elizabeth M. Nielsen, PA, Physician Assistant
Department of Dermatology

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

Teresa K. Reed, PA, Physician Assistant
Department of Obstetrics and Gynecology/General Ob & Gyn

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Gynecology Core Privileges: Privileges to manage and treat patients with acute and chronic gynecologic conditions and related issues.
- PA Obstetrics Core Privileges: Privileges to manage and treat patients during antepartum, pregnancy, and postpartum.
- Prescriptive Authority

Alysha M. Statz, PA, Physician Assistant
Department of Medicine/Nephrology

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Nephrology Core Privileges: Privileges to manage and treat patients with chronic kidney disease, organ transplant candidates undergoing desensitization in preparation for transplantation, and adult kidney transplants recipients.

- Prescriptive Authority

Brooklynne M. Watkins, PA, Physician Assistant
Department of Pediatrics/Genetics & Metabolism

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Pediatric Genetics & Developmental Pediatrics Core Privileges: Privileges to assess, manage, and treat patients with documented or possible genetic and/or developmental disorders.
- Prescriptive Authority

Yesenia Y. Weaver, NP, Advance Practice Nurse
Department of Urology/General

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

Derek J. Wiedmeyer, CAA, Anesthesiologist Assistant
Department of Anesthesiology

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

Megan J. Wise, 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

Jacqueline S. Wolff-Ellifson, NP, Advance Practice Nurse
Department of Obstetrics and Gynecology/General Ob & Gyn

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

Additional Privileges--Advanced Practice Providers

Jordan D. Alward, PA (Physician Assistant)
Department of Medicine/Cardiovascular Medicine

- Cardioversions

Rachel M. Ketter, PA (Physician Assistant)
Department of Surgery/Otolaryngology

- Nasal Cautery and Wound Closure/Suture Removal

Kelly S. MacVittie, PA (Physician Assistant)
Department of Surgery/Surgical Oncology

- Access Hepatic Artery Infusion Pump

Jacqueline McGinley, PA (Physician Assistant)
Department of Surgery/Cardiothoracic

- Chest Tube Removal and Epicardial Pacemaker Wire Removal

Christina R. Rippl, NP (Adult Gerontology Primary Care NP)
Department of Surgery/Cardiothoracic

- Chest Tube Removal and Epicardial Pacemaker Wire Removal

Emily J. Smith, PA (Physician Assistant)
Department of Medicine/Cardiovascular Medicine

- Loop Recorder Implants and Explants

Sydney S. Tardrew, PA (Physician Assistant)
Department of Neurology

- Occipital and Supraorbital Nerve Block

Eli D. Weiner, PA (Physician Assistant)
Department of Neurology

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Neurology Core Privileges: Privileges to manage and treat adolescent and adult patients with neurology disorders and related issues.
- Prescriptive Authority
- Botox injections
- Trigger point injections
- Occipital nerve block

Meredith J. Winkelhake, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Hematology, Oncology, and Palliative Care

- Chemotherapy Ordering

Dayna M. Wood, NP (Family Nurse Practitioner)
Department of Neurology/General

- Botox Injections

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:

Name	Department/Section	Staff Status
Barrella, Amanda L., MD	Anesthesiology/General	Active
Bernatz, James T., MD	Ortho Rehab/Orthopedic Surgery	Active
Boschuetz, Nicole A., MD	Medicine/Gastroenterology & Hepatology	Active
Cammarano, William B., III, MD	Anesthesiology/General	Active
Comstock, Jeanette R., MD	Dermatology	Active
Cox, Caroline K., MD	OBGYN/FPMRS	Active
Davis, Ruth J., MD	Surgery/Otolaryngology	Active
DeLeon, George W., MD	Anesthesiology/General	Active
Dogra, Prerna, MBBS	Medicine/Endocrinology	Active
Fedorova, Ekaterina, MD	Surgery/Fellow	Active
Feichtinger, Stuart J., MD	Anesthesiology	Active
Krepline, Ashley N., MD	Surgery/Fellow	Active
Lindholm, Christopher R., MD	Medicine/Gastroenterology & Hepatology	Active
Massey, Justin T., MD	Medicine/Infectious Disease	Active

Nellen, James R., MD	Anesthesiology/Fellow	Active
Polanski, Stephen P., MD	Radiology/Fellow	Active
Rush, Natalia I., MD	Pathology and Lab. Medicine	Active
Spector, Benjamin L., MD	Pediatrics/Nephrology	Active
Stramecki Doucette, Saryn V., MD	Pathology and Lab. Medicine	Active
Vecchio, Eric C., MD	Medicine/Fellow	Active
Wang, Joan Q., MD	Anesthesiology/General	Active
Warner, Joshua D., MD	Radiology/Abdominal Imaging	Active
Zhang, Ran C., MD	OBGYN/Gynecologic Oncology	Active
Brown, Brittany C., NP	Surgery/Minimally Invasive	APN
Danke, Heather A., NP	Pediatrics/Hem, Onc, and Bone Marrow Transplant	APN
Gorenc, Kathleen L., NP	Radiology/Interventional Radiology	APN
Lineberger, Shelly S., NP	Surgery/Cardiothoracic	APN
Moldenhauer, Sara L., PA	Orthopedics and Rehabilitation/Rehab Medicine	PA
Peiffer, Kim A., PA	Surgery/Otolaryngology	PA
Schneider, Nicole L., NP	Medicine/Endocrinology	APN
Skjervem, Krista K., PA	Anesthesiology	PA
Toner, Mary E., NP	Surgery/Minimally Invasive	APN
Ward, Denita K., NP	Family Medicine /Employee Health	APN
Wheeler, Shawna K., PA	Orthopedics and Rehabilitation/Orthopedic Surgery	PA

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:

Name	Department/Section	Privilege
Ament, Ellie M., NP	Medicine/Hematology, Oncology, and Palliative Care	Adult Moderate Sedation
Antar, Ali S., MD	Urology/General	Use of surgical robot for procedures otherwise privileged to perform
Christensen, Andrea K., NP	Urology	RNFA
Coburn, Rachel A., MD	Medicine/Geriatrics	Geriatric Medicine Core Privileges
Colligan, Leah M., NP	Pediatrics/Genetics & Metabolism	Adult NP Core Privileges (Genetics & Developmental)
Dollerschell, John T., MD	Anesthesiology	ECMO Cannulation
Glazer, Joshua M., MD	Emergency Medicine	ECMO Cannulation
Hagemann, Jami E., PA	Emergency Medicine	UW Medicine/Critical Care (PA)
Hormig, Anna C., NP	Surgery/Acute Care and Regional General	NP Pediatric Core Privileges
Jerzak, Lauren D., NP	Medicine/General Internal Medicine	Shave Biopsy
Ketter, Rachel M., PA	Surgery/Otolaryngology	Binocular Microscopy
Kirk, Amy K., PA	Medicine/Hematology, Oncology, and Palliative Care	Chemotherapy Ordering
Kitzmann, Nathaniel G., PA	Neurology/General	Botox Injections and Trigger Point Injections

Levin, Eryn E., PA	Surgery/Vascular	PA Podiatry Core Privileges
Moldenhauer, Sara L., PA	Orthopedics and Rehabilitation/Rehab Medicine	UW Orthopedics & Rehabilitation/Rehab Medicine (PA) and UW Pain Management - PA
Paloian, Robyn W., DPM	Surgery/Vascular	Bone procedures (advanced): Forefoot procedures other than involving toes Bone procedures (advanced): Rigid (AO) fixation procedures Bone procedures (advanced): Accessory bone procedures Bone procedures (advanced): Heel spurs Bone procedures (advanced): Haglund's deformity Soft tissue procedures (advanced): Neuroma removal Amputations: Toes Amputations: Rays
Rogers, Eric D., PA	Medicine/Cardiovascular Medicine	VAD Privileges
Rushing, Elizabeth E., PA	Neurology	Botox Injections, Trigger Point Injections, Occipital Nerve Block, and Supraorbital Nerve Block
Russell, Molly A., NP	Pediatrics/Critical Care	Adult NP Core, NP Family Medicine Core, and Prescriptive Authority
Shadel, Kelsey L., NP	Neurological Surgery	Shunt Programming

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Attachment

Medical Board Review – April 2024

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: March 12 & April 1, 2024
Medical Board: April 11, 2024

Michael Peterson, 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.

March 12, 2024

New Applications—Medical Staff

Christoph R. Reitz, MD, Active Staff
Department of Medicine/Gastroenterology & Hepatology

- Gastroenterology and Hepatology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the alimentary tract and associated organs. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, diagnostic upper gastrointestinal endoscopy; therapeutic upper gastrointestinal endoscopy (treatment of bleeding lesions, sclerotherapy or banding of esophageal or proximal gastric varices, removal of foreign bodies, removal of polypoid lesions, dilation of stenotic lesions with transendoscopic balloon dilators or dilating systems with guidewires, palliative treatment of stenosing neoplasms); colonoscopy with polypectomy; liver biopsy; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training. {Provision of gastroenterology and hepatology services with at least 400 patient encounters in the last 2 years. Recent completion of fellowship training satisfies this requirement.}
- Adult Moderate Sedation at all UWHCA locations - includes UH, East Madison Hospital, DHC, and UWHC Clinics (Requires ACLS certification)

April 1, 2024

New Applications—Medical Staff

Kayla N. Haffley, MD, Active Staff
Department of Neurology

- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of

physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.

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

William B. Hayes, 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.

Ronald L. Newman, DO, 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.

Vrunda Patel, DO, Active Staff
Department of Medicine/Cardiovascular Medicine

- Cardiovascular Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adolescent and 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

Jesus Trevino, MD, Active Staff
Department of Emergency Medicine/General

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

Additional Privileges—Medical Staff

Iliya P. Amaza, MD
Department of Medicine/Allergy, Pulmonary & Critical Care

- Advanced ventilator management

New Applications--Advanced Practice Providers

Jenna C. Goulet, PA, Physician Assistant
Department of Medicine/Infectious Disease

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

Hannah L. Grudecki, NP, Advance Practice Nurse
Department of Medicine/Endocrinology

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

Matt A. Heckle, NP, Advance Practice Nurse
Department of Medicine/Hematology, Oncology, and Palliative Care

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

Alexandra M. Jung, NP, Advance Practice Nurse
Department of Pediatrics/Genetics & Metabolism

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- Pediatric NP Core Professional Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, coordinating and interpreting diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Pediatric Genetics & Developmental Pediatrics Core Privileges: Privileges to assess, manage and treat patients with documented or possible genetic and/or developmental disorders.
- Prescriptive Authority

Isatou Marong, PA, Physician Assistant
Department of Medicine/Endocrinology

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Endocrinology Core Privileges: Privileges to manage and treat patients with documented or possible endocrine or metabolic disorders.
- Prescriptive Authority

Elvira M. Ruiz Garate, NP, Advance Practice Nurse
Department of Family Medicine and Community Health/General

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

Transfers--Advanced Practice Providers

Kaye L. McGrath, NP, Advanced Practice Nurse
Department of Medicine/Geriatrics

- 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 Geriatric Core Privileges: Privileges to manage and treat patients with diseases and disorders of those generally associated with aging.
- Prescriptive Authority

Additional Privileges--Advanced Practice Providers

Alexandra D. Burtch, NP (Family Nurse Practitioner)
Department of Anesthesiology/General

- Intrathecal pump reprogramming; Intrathecal pump refill, Intrathecal pump interrogation
- Removal of neuraxial catheters
- Removal of perineural regional analgesia catheters
- Trigger point injections

Hanna L. Duncan, PA (Physician Assistant)
Department of Medicine/Hematology, Oncology, and Palliative Care

- Intrathecal Chemotherapy
- Lumbar Puncture
- Adult Moderate Sedation

Taylor A. Farnsworth, NP (Adult Gerontology Acute Care NP)
Department of Surgery/Acute Care and Regional General

- Chest Tube Removal

Kristin I. Harkins, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Cardiovascular Medicine

- Cardioversions

Stacey J. Helf, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Hematology, Oncology, and Palliative Care

- Lumbar Puncture

Chloe C. Loken, PA (Physician Assistant)
Department of Orthopedics and Rehabilitation/Orthopedic Surgery

- Aspiration and Injection of Joints, Bursars, Cysts, and tendons

Kaye L. McGrath, NP (Family Nurse Practitioner)
Department of Family Medicine and Community Health/General

- Adult NP Core Privileges
- NP Geriatric Core Privileges
- Prescriptive Authority

Carolyn M. Nguyen Sweeney, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Hematology, Oncology, and Palliative Care

- Bone Marrow Biopsy
- Adult Moderate Sedation

Nicki L. Seager, NP (Family Nurse Practitioner)
Department of Medicine/Hematology, Oncology, and Palliative Care

- Bone Marrow Biopsy
- Chemotherapy Ordering

Jessica A. Wallis-Bhyravabotla, NP (Family Nurse Practitioner)
Department of Obstetrics and Gynecology/Gynecologic Oncology

- Endometrial Biopsy

Kieran B. Wilson, PA (Physician Assistant)
Department of Orthopedics and Rehabilitation/Orthopedic Surgery

- Aspiration and Injections of Joints, Bursars, Cysts, Tendons

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:

Name	Department/Section
Anderson, Christopher D., MD	Medicine/General Internal Medicine
Andropolis, Mackenzie J., PA	Medicine/Cardiovascular Medicine
Axtell, Andrea L., MD	Surgery/Cardiothoracic
Bade, Alanna J., PA	Medicine/Allergy, Pulmonary & Critical Care

Behrend, Emily C., CNM	Obstetrics and Gynecology/Nurse Midwife
Bergh, Jaime L., PsyD	Pediatrics/Developmental
Bertram, Heidi C., MD	Pathology and Lab. Medicine
Blum, Matthew F., MD	Medicine/Nephrology
Brodbeck, Abbygael L., NP	Pediatrics/Neonatology
Buisse, Jamie L., NP	Psychiatry
Bulgrin, Bethany K., NP	Medicine/Hematology, Oncology, and Palliative Care
Burke, Naomi L., NP	Medicine/General Internal Medicine
Caldis, Matthew W., MD	Medicine/Gastroenterology & Hepatology
De Roo, Ana C., MD	Surgery/Colorectal
Dibba, Haruna, PA	Medicine/Allergy, Pulmonary & Critical Care
Donohue, Sarah Maria H., MD	Medicine/Rheumatology
Dunahoe, Jacquelyn A., MD	Orthopedics and Rehabilitation/Orthopedic Surgery
Duncan, Hanna L., PA	Medicine/Hematology, Oncology, and Palliative Care
Eich, Kathleen A., PA	Emergency Medicine
Esber, Mara K., PsyD	Psychiatry
Farnsworth, Taylor A., NP	Surgery/Acute Care and Regional General
Hanger, Christopher C., MD	Anesthesiology
Hensley, Caroline G., MD	Medicine/Hospital Medicine
Ledbetter, Dawn J., MD	Anesthesiology
Longdo, Jodi J., NP	Pediatrics/Gastroenterology
Mansfield, Leanne M., MD	Pediatrics/Rheumatology
Marklein, Lindsay J., PA	Medicine/Gastroenterology & Hepatology
Martin-Koob, JoAnne G., PA	Obstetrics and Gynecology/Gynecologic Oncology
McCants, Sheba, PA	Obstetrics and Gynecology/Maternal Fetal Medicine
Morrison, Mikaela M., PA	Urology
Murphy, Lindsey J., NP	Medicine/Nephrology
Nguyen Sweeney, Carolyn M., NP	Medicine/Hematology, Oncology, and Palliative Care
Nigro, Sarah E., PsyD	Neurology
Nudelman, Matthew J., MD	Pediatrics/Urgent Care
Oanes, Julia L., PA	Surgery/Surgical Oncology
Owusu-Brackett, Nicci, MD	Surgery/Surgical Oncology
Palmon, Philip A., MD	Medicine/Allergy, Pulmonary & Critical Care
Paudel, Robin, MD	Medicine/Allergy, Pulmonary & Critical Care
Radel, Rachel J., PA	Surgery/Surgical Oncology
Rosinski, Angelica, NP	Medicine/Cardiovascular Medicine
Sad Aldeen, Ziad M., MD	Medicine/Hospital Medicine
Salama, Salma, NP	Neurology/Pediatric Neurology
Shore, Matthew W., MD	Radiology/Pediatric Imaging
Slattery, Julie M., NP	Pediatrics/Hem, Onc, and Bone Marrow Transplant
Spanbauer, Samantha C., NP	Medicine/Hematology, Oncology, and Palliative Care
Tao, Ran, MD	Medicine/Hospital Medicine
Train, Sarah E., MD	Medicine/Allergy, Pulmonary & Critical Care
Tumba, Jenny, MD	Psychiatry/Child
Tyler, Samantha K., DO	Pediatrics/Neonatology
Vasilevskis, Eduard E., MD	Medicine/Hospital Medicine
Walsh, Amy C., PA	Medicine/Cardiovascular Medicine
Wang, Connie X., MD	Dermatology

Weinhammer, Annika P., MD	Dermatology
White, Jennifer A., NP	Medicine/Endocrinology
Wilson, Kieran B., PA	Orthopedics and Rehabilitation/Orthopedic Surgery
Wood, Dayna M., NP	Neurology/General
Woodfin, Ashley A., MD	Surgery/Surgical Oncology
Yamamoto, Erica Y., DO	Family Medicine and Community Health/Fellow
Yan, Di, MD	Dermatology
Yoon, Jeung E., PhD	Pediatrics/Developmental

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:

Name	Department/Section	Privilege
Benson, Holly A., MD	Medicine/General Internal	Internal Medicine/Intermediate Care Core Privileges
Christensen, Keith G., PA	Emergency Medicine	PA Critical Care Core Privileges
Dunlap, Alison L., NP	Medicine/Cardiovascular Medicine	Loop Recorder
Hanson, Krista M., PA	Surgery/Acute Care & Region Gen	Chest Tube and Gastrostomy Tube Removal
Hoeft, Anne K., NP	Anesthesiology/General	Manipulation of neuraxial catheters; removal of neuraxial catheters; removal of perineural regional analgesia catheters
Hoy, Courtney E., NP	Medicine/Allergy, Pulmonary & Critical Care	Sleep Medicine/Pediatric NP Core Privileges
Jaeger, Amy L., MD	Medicine/Allergy, Pulm & Crit Care	Robotic Bronchoscopy
Kumar, Lacey J., NP	Surgery/Transplant	Abdominal Drain Removal
Liu, Monica Yun, MD	Medicine/Allergy, Pulm & Crit Care	Advanced ventilator management (including adjustment of ventilator settings)
McCue, Eric T., PA	Anesthesiology	Intrathecal Pump Interrogation, Refill or Reprogramming; Manipulation or Removal of Neuraxial Catheters; Removal of Perineural regional analgesia Catheters.
Meyer, Amanda J., PA	Surgery/Acute Care & Region Gen	Pediatric Sedation
Olson, Jessica J., NP	Neurology/Pediatric Neurology	Vagus nerve stimulator programming
Philip, Jennifer L., MD	Surgery/Transplant	Transplant Surgery
Reyerson, Ellen M., NP	Surgery/Pediatric	Tunneled central line removal
Roe, Elizabeth C., NP	Pediatrics/Endocrinology	NP Pediatric Endocrinology Core Privileges
Sonetti, David A., MD	Medicine/Allergy, Pulm & Crit Care	Robotic Bronchoscopy

UWHealth

Executive Summary

UW Health Organizational Scope of Service

Joint Commission Accredited Sites

Executive Summary

Date: April 25, 2024

RE: UW Health Organizational Scope of Service – Joint Commission Accredited Sites

UWHCA Board of Directors,

The Joint Commission Leadership (TJC) standards, in concert with the Centers of Medicare and Medicaid Services (CMS) Conditions of Participation, state that the "governing body is ultimately accountable for the safety and quality of care, treatment and services." One element under that standard requires that the "governing body approves the hospital's written scope of services." To meet that requirement, the Board has been provided the most recently updated Scope of Service in the year the triennial survey is expected. UW Health anticipates TJC survey in late spring/summer 2024. Please note, this is a 'working' document that is updated frequently by the UW Health Accreditation and Regulatory Specialist to maintain pace with expanding services.

The UW Health Patient Safety and Quality Committee (PSQC) reviewed and recommended approval of the UW Health Organizational Scope of Service document at its meeting on March 21, 2024. The UW Health Organizational Scope of Service is included for Board members' review.

If you have any questions prior to the board meeting, please reach out to Ms. Jackie Smith-Helmenstine at jsmith-helmenstine@uwhealth.org.

Thank you.

UWHealth

UWHealth

Attachment

UW Health Organizational Scope of Service

Joint Commission Accredited Sites

UW Health Organizational Scope of Service
Joint Commission Accredited Sites

Main Campus

University Hospital and American Family Children's Hospital (UH and AFCH)
600 Highland Avenue
Madison, WI 53792

Remote Hospital Campus

UW Health East Madison Hospital (EMH)
4602 Eastpark Blvd.
Madison, WI 53718

UW Health Mission Vision – UW Health is the integrated health system of the University of Wisconsin-Madison and serves more than 600,000 patients in the Upper Midwest and beyond. UW Health is governed by the University of Wisconsin Hospitals and Clinics Authority and partners with the University of Wisconsin School of Medicine and Public Health to fulfill shared missions of patient care, research, education and community service.

Mission: Advancing health without compromise through service, scholarship, science and social responsibility.

Vision: Remarkable Healthcare.

Major Clinical Treatment Programs

- UW Carbone Cancer Center (UWCCC) As the only comprehensive cancer center designated by the National Cancer Institute in Wisconsin, UWCCC is recognized throughout the Midwest and nation as one of the leading innovators in cancer research, quality care, and active community involvement.
- American Family Children's Hospital (AFCH) A comprehensive pediatric medical and surgical hospital within UW Hospital and Clinics, nationally known for treatment of children's lung diseases, childhood cancer and other pediatric specialties.
- Critical Care Wisconsin's only Level One trauma center for both pediatric and adult trauma and burn; including a pediatric intensive care unit; cardiac and medical intensive care units, on-site facilities include fully equipped emergency department; Med Flight critical care air and ground transport service for all ages.
- Organ Donation and Transplantation Transplant at UW Health is one of the world's foremost organ transplant programs. UW Health physicians are recognized experts in their field, providing care to patients in heart, lung, kidney, liver, pancreas, intestine, islet cell and pediatric transplant programs. The UW Organ and Tissue Donation service is recognized as one of the most successful organ procurement programs in the nation.
- Heart, Vascular and Thoracic Care Comprehensive program of prevention, expert diagnosis and treatment of full spectrum of heart, vascular and thoracic diseases.
- Neurology and Neurosurgery Provides comprehensive consultation, evaluation and treatment of neurological disorders and provides comprehensive neurosurgical consult and surgical services. Advanced certification as a Comprehensive Stroke Center by The Joint Commission. Other programs include brain tumor, epilepsy, movement, multiple sclerosis, neuromuscular disorders, spine, functional and restorative neurosurgery, and children's neurology and neurosurgery.

- Orthopedics and Rehabilitation Provides a broad spectrum of state-of-the-art, of adult and childhood musculoskeletal disorders. Programs include joint replacement, spinal fusion, sports and rehabilitative medicine
- Primary & Specialty Care Clinics UW Health has outpatient clinics providing a wide variety of clinical care services, including, but not limited to: primary care, internal medicine, OB/GYN, oncology, urology, allergy, dermatology, surgery, transplant, orthopedics, adolescent alcohol and drug abuse assessment, infectious disease, and infertility.

Clinical Units and Locations at University Hospital

600 Highland Ave
Madison, WI 53792

- Nursing Inpatient Units **

  Intensive Care Units
  - B4/4 – Neuro ICU
  - B6/3 – Trauma Life Center (TLC) ICU
  - B4/5 – Cardiac Surgery ICU; Heart & Lung Transplant, acuity adaptable
  - D4/4 – Neuro IMC/ICU (COVID ICU)
  - F4/5 – Cardiac ICU
  - F8/4 – Burn ICU

  Medical Surgical Units & Services
  - B4/3 – Thoracic Surgery
  - B4/6 – Kidney, Liver, Pancreas Transplant
  - B6/4 – Orthopedic Trauma
  - B6/5 – Psychiatry
  - B6/6 – Oncology (Hematology, Bone Marrow Transplant, and Palliative Care)
  - D4/5 – Heart and Vascular Progressive Care Unit
  - D4/6 – D4V6—Family Practice /Forensics
  - D6/4 – Neuroscience General Care
  - D6/6 – Clinical Research
  - D6/5 – Pulmonary
  - E5/7 – Critical Care Transport (Med Flight)
  - E1/2 – Emergency Department
  - E3/3 – Radiology Prep and Recovery
  - F4/4 – Surgical Trauma with IMC
  - F4/6 – General Surgery & Trauma
  - F6/4 – Medical Surgical Short Stay
  - F6/5 – General Medicine/Geriatrics
  - F6/6 – Gynecology, Urology, Plastic Surgery, ENT Surgical Services
  - Central Float, Per Diem & Agency, & SOS
  - Hospital Based Home Care – acute care provided at home

Specialty Care Services:
- Hemodialysis (inpatient adult, inpatient/outpatient peds) C5/3
- Infusion Center C5/3
- Inpatient Preventive Cardiology D4/5
- Heart Station (ECG and other heart rate monitoring) E5/6
- Heart and Vascular Procedure Center F6/3**

- Heart and Vascular Care, Non-invasive Diagnostic Testing Lab G3/4
- Neurodiagnostics J5/2
  - EEG (Electroencephalography Evoked Potentials)
  - EMG (Electromyography)
  - NCS (Nerve Conduction Study)

- University Hospital Ambulatory Clinics:
  - Audiology & Hearing G3/2
  - Breast Center G3/1
  - Cancer Clinics. J3/1
    - Gyn Oncology, Medical Oncology
  - Cancer Clinics J3/2
    - (Oncology, Hematology, Bone Marrow Transplant, Chemotherapy) **
  - Center for Addictive Disorder H6/2
  - Heart and Vascular G3/4
  - Health Psychology H6/2
  - Infectious Disease & Immunology/HIV ..... B6/2 & A7/2
  - Neurology and Pediatric Neurology K6/2
    - (Adult & Pediatrics General Neurology, Stroke, Epilepsy, Neuromuscular, Multiple Sclerosis, Movement Disorders)
  - Cancer Symptom Management Clinic K4/2
  - Otolaryngology / ENT (Speech & Audiology) ..... G3/2 ^
  - Pulmonary B6/2
  - Radiotherapy & Paratherapy ..... K4/B **
  - Rehab OT Hand Clinic, cast room & Ortho PT(HME) ..... E3/2 & H4/2
  - Speech & Language (Swallow / Voice) G3/2
  - Surgery clinics F4/2
    - (Bleeding Disorders, General, Dental, Burn & Wound (HME), Neurosurgery, Thoracic, Plastic, and Pre-operative Work Up Program)
  - Transplant & Podiatry G7/2**
  - Urology D6/2**

- X Kandace & Gina Radiology/Imaging
  - AFCH ..... 1st & 2nd Floor
  - Angio/Neuro/Interventional ..... D4/3, G3/3, AFCH, OR**
  - Bone Mineral Density D4/3
  - CT ..... E1/2 (ED), E3/3**
  - Carotid Doppler F2/3
  - Emergency Department E1/2**
  - Diagnostic Radiology (X-ray) G3/3, H4/2
  - GI/GU ..... G3/3, AFCH, K4/1B**
  - IVU G3/3**
  - MRI ..... E1/3, F2/3 & AFCH, K4/1B **
  - Mammography, Breast US G3/1
  - Myelogram ..... G3/3 **
  - Nuclear Medicine ..... E1/3 **
  - CT ..... K4/1B **
  - PET (July 2015) ..... AFCH Imaging Pavilion**

- Ultrasound..... F2/3 & AFCH **

- Laboratory Services – accredited by FACT, CAP, ASHI, or TJC
  - Phlebotomy services are performed on the inpatient and outpatient areas of UWHC/AFCH, East Madison Hospital, E Terrace and Junction Road Medical Centers, Digestive Health Center, University Station Clinic, University Health Service, Comprehensive Cancer Center.
  - Surgical Pathology is located in Wisconsin Institutes for Medical Research (WIMR) B1764, UW Health Meriter Lab, Room A4 Path.
  - Nerve & Muscle Biopsy is located in WIMR B1707A
  - Autopsy is located in WIMR B1715.
  - Cytopathology is located in D4/259.
  - Transfusion Services: University Hospital C7/3 module; UW Health East Madison Hospital
  - Stem cell processing (FACT) is performed in the H4/5 module.
  - Analytical testing services are performed in the University Hospital Main Laboratories (B4/2, C5/2, D4/2, H4/4, H4/6 modules), E Terrace Medical Center, Junction Road Medical Center, Digestive Health Center, University Station Clinic, University Health Services, AFCH Pediatric Intensive Care Unit (blood gas analysis performed by respiratory therapists under the main laboratory license), and UW Health East Madison Hospital
  - Point of Care provided at the following locations:
    - Main campus CSC – 600 Highland Ave
    - Digestive Health Center – 750 University Row
    - E Terrace Medical Center – 5249 East Terrace Drive
    - University Avenue Rehabilitation Clinic – 6630 University Drive
    - Science Drive Medical Center – 621 Science Drive
    - Kidney Clinic - 3034 Fish Hatchery Rd
    - Junction Road Medical Center – 451 Junction Road
    - U-Station Clinic – 2880 University Avenue
    - UW Health East Madison Hospital – 4602 Eastpark Blvd
  - Histocompatibility Laboratory (ASHI)

- Surgical Services ..... D6/3 ^
  - Inpatient Operating Rooms & PACU..... F8/3, E7/3, D6/3, F2/3, E/53 ** ^
  - Outpatient Surgery Center..... F6/2, D6/2 ** ^
  - First Day Surgery Unit F4/3
  - Outpatient Surgery Center – Ambulatory Care Unit / PACU ..... F6/2 ^
  - AFCH Hybrid OR..... 1st Floor**
  - AFCH Surgical Services ..... 3rd Floor ** ^
  - Ambulatory Procedure Center (GI, urology, and Lithotripsy)..... C5/2 ** ^

- Pharmacy Services – Central Pharmacy F6/133
  - Inpatient acute care
  - Comprehensive Cancer Center
  - Ambulatory primary care and specialty clinics
  - Perioperative care areas
  - Emergency Department
  - Infusion Center
  - University Hospital Retail Pharmacies:
    - UW Health Outpatient Pharmacy (UH) E5/230
    - UW Health Children's Pharmacy (AFCH)..... Room 1338

- UW Health Pharmacy Services, 3185 Deming Way
  - Pharmacy HME facility based / retail (exempt from accreditation under consideration)
  - Manufacturing, compounding, distribution (no patient care)
  - Specialty Pharmacy

Clinical Units and Locations at American Family Children's Hospital

600 Highland Ave
Madison, WI 53792

- Radiology, Laboratory, Pharmacy Services, Surgical Services – see University Hospital section
- Nursing Inpatient Units **
  - P4 – Hem/Onc, Neurosciences, ENT, Plastic-reconstructive (4th Floor)
  - Pediatric Intensive Care Unit (PICU), (4th Floor)
  - P5 – Pediatric Medical Surgical Unit (5th Floor)
  - P7 – Universal Care Unit (7th Floor)
  - P8 – Neonatal Intensive Care Unit (NICU) (8th Floor)
- American Family Children's Hospital Ambulatory Clinics:
  - Diagnostic and Therapy Center ** (DTC) – 1st Floor
  - Pediatric Specialties Clinics – Multi-specialty clinics ^ - 2nd Floor

UW Health East Madison Hospital – Clinical Units and Locations

4602 Eastpark Blvd.
Madison, WI 53718

West Wing

- Overnight Care: ..... 3rd, 4th and 5th Floors**
  - 84 inpatient medical & surgical rooms (28 beds each unit)
  - Includes four beds that can provide ICU-level care

- Surgical Services and Emergency Department ..... 1st Floor ** ^
  - 14 operating rooms
  - 14 bed PACU
  - Universal Care Unit: 48 multipurpose rooms including care for patient arriving through the Emergency Department and Pre/Post-operative care…… 1st floor

- Imaging.....1st floor
  - Diagnostic Radiology (X-ray) – 1st 2nd & 3rd Floors
  - CT (also a scanner in ED)
  - MRI **
  - Nuclear Medicine
  - Multipurpose room
  - General Ultrasound, MSK US 2nd Floor
  - Cardiology Echo Vascular Ultrasound

- Laboratory Services: Transfusion / blood bank, analytical testing, point of care testing (see Lab section above).

- Inpatient Pharmacy Services

Center Wing-Ambulatory Clinics ..... 1st, 2nd, 3rd floors
Days of Service: Monday - Friday
Services Provided: Primary and specialty care clinics (bariatrics and weight management, cardiology, integrative medicine, general surgery, hernia care, neuro spine, orthopedics including hand procedures, urology and cystology, plastic and reconstructive surgery, Lupus, motility, pre-anesthesia, rheumatology), pharmacy, laboratory, radiology (diagnostic radiology).

East Wing-Sport Performance and Wellness..... 1st and 2nd floor
Days of Service: Sunday - Saturday
Services Provided: Physical and occupational therapy, wellness and sports performance, cardiac rehabilitation, demonstration kitchen, nutrition, orthotics, health psychology, and integrative medicine. Rehab HME.

Ambulatory Services Off Hospital Campuses:

1. UW Health 2275 Deming Way Pediatric Specialty Clinics
2275 Deming Way, Suites 200 & 220
Middleton, WI 53562
Days of Service: Monday – Friday
Services Provided: Pediatric Specialty: Gastroenterology, Diabetes, Genetics pediatric and some adult, Rehabilitation Medicine, Pain Management, Speech and Language Pathology, PATH. Teenage and Young Adult: Adolescent Medicine. Support services: Lab, radiology, ECG.

2. UW Health Advanced Pelvic Surgery Clinic
UnityPoint Health Meriter
202 South Park St
Madison, WI 53715
Days of Service: Monday – Friday
Services Provided: Multidisciplinary approach to comprehensive care for pelvic floor disorders, including urinary incontinence, pelvic organ prolapse, issues with bladder and bowel control, accidental bowel leakage/fecal incontinence, recurrent urinary tract infection, lower reproductive tract fistula

3. UW Health Adolescent Alcohol/Drug Assessment and Intervention Program
122 Olin Ave. Suite 275
Madison, WI 53713
Days of Service: Monday – Thursday; Friday am; 24 hour on call coverage to UWHC.
Services Provided: Screening; assessment; brief intervention; referral to treatment; treatment for mental health and substance use disorders for adolescents and their families.

4. UW Health Digestive Health Center ** ^
750 University Row
Madison, WI 53705-1311
Days of Service: Monday – Friday.

Services Provided: Colorectal Surgery Clinic, Gastroenterology and Hepatology (Hepatology adult & peds) Clinic, GI Procedures Clinic; Multidisciplinary rounds; Anesthesiology, Radiology, Lab, Pharmacy services.

5. UW Health East Terrance Drive Medical Center ^
5249 East Terrace
Madison, WI 53704
Days of Service: Monday – Friday.
Services Provided: primary and specialty care clinics (behavioral health, dermatology, endocrinology / diabetes – adult, diabetes – peds, geriatrics, internal medicine, Mohs procedures, ophthalmology, pediatrics, specialty care programs, urology - peds) and radiotherapy with CT, pharmacy, laboratory, radiology (mammography, diagnostic radiology and US).

6. UW Health Hand and Upper Extremity Rehabilitation Clinic
1 South Park Street
Madison, WI
Days of Operation: Monday – Friday
Services Provided: Hand and Upper Extremity Rehabilitation occupational therapy services. Rehab HME.

7. UW Health Junction Road Medical Center ^
451 Junction Road
Madison, WI 53717
Days of Service: Monday – Friday; pharmacy Monday – Friday.
Services Provided: primary and specialty care clinics (allergy/immunology, allergy-peds, dermatology, endocrinology adult & peds, internal medicine, midwifery, Mohs, OB/GYN**,** ophthalmology, pediatric and adolescent medicine, rheumatology, women's internal medicine, vascular**)**, bone density testing, ECG, laboratory, anti-coag pharmacy, and radiology services (Mammography, X-ray, and BMD), and physical therapy.

8. UW Health Kidney Clinic
3034 Fish Hatchery Road
Madison, WI 53713
Days of Service: Monday - Friday
Services Provided: Specialty care medicine service for pre-end stage kidney disease.

9. UW Health Orthotics and Prosthetics Clinic – HME accreditation site only
6220 University Ave.
Middleton, WI 53560
Days of Service: Monday - Friday
Services Provided: Orthotics & prosthetics clinics – Home Health HME accreditation for DMEPOS only

10. UW Health Pain Management Clinic (at 1102 S Park Street Clinic)
1102 Park Street, 3rd Floor
Madison, WI 53715
Days of Service: Monday - Friday

Services Provided: Pain management services and treatment including high risk medications and invasive procedures; ultrasound imaging. Infusion Services. Physical Therapy.

11. UW Health Science Dr Medical Center
621 Science Drive
Madison, WI 53711
Days of Service: Monday – Friday. (Select services open on Saturday.)
Services Provided: Specialty care clinics in Heart & Vascular, Orthopedics, Preventive Cardiology; Spine Physical Therapy, Sports Rehabilitation (physical therapy and athletic training) and Radiology services (MRI, diagnostic radiology, and Ultrasound). Rehab HME.

12. UW Health Union Corners Physical Therapy
2402 Winnebago Street,
Madison, WI
Days of Service: Monday - Friday
Services Provided: Physical Therapy

13. UW Health University Ave Rehabilitation Clinic
6630 University Ave.
Middleton, WI 53705
Days of Service: Monday - Friday
Services Provided: Rehabilitation medicine physician clinics: physical, occupational, and speech therapy services; and orthotics laboratory. Rehab HME

14. UW Health University Station Clinic
2880 University Ave.
Madison, WI 53705
Days of Service: Monday - Friday
Services Provided: Ophthalmology – adult & peds; and waived testing lab (only lab service effective April 2021)

15. UW Health Waisman Center
1500 Highland Ave.
Madison, WI 53705
Days of Service: Monday – Friday.
Services Provided: Specialty pediatric services including child development, cerebral palsy, genetics, spasticity, biochemical genetics, and Down Syndrome; Communications Aids and Systems Clinic.

16. UW Health Yahara Rehab Clinic
1050 East Broadway
Monona, WI 53716
Days of Service: Monday - Friday
Services Provided: Rehab services. Rehab HME.

Other UWHC Clinical Support Services

- Center for Clinical Knowledge Management
- Central Services
- Child Life
- Clinical Laboratories
- Clinical Nutrition Services
- Coordinated Care and Case Management
- ECMO
- Employee Health
- Environmental Services
- Family Resource Center
- General Medical Education
- Health Information Management
- Healthcare Technology Management
- Human Resources
- Infection Control
- Information Technology Services
- Interpreter Services
- Learning Center
- Medical Staff
- Patient and Family experience
- Pharmacy Services
- Plant Engineering
- Organizational Improvement
- Quality, Regulations & Accreditation
- Patient Safety
- Respiratory Care
- Safety / Emergency Management
- Security Services
- Social Work
- Spiritual Care Services
- Tele-ICU
- Telehealth Services
- Volunteer Services

UWHealth

Executive Summary

UW Health FY25 Quality Assurance and Process Improvement (QAPI) Plan

UWHealth

EXECUTIVE SUMMARY

DATE: April 25, 2024

RE: UW Health FY25 Quality Assurance and Process Improvement (QAPI) Plan

---

UWHCA Board of Directors,

The Centers for Medicare and Medicaid Services (CMS) requires every organization to have a Quality Assurance and Process Improvement (QAPI) program that outlines how UW Health ensures it provides safe and high-quality care for its patients. The purpose of QAPI in this organization is to take a proactive approach to reduce medical errors and continually improve the way UW Health cares for and engages with its patients and their families, visitors, partners, and each other so that the vision of Remarkable Healthcare becomes a reality. 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 March 21, 2024.

Attached please find the UW Health Fiscal Year 2025 (FY25) Quality Assurance and Process Improvement (QAPI) Plan for your review and approval.

If you have any questions, please contact Dr. Jeffrey Pothof at jpothof@uwhealth.org.

Thank you.

UWHealth

Attachment

UW Health FY25 Quality Assurance and Process Improvement (QAPI) Plan

FY25 Quality Assurance and Process Improvement (QAPI) Plan for Wisconsin

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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 playbook, it also reaffirmed our core mission of advancing health without compromise thorough service, scholarship, science and social responsibly.

Patient care is at the center of our strategic playbook. This is the reason we exist as an organization. Providing remarkable and equitable care to our diverse population through clinical innovation and cutting-edge research defines UW Health.

Our strategic playbook is defined by our mission of Patient Care, Education, Research and Community Service. Our mission focuses our action and keeps UW Health on the path to enduring achievement and success through three important strategic imperatives, utilizing five foundational competencies.

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.

- Safety, Quality and Patient Experience
- Staff and Physician Well-being
- Diversity, Equity and Inclusion
- Information Management and Informatics
- Financial Performance

Mission

Advancing health without compromise through service, scholarship, science and social responsibility.

Values:

- Excellence
- Innovation
- Compassion
- Integrity
- Respect
- Accountability
- Diversity

Purpose:

The purpose of QAPI in our organization is to take a proactive approach to reduce and eventually eliminate all preventable medical errors. We continually strive to 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, employees across the organization 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, including contracted services, 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 Councils: Oncology, Behavioral Health, Radiology, Pharmacy, Perioperative Services (SPOC), Pediatrics, Maternal/Child, Heart-Vascular-Thoracic (HVT), Neurosciences
- 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 and Specialty Pharmacy
- 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 evidence-based data (such as Vizient, national or state benchmarks, national registries, published best practice clinical guidelines, etc.), to define and measure our goals.

<u>Unusual Changes or Events</u>

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

Leaders are responsible for the development and implementation of the QAPI. Our 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 Just Culture and UW Health Way methods.

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.
    - Recognizing Human Error: When mistakes are made, show empathy, use coaching and learn from events.

- 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
    - Promoting continuous improvement with teams, taking accountability for actions and decisions

- 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
    - Go and See: personal observation of the work where the work is happening
    - Visual Management: system of planning, control and improvement using visuals
    - Leader Standard Work: leadership activities and behaviors consistently performed at regular intervals

Communication between leaders and staff is bi-directional 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 act as the "oversight committee" for QAPI and patient safety reporting. 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.

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 PSQC to review, assess, and recommend Board action for all quality matters brought 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, action plans from root cause analysis of serious safety events, 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 Survey
- Clinical and Ancillary services
- Infection Control
- Transplant
- Behavioral Management and Treatment
- Pain Management

- Patient Experience (including information obtained through complaints and grievances)
- Government Programs
- Environment of Care
- Risk Management and Proactive Risk Assessments
- Resident Quality and Safety
- Strategic Process Improvement Initiatives
- Just Culture
- Sustainability
- Workplace Violence
- Diversity, Equity and Inclusion

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 Executive 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

As part of the oversight process, data is surveilled and monitored from local groups with information flowing up to the Quality Business Operations Group (BOG). High impact measures are monitored closely with consideration of prioritization to the QAPI Committee. Prioritized measures are considered QAPI projects with oversight of tests of change and improvements being cascaded up to the UW Health Clinical Operations Team with ultimate oversight by the Patient Safety and Quality Committee (PSQC). Through this process the QAPI plan is reviewed annually with careful consideration of measure prioritization happening every two years to ensure improvements in the QAPI projects is stabilized. Appendix III and IV.

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.

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 for the QAPI Committee focus are listed in 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 involve 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, 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 quality and regulatory requirements
- Internal quality and regulatory compliance and survey readiness
- Monitor and support participation on national registries, cancer registry, certifications and accreditations
- Assist UW Health staff and physicians with interpretation and use of data resources
- Collaborate with multiple areas of the organization to identify and communicate performance gaps to support prioritizing improvement initiatives
- Recommend process measures and benchmarks for improvement initiatives

Patient Safety

- Culture of Safety survey administration and analysis
- Patient safety event reporting, including 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
- Communication of lessons learned
- 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
- Participation in a Patient Safety Organization (PSO)
- Provider Peer Review

Organizational Improvement

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

Employee Health and Wellbeing

- Workforce safety 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)
- Workplace violence

Patient and Family Experience

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. Clear expectations for safety are set in those providing services under arrangements or contracts.

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. 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.

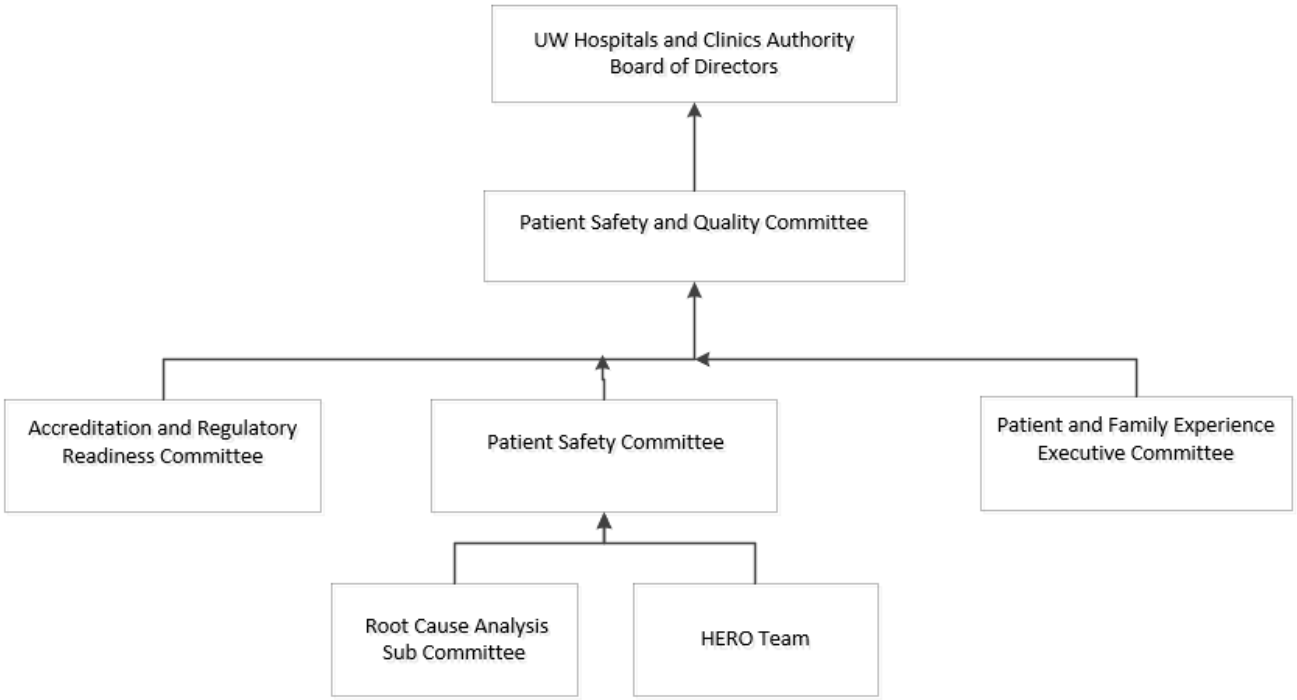
Summary

The Quality Assurance 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.

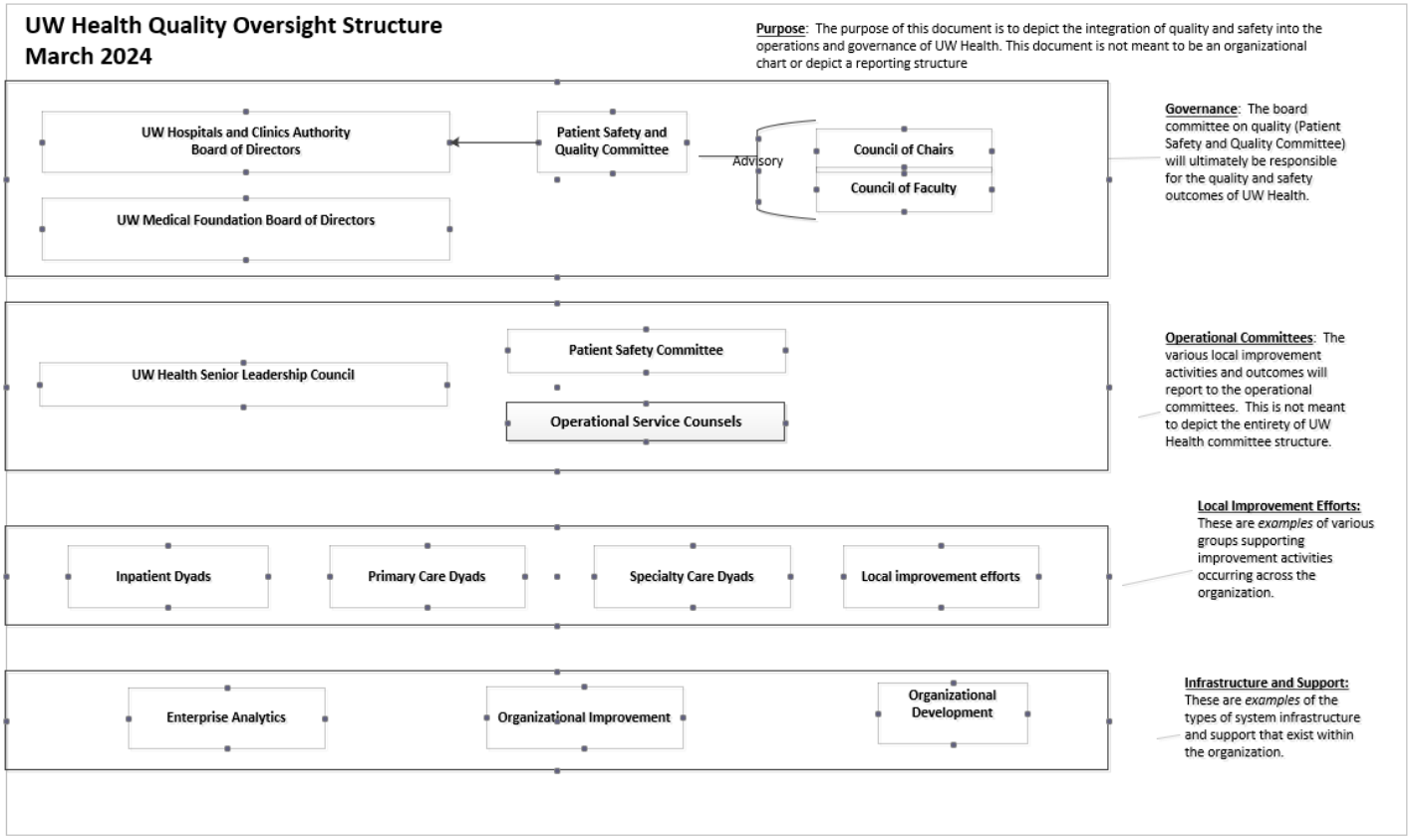
APPENDIX

Appendix I

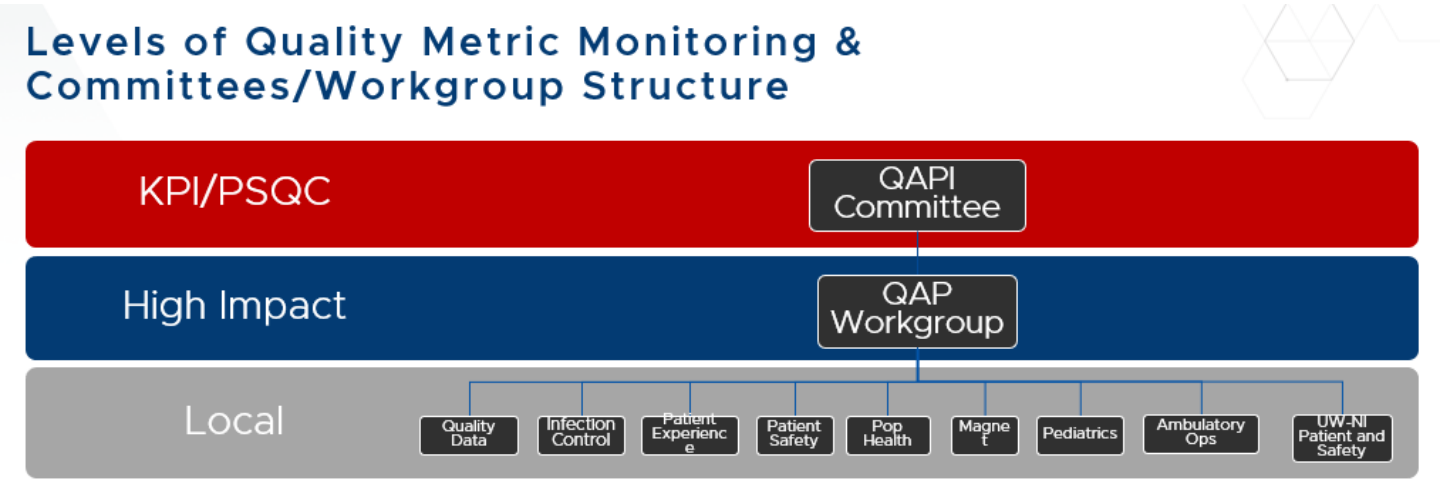
UW Health Quality Reporting Structure
May 2023



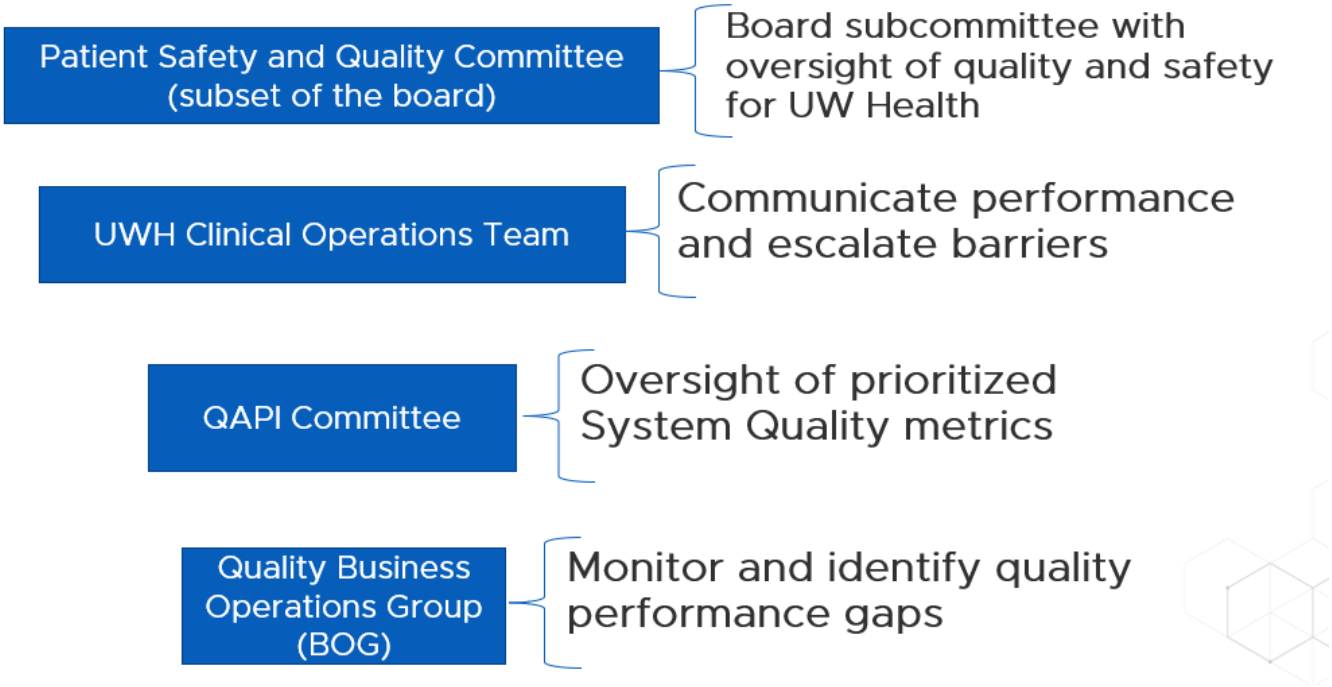
Appendix II


UW Health Quality Oversight Structure
March 2024
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
UW Hospitals and Clinics Authority Board of Directors
Patient Safety and Quality Committee
Advisory
Council of Chairs
Council of Faculty
UW Medical Foundation Board of Directors
Governance: The board committee on quality (Patient Safety and Quality Committee) will ultimately be responsible for the quality and safety outcomes of UW Health.
UW Health Senior Leadership Council
Patient Safety Committee
Operational Service Counsels
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.
Inpatient Dyads
Primary Care Dyads
Specialty Care Dyads
Local improvement efforts
Local Improvement Efforts: These are examples of various groups supporting improvement activities occurring across the organization.
Enterprise Analytics
Organizational Improvement
Organizational Development
Infrastructure and Support: These are examples of the types of system infrastructure and support that exist within the organization.

Appendix III



Appendix IV


Patient Safety and Quality Committee (subset of the board)
Board subcommittee with oversight of quality and safety for UW Health
UWH Clinical Operations Team
Communicate performance and escalate barriers
QAPI Committee
Oversight of prioritized System Quality metrics
Quality Business Operations Group (BOG)
Monitor and identify quality performance gaps

Appendix V

QAPI Projects Monitored by the Patient Safety and Quality Committee of the Board

- Serious Safety Event Rate
- Readmissions
- Inpatient Mortality
- Central Line Associated Blood Stream Infection (CLABSI)
- Pediatric-Childhood Immunizations
- Ambulatory- Breast Cancer Screening
- Ambulatory-Controlling high BP
- Overall Rating (Inpatient and Pediatric)

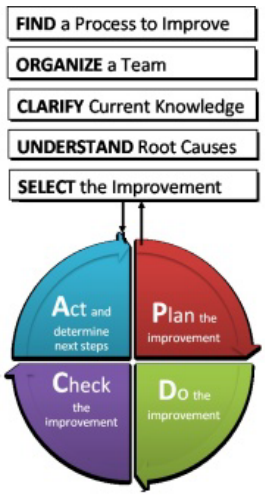
Appendix VI

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:



UWHealth

Executive Summary

UW Health Antimicrobial Stewardship Program – Designated Leader Appointment

UWHealth

EXECUTIVE SUMMARY

DATE: April 25, 2024

RE: UW Health Antimicrobial Stewardship Program – Designated Leader Appointment

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UWHCA Board of Directors,

The UW Health Antimicrobial Stewardship Program is a national leader in optimizing the utilization of antimicrobial agents. Optimal antimicrobial utilization results in improved patient outcomes, mitigated development of antimicrobial resistance for UW Health's patient population, and superior fiscal outcomes for the UW Health enterprise. Ideally, an antibiotic stewardship program is jointly led by a physician and pharmacist. The stewardship program is currently led by Dr. Alex Lepak and has a vacancy due to the resignation of Mr. Lucas Schulz.

UW Health medical staff leadership and pharmacy leadership recommended Mr. Brian Buss to the UW Health Patient Safety and Quality Committee (PSQC) to serve as a designated leader of the antibiotic stewardship program replacing Mr. Schulz. On March 21, 2024, the PSQC reviewed Mr. Buss's qualifications and unanimously recommended approval of his appointment as a designated leader of the antibiotic stewardship program to the UWHCA Board of Directors.

In order to maintain compliance with The Joint Commission (TJC) accreditation standards (EP 11 (revised) for medication management, as well as regulatory revisions per the Centers for Medicare and Medicaid Services (CMS) standard §482.42(b)(1), leadership of the antibiotic stewardship program must be appointed by the hospital's governing body based on the recommendations of medical staff leadership and pharmacy leadership.

Attached for your review and consideration is Mr. Buss's bio.

If you have any questions, please contact Dr. Jeffrey Pothof at jpothof@uwhealth.org.

Thank you.

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UWHealth

Biography

Brian Buss, PharmD

Dr. Brian Buss received his Bachelor of Science degree in Philosophy from the University of Wisconsin-Eau Claire and his Doctor of Pharmacy from the University of Wisconsin-Madison. He completed a pharmacy practice residency at Oregon Health & Science University, and an infectious diseases specialty residency at the University of Utah. He is a Board-Certified Infectious Diseases Pharmacist (BCIDP) and has practiced as the lead clinical infectious diseases pharmacist and preceptor at the University of Wisconsin Hospital since 2018.

UWHealth

Executive Summary

Amendment to Isthmus Project, Inc. Investment Guidelines

UWHealth

EXECUTIVE SUMMARY

DATE: April 25, 2024

RE: Amendment to the Isthmus Project, Inc. Investment Guidelines

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UWHCA Board of Directors,

On January 25, 2024, Dr. Elizabeth Hagerman, Chief Innovation Officer of the Isthmus Project, Inc. ("Isthmus Project") presented an overview of the Isthmus Project to the UWHCA Board of Directors including a potential opportunity for expanded strategic investment. In the last year Isthmus Project has been approached by an increasing number of external healthcare start-ups that may have strategic alignment with UW Health, but current Isthmus Project investment guidelines preclude our ability to entertain the possibility of investment. After further review and discussion with the Isthmus Project Board of Directors and Isthmus Project and UW Health management, it is being recommended that a change for expanded strategic investment be made to the Isthmus Project Investment Guidelines. The suggested change would allow the Isthmus Project to invest in an expanded segment of healthcare start-up companies that align with UW Health strategic goals but may not have originated within UW School of Medicine and Public Health, UW Health, or Isthmus Project specifically.

Per the Isthmus Project Bylaws, UWHCA, as its sole member, shall have the sole power and voting right to approve the Isthmus Project's Investment Guidelines and any amendments.

Attached for your review please find the proposed change(s) to the Isthmus Project Investment Guidelines.

If you have any questions regarding the proposed change, please contact Dr. Elizabeth Hagerman at ehagerman@uwhealth.org.

Thank you.

Attachment

UWHealth

Attachment

Amendment to Isthmus Project, Inc. Investment Guidelines (REDINE)

ISTHMUS PROJECT, INC.

INVESTMENT GUIDELINES

Effective ~~July 28~~_____, 202~~43~~

1. **Purpose.** The Board of Directors (the "Board") of Isthmus Project, Inc. (the "Corporation") has the responsibility, in consultation with the Corporation's management, to evaluate innovative ideas, concepts, inventions, and other intellectual property aimed to improve medicine, healthcare, and public health (each a "Project"), –for support (monetary or otherwise) by the Corporation. The guidelines for Project evaluation and the authority granted to the Board with respect to such support (collectively, the "Investment Guidelines") is set forth herein.

2. **Evaluation.** The Board shall have the responsibility to evaluate Projects submitted to the Corporation by employees of University of Wisconsin Hospitals and Clinics ("UWHCA" or "Member"), University of Wisconsin Medical Foundation, Inc. ("UWMF," and together with UWHCA's and UWMF's respective subsidiaries and affiliates, collectively, "UW Health"), the University of Wisconsin School of Medicine and Public Health ("UWSMPH"), and others to determine whether support of such any such Project is consistent with the Corporation's purposes and in the best interest of the Corporation. In evaluating such Projects, the Board shall evaluate:
    a. The Project's potential to support and further the stated missions of UW Health and/or UWSMPH;
    b. The Project's impact or potential impact on health and healthcare;
    c. The scope of the community of patients and health care providers potentially served and impacted by the Project;
    d. The Project's potential to create and sustain a culture of innovation at UW Health, including by helping UW Health recruit and retain the best minds in health care;
    e. Whether the nature of the Project is such that the Project can be further developed and/or disseminated consistent with the Corporation's mission (including, without limitation, through commercialization);
    f. Whether support of the Project is consistent with the Corporation's then-current strategy, as developed by the Corporation's management in consultation with the Corporation's Board;
    g. Whether the Corporation can be actively involved in or have a material impact on the development, incubation, acceleration, and/or commercialization of the Project; and
    h. Such other factors and criteria as the Corporation's Board, in consultation with the Corporation's management, shall determine from time to time.

   In evaluating Projects for support, the strength of a Project's potential for profit, while appropriate to consider, shall not be the primary consideration.

3. **Determination of Support.** Where the Board -has determined that support of a Project is consistent with the Corporation's mission and is in the Corporation's best interest, the

Board shall, subject to the limitations set forth herein and in the Corporation's bylaws, determine the scope, amount, and form(s) of support to be provided to a Project. Such support may include, without limitation: (a) financial support (subject to the limitations set forth herein), (b) consulting services (internal or external), including legal, accounting, business, marketing, and other consultants, (c)procurement services, (d) equipment (including leased equipment), (e) space (or rent for space), (f) cost center administration, (g) intellectual property evaluation, consultation, development and protection (including associated applications and filings), (h) intellectual property licensing, (i) intellectual property enforcement, (j) UW Health employee support, (k) assistance with Wisconsin Alumni Research Foundation review, (l) assistance with University of Wisconsin equity review, (m) assistance with third party investment support, (n new company exploration and formation, and (o) other operational and administrative services as may be appropriate. Any grant of support to a Project shall be in accordance with a budget developed at the time such support is granted.

4. **Authority.** The Board may commit the Corporation's support for Projects that the Board has determined are consistent with the furtherance of the Corporation's mission and in the best interest of the Corporation, subject to the following limitations:

   a. The Board may not commit support to any Project in excess of $250,000 (whether direct financial support or pass-through expenditures) in the aggregate, without the prior approval of the Member's Chief Executive Officer;
   b. The Board may not commit support to any Projects in any amount which would result in total Project support amounts for the then-current budget period exceeding the Corporation's then-current approved budget without the approval of the Member's Chief Executive Officer pursuant to the Member's policies and/or practices relating to approvals for unbudgeted expenditures.
   c. The Board may not agree to form a new legal entity as a subsidiary of the Corporation without the prior approval of the Member;
   d. The Board may not commit support to any Project not directly related to health, health care, or medicine without the prior approval of the Member;
   e. The Board may not commit support to any Project which does not represent strategic alignment with ~~involve one or more employees of~~ UW Health or UWSMPH.~~; and~~
   ~~f. The Board may not commit support to any Project in which the Corporation has not, does not, or will not have active involvement or a material impact on the furtherance of the Project.~~

5. **Project Support Agreements.** The Board shall be directly responsible to approve the terms of any agreements or arrangements pertaining to support provided to a Project, including where appropriate, the terms of a Project Support Agreement, which terms shall be subject to the limitations on the authority of the Board set forth herein.

6. **Project Oversight and Evaluation.** The Board shall have general oversight of supported Projects including responsibility for insuring that parties to such support agreements/arrangements comply with all terms, conditions and obligations associated with such support agreements/arrangements. The Board shall, at least quarterly, evaluate

Projects for which support is ongoing to determine whether support therefor should continue, be modified or be terminated. The Board shall report on Project support and the results to the Member no less than annually.

DRAFT

Just Culture: Initiative Update and Practice Scenarios

Jeff Pothof MD, MMM
Chief Quality Officer

Brian Sharp MD, FACEP
UW Health Medical Director for Quality and Safety

"Leaders create culture. Culture drives behavior. Behavior produces results."

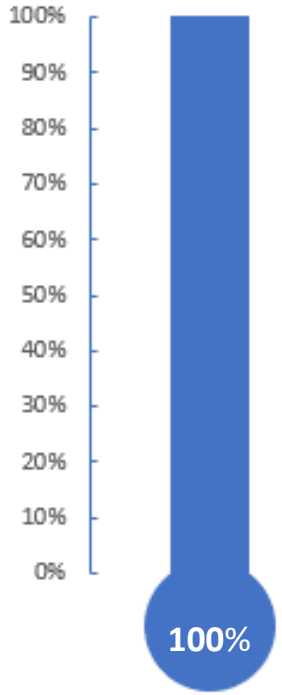
PATIENT SAFETY

UWHealth

Just Culture Leader Module Completion

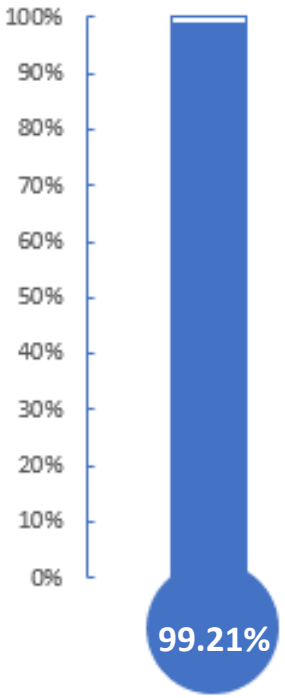
Week Ending 3/8/2024

UW-Health NIL



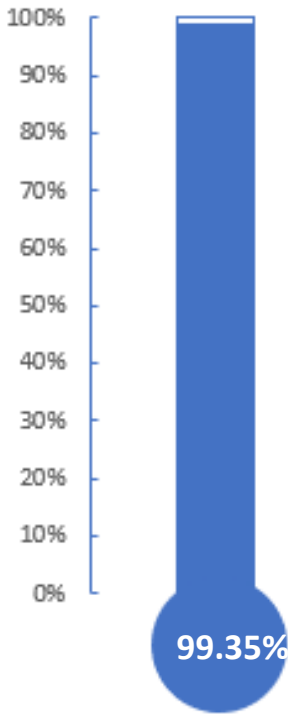
Total	214
Target	214

UW-Health WI



Total	1003
Target	1011

UW Health WI & NIL Combined



Total	1217
Target	1225

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Leader Rounding

- Rounded 1:1 with each operational leader that completed the training
- Gathered feedback, input, answered questions and directed leaders to additional resources

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Leader Scenario Sessions

- Key concepts reviewed
- Small groups practice working through the Just Culture algorithm
- Increasing the confidence with everyday application

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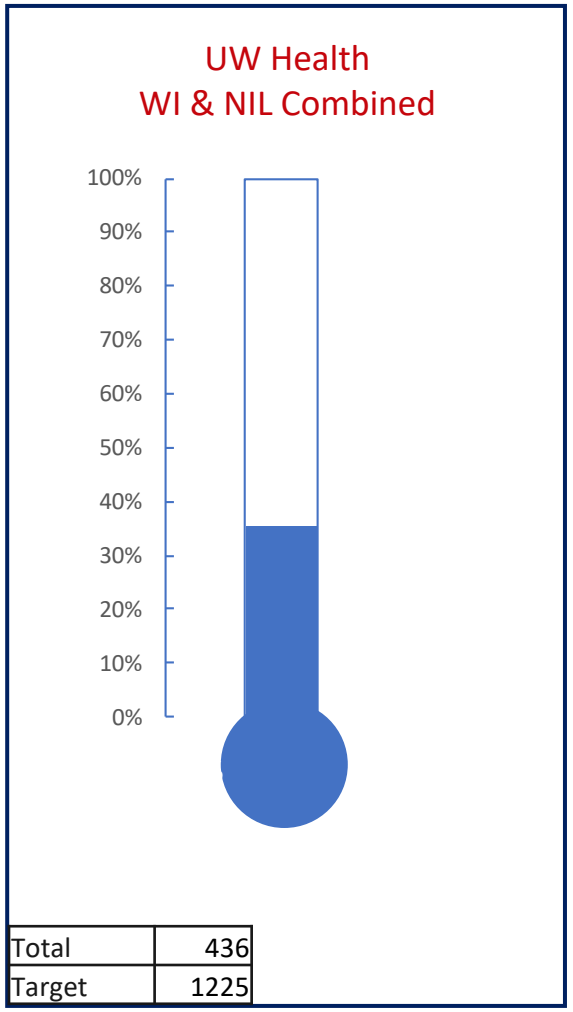
Just Culture Leader Scenario Session Completion

Week Ending 3/29/2024



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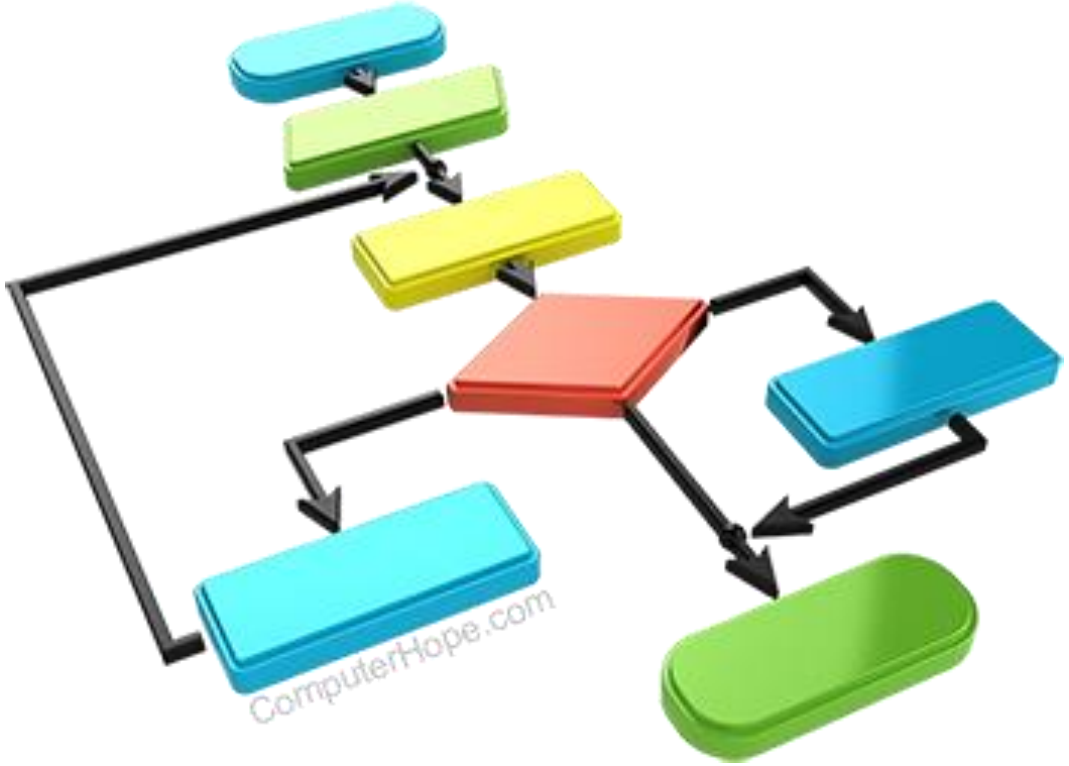
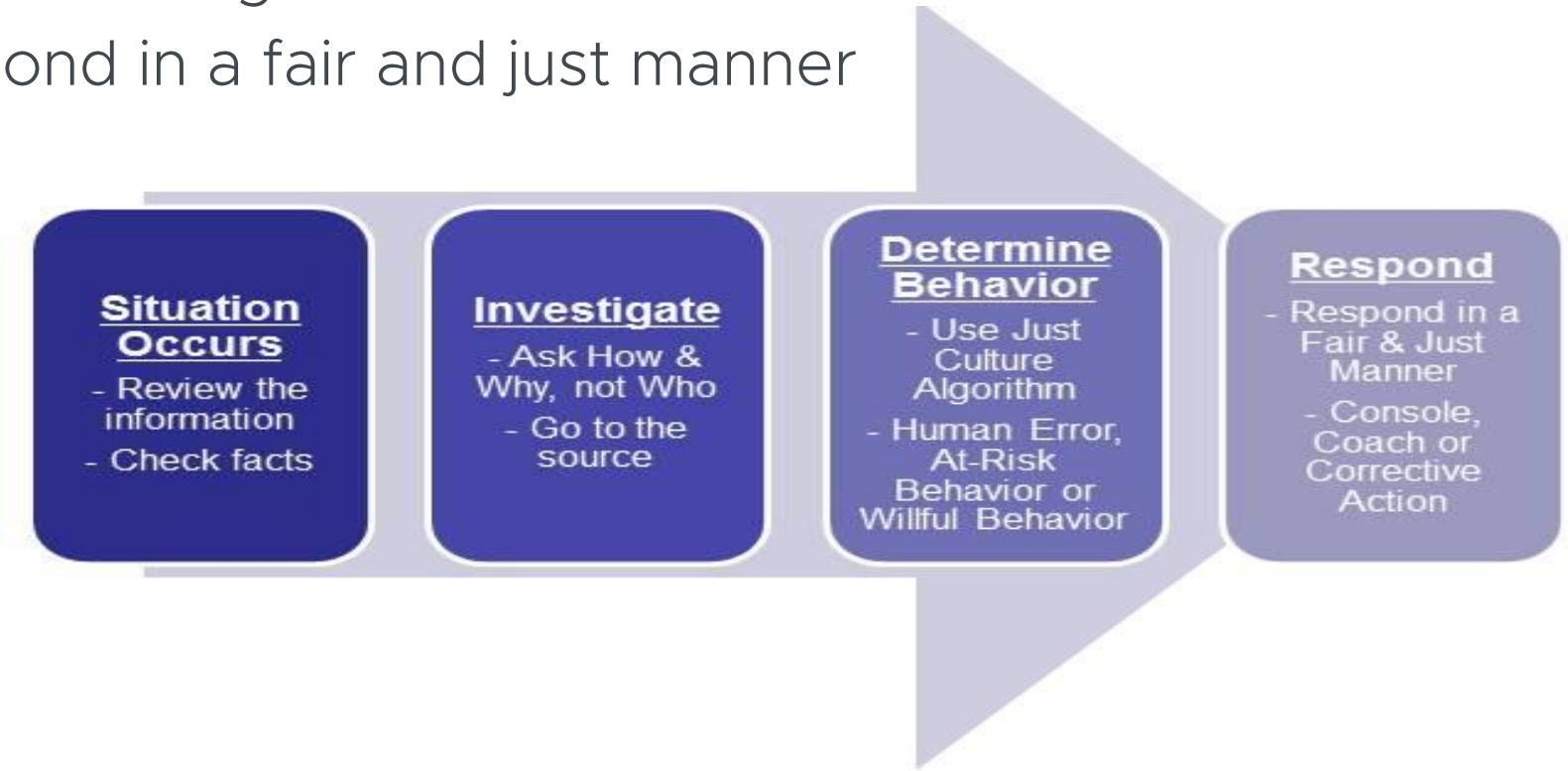
Just Culture



Accept	Coach	Sanction	Sanction	Sanction
Human Error	**At-Risk Behavior**	**Reckless**	**Knowledge**	**Purpose**
Individual should have done other than what they did (slip, lapse, fumble)	Risk is not recognized, or mistakenly believed to be justified	Conscious disregard of a substantial and unjustifiable risk of harm	Knowingly causing harm (sometimes justified)	Purpose to cause harm (never justified)
Missing your exit while driving	Driving 8 mph above posted speed limit	Driving a speed of 130 mph to *"Show off"*	Driving across someone's lawn to get around traffic	Intentionally driving into a crowd
Inescapable Fallibility	Propensity to drift	The Gamble	Me First	Rage

Process flow when an error occurs

- Evaluate/Investigate event independent of the actual outcome
- Assess the quality of the behavioral choice
- Follow the algorithm
- Respond in a fair and just manner



Just Culture Algorithm

https://uconnect.wisc.edu/inside-uw-health/mission-watch/just-culture/resources/name-210269-en.file

The Three Duties

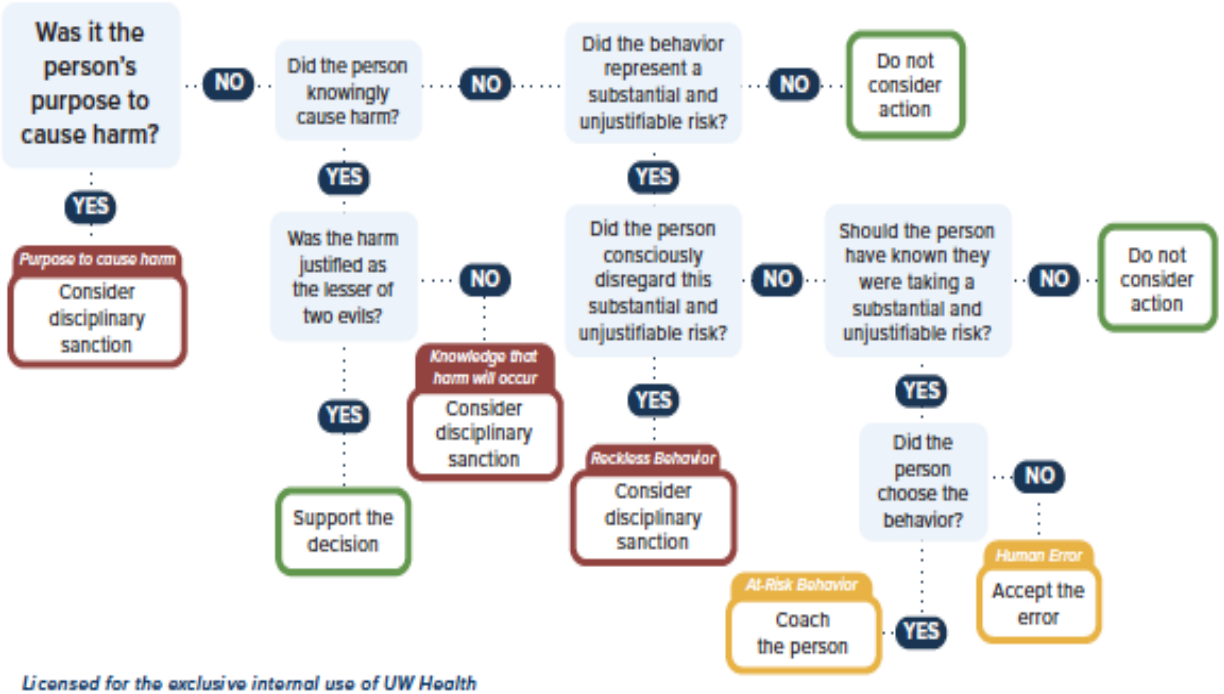
- Duty to Avoid Causing Unjustifiable Risk or Harm
- Duty to Follow Procedural Rules
- Duty to Produce Outcomes

Duty to Avoid Causing Unjustifiable Risk or Harm

DUTY TO AVOID CAUSING UNJUSTIFIABLE RISK OR HARM

Did the person put an organizational interest or value in harm's way?

- potential or actual harm to persons or property



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ACTIONS with system

Human Error *At-Risk Behavior* *Reckless Behavior* *Knowledge & Purpose*	• modify system performance shaping factors

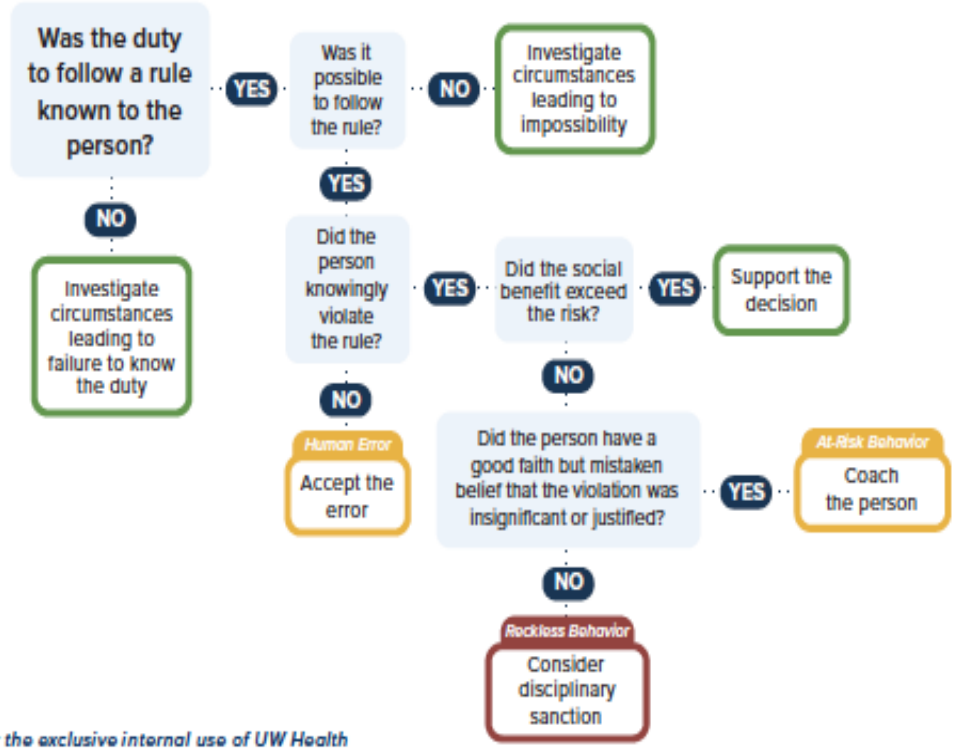
with person

Human Error	• accept the error • remedial action
At-Risk Behavior	• coach • remedial action
Reckless *Knowledge & Purpose*	• disciplinary sanction • remedial action

Duty to Follow Procedural Rule "How To"

DUTY TO FOLLOW PROCEDURAL RULES

Did the person breach a duty to follow a procedural rule?



ACTIONS

with system

Human Error *At-Risk Behavior* *Reckless Behavior* *Knowledge & Purpose*	• modify system performance shaping factors

with person

Human Error	• accept the error • remedial action
At-Risk Behavior	• coach • remedial action
Reckless *Knowledge & Purpose*	• disciplinary sanction • remedial action

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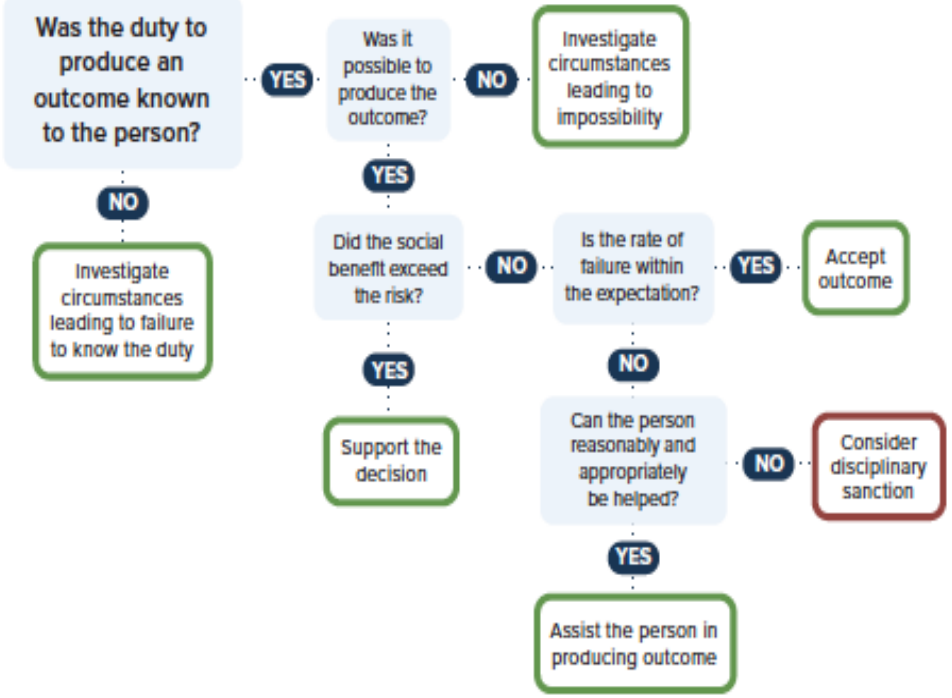
Duty to Produce Outcomes
"What To"

DUTY TO PRODUCE OUTCOMES

Did the person breach a duty to produce an outcome?



ACTIONS

with system

Duty to Produce Outcomes	• modify system performance shaping factors

with person

Duty to Produce Outcomes	• assist the person in producing outcome • disciplinary sanction

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Scenario 1

Event:

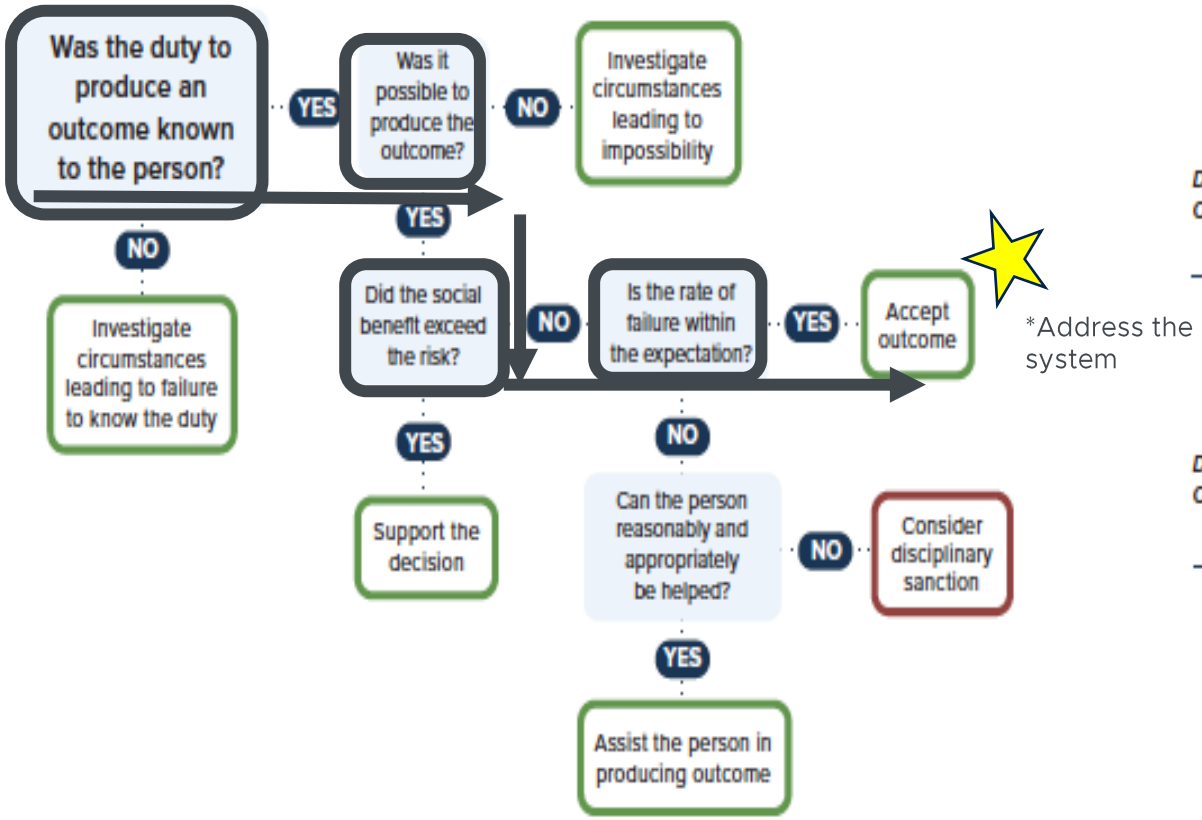
Upon discharge a unit clerk faxes over a patient's record to their new skilled nursing facility. A while later the facility calls and states they have not yet received the patient's record. The unit clerk looks in the fax history and realizes she transposed two of the numbers and sent the record containing Protected Health Information to the wrong location.

Investigation:

The Unit Clerk comes to you to report the error explaining this is the first time this has ever happened to them and they thought they had dialed the number correctly but somehow missed the transposed numbers.

DUTY TO PRODUCE OUTCOMES

Did the person breach a duty to produce an outcome?



*Address the system

ACTIONS

with system

Duty to Produce Outcomes	• modify system performance shaping factors

with person

Duty to Produce Outcomes	• assist the person in producing outcome • disciplinary sanction

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Scenario 2

Event:

During surgery, a surgical team member, while sitting and monitoring a patient during an operation, is seen texting on their personal iPhone. Use of personal phones in the operating room is strictly prohibited. They have been seen texting and checking their emails during past surgeries as well, but it now seems to be happening more frequently and for longer periods of time. A concerned and frustrated nurse politely asks them to refrain from using their phone and focus on the patient they are supposed to be monitoring. They tell the nurse “mind your own business and just worry about what you should be doing.”

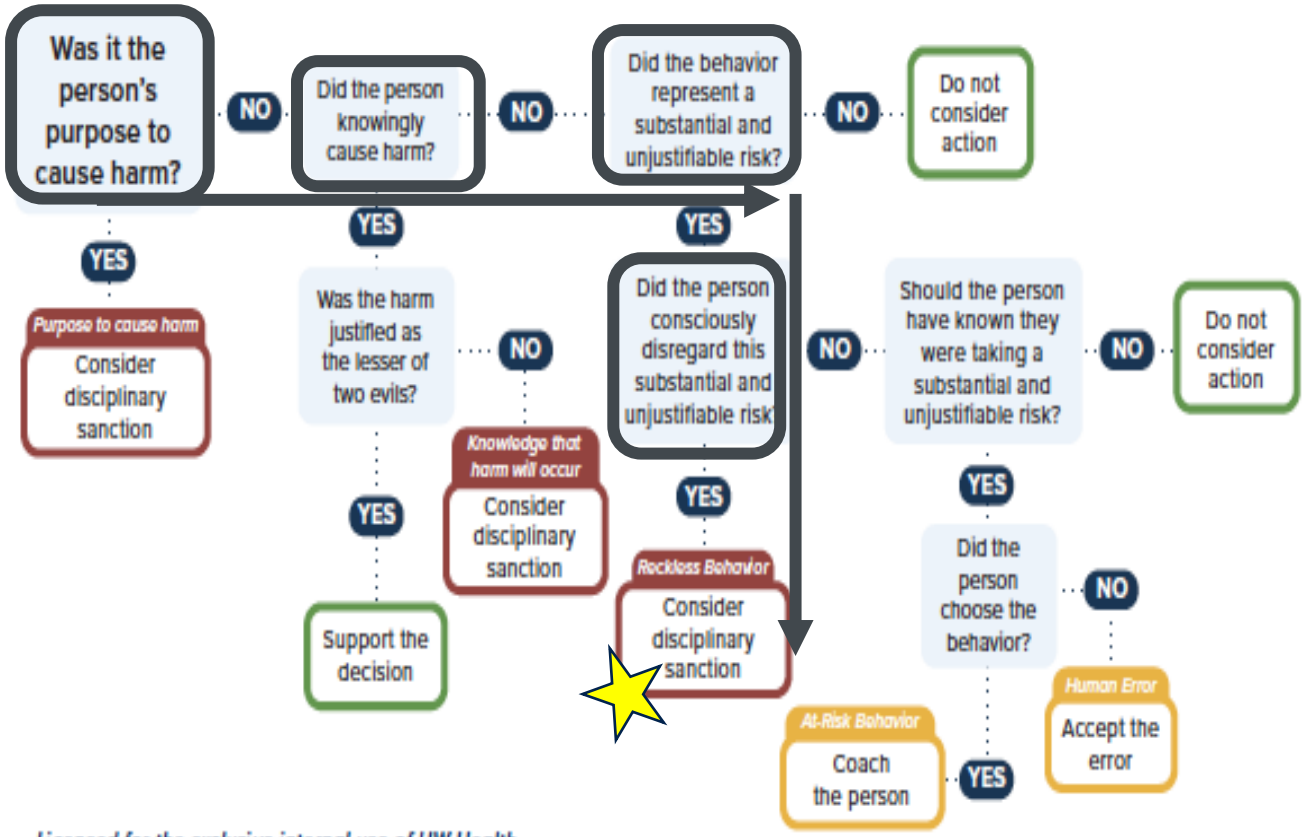
Investigation:

After talking to the team member, they tell you that they know they should be focusing on the patient and the monitor and that their lack of focus does pose a safety risk, but they are in the process of building a new home and the contractors keep emailing and texting with updates and questions that they feel they needs to answer right away so they don’t get behind on the build.

DUTY TO AVOID CAUSING UNJUSTIFIABLE RISK OR HARM

Did the person put an organizational interest or value in harm's way?

- potential or actual harm to persons or property



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ACTIONS

with system

Human Error *At-Risk Behavior* *Reckless Behavior* *Knowledge & Purpose*	• modify system performance shaping factors

with person

Human Error	• accept the error • remedial action
At-Risk Behavior	• coach • remedial action
Reckless *Knowledge & Purpose*	• disciplinary sanction • remedial action

Questions?

UWHCA Board Competencies

April 2024

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Why Worry About Board Competencies?

- Regular Review of Board Competencies is considered a best practice for both nonprofit and for-profit organizations.
- The American Hospital Association commissioned a Blue Ribbon Panel to report on board governance and the panel identified having an annual review and discussion of a board composition profile (competencies) as one of 11 practices for an exceptional board.

Why are we looking at this now?

- It is not new. The UW Medical Foundation Board did this exercise in 2022. Other governing boards and committees have also done this work at UW Health.
- This concept was originally discussed with Board leadership in 2023 based on two separate requests from individual board members.
- The Governor's office has indicated it would be helpful for them to know if we have any competency gaps when deciding on new board appointments.
- It is a natural maturation of a highly functioning board.

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How would a review of Board competencies work.

- There are a number of ways to approach this but most share the same objectives.
  - Determine which competencies are most critical to the Board.
  - Survey members to determine which competencies are the strongest and which competencies could improve.
  - Create a process to do this on a regular basis, commonly on an annual basis.
  - Have a plan for how the results will be used.

How to use the results of competency findings.

- Again, there are a number of ways to use these findings but common ways include:
  - Provide guidance for continuing board education.
  - Provide direction for existing mentoring relationships.
  - Support succession planning for Board leadership and committees.
  - To inform recommendations for new board members.

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Recommended Board Competencies for UW Health

- It is already assumed that the ex-officio positions have healthcare experience, higher education, and government affairs experience by the nature of their roles.

- Additional suggested competencies take into consideration the scale, scope and complexity of operating a large academic health system.

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Discussion—Suggested Board Competencies

- ✓Corporate board governance
- ✓Community engagement
- ✓Human resources
- ✓Executive level experience
- ✓Finance and/or audit
- ✓Compliance
- ✓Investment
- ✓Corporate and/or healthcare law
- ✓Information technology and/or cybersecurity
- ✓Risk management
- ✓Communications/Marketing

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Next Steps

- Agree on the critical competencies to be measured.
- Assess current competencies and gaps.

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Remarkable Healthcare

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Attachment

UWHCA Governance Competencies and Board Skills Matrix Background

UW Hospitals and Clinics Authority Governance Competencies and Board Skills Matrix

Governance boards commonly create a matrix to identify the competencies most critical for board members to bring to the table for balanced and effective organizational governance. Boards use a matrix to assess current competencies and to identify skill gaps.

The outcomes of the assessment can be used in a number of ways, including the following options.

- Guide continuing board education.
- Provide direction for mentoring relationships.
- Support succession planning for Board leadership and committees.
- To inform recommendations for new board members.

A Case Study

Statutorily designed boards with many ex-officio seats, like the UW Hospitals and Clinics Authority Board, have somewhat limited options for addressing identified skill gaps through membership. The State of Wisconsin Investment Board (SWIB) is another example of a Board in Wisconsin State Government that has ex-officio seats designated by state law. Even with that challenge, SWIB has used a competency matrix to identify and address gaps.

SWIB is responsible for managing the significant investments of the Wisconsin Retirement System. The Board is composed of 9 members. State statute, similar to the Authority Board, directs how each of these 9 seats are to be filled. Similar to the Authority Board, there are six Governor appointees. While broad in nature, state statute provides some direction for the Governor about these appointees (4 of 6 having at least 10 years of experience in making investments).

In addition to state statute, SWIB takes it a step further and as a Board has identified critical competencies it feels are essential to its effectiveness. This includes such things as experience in investments, governance, long-term planning, risk assessment, financial and business analysis, succession planning, employee compensation and human resource management. They also identify 3 key areas of experience that at least 1 board member should have which includes deep experience in private markets or alternative investments (private equity, private debt, venture capital, hedge funds and real estate), deep experience in public markets (public equities and fixed income), and executive-level experience in public companies or larger private organizations.

SWIB uses these competencies to create their skills and attributes matrix and to identify any gaps. They use this information to create a list of potential individuals that could provide the needed experience. The Secretary of the Department of Administration then discusses these individuals with the Governor when a position is open or about to become open.

Below is a skills and attributes matrix for consideration of the Authority Board. The first step would be to design and agree on what competencies are most desirable for the board. The next step would be to inventory the skills and attributes of the current board membership. From that inventory the Board will be able to identify any gaps that may exist. Then annually and prior to any opening on the Board this matrix table would be reviewed by the Board and a list of potential qualified individual would be developed and submitted to the Office of the Governor. In addition, this information would be used to inform Board Education, mentoring relationships, and succession planning.

Draft Authority Board Matrix

It is already assumed that the ex-officio positions collectively bring to the table healthcare experience, higher education, and government affairs.

	Competencies	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7	Member 8	Member 9	Member 10	Member 11	Member 12	Member 13	Member 14	Member 15	Member 16
1	Corporate board governance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	Community engagement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	Human resources	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	Executive level experience	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5	Finance and/or audit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6	Compliance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7	Investment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8	Corporate and/or healthcare law	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9	Information technology, AI and/or cybersecurity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	Risk Management	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11	Marketing/ Communications	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Statutory Language Related to SWIB

15.76 Investment board; creation. There is created a state of Wisconsin investment board, to be known for statutory purposes as the investment board. The investment board shall consist of the following members:

(1) The secretary of administration, or the secretary's designee.

(1r) One member appointed for a 6-year term, who is a representative of a local government that participates in the local government pooled-investment fund under s. 25.50. The member shall be employed by the local government in a finance position and have had at least 10 years of financial experience, but may not be an elected official, an employee of a county with a population greater than 450,000 or an employee of a city, town or village with a population greater than 150,000. If the member appointed under this subsection loses the status upon which the appointment was based, he or she shall cease to be a member of the investment board.

(2) Five members appointed for staggered 6-year terms, 4 of whom shall have had at least 10 years' experience in making investments, but any person having a financial interest in or whose employer is primarily a dealer or broker in securities or mortgage or real estate investments is not eligible for appointment, and any member who acquires such an interest or accepts such appointment shall thereupon vacate his or her membership.

(3) Two participants in the Wisconsin retirement system appointed for 6-year terms, one of whom shall be a teacher participant appointed by the teacher retirement board and one of whom shall be a participant other than a teacher appointed by the Wisconsin retirement board.

History: 1981 c. 96; 1985 a. 29; 1991 a. 316; 1995 a. 274.

UW Health Consolidated Financial Indicators

March 31, 2024

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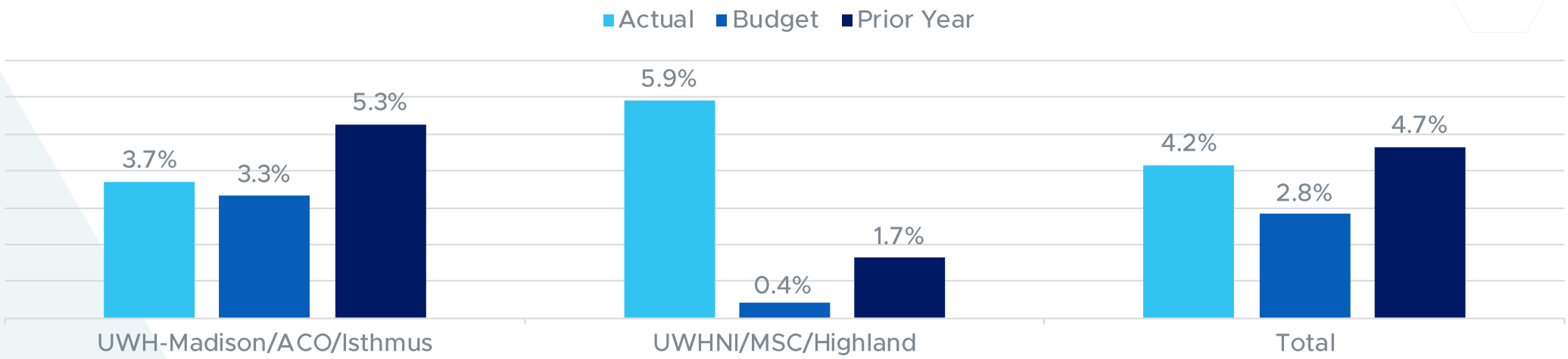
UW Health MTD Operating Margin



	Actual	Budget	Prior Year
UWH-Madison/ACO/Isthmus	3.7%	3.3%	5.3%
UWHNI/MSC/Highland	5.9%	0.4%	1.7%
Total	4.2%	2.8%	4.7%

Favorable to Budget
Unfavorable to Budget

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Enterprise-wide MTD Operating Results

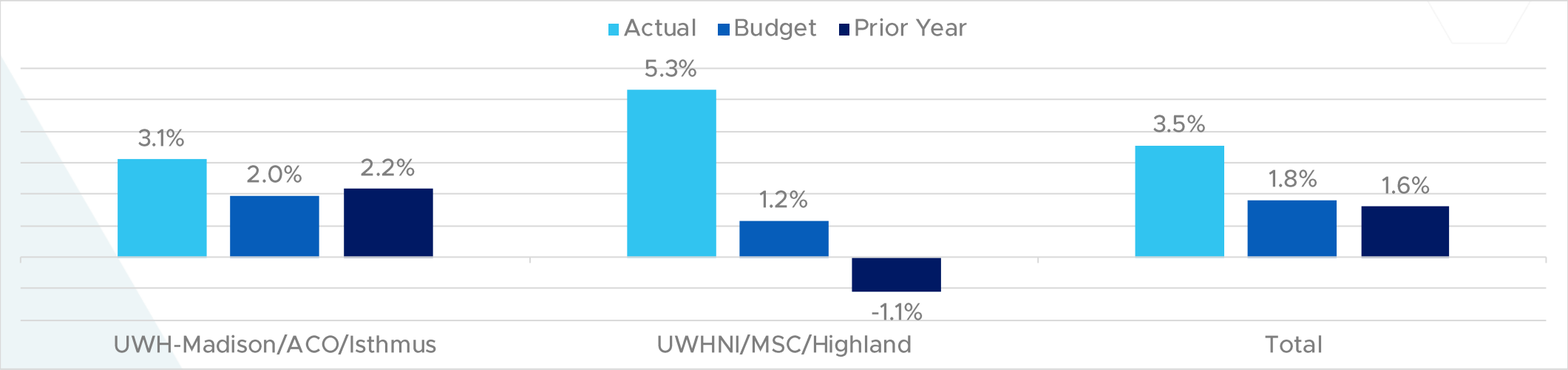
	Actual Mar- FY24	Plan Mar- FY24	Variance vs. Plan	Var. % vs. Plan	Actual Mar- FY23	Variance vs. PY	Var. % vs. PY
TOTAL OPERATING REVENUE							
TOTAL OPERATING REVENUES, NET	**434,262,816**	**392,376,244**	**41,886,572**	**11%**	**395,068,754**	**39,194,062**	**10%**
TOTAL OPERATING EXPENSES							
SALARIES AND BENEFITS	242,419,645	217,529,278	24,890,367	11%	205,061,733	37,357,912	18%
NON-CASH PENSION AND OTHER OPEB EXPENSES	0	0	0	0%	0	0	0%
PURCHASED SERVICES AND AGENCY COSTS	32,830,047	28,632,405	4,197,642	15%	32,901,744	(71,697)	0%
MEDICAL MATERIALS AND SUPPLIES	29,468,754	27,828,482	1,640,272	6%	27,967,906	1,500,848	5%
PHARMACEUTICALS	68,374,009	59,883,313	8,490,696	14%	67,471,663	902,346	1%
FACILITIES AND EQUIPMENT	12,971,775	14,735,792	(1,764,017)	-12%	14,168,403	(1,196,628)	-8%
DEPRECIATION AND AMORTIZATION	14,219,199	14,743,658	(524,459)	-4%	14,878,276	(659,077)	-4%
INTEREST EXPENSE	3,943,759	3,659,707	284,052	8%	3,836,596	107,163	3%
PUBLIC AID ASSESSMENT	5,718,647	5,727,161	(8,514)	0%	5,544,037	174,610	3%
OTHER EXPENSES	65,822	2,431,751	(2,365,929)	-97%	(1,220,329)	1,286,151	-105%
PROVISION FOR BAD DEBT	0	0	0	0%	0	0	0%
NONOPERATING EXPENSES - ACADEMIC SUPPORT	6,178,259	6,116,683	61,576	1%	6,045,303	132,956	2%
TOTAL OPERATING EXPENSES	**416,189,916**	**381,288,230**	**34,901,686**	**9%**	**376,655,332**	**39,534,584**	**10%**
INCOME FROM OPERATIONS	**18,072,900**	**11,088,014**	**6,984,886**	**63%**	**18,413,422**	**(340,522)**	**-2%**
NON-OPERATING REVENUE/EXPENSES							
NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS	32,539,464	11,617	32,527,847	280002%	25,591,979	6,947,485	27%
INVESTMENT INCOME	11,590,167	5,845,000	5,745,167	98%	4,350,211	7,239,956	166%
EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES	10,505,750	1,835,177	8,670,573	472%	1,558,005	8,947,745	574%
NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT	3,288	0	3,288	0%	(397,383)	400,671	-101%
OTHER, NET	439,982	832,335	(392,353)	-47%	1,086,790	(646,808)	-60%
TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET	**55,078,651**	**8,524,129**	**46,554,522**	**546%**	**32,189,602**	**22,889,049**	**71%**
REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS & DONATIONS	**73,151,551**	**19,612,143**	**53,539,408**	**273%**	**50,603,024**	**22,548,527**	**45%**

March financials include some year-end true-up estimates related to a stub period audit

Favorable to Budget
Unfavorable to Budget

UWHealth

UW Health YTD Operating Margin



	Actual	Budget	Prior Year
UWH-Madison/ACO/Isthmus	3.1%	2.0%	2.2%
UWHNI/MSC/Highland	5.3%	1.2%	-1.1%
Total	3.5%	1.8%	1.6%

Favorable to Budget
Unfavorable to Budget

UWHealth

Enterprise-wide YTD Operating Results

	Actual Mar- FY24	Plan Mar- FY24	Variance vs. Plan	Var. % vs. Plan	Actual Mar- FY23	Variance vs. PY	Var. % vs. PY
TOTAL OPERATING REVENUE							
TOTAL OPERATING REVENUES, NET	**3,659,268,101**	**3,485,416,436**	**173,851,665**	**5%**	**3,258,355,546**	**400,912,555**	**12%**
TOTAL OPERATING EXPENSES							
SALARIES AND BENEFITS	1,988,221,216	1,953,799,944	34,421,272	2%	1,793,655,952	194,565,264	11%
NON-CASH PENSION AND OTHER OPEB EXPENSES	0	0	0	0%	0	0	0%
PURCHASED SERVICES AND AGENCY COSTS	264,654,688	257,552,770	7,101,918	3%	258,178,343	6,476,345	3%
MEDICAL MATERIALS AND SUPPLIES	259,263,570	251,676,588	7,586,982	3%	233,311,657	25,951,913	11%
PHARMACEUTICALS	597,691,802	536,917,485	60,774,317	11%	533,057,102	64,634,700	12%
FACILITIES AND EQUIPMENT	119,332,201	127,531,080	(8,198,879)	-6%	111,888,443	7,443,758	7%
DEPRECIATION AND AMORTIZATION	137,752,286	132,298,505	5,453,781	4%	132,194,760	5,557,526	4%
INTEREST EXPENSE	34,573,207	32,944,108	1,629,099	5%	32,255,493	2,317,714	7%
PUBLIC AID ASSESSMENT	51,996,419	50,944,452	1,051,967	2%	49,066,180	2,930,239	6%
OTHER EXPENSES	20,261,064	22,886,371	(2,625,307)	-11%	8,036,778	12,224,286	152%
PROVISION FOR BAD DEBT	0	0	0	0%	0	0	0%
NONOPERATING EXPENSES - ACADEMIC SUPPORT	55,635,579	55,050,140	585,439	1%	54,210,802	1,424,777	3%
TOTAL OPERATING EXPENSES	**3,529,382,032**	**3,421,601,443**	**107,780,589**	**3%**	**3,205,855,510**	**323,526,522**	**10%**
INCOME FROM OPERATIONS	**129,886,069**	**63,814,993**	**66,071,076**	**104%**	**52,500,036**	**77,386,033**	**147%**
NON-OPERATING REVENUE/EXPENSES							
NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS	101,728,921	104,553	101,624,368	97199%	70,651,129	31,077,792	44%
INVESTMENT INCOME	84,229,311	52,708,396	31,520,915	60%	29,060,096	55,169,215	190%
EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES	15,809,105	16,516,590	(707,485)	-4%	(2,643,419)	18,452,524	-698%
NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT	154,810	0	154,810	0%	784,352	(629,542)	-80%
OTHER, NET	8,135,238	7,506,100	629,138	8%	9,916,439	(1,781,201)	-18%
TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET	**210,057,385**	**76,835,639**	**133,221,746**	**173%**	**107,768,597**	**102,288,788**	**95%**
REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS & DONATIONS	**339,943,454**	**140,650,632**	**199,292,822**	**142%**	**160,268,633**	**179,674,821**	**112%**

Favorable to Budget
Unfavorable to Budget

UWHealth

Enterprise-wide Performance

	Favorable Direction	FY 24	Healthcare System Industry Comparisons: S&P "AA-" Rated (1)	Healthcare System Industry Comparisons: Moodys "Aa3" Rated (2)
Operating Margin*	↑	3.5%	-0.9%	1.1%
Total Margin	↑	8.8%	1.2%	3.8%
Days Cash on Hand*	↑	243	233	262
Days in Accounts Receivable **	↓	44	46	48
Long Term Debt to Capitalization	↓	24.8%	28.1%	25.2%
Operating Cash Flow	↑	8.3%	5.0%	4.9%
Cash-to-Debt	↑	243.4%	214.2%	241.0%

Favorable Unfavorable Between Comparison Metrics

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

** average for 12 months

(1) S&P's 2022 financial ratios based on 36 obligators rated "AA-" by S&P. Based on 2022 audited financials.

(2) Moody's 2022 financial ratios based on 27 "Aa3" rated hospitals. Based on 2022 audited financials.

UWHealth

Key Takeaways MTD

Volumes

Surgeries **-0.4%**
ED Visits **8.3%**
Admissions **1.5%**
Patient Days **-0.4%**
Clinic Visits **-2.0%**

Net Revenues

Net revenues came in **$42M** favorable to budget

Expense Variance

($25M) Salaries & Fringe
($4.2M) Purchased Services
($8.5M) Pharmaceuticals
$1.8M Facilities & Equipment
$0.9M Other expenses

Total Variance **($35M)**

Non-Operating

Unrealized gain on investment of **$32.5M**

March financials include some year-end true-up estimates related to a stub period audit

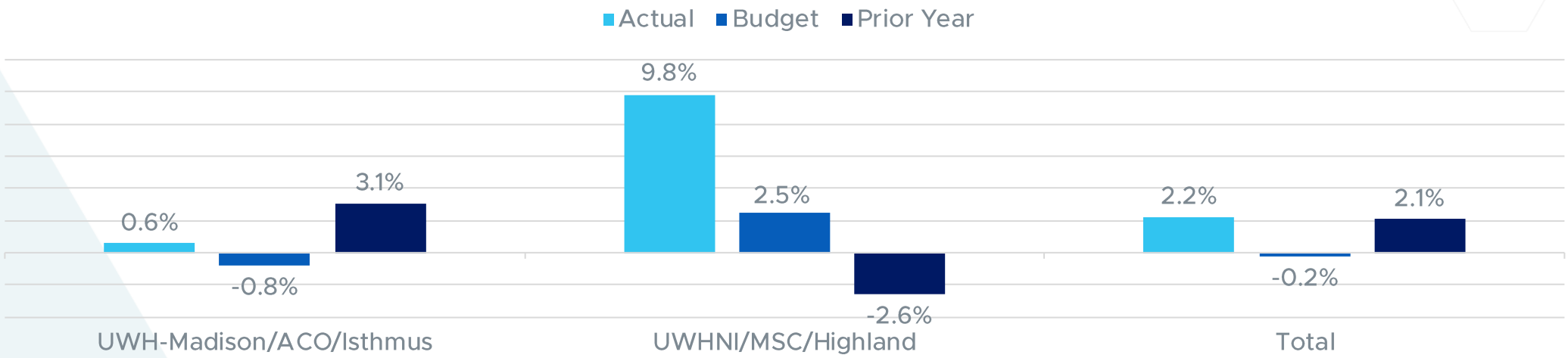
UWHealth

UW Health Consolidated Financial Indicators

February 29, 2024

UWHealth

UW Health MTD Operating Margin



	Actual	Budget	Prior Year
UWH-Madison/ACO/Isthmus	0.6%	-0.8%	3.1%
UWHNI/MSC/Highland	9.8%	2.5%	-2.6%
Total	2.2%	-0.2%	2.1%

Favorable to Budget
Unfavorable to Budget

UWHealth

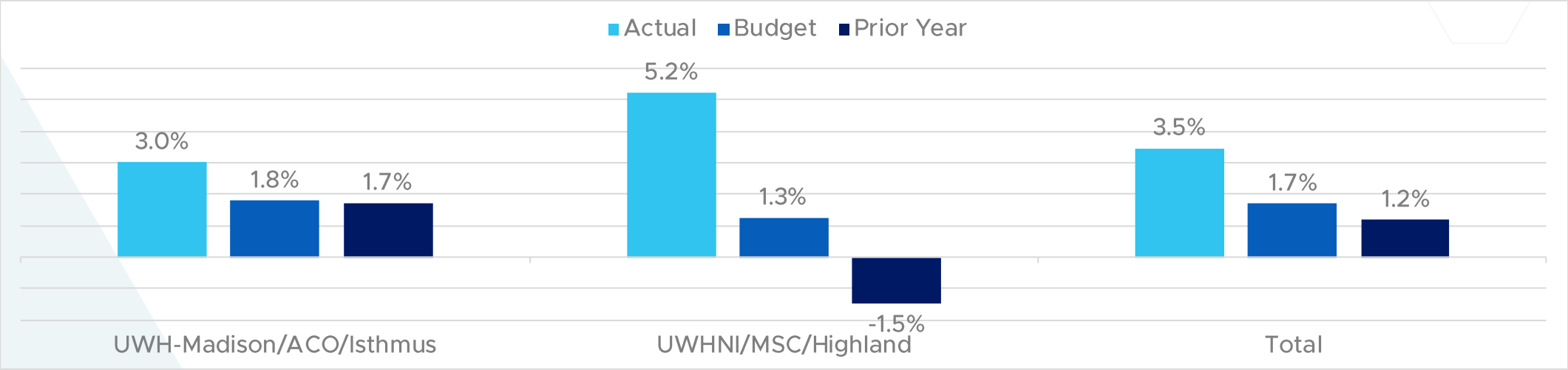
Enterprise-wide MTD Operating Results

	Actual Feb- FY24	Plan Feb- FY24	Variance vs. Plan	Var. % vs. Plan	Actual Feb- FY23	Variance vs. PY	Var. % vs. PY
TOTAL OPERATING REVENUE							
TOTAL OPERATING REVENUES, NET	**399,102,441**	**375,354,770**	**23,747,671**	**6%**	**344,370,435**	**54,732,006**	**16%**
TOTAL OPERATING EXPENSES							
SALARIES AND BENEFITS	214,928,991	213,927,605	1,001,386	0%	192,507,801	22,421,190	12%
NON-CASH PENSION AND OTHER OPEB EXPENSES	0	0	0	0%	0	0	0%
PURCHASED SERVICES AND AGENCY COSTS	30,916,280	28,357,107	2,559,173	9%	25,875,431	5,040,849	19%
MEDICAL MATERIALS AND SUPPLIES	28,559,030	27,781,954	777,076	3%	23,650,384	4,908,646	21%
PHARMACEUTICALS	64,740,019	59,728,092	5,011,927	8%	54,756,872	9,983,147	18%
FACILITIES AND EQUIPMENT	13,761,564	14,068,491	(306,927)	-2%	6,292,503	7,469,061	119%
DEPRECIATION AND AMORTIZATION	15,524,876	14,696,858	828,018	6%	23,657,140	(8,132,264)	-34%
INTEREST EXPENSE	3,803,664	3,659,154	144,510	4%	911,170	2,892,494	317%
PUBLIC AID ASSESSMENT	5,718,648	5,727,161	(8,513)	0%	5,544,037	174,611	3%
OTHER EXPENSES	6,103,726	2,071,613	4,032,113	195%	(2,038,196)	8,141,922	-399%
PROVISION FOR BAD DEBT	0	0	0	0%	0	0	0%
NONOPERATING EXPENSES - ACADEMIC SUPPORT	6,178,259	6,116,683	61,576	1%	6,045,303	132,956	2%
TOTAL OPERATING EXPENSES	**390,235,057**	**376,134,718**	**14,100,339**	**4%**	**337,202,445**	**53,032,612**	**16%**
INCOME FROM OPERATIONS	**8,867,384**	**(779,948)**	**9,647,332**	**-1237%**	**7,167,990**	**1,699,394**	**24%**
NON-OPERATING REVENUE/EXPENSES							
NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS	27,031,057	11,617	27,019,440	232585%	(40,428,186)	67,459,243	-167%
INVESTMENT INCOME	8,476,610	5,845,000	2,631,610	45%	5,146,640	3,329,970	65%
EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES	(218,971)	1,835,177	(2,054,148)	-112%	742,844	(961,815)	-129%
NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT	241,449	0	241,449	0%	423,253	(181,804)	-43%
OTHER, NET	889,900	835,225	54,675	7%	1,069,070	(179,170)	-17%
TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET	**36,420,045**	**8,527,019**	**27,893,026**	**327%**	**(33,046,379)**	**69,466,424**	**-210%**
REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS & DONATIONS	**45,287,429**	**7,747,071**	**37,540,358**	**485%**	**(25,878,389)**	**71,165,818**	**-275%**

Favorable to Budget
Unfavorable to Budget

UWHealth

UW Health YTD Operating Margin



	Actual	Budget	Prior Year
UWH-Madison/ACO/Isthmus	3.0%	1.8%	1.7%
UWHNI/MSC/Highland	5.2%	1.3%	-1.5%
Total	3.5%	1.7%	1.2%

Favorable to Budget
Unfavorable to Budget

UWHealth

Enterprise-wide YTD Operating Results

	Actual Feb- FY24	Plan Feb- FY24	Variance vs. Plan	Var. % vs. Plan	Actual Feb- FY23	Variance vs. PY	Var. % vs. PY
TOTAL OPERATING REVENUE							
TOTAL OPERATING REVENUES, NET	**3,225,005,288**	**3,093,040,190**	**131,965,098**	**4%**	**2,863,286,792**	**361,718,496**	**13%**
TOTAL OPERATING EXPENSES							
SALARIES AND BENEFITS	1,745,801,572	1,736,270,667	9,530,905	1%	1,588,594,219	157,207,353	10%
NON-CASH PENSION AND OTHER OPEB EXPENSES	0	0	0	0%	0	0	0%
PURCHASED SERVICES AND AGENCY COSTS	231,824,642	228,920,363	2,904,279	1%	225,276,600	6,548,042	3%
MEDICAL MATERIALS AND SUPPLIES	229,794,816	223,848,107	5,946,709	3%	205,343,751	24,451,065	12%
PHARMACEUTICALS	529,317,792	477,034,173	52,283,619	11%	465,585,439	63,732,353	14%
FACILITIES AND EQUIPMENT	106,360,428	112,795,289	(6,434,861)	-6%	97,720,039	8,640,389	9%
DEPRECIATION AND AMORTIZATION	123,533,087	117,554,849	5,978,238	5%	117,316,485	6,216,602	5%
INTEREST EXPENSE	30,629,449	29,284,401	1,345,048	5%	28,418,897	2,210,552	8%
PUBLIC AID ASSESSMENT	46,277,772	45,217,291	1,060,481	2%	43,522,143	2,755,629	6%
OTHER EXPENSES	20,195,242	20,454,619	(259,377)	-1%	9,257,109	10,938,133	118%
PROVISION FOR BAD DEBT	0	0	0	0%	0	0	0%
NONOPERATING EXPENSES - ACADEMIC SUPPORT	49,457,319	48,933,457	523,862	1%	48,165,500	1,291,819	3%
TOTAL OPERATING EXPENSES	**3,113,192,119**	**3,040,313,216**	**72,878,903**	**2%**	**2,829,200,182**	**283,991,937**	**10%**
INCOME FROM OPERATIONS	**111,813,169**	**52,726,974**	**59,086,195**	**112%**	**34,086,610**	**77,726,559**	**228%**
NON-OPERATING REVENUE/EXPENSES							
NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS	69,189,456	92,936	69,096,520	74348%	45,059,150	24,130,306	54%
INVESTMENT INCOME	72,639,145	46,863,396	25,775,749	55%	24,709,885	47,929,260	194%
EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES	5,303,358	14,681,414	(9,378,056)	-64%	(4,201,421)	9,504,779	-226%
NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT	151,522	0	151,522	0%	1,181,736	(1,030,214)	-87%
OTHER, NET	7,695,257	6,673,765	1,021,492	15%	8,829,649	(1,134,392)	-13%
TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET	**154,978,738**	**68,311,511**	86,667,227	127%	**75,578,999**	79,399,739	105%
REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS & DONATIONS	**266,791,907**	**121,038,485**	**145,753,422**	**120%**	**109,665,609**	**157,126,298**	**143%**

Operating Margin includes a one-time Medicare 340B payment (Total Accrual: $21M)

Favorable to Budget
Unfavorable to Budget

UWHealth

Enterprise-wide Performance

	Favorable Direction	FY 24	Healthcare System Industry Comparisons: S&P "AA-" Rated (1)	Healthcare System Industry Comparisons: Moodys "Aa3" Rated (2)
Operating Margin*	↑	3.5%	-0.9%	1.1%
Total Margin	↑	7.9%	1.2%	3.8%
Days Cash on Hand*	↑	245	233	262
Days in Accounts Receivable **	↓	42	46	48
Long Term Debt to Capitalization	↓	25.2%	28.1%	25.2%
Operating Cash Flow	↑	8.2%	5.0%	4.9%
Cash-to-Debt	↑	243.6%	214.2%	241.0%

Favorable Unfavorable Between Comparison Metrics

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

** average for 12 months

(1) S&P's 2022 financial ratios based on 36 obligators rated "AA-" by S&P. Based on 2022 audited financials.

(2) Moody's 2022 financial ratios based on 27 "Aa3" rated hospitals. Based on 2022 audited financials.

UWHealth

Key Takeaways MTD

Volumes

Surgeries **2.9%**
ED Visits **5.9%**
Admissions **3.5%**
Patient Days **-0.5%**
Clinic Visits **5.5%**

Net Revenues

Net revenues came in **$24M** favorable to budget

Expense Variance

($1.0M) Salaries & Fringe
($2.6M) Purchased Services
($5.0M) Pharmaceuticals
$0.3M Facilities & Equipment
($5.8M) Other expenses

Total Variance **($14.1M)**

Non-Operating

Unrealized gain on investment of **$27M**