UWHCA Board of Directors

December 17, 2020, 1:00 - 4:30 PM

WebEx: https://uwhealth.webex.com/uwhealth/onstage/g.php?MTID=e52af40bc03fe7cbfb3ec9bd4ebd3e7ef

Meeting number: 120 348 4652 // Password: 121720


**ADVANCE MEETING MATERIALS ARE POSTED FOR REFERENCE. OCCASIONALLY, THE POSTED MATERIALS DO NOT REFLECT CHANGES MADE SHORTLY BEFORE OR DURING BOARD MEETINGS. THE FULL BOARD MINUTES ARE THE OFFICIAL RECORD OF FINAL BOARD ACTION**
II. Consent Agenda

Meeting Minutes

Attachment - Minutes from October 22, 2020
(Material to be added in advance of the meeting)

Medical Staff Membership and Clinical Privileges

Attachment - Medical Review Board November 2020
(Material to be added in advance of the meeting)
Attachment - Medical Review Board December 2020 Page 5

UWMF Board Director Nomination to UWHCA Executive Committee

Resolution - Approving Dr. Laurel Rice to Serve on UWHCA Executive Committee Page 16
Attachment - Dr. Laurel Rice Biography Page 18

Lease Assumption - Clinic Moves

Executive Summary - Lease Assumption – Clinic Moves Page 20
Resolution - Authorizing Assumption Of Lease At Arbor Gate Page 22

UW Health Investment Policy Statement and UW Health Investment Sub-Committee Charter

Executive Summary - Investment Policy Statement and Investment Sub-Committee Charter Revisions Page 24
Attachment - UW Health Investment Policy Statement and UW Health Investment Sub-Committee Charter (Clean) Page 26
Attachment - UW Health Investment Policy Statement and UW Health Investment Sub-Committee Charter (Red-Lined) Page 48

Isthmus Project, Inc. - Board of Directors Membership

Executive Summary - Isthmus Project, Inc. - Board of Directors Membership Page 72
**Executive Summary - UW OTD Quality Assessment & Performance Improvement Plan**

(Annual regulatory requirement)

**Attachment - UW OTD Quality Assessment & Performance Improvement Plan**

**Faculty and Non-Physician Provider Professional Business Expenses**

**Executive Summary - Faculty and Non-Physician Provider Professional Business Expenses**

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**III. UWHCA Board Member Recognition**

Dean Robert Golden

(Material to be added in advance of the meeting)

**IV. UWHCA Board of Directors - Vice Chair Nomination**

Dean Robert Golden

(Material to be added in advance of the meeting)

**V. UW Health Audit Committee and Year-End FY20 Audit Report**

Mr. Jeremy Zabel, Mr. Ron Anderson

See FYI Attachment - UW Health Year-End FY20 Audit Report

**VI. UW Health Financial Report**

Mr. Robert Flannery

Attachment - UW Health Consolidated Financial Report

(Material to be added in advance of the meeting)

**VII. Closed Session**

Motion to enter into closed session pursuant to Wisconsin Statutes sections 146.38 and 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed session and members only closed session meeting minutes; discussion regarding COVID-19 impact and response including but not limited to operations; UW Health strategic plan and financial matters including FY21 UW Health Enterprise Capital and Operating Budget including UPH-M Joint Operating Agreement (January - December 2021); UW Health workforce update (including Workforce Steering Committee report, workforce planning update and observations, and anti-racisms/DEI update); and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

**VIII. Return To Open Session**

Return to open session is approximate

**IX. ACTION: FY21 UW Health Enterprise Capital and Operating Budget including UPH-M Joint Operating Agreement (January - June 2021)**

Dean Robert Golden

Motion to approve FY21 UW Health Enterprise Capital and Operating Budget including UPH-M Joint Operating Agreement (January - June 2021)
as discussed in closed session.

X. ACTION: UW Health Strategic Plan
Dean Robert Golden
Motion to approve UW Health Strategic Plan as discussed in closed session.
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: December 7, 2020
Medical Board: December 10, 2020

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

**Medical Staff-- New Applications**

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

**Meeghan A. Lautner, MD, Active Staff**
*Department of Surgery/Surgical Oncology*
- 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.

**Kelly N. McGregory, DO, 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.

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

Michelle P. Toigo, PhD, Clinical Psychology
Department of Psychiatry
- Psychological testing: adults
- Individual psychotherapy: adolescents
- Individual psychotherapy: adult
- Group therapy
- Psychoeducational counseling
- Psychoeducational testing
- Psychological consultation

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

Medical Staff—Reinstatement

Kevin M. McKown, MD, Courtesy Staff
Department of Internal Medicine/Rheumatology
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.

Rheumatology Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with rheumatologic disorders. 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 physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Medical Staff—Additional Privileges

Sreevalli Atluru, MD
Department of Family Medicine and Community Health
- 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.

Gregory D. Avey, MD  
Department of Radiology/Neuroradiology  
- Neuroradiology (Diagnostic): Including but not limited to Myelography and diagnostic fluoroscopy-guided spinal puncture; percutaneous diagnostic angiography (without intervention) of the extracranial carotid arteries.

Jane B. Lyon, MD  
Department of Radiology/Pediatric Imaging  
- Joint Aspiration  
- Image Guided Needle Biopsy  
- Drainage or Aspiration in Children

Jesse P. Maupin, MD  
Department of Medicine/Hospital Medicine  
- Lumbar Puncture

Charles P. Shahan, MD  
Department of Surgery/Acute Care and Regional General  
- Advanced ventilator management (including adjustment of ventilator settings)

Suzanne W. Van Landingham, MD  
Department of Ophthalmology  
- Special Competence Oculofacial: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients of all ages, presenting with complicated illnesses, injuries, and disorders related to the orbit, adnexa, and related facial structures. These privileges include, but are not limited to, excision of complicated eyelid lesions; eyelid reconstruction other than primary closure; endoscopic forehead lifting and midfacial lifting; secondary eyelid surgery; surgery for congenital ptosis and ptosis reoperations; secondary and endonasal DCR and CDCR; orbital surgery (tumors, decompression, fractures, exenteration); optic nerve decompression; CO2 laser resurfacing.

Advanced Practice Provider Privileges-- New Applications

Jacob G. Cooley, CRNA, UW 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.

Maureen Mayer, NP, UW Advance Practice Nurse  
Department of Medicine/Hospital 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 Hospital Medicine Core Privileges: Privileges to manage and treat adolescents and adults with acute and chronic medical diseases and disorders and adult medical ICU patients (excluding trauma patients) in the inpatient setting. This includes patients admitted to the Hospitalist service and for whom a Hospitalist consultation has been requested.  
- Prescriptive Authority: Issuing written orders for medications and diagnostic tests within scope of practice and in accordance with WI Statues and UWHC policies and procedures.

Natasha M. Myers, CRNA, UW 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.

Amy E. Parins, PA, UW Physician Assistant  
Department of Family Medicine and Community Health
• 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, suture, wound care, and ordering respiratory therapy and blood products.

• PA Family Medicine Core Privileges: Privileges to manage and treat patients with family medicine related injuries or diseases.

• Prescriptive Authority: Issuing prescription orders for Schedule II - V and non-controlled medications that are within their scope of practice and in accordance with state and federal law, hospital policy and procedure, and is within the schedules as authorized by physician assistant’s DEA.

Molly Richter, PA, UW Physician Assistant
Department of Surgery/Plastic
• 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 Plastic Surgery Core Privileges: Privileges to manage and treat pediatric and adult patients in need of plastic surgery related care.

• Prescriptive Authority: Issuing prescription orders for Schedule II - V and non-controlled medications that are within their scope of practice and in accordance with state and federal law, hospital policy and procedure, and is within the schedules as authorized by physician assistant’s DEA.

Advanced Practice Provider Privileges—Additional Privileges

Kristine A. Beyer, PA
Department of Surgery/Acute Care and Regional General
• Aspiration or drainage of seroma or hematoma, minor skin/subcutaneous procedures, paring of calluses and toenail care.

Barbara J. Koschak, NP (Family Nurse Practitioner)
Department of Anesthesiology
• Removal of perineural (peripheral) regional analgesia catheter

Sean Penaranda, PA
Department of Surgery/Cardiothoracic
• Chest tube removal
• Epicardial Pacemaker Wire Removal

Tatyana S. Risch, NP (Adult Nurse Practitioner)
Department of Medicine/Allergy, Pulmonary & Critical Care
• Chest Tube Removal
• Tunneled Pleural Catheter Removal

Victoria A. Wepfer, NP (Adult Gerontology Primary Care NP)
Department of Neurology/Stroke
• Lumbar Puncture

Focused Professional Practice Evaluation Review—All populations

The following focused review applications have been endorsed by the UWHC Credentials Committee after review by their applicable sub-committees (if appropriate) and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
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<tbody>
<tr>
<td>Abernethy, Heather A., MD</td>
<td>Anesthesiology</td>
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<tr>
<td>Alward, Jordan D., PA</td>
<td>Medicine/Cardiovascular Medicine</td>
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<td>Hart, Rachel E., NP</td>
<td>Orthopedics and Rehabilitation/Orthopedic Surgery</td>
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<td>Jarrett, Jennifer L., PA</td>
<td>Medicine/Cardiovascular Medicine</td>
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<td>Kilroy-Sikkema, Craig A., PA</td>
<td>Medicine/General Internal Medicine</td>
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<td>Konstantinou, Chris, MD</td>
<td>Medicine/Cardiovascular Medicine</td>
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Focused Professional Practice Evaluation Review—Additional Privileges—All populations

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

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<th>Department/Section</th>
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<tbody>
<tr>
<td>Ahrens, Sarah E., MD</td>
<td>Medicine/Hospital Medicine</td>
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<td>Barraclough, Schuyler M., NP</td>
<td>Surgery/Vascular</td>
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<td>Corder, Lindsay N., NP</td>
<td>Medicine/Geriatrics</td>
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<td>Coughlin, DaRae M., NP</td>
<td>Medicine/Clinical Research Unit</td>
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<tr>
<td>Hughes, Sarah A., NP</td>
<td>Radiology/Interventional Radiology</td>
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<tr>
<td>Kjeldahl, Amy J., NP</td>
<td>Medicine/Hematology/Oncology</td>
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<tr>
<td>Meffert, Cassandra C., PA</td>
<td>Neurology/General</td>
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<td>Pleva, Jennifer L., NP</td>
<td>Medicine/Hematology/Oncology</td>
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<tr>
<td>Raevis, Joseph J., MD</td>
<td>Ophthalmology/Fellow</td>
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<td>Ray, Casey L., NP</td>
<td>Medicine/Cardiovascular Medicine</td>
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<td>Trott, Jennifer L., NP</td>
<td>Medicine/Hematology/Oncology</td>
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Reappointments—All populations

The following reappointment applications have been endorsed by the UWHC Credentials Committee, and their applicable peer committee if applicable, for a six-month reappointments and are recommended to the Medical Board for approval/action:

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<th>Name</th>
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<th>Staff Status</th>
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<tbody>
<tr>
<td>Erickson, Chris M., MD</td>
<td>Pediatrics/Urgent Care</td>
<td>Active Staff</td>
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The following reappointment applications have been endorsed by the UWHC Credentials Committee, and their applicable peer committee if applicable, for two-year reappointments and are recommended to the Medical Board for approval/action:

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<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Adegboro, Claudette O., MD</td>
<td>Pediatrics/Neonatology</td>
<td>Active Staff</td>
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<tr>
<td>Al-Qaoud, Talal M., MD</td>
<td>Surgery/Transplant</td>
<td>Active Staff</td>
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<tr>
<td>Atluru, Sreevalli, MD</td>
<td>Family Medicine</td>
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<tr>
<td>Barton, Edward G., MD</td>
<td>Neurology</td>
<td>Active Staff</td>
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<tr>
<td>Bassetti, Michael F., MD</td>
<td>Human Oncology</td>
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<tr>
<td>Bauer, Adam S., MD</td>
<td>Pediatrics/Neonatology</td>
<td>Active Staff</td>
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<tr>
<td>Baus, Kathleen M., MD</td>
<td>Radiology/Community Radiology</td>
<td>Active Staff</td>
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<tr>
<td>Benally Thompson, Bret R., MD</td>
<td>Medicine/Hematology/Oncology</td>
<td>Active Staff</td>
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<tr>
<td>Bergstrom, Eric S., CAA</td>
<td>Anesthesiology</td>
<td>Anes Assistant</td>
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<tr>
<td>Bernhardt, David T., MD</td>
<td>Pediatrics/General</td>
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<td>Blahunka, Matthew J., CAA</td>
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<td>Boddén, Sarah G., PA</td>
<td>Ortho Rehab/Orthopedic Surgery</td>
<td>Physician Assistant</td>
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<tr>
<td>Name</td>
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<td>Bonifas, Erik J., PA</td>
<td>Ortho Rehab/Orthopedic Surgery</td>
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<td>Boone, Kendall D., MD</td>
<td>Surgery/Vascular</td>
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<td>Boucher, Lindsey L., CAA</td>
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<td>Anes Assistant</td>
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<td>Bour, Robert K., MD</td>
<td>Radiology/Community Radiology</td>
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<td>Bradfield, Yasmin S., MD</td>
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<td>Bries, Britney T., DMD</td>
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<td>Brinkman, Adam S., MD</td>
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<td>Brown, James E., Jr., PA</td>
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<td>Brucker, Justin L., MD</td>
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<td>Brunner, Michael C., MD</td>
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<td>Bruno, Brian J., PA</td>
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<td>Buchta, Kimberly A., PA</td>
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<td>Buenecamino, Amy C., MD</td>
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<td>Courtesy Staff</td>
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<td>Burley, Kelly L., CAA</td>
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<td>Anes Assistant</td>
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<td>Busse, William W., MD</td>
<td>Medicine/Allergy, Pulm &amp; Crit Care</td>
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<td>Byrne, Siobhan M., MD</td>
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<td>Cervantes, Lisa, PA</td>
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<td>Clark, Lindsay R., PhD</td>
<td>Medicine/Geriatrics</td>
<td>Clinical Psychology</td>
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<td>Cold, Christopher, MD</td>
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<td>Active Staff</td>
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<tr>
<td>Constantinescu, Daniela C., MD</td>
<td>Medicine/General Internal</td>
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<tr>
<td>Cowan, Eileen A., MD</td>
<td>Pediatrics/Neonatology</td>
<td>Active Staff</td>
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<td>Crain, Hayley M., PsyD</td>
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<td>Dalvie, Prasad S., MD</td>
<td>Radiology/Interventional Radiology</td>
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<td>Daniel, Kimberly E., MD</td>
<td>Medicine/Gastroenterology</td>
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<td>Danko, Istvan, MD</td>
<td>Pediatrics/Gastroenterology</td>
<td>Active Staff</td>
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<td>De Oliveira, Nilto C., MD</td>
<td>Surgery/Cardiothoracic</td>
<td>Active Staff</td>
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<td>DeJarlais, Daniel J., DDS</td>
<td>Surgery/Plastic</td>
<td>Courtesy Staff</td>
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<td>Deluca, Jill M., PA</td>
<td>Ortho Rehab/Orthopedic Surgery</td>
<td>Physician Assistant</td>
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<tr>
<td>DeMuri, Gregory P., MD</td>
<td>Pediatrics/Infectious Diseases</td>
<td>Active Staff</td>
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<td>DeVries, Amanda G., NP</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>APN</td>
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<td>DeVries, Stephen A., PA</td>
<td>Surgery/Cardiothoracic</td>
<td>Physician Assistant</td>
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<td>Dhakras, Purabi S., MD</td>
<td>Pathology and Lab. Medicine</td>
<td>Active Staff</td>
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<tr>
<td>Dowd, Allison L., DDS</td>
<td>Surgery/Plastic</td>
<td>Courtesy Staff</td>
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<td>Dowling, Patrick A., MD</td>
<td>Medicine/Allergy, Pulm &amp; Crit Care</td>
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<td>Drake, Jennifer L., PA</td>
<td>Ortho Rehab/Orthopedic Surgery</td>
<td>Physician Assistant</td>
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<td>Drolet, Beth A., MD</td>
<td>Dermatology</td>
<td>Active Staff</td>
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<td>Dziubinski, Travis E., CAA *</td>
<td>Anesthesiology</td>
<td>Anes Assistant</td>
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<td>Ehlenbach, William J., MD</td>
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<tr>
<td>Elzaby, Mai A., MD</td>
<td>Radiology/Breast Imaging</td>
<td>Active Staff</td>
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<tr>
<td>Ellison, Alicia T., NP</td>
<td>Psychiatry</td>
<td>APN</td>
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*Dr. Al-Niaimi abstained from voting on this application*
Resolution

Approving Dr. Laurel Rice to Serve on
UWHCA Executive Committee
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approving Dr. Laurel Rice
to Serve on UWHCA Executive Committee

December 17, 2020

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) is the sole corporate member of University of Wisconsin Medical Foundation, Inc. (“UWMF”), with such powers over the governance of UWMF as are provided in the Bylaws of the University of Wisconsin Medical Foundation, Inc., Amended and Restated Effective July 1, 2020 (the “UWMF Bylaws”); and

WHEREAS, pursuant to the Integration Agreement, UWHCA amended its Bylaws to permit UWMF to nominate three individuals that represent the academic, faculty, and public members views to serve as non-voting members of the UWHCA Executive Committee (the “Executive Committee”); and

WHEREAS, UWMF Board academic representative, Dr. Thomas Zdeblick’s (“Dr. Zdeblick”) term expires December 31, 2020; and

WHEREAS, the UWMF Board of Directors recommends to the UWHCA Authority Board (“Authority”) that Dr. Laurel Rice (“Dr. Rice”) replace Dr. Zdeblick, to serve as the academic representative, on the UWHCA Executive Committee effective January 1, 2021; and

WHEREAS, the Authority has determined that Dr. Rice is fully qualified to serve as UWMF Board academic representative on the Executive Committee, and has further determined that it is in the best interests of the UWHCA and UWMF, to have Dr. Rice serve in that capacity;

NOW, THEREFORE, BE IT RESOLVED, that the Authority approves the nomination of Dr. Rice to serve as UWMF Board academic representative on the Executive Committee for a three (3) year term beginning January 1, 2021.
DR. LAUREL W. RICE BIOGRAPHY

Dr. Laurel W. Rice is Chair of the Department of Obstetrics and Gynecology and a Professor in the Division of Gynecologic Oncology at the University of Wisconsin-Madison School of Medicine and Public Health.

Dr. Rice attended college and medical school at the University of Colorado. She completed her residency in Obstetrics and Gynecology as well as a Fellowship in Gynecologic Oncology at the Brigham and Women's Hospital, an affiliate of Harvard Medical School in Boston, MA. After four years on the faculty of Massachusetts General Hospital, the University of Virginia (UVA) recruited her to the Department of Obstetrics and Gynecology. During her 14 years at UVA, Dr. Rice was appointed Division Chief of Gynecologic Oncology, established a Fellowship in Gynecologic Oncology, and served as Vice Chair of the Department of Obstetrics and Gynecology.

Nationally recognized as an expert in the care of women with gynecologic malignancies, Dr. Rice has published extensively in her field. Her present research focuses on health disparities. She has lectured extensively throughout the United States.

Dr. Rice continues to serve in leadership positions of many national organizations. She is Immediate Past President of the American Gynecological & Obstetrical Society, Past President of the Society of Gynecologic Oncology, Past President of the Council of University Chairs of Obstetrics and Gynecology, and an active member of several other professional organizations.

Since 2006, Dr. Rice has served on the American Board of Obstetrics and Gynecology and currently serves as a Representative on the Board of Directors. Additionally, she is currently serving a four-year term as Treasurer. She is also an examiner for candidates seeking board certification in both General Obstetrics and Gynecology, in addition to the subspecialty area of Gynecologic Oncology.

Dr. Rice also serves as Deputy Editor of Gynecologic Oncology and as a reviewer for Obstetrics and Gynecology and the American Journal of Obstetrics and Gynecology, both highly regarded journals in her field.
Dear UWHCA Board of Directors:

**Board Approval – Approval of Assignment of Lease at Arbor Gate**

**Background**
Under the auspices of the UW Health and UnityPoint Health-Meriter joint operating arrangement, UW Health leadership has determined that the existing UPH-Meriter clinic (Heart & Vascular Institute) at Arbor Gate should convert to a UW Health Cardiology clinic. In doing so, UW Health (specifically, University of Wisconsin Hospitals and Clinics Authority (UWHCA)) will assume the lease for the Arbor Gate space. Because the lease for the Arbor Gate location will continue through 2026, it requires UWHCA board of directors’ approval before UWHCA can assume it.

**Details**
The Assignment of Lease is for 29,241 square feet of space for an initial term of five years commencing on February 1, 2021 through January 31, 2026. Annual rent expense for year one is $588,036.51 or $49,003.04 per month. Each year following will be escalated at 2.5% over the previous year. Two additional options of two-years each are built into the Assignment. Total rent expense for the initial five-year term is estimated at $3,090,100.

**Action Requested**
Board authorization for execution of the proposed Assignment of Lease. See attached resolutions.

Thank you for your consideration.
Resolution

Authorizing Assumption Of Lease At Arbor Gate
RESOLUTION OF THE BOARD OF DIRECTORS OF
THE UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY
AUTHORIZING ASSUMPTION OF LEASE AT ARBOR GATE

December 17, 2020

WHEREAS, University of Wisconsin Hospitals and Clinics Authority (“Authority”) leadership has entered into discussions with Unity Point Health – Meriter (“UPH-M”) on the potential assignment of the existing Lease Agreement for UPH-M space at Arbor Gate (“Proposed Assignment”), consistent with the description provided to the Authority’s Board of Directors (“Board”); and

WHEREAS, Authority’s executive management has determined that the Proposed Assignment is in the best interests of the Authority, and recommend that the Board approve the Proposed Assignment on substantially the terms presented to the Board;

NOW, THEREFORE BE IT RESOLVED, that the Authority hereby approves the Proposed Assignment and authorizes UWHCA management to proceed with the Proposed Assignment;

FURTHER RESOLVED, that the UW Health CEO or his delegates are hereby authorized and directed to execute, deliver and perform any and all agreements and other documents in connection with the Proposed Assignment as he or his delegates deem necessary or desirable;

FURTHER, RESOLVED, that the UW Health CEO, and his delegates (“Authorized Officers”) are hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolution and any and all acts heretofore taken by the UW Health CEO, or his delegates in connection with the foregoing resolutions are hereby ratified and confirmed.
Executive Summary

UW Health Investment Policy Statement and Investment Sub-Committee Charter
Dear UWHCA Board of Directors:

We are seeking your approval of the following:

1) Revisions to the UW Health Investment Policy Statement
2) Revisions to the UW Health Investment Sub-Committee Charter

The UW Health Sub-Committee held a meeting on August 27, 2020. During the meeting, revisions to both the UW Health Investment Policy Statement and UW Health Sub-Committee Charter were discussed. The Investment Sub-Committee members unanimously endorsed the changes, subject to the approval of the UWHCA Finance Committee and UWHCA Board of Directors. The UWHCA Finance Committee approved the changes on November 19, 2020.

Summary of the Proposed Revisions to the Investment Policy Statement:

- Allow the member entities of UWHCA, UWMF, SAH or SAF to make investments outside of the pooled investments overseen by the IPS as recommended by the Finance Committee and approved by the Board of Directors.

- Added the approval of Allowable Assets and exceptions to Prohibited Assets to the responsibilities of the Finance Committee.

- Delegate the ability to approve or termination Investment Managers to the Investment Sub-Committee.

Summary of the Proposed Revisions to the Investment Sub-Committee Charter:

- Added the approval of the retention or termination of Investment Managers to the duties and responsibilities of the Investment Sub-Committee.

- Added the review, evaluation and making recommendations to the Finance Committee of Allowable Assets and exceptions to Prohibited Assets to the duties and responsibilities of the Investment Sub-Committee.

Attached for your consideration are the following documents:

- UW Health Investment Policy including the Sub-Committee Charter (Redlined)
- UW Health Investment Policy including the Sub-Committee Charter (Clean)

Thank you for your consideration.
Attachment

UW Health
Investment Policy Statement
(Clean Version)
Investment Policy Statement

Effective as of ____________________
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Investment Policy Statement

UW Health

SCOPE OF THIS INVESTMENT POLICY STATEMENT

This Investment Policy Statement (“IPS”) sets forth the investment policy, objectives, guidelines for and constraints of investment of the Fund (as hereinafter defined). The Finance Committee, and Board of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) have approved this IPS.

PURPOSE OF THIS INVESTMENT POLICY STATEMENT

This Investment Policy Statement is intended to provide guidance to the Finance Committee, Investment Sub-Committee, Investment Consultant, and the Investment Managers responsible for managing the Fund’s assets and outlines certain specific investment policies, which will govern how to achieve those goals and objectives. It is intended to:

1. Define and assign the responsibilities of the parties involved in the management and oversight of the Fund.

2. Establish a clear understanding of the investment goals and objectives, as well as risk tolerance as the basis for evaluating investment results.

3. Establish asset allocation guidelines that reflect UW Health’s risk posture.

4. Offer guidelines regarding the selection of investment manager(s) who will provide a consistent level of superior risk-adjusted performance at the total program level over full market cycles.

The investment guidelines described in the IPS are dynamic and reflect the Fund’s financial needs and circumstances, the time horizon available for investment, and the philosophy regarding the investment of assets. The IPS will be reviewed annually by the Investment Sub-Committee with revisions recommended to the Finance Committee for further approval.

Nothing in this IPS shall be construed to prohibit UWHCA, UWMF, SAH Operating, or SAF from making investments of non-Fund assets, as recommended by management/staff, and/or the Finance Committee, and as approved by the appropriate Board(s) of Directors (where required).
GENERAL INVESTMENT OBJECTIVES

In general, the primary investment objective is to sustain and grow the long-term financial assets of the Fund, while incorporating the mission and values of UW Health, avoiding excessive risk, maintaining sufficient liquidity to meet potential cash flow requirements, and meeting financial obligations as they are due. To accomplish this, the investment pool is expected to earn returns in excess of a passive set of market indexes representative of the underlying strategic asset allocation targets.

The Finance Committee and Investment Sub-Committee believe that the achievement of investment returns should be viewed in a long-term context. The Finance Committee and Investment Sub-Committee recognize that rates of return are volatile on a year-to-year basis and that investment returns will not progress uniformly over time. Thus, volatility will be tolerated in as much as it is consistent with the volatility of a comparable market index.

Use of a diversified array of investments with active and passive strategies that will benefit the portfolio as a whole throughout varying market environments, in so far as it may enhance returns objectives and reduce portfolio risk, is desired.

DEFINITIONS

1. “Fund” shall mean the single integrated investment pool of the assets of each UWHCA, UWMF, SAH Operating, and SAF, contributed thereto by each of the Investors from time to time pursuant to that certain Investment Pooling Agreement to be entered into among the Investors, as the same may be amended from time to time (the “Pooling Agreement”).

2. “Finance Committee” is the Finance Committee of the UWHCA Board of Directors.

3. “Investment Sub-Committee” shall refer to the sub-committee of the Finance Committee that was established to direct the administration and investment management of Fund assets in accordance with the Investment Sub-Committee Charter and this IPS.

4. “Investment Manager” shall mean any individual, group of individuals, or entity employed to manage the investments of part of the Fund assets.

5. “Investment Consultant” shall mean any individual, group of individuals or entity employed to provide advisory services, including advice on investment objectives and/or asset allocation, investment manager search, and performance monitoring.

6. “Investor” means each of UWHCA, the University of Wisconsin Medical Foundation (“UWMF”), the SwedishAmerican Hospital Operating Fund (“SAH Operating”), and the
SwedishAmerican Foundation ("SAF").

7. “Custodian” shall refer to the firm responsible for all duties relating to the physical possession of securities owned by the Fund, including the collection of dividend and interest payments, the redemption of maturing securities, and effecting the receipt and delivery of assets following purchases and sales.

8. “Investment Horizon” shall be the time period over which the investment objectives, as set forth in this IPS, are expected to be met. While the investment horizon for this Fund is long-term in nature, investment performance expectations as detailed in this IPS will be evaluated over a full market cycle (typically 5 – 7 years).

ASSIGNMENT OF RESPONSIBILITIES

Responsibility of the Finance Committee of UW Health

Except to the extent otherwise stated herein, by virtue of the approval of this IPS by the UWHCA Board, the Finance Committee has been delegated the authority to act on behalf of the Board to oversee the management of Fund assets and, in carrying out its responsibilities hereunder, shall have all of the powers and authority of the Board. The Finance Committee shall discharge its duties solely in the interest of the Fund, with the care, skill, prudence, and diligence under the circumstances then prevailing, that a prudent person, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character with like aims.

The Finance Committee has the responsibility to:

1. Administer the IPS;

2. Approve risk objectives as recommended by the Investment Sub-Committee;

3. Approve changes to overall asset allocation structure and positioning (outside of tactical asset allocation shifts and routine rebalancing efforts);

4. Approve additions to Allowable Assets and/or exceptions to Prohibited Assets (each as hereinafter defined);

5. In coordination with the Investment Sub-Committee, prudently and diligently select and/or replace investment professionals, including, Investment Consultant(s), Custodian(s), and any other service providers that it deems necessary;

   a. The Finance Committee delegates responsibility to the Investment Sub-Committee to approve the retention of new Investment Managers or termination of contracts with then-current Investment Managers.
6. On a periodic basis, review the performance of the Fund, Investment Managers, and Investment Consultants in coordination with the Investment Sub-Committee and/or an Investment Consultant; and

7. Such other responsibilities regarding the Fund as may be delegated to the Finance Committee from time to time by the UWHCA Board of Directors.

Responsibility of the Investment Sub-Committee of UW Health

The Investment Sub-Committee was established as a sub-committee of the Finance Committee to direct the administration and investment management of Fund assets. The Investment Sub-Committee shall have the responsibilities set forth from time to time in the UW Health Investment Sub-Committee Charter, the current version of which is attached hereto as Addendum 2.

Responsibility of Management and Staff of UW Health

Management and Staff of UW Health are responsible for implementing the IPS subject to the oversight of both the Finance Committee and Investment Sub-Committee. Management and Staff have the responsibility to:

1. Project the Fund’s financial needs and communicate such needs to the Investment Consultant on a timely basis;

2. Recommend to the Investment Sub-Committee the selection of Investment Managers;

3. Rebalance the Fund allocations on a periodic basis in coordination with the Investment Consultant; and

4. Review, at least annually, the IPS and specific Investment Manager guidelines.

Responsibility of the Investment Consultant

The Investment Consultant's role is that of a non-discretionary advisor to the Finance Committee and Investment Sub-Committee of UW Health. Investment advice concerning the investment management of Fund assets will be offered by the Investment Consultant, and will be consistent with the investment objectives, policies, guidelines and constraints as established in this IPS. Contracts for services with any Investment Consultant shall provide that the responsibilities of the Investment Consultant will include:

1. Assisting in the development and periodic review of Investment Policy, asset allocation strategy, and portfolio structure;
2. Assisting Management / Staff and the Investment Sub-Committee in the selection of investment manager(s) and strategies;

3. Support management in the oversight, due diligence, and review of Investment Managers;

4. Provide written performance measurement reports on a quarterly basis;

5. Responsibility for the day-to-day monitoring of Investment Managers to ensure they are in compliance with the Fund’s goals, objectives and the IPS;

6. Meet with the Investment Sub-Committee and Management / Staff quarterly, or as necessary, to review investment performance and consider whether any changes or other actions are necessary with respect to the investment portfolio; and

7. Such other responsibilities as are set forth in the contract with the Investment Consultant.

Responsibility of the Investment Manager(s)

Each Investment Manager will have discretion to make all investment decisions for the assets placed under its jurisdiction, while observing and operating within all policies, guidelines, constraints, and philosophies as outlined in this IPS. In recognition of the benefits of diversification, it is the intention of the Fund to use mutual funds, exchange traded funds, or commingled vehicles in addition to the utilization of separately managed accounts. Notwithstanding the foregoing, the Finance Committee, Investment Sub-Committee and Investment Consultant understand that the guidelines outlined in this IPS will not be directly applied to the management of such commingled vehicles. Contracts for services with any Investment Manager(s) shall provide that the responsibilities of the Manager(s) will include:

1. Discretionary investment management including decisions to buy, sell, or hold individual securities, and to alter asset allocation within the guidelines established in this IPS; and

2. Requirements that each Investment Manager will:
   
   a. Promptly communicate any material changes in the Investment Manager’s outlook, investment strategy, investment policy, and tactics;
   
   b. Be available on a reasonable basis for telephone communication when needed; and
   
   c. Discuss any significant changes in ownership structure, changes in key investment personnel and/or management, and investment practices.

Absent delegation to another service provider, each Investment Manager is responsible and
empowered to exercise all rights, including proxy voting rights, as are acquired through the purchase of securities, where practical.
SPECIFIC INVESTMENT GOALS

Return Objectives
It is expected that over a full market cycle (typically lasting 5-7 years) the total return on the UW Health investment portfolio will outpace the Policy Index return measured on a compound annual return basis after the deduction of investment management fees. The Policy Index shall be represented by a composite market index comprised of passive market indices combined in the same percentage as the Fund’s strategic asset allocation targets. The investment goal above is the objective of the aggregate Fund and is not meant to be imposed on each investment account individually.

The Policy Index is currently constructed as follows:

<table>
<thead>
<tr>
<th>Fixed Income</th>
<th>Bloomberg Barclays US Aggregate Bond Index</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Equity</td>
<td>MSCI ACWI</td>
<td>50%</td>
</tr>
</tbody>
</table>

Risk Objectives
The risk objective for the aggregate Fund is the target standard deviation chosen from asset allocation modeling as measured by volatility (standard deviation), and is similar to the volatility level of the Policy Index when measured over a full market cycle. The Fund’s risk level balances portfolio stability and portfolio appreciation and includes a moderate level of volatility and risk of principal loss. The portfolio will include a balance of fixed income, equities and alternative investments. Thus, volatility will be tolerated in as much as it is consistent with the volatility of a comparable market index.

Understanding that risk is present in all types of securities and investment styles, the Finance Committee and Investment Sub-Committee recognize that some risk is necessary to produce long-term investment results that are sufficient to meet the Fund’s investment objectives. However, unnecessary levels of risk-taking are to be avoided, as the Finance Committee and Investment Sub-Committee recognize that it may be necessary to forego opportunity for potential large gains to achieve a reasonable risk posture.

LIQUIDITY

To minimize the possibility of a loss occasioned by the sale of a Security forced by the need to meet a required payment, the Investment Sub-Committee, in coordination with Management and Staff, will periodically provide the Investment Consultant with an estimate of expected net cash flow. The Investment Sub-Committee / Management and Staff will notify the Investment Consultant in a timely manner, to allow sufficient time to build up necessary liquid reserves.
INVESTMENT GUIDELINES

Allowable Assets

1. Cash Equivalents
   - Treasury Bills
   - Money Market Funds
   - Commercial Paper
   - Banker's Acceptances
   - Repurchase Agreements
   - Certificates of Deposit

2. Fixed Income Securities
   - U.S. Government and Agency Securities
   - Corporate Notes and Bonds
   - Mortgage Backed Bonds
   - Preferred Stock
   - Asset Backed Securities
   - Municipal Securities
   - Fixed Income Securities of Foreign Governments & Corporations (Dollar-Denominated Only)
   - Non-Investment Grade (High-Yield) Bonds

3. Equity Securities
   - Common Stocks
   - Convertible Notes and Bonds
   - Convertible Preferred Stocks
   - American Depository Receipts (ADRs) of Non-U.S. Companies
   - Stocks of Non-U.S. Companies (Ordinary Shares)
   - Real Estate Investment Trusts (REITs)

4. Mutual Funds / Exchange Traded Funds
   - Mutual Funds / Exchange Traded Funds which invest in securities as allowed in this statement

5. Alternative Investments
   - Hedge Funds
   - Private Equity / Private Real Estate
   - Limited Partnerships
   - Master Limited Partnerships
   - Real Assets / Real Estate

6. University of Wisconsin Foundation (UWF) Endowment pooled funds
The Finance Committee may, upon the request of Management/Staff or an Investment Consultant, and upon recommendation by the Investment Sub-committee, permit additions to the list of Allowable Assets (either on a one-time or permanent basis).

Stock Exchanges
To ensure marketability and liquidity, equity transactions will be executed using primarily the following exchanges: New York Stock Exchange, American Stock Exchange, and NASDAQ. Other exchanges and methods may be used in an effort to achieve the best possible execution.

Prohibited Assets*
Prohibited individual investments are any investments that are not specifically authorized within this statement (except for assets held in a UWF Endowment pooled fund, mutual fund or exchange traded fund as described under Allowable Assets). Those include, but are not limited to, the following:

1. Commodities and Futures Contracts
2. Private Placements (this is not meant to prohibit Rule 144A Securities)
3. Lettered or Restricted Stock
4. Limited Partnerships
5. Venture Capital Investments
6. Tangible Personal Property
7. Direct Real Estate
8. Art / Precious Metals
9. Short Selling
10. Margin Transactions
11. Oil and Gas Payments / Drilling Partnerships

* With the exception of Investment Sub-Committee approved dedicated portfolios of Alternative Investments.

Notwithstanding the foregoing, the Finance Committee may, upon the request of Management/Staff or an Investment Consultant, and upon recommendation by the Investment Sub-Committee, permit exceptions to the list of Prohibited Assets (either on a one-time or permanent basis).

Prohibited Transactions*
Prohibited transactions include, but are not limited to the following:

1. Short Selling
2. Margin Transactions

*With the exception of Investment Sub-Committee approved dedicated portfolios of Alternative Investments.

Diversification Requirements
The primary method to reduce risk for the Fund is diversification through asset allocation. By allocating assets in different asset classes, the portfolio can reduce risk by avoiding
concentration as well as reduce risk through the low correlation between different asset classes.

Each Investment Manager has discretion with regard to security selection and allocation within its respective portfolio. Unless otherwise noted, under normal market conditions, each Investment Manager is expected to be invested consistent with its investment style as described in its relevant documentation.

To minimize the risk of large losses, each Investment Manager shall maintain adequate diversification in their portfolio subject to the constraints outlined in the IPS.

**Alternative Investments**

Alternative investments represent investments in vehicles that seek to provide diversification through innovative and flexible strategies (such as the ability to short, add leverage, and hedge). Investments in such vehicles are expected to provide diversification and the opportunity for capital appreciation. Diversification standards within each investment vehicle shall be according to the prospectus or trust document. Investments in these vehicles carry special risks. The Fund may (with specific Finance Committee approval) utilize speculative investment strategies, trade in volatile securities, and use leverage in an attempt to generate superior investment returns. The Fund may invest in illiquid securities for which there is no ready market and place restrictions on investors as to when funds may be withdrawn.

The organization acknowledges that: (1) Alternative investments can be highly illiquid and may engage in leveraging and other speculative investment practices, which may involve volatility of returns and significant risk of loss, including the potential for loss of the principal invested; (2) there is no secondary market currently available for interests in most alternative investments and that there may be restrictions imposed by the fund on transferring such interests as stated in the fund’s private placement memorandum or prospectus; (3) that investing in alternative investments is only suitable for experienced and sophisticated investors who are willing to bear the high economic risks of the investment and that this Fund qualifies as such an investor; (4) that it will carefully review and consider all potential risks before investing including the following specific risks:

- *loss of all or a substantial portion of the investment due to leveraging, short-selling, or other speculative practices;*
- *lack of liquidity in that there may be no secondary market for the fund and none is expected to develop;*
- *volatility of returns;*
- *restrictions on transferring interests in the Fund;*
- *potential lack of diversification and resulting higher risk due to concentration of trading authority when a single advisor is utilized;*
- *absence of information regarding valuations and pricing;*
- *complex tax structures and delays in tax reporting;*
- *less regulation and higher fees than mutual funds; and*
- *firm-specific investment manager risk.*
Securities Lending
Securities lending is not permitted under this IPS except for that which may be done by a mutual fund or in the University of Wisconsin Foundation Endowment Fund.

**ASSET ALLOCATION GUIDELINES**

The Fund is expected to operate within an overall asset allocation strategy defining the portfolio’s mix of asset classes. This strategy, described below, sets a long-term percentage target for the Fund’s market value that is to be invested in any one asset class. The allocation strategy also defines the allowable investment shifts between the asset classes, above and below the target allocations. In line with the Fund’s return objectives and risk parameters, the mix of assets should be maintained as follows (percentages are of the market value of the Fund):

<table>
<thead>
<tr>
<th>Asset Class Totals</th>
<th>Minimum</th>
<th>Target</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Fixed Income</td>
<td>35%</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>Global Equity</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
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<tr>
<td>Alternative Investments</td>
<td>0%</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Please note, the asset allocation guidelines as specified above are to include the asset class exposures obtained through the UWF Endowment pooled fund.*

Deviations from this asset mix guideline may be authorized by the Finance Committee, which may determine if the aggregate deviation constitutes a material departure from the spirit of the target allocation.

**SELECTION OF INVESTMENT MANAGERS**

The Investment Sub-Committee's selection of Investment Manager(s) must be based on prudent due diligence procedures. A qualifying Investment Manager must be a registered investment advisor under the Investment Advisors Act of 1940, or a bank or insurance company.

Investment Managers approved by the Investment Sub-Committee are chosen using criteria which may include, but is not limited to:

- Level of experience, financial resources and staffing levels of the Investment Manager;
• The Investment Manager’s ability to provide an investment style or approach that complements other Investment Managers in the portfolio;
• Reasonableness of expense ratios / fees;
• Past performance, considered relative to other investments having the same investment objective (consideration should be given to both consistency of performance and the level of risk taken to achieve results); and
• Stability of organization.

University of Wisconsin Foundation (UWF)
UWF manages pooled investment funds on behalf of multiple University of Wisconsin affiliated entities. Historically, UWHCA has invested with UWF in an Endowment Fund pooled vehicle. The UWF Endowment portfolio is an internationally diversified pooled fund. Asset selection is at the full discretion of UWF. As such, the investor has no involvement in the manager and selection of invested assets. The asset allocation consists of domestic, international, and private equities, hedge funds, fixed income, and real assets (certain of which would otherwise be prohibited under this IPS). As such, it serves as a vehicle to diversify a portfolio to include limited exposure to more aggressive, higher yielding investment categories. It is the intention of the Board and Finance Committee to permit a limited amount of exposure to the Endowment Fund for purposes of diversification, return and risk management.

INVESTMENT MANAGER PERFORMANCE REVIEW AND EVALUATION

Performance reports generated by the Investment Consultant shall be compiled at least quarterly and communicated to the Investment Sub-Committee for review. The investment performance of total portfolios, as well as asset class components, will be measured against commonly accepted performance benchmarks. Consideration shall be given to the extent to which the investment results are consistent with the investment objectives, goals, and guidelines as set forth in this IPS. The Finance Committee and Investment Sub-Committee intend to evaluate the portfolio(s) over longer-term periods, but reserve the right to allow the Investment Sub-Committee to terminate an Investment Manager for any reason including the following:

1. Investment performance which is significantly less than anticipated given the discipline employed and the risk parameters established, or unacceptable justification of poor results.
2. Failure to adhere to any aspect of this IPS, including communication and reporting requirements.
3. Significant qualitative changes to the investment management organization.
4. Significant style drifts from stated discipline.

Investment Managers shall be reviewed regularly regarding performance, personnel, strategy, research capabilities, organizational and business matters, and other qualitative factors that
may impact their ability to achieve the desired investment results. The Investment Sub-Committee intends to evaluate the actively-managed traditional investment strategies based upon the following criteria over a full market cycle:

1. Benchmark Correlation
   • Three-, five-, and seven-year R² should be greater than or equal to 0.80

2. Annualized Performance
   • Three-, five-, and seven-year annualized return should surpass benchmark

3. Risk-Adjusted Performance
   • Three-, five-, and seven-year Sharpe Ratio (excess return divided by standard deviation of returns) should be above benchmark

4. Down Market Performance
   • Three-, five-, and seven-year down capture ratio should be less than 1.0

5. Peer Universe
   • Percentile ranking of portfolio’s three-, five-, and seven-year annualized return against peer group should be above median (50%)

6. Investment Management Organization Changes
   • Turnover of portfolio manager or other personnel significant to the firm’s management process
   • Ownership change
   • Involvement in relevant regulatory investigation or litigation
   • Significant increase in fees

7. Deviation from Investment Methods basic to Historical Records
   • Aggregate assets in product are insufficient to ensure broad diversification, efficient trading, and economies of scale
   • Assets in product grow too large to continue to be managed in a manner similar to methods that built historical performance
   • Portfolio characteristics do not match stylistic expectations

In the event that an Investment Manager is under watch by the Investment Sub-Committee or circumstances have arisen that require an immediate review, the Investment Sub-Committee will evaluate the Investment Manager in question and determine what, if any, action should be taken. Generally, the Investment Sub-Committee may make one of three decisions:

♦ Satisfied with Explanation – The Investment Sub-Committee is satisfied with the results of the Investment Manager review and will continue with the normal quarterly investment reviews.

♦ Place Manager on Watch List – The Investment Sub-Committee is concerned with the Investment Manager’s ability to meet the performance objectives and
accordingly, the Investment Manager is put on watch and will be subject to a more detailed review at each quarterly performance review. The Investment Sub-Committee will then reevaluate the manager’s overall investment performance to make a determination as to whether to continue with the manager, terminate the manager or continue it on watch.

♦ Review Alternatives and Replace Manager – Review alternatives and replace the manager as an investment component of the Fund.

CONFLICTS OF INTEREST

All investment decisions and actions performed on behalf of the Fund by any of the selected investment professionals shall be performed solely for the benefit and best interests of the Investors. If any investment professional has a conflict of interest that might impair its ability to carry out decisions and actions in the best interest of the Investors, it must be disclosed in writing to the Finance Committee and Investment Sub-Committee.

INVESTMENT POLICY REVIEW

To assure continued relevance of the guidelines, objectives, financial status and capital markets expectations as established in this Statement of Investment Policy, the Investment Sub-Committee plans to review investment policy at least annually.

This Investment Policy Statement is adopted on ________________ by the UWHCA Board of Directors.

__________________________  __________________________
Name:       Name:  
Title:       Title:  

__________________________  __________________________
Name:       Name:  
Title:       Title:  

__________________________  __________________________
Name:       Name:  
Title:       Title:  

__________________________  __________________________
Name:       Name:  
Title:       Title:
UW Health
Addendum 1 to Investment Policy Statement
Investment Managers

The following Investment Managers have been retained by UW Health to manage a dedicated investment portfolio. The investment objectives and guidelines for the assets are defined in this document. The policy items included in the Investment Policy Statement are applicable for the entire Fund, but may not apply to each individual Investment Manager.

Specific Investment Goals
Over the investment horizon established in the Investment Policy Statement, it is the goal of the assets managed by each investment management firm to meet or exceed:

<table>
<thead>
<tr>
<th>Manager</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlackRock Short Duration</td>
<td>BofA Merrill Lynch 1-3 Year Treasury</td>
</tr>
<tr>
<td>US Bank Asset Management</td>
<td>BofA Merrill Lynch 1-3 Year Treasury</td>
</tr>
<tr>
<td>Baird Advisors Intermediate Bond</td>
<td>Bloomberg Barclays Intermediate Govt / Credit</td>
</tr>
<tr>
<td>JPMorgan Asset Management Core Bond</td>
<td>Bloomberg Barclays US Aggregate Bond</td>
</tr>
<tr>
<td>Western Asset Core Plus Portfolio</td>
<td>Bloomberg Barclays US Aggregate Bond</td>
</tr>
<tr>
<td>BlackRock Strategic Income Opportunities Fund</td>
<td>Bloomberg Barclays US Universal</td>
</tr>
<tr>
<td>Vanguard Value Index ETF</td>
<td>CRSP US Large Cap Value</td>
</tr>
<tr>
<td>Aristotle Capital Management Value Equity</td>
<td>Russell 1000 Value</td>
</tr>
<tr>
<td>Delaware Investments Large Cap Value Equity</td>
<td>Russell 1000 Value</td>
</tr>
<tr>
<td>Vanguard Growth Index ETF</td>
<td>CRSP US Large Cap Growth</td>
</tr>
<tr>
<td>Alliance Bernstein Concentrated US Growth</td>
<td>Russell 1000 Growth</td>
</tr>
<tr>
<td>ClearBridge Large Cap Growth ESG</td>
<td>Russell 1000 Growth</td>
</tr>
<tr>
<td>TSW Mid Cap Value</td>
<td>Russell Midcap Value</td>
</tr>
<tr>
<td>Congress Asset Management Mid Cap Growth</td>
<td>Russell Midcap Growth</td>
</tr>
<tr>
<td>Delaware Investments Small Cap Value Equity</td>
<td>Russell 2000 Value</td>
</tr>
<tr>
<td>Vanguard FTSE Developed Markets ETF</td>
<td>FTSE Developed All Cap ex-US</td>
</tr>
<tr>
<td>Aristotle International Equity</td>
<td>MSCI ACWI ex-US</td>
</tr>
<tr>
<td>Invesco International Growth</td>
<td>MSCI ACWI ex-US</td>
</tr>
<tr>
<td>Lazard Asset Mgmt Emerging Mktls Equity Select</td>
<td>MSCI Emerging Markets</td>
</tr>
<tr>
<td>VanEck Emerging Markets Fund</td>
<td>MSCI Emerging Markets</td>
</tr>
<tr>
<td>University of Wisconsin Foundation</td>
<td>Blend of MSCI ACWI, Burgiss Private iQ Custom, NCREIF NFI-ODCE and Bloomberg Barclays Global Aggregate Bond</td>
</tr>
</tbody>
</table>

Volatility (Risk)
Each investment strategy is expected to meet its objectives with a level of risk which is consistent with the risk associated with the index stated above.
Addendum 2 to Investment Policy Statement
UW Health Investment Sub-Committee Charter

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

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

Membership
The Investment Sub-Committee shall be comprised of seven (7) members, named as follows:

- Five (5) individuals nominated by UW Health-Madison; and
- Two (2) individuals nominated by SAHS.

The Finance Committee shall approve each member nominated to the Investment Sub-Committee, and upon such approval each nominee shall become a member of the Investment Sub-Committee and shall serve in such role until his or her earlier resignation or removal. Vacancies in Investment Sub-Committee membership may be filled by the Investor with the right to nominate such Member (subject to Finance Committee approval). Any Investor may remove a member of the Investment Sub-Committee designated by that Investor at any time.

The Investment Sub-Committee’s Chair (the “Chair”) shall be a member of the Investment Sub-Committee and shall be approved by the members of the Investment Sub-Committee, by majority vote.

Meetings
The Chair or his/her delegate shall preside at meetings of the Investment Sub-Committee and shall set the agenda. The Investment Sub-Committee shall meet at least quarterly and otherwise as often as deemed necessary or appropriate, in its judgment, to discharge its duties.
and responsibilities. Meetings of the Investment Sub-Committee may be held in-person and/or via telephonic or electronic or video conference, and at such times and places as the Investment Sub-Committee determines. A majority of the then-sitting members of the Investment Sub-Committee shall constitute a quorum for the transaction of business at any meeting of the Investment Sub-Committee.

Manner of Acting
Each member of the Investment Sub-Committee shall have one (1) vote on all matters brought before the Investment Sub-Committee within the scope of its authority. The act of a majority of the members of the Investment Sub-Committee at a meeting at which a quorum is present shall be the act of the Investment Sub-Committee.

Duties and Responsibilities of the Investment Sub-Committee
In addition to carrying out any other responsibilities delegated to the Investment Sub-Committee by the Finance Committee from time to time, the Investment Sub-Committee shall:

Investment Policy Statement, Portfolio Risk and Key Reserve Attributes
• Develop, maintain, and review and revise from time to time, as appropriate, in each case subject to the Finance Committee approval, an investment policy for UW Health outlining the objectives and guidelines for and constraints on investment of the Fund (the “Investment Policy Statement”) and all other documents governing the investment and overall management of the Fund.
• At least annually, evaluate the target for Fund levels for appropriateness given business and operating environment risks and opportunities.
• At least annually, gather relevant input from the Finance Committee regarding risk tolerance and key Fund portfolio characteristics, including but not limited to expected return, volatility, duration and liquidity.
• In light of the foregoing information and evaluation, evaluate whether there are any necessary or desirable changes to be made to the Investment Policy Statement (including the Asset Allocation Guidelines set forth therein) or other applicable governing documents.

Investment Performance, Investment Service Providers and Costs
• Review the investment performance of the Fund relative to its performance benchmarks on a quarterly basis.
• Monitor and evaluate investment managers for the Fund at least quarterly.
• Determine whether investment consultants, managers, custodians and any other service provider with respect to the Fund should be retained or replaced and take appropriate action with respect to the same.
• Approve the retention of new Investment Managers or termination of contracts with then-current Investment Managers. At least annually, assess whether fees incurred by or on behalf of the Fund portfolios are appropriate and reasonable.
Oversight of Implementation of Investment Policy Statement

• At least quarterly, ensure compliance with the Investment Policy Statement by verifying that Fund balances are invested accordingly.
• Ensure operational functions, including, but not limited to, rebalancing and reserve funding, are performed appropriately by UW Health Staff or its designee.

Other Duties and Responsibilities of the Sub-Committee

• Review, at least annually, the Investment Sub-Committee’s charter and recommend any proposed changes to the Finance Committee for approval.
• Review, at least annually, the Investment Policy Statement (including the Asset Allocation Guidelines therein) and recommend any proposed changes thereto to the Finance Committee for approval.
• Report formally to the Finance Committee at least annually on the Investment Sub-Committee findings and recommendations.
• Be responsible to the Finance Committee and maintain minutes or other records of the Investment Sub-Committee meetings and activities.
• Ensure that the Fund is managed in accordance with any applicable laws and/or regulations.
• Review, evaluate and make recommendations to the Finance Committee with respect to any request to make additions to Allowed Assets or exceptions to Prohibited Assets under the Investment Policy Statement, and in evaluating such requests, shall consider UW Health’s investment objectives and values and mission.
• Such other responsibilities regarding the Fund as may be delegated to the Investment Sub-Committee from time to time by the Finance Committee.

Authority to Engage Advisers

On an annual basis the Finance Committee will review the performance of the Fund, investment managers, investment custodians and investment consultants in coordination with the Investment Sub-Committee. The Investment Sub-Committee has authority to retain and replace investment managers when it deems appropriate, and shall have authority to approve fees and terms of retention, without the prior permission of the Finance Committee, and shall be provided the necessary resources for such purpose.

Executive Liaison

The management liaison to the Investment Sub-Committee is the Chief Financial Officer of UWHCA.
Investment Policy Statement

Effective as of January 25, 2018
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Liquidity
Investment Guidelines
Asset Allocation Guidelines

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Selection of Investment Managers
Investment Manager Performance Review and Evaluation
Conflicts of Interest
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Addendums
Investment Policy Statement

SCOPE OF THIS INVESTMENT POLICY STATEMENT

This Investment Policy Statement ("IPS") sets forth the investment policy, objectives, guidelines for and constraints of investment of the Fund (as hereinafter defined). The Finance Committee, and Board of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority ("UWHCA") have approved this IPS.

PURPOSE OF THIS INVESTMENT POLICY STATEMENT

This Investment Policy Statement is intended to provide guidance to the Finance Committee, Investment Sub-Committee, Investment Consultant, and the Investment Managers responsible for managing the Fund’s assets and outlines certain specific investment policies, which will govern how to achieve those goals and objectives. It is intended to:

1. Define and assign the responsibilities of the parties involved in the management and oversight of the Fund.

2. Establish a clear understanding of the investment goals and objectives, as well as risk tolerance as the basis for evaluating investment results.

3. Establish asset allocation guidelines that reflect UW Health’s risk posture.

4. Offer guidelines regarding the selection of investment manager(s) who will provide a consistent level of superior risk-adjusted performance at the total program level over full market cycles.

The investment guidelines described in the IPS are dynamic and reflect the Fund’s financial needs and circumstances, the time horizon available for investment, and the philosophy regarding the investment of assets. The IPS will be reviewed annually by the Investment Sub-Committee with revisions recommended to the Finance Committee for further approval.

Nothing in this IPS shall be construed to prohibit UWHCA, UWMF, SAH Operating, or SAF from making investments of non-Fund assets, as recommended by management/staff, and/or the Finance Committee, and as approved by the appropriate Board(s) of Directors (where required).
GENERAL INVESTMENT OBJECTIVES

In general, the primary investment objective is to sustain and grow the long-term financial assets of the Fund, while incorporating the mission and values of UW Health, avoiding excessive risk, maintaining sufficient liquidity to meet potential cash flow requirements, and meeting financial obligations as they are due. To accomplish this, the investment pool is expected to earn returns in excess of a passive set of market indexes representative of the underlying strategic asset allocation targets.

The Finance Committee and Investment Sub-Committee believe that the achievement of investment returns should be viewed in a long-term context. The Finance Committee and Investment Sub-Committee recognize that rates of return are volatile on a year-to-year basis and that investment returns will not progress uniformly over time. Thus, volatility will be tolerated in as much as it is consistent with the volatility of a comparable market index.

Use of a diversified array of investments with active and passive strategies that will benefit the portfolio as a whole throughout varying market environments, in so far as it may enhance returns objectives and reduce portfolio risk, is desired.

DEFINITIONS

1. “Fund” shall mean the single integrated investment pool of the assets of each UWHCA, UWMF, SAH Operating, and SAF, contributed thereto by each of the Investors from time to time pursuant to that certain Investment Pooling Agreement to be entered into among the Investors, as the same may be amended from time to time (the “Pooling Agreement”).

2. “Finance Committee” is the Finance Committee of the UWHCA Board of Directors.

3. “Investment Sub-Committee” shall refer to the sub-committee of the Finance Committee that was established to direct the administration and investment management of Fund assets in accordance with the Investment Sub-Committee Charter and this IPS.

4. “Investment Manager” shall mean any individual, group of individuals, or entity employed to manage the investments of part of the Fund assets.

5. “Investment Consultant” shall mean any individual, group of individuals or entity employed to provide advisory services, including advice on investment objectives and/or asset allocation, investment manager search, and performance monitoring.

6. “Investor” means each of UWHCA, the University of Wisconsin Medical Foundation (“UWMF”), the SwedishAmerican Hospital Operating Fund (“SAH Operating”), and the
SwedishAmerican Foundation ("SAF").

7. "Custodian" shall refer to the firm responsible for all duties relating to the physical possession of securities owned by the Fund, including the collection of dividend and interest payments, the redemption of maturing securities, and effecting the receipt and delivery of assets following purchases and sales.

8. "Securities" shall refer to the marketable investment securities which are defined as acceptable in this IPS.

9.8. “Investment Horizon” shall be the time period over which the investment objectives, as set forth in this IPS, are expected to be met. While the investment horizon for this Fund is long-term in nature, investment performance expectations as detailed in this IPS will be evaluated over a full market cycle (typically 5 – 7 years).

ASSIGNMENT OF RESPONSIBILITIES

Responsibility of the Finance Committee of UW Health

Except to the extent otherwise stated herein, by virtue of the approval of this IPS by the UWHCA Board, the Finance Committee has been delegated the authority to act on behalf of the Board to oversee the management of Fund assets and, in carrying out its responsibilities hereunder, shall have all of the powers and authority of the Board. The Finance Committee shall discharge its duties solely in the interest of the Fund, with the care, skill, prudence, and diligence under the circumstances then prevailing, that a prudent person, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character with like aims.

The Finance Committee has the responsibility to:

1. Administer the IPS;

2. Approve risk objectives as recommended by the Investment Sub-Committee;

3. Approve changes to overall asset allocation structure and positioning (outside of tactical asset allocation shifts and routine rebalancing efforts);

3.4. Approve additions to Allowable Assets and/or exceptions to Prohibited Assets (each as hereinafter defined);

5. In coordination with the Investment Sub-Committee, prudently and diligently select and/or replace investment professionals, including Investment Managers, Investment Consultant(s), Custodian(s), and any other service providers that it deems necessary;
4.a. The Finance Committee delegates responsibility to the Investment Sub-Committee to approve the retention of new Investment Managers or termination of contracts with then-current Investment Managers.

5.6. On a periodic basis, review the performance of the Fund, Investment Managers, and Investment Consultants in coordination with the Investment Sub-Committee and/or an Investment Consultant; and

6.7. Such other responsibilities regarding the Fund as may be delegated to the Finance Committee from time to time by the UWHCA Board of Directors.

Responsibility of the Investment Sub-Committee of UW Health

The Investment Sub-Committee was established as a sub-committee of the Finance Committee to direct the administration and investment management of Fund assets. The Investment Sub-Committee shall have the responsibilities set forth from time to time in the UW Health Investment Sub-Committee Charter, the current version of which is attached hereto as Addendum 2.

Responsibility of Management and Staff of UW Health

Management and Staff of UW Health are responsible for implementing the IPS subject to the oversight of both the Finance Committee and Investment Sub-Committee. Management and Staff have the responsibility to:

1. Project the Fund’s financial needs and communicate such needs to the Investment Consultant on a timely basis;

2. Recommend to the Investment Sub-Committee the selection of Investment Managers;

3. Rebalance the Fund allocations on a periodic basis in coordination with the Investment Consultant; and

4. Review, at least annually, the IPS and specific Investment Manager guidelines.

Responsibility of the Investment Consultant

The Investment Consultant’s role is that of a non-discretionary advisor to the Finance Committee and Investment Sub-Committee of UW Health. Investment advice concerning the investment management of Fund assets will be offered by the Investment Consultant, and will be consistent with the investment objectives, policies, guidelines and constraints as established in this IPS. Contracts for services with any Investment Consultant shall provide that the responsibilities of the Investment Consultant will include:
1. Assisting in the development and periodic review of Investment Policy, asset allocation strategy, and portfolio structure;

2. Assisting Management / Staff and the Investment Sub-Committee in the selection of investment manager(s) and strategies;

3. Support management in the oversight, due diligence, and review of Investment Managers;

4. Provide written performance measurement reports on a quarterly basis;

5. Responsibility for the day-to-day monitoring of Investment Managers to ensure they are in compliance with the Fund’s goals, objectives and the IPS;

6. Meet with the Investment Sub-Committee and Management / Staff quarterly, or as necessary, to review investment performance and consider whether any changes or other actions are necessary with respect to the investment portfolio; and

7. Such other responsibilities as are set forth in the contract with the Investment Consultant.

Responsibility of the Investment Manager(s)

Each Investment Manager will have discretion to make all investment decisions for the assets placed under its jurisdiction, while observing and operating within all policies, guidelines, constraints, and philosophies as outlined in this IPS. In recognition of the benefits of diversification, it is the intention of the Fund to use mutual funds, exchange traded funds, or commingled vehicles in addition to the utilization of separately managed accounts. Notwithstanding the foregoing, the Finance Committee, Investment Sub-Committee and Investment Consultant understand that the guidelines outlined in this IPS will not be directly applied to the management of such commingled vehicles. Contracts for services with any Investment Manager(s) shall provide that the responsibilities of the Manager(s) will include:

1. Discretionary investment management including decisions to buy, sell, or hold individual securities, and to alter asset allocation within the guidelines established in this IPS; and

2. Requirements that each Investment Manager will:

   a. Promptly communicate any material changes in the Investment Manager’s outlook, investment strategy, investment policy, and tactics;

   b. Be available on a reasonable basis for telephone communication when needed;
and

c. The Investment Manager will discuss any significant changes in ownership structure, changes in key investment personnel and/or management, and investment practices.

Absent delegation to another service provider, each Investment Manager is responsible and empowered to exercise all rights, including proxy voting rights, as are acquired through the purchase of securities, where practical.
SPECIFIC INVESTMENT GOALS

Return Objectives
It is expected that over a full market cycle (typically lasting 5-7 years) the total return on the UW Health investment portfolio will outpace the Policy Index return measured on a compound annual return basis after the deduction of investment management fees. The Policy Index shall be represented by a composite market index comprised of passive market indices combined in the same percentage as the Fund’s strategic asset allocation targets. The investment goal above is the objective of the aggregate Fund and is not meant to be imposed on each investment account individually.

The Policy Index is currently constructed as follows:

<table>
<thead>
<tr>
<th>Policy Index Composition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Income</td>
<td>Bloomberg Barclays US Aggregate Bond Index</td>
</tr>
<tr>
<td>Global Equity</td>
<td>MSCI ACWI</td>
</tr>
</tbody>
</table>

Risk Objectives
The risk objective for the aggregate Fund is the target standard deviation chosen from asset allocation modeling as measured by volatility (standard deviation), and is similar to the volatility level of the Policy Index when measured over a full market cycle. The Fund’s risk level balances portfolio stability and portfolio appreciation and includes a moderate level of volatility and risk of principal loss. The portfolio will include a balance of fixed income, equities and alternative investments. Thus, volatility will be tolerated in as much as it is consistent with the volatility of a comparable market index.

Understanding that risk is present in all types of securities and investment styles, the Finance Committee and Investment Sub-Committee recognize that some risk is necessary to produce long-term investment results that are sufficient to meet the Fund’s investment objectives. However, unnecessary levels of risk-taking are to be avoided, as the Finance Committee and Investment Sub-Committee recognize that it may be necessary to forego opportunity for potential large gains to achieve a reasonable risk posture.

LIQUIDITY

To minimize the possibility of a loss occasioned by the sale of a security forced by the need to meet a required payment, the Investment Sub-Committee, in coordination with Management and Staff, will periodically provide the Investment Consultant with an estimate of expected net cash flow. The Investment Sub-Committee / Management and Staff will notify the Investment Consultant in a timely manner, to allow sufficient time to build up necessary liquid reserves.
INVESTMENT GUIDELINES

Allowable Assets

1. Cash Equivalents
   - Treasury Bills
   - Money Market Funds
   - Commercial Paper
   - Banker’s Acceptances
   - Repurchase Agreements
   - Certificates of Deposit

2. Fixed Income Securities
   - U.S. Government and Agency Securities
   - Corporate Notes and Bonds
   - Mortgage Backed Bonds
   - Preferred Stock
   - Asset Backed Securities
   - Municipal Securities
   - Fixed Income Securities of Foreign Governments & Corporations (Dollar-Denominated Only)
   - Non-Investment Grade (High-Yield) Bonds

3. Equity Securities
   - Common Stocks
   - Convertible Notes and Bonds
   - Convertible Preferred Stocks
   - American Depository Receipts (ADRs) of Non-U.S. Companies
   - Stocks of Non-U.S. Companies (Ordinary Shares)
   - Real Estate Investment Trusts (REITs)

4. Mutual Funds / Exchange Traded Funds
   - Mutual Funds / Exchange Traded Funds which invest in securities as allowed in this statement

5. Alternative Investments
   - Hedge Funds
   - Private Equity / Private Real Estate
   - Limited Partnerships
   - Master Limited Partnerships
   - Real Assets / Real Estate

6. University of Wisconsin Foundation (UWF) Endowment pooled funds
The Finance Committee may, upon the request of Management/Staff or an Investment Consultant, and upon recommendation by the Investment Sub-committee, permit additions to the list of Allowable Assets (either on a one-time or permanent basis).

Stock Exchanges
To ensure marketability and liquidity, equity transactions will be executed using primarily the following exchanges: New York Stock Exchange, American Stock Exchange, and NASDAQ. Other exchanges and methods may be used in an effort to achieve the best possible execution.

Prohibited Assets*
Prohibited individual investments are any investments that are not specifically authorized within this statement (except for assets held in a UWF Endowment pooled fund, mutual fund or exchange traded fund as described under Allowable Assets). Those include, but are not limited to, the following:

1. Commodities and Futures Contracts
2. Private Placements (this is not meant to prohibit Rule 144A Securities)
3. Lettered or Restricted Stock
4. Limited Partnerships
5. Venture Capital Investments
6. Tangible Personal Property
7. Direct Real Estate
8. Art / Precious Metals
9. Short Selling
10. Margin Transactions
11. Oil and Gas Payments / Drilling Partnerships

* With the exception of Finance Investment Sub-Committee approved dedicated portfolios of Alternative Investments.

Notwithstanding the foregoing, the Finance Committee may, upon the request of Management/Staff or an Investment Consultant, and upon recommendation by the Investment Sub-Committee, permit exceptions to the list of Prohibited Assets (either on a one-time or permanent basis).

Prohibited Transactions*
Prohibited transactions include, but are not limited to the following:

1. Short Selling
2. Margin Transactions
*With the exception of Finance Investment Sub-Committee approved dedicated portfolios of Alternative Investments.

**Diversification Requirements**

The primary method to reduce risk for the Fund is diversification through asset allocation. By allocating assets in different asset classes, the portfolio can reduce risk by avoiding concentration as well as reduce risk through the low correlation between different asset classes.

Each Investment Manager has discretion with regard to security selection and allocation within its respective portfolio. Unless otherwise noted, under normal market conditions, each Investment Manager is expected to be invested consistent with its investment style as described in its relevant documentation.

To minimize the risk of large losses, each Investment Manager shall maintain adequate diversification in their portfolio subject to the constraints outlined in the IPS.

**Alternative Investments**

Alternative investments represent investments in vehicles that seek to provide diversification through innovative and flexible strategies (such as the ability to short, add leverage and hedge). Investments in such vehicles are expected to provide diversification and the opportunity for capital appreciation. Diversification standards within each investment vehicle shall be according to the prospectus or trust document. Investments in these vehicles carry special risks. The Fund may (with specific Finance Committee approval) utilize speculative investment strategies, trade in volatile securities, and use leverage in an attempt to generate superior investment returns. The Fund may invest in illiquid securities for which there is no ready market and place restrictions on investors as to when funds may be withdrawn.

The organization acknowledges that: (1) Alternative investments can be highly illiquid and may engage in leveraging and other speculative investment practices, which may involve volatility of returns and significant risk of loss, including the potential for loss of the principal invested; (2) that there is no secondary market currently available for interests in most alternative investments and that there may be restrictions imposed by the fund on transferring such interests as stated in the fund’s private placement memorandum or prospectus; (3) that investing in alternative investments is only suitable for experienced and sophisticated investors who are willing to bear the high economic risks of the investment and that this Fund qualifies as such an investor; (4) that it will carefully review and consider all potential risks before investing including the following specific risks:

- loss of all or a substantial portion of the investment due to leveraging, short-selling, or other speculative practices;
- lack of liquidity in that there may be no secondary market for the fund and none is expected to develop;
• volatility of returns;
• restrictions on transferring interests in the Fund;
• potential lack of diversification and resulting higher risk due to concentration of trading authority when a single advisor is utilized;
• absence of information regarding valuations and pricing;
• complex tax structures and delays in tax reporting;
• less regulation and higher fees than mutual funds; and
• firm-specific investment manager risk.

Securities Lending
Securities lending is not permitted under this IPS except for that which may be done by a mutual fund or in the University of Wisconsin Foundation Endowment Fund.

ASSET ALLOCATION GUIDELINES

The Fund is expected to operate within an overall asset allocation strategy defining the portfolio’s mix of asset classes. This strategy, described below, sets a long-term percentage target for the Fund’s market value that is to be invested in any one asset class. The allocation strategy also defines the allowable investment shifts between the asset classes, above and below the target allocations. In line with the Fund’s return objectives and risk parameters, the mix of assets should be maintained as follows (percentages are of the market value of the Fund):

<table>
<thead>
<tr>
<th>Asset Class Totals</th>
<th>Minimum</th>
<th>Target</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Fixed Income</td>
<td>35%</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>Global Equity</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Alternative Investments</td>
<td>0%</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Please note, the asset allocation guidelines as specified above are to include the asset class exposures obtained through the UWF Endowment pooled fund.

Deviations from this asset mix guideline may be authorized by the Finance Committee, which may determine if the aggregate deviation constitutes a material departure from the spirit of the target allocation.

SELECTION OF INVESTMENT MANAGERS

The Investment Sub-Committee’s selection of Investment Manager(s) must be based on
prudent due diligence procedures. A qualifying Investment Manager must be a registered investment advisor under the Investment Advisors Act of 1940, or a bank or insurance company.

Investment Managers approved by the Investment Sub-Committee are chosen using criteria which may include, but is not limited to:

- Level of experience, financial resources and staffing levels of the Investment Manager;
- The Investment Manager’s ability to provide an investment style or approach that complements other Investment Managers in the portfolio;
- Reasonableness of expense ratios / fees;
- Past performance, considered relative to other investments having the same investment objective. (Consideration should be given to both consistency of performance and the level of risk taken to achieve results); and
- Stability of organization.

University of Wisconsin Foundation (UWF)

UWF manages pooled investment funds on behalf of multiple University of Wisconsin affiliated entities. Historically, UWHCA has invested with UWF in an Endowment Fund pooled vehicle. The UWF Endowment portfolio is an internationally diversified pooled fund. Asset selection is at the full discretion of UWF. As such, the Investor has no involvement in the manager and selection of invested assets. The asset allocation consists of domestic, international, and private equities, hedge funds, fixed income, and real assets (certain of which would otherwise be prohibited under this policy). As such, it serves as a vehicle to diversify a portfolio to include limited exposure to more aggressive, higher yielding investment categories. It is the intention of the Board and Finance Committee to permit a limited amount of exposure to the Endowment Fund for purposes of diversification, return and risk management.

INVESTMENT MANAGER PERFORMANCE REVIEW AND EVALUATION

Performance reports generated by the Investment Consultant shall be compiled at least quarterly and communicated to the Investment Sub-Committee for review. The investment performance of total portfolios, as well as asset class components, will be measured against commonly accepted performance benchmarks. Consideration shall be given to the extent to which the investment results are consistent with the investment objectives, goals, and guidelines as set forth in this statement of investment policy. The Finance Committee and Investment Sub-Committee intend to evaluate the portfolio(s) over longer-term periods, but reserve the right to allow the Investment Sub-Committee to terminate an Investment Manager for any reason including the following:

1. Investment performance which is significantly less than anticipated given the discipline employed and the risk parameters established, or unacceptable justification of poor results.

2. Failure to adhere to any aspect of this statement of investment policy, including
communication and reporting requirements.

3. Significant qualitative changes to the investment management organization.

4. Significant style drifts from stated discipline.

Investment Managers shall be reviewed regularly regarding performance, personnel, strategy, research capabilities, organizational and business matters, and other qualitative factors that may impact their ability to achieve the desired investment results. The Investment Sub-Committee intends to evaluate the actively-managed traditional investment strategies based upon the following criteria over a full market cycle:

1. Benchmark Correlation
   • Three-, five-, and seven-year $R^2$ should be greater than or equal to 0.80

2. Annualized Performance
   • Three-, five-, and seven-year annualized return should surpass benchmark

3. Risk-Adjusted Performance
   • Three-, five-, and seven-year Sharpe Ratio (excess return divided by standard deviation of returns) should be above benchmark

4. Down Market Performance
   • Three-, five-, and seven-year down capture ratio should be less than 1.0

5. Peer Universe
   • Percentile ranking of portfolio’s three-, five-, and seven-year annualized return against peer group should be above median (50%)

6. Investment Management Organization Changes
   • Turnover of portfolio manager or other personnel significant to the firm’s management process
   • Ownership change
   • Involvement in relevant regulatory investigation or litigation
   • Significant increase in fees

7. Deviation from Investment Methods basic to Historical Records
   • Aggregate assets in product are insufficient to ensure broad diversification, efficient trading, and economies of scale
   • Assets in product grow too large to continue to be managed in a manner similar to methods that built historical performance
   • Portfolio characteristics do not match stylistic expectations

In the event that an Investment Manager is under watch by the Investment Sub-Committee or circumstances have arisen that require an immediate review, the Investment Sub-Committee
will evaluate the Investment Manager in question and determine what, if any, action should be taken. Generally, the Investment Sub-Committee may make one of three decisions:

♦ Satisfied with Explanation – The Investment Sub-Committee is satisfied with the results of the Investment Manager review and will continue with the normal quarterly investment reviews.

♦ Place Manager on Watch List – The Investment Sub-Committee is concerned with the Investment Manager’s ability to meet the performance objectives and accordingly, the Investment Manager is put on watch and will be subject to a more detailed review at each quarterly performance review. The Investment Sub-Committee will then reevaluate the manager’s overall investment performance to make a determination as to whether to continue with the manager, terminate the manager or continue it on watch.

♦ Review Alternatives and Replace Manager – Review alternatives and replace the manager as an investment component of the Fund.

CONFLICTS OF INTEREST

All investment decisions and actions performed on behalf of the Fund by any of the selected investment professionals shall be performed solely for the benefit and best interests of the Investors. If any investment professional has a conflict of interest that might impair its ability to carry out decisions and actions in the best interest of the Investors, it must be disclosed in writing to the Finance Committee and Investment Sub-Committee.

INVESTMENT POLICY REVIEW

To assure continued relevance of the guidelines, objectives, financial status and capital markets expectations as established in this Statement of Investment Policy, the Investment Sub-Committee plans to review investment policy at least annually.

This Investment Policy Statement is adopted on January 25, 2018 by the UWHCA Board of Directors.

__________________________________  __________________________________
Name:       Name:
Title:       Title:
The following Investment Managers have been retained by UW Health to manage a dedicated investment portfolio. The investment objectives and guidelines for the assets are defined in this document. The policy items included in the Investment Policy Statement are applicable for the entire Fund, but may not apply to each individual Investment Manager.

### Specific Investment Goals

Over the investment horizon established in the Investment Policy Statement, it is the goal of the assets managed by each investment management firm to meet or exceed:

<table>
<thead>
<tr>
<th>Manager</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlackRock Short Duration</td>
<td>BofA Merrill Lynch 1-3 Year Treasury</td>
</tr>
<tr>
<td>US Bank Asset Management</td>
<td>BofA Merrill Lynch 1-3 Year Treasury</td>
</tr>
<tr>
<td>Baird Advisors Intermediate Bond</td>
<td>Bloomberg Barclays Intermediate Govt / Credit</td>
</tr>
<tr>
<td>JPMorgan Asset Management Core Bond</td>
<td>Bloomberg Barclays US Aggregate Bond</td>
</tr>
<tr>
<td>Western Asset Core Plus Portfolio</td>
<td>Bloomberg Barclays US Aggregate Bond</td>
</tr>
<tr>
<td>BlackRock Strategic Income Opportunities Fund</td>
<td>Bloomberg Barclays US Universal</td>
</tr>
<tr>
<td>Vanguard Value Index ETF</td>
<td>CRSP US Large Cap Value</td>
</tr>
<tr>
<td>Aristotle Capital Management Value Equity</td>
<td>Russell 1000 Value</td>
</tr>
<tr>
<td>Delaware Investments Large Cap Value Equity</td>
<td>Russell 1000 Value</td>
</tr>
<tr>
<td>Vanguard Growth Index ETF</td>
<td>CRSP US Large Cap Growth</td>
</tr>
<tr>
<td>Alliance Bernstein Concentrated US Growth</td>
<td>Russell 1000 Growth</td>
</tr>
<tr>
<td>ClearBridge Large Cap Growth ESG</td>
<td>Russell 1000 Growth</td>
</tr>
<tr>
<td>TSW Mid Cap Value</td>
<td>Russell Midcap Value</td>
</tr>
<tr>
<td>Congress Asset Management Mid Cap Growth</td>
<td>Russell Midcap Growth</td>
</tr>
<tr>
<td>Delaware Investments Small Cap Value Equity</td>
<td>Russell 2000 Value</td>
</tr>
<tr>
<td>Vanguard FTSE Developed Markets ETF</td>
<td>FTSE Developed All Cap ex-US</td>
</tr>
<tr>
<td>Aristotle/Cambiar Investors International Equity</td>
<td>MSCI ACWI ex-US</td>
</tr>
<tr>
<td>Invesco International Growth</td>
<td>MSCI ACWI ex-US</td>
</tr>
<tr>
<td>Lazard Asset Mgmt Emerging Mkts Equity Select</td>
<td>MSCI Emerging Markets</td>
</tr>
<tr>
<td>VanEck Emerging Markets Fund</td>
<td>MSCI Emerging Markets</td>
</tr>
<tr>
<td>University of Wisconsin Foundation</td>
<td>Blend of MSCI ACWI, Burgiss Private iQ, Custom, NCREIF NFI-ODCE and Bloomberg Barclays Global Aggregate Bond</td>
</tr>
</tbody>
</table>

### Volatility (Risk)

Each investment strategy is expected to meet its objectives with a level of risk which is consistent with the risk associated with the index stated above.
Addendum 2 to Investment Policy Statement
UW Health Investment Sub-Committee Charter

SEE ATTACHED.
UW HEATH
INVESTMENT SUB-COMMITTEE CHARTER

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

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

Membership
The Investment Sub-Committee shall be comprised of seven (7) members, named as follows:
- Three (3) individuals nominated by UW Health-MadisonHCA; and
- Two (2) individuals nominated by UWMF; and
- Two (2) individuals nominated by SAHS.

The Finance Committee shall approve each member nominated to the Investment Sub-Committee, and upon such approval each nominee shall become a member of the Investment Sub-Committee and shall serve in such role until his or her earlier resignation or removal. Vacancies in Investment Sub-Committee membership may be filled by the Investor with the right to nominate such Member (subject to Finance Committee approval). Any Investor may remove a member of the Investment Sub-Committee designated by that Member-Investor at any time.

The Investment Sub-Committee’s Chair (the “Chair”) shall be a member of the Investment Sub-Committee and shall be approved by the members of the Investment Sub-Committee, by majority vote.

Meetings
The Chair or his/her delegate shall preside at meetings of the Investment Sub-Committee and shall set the agenda. The Investment Sub-Committee shall meet at least quarterly and otherwise as often as deemed necessary or appropriate, in its judgment, to discharge its duties and responsibilities. Meetings of the Investment Sub-Committee may be held in-person and/or via telephonic or electronic or video conference, and at such times and places as the Investment Sub-Committee determines. A majority of the then-sitting members of the Investment Sub-Committee shall constitute a quorum for the transaction of business at any meeting of the Investment Sub-Committee.

Manner of Acting
Each member of the Investment Sub-Committee shall have one (1) vote on all matters brought before the Investment Sub-Committee within the scope of its authority. The act of a majority of the members of the Investment Sub-Committee at a meeting at which a quorum is present shall be the act of the Investment Sub-Committee.

Duties and Responsibilities of the Investment Sub-Committee
In addition to carrying out any other responsibilities delegated to the Investment Sub-Committee by the Finance Committee from time to time, the Investment Sub-Committee shall:

**Investment Policy Statement, Portfolio Risk and Key Reserve Attributes**
- Develop, maintain, and review and revise from time to time, as appropriate, in each case subject to the Finance Committee approval, an investment policy for UW Health outlining the objectives and guidelines for and constraints on investment of the Fund (the “Investment Policy Statement”) and all other documents governing the investment and overall management of the Fund.
- At least annually, evaluate the target for Fund levels for appropriateness given business and operating environment risks and opportunities.
- At least annually, gather relevant input from the Finance Committee regarding risk tolerance and key Fund portfolio characteristics, including but not limited to expected return, volatility, duration and liquidity.
- In light of the foregoing information and evaluation, evaluate whether there are any necessary or desirable changes to be made to the Investment Policy Statement (including the Asset Allocation Guidelines set forth therein) or other applicable governing documents.

**Investment Performance, Investment Service Providers and Costs**
- Review the investment performance of the Fund relative to its performance benchmarks on a quarterly basis.
- Monitor and evaluate investment managers for the Fund at least quarterly.
- Determine whether investment consultants, managers, custodians and any other service provider with respect to the Fund should be retained or replaced and take appropriate action with respect to the same.
- Approve the retention of new Investment Managers or termination of contracts with then-current Investment Managers, in regards to Investment Managers, new manager.
hires and manager terminations require the approval of the Investment Sub-Committee solely.

- At least annually, assess whether fees incurred by or on behalf of the Fund portfolios are appropriate and reasonable.

Oversight of Implementation of Investment Policy Statement
- At least quarterly, ensure compliance with the Investment Policy Statement by verifying that Fund balances are invested accordingly.
- Ensure operational functions, including, but not limited to, rebalancing and reserve funding, are performed appropriately by UW Health Staff or its designee.

Other Duties and Responsibilities of the Sub-Committee
- Review, at least annually, the Investment Sub-Committee’s charter and recommend any proposed changes to the Finance Committee for approval.
- Review, at least annually, the Investment Policy Statement (including the Asset Allocation Guidelines therein) and recommend any proposed changes thereto to the Finance Committee for approval.
- Report formally to the Finance Committee at least annually on the Investment Sub-Committee findings and recommendations.
- Be responsible to the Finance Committee and maintain minutes or other records of the Investment Sub-Committee meetings and activities.
- Ensure that the Fund is managed in accordance with any applicable laws and/or regulations.
- Review, evaluate and make recommendations to the Finance Committee with respect to any request to make additions to Allowed Assets or exceptions to Prohibited Assets under the Investment Policy Statement, and in evaluating such requests, shall consider UW Health’s investment objectives and values and mission.
- Such other responsibilities regarding the Fund as may be delegated to the Investment Sub-Committee from time to time by the Finance Committee.

Authority to Engage Advisers
On an annual basis the Finance Committee will review the performance of the Fund, investment managers, investment custodians and investment consultants in coordination with the Investment Sub-Committee. The Investment Sub-Committee has authority to retain and replace investment managers when it deems appropriate, and shall have authority to approve fees and terms of retention, without the prior permission of the Finance Committee, and shall be provided the necessary resources for such purpose.

Executive Liaison
The management liaison to the Investment Sub-Committee is the Chief Financial Officer of UWHCA.
Executive Summary

Isthmus Project, Inc.
Board of Directors Membership
Dear UWHCA Board Member:

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

At the September 23, 2020, UWHCA Board of Directors meeting, approval was provided to combine the former Isthmus Project, Inc. Board of Directors and Investment Committee (due to the overlap of Board and Committee membership and duplicative review processes).

The attached document provides the proposed Isthmus Project, Inc. Board of Directors (Class I, Class II, and Class III) for your review and approval.

Thank you for your consideration.

Patti Hutter
Vice President, Deputy General Counsel – Corporate Affairs
# Isthmus Project, Inc. Board of Directors

<table>
<thead>
<tr>
<th>Class I Directors</th>
<th>Position</th>
<th>Name</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Innovation Officer</td>
<td>Elizabeth Hagerman</td>
<td>Technical, Business, Operations</td>
</tr>
<tr>
<td></td>
<td>UWHCA CEO (or designee)</td>
<td>Kelly Wilson</td>
<td>UW Health Operations, Legal</td>
</tr>
<tr>
<td></td>
<td>UWSMPH Dean (or designee)</td>
<td>Rick Moss</td>
<td>SMPH Operations, Faculty Unmet need</td>
</tr>
<tr>
<td>Class II Directors</td>
<td>4 Directors named by UWHCA</td>
<td>George Kamperschroer</td>
<td>Corporate Legal</td>
</tr>
<tr>
<td></td>
<td>Tom Grist</td>
<td></td>
<td>UWHCA Operations, SMPH Operations, Unmet needs</td>
</tr>
<tr>
<td></td>
<td>Rock Mackie</td>
<td></td>
<td>Technical, Business, Investment, Madison Start-Up Ecosystem</td>
</tr>
<tr>
<td></td>
<td>Mark Bakken</td>
<td></td>
<td>Investment, Madison Start-Up Ecosystem</td>
</tr>
<tr>
<td></td>
<td>1 Director Recommended by SMPH</td>
<td>Beth Burnside</td>
<td>SMPH Operations, ICTR</td>
</tr>
<tr>
<td>Class III Directors</td>
<td>4 Directors named by UWHCA</td>
<td>Beth Drolet</td>
<td>SMPH Operations, Clinical unmet needs</td>
</tr>
<tr>
<td></td>
<td>Mike Partsch</td>
<td></td>
<td>Investment, WARF Operations</td>
</tr>
<tr>
<td></td>
<td>Scott Button</td>
<td></td>
<td>Investment, Madison Start-Up Ecosystem</td>
</tr>
<tr>
<td></td>
<td>1 Director Recommended by SMPH</td>
<td>David Casimir</td>
<td>IP, Madison Start-Up Ecosystem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manish Shah</td>
<td>SMPH Operations, Clinical unmet needs</td>
</tr>
</tbody>
</table>
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Section I: Introduction to UW Organ and Tissue Donation and QAPI Program

UW OTD Overview
University of Wisconsin Organ and Tissue Donation (UW OTD) is a hospital-based non-profit organ procurement organization established in 1984. As designated by the federal government, UW OTD manages all organ donation activities for the majority of the state of Wisconsin and portions of upper Michigan and northern Illinois. The donation service area covers 72 counties and 108 hospitals.

UW OTD professional staff is available 24/7 to support the end-of-life process, evaluate, manage, recover, preserve, and provide organs for transplantation. UW OTD is dedicated to increasing the community’s awareness and sending a call to action to help alleviate the organ shortage and to improve quality of life through transplantation. To foster this commitment, UW OTD partners with hospital stakeholders through local improvement initiatives and active membership in Donate Life Wisconsin,. These collaborations provide community and professional education, sponsor
donor awareness events, and promote a positive donation focus in the media. Additionally, UW OTD is committed to honoring donors and their families through recognition and support programs such as the annual Gift of Life ceremony traditionally held at the Wisconsin Governor’s mansion each summer. UW OTD is part of the University of Wisconsin Health (UW Health).

Scope and Purpose of the QAPI Program
The UW OTD Quality Assessment and Performance Improvement (QAPI) Plan facilitates organization-wide participation that is committed to raising the standards of performance and ethical behavior while serving donor families, hospitals, recipients, medical research, and those waiting for a transplant. As a part of UW Health, UW OTD aligns with their mission, vision, values and collaborates with the UW Health Quality, Safety and Innovation (QSI) Department. One of UW Health’s goals is to be clearly distinguished as the quality and patient safety leader in the nation. Further, UW OTD believes that quality is:

- A core accountability of all UW OTD employees
- Doing things right the first time
- Providing the best service to our stakeholders to meet and exceed expectations
- Continuously searching for ways to innovate and improve daily operations
- Meeting and exceeding performance targets to raise the bar of excellence.

UW Health & UW OTD Mission / Vision
UW Health’s vision is Remarkable Healthcare. UW Health’s mission is advancing health without compromise through:

- Service
- Scholarship
- Science
- Social Responsibility

UW OTD has defined the following mission and vision to further address the unique practice of our organization.

**Mission:** UW OTD advocates for donors, donor families, and recipients and educates healthcare professionals and the public to enrich and save lives through organ and tissue donation.

**Vision:** Universally recognized as a preeminent organ procurement organization, we will identify and maximize every opportunity to save lives through organ donation. Further, the QAPI Plan will align with and support the key priorities of UW OTD:
The priorities are evaluated and assessed in a variety of ways across the phases of organ procurement, including but not limited to:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective next of kin consent process</td>
<td>DSS onsite rate</td>
</tr>
<tr>
<td></td>
<td>Consent rate</td>
</tr>
<tr>
<td></td>
<td>Regulatory Conversion rate and True Conversion rate</td>
</tr>
<tr>
<td>High quality donor family care</td>
<td>Donor family questionnaire results</td>
</tr>
<tr>
<td>Maximize the donation</td>
<td>Observed to Expected (O/E) Organs Transplanted</td>
</tr>
<tr>
<td></td>
<td>Organs Transplanted per Donor</td>
</tr>
<tr>
<td></td>
<td>Research Organs per Donor</td>
</tr>
<tr>
<td>Improve Employee Engagement</td>
<td>Employee Turnover &amp; Retention Rate</td>
</tr>
<tr>
<td></td>
<td>Employee Engagement Survey results?</td>
</tr>
<tr>
<td>Expand the donor registry</td>
<td>Number of True FPA Donors and Referrals Per Year</td>
</tr>
</tbody>
</table>

**UW OTD QAPI Program Goals & Objectives**

The overall goal of UW OTD’s QAPI program is to improve the performance of organ and tissue donation activities. This aligns with UW Health’s organizational quality improvement philosophy. The objectives of the QAPI Program are to:

- **Utilize data to drive improvement**: UW OTD has an abundance of objective process and objective outcome data to assist decision making. iTransplant is UW OTD’s primary platform for collecting and evaluating performance data. Performance data generated from iTransplant (and DonorLink, the system that was utilized from 2010 to October 2018) is shared with staff. Benchmarking is utilized to support decision making and assist with setting goals.

- **Foster a culture of safety and continuous quality improvement**: Maintaining quality and safety requires vigilance and effort. The mindset is exemplified by our organization's commitment to increase voluntary incident
reporting and ensure all employees utilize the UW Health Way Tool Kit’s performance improvement framework to solve problems.

- **Use proven improvement principles and processes:** The program utilizes the UW Health Way resources to carry out improvement work. The UW Health Way provides a set of guiding principles, an education program tailored to the varied needs of UW Health, and the framework to apply improvement concepts that lead to improved outcomes.

- **Ensure accountability:** Quality and safety issues are reviewed by UW OTD Leadership at the UW OTD Regulations and Standards Committee. UW OTD Managers review all adverse event reports and occurrences. The UW Healthcare Event Evaluation Team (HEET) ensures severe safety issues are addressed by the appropriate administrative team.

**Confidentiality, Corporate Compliance, & Third-Party Service Agreements and Contracts**

**Confidentiality**
All internal information that includes but is not limited to donor and recipient data, personnel records, accounting records, and quality assurance and occurrence data is privileged and confidential information. UW OTD employees who access this information in order to perform assigned duties are expected to treat materials with care and consideration for privacy as outlined in UW Health policy.

**Corporate Compliance**
UW OTD exercises due diligence in complying with all legal and regulatory requirements related to donation. Additionally, UW OTD seeks to detect and prevent unlawful and/or unethical conduct by its employees. UW OTD participates in the overall UW Health Corporate Compliance program, which ensures that Conflicts of Interest are assessed and disclosed if needed, annually by all staff, governing board, and advisory board members.

**Third Party Service Agreements and Contracts**
UW OTD Leadership in collaboration with UW Health resources is responsible for the oversight of current agreements and contracts with third party agencies. Suppliers of these products or services can affect the quality and/or safety of donation services and may be evaluated based on their ability to perform in accordance with specified requirements. UW OTD maintains a list of third-party agreements and contracts.

**Section II: QAPI Program Governance: Leadership, Governance, and Structure**

**Roles & Responsibilities**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Director, UW Health Transplant Center</strong></td>
<td>Provides leadership, oversight, and supervision of transplant activities. Works collaboratively with UW Health leadership, Organ Donation and Transplant Directors, Managers, and other hospital staff to move process improvement and major initiatives forward and ensures that all regulatory standards are being met.</td>
</tr>
<tr>
<td><strong>UW OTD Director</strong></td>
<td>Assumes organizational responsibility for implementation of the UW OTD QAPI plan, monitors and shares process and outcome measures to evaluate the quality of activities performed, and works to provide adequate resources and staffing.</td>
</tr>
<tr>
<td><strong>UW OTD Medical Directors</strong></td>
<td>Provides guidance and clinical oversight on the evaluation of potential organ donors and provides leadership to improve the number of organs transplanted per donor. Supports donation service area performance improvement initiatives aimed at maximizing true potential and successful reaccreditation and preparation for regulatory surveys.</td>
</tr>
<tr>
<td><strong>UW OTD Leadership Team: Director; Medical Director; all Managers, the Nurse Practitioner, the Senior Organ Procurement Coordinator, Program Director for Performance Excellence, Regulatory &amp; Quality System Program Manager</strong></td>
<td>Prioritizes, oversees, and reviews UW OTD improvement initiatives and performance indicators and ensures appropriate resources are deployed to performance improvement teams.</td>
</tr>
<tr>
<td><strong>UW Organ Donation and Transplant Program Director for Performance Excellence</strong></td>
<td>Leads and oversees the implementation of the QAPI Plans for the UW Health Transplant Center. Provides ongoing communication, quality training, and education for UW OTD staff and provides resources for performance improvement initiatives and projects. Leads the review and update of the plan annually. Reports performance improvement activities to the UW Health Transplant Center and UW Health leadership.</td>
</tr>
<tr>
<td><strong>UW OTD Multidisciplinary Staff</strong></td>
<td>Learns the methodology for improvement and participates in performance improvement activities as needed, identifies opportunities for improvement through stakeholder engagement activities, occurrence reporting, and quality assessment and assurance activities.</td>
</tr>
</tbody>
</table>

### Committee Structure

<table>
<thead>
<tr>
<th>Committee</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UW OTD QAPI Committee</strong></td>
<td>Responsible for reviewing quality assurance and scorecard data, including run charts, to identify trends and opportunities for improvement. The committee is also responsible for reviewing process improvement intake forms, approving or denying project ideas utilizing a PICK chart and referencing strategic priorities, project monitoring, removing barriers for project leads, and implementing sustainability plans. Annually the committee evaluates scorecard measures, goals and redlines, tracks historic improvement outcomes, approves QAPI plan updates, and undergoes strategic quality planning.</td>
</tr>
<tr>
<td><strong>Donor Management Steering Committee (DMSC)</strong></td>
<td>This committee completes a clinically focused review of every organ on all recovered donors to monitor for missed potential organ opportunities and identifies and disseminates novel donor management improvement strategies to increase organs transplanted per donor and observed to expected ratios.</td>
</tr>
<tr>
<td><strong>Consent Steering Committee (CSC)</strong></td>
<td>This committee completes a monthly review of potential donation conversation opportunities and monitors for necessary improvements in the consent process as well as cognitive behavior approach enhancements. This is done to identify and disseminate improvement strategies to optimize UW OTD and partner hospital collaborative communication that leads to and includes the consent conversation. This</td>
</tr>
</tbody>
</table>
committee identifies best practices to guide behaviors and practices for quality decision-making by the next of kin (NOK) in consent for organ, tissues, and eyes for the purposes of transplant, education and research

<table>
<thead>
<tr>
<th>Committee</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UW OTD Advisory Board</strong></td>
<td>May provide recommendations regarding performance improvement projects or initiatives. Provides professional advice and/or recommendations for organ and tissue donation activities. Reviews the QAPI plan annually.</td>
</tr>
<tr>
<td><strong>UW Health Transplant QAPI Steering Committee</strong></td>
<td>Provides leadership and oversight for QAPI efforts of the transplant center. Performance measures, improvement projects, and patient safety data are shared. The committee includes representation from medical and surgical staff from all organ programs, hospital leadership, hospital quality, transplant managers, UW OTD, operating room, and coordinated care. Minutes go to Patient Safety and Quality Committee of the UW Hospitals and Clinics Authority (UWHCA) Board.</td>
</tr>
<tr>
<td><strong>UW Health Organizational Improvement Department</strong></td>
<td>Supports the UW OTD QAPI Plan by providing resources and educational opportunities as appropriate. Additionally, UW OTD collaborates with and gives updates as requested.</td>
</tr>
<tr>
<td><strong>UWHC Authority Board</strong></td>
<td>Serves as a governing body for UW OTD. Reviews the overall performance of UW OTD annually. Reviews and approves the QAPI plan annually.</td>
</tr>
</tbody>
</table>

![UW OTD QAPI Structure Diagram]
**Communication**

**Morning Report and Shift Handoff**
These activities provide a standardized approach to communicate patient care updates and important announcements among the UW OTD team. They also provide an opportunity to debrief about any previous activity. UW OTD conducts twice daily organ procurement coordinator shift-handoff discussions that are open to all staff to participate. An all-staff morning report occurs Monday through Friday.

**Daily UW OTD Leadership Team Operational Huddles**
The leadership team huddles daily Monday through Friday to review any operational needs (staffing, case activity, stakeholder concerns, equipment issues, regulatory updates, industry announcements, patient or staff safety issues, etc.) in order to prioritize and resource them accordingly. This team also discusses any PSNs that have been recently submitted and require leadership team review (see “Corrective and Preventative Action (CAPA) System” section, below).

**UW Health Transplant Center Huddle**
The center-wide huddle occurs every morning to collect information from various internal stakeholders directly within the transplant center and internal hospital resources aligned with the center. The information collected from the huddle is cascaded down to each program to proactively address issues.

**UW Health Transplant Morbidity and Mortality (M&M) Conference**
On a weekly basis, the UW Health transplant surgical team facilitates a learning discussion of all cases performed in the previous week, inclusive of primary transplant operations, re-operations, or other surgical procedures performed in the pre and/or post-transplant phase. A representative of the UW OTD team participates to represent the organ recovery process, such as surgical errors and other technical or procedural issues.

**Stakeholder Engagement**

**Designated Requestor Program Evaluation**
Trained and certified Designated Requestors are an essential component to the successful consent rate within the UW OTD service area. On-going innovations and improvements are made to the training program for designated requestors to adapt national best practices on effective requesting. The Hospital and Community Development Manager oversees the administration and recertification of the program for the >500 requestors in the service area. Certified designated requestors have limited opportunity to practice their consent conversation skills since donation is such a low frequency event. Thus, based on best practices in the field and feedback from our hospital partners, UW OTD implemented Consent Workshops using simulated scenarios and actors so designated requestors can increase their experience, comfort, and competence in holding these conversations. The evaluations from participants have demonstrated the need for such an advanced training and the course has become a standard UW OTD course offering.

**Donor Family Questionnaire**
Every donor family is offered the opportunity to complete a survey about their donation experience. Analysis of this feedback data provides insight into on-going opportunities for performance improvement in the UW OTD donor family care process.

**Hospital Feedback Survey**
Hospital staff members involved in donation opportunities are sent a survey to provide feedback on their experience. Surveys may be submitted anonymously. Individual follow-up with hospital staff members is done on a case-by-case basis or as requested. Aggregate data may be analyzed to identify on-going opportunities for performance improvement in hospital development activities.

**After Action Reviews (AAR)**
UW OTD adapted the AAR framework, based on the work of Nancy Dixon and her book *Common Knowledge: How Organizations Thrive by Sharing What They Know*, to conduct a learning conversation with the appropriate UW OTD and hospital staff involved on donation opportunities. The AAR framework is used to identify how processes can be improved, foster questions about practices and outcomes, create accountability for follow-up on action items, and identify best practices in donation. The purpose is to translate learning into actions that generate improvements in the donation process. When the donation is a shared organ and tissue case, tissue donation discussions and dispositions are also incorporated for the hospitals receiving tissue development services from UW OTD.

**Monthly Hospital Dashboards**
Targeted hospitals are provided a monthly dashboard of organ donation activity with outcome metrics by a member of the UW OTD Hospital Development Team. In instances where UW OTD also provides tissue services for that hospital, tissue data is also shared. In collaboration with hospital staff, the dashboard analysis is used to guide improvement initiatives at the hospital. Dashboards are also shared with hospitals with lower organ donor volume either bi-annually or annually, depending on overall donation potential.

**UW OTD Tissue and Eye Partners**
The UW OTD regularly collaborates with tissue and eye recovery partners throughout the donation service area. In addition to cooperative outreach initiatives through our membership in Donate Life Wisconsin, UW OTD also is a contractual partner of Versiti, formerly BloodCenter of Wisconsin/Wisconsin Tissue Bank, and provides hospital development services on their behalf for hospitals with which they have contractual agreements. UW OTD participates in partner audits by tissue and eye banks as requested. All UW OTD staff work to facilitate successful recovery of tissue and eyes by sharing infectious disease reports and collaborating whenever possible on shared cases.

**Section III: Components of the QAPI Program**

**Individual Departmental Commitment to Quality**
Each department within UW OTD has a commitment to providing quality services and continuous performance evaluation and improvement. Each manager is a member of the UW OTD Regulations and Standards Committee, QAPI Committee, and the UW OTD Leadership Team.

Most UW OTD staff are divided among three teams:
- Clinical and Donor Family Services
- Surgical Recovery and Preservation
- Hospital Development and Community Outreach

**UW OTD Performance Improvement Activities**

**Identifying and Selecting Performance Improvement Projects**
UW OTD staff can submit a request for resources when a quality improvement project is identified. An intake form is available on the Organ Donation and Transplant intranet site for staff and faculty members to complete and submit to
the manager of their program. Intake forms are reviewed at the Regulations, Standards, and Quality Improvement Committee meetings.

Resources required for quality improvement vary based on the program, need, severity, and scope of other initiatives occurring in the UW OTD and hospital-wide. Identifying the key areas to use resources for quality improvement takes into consideration the following:

- Quality monitoring, feedback, and assessment data to identify performance gaps against internal benchmarks, national averages, expected results, and best practices
- Areas of high risk, high or low volume activities, and issues prone to scrutiny (higher volume or riskier programs may require more quality improvement resources than others)
- Routine internal audits performed to identify improvements and to ensure compliance
- Patient Safety Net (“PSN”) reports reviewed by managers used to identify safety risks or trends
- Recommendations or concerns voiced by hospital partners
- Ease of implementation and the overall impact of the improvement are determined by utilizing a prioritization matrix.

Projects are prioritized and assigned resources by the UW OTD Leadership Team during the Regulations, Standards and Quality Improvement Committee meetings.

“Just Do Its” Improvement Tracking
A Just Do It is an improvement that may not require a documented A3 and Sustainability Plan because there is a clear solution, that is simple and requires minimal resources, people, and time. A Just Do It can be implemented in less than 3 days, with less than 3 people, and requires less than 3 tasks. Staff members self-report Just Do Its by completing a questionnaire that is accessible from the Organ Donation and Transplant Quality intranet site.

Executing, Monitoring, and Sustainment of Performance Improvement Activities

Methodology
UW OTD follows FOCUS-PDCA using an A3, which is the standard improvement methodology endorsed by UW Health. This approach takes an improvement from development through testing to sustainment. The UW Health Way Toolkit provides templates and instructions for following this methodology, and relevant tools and techniques.

Sustainability
Sustainability of interventions is a critical component of the improvement process. If an intervention or change idea positively impacts a process, outcome, and/or other aspects of the system, the next step is to determine if it can be sustained by current resources. To promote sustained improvement, a Sustainability Plan is created and executed by each improvement team or operational leader. If an improvement idea is unsuccessful, plans are modified, and the change(s) enter another cycle of the PDCA process until they are either shown effective and move into sustainability planning or are discontinued.

Quality Improvement Education
To continually improve how we utilize the FOCUS-PDCA methodology and improvement tools and techniques, UW OTD participates in Quality Improvement Education “Lunch and Learn” with UW Health Transplant Center managers and directors. These quarterly sessions provide an informal setting to:

- Share challenges and successes,
- Learn together and from each other,
- Introduce content in real-time as much as possible (i.e. sustainability planning), and to
Speak the same quality improvement language.

Corrective and Preventative Action (CAPA) System

Occurrence Reporting System
Based on UW OTD policy on occurrence reporting, the UW OTD uses a comprehensive occurrence reporting system to identify, report, document and conduct analysis of occurrences, including complaints and/or investigations. UW OTD utilizes the Patient Safety Net (PSN) software application provided by UW Health to report occurrences. For all PSNs, reporters complete a description of the event and the description is reviewed by managers.

Severity Level of Occurrences:

High Harm
All events with a high harm PSN score are reviewed by the multidisciplinary hospital Healthcare Event Evaluation Team (HEET). A formal root cause analysis may be recommended as a result of this review. Root Cause Analysis (RCA) is a formal process of identifying and minimizing the re-occurrence of specific root causes and contributing factors relating to an adverse or sentinel event. An RCA is initiated through either a sentinel event, or as determined by the Healthcare Event Evaluation Team committee through the Sentinel Event Algorithm (see page 1 of attachment). Changes implemented are incorporated into the OTDs’ policies and practices to prevent repeat incidents. The document “Healthcare Event Evaluation Team & Peer Review Process” (see page 2 of attachment), summarizes the flow of an adverse event at UW Health.

Medium Harm
These events involve anything that negatively impacts critical elements of the donation process by creating a significant delay or effect on outcomes or processes, a family complaint, or a confidentiality breach. The UW OTD Leadership team may recommend an internal root cause analysis. If a root cause analysis is performed, the results of the analysis and the action plan developed to prevent recurrences will be communicated to the UW OTD Leadership Team and affected roles. Changes implemented are incorporated into UW OTD programs’ policies and practices to prevent repeat incidents.

Low Harm
These events have the potential to negatively impact the donation process and/or are deviations from standard practice. All data in this category are tracked and trended. On a quarterly basis at the UW OTD QAPI Committee Meeting, the data is presented on an aggregate level. A process improvement project will be initiated if a trend occurs, or if directed by one of the above committees.

Section IV: Quality Data Systems: Development, Measurement, Monitoring & Assessment

Data methodology
UW OTD has a full-time staff member dedicated to managing data and data systems. Data is systematically collected for improvement priorities, ongoing measurement, and goal setting. Data is collected from the Scientific Registry of Transplant Recipients (SRTR), United Network for Organ Sharing (UNOS), the Association of Organ Procurement Organizations (AOPO), and developed from internal sources. Data received from external sources is validated. Data is collected and compiled monthly by the senior data coordinator and shared with all staff, including leadership. Improvement projects and new initiatives are supported and measured by data.
**Quality Assessment and Assurance Activities**

**Quality Assurance (QA): Medical (Death) Record Review, Deceased Donor Registry, Death Record Reconciliation**

UW OTD performs a variety of quality assurance audits to ensure that data submitted is complete and accurate, referrals are not missed, and hospitals are compliant with death reporting regulations. The QA is multidisciplinary, conducted by administrative staff, Organ Procurement Coordinators, Hospital Development Specialists, Surgical Recovery staff, and others. Commonly occurring outcomes and/or trends from these reviews are reported at the UW OTD Regulations and Standards Committee. Medical (death) record reviews are conducted monthly, quarterly, or annually, depending on the hospital classification. If needed, action plans are implemented to improve performance, per UW OTD hospital development policy.

UW OTD has a full-time Quality Assurance Auditor. This position assists with developing and maintaining a comprehensive and centralized quality assurance program, streamlining QA activities and identifying more areas for performance improvement.

**UW OTD Scorecard**

UW OTD performance measures and quality indicators are combined into a balanced scorecard. Monthly scorecard data, including run charts, is reviewed to monitor trends and identify opportunities for improvement.

**Regulatory Compliance**

UW OTD complies with and is surveyed by the United Network for Organ Sharing (UNOS) and Centers for Medicare and Medicaid Services (CMS). UW OTD also complies with and is surveyed by the Association of Organ Procurement Organization (AOPO), a peer-accrediting agency for organ procurement organizations. UW OTD is a hospital-based organ procurement organization and thus, complies with the applicable hospital regulations under the direction of UW Health. UW OTD also collaborates with tissue and eye bank partners for shared services and complies with the applicable regulations under the direction of the tissue and eye banks. UW OTD staff is provided regulatory training as needed.

**Environmental Safety**

UW OTD and UW Health have policies to guide employee practice and ensure workplace safety and appropriate follow-up for injuries and illnesses. All UW OTD staff members complete annual safety and infection control training offered by UW Health. All UW OTD owned equipment, facilities and supplies that affect the quality of recovered organs are inspected, stored, cleaned, and maintained according to manufacturer’s recommendations and regulatory standards. Supplies are stored properly with quantities and expiration dates monitored to determine usage and prevent outdated stock. The Manager of Recovery and Preservation Services is responsible for overseeing this process in conjunction with the Preventative Maintenance Program of UW Health Facilities and Engineering Services and external vendors. The Manager of Recovery and Preservation Services also oversees and manages all aspects of safety related to organ recovery and preservation processes.

**Staff Education, Development, and Competency**

UW OTD provides department and role-specific new employee orientation, in addition to the orientation program offered by UW Health, and offers ongoing education and development opportunities to all employees. Additionally, core competency requirements for each job description are reviewed with each new employee to assure an appropriate level of mastery is achieved and maintained. New UW OTD staff members complete two or three phases of orientation: A general orientation to UW OTD, a position / department-specific orientation, and a third phase for clinical positions where competency is demonstrated. The second and third phases are unique to each team, while the first general phase
is uniform across the organization. Orientation records are documented in individual checklists and a central record is kept of all orientation documents.

Managers conduct needs assessments with each employee to identify on-going areas for development during annual performance reviews and regular status meetings. A variety of training opportunities are offered by UW Health Learning and Development and external organizations. All training activities are documented in employee training records per UW OTD policy. UW OTD staff receive annual training on sensitivity and family interactions not only through UW Health Compliance training, which focuses on privacy and patient interactions, but also through role-specific training as well such as Crucial Conversations and Grief Resources for Donation Support Specialists.

Objective Measures & Quality Indicators
Objective measures in all phases of the donation process are utilized to evaluate UW OTD’s performance with regard to procurement activities and outcomes. The indicators and their established benchmarks are presented monthly at UW OTD Staff meetings and to the UW OTD Advisory Board.

<table>
<thead>
<tr>
<th>Phase of Organ Procurement</th>
<th>Objective Measure</th>
<th>Goal</th>
<th>Red line</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>DSS On-Site Rate</td>
<td>&gt;=80%</td>
<td>75%</td>
<td>DSS On-Site Report</td>
</tr>
<tr>
<td>Pre</td>
<td>Regulatory (Collaborative) Conversion Rate</td>
<td>NA</td>
<td>No more than 1.5 standard deviations below the mean national donation rate of eligible donors as a percentage of eligible deaths (CMS Performance Measure)</td>
<td>Local Donor Scorecard</td>
</tr>
<tr>
<td>Peri</td>
<td>True Conversion Rate</td>
<td>&gt;=75%</td>
<td>&lt;=60%</td>
<td>Local Donor Scorecard</td>
</tr>
<tr>
<td>Peri</td>
<td>Tissue Consent Rate</td>
<td>&gt;=60%</td>
<td>&lt;=39%</td>
<td>Tissue Dashboard</td>
</tr>
<tr>
<td>Post</td>
<td>Observed to Expected Organs Transplanted Per Donor</td>
<td>&gt;=1.2</td>
<td>&lt;1.0 (national average); (A) More than 10 fewer observed organs per 100 donors than expected yield (Observed per 100 donors-Expected per 100 donors &lt; -10); (B) A ratio of observed to expected yield less than 0.90; and (C) A two-sided p-value is less than 0.05 (CMS Performance Measure)</td>
<td>Local Donor Scorecard</td>
</tr>
<tr>
<td>Post</td>
<td>Research Organs per Donor</td>
<td>NA</td>
<td>1 standard deviation below the national mean</td>
<td>Local Donor Scorecard</td>
</tr>
</tbody>
</table>
Section V: Summary and Approval
The UW OTD QAPI Plan is intended to serve as a guideline for the program to monitor, drive, and sustain improved performance outcomes.

References
UWHC Quality Assessment and Performance Improvement Plan (Updated 8/3/2017)
Organ Transplant Quality Assurance and Performance Improvement Plan (Fiscal Year 2020)
UW Health Way Toolkit

Annual Approval

____________________
Michael E. Anderson, PA-C
Director, UW Organ and Tissue Donation

12/8/2020

Date
Executive Summary

Faculty and Non-Physician Provider (NPP) Business Expenses
EXECUTIVE SUMMARY

DATE: December 17, 2020

RE: Faculty and Non-Physician Provider (NPP) Business Expenses

UWHCA Board of Directors,

Subject to the guidance of the UWMF Board (UWMF Board) (UWMF Bylaws, Section 7.7) and the UWHC Authority Board (UWHCA Board) sole member’s rights and powers, the UWMF Finance Committee recommends to the UWMF Board and the UWHCA Board guidelines for department operating expenses, direct expenses of departments, and faculty business expenses.

The 17 clinical departments currently have different practices related to faculty business allowances, with variation in the allowance amount and the items eligible for reimbursement. In addition, over 50% of faculty currently have an allowance amount below national benchmark. Seeking approval to establish a consistent allowance amount for all faculty and NPPs, consistent definition of allowable expenses and providing discretionary department funding for academic achievement.

This proposal will increase expenditures by an estimated $900,000 and has been reviewed and endorsed by the Funds Flow Executive Sponsors, Council of Chairs, Council of Faculty, UWMF Finance Committee and UWMF Board of Directors.

Thank you for your consideration.

Dr. John Frohna, President, UW Medical Foundation
Ms. Kelsie Doty, Chief Administrative Officer, UW Medical Foundation