Joint Meeting - UWHCA and UWMF Board of Directors
September 21, 2022, 3:00 - 5:00 PM
And
UW Health Strategic Board Retreat
Wednesday, September 21, 2022, 6:00 PM – 7:30 PM
Thursday, September 22, 2022, 8:30 AM – 2:35 PM

https://uwhealth.webex.com/uwhealth/j.php?MTID=m7d9e4fe8ffbb0d9deefd0344396caa81
Meeting number: 2623 039 3610 / Password: 092122
Phone number: 1-415-655-0003 US TOLL//Access code: 2623 039 3610

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## Agenda

### 3:00 PM
**I. Call to Order of the Joint Board Meeting and Chair Announcements**
Mr. Paul Seidenstricker

- Welcome / Introductions of New Member and Liaison - Chancellor Jennifer Mnookin and Dr. Michael Peterson
- Welcome / Introduction Guest - Representative Sondy Pope

**UWHCA Approval**

### 3:02 PM
**II. Recognition of Service - Mr. Pablo Sanchez**
Mr. Paul Seidenstricker

Resolution - In Recognition of the Service of Mr. Pablo Sanchez

**UWHCA Approval**

### 3:05 PM
**III. UW Health Consent Agenda**
Mr. Paul Seidenstricker

- Meeting Minutes - Open Session
  - UW Health Non-Voting Liaisons to UnityPoint Health-Meriter Board of Directors
    - Executive Summary - UW Health Non-Voting Liaisons to the UnityPoint Health-Meriter Board of Directors
    - Resolution - UW Health Non-Voting Liaisons to UnityPoint Health-Meriter Board of Directors

**UWHCA Approval**

### 3:06 PM
**IV. UW Health Meeting Minutes - Open Session**
Mr. Paul Seidenstricker

**UWHCA Approval**

### 3:05 PM
**V. COVID-19 Situational Update**
Dr. Peter Newcomer

**UWHCA & UW Health Update/Discussion**

### 3:15 PM
**VI. UW Health Financial Report**
Mr. Robert Flannery

- Presentation - UW Health Consolidated Financials Preliminary August 31, 2022
- FYI Attachment - UW Health Consolidated Financials Preliminary July 31, 2022

**UWHCA & UW Health Update/Discussion**

### 3:25 PM
**VII. Closed Session**

Motion to enter into closed session pursuant to Wisconsin Statutes sections 19.85(1)(e) and 146.38, for the review and evaluation of health care services and for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed session minutes, Madison Surgery Center-UW Health Chief of Staff and Anesthesia Medical Director Services Agreement; UW Health
FY22 Audit Update; review of the UW Health Cybersecurity Report; review of the Patient Safety and Quality Report and UW Health Kids Quality Update; CEO perspective on system strategy; discussion of 10-Year Capital Update and Funding Review; UW Health Clinical Services and Facilities Planning; and pursuant to Wisconsin Statutes sections 19.85(1)(c), 19.85(1)(e), and 19.85(1)(g) for the discussion of workforce updates and UW Health Memorandum of Understanding with SEIU; and to seek confidential, privileged, and strategic legal analysis and advice regarding workforce matters and potential litigation regarding the same and to confer with legal counsel regarding these and other matters.

VIII. Recess and Reconvene
Motion to recess and reconvene in Closed Session at 6:00 PM, September 21, 2022
WEDNESDAY, SEPTEMBER 21, 2022
6:00-6:30 PM

Reconvene in Closed Session (from Joint UWHCA and UWMF Board of Directors)
Mr. Paul Seidenstricker, Chair, UWHCA Board of Directors

6:30 PM

Recess and Reconvene
Mr. Paul Seidenstricker, Chair, UWHCA Board of Directors
Motion to recess and reconvene in Closed Session at 8:30 AM, Thursday, September 22, 2022

THURSDAY, SEPTEMBER 22, 2022
8:30 AM-2:35 PM

Reconvene (in Closed Session) the UW Health Strategic Board Retreat
Mr. Paul Seidenstricker, Chair, UWHCA Board of Directors

2:25-2:35 PM

Closing Remarks and Adjourn
Mr. Paul Seidenstricker - Chair, UWHCA Board of Directors
Resolution

In Recognition of the Service of Mr. Pablo Sanchez
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

In Recognition of the Service of Mr. Pablo Sanchez

September 21, 2022

WHEREAS, Mr. Pablo Sanchez (“Mr. Sanchez”) has served with distinction, dedication and unwavering loyalty as a Governor-appointed Board Director, initially appointed by Governor James Doyle and reappointed by Governor Scott Walker, on the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) since August 25, 2008. In addition, he has served as the Committee Chair, UW Health Patient Safety and Quality Committee since June 2016; and he also served as the UWHCA Representative UnityPoint Health-Meriter Board Liaison since July 1, 2019, and;

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

WHEREAS, UW Health is immensely grateful for Mr. Sanchez’s unwavering commitment to quality and patient safety throughout his tenure as Committee Chair of the UW Health Patient Safety and Quality Committee. Mr. Sanchez has constantly kept the patient at the center of our discussions, ensuring a continued focus on eliminating harm, and ensuring UW Health is focused on continuously improving quality; and

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

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

NOW THEREFORE BE IT RESOLVED that the Board of Directors and the management of the UWHCA extend their heartfelt gratitude to Mr. Sanchez for his leadership, exemplary work, and loyal support of the UWHCA.
UW Medical Foundation
Proposed Candidates For Two
UWMF Board Faculty Director Seats As
Selected by the UW Health Council of Faculty

Subject to approval by the UWHCA Board of Directors, the UW Health Council of Faculty (CoF) met on September 14, 2022 to evaluate five (5) candidates to prepare a slate of candidates for two (2) Faculty Director seats on the UWMF Board of Directors. CoF utilized criteria which included at a minimum gender balance, diversity, experience level, the location of practice, and the type of practice, academic interest, and service record of the nominee.

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

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

- Petros Anagnostopoulos, MD
- Alison Brooks, MD, MHA
- Elizabeth Trowbridge, MD, FACP
- Art Walaszek, MD

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

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

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

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

### 4.2 Number and Designation

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

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

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

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

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

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

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

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

### 4.3 Qualifications of Directors

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

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

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

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

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

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

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

(c) **Faculty Directors.**

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

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

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

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

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

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

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

4.6 **Removal.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.13 Notice and Waiver of Notice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(E) **Elections.** The Council of Faculty shall compile a slate of up to six (6) candidates, and direct the Corporation’s administration to create ballots and send the ballots to eligible Faculty, directing that each Faculty member shall vote on the open Faculty Director seats. The Corporation Board shall afford the Faculty a reasonable period of time to return their ballots. The candidates who receive the most votes shall be elected to the open Faculty Director seats. The candidate that receives the highest number of vote(s) cast shall be named the Director from the faculty at large. If there is a tie, the Council of Faculty shall recommend to the Executive/Governance Committee the final candidate to serve as a Faculty Director member.
The Medical Board, upon the recommendation of the Credentials committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: July 15 & August 1, 2022
Medical Board: August 11, 2022

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

July 15, 2022

New Applications—Medical Staff

Luke C. Addesso, MD, Active Staff
Department of Pediatrics/General
- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.

Peter Assaad, MD, Active Staff
Department of Radiology/Pediatric Imaging
- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine and fluoroscopy in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, 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.
- Pediatric Imaging: Including but not limited to Image guided intussusception reduction with liquid or air; Imaged guided catheter placement in children; Imaged guided needle, biopsy, ablation, drainage or aspiration in children; Image guided analysis for surgery, biopsy or treatment planning using any imaging modality, in children

Paige E. Condit, MD, Active Staff
Department of Pediatrics/Neonatology (NICU Hospitalist)
- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and
supervision of residents, fellows and others in training.

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

Elyse I. Harris, MD, Active Staff
Department of Medicine/Hematology/Oncology

- 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.

- Adult Moderate Sedation at all UWHCA locations - includes UH, East Madison Hospital, DHC, and UWHC Clinics

Nicole E. Look, MD, Active Staff
Department of Orthopedics and Rehabilitation/Fellow (Spine)

- Orthopedic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the musculoskeletal system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training. supervision of physician assistants with prescriptive authority;

- Fluoroscopy

Eduard Matkovic, MD, Active Staff
Department of Pathology and Lab. Medicine

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

Luke D. Nankee, MD, Active Staff
Department of Psychiatry/Child

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

- Electroconvulsive therapy

Aaron L. Owen, MD, Active Staff
Department of Psychiatry

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

- Electroconvulsive therapy

Alison N. Pletch, MD, Active Staff
Department of Surgery/Fellow (MIS)

- 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.

Shaun S. Shaker, MD, Active Staff
Department of Neurology/Stroke

- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.
- Neurology Stroke Privileges: Privileges include, but are not limited to, admit, evaluate (including H&P), diagnose, consult, provide medical treatment, interpretations of reports of radiologic and laboratory data to treat patients with stroke symptoms. These privileges include providing services via telemedicine.

Jeremiah J. Shaw, MD, Active Staff
Department of Family Medicine and Community Health/Fellow (Integrative 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; &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.

Morgan S. White, MD, Active Staff
Department of Family Medicine and Community Health

- Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, suturing of uncomplicated lacerations; arthrocentesis; &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.

Additional Privileges—Medical Staff
Lindsay A. Matthews, MD  
Department of Medicine/Hospital Medicine

- Requesting: 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.

Yinzhong Zhang, MD  
Department of Medicine/Hospital Medicine

- Paracentesis  
- Thoracentesis

**New Applications--Advanced Practice Providers**

Kelly E. Burmeister, CAA, Anesthesiologist Assistant  
Department of Anesthesiology

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

**Status Changes**

Melissa M. Stiles, MD, Affiliate to 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.

**Focused Professional Practice Evaluation Review**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
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</thead>
<tbody>
<tr>
<td>Jerisha, John A., MD</td>
<td>Radiology/Community Radiology</td>
<td>Active Staff</td>
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<tr>
<td>Juza, Ryan M., MD</td>
<td>Surgery/Minimally Invasive</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Rokkas, Chris K., MD</td>
<td>Surgery/Cardiothoracic</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Sodhi, Amik, MBBS</td>
<td>Medicine/Allergy, Pulmonary &amp; Critical Care</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Teitge, Shera A., MD</td>
<td>Emergency Medicine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Vidholia, Aditi, MD</td>
<td>Pathology and Lab. Medicine</td>
<td>Active Staff</td>
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</tbody>
</table>

**Focused Professional Practice Evaluation Review- Additional Privileges**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Status</th>
<th>Addl Priv</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrett, Bruce P., MD</td>
<td>Family Medicine</td>
<td>Active</td>
<td>Family Medicine Adult Core Privileges</td>
</tr>
</tbody>
</table>
New Applications—Medical Staff

Richard H. Beasley, Jr, DO, Active Staff

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

Ben E. Biesterveld, MD, Active Staff

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

Charles C. Chung, MD, Active Staff

Department of Obstetrics and Gynecology/General Ob & Gyn
- Medical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and medically treat patients presenting with disorders of the female urogenital tract. These privileges include, but are not limited to, pelvic endoscopic procedures; dilatation & curettage of the uterus, termination pregnancy, colposcopy and cervical biopsy, endometrial biopsy, gynecologic ultrasound, evaluation and treatment of incontinence; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Surgical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with benign and pre-malignant disorders of the female urogenital tract. These privileges include, but are not limited to, pelvic endoscopic procedures; dilatation & curettage of the uterus, termination pregnancy, colposcopy and cervical biopsy, endometrial biopsy, gynecologic ultrasound, evaluation and treatment of incontinence; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
Management of modalities that provide PEEP (CPAP, high flow nasal cannula), non-invasive ventilation, 
- Umbilical artery and vein catheterization, peripheral and cut-down arterial and venous line placement, central arterial and venous line placement, arterial and venous phlebotomy, bone marrow aspiration, exchange and partial exchange transfusion, intraosseous line placement, chest tube placement, abdominal paracentesis, thoracentesis, suprapubic bladder aspiration, , circumcision, oral or nasogastric tube placement, endotracheal intubation, laryngeal mask airway placement, pericardiocentesis, lumbar puncture, skin punch and muscle biopsy, cardioversion/defibrillation, I & D of abscess. Emergency cricothyrotomy. Wound and burn care including sutures, closed-fracture management.
- Management of modalities that provide PEEP (CPAP, high flow nasal cannula), non-invasive ventilation, mechanical ventilation, high frequency ventilation, T-piece. Inhaled medications (including surfactant
- Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat pregnant patients. These privileges include, but are not limited to, ultrasound; fetal monitoring; amniocentesis; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training.
- Emergency Obstetrics Core Privileges: Privileges to evaluate including performance of H&P, diagnose, manage, and surgically treat pregnant and post-partum patients admitted to UWHC. This does not permit admission for the primary purpose of obstetrical services, except when such admission is required by law in emergencies. These privileges include, but are not limited to, vaginal delivery; outlet forceps delivery; cesarean section; electronic fetal monitoring; D&C and/or uterine exploration and exploratory laparotomy for post-partum hemorrhage and supervision of residents, fellows and others in training.
- Use of surgical robot for procedures otherwise privileged to perform.

**Stacey L. Cole, MD, Active Staff**

**Department of Pediatrics/Genetics & Metabolism**

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

**Kelly M. Collins, MD, Active Staff**

**Department of Surgery/Transplant**

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

**Benjamin J. Damazo, MD, Active Staff**

**Department of Surgery/Fellow (Advanced 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

**Timothy G. Elgin, DO, Active Staff**

**Department of Pediatrics/Neonatology**

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

Matthew M. Goldsmith, 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.
- Joint Aspiration/Injection
- Paracentesis
- Thoracentesis
- Ventilator management on Intermediate Care patients

Jessica M. Gulliver, MD, Active Staff
Department of Pathology and Lab. Medicine

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

Allexa A. Hammond, MD, Active Staff
Department of Medicine/Cardiovascular Medicine

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

Laura B. Huffman, MD, Active Staff
Department of Obstetrics and Gynecology/Gynecologic Oncology

- Medical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and medically treat patients presenting with disorders of the female urogenital tract. These privileges include, but are not limited to, evaluation for gynecologic disease, screening for gynecologic cancers (including breast cancer), family planning and contraception, evaluation and treatment of endocrine dysfunction and infertility, termination pregnancy, colposcopy and cervical biopsy, endometrial biopsy, gynecologic ultrasound, evaluation and treatment of incontinence; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.
- Surgical Gynecology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with benign and pre-malignant disorders of the female urogenital tract. These privileges include, but are not limited to, pelvic endoscopic procedures; dilatation & curettage of the uterus; surgical termination pregnancy; surgical exploration of abdomen, major and minor abdomin al and vaginal surgical procedures, repair of simple injuries to the bladder or bowel, appendectomy, evaluation and treatment of incontinence; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Use of surgical laser
- Special competence - Gynecologic Oncology: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide surgical and therapeutic treatment to women with malignant diseases, including HeliOx and Nitric Oxide. Neonatal resuscitation. Hypothermia (including head and/or total body cooling), management of ECMO.
carcinomas of the cervix, uterus, vulva, and vagina. These privileges include, but are not limited to, microsurgery; venous access procedures; chemotherapy; use of surgical laser; pelvic exenteration; vulvectomy; performance of procedures on the bowel, ureters, urethra, and bladder; radical hysterectomy with lymph node dissection; skin grafts and myocutaneous flaps for reconstruction; splenectomy; and retroperitoneal surgery for cancer.

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

**Dana J. Irrer, MD, Active Staff**

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

**Michael J. Isaac, DDS, Active Staff**

**Department of Surgery/Plastic**

**ORAL & MAXILLOFACIAL SURGERY CORE PRIVILEGES** - All privileges include performance of history and physical.
- dentoalveolar and pre-prosthetic surgery
- treatment of maxillofacial lesions, cysts and benign tumors
- treatment of maxillofacial infections
- maxillofacial wounds and lacerations
- emergency tracheostomy
- secondary palatal cleft repair
- surgery of salivary glands and ducts (except parotid)
- maxillary sinus surgery
- facial fractures
- orthognathic surgery
- skin/mucosa/cartilage/bone/fat grafts including harvest
- temporomandibular joint surgery
- implants

**Amanda S. Jackson, MD, Active Staff**

**Department of Pediatrics/Bioethics and Child Abuse**
- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.

**Sarah A. Korger, MD, Active Staff**

**Department of Dermatology**
- Dermatology Core Privileges: Privileges to admit, evaluate, diagnose, consult, and treat patients presenting with illnesses and or injuries of the integumentary system. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, excision or other means of removal (including by liposuction) of benign and malignant lesions; curettage; electrosurgery; liquid nitrogen cryosurgery of the skin and other appropriate lesions; nail surgery; actinotherapy treatments (phototherapy - e.g. PUVA); collagen implantation; injectable fillers; Botox injections; dermabrasion; chemical peels; laser treatments; sclerotherapy; dermatopathology; flaps and grafts; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

**Evan W. Kourtjian, MD, Active Staff**

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

Christopher P. Lindsay, MD, Active Staff
Department of Orthopedics and Rehabilitation/Fellow (Spine Surgery)
• Orthopedic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the musculoskeletal system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training. supervision of physician assistants with prescriptive authority
• Fluoroscopy

David P. Martin, II, MD, Active Staff
Department of Orthopedics and Rehabilitation/Fellow (Joint Replacement)
• Orthopedic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries and disorders of the musculoskeletal system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; and supervision of residents, fellows and others in training. supervision of physician assistants with prescriptive authority
• Fluoroscopy

Ashley B. Mohan, DO, Active Staff
Department of Orthopedics and Rehabilitation/Rehab Medicine
• Rehabilitation Medicine Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with acute or chronic neuromuscular disease or disabilities. These privileges include, but are not limited to, anesthetic nerve block; arthrocentesis, electrodiagnosis, injection of neuromuscular block; neurolytic nerve block; soft tissue injection; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training.

Neil K. Munjal, MD, Active Staff
Department of Pediatrics/Critical Care
• Pediatric Critical Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat infants, children and adolescents in need of critical care. These privileges include, but are not limited to, endotracheal tube intubation; moderate (conscious) sedation; central venous line placement; peripherally inserted central cathether placement (PICC); arterial (peripheral/central) line placement; pleurocentesis; pericardiocentesis; chest tube placement; cardioversion; ventilator management; high frequency/oscillatory ventilation; pulmonary artery cathether placement and management; management of extracorporeal membrane oxygenation (ECMO); and supervision of residents, fellows, and others in training.
• Point of Care Ultrasound

Jessica A. Musto, MD, Active Staff
Department of Medicine/Gastroenterology & Hepatology
• Internal Medicine/Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients with medical illnesses. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture, thoracentesis, paracentesis, arterial line insertion, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue injection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, and perform waived laboratory testing not requiring an instrument; including but not limited to fecal occult blood, urine dipstick, and pH by paper methods and supervision of residents, fellows, and others in training.
• Gastroenterology and Hepatology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the alimentary tract and associated organs. These privileges include, but are not limited to, diagnostic upper gastrointestinal endoscopy; therapeutic upper gastrointestinal endoscopy (treatment of bleeding lesions, sclerotherapy or banding of esophageal or proximal gastric varices, removal of foreign bodies, removal of polypoid lesions, dilation of stenotic lesions with transendoscopic balloon dilators or dilating systems with guidewires, palliative treatment of stenosing neoplasms); colonoscopy with polypectomy; liver biopsy; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
• Upper Gastrointestinal and Enteric: Endoscopic injection of botulism toxin for achalasia
• Upper Gastrointestinal and Enteric: Percutaneous endoscopic gastrostomy (PEG) or jejunostomy (JEG) placement
Bryan Dustin Pooler, MD, Active Staff
Department of Radiology/Community Radiology
- 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, angiograms 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.
- Abdominal Imaging: Including but not limited to Image guided analysis for surgery, biopsy or treatment planning using any imaging modality; Image guided spinal and/or paraspinal injection, aspiration, biopsy, ablation; guided needle, biopsy, ablation, drainage or aspiration; Image guided catheter placement; Image guided ablation and/or operative imaging of thoracolumbar or pelvic neoplasms.

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

Kristen L. Seligman, MD, Active Staff
Department of Surgery/Fellow (Advanced 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

Teresa M. Soldner, MD, Active Staff
Department of Surgery/Acute Care and Regional General
- General Surgery Core Privileges: Privileges to 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. Note: No Independent Privileges OUTSIDE the Emergency Room and No Inpatient/Admitting Privileges

Jackson G. Turbeville, MD, Active Staff
Department of Dermatology
- Dermatology Core Privileges: Privileges to admit, evaluate, diagnose, consult, and treat patients presenting with illnesses and or injuries of the integumentary system. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, excision or other means of removal (including by liposuction) of benign and malignant lesions; curettage; electrosurgery; liquid nitrogen cryosurgery of the skin and other appropriate lesions; nail surgery; actinotherapy treatments (phototherapy - e.g. PUVA); collagen implantation; injectable fillers; Botox injections; dermabrasion; chemical peels; laser treatments; sclerotherapy; dermatopathology; flaps and grafts; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Muhammad Usman, 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
  • Paracentesis

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

Matthew W. Wood, 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
  • Paracentesis
  • Thoracentesis
  • Ventilator management on Intermediate Care patients
  • Adult Moderate Sedation

Maryam Zamanian, 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.

New Applications—Advanced Practice Providers
Alexandra L. DiFulvio, NP, Advance Practice Nurse
Department of Psychiatry/General
  • Psychiatry (Adult) Core Privileges: Privileges to promote health, prevent disease, assess/evaluate including performance of H & P, diagnose, consult and manage adolescent and adult patients with mental, behavioral or emotional disorders in inpatient and outpatient settings in collaboration with physician members of the medical staff. These privileges also include ordering respiratory therapy and blood product ordering.
  • Prescriptive authority

Sarah M. Katterheinrich, NP, Advance Practice Nurse
Department of Radiology/Interventional Radiology
  • 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 Interventional Radiology Core Privileges: Privileges to manage and treat patients in need of Interventional Radiology related care.
  • Prescriptive Authority

Danielle R. Klotz, PA, Physician Assistant
Department of Emergency Medicine
  • General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage,
prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.

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

**Lauren R. Mueth, PA, Physician Assistant**

**Department of Medicine/Cardiovascular Medicine**

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.

- **PA Cardiovascular Medicine Core Privileges:** Privileges to manage and treat patients with cardiovascular disease.
- **Prescriptive Authority**

**Larissa L. Reinen, NP, Advance Practice Nurse**

**Department of Medicine/General Internal Medicine**

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

- **NP General Internal Medicine Core Privileges:** Privileges to manage and treat patients with general internal medicine injuries or diseases.
- **Prescriptive Authority**

**Chloe C. Smith, PA, Physician Assistant**

**Department of Surgery/Vascular**

- 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 Peripheral Vascular Surgery Core Privileges:** Privileges to manage and treat patients with peripheral vascular disease and related issues.
- **Prescriptive Authority**

**Joey L. Thims, NP, Advance Practice Nurse**

**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, injections, 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.

- **NP Critical Care Core Privileges:** Privileges to manage and treat patients in need of critical care.
- **Prescriptive Authority**

**Julie L. Van Asten, CRNA, Advance Practice Nurse**

**Department of Anesthesiology/General**

- 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.

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**Additional Privileges--Advanced Practice Providers**

**Isabelle R. Anderson, PA**

**Department of Surgery/Cardiothoracic**

- Chest Tube Removal
- Epicardial Pacemaker Wire Removal

**Sarah B. Hittner, PA**

**Department of Surgery/Surgical Oncology**

- Minor skin/subcutaneous procedures
Victoria K. Murdoch, PA  
Department of Radiology/Interventional Radiology
- G-Tube Change

**Status Changes**

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

Jennifer L. Jones, PA, Physician Assistant  
Transfer to Department of Pediatrics/Gastroenterology
- PA Pediatric Gastroenterology Core Privileges: Privileges to manage and treat pediatric patients with documented or possible disorders of the stomach, intestine, and related structures and adult patients with pediatric gastrointestinal diseases.

Ryan W. Lange, PA, Physician Assistant  
Transfer to Department of Medicine/Cardiovascular Medicine
- PA Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.

Michael A. Maher, NP, Advance Practice Nurse  
Transfer to Department of Medicine/Geriatrics (SNF)
- NP Long Term Care Core Privileges: Privileges to manage and treat patients at long term care facilities.

**Focused Professional Practice Evaluation Review**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
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</thead>
<tbody>
<tr>
<td>Berka, Ashley N., NP</td>
<td>ObGyn/Maternal Fetal Medicine</td>
<td>APN</td>
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<tr>
<td>Crocetti, Daniel P., PA</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>PA</td>
</tr>
<tr>
<td>Dinnall, Christina M., NP</td>
<td>Pediatrics/Neonatology</td>
<td>APN</td>
</tr>
<tr>
<td>Gibson, Joy C., NP</td>
<td>Surgery/Cardiothoracic</td>
<td>APN</td>
</tr>
<tr>
<td>Kallan, Jamie E., MD</td>
<td>Pathology and Lab. Medicine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Ladner, Allison M., NP</td>
<td>Obstetrics and Gynecology/General Ob &amp; Gyn</td>
<td>APN</td>
</tr>
<tr>
<td>Olson, Jessica J., NP</td>
<td>Neurology/Pediatric Neurology</td>
<td>APN</td>
</tr>
<tr>
<td>Pappas, Kelly H., NP</td>
<td>ObGyn/Maternal Fetal Medicine</td>
<td>APN</td>
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<tr>
<td>Ries, Autumn R., NP</td>
<td>Surgery/Cardiothoracic</td>
<td>APN</td>
</tr>
<tr>
<td>Thomas, Valerie R., NP</td>
<td>Neurological Surgery</td>
<td>APN</td>
</tr>
<tr>
<td>Wang, Katherine A., MD</td>
<td>Medicine/Geriatrics</td>
<td>Active Staff</td>
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</tbody>
</table>

**Focused Professional Practice Evaluation Review- Additional Privileges**

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

<table>
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<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Status</th>
<th>Addl Priv</th>
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<tbody>
<tr>
<td>Beversdorf, Alexa R., NP</td>
<td>Neurology/Pediatric Neurology</td>
<td>APN</td>
<td>Lumbar Puncture</td>
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<tr>
<td>Hirekatur, Ravi S., MD</td>
<td>Family Medicine</td>
<td>Active</td>
<td>Family Medicine Adult Core Privileges and Family Medicine</td>
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<td>Pediatric Core Privileges.</td>
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<tr>
<td>Nelson, Kari L., NP</td>
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<tr>
<td>Surgery/Cardiothoracic</td>
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<td>APN</td>
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<tr>
<td>VAD Management</td>
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</table>
The Medical Board, upon the recommendation of the Credentials committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: August 26, 2022
Medical Board: September 8, 2022

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

**New Applications—Medical Staff**

**Kelly M. Brooks, MD, Active Staff**
Department of Family Medicine and Community Health

- Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, suturing of uncomplicated lacerations; arthrocentesis; I&D of abscess; simple skin biopsy or excision; removal of nonpenetrating corneal foreign body; uncomplicated minor closed fractures (not involving traction or major manipulation); uncomplicated dislocations; diagnostic endometrial sampling; peripheral intravenous cannulation; peripheral arterial puncture; lumbar puncture; preoperative care of surgical patients; postoperative medical care of surgical patients; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine 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.

**Carmen M. Campbell, MD, Active Staff**
Department of Medicine/Rheumatology

- Rheumatology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat adult patients presenting with rheumatologic disorders. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, diagnostic or therapeutic aspiration or injection of joints, bursae, and tenosynovial structures; percutaneous needle biopsy of the synovium, muscle, and adipose tissue; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.

**Daniel Y. Cho, MD, Active Staff**
Department of Surgery/Plastic

- Plastic Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with both congenital and acquired defects of the body’s soft tissue and skeleton, including functional and aesthetic management; performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care
of patients via telemedicine.

- Use of surgical laser
- Fluoroscopy

**Andrew J. Davis, 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
- Ventilator management on Intermediate Care patients

**Hallum K. Dickens, IV, MD, Active Staff**

**Department of Family Medicine and Community Health**

- Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, suturing of uncomplicated lacerations; arthrocentesis; I&D of abscess; simple skin biopsy or excision; removal of nonpenetrating corneal foreign body; uncomplicated minor closed fractures (not involving traction or major manipulation); uncomplicated dislocations; diagnostic endometrial sampling; peripheral intravenous cannulation; peripheral arterial puncture; lumbar puncture; preoperative care of surgical patients; postoperative medical care of surgical patients; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine 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
- Ventilator management on Intermediate Care patients

**Kleitia Dida, 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.

**Taylor R. House, MD, Active Staff**

**Department of Pediatrics/Nephrology**

- Pediatric Nephrology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat infants, children, and adolescents with documented or possible nephrologic disease. These privileges include, but are not limited to, hemodialysis; peritoneal dialysis; hemofiltration; kidney biopsy; paracentesis; peritoneal dialysis catheter placement; hemodialysis catheter placement; provision of immediate and longitudinal care for adults previously treated for pediatric nephrology conditions; and supervision of residents, fellows, and others in training.

**Rory J. Makielski, MD, Active Staff**

**Department of Medicine/Hematology/Oncology**

- 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.

**Bradley T. Nix, MD, Active Staff**

**Department of Neurology**

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

**Lauren B. Nosanov, MD, Active Staff**

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

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

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

- Use of surgical laser
- Advanced ventilator management
- Adult Moderate Sedation at all UWHCA locations

**Rebecca M. Richards, MD, Active Staff**

**Department of Pediatrics/Hematology/Oncology**

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

- Lumbar puncture; punch biopsy of the skin; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.

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

- cranial access devices for patients with CNS malignancies; procedure of immediate and longitudinal care for adults previously treated for pediatric hematologic or oncologic disease; and supervision of residents, fellows and others in training.

**Peter M. Stanko, MD, Active Staff**

**Department of Medicine/Gastroenterology & Hepatology**

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

- Gastroenterology and Hepatology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the alimentary tract and associated organs. These privileges include, but are not limited to, diagnostic upper gastrointestinal endoscopy; therapeutic upper gastrointestinal endoscopy (treatment of bleeding lesions, sclerotherapy or banding of esophageal or proximal
gastric varices, removal of foreign bodies, removal of polypoid lesions, dilation of stenotic lesions with transendoscopic balloon dilators or dilating systems with guidewires, palliative treatment of stenosing neoplasms; colonoscopy with polypectomy; liver biopsy; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Adult Moderate Sedation at all UWHCA locations

**Kurtis J. Swanson, MD, Active Staff**

**Department of Medicine/Nephrology**

- Nephrology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with illnesses, injuries, and disorders of the kidneys. These privileges include care of patients via telemedicine. These privileges include, but are not limited to, placement of temporary vascular access for hemodialysis; central venous catheter insertion for access; management of acute and chronic hemodialysis; placement of (temporary and permanent) catheter for peritoneal dialysis; management of peritoneal dialysis; continuous renal replacement therapy; initiation and supervision of continuous ultrafiltration/dialysis; supervision of advanced practice providers; and supervision of residents, fellows, and others in training.

- Percutaneous needle biopsy of the kidney

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

**Daniel S. Towns, DO, Active Staff**

**Department of Psychiatry**

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

**Jordan L. Ward, MD, Active Staff**

**Department of Obstetrics and Gynecology/General Ob & Gyn**

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

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

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

**Gary J. Wendt, 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.

**Jo L. Wilson, MD, Active Staff**

**Department of Pediatrics/Allergy/Immunology**

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**Page 38 of 57**
• Pediatric Allergy/Immunology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and treat infants, children and adolescents with documented or possible allergic or immunologic diseases. These privileges include, but are not limited to, allergy and immunotherapy; bronchoprovocation testing; skin testing; provision of immediate and longitudinal care for adults previously treated for pediatric allergy or immunologic diseases; and supervision of residents, fellows and others in training.

**Additional Privileges—Medical Staff**

Deborah P. Wubben, MD  
**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.

**Reinstatments—Medical Staff**

Kim J. Miller, MD, Active Staff  
**Department of Obstetrics and Gynecology/General Ob & Gyn**

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

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

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

**Status Changes**

Premraj Makkuni, 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, cardiovascular; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

• Cardiac Imaging: Transthoracic echocardiography  
• Cardiac Imaging: Transesophageal echocardiography  
• Cardiac Imaging: Stress echocardiography  
• Cardiac Imaging: Nuclear Cardiology  
• Adult Moderate Sedation at all UWHCA locations

**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>Amleshi, Parisa, MD</td>
<td>Medicine/General Internal Medicine</td>
<td>Active Staff</td>
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<tr>
<td>Chen, Laura P., MD</td>
<td>Pediatrics/Hospital Medicine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Gahvari, Zhubin J., MD</td>
<td>Medicine/Hematology/Oncology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Jina, Nimira, MD</td>
<td>Medicine/Geriatrics</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Utrie, Gina A., MD</td>
<td>Medicine/General Internal Medicine</td>
<td>Active Staff</td>
</tr>
</tbody>
</table>
Attachment

Executive Summary - UW Health Non-Voting Liaisons to the UnityPoint Health-Meriter Board of Directors

September 21, 2022
EXECUTIVE SUMMARY

DATE: September 21, 2022

RE: UW Health Non-Voting Liaisons to the UnityPoint Health-Meriter Board of Directors

Dear UWHCA Board of Directors,

Per the UW Health / UnityPoint Health-Meriter (“UPH-M” or “Meriter”) Joint Operating Agreement, each organization has the right to appoint a board member and alternate to serve as non-voting liaisons on the other organization’s board.

Currently, Mr. Pablo Sanchez and Regent Amy Bogost serve as the UW Health non-voting liaison and alternate liaison, respectively, to the Meriter Board. Mr. Sanchez’s term will end September 2022, thus creating a vacancy for the UW Health non-voting liaison to the Meriter Board as part of this transition.

UW Health leadership recommends Regent Bogost to serve as the UW Health non-voting liaison and Dr. Alan Kaplan to serve as the UW Health non-voting alternate liaison to the Meriter Board effective October 1, 2022, and is requesting approval of the attached resolution (Approvals of UW Health Non-Voting Liaisons to UnityPoint Health-Meriter Board of Directors).

Thank you.
Attachment

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

September 21, 2022
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approvals of UW Health Non-Voting Liaisons to
UnityPoint Health-Meriter Board of Directors

September 21, 2022

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“Authority”) including its affiliate, the University of Wisconsin Medical Foundation, Inc. (“UWMF” and collectively with the Authority, “UW Health”) and Iowa Health System, doing business as UnityPoint Health, including its affiliates, Meriter Health Services, Inc., Meriter Hospital, Inc., doing business as UnityPoint Health – Meriter (“UPH-M”), and Iowa Physicians Clinic Medical Foundation, doing business as UnityPoint Clinic and UnityPoint at Home (collectively, “UPH Parties”) entered into a Joint Operating Agreement dated July 1, 2017 (“JOA”), pursuant to which UW Health assumed strategic directional control over certain activities and operations of the UPH Parties in the Dane County and surrounding region; and

WHEREAS, Section 5.1 of the JOA provides that UW Health shall have the right to appoint one (1) member of the Authority Board of Directors (“Authority Board”) or the Authority Chief Executive Officer to act as a non-voting liaison with the UPH-M Board of Directors (“UWH Representative”), and one (1) member of the Authority Board or the Authority Chief Executive Officer to act as an alternate non-voting liaison in the event the UWH Representative is unable to attend a properly noticed UPH-M Board meeting (the “UWH Representative Alternate”), with such appointments to be effective upon Closing; and

WHEREAS, Regent Amy Bogost (“Regent Bogost”) currently serves as the UWH Representative Alternate but the Authority management recommends her appointment as the UWH Representative replacing Mr. Pablo Sanchez and recommends Dr. Alan Kaplan (“Dr. Kaplan”), the Authority Chief Executive Officer, to serve as the UWH Representative Alternate; and

WHEREAS, the Authority Board designates the appointment of Regent Bogost as the UWH Representative, and Dr. Kaplan as the UWH Representative Alternate effective October 1, 2022.

NOW, THEREFORE BE IT RESOLVED, the Authority Board hereby approves the designation and appointment of Regent Bogost as UWH Representative and Dr. Kaplan as UWH Representative Alternate effective October 1, 2022; and

FURTHER RESOLVED, that the UWHCA Chief Executive Officer, and his delegates are hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolutions and any and all acts heretofore taken by the UWHCA Chief Executive Officer, or his delegates in connection with the foregoing resolutions are hereby ratified and confirmed.
<table>
<thead>
<tr>
<th></th>
<th>Actual Jul- FY23</th>
<th>Plan Jul- FY23</th>
<th>Variance vs. Plan Jul- FY22</th>
<th>Variance vs. PY Jul- FY22</th>
<th>Var. %</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL OPERATING REVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NET PATIENT SERVICE REVENUE</td>
<td>343,000,246</td>
<td>343,741,505</td>
<td>(741,259)</td>
<td>18,532,592</td>
<td>(11)%</td>
<td></td>
</tr>
<tr>
<td>OTHER OPERATING REVENUES</td>
<td>4,551,080</td>
<td>7,030,237</td>
<td>(2,479,157)</td>
<td>5,222,752</td>
<td>-35%</td>
<td>-13%</td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUES, NET</td>
<td>347,551,326</td>
<td>350,771,742</td>
<td>(3,220,416)</td>
<td>32,690,406</td>
<td>-1%</td>
<td>5%</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALARIES AND BENEFITS</td>
<td>193,308,687</td>
<td>196,002,323</td>
<td>(2,693,636)</td>
<td>15,861,030</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>PURCHASED SERVICES AND AGENCY COSTS</td>
<td>27,525,436</td>
<td>27,736,734</td>
<td>(211,298)</td>
<td>18,800,885</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>MEDICAL MATERIALS AND SUPPLIES</td>
<td>25,581,906</td>
<td>25,548,493</td>
<td>33,413</td>
<td>23,427,071</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>53,851,618</td>
<td>52,762,743</td>
<td>10,088,875</td>
<td>54,006,927</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>FACILITIES AND EQUIPMENT</td>
<td>13,989,215</td>
<td>15,700,683</td>
<td>(1,711,468)</td>
<td>17,328,828</td>
<td>-1%</td>
<td>-19%</td>
</tr>
<tr>
<td>DEPRECIATION AND AMORTIZATION</td>
<td>12,915,916</td>
<td>13,402,448</td>
<td>(486,532)</td>
<td>9,304,878</td>
<td>39%</td>
<td></td>
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<tr>
<td>INTEREST EXPENSE</td>
<td>3,777,793</td>
<td>3,779,983</td>
<td>(2,190)</td>
<td>2,132,895</td>
<td>0%</td>
<td>77%</td>
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<tr>
<td>PUBLIC AID ASSESSMENT</td>
<td>5,350,613</td>
<td>5,442,700</td>
<td>(92,087)</td>
<td>5,100,371</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>3,179,383</td>
<td>1,328,873</td>
<td>1,850,510</td>
<td>1,057,450</td>
<td>139%</td>
<td>201%</td>
</tr>
<tr>
<td>NONOPERATING EXPENSES - ACADEMIC SUPPORT</td>
<td>6,078,202</td>
<td>6,088,396</td>
<td>(10,194)</td>
<td>6,029,446</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>345,558,769</td>
<td>347,793,376</td>
<td>(2,234,607)</td>
<td>314,636,408</td>
<td>-1%</td>
<td>10%</td>
</tr>
<tr>
<td>INCOME FROM OPERATIONS</td>
<td>1,992,557</td>
<td>2,978,366</td>
<td>(985,809)</td>
<td>15,053,998</td>
<td>-33%</td>
<td>-87%</td>
</tr>
<tr>
<td>NON-OPERATING REVENUE/EXPENSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</td>
<td>65,753,258</td>
<td>-</td>
<td>65,753,258</td>
<td>0%</td>
<td>5,824,660</td>
<td>59,928,598</td>
</tr>
<tr>
<td>INVESTMENT INCOME</td>
<td>1,814,173</td>
<td>4,053,715</td>
<td>(2,239,542)</td>
<td>2,712,131</td>
<td>-55%</td>
<td>-33%</td>
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<tr>
<td>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</td>
<td>(401,766)</td>
<td>854,350</td>
<td>(1,256,116)</td>
<td>4,382,311</td>
<td>-147%</td>
<td>112,036</td>
</tr>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td>
<td>(224,909)</td>
<td>(224,909)</td>
<td>(224,909)</td>
<td>(112,873)</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>OTHER, NET</td>
<td>1,710,766</td>
<td>870,833</td>
<td>839,933</td>
<td>275,633</td>
<td>96%</td>
<td>521%</td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>68,651,522</td>
<td>5,778,689</td>
<td>62,872,624</td>
<td>13,081,862</td>
<td>1088%</td>
<td>55,569,660</td>
</tr>
<tr>
<td>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>70,644,079</td>
<td>8,757,264</td>
<td>61,886,815</td>
<td>28,135,860</td>
<td>707%</td>
<td>42,508,219</td>
</tr>
</tbody>
</table>
### Enterprise-wide July 31, 2022 Preliminary Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>ACO/Isthmus</th>
<th>Total UWHCA and</th>
<th>Discrete Components</th>
<th>UW Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UWMF</td>
<td></td>
<td>Consolidated</td>
</tr>
<tr>
<td><strong>Cash &amp; Investments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,610,132,981</td>
<td>438,250,529</td>
<td>6,391,716</td>
<td>2,054,775,226</td>
<td>492,507,499</td>
<td>2,547,282,725</td>
</tr>
<tr>
<td>Restricted by Trustee &amp; Donors</td>
<td>379,263,409</td>
<td>-</td>
<td>-</td>
<td>379,263,409</td>
<td>-</td>
<td>379,263,409</td>
</tr>
<tr>
<td><strong>Accounts Receivable</strong></td>
<td>398,152,129</td>
<td>78,206,682</td>
<td>-</td>
<td>476,358,811</td>
<td>79,828,361</td>
<td>556,187,172</td>
</tr>
<tr>
<td><strong>Property, Plant &amp; Equipment, Net</strong></td>
<td>862,230,646</td>
<td>108,299,306</td>
<td>6,059</td>
<td>970,536,011</td>
<td>417,206,815</td>
<td>1,376,296,037</td>
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<tr>
<td><strong>Other Assets &amp; Deferred Outflows of Resources</strong></td>
<td>1,289,017,947</td>
<td>104,722,616</td>
<td>476,050</td>
<td>1,255,363,443</td>
<td>90,360,931</td>
<td>1,105,151,246</td>
</tr>
<tr>
<td><strong>Total Assets &amp; Deferred Outflows of Resources</strong></td>
<td><strong>$4,538,797,112</strong></td>
<td><strong>$729,479,133</strong></td>
<td><strong>$6,873,825</strong></td>
<td><strong>$5,136,296,900</strong></td>
<td><strong>$1,079,903,606</strong></td>
<td><strong>$5,964,180,589</strong></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td>463,855,890</td>
<td>277,061,559</td>
<td>521,897</td>
<td>608,938,104</td>
<td>176,495,743</td>
<td>777,593,009</td>
</tr>
<tr>
<td><strong>Long-term Debt &amp; Deferred Inflows of Resources</strong></td>
<td>1,857,410,828</td>
<td>69,316,643</td>
<td>-</td>
<td>1,926,727,471</td>
<td>303,243,757</td>
<td>2,002,590,995</td>
</tr>
<tr>
<td><strong>Net Position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>2,111,091,393</td>
<td>383,100,931</td>
<td>6,351,928</td>
<td>2,494,192,324</td>
<td>592,578,145</td>
<td>3,069,971,623</td>
</tr>
<tr>
<td>Restricted</td>
<td>106,439,001</td>
<td>-</td>
<td>-</td>
<td>106,439,001</td>
<td>7,585,961</td>
<td>114,024,962</td>
</tr>
<tr>
<td><strong>Total Liabilities, Deferred Inflows of Resources &amp; Net Position</strong></td>
<td><strong>$4,538,797,112</strong></td>
<td><strong>$729,479,133</strong></td>
<td><strong>$6,873,825</strong></td>
<td><strong>$5,136,296,900</strong></td>
<td><strong>$1,079,903,606</strong></td>
<td><strong>$5,964,180,589</strong></td>
</tr>
</tbody>
</table>

Elimination Entries are not displayed but are part of the Consolidated Numbers
### Healthcare System Industry Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Favorable Direction</th>
<th>FY 23</th>
<th>S&amp;P &quot;AA-&quot; Rated (1)</th>
<th>Moodys &quot;Aa3&quot; Rated (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin*</td>
<td>↑</td>
<td>0.6%</td>
<td>1.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total Margin</td>
<td>↑</td>
<td>17.0%</td>
<td>4.1%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>↑</td>
<td>242</td>
<td>287</td>
<td>299</td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>↓</td>
<td>46</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>↓</td>
<td>27.2%</td>
<td>26.9%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>↑</td>
<td>5.4%</td>
<td>7.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>↑</td>
<td>221.6%</td>
<td>237.3%</td>
<td>280.2%</td>
</tr>
</tbody>
</table>

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

** average for 12 months

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

(2) Moody’s 2020 financial ratios based on 32 "Aa3" rated hospitals. Based on 2020 audited financials.
Key Takeaways for Preliminary July 2022

-Surgical Volumes in the system were unfavorable to budget and prior year. Admissions, patient days, and ED visits were favorable to budget.

-We saw net revenues coming in $3.2M unfavorable to budget, split between patient care revenues and other operating revenue.

-Expense were favorable to budget by $2.2M. There were several factors contributing to this for July. The main contributing factors were salary & benefits favorable to budget by $2.7M.

-On the non-operating side, we saw favorable results compared to budget, with an unrealized gain on investments of $65.8M.
UW Health Current Month Operating Margin – August 31, 2022

UWH-Madison/ACO/Isthmus

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>UWHNI /RDI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.7%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.8%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>Total*</td>
<td>1.6%</td>
<td>1.3%</td>
<td></td>
</tr>
</tbody>
</table>

4.9% 5.0% 4.8%
### Summary of Enterprise-wide Month of August 31, 2022 Preliminary Operating Results

#### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Actual Aug- FY23</th>
<th>Plan Aug- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Aug- FY22</th>
<th>Plan vs. PY</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL OPERATING REVENUES, NET</td>
<td>350,936,753</td>
<td>352,982,951</td>
<td>(2,046,198)</td>
<td>-1%</td>
<td>326,811,400</td>
<td>24,125,353</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

#### TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual Aug- FY23</th>
<th>Plan Aug- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Aug- FY22</th>
<th>Plan vs. PY</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>345,398,917</td>
<td>348,517,842</td>
<td>(3,118,925)</td>
<td>-1%</td>
<td>311,157,873</td>
<td>34,241,044</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>SALARIES AND BENEFITS</td>
<td>195,375,309</td>
<td>195,208,310</td>
<td>166,999</td>
<td>0%</td>
<td>173,290,150</td>
<td>22,085,159</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>PURCHASED SERVICES AND AGENCY COSTS</td>
<td>24,348,863</td>
<td>27,847,379</td>
<td>(3,498,516)</td>
<td>-13%</td>
<td>20,686,302</td>
<td>3,662,561</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>MEDICAL MATERIALS AND SUPPLIES</td>
<td>26,613,554</td>
<td>26,031,243</td>
<td>582,311</td>
<td>2%</td>
<td>24,396,653</td>
<td>2,216,901</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>57,961,506</td>
<td>53,440,938</td>
<td>4,520,568</td>
<td>8%</td>
<td>50,365,470</td>
<td>7,596,036</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>FACILITIES AND EQUIPMENT</td>
<td>11,106,501</td>
<td>15,752,564</td>
<td>(4,646,063)</td>
<td>-29%</td>
<td>17,024,387</td>
<td>(5,917,886)</td>
<td>-35%</td>
<td></td>
</tr>
<tr>
<td>DEPRECIATION AND AMORTIZATION</td>
<td>12,836,067</td>
<td>13,433,029</td>
<td>(596,962)</td>
<td>-4%</td>
<td>9,232,152</td>
<td>3,603,915</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>INTEREST EXPENSE</td>
<td>3,946,131</td>
<td>3,749,615</td>
<td>196,516</td>
<td>5%</td>
<td>2,093,599</td>
<td>1,852,532</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>PUBLIC AID ASSESSMENT</td>
<td>5,405,679</td>
<td>5,442,700</td>
<td>(37,021)</td>
<td>-1%</td>
<td>5,179,094</td>
<td>226,585</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>1,779,188</td>
<td>1,523,667</td>
<td>255,521</td>
<td>17%</td>
<td>2,882,791</td>
<td>(1,103,603)</td>
<td>-38%</td>
<td></td>
</tr>
<tr>
<td>NONOPERATING EXPENSES - ACADEMIC SUPPORT</td>
<td>6,026,119</td>
<td>6,088,397</td>
<td>(62,278)</td>
<td>-1%</td>
<td>6,007,275</td>
<td>18,844</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>TOTAL NONOPERATING EXPENSES</td>
<td>34,398,197</td>
<td>34,517,842</td>
<td>(118,925)</td>
<td>-1%</td>
<td>31,157,873</td>
<td>34,241,044</td>
<td>11%</td>
<td></td>
</tr>
</tbody>
</table>

#### INCOME FROM OPERATIONS

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCOME FROM OPERATIONS</td>
<td>5,537,836</td>
<td>1,072,727</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>15,653,527</td>
<td>(10,115,691)</td>
<td>-65%</td>
</tr>
</tbody>
</table>

#### NON-OPERATING REVENUE/EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>Actual Aug- FY23</th>
<th>Plan Aug- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Aug- FY22</th>
<th>Plan vs. PY</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</td>
<td>(38,634,786)</td>
<td>(38,634,961)</td>
<td>-220,77121%</td>
<td>-310%</td>
<td>18,381,398</td>
<td>(57,016,184)</td>
<td>-310%</td>
<td></td>
</tr>
<tr>
<td>INVESTMENT INCOME</td>
<td>(5,092,038)</td>
<td>(9,145,578)</td>
<td>-226%</td>
<td>-203%</td>
<td>4,944,663</td>
<td>(10,036,701)</td>
<td>-203%</td>
<td></td>
</tr>
<tr>
<td>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</td>
<td>860,900</td>
<td>860,467</td>
<td>198722%</td>
<td>-27%</td>
<td>1,184,383</td>
<td>(323,483)</td>
<td>-27%</td>
<td></td>
</tr>
<tr>
<td>NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td>
<td>558,634</td>
<td>558,634</td>
<td>0%</td>
<td>436%</td>
<td>104,130</td>
<td>454,504</td>
<td>436%</td>
<td></td>
</tr>
<tr>
<td>OTHER, NET</td>
<td>653,674</td>
<td>870,407</td>
<td>(216,733)</td>
<td>-25%</td>
<td>501,964</td>
<td>151,710</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>(41,653,616)</td>
<td>(49,524,555)</td>
<td>7,868,717</td>
<td>-94%</td>
<td>25,115,368</td>
<td>(76,770,154)</td>
<td>-266%</td>
<td></td>
</tr>
<tr>
<td>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>(36,115,780)</td>
<td>(45,505,444)</td>
<td>9,389,664</td>
<td>-485%</td>
<td>40,770,065</td>
<td>(76,885,845)</td>
<td>-189%</td>
<td></td>
</tr>
</tbody>
</table>
### Summary of Enterprise-wide YTD of August 31, 2022 Preliminary Operating Results

#### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th>Actual</th>
<th>Plan</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug- FY23</td>
<td>Aug- FY23</td>
<td>vs. Plan</td>
<td>vs. Plan</td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUE</td>
<td>698,488,081</td>
<td>703,764,696</td>
<td>(5,276,615)</td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUES, NET</td>
<td>656,501,806</td>
<td>41,986,275</td>
<td>6%</td>
</tr>
</tbody>
</table>

#### TOTAL OPERATING EXPENSES

<table>
<thead>
<tr>
<th>Actual</th>
<th>Plan</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug- FY23</td>
<td>Aug- FY23</td>
<td>vs. Plan</td>
<td>vs. Plan</td>
</tr>
<tr>
<td>SALARIES AND BENEFITS</td>
<td>388,683,997</td>
<td>391,210,638</td>
<td>(2,526,641)</td>
</tr>
<tr>
<td>PURCHASED SERVICES AND AGENCY COSTS</td>
<td>51,874,298</td>
<td>55,586,283</td>
<td>(3,711,985)</td>
</tr>
<tr>
<td>MEDICAL MATERIALS AND SUPPLIES</td>
<td>52,195,460</td>
<td>51,323,033</td>
<td>872,427</td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>111,813,125</td>
<td>106,203,681</td>
<td>5,609,444</td>
</tr>
<tr>
<td>FACILITIES AND EQUIPMENT</td>
<td>25,095,717</td>
<td>31,453,246</td>
<td>(6,357,529)</td>
</tr>
<tr>
<td>DEPRECIATION AND AMORTIZATION</td>
<td>25,721,958</td>
<td>26,835,475</td>
<td>(1,113,517)</td>
</tr>
<tr>
<td>INTEREST EXPENSE</td>
<td>7,723,924</td>
<td>7,529,598</td>
<td>194,326</td>
</tr>
<tr>
<td>PUBLIC AID ASSESSMENT</td>
<td>10,756,292</td>
<td>10,885,400</td>
<td>(129,108)</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>4,958,570</td>
<td>3,109,244</td>
<td>1,849,326</td>
</tr>
<tr>
<td>NONOPERATING EXPENSES - ACADEMIC SUPPORT</td>
<td>12,104,319</td>
<td>12,176,795</td>
<td>(72,476)</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>690,927,290</td>
<td>696,313,393</td>
<td>(5,386,103)</td>
</tr>
</tbody>
</table>

#### INCOME FROM OPERATIONS

<table>
<thead>
<tr>
<th>Actual</th>
<th>Plan</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug- FY22</td>
<td>Aug- FY22</td>
<td>vs. PY</td>
<td>vs. PY</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>28,673,862</td>
<td>20,716,505</td>
<td>7,957,357</td>
</tr>
</tbody>
</table>

#### NON-OPERATING REVENUE/EXPENSES

<table>
<thead>
<tr>
<th>Actual</th>
<th>Plan</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</td>
<td>27,118,472</td>
<td>350</td>
<td>27,118,122</td>
</tr>
<tr>
<td>INVESTMENT INCOME</td>
<td>3,277,865</td>
<td>8,107,079</td>
<td>(11,840,944)</td>
</tr>
<tr>
<td>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</td>
<td>5,425,699</td>
<td>3,416,534</td>
<td>(8,842,233)</td>
</tr>
<tr>
<td>NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td>
<td>333,725</td>
<td>0</td>
<td>333,725</td>
</tr>
<tr>
<td>OTHER, NET</td>
<td>2,364,438</td>
<td>1,741,239</td>
<td>623,199</td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>21,113,071</td>
<td>13,265,302</td>
<td>7,957,357</td>
</tr>
<tr>
<td>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>68,905,927</td>
<td>(40,232,065)</td>
<td>28,673,862</td>
</tr>
<tr>
<td>Healthcare System</td>
<td>Industry Comparisons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Favorable</strong></td>
<td><strong>FY 23</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>↑ 1.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Margin</td>
<td>↑ 4.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>↑ 243</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>↓ 45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>↓ 26.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>↑ 5.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>↑ 222.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S&amp;P &quot;AA-&quot; Rated (1)</th>
<th>Moodys &quot;Aa3&quot; Rated (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>6.8%</td>
<td>7.1%</td>
</tr>
<tr>
<td>292</td>
<td>323</td>
</tr>
<tr>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>25.0%</td>
<td>24.2%</td>
</tr>
<tr>
<td>8.2%</td>
<td>8.7%</td>
</tr>
<tr>
<td>263.6%</td>
<td>281.4%</td>
</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 Preliminary August 2022

-Volumes across the JOA are running unfavorable to budget, with the exception of ED visits, which are 2.5% favorable to budget. All locations are seeing greater than budgeted volumes.

-Net revenues coming in $2.0M unfavorable to budget. This is consistent with the lagging volumes we saw for the month.

-Expense were favorable to budget by $3.1M. There were several factors contributing to this for August. The main contributing factors were:
  
  Other Professional Fees favorable to budget by $1.2M
  Misc. Purchased Services favorable to budget by $2.6M
  Repairs and Maintenance expenses were $1.5M favorable to budget
  Temp help was $2.4M unfavorable to budget

-On the non-operating side, we saw unfavorable results compared to budget, with an unrealized gain on investments of $38.6M and a realized loss on investments of $5.1M.