UWHCA Board of Directors
May 25, 2023, 1:30 - 4:30 PM

https://uwhealth.webex.com/uwhealth/j.php?MTID=m57d3691f3cda64c8d83efa9ee017d64e
Meeting number: 2622 363 4358 / Password: 052523

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UWHCA Board of Directors - May 25, 2023 - Public Meeting Notice

Agenda

1:30 PM

I. Call to Order
Mr. Paul Seidenstricker

1:30 PM

II. Consent Agenda
Mr. Paul Seidenstricker Approval

Meeting Minutes - Open Session

Medical Staff Membership and Clinical Privileges
Attachment - Medical Staff Membership and Clinical Privileges - May 2023

UW Health FY24 Quality Assurance and Process Improvement (QAPI) Plan
Executive Summary - FY24 Quality Assurance and Process Improvement (QAPI) Plan
Attachment - FY24 Quality Assurance and Process Improvement (QAPI) Plan

1:35 PM

III. UWHCA Governance Matters

1:35 PM

Solicit Interest in Committee Appointments and Continuation
Mr. Paul Seidenstricker Informational

Attachment - UWHCA and UWH Committee Population

1:37 PM

UW Health Committee Charters
Ms. Patricia Hutter, Mr. Troy Lepien Approval

Presentation - Audit Committee and Compliance Committee Integration

UW Health Audit Committee Charter
Attachment - UW Health Audit Committee Charter - REDLINE
Attachment - UW Health Audit Committee Charter - CLEAN

UW Health Compliance Committee Charter
Attachment - UW Health Compliance Committee Charter - REDLINE
Attachment - UW Health Compliance Committee Charter - CLEAN

1:42 PM

IV. UW Health Patient Safety and Quality Report - Just Culture
Dr. Jeffrey Pothof Informational/Discussion

Presentation - Just Culture

2:02 PM

V. UW Health Financial Report
Mr. Robert Flannery, Ms. Jodi Vitello Report/Discussion

Presentation - UW Health Consolidated Financial Indicators - April 30, 2023

2:12 PM

Attachment - UW Health Consolidated Financial Indicators - April 30, 2023
VI. ConnectRX/Community Health Needs Assessment Update
Ms. Robin Lankton, Dr. Ann Sheehy, Ms. Ariel Robbins; Guests: Dr. Peter Newcomer, Ms. Adrian Jones

Presentation - ConnectRx / Community Health Needs Assessment Update

2:32 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 meeting minutes; discussion of UW Health Strategy Development including strategic imperatives; UW Health strategic workforce matters including legal and management training updates; UW Health CEO perspective on organization-wide system strategy; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

4:30 PM

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

Credentials Committee: May 1, 2023
Medical Board: May 11, 2023

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

**New Applications—Medical Staff**

**Abdul-rahman I. Abusalim, MD, Active Staff**

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

**Kimberly M. Bannon, MD, Active Staff**

**Department of Medicine/Hospital Medicine**
- Medical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and medically treat patients presenting with disorders of the female urogenital tract. These privileges include, but are not limited to, evaluation for gynecologic disease, screening for gynecologic cancers (including breast cancer), family planning and contraception, evaluation and treatment of endocrine dysfunction and infertility, termination pregnancy, colposcopy and cervical biopsy, endometrial biopsy, gynecologic ultrasound, evaluation and treatment of incontinence; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstic, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat pregnant patients. These privileges include, but are not limited to, ultrasound; fetal monitoring; amniocentesis; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, and performing waived laboratory testing not requiring an instrument.
urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training.

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

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

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

Giuseppe Esposito, MD, Active Staff
Department of Radiology/Nuclear Medicine
- Nuclear Medicine Core Privileges: Consultation, performance, and interpretation of all routine and non-routine nuclear medicine procedures to make diagnostic evaluations, by both in vivo and in vitro techniques, of the anatomic and/or physiologic conditions of the body. These privileges include supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Consultation and provision of therapy with unsealed radioactive sources or radiopharmaceuticals.

Jennifer L. Fisher, PhD, Clinical Psychology
Department of Psychiatry
- Psychological testing: children (under 12)
- Psychological testing: adolescents
- Individual psychotherapy: children (play)
- Individual psychotherapy: adolescents
- Individual psychotherapy: adult
- Behavior modification
- Family therapy
- Group therapy
- Psychoeducational counseling
- Psychological consultation

Stacey L. Ishman, MD, Active Staff
Department of Surgery/Otolaryngology (Pediatric Otolaryngology)
- Otolaryngology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton, and respiratory and upper alimentary system. These privileges include, but are not limited to, surgical procedures involving the temporal bone, nasal and paranasal sinuses, the skull-base, the thyroid, parathyroid, salivary glands, and lymphatic tissue of the head and neck, maxillofacial plastic and reconstructive procedures; sinus endoscopy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
- Use of surgical laser

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

- Cardiac Imaging: Transthoracic echocardiography
- Cardiac Imaging: Stress echocardiography

**David C. Kerbl, MD, Active Staff**

**Department of Medicine/Cardiovascular Medicine**

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

**JoEllen M. Kozlowski, PhD, Clinical Psychology**

**Department of Psychiatry**

- Psychological testing: adults
- Individual psychotherapy: adult
- Behavior modification
- Group therapy
- Psychoeducational counseling
- Psychoeducational testing
- Psychological consultation

**Julie L. Lessard, MD, Active Staff**

**Department of Pathology and Lab. Medicine**

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

**Hongtao Liu, MD, Active Staff**

**Department of Medicine/Hematology, Oncology, and Palliative Care**

- Hematology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases and disorders of the blood and blood-forming tissues. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, bone marrow aspiration and biopsy; bone marrow harvest; administration of chemotherapy; the management and care of indwelling venous access catheters; lumbar puncture; plasmapheresis; therapeutic phlebotomy; lymph node aspiration; bone marrow harvest; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.
- Medical Oncology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with malignancies. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes; management and maintenance of indwelling venous access catheters; Lumbar puncture; punch biopsy of the skin; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.
- Hematopoietic progenitor cell component infusion

**Matthew T. McCauley, MD, Active Staff**

**Department of Emergency Medicine**

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

Ankur Prasad, MD, Active Staff

Department of Medicine/Fellow (Interventional Pulmonary)
• Critical Care Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat as an attending physician adult patients in need of critical care. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, central line and Swan Ganz catheter insertion and management; endotracheal intubation; management of mechanical ventilation; management of noninvasive ventilation; fiberoptic bronchoscopy; direct laryngoscopy; chest tube placement; supervision of advanced practice providers; and supervision of residents, fellows, and others in training. These privileges also include care of patients via telemedicine.
• Pulmonary Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, admit, consult, and treat adult patients presenting with diseases and disorders of the organs of the thorax or chest. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, management of mechanical ventilation; management of noninvasive ventilation; direct laryngoscopy, diagnostic flexible bronchoscopy; including transthoracic lung biopsy, transthoracic needle aspiration, endobronchial ultrasound. Therapeutic bronchoscopy including simple reduction and treatment of bleeding and opening of blocked bronchi; pulmonary function testing (including methacholine challenges) and interpretation; sleep study testing and interpretation; endotracheal intubation; needle aspiration of the chest; chest tube placement; pulmonary treadmill exercise testing; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.
• Advanced ventilator management
• Fluoroscopy
• Adult Moderate Sedation at all UWHCA locations - includes UH, East Madison Hospital, DHC, and UWHC Clinics

Jennifer E. Svarverud, DO, Active Staff

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

Charisse Liz B. Treece, MD, Active Staff

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

Michael C. Veronesi, MD, Active Staff
Department of Radiology/Neuroradiology

- 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, arthograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
- Neuroradiology (Diagnostic): Including but not limited to Myelography and diagnostic fluoroscopy-guided spinal puncture; percutaneous diagnostic angiography (without intervention) of the extracranial carotid arteries.

**Additional Privileges—Medical Staff**

**Sandip Biswal, MD**
Department of Radiology/Musculoskeletal Imaging

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

**Rebecca A. Busch, MD**
Department of Surgery/Acute Care and Regional General

- Advanced ventilator management

**John T. Dollerschell, MD**
Department of Anesthesiology

- Advanced ventilator management

**Hee S. Jung, MD**
Department of Surgery/Acute Care and Regional General

- Use of surgical robot for procedures otherwise privileged to perform

**Charles P. Shahan, MD**
Department of Surgery/Acute Care and Regional General

- Use of surgical robot for procedures otherwise privileged to perform

**New Applications—Advanced Practice Providers**

**Jennifer N. Hughes, PA, Physician Assistant**
Department of Surgery/Acute Care and Regional General

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

**Hasmik Morales, NP, Advance Practice Nurse**
Department of Medicine/Cardiovascular Medicine

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

**Tayler M. O’Donnell, NP, Advance Practice Nurse**
Department of Urology

- 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

**Otto F. Strunk, Jr, CRNA, Advance Practice Nurse**
Department of Anesthesiology

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

**Additional Privileges--Advanced Practice Providers**

Jessica L. Bothun, NP (Adult Gerontology Primary Care NP)  
**Department of Medicine/Cardiovascular Medicine**  
- Loop recorder implants and explants

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

Sara L. Moldenhauer, PA  
**Department of Orthopedics and Rehabilitation/Rehab Medicine**  
- Trigger Point Injections

Anna T. Schmidt, PA  
**Department of Surgery/Otolaryngology**  
- Shave Biopsy and Topical Anesthetic (Injectable Lido)

Alexis M. Waters, PA  
**Department of Medicine/Hospital Medicine**  
- Paracentesis

**Status Changes/Transfers**

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

Becki M. Kuik-Connor, NP, Advance Practice Nurse  
**Status change from Affiliate adding privileges in Department of Medicine/Allergy, Pulmonary & Critical 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, incisions and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- NP Pulmonary Core Privileges: Privileges to manage and treat patients with diseases and disorders of the organs of the thorax or chest.
- Prescriptive Authority

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

Alida M. Yee, NP, Advance Practice Nurse  
**Transfer to Department of Pediatrics/Cardiology**  
- Pediatric NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Pediatric Cardiology Core Privileges: Privileges to manage and treat patients with documented or possible cardiac disease and adult patients with congenital heart disease.
- Prescriptive Authority

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhanot, Monica, MD</td>
<td>Medicine/Endocrinology</td>
<td>Active Staff</td>
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<tr>
<td>Campbell, Carmen M., MD</td>
<td>Medicine/Rheumatology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Chapman, Teresa, MD</td>
<td>Radiology/Pediatric Imaging</td>
<td>Active Staff</td>
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<tr>
<td>Fick, Lisa J., NP</td>
<td>Psychiatry</td>
<td>APN</td>
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<tr>
<td>Fowler, Emily R., MD</td>
<td>Anesthesiology/General</td>
<td>Active Staff</td>
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<tr>
<td>Gonzalez, Erin K., NP</td>
<td>Psychiatry</td>
<td>APN</td>
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<tr>
<td>Hunt, Leah B., PA</td>
<td>Ortho Rehab/Orthopedic Surgery</td>
<td>PA</td>
</tr>
<tr>
<td>Makielski, Rory J., MD</td>
<td>Medicine/Hem, Onc &amp; Pal Care</td>
<td>Active Staff</td>
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<tr>
<td>Marshall, Kelsey E., PA</td>
<td>Surgery/Acute Care and Regional General</td>
<td>PA</td>
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<tr>
<td>McDonough, Timothy, PA</td>
<td>Medicine/Nephrology</td>
<td>PA</td>
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<td>Michler, Nicole T., CNM</td>
<td>Ob Gyn/Nurse Midwife</td>
<td>APN</td>
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<td>Noltner, Stephen W., MD</td>
<td>Anesthesiology/General</td>
<td>Active Staff</td>
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<td>Norby, Suzanne M., MD</td>
<td>Medicine/Nephrology</td>
<td>Active Staff</td>
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<tr>
<td>Parra, Jose R., MD</td>
<td>Surgery/Vascular</td>
<td>Active Staff</td>
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<td>Siarkiewicz, Sadie E., PA</td>
<td>Urology</td>
<td>PA</td>
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<tr>
<td>Wang, Elizabeth L., PA</td>
<td>Neurological Surgery</td>
<td>PA</td>
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**Focused Professional Practice Evaluation Review- Additional Privileges**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Status</th>
<th>Privilege</th>
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<tbody>
<tr>
<td>Haggerty, Kaitlin J., NP</td>
<td>Medicine/Allergy, Pulm &amp; Crit Care</td>
<td>APN</td>
<td>Allergy Skin testing and Spirometry Testing</td>
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<tr>
<td>Hammer, Erin M., MD</td>
<td>Ortho Rehab/Non-Surgical Ortho</td>
<td>Active</td>
<td>DXA Scan Reading</td>
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Executive Summary

Quality Assurance and Process Improvement (QAPI) Plan
EXECUTIVE SUMMARY

DATE: May 25, 2023

RE: Quality Assurance and Process Improvement Plan

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

Each year the QAPI plan is reviewed and updated accordingly. The proposed plan was reviewed and endorsed the UW Health Patient Safety and Quality Committee on May 18, 2023.

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

If you have any questions, please contact, Dr. Jeffrey Pothof at 608.265.1744 or jpothof@uwhealth.org.

Thank you.
UW Health Quality Assurance and Process Improvement (QAPI) -
FY 24 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 plan, it also reaffirmed our core mission of advancing health without compromise through service, scholarship, science and social responsibly.

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

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

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

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

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

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

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

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

The purpose of QAPI in our organization 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.

Unusual Changes or Events

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

Structure and Leadership:

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

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

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

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 UW Health Way methods. (At the writing of this plan, UW Health is in the process of deploying UW Health Way and training all leaders on the tools, methods, and expectations. As such, there will be variation in implementation and deployment of the tools across the organization. All leaders will be trained by June 2024.)

These methods include:

• Respect for People: the foundation for the way we work and interact with others at UW Health.
  o Respect for People Commitments: shared behavioral expectations for staff and providers
  o OARS Plus: foundational communication tool to help cultivate respect and create a mutual understanding between individuals
  o Transformational Leadership Mindset: mindset for leaders to use to cultivate strengths in others and help facilitate culture change.
• Continuous Improvement: incremental improvement aimed at removing waste and maximizing value
  o A3: problem-solving method that follows the scientific method by using the FOCUS-PDCA model
  o 5S: process for organizing work/spaces to be more efficient and effective
• Cross-Functional Teamwork: working with others across areas to deliver value to a patient or customer
  o Value Streams: visualizing the work involved with transforming a patient, customer, or product from current state to desired state
  o 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
  o Driver Diagram: method to align and cascade goals from system level to individual level
  o Catch-ball: meaningful two-way discussion resulting in relevant and aligned goals
  o 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
  o Huddles: succinct, on-the-go gatherings used to prepare, debrief, improve, inform, or problem-solve
  o Rounding: consistent practice of asking specific questions of key stakeholders to meet work requirements
  o Go and See: personal observation of the work where the work is happening
  o Visual Management: system of planning, control and improvement using visuals
  o 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. Appendix III.

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

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

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

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

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

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

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

Cross functional teams are identified to collaboratively develop improvement initiatives around these priorities. The improvement teams will also identify metrics to assess the impact of their improvement initiatives. The work groups discuss data analysis and determine what changes must be implemented to reach the desired outcome. Analysis usually involves 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, UW Health System Operations Council, weekly Leadership Update and the Patient Safety and Quality Committee of the Board Authority.

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

**Quality and Patient Safety**

**Quality**

- External surveillance of 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
May 2023

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

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

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

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

**Infrastructure and Support:** These are examples of the types of system infrastructure and support that exist within the organization.
Corporate Portfolio: Initiative Prioritization and Decision Process

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

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

Goal Setting and Measure Review Process

Quality Measure and Improvement Prioritization Alignment Process

** Deliverables**
- Potential Quality Priorities based on evaluation of safety/regulatory/financial risk, current performance, and internal/external scope
- Revised list of quality priorities based on operational input regarding measures and measure topics
- List of quality priorities aligned with the Organizational Quality Assessment and Performance Improvement Plan
- Final list of aligned quality priorities and measures approved by Senior Leadership

** Process**

**Catch Ball**
- Align Quality Measures with Organizational Quality Assessment and Performance Improvement Plan
- Quality Measure Surveillance
- Value Streams and PI Activities

**Last Update:** 4/25/23

**Quality Measure Surveillance** includes all measures of the Patient Safety and Quality Committee as well as specific measures at the Strategic and Operational Levels

**Quality Dashboards** include:
- Quality and Safety Dashboard
- Inpatient Dashboard
- Ambulatory Dashboard

** Patient Safety and Quality Committee**
Appendix V

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

- Serious Safety Event Rate
- 30-Day Readmission
- Total 30-Day Mortality
- Central Line Associated Blood Stream Infection (CLABSI)
- Catheter Associated Urinary Tract Infection (CAUTI)
- Pediatric-Pressure Injuries
- Pediatric-Unplanned Extubations
- Pediatric-Childhood Immunizations
- Ambulatory-Ability to get Desired Appointment
- Ambulatory-Breast Cancer Screening
- Ambulatory-Controlling high BP
- Ambulatory-Diabetes Care
- Likelihood of Recommending Clinic (Ambulatory and Pediatric)
- 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:

- **FIND** a Process to Improve
- **ORGANIZE** a Team
- **CLARIFY** Current Knowledge
- **UNDERSTAND** Root Causes
- **SELECT** the Improvement

**A**ction and determine next steps
**P**lan the improvement
**C**heck the improvement
**D**o the improvement
ARTICLE IV: COMMITTEES

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

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

UWHCA Executive Committee

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

Current Membership
Board Chair, Mr. Paul Seidenstricker (ex-officio, voting)
Vice Chair, Dean Robert Golden (ex-officio, voting)
Representative Mark Born
Dr. Thomas Grist
Regent Mike Jones
Chancellor Jennifer Mnookin

Dr. Alan Kaplan (ex-officio, non-voting)
Mr. Ronald Anderson (UWMF nominee, non-voting)
Dr. Stephen Nakada (UWMF nominee, non-voting)
Dr. Betsy Trowbridge (UWMF nominee, non-voting)

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

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

**Current Membership**
- Mr. Ken Mount, Committee Chair
- Board Chair, Mr. Paul Seidenstricker (ex-officio)
- Board Vice Chair, Dean Robert Golden (ex-officio)
- Representative Mark Born
- Mr. Robert Cramer
- Dr. Alan Kaplan (ex-officio, non-voting)
- Dr. Rebecca Minter
- Dr. Lynn Schnapp
- Regent Karen Walsh
- Mr. Mike Weiden

**Staff**
- Ms. Kelly Wilson, Secretary
- Mr. Robert Flannery
- Ms. Jodi Vitello
- Ms. Patti Meyer
- Ms. Kristina Miller

**UW Health Audit Committee** (*dual reporting to UWHCA/UWMF Boards / Reporting structure and membership will be revised, if SAHS integrated*)

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

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

**Current Membership**
- Mr. Ron Anderson, Committee Chair
- Representative Mark Born
- Mr. Sheldon Cuffie
- Dean Robert Golden (non-voting)
- Mr. George Kamperschroer
- Ms. Karen Menéndez Collier
- Dr. Cristopher Meyer
- Ms. Annette Miller
- Dr. Peter Rahko

**Staff**
- Ms. Mary Link, Secretary
- Mr. Robert Flannery
- Mr. Troy Lepien
- Ms. Patti Meyer
- Ms. Leslie Serletic
- Mr. Scott Houtakker
UWHCA Executive Compensation Committee

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

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

Current Membership

**Board Chair, Mr. Paul Seidenstricker**
(Committee Chair) (ex-officio, voting)

Vice Chair, Dean Robert Golden (ex-officio, voting)
Ms. Jennifer Alexander
Regent Mike Jones
Mr. John Litscher
Vacancy (Independent member of the Board)

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

UW Health Patient Safety and Quality Committee (*dual reporting to UWHCA/UWMF Boards*)

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

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

**Current Membership**
**Dr. Sandra Kamnetz, Committee Chair**
(UWMF Board Faculty Representative)
Dr. Aimee Becker (ex-officio, SVP/Chief Clinical Officer)
Dr. Beth Drolet (ex-officio, Chair CoCs)
Dr. Jamie Hess (ex-officio, UWMF President)
Dr. Rudy Jackson (ex-officio, SVP/Chief Nurse Executive)
Dr. Ann Sheehy (ex-officio, SVP/Chief Population Health Officer)
Regent Mike Jones (1 of at least 3 UWHCA Board Members)
Lt. Governor Barbara Lawton (1 of at least 3 UWHCA Board Members)
Dr. Michael Peterson (ex-officio, President of Medical Board)
Ms. Candice Owley (1 of at least 3 UWHCA Board Members)
Dr. Linda Scott (1 of at least 3 UWHCA Board Members)
Mr. Paul Seidenstricker (1 of at least 3 UWHCA Board Members)
Ms. Peggy Zimdars (1 of at least 2 Patient and Family Advisors)
Mr. Pablo Sanchez (1 of at least 2 Patient and Family Advisors)
Vacant (ex-officio, Chief Medical Officer - TBD)

**Staff**
Dr. Jeffrey Pothol
Ms. Mary Link, Assistant Secretary
Ms. Leslie Serletic

**UW Health Compliance Committee**
(*dual reporting to UWHCA/UWMF Boards / Reporting structure and membership will revised, if SAHS integrated*)

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

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

**Current Membership**
**Regent Mike Jones, Committee Chair**
Ms. Deb Archer
Dr. Bartho Caponi
Dr. Charles Heise
Mr. George Kamperschroer
Mr. Paul Seidenstricker

**Staff**
Mr. Troy Lepien
Ms. Mary Link, Assistant Secretary
Ms. Kristina Miller
UWH Staff (as applicable)
Dr. Betsy Trowbridge

**UW Health Investment Sub-Committee**

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

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

**Current Membership**

**Staff**

- **Mr. John Litscher – Sub-Committee Chair**
- Mr. Michael Broski
- Ms. Ann Casey
- Dr. Susan Goelzer
- Dr. Rebecca Minter
- Dr. Venkat Rao
- Mr. Thomas Walsh
- Ms. Patti DeWane
- Mr. Robert Flannery
- Ms. Christine O’Connor
- Ms. Jodi Vitello
- Ms. Patti Meyer, Assistant Secretary
- Ms. Leslie Serletic

**UW Health Workforce Committee**

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

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

**Current Membership**

**Staff**

- **Mr. Paul Seidenstricker, Committee Chair**
- Ms. Jennifer Alexander, Committee Vice Chair
- Ms. Deb Archer
- Regent Mike Jones
- Lt. Governor Barbara Lawton
- Ms. Candice Owley
- Dean Linda Scott
- Ms. Betsy Clough
- Dr. Alan Kaplan
- Ms. Kelly Wilson, Secretary
- Ms. Elizabeth Bolt
- Ms. Patti Meyer
- Dr. Rudy Jackson
- Ms. Leslie Serletic
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<tr>
<th>Current Membership</th>
<th>Staff</th>
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<tr>
<td><strong>Dr. Thomas Grist, Committee Chair</strong></td>
<td>Ms. Kelly Wilson, Secretary</td>
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<td>Mr. Pablo Sanchez</td>
<td>Ms. Leslie Serletic</td>
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<td>Dean Linda Scott</td>
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Audit Committee & Compliance Committee Integration

UWMF and UWHCA Board of Directors
May 24 and 25, 2023

Troy Lepien – System VP Business Integrity & Chief Compliance & Privacy Officer

Patti Hutter – System VP, Deputy General Counsel Corporate Affairs
Integration of the Audit Committee & Compliance Committee

- SwedishAmerican Health System Corporation & SwedishAmerican Hospital d/b/a UW Health (UW Health Northern Illinois)
- Indirectly Wholly-Owned by UW Health

Diagram:

- UWHCA
  - RDI
    - SAHSC
      - SAH
  - UWMF
Integration of the Audit Committee & Compliance Committee

- 2015 Division of UW Health
- 2021 Re-branding as UW Health
- Continuous Integration of Operations & Services.
Integration of the Audit Committee & Compliance Committee

• Business Integrity Integration
  • July 2019 – Discussion Started About Office Integration
  • September 2019 – UWH-NI Approved Integration
  • October 2019 – Integrated Staff Reporting VP Business Integrity
• Efforts Included
  • Standardization of Compliance Education (Boards, Providers, Staff, etc.)
  • Standardization of Reimbursement & Privacy Auditing
  • Single Code of Conduct
  • Integration of Policies
  • Integration of Notice of Privacy Practices
Integration of the Audit Committee & Compliance Committee

• Integration of the Committees
  • As Operations Integrated Reporting to Separate Committees
  • Discussion With WI & NI Chairs and Committees Was Supportive of Integration

• Logistics of Committee Integration
  • SAHS Bylaw Changes
    • SAHS and RDI Final Approval expected June 2023
  • Charter Changes
    • NI Member on System Committee
    • Reporting to Board of Directors UWH-NI
    • UWHCA & UWMF Boards Need to Approve revised Charters

• Potential Effective Date July 1, 2023
Integration of the Audit Committee & Compliance Committee

Questions?
1. Purpose:

The Audit Committee (the “Audit Committee”) of the Boards of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”), University of Wisconsin Medical Foundation, Inc. (“UWMF”), SwedishAmerican Health System Corporation (“SAHSC”), and SwedishAmerican Hospital (“SAH”) (collectively, “UW Health”) shall assist the Boards with oversight of:

- UW Health’s accounting policies;
- The adequacy of UW Health’s internal controls;
- The quality and integrity of UW Health’s financial statements;
- UW Health’s financial reporting and disclosure process;
- UW Health’s compliance with legal and regulatory requirements;
- The independent auditors’ qualifications and independence;
- The performance of UW Health’s financial, and internal audit functions; and
- Such other matters as may be assigned by the Board.

As used in this Charter, “UW Health” refers to UWHCA, UWMF, SAHSC, SAH, University of Wisconsin Medical Foundation (“UWMF”), SwedishAmerican Health System, Inc. d/b/a UW Health–Northern Illinois (“SAHS”), and the subsidiaries and affiliates which are financially consolidated with UWHCA any of UWHCA, UWMF, SAHSC, and SAH and the subsidiaries and affiliates which are not consolidated but in which UW Health any of UWHCA, UWMF, SAHSC, or SAH has a financial interest that is more than inconsequential. UW Health management is charged with outlining the plan to report the subsidiary and affiliate information to the UW Health Audit Committee.

2. Composition

The Audit Committee shall consist of no less than six (6) and no more than eleven (11) members (“Members”) appointed by the Chairperson of the UWHCA Board. In making such appointments, the Chairperson of the UWHCA Board shall appoint one (1) Member designated by the SAHSC Board of Directors. One (1) to two (2) members of the Audit Committee shall be nominated by SAHS. All committee appointments are then as designated by the Chairperson of the UWHCA Board. The Audit Committee Chairperson shall also be designated by the
Chairperson of the UWHCA Board. A majority of the members of Audit Committee shall be independent and the Audit Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: financial oversight (policies, processes, reporting and procedures), accounting oversight (policies, processes, reporting and procedure), external audit, cybersecurity, risk (identification, prioritization, management); internal controls and internal audit, data analytics, revenue cycle and policies and procedures. One individual members of the Audit Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an “independent member” is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out his/her responsibilities. Appointees may include persons who are not members of the Board.

Members of the Audit Committee shall serve until their resignation or removal by the Chairperson of the UWHCA Board, or in the case of any Member designated by the SAHSC Board, until the SAHSC Board makes a written request of the Chairperson of the UWHCA Board to remove such Member. Vacancies in the Audit Committee shall be filled by the Chairperson of the UWHCA Board or by designation of the SAHSC Board, as applicable, in accordance with the committee composition requirements set forth in this charter.

In addition, the following UW Health executives shall be invited to participate in meetings of the Audit Committee: the UW Health Chief Executive Officer, the UW Health Chief Financial Officer, the UW Health Chief Compliance Officer, the UW Health VP/Finance, and such other executives as the Audit Committee may request from time to time.

3. Duties.

The Audit Committee shall have the following duties and responsibilities:

a. External Auditor

- The Audit Committee shall have direct responsibility to select, retain, evaluate, oversee, and terminate, if necessary, an independent registered public accounting firm to act as the organization’s independent external auditor (the “External Auditor”). The External Auditor shall report directly to the Audit Committee.

- The Audit Committee shall approve all audit engagement fees and terms.

- The Audit Committee shall pre-approve all audits to be provided to UW Health by the External Auditor, whether provided by the principal external auditor or other firms. At the time the External Auditor is selected, the Audit Committee shall be advised of any other services provided by the external auditor to UW Health.
• The Audit Committee Chairperson shall pre-approve any non-audit and tax services that may be provided by the External Auditor to UW Health.

• The Audit Committee shall, at least annually, evaluate the qualifications, performance and independence of the External Auditor, including an evaluation of the lead audit partner, and assure the regular rotation of the lead audit partner at the External Auditor, and consider regular rotation of the accounting firm serving as the External Auditor.

• The Audit Committee shall take appropriate action to oversee the independence of the external auditor.

• The Audit Committee shall actively engage in dialogue with the independent auditors concerning any disclosed relationship or services that may impact the objectivity and independence of the auditors.

• The Audit Committee shall review and discuss with the External Auditor (1) the External Auditor’s responsibilities under generally accepted auditing standards, (2) the overall audit strategy, (3) the scope and timing of the annual audit, (4) any significant risks identified during the auditors’ risk assessment and procedures and (5) when completed, the results, including significant findings, of the annual audit.

• The Audit Committee shall, as appropriate, review and discuss with the independent auditors: (1) all critical accounting policies and practices to be used in the audit (2) all alternative treatments of financial information within generally accepted accounting principles (“GAAP”) for policies and practices related to material items that have been discussed with UW Health’s management, (3) the ramifications of the use of such alternative treatments, and the treatment preferred by the external auditor; and (4) other material written communications between the external auditors and UW Health’s management.

b. Review of Audited Financial Statements

• The Audit Committee shall review and discuss with UW Health’s management and External Auditor: (1) any major issues regarding accounting principles and financial statement presentation, including any significant changes in UW Health’s selection or application of accounting principles; and (2) any significant financial reporting issues and judgments made in connection with the preparation of the audited financial statements, including the effects of alternative GAAP methods.

c. Oversight of the UW Health Internal Audit Department

• The Audit Committee shall have general oversight of UW Health’s internal audit department. The Audit Committee shall review and approve the functions
of UW Health’s internal audit department, including its purpose, authority, organization, responsibilities, and staffing; and review the scope and performance of the internal audit department’s internal audit plan, including the results of any internal audits, any reports to management and management’s response to those reports.

- The Audit Committee shall ensure that there are no unjustified restrictions or limitations on the UW Health Internal Audit Department.

d. Oversight of the UW Health Compliance Committee

- The Audit Committee and Compliance Committees shall coordinate, and share relevant information, reports, data, and other materials, as determined by the respective Committee Chairs to be necessary, to address any material issue that relate to any matters which relate to the respective areas of oversight and responsibility of the two Committees.

4. Authority

a. Professional Advisors. The Audit Committee shall have the authority to engage independent legal, accounting, or other advisors as the Audit Committee deems necessary or appropriate to carry out its responsibilities.

b. Investigations. The Audit Committee shall have the authority to conduct or authorize investigations into any matters within the scope of its responsibilities as it shall deem appropriate. The Audit Committee shall have the authority to direct any officer, employee, or advisor of UW Health to meet with the Audit Committee or with any advisor engaged by the Audit Committee.

c. Expenses. The Audit Committee shall have the authority to incur expenses that are reasonable and necessary to carry out its responsibilities. The Audit Committee is empowered to cause UW Health to pay such expenses.

5. Meetings and Procedures

a. Meetings. The Audit Committee shall meet as often as it deems necessary in order to perform its responsibilities but no less than quarterly. A majority of the Audit Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.

b. Open Meeting Law. Meetings of the Audit Committee shall be subject to the State of Wisconsin Open Meetings Law. The Audit Committee may meet in closed executive session in accordance with the State of Wisconsin Open Meetings Law.
c. **Manner of Acting.** Audit Committee decisions shall be made according to the following model, assuming a quorum is present: first by consensus; if a consensus cannot be reached, then by a vote of a majority of the members of the Audit Committee present at the meeting; and finally in the case of a tie vote, the Chairperson of the UWHCA Board shall cast the tie-breaking vote after being provided with full information necessary for the evaluation and assessment of the pending issue.

d. **Reports to the Board of Directors.** The Audit Committee shall report at least two times per year to the UWHCA Board of Directors. The Audit Committee shall report at least annually to the UWMF, and SAHSC, and SAH Boards of Directors on those matters involving responsibilities of UWMF, and/or SAHSC, and/or SAH, and such other matters as the Audit Committee deems appropriate.

6. **Limitation on Duties**

The Audit Committee shall discharge its responsibilities and shall access the information provided by UW Health’s management, other internal sources as appropriate, and, the External Auditor, in accordance with its business judgment. While the Audit Committee has the responsibilities described in this Charter, it is not the duty of the Audit Committee to plan or conduct audits or to determine or certify that UW Health’s financial statements are complete, accurate, fairly presented or in accordance with generally accepted accounting principles or applicable laws, rules or regulations. The Audit Committee shall not have the authority to take any action that is inconsistent with the corporate governance documents of any UW Health entity or applicable law.
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Proposed Revisions to UW Health Audit Committee Charter
1. Purpose:

The Audit Committee (the “Audit Committee”) of the Boards of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”), University of Wisconsin Medical Foundation, Inc. (“UWMF”), SwedishAmerican Health System Corporation (“SAHSC”), and SwedishAmerican Hospital (“SAH”) shall assist the Boards with oversight of:

- UW Health’s accounting policies;
- The adequacy of UW Health’s internal controls;
- The quality and integrity of UW Health’s financial statements;
- UW Health’s financial reporting and disclosure process;
- UW Health’s compliance with legal and regulatory requirements;
- The independent auditors’ qualifications and independence;
- The performance of UW Health’s financial, and internal audit functions; and
- Such other matters as may be assigned by the Board.

As used in this Charter, “UW Health” refers to UWHCA, UWMF, SAHSC, SAH and the subsidiaries and affiliates which are financially consolidated with any of UWHCA, UWMF, SAHSC, and SAH and the subsidiaries and affiliates which are not consolidated but in which any of UWHCA, UWMF, SAHSC, or SAH has a financial interest that is more than inconsequential. UW Health management is charged with outlining the plan to report the subsidiary and affiliate information to the UW Health Audit Committee.

2. Composition

The Audit Committee shall consist of no less than six (6) and no more than eleven (11) members (“Members”) appointed by the Chairperson of the UWHCA Board. In making such appointments, the Chairperson of the UWHCA Board shall appoint one (1) Member designated by the SAHSC Board of Directors. The Audit Committee Chairperson shall also be designated by the Chairperson of the UWHCA Board. A majority of the members of Audit Committee shall be independent and the Audit Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: financial oversight (policies, processes, reporting and procedures), accounting oversight (policies, processes, reporting and procedure), external audit, cybersecurity, risk (identification, prioritization, management); internal controls and internal audit, data analytics, revenue cycle and policies and procedures. One individual members of the Audit Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an “independent member” is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have
a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out their responsibilities. Appointees may include persons who are not members of the Board.

Members of the Audit Committee shall serve until their resignation or removal by the Chairperson of the UWHCA Board, or in the case of any Member designated by the SAHSC Board, until the SAHSC Board makes a written request of the Chairperson of the UWHCA Board to remove such Member. Vacancies in the Audit Committee shall be filled by the Chairperson of the UWHCA Board or by designation of the SAHSC, as applicable, in accordance with the committee composition requirements set forth in this charter.

In addition, the following UW Health executives shall be invited to participate in meetings of the Audit Committee: the UW Health Chief Executive Officer, the UW Health Chief Financial Officer, the UW Health Chief Compliance Officer, the UW Health VP/Finance, and such other executives as the Audit Committee may request from time to time.

3. **Duties.**

The Audit Committee shall have the following duties and responsibilities:

- **External Auditor**
  - The Audit Committee shall have direct responsibility to select, retain, evaluate, oversee, and terminate, if necessary, an independent registered public accounting firm to act as the organization’s independent external auditor (the “External Auditor”). The External Auditor shall report directly to the Audit Committee.
  - The Audit Committee shall approve all audit engagement fees and terms.
  - The Audit Committee shall pre-approve all audits to be provided to UW Health by the External Auditor, whether provided by the principal external auditor or other firms. At the time the External Auditor is selected, the Audit Committee shall be advised of any other services provided by the external auditor to UW Health.
  - The Audit Committee Chairperson shall pre-approve any non-audit and tax services that may be provided by the External Auditor to UW Health.
  - The Audit Committee shall, at least annually, evaluate the qualifications, performance and independence of the External Auditor, including an evaluation of the lead audit partner, and assure the regular rotation of the lead audit partner at the External Auditor, and consider regular rotation of the accounting firm serving as the External Auditor.
• The Audit Committee shall take appropriate action to oversee the independence of the external auditor.

• The Audit Committee shall actively engage in dialogue with the independent auditors concerning any disclosed relationship or services that may impact the objectivity and independence of the auditors.

• The Audit Committee shall review and discuss with the External Auditor (1) the External Auditor’s responsibilities under generally accepted auditing standards, (2) the overall audit strategy, (3) the scope and timing of the annual audit, (4) any significant risks identified during the auditors’ risk assessment and procedures and (5) when completed, the results, including significant findings, of the annual audit.

• The Audit Committee shall, as appropriate, review and discuss with the independent auditors: (1) all critical accounting policies and practices to be used in the audit (2) all alternative treatments of financial information within generally accepted accounting principles (“GAAP”) for policies and practices related to material items that have been discussed with UW Health’s management, (3) the ramifications of the use of such alternative treatments, and the treatment preferred by the external auditor; and (4) other material written communications between the external auditors and UW Health’s management.

b. Review of Audited Financial Statements

• The Audit Committee shall review and discuss with UW Health’s management and External Auditor: (1) any major issues regarding accounting principles and financial statement presentation, including any significant changes in UW Health’s selection or application of accounting principles; and (2) any significant financial reporting issues and judgments made in connection with the preparation of the audited financial statements, including the effects of alternative GAAP methods.

c. Oversight of the UW Health Internal Audit Department

• The Audit Committee shall have general oversight of UW Health’s internal audit department. The Audit Committee shall review and approve the functions of UW Health’s internal audit department, including its purpose, authority, organization, responsibilities, and staffing; and review the scope and performance of the internal audit department’s internal audit plan, including the results of any internal audits, any reports to management and management’s response to those reports.

• The Audit Committee shall ensure that there are no unjustified restrictions or limitations on the UW Health Internal Audit Department.
d. **Oversight of the UW Health Compliance Committee**

- The Audit Committee and Compliance Committees shall coordinate, and share relevant information, reports, data, and other materials, as determined by the respective Committee Chairs to be necessary, to address any material issue that relate to any matters which relate to the respective areas of oversight and responsibility of the two Committees.

4. **Authority**

   a. **Professional Advisors.** The Audit Committee shall have the authority to engage independent legal, accounting, or other advisors as the Audit Committee deems necessary or appropriate to carry out its responsibilities.

   b. **Investigations.** The Audit Committee shall have the authority to conduct or authorize investigations into any matters within the scope of its responsibilities as it shall deem appropriate. The Audit Committee shall have the authority to direct any officer, employee, or advisor of UW Health to meet with the Audit Committee or with any advisor engaged by the Audit Committee.

   c. **Expenses.** The Audit Committee shall have the authority to incur expenses that are reasonable and necessary to carry out its responsibilities. The Audit Committee is empowered to cause UW Health to pay such expenses.

5. **Meetings and Procedures**

   a. **Meetings.** The Audit Committee shall meet as often as it deems necessary in order to perform its responsibilities but no less than quarterly. A majority of the Audit Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.

   b. **Open Meeting Law.** Meetings of the Audit Committee shall be subject to the State of Wisconsin Open Meetings Law. The Audit Committee may meet in closed executive session in accordance with the State of Wisconsin Open Meetings Law.

   c. **Manner of Acting.** Audit Committee decisions shall be made according to the following model, assuming a quorum is present: first by consensus; if a consensus cannot be reached, then by a vote of a majority of the members of the Audit Committee present at the meeting; and finally in the case of a tie vote, the Chairperson of the UWHCA Board shall cast the tie-breaking vote after being provided with full information necessary for the evaluation and assessment of the pending issue.
d. Reports to the Board of Directors. The Audit Committee shall report at least two times per year to the UWHCA Board of Directors. The Audit Committee shall report at least annually to the UWMF, SAHSC, and SAH Boards of Directors on those matters involving responsibilities of UWMF, SAHSC, and/or SAH, and such other matters as the Audit Committee deems appropriate.

6. Limitation on Duties

The Audit Committee shall discharge its responsibilities and shall access the information provided by UW Health’s management, other internal sources as appropriate, and, the External Auditor, in accordance with its business judgment. While the Audit Committee has the responsibilities described in this Charter, it is not the duty of the Audit Committee to plan or conduct audits or to determine or certify that UW Health’s financial statements are complete, accurate, fairly presented or in accordance with generally accepted accounting principles or applicable laws, rules or regulations. The Audit Committee shall not have the authority to take any action that is inconsistent with the corporate governance documents of any UW Health entity or applicable law.
1. Purpose

The Compliance Committee (the “Compliance Committee”) of the Boards of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”), University of Wisconsin Medical Foundation, Inc. (“UWMF”), SwedishAmerican Health System Corporation (“SAHSC”), and SwedishAmerican Hospital (“SAH”) shall assist the UWHCA Boards of Directors with oversight of the UW Health Compliance Department and Compliance Programs, including, without limitation, UW Health’s compliance with applicable laws and regulations, development and administration of the UW Health Code of Conduct, and development and administration of all compliance related UW Health codes, policies, and procedures.

As used in this Charter, “UW Health” refers to UWHCA, University of Wisconsin Medical Foundation (“UWMF”), SAHSC, SAH, and the subsidiaries and affiliates which are financially consolidated with any of UWHCA, UWMF, SAHSC, and SAH and the subsidiaries and affiliates which are not consolidated but in which any of UWHCA, UWMF, SAHSC, or SAHUW Health has a financial interest that is more than inconsequential. UW Health Management is charged with outlining the plan to report the subsidiary and affiliate information to the UW Health Compliance Committee.

2. Membership

The Compliance Committee shall consist of no less than five (5) and no more than nine (9) members (“Members”) appointed by the Chairperson of the UWHCA Board. On making such appointments, the Chairperson of the UWHCA Board shall appoint one (1) Member designated by the SAHSC Board of Directors as designated by the Chairperson of the Board. The Compliance Committee Chairperson shall also be designated by the Chairperson of the UWHCA Board. A majority of the members of the Compliance Committee shall be independent and the Compliance Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: with the majority of the Members being independent – cybersecurity; risk (identification, prioritization, management, analytics, legal, revenue cycle, physician/patient care (inpatient); physician/patient care (ambulatory); privacy; policies and procedures; and human resources. One individual
A member of the Compliance Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an “independent member” is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out his/her responsibilities. Appointees may include persons who are not members of the Board.

Members of the Compliance Committee shall serve until their resignation or removal by the Chairperson of the UWHCA Board, or in the case of any Member designated by the SAHSC Board, until the SAHSC Board makes a written request of the Chairperson of the UWHCA Board to remove such Member. Vacancies in the Compliance Committee shall be filled by the Chairperson of the UWHCA Board or by designation of the SAHSC, as applicable, in accordance with the committee composition requirements set forth in this charter.

In addition, the following UW Health executives shall be invited to participate in the meetings of the Compliance Committee: the UW Health Chief Compliance Officer, VP Revenue Cycle, System VP Deputy General Counsel, Legal Operations, VP Practice Plan, VP Human Resources, VP Chief Ambulatory Officer, Director, Advance Practice Provider; UWSMPH Department Administrator, Chief Information Security Officer, SAHS Program Director of Compliance & Privacy, and such other executives as the Compliance Committee may request from time to time.

3. Duties

The Compliance Committee’s responsibilities and oversight include UW Health (and subsidiary) Compliance Programs; Privacy Program and Documentation, Coding and Billing Compliance for Federal Payers. Duties include, but are not limited to, the following:

- Development, review, administration, and enforcement of UW Health’s internal controls, policies, procedures, and programs for maintaining compliance with applicable law and regulations.
- Development, review, administration, and enforcement of the UW Health Code of Conduct and all compliance related codes, policies, and procedures, and make recommendations for improving same.
- Provide annual board member education to UW Health boards as defined in this charter. UW Health refers to UWHCA, UWMF, SAHS, SAH, and the subsidiaries and affiliates which are financially consolidated with any of UWHCA, UWMF, SAHSC, SAH, and the subsidiaries and affiliates which are not consolidated but in which any of UWHCA, UWMF, SAHSC, and SAH has a financial interest that is more than inconsequential.
- Review the quarterly Compliance Officer's Report Dashboard with the UW
Health Chief Executive Officer and Chief Administrative Operating Officer; 

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

Review the annual Business Integrity Department Work Plan and the Annual Report;

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

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

- Promote standards of ethical behavior within UW Health;

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

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

4. Authority

a. Professional Advisors. The Compliance Committee shall have the authority to engage independent legal, accounting, or other advisors as the Compliance Committee deems necessary or appropriate to carry out its responsibilities.

b. Investigations. The Compliance Committee shall have the authority to conduct or authorize investigations into any matters within the scope of its responsibilities. The Compliance Committee shall have the authority to direct any officer, employee or advisor engaged by the Compliance Committee. The Compliance Committee may, in consultation with the UW Health Office of General Counsel, as appropriate, seek outside legal counsel if deemed reasonable when reviewing an internal Compliance investigation.

c. Expenses. The Compliance Committee shall have the authority to incur expenses that are reasonable and necessary to carry out its responsibilities. The Compliance Committee is empowered to cause UW Health to pay such expenses.

d. Coordination with Audit Committee. The Audit Committee and Compliance Committees shall coordinate, and share relevant information, reports, data, and other materials, as
determined by the respective Committee Chairs to be necessary, to address any material issue that relate to any matters which relate to the respective areas of oversight and responsibility of the two Committees.

5. Meetings and Procedures

a. Meetings. The Compliance Committee shall meet as often as it deems necessary in order to perform its responsibilities but not less than quarterly.

b. Quorum. A majority of the members of the Compliance Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.

c. Open Meetings Law. Meetings of the Compliance Committee shall be subject to the State of Wisconsin Open Meetings Law. The Compliance Committee may meet in closed executive session in accordance with the State of Wisconsin Open Meetings Law.

d. Manner of Acting. Compliance Committee decisions shall be made according to the
\textit{d} following model, assuming a quorum is present: first by consensus; if a consensus cannot be reached, then by a vote of a majority of the members of the committee present at the meeting; and finally in the case of a tie vote, the Chairperson of the UWHCA Board shall cast the tie-breaking vote after being provided with full information necessary for the evaluation and assessment of the pending issue.

\textit{e} Reports to the Board of Directors. The Compliance Committee shall report annually to provide the Annual Compliance Committee Report, the Business Integrity Department Work Plan, and the Compliance Plan at least two times per year to the UWHCA, UWMF, SAHSC, and SAH Boards of Directors.

The Chief Compliance Officer shall have a direct line of communication to the UW Health CEO and the UWHCA, UWMF, SAHSC, and SAH Boards as he or they deems necessary or appropriate to fulfill his/her duties and responsibilities.


The Compliance Committee shall not have the authority to take any action that is inconsistent with the corporate governance documents of any UW Health entity or applicable law.
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Proposed Revisions to
UW Health Compliance Committee Charter
1. Purpose

The Compliance Committee (the “Compliance Committee”) of the Boards of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”), University of Wisconsin Medical Foundation, Inc. (“UWMF”), SwedishAmerican Health System Corporation (“SAHSC”), and SwedishAmerican Hospital (“SAH”) shall assist the Boards of Directors with oversight of the UW Health Compliance Department and Compliance Programs, including, without limitation, UW Health’s compliance with applicable laws and regulations, development and administration of the UW Health Code of Conduct, and development and administration of all compliance related UW Health codes, policies, and procedures.

As used in this Charter, “UW Health” refers to UWHCA, UWMF, SAHSC, SAH, and the subsidiaries and affiliates which are financially consolidated with any of UWHCA, UWMF, SAHSC, and SAH and the subsidiaries and affiliates which are not consolidated but in which any of UWHCA, UWMF, SAHSC, or SAH has a financial interest that is more than inconsequential. UW Health Management is charged with outlining the plan to report the subsidiary and affiliate information to the UW Health Compliance Committee.

2. Membership

The Compliance Committee shall consist of no less than five (5) and no more than nine (9) members (“Members”) appointed by the Chairperson of the UWHCA Board. In making such appointments, the Chairperson of the UWHCA Board shall appoint one (1) Member designated by the SAHSC Board of Directors. The Compliance Committee Chairperson shall also be designated by the Chairperson of the UWHCA Board. A majority of the members of the Compliance Committee shall be independent and the Compliance Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: with the majority of the Members being independent – cybersecurity; risk (identification, prioritization, management, analytics, legal, revenue cycle, physician/patient care (inpatient); physician/patient care (ambulatory); privacy; policies and procedures; and human resources. One individual member of the Compliance Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an “independent member” is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out their responsibilities. Appointees may include persons who are not members of the Board.
Members of the Compliance Committee shall serve until their resignation or removal by the Chairperson of the UWHCA Board, or in the case of any Member designated by the SAHSC Board, until the SAHSC Board makes a written request of the Chairperson of the UWHCA Board to remove such Member. Vacancies in the Compliance Committee shall be filled by the Chairperson of the UWHCA Board or by designation of the SAHSC, as applicable, in accordance with the committee composition requirements set forth in this charter.

In addition, the following UW Health executives shall be invited to participate in the meetings of the Compliance Committee: the UW Health Chief Compliance Officer, VP Revenue Cycle, System VP Deputy General Counsel, Legal Operations, VP Practice Plan, VP Human Resources, VP Chief Ambulatory Officer, Director, Advance Practice Provider; UWSMPH Department Administrator, Chief Information Security Officer, SAHS Program Director of Compliance & Privacy, and such other executives as the Compliance Committee may request from time to time.

3. Duties

The Compliance Committee’s responsibilities and oversight include UW Health (and subsidiary) compliance programs; privacy program and documentation, coding and billing compliance for federal payers. Duties include, but are not limited to, the following:

- Development, review, administration, and enforcement of UW Health’s internal controls, policies, procedures, and programs for maintaining compliance with applicable law and regulations.

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

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

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

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

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

- Oversee the education, auditing and monitoring initiatives of UW Health’s Compliance Program and evaluate results based on predetermined objectives,
• Promote standards of ethical behavior within UW Health.

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

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

4. Authority

a. Professional Advisors. The Compliance Committee shall have the authority to engage independent legal, accounting, or other advisors as the Compliance Committee deems necessary or appropriate to carry out its responsibilities.

b. Investigations. The Compliance Committee shall have the authority to conduct or authorize investigations into any matters within the scope of its responsibilities. The Compliance Committee shall have the authority to direct any officer, employee, or advisor engaged by the Compliance Committee. The Compliance Committee may, in consultation with the UW Health Office of General Counsel, as appropriate, seek outside legal counsel if deemed reasonable when reviewing an internal Compliance investigation.

c. Expenses. The Compliance Committee shall have the authority to incur expenses that are reasonable and necessary to carry out its responsibilities. The Compliance Committee is empowered to cause UW Health to pay such expenses.

d. Coordination with Audit Committee. The Audit Committee and Compliance Committees shall coordinate, and share relevant information, reports, data, and other materials, as determined by the respective Committee Chairs to be necessary, to address any material issue that relate to any matters which relate to the respective areas of oversight and responsibility of the two Committees.

5. Meetings and Procedures

a. Meetings. The Compliance Committee shall meet as often as it deems necessary in order to perform its responsibilities but not less than quarterly.

b. Quorum. A majority of the members of the Compliance Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.

c. Open Meetings Law. Meetings of the Compliance Committee shall be subject to the State of Wisconsin Open Meetings Law. The Compliance Committee may meet in closed executive session in accordance with the State of Wisconsin Open Meetings Law.

d. Manner of Acting. Compliance Committee decisions shall be made according to the
following model, assuming a quorum is present: first by consensus; if a consensus cannot be reached, then by a vote of a majority of the members of the committee present at the meeting; and finally in the case of a tie vote, the Chairperson of the UWHCA Board shall cast the tie-breaking vote after being provided with full information necessary for the evaluation and assessment of the pending issue.

e. Reports to the Board of Directors. The Compliance Committee shall report annually to provide the Annual Compliance Committee Report, the Business Integrity Department Work Plan, and the Compliance Plan to the UWHCA, UWMF, SAHSC, and SAH Boards of Directors.

The Chief Compliance Officer shall have a direct line of communication to the UW Health CEO and the UWHCA, UWMF, SAHSC, and SAH Boards as they deem necessary or appropriate to fulfill their duties and responsibilities.


The Compliance Committee shall not have the authority to take any action that is inconsistent with the corporate governance documents of any UW Health entity or applicable law.
3 Bodies of knowledge converge to form current state thinking in healthcare safety, quality, and reliability

- **Quality**
  - Safety
  - Effectiveness
  - Patient centeredness
  - “Structure” “Process” “Outcome”

- **Lean**
  - Efficiency
  - Reduce waste/unnecessary variation
  - Continuous improvement
  - Standard work/daily management

- **HRO**
  - Functions/structures that define roles and collaboration
  - Processes that define tasks and their order
  - Guidance in the form of protocols/checklists
  - Human factors in the environment, equipment, devices and technology
  - Human reliability and performance including culture
A “Safety Culture” is the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization’s commitment to quality and patient safety.

*The Joint Commission, Patient Safety Systems Chapter*
Safety Culture

**INFORMED CULTURE**
Those who manage and operate the system have current knowledge about the human, technical, organisational and environmental factors that determine the safety of the system as a whole.

**REPORTING CULTURE**
An organizational climate in which people are prepared to report their errors and near-misses.

**JUST CULTURE**
An atmosphere of trust in which people are encouraged (even rewarded) for providing essential safety-related information, but in which they are also clear about where the line must be drawn between acceptable and unacceptable behaviour.

**FLEXIBLE CULTURE**
A culture in which an organisation is able to reconfigure themselves in the face of high tempo operations or certain kinds of danger - often shifting from the conventional hierarchical mode to a flatter mode.

**LEARNING CULTURE**
An organisation must possess the willingness and the competence to draw the right conclusions from its safety information system and the will to implement major reforms.
What exactly is “JUST CULTURE”

Just Culture refers to a system of shared accountability in which organizations are accountable for the systems they have designed and for responding to the behaviors of their employees in a fair and just manner. Employees are accountable for the quality of their choices and for reporting errors and system vulnerabilities.
The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes.”

Dr. Lucian Leape  
Professor, Harvard School of Public Health  
Testimony before Congress on Health Care Quality Improvement
I would recommend UW Health as a place to receive safe care.

Patient safety is a high priority in my department.

When an error is made, our team focuses on learning from it versus blaming someone.

It is safe to speak up regarding safety concerns no matter who is involved.

If I make a mistake in this team, I know it will not be held against me.

**Why do we need to work on Just Culture at UWHealth??**

**Green** = Agreement (positive response)

**Red** = Disagreement (negative response)
The Three Behaviors

**Human Error**
- *Product of Our Current System Design and Behavioral Choices*
- Manage through changes in:
  - Choices
  - Processes
  - Procedures
  - Training
  - Design
  - Environment

**At-Risk Behavior**
- *A Choice: Risk Believed Insignificant or Justified*
- Manage through:
  - Removing incentives for at-risk behaviors
  - Creating incentives for healthy behaviors
  - Increasing situational awareness

**Reckless Behavior**
- *Conscious Disregard of Substantial and Unjustifiable Risk*
- Manage through:
  - Remedial action
  - Disciplinary action
Human Error

- Human error is an inevitable, unpredictable, and unintentional failure in the way we perceive, think, or behave. It is not a behavioral choice—**we do NOT choose to make errors**, but we are all fallible.

- Mental Slip – Example is transposing the numbers on a medication order
- Error of Omission – Example is forgetting to do one step of a process/procedure

How to fix human error
- We must design our systems such that a single human error can be identified and addressed before it can reach a patient and harm them. Punishment or counselling is not effective as the error was the result of human fallibility.
At-Risk-Behavior

- At-Risk-Behavior are behavioral choices that are made when individuals (and sometimes the organizations) have lost the perception of risk associated with the choice or mistakenly believe the risk to be insignificant or justified (often called drift).

- An experienced pharmacist may rush past drug interaction messages with barely a notice, rely on a historical patient weight to verify a weight-based drug dose, and scan the barcode on the first container several times when multiple identical containers are required to prepare a medication.

- An experienced nurse, may not think twice about programming an infusion pump outside the drug library, preparing intravenous (IV) medications instead of waiting for pharmacy to dispense them, and removing medications via override from an automated dispensing cabinet outside of an emergency.

- Successful outcomes foster continuance and tolerance to the risks, particularly when colleagues look the other way or begin imitating the at-risk behavior. Often we are rewarded for this behavior.
At-Risk-Behavior

How to Fix At-Risk-Behavior

To effectively manage at-risk behaviors, honesty about our propensity to drift is required. While it is one thing to publicly admit that individuals make errors, it is wholly another to admit that individuals frequently choose to violate rules, even if they are working around system failures and are rewarded for their “effective” behavior.

Managing at-risk behaviors requires removing the barriers to safe behavioral choices, removing the rewards for at-risk behaviors, and coaching individuals to see the risk associated with their choices.

Coaching conversations should be part of a leader’s daily routine whenever they observe an individual or group engaging in at-risk behavior. Managers should not wait for an event to occur before addressing at-risk behavior. It’s the behavior NOT the outcome that matters.
Reckless Behavior

- Reckless behavior is the conscious disregard of a substantial and unjustifiable risk.
- Examples include drug diversion, retaliatory breaches in patient confidentiality, or performing surgery under the influence of drugs or alcohol.
- To determine reckless behavior the question to ask is whether the individual consciously disregarded what he or she knew to be a substantial and unjustifiable risk.

How to fix Reckless Behavior

- In a Just Culture, reckless behavior is blameworthy behavior. As such, swift and appropriate remedial or disciplinary actions should be considered according to the organization’s human resources policies to correct the undesired conduct.
Just Culture: High-level Review

Why?
- “Best practice” to arrive at the safety culture we envision and aspire to
- Just Culture is a key component in the maturation from reactive safety to preventative safety
- Just Culture harmonizes with a key element in UW Health Way (Respect for People)
- Our own data demonstrates that Just Culture is needed at UW Health (i.e. COS Survey Results)
- Numerous stakeholder groups are ready and requesting this support, and our staff/people are excited about implementation of Just Culture

Scope
- Includes NIL and Wisconsin

Roll out
- Multiple flexible options - November 2023-timed to fall after the performance management system roll out (already on the leadership road map)
- Both content and scenario-based learning to best cater to adult learning styles
Questions?
### Total Operating Revenue

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<thead>
<tr>
<th></th>
<th>Actual Apr- FY23</th>
<th>Plan Apr- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. % vs. Plan</th>
<th>Actual Apr- FY22</th>
<th>Variance vs. PY</th>
<th>Var. % vs. PY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Operating Revenues, Net</strong></td>
<td>373,721,103</td>
<td>350,531,877</td>
<td>23,189,226</td>
<td>7%</td>
<td>344,193,274</td>
<td>29,527,829</td>
<td>9%</td>
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</table>

### Total Operating Expenses

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<thead>
<tr>
<th>Expense Category</th>
<th>Actual Apr- FY23</th>
<th>Plan Apr- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. % vs. Plan</th>
<th>Actual Apr- FY22</th>
<th>Variance vs. PY</th>
<th>Var. % vs. PY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>357,544,572</td>
<td>346,978,576</td>
<td>10,565,996</td>
<td>3%</td>
<td>333,335,810</td>
<td>24,208,762</td>
<td>7%</td>
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</table>

### Income from Operations

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<thead>
<tr>
<th></th>
<th>Actual Apr- FY23</th>
<th>Plan Apr- FY23</th>
<th>Variance vs. Plan</th>
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<th>Actual Apr- FY22</th>
<th>Variance vs. PY</th>
<th>Var. % vs. PY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from Operations</strong></td>
<td>16,176,531</td>
<td>3,553,301</td>
<td>12,623,230</td>
<td>355%</td>
<td>10,857,464</td>
<td>5,319,067</td>
<td>49%</td>
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</tbody>
</table>

### Non-Operating Revenue/Expenses

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<thead>
<tr>
<th>Expense Category</th>
<th>Actual Apr- FY23</th>
<th>Plan Apr- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. % vs. Plan</th>
<th>Actual Apr- FY22</th>
<th>Variance vs. PY</th>
<th>Var. % vs. PY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Increase/Decrease in Fair Value of Investments</strong></td>
<td>10,134,792</td>
<td>175</td>
<td>10,114,617</td>
<td>5791210%</td>
<td>(85,819,704)</td>
<td>95,954,496</td>
<td>-112%</td>
</tr>
<tr>
<td><strong>Investment Income</strong></td>
<td>4,156,705</td>
<td>4,053,540</td>
<td>103,165</td>
<td>3%</td>
<td>2,350,573</td>
<td>1,806,132</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Equity Interest in Income/Loss of Joint Ventures</strong></td>
<td>2,506,361</td>
<td>1,708,267</td>
<td>798,094</td>
<td>47%</td>
<td>(4,776,431)</td>
<td>7,282,792</td>
<td>-152%</td>
</tr>
<tr>
<td><strong>Net Inc/Dec in Fair Value of Derivative Instrument</strong></td>
<td>212</td>
<td>0</td>
<td>212</td>
<td>0%</td>
<td>543,347</td>
<td>(543,135)</td>
<td>-100%</td>
</tr>
<tr>
<td><strong>Other, Net</strong></td>
<td>1,720,986</td>
<td>870,669</td>
<td>850,317</td>
<td>98%</td>
<td>1,150,192</td>
<td>570,794</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Total Other Non-Operating Revenues (Expenses), Net</strong></td>
<td>16,519,056</td>
<td>6,632,651</td>
<td>11,886,405</td>
<td>179%</td>
<td>(86,552,023)</td>
<td>105,071,079</td>
<td>-121%</td>
</tr>
<tr>
<td><strong>Revenues over Expenses Before Capital Grants, Gifts &amp; Donations</strong></td>
<td>34,695,587</td>
<td>10,185,952</td>
<td>24,509,635</td>
<td>241%</td>
<td>(75,694,559)</td>
<td>110,390,146</td>
<td>-146%</td>
</tr>
</tbody>
</table>
## Summary of Enterprise-wide YTD of April 30, 2023 Operating Results

<table>
<thead>
<tr>
<th></th>
<th>Actual Apr- FY23</th>
<th>Plan Apr- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Apr- FY22 vs. Plan vs. PY</th>
<th>Variance vs. Plan vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL OPERATING REVENUE</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>TOTAL OPERATING REVENUES, NET</strong></td>
<td>3,632,076,650</td>
<td>3,522,208,712</td>
<td>109,867,938</td>
<td>3%</td>
<td>3,305,873,553</td>
<td>326,203,097</td>
<td>10%</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>SALARIES AND BENEFITS</strong></td>
<td>1,996,963,222</td>
<td>1,968,387,449</td>
<td>28,575,773</td>
<td>1%</td>
<td>1,831,441,589</td>
<td>165,521,633</td>
<td>9%</td>
</tr>
<tr>
<td>PURCHASED SERVICES AND AGENCY COSTS</td>
<td>267,137,406</td>
<td>276,085,508</td>
<td>8,948,102</td>
<td>3%</td>
<td>246,739,850</td>
<td>30,245,950</td>
<td>12%</td>
</tr>
<tr>
<td>MEDICAL MATERIALS AND SUPPLIES</td>
<td>258,729,032</td>
<td>256,500,478</td>
<td>2,228,554</td>
<td>1%</td>
<td>243,178,935</td>
<td>15,550,097</td>
<td>6%</td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>590,550,363</td>
<td>532,343,495</td>
<td>58,206,868</td>
<td>11%</td>
<td>533,717,908</td>
<td>56,832,455</td>
<td>11%</td>
</tr>
<tr>
<td>FACILITIES AND EQUIPMENT</td>
<td>125,258,134</td>
<td>152,059,442</td>
<td>(26,801,308)</td>
<td>-18%</td>
<td>144,355,714</td>
<td>(19,097,580)</td>
<td>-13%</td>
</tr>
<tr>
<td>DEPRECIATION AND AMORTIZATION</td>
<td>147,254,522</td>
<td>138,677,813</td>
<td>8,576,709</td>
<td>6%</td>
<td>112,328,540</td>
<td>34,925,982</td>
<td>31%</td>
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<tr>
<td>INTEREST EXPENSE</td>
<td>35,924,300</td>
<td>37,494,192</td>
<td>(1,569,892)</td>
<td>-4%</td>
<td>30,943,104</td>
<td>4,981,196</td>
<td>16%</td>
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<tr>
<td>PUBLIC AD ASSESSMENT</td>
<td>54,610,217</td>
<td>54,827,000</td>
<td>(216,783)</td>
<td>0%</td>
<td>52,528,154</td>
<td>2,082,063</td>
<td>4%</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>6,716,774</td>
<td>17,016,584</td>
<td>(10,299,810)</td>
<td>-61%</td>
<td>27,014,193</td>
<td>(20,297,419)</td>
<td>-75%</td>
</tr>
<tr>
<td>NONOPERATING EXPENSES - ACADEMIC SUPPORT</td>
<td>60,256,105</td>
<td>60,883,974</td>
<td>(627,869)</td>
<td>-1%</td>
<td>59,813,193</td>
<td>442,912</td>
<td>1%</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>3,563,400,075</td>
<td>3,494,275,935</td>
<td>69,124,140</td>
<td>2%</td>
<td>3,282,061,180</td>
<td>281,338,955</td>
<td>9%</td>
</tr>
<tr>
<td><strong>INCOME FROM OPERATIONS</strong></td>
<td>66,676,575</td>
<td>27,932,777</td>
<td>38,743,798</td>
<td>146%</td>
<td>23,812,373</td>
<td>44,864,202</td>
<td>188%</td>
</tr>
<tr>
<td><strong>NON-OPERATING REVENUE/EXPENSES</strong></td>
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</tr>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</td>
<td>80,785,921</td>
<td>1,750</td>
<td>80,741,771</td>
<td>461%28%</td>
<td>(211,099,008)</td>
<td>291,884,929</td>
<td>-138%</td>
</tr>
<tr>
<td>INVESTMENT INCOME</td>
<td>33,216,800</td>
<td>40,765,399</td>
<td>(7,548,599)</td>
<td>-19%</td>
<td>56,773,634</td>
<td>(23,556,834)</td>
<td>-41%</td>
</tr>
<tr>
<td>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</td>
<td>(137,045)</td>
<td>17,082,670</td>
<td>(17,219,715)</td>
<td>-101%</td>
<td>13,400,214</td>
<td>(13,537,259)</td>
<td>-101%</td>
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<tr>
<td>NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td>
<td>784,564</td>
<td>0</td>
<td>784,564</td>
<td>0%</td>
<td>2,352,127</td>
<td>(1,567,563)</td>
<td>-67%</td>
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<tr>
<td>OTHER, NET</td>
<td>11,637,409</td>
<td>9,961,278</td>
<td>1,676,131</td>
<td>17%</td>
<td>22,253,330</td>
<td>(10,615,921)</td>
<td>-48%</td>
</tr>
<tr>
<td><strong>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</strong></td>
<td>126,287,649</td>
<td>67,811,097</td>
<td>58,476,552</td>
<td>86%</td>
<td>(116,319,703)</td>
<td>242,607,352</td>
<td>-209%</td>
</tr>
<tr>
<td><strong>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</strong></td>
<td>194,964,224</td>
<td>95,743,874</td>
<td>99,220,350</td>
<td>104%</td>
<td>(92,507,330)</td>
<td>287,471,554</td>
<td>-311%</td>
</tr>
<tr>
<td>Healthcare System Industry Comparisons</td>
<td>Favorable Direction</td>
<td>FY 23</td>
<td>S&amp;P &quot;AA&quot; Rated (1)</td>
<td>Moodys &quot;Aa3&quot; Rated (2)</td>
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<tr>
<td>Operating Margin*</td>
<td>↑</td>
<td>1.9%</td>
<td>2.8%</td>
<td>3.0%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Margin</td>
<td>↑</td>
<td>5.2%</td>
<td>6.8%</td>
<td>7.1%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>↑</td>
<td>237</td>
<td>292</td>
<td>323</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>↓</td>
<td>46</td>
<td>48</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>↓</td>
<td>26.3%</td>
<td>25.0%</td>
<td>24.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>↑</td>
<td>6.9%</td>
<td>8.2%</td>
<td>8.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>↑</td>
<td>222.4%</td>
<td>263.6%</td>
<td>281.4%</td>
<td></td>
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</tr>
</tbody>
</table>

* excludes provision for bad debt and retiree health insurance, includes academic support
** average for 12 months

(1) S&P's 2021 financial ratios based on 36 obligators rated "AA-" by S&P. Based on 2021 audited financials.
(2) Moody's 2021 financial ratios based on 29 "Aa3" rated hospitals. Based on 2021 audited financials.
Key Takeaways for April 2023

-Volumes across the JOA were strong compared to budget this month. Surgeries for the month were 2.6% favorable to budget. ED visits across the system were favorable by 4.6% in April. Clinic Visits were also 1.6% favorable to budget.

-Net revenues came in $23.2M favorable to budget. The strong volumes, a positive risk share, and a positive payor mix contributed to this.

-Expense were unfavorable to budget by $10.6M.
  - Salaries & Fringe were $7.5M unfavorable
  - Temporary help was $6.7M unfavorable
  - Pharmaceuticals were $5M unfavorable
  - Facilities & Equipment were $1.1M favorable
  - Other expenses were $2.8M favorable, related to retail pharmacy

-On the non-operating side, we saw favorable results compared to budget, with an unrealized gain on investments of $10.1M.
ConnectRx/Community Health Needs Assessment Update

Ariel Robbins, Program Director, Dane County Health Council
Adrian Jones, Director, Community Health Improvement
Jawana Echols-Anderson, Community Health Worker Supervisor
Dr. Ann Sheehy, Sr. Medical Director, Population Health
Robin Lankton, Vice President, Population Health
Goal

Bring value through an equitable, coordinated, affordable system of care that improves the health of our patients and communities

Strategies

1. Improve value (health, quality, cost) by engaging patients/families, care teams, health plan payers (Quartz), and community partners in developing and coordinating the system of care

2. Optimize and continuously improve the care model in the following areas: ambulatory care, home-centered care, post-acute care

3. Improve community health and address disparities in health outcomes through our role as a clinical delivery system
Transition to Value-Based Care

Volume Based (Fee for Service)

- **Incentives:**
  More visits, tests, services

- **Focus:**
  Individual patient episode

- **Provider role:**
  Fragmented across specialties and sites

Value Based

- **Incentives:**
  Care coordination, reduction in unnecessary visits and interventions

- **Focus:**
  Outcomes, Affordability

- **Provider role:**
  Team-based care
## 2022-2024 Community Health Needs Assessment Priorities

### Reproductive Justice
- Birth Outcomes
- Maternal Morbidity
- Infections
- Lactation Support

### Chronic Conditions
- Heart Disease
- Hypertension
- Diabetes
- Breast Cancer

### Behavioral Health
- Mental Health
- Substance Use Disorder

### Injury
- Falls
- Accidents
- Violence
Long-Term Goals

- Black-White racial inequities in low-birthweight in Dane County, WI, are eliminated.
- Black-White racial inequities in infant mortality in Dane County, WI, are eliminated.
- Inequities are eliminated in health, educational, and economic outcomes for Black women and children.
The Journey

Shared Goal
Eliminate disparity in low-birth weight and infant mortality for Black birthing people and their babies.

One-Year Anniversary!
Helped over 400 families!

Secured first grant!
$1 Million - Wisconsin Partnership Program Grant

Go Live!
March 22, 2022 – April 26, 2022

Go Live!
2022

$1 Million - Wisconsin Partnership Program Grant
2019

Helped over 400 families!
2023

_The Journey_
## ConnectRx Funding

<table>
<thead>
<tr>
<th>Funder</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCHC Contribution (2018-2023)</td>
<td>$1,455,955</td>
<td>19%</td>
</tr>
<tr>
<td>Schmidt Futures (2020-2024)</td>
<td>$1,212,500</td>
<td>16%</td>
</tr>
<tr>
<td>DOA (ARPA) - (2022-2024)</td>
<td>$1,000,000</td>
<td>13%</td>
</tr>
<tr>
<td>WPP (2020-2024)</td>
<td>$1,000,000</td>
<td>13%</td>
</tr>
<tr>
<td>Marriott Daughters Foundation (2021-2023)</td>
<td>$100,000</td>
<td>1%</td>
</tr>
<tr>
<td>Appropriation (2022-2023)</td>
<td>$2,850,242</td>
<td>38%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$7,506,196</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
ConnectRx WI Community Health Worker Team

Community Health Worker Supervisor – Jawana Echols-Anderson

Community Health Worker – Marcella Allison

Community Health Worker – Kimberly Ashford

Community Health Worker – Justine Brown

Community Health Worker – Kiana Hunter

Community Health Worker – Autumn Irby

Community Health Worker – Keia Otkins

Community Health Worker – Sharon Rice
ConnectRx WI Results

Number of ConnectRx Episodes of Care by SDOH Domain Checked in Episode

- Financial Resource Strain: 283
- Food Insecurity: 248
- Housing Stability: 261
- Stress: 251
- Transportation Needs: 186
Patient Success Story