UWHCA Board of Directors

May 28, 2020, 1:30 - 4:30 PM

Via WebEx: https://uwhealth.webex.com/uwhealth/onstage/g.php?
MTID=e05bca1469f5de9d592865766866f9f9c

Meeting number: 192 961 735 // Password: UWHmtg052820


**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**
I. Call to Order of Board Meeting
Dean Robert Golden

II. Consent Agenda
Dean Robert Golden

Open Session Minutes from March 26, 2020

Medical Staff Membership and Clinical Privileges

Attachment - Medical Staff Membership and Clinical Privileges  Page 5

UWMF Compensation Development Committee Annual Report

Resolution of Approval of Department Compensation Plans  Page 16

Attachment - UWMF Compensation Development Committee Annual Report  Page 18

UW Health ACO, Inc. Director Re-appointment

Resolution - Re-appointment of Director to UW Health ACO, Inc. Board of Directors  Page 28

Attachment - Dr. Matthew Anderson Biography  Page 31

Quality Assessment Performance Improvement Plan

Executive Summary - Quality Assessment Performance Improvement Plan (QAPI)  Page 33

Attachment - Quality Assurance and Process Improvement Plan  Page 35

III. Recognition of Service - Regent Janice Mueller
Dean Robert Golden

Attachment - Resolution of Gratitude for Service of Regent Janice Mueller  Page 51

IV. Welcome Regent Scott Beightol
Dean Robert Golden/Regent Scott Beightol

Attachment - Regent Scott Beightol Biography  Page 53

V. Introduction - Mr. Chero Goswami (System VP/Chief Information Officer)
Mr. Chero Goswami

Attachment - Bio Chero Goswami, UW Vice President and Chief  Page 57
VI. UW Health Financial Matters
Mr. Robert Flannery

UW Health Consolidated Financials - YTD April 30, 2020
Presentation - Consolidated Financial Statements for Period Ending April 30, 2020

FY21 UWHC Hospital Rate Increase
Resolution - FY21 Hospital Rate Increase

VII. COVID-19 Impact and Response
Dr. Alan Kaplan

Attachment - Our Opportunity to Lead by Dr. Kaplan, Blog Post - American College of Healthcare Executives

Presentation - Virus Driven Strategy

2:05 PM

2:11 PM

VIII. 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 meeting minutes; discussion regarding COVID-19 impact and response including but not limited to operations, financial matters, communication, workforce strategy, and strategic plan; and review of FY21 budget process proposal; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.

IX. Return to Open Session
Dean Robert Golden
Return to Open Session is approximate

4:20 PM

X. ACTION - Modification of FY21 Budget Process
Dean Robert Golden

4:20 PM

XI. UWHCA Board Chair Reminders
Dean Robert Golden

4:25 PM

XII. Adjourn

4:30 PM

XIII. Please Review - Committees of the UWHCA Board of Directors

UWHCA Committees (Annual Population Inquiry)

Review and confirm interest in continuing to serve and/or serving on Committees

UW Health Audit and Compliance Committee - Draft Revised Charters

Page 3 of 122
Review draft UW Health Audit and Compliance Committee Charters. Send comments to Ms. Patti Meyer. Will seek approval in June 2020.

- UW Health Audit Committee Charter DRAFT CLEAN Page 96
- UW Health Audit Committee Charter DRAFT REDLINE Page 102
- UW Health Compliance Committee Charter DRAFT CLEAN Page 109
- UW Health Compliance Committee Charter DRAFT REDLINE Page 114
Attachment

Medical Staff Membership and Clinical Privileges

May 2020
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: April 6 & May 4, 2020
Medical Board: May 14, 2020

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Thomas Brazelton MD.
Chair of Medical Board & President of Medical Staff

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

**April 6, 2020**

**New Applications**

**Victoria B. Egizio, PhD, Clinical Psychology**

**Department of Psychiatry**

- Psychological testing: children (under 12)
- Psychological testing: adolescents
- Psychological testing: adults
- Individual psychotherapy: children (play)
- Individual psychotherapy: adolescents
- Individual psychotherapy: adult
- Family therapy
- Group therapy
- Psychoeducational counseling
- Psychoeducational testing
- Psychological consultation

**David W. Kabel, MD, Active Staff**

**Department of Medicine/Cardiovascular Medicine**

- 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.
- Cardiovascular Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the heart and blood vessels. These privileges include, but are not limited to, cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents,
fellows, and others in training.

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

William J. Kinsey, MD, Active Staff
Department of Family Medicine and Community Health/General

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

Additional Privileges

Christopher T. Healy, MD
Department of Pediatrics/Allergy/Immunology

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

Francis J. Thornton, MD
Department of Radiology/Community Radiology

- Adult Moderate Sedation - All locations - includes UH, TAC, DHC, and UWHC Clinics

Status Changes

Christopher T. Healy, MD, Pediatrics/Allergy and Immunology, Affiliate to Active
Michael W. Ritter, MD, Pediatrics/Allergy and Immunology, Courtesy to Active

Focused Professional Practice Evaluation Review

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellaire, Laura L., MD</td>
<td>Orthopedics and Rehabilitation/Orthopedic Surgery</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Chapman, Douglas B., MD</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Cosper, Pippa F., MD</td>
<td>Human Oncology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Dey, Mahua, MD</td>
<td>Neurological Surgery</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Elfenbein, Dawn M., MD</td>
<td>Surgery/Endocrine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Estrada, Paul M., MD</td>
<td>Medicine/Fellow</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Kim, Eun Ha, MD</td>
<td>Psychiatry</td>
<td>Active Staff</td>
</tr>
<tr>
<td>McQueen, Kathryn A., MD</td>
<td>Anesthesiology</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Rutz, Daniel R., MD</td>
<td>Emergency Medicine</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Swanson, Jonathan O., MD</td>
<td>Radiology/Pediatric Imaging</td>
<td>Active Staff</td>
</tr>
</tbody>
</table>

Focused Professional Practice Evaluation Review - Additional Privileges

The following focused review applications have been endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action:
Advanced Practice Provider Privileges-- New Applications

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

Carly A. Cook, NP, UW Advance Practice Nurse
Department of Pediatrics/Pulmonary
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- Pediatric NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Pediatric Pulmonary Core Privileges: Privileges to manage and treat pediatric patients with documented or possible pulmonary disease and adult patients with pediatric pulmonary diseases.
- Prescriptive Authority

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

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

Jennifer D. Hildner, NP, UW Advance Practice Nurse
Department of Neurological Surgery
- 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 Neurological Surgery Core Privileges: Privileges to manage and treat patients with illnesses, injuries, and disorders of the neurological system and related issues.
- Prescriptive Authority

Kristine M. Hippler, NP, UW Advance Practice Nurse
Department of Pediatrics/Critical Care
- Pediatric NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP PICU Core Privileges: Privileges to manage and patients in need of critical care.
- Prescriptive Authority

Margo Hubbard, PA, UW Physician Assistant
Department of Neurology
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA Neurology Core Privileges: Privileges to manage and treat adolescent and adult patients with neurology disorders and related issues.
- Prescriptive Authority

Hannah E. Kussler, PA, UW Physician Assistant
Department of Orthopedics and Rehabilitation/Orthopedic Surgery
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. Assist in surgery to include, but not limited to, first assist on major or minor surgeries.
- PA Orthopedic Surgery Core Privileges: Privileges to manage and treat pediatric, adolescents and adults with orthopedic injuries, diseases and other related issues.
- Prescriptive Authority

Laura G. Ozkan, PA, UW Physician Assistant
Department of Neurology
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products.
- PA Neurology Core Privileges: Privileges to manage and treat adolescent and adult patients with neurology disorders and related issues.
- Prescriptive Authority

Advanced Practice Provider Privileges—Additional Privileges
Alexa R. Beversdorf, NP (Pediatric NP - Primary Care)
Department of Neurology/General
- Shunt Taps

Jillian M. Bodden, NP (Adult Gerontology Primary Care NP)
Department of Medicine/Geriatrics
- Shave Biopsy and Destruction of precancerous lesion, etc. with cryotherapy, etc.
Eryn E. Bresser, PA  
Department of Family Medicine and Community Health/Urgent Care  
- Surgery/Peripheral-Vascular Core

Cate E. Cavanagh, PA  
Department of Surgery/Surgical Oncology  
- Minor skin/subcutaneous procedures

Lindsay N. Corder, NP (Adult Gerontology Primary Care NP)  
Department of Medicine/Geriatrics  
- Cryotherapy

Kristin E. Friedl, NP (Adult Gerontology Acute Care NP)  
Department of Surgery/Acute Care and Regional General  
- Pediatric NP Core Privileges  
- Pediatric Moderate Sedation  
- Minor Skin/Subcutaneous procedures  
- Paring of Calluses and Toenail care

Jennifer L. Pleva, NP (Adult Gerontology Primary Care NP)  
Department of Medicine/Hematology/Oncology  
- Chemotherapy Ordering

Erik A. Woodhouse, NP (Adult Gerontology Acute Care NP)  
Department of Surgery/Vascular  
- NP Peripheral Vascular Surgery Core Privileges

**Focused Professional Practice Evaluation Review**
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>Barraclough, Schuyler M., NP</td>
<td>Surgery/Vascular</td>
</tr>
<tr>
<td>Beyer, Kristine A., PA</td>
<td>Surgery/Acute Care and Regional General</td>
</tr>
<tr>
<td>Cavanagh, Cate E., PA</td>
<td>Surgery/Surgical Oncology</td>
</tr>
<tr>
<td>Fuentes, Amanda J., NP</td>
<td>Pediatrics/Neonatology</td>
</tr>
<tr>
<td>Goecks, Sarah R., NP</td>
<td>Medicine/Infectious Disease</td>
</tr>
<tr>
<td>Jelle, Krista M., NP</td>
<td>Pediatrics/Neonatology</td>
</tr>
<tr>
<td>Le, Andrew T., CAA</td>
<td>Anesthesiology/General</td>
</tr>
<tr>
<td>McGrath, Jacob W., PA</td>
<td>Neurological Surgery</td>
</tr>
<tr>
<td>Mei, Leslie A., PA</td>
<td>Surgery/Cardiothoracic</td>
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<tr>
<td>Miller, Jaclyn A., NP</td>
<td>Pediatrics/Neonatology</td>
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<tr>
<td>Mycyk, Emily S., CAA</td>
<td>Anesthesiology/General</td>
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<tr>
<td>Schuett, Ryan R., PA</td>
<td>Radiology/Abdominal Imaging</td>
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<tr>
<td>Sklenar, Kathryn L., PA</td>
<td>Medicine/Rheumatology</td>
</tr>
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</table>

**Focused Professional Practice Evaluation Review- Additional Privileges**
The following focused review applications have been endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Johnson, Scot R., NP</td>
<td>Surgery/Transplant</td>
</tr>
</tbody>
</table>
May 4, 2020

New Applications

Gordon S. Crabtree, MD, Active Staff
Department of Ophthalmology/Fellow
- Ophthalmology Medical and Minor Surgery Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and treat patients presenting with illnesses, injuries, and disorders of the eye, including its related structures and visual pathways*; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.
- Ophthalmology Surgical Core Privileges: Privileges to perform basic surgical procedures considered a result of a residency training program including removal of radioactive plaque, corneal micropuncture and debridement, astigmatic keratotomy, cataract surgery with or without IOL placement, glaucoma filtration surgery with or without antimetabolite, combined cataract and filtering surgery, strabismus surgery on horizontal muscles, enucleation, cryotherapy, primary repair of entropion, ectropion, eyelid injury, tarsorrhaphy, blepharoplasty, lacrimal intubation and irrigation; supervision of physician assistants with prescriptive authority; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods. These privileges include supervision of residents, fellows, and other persons in training.
- Use of surgical laser - Argon for glaucoma.
- Use of surgical laser - Argon and Diode for panretinal laser.
- Use of surgical laser - YAG capsulotomy, iridotomy, cyclophotocoagulation.

Nassima Fertikh, MD, Active Staff
Department of Neurology
- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.
- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.

Michael J. Hansen, MD, Active Staff
Department of Neurology
- Neurology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and provide medical treatment to patients presenting with illnesses or injuries of the neurological system. These privileges include, but are not limited to, lumbar puncture; EEG interpretation and operative monitoring; EMG and nerve conduction studies; muscle and nerve biopsy; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges also include care of patients via telemedicine.
- Neurocritical Care Core Privileges: Privileges to admit, evaluate (including H&P), diagnose, consult and provide medical treatment to patients with critical illnesses or injuries of the brain, spinal cord, nerves, vessels, and their supporting structures with associated medical problems complicating their care.

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

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

**Chris Konstantinou, MD, Active Staff**
**Department of Medicine/Cardiovascular Medicine**
- 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.
- Cardiovascular Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult, and treat adult patients presenting with diseases of the heart and blood vessels. These privileges include, but are not limited to, cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; Holter scan interpretation; treadmill testing; temporary transvenous pacemaker placement; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
- Cardiac Imaging: Transthoracic echocardiography
- Cardiac Imaging: Stress echocardiography
- Cardiac Imaging: Nuclear Cardiology

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benjamin, Julia Z., PhD</td>
<td>Psychiatry</td>
<td>Clinical Psych</td>
</tr>
<tr>
<td>Dulski, Theresa M., MD</td>
<td>Pediatrics/General</td>
<td>Active Staff</td>
</tr>
<tr>
<td>Escuder, Christina M., PsyD</td>
<td>Psychiatry</td>
<td>Clinical Psych</td>
</tr>
<tr>
<td>Garcia-Prats, Anthony J., MD</td>
<td>Pediatrics/General</td>
<td>Active Staff</td>
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<tr>
<td>Kis, Beata, MD</td>
<td>Medicine/General Internal</td>
<td>Active Staff</td>
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<tr>
<td>Kruger, Travis G., MD</td>
<td>Psychiatry</td>
<td>Active Staff</td>
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<tr>
<td>Miller, Kim J., MD</td>
<td>ObGyn/General Ob &amp; Gyn</td>
<td>Active Staff</td>
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<tr>
<td>Moore, Mollie N., PhD</td>
<td>Psychiatry</td>
<td>Clinical Psych</td>
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<td>Nackers, Lisa M., PhD</td>
<td>Psychiatry</td>
<td>Clinical Psych</td>
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<tr>
<td>O'Connor, Clare E., MD</td>
<td>Medicine/Endocrinology</td>
<td>Active Staff</td>
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<tr>
<td>Pearson, Jane K., MD</td>
<td>Medicine/Cardiovascular Medicine</td>
<td>Active Staff</td>
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<tr>
<td>Ruedinger, Emily D., MD</td>
<td>Pediatrics/General</td>
<td>Active Staff</td>
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<tr>
<td>Williams, Victoria J., PhD</td>
<td>Medicine/Geriatrics</td>
<td>Clinical Psych</td>
</tr>
</tbody>
</table>

**Focused Professional Practice Evaluation Review- Additional Privileges**
The following focused review applications have been endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Privilege</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masri, Sofia C., MD</td>
<td>Medicine/CV Medicine</td>
<td>Reading Cardiac MRI Studies for Radiology Only</td>
</tr>
</tbody>
</table>

**Advanced Practice Provider Privileges-- New Applications/Transfer Applications**

**Jordan D. Alward, PA, UW Physician Assistant**

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

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

- PA Cardiovascular Medicine/Electrophysiology Core Privileges: Privileges to manage and treat patients in need of electrophysiology care. These privileges also include first assisting in any electrophysiology procedures including but not limited to device implants/explants, laser lead extractions, electrophysiology studies, catheter ablations, basic electrophysiology, and intracardiac electro-anatomical mapping.

- Prescriptive Authority

**Ann M. Hartman, PA, UW Physician Assistant**

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

- PA Endocrinology Core Privileges: Privileges to manage and treat patients with documented or possible endocrine or metabolic disorders.

- Prescriptive Authority
Sara J. Holland, PA, UW Physician Assistant
Department of Orthopedics and Rehabilitation/Orthopedic Surgery

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

Eric T. McCue, PA, UW Physician Assistant
Department of Anesthesiology/Pain Management

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

Amy M. Reid, NP, UW Advance Practice Nurse
Department of Neurology

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

Rachael C. Wenger, PA, UW Physician Assistant
Department of Surgery/Acute Care and Regional General Surgery

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

Advanced Practice Provider Privileges—Additional Privileges

Alexa R. Beversdorf, NP (Pediatric NP - Primary Care)
Department of Neurology/General

- Occipital Nerve Block

Linda K. Geren, NP (Family Nurse Practitioner)
Department of Radiology/Interventional Radiology

- Tunneled Central Line Removal and Abscess Drain Removal

Sarah A. Hughes, NP (Adult Gerontology Acute Care NP)
Department of Radiology/Interventional Radiology

- Chest Tube Removal and Drain Removal (G-tube Exchange)
Casey L. Ray, NP (Acute Care Nurse Practitioner)
Department of Medicine/Cardiovascular Medicine
- Pericardial drain management/removal

Elizabeth E. Rushing, PA
Department of Neurology
- Botox Injections, Occipital Nerve Block & Trigger Point Injections

Peter E. Schaal, PA
Department of Surgery/Transplant
- Abdominal drain removal

**Focused Professional Practice Evaluation Review**
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>
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</thead>
<tbody>
<tr>
<td>Bothun, Jessica L., NP</td>
<td>Medicine/Cardiovascular Medicine</td>
</tr>
<tr>
<td>Lohr, Patricia L., NP</td>
<td>Medicine/Geriatrics</td>
</tr>
<tr>
<td>O'Connell, Leah K., NP</td>
<td>Medicine/Cardiovascular Medicine</td>
</tr>
<tr>
<td>Partridge, Eileen W., NP</td>
<td>Medicine/Clinical Research Unit</td>
</tr>
<tr>
<td>Reinstad, Emily D., NP</td>
<td>Surgery/Surgical Oncology</td>
</tr>
</tbody>
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**Focused Professional Practice Evaluation Review - Additional Privileges**
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</thead>
<tbody>
<tr>
<td>Gilbertson, Andrea L., PA</td>
<td>Medicine/CVM</td>
<td>Loop Recorder Implants and Ex-plants</td>
</tr>
</tbody>
</table>
Resolution

Approving UWMF Department Compensation Plans
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Approving UWMF Department Compensation Plans

May 28, 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., as amended and restated effective July 1, 2015, and as further amended effective September 26, 2018 (“UWMF Bylaws”); and

WHEREAS, UWMF is in the process of updating and reviewing each University of Wisconsin School of Medicine and Public Health (“UWSMPH”) clinical department compensation plan (the “Plan” or “Plans”) in accordance with Exhibit H, the UWMF “Compensation Principles & Procedures Policy” (“Policy”) of the UWMF Bylaws. The Policy requires that each Plan be reviewed and approved by the UWMF Compensation Development Committee (“CDC”), the UWMF Board of Directors (“UWMF Board”), the Dean of UWSMPH (“Dean”), and the UWMF Compensation Review Committee (“CRC”);

WHEREAS, on December 16, 2019 the UWMF Compensation Review Committee and on December 18, 2019 the UWMF Board unanimously approved the Plans for the following departments: Emergency Medicine, Ophthalmology, Surgery, and Urology; and

WHEREAS, the Plans have been presented to the UWHCA Board of Directors (“Authority Board”) for approval, and the Authority Board has determined that the Plans are in the best interests of UWHCA and UWMF;

NOW, THEREFORE, BE IT RESOLVED, that the Plans are hereby approved by UWHCA, and UWMF is authorized and empowered to seek such further approvals as required by the UWMF Bylaws and to take all other actions necessary or appropriate to effectuate the Plans.
Attendance

- Attendance for bi-monthly meetings:
  - 2017 – 6 meetings with 78% average attendance
  - 2018 – 6 meetings with 87% average attendance
  - 2019 – 6 meetings with 84% average attendance

- For 2020, full committee will be meeting monthly
**Membership**

- **Committee members:**
  - 2019 - 3 new committee members
  - 2020 – of the 4 terminating positions, 3 were renewed and 1 new member added

- **Department Administrator committee members**
  - 2019 – 1 new member
  - 2020 – no change

- A new Vice-Chair was implemented; Dr. Cristopher Meyer
Committee Activity

• Departmental plans reviewed and approved:
  – Emergency Medicine
  – Ophthalmology
  – Surgery (new compensation plan)
  – Urology

* CRC review and approval completed electronically in December 2019 via Board Effect
Committee Activity (cont.)

- **Grievances**
  - Two separate grievance cases were reviewed and decisions communicated

- **Physician Administrative Roles (PAR) Workgroup**
  - Develop consistent approach and process for requesting and creating UW Health system and department administrative roles and for determining compensation
  - Led by PAR Steering Team
  - Proposed implementation – June, 2021
Committee Activity (cont.)

- Compensation Plan Guidelines (CPG) Workgroups
  - Develop standard and strategic guidelines for the clinical departments to incorporate into departmental faculty physician compensation plans
  - Five workgroups created; now meeting monthly
    - Steering Team
      - Academic Workgroup
      - Administrative Workgroup
      - Clinical Workgroup
      - Strategic Workgroup
  - CPG Workplan communicated to all faculty via clinical department meetings
  - Proposed implementation July, 2021
Committee Activity (cont.)

• Special topics/guest speakers:
  – UWMF Bylaws/Voting Requirements – Ms. Terry Hottenroth
  – Physician Compensation Regulatory Guidelines – Ms. Mary Link and Ms. Kerry Moskol
  – Physician Compensation Plan Amendment Requirements – Ms. Terry Hottenroth and Ms. Kerry Moskol
  – Department of Surgery Compensation Plan Development Process – Dr. Rebecca Minter and Ms. Nicole Jennings
• There were no emergent issues that required RVU Workgroup input, so in light of limited resources due to other strategic initiatives, there were no formal meetings in 2019.

• There were two requests for specific RVU review that were handled electronically by the co-chairs: Dr. Mike Bentz and Kelsie Doty.
2020 Proposed Work Plan

• Compensation Plan Guideline Workgroups education, guidance and leadership
• Initiate and support new Provider Benchmark Workgroup
• Begin work on new compensation review process
Questions
Resolution

Re-appointment of Director to

UW Health ACO, Inc. Board of Directors
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

Re-appointment of Director to UW Health ACO, Inc. Board of Directors

May 28, 2020

WHEREAS, the University of Wisconsin Hospitals and Clinics Authority (“UWHCA” or the “Authority”) is the sole member of UW Health ACO, Inc. (the “Corporation”); and

WHEREAS, Sections 3.1(a) and 4.1 of the Corporation’s Fourth Amended and Restated Bylaws (“Bylaws”) require that appointments to its Board of Directors be recommended by the Corporation’s Board of Directors and are subject to approval by the Authority Board of Directors (“Board”) due to the Authority’s reserved powers; and

WHEREAS, Section 4.1(a) of the Corporation’s Bylaws require that no less than seventy-five percent (75%) of the total members of the Corporation’s Board shall be selected from ACO Participants and no less than fifty percent (50%) of the Corporation’s Board will be composed of practicing physicians; and

WHEREAS, the term of Dr. Matthew Anderson (“Dr. Anderson”) expired on January 31, 2020, as Director, thereby creating a vacancy as one of the Directors to be appointed by the Authority Board; and

WHEREAS, the Corporation’s Board of Directors, having reviewed and recommended to the Authority Board that Dr. Anderson be re-appointed to serve as Director with term expiring January 31, 2023; and

WHEREAS, pursuant to its reserved powers under Article 3.1(a) of the Corporation’s Bylaws, the Authority Board has received the recommendation from the Corporation’s Board of Directors to consider the re-appointment of Dr. Anderson as Director, and upon consideration of other relevant factors, the Board has determined that it is in the best of interests of the Authority to re-appoint Dr. Anderson as Director to the Corporation’s Board of Directors.

NOW, THEREFORE BE IT RESOLVED, pursuant to its reserve powers under Sections 3.1(a) and 4.1 of the Corporation’s Bylaws, the Authority Board approves the reappointment of Dr. Anderson as Director on the Corporation’s Board of Directors for a three (3) year term commencing February 1, 2020, and to hold office until the expiration of his term or until the appointment and qualification of his successor, or until his earlier resignation or removal in accordance with the Corporation’s Bylaws;

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

Biography

Dr. Matthew Anderson
Biography

Professional Activities

Dr. Matthew Anderson serves as the UW Health Senior Medical Director of Primary Care and is a Clinical Associate Professor at the UW School of Medicine and Public Health. Dr. Anderson is co-chair of the UW Health Primary Care Leadership Committee and System of Care Primary Care Coordinating Council, Chair of the UW Health ACO, Inc. Board of Directors, and a member of the UW Health Center for Clinical Knowledge Management Council. Previously, he served as Medical Staff President at Mercy Medical Center in Cedar Rapids, Iowa. He is a member of the American College of Physicians and the honorary society Alpha Omega Alpha. Honors and awards presented to Dr. Anderson include Mercy Medical Center Spirit of Planetree Physician Champion, University of Iowa (UI) Internal Medicine Resident of the Year, UI Carver College of Medicine Teaching Resident of the Year, and the Arnold P. Gold Foundation Humanism in Medicine Award. He serves as Medical Director of World Wide Village, a nonprofit organization focused on serving the people of Haiti.

Education

- University of Iowa Carver College of Medicine - MD
- University of Minnesota - Master of Healthcare Administration
- University of Iowa Hospital and Clinics - Residency in Internal Medicine
Dear UWHCA Board Member:

Attached for your review and approval is the UW Health Quality Assessment Performance Improvement Plan ("QAPI"). The plan is required as part of our CMS conditions participation. QAPI is a way for us to indicate how we are addressing quality assurance ("QA") and performance improvement ("PI"). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality while involving all staff in practical and creative problem solving. It does amount to much more than a provision in Federal statute or regulation; it represents an ongoing, organized method of doing our work to achieve optimum results, involving all levels of our organization.

The UW Health Patient Safety and Quality reviewed and endorsed the Plan on March 19, 2020.

If you have any question regarding the QAPI Plan, please contact Ms. Betsy Clough at 608.262.0098 or via email at bclough@uwhealth.org.

Thank you.
2020 Quality Assurance and Process Improvement (QAPI) Plan

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Summary.....................................................................................................9
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**Vision**

Remarkable Healthcare

University of Wisconsin Hospitals and Clinics Authority (UW Health) has a proud history of serving our patients, educating the next generation of care providers, advancing healthcare innovation and improving the health of our communities. Achieving this vision requiring commitment, determination, innovation and teamwork.

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

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

- Quality and Safety;
- Staff and Physician Wellbeing;
- Information Management and Analytics; and
- Financial Performance

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

- Patient Experience: Exceed expectations of our patients and families
- Population Health: Distinguished value for patients, payers and partners
- Distinctive Programs: Acclaimed clinical programs with national profile
- Translational Research and Innovation: Preferred partner to take innovation from discovery to the people we serve
- Geographic Reach: Smart growth to serve more communities.
Mission

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

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

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

Purpose:

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

Scope

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

- Clinical Care Services-(i.e. emergency, inpatient and outpatient, physicians, advanced practice practitioners, nursing, therapies, radiology, nuclear medicine, lab, anesthesia, surgical services, rehab including home medical equipment)
- Service Lines: Transplant, Oncology, American Family Children’s Hospital, Heart & Vascular, Orthopedics, and Neurology & Neurosurgery.
- Nursing quality, safety, competencies and adherence to policies (i.e. medication administration timing, transfusion reaction reporting, standard protocols are effective and safe, and staff are following policy.)
- Patient flow and discharge planning
- Spiritual Care Services
- Culinary and Clinical Nutrition
- Pharmacy Services including home medical equipment
- Eye and Tissue Procurement
- Facilities, Housekeeping, Maintenance & Engineering
- Infection Control
- Health Information Management including storage, security, and confidentiality of medical records
- Information Systems and Enterprise Analytics
• Performance Excellence (Patient & Family Experience, Clinical Knowledge Management, Quality, Safety and Improvement)
• Security Services
• Human Resources
• Legal, Business Integrity, Procurement, Compliance
• Volunteers
• Interpreter Services
• Population Health
• Administration

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

Unusual Changes or Events

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

Structure and Leadership

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

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

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

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

All leaders are responsible for understanding the quality and patient safety issues in their area and enhancing processes to identify and improve gaps. The mechanism by which this is done is utilization of UW Health Way tools. (At the writing of this plan, UW Health is in the process of deploying UW Health Way and training all leaders on the tools, methods and expectations. As such, there will be variation in implementation and deployment of the tools across the organization. All leaders will be trained by December 2022.)

These tools include:

• Huddles—Succinct, on-the-go gatherings used to prepare, debrief, improve, inform, problem solve; increases productivity and communication with teams.
Visual Management—system of planning, control, and improvement using visuals; enables understanding at a glance and drives action more rapidly.

Go and See—personal observation of the work where the work is happening; provides a deeper understanding of the system

Rounding—consistent practice of asking specific questions of key stakeholders; obtain actionable information and meeting organizational requirements.

Coaching for Improvement - asking instead of telling; increases problem-solving capabilities in others

Standard Work Checklist—leadership activities to be performed daily/weekly/monthly; drives action and accountability toward strategic goals.

Communication between leaders and staff is bi-directional and cross-functional. All quality and safety issues and barriers, including but not limited to staffing knowledge, training and skills, are brought to the attention of the next level leader up through senior leadership, the individuals responsible for the QAPI.

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

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

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

**Patient Safety and Quality Committee**

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

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

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

- Safety events and results from root cause analysis and failure modes and effects analysis.
- Medication Safety
- Culture of Safety
- Nursing Quality (including information on discharge planning, patient’s rights, use and safety regarding restraints and seclusion)
- Infection Control
- Transplant
- Behavioral Management and Treatment
- Pain Management
- Patient Experience (including information obtained through complaints and grievances)
- Clinical Knowledge Management
- Government Programs
- Environment of Care
- Risk Management and Risk Assessments
- Resident Quality and Safety
- Strategic Process Improvement Initiatives

**Medical Board**

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

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

**UW Health Patient Safety Committee**

Patient Safety at UW Health is everyone’s responsibility. Our emphasis is not only on excellence in providing care for specific episodes of illness, but also on making individuals and populations healthier overall.
Our goal is to decrease preventable harm by providing a safe and healthy environment that encourages the reporting of errors, unsafe practices and near misses that may result in harm. The primary focus is to improve system factors that affect patient safety. Our efforts depend on the involvement of all staff and providers within all levels and areas of the organization. We promote the active participation in the patient safety experience by all, which is done collaboration with the environment of care and employee safety programs.

Patient Safety at UW Health aligns with and furthers the mission, vision of UW health.

The purpose of the Patient Safety Committee is designed to support continuous improvement and systematic approaches to measures processes, outcomes and assess and reduce errors, adverse events, and/or unsafe practices with the focus around patients and families.

QAPI Plan

Prioritization of Areas for Measurement

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

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

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

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

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

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

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

Communication of the information is the responsibility of clinical and administrative leadership. The information is reported to various committees throughout the organization and may vary based upon the topic. Key stakeholders include but are not limited to: Quality, Safety and Improvement department, Senior Leadership Council, Inpatient and Ambulatory Operations Council, Director/Manager meetings and the Patient Safety and Quality Committee of the Board Authority.

Quality, Safety and Improvement is separated into three sections and supports and facilitates ongoing organizational quality assessment, performance improvement, and patient safety activities. Resources within the QSI department are provided to:

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

**Patient Safety**
- Culture of Safety
- Event Reporting, not only events that cause harm or risk to the patient but also those that do not “near misses”.
- Facilitation of root cause analysis for high harm and sentinel events, monitoring of action plans items to ensure completion
- Dissemination of key learning from safety and improvement events to support learning across the organization as well as with external organizations

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

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

- Developing clinical practice tools (guidelines, protocols, orders sets. Etc) that promote evidence-based care across the continuum of health needs
- Standardizing clinical decision support tools to decrease unwarranted variation in care and improve safety
- Enabling the adoption of evidence-based practices and decision making
Patient and Family Experience is dedicated to improving human experience in healthcare, by:

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

**Competency**

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

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

All contracts for contracted services have language regarding expectations on the quality and safety of care and compliance with our improvement initiatives, policies, etc. A database keeps track of all contracted services is located in the Legal Department and the Purchasing Department. This list includes scope and nature of the service provided.

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

**Improvement Model**

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

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

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

Appendix I

UW Health Quality Reporting Structure
February 12, 2020

- UW Hospitals and Clinics Authority Board of Directors
- Patient Safety and Quality Committee
  - Accreditation and Regulatory Readiness Committee
  - Patient Safety Committee
    - Root Cause Analysis Sub Committee
    - Event Evaluation Teams (pediatric, inpatient and ambulatory)
  - Clinical Knowledge Management Council
  - Patient and Family Experience Executive Committee
Appendix II

UW Health Quality Oversight Structure
February 2020

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

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

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

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

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

Corporate Portfolio Planning Process

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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</tbody>
</table>

Appendix IV

Annual Planning Process – Ideal State
Appendix V

Goal Setting and Measure Review Process

Quality and Process Improvement Prioritization and Alignment Process (Draft)

Deliverables
- Potential Quality Priorities based on evaluation of safety/regulatory/financial risks, current performance, and internal/external scope
- Revised list of quality priorities based on operational input regarding measures and measure topics
- List of quality priorities aligned with the Organizational Quality Assessment and Performance Improvement Plan
- Final list of aligned quality priorities and measure identified by organizational levels (Patient Safety & Quality Committee, Strategic, Operations)

Process

Quality Measurement Alignment Workgroup
- Measure Domain Experts
- QSI – Quality
- QSI – Pt. Safety
- Nursing Quality
- Patient & Family Experience
- Population Health
- Enterprise Analytics
- Ambulatory Nursing*

* Ambulatory Nursing Rep TBD

Catch Ball

Catch Ball If needed

Quality Measure Surveillance

** Quality Measure Surveillance includes all measures of the Patient Safety and Quality Committee as well as specific measures at the Strategic and Operational Levels
++Quality Dashboards include: Quality and Safety Dashboard, Inpatient Dashboard, Ambulatory Dashboard

Last Update: 3/10/2020
Appendix VI

Strategic Goals impacting Patient Safety, Quality and Patient Experience

- Empower our providers and staff to be problem solvers for the betterment of our patients. All staff will complete introduction and participant level UW Health Way training by July 31, 2021. All leaders will complete Lead Level Training by December 2022.
- Zero Harm measures by Serious Safety Events Per Adjusted Patient Discharge (Annual) = 0 by FY23
- Goal 3: UW Health must ensure that staff and physicians have what they need to effectively care for the people and families we serve while also caring for their own well-being. Goals:
  - Annual Non-Physician Turnover Rate = 11.3%
  - Annual Physician Turnover Rate = 4.4%
  - Biennial Provider Burnout = 30%
- In order for UW Health to continue to have the privilege of caring for patients and delivering remarkable healthcare, we need to maintain financial health. Goal: Total Operating Margin >/= 3.5%
- Exceed expectations of our patients and families Goals:
  - Annual Number of Denied Transfers Due to MDs, Beds, and/or Staffing = 0
  - New Primary Care Patients Seen in 10 Days = 69%
  - New Specialty Care Patients Seen in 10 Days = 55%

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

- Total 30-Day Mortality
- SSI incidence
- Inpatient - HCAHPS “Overall Rating”
- Ambulatory - Controlling high BP
- SSER
- 30-Day Readmission
Appendix VII

UW Health Way

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

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

FOCUS PDCA Methodology:

- FIND a Process to Improve
- ORGANIZE a Team
- CLARIFY Current Knowledge
- UNDERSTAND Root Causes
- SELECT the Improvement
- Plan the Improvement
- Do the Improvement
- Check the Improvement
- Act on Identified Misssteps
Resolution

In Recognition of the Service of

Regent Janice Mueller
RESOLUTION OF
THE BOARD OF DIRECTORS OF
UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY

In Recognition of the Service of Regent Janice Mueller

May 28, 2020

WHEREAS, Regent Janice Mueller (Regent Mueller) has served with distinction, dedication and unwavering loyalty as a member of the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority (UWHCA) from June 16, 2013 through April 30, 2020; in addition, she also served on the UWHCA Finance Committee;

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

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

NOW THEREFORE BE IT RESOLVED that the Board of Directors and the management of the University of Wisconsin Hospitals and Clinics Authority extend their heartfelt gratitude to Regent Janice Mueller for her leadership, exemplary work and loyal support of UWHCA.
Attachment

Biography

Regent Scott S. Beightol
Scott C. Beightol
Partner
Industry Group Chair, Water

Businesses, owners, and boards of directors look to Scott as their outside general counsel to ensure legal compliance of their operations and initiatives. Scott also represents businesses and manages litigation in federal and state courts and administrative agencies throughout the country in all areas of employment law, with particular focus on:

- Employment discrimination, including before the Equal Employment Opportunity Commission (EEOC) and Office of Federal Contract Compliance Programs (OFCCP)
- Non-compete and trade secrets
- Labor arbitrations, investigations, and hearings before the National Labor Relations Board

Scott counsels clients on workforce structure, human resource audits and best practices, complex termination and disability/Family and Medical Leave Act matters, and complex internal investigations involving employee malfeasance or misconduct.

Scott’s abilities and professionalism have been observed and recognized by clients, peers, and judges alike. Chambers USA has rated Scott a leader in the area of Labor and Employment Law since 2008. He has been named as one of the “100 Most Powerful Employment Lawyers” since 2011 by Human Resources Executive and has been listed in The Best Lawyers in America for over 10 years.

Experience

Scott represents a variety of industries, but is particularly experienced in advanced manufacturing, transportation, healthcare, and financial services. His practice and recent experience includes the following:

Litigation and arbitration

Scott has obtained multiple verdicts in jury trials and bench trials in various federal and state courts. These cases have involved claims of discrimination, harassment, retaliation, and breach of contract and other torts. Scott has successfully argued several cases before the United States Seventh Circuit Court of Appeals and the Wisconsin Supreme Court. Scott has tried to decision and won more than 100
decisions and orders before state equal rights agencies in multiple states. Scott has arbitrated and won over 50 arbitration cases in forums around the United States in both discharge and contract interpretation cases. He has also obtained dozens of injunctions on behalf of employers regarding non-compete and other restrictive covenants.

Employment and labor relations

Scott advises both union-free and organized employers. Scott regularly negotiates labor agreements on behalf of employers. Scott has advised on dozens of union organizing campaigns and decertification campaigns throughout the country. Recently, Scott has counseled employers in the upper Midwest on strategies around newly enacted right to work laws.

Compliance

Scott has experience in establishing and implementing compliance programs for clients. Scott led a compliance audit for a client which covered patents, trade secret and trademark protections and practices; privacy of customer health and financial data; employment policies and practices; state registration requirements; and customer agreement templates for product and service offerings. This audit led to a compliance function set up within the company with linkage to Michael Best as outside counsel. The program has been operational and functional for over three years.

Employer advocacy

Scott recently represented business members of the Metropolitan Milwaukee Association of Commerce against a City of Milwaukee ordinance that would have mandated sick pay for part time and full time workers within the city. Scott won an injunction against the ordinance and a split decision at the Wisconsin Supreme Court. This case drew national attention. As the lawsuit proceeded, the ordinance ultimately was never implemented due to a statutory change by the Wisconsin legislature to prevent local regulation of labor policy of a state-wide concern.

Anti-discrimination

Scott recently won the dismissal of a talent recruitment company from a nationwide employment discrimination class action alleging age discrimination in hiring. The “joint employer” allegation was rebutted. Scott also recently won the dismissal of an OFCCP enforcement action against a company alleged to have engaged in pattern and practice race discrimination in hiring. The OFCCP’s statistical methods were rebutted.

Honors & Recognitions

- Leading Labor and Employment Lawyer, Chambers USA, 2008-present
- 100 Most Powerful Employment Lawyers, prepared for Human Resource Executive® by Lawdragon, 2011-present
- “Leading Lawyers” list, Milwaukee’s M Magazine, 2015
- Lexology Client Choice Award, Employment & Benefits, 2014
- Martindale-Hubbell® AV Preeminent Rated
- “Super Lawyers” list Super Lawyer Magazine in the area of Employment and Labor, 2005, 2007-present
Professional Activities

• Regent, University of Wisconsin Systems
• Founding member, former CFO, and Board member of the Employment Law Alliance, the world’s largest network of labor and employment lawyers (www.employmentlawalliance.com/)
• Member, U.S. Chamber of Commerce, Public Affairs Committee and Labor and Employment Committee
• Board of Directors, The Water Council (www.thewatercouncil.com/)
• Advisor, MMAC Region 7 Economic Development initiative for Southeast Wisconsin (advise companies and investors for siting operations and investments to the region)
• Director, Wisconsin State Bar, Labor and Employment Section, President, 2001-2002
• Member, American Bar Association

Education

• University of Wisconsin Law School, Juris Doctor (J.D.), 1988; Senior Note and Comment Editor, Wisconsin Law Review
• College of the Holy Cross, Bachelor of Arts (B.A.), 1985

Admissions

• Wisconsin
• United States Supreme Court
• United States Court of Appeals, Ninth Circuit
• United States District Court, Eastern District of Wisconsin
• United States District Court, Western District of Wisconsin
• United States District Court, Eastern District of Michigan
• United States District Court, Northern District of Illinois
• United States District Court, Northern District of Texas
• United States District Court, Southern District of Indiana

Community Involvement

• Director, Vice-Chair, Metropolitan Milwaukee Association of Commerce
• Member, MMAC Subcommittee on Milwaukee’s Cultural and Entertainment Assets
• Director, United Performing Arts Fund
• Former Director, Milwaukee Public Museum
• Finance Co-Chair, Romney for President, Wisconsin
• Delegate, State of Wisconsin, 2012 Republican National Convention, Tampa, FL
• Trustee, Village of Whitefish Bay, 1998-2004
Attachment

Biography

Chero Goswami
UW Health Vice President and Chief Information Officer
Chero serves as a System Vice President and Chief Information Officer for the UW Health System. In his role, he serves a talented team of technology professionals, and provides strategic direction and leadership for IT in alignment with the mission and goals of UW Health.

Chero brings a depth of experience and a successful track record of leading and deploying strategic initiatives in healthcare and other industries. He comes to UW Health from BJC Healthcare where he served in a variety of leadership roles including Vice President for Business Relationship Management to deliver maximum value through technical and digital initiatives, co-led an enterprise wide EMR initiative and led IT strategic planning for St. Louis Children’s hospital. Prior to BJC Healthcare, he served in different roles at AT&T and consulting firms.

Chero received his dual master’s degree in Computer Technology & Business Administration from Webster University and Bachelor’s in Physics and Computer Science from India. He has also been trained under prestigious leadership programs at Harvard School of Public Health at Boston and Columbia University, New York.
Agenda

- Current State
- Future Vision: @ the Crossroads of Healthcare and Technology
IT Today

Table Stakes

- Talent
- Reliability
  - Availability
  - Security
  - Service /Project Delivery
- Financial Management
- Partnerships
  - Internal within UWH
  - With SMPH
  - With industry partners
Stakeholders Want Us To....

Evolve IT as a strategic, easy-to-work-with partner

Innovate Health IT capabilities to support translational research

Deliver world-class digital health and patient experience
Healthcare delivery, financing, and consumer health ecosystems are increasingly converging to address key industry friction points, but not (yet) in a rationalized manner.
Health System Transformation

Frictionless consumer centricity requires a transformation:

From
Provider/System Centric
“Inside-Out”

To
Consumer Centric
“Outside-In”
Focus on Consumer Centricity

Successful strategies are organized around the consumer/provider interactions

Expectation: “I can easily find whatever I need”

Expectation: “It’s quick & easy to get what I need”

Expectation: “It’s clear what I need to know or do”

Expectation: “This should be quick and painless”

Expectation: “The care I need, when and where I want it”
Cybersecurity Landscape

Yesterday

Today
Questions
## UW Health Current Month Operating Margin – April 30, 2020

<table>
<thead>
<tr>
<th></th>
<th>UW Health - Madison **</th>
<th>SAHS / RDI / ACO / ISTMUS</th>
<th>Total *</th>
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</thead>
<tbody>
<tr>
<td>Actual</td>
<td>-7.0%</td>
<td>1.5%</td>
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<tr>
<td>Budget</td>
<td>6.1%</td>
<td>2.7%</td>
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<tr>
<td>Prior Year</td>
<td>9.7%</td>
<td>9.1%</td>
<td>9.6%</td>
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</table>

**Actual**  | **Budget**  | **Prior Year**

- **Total**

**Note:** The chart above displays the operating margin for UW Health - Madison, SAHS / RDI / ACO / ISTMUS, and the total for the month of April 2020. The values represent the difference between actual, budgeted, and prior year figures for each segment.
## Summary of Enterprise-wide April 30, 2020 Operating Results

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<th>Actual April- FY20</th>
<th>Budget April- FY20</th>
<th>Variance vs. Budget</th>
<th>Var. %</th>
<th>Actual April- FY19</th>
<th>Variance vs. PY</th>
<th>Var. %</th>
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</tr>
<tr>
<td>Net patient service revenue</td>
<td>197,975,722</td>
<td>290,686,160</td>
<td>(92,710,438)</td>
<td>-32%</td>
<td>292,037,809</td>
<td>(94,062,087)</td>
<td>-32%</td>
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<tr>
<td>Other operating revenues</td>
<td>52,084,072</td>
<td>6,687,529</td>
<td>45,396,543</td>
<td>679%</td>
<td>9,918,877</td>
<td>42,165,195</td>
<td>425%</td>
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<tr>
<td>Total operating revenues, net</td>
<td>250,059,794</td>
<td>297,373,689</td>
<td>(47,313,895)</td>
<td>-16%</td>
<td>301,956,686</td>
<td>(51,896,892)</td>
<td>-17%</td>
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<td><strong>TOTAL OPERATING EXPENSES</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Non-physician salaries and benefits</td>
<td>107,913,808</td>
<td>117,122,956</td>
<td>(9,209,148)</td>
<td>-8%</td>
<td>118,924,727</td>
<td>(11,010,664)</td>
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<td>Physician salaries and benefits</td>
<td>38,803,613</td>
<td>40,897,856</td>
<td>(2,094,243)</td>
<td>-5%</td>
<td>28,417,485</td>
<td>42,165,195</td>
<td>425%</td>
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<td>Salaries and benefits</td>
<td>146,717,421</td>
<td>158,020,812</td>
<td>(11,303,391)</td>
<td>-7%</td>
<td>147,341,957</td>
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<td>Other expenses</td>
<td>3,434,314</td>
<td>5,050,313</td>
<td>(1,615,999)</td>
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<td>9,160,375</td>
<td>(5,726,061)</td>
<td>-63%</td>
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<td>Purchased services and agency costs</td>
<td>21,581,943</td>
<td>18,251,416</td>
<td>3,330,527</td>
<td>18%</td>
<td>17,333,086</td>
<td>4,248,857</td>
<td>25%</td>
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<td>Medical materials and supplies</td>
<td>10,993,338</td>
<td>19,193,734</td>
<td>(8,200,396)</td>
<td>-43%</td>
<td>19,190,164</td>
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<td>Pharmaceuticals</td>
<td>41,561,110</td>
<td>40,403,802</td>
<td>1,157,308</td>
<td>4%</td>
<td>39,659,323</td>
<td>1,901,787</td>
<td>5%</td>
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<td>Interest expense</td>
<td>1,932,714</td>
<td>2,397,487</td>
<td>(464,773)</td>
<td>-19%</td>
<td>2,295,550</td>
<td>(366,836)</td>
<td>-16%</td>
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<td>Depreciation and amortization</td>
<td>9,648,202</td>
<td>10,235,372</td>
<td>(587,170)</td>
<td>-6%</td>
<td>10,982,538</td>
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<td>Public aid assessment</td>
<td>4,799,627</td>
<td>4,992,002</td>
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<td>-4%</td>
<td>4,829,727</td>
<td>(30,100)</td>
<td>-1%</td>
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<tr>
<td>Facilities and equipment</td>
<td>17,365,139</td>
<td>16,699,678</td>
<td>665,461</td>
<td>4%</td>
<td>15,143,669</td>
<td>2,221,470</td>
<td>15%</td>
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<tr>
<td>Nonoperating expenses - academic support</td>
<td>5,987,053</td>
<td>6,078,642</td>
<td>(91,589)</td>
<td>-2%</td>
<td>6,966,598</td>
<td>(979,545)</td>
<td>-14%</td>
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<tr>
<td><strong>Net Operating Expenses</strong></td>
<td>264,020,861</td>
<td>280,963,258</td>
<td>(16,942,397)</td>
<td>-6%</td>
<td>272,906,987</td>
<td>(8,886,126)</td>
<td>-3%</td>
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<tr>
<td>Income from operations</td>
<td>(13,961,067)</td>
<td>16,410,431</td>
<td>(30,371,498)</td>
<td>-185%</td>
<td>29,049,699</td>
<td>(43,010,766)</td>
<td>-148%</td>
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<tr>
<td><strong>NON-OPERATING REVENUE/EXPENSES</strong></td>
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<td></td>
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<tr>
<td>Net increase/decrease in fair value of investments</td>
<td>58,249,382</td>
<td>696,371</td>
<td>57,553,011</td>
<td>8265%</td>
<td>26,205,089</td>
<td>32,044,293</td>
<td>122%</td>
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<td>Investment income</td>
<td>15,193,458</td>
<td>2,568,590</td>
<td>12,624,868</td>
<td>492%</td>
<td>3,420,714</td>
<td>11,772,744</td>
<td>344%</td>
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<td>Equity interest in income/loss of joint ventures</td>
<td>1,496,106</td>
<td>1,249,284</td>
<td>246,822</td>
<td>20%</td>
<td>6,469,225</td>
<td>(4,973,119)</td>
<td>-77%</td>
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<tr>
<td>Net inc/dec in fair value of derivative instrument</td>
<td>(94,937)</td>
<td>0</td>
<td>(94,937)</td>
<td>-100%</td>
<td>114,046</td>
<td>(208,983)</td>
<td>-183%</td>
</tr>
<tr>
<td>Other, net</td>
<td>1,036,820</td>
<td>(323,666)</td>
<td>1,360,486</td>
<td>-420%</td>
<td>249,830</td>
<td>786,990</td>
<td>315%</td>
</tr>
<tr>
<td><strong>Net Non Operating Revenue/Expenses</strong></td>
<td>75,880,829</td>
<td>4,190,579</td>
<td>71,690,250</td>
<td>1711%</td>
<td>36,458,904</td>
<td>39,421,925</td>
<td>108%</td>
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<tr>
<td>Net Profit</td>
<td>61,919,762</td>
<td>20,601,010</td>
<td>41,318,752</td>
<td>201%</td>
<td>65,508,603</td>
<td>(3,588,841)</td>
<td>-5%</td>
</tr>
<tr>
<td></td>
<td>Actual April- FY20</td>
<td>Budget April- FY20</td>
<td>Variance vs. Budget</td>
<td>Var. % vs. Budget</td>
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<tr>
<td><strong>TOTAL OPERATING REVENUE</strong></td>
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<td>52,084,072</td>
<td>6,687,529</td>
<td>45,396,543</td>
<td>679%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total operating revenues, net</strong></td>
<td>250,059,794</td>
<td>297,373,689</td>
<td>(47,313,895)</td>
<td>-16%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from operations</td>
<td>(13,961,067)</td>
<td>16,410,431</td>
<td>(30,371,498)</td>
<td>-185%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Margin Calculation - unadjusted</td>
<td>-5.6%</td>
<td>5.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from operations</td>
<td>(13,961,067)</td>
<td>16,410,431</td>
<td>(30,371,498)</td>
<td>-185%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: CARES Act Funds distribution</td>
<td>(57,563,544)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal Operating Margin, no Gov't Intervention</td>
<td>(71,524,611)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Margin Calculation - Adjusted to remove Gov't Intervention</td>
<td>-</td>
<td>-</td>
<td>-28.6%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual</td>
<td>Variance</td>
<td>Var. %</td>
<td>Actual</td>
<td>Variance</td>
<td>Var. %</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Apr_YTD- FY20</td>
<td>Apr_YTD- FY20 vs. Budget</td>
<td>vs. Budget</td>
<td>Apr_YTD- FY19</td>
<td>vs. PY</td>
<td>vs. PY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>2,784,053,175</td>
<td>(81,114,173)</td>
<td>-3%</td>
<td>2,690,011,612</td>
<td>94,041,563</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Other operating revenues</td>
<td>119,663,665</td>
<td>67,556,118</td>
<td>52,107,547</td>
<td>77%</td>
<td>102,871,573</td>
<td>16,792,092</td>
<td>16%</td>
</tr>
<tr>
<td>Total operating revenues, net</td>
<td>2,903,716,840</td>
<td>(29,006,626)</td>
<td>-1%</td>
<td>2,792,883,185</td>
<td>110,833,655</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>2,865,167,348</td>
<td>(5,064,173)</td>
<td>-1%</td>
<td>2,784,053,175</td>
<td>81,114,173</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Other operating revenues</td>
<td>67,556,118</td>
<td>52,107,547</td>
<td>77%</td>
<td>67,556,118</td>
<td>52,107,547</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Total operating revenues, net</td>
<td>2,932,723,466</td>
<td>(29,006,626)</td>
<td>-1%</td>
<td>2,865,167,348</td>
<td>(5,064,173)</td>
<td>-1%</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-physician salaries and benefits</td>
<td>1,159,994,484</td>
<td>(15,016,637)</td>
<td>-1%</td>
<td>1,175,011,121</td>
<td>15,016,637</td>
<td>-1%</td>
<td></td>
</tr>
<tr>
<td>Physician salaries and benefits</td>
<td>421,873,365</td>
<td>408,276,474</td>
<td>12,596,891</td>
<td>3%</td>
<td>380,376,474</td>
<td>40,900,917</td>
<td>12%</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>1,581,867,849</td>
<td>(2,419,746)</td>
<td>0%</td>
<td>1,584,287,595</td>
<td>(2,419,746)</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Other expenses</td>
<td>51,694,920</td>
<td>52,260,818</td>
<td>(565,898)</td>
<td>-1%</td>
<td>52,260,818</td>
<td>(565,898)</td>
<td>-1%</td>
</tr>
<tr>
<td>Purchased services and agency costs</td>
<td>201,928,228</td>
<td>182,034,978</td>
<td>19,893,250</td>
<td>11%</td>
<td>182,034,978</td>
<td>19,893,250</td>
<td>11%</td>
</tr>
<tr>
<td>Medical materials and supplies</td>
<td>194,843,509</td>
<td>190,371,548</td>
<td>4,471,961</td>
<td>2%</td>
<td>190,371,548</td>
<td>4,471,961</td>
<td>2%</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>441,735,189</td>
<td>419,447,006</td>
<td>22,288,183</td>
<td>5%</td>
<td>419,447,006</td>
<td>22,288,183</td>
<td>5%</td>
</tr>
<tr>
<td>Interest expense</td>
<td>21,287,659</td>
<td>24,302,576</td>
<td>(3,014,917)</td>
<td>-12%</td>
<td>24,302,576</td>
<td>(3,014,917)</td>
<td>-12%</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>97,253,164</td>
<td>102,801,341</td>
<td>(5,548,177)</td>
<td>-5%</td>
<td>102,801,341</td>
<td>(5,548,177)</td>
<td>-5%</td>
</tr>
<tr>
<td>Public aid assessment</td>
<td>47,996,270</td>
<td>49,920,027</td>
<td>(1,923,757)</td>
<td>-4%</td>
<td>49,920,027</td>
<td>(1,923,757)</td>
<td>-4%</td>
</tr>
<tr>
<td>Facilities and equipment</td>
<td>164,659,154</td>
<td>169,517,151</td>
<td>(4,857,997)</td>
<td>-3%</td>
<td>169,517,151</td>
<td>(4,857,997)</td>
<td>-3%</td>
</tr>
<tr>
<td>Nonoperating expenses - academic support</td>
<td>60,453,565</td>
<td>60,786,422</td>
<td>(332,857)</td>
<td>-1%</td>
<td>60,786,422</td>
<td>(332,857)</td>
<td>-1%</td>
</tr>
<tr>
<td>Net Operating Expenses</td>
<td>2,863,719,507</td>
<td>2,835,729,462</td>
<td>27,990,045</td>
<td>1%</td>
<td>2,835,729,462</td>
<td>27,990,045</td>
<td>1%</td>
</tr>
<tr>
<td>Income from operations</td>
<td>39,997,333</td>
<td>96,994,004</td>
<td>(56,996,671)</td>
<td>-59%</td>
<td>96,994,004</td>
<td>(56,996,671)</td>
<td>-59%</td>
</tr>
<tr>
<td>NON-OPERATING REVENUE/EXPENSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net increase/decrease in fair value of investments</td>
<td>(72,704,072)</td>
<td>6,963,710</td>
<td>(79,667,782)</td>
<td>-1144%</td>
<td>79,667,782</td>
<td>(1144%)</td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>47,432,199</td>
<td>25,685,897</td>
<td>21,746,302</td>
<td>85%</td>
<td>25,685,897</td>
<td>21,746,302</td>
<td>85%</td>
</tr>
<tr>
<td>Equity interest in income/loss of joint ventures</td>
<td>20,958,378</td>
<td>12,492,846</td>
<td>8,465,532</td>
<td>68%</td>
<td>12,492,846</td>
<td>8,465,532</td>
<td>68%</td>
</tr>
<tr>
<td>Net inc/dec in fair value of derivative instrument</td>
<td>(1,488,063)</td>
<td>0</td>
<td>(1,488,063)</td>
<td>-100%</td>
<td>1,488,063</td>
<td>(1,488,063)</td>
<td>-100%</td>
</tr>
<tr>
<td>Other, net</td>
<td>9,914,655</td>
<td>(2,796,044)</td>
<td>12,710,699</td>
<td>-45%</td>
<td>12,710,699</td>
<td>(2,796,044)</td>
<td>-45%</td>
</tr>
<tr>
<td>Net Non Operating Revenue/Expenses</td>
<td>4,113,097</td>
<td>42,346,409</td>
<td>(38,233,312)</td>
<td>-90%</td>
<td>42,346,409</td>
<td>(38,233,312)</td>
<td>-90%</td>
</tr>
<tr>
<td>Net Profit</td>
<td>44,110,430</td>
<td>139,340,413</td>
<td>(95,229,983)</td>
<td>-68%</td>
<td>139,340,413</td>
<td>(95,229,983)</td>
<td>-68%</td>
</tr>
</tbody>
</table>
### TOTAL OPERATING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr_YTD- FY20</td>
<td>Apr_YTD- FY20</td>
<td>vs. Budget</td>
<td>vs. Budget</td>
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<td>2,932,723,466</td>
<td>(29,006,626)</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Income from operations

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39,997,333</td>
<td>96,994,004</td>
<td>(56,996,671)</td>
<td>-59%</td>
</tr>
</tbody>
</table>

Operating Margin Calculation - unadjusted

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from operations</td>
<td>39,997,333</td>
<td>96,994,004</td>
<td>(15,016,637)</td>
<td>-59%</td>
</tr>
</tbody>
</table>

Less: CARES Act Funds distribution

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(57,563,544)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Normal Operating Margin, no Gov't Intervention

|                                | (17,566,211) |            |            |        |

Operating Margin Calculation - Adjusted to remove Gov't Intervention

<p>|                                | -0.6%       |            |            |        |</p>
<table>
<thead>
<tr>
<th>Operating Margin (including Academic Support)</th>
<th>1.4%</th>
<th>2.6%</th>
<th>3.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Margin</td>
<td>1.5%</td>
<td>4.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Days Cash on Hand * (including Academic Support)</td>
<td>239</td>
<td>243</td>
<td>234</td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>36</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>23.4%</td>
<td>29.2%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>5.5%</td>
<td>8.7%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>299.9%</td>
<td>187.7%</td>
<td>206.7%</td>
</tr>
</tbody>
</table>

* excludes provision for bad debt and retiree health insurance
** average for 12 months

(1) S&P's 2017 financial ratios based on 35 obligators rated "AA-" by S&P. Based on 2017 audited financials.
(2) Moody's 2017 financial ratios based on 37 "Aa3" rated hospitals. Based on 2017 audited financials.
A The significant increase to DCOH is related to the Advanced Received from Medicare, which is over 23 days and some rebounds in the investment portfolio.
<table>
<thead>
<tr>
<th></th>
<th>UWHCA</th>
<th>UWMF</th>
<th>Total UWHCA and UWMF</th>
<th>Discrete Components</th>
<th>UW Health Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash &amp; Investments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,320,185,854</td>
<td>410,400,075</td>
<td>1,730,585,929</td>
<td>411,341,675</td>
<td>2,141,927,604</td>
</tr>
<tr>
<td>Restricted by Trustee &amp; Donors</td>
<td>25,973,726</td>
<td>-</td>
<td>25,973,726</td>
<td>61,425,290</td>
<td>87,399,016</td>
</tr>
<tr>
<td><strong>Accounts Receivable</strong></td>
<td>234,584,464</td>
<td>89,499,479</td>
<td>324,083,943</td>
<td>49,965,185</td>
<td>374,049,128</td>
</tr>
<tr>
<td><strong>Property, Plant &amp; Equipment, Net</strong></td>
<td>781,832,498</td>
<td>70,390,142</td>
<td>852,222,640</td>
<td>401,633,050</td>
<td>1,246,564,851</td>
</tr>
<tr>
<td><strong>Other Assets &amp; Deferred Outflows of Resources</strong></td>
<td>1,232,949,357</td>
<td>409,710,557</td>
<td>847,743,043</td>
<td>34,456,009</td>
<td>679,841,610</td>
</tr>
<tr>
<td><strong>Total Assets &amp; Deferred Outflows of Resources</strong></td>
<td>$3,595,525,899</td>
<td>$980,000,253</td>
<td>$3,780,609,281</td>
<td>$958,821,209</td>
<td>$4,529,782,207</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td>807,314,213</td>
<td>604,622,122</td>
<td>617,019,465</td>
<td>159,272,054</td>
<td>583,328,958</td>
</tr>
<tr>
<td><strong>Long-term Debt &amp; Deferred Inflows of Resources</strong></td>
<td>1,117,161,614</td>
<td>51,305,000</td>
<td>1,168,466,614</td>
<td>257,017,305</td>
<td>1,425,483,919</td>
</tr>
<tr>
<td><strong>Net Position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,499,921,617</td>
<td>324,073,131</td>
<td>1,823,994,748</td>
<td>533,402,582</td>
<td>2,340,711,610</td>
</tr>
<tr>
<td>Restricted</td>
<td>171,128,455</td>
<td>-</td>
<td>171,128,455</td>
<td>9,129,266</td>
<td>180,257,721</td>
</tr>
<tr>
<td><strong>Total Liabilities, Deferred Inflows of Resources &amp; Net Position</strong></td>
<td>$3,595,525,899</td>
<td>$980,000,253</td>
<td>$3,780,609,281</td>
<td>$958,821,208</td>
<td>$4,529,782,207</td>
</tr>
</tbody>
</table>

Elimination Entries are not displayed but are part of the Consolidated Numbers
UWHC
Fiscal Year 2021
Hospital Rate Increase

UWHCA Board Meeting
May 28, 2020
Must publish in WI State Journal by May 30, 2020 for July 1 start date

Recommended “list price” increase is 5%

Factors driving need for price increase:
- Inflation in salaries, benefits, drugs and supplies
- Modest reimbursement increases from governmental payors
- Financial impact of COVID-19

Few payors’ reimbursement rates have any direct connection to charges, however:
- Charges remain a focus of public interest, especially due to increased deductibles and co-insurance rates
- Charges do impact PPO payment rates
Summary – SAHS Charge Based Rate Increase

• No formal publishing of rates needed in Illinois
• Recommended “list price” increase aggregate 5%
• Factors driving need for price increase
  – Continued investment and market competitiveness in associate compensation through merit increases
  – Inflation on the cost structure to deliver care including increases in medical and pharmaceutical expenses
  – No cost of living increase from Medicaid/Medicare or any realized reimbursement from a charge increase
  – No realized rate increase from Blue Cross Blue Shield PPO
• Few payers reimbursement rates have any direct connection to charges
  – Charges will become more transparent due to federal regulations of price transparency
Annual average gross percentage price increase: **5.0%**
Effective date of increase: **7/1/20**
Date of last reported increase: **7/1/19**
Last reported annual gross percentage price increase: **5.0%**

<table>
<thead>
<tr>
<th>Charge Element</th>
<th>Previous Price</th>
<th>New Price</th>
<th>Increase (Decrease)</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room &amp; Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>2,358.00</td>
<td>2,430.00</td>
<td>72.00</td>
<td>3.1%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>3,216.00</td>
<td>3,310.00</td>
<td>94.00</td>
<td>2.9%</td>
</tr>
<tr>
<td>Adult Intermediate Care</td>
<td>5,561.00</td>
<td>5,730.00</td>
<td>169.00</td>
<td>3.0%</td>
</tr>
<tr>
<td>Trauma/Burn Intensive Care</td>
<td>8,894.00</td>
<td>9,160.00</td>
<td>266.00</td>
<td>3.0%</td>
</tr>
<tr>
<td>Surgical Intensive Care</td>
<td>8,894.00</td>
<td>9,160.00</td>
<td>266.00</td>
<td>3.0%</td>
</tr>
<tr>
<td>Medical Intensive Care</td>
<td>8,894.00</td>
<td>9,160.00</td>
<td>266.00</td>
<td>3.0%</td>
</tr>
<tr>
<td>Pediatric Intensive Care</td>
<td>9,442.00</td>
<td>9,725.00</td>
<td>283.00</td>
<td>3.0%</td>
</tr>
<tr>
<td>Neonatal Intensive Care Level 4</td>
<td>9,910.00</td>
<td>10,207.00</td>
<td>297.00</td>
<td>3.0%</td>
</tr>
<tr>
<td>Mammography - Unilateral Diagnostic w/CAD</td>
<td>484.00</td>
<td>510.00</td>
<td>26.00</td>
<td>5.4%</td>
</tr>
<tr>
<td>Mammography - Bilateral Diagnostic w/CAD</td>
<td>583.00</td>
<td>610.00</td>
<td>27.00</td>
<td>4.6%</td>
</tr>
<tr>
<td>Mammography - Bilateral Screen w/CAD</td>
<td>437.00</td>
<td>460.00</td>
<td>23.00</td>
<td>5.3%</td>
</tr>
<tr>
<td>Emergency Room Level 5 Visit</td>
<td>2,948.00</td>
<td>2,948.00</td>
<td>0.00</td>
<td>0.0%</td>
</tr>
<tr>
<td>Psychotherapy, 53+ Min w/PT</td>
<td>99.30</td>
<td>104.00</td>
<td>4.70</td>
<td>4.7%</td>
</tr>
<tr>
<td>ECT</td>
<td>193.00</td>
<td>203.00</td>
<td>10.00</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Reason for increase: These increases have been approved by the University of Wisconsin Hospitals and Clinics Authority Board. Cost increases in the form of new technology, drugs, supplies, higher wage rates for personnel, and the impact of COVID-19 are primarily responsible for these increases in payment rates.
Comparison of “List Prices” to Peers

Acuity-adjusted Price per Inpatient Admission - CY2019

- St. Lukes: $42,875
- Froedtert: $40,061
- UWHC: $34,081
- UPH Meriter: $28,032
- St. Mary’s: $27,462
Comparison of “List Prices” to Peers

List Price as % of Medicare Reimbursement, Adjusted for Acuity and Medical Education Costs, FY2017

- St. Lukes: 537%
- UPH Meriter: 403%
- Froedtert: 380%
- St. Mary's: 383%
- UWHC: 348%
Charge Based Rate Increases

Local/Regional Competitor Rate Increases, 2015-2020

- UWHC
- Meriter
- St Mary’s
- CHOW
- Froedtert
- St Luke’s

Comparative Analysis of UWHC Pricing
Case Mix Index (CMI) Adjusted Charges per Adjusted Discharge
Benchmarking Group: AMC Peer Group*
Action OI Database
January - December 2019
Source: ActionOI Side by Side Report

**SUMMARY**

<table>
<thead>
<tr>
<th>Benchmarking Group</th>
<th>Mean</th>
<th>UWHC</th>
<th>UWHC Rank</th>
<th>UWHC % Below Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exec Council Peer Group- National (n = 39)</td>
<td>43,410</td>
<td>34,944</td>
<td>26th lowest of 39</td>
<td>20%</td>
</tr>
<tr>
<td>Exec Council Peer Group- Midwest (n = 11)</td>
<td>37,879</td>
<td>34,944</td>
<td>9th lowest of 11</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Midwest Compare Group- Detail**

<table>
<thead>
<tr>
<th>Organization</th>
<th>City</th>
<th>State</th>
<th>Hospital CMI</th>
<th>CMI Adj Charges/ Adj Discharge**</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Kansas</td>
<td>Kansas City</td>
<td>KS</td>
<td>1.92</td>
<td>46,477.43</td>
<td>1</td>
</tr>
<tr>
<td>University of Cincinnati</td>
<td>Cincinnati</td>
<td>OH</td>
<td>2.14</td>
<td>45,735.82</td>
<td>2</td>
</tr>
<tr>
<td>Saint Luke's Hospital of Kansas City</td>
<td>Kansas City</td>
<td>MO</td>
<td>2.11</td>
<td>43,969.58</td>
<td>3</td>
</tr>
<tr>
<td>Ohio State University Medical Center</td>
<td>Columbus</td>
<td>OH</td>
<td>1.95</td>
<td>42,003.93</td>
<td>4</td>
</tr>
<tr>
<td>Froedert Hospital</td>
<td>Milwaukee</td>
<td>WI</td>
<td>2.03</td>
<td>39,914.72</td>
<td>5</td>
</tr>
<tr>
<td>University of Michigan</td>
<td>Ann Arbor</td>
<td>MI</td>
<td>2.11</td>
<td>38,044.86</td>
<td>6</td>
</tr>
<tr>
<td>University Hospitals Cleveland Medical Center</td>
<td>Columbus</td>
<td>OH</td>
<td>1.98</td>
<td>37,622.01</td>
<td>7</td>
</tr>
<tr>
<td>University of Iowa</td>
<td>Iowa City</td>
<td>IA</td>
<td>2.14</td>
<td>36,461.69</td>
<td>8</td>
</tr>
<tr>
<td>University of Wisconsin Hospitals and Clinics</td>
<td>Madison</td>
<td>WI</td>
<td>2.21</td>
<td>34,943.95</td>
<td>9</td>
</tr>
<tr>
<td>Barnes - Jewish Hospital</td>
<td>St. Louis</td>
<td>MO</td>
<td>2.15</td>
<td>29,045.59</td>
<td>10</td>
</tr>
<tr>
<td>Spectrum Health Butterworth Hospital</td>
<td>Grand Rapids</td>
<td>MI</td>
<td>2.01</td>
<td>22,446.64</td>
<td>11</td>
</tr>
</tbody>
</table>

Prepared by Jennifer Leahy-Siebold, UW Health-Enterprise Analytics, 4/13/2020

*The AMC Council Peer Group is a group of health care centers that have been chosen by UWHC Executive Leadership using various criteria including major teaching status, CMI >=1.90, a solid organ transplant program, a level 1 trauma program, and adjusted discharges >=9,500.

**CMI Adj Charges/Adj Discharge = (Total Charges/Hospital CMI)/Total Adjusted Discharges
Resolution

FY 2021 UWHC Hospital Rate Increase
WHEREAS, the Finance Committee of the Board of Directors of UWHC has reviewed the UWHC Hospital Rate Increase document for FY21 as prepared by management and has recommended its approval to this Board; and

WHEREAS, this Board has reviewed the Hospital Rate Increase document for FY21 as presented by management.

NOW THEREFORE BE IT RESOLVED THAT, the Board of Directors of the University of Wisconsin Hospitals and Clinics Authority approves an average gross percentage price increase of 5.0% effective July 1, 2020.

FURTHER RESOLVED, the UWHCA Chief Executive Officer, or his delegates, are hereby authorized, empowered and directed to take all such actions as may be considered proper and convenient to carry out the foregoing resolution and any and all acts heretofore taken by the UWHCA Chief Executive Officer, or his delegates in connection with the foregoing resolutions are hereby ratified and confirmed.
Attachment

Our Opportunity to Lead
by Dr. Alan Kaplan

Blog Post
American College of Healthcare Executives
By Alan S. Kaplan, MD, FACHE

As healthcare CEOs, the COVID-19 crisis has provided a rare opportunity—small pockets of time to think and reflect. While we’re closely monitoring our organization’s situation and huddling with local, state and national authorities, our routine of going from meeting to meeting has been upended.

As our pandemic response readiness and implementation matures, my thinking migrates toward recovery planning. As CEOs, we’re not alone in our reflections. Consultants, coaches and opportunists (this is a large category) are quick to offer advice. For me, most of this guidance is falling flat because there is no “been there, done that.” This is new territory. Unless you’re reviewing the financials that show your organization losing tens of millions of dollars each week with no accurate projections of when and if things will return to normal, conventional wisdom from the experts, such as planning for the worst during a crisis, may not be perfectly applicable.

Instead, what we need to do is be the leaders we aspired to be early on in our careers, and the leaders we have admired from our peer group and other industries. For me, it boils down to three calls to action:

**Acknowledge With Candor**

No sugar coating will be adequate to hide the severely damaged economy and unemployment rates that could rival the Great Depression. Internal to our organizations, we have psychologically fragile and physically exhausted physicians and staff, dire revenue projections, and strategic plans and investments that will be delayed for years. UW Health has cut our list of major initiatives in half, with more cutbacks likely as we reset strategically. It’s agonizing to curtail carefully crafted and researched projects, but it won’t be any easier in a few months. We need to acknowledge, candidly, the depth of our challenges and the sacrifices necessary to pull our organizations through the COVID-19 pandemic.

**More Leadership, Less Management**

Crises tend to be underled and overmanaged. It’s human nature to focus on the immediate, in-your-face issues that need tactical attention instead of looking forward toward the next round of challenges. The immediate and long-term financial situation of hospitals and health systems is the most pressing area that needs the right balance of management and leadership. Previous short- and long-term financial assumptions are now irrelevant. Annual forecasting and budgeting won’t be adequate. We’ll need to decide how many days of cash on hand is prudent versus ill-advised, and how far to cut expenses. But this may also be the nudge (or shove) required to look at our organization’s entire cost structure and calibrate it for the delivery system we knew was inevitable, but didn’t believe was imminent.

**Breakthrough Behavior Changes**

Healthcare providers have not always been exemplars of agility. Yet this crisis has shown that we can adapt and move quickly when we must. As leaders we’ll need to course-correct in real time, not ruminate for months. We must be proactive and responsive, both strategically and financially, at
a pace that has not been typical within our industry. Initiatives that we didn’t make time for, like new care delivery and staffing models, are now imperative as we anticipate patient volume that may not return. Reverting to our old pace and settling back in could jeopardize our organizations.

We seek opportunities to lead for many reasons. For me, it is a higher calling to craft the future and to evolve our organization to a better place. No matter what drove you to become a healthcare leader, this is our time. We need to prepare, not panic. We need to take care of our medical teams and employees with greater energy than ever before. We need to navigate through the fog of this pandemic and craft a compelling future, different but just as exciting as we previously conceived. Our job has always been to create clarity in the face of headwinds and ambiguity. Now is no different except the challenges are more acute and there is more at stake. A quote from first-century Latin writer Publilius Syrus still applies today: “Anyone can hold the helm when the sea is calm.” This once-in-a-lifetime health crisis could also be our once-in-a-lifetime opportunity to lead in an environment where everything is going to change. Let’s rise above the chaos and take the helm.

Alan S. Kaplan, MD, FACHE, is CEO of UW Health, the academic health system affiliated with the University of Wisconsin, in Madison.
Virus Driven Strategy
Alan S. Kaplan, MD

UWHCA Board Update
May 28, 2020
Managing the Lingering Pandemic

- We have always dealt with infections and never closed the doors. Why should this be different?

Going forward:
- Better understanding of COVID-19
- Policies & procedures for patient, staff and visitor safety
- Testing capabilities
- Dependable PPE supply chain
- Facility redesign
- Innovations such as the intubation box
- Promising treatments such as plasma and Remdesivir
- New societal norms
Here to stay:

- Location agnostic workplace
- Facility reconfiguration
- Telehealth
Thinking Differently

**Old World**

- No reimbursement
- Restrictive regulations
- Minor illness
- Younger people only

**New World**

- Reimbursement (but less)
- Regulatory relief
- Chronic illness
- All ages
- Provider satisfaction
- Surgical conversion rates
- Service line resizing
- Retail pharmacy

Quartz
CY19 2,800 Visits
CY20 21,900 Visits
Returning to “Normal”—A Strategic Blunder

- A single strand of RNA will change healthcare more rapidly than did thousands of innovators & billions of private equity dollars
- Financial stressors will force a sustained platform for change
- The new disruptive innovator will come from within!
UNIVERSITY OF WISCONSIN
HOSPITALS AND CLINICS AUTHORITY
(“UW Health”)

AUDIT COMMITTEE CHARTER

Effective as of ______, 2020

1. Purpose:

The Audit Committee of the Board of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority ("UWHCA") shall assist the Board with oversight of:

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

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

2. Composition

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

Members of the Audit Committee shall serve until their resignation or removal by the Chairperson of the Board. Vacancies in the Audit Committee shall be filled by the Chairperson of the Board in accordance with the committee composition requirements set forth in this charter.

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

3. Duties. The Audit Committee shall have the following duties and responsibilities:

a. External Auditor

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

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

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

- The Audit Committee shall pre-approve any non-audit and tax services that may be provided by the External Auditor to UW Health.

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

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

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

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

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

b. Review of Audited Financial Statements

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

c. Oversight of the UW Health Internal Audit Department

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

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

d. **Oversight of the UW Health Compliance Committee**

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

4. **Authority**

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

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

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

5. **Meetings and Procedures**

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

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

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

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

6. **Limitation on Duties**

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

AUDIT COMMITTEE CHARTER

Effective as of ______, 2020

1. Purpose:

The Audit Committee of the Board of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) shall assist the Board with oversight of:

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

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

2. Composition

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

Members of the Audit Committee shall serve until their resignation or removal by the Chairperson of the Board. Vacancies in the Audit Committee shall be filled by the Chairperson of the Board in accordance with the committee composition requirements set forth in this charter.

the Board Chairperson, the Vice Chairperson, the UWHCA Chief Executive Officer, ex-officio and additional persons appointed by the Chairperson of the Board, provided that at all times, at least two (2) members of the Audit Committee shall be members of the UWMF faculty at large, and, provided further that, the University of Wisconsin School of Medicine and Public Health (“UWSMPH”) Dean and UWHCA Chief Executive Officer will serve as, non-voting members, and provided further that at least four (4) members are independent members and provided further that, the size of the Audit Committee shall not exceed nine (9) persons. Appointees may include persons who are not members of the Board.

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

3. Duties. The Audit Committee shall have the following duties and responsibilities:

a. **External Auditor**

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

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

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

- The Audit Committee shall pre-approve any non-audit and tax
  services that may be provided by the External Auditor to UW
  Health.

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

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

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

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

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

b. **Review of Audited Financial Statements**

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

c. **Oversight of the UW Health Internal Audit Department**

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

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

d. **Oversight of the UW Health Compliance Committee**

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

   - The Audit Committee shall establish a Compliance Committee, which shall have general oversight of the UW Health Compliance Department, as provided in the Compliance Committee Charter.

   - The Audit Committee shall approve the Compliance Committee Charter, shall review such charter from time to time and make such updates and amendments to such charter as are appropriate from time to time.

   - The Audit Committee shall, at least annually, in consultation with the Compliance Committee, review the plans, activities, resources, staffing and organizational structure of the UW Health Compliance Department with management and with the Compliance & Privacy Officer(s). The Audit Committee shall review significant reports to the Compliance Committee and/or management prepared by the UW Health Compliance Department and management’s response.
• The Audit Committee shall ensure that there are no unjustified restrictions or limitations on the UW Health Compliance Department.

• The designated UWHCA management leader and Chair, UWHCA Audit Committee, shall be consulted regarding review and concur in the appointment, replacement or dismissal of the UW Health Chief Compliance Officer. The Chief Compliance Officer shall have a direct line of communication to the UWHCA and/or UWMF Boards on an as-required basis.

4. Authority

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

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

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

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

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

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

6. **Limitation on Duties**

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

DRAFT
UW Health
Compliance Committee Charter (CLEAN)
1. Purpose

The Compliance Committee (the “Compliance Committee”) of the University of Wisconsin Hospitals and Clinics Authority ("UWHCA") shall assist the UWHCA Board of Directors (the “Board”) with oversight of the UW Health Compliance Department and Compliance Programs, including, without limitation, UW Health’s compliance with applicable laws and regulations, development and administration of the UW Health Code of Conduct, and development and administration of all compliance related UW Health codes, policies and procedures.

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

2. Membership

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

Members of the Compliance Committee shall serve until their resignation or removal by the Chairperson of the Board. Vacancies in the Compliance Committee shall be filled by the Chairperson of the Board in accordance with the committee composition requirements set forth in this charter.

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

3. Duties

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

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

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

- Review the quarterly Compliance Officer’s Report to the UW Health Chief Executive Officer and Chief Operating Officer;

- Prepare a Bi-Annual Compliance Committee Report to the UWHCA and UWMF Boards of Directors, including an evaluation of the Chief Compliance Officer;

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

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

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

- Promote standards of ethical behavior within UW Health;
- Review, through the Compliance Committee Chairperson, any material compliance issues affecting the organization raised by the Chief Compliance Officer;
- Obtain the advice and assistance of outside advisors as needed

4. Authority

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

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

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

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

5. Meetings and Procedures

a. Meetings. The Compliance Committee shall meet as often as it deems necessary in order to perform its responsibilities but not less than quarterly. A majority of the members of the Compliance Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.

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

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

d. Reports to the Board of Directors. The Compliance Committee shall report at least two times per year to the UWHCA and UWMF Board of Directors.

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


The Compliance Committee shall not have the authority to take any action that is inconsistent with the corporate governance documents of any UW Health entity or applicable law.
UNIVERSITY OF WISCONSIN
HOSPITALS AND CLINICS AUTHORITY
(“UW Health”)

COMPLIANCE COMMITTEE
CHARTER

Effective as of __________, 2020

Introduction

The University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) and University of Wisconsin Medical Foundation (“UWMF”) Compliance Committee (the “Compliance Committee”) is a standing committee of the UW Health Audit Committee (the “Audit Committee”) of the UWHCA Board of Directors. The Compliance Committee primarily reports to the UW Health Audit Committee; however, when deemed necessary and appropriate by the Compliance Committee, based on particular facts and circumstances, the Compliance Committee shall report directly to the UWHCA and UWMF Boards of Directors, as applicable. As used in this Charter, “UW Health” refers to UWHCA, UWMF, and the subsidiaries and affiliates of each of UWHCA and UWMF, and which are financially consolidated with UWHCA.

1. Purpose

The Compliance Committee (the “Compliance Committee”) shall assist the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) shall assist the UWHCA Board of Directors (the “Board”) in fulfilling their respective duties and with oversight of responsibilities for all aspects of the UW Health Compliance Department and Compliance Programs, including, without limitation, UW Health’s compliance with applicable laws and regulations, development and administration of the UW Health Code of Conduct, and development and administration of all compliance related UW Health codes, policies and procedures.

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

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

Members of the Compliance Committee shall serve until their resignation or removal by the Chairperson of the Board. Vacancies in the Compliance Committee shall be filled by the Chairperson of the Board in accordance with the committee composition requirements set forth in this charter.

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

UW Health Audit Committee, with the consent of each of the UWHCA and UWMF Boards of Directors and shall consist of the following persons:

- One (1) Member of the Audit Committee;
- Seven (7) persons who are UWMF faculty;
- One (1) person who is a UW Health Department Administrator,
- The UW Health Vice President, Revenue Cycle (non-voting);
- The UW Health, Vice President, Deputy General Counsel, Legal.
Operations (non-voting):
The Chairman of the Compliance Committee shall be one of the voting Members of the Compliance Committee as specified from time to time by the Chairperson of the Audit Committee.
3. Duties

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

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

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

- Review the quarterly Compliance Officer’s Report to the UW Health Chief Executive Officer and Chief Operating Officer;

- Report quarterly to UW Health Audit Committee providing an update on the work plan and any major issues;

- Prepare a Bi-Annual Compliance Committee Report to the UWHCA and UWMF Boards of Directors, including an evaluation of the Chief Compliance Officer;

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

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

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

- Promote standards of ethical behavior within UW Health;

- Review, through the Compliance Committee Chairperson, any material compliance issues affecting the organization raised by the Chief Compliance Officer;
Obtain the advice and assistance of outside advisors as needed;

4. Authority

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

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

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

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

5. Meetings and Procedures

a. Meetings. The Compliance Committee shall meet approximately two (2) weeks before each meeting of the UW Health Audit Committee, as applicable, and as often as it deems necessary or appropriate in order to perform its responsibilities but not less than quarterly, four (4) times annually. A majority of the voting members of the Compliance Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.

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

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

d. Reports to the Board of Directors. The Compliance Committee shall report at least two times per year to the UWHCA and UWMF Board of Directors.

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

Management Liaison


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