February 4, 2016

TO: Members of the Board of Regents
    Designated Representatives to the Board of Regents

FROM: Joan Goldblatt, Secretary of the Board of Regents

RE: Schedule of Meetings

WEDNESDAY, FEBRUARY 10, 2016
3:00 p.m.  142 Gerberding Hall  GOVERNANCE COMMITTEE
Regents Ayer (Chair), Blake, Rice, Shanahan

THURSDAY, FEBRUARY 11, 2016
8:30 to 10:05 a.m.  Intellectual House wǝɫǝbʔaltxʷ  ACADEMIC AND STUDENT AFFAIRS COMMITTEE
Regents Jaech (Chair), Kritzer, Rice, Riojas, Simon

*10:20 a.m. to 12:35 p.m.  Intellectual House wǝɫǝbʔaltxʷ  FINANCE AND ASSET MANAGEMENT COMMITTEE
Regents Shanahan (Chair), Blake, Harrell

1:00 p.m.  Intellectual House wǝɫǝbʔaltxʷ  REGULAR MEETING OF BOARD OF REGENTS
Regents Ayer, Benoliel, Blake, Harrell, Jaech, Kritzer, Rice, Riojas, Shanahan, Simon

*or upon conclusion of the previous session.

Unless otherwise indicated, committee meetings of the Board of Regents will run consecutively; starting times following the first committee are estimates only. If a session ends earlier than expected, the next scheduled session may convene immediately. Committee meetings may be attended by all members of the Board of Regents and all members may participate.

To request disability accommodation, contact the Disability Services Office at: 206.543.6450 (voice), 206.543.6452 (TTY), 206.685.7264 (fax), or email at dso@uw.edu. The University of Washington makes every effort to honor disability accommodation requests. Requests can be responded to most effectively if received as far in advance of the event as possible, preferably at least 10 days.
## Approval of Minutes of Special Committee Meeting on October 7, 2015

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1. **Approve Board Officers, Committees, and Other Appointments**  
   Bill Ayer, Chair of the Board

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2. **University of Washington Investment Management Company Board (“UWINCO Board”) Appointment and Reappointments**  
   Keith Ferguson, Chief Investment Officer, Investment Management  
   Scott Davies, Senior Investment Office, Treasury Office

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3. **Board Assessment Survey Discussion**  
   Bill Ayer, Chair of the Board

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4. **Board Governance Discussion and Review of Standing Orders and Bylaws**  
   Bill Ayer, Chair of the Board  
   Kristi Blake, Regent

5. **Other Business**
 Approval of Minutes of Committee Meeting on January 14, 2016
1. Welcome to wǝɫǝbʔaltxʷ
   Casey Wynecoop, Acting Director, wǝɫǝbʔaltxʷ, Office of Minority Affairs & Diversity

2. Academic and Administrative Appointments
   Gerald J. Baldasty, Interim Provost and Executive Vice President

3. Graduate and Professional School Enrollment Update Autumn 2015
   David Eaton, Dean and Vice Provost, Graduate School
   John Drew, Director, Graduate School, Computing and Information Resources

4. Introduction of New Leadership: Interim Vice President/Vice Provost, Office of Minority Affairs and Diversity
   Gerald J. Baldasty, Interim Provost and Executive Vice President
   Gabriel Gallardo, Interim Vice President/Vice Provost, Office of Minority Affairs and Diversity

5. Introduction of New Leadership: Associate Vice Provost for Faculty Advancement, Office of the Provost and Office of Minority Affairs and Diversity
   Gerald J. Baldasty, Interim Provost and Executive Vice President
   Chadwick Allen, Associate Vice Provost for Faculty Advancement, Office of the Provost and Office of Minority Affairs and Diversity
6. Race and Equity Initiative Update
   Ana Mari Cauce, President
   Ed Taylor, Vice Provost and Dean, Undergraduate Academic Affairs
   Mia Tuan, Dean and Professor, College of Education
   Mariama Suwaneh, Political Science and American Ethnic Studies Major
   Maria Abando, Biology Major
   Domonique Meeks, Masters of Science Information Management, 2nd Year
   Ralina Joseph, Associate Professor of Communication

7. Adoption of Proposed Amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication
   Denzil Suite, Vice President for Student Life
   Ellen Taylor, Assistant Vice President for Student Life
   Elizabeth Lewis, Director, Community Standards and Student Conduct

8. Other Business
Executive Session
(to discuss with legal counsel litigation or potential litigation as defined in RCW 42.30.110.)

Approval of Minutes of Committee Meeting on January 14, 2016

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| 1. Actions Taken Under Delegated Authority (S5-15M)  
Paul Jenny, Senior Vice President, Planning and Management |
| INFORMATION F–1 |
| 2. UW One Capital Plan  
Paul Jenny, Senior Vice President, Planning and Management  
Chris Malins, Associate Vice President, Treasury  
Mike McCormick, Associate Vice President, Capital Planning and Development |
| INFORMATION F–2 |
| 3. Computer Science & Engineering 2: Approve Project Site, Preferred Development Alternative and Mitigation  
Paul Jenny, Senior Vice President, Planning and Management  
Hank Levy, Chair, Computer Science and Engineering |
| ACTION F–3 |
| 4. New Burke Museum Stage 2: Approve Project Site, Donor Naming Opportunities, Funding Plan and Project Budget  
Julie Stein, Executive Director, Burke Museum  
Paul Jenny, Senior Vice President, Planning and Management |
| ACTION F–4 |
| 5. Transforming Administration Program (TAP) Regent Update  
Gerald J. Baldasty, Interim Provost and Executive Vice President |
| INFORMATION F–5 |
| 6. New Student Enrollment and Orientation Fee Increases for UW Bothell and UW Seattle  
Gerald J. Baldasty, Interim Provost and Executive Vice President  
Sarah Norris Hall, Assistant Vice Provost, Office of Planning and Budgeting |
| ACTION F–6 |
7. **WWAMI Spokane Partnership Update**
   Margaret Shepherd, Director of Strategic Initiatives, Office of the President
   Ian Goodhew, Director of Government Relations, UW Medicine

8. **Approval of Harborview Management Contract**
   Ruth Mahan, Chief Business Officer, UW Medicine and VPMA UW, UW Medicine
   Clayton Lewis, Chair, Harborview Board of Trustees

9. **Approve Revisions to the UW Medicine Board Bylaws**
   Ruth Mahan, Chief Business Officer, UW Medicine and VPMA UW, UW Medicine

10. **Executive Session**
    (to review the performance of public employees.)

11. **Other Business**
AGENDA
BOARD OF REGENTS
University of Washington

February 11, 2016
1:00 p.m.
Intellectual House - wǝɫǝbʔaltxʷ

I. CALL TO ORDER

II. ROLL CALL: Assistant Secretary Shelley Tennant

III. CONFIRM AGENDA

IV. PUBLIC COMMENT PERIOD

V. BOARD ITEMS

Presentation by Physicians Committee for Responsible Medicine (Information only)

John Pippin, MD, FAAC, Director of Academic Affairs, Physicians Committee for Responsible Medicine

Harborview Paramedic Training Program (Information only)

David Carlbom, MD, Director, Harborview Paramedic Training Program, Associate Professor of Pulmonary and Critical Care Medicine
David M. Anderson, Executive Director, Health Sciences Administration

Legislative and Budget Update (Information only)

Jerry Baldasty, Interim Provost and Executive Vice President
Paul Jenny, Senior Vice President, Planning & Management
Sarah Norris Hall, Assistant Vice Provost, Planning and Budgeting
Genesee Adkins, Director of State Relations

Quarterly Compliance Report – Research (Information only)

Elizabeth Cherry, Associate Vice Provost, Compliance & Risk Services and Interim Vice President, Finance & Facilities
David M. Anderson, Executive Director, Health Sciences Administration
Joe Giffels, Associate Vice Provost for Research Administration & Integrity, Office of Research

UW Medicine Board Annual Compliance Report (Information only)

Bruce Pym, Chair, UW Medicine Board Compliance Committee
Sue Clausen, Chief Compliance Officer, UW Medicine; Associate Vice President for Medical Affairs, UW
Ruth Mahan, Chief Business Officer of UW Medicine and Vice President of Medical Affairs
VI. REPORT OF THE CHAIR OF THE BOARD OF REGENTS: Regent Ayer

VII. REPORT OF THE UNIVERSITY PRESIDENT: President Cauce

VIII. CONSENT AGENDA

Approval of Minutes of Meeting of January 14, 2016

Adoption of Proposed Amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication

Computer Science & Engineering 2: Approve Project Site, Preferred Development Alternative and Mitigation

New Burke Museum Stage 2: Approve Project Site, Donor Naming Opportunities, Funding Plan and Project Budget

New Student Enrollment and Orientation Fee Increases for UW Bothell and UW Seattle

Approval of Harborview Management Contract

Approve Revisions to the UW Medicine Board Bylaws

Approve Board Officers, Committees, and Other Appointments

University of Washington Investment Management Company Board ("UWINCO Board") Appointment and Reappointments

IX. STANDING COMMITTEES

A. Academic and Student Affairs Committee: Regent Jaech – Chair

Welcome to wǝɫǝbʔaltxʷ (Information only)

Academic and Administrative Appointments (Action)

Graduate and Professional School Enrollment Update Autumn 2015 (Information only)

Introduction of New Leadership: Interim Vice President/Vice Provost, Office of Minority Affairs and Diversity (Information only)

Introduction of New Leadership: Associate Vice Provost for Faculty Advancement, Office of the Provost and Office of Minority Affairs and Diversity (Information only)

Race and Equity Initiative Update (Information only)
B. Finance and Asset Management Committee: Regent Shanahan – Chair

Actions Taken Under Delegated Authority ($5-15M) (Information only) F–1

UW One Capital Plan (Information only) F–2

Transforming Administration Program (TAP) Regent Update (Information only) F–5

WWAMI Spokane Partnership Update (Information only) F–7

C. Governance Committee: Regent Ayer – Chair

Board Assessment Survey Discussion (Information only) G–3

Board Governance Discussion and Review of Standing Orders and Bylaws (Information only) G–4

X. REPORTS TO THE BOARD

Faculty Senate Chair – Professor Norman Beauchamp

Student Leaders:
  ASUW President – Mr. Tyler Wu
  GPSS President – Mr. Alex Bolton
  ASUW Tacoma President – Ms. Sophie Nop
  ASUW Bothell President – Mr. Dom Juarez

Alumni Association President – Mr. Jeff Rochon

XI. DATE FOR NEXT REGULAR MEETING: Thursday, March 10, 2016

XII. EXECUTIVE SESSION
(to review the performance of public employees.)

XIII. ADJOURN
The Board of Regents held its regular meeting on Thursday, February 11, 2016, beginning at 1:00 p.m. in the Intellectual House - wǝɫǝbʔaltxʷ. The notice of the meeting was appropriately provided to the public and the media.

CALL TO ORDER

Regent Shanahan, Board Vice Chair, called the meeting to order at 1:00 p.m.

ROLL CALL

Assistant Secretary Tennant called the roll: Present were Regents Shanahan (Chairing), Benoliel, Blake, Jaech, Kritzer, Rice, Riojas, Simon, President Cauce, Provost Baldasty, Ms. Goldblatt; designated representatives: Professor Beauchamp, Mr. Bolton, Mr. Wu (arrived after roll call), and Mr. Rochon.

Absent: Regents Ayer and Harrell

CONFIRM AGENDA

The agenda was confirmed as presented.

PUBLIC COMMENT PERIOD

Regent Shanahan announced the Board would receive comments from the public. This segment of the meeting is meant to give Board members a chance to hear directly from the public on any subject pertaining to the University. He noted that while the Board would be pleased to have the opportunity to listen to any comments and consider them in its decision-making, the Board would not be in a position to directly act on the comments or provide a response. Any Board member who would like additional information would make that request through staff following the meeting. Regent Shanahan offered the opportunity to comment to people who signed up in advance.

Regents heard public comments about the following:
- Concern from a neighbor about UW Bothell ethics related to the selection of the proposed site of the student housing project at UW Bothell;
• Concern by a Seattle hotel workers union staff member about affordable housing in conjunction with the Metro Tract Rainier Square building project and concern about the wages and benefits of the hotel employees provided by the hotel operator in the new project;

• Support from two technology sector representatives from Tableau and Microsoft for the growth of the UW Computer Science & Engineering Department and for a new CSE building.

Regent Shanahan thanked the speakers for expressing their views and for attending the meeting.

BOARD ITEMS

Presentation by Physicians Committee for Responsible Medicine (Agenda no. B–1) (Information only)

Dr. John Pippin, MD, FAAC, Director of Academic Affairs, Physicians Committee for Responsible Medicine (PCRM), joined the meeting by Skype. Dr. Pippin read a prepared statement which is attached to these minutes. Fifteen minutes were allotted for this presentation followed by five minutes for questions directed to Dr. Pippin from the public.

See Attachment B–1.

Harborview Paramedic Training Program (Agenda no. B–2) (Information only)

Fifteen minutes were allotted for this presentation followed by five minutes for questions directed to the presenters from the public.

Dr. David Anderson, Executive Director of Health Sciences Administration, commented on Dr. Pippin’s presentation. He thanked Dr. Pippin for presenting his views on the difficult and complicated topic of animal research. Dr. Anderson said the UW shares Dr. Pippin’s concerns and principles about animal welfare, commitment to good science, and service to the community. The University has a strong commitment to the development and use of alternatives to animal models for research and is currently using all of the alternatives mentioned by Dr. Pippin in its scientific program.

Dr. Anderson reported the UW is conducting more research and using fewer animals. In 2015, the numbers of animals used in research was about 30% less than ten years ago even though the research portfolio was 30% larger. Dr. Anderson expects this trend to continue, reflecting the commitment by the UW to doing the best science using the most progressive tools available. He commented on the types of animals the UW uses in its research, saying in 2015, 99% of the animals were either fish or rodents. The UW’s research is consistently excellent based on rankings, recognition and awards received by faculty. UW strongly supports the development of new technologies to conduct research without animals. The “organ on a chip” has great potential to make research faster and
less expensive. Two of the nation’s leading research groups are located at the UW and are currently developing this technology.

Dr. Anderson reported he has been meeting with the campus animal rights education group, and together they are working on a plan for the UW to work with this group to generate partnerships to fast track incorporation of alternate technology into research programs.

AAALAC (Association for Assessment and Accreditation of Laboratory Animal Care International) has continuously accredited the UW since the early 1980s. During a previous review, AAALAC gave the UW provisional accreditation based on concerns related to aging facilities and the disparate nature of the program. Based on this, the UW designed a program to address those concerns. The Animal Research and Care Facility (ARCF) currently under construction is planned to be a state-of-the-art building, and its completion is on schedule. Dr. Anderson closed by saying the issue of medical research affects people’s health and lives. People depend on the UW and other institutions to provide the answers to save lives.

David Carlbom, MD, Director of the Harborview Paramedic Training Program and Associate Professor of Pulmonary and Critical Care Medicine, described the Harborview Paramedic Training Program as an example of a program using animals in an educational setting in a way designed to save people’s lives. This training program instructs paramedics to take on the role of the physician “in the street.” The cornerstone of this training is learning the intubation process – placing a breathing tube in the trachea. Survival from cardiac arrest and trauma in the community is excellent as responders have the skills for this intervention. The educational model includes a tracheotomy in the rare case a breathing tube can’t be placed through the mouth for any reason. Paramedics need this ability to save lives. Simulation models don’t reflect the stress of the procedure, so an anesthetized swine model is used to teach this procedure. The program continues to search for an inanimate model which would duplicate the realism of the current model. This program provides critical care paramedics with the tools to save lives.

Members of the public addressed questions to Dr. Anderson and Dr. Carlbom.

See Attachment B–2.

**Legislative and Budget Update** (Agenda no. B–3) (Information only)

Regent Shanahan thanked the UW Regents and students who traveled to Olympia to participate in UW Regents Day and Huskies on the Hill.

Genesee Adkins, Director of State Relations, reported that the current sixty-day legislative session is halfway through and scheduled to adjourn sine die on March 10.

A revenue forecast is expected around February 17, followed by budget proposals from the House during the week of the February 22. UW is focusing on four primary priorities:

1) Tuition backfill – seeking $4.4 million for the biennium;
2) Expansion of the Rural Initiatives in Dentistry (RIDE) Program in Spokane to build a simulation lab and increase rotation opportunities;
3) Leasehold excise tax affecting the Metro Tract and the building fund;
4) Revisit appropriation for a new Computer Science & Engineering building.

Ms. Adkins opined this has been a tough session for funding. The UW is fortunate to have President Cauce and the Regents in Olympia talking to legislators about the UW’s priorities. With students attending Huskies on the Hill, there has been a strong UW presence in Olympia this week.

Sarah Norris Hall, Assistant Vice Provost, Planning and Budgeting, reported on the state operations side of Planning and Budgeting. With 1196 bills introduced this session, Planning & Budgeting and State Relations are tracking 208 new bills and 366 from last session and have turned around 44 fiscal notes.

In preparation for the fiscal year 2017 draft budget proposal, Planning and Budgeting is about halfway through the Provost’s budget meetings with unit heads. During these meetings they have conducted difficult conversations about enrollment, faculty, and tuition reduction.

President Cauce praised the work of Ms. Adkins in Olympia.

See Attachment B–3.

**Quarterly Compliance Report – Research** (Agenda no. B–4) (Information only)

Regent Shanahan explained that at the meeting of the Board in November 2015, Elizabeth Cherry, Associate Vice Provost, Compliance & Risk Services and Interim Vice President of Finance & Facilities, introduced the University’s new Structural Compliance Program. The program is designed to provide a unifying structure for ongoing, substantive compliance efforts. The Board will receive a quarterly assessment report from one of six key, institution-wide compliance areas, beginning with research.

David M. Anderson, Executive Director, Health Sciences Administration and Joe Giffels, Associate Vice Provost for Research Administration and Integrity in the Office of Research, reported on compliance at the University related to research. Dr. Anderson provides oversight for animals used in research, and Mr. Giffels assesses compliance for human subjects in research. Both emphasized the continuous improvement processes in their work and said they would be presenting key priority areas to the Board of Regents, in an effort to improve compliance and also the safety of the community. They are responsible for implementing the mitigation plans presented and for monitoring those over eighteen months and then reporting back to the Board.

Dr Anderson talked about lab safety and said it is a “big, complex program.” Lab safety impacts all three elements of UW’s core mission – research, teaching, and patient care. Potential impacts of a misstep can result in injury, damage to property, damage to the environment, and damage to the University’s reputation. It is a challenge to effectively manage and instill a culture of safety. There is no national standard for lab safety in an
academic enterprise. Health Sciences staff have developed their own internal aspirational goals for lab safety, based on recommendations from professional societies, best practices in industry, peer practices, and professional judgement and expertise to develop these goals. A survey tool was developed to monitor attainment of safety goals. This tool quickly evaluates a lab’s safety elements, with the goal of improving safety.

Dr. Anderson noted staff training, standard operating procedures, and consistent wearing of appropriate personal protective equipment are important in safe labs. A two-year lab safety pilot study will sample the top 10% of labs that carry the most risk and study them to design specific training for staff, design effective standard operating procedures, and make sure researchers in labs understand what type of personal protective gear should be worn. The survey contains metrics to measure the success of strategies against baseline data. The end result will be a set of strategies to improve safety and to help improve the ability to effectively provide central support for labs, while focusing on labs that need the most support. This approach, Dr. Anderson said, aligns with the goals of the Transforming Administration Program (TAP) to add value to the University.

Regent Shanahan encouraged creating the right safety culture and work environment with management taking the lead and making lab safety the number one priority. He suggested the University administration be active and visible to ensure workers are properly trained.

Mr. Giffels presented a report on the use of human subjects in clinical trials. These trials are conducted to test the safety of new drugs, devices, diagnostic tests, and behavioral interventions. There are about 550 ongoing trials at UW at any given time, involving thousands of people. These trials are relevant to UW’s mission of teaching, research, and service. Clinical trials have risks, referred to as “adverse events.” These can have consequences, including reputational, monetary, and lost opportunity. He described plans for an expanded post-approval monitoring program, proposed to be not a single layer of protection, but rather part of an overall human research protections infrastructure designed for clinical trials to succeed and be safe. Research protocols are designed by clinicians who understand the medicine and by scientists who understand the statistics and methodologies. Institutional review boards (IRBs) review and approve every detail of the protocol. IRBs consider risk versus benefit for each trial. The trials operate under the principle of “informed consent.” There is federal oversight of all human subjects research involving federal funding. The Federal Drug Administration (FDA) regulates trials involving drugs and devices. UW is proposing, in addition to FDA review, conducting a compliance review of 5 to 10% of all clinical trials following approval by an IRB. His group is proposing looking at new clinical trials that receive the highest risk categorization by the IRB and those being conducted by new investigators. The review will focus on informed consent, record-keeping, security and privacy, and the investigative teams’ adherence to all the components of the approved protocol. They expect to find compliance and inadvertent non-compliance, and will then assess the seriousness of the non-compliance, report it if it is serious, correct non-compliant behavior or procedures, and reinforce best practices with the research teams.

See Attachment B–4.

**UW Medicine Board Annual Compliance Report** (Agenda no. B–5) (Information only)
Ruth Mahan, Chief Business Officer of UW Medicine and Vice President of Medical Affairs introduced Sue Clausen, Chief Compliance Officer of UW Medicine and Associate Vice President for Medical Affairs, and Bruce Pym, Chair of the UW Medicine Board Compliance Committee. Mr. Pym referred to the annual compliance report attached to these minutes, and said the results were good and continue to improve. He praised the culture of compliance at UW Medicine and the high level of importance placed on compliance. He highlighted one event – the investigation into a computer malware incident by the Office of Civil Rights (OCR). The University quickly responded and patient records were not compromised. This incident was taken seriously. The UW paid a $750,000 fine and entered into a corrective action plan. The OCR recognized the University had programs in place to deal with this type of issue. UW Medicine embraced this incident as an opportunity for improvement. The Compliance Committee engaged in self-assessment to determine how it could better fulfill its charge. It asked for help from the Compliance group to understand the areas it ought to be looking into and what are the key questions it should be asking.

See Attachment B–5.

**REPORT OF THE CHAIR OF THE BOARD OF REGENTS**: Regent Shanahan, Vice Chair

Regent Shanahan said the Board would be asked to approve Board officers, committees, and other appointments recommended by the Governance Committee, on the Consent Agenda.

The Board bylaws provide for elections of officers at the Board’s regular meeting in September each year. In September 2015, the Governance Committee recommended maintaining all officers, committee and other appointments from 2014-15.

At its meeting on Wednesday, February 10, the Governance Committee voted to approve the slate outlined in item G–1, to be effective on March 1, 2016 through the Board meeting in September 2016. The Committee intends for all officers and appointments to be reelected and reappointed in September for one year terms.

On behalf of Regent Ayer, Regent Shanahan thanked everyone for serving on Board committees and in other appointed roles. He thanked Regent Jaech for stepping up to serve as Board Vice Chair and Finance Committee Chair, and to Regent Rice as she begins her term as Chair of the Academic and Student Affairs Committee.

Regents will have the opportunity to thank Regent Ayer for his service as Chair at the meeting of the Board in March. The Board is grateful for Regent Ayer’s leadership and vision during his term as Chair, especially during a Presidential Search.

Regent Shanahan invited President Cauce to give her report. He thanked her for her work and for her positive interactions with the community and the campus.

**REPORT OF THE UNIVERSITY PRESIDENT**: President Cauce
President Cauce acknowledged the report on safety earlier in the meeting, and said she would include a broader report on safety at the University at the next meeting of the Board.

She thanked Bill Ayer for his service as Chair of the Board and said he was incredibly supportive of her. She said she is looking forward to working with Regent Shanahan as he assumes the role of Chair.

She thanked Regents and students for the time they’ve spent in Olympia and Genesee Adkins and Regent Simon for creating opportunities for interaction in Olympia.

President Cauce said her administration is encouraging faculty members to be more involved in public scholarship as part of the University’s public mission and civic engagement.

CONSENT AGENDA

Regent Shanahan noted there were nine items for approval on the consent agenda, and called for a motion.

**MOTION:** Upon the recommendation of the Vice Chair of the Board and the motion made by Regent Blake, seconded by Regent Rice, the Board voted to approve the nine items on the consent agenda as shown below:

**Minutes for the meeting of January 14, 2016**

**Adoption of Proposed Amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication** (Agenda no. A–7)

It was the recommendation of the administration and the Academic and Student Affairs Committee that the Board of Regents adopt the proposed amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication.

See Attachment A–7.

**Computer Science & Engineering 2: Approve Project Site, Preferred Development Alternative and Mitigation** (Agenda no. F–3)

It was the recommendation of the Administration and the Finance and Asset Management Committee that the Board of Regents approve:

1) Project Site (Development Site 16C);
2) Preferred Development Alternative; and
3) Mitigation in the form of a virtual reality tour of More Hall Annex to be made available to anyone with an internet connection, and documentation of the Annex per Washington State DAHP Mitigation Standards Level I.

See Attachment F–3.

**New Burke Museum Stage 2: Approve Project Site, Donor Naming Opportunities, Funding Plan and Project Budget** (Agenda no. F–4)

It was the recommendation of the administration and the Finance and Asset Management Committee that the Board of Regents approve the project, including:
1) Project Site (Development Site 1C);
2) Donor Naming Opportunities;
3) Funding Plan; and
4) Project Budget ($82,500,000).

See Attachment F–4.

**New Student Enrollment and Orientation Fee Increases for UW Bothell and UW Seattle** (Agenda no. F–6)

It was the recommendation of the administration that the Board of Regents, pursuant to its authority under RCW 28B.20.130, the Bylaws of the Board of Regents, and the Board of Regents Governance Standing Order No. 1, approve this slate of student fee changes for the current academic year. In this action item, the Board of Regents, in its sole and independent discretion approves changes selected fees in Fiscal Year 2016 for new students accepting admission on the UW Seattle and Bothell campuses this year and in future years.

See Attachment F–6.

**Approval of Harborview Management Contract** (Agenda no. F–8)

It was the recommendation of the Administration and the Finance and Asset Management Committee that the Board of Regents approve the proposed Hospital Management Agreement for Harborview Medical Center with King County, effective upon the receipt of the final signature of the three signing parties: King County Executive Dow Constantine, Harborview Medical Center Board Chair Clayton Lewis, and UW Board of Regents.

See Attachment F–8.

**Approve Revisions to the UW Medicine Board Bylaws** (Agenda no. F–9)

It was the recommendation of the administration and the Finance and Asset Management Committee that the Board of Regents approve the proposed changes to the UW Medicine Board Bylaws to take effect upon execution of the Hospital Management Agreement for Harborview Medical Center.
See Attachment F–9.

**Approve Board Officers, Committees, and Other Appointments** (Agenda no. G–1)

The Governance Committee recommended the Regents listed on the attached item for election to office, appointments to committees, and other appointments effective on March 1, 2016 through the meeting of the Board on September 8, 2016, unless another appointment end date is noted.

See Attachment G–1.

**University of Washington Investment Management Company Board (“UWINCO Board”) Appointment and Reappointments** (Agenda no. G–2)

It was the recommendation of the administration and the Governance Committee that the Board of Regents make the following appointment and reappointments to the University of Washington Investment Management Company Board (“UWINCO Board”):

- **Appointment**
  - Regent Bill Ayer  
    - October 1, 2015 to September 30, 2016

- **Reappointment**
  - David Bonderman  
    - October 1, 2015 to September 30, 2018
  - Bryan White  
    - November 1, 2015 to October 31, 2018

See Attachment G–2.

**STANDING COMMITTEES**

**ACADEMIC AND STUDENT AFFAIRS COMMITTEE**: Regent Jaech, Chair

**Academic and Administrative Appointments** (Agenda no. A–2)

**MOTION**: Upon the recommendation of the administration and the motion made by Regent Jaech, the Board voted to approve the personnel appointments. Regent Kritzer abstained from the discussion and vote.

See Attachment A–2.

**Welcome to wǝɫǝbʔaltxʷ** (Agenda no. A–1) (Information only)

Regents heard about the Intellectual House and the history of the area.

See Attachment A–1.
Graduate and Professional School Enrollment Update Autumn 2015 (Agenda no. A–3) (Information only)

Regent Jaech reported the Regents received an interesting update from Dean Eaton about graduate and professional school enrollment, followed by a discussion about growth and underrepresented minorities in graduate and professional schools.

See Attachment A–3.

Introduction of New Leadership: Interim Vice President/Vice Provost, Office of Minority Affairs and Diversity (Agenda no. A–4) (Information only)

The Regents met Gabriel Gallardo and learned about the history and impact of the Office of Minority Affairs and Diversity. The Office will be 50 years old next year and remains highly relevant and useful.

See Attachment A–4.

Introduction of New Leadership: Associate Vice Provost for Faculty Advancement, Office of the Provost and Office of Minority Affairs and Diversity (Agenda no. A–5) (Information only)

Regents met with Chadwick Allen and heard his plans for faculty recruitment with an initial focus on creating tools for tenure and tenure-track faculty. Dr. Allen described his interest in trying to create an enhanced planning process to be proactive to recruit and retain faculty.

See Attachment A–5.

Race and Equity Initiative Update (Agenda no. A–6) (Information only)

Regents heard an update on the Race and Equity Initiative and then had a robust discussion about the galvanizing individual activities. The Initiative, launched by President Cauce, has been well received by the campus and in the broader community.

See Attachment A–6.

FINANCE AND ASSET MANAGEMENT COMMITTEE: Regent Shanahan, Chair

Regent Shanahan praised the Committee for moving from being reactive to being proactive and efficient in making approvals. The Committee took five actions on the Consent Agenda. He praised the Committee’s movement from being tactical to more strategic and tying its activities to goals and the inclusivity of decisions and process.

Actions Taken Under Delegated Authority ($5-15M) (Agenda no. F–1) (Information only)

See Attachment F–1.
**UW One Capital Plan** (Agenda no. F–2) (Information only)

See Attachment F–2.

**Transforming Administration Program (TAP) Regent Update** (Agenda no. F–5) (Information only)

See Attachment F–5.

**WWAMI Spokane Partnership Update** (Agenda no. F–7) (Information only)

See Attachment F–7.

**GOVERNANCE COMMITTEE:** Regent Blake

In Regent Ayer’s absence, Regent Blake provided an update from the Governance Committee meeting held on Wednesday, February 10.

She said Regent Shanahan mentioned the Board elections and appointments which were on the Consent Agenda. The Committee also approved UWINCO appointments.

There were two information items for discussion.

**Board Assessment Survey Discussion** (Agenda no. G–3) (Information only)

An online Board Assessment survey was conducted in 2014. Regents and key administrators (President, Provost, and Senior Vice President) provided feedback to the Board about Board performance. The Committee agreed the survey should be conducted annually and that asking the same questions would allow the Board to compare trends. Increasing the number of administrators taking the survey was suggested, to include those who interact often with the Board, including key staff from advisory committees – Governmental Affairs, Audit, UWINCO, and ACRE. The online survey will be conducted in the May-June time frame, with results reported to the Board at the meeting in July. New Board leadership will have this input to frame changes moving forward. While the results will remain anonymous, it would be helpful for responders to identify themselves so the Board Secretary can track participation and follow up accordingly.

See Attachment G–3.

**Board Governance Discussion and Review of Standing Orders and Bylaws** (Agenda no. G–4) (Information only)

The Committee had a robust discussion about Board Governance in general, and explored if the activities of each Committee are the right activities.
The main focus of the discussion was on the Board of Regents’ role in supporting the University’s Race and Equity Initiative and other efforts related to diversity and inclusion.

One suggestion was the possible creation of a Board Committee. The Governance Committee agreed the best course of action would be to gather more information and be thoughtful about the appropriate form this Committee might take. Joanne Harrell agreed to head a work group to explore the most appropriate way for the Regents to support the ongoing campus efforts.

See Attachment G–4.

REPORTS TO THE BOARD OF REGENTS

Regent Shanahan invited Sophie Nop, ASUW Tacoma President to join the Board at the table. ASUW Bothell President Dominick Juarez was not present.

Faculty Senate Chair: Professor Norman Beauchamp

Dr. Beauchamp said the past month has been tough for him as Radiology faculty member Dr. Douglas Green was killed in an avalanche and a valued colleague left the University for another institution. He appreciated the supportive leadership he received from President Cauce.

He learned from his mother, when framing challenges to make them as positive as possible. He called a challenge “an opportunity to excel” and described five opportunities to excel from the Faculty Senate:

1) Faculty Salary Policy. The 60-page faculty salary policy legislation is advancing to the Senate, and then to the full faculty. There will be some tough choices if implemented, as there is no new funding for the policy;

2) Part-time Lecturers. Faculty members express concern for part-time lecturers and their increasing role at the University. Their current status leaves them vulnerable in the areas of job security and salary. In the interest of moving faster, Provost Baldasty gathered the Board of Deans and Chancellors and asked them to consider a top issue from the Faculty Senate each year and solve it in a year. Eight deans volunteered to work on the project to support lecturers;

3) Faculty Unionization. The Faculty Senate hosted forums to allow different viewpoints to be heard. Dr. Beauchamp believes an underlying issue in favor of unionization is to give faculty a greater “voice.” Currently, the Faculty Senate is developing a salary policy, offers faculty a voice in Olympia, and is expressing care for lecturers. Dr. Beauchamp praised Professor JoAnn Taricani for her work in Olympia as the Faculty Representative.

4) Leadership and Opportunities to Excel. UW is exploring ways to generate leaders to face future challenges. Provost Baldasty, with three Deans and the Faculty Senate, kicked off a University-wide leadership development program to give faculty members the skills to be agents of change and take on projects to advance change.
5) Equity, Diversity, and Inclusiveness. The Faculty Senate passed a “Black Lives Matter” resolution and is now looking at initiatives and tactics related to the resolution. Faculty is beginning to use a tool kit for best practices in faculty searches.

**ASUW President:** Mr. Tyler Wu

Mr. Wu reported he recently delivered a “State of the ASUW” address.

He attended the recent Huskies on the Hill in Olympia and met with legislators.

ASUW’s Black Student Commission is organizing activities to promote Black History Month. As part of the promotion, ASUW partnered with the executive chef at the residence halls to offer foods from Africa.

Mr. Wu said ASUW will consider a resolution in support of a tent city on campus.

May is Mental Health Awareness month. ASUW plans to continue its programming efforts around this important topic. Sexual Assault Awareness Month is April and ASUW is working with partners from across the University to develop programming related to this topic.

Mr. Wu praised the UW administration and Dean Ed Taylor for their work on the Race and Equity Initiative.

**GPSS President:** Mr. Alex Bolton

Mr. Bolton said GPSS and ASUW had a good partnership for Huskies on the Hill in Olympia, where they were joined by Regents. He said there was good graduate student turnout.

GPSS passed a resolution in support of UW hosting Tent City III on campus.

Mr. Bolton described other GPSS activities and events. GPSS is creating an information sheet for students about taxes. It plans to host an “alma mater throwback” winter social. GPSS is preparing for a 40th anniversary celebration in the spring.

Related to the presentation earlier, about graduate and professional student enrollment, Mr. Bolton expressed concern about the growth of fee-based programs and frustration with state funding. He said he is glad for the programs and new programs. He encouraged the creation of a student advisory committee made up of students enrolled in fee-based programs.

**ASUW Tacoma President:** Ms. Sophie Nop

UW Tacoma students attended the recent Huskies on the Hill. They held their first “Day of Hope” in alignment with the Race and Equity Initiative. This was a student-led event where different cultural groups participated and supported each other. Ms. Nop said UW Tacoma honors and celebrates diversity.
Ms. Nop reported on a possible methanol plant to be located three miles from the UW Tacoma campus and she expressed the need to make students aware of this.

UW Tacoma will host the next tri-campus diversity meeting. They are working on legacy governing documents for the next group of student leaders.

**Alumni Association President: Mr. Jeff Rochon**

Mr. Rochon recapped UWAA’s winter activities. They hosted public lectures showcasing UW faculty members with great participation by alumni, friends, and partners. Nearly 15,000 people are expected to attend 40 public lectures this year.

On Wednesday night UWAA hosted the “Future of Seattle” panel. Mr. Rochon thanked those Regents who attended.

UWAA is placing a strategic focus on connecting alumni with students. In partnership with Arts & Sciences, the Husky Leadership Initiative, and the Evans School, UWAA is piloting a new mentorship program for students and new alumni.

Another focus of UWAA is the student career track. It will sponsor a three-day, spring break trip to the San Francisco Bay Area to offer eighteen UW students the opportunity to connect with UW alumni about potential careers.

UW Impact has been analyzing its survey results and conveying messages to elected officials regarding what constituents reported as important issues.

Dawg Days in the Desert is coming in March and will offer alumni the opportunity to meet with Football Coach Petersen, President Cauce, and author Daniel James Brown in Coachella Valley.

**DATE FOR NEXT MEETING**

The next regular meeting of the Board of Regents will be held on Thursday, March 10, 2016, at UW Bothell.

**ADJOURNMENT**

Regent Shanahan adjourned the regular meeting of the Board at 3:20 p.m.

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Joan Goldblatt  
Secretary of the Board of Regents

*Approved at the meeting of the Board on March 10, 2016.*
BOARD OF REGENTS GOVERNANCE COMMITTEE

Approve Board Officers, Committees, and Other Appointments

The Governance Committee recommends the following Regents for election to office, appointments to committees, and other appointments effective on March 1, 2016 through the meeting of the Board on September 8, 2016, unless other appointment end date is noted.

<table>
<thead>
<tr>
<th>Board Officers</th>
<th>For approval at the meeting of the Board on February 11, 2016, effective on March 1, 2016.</th>
<th>Current officers and appointments previously approved at the meeting of the Board on September 10, 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Pat Shanahan</td>
<td>Bill Ayer</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Jeremy Jaech</td>
<td>Pat Shanahan</td>
</tr>
</tbody>
</table>

Standing Committees

Academic and Student Affairs

| Chair          | Constance Rice                                                              | Jeremy Jaech                                                                                         |
| Vice Chair     | Rogelio Riojas                                                              | Constance Rice                                                                                        |
| Members        | Vanessa Kritzer                                                             | Vanessa Kritzer                                                                                      |
|                | Herb Simon                                                                  | Herb Simon                                                                                            |

Finance and Asset Management

| Chair          | Jeremy Jaech                                                                | Pat Shanahan                                                                                         |
| Vice Chair     | Kristi Blake                                                                | Joanne Harrell                                                                                       |
| Members        | Bill Ayer                                                                   | Kristi Blake                                                                                         |
|                | Joel Benoliel                                                               |                                                                                                     |
|                | Joanne Harrell                                                             |                                                                                                     |

Governance

| Chair          | Board Chair, Pat Shanahan                                                   | Board Chair, Bill Ayer                                                                                 |
| Members        | Bill Ayer                                                                   | Kristi Blake                                                                                          |
|                | Kristi Blake                                                                | Constance Rice                                                                                        |
|                | Jeremy Jaech                                                                | Pat Shanahan                                                                                         |
|                | Constance Rice                                                             |                                                                                                     |

Regent Representatives to Advisory Committees and other Boards

| ACRE           | Herb Simon, term 2/1/15-9/30/17                                              |                                                                                                     |
| UWINCO         | Bill Ayer 10/1/15-9/30/16                                                     |                                                                                                     |
| Audit Advisory | Kristi Blake, Chair, term 9/1/14-8/31/17                                      | Vanessa Kritzer, term 9/10/2015-6/30/16                                                             |
| Governmental Affairs | Herb Simon, Chair, term 10/1/14-9/30/17                                    | Joanne Harrell, term 10/1/14-9/30/17                                                               |
| UW Medicine Board | Kristi Blake, term 5/9/13-9/30/18                                         | Rogelio Riojas, term 9/11/14-6/30/17                                                                |
| Foundation Board | Board Chair serves ex officio                                             | Constance Rice will continue to serve as Regent Representative                                    |

Other Officers of the Board elected annually

| Treasurer of the Board | Finance and Asset Management Committee Chair, Jeremy Jaech |
| Secretary of the Board  | Joan Goldblatt                                                      |
| Assistant Secretary of the Board | Shelley Tennant                                              |
Excerpts from the Board of Regents Governance, Bylaws

**Article II, Officers of the Board, Section 1, Elections**

At its regular meeting held in September of each year, the Board of Regents shall elect a Chair and Vice Chair, who shall be members of the Board. The Board shall also elect a Secretary and a Treasurer and such other officers as it may desire, who need not be members of the Board. All elections shall be by majority vote. The Chair and Vice Chair shall hold office for one year and until their successors are elected. All officers of the Board shall hold office at the pleasure of the Board.

**Article II, Officers of the Board, Section 4, Treasurer**

The Treasurer of the Board shall:
A. Recommend, develop, and analyze policy and procedures relating to the investment of endowments, gifts, and bequests, other non-appropriated funds, and other funds in excess of immediate needs of the University;
B. Attend meetings of appropriate Board committees; and
C. Report from time to time on matters pertaining to the investment of University funds.

If an Assistant Treasurer is elected by the Board, the Assistant Treasurer shall have the authority and shall perform the duties of the Treasurer in the event of the Treasurer's absence or incapacity, and shall perform such other duties as may be assigned by the Board.

**Article IV, Committees of the Board, Section 1, Standing Committees**

The chair, vice chair, and members of each standing committee shall be recommended by the Governance Committee and approved by the Board. Each standing committee shall consist of at least four members, with at least three voting members. All committee chairs, vice chairs, and a majority of each committee shall be Board members.

**Article IV, Committees of the Board, Section 1, Standing Committees, Item A. Governance Committee**

The purpose of the Governance Committee is to ensure the integrity of the Board and enhance Board performance. The committee is responsible for:

Number 3) Recommending a slate of officers for Board approval;

Number 4) Recommending for Board approval individual members to act as the Board's representatives on outside boards and committees.
University of Washington Investment Management Company Board (“UWINCO Board”) Appointment and Reappointments

RECOMMENDED ACTIONS

It is the recommendation of the administration and the Governance Committee that the Board of Regents make the following appointment and reappointments to the University of Washington Investment Management Company Board (“UWINCO Board”):

Appointment
Regent Bill Ayer October 1, 2015 to September 30, 2016

Reappointment
David Bonderman October 1, 2015 to September 30, 2018
Bryan White November 1, 2015 to October 31, 2018

BACKGROUND

In May 2001, the Board of Regents approved the establishment of an advisory committee, the University of Washington Investment Committee, to help oversee the University’s investment programs. In September 2015, the Board of Regents approved the establishment of the University of Washington Investment Management Company (“UWINCO”), an internal investment management company that replaced the former investment management advisory committee with an investment management advisory board, known as the University of Washington Investment Management Company Board (“UWINCO Board”).

*Board of Regents Governance*, Standing Orders, Chapter 10 was adopted to address the administrative functioning of the UWINCO Board (attached). The UWINCO Board is comprised of both Regent and non-Regent members. Non-Regent members are investment and business professionals whose global expertise brings added perspective to the investment process at the University. The President of the University serves as an *ex officio* member.
BOARD OF REGENTS GOVERNANCE COMMITTEE

University of Washington Investment Management Company Board (“UWINCO Board”) Appointment and Reappointments (continued p. 2)

UWINCO BOARD APPOINTMENT DATES

<table>
<thead>
<tr>
<th>Name</th>
<th>Term of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regent Bill Ayer</td>
<td>10/1/2015 to 9/30/2016 appointment</td>
</tr>
<tr>
<td>David Bonderman</td>
<td>10/1/2015 to 9/30/2018 reappointment</td>
</tr>
<tr>
<td>Jeff Brotman, UWINCO Board Chair</td>
<td>10/1/2014 to 9/30/2017</td>
</tr>
<tr>
<td>Michael Larson</td>
<td>10/1/2013 to 9/30/2016</td>
</tr>
<tr>
<td>Mary Pugh</td>
<td>10/1/2014 to 9/30/2017</td>
</tr>
<tr>
<td>Bryan White</td>
<td>11/1/2015 to 10/31/2018 reappointment</td>
</tr>
<tr>
<td>President Ana Mari Cauce</td>
<td>ex officio</td>
</tr>
</tbody>
</table>

BIOGRAPHIES FOR DAVID BONDERMAN AND BRYAN WHITE

David Bonderman
Mr. Bonderman is founding partner of Texas Pacific Group (TPG). TPG generally makes significant investments in operating companies through acquisitions and restructurings across a broad range of industries throughout the United States, Europe and Asia. Mr. Bonderman is a Director of numerous local and national Boards, including the University of Washington Foundation. Mr. Bonderman holds degrees from the University of Washington and Harvard.

Bryan White
Mr. White is the Managing Director of BlackRock Alternative Advisors. Mr. White has significant portfolio management responsibilities and serves as a member of BlackRock's Capital Committee, Executive Committee, Leadership Committee and Operating Committee. Mr. White earned a BA degree with a concentration in mathematical economics from Pomona College and an MBA degree, with honors, from the University of Chicago.

REVIEW AND APPROVAL

The recommended action has been reviewed and approved by the UWINCO Board Chair, the President of the University, and the Chief Investment Officer.

Attachment
Board of Regents Governance, Standing Orders, Chapter 10, University of Washington Internal Investment Management Company
1. Introduction

The University of Washington Board of Regents is vested with the responsibility for the management of the properties of the University, including its investment programs. Statements of Investment Objectives and Policy are approved by the Board of Regents to guide the management of the University's investment programs.

- Statement of Investment Objectives and Policy for the Consolidated Endowment Fund
- Statement of Investment Objectives and Policy for Invested Funds
- Statement of Investment Objectives and Policy for Deferred and Other Gift Assets

The Board of Regents delegates to its Finance and Asset Management Committee (FAM) the responsibility for overseeing the investment program within the general principles enumerated in the above policy statements. In 2001, the Board of Regents established an advisory committee, the University of Washington Investment Committee, consisting of both Board of Regent members and external investment professionals. In 2004, the Board of Regents appointed the University's first Chief Investment Officer to manage the day to day activities of the investment portfolios. In 2015, the Board of Regents approved the establishment of the University of Washington Investment Management Company ("UWINCO"), an internal investment management company. The former investment management advisory committee was replaced with an investment management advisory board known as the University of Washington Investment Management Company Board ("UWINCO Board").

2. Powers and Duties

The UWINCO Board shall:

   A. Advise the Board of Regents (and/or its appropriate committee), the President of the University and the Chief Investment Officer on matters relating to the
management of the University's investment programs. This includes but is not limited to the following: overall asset allocation, performance goals, new investment strategies, strategy implementation, manager identification, due diligence, and valuation policy.

B. Advise the President of the University on the selection and compensation of the Chief Investment Officer and other matters related to the administration of the University's investment programs.

C. Advise the Chief Investment Officer on the compensation of professional investment staff and other matters related to the administration of the University's investment programs.

3. Accountability

The UWINCO Board shall be accountable to the Board of Regents.

4. Membership and Terms

A. Membership

The UWINCO Board shall consist of no more than ten members appointed by the Board of Regents, plus the President of the University who shall serve as ex officio. Appointments shall be based upon recommendations submitted by the Governance Committee of the Board of Regents and approved by the Board of Regents after consultation with the Chair of the Board of Regents, the Chair of the UWINCO Board, and the President of the University.

One or two UWINCO Board members shall be selected from the Board of Regents. The remaining UWINCO Board members shall be experienced investment and/or business professionals of varying backgrounds with close ties to the University. Criteria for non-regent membership on the UWINCO Board shall include investment and/or business expertise in such areas as private equity, hedge funds, international markets, real estate, and institutional investing; access to desirable portfolio managers; strategic focus; and commitment to the University of Washington.

B. Chair and Vice Chair

The Chair and Vice Chair of the UWINCO Board shall be recommended by the Governance Committee of the Board of Regents and approved by the Board of Regents. The Vice Chair of the UWINCO Board shall have the authority and shall perform the duties of the Chair of the UWINCO Board in the event of the Chair's absence or incapacity.
C. Term

Both regent and non-regent members shall make a minimum commitment of three consecutive years, renewable by the Board of Regents.

D. Administrative Support

The Chief Investment Officer shall ensure that the UWINCO Board has appropriate administrative support services, including secretarial assistance and record keeping.

5. Meetings of the UWINCO Board

A. Meetings

Regular meetings of the UWINCO Board shall be held quarterly. Special meetings may be called by the Chair of the Board of Regents, the Chair of the UWINCO Board, or the President of the University at any time.

B. Notice and Agenda

Notice of time and place of the UWINCO Board meetings together with the agenda and all available material, shall be delivered to each member of the UWINCO Board, by regular mail, electronic mail, or otherwise, before any regularly scheduled meeting.

As the UWINCO Board is advisory, its meetings remain exempt from the requirements of the open public meetings act, state of Washington Chapter 42.30 RCW.

6. Committees of the UWINCO Board

The standing committees set forth below are established to facilitate the business of the UWINCO Board and the University.

A. Compensation and Leadership Committee

1) Purpose

The primary purpose of the Committee is to advise the President of the University on the compensation of senior professional investment staff, the leadership effectiveness of the investment program, and the investment program budget.

2) Composition
The Committee shall be comprised of at least three members of the UWINCO Board. The Chair of the UWINCO Board (or his/her designee) shall be the Chair of the Committee.

3) Meetings

The Committee shall hold regular annual meetings. Special meetings may be called upon the request of the UWINCO Board Chair, the Compensation and Leadership Committee Chair, or the President of the University.

B. Risk and Compliance Committee

1) Purpose

The primary purpose of the Committee is to monitor investment program risk management and compliance, risk management procedures, compliance with the co-investment guidelines, and the liquidity of the Consolidated Endowment Fund. Issues or concerns shall be communicated as appropriate to the Board of Regents and the President of the University.

2) Composition

The Committee shall be comprised of at least three members of the UWINCO Board. The Chair of the UWINCO Board (or his/her designee) shall be the Chair of the Committee.

3) Meetings

The Committee shall hold regular annual meetings. Special meetings may be called upon the request of the UWINCO Board Chair, the Risk and Compliance Committee Chair, or the President of the University.

7. Reports to the Board of Regents

On behalf of the UWINCO Board, the Chief Investment Officer shall report to the Board of Regents (and/or its designated committee) providing:

A. Quarterly UWINCO Board Discussion Summary—A verbal briefing on UWINCO Board meetings.


C.
**Annual Investment Program Review**—A review of the investment policies, investment performance, market conditions, strategic portfolio positioning and risk, and an overview of investment management practices among peer institutions.

**8. Indemnification and Compensation**

The University shall indemnify UWINCO Board members to the fullest extent permitted by law, the Standing Orders of the Board of Regents, and Regent Policies of the Board. UWINCO Board members shall not be paid for service as Board members.

**9. Conflict of Interest**

Regent members of the UWINCO Board are governed by conflict of interest rules applicable to regents. Non-regent members shall comply with the following conflict of interest provisions:

A. When a UWINCO Board member knows that the University is considering a transaction in which he or she has a beneficial interest, the member shall (1) alert the Chief Investment Officer of his or her potential beneficial interest, and (2) not participate in the formulation or rendering of advice with respect to the transaction.

B. UWINCO Board members shall not participate in the formulation or rendering of UWINCO advice where their participation could be influenced by financial or other considerations that would conflict or could reasonably appear to conflict with their UWINCO Board obligations to only consider the best interest of the University. Where a member is uncertain about the application of this rule to particular circumstances, he or she should consult the Chair of the UWINCO Board and the Chief Investment Officer who may seek the advice of the Attorney General's Office as appropriate.

C. UWINCO Board members may engage in investment transactions with the University if the Chair of the UWINCO Board and the Chief Investment Officer (who may consult with the Attorney General’s Office as he or she deems appropriate) determine that the UWINCO Board member has not participated in the formulation or rendering of UWINCO advice to the University regarding the transaction.

**10. Amendments**

The *Board of Regents Governance*, Standing Orders, Chapter 10, University of Washington Internal Investment Management Company, shall be reviewed annually and updated as needed. Amendments, additions, deletions, or replacements, may be recommended by the UWINCO Board. Such changes shall be subject to the approval of the Board of Regents.
Board Assessment Survey Discussion

In 2014, the Board conducted an Assessment Survey. This was administered on-line through UW’s Catalyst tool. The survey consisted of 38 questions about the performance and operations of the Board and offered opportunities to include open-ended comments. Questions were answered as strongly agree, agree, disagree, strongly disagree, and don’t know.

Regents, President, Provost, Senior Vice President for Finance & Facilities, and Vice Provost for Planning & Budgeting were invited to complete the survey. Nine Regents and three administrators responded. Regent Smith presented a summary of the results to the Governance Committee and Board in October 2014.

Survey questions were organized under the following subject areas:

A. Board Structure and Composition  
B. Board Meeting Preparation  
C. Board Meeting Operations  
D. Critical Responsibilities  
E. Committee Performance  
F. Other Comments or Concerns

The survey was anonymous but respondents were asked to indicate if they were a Regent or an Administrator.

Governance Committee discussion to:
- Determine if the Committee would like to repeat the survey;
- Use the same survey questions, change the questions, or add questions?
- Should the same administrators be invited to take the survey? Others?
- Is there any reason for the survey to be anonymous? If so, how to track who has replied?
- Other questions and concerns.

Attachments
Board of Regents Assessment Survey, conducted in 2014  
2014 Assessment Survey Results, summary presented on October 9, 2014
**Board of Regents Assessment Survey**

**A. Board Structure and Composition**

<table>
<thead>
<tr>
<th>Required.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the size of the Board optimal?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is the standing and advisory committee structure appropriate for dealing with the Board’s responsibilities?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does the Board have the appropriate set of skills to perform its functions? In what areas could the Board improve its skills?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Are you satisfied with the level of diversity represented on the Board?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**Comments on Board Structure and Composition**

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**B. Board Meeting Preparation**

<table>
<thead>
<tr>
<th>Required.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Board members contribute sufficiently to the identification and selection of agenda items?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do agenda items address the most</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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important strategic, operational, and constituent issues?

<table>
<thead>
<tr>
<th>Respondent's Views</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the Board satisfactorily communicated its information requirements?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is the information you receive prior to Board meetings clear, concise and delivered in a timely manner?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is the information sufficient for you to make the decisions that are required of you?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Do the Board members receive timely information on emerging issues between meetings?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**Comments on Board Meeting Preparation**

**C. Board Meeting Operations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the Board hold the right number of Board meetings?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Are Board members adequately prepared for meetings and do they contribute effectively to the work of the Board?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is the Board meeting time appropriately allocated between Board discussion and staff presentations?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is the time allotted to the Board’s most important responsibilities appropriate?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Question</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Don't Know</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-------</td>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Are the right staff people in attendance at Board meetings to adequately address Regent questions?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Are staff members in attendance using their time wisely by attending meetings?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Are Board meetings conducted in a manner that ensures open communications, meaningful participation, and timely resolution of issues?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Are executive sessions candid and constructive, and conducted in a manner that encourages civil disagreement and questioning?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Are deliberations robust with all relevant perspectives and information considered before a decision is made?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Are you satisfied the relationship among Regents is constructive?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Are you satisfied with the quality of the relationships between the Board and our management?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Is the substance and volume of work expected of Regents appropriate?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**Comments on Board Meeting Operations**

**D. Critical Responsibilities**
<table>
<thead>
<tr>
<th>Required.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the Board effectively discharge its statutory responsibilities?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does the Board have a clear set of goals for the year and beyond?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Are the Board’s goals, expectations, and concerns openly communicated to the President and senior executives?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does the Board know and understand the institution’s values, mission, goals, and strategic business plans?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does the Board review strategic, operational, and capital plans and regularly monitor progress and evaluate performance throughout the year?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does the Board have sufficient metrics and other information to evaluate progress and performance?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does the Board understand the major risks to the institution and exercise effective oversight of management’s plans for prevention and remediation at the Board or committee level?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is the Board adequately communicating on a regular basis with the President and other senior administrators?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is the Board effectively evaluating the President in a constructive manner?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Does the Board engage with important constituents sufficiently</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
to understand their concerns?

Is the orientation program for new Regents effective in communicating the Board’s responsibilities and facilitating effective participation?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

**Comments on Critical Responsibilities**

**E. Committee Performance**

Required.

Are you satisfied with the leadership and composition of the standing and advisory committees?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

Are the committees functioning properly and are you satisfied with the quality of reports given by Board committees?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

Are the responsibilities of each committee clearly understood?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

Is the division of responsibilities between Board, standing committees, and special committees appropriate?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

**Comments on Committee Performance**
F. Other Comments or Concerns

Required.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do Regents have a clear understanding of events they are expected to attend?

Please Provide Other Comments or Concerns


Are you a Regent or an Administrator?

Required.

- Regent
- Administrator

Thank you for completing this survey.

Submit responses

Questions or Comments?
Contact Joan Goldblatt, Secretary of the Board of Regents at joangold@uw.edu
A. The purpose of the survey was to evaluate the Board's performance regarding its responsibilities and operations, identify where its performance can be improved and establish a baseline for measuring progress in improving performance over time.

B. The survey consisted of 38 questions about the performance and operations of the Board as well as opportunities to offer open ended comments. The questions could be answered as strongly agree, agree, disagree, strongly disagree and don't know. Agree and strongly agree are affirmative responses while disagree and strongly disagree indicate there is a need for improvement in the respondent's view. Nine Regents and three administrators responded.

C. Summary of Results
1. The Board is performing very well on virtually every measure according to the respondents.
   - Responses to 12 of 38 questions were all affirmative.
   - Responses to 12 of 38 questions were affirmative except for one disagreement.
   - Responses to 10 of 38 responses were affirmative except for two disagreements.
   - Three respondents disagreed or strongly disagreed to three questions and five respondents to one question.

2. The largest number of responses of "disagree" or "strongly disagree" was five in answer to the question: "Does the Board have a clear set of goals for the year and beyond"?

3. Only four questions received three or more negative responses, one with five, noted above, and the balance with three.
   - Is the Board's time appropriately allocated between Board discussion and staff presentations?
   - Does the Board have sufficient metrics and other information to evaluate progress and performance?
   - Do agenda items address the most important strategic, operational and constituent issues?

D. Selected Comments of Interest
1. Do the Board and the UW Board of Medicine adequately understand the financial risk of hospital operations?
2. Our agendas should have a stronger strategic and long-term focus.

3. We should clarify and simplify the Board's goals which should support the President's goals.

4. We should do a better job of setting annual goals for the Board.

E. However, as positive as is this report of Board performance and operations only 12 of 38 questions received entirely affirmative responses, meaning at least one Regent believes we could improve in 32 areas. The responses leave many questions to be answered and highlight many opportunities for improvement.

Prepared for the Governance Committee on October 9, 2014 by Orin Smith.
BOARD OF REGENTS GOVERNANCE COMMITTEE

Board Governance Discussion and Review of Standing Orders and Bylaws

The Governance Committee was formed as a standing committee of the Board of Regents effective in January 2014. The purpose of the Governance Committee is to ensure the integrity of the Board and enhance Board performance.

One of the Committee’s stated responsibilities is to periodically review and ensure compliance with the Bylaws and other Board policies. A preliminary planning schedule noted February as a target meeting month to discuss this topic with amendments considered at the May meeting of the Committee.

The discussion at the Committee meeting is intended to be a broad conversation exploring if the current Committee structure is effective and if the Board is functioning optimally. If any changes to bylaws or standing orders are indicated, staff will develop these for future Governance Committee and Board approval.
Welcome to wǝɫǝʔaltxʷ

INFORMATION

This item is for information only.

BACKGROUND

Mission: “This space is where our students need never be alone. We brought right order to this open space. It is now a place that holds a longhouse-style facility, wǝɫǝʔaltxʷ. We blessed it, named it, reclaimed the plants, trees, and food gathering regions, designed its parts, and constructed a building. It is a good Intellectual House.”

This is a space for everyone that reflects that the University sits on Tribal lands and there are American Indian/Alaska Native faculty members, staff, and students on campus.

wǝɫǝʔaltxʷ is a Lushootseed word gifted to the planning group by Vi Hilbert (Upper Skagit) that literally translates to “smart house”. Lushootseed is the original language of the Eastern Puget Sound and Vi is largely credited for revitalizing the language. Pronunciation: (wuh-shuh-balt)

wǝɫǝʔaltxʷ - Intellectual House opened on March 12, 2015.

Attachments

1. Presenter’s Biographical Information – Casey Wynecoop
2. UW and Regional Tribes Celebrate Longhouse Groundbreaking
Presenter's Biographical Information

Casey Wynecoop is the Administrative Coordinator at wałabʔaltxʷ and currently its Acting Director. He is an enrolled member of the Spokane Tribe and was raised in Wellpinit on the Spokane Indian Reservation in Eastern Washington. The past 11 years he has worked within the Seattle Urban Indian communities, as well as the LGBTQ communities, to create spaces that are inclusive and honor all of our identities. He began his work here at the UW as student programmer for the Q Center in 2006, and returned to the UW in his current position January 2015.

Casey currently serves as the UW Native American Faculty and Staff Affinity Group Leader. He also serves on the board for Red Eagle Soaring, a local non-profit Native Youth Theater organization, and is a local karaoke host.
UW and Regional Tribes Celebrate Longhouse Groundbreaking

A dream 40 years in the making took one step closer to becoming reality when the University of Washington joined regional tribal members to celebrate the groundbreaking for a Native American longhouse-style facility, on the UW campus, Oct. 25. Wǝɫǝʔaltxʷ, pronounced “wah-sheb-altuh” and the Lushootseed language name for “Intellectual House,” will serve as a learning and gathering place for Native American students, faculty and staff, as well as the UW and surrounding community. It will also serve as a symbol that honors the region’s tribes, including the Duwamish whose land the campus now occupies. “It will be an extraordinarily important building for this university, and I don’t use that lightly,” UW President Michael K. Young said.

Several hundred people, including leaders and elders representing over 50 tribes, gathered to witness the ceremony that took place at the facility’s site located in the N6 parking lot between Lewis and McMahon Halls. The program featured remarks from UW and tribal leaders, an invocation from UW Native American Advisory Board chair Patricia Whitefoot and songs performed by the group Southern Plains.

Participating in the “turning of the ground” were Young, Provost Ana Mari Cauce, UW Vice President for Minority Affairs and Vice Provost for Diversity Sheila Edwards Lange, Whitefoot, UW Tribal Liaison Ross Braine, Wǝɫǝʔaltxʷ Advisory Committee Co-Chairs W. Ron Allen and Charlotte Coté, and students Noelani Aure and Jared Remington. “When I became vice president, they told me that on this campus we build buildings to 100-year standards,” Lange said. “We just can’t put up any building, it has to be able to last for at least 100 years. This building will stand for 100 years and more, just like the spirit of the first people whose land we stand on.” Wǝɫǝʔaltxʷ will feature a “village concept” that includes two primary buildings and a central outdoor gathering space. October’s ceremony was the groundbreaking for the project’s first phase: the 8,400-square foot Community Gathering Building and the outdoor space expected to open in 2015. Donations and pledges totaling almost $6 million are supporting the design and construction of phase one.
Phase two of the project will include further fundraising for the second building, a Teaching and Learning space. The UW is currently accepting donations for this second phase. The design for Wǝłǝʔaltxʷ was created by the Seattle architectural firm of Jones & Jones. It will showcase the Pacific Northwest coastal-longhouse style and include elements that speak to Native people from all regions of the country.

In addition to being a symbol that honors the region’s tribes, Wǝłǝʔaltxʷ will be a home-away-from-home for Native American UW students.

“This project is about our students, this is about our future leaders,” said Allen, chairman and chief executive officer of the Jamestown S’Klallam Tribe. “The university is a city within a city, it’s very competitive, and we want students to have a place where they can feel comfortable, where they feel their culture, who they are and what they are about, and share stories and share experiences wherever they come from in Indian country.”

The planning process to build Wǝłǝʔaltxʷ received input and guidance from UW community members, an elders committee and regional tribes. A site blessing was performed on April 10, 2009, and the Wǝłǝʔaltxʷ name was gifted to the project by the late Vi Hilbert, a Lushootseed linguist and elder in the Upper Skagit Tribe.

“I have so much pride in my heart for this building and for this space, and for all of you to be here and share this with us, because we are going to be living this dream,” said Coté, UW associate professor of American Indian Studies.
STANDING COMMITTEES

Academic and Student Affairs Committee

**Academic and Administrative Appointments**

**RECOMMENDED ACTION**

It is the recommendation of the administration and the Academic and Student Affairs Committee that the Board of Regents approve the appointments to the University faculty and administration as presented on the attached list.

*Attachment*

Academic and Administrative Appointments
ADMINISTRATIVE APPOINTMENTS

College of Arts and Sciences
Department of French and Italian Studies
Delcourt, Denyse
Acting Chair, French and Italian Studies, effective 12/16/2015
Continuing Appointment:
• Associate Professor, French and Italian Studies
Degrees:
• PhD, 1987, University of Montreal (Canada)
• MA, 1980, University of Montreal (Canada)
• BA, 1979, Mcgill University (Canada)

Michael G. Foster School of Business
Department of Management and Organization
Kotha, Suresh
Chair, Management and Organization, effective 7/1/2015
Continuing Appointment:
• Professor, Management and Organization
Degrees:
• PhD, 1988, Rensselaer Polytechnic Institute
• MS, 1986, Rensselaer Polytechnic Institute
• MBA, 1983, Rensselaer Polytechnic Institute
• Master Of Architecture, 1982, Rensselaer Polytechnic Institute
• BArch, 1980, University of Madras (India)

ENDOWED APPOINTMENTS

College of Engineering
Department of Civil and Environmental Engineering
Marshall, Julian David
John R. Kiely Endowed Professorship In Civil Engineering, effective 1/1/2016
Continuing Appointment:
• Affiliate Professor, Civil and Environmental Engineering
Degrees:
• PhD, 2005, University of California (Berkeley)
• MS, 2002, University of California (Berkeley)
• Bachelor of Science Engineering, 1996, Princeton University
School of Law
Krug, Anita
  D. Wayne and Anne Gittinger Professorship, effective 9/16/2015
  Continuing Appointments:
    • Associate Professor, Law
    • Associate Dean, Law
  Degrees:
    • PhD, 2000, Harvard University
    • JD, 1997, Harvard University
    • AM, 1996, Harvard University
    • BA, 1991, Kansas State University

NEW APPOINTMENTS

College of Arts and Sciences
Department of Physics
Wagner, Doris Jeanne
  Visiting Professor, Physics, effective 1/4/2016
  Degrees:
    • PhD, 1997, Vanderbilt University
    • MS, 1994, Vanderbilt University
    • BS, 1991, College of William and Mary

School of Dentistry
Department of Periodontics
McLean, Jeffrey Scott
  Associate Professor Tenure Track, Periodontics, effective 3/1/2016
  Prior UW Appointment:
    • Acting Associate Professor, Periodontics
  Degrees:
    • PhD, 2013, University of Southern California
    • MSC, 2000, University of Guelph (Canada)
    • BSC, 1997, University of Toronto (Canada)
College of Engineering

Department of Civil and Environmental Engineering

Marshall, Julian David
Professor, Civil and Environmental Engineering, effective 2/1/2016
Prior UW Appointment:
  • Affiliate Professor, Civil and Environmental Engineering

Degrees:
  • PhD, 2005, University of California (Berkeley)
  • MS, 2002, University of California (Berkeley)
  • Bachelor of Science Engineering, 1996, Princeton University

Nijssen, Bart
Associate Professor without Tenure, Civil and Environmental Engineering, effective 1/1/2016
Prior UW Appointment:
  • Research Associate Professor, Civil and Environmental Engineering

Degrees:
  • PhD, 2000, University of Washington
  • MSC, 1991, Wageningen University (The Netherlands)

School of Law

School of Law

Chazaro, Angelica
Assistant Professor, Law, effective 9/16/2016
Prior UW Appointment:
  • Acting Assistant Professor, temporary, Law

Degrees:
  • JD, 2006, Columbia University
  • BA, 2001, Harvard University

School of Medicine

Department of Anesthesiology and Pain Medicine

Riley, Edward Terry
Visiting Professor, Anesthesiology and Pain Medicine, effective 1/1/2016

Degrees:
  • MD, 1989, University of Washington
  • MSC, 1983, University of Alberta (Canada)
  • BSC, 1980, Whitworth University

Weiss, Karen Elizabeth
Associate Professor without Tenure, Anesthesiology and Pain Medicine, effective 2/1/2016

Degrees:
  • PhD, 2009, University of Maryland (Baltimore)
  • MA, 2006, University of Maryland (Baltimore)
  • BS, 2000, University of Wisconsin-Superior
Department of Biomedical Informatics and Medical Education
Wilcox, Adam Benjamin
Professor without Tenure, Biomedical Informatics and Medical Education, effective 1/1/2016
Degrees:
- PhD, 2000, Columbia University
- MPHIL, 1998, Columbia University
- MS, 1997, Columbia University
- BS, 1995, University of Utah

Department of Family Medicine
Snyder, Cyndy Rae
Research Assistant Professor, Family Medicine, effective 2/1/2016
Degrees:
- PhD, 2011, University of California (Berkeley)
- MA, 2008, University of California (Berkeley)
- MED, 2004, Seattle University
- BA, 2002, University of Washington

Department of Medicine
Garcia, Jose Manuel
Associate Professor without Tenure, Medicine, effective 1/4/2016
Degrees:
- PhD, 2011, Baylor College of Medicine
- MD, 1997, National University of Cordoba (Argentina)

Khokhlova, Tatiana Dmitrievna
Research Assistant Professor, Medicine, effective 1/3/2016
Prior UW Appointment:
- Acting Instructor, Medicine
Degrees:
- PhD, 2008, Lomonosov Moscow State University
- MS, 2005, Lomonosov Moscow State University
- BS, 2003, Lomonosov Moscow State University

Leca, Nicolae
Associate Professor without Tenure, Medicine, effective 1/1/2016
Prior UW Appointment:
- Clinical Associate Professor, Salaried, Medicine
Degrees:
- MS, 2015, University of Washington
- MD, 1996, Carol Davila University of Medicine and
Zelnick, Leila Ruth
Research Assistant Professor, Medicine, effective 1/2/2016
Degrees:
- PhD, 2015, University of Washington
- MS, 2009, Oklahoma State University
- MA, 2005, University of Tulsa
- BA, 2000, Williams College

Department of Obstetrics and Gynecology
Burke, Alson Kerry
Assistant Professor without Tenure, Obstetrics and Gynecology, effective 2/1/2016
Prior UW Appointment:
- Clinical Assistant Professor, Salaried, Obstetrics and Gynecology
Degrees:
- MD, 2008, University of Washington
- BA, 2000, Mount Holyoke College

Frasch, Martin Gerbert
Research Assistant Professor, Obstetrics and Gynecology, effective 1/2/2016
Degrees:
- PhD, 2004, Friedrich Schiller University (Germany)
- MD, 2001, Friedrich Schiller University (Germany)

Department of Pediatrics
Desai, Arti Dilip
Assistant Professor without Tenure, Pediatrics, effective 2/1/2016
Prior UW Appointment:
- Acting Assistant Professor, temporary, Pediatrics
Degrees:
- MSPH, 2012, University of Washington
- MD, 2006, Wayne State University
- BS, 2002, University of Michigan (Ann Arbor)

Mirzaa, Ghayda M. K.
Assistant Professor without Tenure, Pediatrics, effective 2/1/2016
Prior UW Appointment:
- Acting Assistant Professor, temporary, Pediatrics
Degrees:
- MD, 2003, Arabian Gulf University
- BA, 2001, Arabian Gulf University
School of Pharmacy
Department of Pharmacy

O'Sullivan, Teresa Ann
Assistant Professor without Tenure, Pharmacy, effective 1/4/2016
Prior UW Appointment:
  • Acting Assistant Professor, temporary, Pharmacy
Degrees:
  • PharmD, 1990, University of Minnesota
  • BS, 1984, University of Washington
STANDING COMMITTEES

Academic and Student Affairs Committee

Graduate and Professional School Enrollment Update Autumn 2015

INFORMATION ITEM

This item is for information only

BACKGROUND

A detailed summary of Autumn 2015/2016 applications and enrollment for graduate and professional students are provided in the attachments. Information is based on 10-day census data for the following schools:

- Graduate school
- School of Medicine
- School of Dentistry
- School of Pharmacy (Pharm.D.)
- School of Law (J.D.)

In addition, highlights and 5-year trend data are provided for each school. Information for the graduate school includes graduate programs, including fee-based programs, at all three campuses, with the exception of the professional degree programs M.D., D.D.S., Pharm.D. and J.D., which are managed outside of the Graduate School.

Attachments

1. UW Graduate School Admissions & Enrollment Overview
2. Graduate School Enrollment and Admissions Summary for Autumn 2015
3. UW Graduate Admissions and Total Enrollment Autumn Quarters (2011-2015)
4. UW School of Medicine Enrollment Highlights
5. UW School of Medicine Five Year Trend Data (2011-15)
6. UW School of Dentistry Admission and Enrollment Highlights
7. UW School of Dentistry Five Year Trend Data (2011-15)
8. UW School of Pharmacy Enrollment Highlights
9. UW School of Pharmacy Five Year Trend Data (2011-15)
10. UW School of Law Enrollment Highlights
11. UW School of Law Five Year Trend Data (2011-15)
UNIVERSITY of WASHINGTON

UW Graduate School Admissions & Enrollment Overview
Nearly One-Third of UW Matriculated Enrollment is Graduate/Professional

- Baccalaureate: 71%
- Doctorate & Practice Doctorate: 9%
- Educational Specialist & Master's: 16%
- Professional: 4%

All Campuses
Graduate/Professional Population is Primarily on Seattle Campus
Applications Increased More Than 25% in Five Years
Graduate Enrollment Growth Is Primarily Master’s
And the Fastest Growth is in Fee-Based Master’s
Steady Growth in Percent of Underrepresented Minority Students

Total Enrollment at All Campuses

- Master's
- Doctoral

THE GRADUATE SCHOOL
UNIVERSITY of WASHINGTON
Graduate School Enrollment and Admissions Summary for Autumn 2015

Below is a summary of applications, total enrollment and new enrollment for autumn quarters from 2011 through 2015 for graduate programs at all three UW campuses. The enrollment numbers are based on 10th day census.

The data are presented by campus, degree type, gender, race/ethnicity and residency.

The Graduate School data include graduate programs at all three campuses, with the exception of the professional degree programs M.D., D.D.S., Pharm.D. and J.D., which are managed outside of the Graduate School.

HIGHLIGHTS
UW Graduate Students, 2015-16

Total Applications for master’s and doctoral programs 31,335
Master’s and doctoral applicants offered admission 9,800

New Student Enrollment
Master’s and doctoral students enrolled 4,983
Percentage of accepted students who enroll 50.8%
Percentage who are minorities* 11.5%
Percentage who are international 21%
Percentage from Washington state 46.6%

Total Graduate Student Enrollment
UW Seattle, Bothell, Tacoma campuses 13,274
Percentage who are minorities* 11.2%
Percentage who are international 19.4%
Percentage in fee-based programs 35.4%
Percentage in master’s programs 63.5%
Percentage in doctoral programs 36.4%

Degrees Awarded in 2014-15
Master’s degrees 4,108
Doctoral degrees 834
Total UW degrees processed 4,942

*Minority category includes African Americans, American Indians, Hawaiians/Pacific Islanders and Hispanics/Latinos.
### MASTER'S

<table>
<thead>
<tr>
<th>Autumn Quarter</th>
<th>Applications</th>
<th>Offers</th>
<th>New Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>12,482</td>
<td>5,639</td>
<td>3,373</td>
</tr>
<tr>
<td>2012</td>
<td>13,667</td>
<td>6,054</td>
<td>3,418</td>
</tr>
<tr>
<td>2013</td>
<td>15,011</td>
<td>6,748</td>
<td>3,800</td>
</tr>
<tr>
<td>2014</td>
<td>16,649</td>
<td>6,942</td>
<td>3,764</td>
</tr>
<tr>
<td>2015</td>
<td>17,400</td>
<td>7,390</td>
<td>4,039</td>
</tr>
</tbody>
</table>

| Total           | 12,482      | 5,639  | 3,373         |
| Fee-Based       | 3,067       | 2,019  | 1,498         |
| % Fee-Based     | 25%         | 36%    | 44%           |
| Female          | 7,156       | 3,121  | 1,900         |
| % Female        | 57%         | 55%    | 56%           |
| Washington Resident | 3,991     | 2,177  | 2,062         |
| Non-resident    | 5,708       | 2,535  | 921           |
| International   | 3,183       | 927    | 390           |
| Total URM       | 1,051       | 557    | 106           |
| % Total URM     | 8.4%        | 9.9%   | 11.0%         |
| African American| 282         | 150    | 106           |
| American Indian/Alaskan N | 47    | 24     | 19            |
| Asian American  | 1,070       | 536    | 379           |
| Caucasian       | 6,637       | 3,359  | 2,086         |
| Hawaiian/Pacific Islander | 11    | 9      | 10            |
| Hispanic/Latino American | 545     | 290    | 179           |
| Two or More Races | 337       | 181    | 115           |
| Unknown         | 363         | 160    | 89            |

### DOCTORAL

<table>
<thead>
<tr>
<th>Autumn Quarter</th>
<th>Applications</th>
<th>Offers</th>
<th>New Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>12,099</td>
<td>2,067</td>
<td>815</td>
</tr>
<tr>
<td>2012</td>
<td>12,606</td>
<td>2,294</td>
<td>921</td>
</tr>
<tr>
<td>2013</td>
<td>12,502</td>
<td>2,355</td>
<td>943</td>
</tr>
<tr>
<td>2014</td>
<td>13,330</td>
<td>2,279</td>
<td>898</td>
</tr>
<tr>
<td>2015</td>
<td>13,935</td>
<td>2,410</td>
<td>944</td>
</tr>
</tbody>
</table>

| Total           | 12,099      | 2,067  | 815           |
| Fee-Based       | 586         | 127    | 61            |
| % Fee-Based     | 5%          | 6%     | 7%            |
| Female          | 5,400       | 985    | 407           |
| % Female        | 45%         | 48%    | 50%           |
| Washington Resident | 1,106     | 313    | 177           |
| Non-resident    | 6,496       | 1,116  | 417           |
| International   | 4,497       | 486    | 221           |
| Total URM       | 805         | 174    | 68            |
| % Total URM     | 7%          | 8%     | 8%            |
| African American| 169         | 174    | 11           |
| American Indian/Alaskan N | 924     | 185    | 60            |
| Asian American  | 21          | 35     | 15            |
| Caucasian       | 5,374       | 2,172  | 435           |
| Hawaiian/Pacific Islander | 9    | 3      | 3             |
| Hispanic/Latino American | 517     | 117    | 45            |
| Two or More Races | 237       | 39     | 15            |
| Unknown         | 347         | 69     | 23            |
MASTER'S*
Total
Fee-Based
% Fee-Based
Female
% Female
Washington Resident
Non-resident
International
Total URM
% Total URM
African American
American Indian/Alaskan Native
Asian American
Caucasian
Hawaiian/Pacific Islander
Hispanic/Latino American
Two or More Races
Unknown
* Includes Educational Specialist
Educational Specialist Total
DOCTORAL*
Total
Fee-Based
% Fee-Based
Female
% Female
Washington Resident
Non-resident
International
Total URM
% Total URM
African American
American Indian/Alaskan Native

Asian American
Caucasian
Hawaiian/Pacific Islander
Hispanic/Latino American

Two or More Races
Unknown
* Includes Practice Doctorate
Total Practice Doctororate

Seattle
2011
6,513
3,205
49%
3,532
54%
4,009
1,837
667
625
9.6%
187
43
781
4,080
12
335
98
310

2012
6,608
3,551
54%
3,585
54%
3,796
1,925
887
687
10.4%
174
37
712
4,018
14
366
206
194

2013
6,908
3,796
55%
3,707
54%
3,841
1,957
1,110
748
10.8%
175
36
727
4,023
13
390
278
156

2014
7,058
3,958
56%
3,738
53%
3,824
2,037
1,197
811
11.5%
194
36
764
3,983
10
437
290
147

UW Graduate Total Enrollment - Autumn Quarters
Bothell
2015
2011
2012
2013
2014
7,269
488
490
463
503
4,094
58
70
96
119
56%
12%
14%
21%
24%
3,883
300
306
287
306
53%
61%
62%
62%
61%
3,791
449
447
399
424
2,227
20
17
34
31
1,251
19
26
30
48
843
47
52
55
58
11.6%
9.6%
10.6%
11.9%
11.5%
198
19
18
20
26
37
0
2
2
1
798
64
59
53
53
4,081
319
330
309
327
10
2
2
1
1
448
18
16
18
18
309
11
20
24
22
137
36
17
6
7

0
Seattle
2011
4,645
255
5%
2347
51%
1,880
1,757
1,008
405
8.7%
106
45
435
2,481
14
232
17
307

23

43

41

38

2012
4,750
299
6%
2367
50%
1,893
1,821
1,036
426
9.0%
102
37
413
2,581
11
250
52
268

2013
4,761
307
6%
2354
49%
1,798
1,907
1,056
440
9.2%
97
29
407
2,576
10
264
83
239

2014
4,753
335
7%
2401
51%
1,691
1,966
1,096
439
9.2%
92
23
398
2,562
10
261
118
193

303

358

411

424

A–3.3/202-16
2/11/16

2015
4,802
358
7%
2438
51%
1,609
2,036
1,157
462
9.6%
93
21
394
2,559
7
280
150
141

0
Bothell
2011
1
0
0%
0
0%
1
0
0
1
100.0%
0
0
1
0
0
0
0
0

0
2012
1
0
0%
1
100%
0
1
0
1
100.0%
0
0
0
1
0
0
0
0

480

0

0

2015
526
172
33%
305
58%
413
42
71
52
9.9%
19
1
58
323
0
24
17
13

0

0

2013
0
0
0%
0
0%
0
0
0
0
0.0%
0
0
0
0
0
0
0
0

2014
2
1
50%
1
50%
2
0
0
2
100.0%
0
0
1
1
0
0
0
0

0

0

Tacoma
2011
547
0
0%
399
73%
526
11
10
90
16.5%
41
3
42
372
5
32
15
27

2012
548
15
3%
378
69%
499
13
36
98
17.9%
42
2
35
359
5
32
26
11

2013
617
66
11%
420
68%
536
19
62
112
18.2%
43
4
54
358
2
41
36
17

2014
622
71
11%
412
66%
539
21
62
104
16.7%
41
4
62
355
0
43
32
23

2015
638
74
12%
399
63%
496
38
104
129
20.2%
52
3
71
300
1
46
43
18

0

0

0

0

2015
3
1
33%
2
67%
3
0
0
3
100.0%
0
0
1
2
0
0
0
0

0
Tacoma
2011
1
0
0%
1
100%
0
1
0
1
100.0%
1
0
0
0
0
0
0
0

2012
0
0
0%
0
0%
0
0
0
0
0.0%
0
0
0
0
0
0
0
0

2013
39
0
0%
31
79%
39
0
0
9
23.1%
1
1
3
26
0
4
4
0

2014
37
0
0%
29
78%
37
0
0
8
21.6%
0
1
3
25
0
4
4
0

2015
36
0
0%
28
78%
35
0
1
8
22.2%
0
1
3
23
0
4
4
0

0

0

0

0

0

0

Page 2 of 2


UW School of Medicine Enrollment Highlights

Highlights from Recent Class:
- There was a sharp increase in non-resident (i.e. out-of-region) applications between 2014 and 2015 (32% growth).
- First generation college students make up 12% of the most recent class. 18% of the class also self-identifies as disadvantaged, 12% are from rural communities, and 7% are URM.

Highlights of Trend Data
- From 2011-2015, the number of applications has increased by 63%, and the class size has increased by 12%.
- On average, 38% of admitted URM applicants choose to go elsewhere compared to 17% of admitted non-URM applicants.
- Although the percentage of offers made to URM applicants has decreased, the percentage enrolled has increased. From 2011 to 2015, the percent of URM enrollment/offers has gone from 55% to 71%. Specifically, the percent of enrollment/offers to African American has gone from 25% to 66%, American Indian/Alaskan Native has stayed the same, Hispanic has gone from 58% to 62%.

Increasing the diversity of the physician workforce is an ongoing goal for the School of Medicine. A number of efforts are underway to help with the admission and recruitment of URM applicants which includes:
- Dr. Leo Morales (Chief Diversity Officer in SOM), Dr. Sue Coldwell (Associate Dean, Student Life & Admissions, School of Dentistry), and Dr. Sheila Edwards Lange have garnered a 2.1 million dollar (3 year) grant to start an undergraduate pipeline program at the UW, The Health Professions Academy, specifically to increase the pool from which we can draw talented, prepared, disadvantaged URM applicants.
- In November, 2015 the SOM held the first of a planned series of roundtable discussions with the local African American community. Ed Taylor (Vice-Provost and Dean, Undergraduate Academic Affairs), Gabe Gallardo (Interim Vice President/Vice Provost, Office of Minority Affairs and Diversity), Terryl Ross (Director of Diversity, Chancellor's Office) and many community members helped us strategize how best to increase recruitment of African American students.
- The new tuition waiver program the Board of Regents approved a few weeks ago allows us to offer significant financial support to URM and disadvantaged students from Washington as well as from outside of the WWAMI region. We are already seeing positive responses from the initial offers we made.
### UW School of Medicine Five Year Trend Data

<table>
<thead>
<tr>
<th>MEDICINE Fall Quarter</th>
<th>Applications</th>
<th>Offers</th>
<th>New Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4,962</td>
<td>5,101</td>
<td>6,015</td>
</tr>
<tr>
<td>Female</td>
<td>2,351</td>
<td>2,277</td>
<td>2,725</td>
</tr>
<tr>
<td>% Female</td>
<td>47%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Resident (WA)</td>
<td>714</td>
<td>750</td>
<td>822</td>
</tr>
<tr>
<td>Nonresident (OOR)</td>
<td>3,870</td>
<td>3,964</td>
<td>4,800</td>
</tr>
<tr>
<td>International*</td>
<td>78</td>
<td>28</td>
<td>38</td>
</tr>
<tr>
<td>Total URM</td>
<td>640</td>
<td>660</td>
<td>734</td>
</tr>
<tr>
<td>% Total URM</td>
<td>12.9%</td>
<td>12.9%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>202</td>
<td>189</td>
<td>212</td>
<td>216</td>
<td>316</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>38</td>
<td>50</td>
<td>70</td>
<td>60</td>
<td>70</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Asian American</td>
<td>1,269</td>
<td>1,275</td>
<td>1,513</td>
<td>1,557</td>
<td>2,189</td>
<td>46</td>
<td>32</td>
<td>43</td>
<td>47</td>
<td>51</td>
<td>34</td>
<td>24</td>
<td>32</td>
<td>37</td>
<td>41</td>
</tr>
<tr>
<td>Caucasian</td>
<td>2,579</td>
<td>2,675</td>
<td>3,041</td>
<td>3,057</td>
<td>3,997</td>
<td>174</td>
<td>176</td>
<td>190</td>
<td>192</td>
<td>203</td>
<td>143</td>
<td>153</td>
<td>152</td>
<td>166</td>
<td>177</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>10</td>
<td>19</td>
<td>17</td>
<td>19</td>
<td>24</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
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<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>390</td>
<td>402</td>
<td>435</td>
<td>495</td>
<td>695</td>
<td>33</td>
<td>19</td>
<td>24</td>
<td>16</td>
<td>13</td>
<td>19</td>
<td>10</td>
<td>16</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>American</td>
<td>0</td>
<td>0</td>
<td>231</td>
<td>277</td>
<td>330</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>8</td>
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<tr>
<td>Other</td>
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<td>491</td>
<td>496</td>
<td>448</td>
<td>469</td>
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<td>20</td>
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<td>10</td>
<td>18</td>
<td>30</td>
<td>19</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

*UWSOM does not include international applicants. Starting 2015, WA DACA applicants are considered for admission.
UW School of Dentistry Admission and Enrollment Highlights

Doctor of Dental Surgery Admissions

- Residents of WA state account for about 75% of our offers of admission, with residents of states included in the Western Interstate Commission for Higher Education making up another 23% of offers of admission.

- Over the past five years, URM applicants have averaged about 10% of the WA resident applicant pool, while offers made to URM applicants have averaged 9% of all offers made.

- URM students are more likely to decline an offer of admission than are the majority students. Over the past 5 years, our enrollment rate averaged 77% for all students offered admission, whereas our enrollment rates for URM students have been dropping since 2011 and have been under 50% for the past two years.

- Steep rises in tuition coupled with the loss of a full scholarship for URM students have especially hurt our numbers in recent years.

- We have ongoing recruitment programs aimed at increasing the numbers of competitive applications from URM students. These include Dental Camp and Dental Academy, which target middle school and high school students from under-represented communities. Additionally, we have partnered with the School of Medicine to offer the Summer Medical and Dental Education Program to URM and disadvantaged college students. In partnership with the School of Medicine and the Office of Minority Affairs and Diversity, we are in the process of launching a Health Professions Academy to provide opportunities and mentorship to pre-health students at UW from disadvantaged backgrounds.

- In addition to our own recruitment efforts, a group of concerned faculty and community dentists work actively to raise scholarships funds specifically intended for URM students though an effort known as Partners in Diversity.
## UW School of Dentistry Five Year Trend Data

<table>
<thead>
<tr>
<th>Fall Quarter</th>
<th>Applications</th>
<th>Offers</th>
<th>New Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>982</td>
<td>1373</td>
<td>1058</td>
</tr>
<tr>
<td>Female</td>
<td>424</td>
<td>606</td>
<td>442</td>
</tr>
<tr>
<td>Male</td>
<td>558</td>
<td>757</td>
<td>598</td>
</tr>
<tr>
<td>Gender/Race</td>
<td>Not</td>
<td>Not</td>
<td>Not</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident (WA)</td>
<td>251</td>
<td>218</td>
<td>254</td>
</tr>
<tr>
<td>Nonresident</td>
<td>745</td>
<td>1155</td>
<td>804</td>
</tr>
<tr>
<td>Total URM</td>
<td>101</td>
<td>120</td>
<td>131</td>
</tr>
<tr>
<td>African American</td>
<td>19</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>3</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Asian American</td>
<td>343</td>
<td>406</td>
<td>347</td>
</tr>
<tr>
<td>Caucasian</td>
<td>486</td>
<td>605</td>
<td>509</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>0</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Hispanic/Latino American</td>
<td>13</td>
<td>77</td>
<td>32</td>
</tr>
<tr>
<td>More Than One Race*</td>
<td>89</td>
<td>88</td>
<td>98</td>
</tr>
<tr>
<td>More Than One Race URM Unknown</td>
<td>29</td>
<td>40</td>
<td>31</td>
</tr>
<tr>
<td>Nonresident Alien</td>
<td>0</td>
<td>104</td>
<td>0</td>
</tr>
</tbody>
</table>

* Not Hispanic or Latino
**DACA
UW School of Pharmacy Enrollment Highlights

Current first year class highlights
• States of residence: WA 63%, CA 23%, HI 4%, remaining 10% spread across the US
• Bachelor degree holders 90%, the rest have three years or more of undergraduate education
• UW undergrad degree holders 46% (mostly WA residents, but some from CA and other states)

Recent trends
• The number of students with a Bachelor’s degree has gradually increased in the last four years, from 85% in 2011 to 90% in 2015.
• The North American Pharmacist Licensure Examination (NAPLEX) pass rate average for UW School of Pharmacy students over the last four years has been steady at 99% (compared to the national average of 93).

Enrollment statement
We have only reached approximately 90% of our enrollment targets in recent years, but we have implemented several new initiatives designed to meet or exceed our target in 2016 and subsequent years. These activities include increased recruitment travel to key feeder states, diversity scholarships, more aggressive outreach to pre-pharmacy students, a re-engineered admissions process with more timely offers, the adoption of an early-decision model, and a more personalized interview experience. We have already seen evidence of positive results (such as 47 applicants already confirming for 2016 through Early Decision) and are confident these changes will yield the desired enrollment results.
# UW School of Pharmacy Five Year Trend Data

<table>
<thead>
<tr>
<th>PHARM D</th>
<th>Applications</th>
<th>Offers</th>
<th>New Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Quarter</strong></td>
<td><strong>2011</strong></td>
<td><strong>2012</strong></td>
<td><strong>2013</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>354</td>
<td>408</td>
<td>412</td>
</tr>
<tr>
<td>Female</td>
<td>216</td>
<td>258</td>
<td>259</td>
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<tr>
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UW School of Law Enrollment Highlights

The School of Law is home to a JD program, eight Master’s degree programs, and a PhD program. The JD, PhD, and four of the Masters programs are classical tuition based programs; four of the Master’s degree programs are fee based. UW Law also participates in teaching undergraduate law courses in Honors and other departments. In all we do, we seek to further the values of access and excellence.

Despite a multi-year nationwide enrollment decline in JD programs, ours has remained remarkably stable. We have achieved this stability by enhancing our recruitment, admitting more students, holding tuition steady, and expanding scholarship resources. We continue to recruit with the aim of maintaining our academic quality and increasing the number of under-represented students. A key issue in sustaining success is access to additional financial aid for promising students.

- UW Law’s JD students’ academic qualifications are above the 90th percentile nationwide.
- UW Law competes in a national and international market for students. For the Class of 2018, 60% of our students are from Washington and 40% are from other states and countries.
- Since 2011, the number of applicants to law schools nationwide has fallen 22%, ours has increased 8.3% during that time.
- UW Law is devoted to access and to excellence and aggressively seeks diversity in its student body. Approximately one quarter of each class is from underrepresented populations in law.
- UW Law admits far more underrepresented students than it enrolls. Most every admitted student who does not enroll at UW enrolls at one of the top 10 law schools in the US, usually for a full-ride scholarship.

In addition to the JD, UW Law also offers seven Master’s degree (LL.M.) programs for attorneys, one Master’s degree program for non-attorneys (M.J.) and a PhD in Law. Four of the LL.M programs (Asian and Comparative Law, Global Business Law, Sustainable International Development Law and General) are tuition-based, as is our PhD in Law. The other four Master’s degree programs (Tax Law, Intellectual Property Law, Health Law, and M.J.) operate on a fee-based financial platform. Our graduate program enrollment is exceeding our expectations in terms of overall growth and diversity.

- This year, we have a 44% increase in students enrolled in our Master’s degree programs; much of this increase is attributable to the inaugural cohort of the new M.J. program and an increased enrollment in our General LL.M. program.
- Our PhD is the first and most highly respected one in law in the country and it is very interdisciplinary, especially collaborating with the Jackson School.
- Our graduate programs attract students from all over the world (over 40 countries). 49% of the entering graduate students are international students; 24% are Washington residents; 38% are domestic Caucasian students and 8% are domestic under-represented minority students.
- 36% of the 2015 incoming graduate students are enrolled in tuition based programs and 64% are enrolled in fee-based programs.
# UW School of Law Five Year Trend Data

## UW School of Law Graduate Programs

### JD

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## LL.M.

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Academic and Student Affairs Committee

Introduction of New Leadership: Interim Vice President/Vice Provost, Office of Minority Affairs and Diversity

INFORMATION

For information only.

BIOGRAPHICAL SKETCH

Dr. Gabriel E. Gallardo

Dr. Gabriel Gallardo was appointed interim vice president for minority affairs and vice provost for diversity at the University of Washington effective Aug. 3, 2015. A strong advocate for student success in higher education, Dr. Gallardo has served in administrative roles with the UW Office of Minority Affairs and Diversity (OMA&D) for nearly two decades. He holds a passionate commitment to equity and inclusive excellence in higher education and is an advocate for student access at all levels of the educational system. Prior to his appointment as interim VP, Dr. Gallardo served as OMA&D associate vice president for student services and academic support for eight years. In that role, he provided leadership for programs that focus on the retention and graduation of students from low-income, first-generation and underrepresented backgrounds. He was the principal investigator and director of the federally-
STANDING COMMITTEES

Academic and Student Affairs Committee

Introduction of New Leadership: Interim Vice President/Vice Provost, Office of Minority Affairs and Diversity (continued p. 2)

funded TRIO Ronald E. McNair Program, which prepares students for doctoral degrees. He also served as the principal investigator for the College Assistance Migrant Program (CAMP) which focuses on increasing the number of students from migrant and farm working backgrounds that enroll in higher education and complete baccalaureate degrees.

From 1997-2007, Dr. Gallardo served in various leadership capacities in OMA&D including directing the Early Identification Program for Graduate Studies, managing new initiatives, providing administrative oversight of seven federally-funded programs, coordinating various scholarship programs in the department, and providing support to the vice president and other campus leaders on the conceptualization and implementation of a campus-wide diversity appraisal initiative.

Dr. Gallardo has been an affiliate professor in the UW’s Department of American Ethnic Studies (Chicano Studies), has served on various campus scholarship committees, advisory boards and leadership search committees during his more than 18 years at the UW.

Dr. Gallardo was born in Chile and came to the United States at age 11. Together with his family they resettled in the Seattle area. A product of the Seattle Public Schools, Dr. Gallardo attended Kimball Elementary, Mercer Junior High and Cleveland High School in South Seattle’s Beacon Hill neighborhood. He was the first member of his family to graduate from high school in the U.S. and attend college. As a 19 year-old sophomore at the UW, Dr. Gallardo met his wife, Veronica, the daughter of migrant farm workers from the Yakima Valley. Together they raised three children, Adrian, Daniel and Stephanie.

Dr. Gallardo earned his bachelor’s (1989), master’s (1993) and doctorate (2000) degrees in geography from the UW.

Attachments
  1. Office of Minority Affairs and Diversity Organizational Chart
  2. Overview of the Work of the Office of Minority Affairs and Diversity
Overview of the work of the Office of Minority Affairs and Diversity

Prepared by Gabriel E. Gallardo, Ph.D.
Interim Vice President for Minority Affairs and Vice Provost for Diversity

OMA&D’s Role in the Context of the UW’s Institutional Priorities

We at OMA&D are focused on broadening college access for low-income, first generation, and underrepresented minority (URM) students from across our state and supporting their academic excellence at UW.

Getting our students here is not enough; supporting them throughout their entire academic journey, and committing to retention efforts is a vital component of making this university an equitable and socially just intellectual community.

Through our multiple access and retention programs we provide a comprehensive support system that enhances the academic success and excellence of over 5,000 undergraduates from diverse backgrounds.

We also work to build a welcoming and supportive campus climate for students, faculty, and staff and work with our academic and administrative partners to enhance diversity related teaching and learning.

- All of the elements above are integrally connected to access and excellence;
- They help support the Husky Experience;
- The diversity of our students, their academic work and the research questions that they are pursuing contributes to a vibrant and robust culture of innovation and scholarship;
- We have a state-wide footprint in our outreach and recruitment efforts and engagement with our various communities;
- We articulate a commitment to the value of giving back to the community—our social contract with our public mission; and
- We have been breaking down boundaries and breaking though barriers since the inception of our organization.

In summary—OMA&D is at the center of access and excellence and other key institutional priorities—and we will continue to deliver on that commitment in the coming months and years.

Goals for the Position

- My goals for the coming year will continue to be driven by the OMA&D mission to broaden college access, support student success and advance diversity on behalf of the university.
- We will remain committed to supporting the UW Presidential Race & Equity Initiative, ensuring that our students have access to a rich and meaningful Husky Experience, and continue to build and enhance relationships with our K-12 partners.
- We will increase the visibility of resources for undocumented students, led by the launch of a web site this past fall.
• We will continue to advance the work of the Diversity Council and the new Diversity Blueprint to cultivate a climate that encourages and promotes a vibrant intellectual community.
• And we will focus on building capacity to support the completion of the 2nd Phase of the Intellectual House and the construction of a modern, state-of-the-art instructional center facility.

The support of our campus and community partners is critical to maintaining our current momentum and I am excited to lead the organization at this critical time. Together we will accelerate our vision for access, equity and inclusion at the UW.

Markers of Success

Success for my role and the work of the organization means that students from diverse backgrounds are at the center of our efforts and able to fully realize their academic goals, that they experience high levels of involvement and engagement in campus activities and programs, and that they feel strongly that the campus climate is supportive and validating of their social identities. This requires that we focus critical attention to the following areas:

• Increasing the number of URM applications, offers, yields, and enrollments.
• Narrowing the retention and graduation gap between URM students and majority students.
• Leveraging the pool of state-funded and federally funded resources to support diversity and excellence.
• Building capacity in our fundraising efforts to expand the scholarship portfolio that supports student success among diverse students.

In addition to our student-centered emphasis, success for my role also requires strong leadership in advancing the core value of diversity on behalf of the institution. This can be advanced through the following priorities:

• Expanding the role of the organization as a critical resource for diversity efforts in our colleges and schools (augmenting the posture of shared responsibility for diversity).
• Building a shared culture of innovation that generates best practices in advancing and supporting diversity and equity in our campus community.
• Strategically positioning the university to tap the full range of energy, creativity, imagination, and critical thinking from diverse voices and perspectives to help us create new knowledge and bring new discoveries to the forefront in the future.

The University of Washington is well positioned to be a leader in the work of diversity, equity, and inclusion. This is possible because of the strong commitment from our leadership to these critical issues and the solid foundation of supporting student success that has been built since the inception of the Office of Minority Affairs and Diversity nearly 48 years ago.
STANDING COMMITTEES

Academic and Student Affairs Committee

Introduction of New Leadership: Associate Vice Provost for Faculty Advancement, Office of the Provost and Office of Minority Affairs and Diversity

INFORMATION

For information only.

BIOGRAPHICAL SKETCH

Chadwick Allen joined the UW on August 17, 2015. Most recently, he was a professor of English and associate dean for faculty research in the Division of Arts and Humanities at The Ohio State University’s College of Arts & Sciences. A leading scholar in Native American and global Indigenous studies, he is the recipient of two Fulbright fellowships to Aotearoa New Zealand, where he studied Maori literature and culture at Auckland University. In addition to his primary work in Indigenous studies, Allen has a strong interest in frontier studies and the popular western. He has written extensively on the Lone Ranger and Tonto. Allen received a Ph.D. in comparative cultural and literary studies from the University of Arizona, a master’s degree in writing from Washington University and a bachelor’s degree, magna cum laude, in the comparative study of religion from Harvard University.

Attachment
Office for Faculty Advancement
The Office for Faculty Advancement (OFA) assists in the hiring, retention, and success of a diverse and inclusive faculty at the University of Washington in order to help the UW attain its stated goals of promoting equal opportunity and enhancing excellence through diversity. With a lean staff of the AVPFA, who holds a 75% administrative appointment, one full-time professional administrator, and two student assistants, the OFA has successfully built and managed programmatic efforts designed to work toward achieving the university’s goals by providing strategic consultation, policy guidance, financial resources, training seminars, and individual counseling to college, school, and campus leadership, unit chairs and directors, and faculty. Major OFA programs include:

- Development of the Handbook of Best Practices for Faculty Searches and Online Toolkit – a concise Handbook divided into six steps of the search process, supported by an expansive Toolkit of sample materials and additional resources.
- Management of the Faculty Recruitment Initiative – funds provided by the Provost to enrich recruitment offers for new hires that enhance a unit’s diversity profile.
- Establishment of the Greater Washington State Higher Education Recruitment Consortium (GWS HERC) – a regional chapter of a national organization focused on increasing access to talented and diverse applicant pools and improving collaboration in cases of dual-career hiring; established at the UW in October 2013.
- Creation of the Faculty Advancement Initiative – promotes collaborations with colleges, schools, campuses, and individual units to advance the careers of faculty and to promote ongoing training in diversity/inclusion and faculty advancement for university leadership.
- Management of the UW institutional membership with the National Center for Faculty Development and Diversity (NCFDD) – an external mentoring resource for faculty, post-docs, and graduate students that includes access to online courses, monthly writing challenges, and a webinar curriculum.

The underlying goal that guides OFA programming is to provide college, school, and campus leadership with the tools and resources necessary to build and retain a more inclusive faculty. All programming offered or managed by the OFA contributes to the recruitment and/or retention of faculty whose work contributes to campus diversity.

Successful outcomes of these efforts are measured in two ways: 1) the development of new programs or the enhancement of current programs, and 2) an increase in the actions associated with specific programs, either in the form of an increase in the number of individual participants or an increase of in the number of other actions associated with the program (e.g., an increase in the number of jobs posted to the GWS HERC job board). A regularly scheduled evaluation of outcomes allows for the OFA to identify opportunities for program modifications that might better promote stated goals.
STANDING COMMITTEES

Academic and Student Affairs Committee

Race and Equity Initiative Update

INFORMATION

This item is for information only.

BACKGROUND

In 2010, the University of Washington Diversity Council developed the Diversity Blueprint as an official set of goals for increasing diversity among students, faculty and staff, along with strategies to meet those goals. The purpose of the Diversity Blueprint is to further the University’s progress in diversity and advance systemic change. The development of a comprehensive set of priorities and University-wide metrics ushers in an era of integrated vision and shared responsibility for diversity. In addition, creativity fostered by the widespread discussions about diversity led to important new programs and services. These include, but are not limited to the following:

- Establishment of wǝɫǝʔaltxʷ – Intellectual House, 2015;
- Passage of the diversity requirement in 2014, followed by the establishment of the diversity scholars to help implement the requirement;
- 2014 retention report, which identified retention patterns across demographic groups at UW;
- Bias Incidence Report and the ensuing Bias Incidence Response Team;
- Center for Communication and Difference in 2015,
- Additional programs, many of them based in the colleges, all enhancing the visibility and value of diversity at the UW.

Then Interim President Ana Mari Cauce established the Race and Equity Initiative in April 2015 in response to student activism stimulated by violence in cities across the United States, including New York, Charleston, South Carolina, and Baltimore, as well as in keeping with the UW’s commitment to diversity and equity.

In a speech to the campus community, President Cauce stated:

The past year has been a very difficult one for those of us who view diversity as a core strength and value of our nation, who believe in not only respecting, but celebrating differences, who believe in justice and fairness, and who hold dear the idea that all men (and women) were created equal and should be treated as such.
UW’s Race and Equity Initiative

The Race and Equity Initiative seeks to ensure that students, faculty and staff at the University of Washington are equipped with the resources and tools needed for success and with the full confidence that they are valued and respected members of the community. The focus of this Initiative will be on creating an organizational culture that is truly inclusive, a culture in which all members of the community are accountable to a standard that values the dignity of every human being through respectful dialogue and campus experience and that addresses institutional bias and thoughtful engagement with our community.

In fall quarter, 2015, several campus-wide conversations on race and equity were held that included hundreds of students from across schools and colleges including undergraduate and graduate students. From those conversations, several themes have consistently emerged on our own campus, including the need to increase and retain the number of faculty, staff, and students of color at UW in order to improve the learning experience we provide to all students, as well as improve the climate on campus for students, faculty and staff of color. A growing body of research links diversity and academic excellence. We know that students learn better in a diverse setting. In fact, college students who experience the most racial and ethnic diversity in their classrooms and in informal interactions on campus become better learners and better citizens. As a result, students who attend a truly diverse university (and the faculty and staff who work there) are better prepared to live and work in a multi-cultural society and a global economy. Understanding and improving the experience of students, staff, and faculty of color on our campus in order to enhance the learning of all is, therefore, the first focus of the Race and Equity Initiative.

A second theme that has emerged from both local and national conversations is the need to address institutional bias and racism. We believe that in order to recruit and retain faculty, staff and students that we need to change our organizational culture and examine institutional policies, procedures, structures and practices in order to be truly inclusive.

Third, diversity strengthens communities and the workplace by preparing students for citizenship in an increasingly complex, pluralistic society. Furthermore, fostering mutual respect and teamwork; enhances the state’s economic competitiveness by effectively developing and using the talents of all citizens.

Detailed information on goals, a progress report, a recent climate survey, and current activities at Board of Deans, UW Bothell and UW Tacoma are attached.
STANDING COMMITTEES

Academic and Student Affairs Committee

Race and Equity Initiative Update (continued p. 3)

Attachments
  1. Goals of the Race and Equity Initiative
  2. Race and Equity Initiative Progress Report
  3. Race and Equity Initiative Open-ended Survey Responses: ASUW Participants
  4. Leading for Equity, Inclusion, & Access
  5. UW Bothell Race & Equity Report Update
  6. UW Tacoma Race & Equity Report Update
  7. Presenter Biographies
The goal of the Race and Equity Initiative is to reaffirm the UW's commitment of inclusion and fairness to students, faculty and staff. The Initiative focuses on new ways to support and sustain diversity at the UW and in the local, regional, and global communities it serves as follows:

<table>
<thead>
<tr>
<th><strong>Goal 1:</strong> ENRICHING THE PERSONAL UW EXPERIENCE</th>
<th><strong>Goal 2:</strong> ADDRESSING INSTITUTIONAL BIAS &amp; RACISM</th>
<th><strong>Goal 3:</strong> ENGAGING COMMUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective: Create safe spaces for sharing, learning, and growth as a personal entry point into race, equity, and social justice work.</td>
<td>Objective: Examine and address practices and policies that are embedded in the university and serve as barriers to inclusivity and excellence.</td>
<td>Objective: Connect with community colleagues who are engaged in race and equity work. Identify areas of synergy and potential collaboration.</td>
</tr>
<tr>
<td>1) Foster a sense of responsibility for moving the work forward and provide best practices about how one can do so.</td>
<td>1) Launch strategic and intensive engagement, planning and training at the Dean/VP/Chancellor level.</td>
<td>1) Inventory current programs, projects and centers whose core missions or charges are related to race, equity and diversity.</td>
</tr>
<tr>
<td>2) Support and implement teaching and learning strategies that foster and bolster inclusive classroom environments.</td>
<td>2) Support and track efforts of the Bias Implementation Response Team (BIRT).</td>
<td>2) Engage and reconnect with community leaders and diversity advocates to capture history and best practices.</td>
</tr>
<tr>
<td>3) Engage in an intensive period of professional development to improve cultural fluency across all levels of the University.</td>
<td>3) Conduct climate assessments for students and faculty/staff to better understand – and support – the experience and needs of underrepresented students, faculty, and staff.</td>
<td>3) Create opportunities to strategically partner with city and county in the race and justice initiatives.</td>
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To: Board of Regents

From: Ed Taylor, Chair of the Race and Equity Steering Committee

Subject: Race and Equity Initiative Progress Report

Date: February 2016

This is the first report to the Board of Regents on the progress we are making in the Race and Equity Initiative (REI). It is worth noting that the talk that launched the Initiative was heard by hundreds of students in the Intellectual House and has since been heard by hundreds of students across our three campuses, as well as by members of the Seattle community, of the State of Washington, and across the nation. Therefore, although the focus of the Initiative is the UW’s campus communities, we recognize that the work on this Initiative will also reach constituents beyond us.

These progress reports will include the following sections:

- Accomplishments to date
- Next steps and deadlines
- Data from Student Conversations
- Reports from UW Bothell and UW Tacoma

Accomplishments to date

- Formed the Steering (logistics) Committee (See list of members at end of report).
- Formed workgroups with functional duties of carrying out the work of the Initiative (See list of workgroups at end of report).
- Drafted Initiative framework. The framework serves as one way to capture the key tenets of the Race & Equity Initiative in discussions with members of the UW and broader community.
- Held Race and Equity conversations with over 700 students to inform and provide feedback to the Initiative in including student leadership from Bothell, Seattle and Tacoma, undergraduate students from all three campuses and members of fraternities (IFC) and sororities (Panhellenic).
- Initiated Race and Equity leadership discussions with Deans and Chancellors about leadership and cultural competency headed by Mia Tuan and selected deans.
- Completed draft work plan, which will be shared (via webpage) winter quarter for UW campus review and feedback.
- Held two lectures in conjunction with the Graduate School’s Equity & Difference Speaker Series (Harry Belafonte in October and Dr. Ralina Joseph in January) with facilitated conversations for students.
- Offered Graduate School Course, “Engaging Oppression: Living Just Relationships” (offered quarterly).
- Hired an Assistant Director for Diversity and Outreach Communications.
- Launched REI web site to foster tri-campus engagement.
- Disseminated Provost Report on Race & Equity.
Next steps and deadlines (2016)

- Host student listening sessions to gain feedback – and provide updates – on Initiative progress – (quarterly).
- Finalize and post draft work plan for tri-campus review and comment – (winter quarter).
- Meet with every Dean regarding college-level actions/activities that are currently taking place and on strategic diversity planning – (winter quarter).
- Expand website to include resources and accountability sections – (winter quarter).
- Complete tri-campus inventory of Diversity centers, programs, and events – (winter quarter).
- Expand faculty engagement by highlighting teaching, research and service of faculty – (winter quarter).
- Host Microaggression and Unconscious Bias trainings for students, faculty, and staff – (spring quarter, then ongoing).
- Host community conversations in collaboration with City of Seattle and King County – (spring quarter).
- Conduct climate assessment through the Student Experience in the Research University – (spring quarter).
- Form Faculty Advisory Committee to steward curriculum related to diversity requirement and overall quality of teaching and learning related to diversity – (fall quarter).
- Pilot Brotherhood Initiative for men of color (collaboration between OMAD, UAA, College of Education, and Student Life) – (fall quarter).
List of steering committee members:

Ed Taylor, Chair, Vice Provost and Dean, Undergraduate Academic Affairs
Zoe Barsness, Associate Professor, Milgard School of Business, UW Tacoma
Chadwick Allen, Associate Vice Provost for Faculty Advancement
David L. Eaton, Dean of the Graduate School
Gabriel Gallardo, Interim Vice President and Vice Provost, Office of Minority Affairs Diversity
Mary Gresch, Chief Marketing and Communications Officer
Beth Kalikoff, Director, Center for Teaching and Learning
Marisa Nickle, Director of Strategy and Academic Initiatives
Kate O’Neill, Professor of Law
Sharon Parker, Assistant Chancellor for Equity and Diversity, UW Tacoma
Terryl Ross, Director of Diversity, UW Bothell
Paul Rucker, Associate Vice President for Alumni Relations
Denzil Suite, Vice President for Student Life
Student representatives, to be appointed

Initiative workgroups:

Climate Assessment
Community Outreach & Engagement
Facilitation Group
Faculty Engagement
Inventory
Operations
Student Advisory (to begin March 2016)
Workshop/Training

Associated workgroups/teams:

Retention Task Force (established 2015)
Bias Incidence Response Team (established 2015)
Diversity Faculty Fellows (established 2015)
Race and Equity Initiative Open-ended Survey Responses: ASUW Participants

Catharine H. Beyer, Office of Educational Assessment
December 6, 2015

Surveys on the Race and Equity Initiative

Members of the Race and Equity Initiative Committee are engaging in conversations with hundreds of students from groups at UW Bothell, UW Seattle, and UW Tacoma about the Race and Equity Initiative (R&EI). The purposes of these conversations are to inform students about the Initiative and to listen to students’ ideas about how the R&EI might most effectively address race and equity at UW.

In addition to speaking with students and facilitating round-table discussions at these conversations, Committee members ask students to complete a brief survey that asks:

- What do you think are the two issues that are most important for the Race and Equity Initiative to address and why do you feel those are important?
- What do you think are the two most important things that UW students could do to improve the climate at UW—for students of color? for all students? for you? And why do you think those things are important?
- Are there personal commitments that you are willing to share?

The survey form lets students know that their responses are voluntary and anonymous and that, although quotations from their answers may be used in reports, those quotations will never be linked to their identities in any way. No information is gathered about students’ genders, ethnic backgrounds, race, or other identifying characteristics.

Students’ responses to the survey questions are coded using the constant comparison method—an inductive process that allows themes to emerge from students’ own words rather than imposes the themes that one might anticipate on those responses. Once responses for a particular group are analyzed, I provide a report to the Committee on results for that group. When all reports are completed, I will summarize them to identify the strongest themes across the groups surveyed.

This report presents results of surveys completed by ASUW representatives from UW Bothell, UW Seattle, and UW Tacoma late in November. Reports on responses from other forums and dialogues with graduate and undergraduate students will be forthcoming.

National Picture

An understanding of the race and equity issues raised at other academic institutions across the country provides a national context for the responses of students at our own.

That context has been provided by Leah Libresco, a news writer for Nate Silver’s blog, FiveThirtyEight.¹ On December 3, 2015, Libresco posted an analysis of the formal demands of students who were protesting race and

¹ FiveThirtyEight is a blog founded by Nate Silver in 2008 and licensed by the New York Times “to help readers cut through the clutter of this data-rich world. The blog is devoted to rigorous analysis of politics, polling, public affairs, sports, science and culture, largely through statistical means. In addition, FiveThirtyEight provides forecasts of upcoming presidential, congressional and gubernatorial elections through the use of its proprietary prediction models.” (http://fivethirtyeight.blogs.nytimes.com/about-fivethirtyeight/)
equity issues at 51 different U.S. institutions. Libresco obtained the list of demands she analyzed from a website that was created to provide a space for college groups to post demands; the University of Washington was not among the 51 academic institutions represented and analyzed. As the graphic on the following page illustrates, the five most frequently-made demands are:

- Increase the diversity of professors
- Require diversity training
- Fund cultural centers
- Require classes for students
- Increase the diversity of students

Reports on UW students’ survey responses will be compared with these national responses.

ASUW Responses: “This is a human situation, a heart condition.”

R&EI committee members met with 26 ASUW representatives from UW Bothell, UW Seattle, and UW Tacoma on November 21, 2015.

Three patterns emerged in the ASUW students’ behavior that are interesting. First, in answering the first and the second questions, students often listed the issues they felt were important but did not include their reasons for why those issues mattered. Perhaps they felt that the reasons were self-evident.

Second, in students’ responses to the second question about what students could do to improve the UW climate, respondents often identified (or sometimes re-identified) issues important for the R&EI to address, rather than focusing on what students could do. Responses to that second question, therefore, did not yield a great deal of information about how students can improve the campus climate.

Third, fewer students responded to questions 2 and 3 than responded to question 1, which suggests that they grew tired of answering the open-ended questions. Even so, responses to question 3 were thoughtful.

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2 http://fivethirtyeight.com/features/here-are-the-demands-from-students-protesting-racism-at-51-colleges/
3 http://www.thedemands.org/ but demands are also listed at http://www.blackliberationcollective.org/our-demands/
Themes that emerged from students’ responses to each question follow.

**Q1: What do you think are the two issues that are most important for the Race and Equity Initiative to address and why do you feel those are important?**

All 26 students identified issues that they felt were important for the R&EI to address. These were, in order of importance:

1. **Train/educate faculty, students (in all majors), and staff on issues of race and equity:** 42% of the respondents. ASUW representatives suggested that the Initiative help all at UW understand what the issues related to diversity are and how to handle them. They also suggested that the Initiative provide training for white students on how to be good allies and have culturally competent conversations about issues of race and equity with students of color. One student also asked for mandatory competency training for staff, faculty, and students in STEM fields because “STEM students blatantly discussed their ignorance in front of me.” Another student asked that the diversity requirement be refined “so it teaches about privilege, systems of oppression, language, and microaggression.”

   In terms of why this issue was important, students gave the following reasons:
   - An understanding of issues enables increased power to address them.
   - Education can promote social mobility “from resource poverty to resource plenty.”
   - “Oppressed students should not have to bear the responsibility of explaining the issues to others”
   - “If all understand the issues, all will rise up to address them”
   - “A lot of students, especially those with privilege, don't know about these issues and don't realize they are part of the system that reinforces it.”

2. **Improve the representation of students, faculty, staff, and administrators of color:** 35%. Respondents called for hiring more faculty of color, retaining more minority students and students with few resources, bringing in more students of color by instituting more pre-college programs that assist transition and by more recruitment and outreach to high school students in low income communities and communities of color. This process is often called improving critical mass on campus.

   Respondents did not note why this issue was important.

3. **Communicate the UW’s intentions, purposes, goals, direction, reach, and action items regarding diversity and the R&EI:** 31%. In the words of one student, “After the last conversation, I was never told if our ideas were implemented. At that conversation on race and equity, we were asked to brainstorm tangible steps the administration could take. However, there has been no follow up since. It would be cool to see this addressed.”

   In terms of why this issue was important, one student noted: “So everyone is on the same page.”

4. **Communicate, validate, and acknowledge the specific burdens and hardships minority students face that are different from those of white students and identify how the UW will make a difference:** 19%. This response was related to responses 1 and 3, above; however, students giving this response often spoke of the importance of making students’ stories public.

   Regarding why this is important, one student noted that “policy change can come when we listen to students’ stories.”

5. **Address financial needs of students of color:** 19%. Students giving this response spoke of the “wealth gap between different people of color”; differential access to high-wage majors; the difficulty of affording college costs, including housing; and the importance of providing full college funding to students of color.

   In speaking of why this issue was important, one student said: “Having first generation students graduate with a ton of debt is not doing much to improve their futures.”
6. **Incorporate the race/equity lens into all decision making at all levels:** 15%. Students who gave this response urged the UW to "consider how every decision, such as housing, class size, how we pay tuition—not just issues explicitly about diversity—affect students of color."

7. **Increase and adequately fund existing space such as the ECC for marginalized groups:** 12%. In speaking of why this was important, one student said that "dominant groups control most of the space" on campus.

**Other.** In addition to these themes, the following responses were given by two students each:

- Go to where students are located for advice, rather than asking students to come to administrators
- Make the classroom and campus safer for students of color: "When you don't feel safe/supported to share ideas in this learning environment, it distracts from the quality of education at UW. A friend recently shared that she doesn't speak in her...quiz section because despite it being a class on race and ethnicity she's the only person of color and often feels tokenized as 'the angry black woman.' That is not a safe space for students like her, and it takes away from her education."
- Hear students and show them the UW is accountable: “Ask students of color what would be the most immediate policy change that would improve their experience and then make it happen within a year.”
- Divest from prison industries and invest in rehabilitation for these reasons: “Studies show a decline in repeat offenses when this happens” and “feeding the prison-industrial complex impacts communities of color.”
- Create a space, such as a web page, for students to publicly raise concerns about diversity, share them, and gather information about the follow-up from conversations
- Provide better access to resources to help students succeed (such as bilingual tutors, centers open for more hours) because "access does not equal accessibility"
- Improve relationships between student groups on campus and make those groups more diverse "(e.g., the Greek system)" because "leaders of campus organizations often become leaders after college and could help others."

Finally, individual students identified the following issues:

- Pay attention to small issues
- Highlight student work
- Grass roots action because “we need to tackle issues locally before nationally”
- Equity in support for students who are non-traditional/not privileged
- Deal with racial violence because it ‘is most intimately related to the day to day experiences of students’
- Create flexibility in curriculum requirements so out-of-country students have an easier time getting degrees
- Address the polarization between groups when events such as the walkout occur
- Support the work that others are doing more visibly because "There is so much being done across campus and so many trying to make their voices heard, the administration needs to empower their movements and not recreate the wheel."

**Q2. What do you think are the two most important things that UW students could do to improve the climate at UW—for students of color? for all students? for you? And why do you think those things are important?**

All but one of the 26 ASUW respondents responded to this question, but four of them directly focused on what the Initiative could do to address race and equity, rather than on what students could do to improve campus climate. In addition, students’ other responses were indirectly focused on what the R&EI should do. Finally, fewer themes emerged from students’ responses to this question than to the first one, suggesting that students may have clearer ideas about what the administration can do to improve race and equity on campus than about what they might do to improve campus climate. Indeed, only two strong themes emerged from students’ responses.
1. **Students should learn about the initiative and the issues: 35%**. Students noted the importance of “acknowledging and understanding different lived experiences” and often focused on the importance of educating white people about the issues and realities. One student wrote that students should be educated so they learn not to “tell people of color what they should be doing if [they] haven’t suffered from the oppressions we face daily.” Other students said that education was important because “no individual can change systemic problems but they can understand the extent of them.” Another said that “if we understand the experiences of students of color then we will respect them.” Finally, one student wrote, “The issue is URGENT and a matter of who lives and who does not. We cannot afford to separate this issue from its reality. No abstraction.”

2. **Continue the conversation respectfully. 19%**. Respondents noted that students should “encourage civil discourse.” They noted that students should be encouraged to “let their voices be heard” and to listen to each other openly. As one student said, “When students of color share an experience, they should not have to prove that what they are experiencing is valid.” One student said that continuing the conversation was important because “change now will create a better future.”

**Other.** Two students identified the following as things students could do to improve campus climate:

- Student events should be inclusive
- Students need to treat each other better: “…so much of this comes down to how we treat and accept each other.”

In addition, individual students noted the following:

- Create clear messages in social media and at their institutions that change is needed.
- Create a "vibe and a structure" that can be replicated across the US.
- Help other cultures learn the history of people of color.
- Allow each group a space where they can meet.
- Have required events concerning the initiative for all students.
- Advocate “for the diversification of all schools, such as STEM.”
- “Be open to the fact that progress can be slow and solutions must be practical and not lose patience because a single protest doesn’t change the world.”
- “What I dream of is to see a world where white people really embrace the things that make people of color who they are and vice versa. I want it to be natural and not just ‘politically correct’ and cynical. So anything that gets us there will be helpful.”

**Q3. Are there personal commitments that you are willing to share?**

Eight (31%) of the 26 ASUW participants did not respond to this question. The following themes emerged from the responses of the 18 students who did:

1. **Share my knowledge with others/having this conversation with others: 27%**. As one student put it: “I do promise to highlight student stories and experiences whenever I have the opportunity to do so, whether that be on social media or through my leadership positions.”

2. **Advocate for marginalized groups, including in my capacity as a student leader: 27%**. In speaking of advocacy, one student said: “I am willing to advance the conversation about race and equity in the campus budget committee at [my institution].”

3. **Educate myself: 15%**. In the words of one student: “Continually learning.”

4. **Let the experiences of others change me: 12%**. As one student wrote: “Listen to my fellow students’ experiences and be willing to learn and grow and change.”
Other. Two students said that they would commit to “recognizing my own privilege and using it to help those who don't have it.” In addition, individual students committed to the following:

- To be a part of the change.
- To work on changing the curriculum to reflect diversity.
- To “speak out when I see bias, discrimination, or microaggression happening on campus”
- To “work on recognizing my own implicit biases and work to lessen them”
- To work on retention and “getting minority students into high paying majors”

Summary

For this group of ASUW representatives the most important issues for the R&EI to address were as follows:

1. Train/educate faculty, students (in all majors), and staff on issues of race and equity: 42% of the respondents.
2. Improve the representation of students, faculty, staff, and administrators of color: 35%.
3. Communicate the UW’s intentions, purposes, goals, direction, reach, and action items regarding diversity and the R&EI: 31%.
4. Communicate, validate, and acknowledge the specific burdens and hardships minority students face that are different from those of white students and identify how the UW will make a difference: 19%.
5. Address financial needs of students of color: 19%.
6. Incorporate the race/equity lens into all decision making at all levels: 15%.
7. Increase and adequately fund existing space such as the ECC for marginalized groups: 12%.

These issues were consistent with the top five demands and two others (“Retain more minority students” and “Expand financial aid”) from the 51 academic institutions that Leah Libresco analyzed for FiveThirtyEight.

In terms of what students might do to improve the campus climate, respondents noted:

1. Students should learn about the initiative and the issues: 35%.
2. Continue the conversation respectfully: 19%.

Finally, students reported commitment to:

1. Share my knowledge with others/having this conversation with others: 27%.
2. Advocate for marginalized groups, including in my capacity as a student leader: 27%.
3. Educate myself: 15%.
4. Let the experiences of others change me: 12%.

As noted previously, these themes will be compared with those of other student groups who respond to the same survey questions.
Leading for Equity, Inclusion, & Access
Professional Development for UW Senior Leadership

Challenge & Opportunity
These have been challenging times across higher education institutions around matters of race and equity. At UW we have done a great deal of work to create a campus community that is genuinely diverse, inclusive, and equitable. However, there is much more that we can and should be doing. Much of the national news has to do with missteps made by campus leaders who were well intended but perhaps not fully prepared for the moment (ex: University of Missouri). It is important for UW senior leadership (deans, chancellors, vice provosts) to show courage, grace, and effectiveness at handling the diversity challenges and opportunities facing leaders in higher education. We need to be pro-active in fostering everyday best-practices in our own units as well as be ready to handle the unexpected, challenging moments that will arise.

What We Propose
Our intent is to offer several opportunities over the next year to explore best practices in multicultural organizational leadership as well as to learn from one another – great ideas as well as lessons learned from missteps. Topics we could cover include:

- **Being a pro-active leader**
  - communication/messaging
  - infrastructure development
  - regular programs/activities
  - building relationships/goodwill
  - keeping your ear to the ground

- **Being a “lean in” leader**
  - Handling off script moments
  - what would you do if….
  - how to recover from missteps?
  - communicating effectively while being challenged

What’s Next?
Depending on interest and availability, we suggest scheduling an initial conversation to share needs and how we can best use our time as a collective to enhance skills and effectiveness. The Provost has offered to spring for meals if we choose to meet after work hours.

Planning Group
The planning group consists of Kelly Testy, Lisa Graumlich, Eddie Uehara, Denzil Suite, and Mia Tuan.
UW Bothell Race & Equity Report Update

Accomplishments to date

• Reconstituted our campus Diversity Council to better reflect our campus diversity
• Created a Student Diversity Council to get more student input
• Winter quarter Research in Progress series on diversity
• Began implementation of our new diversity action plan
• Created a on-line form for the Race & Equity Initiative inventory
• Kicking off a monthly forum series on topics related to diversity and inclusion, starting February 2016
• Scheduled recruiting winter quarter fairs for high school students of color
  o Reaching American Indian Nations (R.A.I.N.)
  o Pacific Islanders Pursuing Education (P.I.P.E.)
  o Black Opportunity and Leadership Day (B.O.L.D.)
  o Dia de Avanzando Latinos en Educacion (D.A.L.E.)
• Hosted 5 students from the University of the Free State in South Africa in the winter quarter

Next steps and deadlines

• Second annual diversity and inclusion conference scheduled for April 8th
• Partnering with the Snohomish County Communities of Color Coalition to partner on a race and ethnicity conference on April 9
• Partnering with the Snohomish County Economic Development Council to produce a report on race and ethnicity for the county

Issues/questions/other information

• We have a decent amount of responses to the Race and Equity inventory, we need to figure out how we will get more entries, code the growing range of responses and disseminate the information to the campuses
• Some UWB students are interested in coming up with a process to report microaggressions that happen in the classroom from their professors

Contact

Terryl Ross, tjross@uw.edu, (425) 352-3670
UW Tacoma Race & Equity Report Update

- UW Tacoma Faculty Assembly passed a resolution on 12/2/15 concerning faculty support for diversity, equity and inclusion on the University of Washington Tacoma campus (see http://www.tacoma.uw.edu/faculty-assembly/race-equity-diversity).  
  Other: Governance group  
  Title: Diversity, Equity & Inclusion Resolution  
  Contact: Chair, Marcie Lazzari, mlazzari@uw.edu; Vice Chair, Mark Pendras, pendras@uw.edu

- Faculty Assembly Executive Council established a Diversity and Equity Campus Fellows Group (2014-2016).  Same contacts as above.

- UW Tacoma campus 14- member Committee on Race & Equity Initiative – see http://www.tacoma.uw.edu/Raceequityinitiative.  
  Ongoing project, started October 2015  
  Contact: Ricardo Ortega, dortega@uw.edu

- UW Tacoma Staff Association launched a Diversity Book Club (the first book to be discussed is Citizen that investigates the ways in which racism pervades daily American social and cultural life, rendering certain of its citizens politically invisible.  
  An ongoing program  
  Contact: Megan Bentley-Moon, praxes@uw.edu

- Students in the first cohort of UW Tacoma's new Doctorate of Education program recently authored an opinion piece in The News Tribune, expressing concerns over recent events of racism and violence, and pledging to "work toward solutions which create opportunities for equity throughout our society."  
  One-time project  
  Contact: Dr. Ginger MacDonald, gmac@uw.edu

- ASUWT held a DAY OF HOPE on 1/25/16 to allow students, faculty, and staff to express any concerns or hopes for the that revolve around the national and international crisis around race and equity. Chancellor Pagano participated.  
  One-time project  
  Organized by ASUWT.  Contact: Sophie Nop, President, uwtprezline@u.washington.edu

- Office for Equity & Diversity held a networking meeting with UWT faculty and staff and leaders and spokespersons of area groups representing issues and concerns of race, ethnicity. Chancellor Pagano participated.  
  One-time event. Contact: Sharon Parker, parker07@uw.edu
• Strengthening Educational Excellence with Diversity (SEED) launched in summer 2015 to immerse faculty participants in theories and practices that increase access, rigor, and engagement of students through inclusion and anti-bias education. The four cornerstones of this work are: Developing Student Voice; Creating an Inclusive Classroom; Enhancing Critical Thinking and Analysis; Nurturing Personal Cultural Competency. Chancellor Pagano participated.
Ongoing program. Organizers: Sharon Parker, parker07@uw.edu; Nita McKinley, nmmckin@u.washington.edu; and Julia Aguirre, jaguirree@uw.edu

• Chancellor Pagano and key staff met with the Tribal Council of the Puyallup Nation to learn about their interests in working with the University. He also met with the Council Chair of Suquamish. Puyallup, Suquamish and other Tribal Council members are regularly invited to campus to participate in activities, such as an advisory board, convocation, or annual programs.
Ongoing collaboration.
Office of the Chancellor. Contact: Alina Solano, Executive Assistant to the Chancellor, alinau@uw.edu; Sharon Parker, parker07@uw.edu

• Race & Equity Dialogue featuring The Honorable Frank E. Cuthbertson, Pierce County Superior Court Judge on the topic of the Black Lives Matter Movement. Held on October 6, 2015 5:30pm-8:00pm.
Speaker series
See http://www.tacoma.uw.edu/Raceequityinitiative.
Contact: Sharon Parker, parker07@uw.edu

• Frankie Condon Public Lecture on Dog-whistle Pedagogy: The Hidden Politics of White Supremacy in Teaching and Learning to Write, and faculty-only workshop titled Racecraft and Writing Pedagogy: Undoing Whiteliness in Reading and Responding to Student Writing. Both held on November 6, 2016.
Speaker series
See: https://drive.google.com/file/d/0B9iP3sJYaUzLTC1YRj1TmNrNzQ/view?usp=sharing
Contact: Asao Inoue, asao@uw.edu
Mariama Suwaneh is a junior majoring in Political Science and American Ethnic Studies. She is a Student Coordinator for Operations in First Year Programs. Mariama was born and raised in Redmond, Washington.

Excited by all of the opportunities offered at the university, Mariama immediately got involved in the Black Student Union (BSU) her freshman year. After finding a home in the Samuel E. Kelly Ethnic Cultural Center, Mariama further developed her passion for creating safe spaces for students to feel empowered in their identities. As a sophomore, Mariama joined the BSU executive board as the Senate Appointee, Black Campus Ministries as a small group leader, and Sisterhood.

Currently, Mariama enjoys her involvement with campus organizations and serves as an intern for Leadership Eastside, an executive leadership program. Mariama continues to advocate for all UW students, builds community across differences, and increases equity for underrepresented and underprivileged communities.
Maria is a 4th year student majoring in biology and engaging in research in the UW Department of Civil and Environmental Engineering. She was born and raised in Tacoma, Washington, and is a first generation college student and Costco Diversity scholar.

Maria became active in student leadership through the Black Student Union as a freshman, serves on JCC, ASUW student senate, the MESC task force, and various other committees, and is currently the OMAD Student Advisory Board Chair. Her passion for advocating for underrepresented and marginalized communities is driven by her desire to see social, political, and educational equity in society, and to reduce the obstacles that cause disparities within these communities, so that other students of color like her have the opportunity to be successful.

She hopes to inspire other women of color into scientific fields, and also into leadership, with the firm belief that diverse perspectives, collaboration, and taking action together are key to improving our world.
DOMONIQUE L. MEEKS

Domonique Meeks is currently a second year Masters of Science Information Management graduate student at the University of Washington. He works part time as the Student Development Coordinator at the Samuel E. Kelly Ethnic Cultural Center and thrives to connect students with resources and leadership opportunities. Domonique has a passion for storytelling and cinematography. He particularly enjoys topics of identity, and community.

He is a Central Washington University alum where he studied Criminal Justice and Sociology which taught him the importance of collaboration and intersectionalities across race, gender, sexual orientation and social economic status.

Domonique has a strong interest in technology access. He enjoys photography and videography and uses storytelling as a way to fight for social justice and share the stories of under-represented communities here in Seattle. He is an enthusiastic individual who loves history, politics, and social media.

Domonique is also one of the co-organizers of Hack The CD which is a yearly hackathon in Seattle's Central District neighborhood that seeks to connect culture and technological innovation. He loves to travel and gladly shares his photographs, videos, and journals. His goal is to see the world and believes each individual should take advantage of opportunities to explore and travel as an ambassador while documenting their stories.
Ralina L. Joseph, associate professor in UW’s Department of Communication and adjunct associate professor in the Departments of American Ethnic Studies and Gender, Women, and Sexuality Studies, received her Ph.D. and M.A. in Ethnic Studies from the University of California, San Diego and B. A. in American Civilization from Brown University.

Cover of Transcending Blackness Dr. Joseph is interested in the mediated communication of difference, or, more specifically, contemporary representations of race, gender, and sexuality in the media. Her first book, Transcending Blackness: From the New Millennium Mulatta to the Exceptional Multiracial (Duke University Press, 2012), critiques anti-Black racism in mixed-race African American representations in the decade leading up to Obama’s 2008 election. Listen to the interview about her new book on Seattle’s NPR affiliate, KUOW. She is currently working on her second book project, Speaking Back to Screens: How Black Women on Television Resist PostIdentity Culture, a television studies examination of African American women’s resistance to “postidentity,” the ostensibly “after” moment of racism and sexism, and race- and gender-based identities. With her UW colleagues Janine Jones (Education) and Alexes Harris (Sociology) as co-editors, and members of the group she co-founded, WIRED (Women Investigating Race, Ethnicity, and Difference) as contributors, Dr. Joseph is also developing an edited collection on women of color in higher education. Dr. Joseph is on editorial boards of Communication, Culture, and Critique and Cinema Journal, and she is a member of the Ethnic Studies Committee of the American Studies Association.

She is a recipient of awards and fellowships from the Ford Foundation, Woodrow Wilson/Mellon, the University of California, the American Association of University Women, and the Walter Chapin Simpson Center for the Humanities at the University of Washington.
STANDING COMMITTEES

Academic and Student Affairs Committee

Adoption of Proposed Amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication

RECOMMENDED ACTION:

It is the recommendation of the administration and the Academic and Student Affairs Committee that the Board of Regents adopt the proposed amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication.

BACKGROUND

The proposed amendments to the student conduct code, Chapter 478-120 WAC, are designed to clarify expectations for students’ conduct while making the chapter easier to navigate. Several of the new proposed sections draw heavily from the existing WAC chapter by pulling out important concepts or rights that were buried in multiple sections of the current conduct code into their own sections. This amended code more clearly outlines students’ rights and responsibilities while preserving the general procedures for imposing disciplinary sanctions through the informal hearing, the University Disciplinary Committees, the Faculty Appeal Board, and the President’s Office.

Also included is an update to WAC 478-108-010, which lists those matters subject to a brief adjudicative process at the University, now clarifying that they include proceedings before a University Disciplinary Committee.

New Proposed Sections:

- **WAC 478-120-012** Preamble—This was formerly WAC 478-120-020(1) under Standards of Conduct. There have been no changes to the wording of this section. This is the foundational statement for the student conduct code and as such should be recognized as a stand-alone section.
- **WAC 478-120-014** Definitions—This section provides explanations for terms previously used in the code or new terms that have been added to the code. This section provides a common language and understanding of terms used through the amended code.
- **WAC 478-120-016** Statement of jurisdiction—In the current structure of Chapter 478-120 WAC, Jurisdiction (WAC 478-120-050) appears later in the code and focuses on who can take action under the code rather than addressing under what terms and where the student conduct code applies.
STANDING COMMITTEES

Academic and Student Affairs Committee

Adoption of Proposed Amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication (continued p. 2)

to students. This proposed section moves to the front of the code information for students as to when the code starts applying to them (from the time of admission through the actual conferral of degree). It informs students that the University may hold them accountable for conduct taking place on campus, in connection with a University-sponsored event or activity, or off campus. Lastly, it preserves the ability of the colleges, schools, and programs to take academic action when students fail to uphold the professional standards of that academic discipline.

- WAC 478-120-024 Prohibited conduct—This amended section provides definitions and more examples of the University’s expectations for students than what is in the current code. It provides more specificity regarding prohibited conduct and provides more detailed explanation to students. By bringing these rules into one section with separate, distinct subsections, this amended section allows for ease of navigation and tracking for reporting purposes.

- WAC 478-120-026 Reporting violations of the student conduct code and initiating conduct proceedings—In the current code this information was located in several different places. This new section brings these rules together in one section. It provides information for how a person reports an alleged violation of the student conduct code and to whom. It further clarifies that academic misconduct is the purview of the deans and directors. (This has been the practice, but these amendments make this clearer.) It also explains who has authority to take disciplinary action and how that authority is delegated.

- WAC 478-120-032 Participation of advisors and attorneys—The student conduct code has allowed for advisors and attorneys to participate and represent students in the formal adjudicative process. However, while this was noted in several places in the code, it wasn’t clear as to what the role of the advisor or attorney would be in a brief adjudicative process, which includes both the informal hearing and the hearings before the University Disciplinary Committees. This new section makes clear that any party, (i.e. a respondent, or in cases of sexual misconduct, a complainant) may be accompanied by an advisor or attorney to any disciplinary proceeding.

- WAC 478-120-034 Service of notices and orders and time limits—This section clarifies that service will be provided to students electronically through their University of Washington email address. This brings the code up to date with a change in Washington State’s Administrative Procedure Act which now allows electronic service, if so established by rule. This section serves that purpose. Additionally, the code has a number
Adoption of Proposed Amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication (continued p. 3)

of time frames outlined. Particularly important is the time frame for submitting a written petition for appeal or review. This section informs students how that time frame is calculated.

- **WAC 478-120-036 Standard and burden of proof**—This section defines the “preponderance of evidence” standard of proof and establishes who has the burden to show by a preponderance of the evidence that a violation of the code has occurred.
- **WAC 478-120-038 Interim measures**—Under Title IX the University of Washington must address allegations of sexual harassment promptly and take appropriate protective measures while allegations are being investigated and adjudicated. Interim measures are designed to separate parties until allegations of misconduct are resolved and are not sanctions under the student conduct code.
- **WAC 478-120-137 Supplementary provisions regarding sexual misconduct**—This section was originally filed as an emergency rule effective last summer to bring the University of Washington into compliance with the requirements of the Violence Against Women Act amendments to the Clery Act. Much of the emergency rule has been integrated into other sections of the amended chapter, specifically the prohibited behaviors. What remains in this section serves to specify the supplementary procedures used in cases involving an allegation of sexual misconduct for both the respondent and the complainant. It also makes it clear that a complainant in a case involving an allegation of sexual misconduct has the same rights as the respondent.

**Effective Date:** If adopted, the amendments are scheduled to go into effect at the beginning of Spring Quarter, on March 28, 2016.

**REVIEW AND APPROVALS**

These proposed amendments have been reviewed by the Attorney General’s Office, and endorsed as follows:

- The Graduate and Professional Student Senate passed Resolution 09 14-15 in support of the proposed amendments to the chapter on May 20, 2015;
- The Associated Students of the University of Washington Bothell passed Resolution 3 in support of the proposed amendments to the chapter on June 9, 2015;
Academic and Student Affairs Committee

Adoption of Proposed Amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication (continued p. 4)

- The Associated Students of the University of Washington Student Senate passed Resolution 22-3 in support of the proposed amendments to the chapter on October 27, 2015; and
- The University of Washington’s Faculty Senate and the University President endorsed the proposed amendments to the chapter through Class B legislative action (S-B 181) on November 30, 2015.

Attachments
2. Amendatory Section - Proposed amendments to Chapter 478-120 WAC, Student Conduct Code for the University of Washington, and WAC 478-108-010, Matters Subject to Brief Adjudication.
January 29, 2016

President Ana Mari Cauce
Office of the President
University of Washington
Box 351210

Dear President Cauce,

Pursuant to your delegation, I served as the Hearing Officer to receive public comment on the University of Washington’s proposed amendments to Chapter 478-120 WAC, “Student Conduct Code for the University of Washington,” and WAC 478-108-010, “Matters Subject to Brief Adjudication.” The public hearing was held on January 26, 2016 in Room 332 of the Husky Union Building (HUB) on the UW Seattle campus, and in satellite locations at the UW Bothell campus (in Room UW2-307) and the UW Tacoma campus (in Room WCG-110). An audio recording of the hearing has also been deposited with the Secretary of the Board of Regents. I am pleased to provide this report on the hearing and all written comments received.

As required by the Administrative Procedure Act (APA), the University filed the following notices with the Washington State Office of the Code Reviser: a Preproposal Statement of Inquiry (published as WSR 14-16-085); two proposed rules (the first published as WSR 15-22-004; the second published as WSR 16-01-180); and in order to comply with recent federal rules concerning sexual misconduct, two emergency rules (the first published as WSR 15-14-095; the second published as WSR 15-22-020). Notices that a hearing would be held were published in The Daily and in UW Today on January 15, 2016; in The Ledger on January 19, 2016; in the Wednesday Update on January 20, 2016; and via a UW Bothell email list on January 22, 2016. In addition, this public hearing was also announced on the events calendars of the UW Seattle, UW Bothell, and UW Tacoma campuses on January 15, 2016. The written comment period began August 20, 2014 and ended January 26, 2016.

Public Comment

Prior to the public hearing, the following endorsements to the proposed amendments were made by student organizations:

- The Graduate and Professional Student Senate passed Resolution 09 14-15 supporting the chapter’s amendments on May 20, 2015;
- The Associated Students of the University of Washington Bothell passed Resolution 3 supporting the chapter’s amendments on June 9, 2015; and
- The Associated Students of the University of Washington Student Senate passed Resolution 22-3 supporting the chapter’s amendments on October 27, 2015.

At the time of the Faculty Senate’s Class B legislative action (S-B 181) regarding the proposed amendments to the chapter, two comments were registered by members of the voting faculty:

ATTACHMENT 1
• A concern that language in WAC 478-120-020(1)(c), “Refraining from any conduct that would substantially disrupt or materially interfere with university operations…” could be used to suppress political activity or campus protests.

• An objection to specifically prohibiting marijuana in WAC 478-120-024(12)(b), “The possession, use, distribution, or growing of marijuana in all forms is prohibited on university premises or during university sponsored activities.” The individual felt marijuana should be handled similar to the alcohol prohibition in this section.

Following the passing of the proposed amendments in Class B legislative Action as endorsed by the University President and the Faculty Senate, the following written comments were received by six individuals:

• A faculty member, who is also a member of the Faculty Appeal Board, objected to what he perceived as a lack of transparency regarding the public comment hearing process and felt that an announcement should have gone to all University community members via email regarding the hearing, and wanted the proposed rules posted online. In addition, the individual “strongly objected” to language in WAC 478-120-038(2) “Interim measures will remain in place until lifted or modified by the university official who implemented the interim measures.” The individual felt the language used in the emergency rule was preferred: “Interim protective measures will remain in place until an initial order becomes final or a final order is issued.” The individual was concerned that interim measures could be used as sanctions by the University without due process.

• A second faculty member, who is also a member of the Faculty Appeal Board, also objected to the language in WAC 478-120-038. Concerns included: the lack of specificity in naming the University officials that could take interim measures, and the individual recommended that this be changed to indicate the Title IX officer; and the concern noted above, that interim measures could be used as sanctions that would not be subject to appeal or an end date if this language didn’t conclude with the phrase “until an initial order becomes final or a final order is issued.”

• Four additional faculty members, also members of the Faculty Appeal Board, echoed the opinion of the second faculty member noted above. Additionally, one of these faculty questioned whether the use of “his or her” throughout the proposed amendments were inclusive for students in gender transition.

Two individuals also spoke at the public hearing:

• One individual was the same faculty member noted above who restated their written comments in person.

• A second individual, who is a university staff member, voiced a concern with WAC 478-120-115(11) “Evidence, including hearsay evidence, is admissible if it is the kind of evidence on which reasonably prudent persons are accustomed to rely in the conduct of their affairs....” The individual felt this represented a potential conflict of interest when conduct officers representing the university also acted as witnesses and presented hearsay evidence at an appeal. The individual felt that the code should note under what conditions such hearsay evidence would be admissible.

Analysis and Recommendation

Regarding each of the concerns noted above:
Concerning the language in WAC 478-120-020(1)(c), the University makes clear in Chapter 478-136 WAC that free speech demonstrations held in accordance with WAC 478-136-030(1) and (2) vary distinctly from this type of prohibited conduct.

Concerning the language in WAC 478-120-024(12)(b), the University is required by the federal Drug Free Schools Act to continue to prohibit marijuana on University premises, and cannot treat marijuana use in a manner similar to alcohol use.

Concerning transparency in rule-making and notification to the University community regarding the public hearing:

- An online copy of all proposed rules are published in the Washington State Register, and the University links to that publication as soon as it is published online. In this case the link was available to the proposed rules on January 6, 2016. The Rules Coordination Office also provides electronic or paper copies upon request.

- In addition to the various notices provided to the campus regarding the public hearing as indicated above, a feature article on the proposed rules was also published in The Daily on January 21, 2016.

- The written comment period has been available throughout the rule-making process, a total of more than 16 months.

Concerning the language in WAC 478-120-038, under Title IX and the Violence Against Women Act, the University is required to promptly respond to reports of sexual misconduct and to provide interim or protective measures to limit contact between involved students, including when a complainant chooses not to pursue a complaint or investigation of the misconduct. With regard to the suggestion that the Title IX Coordinator be the only UW official authorized to implement interim or protective measures, this would be impractical given the complexity of University's structure and the various ways in which a complainant may report sexual misconduct. The University is spread across three campuses, each with its own student conduct office, advocates, and support services, and must have the flexibility to authorize numerous individuals to quickly implement protective or interim measures without forcing complainants to disclose the misconduct to the Title IX Coordinator, who is a responsible employee required to take action on the report. Interim measures are distinct from disciplinary sanctions, which are described in a different subsection. Lastly, WAC 478-120-016 establishes that nothing in the “conduct code will be construed to deny students their legally and/or constitutionally protected rights,” though it is not clear that the implementation of interim measures would raise any due process issues.

Concerning the use of “his or her” throughout the proposed amendments, the University follows the style guide set by the Washington State Office of the Code Reviser for all Washington Administrative Code rules. Final editing is subject to Office of the Code Reviser style and format.

Concerning the language in WAC 478-120-115(11), the statement on admissible evidence is not new and has long been part of the University’s student conduct code. It is modeled after the Washington State Administrative Procedure Act (specifically RCW 34.05.452(1)) and is consistent with the rules of evidence applicable to all state administrative hearings pursuant to the APA. The subsection also states that the chair of the Faculty Appeal Board or hearing examiner (if appointed) would have the responsibility to rule on the admissibility of evidence.
In addition to an extensive review by the Attorney General’s office, these proposed rules have been endorsed by student representatives (as noted above), the Faculty Senate, the Office of the Vice President for Student Life, the offices of the Chancellors at UW Bothell and UW Tacoma, and various other University stakeholders within the administration. It is my recommendation that the Board of Regents adopt the proposed amendments to Chapter 478-120 WAC and WAC 478-108-010 as written, especially in light of the temporary nature of the University’s current WAC rules on sexual misconduct within the current student conduct code, and notwithstanding the comments noted above.

Sincerely,

Rebecca Goodwin Deardorff
Director of Rules Coordination

c:  Ms. Joan Goldblatt
    Mr. Rolf Johnson
    Ms. Elizabeth Lewis
    Mr. Edmund Mirecki
    Ms. Karin Nyrop
    Mr. Denzil Suite
    Mr. George Theo
    Ms. Ellen Taylor
WAC 478-120-010 Student conduct code—Authority. Pursuant to chapter 34.05 RCW and the authority granted by RCW 28B.20.130, the board of regents of the University of Washington has established the following rules regarding student conduct and student discipline.

NEW SECTION

WAC 478-120-012 Preamble. The University of Washington (university) is a public institution responsible for providing instruction in higher education, for advancing knowledge through scholarship and research, and for providing related services to the community. As a center of learning, the university also has the obligation to maintain conditions conducive to the freedom of inquiry and expression to the maximum degree compatible with the orderly conduct of its functions. For these purposes, the university is governed by rules, regulations, procedures, policies, and standards of conduct, including this conduct code, that safeguard its functions and protect the rights and freedoms of all members of the university community.

NEW SECTION

WAC 478-120-014 Definitions. For the purposes of this conduct code, the following definitions apply:

1) "Advisor" is a person selected by a respondent or a complainant to provide support and guidance in hearings under this conduct code.

2) "Allegation of misconduct" is any report of an alleged violation of this conduct code, which may include, but is not limited to, a police report, an incident report, a witness statement, other documentation, or a verbal report or written statement from a complainant or a third party.

3) "Attorney" is a person permitted to practice law in Washington state.

4) "Complainant" is a student or another member of the university community who reports that a violation of this conduct code has been committed against him or her. In any case involving an allegation of sexual misconduct as defined in this conduct code, a complainant is afforded certain rights under this conduct code including, but not limited to:

   a) The right to be informed of all orders issued in the disciplinary case in which he or she is a complainant;
   b) The right to appeal to the faculty appeal board an initial order issued by a conduct officer;
   c) The right to request presidential review of an initial order issued by the faculty appeal board; and

ATTACHMENT 2
(d) The right to be accompanied to all hearings by an advisor and/or an attorney.

(5) "Conduct officer" is a university official who has the authority to initiate disciplinary proceedings, conduct investigations and informal hearings, and issue initial orders under this conduct code.

(6) "FERPA" refers to the federal Family Educational Rights and Privacy Act (20 U.S.C. Sec. 1232g) and its implementing regulations (34 C.F.R. Part 99).

(7) "Initial order" refers to an initial written decision issued in a disciplinary matter by a conduct officer, a university disciplinary committee, or the faculty appeal board in accordance with the provisions of this conduct code.

(8) "Parties" means collectively the conduct officer and the respondent. In any case involving an allegation of sexual misconduct, any complainant may elect to participate as a party in accordance with the provisions of this conduct code.

(9) "Proceedings" means all processes related to the investigation and adjudication of a disciplinary matter under this conduct code including, but not limited to, investigations, informal and formal hearings, administrative review, and requests for reconsideration of a final order.

(10) "Respondent" is any student accused of misconduct under this conduct code. Each respondent is afforded certain rights including, but not limited to:

(a) The right to be informed of all orders issued in the respondent's disciplinary case;

(b) The right to appeal an initial order issued by a conduct officer and a university disciplinary committee;

(c) The right to request a presidential review of an initial order issued by the faculty appeal board; and

(d) The right to be accompanied to all hearings by an advisor and/or an attorney.

(11) "Sexual misconduct" includes committing, or aiding, soliciting, or attempting the commission of, the following prohibited conduct: Sexual assault, sexual harassment, sexual exploitation, indecent exposure, relationship violence, stalking, and domestic violence.

(12) "Student" is any person enrolled in or taking courses at or through the university, either full-time or part-time, including credit, noncredit, online, and nondegree courses, and any person who has been notified of acceptance for admission by the university. A student who withdraws from a course or from the university, or completes his or her courses after the date of an alleged violation, or who is not enrolled for a particular quarter or quarters, but has a continuing relationship with the university, is still considered a student for purposes of this conduct code.

(13) "Student organization" is a group of students that has complied with the requirements for university recognition or who otherwise are granted any rights or privileges by the university as a university affiliate. Student organizations include, but are not limited to, athletic teams or clubs, registered student organizations (RSOs), university service clubs, and sororities and fraternities. (Student organizations are also subject to the process and procedures outlined in the RSO Policy Guide and/or the organization's applicable recognition agreement.)
(14) "University community" includes all university students and employees. It also includes guests of and visitors to the university during the time they are present on university premises.

(15) "University official" is an employee of the university performing his or her assigned administrative, professional, or paraprofessional duties.

(16) "University premises" includes all of the university's campus buildings, grounds, and facilities, all of its extension and research locations, and all other university-leased, owned, or managed buildings, grounds, and facilities, including its global learning centers and study abroad program sites, as well as university sponsored and/or hosted online platforms.

NEW SECTION

WAC 478-120-016 Statement of jurisdiction. (1) This conduct code applies to all students from the time of admission through the actual conferral of a degree, including any period between terms of enrollment.

(2) The university shall have the authority to hold students accountable under this conduct code for misconduct that occurs on any university premises or in connection with any university-sponsored event or activity.

(3) The university may also hold students accountable under this conduct code for off campus misconduct (i.e., misconduct that does not occur on university premises or in the context of a university-sponsored event or activity) that the university reasonably determines adversely affects a university interest. Nothing in this subsection shall be construed as being intended to protect any person or class of persons from injury or harm.

(4) Disciplinary proceedings may be initiated under the conduct code regardless of whether or not the incident in question is the subject of criminal or civil proceedings.

(5) Nothing in this conduct code shall be construed to limit academic action that may be taken by schools, colleges, or programs against a respondent based on an established violation of this conduct code that demonstrates a failure to meet the academic and/or professional standards of the school, college, or program.

(6) Other departments or units of the university have proceedings separate and distinct from this conduct code. For example:

(a) Campus parking and traffic regulations are under the general jurisdiction of the transportation services department and the police department at the University of Washington Seattle campus and under the jurisdiction of public safety officers at the University of Washington Bothell and Tacoma campuses. See chapters 478-116, 478-117 and 478-118 WAC.

(b) The library fines appeals committee has the authority to consider appeals of library charges. See chapter 478-168 WAC.

(7) Nothing in this conduct code will be construed to deny students their legally and/or constitutionally protected rights.
WAC 478-120-020 Standards of conduct. (1) (The university is a public institution having special responsibility for providing instruction in higher education, for advancing knowledge through scholarship and research, and for providing related services to the community. As a center of learning, the university also has the obligation to maintain conditions conducive to freedom of inquiry and expression to the maximum degree compatible with the orderly conduct of its functions. For these purposes, the university is governed by the rules, regulations, procedures, policies, and standards of conduct that safeguard its functions and protect the rights and freedoms of all members of the academic community.

(2)) Admission to the university carries with it the presumption that students will conduct themselves as responsible members of the academic university community. As a condition of enrollment, all students assume responsibility to observe standards of conduct that will contribute to the pursuit of academic goals and to the welfare of the academic university community. That responsibility includes, but is not limited to:

(a) Practicing high standards of academic and professional honesty and integrity;
(b) Respecting the rights, privileges, and property of others (members of the academic community and visitors to the campus, and refraining from any conduct that would interfere with university functions or endanger the health, welfare, or safety of other persons);
(c) Refraining from any conduct that would substantially disrupt or materially interfere with university operations;
(d) Refraining from any conduct that would cause harm to or endanger the health, safety, or welfare of other persons; and
(e) Complying with the rules, regulations, procedures, policies, standards of conduct, and orders of the university and its schools, colleges, and departments.

(3) Specific instances of misconduct include, but are not limited to:

(a) Conduct that intentionally and substantially obstructs or disrupts teaching or freedom of movement or other lawful activities on university premises or in connection with any university-sponsored event or activity and is not constitutionally and/or legally protected;
(b) Physical abuse of any person, or conduct intended to threaten imminent bodily harm or to endanger the health or safety of any person on university premises;
(c) Conduct on university premises constituting a sexual offense, whether forcible or nonforcible, such as rape, sexual assault, or sexual harassment;
(d) Malicious damage to or malicious misuse of university property, or the property of any person where such property is located on university premises;
(e) Refusal to comply with any lawful order to leave university premises or any portion thereof;
(f) Possession or use of firearms, explosives, dangerous chemicals or other dangerous weapons or instrumentalties on university premises, except for authorized university purposes, unless prior written approval has been obtained from the university chief of po-
lice, or any other person designated by the president of the universi-
ity (see WAC 478-124-020 (2)(c)) (legal defense sprays are not covered
by this section);

(g) The possession, use, distribution, or manufacture of control-
led substances (as defined in chapter 69.50 RCW or Title 21 U.S.C.
Sec. 802), or of alcohol, on university premises or during university-
sponsored activities, where such possession, use, distribution, or
manufacture is illegal under federal, state, or local law;

(h) Intentionally inciting others to engage immediately in any
unlawful activity, which incitement leads directly to such conduct on
university premises;

(i) Hazing, or conspiracy to engage in hazing, which includes:

(i) Any method of initiation into a student organization or liv-
ing group, or any pastime or amusement engaged in with respect to such
an organization or living group, that causes, or is likely to cause,
bodily danger or physical harm, or serious mental or emotional harm,
to any student or other person attending the university; and

(ii) Conduct associated with initiation into a student organiza-
tion or living group, or any pastime or amusement engaged in with re-
spect to an organization or living group not amounting to a violation
of (i)(i) of this subsection, but including such conduct as humili-
ation by ritual act and sleep deprivation. Consent is no defense to
hazing. Hazing does not include customary athletic events or other
similar contests or competitions;

(j) Falsely reporting a violation of the student conduct code.

(4) Disciplinary action may be taken in accord with this chapter
regardless of whether that conduct also involves an alleged or proven
violation of law.

(5) An instructor has the authority to exclude a student from any
class session in which the student is disorderly or disruptive. If the
student persists in the disorderly or disruptive conduct, the instruc-
tor should report the matter to the dean of the school or college, or,
at the University of Washington Bothell and Tacoma campuses, to the
dean or director of the program in which the student is enrolled. (See
WAC 478-120-030(3).)

(6) Nothing herein shall be construed to deny students their le-
gally and/or constitutionally protected rights).

(2) The disciplinary sanctions specified in WAC 478-120-040 may
be imposed on any student or student organization found to have com-
mited, to have assisted with the commission of, or to have attempted
to commit any act of misconduct that is in violation of the general
standards of conduct in subsection (1) of this section, or any of the
prohibited conduct specified in WAC 478-120-024.

NEW SECTION

WAC 478-120-024 Prohibited conduct. Specific instances of mis-
conduct include, but are not limited to:

(1) Abuse of others. Abuse of others includes assault and other
forms of physical abuse of any person, or any conduct intended to
threaten bodily harm or to endanger the health or safety of any per-
son.

(2) Abuse of the student conduct process. Abuse of the student
conduct process includes:
(a) Knowingly making false allegations of misconduct under this conduct code;
(b) Attempting to coerce a person not to make a report or to participate in proceedings under this conduct code;
(c) Attempting to influence the impartiality or participation of a member of a university disciplinary committee or the faculty appeal board, any conduct officer, or any reviewing officer; or
(d) Influencing or attempting to influence another person to commit an abuse of the student conduct process.

(3) Academic misconduct. Academic misconduct includes:
(a) "Cheating," which includes, but is not limited to:
(i) The use of unauthorized assistance in taking quizzes, tests, or examinations; or
(ii) The acquisition, use, or distribution of unpublished materials created by another student without the express permission of the original author(s).
(b) "Falsification," which is the intentional use or submission of falsified data, records, or other information including, but not limited to, records of internship or practicum experiences or attendance at any required event(s). Falsification also includes falsifying scientific and/or scholarly research.
(c) "Plagiarism," which is the submission or presentation of someone else's words, composition, research, or expressed ideas, whether published or unpublished, without attribution. Plagiarism includes, but is not limited to:
(i) The use, by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgment; or
(ii) The unacknowledged use of materials prepared by another person or acquired from an entity engaging in the selling of term papers or other academic materials.
(d) Prohibited collaboration.
(e) Engaging in behavior specifically prohibited by an instructor in the course of class instruction or in a course syllabus.
(f) Multiple submissions of the same work in separate courses without the express permission of the instructor(s).
(g) Taking deliberate action to destroy or damage another's academic work in order to gain an advantage for oneself or another.
(h) The recording of instructional content without the express permission of the instructor(s), and/or the dissemination or use of such unauthorized records.

(4) Acts of dishonesty. Acts of dishonesty include:
(a) Knowingly furnishing false information to any university official;
(b) Impersonating, or providing false information in the name of, any university official;
(c) Forging, altering, or misusing any university document or record, or instrument of identification;
(d) Falsely claiming an academic credential; and
(e) Providing dishonest or misleadingly incomplete information or answers on application forms or in response to other official university requests for information.

(5) Aiding, solicitation, and attempt. The following conduct is prohibited:
(a) Aiding or abetting another student or student organization in the commission of any misconduct prohibited by this conduct code;
(b) Requesting, hiring, or encouraging another person to commit any act of misconduct prohibited by this conduct code, either intending that the other person commit the misconduct or with the knowledge that the other person intends to commit the misconduct; or

(c) Attempting to commit any act of misconduct prohibited by this conduct code.

(6) **Alcohol violations.** The unlawful possession, use, distribution, or manufacture of alcohol is prohibited. A conduct officer may elect not to initiate disciplinary action under this subsection against a student who, while in the course of helping another student seek medical assistance, admits to the unlawful possession or use of alcohol. Generally, no disciplinary action under this subsection will be initiated against a complainant or another reporting student, who admits to the possession or use of alcohol (in violation of this subsection) in connection with an incident of sexual misconduct.

(7) **Computer abuses.** Computer abuses include, but are not limited to:

(a) Unauthorized use of university computer resources;
(b) Use of another person's university user name and/or password;
(c) Use of university computing facilities and resources to interfere with the work of another student, an instructor, or other university official;
(d) Use of university computing facilities or resources to send intimidating, harassing, or threatening messages;
(e) Use of a computer or software to interfere with normal operations of the university's computing systems;
(f) Use of the university's computing facilities or resources in violation of any law, including copyright laws; and

(g) Any violation of the university's computer use policies.

(8) **Creating a public nuisance in neighboring communities.** In furtherance of the university's interest in maintaining positive relationships with its surrounding communities, the university shall have the authority to hold students accountable under this conduct code for misconduct within any residential or commercial communities adjacent to a university campus as follows:

(a) A student or a student organization may be subject to disciplinary proceedings if the university is made aware that the student or student organization has been contacted by a law enforcement agency regarding, and is determined to have engaged in, conduct that is in violation of a state statute or municipal ordinance and has a direct quality of life impact on community residents or businesses, including, but not limited to: Creating a public nuisance due to noise, residential disturbance, intentional destruction of property, urinating in public, or criminal trespass.

(b) A first minor violation under (a) of this subsection will not subject the student or student organization to disciplinary sanctions under this conduct code; however, the student or student organization may receive a letter regarding the expectations of university community members as residents in the area. This letter shall constitute a warning that repeated misconduct under this subsection may result in the imposition of disciplinary sanctions.

(c) A second violation of this subsection will result in the initiation of disciplinary proceedings under this conduct code.

(9) **Discriminatory harassment.** Discriminatory harassment is language or conduct directed at a person because of the person's race, color, creed, religion, national origin, citizenship, sex, age, pregnancy, marital status, sexual orientation, gender identity or expres-
sion, disability, or veteran status that is unwelcome and sufficiently severe, persistent, or pervasive such that it could reasonably be expected to create an intimidating, hostile, or offensive environment, or has the purpose or effect of unreasonably interfering with a person's academic or work performance, or the person's ability to participate in or benefit from the university's programs, services, opportunities, or activities.

(10) **Disruption or obstruction.**
(a) Disruption or obstruction includes intentionally and substantially obstructing or disrupting, through words or conduct, the teaching or learning environment of any university educational setting, or any university functions or activities.
(b) An instructor has the authority to exclude a student from any individual class session or other academic activity in which the student is disorderly or disruptive and such conduct may also be subject of disciplinary proceedings under this conduct code.

(11) **Domestic violence.** Domestic violence includes:
(a) The infliction of physical harm, bodily injury, assault, or the fear of imminent physical harm, bodily injury or assault committed against a family or household member. Family or household members include:
   (i) A current or former spouse or intimate partner;
   (ii) A person with whom the person shares a child in common;
   (iii) A person with whom one is cohabitating or has cohabitated; or
   (iv) A person with whom one resides including a roommate, suitemate, or housemate.
(b) Sexual assault of one family or household member by another family or household member; or
   (c) Stalking, as defined in subsection (23) of this section, of one family or household member by another family or household member.

(12) **Drug violations.**
(a) The possession, use, distribution, or manufacture of controlled substances (as defined in chapter 69.50 RCW or Title 21 U.S.C. Sec. 802) on university premises or during university sponsored activities where such possession, use, distribution, or manufacture is illegal under federal, state, or local law is prohibited.
(b) The possession, use, distribution, or growing of marijuana in all forms is prohibited on university premises or during university sponsored activities.
   (c) A conduct officer may elect not to initiate disciplinary action under this subsection against a student who, while in the course of helping another student seek medical assistance, admits to the unlawful possession or use of drugs. Generally, no disciplinary action under this subsection will be initiated against a complainant or another reporting student, who admits to the use or possession of drugs (in violation of this subsection) in connection with an incident of sexual misconduct.

(13) **Failure to comply.** Failure to comply includes:
(a) Any failure to comply with the directions of a university official acting in the performance of his or her duties and/or the failure to identify oneself to a university official when requested to do so.
(b) Any failure to comply with the rules, regulations, procedures, policies, standards of conduct, or any order or directive of the university or any of its schools, colleges, and departments.
(c) Any failure to comply with any interim measures implemented pursuant to WAC 478-120-038.

14 Harassment or bullying. Harassment or bullying is language or conduct that is unwelcome and sufficiently severe, persistent, or pervasive such that it could reasonably be expected to create an intimidating, hostile, or offensive environment, or has the purpose or effect of unreasonably interfering with a person's academic or work performance, or a person's ability to participate in or benefit from the university's programs, services, opportunities, or activities.

15 Hazing.
(a) Hazing includes any method of initiation into a student organization or living group, or any pastime or amusement engaged in with respect to such an organization or living group, that causes, or is likely to cause, bodily danger or physical harm, or serious mental or emotional harm, to any student or other person. Hazing activities may include, but are not limited to, encouraging or promoting the abuse of alcohol; striking another person whether by use of any object or any part of one's body; causing someone to experience excessive fatigue or physical and/or psychological shock; and causing someone to engage in degrading or humiliating games or activities that create a risk of serious mental, emotional, and/or physical harm. Consent of a victim or victims is not a defense to an allegation of hazing.
(b) Hazing does not include generally accepted practice, training, and conditioning activities, or activities reasonably designed to test a participant's ability to meet eligibility requirements for established athletic events such as intramural or club sports, intercollegiate athletics, or other similar contests or competitions.

16 Indecent exposure. Indecent exposure includes the exposure of a person's genitals or other private body parts when done in a place or manner in which such exposure is likely to cause affront or alarm, or is against generally accepted standards of decency. Breast feeding or expressing breast milk is not indecent exposure.

17 Possession or use of firearms, explosives, dangerous chemicals, or other dangerous weapons.
(a) Firearms, explosives, dangerous chemicals, or other dangerous weapons or instrumentalities are not permitted on university premises, except for authorized university purposes, or unless prior written approval has been obtained from the chief of the university police department, or any other university official designated by the president of the university.
(b) Firearms include, but are not limited to, what are commonly known as air guns or rifles, BB guns, and pellet guns, and any instrument used in the propulsion of shot, shell, bullets, or other harmful objects by:
(i) The action of gunpowder or other explosives;
(ii) The action of compressed air; or
(iii) The power of springs or other forms of propulsion.
(c) The exhibition or display of a replica or a dangerous weapon prohibited under this subsection is also prohibited if done in a manner, and at a time or place that either manifests an intent to intimidate another or that warrants alarm for the safety of other persons.

18 Relationship violence. Relationship violence, also referred to as "dating violence," is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim.
(a) The existence of such a relationship shall be determined based on the reporting party's statement and with consideration of the
length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

(b) For the purposes of this definition, relationship or dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.

(c) Relationship or dating violence does not include acts covered under the definition of domestic violence.

(19) **Retaliation.** Retaliation includes engaging or attempting to engage in any action, directly or indirectly, including through a third party, that is intended to harass, intimidate, or improperly influence any person who:

(a) Files a complaint, grievance, or allegation of misconduct under any university policy or rule or under any law;
(b) Participates in and/or cooperates with an investigation;
(c) Appears as a witness at a hearing; or
(d) Opposes an unlawful act, discriminatory practice, or policy.

(20) **Sexual assault.**

(a) Sexual assault is sexual contact with another person without, or that exceeds, that person's consent.

(b) For the purposes of this subsection, "sexual contact" includes:

(i) Any touching of another person for the purposes of sexual gratification; or
(ii) Any penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ, of another person.

(c) For the purposes of this subsection:

(i) "Consent" means that at the time of and throughout the sexual contact, there are actual words or conduct indicating freely given agreement between the parties to engage in the sexual contact.

(A) Past consent does not imply future consent.
(B) Consent given to one person does not imply consent given to another person.
(C) Consent to one sexual act does not imply consent to other sexual acts.
(D) Lack of resistance to sexual contact does not imply consent.
(E) Consent can be withdrawn at any time.

(ii) Consent cannot be given or granted by a person who, at the relevant time, cannot understand the facts, nature, extent, or implications of the sexual contact for any reason including, but not limited to, being asleep, unconscious, mentally or physically impaired due to an intellectual or other disability, or mentally or physically incapacitated due to the effects of drugs or alcohol.

(A) Indicators that a person may be incapacitated by drugs or alcohol and therefore, cannot grant consent include, but are not limited to: Stumbling, falling down, an inability to stand or walk on their own, slurred speech or incoherent communication, an inability to focus their eyes or confusion about what is happening around them, passing out, or vomiting.

(B) A failure to exhibit any of these behaviors does not necessarily mean that a person is capable of giving consent or is not incapacitated.

(d) Sexual contact is not consensual when force or coercion is threatened or used to gain acquiescence.

(i) Force includes the use of physical violence, physical force, threats, or intimidation to overcome resistance or gain agreement to sexual contact.
(ii) Coercion includes using pressure, deception, or manipulation to cause someone to agree to sexual contact against that person's will, without the use of physical force. Pressure can mean verbal or emotional pressure.

(e) Sexual assault also includes sexual contact with a person who is under the statutory age of consent in accordance with chapter 9A.44 RCW.

(f) Use of alcohol or drugs is not a valid defense to a violation of this subsection.

(21) **Sexual exploitation.** Sexual exploitation includes:

(a) Taking nonconsensual or abusive advantage of another for one's own sexual benefit, or for the sexual benefit of anyone other than the one being exploited;

(b) Compelling another by threat or force to engage in sexual conduct or activity;

(c) Transmitting, distributing, publishing, or threatening to transmit, distribute, or publish photos, video, or other recordings of a private and sexual nature where such transmission, publication, or distribution is without the consent of the subject(s) and is likely to cause emotional distress to the subject(s);

(d) Taking or making photographs, films, or digital images of the private body parts of another person without that person's consent;

(e) Causing or attempting to cause the impairment of another person to gain nonconsensual sexual advantage over that person;

(f) Prostituting another person;

(g) Knowingly allowing another to surreptitiously watch otherwise consensual sexual activity; or

(h) Taking, making, or directly transmitting nonconsensual video or audio recordings of sexual activity.

(22) **Sexual harassment.** Sexual harassment is language or conduct of a sexual nature that is unwelcome and sufficiently severe, persistent, or pervasive such that it could reasonably be expected to create an intimidating, hostile, or offensive environment, or has the purpose or effect of unreasonably interfering with a person's academic or work performance or a person's ability to participate in or benefit from the university's programs, services, opportunities, or activities.

(23) **Stalking.**

(a) Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(i) Fear for the person's safety or safety of others; or

(ii) Suffer substantial emotional distress.

(b) For the purposes of this subsection, "course of conduct" means two or more acts including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.

(c) For the purposes of this subsection, "substantial emotional distress" means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.

(24) **Theft.** Theft is the taking of property or services without express permission of the owner. This includes, but is not limited to, taking, possessing, or aiding another to take university property or services, or property belonging to members of the university community.
Unauthorized keys, entry or use. The unauthorized possession, duplication, or use of keys (including conventional keys, key cards, or alphanumeric passcodes) to any university premises is prohibited, as is the unauthorized entry upon or use of university premises or property. Providing keys to an unauthorized person or providing access to an unauthorized person is also prohibited.

Unauthorized recording. The following conduct is prohibited:

(a) Making audio, video, digital recordings, or photographic images of a person without that person's consent in a location where that person has a reasonable expectation of privacy.
(b) Storing, sharing, publishing, or otherwise distributing such recordings or images by any means.

Vandalism. Vandalism includes maliciously damaging or misusing university property, or the property of any member of the university community.

Violation of disciplinary sanctions. The violation of any term or condition of any final disciplinary order issued under this conduct code, or the failure to complete a disciplinary sanction in the specified time frame, may be grounds for additional disciplinary action.

Violation of law. Any conduct that would constitute a violation of any federal, state, or local criminal law may be the subject of disciplinary proceedings under this conduct code.

NEW SECTION

WAC 478-120-026 Reporting violations of the student conduct code and initiating conduct proceedings. (1) Persons who believe that a violation of this conduct code has been committed may contact and make a report to the vice-president for student life at University of Washington Seattle, or the chancellors of University of Washington Bothell or Tacoma, or their authorized delegates, which includes the director of community standards and student conduct at University of Washington Seattle, the dean of student affairs at University of Washington Bothell, and the dean of student engagement at University of Washington Tacoma.
(2) Violations involving academic misconduct should be reported to the dean of the appropriate school or college at the University of Washington Seattle, or the dean or program director at the University of Washington Bothell and Tacoma, or their authorized delegates.
(3) Only the following university officials may initiate disciplinary action under this conduct code:
(a) The vice-president for student life at University of Washington Seattle;
(b) The chancellors at University of Washington Bothell and Tacoma;
(c) Deans of a school or college (including the graduate school) at University of Washington Seattle; and
(d) Deans or directors of any school or program at University of Washington Bothell or Tacoma.

The above named university officials may delegate the authority to initiate disciplinary proceedings to members of their respective staffs and to students. They may also establish student or student-
faculty-staff hearing bodies to advise or to act for them in disciplinary matters.

(4) The university may hold the granting or conferral of a respondent's degree if the respondent is the subject of a preliminary investigation or other disciplinary proceedings under this conduct code until at least the conclusion of all disciplinary proceedings.

AMENDATORY SECTION (Amending WSR 14-17-097, filed 8/19/14, effective 9/19/14)

WAC 478-120-030 General procedures for disciplinary sanctions.

(1) This section describes the general process under the student conduct code for enforcing the university's rules, regulations, procedures, policies, standards of conduct, and orders. The specific procedures to be used at each step of the process are described in the following sections of this chapter. In all situations, whether handled formally or informally, basic standards of fairness will be observed in the determination of:

(a) The truth or falsity of the charges against the student;
(b) Whether the alleged misconduct violates this code; and if so,
(c) The sanctions to be imposed, if any.

The criteria for judging student misconduct shall include, but not be limited to, the standards of conduct as stated in WAC 478-120-020 and 478-120-025. Informal hearings and hearings before the university disciplinary committees shall be conducted as brief adjudicative proceedings under chapter 34.05 RCW (governing brief adjudicative proceedings). Formal hearings conducted by the faculty appeal board shall follow the procedures required by chapter 34.05 RCW for formal adjudicative proceedings. Informal settlements may be conducted under the authority of RCW 34.05.060.

(2) Persons who believe that a violation of the student conduct code has been committed should contact the vice-president for student life at the University of Washington Seattle campus, or the chancellor of the University of Washington Bothell or Tacoma campuses, whichever is appropriate.

(3) Only the vice-president for student life, the dean of the school or college at the University of Washington Seattle or, at the University of Washington Bothell and Tacoma campuses, the dean or director of the program in which a student is enrolled or the chancellor of the University of Washington Bothell and Tacoma campuses, may initiate disciplinary proceedings against a student under this code of conduct. (See WAC 478-120-050.) The deans, the vice president for student life, or the chancellors of the University of Washington Bothell and Tacoma campuses may delegate the authority to initiate disciplinary proceedings consistent with this chapter to members of their staffs and to students. They may also establish student or student-faculty hearing bodies to advise or to act for them in disciplinary matters. The person initiating a disciplinary proceeding shall be referred to as the initiating officer.

(4) The initiating conduct officer will begin a disciplinary proceeding by holding, or directing a member of his or her staff to hold, an informal hearing with the (student charged with misconduct.
Based on this informal disciplinary hearing, the initiating officer may choose to exonerate the student, dismiss the action, impose an appropriate sanction, and/or refer the matter to the appropriate university disciplinary committee. (See WAC 478-120-065.) If the initiating officer identifies a potential or existing exceptional circumstance as defined in WAC 478-120-100 (3)(b)(i), “Exceptional circumstances exist when:

(A) The sanction of dismissal has been recommended; or
(B) The student has been charged with hazing; or
(C) The sanction of restitution (in excess of three hundred dollars) has been recommended; or
(D) Suspension has been recommended,” the matter shall be referred directly to the faculty appeal board. (See WAC 478-120-100.)

(5) Students) respondent consistent with WAC 478-120-065.

(3) In cases not involving an allegation of sexual misconduct, respondents have the right to appeal any sanction imposed at an informal hearing to the appropriate university disciplinary committee, except that when such sanction identifies an existing or potential exceptional circumstance as defined in WAC 478-120-100 (3)(b)(i), the matter shall be referred (directly) to the faculty appeal board. Appeal rights in cases involving an allegation of sexual misconduct are provided for in WAC 478-120-137.

(4) Any decisions of the university disciplinary committees may be appealed to the faculty appeal board. (All decisions of the university disciplinary committees identifying existing or potential exceptional circumstances as defined in WAC 478-120-100 (3)(b)(i) shall be referred directly to the faculty appeal board.) In addition, the university disciplinary committees may, at any time, at their discretion, refer a matter (directly) to the faculty appeal board consistent with WAC 478-120-095. The faculty appeal board performs distinct functions. In most cases, the faculty appeal board conducts an administrative review. In certain cases (defined as described in WAC 478-120-100(3) and 478-120-115(1)), the faculty appeal board conducts a formal hearing.

(5) Any decision based on a formal hearing conducted by the faculty appeal board may be appealed to the president of the university or the president's delegate for a final review. All orders of dismissal shall be reviewed by the president or the president's delegate. Orders entered by the president or the president's delegate are final. (See WAC 478-120-125.)

(6) The president or delegate, or chancellors or their delegates, may take emergency disciplinary action when a student's conduct threatens the health, welfare, or safety of the university community or members thereof or poses an ongoing threat of substantially disrupting or materially interfering with university activities or operations. (See WAC 478-120-140.)

(7) When questions of mental or physical health are raised in conduct cases, the dean, the vice-president for student life, the chancellors of the University of Washington Bothell and Tacoma campuses or their delegates, the university disciplinary committees, or the faculty appeal board may request the student to appear for examination before two physician-consultants designated by the dean of the school of medicine. The physician-consultants may call upon the student health center for any other professional assistance they deem necessary. After examining the student and/or consulting with the student's personal physician, the physician-consultants shall make a recommendation to the dean, the vice-president for student life, the chancellor...
of the University of Washington Bothell or Tacoma campuses, whichever is appropriate, or their delegates, the appropriate university disciplinary committee, or the faculty appeal board as to whether the case should be handled as a disciplinary matter or as a case for medical or other treatment. Any decision made based upon the recommendation of the physician consultants may be appealed in accordance with the provisions of this chapter.

((10))) (7) The following persons conducting proceedings under this chapter shall have the authority to issue protective orders and subpoenas: Deans, or at the University of Washington Bothell and Tacoma campuses, the dean or director of the program in which the student is enrolled, the vice-president for student life, the chancellors of the University of Washington Bothell and Tacoma campuses, or the chairs of their respective university disciplinary committees, the chair of the faculty appeal board, and the president or his or her delegate.

((11))) (8) In a case involving an alleged allegation of sexual misconduct, the complainant and the respondent are entitled to the same opportunities to have others present during a disciplinary hearing and they shall both be informed of the outcome of such disciplinary proceeding.

((12))) (9) Any final order resulting from a disciplinary proceeding shall become a part of the respondent's disciplinary record, unless the student is exonerated. (See) and be maintained in accordance with WAC 478-120-145.((13))) (10) In accord with the Family Educational Rights and Privacy Act) FERPA and pursuant to RCW 34.05.250, all hearings conducted under this chapter generally will be held in closed session out of respect for the privacy of all the students involved. However, the students involved may waive in writing this requirement and request a hearing in open session, and the conduct officer or presiding officer shall conduct the hearing in a room that will accommodate a reasonable number of observers. The conduct officer or presiding officer may exclude from the hearing room any persons who are disruptive of the proceedings and may limit the number who may attend the hearing in order to afford safety and comfort to the participants and orderliness to the proceedings. To ensure the privacy of all students involved, no cameras or recording devices shall be permitted except for the official recording by the university.

NEW SECTION

WAC 478-120-032 Participation of advisors and attorneys. Any party and, in any case involving an allegation of sexual misconduct, a complainant, may, at their own expense, be accompanied by an advisor and/or an attorney to any proceeding conducted under this conduct code. Persons admitted to practice law in the state of Washington may advise, but may not participate in an informal hearing and in a hearing before a university disciplinary committee, and may represent a party at a hearing before the faculty appeal board. The chair of a university disciplinary committee or the faculty appeal board or a conduct officer in an informal hearing has the discretion to impose
reasonable conditions upon the participation of an advisor and/or an attorney.

NEW SECTION

WAC 478-120-034 Service of notices and orders and time limits.

(1) Service of all university notices of hearing, initial orders, final orders, and orders on reconsideration shall be by electronic mail addressed to the respondent's, and in any case involving an allegation of sexual misconduct, the complainant's university-issued e-mail address, or such alternative e-mail address as may have been provided to the university in writing. Service by electronic mail is complete at the moment the e-mail is sent to such address. In the alternative, service of university notices of hearing, initial orders, final orders, and orders on reconsideration may also be accomplished by personal service or by posting it in the United States mail, properly addressed, and postage prepaid. Service by mail is complete upon deposit in the United States mail.

(2) Students have an ongoing obligation to update their address via MyUW.

(3) The time limits for appealing an initial order shall be determined based upon the date of service of the initial order. The time limit for seeking judicial review of a final order shall be determined based upon the date of service of the final order, except as otherwise provided in this chapter.

(4) In computing any period of time under this conduct code, the day of service of any order, notice, or other document is not counted. The last day of the applicable period of time is counted. If the last day of the applicable period of time falls on a Saturday, Sunday, or official state holiday (which includes the day after Thanksgiving), the period ends on the next business day.

NEW SECTION

WAC 478-120-036 Standard and burden of proof. The applicable standard of proof in all disciplinary hearings is the "preponderance of evidence" standard. This means that, in order for a respondent to be held responsible for a violation of this conduct code, the conduct officer, the university disciplinary committee, or the faculty appeal board must conclude, based on all of the evidence in the record, that it is more likely than not that the respondent engaged in an act or acts of misconduct. The burden of proof in a hearing before a university disciplinary committee or the faculty appeal board rests with the party seeking to establish that the violation occurred.
NEW SECTION

WAC 478-120-038 Interim measures. (1) After receiving a report of alleged sexual misconduct or other serious misconduct, the university may implement interim measures which may include, but are not limited to:

(a) A no-contact order prohibiting direct or indirect contact, by any means, with a complainant, a respondent, a reporting student, other specified persons, and/or a specific student organization;
(b) Reassignment of on-campus housing; or
(c) Changes to class schedules, assignments, or test schedules.

(2) Interim measures will remain in place until lifted or modified by the university official who implemented the interim measures.

(3) Implementation of any interim measure does not assume any determination of, or create any presumption regarding responsibility for, a violation under this conduct code.

AMENDATORY SECTION (Amending WSR 96-10-051, filed 4/29/96, effective 5/30/96)

WAC 478-120-040 Disciplinary sanctions. (1) One or more of the following disciplinary sanctions may be imposed for any violation((s of the student)) of this conduct code:

((1)) (a) Disciplinary ((warnings and reprimands - Action may be taken to warn or to reprimand a student for violation of university rules, regulations, procedures, policies, standards of conduct, or orders. Warnings and reprimands must always be made in writing and)) reprimand. A respondent may be issued a written reprimand. Reprimands shall include a statement that continuation or repetition of the specific conduct or other misconduct ((will normally result in one or more of the more serious)) may result in additional disciplinary sanctions((: Restitution, disciplinary probation, suspension, or dismissal)).

((2)) (b) Restitution(( - An individual student)). A respondent may be required to make restitution for damage or other loss of property and for injury to persons. A failure to pay, or to make in writing university-approved arrangements to pay restitution, will result in ((cancellation of the student's registration and will prevent the student)) a hold being placed on the respondent's registration preventing the respondent from registering ((with)) at the university.

((3)) (c) Disciplinary probation(( - A student)). A respondent may be placed on disciplinary probation (meaning formal conditions are imposed on ((a student's)) the respondent's continued attendance) ((for violation of university rules, regulations, procedures, policies, standards of conduct, or orders)). The time period ((and conditions, if any)) for the disciplinary probation and any conditions shall be specified. Disciplinary probation serves as a warning to a ((student)) respondent that further misconduct will raise the question of suspension or dismissal from the university. Failure to fulfill conditions of the disciplinary probation in a timely manner will extend the probationary period ((and the conditions)) and may result in additional disciplinary sanctions, including possible suspension or dismissal.
(d) Loss of privileges. A respondent may be denied specified privileges for a designated period of time such as the privilege to participate in a particular campus activity and may be restricted from any or all university premises based on the misconduct for a specific duration.

((4)) (e) Suspension((—A student)). A respondent may be suspended (i.e., temporarily separated) from the university for ((violation of university rules, regulations, procedures, policies, standards of conduct, or orders. The time period and)) a specified period of time. Conditions((, if any, for the)) of suspension ((shall)) may be imposed and will be specified. Except as otherwise specified in the disciplinary order, all conditions must be fulfilled before the end of the suspension period. Failure to fulfill all conditions of suspension in a timely manner will extend the suspension period and any conditions, and may result in additional disciplinary sanctions. Suspension serves as a warning ((to a student)) that further misconduct will raise the question of dismissal from the university. The university may place a hold on a suspended student's registration and may withhold the conferral of the student's degree, during the suspension period.

((5)) (f) Dismissal((—A student's enrollment in)). A respondent may be dismissed (i.e., permanently separated) from the university ((may be terminated for violation of university rules, regulations, procedures, policies, standards of conduct, or orders.

(6) Forfeiture—))

(g) Sanctions for hazing. In addition to other sanctions, a student who participates in hazing of another shall forfeit any entitlement to state funded grants, scholarships, or awards for a specified period of time.

((7) A suspension or dismissal is considered a serious sanction and will be imposed only after the completion of the formal due process review provided for in this code.) (2) In determining an appropriate sanction for a violation of this conduct code, the seriousness of the misconduct, the impact on the university community, and a respondent's past disciplinary record will be considered. The use of alcohol or drugs by a respondent will not be considered a mitigating factor in imposing discipline.

(3) If a respondent withdraws from the university (or fails to reenroll) before completing a sanction, the sanction must be completed prior to or upon the respondent's reenrollment, depending on the nature of the sanction. Completion of disciplinary sanctions may be considered in applications for readmission to the university.

AMENDATORY SECTION (Amending WSR 14-17-097, filed 8/19/14, effective 9/19/14)

WAC 478-120-065 Informal disciplinary hearings. (1) A dean, the vice-president for student life, or, at the University of Washington Bothell and Tacoma campuses, the chancellors or the dean or director of the program in which the student is enrolled, or their delegates, may initiate a disciplinary proceeding by conducting, or directing a member of his or her staff to conduct, an informal hearing with the ((student accused of misconduct)) respondent. This informal disciplinary hearing may be nothing more than a face-to-face meeting between
the (initiating) conduct officer or staff person and the (student) respondent, and no special notice of the meeting is required. The purpose of this informal disciplinary hearing is to provide an opportunity for the (student) respondent to respond to allegations of misconduct before disciplinary action is taken (and the student). The respondent waives any rights to an informal hearing by his or her failure to attend and the conduct officer may place a hold on a respondent's registration and/or transcript, or make a decision and issue an initial order without the input of the respondent.

(2) During an informal disciplinary hearing, the (student) respondent must be provided with the following information:

(a) An explanation of the student conduct process;

(b) The alleged misconduct (and the reasons for the university's belief that the student engaged in the misconduct);

(c) The specific section(s) of the student conduct code allegedly violated; and

(d) The possible sanctions that may be imposed.

(3) Following the informal disciplinary hearing, the conduct officer may conduct further investigation including, but not limited to, additional interviews of the complainant, the respondent, and any witnesses.

(4) Based on the findings of the informal hearing and any further investigation, the (initiating) conduct officer shall enter in writing (one of the following orders):

(a) An order exonerating the (student or) respondent, dismissing the disciplinary proceeding if it appears that there has been no misconduct, or finding that a preponderance of the evidence does not establish a violation of this conduct code;

(b) An initial order (subject to appeal and/or review as provided in this conduct code), imposing one or more of the disciplinary sanctions specified in WAC 478-120-040;

(c) An order referring the matter to the appropriate university disciplinary committee; and/or

(d) An order referring the matter (directly) to the faculty appeal board because exceptional circumstances as defined in WAC 478-120-100 (3)(b)(i) may exist.

(4) (5)(a) If the initial order imposes a sanction and exceptional circumstances as defined in WAC 478-120-100 (3)(b)(i) exist, the matter shall be referred (directly) to the faculty appeal board and the (student) respondent, and in the case involving an allegation of sexual misconduct, a complainant, shall be informed that he or she has the right to request a formal hearing according to the procedures set forth in WAC 478-120-075(3). Supplemental procedures applicable to cases involving an allegation of sexual misconduct are set forth in WAC 478-120-137.

(b) If the initial order imposes a sanction but exceptional circumstances do not exist and the case does not involve an allegation of sexual misconduct, then the (student must) respondent shall be informed that he or she has twenty-one calendar days from the date of the service of the initial order (or twenty-five calendar days from the date of the mailing of the initial order) to request a hearing before the appropriate university disciplinary committee. If the (student) respondent chooses not to appeal, the order becomes the final order.

(6) Within ten days of the conclusion of the (hearing and any associated) conduct officer's investigation(s), the (student) respondent, and in any case involving an allegation of sexual
misconduct, the complainant shall be provided with a written order which shall include a statement of the decision, the reasons for the decision, and information about appealing the decision. No unfavorable action may be taken against the ((student)) respondent until the ((student)) respondent has been given such notice and information. (In a case involving an alleged sexual offense, both the accuser and the accused shall be informed of the outcome of that hearing.) In a case where the ((student)) respondent is a minor, the disciplinary sanctions imposed may be reported to the ((student's)) respondent's parents or legal guardian at the discretion of the ((initiating)) conduct officer.

(4) A student may request a hearing by the appropriate university disciplinary committee at any time during these informal proceedings. If such a request is made, the matter shall be referred to the appropriate university disciplinary committee.)

(7) The official record of this informal hearing shall consist of all documents prepared or considered by the dean, the vice-president for student life, or, at the University of Washington Bothell and Tacoma campuses, the chancellors, or the dean or director of the program in which the ((student)) respondent is enrolled, or their delegates, with regard to the dispute at hand.

AMENDATORY SECTION (Amending WSR 14-17-097, filed 8/19/14, effective 9/19/14)

WAC 478-120-075 Appeals. Any initial order may be appealed by timely submission of a written petition to the appropriate body. An order only referring a matter from one hearing body to another, not determining the matter on its merits, is not an initial order.

(1) If ((a student does not appeal to)) no appeal is filed with the appropriate body within twenty-one days of service of the initial order ((within twenty-five calendar days of the date when the university mailed the initial order to the student.)) the right to appeal is waived and the order becomes final.

(a) All initial orders shall be hand delivered or delivered by mail.

(b) Any student involved in a disciplinary hearing is required to provide his or her current and accurate address to the office of the vice-president for student life or the office of the chancellor for the University of Washington Bothell or Tacoma campuses, whichever is appropriate, or their delegates), except that any initial order imposing the sanction of dismissal shall be subject to review in accordance with WAC 478-120-125.

(2) All petitions for appeal must be made in writing to the appropriate authority (the appropriate chair of one of the university disciplinary committees (Seattle, Bothell or Tacoma), the chair of the faculty appeal board, or the president). The petition must state the reasons for the appeal and indicate points of disagreement with the initial order.

(3) If a student wishes to request a formal hearing before the faculty appeal board, the student's written petition for appeal must also state that a formal hearing is being requested and must identify the specific exceptional circumstances (as defined in WAC 478-120-100 (3)(b)(i)) warranting such a hearing. When conducting administrative
reviews of (informal hearings) initial orders, the faculty appeal board shall make any inquiries necessary to ascertain whether the proceeding must be converted to a formal disciplinary hearing.

(4) Additional provisions regarding appeals in cases involving an allegation of sexual misconduct are set forth in WAC 478-120-137.

(5) After conducting the appropriate review, the appeal body (or the president) may sustain, reduce, or vacate the sanction imposed by the initial order, except if that review is in the form of a formal hearing before the faculty appeal board, that board may increase any sanction.

(6) Review by the president or the president's delegate shall be conducted in accordance with WAC 478-120-125.

(7) Only the president or the president's delegate may issue a final order of dismissal.

(8) Sanctions, if any, will be imposed only after an order becomes final, except for actions taken under WAC 478-120-140.

AMENDATORY SECTION (Amending WSR 14-17-097, filed 8/19/14, effective 9/19/14)

WAC 478-120-085 The university disciplinary committees. Each University of Washington campus shall have its own university disciplinary committee. The university disciplinary committees shall consist of a nonvoting chair, at least three voting faculty members, and at least three voting student members. The committees shall be maintained for the purpose of providing hearings for disciplinary actions that have been initiated by the deans or, at the University of Washington Bothell and Tacoma campuses, the dean or director of the program in which a respondent is enrolled, the vice-president for student life at the University of Washington Seattle campus, the chancellors of the University of Washington Bothell and Tacoma campuses, or their delegates.

(1) The president of the University of Washington Seattle campus and the chancellors of the University of Washington Bothell and Tacoma campuses shall designate a member of the faculty or administration to serve as chair of each respective university disciplinary committee for a term of one year. All chairs may be reappointed for consecutive terms.

(a) The chairs shall ensure that all procedural safeguards and guidelines are followed. Accordingly, the chairs shall decide all procedural questions that arise in relation to hearings, including rulings on evidence (as defined in WAC 478-120-095(3)) and challenges to the impartiality of committee members. The chairs shall have the discretion to regulate all aspects of the proceedings.

(b) The chairs shall take whatever steps are necessary to ensure that hearings are conducted in a safe and orderly manner.

(2) The voting faculty members of each university disciplinary committee shall be selected (at random from) by the faculty senate at the University of Washington Seattle, or at the University of Washington Bothell and Tacoma campuses, their respective faculty assembly or organization to serve one-year terms. Voting faculty members may (not) be reappointed to consecutive terms.

(a) Panels of eligible faculty members shall be randomly selected to serve on the committees in the order in which they were selec-
ted, except that at the University of Washington Seattle each faculty
member of the committees must represent a different faculty senate
group.

(b)) Faculty members must have been members of the faculty for
at least one year ((and hold the position of assistant professor or
higher)) in order to be eligible to serve as voting members of the
university disciplinary committees.

(3) The ((three)) voting student members of the university disci-
plinary committees shall be selected ((at random)) from each student
body to serve one-year terms. Student members of the committees may
not be reappointed.

(a) (Panels of eligible)) For each university disciplinary com-
mittee, students shall be selected ((randomly from the entire full-
time student body to serve as committee members or alternates in the
order in which they were selected, except that)) from a pool of stu-
dents who express interest in serving on the committee and at the Uni-
versity of Washington Seattle at least one member must be a profes-
ssional or graduate student and the other ((two)) members must represent
different undergraduate classes.

(b) To be eligible to serve on the university disciplinary com-
mittees, students must be full-time and in good standing with the uni-
versity.

(4) In addition to the chairs, a quorum shall be two faculty mem-
ers and two student members. The chairs shall select alternates from
the panels of eligible faculty or students as needed to produce a quo-
rum.

(5) Committee members may be disqualified from a particular hear-
ing for bias, prejudice, conflict of interest, or any other reason
which may prevent him or her from serving as an impartial judge of the
matter before the committees.

(a) Committee members may excuse themselves for any of the causes
set forth in this section by submitting a written statement to the ap-
propriate committee chair stating facts and reasons for the disquali-

(b) A student before any of the university disciplinary commit-
tees may challenge the impartiality of a committee member by written
petition. The appropriate chair shall determine whether to grant the
petition and excuse the committee member from the case, and shall
state the facts and reasons for that determination in writing.

(c) Any person who has been delegated the authority to initiate
disciplinary proceedings is disqualified from serving as a member of
the university disciplinary committees.

(6) The appropriate chair may relieve a member of his or her uni-
versity disciplinary committee from serving on that committee for a
particular case, for a specific period of time, or for the rest of the
year after the member submits a written request to the chair.

(7) Members of the university disciplinary committees shall begin
their terms on the first day of classes of ((winter)) autumn quarter.
Those terms shall expire on the first day of classes of the next
((winter)) autumn quarter, except that cases in process shall be con-
tinued until a decision is reached. ((The new panels of committee mem-
bers shall be identified by the outgoing chairs, or by the person des-
ignated by the appropriate chair, through random procedures establish-
ed by the chair.))
WAC 478-120-095 Hearings before the university disciplinary committees. The purpose of a hearing before a university disciplinary committee is to provide all parties with an opportunity to present evidence and argument before disciplinary sanctions are imposed on a (student) respondent. A university disciplinary committee may not hear any cases involving an allegation of sexual misconduct. Based on the evidence presented at this hearing, the committee shall determine whether the (student) respondent has engaged in the alleged misconduct. If there is a finding of misconduct, the committee shall then determine the appropriate sanction to be imposed.

(1) When a hearing is scheduled before a university disciplinary committee, the chair of the appropriate committee shall provide the (student) respondent with written notice of the following information:

(a) The time and place of the hearing;
(b) The allegations of misconduct against the (student) respondent;
(c) A list of all witnesses who may be called to testify;
(d) A description of all documentary and real evidence to be presented at the hearing, including a copy of (his or her) the respondent's disciplinary file; and
(e) The sanctions that may be imposed at the hearing if the allegations of misconduct are found to be true.

(2) The chair of each committee shall adhere to the following procedures at all disciplinary hearings:

(a) The (student) respondent shall be provided with a reasonable opportunity (at least seven days) to gather evidence, contact witnesses, and prepare a defense for the hearing.
(b) The (student) respondent may be accompanied by an advisor and/or an attorney of the (student's) respondent's choice.
(c) The (student) respondent is entitled to hear all testimony and examine all evidence that is presented at the hearing. In response, the (student) respondent may present evidence and witnesses on his or her own behalf and may ask questions of any other witnesses.
(d) No (student) respondent shall be compelled to give self-incriminating evidence.

(3) Evidence shall be admissible at the hearing if it is the type of evidence that reasonably prudent members of the university community would rely upon in the conduct of their affairs.

(4) The (initiating) conduct officer (the appropriate dean, or at the University of Washington Bothell and Tacoma campuses, dean or director of the program in which the (student) respondent is enrolled, the vice-president for student life, the chancellors of the University of Washington Bothell and Tacoma campuses, or their delegates) must prove by a preponderance of the evidence presented at the hearing that the (student) respondent has engaged in the alleged misconduct. The committee shall base its factual determination solely on the evidence presented at the hearing.

(a) Decisions of the university disciplinary committee will be made based on a simple majority vote of the committees.
(b) If a university disciplinary committee cannot reach a decision by simple majority vote, an order shall be entered referring the matter to the faculty appeal board. (Where) In cases where the fac-
ulty appeal board determines that exceptional circumstances may exist, the (student) respondent shall be notified of the right to request a formal hearing. Otherwise, the faculty appeal board shall (conduct an administrative review as provided under WAC 478-120-100 (1) and (2)) make a decision based upon its review of the record of the hearing before the university disciplinary committee.

(5) If at any time after a matter has been referred to a university disciplinary committee the appropriate chair determines that the matter should properly be before the faculty appeal board, the chair may refer the matter to the faculty appeal board and shall provide the (student) respondent with written notice of the referral (and of the opportunity to request a formal hearing if exceptional circumstances exist. (See WAC 478-120-100 (3)(b)(i).)). Any case involving an allegation of sexual misconduct shall be referred to the faculty appeal board.

(6) If the committee determines that the (student) respondent has violated the university's rules, regulations, procedures, policies, standards of conduct, or orders, it shall then determine the appropriate sanction to be imposed. When determining the appropriate sanction, the committee shall (review the evidence presented at the hearing and the student's past record of conduct at the university)) consider the factors listed in WAC 478-120-040(2).

(7) The chair of the appropriate university disciplinary committee shall provide the (student) respondent with a written statement of the committee's decision within ten days of the conclusion of the hearing. This written statement shall include the committee's factual findings, the conclusions that have been drawn from those findings, the reasons for those conclusions, and the sanctions, if any, to be imposed. If sanctions are imposed, the (student) respondent must also be informed of the appropriate procedures for appealing the committee's decision to the faculty appeal board. (In a case involving an alleged sexual offense, both the accuser and the accused shall be informed of the outcome of the hearing.) In a case where the (student) respondent is a minor, the written statement of the committee's decision may be reported to the (student's) respondent's parents or legal guardian at the discretion of the chair of the appropriate university disciplinary committee.

(8) This written statement of the committee's decision shall be the committee's initial order. If (the student chooses not to) no appeal is filed, the initial order of the appropriate university disciplinary committee becomes the final order at the end of the appeal period set forth in WAC 478-120-075(1)(, except that orders of dismissal shall be referred to the president)).

(9) (The student) A respondent may choose to present evidence to the chair of the appropriate university disciplinary committee rather than at a hearing before the full committee. The (student's) respondent's waiver of the right to a hearing before a university disciplinary committee must be submitted in writing to the chair of the appropriate committee. The chair will submit the (student's) respondent's evidence and arguments to the full committee and the committee will make its decision based on the chair's report.

(10) All proceedings of the committees will be conducted with reasonable dispatch and be terminated as soon as possible, consistent with fairness to all parties involved. The chair shall have the discretion to continue the hearing.

(11) An adequate summary of the proceedings will be kept. Such a summary shall include all documents that were considered by the appro-
A report of a university disciplinary committee shall, upon written request and release by the student or students involved, and subject to the requirements of the Family Educational Rights and Privacy Act, be made available to members of the university community through the vice-president for student life, or the office of the chancellor at the University of Washington Bothell or Tacoma campuses, whichever is appropriate, or their delegates.

AMENDATORY SECTION (Amending WSR 07-23-068, filed 11/19/07, effective 12/20/07)

WAC 478-120-100 Faculty appeal board. There shall be a single faculty appeal board which will serve all University of Washington campuses. The faculty appeal board shall be composed of at least seven members of the faculty to be appointed by the chair of the faculty senate after consultation with the faculty council on student affairs, to include one faculty member from each of the University of Washington Bothell and Tacoma campuses. The chair of the faculty senate shall appoint one of the members to be the chair of the faculty appeal board. The faculty appeal board shall conduct either administrative reviews or formal hearings and the procedures to be used shall depend on the nature of the appeal before the board. Cases may be heard by the entire board or by panels of no fewer than three board members.

1. The faculty appeal board may conduct an administrative review when exceptional circumstances do not exist or (the) a student has not requested a formal hearing in writing.

2. The procedures for conducting such administrative review are set forth in WAC 478-120-105. The chair shall maintain a record of all administrative reviews conducted by the faculty appeal board. At a minimum, such a record shall include all documents that were considered by the board and may include (a tape) an audio recording of all testimony and all other documents related to the review.

3. The faculty appeal board shall conduct a formal hearing when:
   a. The (student) respondent, and in a case involving an allegation of sexual misconduct, a complainant, requests a formal hearing before the faculty appeal board in writing setting forth the exceptional circumstances that exist (see below); and
   b. The chair reviews the student's written request and determines that exceptional circumstances do exist. Additionally, the faculty appeal board may conduct a formal hearing in other circumstances as the board deems appropriate. If the faculty appeal board does not conduct a formal hearing, it shall conduct an administrative review of the prior decision.

   i. Exceptional circumstances exist when:
      a. The sanction of dismissal has been recommended; or
      b. The (student) respondent has been charged with hazing; or
      c. The sanction of restitution (in excess of three hundred dollars) has been recommended; or
      d. Suspension has been recommended.

   ii. If the faculty appeal board decides not to grant a (student's) written request for a formal hearing, the chair shall provide the (student) parties with a written copy of the board's decision
(a) At the conclusion of the formal hearing, the faculty appeal board shall enter an initial order based on the findings of that hearing. That initial order shall include a written statement of the board's decision and the basis for that decision, including procedures for appealing the decision to the president or president's delegate. The initial order shall be provided to the (student) parties within (ninety) sixty days of the conclusion of the hearing unless the faculty appeal board determines that an extension of time (which shall not exceed thirty additional days) is warranted and informs the parties of such extension. In a case involving an (alleged) allegation of sexual (offense) misconduct, both the (accuser and the accused) respondent and the complainant shall be informed of the board's decision. In a case where the (student) respondent is a minor, the board's decision may be reported to the (student's) parents or legal guardian at the discretion of the (initiating) conduct officer.

(b) An initial order from a formal hearing may be appealed to the president of the university or the president's delegate for a final (administrative) review.

(c) If (the student chooses not to) no appeal is timely submitted, the initial order of the faculty appeal board shall become the final order, except that orders of dismissal entered by the faculty appeal board shall be reviewed by the president or the president's delegate in accordance with WAC 478-120-125.

(6) The record in cases in which the faculty appeal board conducts a formal hearing shall be as specified in WAC 478-120-115((15)) (20).

(7) Board members may be disqualified from a particular formal hearing for bias, prejudice, conflict of interest, or any other reason which may prevent them from serving as impartial judges of the matter before the board.

(a) A committee member may excuse himself or herself for any of the causes set forth in this section by submitting a written statement to the board chair stating facts and reasons for the disqualification.

(b) A student before the faculty appeal board may challenge the impartiality of a board member by written petition. The chair shall determine whether to grant the petition and excuse the board member, stating the facts and reasons for the determination in writing.
(c) Faculty who have been delegated the authority to initiate disciplinary proceedings are disqualified from serving as members of the faculty appeal board.

(8) At the discretion of the chair, board members may be excused from a particular hearing on the basis of compelling personal need after submitting a written request to the chair explaining the basis of the request.

AMENDATORY SECTION (Amending WSR 96-10-051, filed 4/29/96, effective 5/30/96)

WAC 478-120-105 Administrative review by the faculty appeal board. (1) The faculty appeal board may conduct administrative review when exceptional circumstances do not exist or ((the student has not requested a)) no formal hearing has been requested. When the faculty appeal board determines that administrative review is appropriate, the chair shall notify all parties of that decision. The notice to the parties shall include a statement of:

(a) The allegations of misconduct against the ((student)) respondent;
(b) The sanctions that were recommended by the ((initiating)) conduct officer or the university disciplinary committee, if any; and
(c) A date by which any voluntarily submitted written briefs or statements must be submitted.

(2) When the faculty appeal board conducts an administrative review, the board may base its review on:

(a) All documents and any recordings considered by the initiating officer or the university disciplinary committee; ((or))
(b) Oral and/or written argument ((of both parties; or)) submitted by any party; and
(c) Additional evidence.

(3) At the conclusion of its review, the faculty appeal board shall enter an order. An initial order may be appealed and a final order may not be appealed((, except that final orders of dismissal shall be reviewed by the president or the president's delegate)). The ((student shall be provided with a)) written order ((which)) shall include a ((written)) statement of the board's decision within ten days of the conclusion of the review and information on rights of appeal, if any. In a case involving an ((alleged sexual offense)) allegation of sexual misconduct, both the ((accuser and the accused)) respondent and any complainant shall be informed of the outcome of the review. In a case where the ((student)) respondent is a minor, the board's decision may be reported to the ((student's)) respondent's parents or legal guardian at the discretion of the chair of the faculty appeal board.

AMENDATORY SECTION (Amending WSR 96-10-051, filed 4/29/96, effective 5/30/96)

WAC 478-120-115 Formal hearings before the faculty appeal board. (1) The faculty appeal board shall conduct a formal hearing when exceptional circumstances exist and ((the student has requested in writ-
ing) a request for a formal hearing has been made. The faculty appeal board shall also conduct formal hearings as provided in the supplemental provisions for cases involving an allegation of sexual misconduct set forth in WAC 478-120-137. Additionally, the faculty appeal board may conduct a formal hearing in other circumstances as the board deems appropriate.

(2) Within thirty days after receipt of a written petition for a formal hearing before the faculty appeal board, the board shall notify the requesting party of any obvious errors or omissions in the party's petition, request any additional information the board wishes to obtain and is permitted by law to require, and notify the requesting party of the name, mailing address, and telephone number of an office or person who may be contacted regarding the formal hearing.

(3) Within ninety days after receipt of a written petition for formal hearing or within ninety days after the party's response to a timely request from the board as provided in subsection (((1))) (2) of this section, the board shall either deny the formal hearing or commence the formal hearing.

(4) Once the board decides to conduct a formal hearing, the chair of the faculty appeal board shall schedule the time and place of the hearing and give not less than seven days advance written notice of the hearing to all parties. That notice shall include:
   (a) The names and addresses of all parties to whom notice is being given, and if known, the names and addresses of their representatives;
   (b) The name, business address, and telephone number of the person designated to represent the university at the hearing;
   (c) The official file number and name of the proceeding;
   (d) The name, mailing address, and telephone number of the chair of the faculty appeal board;
   (e) A statement of the time, place, and nature of the hearing;
   (f) A statement of the legal authority and jurisdiction under which the hearing is to be held;
   (g) A reference to the particular sections of university rules that are involved;
   (h) A short and plain statement of the charges against the ((student)) respondent; and
   (i) A statement that a student requesting the hearing who fails to attend the hearing or otherwise respond to this notice may lose his or her right to a formal hearing.

(5) Hearings before the faculty appeal board shall be conducted in accordance with the provisions of this conduct code, the Administrative Procedure Act (chapter 34.05 RCW), and the model rules of procedure (chapter 10-08 WAC). To the extent there is a conflict between the conduct code and the model rules, this conduct code shall control.

(6) The faculty appeal board will make its own determination based on the record of the hearing before the faculty appeal board.

(7) If a student requesting the hearing fails to attend or participate in a formal hearing, the faculty appeal board may ((serve upon all parties)):
   (a) Hold the hearing and issue an initial order based on a preponderance of evidence presented at the hearing; or
   (b) Issue a default or other dispositive order which shall include a statement of the grounds for the order. Within seven days after service of a default order((, the)) or other dispositive order, a student may file a written ((motion requesting)) request that the order be vacated, and stating the grounds relied upon.
(6) The student (8) Each party may be represented by (counsel) an attorney and/or be accompanied by an advisor of (the student's) that party's choice. No student shall be compelled to give self-incriminating evidence. However, a negative inference can be drawn from a refusal to testify or to answer a particular question.

(7) The chair shall determine whether discovery is to be available, and, if so, which forms of discovery may be used. The chair may condition the use of discovery procedures on a showing of necessity and unavailability by other means. In exercising such discretion, the chair shall consider:
(a) Whether all parties are represented by counsel;
(b) Whether undue expense or delay in bringing the case to a hearing will result;
(c) Whether the use of discovery will promote the orderly and prompt conduct of the proceeding; and
(d) Whether the interests of justice will be promoted.

(e) The chair may decide whether to permit the taking of depositions, the requesting of admissions, or any other procedures authorized by rules 26 through 37 of the superior court rules.

(8) At appropriate stages of the hearing, the chair may give all parties an opportunity to submit and respond to briefs, motions, proposed findings of fact and conclusions of law, and proposed initial or final orders. To the extent necessary for a full disclosure of all relevant facts and issues, the chair shall afford (both) the parties the opportunity to respond, present evidence and argument, conduct cross-examination, and submit rebuttal evidence. A party filing a pleading, brief, or other (paper) documents with the chair shall serve copies on all other parties at the same time submitted to the chair.

(9) Evidence, including hearsay evidence, is admissible if it is the kind of evidence on which reasonably prudent persons are accustomed to rely in the conduct of their affairs. Evidence is not admissible if it is excludable on constitutional or statutory grounds or on the basis of evidentiary privilege recognized in the courts of this state. The chair shall decide all procedural questions and make rulings on the admissibility of evidence, (and) motions, objections, and on challenges to the impartiality of board members, unless a hearing examiner is appointed as provided below. The Washington rules of evidence shall serve as guidelines for those rulings on the admissibility of evidence.

(10) Evidence that is admissible shall be made under oath or affirmation. The parties are responsible for informing their witnesses of the time and place of the hearing.

(11) At the discretion of the chair, and where the rights of the parties will not be prejudiced thereby, all or part of any hearing, including the testimony of witnesses, may be conducted by telephone, video, or other electronic means. Each party in the hearing must have an opportunity to participate effectively in, to hear, and if technically and economically feasible, to see the entire proceeding while it is taking place. Such measures may be taken to accommodate concerns raised by a complainant, a respondent, or any witness.

(12) The faculty appeal board may appoint (an) a hearing examiner to conduct the actual hearing, which includes managing administrative matters before, during, and following a hearing, and ruling on any motions, objections, procedural questions, and the admissibility of evidence. The decision to use a hearing examiner requires the approval of a majority of the board members. The hearing
examiner will then conduct the hearing and if requested by the board, will submit a detailed report to the faculty appeal board according to the provisions of this section.

(a) ((If a hearing examiner conducts the hearing, an audio recording of the hearing must be kept, and the recording and any transcription thereof must be provided to the board.)) The hearing examiner will have all the authority of the chair of the faculty appeal board with regard to hearing procedures and will be responsible for maintaining the official record of the hearing, including an audio or video recording of the hearing, and transmitting the full official record to the chair following the hearing.

(b) The faculty appeal board may, at its option, request the hearing examiner to provide recommendations as to findings, conclusions, and decisions, but those recommendations shall not be binding on the board. The ((hearing examiner shall transmit to the board the full and complete record of the hearing and the)) board shall make its own findings, conclusions, and decisions based on the official record.

(c) ((The hearing examiner will make initial rulings on the use of discovery, the admissibility of evidence, and the procedures for the hearing.))

(d))) The hearing examiner must be ((a member of the bar)) an attorney permitted to practice law in Washington state. Any member of the faculty appeal board who is also a member of the Washington state bar, including the chair, may serve as the hearing examiner.

(15) The chair of the faculty appeal board may issue subpoenas and enter protective orders. A party may request in writing that the chair issue a subpoena for the attendance of a witness at the hearing. The requesting party is responsible for serving the subpoena upon the witness.

(16) All communications with the chair and/or members of the faculty appeal board, except for communications necessary to procedural aspects of maintaining an orderly process, must be in the presence of, or with a copy to, all other parties. Ex parte communications received by the chair or members of the board must be placed on the record, and ((the other party)) all other parties must be informed of the ex parte communication and given an opportunity to respond on the record.

(17) At the conclusion of a hearing, and following the submission of all evidence, any written closing arguments, and any proposed orders by the parties, the board shall determine, whether based on a preponderance of the evidence, the respondent is responsible for violating this conduct code and, if so, what sanction(s) are to be imposed. The faculty appeal board shall have the full authority to impose any of the sanctions specified in WAC 478-120-040, subject to review in accordance with this conduct code. (All orders of dismissal are subject to review by the president in accordance with WAC 478-120-125.) Decisions will be determined by majority vote. Findings, conclusions, and decisions by the faculty appeal board shall be based exclusively on the evidence of record from the hearing and on matters officially noted in the record.

(18) The board shall enter an initial order which shall be served in writing on ((the student)) all parties within ((ninety)) sixty days after conclusion of the hearing or after submission of memos, briefs, or proposed findings, whichever is later, unless the
period is waived or extended for good cause shown. (The student shall be informed of procedures for appealing the decision. If the student does not appeal the board's initial order within the time set out in WAC 478-120-075(1), the initial order of the board shall become the final order, except all orders of dismissal shall be reviewed by the president or the president's delegate.

(16)) The board's initial order shall:
(a) Include a statement of findings of fact and conclusions with any findings based substantially on credibility of evidence or demeanor of witnesses so identified;
(b) Specify the section(s) of this conduct code that the respondent is responsible for violating, if any;
(c) Indicate the sanction(s) imposed, if any;
(d) Provide a statement regarding the availability of presidential review and the applicable time limits; and
(e) Include a statement of the circumstances under which the board's initial order, without further notice, may become a final order.

(19) An initial order issued by the faculty appeal board will become a final order if the respondent (or a complainant in any case involving an allegation of sexual misconduct) does not submit a request for review in accordance with WAC 478-120-125 within twenty-one days of service of the initial order, except that any initial order imposing dismissal will be automatically forwarded to the president for review under WAC 478-120-125.

(20) The chair shall maintain an official record of the hearing. The record shall contain those items specified in RCW 34.05.476.

AMENDATORY SECTION (Amending WSR 96-10-051, filed 4/29/96, effective 5/30/96)

WAC 478-120-125 Review by the president of the university. (1) Any initial order of the faculty appeal board that is based on the findings of a formal hearing may be appealed for a final review to the president or the president's delegate (the student must submit) by a respondent, and in any case involving an allegation of sexual misconduct, a complainant (regardless of whether the complainant participated as a party in the hearing before the faculty appeal board). Upon the submittal of such an appeal, the complainant will be considered a party to the final review. An appeal must be submitted to the president and the conduct officer in writing within twenty-one days of service of the board's initial order (or twenty-five days of mailing the order, unless the order specifies a different time limit) for which review is sought. Upon receipt, the president (or president's delegate) shall promptly serve all other parties with a copy of the appeal. Any appeal shall (specify the portion of the board's order to which exception is taken and shall refer to the evidence of record which is relied upon to support the petition) include the reasons for the appeal. However, the president or the president's delegate shall review all orders of dismissal, regardless of whether (the) a student appeals. In a case imposing dismissal, any request for review submitted by a respondent or, in a case involving an allegation of sexual misconduct, a complainant, will be considered concurrently with
the president's (or president's delegate's) automatic review of the matter.

(2) The president or the president's delegate shall consider the entire record of the disciplinary proceeding or such portion as may be specified by the parties. At the president's or the president's delegate's discretion, the parties may also supplement the record with additional evidence.

(3) The parties may present their arguments to the president or the president's delegate in writing, and the president or the president's delegate may, at his or her discretion, afford each party an opportunity for oral argument.

(4) Any review by the president or the president's delegate will be conducted in accordance with RCW 34.05.464.

(5) All communications with the president or president's delegate, except for communications necessary to procedural aspects of maintaining an orderly process, must be in the presence of, or with a copy to, all other parties. Ex parte communications received by the president or president's delegate must be placed on the record, and all other parties must be informed of the ex parte communication and given an opportunity to respond on the record.

(6) After reviewing the record and considering the arguments of all parties, the president or the president's delegate shall enter a final order disposing of the matter or remanding the case for further proceedings. A final order shall include, or incorporate by reference to the initial order, all matters required by RCW 34.05.461(3). A copy of the final order shall be served upon all parties.

(7) In a case involving an allegation of sexual misconduct, both the respondent and the complainant shall be informed of the outcome of the review. In a case where the respondent is a minor, the decision of the president or the president's delegate may be reported to the respondent's parents or legal guardian at the discretion of the president or president's delegate.

(8) Notwithstanding any other provisions of this chapter, and before an initial order issued under this conduct code becomes final, the president or the president's delegate may determine that the initial order should be reviewed. Upon such determination, a complainant, in any case involving an allegation of sexual misconduct, if not already a party in the hearing before the faculty appeal board, shall be given the opportunity to participate as a party for the purposes of review by the president or the president's delegate. Notice of the president's (or president's delegate's) decision to review any initial order under this subsection shall be provided to all parties. Any such review shall be in accordance with RCW 34.05.464 and/or 34.05.491.

AMENDATORY SECTION (Amending WSR 96-10-051, filed 4/29/96, effective 5/30/96)

WAC 478-120-135 Reconsideration of final orders. (1) Within ten days of the service of a final order from the president or the president's delegate, any party may file a request for reconsideration, stating in writing specific reasons for the request.
The request shall be directed to the president or the president's delegate who issued the final order, and the conduct officer. Upon receipt, the president (or president's delegate) shall promptly serve all other parties with a copy of the request for reconsideration.

(2) A request for reconsideration does not stay the effectiveness of a final order.

(3) A request for reconsideration is only intended to correct obvious mistakes in the judgment or order and should not be used to reargue the case. Filing a request for reconsideration is not a prerequisite for seeking judicial review in accordance with chapter 34.05 RCW. An order denying reconsideration or a notice provided for in subsection (4)(b) of this section is not subject to judicial review.

((3) The request for reconsideration shall be promptly considered. If, within twenty days from the date the request is filed, the president or president's delegate does not either (a) dispose of the request, or (b) serve the student with a written notice specifying the date by which it will act upon the request, the request is deemed to be denied.)

(4) If a request for reconsideration is timely and properly submitted, the time for filing a petition for judicial review of a final order does not commence until the university disposes of the request for reconsideration. The request for reconsideration is automatically deemed to have been denied if, within twenty days from the date the request for reconsideration is timely submitted, the president or president's delegate who issued the final order does not either:

(a) Dispose of the request; or

(b) Serve the parties with a written notice specifying the date by which he or she will act upon the request.

(5) Unless the request for reconsideration is deemed denied under subsection (4) of this section, the request shall be disposed of by the same president or president's delegate, who issued the final order, if reasonably available. The disposition shall be in the form of a written order denying the request, granting the request and dissolving or modifying the final order, or granting the request and setting the matter for further hearing.

NEW SECTION

WAC 478-120-137 Supplementary provisions regarding sexual misconduct. (1) Investigations and adjudications of cases involving an allegation of sexual misconduct will be conducted by university officials who receive regular (no less than annual) training on issues related to sexual misconduct. The requirement applies to conduct officers, all members of the faculty appeal board, the president, and the president's delegates. The specific training requirements shall be established by the university's Title IX coordinator.

(2) All cases involving an allegation of sexual misconduct shall be subject to the following supplementary provisions:

(a) The conduct officer will concurrently serve both the respondent and any complainant(s) with a copy of the conduct officer's initial order.

(b) Either a complainant or the respondent may appeal such initial order to the faculty appeal board in accordance with this conduct
code, and both the respondent and any complainant shall receive notice of any appeal and notice of any hearing before the faculty appeal board. An initial order by a conduct officer in a case involving an allegation of sexual misconduct may be subject to review by the faculty appeal board as follows:

(i) Initial order imposes sanction and exceptional circumstances exist. If the initial order imposes a sanction and exceptional circumstances as defined in WAC 478-120-100 (3)(b)(i) exist, the matter shall be referred to the faculty appeal board and both the respondent and any complainant shall each have twenty-one calendar days from the date of service of the initial order to request a formal hearing according to the procedures set forth in WAC 478-120-075(3). (The respondent and any complainant shall be informed that the faculty appeal board may increase a sanction imposed in an initial order only if a formal hearing is held.) If no timely request for a formal hearing is submitted, the faculty appeal board shall conduct administrative review in accordance with WAC 478-120-105.

(ii) Initial order imposes sanction, but no exceptional circumstances exist. If the initial order imposes a sanction and exceptional circumstances as defined in WAC 478-120-100 (3)(b)(i) do not exist, the respondent and any complainant shall each have twenty-one calendar days from the date of service of the initial order to submit an appeal to the faculty appeal board. If a timely appeal is submitted by either the respondent or any complainant, the faculty appeal board shall conduct a formal hearing in accordance with this conduct code. If no timely appeal is submitted by either the respondent or any complainant, all rights of appeal are waived and the order becomes the final order.

(iii) Initial orders do not impose a sanction. If the initial order does not impose a sanction, any complainant shall have twenty-one calendar days from the date of service of the initial order to submit an appeal to the faculty appeal board. (The respondent shall be informed that the complainant has this right, and that such an initial order shall not become final at least until the period for any complainant to submit an appeal has elapsed.) If a timely appeal is submitted by any complainant, the faculty appeal board shall conduct a formal hearing in accordance with this conduct code. If no timely appeal is submitted, all rights of appeal are waived and the order becomes the final order.

Any appeal petition must state the reasons for the appeal. Any appeal petition must be submitted to the faculty appeal board and to the conduct officer, who will promptly provide a copy of the appeal to any other party.

(c) If a formal hearing is held by the faculty appeal board in a case involving an allegation of sexual misconduct, such hearing shall be conducted in accordance with WAC 478-120-100 and 478-120-115 and the following supplementary procedures shall also apply:

(i) Both the respondent and any complainant shall be provided with the notice of a formal hearing as specified in WAC 478-120-115 (2), (3), and (4). Both the respondent and any complainant will have the right to participate as a party in the hearing including, but not limited to, the right to be represented by an attorney and/or be accompanied by an advisor, to call witnesses, to cross-examine witnesses, and to submit documentary evidence. A complainant (with or without an attorney and/or an advisor) may attend the formal hearing in its entirety, regardless of whether the complainant decides to participate as a party.
(ii) The respondent and a complainant may not ask questions of each other directly, but will be allowed to submit written questions to the chair of the faculty appeal board, who will ask any relevant and appropriate questions submitted by these parties. The chair has the discretion to accept, reject, or rephrase any question submitted by the respondent or a complainant.

(iii) Both the respondent and any complainant shall be concurrently served with all orders issued by the faculty appeal board.

(d) In any case involving an allegation of sexual misconduct, any complainant shall have the same rights as the respondent to participate as a party in any administrative review under WAC 478-120-105, to appeal a faculty appeal board’s initial order to the president of the university under WAC 478-120-125, to participate as a party in any appeal to the president, and to seek reconsideration of a final order under WAC 478-120-135. In the event that a complainant timely appeals an initial order, such order shall not become final until that appeal is resolved. Any notices or orders issued by the president shall be concurrently served on the respondent and any complainant(s), in addition to the conduct officer.

(e) Except as otherwise provided in this section, cases involving an allegation of sexual misconduct will be subject to all the other applicable provisions for this conduct code.

AMENDATORY SECTION (Amending WSR 14-17-097, filed 8/19/14, effective 9/19/14)

WAC 478-120-140 Emergency authority of the president and chancellors of the university. If there is reasonable cause to believe that a student's conduct represents a threat to the health, safety, or welfare of the university or any member of the university community, or poses an ongoing threat of substantially disrupting or materially interfering with university activities or operations, the president, the president’s delegate, the vice-president for student life, the chancellors of the University of Washington Bothell and Tacoma campuses, or the chancellors' delegates, may immediately suspend that student from participation in any or all university functions or privileges.

(1) In such an emergency situation, the university official placing the student on emergency suspension shall issue a written order to be served upon the student describing the terms of the emergency suspension and the reasons for imposing the emergency suspension. The order shall be effective immediately and emergency suspension shall, unless otherwise specified in the emergency suspension order, remain in effect until the conclusion of all disciplinary proceedings. The order shall advise the student that he or she may provide information in writing at any time as to why emergency suspension should not be continued or why it should be made less restrictive.

(2) The matter shall then be referred to the appropriate conduct officer, who shall proceed as quickly as feasible to set the informal hearing. At the informal hearing, the student shall be given an oppor-
tunity to provide information as to why emergency suspension should not be continued or why it should be less restrictive.

(3) To the extent permissible under applicable law, in any case involving an allegation of sexual misconduct, a complainant may also be provided with notice of the respondent's emergency suspension and any terms of the emergency suspension that directly relate to the com-
plainant.

(4) If a final order is entered exonerating a respondent, any emergency suspension order shall be lifted by the university official who issued the order.

AMENDATORY SECTION (Amending WSR 14-17-097, filed 8/19/14, effective 9/19/14)

WAC 478-120-145 Recording and maintenance of records. (1) Re-
cords related to disciplinary proceedings shall be maintained consis-
tent with university records retention policies and this conduct code.

(2) The president, vice-president for student life at the Univer-
sity of Washington Seattle campus ((or)), the chancellors of the Uni-
versity of Washington Bothell and Tacoma campuses, or their delegates,
shall keep records ((of)) related to all disciplinary actions reported
to their respective offices and may notify the dean or director of the
college, school, or program, in which a respondent is enrolled, of any
action related to disciplinary proceedings involving the respondent,
provided that the school official to whom the information is being
disclosed has a legitimate educational interest in receiving such in-
formation, as permitted by FERPA.

(3) Records related to disciplinary ((of)) proceedings shall
be kept separate from academic records, and respondents' official aca-
demic transcripts ((of a student's academic record)) shall not contain
((no)) any notation of ((any)) disciplinary action taken pursuant to
this conduct code.

((2)) (4) The deans of a college or school at the University of Washington Seattle, ((or)) the dean or directors of ((the)) a program
((in which the student is enrolled)) at the University of Washington
Bothell and Tacoma campuses ((initiating disciplinary action)), or
their delegates, shall maintain records related to all disciplinary
matters reported to their respective offices and shall ((reporting in
writing to)) notify the office of the vice-president for student life,
((or)) the office of the chancellor for the University of Washington
Bothell or Tacoma campuses, whichever is appropriate, or their dele-
gates, ((in all cases in which disciplinary action is initiated. The dean
at the University of Washington Seattle)) of any disciplinary action im-
posed against a respondent, who is enrolled in their college, school,
or program. The university officials named in this section shall also
inform the appropriate registrar of any action affecting a student's
official standing in the university. ((The office of the vice presi-
dent for student life, or the office of the chancellor for the Univer-
sity of Washington Bothell or Tacoma campuses, shall notify the dean
of the college or school or director of the program in which the stu-
dent is enrolled of any disciplinary action it takes and also shall
notify the registrar or campus officer of student affairs of any ac-
tion affecting a student's official standing in the university.))
((3)) (e.g., suspension or dismissal).
(5) The chairs of the faculty appeal board and university disciplinary committees shall maintain the official record (as indicated in RCW 34.05.476) of each disciplinary hearing until a final order is issued or entered. At such time the respective chair will transmit the official record to the vice-president for student life, the chancellor for the University of Washington Bothell, or the chancellor for the University of Washington Tacoma, whoever is appropriate, or their delegates, who will maintain the official record in accordance with this section.

(6) Disciplinary records of ((students)) respondents not exonerated shall be maintained ((by the vice-president for student life, or the chancellor at the University of Washington Bothell or Tacoma campuses, whichever is appropriate, or their delegates, and the registrar)) for seven years after the resolution of all disciplinary ((action has been taken and/or after)) proceedings (including the resolution of any petition for judicial review filed in superior court) or until the administrative purpose for retention has been served, whichever is later. Final orders imposing suspension or dismissal may be maintained indefinitely.

(4) Disciplinary records of exonerated students shall not be maintained.

(5) Notwithstanding any other provision of this section, the vice-president for student life, or the chancellor at the University of Washington Bothell or Tacoma campuses, whichever is appropriate, or their delegates, at their discretion, upon written request by the student, may expunge the student's disciplinary record.

(6) Records and information regarding student disciplinary proceedings are subject to the provisions of the Family Educational Rights and Privacy Act and supporting regulations (20 U.S.C. 1232g),

(7) Student disciplinary records are "education records" as defined by FERPA and may only be disclosed consistent with FERPA and ((©)) chapter 478-140 WAC.

REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 478-120-025 Off-campus conduct.
WAC 478-120-050 Jurisdiction.
WAC 478-108-010 Matters subject to brief adjudication. This rule is adopted in accordance with RCW 34.05.482 through 34.05.494, the provisions of which are hereby adopted. Brief adjudicative procedures shall be used in all matters related to:

(1) Appeals from residency classifications under RCW 28B.15.013 as established in chapter 478-160 WAC;

(2) Appeals from traffic and parking violations, and skateboard impoundment, as provided for in chapters 478-116, 478-117 and 478-118 WAC;

(3) Challenges to contents of educational records as provided for in chapter 478-140 WAC;

(4) Proceedings under the animal control policy as detailed in chapter 478-128 WAC;

(5) Requests for reconsideration of admission decisions as provided for in WAC 478-160-060;

(6) Appeals of library charges as provided in chapter 478-168 WAC;

(7) Reviews of denials of public records requests as provided in chapter 478-276 WAC;

(8) Federal financial aid appeals as provided for by federal law; ((and))

(9) Collection of outstanding debts owed by students or employees; and

(10) Disciplinary proceedings before a university disciplinary committee as provided in chapter 478-120 WAC.
STANDING COMMITTEES

Finance and Asset Management Committee

Actions Taken Under Delegated Authority ($5-15M)

INFORMATION ITEM

This item is for information only.

BACKGROUND

Pursuant of the Standing Orders of the Board of Regents delegation of authority, and to the delegation of authority from the President of the University to the Senior Vice President for Planning & Management, to take action for projects or contracts that exceed $5,000,000 in value or cost but are less than $15,000,000, the Administration may approve and execute all instruments and report such actions to the Board quarterly.

Attachment

Actions Taken Under Delegated Authority
### General Delegated Authority - Capital Project Budgets

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>MAX CONTRACT VALUE/over 4 yrs (millions)</th>
<th>OTHER INFO</th>
<th>TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Term Agreement Berger ABAM, Inc.</td>
<td>Architectural Services Contract for projects valued less than $4M.</td>
<td>$10</td>
<td>Located in Seattle, WA. 250 employees in ten offices in Washington, Oregon, California, Nevada and Texas.</td>
<td>2+2 year</td>
</tr>
<tr>
<td>Master Term Agreement Buffalo Design, Inc.</td>
<td>Architectural Services Contract for projects valued less than $4M.</td>
<td>$10</td>
<td>Located in Seattle, WA. Certified *WBE 14-person firm.</td>
<td>2+2 year</td>
</tr>
<tr>
<td>Master Term Agreement Schacht Aslani Architects, PC</td>
<td>Architectural Services Contract for projects valued less than $4M.</td>
<td>$10</td>
<td>Located in Seattle, WA. 23-person firm focused on higher education and public agencies.</td>
<td>2+2 year</td>
</tr>
<tr>
<td>Master Term Agreement SHKS Architects, Inc.</td>
<td>Architectural Services Contract for projects valued less than $4M.</td>
<td>$10</td>
<td>Located in Seattle, WA. *SBE office of 19 staff.</td>
<td>2+2 year</td>
</tr>
</tbody>
</table>

1 2+2 year term: first two years is based on negotiated rates and terms of the original contract with negotiations occurring for another two year term for four years total.

*WBE: Woman Business Enterprise; SBE: Small Business Enterprise

NOTE: No other actions from Procurement or Real Estate to report
STANDING COMMITTEES

Finance and Asset Management Committee

UW One Capital Plan

INFORMATION ITEM

This item is being presented for information only.

BACKGROUND

This is a standing agenda item.

Attachments
1. Capital Planning at the University of Washington
2. One Capital Plan Process
3. Prioritized 6-Year Capital Plan
4. February 5, 2016 UW Capital Request Letter to Deans
Capital Planning at the University of Washington

This document is intended to explain the process by which the University and Board of Regents authorizes the physical development of the university.

Process goals:
- Ensure controls are in place → establish and standardize processes
- Ensure capital plan is in place → establish and update One Capital Plan
- Manage & implement the plan → prioritize projects and identify funding or financing → establish project budget and manage to the plan

Board of Regents Capital Projects Review & Approval Process

Institutional Strategy & Project Prioritization → One Capital Plan → Bring forward top priority projects to Regents

- Identify projects
- Categorize projects
- Prioritize projects

Stage 1:
Board of Regents -- Information
- Institutional opportunities
- Estimated budget and cost analysis
- Business case analysis
- Benchmarks

Board of Regents -- Actions
- Approve preliminary site
- Approve architect
- Approve contractor
- Approve pre-construction budget

Stage 2:
Board of Regents -- Information
- Schematic design of the project
- Timeline
- Benchmarks

Board of Regents -- Actions
- Approve final site (after EIS)
- Approve naming plan
- Approve financing plan (if needed)
- Approve project budget

Stage 3:
Board of Regents -- Reporting
- Project status
- Budget vs. actuals
The Prioritized One Capital Plan captures three bienniums of planned projects with overall targets established for each fund source. The Plan will be re-evaluated on a two-year cycle corresponding with the State Capital Budget Request and modified depending on the State's actions and newly emerging priorities.

Planning targets are set by examining historical funding trends for both total value and the intended use to ensure the feasibility of each planning target. The Capital Plan can be adjusted based on these targets. Note funding shown below is based on the approval date by the Regents.

**Funding Targets by Source**

Planning targets are set by examining historical funding trends for both total value and the intended use to ensure the feasibility of each planning target. The Capital Plan can be adjusted based on these targets. Note funding shown below is based on the approval date by the Regents.
Project requests are evaluated for alignment with strategic goals and prioritized within each funding target. With projects identified, costs, scope and fund sources will continue to be refined to create viable projects.

Summary by Sources and Uses

<table>
<thead>
<tr>
<th>Source</th>
<th>State</th>
<th>Debt</th>
<th>Donor</th>
<th>Local</th>
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<tbody>
<tr>
<td>Athletics/Student Life</td>
<td>$110</td>
<td>$205</td>
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<td>Academic Support</td>
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<tr>
<td>Totals</td>
<td>$595</td>
<td>$723</td>
<td>$373</td>
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</table>

Targets: $300 $650 $450 $450
## Prioritized 6-Year Capital Plan

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Funding in $ Millions</th>
<th>GSF</th>
<th>Total Cost</th>
<th>2017-2023 Totals</th>
<th>State</th>
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<td>Burke Museum (additional funding only)</td>
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<td><strong>Clinic</strong></td>
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<td>UW Medicine - IT Core Applications and Infrastructure</td>
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<td><strong>Infrastructure</strong></td>
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<td>Minor Capital Repair - Preservation and Program Renewal</td>
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<td>150</td>
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<td>Core Research Facilities</td>
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<td>School of Medicine - South Lake Union Rosen Remodel</td>
<td>60,375</td>
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<td><strong>Totals</strong>:</td>
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<td>2,562,195</td>
<td>2,205</td>
<td>$595</td>
<td>$723</td>
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<td><strong>Targets</strong>:</td>
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<td>$1,850</td>
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</table>

F–2.3/202-16
2/11/16
ATTACHMENT 3
February 5, 2016

To: Chancellors, Deans, Vice Provosts and Vice Presidents

From: Paul Jenny, Senior Vice President for Planning & Management

Subject: 2016 UW Capital Requests

This letter is to ask for your input as we update the UW One Capital Plan and develop the next FY17-FY19 state capital budget request (including a ten year plan). We need your help to identify your highest priority capital project needs as we work to develop an achievable plan for the next 6 years. Our focus will be on projects that demonstrate both the highest institutional need and the greatest potential for funding.

The UW One Capital Plan represents the highest priority major capital projects (>\$5 million), and aggregated minor capital needs for all UW enterprises, including UW Seattle, UW Bothell, UW Tacoma, UW Auxiliary Units and UW Medicine, regardless of the fund source. It is intended to focus our collective efforts on executing these projects. To help ensure that the projects are achievable, we have established overall targets per biennium for each of the possible fund sources based on recent history to allow prioritization of projects within each: \$100M from the State, \$150M from donors, \$200M from debt, \$150M from local sources. Many projects will by necessity be funded from multiple fund sources.

The UW One Capital Plan is reviewed by the Board of Regents at every meeting to inform and advise their approval of individual capital projects and the state capital budget request. The Board of Regents will not approve individual capital projects that do not appear in the plan, except on rare occasions. Attached is the most recent draft “Prioritized 6-Year Capital Plan” presented at the January 2016 Board of Regents meeting (Prioritized Capital Plan). Capital Planning and Development is actively working on most of these projects to help shape both the scope of the project and the anticipated budget.

You will note that the list of projects included in the Prioritized 6-Year Capital Plan has been significantly reduced to align with anticipated funding targets over the next 3 biennium. As a result, many project requests have been pushed out beyond the 6 year planning horizon. A list of the projects not included in the 6 year plan, but identified as “Future Funding Opportunities”, is also attached for your reference.

2016 UPDATE

Major capital projects should be identified and prioritized by each School, College and UW enterprise in response to their own facility needs, growth expectations, and strategic initiatives. This year we are pleased to provide access to a new data analysis tool that we hope you find helpful in identifying and substantiating your capital needs. It has been developed as a prototype (so your suggestions are welcome), and it will be used by Planning & Management to inform the overall prioritization of projects. This tool combines 10 years of space data, recent facilities condition ratings by Facilities Services, student enrollment data, and employee counts from the last 10 years in ways that we hope
will be helpful in identifying historical trends, forecasting future needs, and comparing to other groups on campus. This web based tool can be found at (Space Metrics).

Please review this data and the list of projects identified as “Future Funding Opportunities” and let us know if adjustments should be made to better represent the urgency of need and realistic funding potential of your previously proposed projects. If a project is no longer a priority for your organization, please indicate that it should be removed from the list.

For any project, including those previously submitted we ask that you complete the web-based CPD Service Request form to provide the following information (CPD Request).

1. **Project Title** Name of project

2. **Description** Brief description of project including scope of work, programmatic use, and desired location. If new space, indicate plan for re-use or release of current space.

3. **Purpose/Need** Describe the purpose for the project, why it is needed, anticipated benefits and outcomes, risks, issues, opportunities, and alternatives considered.

4. **Type of Project** New, Remodel, Renovation, or Replacement.

5. **Square Feet (ASF/ GSF)** Estimated size of building or total area affected by project.

6. **Estimated Project Cost** Provide source and date of estimate.

7. **Year Needed** Indicate when project is needed to be complete or occupied.

8. **Proposed Fund Sources** Indicate anticipated sources and amount of each type of funding: state, local unit or central funds, donor or grant funds, and/or debt funds. If debt funds, indicate source of funds to repay loan.

At this time we are only asking for major capital project proposals (>5 million. Capital Planning and Development is available to work with you in determining your needs and preparing the requests, so please reach out for assistance. In order to update the UW Capital Plan in time for presentation to the Board of Regents in May 2016, we must receive your recommended capital plan edits and updated major project proposals no later than **Friday, March, 25 2016**. Please direct all submittals and inquiries regarding this process to John Seidelmann, Director, Capital Planning, (206-616-0590), or seidj@uw.edu.
# Major Capital Assets Summary Scorecard (As of December 30, 2015)

## Major Construction Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Target Cost Est. ($M)</th>
<th>Phase</th>
<th>Bldg. Type</th>
<th>Gross Square Footage</th>
<th>Cost ($M)</th>
<th>Scheduled Use Date</th>
<th>Selections</th>
<th>Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Research and Care Facility</td>
<td>$123.5</td>
<td>Const.</td>
<td>Research</td>
<td>83,000</td>
<td>$123.5</td>
<td>4/17</td>
<td>ZGF</td>
<td>1.7%</td>
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<tr>
<td>Burke-Gilman Trail Phase 1 &amp; Phase 2 Design</td>
<td>6.1</td>
<td>Design</td>
<td>Infrastruct.</td>
<td>n/a</td>
<td>6.1</td>
<td>3/16</td>
<td>KPFF</td>
<td>10.1%</td>
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<td>Computer Science and Engineering Exp.</td>
<td>104.6</td>
<td>Planning</td>
<td>Research</td>
<td>130,000</td>
<td>9.0</td>
<td>-</td>
<td>LMN</td>
<td>N/R</td>
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<tr>
<td>Denny Hall Renovation</td>
<td>56.9</td>
<td>Design</td>
<td>Classroom</td>
<td>86,400</td>
<td>52.9</td>
<td>12/16</td>
<td>THA</td>
<td>BNBuilders</td>
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<tr>
<td>Fluke Hall Renovation</td>
<td>28.5</td>
<td>Design</td>
<td>Research</td>
<td>n/a</td>
<td>37.0</td>
<td>12/16</td>
<td>HDR</td>
<td>Hoffman</td>
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<tr>
<td>Life Sciences Building</td>
<td>164.8</td>
<td>Design</td>
<td>Classroom</td>
<td>189,000</td>
<td>164.8</td>
<td>7/18</td>
<td>Perkins+Will</td>
<td>Skanska</td>
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<td>NanoEngineering and Sciences Building</td>
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<td>Const.</td>
<td>Research</td>
<td>78,000</td>
<td>81.9</td>
<td>7/16</td>
<td>ZGF</td>
<td>Hoffman</td>
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<td>New Burke Museum</td>
<td>75.0</td>
<td>Design</td>
<td>Other</td>
<td>110,000</td>
<td>7.5</td>
<td>8/17</td>
<td>Olson Kundig</td>
<td>Skanska</td>
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<td>North Campus Housing Replacement</td>
<td>240.0</td>
<td>Design</td>
<td>Housing</td>
<td>n/a</td>
<td>7.2</td>
<td>6/18</td>
<td>Kieran Timbers</td>
<td>WG Clark</td>
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<td>Police Department Facility</td>
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<td>Const.</td>
<td>Other</td>
<td>29,000</td>
<td>19.5</td>
<td>6/16</td>
<td>Miller Hull</td>
<td>BNBuilders</td>
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<td>Tacoma Urban Solutions Center</td>
<td>28.0</td>
<td>Design</td>
<td>Student</td>
<td>43,600</td>
<td>28.0</td>
<td>9/17</td>
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<td>Mortenson</td>
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<td>UWMC Expansion Phase II</td>
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<td>4/17</td>
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<td>West Campus Utility Plant</td>
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<td>Infrastruct.</td>
<td>17,000</td>
<td>36.2</td>
<td>1/17</td>
<td>Miller Hull</td>
<td>Mortenson</td>
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## Other Capital Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Cost ($M)</th>
<th>Phase</th>
<th>Bldg. Type</th>
<th>Gross Square Footage</th>
<th>Scheduled Use Date</th>
<th>Selections</th>
<th>Business</th>
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<tbody>
<tr>
<td>HR Payroll Modernization</td>
<td>$68.1</td>
<td>IT</td>
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<td>n/a</td>
<td>$70.0</td>
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<td>Totals</td>
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<td></td>
<td>$1,010,000</td>
<td>6/16</td>
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</table>

### Legend

1. Forecast to Budget Variance: On Budget = Green; 1-10% Over Budget = Yellow; >10% Over Budget = Red
2. Schedule Variance: On Schedule = Green; Within One Month = Yellow; > One Month = Red
3. N/R: Project has no information to report at this time

Close out projects moved out of chart - Bothell Activities and Recreation Center

F–2.5/202-16
2/11/16
### Monthly Debt Report
**As of 12/31/15**

#### Recent Events

- Long-term tax-exempt interest rates remain low, with the current 30-year fixed borrowing cost estimated to be 3.63%
- Short-term interest rates remain extremely low. Two recent repricing of commercial paper were issued at 0.04% for 74 days, and 0.09% for 125 days

#### Estimated Project Capacity

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<td>1,411</td>
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<td>Less: Authorized Projects(2)</td>
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<tr>
<td>Remaining Project Capacity</td>
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- Project capacity is updated each April based on audited financial statements
- Figures represent how much additional debt the University can issue over the next five years while aligning with peer minimum ratios

#### External Debt Portfolio - $2,367 Million

- The external portfolio as of 11/30/2015 was $2,380 million. This is $12.5 million lower than the last report, which is a result of $12.5 million in principal payments
- Weighted average cost of capital: 3.58%
- Portfolio Composition: 98% fixed rate; 2% variable rate
- $123 million in internal funding provided by the CAP is excluded from the external debt portfolio

#### Annual Debt Service

![Graph showing annual debt service]

- Maximum Annual Debt Service: $204 million

(1) 10% of the Invested Funds (IF): $234 million, less previously allocated Capital Assets Pool (CAP) dollars based on 11/30/2015 IF value
(2) Includes $118 million for South Lake Union 3.2, $121 million for Life Sciences, $238 million for Housing Phase 4a and $280 million for other authorized projects. Some of this debt has already been issued, leaving approximately $438 million of debt to be issued for authorized projects after the September 2015 General Revenue Bonds issue
(3) Excludes Principal Payments on Commercial Paper
(4) Excludes Valley Limited Tax General Obligation Bonds

---

ATTACHMENT 6
## Outstanding External Debt

(in millions)

<table>
<thead>
<tr>
<th>Project</th>
<th>Purpose</th>
<th>Balance&lt;sup&gt;(1)&lt;/sup&gt;</th>
<th>Final Maturity</th>
<th>% by Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molecular Engineering Building</td>
<td>Instruction and Research</td>
<td>70.7</td>
<td>2043</td>
<td>Instruction and Research, 13%</td>
</tr>
<tr>
<td>Dempsey Hall</td>
<td>Instruction and Research</td>
<td>39.6</td>
<td>2041</td>
<td></td>
</tr>
<tr>
<td>Foege Building</td>
<td>Instruction and Research</td>
<td>32.0</td>
<td>2031</td>
<td></td>
</tr>
<tr>
<td>UW Bothell Phase 3</td>
<td>Instruction and Research</td>
<td>25.5</td>
<td>2043</td>
<td></td>
</tr>
<tr>
<td>William H. Gates Law School</td>
<td>Instruction and Research</td>
<td>25.1</td>
<td>2028</td>
<td></td>
</tr>
<tr>
<td>AAALAC</td>
<td>Instruction and Research</td>
<td>23.2</td>
<td>2035</td>
<td></td>
</tr>
<tr>
<td>Ben Hall</td>
<td>Instruction and Research</td>
<td>20.0</td>
<td>2037</td>
<td></td>
</tr>
<tr>
<td>Denny Hall</td>
<td>Instruction and Research</td>
<td>15.0</td>
<td>2046</td>
<td></td>
</tr>
<tr>
<td>Other Central</td>
<td>Instruction and Research</td>
<td>14.4</td>
<td>various</td>
<td></td>
</tr>
<tr>
<td>Ocean Sciences</td>
<td>Instruction and Research</td>
<td>13.6</td>
<td>2024</td>
<td></td>
</tr>
<tr>
<td>Physics-Astronomy</td>
<td>Instruction and Research</td>
<td>9.3</td>
<td>2023</td>
<td></td>
</tr>
<tr>
<td>Other Instruction and Research</td>
<td>Instruction and Research</td>
<td>14.8</td>
<td>various</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal Instruction and Research</strong></td>
<td></td>
<td><strong>303.3</strong></td>
<td></td>
<td>UW Medicine, 35%</td>
</tr>
<tr>
<td>South Lake Union (Ph I, II, 3.1, &amp; 3.2)</td>
<td>UW Medicine</td>
<td>408.2</td>
<td>2048</td>
<td></td>
</tr>
<tr>
<td>UWMC Expansion</td>
<td>UW Medicine</td>
<td>177.7</td>
<td>2046</td>
<td></td>
</tr>
<tr>
<td>NW Hospital</td>
<td>UW Medicine</td>
<td>79.2</td>
<td>2033</td>
<td></td>
</tr>
<tr>
<td>Valley Medical Center</td>
<td>UW Medicine</td>
<td>79.0</td>
<td>2040</td>
<td></td>
</tr>
<tr>
<td>UWMC Surgery Pavilion</td>
<td>UW Medicine</td>
<td>47.6</td>
<td>2028</td>
<td></td>
</tr>
<tr>
<td>Other UW Medicine</td>
<td>UW Medicine</td>
<td>31.8</td>
<td>various</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal UW Medicine</strong></td>
<td></td>
<td><strong>823.5</strong></td>
<td></td>
<td>Student Life Facilities, 27%</td>
</tr>
<tr>
<td>Housing Expansion</td>
<td>Student Life Facilities</td>
<td>380.1</td>
<td>2045</td>
<td></td>
</tr>
<tr>
<td>Husky Union Building</td>
<td>Student Life Facilities</td>
<td>106.2</td>
<td>2043</td>
<td></td>
</tr>
<tr>
<td>IMA Building</td>
<td>Student Life Facilities</td>
<td>33.2</td>
<td>2030</td>
<td></td>
</tr>
<tr>
<td>Radford Court Apartments</td>
<td>Student Life Facilities</td>
<td>32.9</td>
<td>2032</td>
<td></td>
</tr>
<tr>
<td>Nordheim Court</td>
<td>Student Life Facilities</td>
<td>21.6</td>
<td>2033</td>
<td></td>
</tr>
<tr>
<td>Bothell Student Center</td>
<td>Student Life Facilities</td>
<td>17.5</td>
<td>2046</td>
<td></td>
</tr>
<tr>
<td>Ethnic Cultural Center</td>
<td>Student Life Facilities</td>
<td>13.2</td>
<td>2043</td>
<td></td>
</tr>
<tr>
<td>UW Tacoma YMCA</td>
<td>Student Life Facilities</td>
<td>12.0</td>
<td>2046</td>
<td></td>
</tr>
<tr>
<td>Other Student Life Facilities</td>
<td>Student Life Facilities</td>
<td>30.1</td>
<td>various</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal Student Life Facilities</strong></td>
<td></td>
<td><strong>646.9</strong></td>
<td></td>
<td>Academic Support, 10%</td>
</tr>
<tr>
<td>UW Tower</td>
<td>Academic Support</td>
<td>109.8</td>
<td>2037</td>
<td></td>
</tr>
<tr>
<td>Cobb Building</td>
<td>Academic Support</td>
<td>32.9</td>
<td>2045</td>
<td></td>
</tr>
<tr>
<td>HR Payroll Modernization</td>
<td>Academic Support</td>
<td>25.0</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>4225 Roosevelt</td>
<td>Academic Support</td>
<td>17.3</td>
<td>2029</td>
<td></td>
</tr>
<tr>
<td>4545 Building</td>
<td>Academic Support</td>
<td>15.9</td>
<td>2024</td>
<td></td>
</tr>
<tr>
<td>West Campus Parking Garage</td>
<td>Academic Support</td>
<td>12.4</td>
<td>2029</td>
<td></td>
</tr>
<tr>
<td>Other Academic Support</td>
<td>Academic Support</td>
<td>30.6</td>
<td>various</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal Academic Support</strong></td>
<td></td>
<td><strong>243.9</strong></td>
<td></td>
<td>Athletics, 11%</td>
</tr>
<tr>
<td>Husky Stadium</td>
<td>Athletics</td>
<td>230.3</td>
<td>2045</td>
<td></td>
</tr>
<tr>
<td>Husky Ballpark</td>
<td>Athletics</td>
<td>11.8</td>
<td>2045</td>
<td></td>
</tr>
<tr>
<td>Other Athletics</td>
<td>Athletics</td>
<td>7.9</td>
<td>various</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal Athletics</strong></td>
<td></td>
<td><strong>250.0</strong></td>
<td></td>
<td>Unallocated, 4%</td>
</tr>
<tr>
<td>Unspent Bond Proceeds</td>
<td>Unallocated</td>
<td>99.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total University Outstanding Debt</strong></td>
<td></td>
<td><strong>$2,367</strong></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

<sup>(1)</sup> Will not exactly match ILP balances due to bond premiums and use of the Capital Assets Pool.
STANDING COMMITTEES

Finance and Asset Management Committee

Computer Science & Engineering 2: Approve Project Site, Preferred Development Alternative and Mitigation

RECOMMENDED ACTION

It is the recommendation of the Administration and the Finance and Asset Management Committee that the Board of Regents approve:

1) Project Site (Development Site 16C);
2) Preferred Development Alternative; and
3) Mitigation in the form of a virtual reality tour of More Hall Annex to be made available to anyone with an internet connection, and documentation of the Annex per Washington State DAHP Mitigation Standards Level I.

BACKGROUND

See Attachment 2.

ANTICIPATED FUTURE ACTIONS

Approve Project Budget
Approve Project Financing Plan
Approve Donor Naming Plan

Attachments
1. Computer Science & Engineering Expansion (CSE II) Project Summary
2. Project Background
3. Site Selection
4. Preferred Development Alternative
5. Explanation from the Department
6. Recommendation
7. Computer Science Engineering Expansion Presentation
Computer Science & Engineering Expansion (CSE II)

Regent Actions

- Approve project architect selection
- Delegate authority to award design contract to LMN Architects
- Approve alternative public works contracting (GC/CM)
- Delegate authority to select the GC/CM and award preconstruction contract
- Approve final site (Development Site 16c)
- Approve preferred development alternative and mitigation effort
- Approve budget, financing plan, and donor naming plan

Objective

To provide collaborative research and teaching space to meet increasing demand for student growth in the College of Engineering, Computer Science and Engineering program for the next ten years and enable the program to remain competitive.

Description

Design and construct a 135,000 gross square foot building to provide space for an additional 30 full-time faculty, associated postdocs, graduate students and researchers. The facility will have an undergraduate focus and will foster interdisciplinary research and collaboration. The program includes 16 labs, a lecture hall, two classrooms, 3 seminar rooms, an event space, communal and study spaces, associated office and support spaces and is planned for LEED Silver.

Financials

<table>
<thead>
<tr>
<th>Proposed Budget</th>
<th>Proposed Funding</th>
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<tbody>
<tr>
<td>Consultant Service</td>
<td>$ 7,494,043</td>
</tr>
<tr>
<td>Construction Cost</td>
<td>$ 72,913,285</td>
</tr>
<tr>
<td>FF&amp;E &amp; Other Costs</td>
<td>$ 11,165,370</td>
</tr>
<tr>
<td>Contingency</td>
<td>$ 3,662,410</td>
</tr>
<tr>
<td>Escalation</td>
<td>$ 9,364,892</td>
</tr>
<tr>
<td><strong>Total Project Cost</strong></td>
<td><strong>$ 104,600,000</strong></td>
</tr>
</tbody>
</table>

Benchmarks

Costs escalated to 2017 (project costs)
- Cornell University, William and Melinda Gates Hall ($887/GSF)
- University of Texas Austin, Bill & Melinda Gates Computer Science Complex ($1,048/GSF)
- Carnegie Mellon, Gates Center for Computer Science ($608/GSF)
- University of Washington, Paul G. Allen Center for Computer Science and Engineering ($713/GSF)

Metrics & Indicators

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assignable SF</td>
<td>77,366</td>
<td>77,006</td>
</tr>
<tr>
<td>Gross SF</td>
<td>135,401</td>
<td>133,820</td>
</tr>
<tr>
<td>Efficiency (NASF/GSF)</td>
<td>57%</td>
<td>58%</td>
</tr>
</tbody>
</table>

![Current Cost/GSF vs Project Cost/GSF]

<table>
<thead>
<tr>
<th>Objective</th>
<th>Current</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of alternative public works contracting</td>
<td>$538</td>
<td>$545</td>
</tr>
<tr>
<td>Approval of design contract to LMN Architects</td>
<td>$773</td>
<td>$782</td>
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</tbody>
</table>

Schedule

<table>
<thead>
<tr>
<th>Year</th>
<th>Pre Design</th>
<th>Design and Permitting</th>
<th>Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1/2015</td>
<td>8/2015</td>
<td>1/2017</td>
</tr>
<tr>
<td>2015</td>
<td>7/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATTACHMENT 1
Project Background

The primary mission of the University of Washington is the preservation, advancement and dissemination of knowledge and as one of the University's fastest growing programs, the CSE Program contributes significantly to the University's ability to fulfill its primary mission. The CSE Program includes two undergraduate programs (Computer Science in the College of Arts and Sciences, and Computer Engineering in the College of Engineering) and a graduate program. The CSE Program currently has approximately 600 undergraduate students, 375 graduate students, as well as 50 faculty members and 50 staff members.

Currently, the CSE Program is primarily housed in the six-story Paul G. Allen Center for Computer Science and Engineering which was constructed in 2003 and contains approximately 160,000 gross square feet of building area. The CSE Program has grown significantly at every level (undergraduate students, graduate students, faculty, staff, etc.) to meet the high demand in the region for CSE graduates and research. Due to the success of the CSE program's educational and research initiatives, the amount of space in the Paul G. Allen Center is substantially short of the current program needs and the deficiency becomes even greater when taking into account the consistent rate of program growth. The proposed CSE II Project would provide additional academic and research space to meet the current and future needs of the CSE Program while maintaining connections and allowing continued collaboration with the existing CSE Program within the Paul G. Allen Center. The preferred location of the CSE II Project, across Stevens Way NE from the Paul G. Allen Center, would allow for the creation of a unified CSE complex encouraging collaboration between students, faculty and staff within the two buildings.

The Supplemental Environmental Impact Statement (SEIS) analyzed five alternative designs/locations on two sites, plus the no action alternative. The preferred alternative on Site 16C is the only alternative that meets the programmatic needs of the CSE Department. However, the preferred alternative produces the most significant adverse impact on historic resources because it requires removal of More Hall Annex, which is listed on the State and National Registers of Historic Places, and is nominated for designation as a City of Seattle Landmark. The Administration received and reviewed many comments to the Draft SEIS that expressed the position that the Annex, because of its historic value, should be retained on site and the CSE II building constructed on Site 14C, next to the UW Club.
Site Selection

The project team examined two sites (Sites 16C and 14C). The preferred project site (Site 16C) is located adjacent to the Paul Allen Center for Computer Science and Engineering, bounded by Mason Road and Stevens Way to the east and west and by Mechanical Engineering and More Hall to the north and south. The Power Plant is located off the northeast corner of the site. There are two existing buildings on the site; the More Hall Annex and Plant Operations Annex #7 (a temporary Facilities Services building). This site is preferred primarily because of the adjacency to the existing Paul Allen Center.
Site Selection (continued)

Potential development of the CSE II project was also analyzed on Development Site 14C, which is generally bounded by the University of Washington Club Building and Fluke Hall to the north, Mason Road NE to the east, Loew Hall and the Power Plant to the south, and the Engineering Library Building, Stevens Way NE and the HUB to the west. Due to the site location, development of the CSE II project on this site would be disconnected from the existing program within the Paul G. Allen Center and would not result in a unified CSE Program Complex. The two alternatives studied for this site either impact views from the University of Washington Club, or require a small and inefficient floorplate in a seven-story building.
Preferred Development Alternative

The preferred development alternative for Site 16C creates a strong connection to the existing Paul Allen Center and enhances the historic Snohomish Lane and the connection to the Athletic Complex. By taking advantage of the topography, the building can create multiple connections between the interior and the exterior, enhancing the campus experience and respecting the adjacent Engineering buildings. However it requires the demolition of two small buildings: More Hall Annex and Plant Operations Annex #7 (a temporary Facilities Services building).
Preferred Development Alternative (continued)

A number of development alternatives were studied to preserve More Hall Annex, including wrapping around it and incorporating it into the new CSE II building (see four images below). All of these significantly compromised the historic context of the Annex and would require re-routing of historic Snohomish Lane. Furthermore, More Hall Annex could not be incorporated into the new CSE II building without seismic upgrades that would adversely impact the historic character of the Annex.

Incorporation or preservation of the Annex would also compromise essential functions of the new building in the manner described in the Explanation from the Department (see Attachment 5). Many issues would arise from the occupancy of a former nuclear reactor building, a structure never intended to be occupied for the extended hours that CSE students, faculty, and staff work.

Additional alternatives briefly studied but not carried forward include incorporation of some or all of the More Hall Annex into the CSE II building interior or façade. These alternatives did not preserve the historic form, integrity, or distinctive features of the More Hall Annex, eliminated the spatial experience of the Annex, and added substantial cost and construction complexity.

Massing Studies Retaining
More Hall Annex
Explanation from the Department

We write to describe why it is essential to the future of the CSE program, and we believe to UW as a whole, that the new CSE II building be located using the preferred alternative site studied in the Environmental Impact Statement.

The CSE II project is aptly named because the new building is, in effect, phase 2 of the Allen Center. The original Allen Center was limited in the kinds of spaces it could provide due to site, height limit, and budget constraints. CSE II is intended to provide many spaces that the Allen Center lacks: for example, the Allen center has no classrooms or lecture halls, insufficient research space, meeting spaces too small and too few for the current program, and inadequate and low quality space for our rapidly expanding undergraduate program. CSE II includes a 240-person lecture hall, two 100-person classrooms, rooms for graduate group meetings and seminars, significant high-quality undergraduate space (e.g., an undergraduate commons, special project rooms, TA breakout rooms for teaching, and an advising suite all on the same floor), a maker space, and significant new research and office space. Allen Center occupants must be able to access these new CSE II spaces easily and quickly, while occupants of the new CSE II building must be able to use the spaces in the Allen Center in the same way.

Expansion of CSE is essential:

There is extraordinary student demand for computer science education, not only for the major, but also more broadly across campus since fluency with “computational thinking” is an essential component of any 21st century liberal education. For example, we now teach introductory programming to 5,000 students per year and the number continues to increase. Growth of CSE is critical to the growth of Washington’s innovation economy and central to the overall excellence of UW. The legislature has funded CSE expansion, has invested in CSE II, and has expressed willingness to invest further.

Locating the new CSE II building close to the Allen Center is essential to preserving and enhancing the collaborative culture that is our competitive advantage in becoming one of the foremost programs in the field:

In recent years we have improved the CSE program from a Top 10 program to a Top 5 program (or better) nationally. The principal reason for this improvement and our rising reputation is our collaborative culture and the physical environment within the Allen Center that supports this culture. As we grow, we must promote and nourish rather than compromise and diminish this collaborative culture. Separating the buildings would make every space in both buildings less useful and functional, and would diminish the collaboration that we constantly strive to encourage.
and nourish, which is our competitive advantage in a challenging national and global competition for talent and innovation.

The field of computer science is dynamic and is changing perhaps more rapidly than any field of study in history. The work we do is increasingly complex as we build systems that require groups of people with differing expertise to work together. Today, and for the foreseeable future, the most important work will take place at the intersection of the sub-fields of computer science: computer architecture, operating systems, programming languages, artificial intelligence, computer vision, etc.

In every way we can in CSE, we break down traditional barriers among sub-fields and encourage both formal collaborations and spontaneous, informal interactions that promote innovation. For example, we explicitly assign faculty offices in a way that mixes people from different technical areas. While this means that people in the same sub-field are separated from each other in the building, it causes them to interact informally throughout the day with other researchers and groups. These constant, serendipitous interactions are essential to the identity and success of our program. We intend to continue this practice across the two buildings to avoid creating silos within the program, which requires adjacency of the buildings.

The physical environment of the Allen Center, with its design and large floor plates, supports our collaborative culture, and our new building must support rather than compromise this culture. Our faculty recognize the importance of this connectivity: the number one request from our faculty for CSE II is a bridge between it and the Allen Center.

**Incorporating the More Hall Annex into the new building would damage the building’s design, compromising both our program and our ability to fundraise for the new building:**

The design and function of the CSE II building must reflect the CSE program's top-tier national status and help the program compete for the best faculty and students, as well as philanthropic dollars. To achieve the goals of the program, the new building must not only integrate seamlessly with the Allen Center, it must be an attractive building that faculty and students will want to be in, and that donors will want to fund. The quality of the building has two important impacts. First, we are responsible for recruiting the best possible faculty and students over challenging competition, such as MIT, Stanford, and Berkeley. Second, we are also responsible for raising tens of millions of dollars in private money for CSE II to supplement the funds appropriated by the Legislature and allocated by the University.
Explanation from the Department (continued)

Two alternatives studied in the EIS would require the new CSE II building to wrap around and preserve the More Hall Annex for use by the CSE program. Unfortunately, such construction would not only compromise the historic integrity of the Annex, it would make CSE II less useful and attractive, and would require us to make use of the cold, unattractive, and environmentally questionable space within the Annex. Our building must be attractive for people to work in for long hours; even a space such as a robotics lab must attract and comfortably house the best faculty and students, who will work closely with those robots for long periods of time every day.

We must raise private funds to defray much of the cost of the new building, but how can we effectively raise funds for a compromised building that will in turn compromise our program? What would we tell potential donors, particularly the potential naming-rights donors whom we will ask to donate tens of millions of dollars? Will they want their name on a building that will satisfy no one's goals, neither within the CSE program itself nor within the historic preservation community that values the Annex as it is? Even if re-purposing were feasible from a design point of view (which it is not), and even if we could raise the private funds to execute a badly compromised design (which we believe we cannot), would students, faculty, and staff be comfortable working in a facility that once housed a nuclear reactor and experienced a radiation-related accident? Would the UW be comfortable asking them to do so?

We believe the best solution is to build on the preferred alternative site, which is the only alternative that meets the needs of the CSE program, and to acknowledge and preserve the historic values of the Annex by other means. As just one example, our faculty are experts in the latest technology that is sweeping the world both for home and industrial use: virtual reality. We can produce a 3D application that will allow anyone anywhere, even in their own living room, to do a complete exploration of the exterior and interior of the Moore Hall Annex as if they were walking around and through the building, providing perhaps the first full 3D virtual reality tour of a historical building.

**In summary:**

Failure to approve the preferred alternative site at this time will seriously harm CSE, putting a halt to the department's remarkable trajectory. It will also harm all of UW's students by reducing our capacity to educate them in the latest technology that is required for everyone in the modern world. We therefore respectfully request that you choose the preferred alternative site and allow the CSE II project to move forward to enhance UW's mission of education, discovery and outreach.

Hank Levy, Chairman and Wissner-Slivka Chair in Computer Science & Engineering

Ed Lazowska, Bill & Melinda Gates Chair in Computer Science & Engineering
Recommendation

The UW Administration has considered all relevant factors and values, both environmental and non-environmental. It reviewed the alternatives and their adverse environmental impacts described in the SEIS, and weighed these adverse environmental impacts against the adverse non-environmental impacts to the CSE program that would result from approval of an alternative other than the Preferred Alternative. Based on the investigations that have been conducted, the Administration concludes that the educational needs of the University and the CSE Department outweigh the value of preserving the Annex, a building for which the University has no reasonable use.

The Administration similarly concludes that the adverse impact to historic resources that will result from demolition of the Annex is substantially outweighed by the programmatic needs of the CSE Department, which are important not only the Department but to the University as a whole and to the region and the State, and which can be met only by the Preferred Alternative.

In light of the considerations above, and mindful of the environmental cost of demolishing the Annex, the Administration recommends that Board of Regents approve the Preferred Alternative as generally described in the SEIS.

As mitigation for the environmental cost, the Administration further recommends that the Board of Regents approve and make part of the project a virtual reality 3D tour of the exterior and interior of the Annex, to include available archival video and photos; to be prepared by the CSE Department and freely available on the internet. Such preservation by means of virtual reality will preserve much of what is historically and culturally important about the structure, its history and purpose, and will allow the public greater access to and through the building in virtual space than the public has enjoyed or could enjoy in the physical world.

Finally, the Administration further recommends that the Annex be documented per Washington State DAHP Mitigation Standards Level I.
Computer Science Engineering Expansion

Board of Regents
February 11, 2016

Presented by
Mike McCormick, AIA
Associate Vice President
Capital Planning & Development
CPD SERVICE REQUEST

- Response to TAP initiative for single entry point
- Clear entry point for customers
- Coordinated and timely response
- Strategic solutions
- Optimizes University resources
- Space Strategy Team ensures project alignment

Alternative 3 Site

Alternative 1 and 2 Site

Campus Map
Sites Considered
Preferred Site - Existing Conditions
Level 2
Preferred Alternative
Massing Studies Retaining More Hall Annex
STANDING COMMITTEES

Finance and Asset Management Committee

New Burke Museum Stage 2: Approve Project Site, Donor Naming Opportunities, Funding Plan and Project Budget

RECOMMENDED ACTION

It is the recommendation of the administration and the Finance and Asset Management Committee that the Board of Regents approve the project, including:

1) Project Site (Development Site 1C);
2) Donor Naming Opportunities;
3) Funding Plan; and
4) Project Budget ($82,500,000).

BACKGROUND

Detailed project information is included in the attachments.

Attachments
1. New Burke Museum Project Summary
2. New Burke Museum Project Background
3. New Burke Museum Site Selection
4. New Burke Museum Donor Naming Opportunities
New Burke Museum

Regent Actions

- Stage 1 Actions: June 2009
  - Select Architect - Olson Kundig Delegate authority to award design contract
  - Approve final site - see attached
  - Approve naming plan - see attached
  - Approve funding plan
  - Approve project budget - $82,500,000

- Stage 1 Actions: Sept. 2014
  - Delegate authority to award construction contract

Objective

Replace existing Burke Museum building with an expanded facility to enable the Burke to protect and share collections that constitute the natural and cultural heritage of the people of Washington state; facilitate meaningful visitor engagement with Burke Museum research and collections; and create a valued public amenity that connects the community to both the mission and campus of the University of Washington.

Description

This project will construct a new Burke Museum located along NE 15th Ave NE to the west of the existing Burke Museum within a development site identified in the UW Campus Master Plan. The facility is a three-story building with a partially exposed basement along 15th Avenue NE, approximately 108,000 GSF (60% larger than the current building). The new facility will support 20-year growth for museum collections, and a museum program that integrates exhibits, research and collection areas. Largely due to the nature of the project, it is currently being planned for LEED Gold certification.

Financials

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<td><strong>Total Project Cost</strong></td>
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*Pending legislative action in 2017 for remaining $24.2 million

Costs escalated to 2017 (construction-only costs)

Natural History Museum of Utah, University of Utah: New construction completed in 2011, $572/SF
Natural History Museum of Los Angeles County: Expansion started in 2012, $793/SF
Bell Museum of Natural History, University of Minnesota: New construction currently in design, $648/SF

Metrics & Indicators

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<td>Project Cost/GSF*</td>
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*Higher current cost reflects higher escalation and funding delay

Schedule

The project team is exploring options to begin construction earlier using secured private funding to reduce escalation costs.
New Burke Museum

Project Background

Founding
The Burke Museum was founded by the Young Naturalists' Society in 1882 on the University of Washington's downtown campus as the first Washington State museum. In 1899, the state legislature designated the museum as the “Washington State Museum.” Later the museum was named in honor of Judge Thomas Burke as the Burke Museum of Natural History and Culture.

Predesign Study Determined New Construction is the Best Option
The existing Burke Museum, constructed in 1962, is a two-story brick building with 68,916 gross square feet (GSF) of space. Predesign work determined that, rather than renovating the existing building, the optimum solution is to construct a new building nearby the existing museum.

Project will Result in an Architecturally Noteworthy Facility
- Enables the Burke to simultaneously protect and share its 15 million object collection that constitutes the natural and cultural heritage of the people of Washington State
- Facilitates meaningful visitor engagement with Burke Museum research and collections
- Creates a valued public amenity that connects the community to both the mission and campus of the University of Washington

Long Term Exhibit and Public Space Flexibility, Sustainability Goals
The design addresses issues of long-term flexibility in the design of galleries and public spaces, and will implement sustainable design practices to achieve a facility that functions efficiently and can be maintained with limited resources. The project is currently planned for LEED Gold.

Partial State Funding Intended to Start Construction
The $26 million in State funding in the 2015–17 biennium came with the expectation that the University would start construction in a phased manner to align with future State funding in the 2017–19 biennium. UW Treasury worked with the Burke to review the project funding and its income and operating expenses. The total available funding received to date is enough to complete the building structure, exterior cladding, and roofing. A construction start in July 2016 aligns with the future anticipated State funding in the 2017–19 biennium to complete the project.

If State Funding is Not Secured in 2017
The project would be put on hold if additional funding is not secured. The building could not be occupied for its intended use. The interior building systems and finishes would be completed when additional State funding is received.
Site Selection

Site Location
The proposed New Burke Museum Project site is part of the Campus Master Plan Development Site 1C, which is located in the northwest corner of the Central Campus area and is generally bounded by NE 45th Street to the north, Memorial Way to the east, NE Stevens Lane/NE 43rd Street to the south, and 15th Avenue NE to the west. The New Burke Museum site is located to the west of the existing Burke Museum adjacent to the 15th Ave NE.

Project Environmental Review – State Environmental Policy Act
The University's SEPA Responsible Official determined that the proposed New Burke Museum project does not have a probable significant adverse environmental impact on the environment. An environmental impact statement was not required.
Donor Naming Opportunities

Criteria for Determining Building Naming Level
Based on University of Washington best practices stating that “a naming gift should cover a significant portion of the cost of the building,” the Burke Museum proposed a naming opportunity for the building at $35 million, just over 40% of the construction cost. This recognition opportunity pertains only to the building. The name ‘Burke Museum of Natural History and Culture’ will remain the same.

National museum trends indicate that $35 million is an appropriate level for this type of naming opportunity. Relevant examples include:

- The Museum of History and Industry (MOHAI) in Seattle received board approval and offered building naming at $30 million (total project cost: $90 million; opened in 2012)
- The Natural History Museum of Utah at the Rio Tinto Center offered a building naming opportunity to Kennecott Utah Copper/Rio Tinto for $15 million plus the in-kind donation of the copper used in the building's façade (total project cost: $102.5 million; opened in 2011)
- The Perot Museum of Nature and Science in Dallas changed its name with a $50 million gift from the Perot family (total project cost: $185 million; opened in 2008)

Administration Approval
President Cauce has approved the interior and exterior donor recognition opportunities for the New Burke Museum.

Exterior Naming Opportunities and Levels
- Building - $35,000,000
- Upper Plaza - $500,000
- Lower Plaza - $250,000
- Seating Steps - $1,000 to $10,000
STANDING COMMITTEES

Finance and Asset Management Committee

Transforming Administration Program (TAP) Regent Update

INFORMATION ITEM

This item is being presented for information only.

BACKGROUND

The Transforming Administration Program (TAP) executive sponsors and TAP team have developed the attached presentation slides as part of a regular update to the Regents about the program.

In addition, a brief update will be provided on the TAP project to construct a Business Equity Scorecard and the role UW is playing in the statewide disparity study.

The Business Equity Scorecard: UW Business Diversity Program, Capital Planning & Development and Procurement Services will hire a consultant, Logic 20/20, to conduct a data/spend report utilizing the UW’s existing payment database. The project will start in February 2016 and will be completed in approximately three months. The goal is to provide the UW with a diverse spend data reporting tool which anyone can use. This tool will allow the UW to access reliable supplier data and accurate spend reports, and capture 2nd tier and ProCard spend data.

The State of Washington Department of Enterprise Services (DES) is conducting a state-wide comprehensive disparity study. To ensure the inclusion of higher education in the scope of this study, the University has three people on the advisory board for this study: Angela Battle, Director of UW Business Diversity Program, Claudia Christensen, Contracts Manager of Procurement Services, and Jim Evans, Assistant Director of Capital Projects Office. Currently, the board is outlining the scope of the study for inclusion in the Request for Proposal that will be submitted within the next four to five months. The first board meeting will be held at UW Seattle in February.

Attachment
Capital Planning & Development Service Request
Transforming Administration Program

Capital Planning & Development Service Request

Board of Regents

February 11, 2016

Presented by

Mike McCormick, AIA
Associate Vice President
Capital Planning & Development (CPD)
CPD SERVICE REQUEST

- Response to TAP initiative for single entry point
- Clear entry point for customers
- Coordinated and timely response
- Strategic solutions
- Optimizes University resources
- Space Strategy Team ensures project alignment
- Critical to successful and efficient completion
Welcome to Capital Planning and Development

Capital Planning & Development (CPD) oversees all activities associated with real estate acquisition, capital planning, financing, and gaining approval for construction of new facilities for the University.

The following formerly independent service groups have been merged to create Capital Planning and Development:

- **Capital Projects Office (CPO)** [cpo.uw.edu](http://cpo.uw.edu)
  CPO serves the University of Washington community by planning and managing new construction and renovation projects on campus.

- **Office of the University Architect (OUA)** [pm.uw.edu/oua](http://pm.uw.edu/oua)
  OUA is the University's physical and capital planning office. It establishes an integrated vision of the physical campus landscape and facilities and articulates the associated capital plan and budget.

- **UW Real Estate Office (UWRE)** [uwre.uw.edu](http://uwre.uw.edu)
  UWRE provides strategic asset management and comprehensive real estate services that align with the University's institutional goals.

**Capital Planning Metrics**

An analytical framework for the evaluation and prioritization of projects within the University’s One Capital Plan. Read more...

**Service Request**

To request space or any of the services provided by Capital Planning and Development, go to the service request process page or directly to the request form. For Facilities Services work order requests, go to FS Works.
## Request Number:
This project will be assigned a new Request Number after it is saved.

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Please limit to 40 characters (40 characters left)

Description - Include details such as lease space, remodel, relocation, convert space, etc.

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CPD Service Request

- Customer Request
- Intake Evaluation
- Major Projects
- Special Projects
- Space Strategy Team
- University Architect
- Real Estate
- Facilities Services
- Completion
SPACE STRATEGY TEAM

Leaders from CPD functional areas + Facilities Services

- Focus on coordinated and strategic solutions
- Checks for project alignment
- Provides direction when projects get stuck

Alignment Criteria

- Clear space assignment
- Clear fund source and target budget
- Appropriate use
- Coordinated other planning efforts
- “See something, say something”
STANDING COMMITTEES

Finance and Asset Management Committee

New Student Enrollment and Orientation Fee Increases for UW Bothell and UW Seattle

RECOMMENDED ACTION

It is the recommendation of the administration that the Board of Regents, pursuant to its authority under RCW 28B.20.130, the Bylaws of the Board of Regents, and the Board of Regents Governance Standing Order No. 1, approve this slate of student fee changes for the current academic year. In this action item, the Board of Regents, in its sole and independent discretion approves changes selected fees in Fiscal Year 2016 for new students accepting admission on the UW Seattle and Bothell campuses this year and in future years.

BACKGROUND

Under Administrative Policy Statement 33.1, User Fee Approval Policy, the Board of Regents has authority to assess fees at its discretion and delegated certain fee approvals to the President who, in turn, delegated approval authority to the Provost.

Under current delegations, the President maintains authority to approve University-wide charges, including student application and registration fees. In turn, the Provost has authority to approve fees for courses and instructional related fees.

Despite these delegations, there are fees for which the President and Provost seek consultation and approval from the Board of Regents.

This action item contains an explanation of and request for approval to increase the New Student Enrollment and Orientation Fee (NSEOF) charged to new students at UW Seattle and UW Bothell to varying amounts. Though the fee varies by campus, each campus seeks to increase this fee to cover critical expenses and in many cases, these fees have not increased since their inception.

Attachment
Proposed Changes to the New Student Enrollment and Orientation Fee (NSEOF)
Proposed Changes to the New Student Enrollment and Orientation Fee (NSEOF)

Background

UW Seattle

UW Seattle’s Undergraduate Academic Affairs (UAA) unit recommends a fee increase of $10, changing the NSEOF from $300 to $310, or 3.3%, to the President and Interim Provost. This request is justified by an increase in expense associated with changes to the minimum wage for student employees and including required credit card merchant fees.

Initially, the requested change was 16% over the current fee, but Interim Provost Baldasty removed the institutional overhead rate charged to this fee, which will save the program over $360,000 next year. Exemption from institutional overhead will allow NSEOF revenues to be repurposed to programs and services for students. In addition, it allows UAA to sustain programming and campus partnerships for the next three years, including their commitment to rich learning experiences for volunteer and employed student leaders, including Dawg Daze and Orientation Leaders, Freshmen Interest Group (FIG) peer educators, Peer Advisers, Tutors, and Mentors.

A 3.3% increase would increase the NSEOF fee from $300 to $310. Beginning with this admission cycle, new students would pay $10 additional NSEOF, generating net new revenue of $84,500.

The $84,500 increased revenue would be distributed the following way:

1. Credit card surcharge ($78,585) and
2. Minimum wage changes for student employees ($5,915)

The revenue that would have been directed to institutional overhead payments will now be repurposed for enhancing First Year Programs, resulting in the following:

- Sustained funding of holistic academic advising and staffing during advising and orientation programming, ($48k);
- Expansion of offerings (support courses, workshops, etc.) for international and Science, Technology, Engineering and Math (STEM) students, ($37k);
- Continuation of subject specific tutoring for undergraduates students visiting the Center for Learning and Undergraduate Enrichment (CLUE), ($27K);
- Creation of comprehensive and streamlined communications to increase access and engagement for all incoming students, ($22k);
Utilization of the energy and expertise of current UW students to welcome new students and create small, supportive communities through programmatic efforts, ($140k), including:
  o Increased support of incoming students through expansion of GEN St 199 offerings and options for transitional support;
  o Enhanced peer educator and peer leader trainings with increased opportunities for pedagogical application and peer resource sharing that contributes to high levels of student engagement with learning and high levels of achievement;
  o Elevated student learning about the University through intentional content delivery, flipped classroom workshop models, and experiential learning with Advising and Orientation and Dawg Daze;
  o Increased access for underrepresented populations to receive one-on-one advising with academic counselors and connect with peers through small group community building during Advising and Orientation;
  o Expanded academic events and workshops offered at Dawg Daze through enhanced partnerships with campus departments and programs;
  o Longitudinal, multi-year leadership development for students within the office; and,
  o Creation of intentional transfer programming throughout the first year that is both transitional and career and major specific.

Continuation of efficiencies and smooth program logistics for students and families ($50k).

UW Bothell

UW Bothell’s Division of Student Affairs recommends an adjustment to UW Bothell’s NSEOF beginning spring quarter 2016. If approved, UW Bothell’s fee would increase from $250 to $300, or 20% increase. This fee has not increased since 2007. UW Bothell’s request is justified by a combination of innovative and critical initiatives for diverse students and enhancements to the orientation experience of both first-year and transfer students.

Beginning this spring, new students would pay a $300 fee, generating $68,250 of incremental revenue during FY17; this revenue would be distributed to the following areas:

  • Minimum wage changes for student employees, ($32K);
  • Professional/Classified staff salary merit increases/benefits for four employees, ($14K);
  • Increased costs in supplies, materials and catering, ($15K);
  • On-line orientation and new student device application development, ($7K); and
  • Faculty honoraria for expanded Husky Adventure Program, ($1K).
STANDING COMMITTEES

Finance and Asset Management Committee

WWAMI Spokane Partnership Update

INFORMATION

This item is for information only.

BACKGROUND

University of Washington School of Medicine (UWSoM) operates a regional medical education program known as WWAMI (an acronym representing the states it serves – Washington, Wyoming, Alaska, Montana, and Idaho) is consistently recognized as one of the most innovative medical education and training programs in the country.

The program has five primary goals:

- provide publicly supported medical education
- increase the number of primary-care physicians
- provide community-based medical education
- expand graduate medical education (residency training) and continuing medical education
- provide all of this in a cost-effective manner

The program has been recognized by the Association of American Medical Colleges with the Outstanding Community Service Award and has been identified as the nation's top primary-care, family medicine and rural medicine training school by *U.S. News & World Report* for the past 23 years.

Partnership is at the core of WWAMI. UWSoM partners with higher education institutions in each WWAMI state to provide the first 18 months of medical education. In addition, UWSoM partners with hospitals and community clinics throughout the five-state region to learn and experience very different facets of medicine. The goal is to provide a rich array of clinical experiences in a variety of settings, mentored by community-based clinical faculty.

Up until 2014, the UWSoM’s partner institution in Washington was Washington State University (WSU). WSU initially provided medical education exclusively at their campus in Pullman. However, in 2008, UWSoM and WSU expanded WWAMI to Spokane.
STANDING COMMITTEES

Finance and Asset Management Committee

WWAMI Spokane Partnership Update (continued p. 2)

The Spokane WWAMI program has always been a focus for growth and development in WWAMI. For example, in 2013, UWSO&M started a two-year pilot program to expand the second year of medical education, previously done exclusively in Seattle, to Spokane. Lessons learned from this pilot helped inform the development of WWAMI’s new, state-of-the-art medical education curriculum that officially launched this academic year.

In 2014, WSU opted to pursue its own separately accredited medical school and ended their WWAMI partnership with UWSO&M. Subsequently, in the 2015 legislative session, the legislature affirmed their support for WWAMI Spokane and providing funding to expand enrollment in the program to 60 students per year.

UWSO&M is currently operating WWAMI Spokane independently in Spokane for the 2015-16 academic year. However, after UWSO&M’s partnership with WSU ended, UWSO&M and Gonzaga University (GU) began preliminary discussions about potential partnership opportunities in medical education and research.

Partnership discussions have been in progress for the last year. Discussions have included both external consultations with Spokane community members and internal conversations with faculty and staff. In December, President Cauce met with the Gonzaga University Board of Trustees to outline potential partnership models and discuss shared goals and interests.

A public-private partnership structure is anticipated to be final by the end of February. The partnership will be formalized in a services agreement between GU and UW. The value of the contract is anticipated to be less than $15 Million and within the President’s delegated authority.

The purpose of this item is to bring the Board up to date on progress with GU, the proposed partnership structure, ongoing legislative conversations regarding program investment and growth, and anticipated next steps. Since new information develops daily, details about the proposed partnership structure will be provided at the meeting.
STANDING COMMITTEES

Finance and Asset Management Committee

Approval of Harborview Management Contract

ACTION

It is the recommendation of the Administration and the Finance and Asset Management Committee that the Board of Regents approve the proposed Hospital Management Agreement for Harborview Medical Center with King County, effective upon the receipt of the final signature of the three signing parties: King County Executive Dow Constantine, Harborview Medical Center Board Chair Clayton Lewis, and UW Board of Regents.

BACKGROUND

All current management and clinical activities for the hospital and clinics under the license of HMC are provided by UW Medicine personnel and University employees, and governance is provided by the HMC Board, which by statute is appointed by the King County Council. HMC is operated as an entity of UW Medicine.

The Hospital Services Agreement is a successor contract to the existing Management and Operations Contract between the HMC Board of Trustees and the University (1995 Operations Contract). Contracts for the University to operate and manage Harborview Medical Center have been in place since 1970.

King County and UW Medicine have been engaged in active negotiations on the new Agreement since March 2015. In November 2015, in anticipation of the conclusion of negotiations by December 31st, 2015 but with materials issues remaining, the Board delegated authority to the President of the University of Washington and Chief Executive Officer of UW Medicine to execute a final agreement under the following conditions:

1. Consultation and final confirmation by the Chair of the Finance and Asset Management Committee, and the Board of Regents representatives to the UW Medicine Board, that all outstanding issues have been sufficiently addressed and appropriate procedures to update UW Medicine Board bylaws are in place;
2. Final adoption of the Hospital Management Agreement by the King County Council on or before December 31, 2015.

If the conditions were not met, the Board required UW Medicine to return to the Board for review before final approval.
STANDING COMMITTEES

Finance and Asset Management Committee

Approval of Harborview Management Contract (continued p. 2)

Negotiations lasted longer than anticipated. The parties reached agreement in late January. The management agreement was presented to the Harborview Board of Trustees on Thursday January 28, 2016. The Harborview board unanimously endorsed the contract.

The agreement is scheduled for review by the UW Medicine board on Thursday February 4th, 2016. A recommendation was not available at the time of printing.

A detailed overview of the terms of the agreement is included in the attachment.

Attachment
Hospital Services Agreement for Management and Operation of Harborview Medical Center by UW Medicine
BACKGROUND

The Hospital Services Agreement is a successor contract to the existing Management and Operations Contract between the HMC Board of Trustees and the University (1995 Operations Contract). Contracts for the University to operate and manage Harborview Medical Center have been in place since 1970. The proposed Agreement would have an effective date of the date it is executed and would run for a period of 10 years, automatically renewing for two additional ten-year terms unless terminated at least a year before a term ends.

The Harborview Board of Trustees approved the contract on January 28, 2016.

SUMMARY OF PROPOSED TERMS

The proposed Hospital Services Agreement includes descriptions of ongoing University activities necessary to the operation of an academic medical center hospital that were not specifically delineated under the 1995 Management and Operations Contract and provides more detail to the terms that exist under the 1995 Management Contract:

- The University, through UW Medicine, continues to staff, manage and operate HMC, and to develop clinical programs and Centers of Excellence that meet Joint Commission and healthcare regulatory requirements, subject to the approval of the HMC Board of Trustees.
- The University retains authority over all personnel and employment matters involving University employees who work at HMC.
- The University continues to be responsible for management of the facilities, and to develop the six-year Capital Improvement Plan (CIP) for review and approval by the HMC Board and King County.
- The University will continue its teaching and research activities at HMC.
- The University remains responsible for professional liability, general and employment liability coverage for operations at HMC.
- The HMC Mission Statement continues to reflect the commitment of all parties to the King County Mission Population and Centers of Excellence based at HMC that will help maintain the financial viability of HMC.

Certain terms represent a more material clarification of roles or responsibilities from the 1995 Management Contract:
• King County, the HMC Board of Trustees and UW Medicine have agreed to formalize the long-standing collaboration between King County and HMC to serve Mission Population patients.

• A joint UW, King County and HMC Board committee will provide advice to the Board on development of the Capital Improvement Plan relating to all HMC facilities rather than only those subject to voter-approved bond financing.

• In order to continue to plan efficient and cost-effective health care services for Mission Population patients served in King County clinics, HMC and King County will work together to develop short and long term plans for meeting these needs.

• The parties agree to assess where current law permits financial or accounting system efficiencies, and to align HMC accounting and financial operations to UW Medicine systems whenever appropriate.

• UW Medicine will formalize the participation of the president and vice-president of the HMC Board of Trustees as full voting members of the UW Medicine Board.

• The University will continue to maintain an approach that supports effective employee relations at HMC and to report to the HMC Board routinely on the status of various employment-related subjects.

There is one significant new term required by the County:

• For each year of the Agreement, the Board will allocate and disburse to the County $5 million from HMC revenues or reserves to support Mission Population programs and services that are currently being provided by the County. UW Medicine and the County immediately will begin to identify program efficiencies and new funding sources that would be substantial and permanent. The allocation and disbursement will be reduced by an amount agreed to by the Parties based upon reductions in costs incurred by the County or new funding sources that would not otherwise be received by the County.

As structured in the proposed contract, the annual allocation and disbursement may require that HMC initially record a liability of up to $150,000,000 ($5 million per year for 30 years) on its balance sheet in the year that the contract is executed (FY16). Further review may indicate that it is possible for the liability to be recorded at a lower dollar level based on a net present value calculation that would discount future cash flows to current dollar levels. UW Medicine finance and accounting staff will continue their review of the accounting treatment in partnership with their external auditors once the contract is executed and final. The liability will be reevaluated continually over the life of the contract and reduced as the payments are made and when the parties agree to permanent reductions in costs as described above.
STANDING COMMITTEES

Finance and Asset Management Committee

Approve Revisions to the UW Medicine Board Bylaws

RECOMMENDED ACTION

It is the recommendation of the administration and the Finance and Asset Management Committee that the Board of Regents approve the proposed changes to the UW Medicine Board Bylaws to take effect upon execution of the Hospital Management Agreement for Harborview Medical Center.

BACKGROUND

In January 2000, the Board of Regents established a board, now known as the UW Medicine Board, to advise the Board of Regents, the University President, and the CEO of UW Medicine/Executive Vice President for Medical Affairs/Dean of the School of Medicine regarding the operation and governance of UW Medicine and to govern the patient care aspects of the University of Washington Medical Center.

The Board of Regents approved the Bylaws of the UW Medicine Board. Article X of the Bylaws requires that any changes to the Bylaws are subject to the approval of the Board of Regents.

If approved, the proposed Hospital Management Agreement for Harborview Medical Center adds the Harborview Medical Center Board of Trustees President and Vice President to the UW Medicine Board to serve as ex officio members with full voice and vote. This change requires amending the Board Bylaws.

The new Board members will follow the UW Medicine Board Conflicts of Interest Policy.

Attached are the proposed changes to the UW Medicine Board Bylaws:
(1) Increasing the Board members from 17 to 19,
(2) Adding the President and Vice President of the Harborview Medical Center Board of Trustees as ex officio members with full voice and vote, and
(3) Updating the revision date to February 2016.

Attachment
UW Medicine Board Bylaws, Revised February 2016
UW MEDICINE
1959 NE Pacific Street
Seattle, Washington 98195

BOARD BYLAWS
REVISED FEBRUARY 2016-MAY 2014
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UW MEDICINE BOARD
BYLAWS

PREAMBLE

Whereas, the Board of Regents (the “Board of Regents”) of the University of Washington (the “University”) is empowered by the legislature under RCW 28B.20.060 and RCW 28B.20.300 to establish, operate and maintain a school of medicine; and

Whereas, the Board of Regents is empowered by the legislature under RCW 28B.20.440 to operate, maintain, control and supervise a hospital to be used as a patient care and teaching resource for the University health sciences professional schools; and

Whereas, the University has operated a licensed hospital on its campus since 1959 that has been formally designated the University of Washington Medical Center (“UWMC”); and

Whereas, the University has, pursuant to RCW 36.62.290, contracted with the Trustees of Harborview Medical Center (“HMC”), acting on behalf of King County, to provide for hospital, hospital management, and medical services, in conjunction with teaching and research activities at HMC since January, 1970; and

Whereas, the University has entered into an Affiliation with Health Resources Northwest and Northwest Hospital & Medical Center, effective January 1, 2010, that establishes the University as the sole corporate member of UW Medicine/Northwest d/b/a Northwest Hospital & Medical Center (“NWH”); and

Whereas, the University has entered into a Strategic Alliance with Public Hospital District No. 1 of King County d/b/a Valley Medical Center (“VMC”), effective July 1, 2011, to establish VMC as a component of UW Medicine as permitted by the Interlocal Cooperation Act; and

Whereas, UW Medicine is a term that refers collectively to its component entities HMC, NWH, VMC, UWMC, UW Physicians Network d/b/a UW Neighborhood Clinics (“UWNC”), The Association of University Physicians d/b/a University of Washington Physicians (“UWP”), the University of Washington School of Medicine (“UW SoM”), Airlift Northwest (“ALNW”), and the University’s membership in Children’s University Medical Group (“CUMG”) and the Seattle Cancer Care Alliance (“SCCA”); and

Whereas, the clinical programs of UW Medicine for the purpose of these Bylaws include inpatient, outpatient, short stay, and emergency hospital services at HMC, NWH, VMC, UWMC and UWNC; services shared with other hospitals and healthcare providers in its licensed on-campus hospital facility and off-campus units where extensions of its services are provided; arrangements with auxiliary and affiliate entities to promote high-quality patient care and advances in medical research and medical services; and strategic directions of the UW SoM’s teaching and research programs; and
Whereas, the President of the University (“the President”) and the Board of Regents have delegated to the Chief Executive Officer, UW Medicine, Executive Vice President for Medical Affairs and Dean of UW SoM (the “CEO/EVPMA/Dean”) chief executive responsibility for overseeing, planning, and coordinating the resources of the entities referred to as UW Medicine; and negotiating, executing and maintaining extramural affiliation, and operating agreements involving the entities referred to as UW Medicine; and

Whereas, the Board of Regents has determined that a board should advise the Board of Regents, the President, and the CEO/EVPMA/Dean in carrying out their responsibilities and authority with respect to UW Medicine as described above; now therefore:

The Board of Regents hereby charges the UW Medicine Board (“the Board”), subject to the authority of the Board of Regents, and established University agreements and policies, with advising the Board of Regents, the President and the CEO/EVPMA/Dean regarding the operation and governance of UW Medicine. The Board shall also be charged with governance of the patient care aspects of the UWMC.

Except as specifically otherwise provided in this document, the President, the CEO/EVPMA/Dean and the Executive Director of the UWMC shall retain their delegated authority and responsibility for the administration and operation of the UWMC and other aspects of UW Medicine. Further, the Board of Trustees of HMC shall retain all authority provided in its governing documents and by the Management and Operations Contract with the University. Additionally, the governing documents of NWH, VMC, UWNC, UWP, ALNW, CUMG and the SCCA each describes the authority of its respective board. The role of the Board shall not create a partnership or other separate legal entity of the entities referred to as UW Medicine. The entities of UW Medicine that are separate legal entities shall retain that status. Contracts among the entities are not superseded or amended by these Bylaws and these Bylaws do not create joint and several liability among them.

**ARTICLE I**

**UW MEDICINE BOARD**

**Section 1.1. UW Medicine Board Membership**

The Board shall consist of at least nineteen (19) members, including the President and the CEO/EVPMA/Dean, who shall serve as *ex officio* members of the Board with full voice and vote. The Board members shall be appointed by the Board of Regents. The Chair of the Board of Regents shall appoint the Chair of the Board. At least one Board member shall be a member of the Board of Regents. One Board member shall be a member of the faculty of the University nominated by the President. Pursuant to the Affiliation between the University, Health Resources Northwest, and NWH effective January 1, 2010, two (2) NWH Trustees designated by the NWH Board (the “NWH Designated Board Members”) shall serve as members of the Board. Pursuant to the Strategic Alliance agreement with Public Hospital District No. 1 of King County, two (2) non-UW Medicine Designated Trustees from the VMC Board of Trustees shall serve as members of the Board. Pursuant to the Hospital Services Agreement between the UW Board of Regents and King County, two (2) members of the HMC Board of Trustees, the President and
Vice President, shall serve as *ex officio* members of the Board with full voice and vote. The remaining Board members shall be nominated by the President, following consultation with the CEO/EVPMA/Dean and the Board, from among people who have broad public perspectives and do not represent any special interest group.

The term of office of each appointed Board member shall be three (3) years. No appointed Board member may serve more than three (3) successive three-year (3) terms unless the person is serving as Chair or Vice Chair of the Board. If a person is serving as Chair or Vice Chair, the term may be extended to complete his/her role as an officer of the Board. The terms of Board members shall be staggered so that the final terms of no more than one-third (1/3) of the members will expire simultaneously on the last day of June in any one year. Whenever more than one-third (1/3) of the members’ final terms expire simultaneously, lots will be drawn to determine which expiring term shall be extended for one more year to eliminate this condition. The Chair shall not have a vote at meetings of the Board except to break a tie among those present and voting.

The Board may grant a leave of absence to a Board member for a period not to exceed one year. If the leave of absence is less than six (6) months, the term of the Board member will not change. If the leave of absence exceeds six (6) months, the term of the Board member will be extended by one year.

In addition to the Board members, the Deans of the Schools of Dentistry, Nursing, Pharmacy, Public Health, and Social Work shall be invited to attend Board meetings. All agendas shall be provided by the Secretary to all of the described positions and additional materials shall be provided upon request.

**Section 1.2. Powers and Duties**

The Board shall have responsibility for:

a. Advising the Board of Regents, the President and the CEO/EVPMA/Dean regarding the operation and governance of those aspects of UW Medicine relating to the development and strategic allocation of resources;

b. Strategic aspects of research and education programs, including the development of off-campus research facilities;

c. Planning and delivery of medical services, including oversight of the physician services provided through the UWP;

d. Implementation and effectiveness of programs that assure compliance with federal and state laws, rules, and regulations; University rules and regulations; and contract terms that govern UW Medicine’s clinical care, research, and training activities (“compliance programs”); and,
e. Management of current and future extramural affiliation and operating agreements, including those executed by the University with regard to HMC, NWH, VMC, UWNC and the SCCA.

This Board shall also be charged with governance of the UWMC, including ensuring the provision of safe, effective, and high-quality patient care by the medical and dental hospital staffs in a manner that is responsive to the University’s educational and research needs, responsibility for appointments to the medical and dental staffs, delineation of medical and dental staff clinical privileges, and approval, adoption, and amendment of the medical and dental staff bylaws.

Subject to the Board of Regents’ ultimate authority, and consistent with the Board’s duty to advise the Board of Regents, the President and the CEO/EVPMA/Dean with respect to the exercise of their authority, the following specific powers and duties have been delegated to the Board by the Board of Regents:

1.2.1. Advisory Duties

a. Provide general advice and policy guidance for UW Medicine strategic planning and program development and define the role of present and future UW Medicine programs and facilities, collaborative relationships, and auxiliary organizations within state or regional structures for the delivery of health services.

b. Represent and advocate for UW Medicine in relations with communities, other healthcare providers, and outside agencies.

c. Advise the Board of Regents, the President and the CEO/EVPMA/Dean regarding the development and strategic allocation of UW Medicine resources.

d. Advise the Board of Regents, the President and the CEO/EVPMA/Dean regarding strategic aspects of the UW SoM’s education and research programs.

e. Advise the Board of Regents, the President and the CEO/EVPMA/Dean regarding the provision of medical services, including without limitation, physician services pursuant to the Agreement between the University and UWP dated December 8, 1983.

f. Advise the Board of Regents, the President and the CEO/EVPMA/Dean regarding management of extramural affiliations and operating agreements now existing or which may be developed, including without limitation, the operating agreements between the University and HMC, NWH, VMC, UWNC, UWP and the SCCA, respectively.

g. Advise the Board of Regents, the President and the CEO/EVPMA/Dean regarding the implementation and effectiveness of compliance programs, including but not limited to advising on key compliance policies; compliance program infrastructure and
reporting relationships; scope of authority of key positions; ongoing assessment of compliance risks; and level of resources dedicated to the compliance programs.

1.2.2. Board Governance Powers and Duties for UWMC

a. Accountable to ensure that high quality and safe patient care is provided at the UWMC and approve new clinical services.

b. Determine objectives and policies pertinent to the delivery of patient care services at the UWMC, including the adoption and maintenance of a statement on patient care goals and objectives.

c. Approve and adopt policies pertaining to admission of patients to the inpatient, outpatient, short stay and emergency services of the UWMC.

d. Establish an organized medical staff and dental staff by determining which categories of practitioners are eligible candidates for appointment to the Medical Staff.

e. Approve bylaws, rules, and regulations of the UWMC medical and dental staffs.

f. Appoint and suspend or remove any member of the medical and dental staffs after considering the recommendations of the existing members of the medical and dental staff and under the applicable provisions of the medical and dental staff bylaws.

g. Create and maintain mechanisms for continuing assessment and improvement of the quality of patient care, including but not limited to special studies, regular reports, and the creation of standing and special committees. Such mechanisms shall include consultation with the medical staff on patient care matters.

h. Review and approve qualifications and periodic evaluation criteria for the key position of UWMC Executive Director. Appointment to this position is subject to approval by the Board.

i. The Board must concur with the appointment of the chiefs of the clinical services and may delegate to the chiefs of the clinical services: (i) responsibility for maintaining the quality of medical care in their services as set forth in the approved Medical Staff Bylaws, rules, and regulations; and (ii) responsibility for recommending an applicant’s appointment or reappointment to the UWMC medical staff and privileges for such an applicant.

j. Maintain general supervision over the use of UWMC resources:

1. Review and approve all operating and capital budgets and make recommendations to the University administration and the Board of Regents.
2. Authorize revisions in charges for UWMC services based on the operating and capital budgets as approved.

3. Review and accept monthly reports on UWMC operating income and expenditures, utilization of services, and patient statistics.

4. Assist in the development of additional sources of income necessary to maintain the UWMC as a leading professional institution.

k. Review recommendations for development plans for physical facilities for the UWMC and make recommendations to the University administration and the Board of Regents.

In carrying out its responsibilities as identified in Section 1.2, the Board shall seek continuing guidance from health professionals, management specialists, and others with professional expertise.

Section 1.3. Accountability

The Board shall be accountable to the Board of Regents.

The President holds the CEO/EVPMA/Dean accountable to him/her directly for all aspects of health services provided by all University faculty and staff (i) at HMC, NWH, VMC, UWMC and UWNC and (ii) through affiliation, operating, patient care, or other agreements with UW Medicine.

Among the delegated duties of the CEO/EVPMA/Dean is to serve as the chief medical officer of the UWMC, who is responsible for medical affairs. In carrying out their individual and joint duties related to patient services as the senior officers of the UWMC, the Executive Director of the UWMC and the CEO/EVPMA/Dean are accountable to the Board, which in turn is accountable to the Board of Regents.

Section 1.4. Reports to Board of Regents

The Board shall report to the Board of Regents at least three (3) times a year, and as needed or requested, providing:

1.4.1. Annual Patient Safety and Quality Report. Each spring, the Chair of the Board, Chair of the Patient Safety and Quality Committee and such Board members as may be of assistance, shall appear before the Board of Regents and the President to report on patient safety and quality.

1.4.2. Annual Financial Report. Each fall, the Chair of the Board, Chair of the Finance and Audit Committee and such Board members as may be of assistance, shall appear before the Board of Regents and the President to report on the financial condition of UW Medicine.
1.4.3. Annual Compliance Report. Each winter the Chair of the Board, Chair of the Compliance Committee and such Board members as may be of assistance, shall appear before the Board of Regents and the President to report on the effectiveness of UW Medicine compliance programs, including but not limited to advising on: key compliance policies; the status of compliance program infrastructure and reporting relationships; the scope of authority of key positions; the current assessment of compliance risks; and the level of resources dedicated to the compliance programs.

1.4.4. Strategy Committee Report. The Chair of the Board, Chair of the Strategy Committee and such Board members as may be of assistance, shall report to the Board of Regents and the President on significant strategic issues for UW Medicine as frequently as needed to assure that the Board of Regents is able to maintain proper oversight and make informed decisions on these matters.

Section 1.5. Board Year

The Board year, including Board member appointments and Board officer terms, shall be from July 1 to June 30.

Section 1.6. Meetings and Notice

1.6.1. Regular Meetings. Regular meetings of the Board shall be held at least quarterly, the dates and places of which shall be determined by the Chair at least one month in advance, and notice of which shall be given in accordance with Chapter 42.30 RCW.

1.6.2. Special Meetings. Special meetings may be called by the Chair at any time, or by a majority of the members of the Board, provided that written notice to all Board members and to others, as required by Chapter 42.30 RCW, shall be given not less than twenty-four hours (24) prior to the meeting, stating the time, place, and business to be transacted at the meeting.

1.6.3. Procedure. Except as otherwise specified in these Bylaws, all meetings of the Board and its committees shall be conducted in accordance with the latest revision of Robert’s Rules of Order.

Section 1.7. Quorum

A majority of the Board shall constitute a quorum.

Section 1.8. Vacancies

Whenever a vacancy occurs on the Board, for whatever reason, notice shall immediately be given to the President so that a member may be appointed by the Board of Regents to fill the unexpired term. The Board may submit names of individuals recommended by the Board for the President’s consideration.
Section 1.9. Removal

The Board may recommend to the Board of Regents that a member of the Board be removed. This action may be taken at any meeting by two-thirds (2/3) vote of the entire Board, provided that the Board gives the affected member at least ten (10) days written notice of such intended action and advises the affected member of the basis for such action. The Board member affected shall have the right to be heard and to explain to the Board why he/she should not be removed. Recommendation for removal shall be made directly to the Board of Regents and shall not be effective until approved by the Board of Regents.

Any Board member who has four (4) unexcused absences for Board meetings in an academic calendar year (July 1 through June 30), as determined by the Chair, shall be automatically removed.

Section 1.10. Liability

All Board members and persons serving at the request of the Board shall, in the performance of their duties as members of the Board or appointees of the Board, be considered to be “agents” of the University. Each Board member or person serving at the request of the Board shall be protected against costs and expenses, including legal fees, in connection with the defense of any action, lawsuit, or proceeding in which the member or person serving at the request of the Board shall be made a party by reason of being a member or appointee of the Board. Such protection is subject to the condition that such person shall have acted in good faith and within the scope of his or her duties, and subject further to the specific exemption and qualifications stated in either the Board of Regents Governance, Standing Orders, Chapter 5 and RCW 28B.20.250 through 28B.20.255, which statute authorizes the indemnification of Regents, officers, employees, agents, and students of the University in relation to such matters.

Section 1.11. Compensation of Board and Board Committee Members

No Board member or any member of any committee appointed by the Board shall receive any compensation for services rendered in his/her capacity as a Board or committee member. However, nothing herein shall be construed to preclude any Board member or committee member from receiving compensation from UW Medicine for other services actually rendered, a per diem for attending Board meetings, or reimbursement for expenses incurred for serving UW Medicine as a Board member or committee member or in any other capacity, all in accordance with established University practices and procedures, Chapter 42.52 RCW, and RCW 43.03.050 and 43.03.060, as now existing or hereafter amended.

Section 1.12. Conflict of Interest

No Board member or any person appointed by the Board in any capacity may act as an agent for any person or organization where such an act would create a conflict of interest with the terms of the person’s service to UW Medicine or to the Board. The policies, rules, and regulations adopted by the University relating to conflict of interest, the provisions of Chapter 42.52 RCW,
and any policy adopted by the Board shall apply to any person appointed by the Board in any capacity and to the Board members themselves.

**ARTICLE II**  
OFFICERS

Section 2.1. Officers

The officers of the Board shall be members of the Board and shall consist of a Chair, Vice Chair, and such other officers as the Board may deem advisable. The Chair is appointed annually by the Chair of the Board of Regents. The Vice Chair and other officers shall be elected annually by the Board. No officer may serve more than two successive terms in the same office, unless there are extenuating circumstances as approved by the Chair of the Board of Regents.

Section 2.2. Chair

The Chair of the Board shall annually appoint such committee members as are specified under these Bylaws; shall preside at all meetings of the Board; shall serve as an *ex officio* member, without vote, on all standing and special committees, unless otherwise specified in the Bylaws; and shall perform all of the acts usually attendant upon the office of the Chair or which may be set forth by these Bylaws or by the Board.

Section 2.3. Vice Chair

During the absence of the Chair or while he/she is unable to act, the Vice Chair shall perform the duties and exercise the powers of the Chair.

**ARTICLE III**  
ADMINISTRATION

Section 3.1. Appointment of Administrative Officers

3.1.1. Secretary of the Board. A Secretary of the Board shall be appointed by the CEO/EVPMA/Dean, with such duties as shall be provided in these Bylaws and otherwise determined by the CEO/EVPMA/Dean. The Secretary of the Board shall provide or cause to be provided all secretarial assistance to the Board and its committees; assist the Chair in developing an agenda for each meeting; keep records of the minutes of the meetings of the Board; and furnish copies of such minutes to each Board member, to the CEO/EVPMA/Dean, to the deans of the health sciences schools, to the President, and to others, in accordance with these Bylaws. The CEO/EVPMA/Dean shall be custodian of and shall faithfully keep, or cause to be kept, all records, books, documents and other valuable papers relating to the Board. The Secretary shall be responsible for arranging all meeting notices and for attending to all correspondence that may be ordered by the Board.

3.1.2. Executive Director. The Executive Director of the UWMC is a professional staff employee of the University who reports to the Chief Health System Officer, UW Medicine
The Executive Director is appointed by the CHSO/VPMA with the concurrence of the CEO/EVPMA/Dean and the Board. Annual evaluations are completed by the CHSO/VPMA with input from the Board.

The Executive Director, as senior officer of the UWMC, shall, subject to University policy and shared service agreements in effect, be responsible for maintaining overall direction of the UWMC within the policies established by the Board. The Executive Director is accountable to the Board and to the CHSO/VPMA who is accountable to the CEO/EVPMA/Dean.

In the event that the Executive Director is unable to perform the functions of the office, the CHSO/VPMA, with concurrence of the CEO/EVPMA/Dean, may designate an acting Executive Director until such time as a permanent Executive Director is appointed.

ARTICLE IV

UW MEDICINE STANDING COMMITTEES

Section 4.1. Standing Committee Designations

The Board shall approve the appointment of an Executive Committee, a Compliance Committee, a Finance and Audit Committee, a Patient Safety and Quality Committee, a Strategy Committee, and such other standing committees as the Board may from time to time deem advisable.

Section 4.2. Executive Committee

4.2.1. Purpose. The Executive Committee, as requested by the CEO/EVPMA/Dean, provides strategic advice to the Board and the CEO/EVPMA/Dean; determines the agenda for the Board meetings and annual retreat; and has the power to transact business of the Board between regular meetings of the Board as the Board may hereafter authorize. All actions of the Executive Committee shall be reported to the full Board at its next regular meeting.

4.2.2. Composition. The Executive Committee of the Board shall consist of the Chair of the Board, who shall serve as the Chair of the Executive Committee; the Vice Chair of the Board; and the Chair of each standing committee of the Board, and, within the discretion of the Chair of the Board, any Chair of special or ad hoc committees established by the Board.

4.2.3. Meetings. The Executive Committee shall meet as deemed necessary by the Chair of the Committee and the CEO/EVPMA/Dean.

4.2.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.
Section 4.3. Compliance Committee

4.3.1. Purpose. The Compliance Committee shall be responsible for reviewing and evaluating the compliance programs of UW Medicine and its component entities and preparing the Chair of the Board to advise the Board of Regents, the President, and the CEO/EVPMA/Dean regarding the implementation and effectiveness of UW Medicine compliance programs, including but not limited to advising on: key compliance policies; compliance program infrastructure and reporting relationships; scope of authority of key positions; ongoing assessment of compliance risks; and level of resources dedicated to the compliance programs.

4.3.2. Composition. The voting members of the Compliance Committee shall consist of at least three (3) Board members, including the Chair of the Board or his/her designee, and may include up to three (3) community members who are not members of the Board, all as appointed annually by the Chair of the Board in consultation with the CEO/EVPMA/Dean. The Chair of the Compliance Committee shall be appointed by the Chair of the Board, with the approval of the CEO/EVPMA/Dean.

4.3.3. Meetings. The Compliance Committee shall meet at the call of the Chair of the Committee as often as necessary, but not less than quarterly, to perform its duties.

4.3.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.

Section 4.4. Finance and Audit Committee

4.4.1. Purpose. The Finance and Audit Committee shall be responsible for reviewing and evaluating the financial results, plans and audits of UW Medicine and its component entities for the purpose of assessing the overall financial risks and capacities of UW Medicine and the congruity of the financial management, plans and objectives of UW Medicine. The Finance and Audit Committee shall also be responsible for preparing the Chair of the Board to advise the Board of Regents, the President, and the CEO/EVPMA/Dean regarding the implementation and effectiveness of the UW Medicine finance and audit program.

4.4.2. Composition. The voting members of the Finance and Audit Committee shall consist of at least four (4) Board members, including the Chair of the Committee as appointed by the Chair of the Board, the Chair of the UWMC Committees of the Board, two (2) additional Board members appointed by the Chair of the Board, and up to three (3) community members who are not members of the Board, all as appointed annually by the Chair of the Board in consultation with the CEO/EVPMA/Dean.

4.4.3. Meetings. The Finance and Audit Committee shall meet at the call of the Chair of the Committee, but not less than quarterly.

4.4.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.
Section 4.5. Patient Safety and Quality Committee

4.5.1. Purpose. The Patient Safety and Quality Committee shall be responsible for reviewing and evaluating the patient safety and quality programs of UW Medicine and preparing the Chair of the Board to advise the Board of Regents, the President, and the CEO/EVPMA/Dean regarding the implementation and effectiveness of UW Medicine patient safety and quality programs.

4.5.2. Composition. The voting members of the Patient Safety and Quality Committee are appointed by the Chair of the Board in consultation with the CEO/EVPMA/Dean, and include at least three (3) Board members, including the Chair of the Committee as appointed by the Chair of the Board, the Chair of the Board or designee and up to three (3) community members who are not members of the Board, all appointed annually by the Chair of the Board in consultation with the CEO/EVPMA/Dean.

4.5.3. Meetings. The Patient Safety and Quality Committee shall meet at the call of the Chair of the Committee, but not less than quarterly.

4.5.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.

Section 4.6. Strategy Committee

4.6.1. Purpose. The Strategy Committee shall be responsible for reviewing and evaluating UW Medicine’s strategy and vision for the location and operation of healthcare facilities, emerging business opportunities and risks, and relations with the governing boards of the component entities of UW Medicine and other entities and to prepare the Chair of the Board to advise the Board of Regents, the President, and the CEO/EVPMA/Dean.

4.6.2. Composition. The voting members of the Strategy Committee are appointed to three year (3) terms by the Chair of the Board, in consultation with the Governance Committee of the Board of Regents, and the President. The committee shall include at least one member of the Board of Regents, three (3) Board members (including the Chair of the Committee as appointed by the Chair of the Board), the Chair of the Board or designee, and up to three (3) individuals with professional experience in healthcare system management and who are not members of the Board.

4.6.3. Meetings. The Strategy Committee shall meet at the call of the Chair of the Committee, but not less than quarterly.

4.6.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.
ARTICLE V
UWMC COMMITTEES

Section 5.1. UWMC Committees

The Board shall approve the appointment of a Joint Conference Committee, a Finance Committee, a Facilities Committee, and such other committees as it shall from time to time deem advisable for the governance of the UWMC.

Section 5.2. UWMC Joint Conference Committee

5.2.1. Purpose. The UWMC Joint Conference Committee shall serve as an advisory committee to the Board by providing a forum in which representatives of the Board, medical staff and UWMC administration shall jointly consider UWMC policy matters governing medical practice, review quality assurance reports, and advise the Board on organization of medical staff and revisions to the Medical Staff Bylaws. As described below, the UWMC Joint Conference Committee also has delegated authority from the Board for certain actions.

5.2.2. Composition. The voting members of the UWMC Joint Conference Committee shall consist of at least four (4) Board members appointed annually by the Chair of the Board, one of whom shall serve as the Chair of this UWMC Joint Conference Committee, the Chair of the Board or his/her designee, and community members who are not members of the Board, all as appointed annually by the Chair of the Board in consultation with CEO/EVPMA/Dean. Non-voting members of the committee are the CHSO/VPMA, the UWMC Executive Director, the UWMC Medical Director, the UWMC Chief Nursing Officer, the UWMC Medical Staff Chief of Staff, and one member of the medical staff nominated by the Medical Staff Administrative Committee for a one-year period. Non-voting individuals regularly invited to attend the Committee include three (3) faculty from clinical departments of UW SoM appointed by the CEO/EVPMA/Dean for one year; one member of the Housestaff Association designated by its president; and other non-voting individuals invited by the Chair of the UWMC Joint Conference Committee.

5.2.3. Meetings. The UWMC Joint Conference Committee shall meet at the call of the Chair of the Committee, but not less than quarterly.

5.2.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.

5.2.5. Expedited Medical Staff Credentialing and Privileging. The UWMC Joint Conference Committee shall have delegated authority from the Board to render final decisions regarding expedited approval of Medical Staff initial appointments, reappointments, additions to privileges, and voluntary modifications to clinical privileges consistent with medical and dental staff criteria for expedited credentialing and privileging. Where medical and dental staff criteria for expedited credentialing privileging are not met, medical and dental staff appointment and reappointment and professional privileging decisions shall remain with the Board. At least two (2) Board members of the UWMC Joint Conference Committee must
vote for Committee actions on privileges to be valid. The UWMC Joint Conference Committee shall present its final decisions taken under the expedited approval process to the Board for information purposes.

5.2.6. Clinical Services. The UWMC Joint Conference Committee shall have the delegated authority from the Board to concur in the appointment of the chief of each clinical service. Appointment shall be made consistent with the provisions of Section 8.9 below. The UWMC Joint Conference Committee shall recommend to the Board the establishment of any new clinical services. Recommendations shall be made consistent with the provisions of Section 8.9 below. Approval of new clinical services shall remain with the Board.

Section 5.3. UWMC Finance Committee

5.3.1. Purpose. The UWMC Finance Committee shall be responsible for advising the Board on financial matters as they relate to the UWMC and its shared services, including reviewing the annual audit, annual budgets, and monthly financial reports. The UWMC Finance Committee shall be responsible for reviewing the UWMC Audit Policy and ensuring that the policy complies with the Sarbanes Oxley principles adopted by the Board. The UWMC Finance Committee shall also review programs, long-range financial plans, budget plans and proposals for rate-setting, before these are submitted to the Board for final action, as well as oversight of UWMC resources.

5.3.2. Composition. The voting members of the UWMC Finance Committee shall consist of at least four (4) Board members appointed annually by the Chair of the Board, one of whom shall be Chair of the Finance Committee, the Chair of the Board or his/her designee, and community members who are not members of the Board, all as appointed annually by the Chair of the Board in consultation with the CEO/EVPMA/Dean. Non-voting individuals regularly invited to attend the committee shall include the CHSO/VPMA; the UWMC Executive Director; the UWMC Medical Director; the UWMC Chief Nursing Officer; the UWMC Finance Representative(s) as appointed by the UWMC Executive Director in consultation with the CHSO/VPMA; the UWMC Medical Staff Chief of Staff, three (3) faculty from clinical departments of UW SoM appointed by the CEO/EVPMA/Dean for one year; one member of the Housestaff Association designated by its president; and other non-voting individuals invited by the Chair of the Committee.

5.3.3. Meetings. The Finance Committee shall meet at the call of the Chair of the Committee, but not less than quarterly.

5.3.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.

Section 5.4. UWMC Facilities Committee

5.4.1. Purpose. The UWMC Facilities Committee shall have general supervision over and shall make recommendations to the Board concerning the physical use and status of the facilities that house the UWMC and its shared services.
5.4.2. Composition. The voting members of the UWMC Facilities Committee shall consist of at least four (4) Board members appointed annually by the Chair of the Board, one of whom shall be Chair of the Facilities Committee, the Chair of the Board or his/her designee, and community members who are not members of the Board, all as appointed annually by the Chair of the Board in consultation with the CEO/EVPMA/Dean. Non-voting individuals invited to regularly attend the Committee are the CHSO/VPMA; the UWMC Executive Director; the UWMC Medical Director; the UWMC Chief Nursing Officer; the Senior Associate Administrator for Facilities; the UWMC Medical Staff Chief of Staff; three (3) faculty from clinical departments of UW SoM appointed by the CEO/EVPMA/Dean for one year; one member of the Housestaff Association designated by its president; the Health Sciences Executive Director or his/her designee; and other non-voting individuals invited by the Chair of the Committee.

5.4.3. Meetings. The Facilities Committee shall meet at the call of the Chair of the Committee, but not less than semi-annually.

5.4.4. Quorum. A majority of the voting members of the committee shall constitute a quorum.

ARTICLE VI
SPECIAL COMMITTEES

Section 6.1. Other Committees

Other special or ad hoc committees of the Board may be established by the Board.

ARTICLE VII
RELATIONS OF UW MEDICINE TO ACADEMIC AND RESEARCH PROGRAMS OF THE HEALTH SCIENCES CENTER

Section 7.1. General

The deans of the health sciences professional schools have been delegated broad responsibilities by the President for overall management and direction of the teaching and research programs conducted by the faculty of their respective schools. The health sciences professional schools carry out a significant portion of their education and research programs in the UWMC and other affiliated medical centers, particularly those activities that require a patient care setting. The Board shall lend its best efforts to assure that the programs of the health sciences professional schools are effectively supported in collaboration with service programs of UW Medicine.
ARTICLE VIII
MEDICAL STAFF

Section 8.1. General

The responsibility for standards of medical care in the UWMC has been delegated by the Board of Regents to the Board. The Board holds the Medical Staff organization accountable to the Board for establishing and maintaining standards of medical care. The Board shall approve or disapprove the Medical Staff Bylaws, rules, and regulations and may approve or disapprove such standards of medical care as may be established from time to time.

Section 8.2. Medical Staff

For purposes of these Bylaws, the words “Medical Staff” shall include all physicians and dentists who are authorized to attend patients in the UWMC or in any other medical care activity administered by the UWMC, and may include such other professionals as the Medical Staff Bylaws designate.

Section 8.3. Organization of the Medical Staff

The Board shall approve and authorize the organization of the Medical Staff so as to discharge those duties and responsibilities assigned to it by the Board and specifically to accomplish the following purposes, among others:

a. To monitor the quality of medical care in the UWMC and make recommendations to the Board so that all patients admitted to or treated at any of the facilities, departments or services of the UWMC receive continuous high-quality medical care;

b. To recommend to the Board, or where an expedited process is appropriate, to the Joint Conference Committee of the Board, the appointment or reappointment of an applicant to the Medical Staff of the UWMC, the clinical privileges such applicant shall enjoy in the UWMC, and appropriate action that may be necessary in connection with any member of the Medical Staff, to the end that at all times there shall be a high level of professional performance of all persons authorized to practice in the UWMC. Criteria for selection to the Medical Staff shall include individual character, competence, training, experience and judgment, and may include, in conjunction therewith, board certification, provided, however, that under no circumstances shall the accordance of staff membership or professional privileges in the UWMC be dependent solely upon certification, fellowship or membership in a specialty body or society.

c. To represent the Medical Staff of the UWMC and to provide the means whereby issues concerning the Medical Staff and the UWMC may be discussed both within the Medical Staff organization and by representatives of the Medical Staff with the Joint Conference Committee of the Board and management of the UWMC.
d. To establish specific rules and regulations governing actions of members of the Medical Staff.

Section 8.4. Medical Staff Bylaws

The Medical Staff organization shall recommend to the Board revisions of the existing Medical Staff Bylaws, rules, and regulations setting forth the Medical Staff organization and governance for maintaining such bylaws, rules, and regulations in such a manner as to accomplish the purposes set forth in Section 8.3. When such bylaws, rules, and regulations are adopted by the Board, they shall become effective and become part of the bylaws, rules, and regulations of the Medical Staff.

Section 8.5. Appointment to the Medical Staff and Assignment of Clinical Privileges

Upon recommendation of the Medical Staff and in accordance with the Medical Staff Bylaws, the Board, or where an expedited process is appropriate, the Joint Conference Committee of the Board may appoint to membership on the Medical Staff of the UWMC, physicians, dentists, and other professionals who meet the personal and professional qualifications prescribed in the Medical Staff Bylaws. Appointment to the Medical Staff carries with it full responsibility for the treatment of individual UWMC patients subject to such limitations as may be imposed by the Board or the bylaws, rules, and regulations of the Medical Staff.

Appointments and reappointments to the Medical Staff shall be made in accordance with the appointment and reappointment procedures set forth in the Medical Staff Bylaws. Whenever the Joint Conference Committee of the Board does not concur in a Medical Staff recommendation relative to Medical Staff appointment, reappointment, or the granting of clinical privileges, said recommendation shall be referred to the Board for decision.

Section 8.6. Appointment and Reappointment Requirements

Each person initially appointed to membership on the Medical Staff of the UWMC shall be provided with a current copy of the bylaws, rules, and regulations and shall submit to the Medical Director a signed written statement agreeing to abide by them. Each member of the Medical Staff shall as a minimum be required to:

a. Provide care and supervision to all patients within the UWMC for whom such Medical Staff member has responsibility.

b. Abide by the UW Medicine Bylaws, the Medical Staff Bylaws, rules, regulations, policies, and directives that may be in force during the time such person is a member of the Medical Staff of the UWMC.

c. Accept committee assignments and such other duties and responsibilities as may be reasonably assigned by the Joint Conference Committee of the Board or the Medical Staff.
Section 8.7. Appointment of Salaried Physicians and Dentists for Administrative or Medico-Administrative Purposes

Physicians or dentists employed by the University at the UWMC for administrative or medico-administrative purposes shall be subject to the faculty exempt personnel policies in effect for the UWMC at the time as it relates to his/her employment relationship and to the Medical Staff Bylaws, rules, and regulations as it is related to his/her Medical Staff appointment. Their clinical privileges to admit and treat patients are defined in accordance with the Medical Staff Bylaws. Termination of either the employment appointment or Medical Staff appointment shall not affect the other unless it is agreed in advance that they are mutually dependent and this agreement is documented in a letter of agreement, signed by the physician or dentist and the UWMC and approved by the appropriate dean or his/her designee.

Section 8.8. Medical Staff Administrative Committee

8.8.1. Purpose. The Medical Staff Administrative Committee shall establish and maintain a framework for self-government and a means of accountability to the Joint Conference Committee of the Board, in accordance with the medical administrative unit for the Medical Staff. It shall concern itself primarily with the quality of medical care within the UWMC. It shall receive and act upon all Medical Staff committee reports and make recommendations regarding Medical Staff status and privileges to the Board or, where an expedited process is appropriate, to the Joint Conference Committee of the Board. The specific duties of the Medical Staff Administrative Committee are set forth in the Medical Staff Bylaws.

8.8.2. Composition. The medical board of the Medical Staff shall be known as the Medical Staff Administrative Committee which shall be composed of the Chief of Staff, the Chief of Staff-Elect, the chiefs of clinical services, three (3) at-large members elected by the medical staff, the Medical Director, and the Executive Director. The Medical Director, who is appointed by the CEO/EVPMA/Dean, shall serve as Chair of the Medical Staff Administrative Committee and shall represent the Medical Staff Administrative Committee at meetings of the Joint Conference Committee of the Board.

8.8.3. Meetings. The Medical Staff Administrative Committee shall meet monthly. Minutes of the meetings shall be provided to all members of the Committee, the Associate Dean for Clinical Affairs and Graduate Education, the Executive Director of the UWMC, the CHSO and the CEO/EVPMA/Dean.

Section 8.9. UWMC Clinical Services

8.9.1. Appointment of Chief. Appointment of the chief of each clinical service is subject to concurrence of the Joint Conference Committee of the Board on the joint recommendation of the dean of the applicable professional school and the Executive Director. If the chief of a clinical service is to be someone other than the chair of the corresponding department in the medical or dental school, the recommendation of the departmental chair is also required. All such appointments shall be reviewed periodically by the Joint Conference Committee of the
Board. Chiefs of clinical services vacancies may be filled on an interim basis at any time by action of the dean of the appropriate professional school, after consulting with the Board.

8.9.2. Delegation. Upon Board approval of Medical Staff Bylaws, rules, or regulations containing such a provision, the chiefs of the clinical services have delegated responsibility for maintaining the quality of medical care in their services and for recommending an applicant’s appointment or reappointment to the Medical Staff of the UWMC and privileges for such an applicant.

8.9.3. Accountability. The CEO/EVPMA/Dean serves as the chief medical officer of the UWMC and in this capacity is accountable directly to the Board in matters relating to medical care. Members of the clinical services of the UWMC are accountable to the Medical Director, who is accountable to the CEO/EVPMA/Dean.

ARTICLE IX
AUXILIARY ORGANIZATIONS

Section 9.1. General

Organizations auxiliary to UW Medicine and the UWMC, such as the Service League, may be established only under bylaws approved by the Board. Such bylaws must, at a minimum, define the purpose, organizational structure, officers, procedures for conducting business, reporting requirements, and the amendment procedures.

Section 9.2. Bylaws

The approved bylaws of the auxiliary organization and any amendments thereto, shall be kept as a permanent record by the Board and filed with the minutes of the Board meeting at which said bylaws or amendments thereto were approved by the Board.

Section 9.3. Oversight by Board

An approved auxiliary organization’s relationship with UW Medicine shall be subject to the oversight of the appropriate Board committee.

ARTICLE X
AMENDMENTS

These Bylaws are reviewed annually and updated as needed. Changes in these Bylaws, whether amendments, additions, deletions, or replacements, may be made by a two-thirds (2/3) vote of the entire Board at a meeting of which prior notice of the meeting and the proposed action shall have been given. Such changes shall be subject to approval by the CEO/EVPMA/Dean and the Board of Regents.
Presentation by Physicians Committee for Responsible Medicine

This will be an oral report for information only.

Dr. John Pippin, MD. FAAC, Director of Academic Affairs for the Physicians Committee for Responsible Medicine (PCRM) will provide a fifteen minute presentation to the Board. Dr. Pippin will join the meeting by video-conference.

Following the presentation, there will be five minutes allowed for public questions directed to the presenter.
Statement for University of Washington Board of Regents  
John J. Pippin, M.D., F.A.C.C.  
February 11, 2016

My name is Dr. John Pippin. I'm a diplomate of the American Board of Medicine, the American College of Cardiology, and the American Board of Nuclear Medicine. I've had a 25-year history of academic and clinical medical practice including faculty appointments at Harvard Medical School and the Medical College of Virginia.

I also had a brief career as an M.D. animal researcher, culminating as a cardiology researcher using dogs at Southwestern Medical School and Parkland Memorial Hospital in Dallas. This is where I began to learn the futility and cruelty of animal experiments to study and treat human diseases. I then had a productive 19-year research career using only human-relevant methods. For the last 11 years, I have worked with the Physicians Committee for Responsible Medicine to promote best educational, training, and ethical practices in medical schools, graduate medical programs, trauma programs, basic science research, and other related areas.

I'm speaking today on behalf of the Physicians Committee and at the request of Don't Expand UW Primate Testing. The Physicians Committee supports their successful lawsuit against the UW Regents for violating the Open Public Meetings Act in approving the new research facility, and we also support the No New Animal Lab campaign in the effort to reverse the decision to build new animal research facilities at UW.

My understanding of the current situation is that the UW Board of Regents has decided to build the new Animal Research and Care Facility to consolidate and expand the university's captive animal population and animal experimentation, in large part to address issues of repeated and serious violations of the Animal Welfare Act and animal care standards, and to grow the animal research enterprise at UW in order to attract additional research funding. I believe that this building project, already expensed well in excess of $100 million, would fail in these expectations.

First and briefly, allow me to address the ethics of this expansion of animal experiments at UW. If the Board of Regents included the ethical issue in its deliberations, I'm safe in
concluding that you either see no ethical concerns or you believe that the consequences for research animals are a fair price to pay for sustaining research funding and what you hope will be advances in human medicine. I'm confident that the Board of Regents members do not realize the nature and extent of the suffering animals experience related to confinement, isolation, experimentation, and their ultimate deaths. I do understand this, because I've seen it in my own research years ago and the research of others over three decades. And the inadequacy of UW's care and treatment of animals is reflected in its shameful history of Animal Welfare Act violations including numerous animal deaths. You can perhaps escape cognitive dissonance by rationalizing this animal use, but I hope that in your quiet moments you see the faces, hear the screams, and consider the corpses of these sentient and violated animal victims.

Second, basic science research is changing in ways that are increasingly discounting animal experiments in favor of human-relevant research methods. The use of animals to study human diseases and to develop disease treatments is now widely acknowledged by scientists, regulators, and funding agencies to be an unreliable approach for several reasons. Among these are the genetic and evolutionary species differences that cannot be overcome, the inability to standardize and especially to replicate animal experiments, the very poor translation of animal results to human medicine, the rather astonishing 95%+ failure rate for disease treatments tested successfully in animal "models," and the tragic outcomes of human testing for drugs that sailed through animal testing.

Many people are familiar with highly publicized human research failures such as the thalidomide disaster, the 60,000 U.S. deaths from Vioxx, the near-deaths and lifetime disabilities of volunteers in the London TGN1412 tests, and quite recently the French trial of a drug for Parkinson disease, Alzheimer disease, and chronic pain that left one dead and others with probably permanent brain damage. These are drugs that succeeded quite well in animal tests, right down to the molecular level. Yet they failed horribly when given to volunteers and patients. And these are just the tip of the iceberg, as these deadly disconnects occur more frequently than the public realizes.

And it's getting worse instead of better. The human trial drug failure rate was 86% in 1985, 92% in 2003, and is now estimated to be as high as 96% by NGO scientists and the National Institutes of Health. It takes more than 100 successfully animal-tested drugs to
produce a single unique, safe, and effective drug for patients. Whatever this process is, it is not good science. And all parties acknowledge the benefits of transitioning to nonanimal methods with direct application for humans, an acknowledgement that is changing the way basic science research is funded.

This transition is supported and is being advanced by federal agencies such as the Food and Drug Administration, the National Institutes of Health, and the Environmental Protection Agency, who have partnered in the Tox21 program to replace animal testing with in vitro, computational, and human-based methods. Breakthrough replacements for animal testing include stem cell methods, human cell and tissue constructs, computer-based methods, and organ-on-a-chip technology spearheaded by Harvard's Wyss Institute for Biologically Inspired Engineering. These advances make it clear that the clock is ticking on animal research, and funding is already shifting toward replacement methods that more accurately impact human diseases.

Third, bringing all animal-related facilities and research together in a single facility will not solve the serious problem of careless and unconcerned treatment of animals that has produced not only numerous citations and penalties, but also created a reputation for UW as a serial violator of federal animal protection laws. This is a major driver for the new facility, but this facility is not the answer to that problem.

Fourth, the economic undertaking for this plan is an enormous risk at a time when federal and other funding for medicine and science research is shifting away from animal research. In particular, the NIH director and individual institutes have committed to promoting and supporting innovative and more reliable nonanimal approaches for federally funded research. The decision in 2015 to end NIH support for chimpanzee research, a process in which the Physicians Committee played a prominent role, is just an early example of how the future is likely to play out. Replacing the use of other nonhuman primates, which is a major component of current research at UW and the Washington National Primate Research Center, is a logical next step.

And the new NIH five-year strategic plan for 2016-2020 acknowledges that "animal models often fail to provide good ways to mimic disease or predict how drugs will work in humans, resulting in much wasted time and money while patients wait for therapies." NIH is
addressing this issue by shifting funding toward human-relevant research methods "that will be better than animal models." This is from the federal agency that provides the great majority of research funding at UW.

Launching this building plan when that federal funding is likely to decrease over an extended period could be a serious misjudgment. Building this facility in the early days of a paradigm shift away from animal research could produce a financial disaster for UW that will impact its ability to fulfill its mission.

The total UW investment in the new animal research facility and its ancillary costs will be in the hundreds of millions of dollars, and as animal research funding support continues to shift to human-relevant research approaches, it could be a financial disaster for UW. Is the Board of Regents willing to take that risk, and are Washington’s taxpayers and legislators aware that their state university is making such a risky wager with their tax money?

Finally, UW must understand that the strong and consistent opposition to this expansion of animal research won't go away if the facility development continues. There is a real risk that Skanska USA will decide to bail out of this construction project under pressure both locally and at numerous other locations in the U.S. and abroad. Then what would UW do? The costs are already greater than anticipated, and picking up the pieces with another construction company (if one can even be found to take on this hot potato of a project) would add substantially to start-up costs while not addressing the opposition. Even if the facility is completed and operational, expect ongoing protests, legal challenges, and public exposure of the research, the researchers, the costs, the violations, and the fates of animals at the facility. The headaches will be permanent, public scrutiny will be intense, and UW may find itself in a perfect storm of continued animal welfare violations, unproductive research, declining funding, a research faculty unsuited to new research approaches, and increasing calls for heads to roll.

The UW animal research enterprise has had repeated and serious Animal Welfare Act violations in recent years, and has been repeatedly warned and at least twice had its accreditation placed on probation by AAALAC International. UW public records report: "UW has an unfortunate AAALAC history of probation/response/accreditation/probation."
AAALAC probation is a rare penalty that requires an extraordinary degree and duration of non-compliance with regulatory standards.

The UW Board of Regents was also found to have committed at least 24 violations of the State of Washington Open Public Meetings Act, including while deliberating on this new facility. This appears to the public and the court to have been an illegal plan to get the approval done in the face of substantial public opposition by refusing to hear that opposition. In other words, a secretive means by a public entity of doing business by taking the low road when that business may otherwise be prevented by following the rules. In a better world, UW would have been required to halt construction pending public meetings where that opposition would be presented.

For the reasons I've discussed, I believe that your plan will become a financial, scientific, ethical, and public relations albatross for UW if not halted or redirected to better purposes. There is still an opportunity to prevent this serious mistake that creates a lasting battleground with the community and defies the clear direction of science research funding, while positioning UW to benefit from changes in research funding.

The Physicians Committee joins Don’t Expand UW Primate Testing and No New Animal Lab in urging you to halt this plan, to begin to phase out animal research, to redirect the focus of UW research toward human-relevant methods that are already beginning to replace animal research, and thereby to prosper as priorities and funding shift. Construction and the expansion of the animal population should be halted, and other uses should be found for a scaled-down facility. This is an opportunity to develop and grow research in the methods of now and the future...for example, stem cell research, human organ chip technologies, in vitro, and computational methods.

For all these reasons—ethics, the false hope of solving the animal care issues, the progress of nonanimal science, the redirection of federal funding, and the certainty of continued strong opposition and damaging public relations, the Physicians Committee joins Don’t Expand UW Primate Testing and No New Animal Lab in urging a halt to current construction of the animal facility and redirection of the UW research enterprise toward human-relevant research with the promise of improved human health.
Harborview Paramedic Training Program

This will be a fifteen minute oral report for information only. Following the presentation, there will be five minutes allowed for public questions directed to the presenter.

Attachments
  1) Presenter Bios
  2) Michael K. Copass, MD Paramedic Training Program Surgical Airway Lab Presentation
Presenter Bios

David Carlbom, MD
Associate Professor of Medicine, Pulmonary Critical Care
Director, Michael K. Copass, MD Paramedic Training Program
Medical Director, Harborview Sepsis Program
Harborview Medical Center, University of Washington

dcarlbom@uw.edu

Education and Training

M.D., University of Washington School of Medicine, Seattle, WA 1997.
Internship, University of Colorado Internal Medicine Residency, Denver, CO, 1998.
Residency, University of Colorado Internal Medicine Residence: Primary Care Emphasis,
Fellowship, Pulmonary and Critical Care Medicine, University of Washington, Seattle, WA,
2007.

Clinical Interests

1) Improving delivery of critical care services in the Pre-hospital and ED to make the transition
   of critical care from the field through the ED to the ICU a seamless experience.
2) Paramedic identification and treatment of sepsis and severe infection.

Research Interests

1) Non-invasive measurement of perfusion and shock states
2) Barriers to implementation of critical care in ED
3) Paramedic performance of critical care
4) Best methods for teaching paramedics, students, and residents assessment and therapy of
   critically ill patients

Born in Seattle, Dr. Carlbom came to medicine from firefighting. He first began working at
Harborview in the Emergency Department at age 18, returning as a medical student and resident.
He is now an Associate Professor in the Division of Pulmonary Critical Care and the Director of
the Michael K. Copass, MD Paramedic Training Program. His interest is in teaching
resuscitation, and he is a regional expert on sepsis and post-resuscitation care. He has
publications in airway education, sepsis, and therapeutic hypothermia. He is recognized as a
clinical and education leader, and spends time educating paramedics, students, residents, fellows,
nurses and colleagues. In 2015, he was awarded the Dr. Paul B. Beeson Award from the
University of Washington Department of Medicine. This award is given by medicine residents in
recognition of outstanding clinical teaching and for exemplifying scholarliness, humility,
compassion, and integrity.
David M. Anderson, D.V.M.
Executive Director, Health Sciences Administration
Institutional Official, UW Animal Care and Research Program
Clinical Associate Professor, Department of Comparative Medicine, University of Washington

P: (206) 543-7202 / (206) 543-7938
danderso@uw.edu

David M. Anderson is a laboratory animal veterinarian and pathologist who holds the position of Executive Director of Health Sciences Administration and Institutional Official for the University of Washington Animal Care and Use Program. Dr. Anderson’s current responsibilities as Executive Director for Health Science Administration provide opportunities for leadership across a broad scope of University research and operational activities. Health Science Administration provides administrative oversight and financial supervision for three interdisciplinary research Centers as well as departments with responsibility for animal use in research and education, environmental health and safety, facilities and academic support, risk management, student and staff health care, and strategic communications.

Dr. Anderson has directed a significant portion of his career towards biomedical research, specifically through development and implementation of animal models to address complex issues of human health and biology. As the former Director and Principal Investigator at the Washington National Primate Research Center, Dr. Anderson's research focused on issues related to nonhuman primate models of AIDS with special emphasis on the neuropathology associated with the mechanisms of pathogenesis of the disease. Dr. Anderson previously served as attending veterinarian for nonhuman primates at the WaNPRC, providing multiple opportunities to serve as a resource and colleague for faculty, staff and post-doctoral fellows from the Department of Comparative Medicine.
Pre-hospital Care in Seattle

One of first paramedic systems in US

In 1969, cardiologist Dr. Leonard Cobb obtained a federal grant to begin caring for patients in the streets utilizing firefighters with special medical training. The grant sought to answer two questions: 1) Can non-physicians be trained to provide Advanced Life Support care? and 2) Can lives be saved? In collaboration with the Seattle Fire Department, Dr. Cobb recruited firefighters who were taught by physicians the care of the cardiac patient, and the first paramedics began responding on March 7, 1970. The patients that historically died at home now were resuscitated and received ICU-level care in the field under the watchful eye of Paramedics. The Paramedics became the top-tier of a community-based EMS system that involves the citizen, the Dispatcher, the Firefighter Emergency Medical Technician and the Mobile Intensive Care Paramedic.

Cardiac Arrest Outcome

Cardiac arrest is the most intensive medical condition for the pre-hospital care system. Despite evidence-based guidelines and a focus by most EMS systems on caring for the unconscious and unresponsive patient, a great deal of variation in outcome remains 40% in Seattle to as low as 8% in other regions of the US for in 2006 for cardiac arrest due to the most favorable abnormal heart rhythm: ventricular fibrillation (VF).

Seattle and King County have worked tirelessly using robust QI and research methods to improve the care of cardiac arrest. Survival of patients who suffer a witnessed collapse with ventricular fibrillation has increased from 20% in 1970’s to a peak of 62% in 2014. The national average is 16%.

Multiple reasons exist for this success, including the community participation in care with bystander CPR, the strong physician leadership of the EMS system, ongoing research and quality improvement, a culture of excellence, and a unique training model.

Pre-hospital Intubation in Seattle

One of the foundations of caring for a critically ill patient is to secure an airway: a cuffed tube in the trachea. This controls emesis, prevents aspiration and affords gas exchange of oxygen and carbon dioxide. Our paramedics have been performing this skill since 1970 with good success.
While a relatively rare event, intubation (placing an endotracheal tube in the trachea) occurs with some regularity in our community. Intubation represented only 1.4% of EMS responses (6.2% or paramedic responses) but a total of 7523 patients in King County outside of Seattle had intubation attempted over a 5-year period. Of these 99% were intubated successfully. Numbers for the Seattle Fire Department are similar. Intubation success rates for children are 97%. This success is due to the intense training program and the frequency with which paramedics perform the procedure.

When caring for trauma patients, intubation rate is associated with improved patient outcomes. Cities with a higher rate of intubation had lower adjusted mortality across the entire cohort of comatose trauma patients.

Cricothyrotomy

Procedure

Cricothyrotomy is a surgical procedure to place a tube in the trachea when the patient cannot be oxygenated or ventilated by any other means. This procedure is lifesaving. It is the final step of securing an airway, and if it is not successful the patient will die. It is a universally dreaded procedure as it is both technically and emotionally challenging and requires intense focus and self-discipline.

The frequency of this technique has decreased over time, and is performed only on those patients in whom there are no other options.

Educational Model

Beginning in the late 1970’s, after the death of a young patient because the paramedics did not have the ability to perform cricothyrotomy, Paramedic Training began using an anesthetized animal research model in collaboration with Comparative Medicine to teach paramedics this essential emergency airway procedure. The model was selected to facilitate the richer understanding of the properties of live tissue. The elastic properties of skin and fat as well as the presence of blood are key components to understand. The procedure is often made more difficulty by the presence of airway secretions and blood; paramedics need to understand how to manage these challenges.

In addition to the properties of live tissue, managing the real stress of interacting respectfully with a living creature while leading a team is a critical determinant to the success of the procedure. When we use a simulated trachea model prior to the lab, students do not have to overcome a racing heart, dry mouth, or the stifling sense of time that they do in the lab.

The Institutional Animal Care and Use Committee closely regulates the activity, providing oversight by both annual renewals of the teaching and a full re-application for renewal every three years. Instructors pass strict animal use education sessions, and each session is monitored by Comparative Medicine staff who only care for the animals and are not involved in the cricothyrotomy teaching.
**Inanimate Models**

Although we search regularly, we have not been able to locate a simulation model that achieves the educational needs outlined above. We continue to partner with others within and outside of UW to seek a model that can match the teaching of the current animal model. I hope that in the future there will be a realistic simulation that allows us to stop using the anesthetized animal model.

**Commentary**

**Expert Perspective**

See attached letters from Drs. Bulger and Moe.

**Eileen Bulger, MD FACS**  
Professor of Surgery  
University of Washington  
Chief of Trauma  
Harborview Medical Center

**Kris S. Moe, MD FACS**  
Professor & Chief  
Division of Facial Plastic and  
Reconstructive Surgery  
Departments of Otolaryngology and  
Neurological Surgery

**Paramedic Perspective**

See attached letter from Paramedic Sawdon.

**Mark Sawdon, MICP**  
Paramedic, King County Medic One

**Patient’s Perspective**

Patient privacy precludes detailed description, but there exist numerous survivors who would have died if not for this life-saving procedure.

**Conclusion**

I think we have answered Dr. Cobb’s research questions of 1969. Paramedics can be trained to provide critical care; they do so in challenging conditions outside the hospital. Lives are saved by the skilled teamwork of emergency care in our community.

Respectfully,

David Carlbom, M.D.  
Director, Michael K. Copass, MD Paramedic Training Program  
Medical Director, Harborview Sepsis Program  
Associate Professor of Medicine, Pulmonary Critical Care  
Harborview Medical Center, University of Washington
January 13, 2016

David Carlbom, MD  
Director, Paramedic Training  
Harborview Medical Center  

Dear Dr. Carlbom,

I am writing in support of the ongoing training of the paramedic students in the life saving skill of emergent cricothyrotomy using an animal model. Airway management remains one of the fundamental interventions that is the difference between life and death for patients with airway obstruction. Time is of the essence and delays in establishing a definitive airway can not only result in death, but also in severe anoxic neurologic injury. We are blessed in Seattle/King County by having the highly skilled paramedics available to our citizens and I can personally attest to many lives that have been saved by the quick action taken by our paramedics in these challenging circumstances.

The oral intubation success rate of our paramedics is among the best in the country at over 98%. However, when intubation fails, rescue maneuvers such as the surgical cricothyrotomy are essential. As a trauma surgeon, I have personally had to perform several surgical cricothyrotomies and they are the most stressful procedures given the circumstances. I believe it is vital that our medics get hands-on experience with this technique using live tissue models. Much of this procedure must be done by feel given the limited vision in a bleeding patient and no manikin can simulate this experience. The paramedic students need the experience of performing this procedure with live tissue so that when faced with a human patient and only minutes to intervene they can act quickly and with confidence to save a life.

Thank you for the phenomenal training program that you have developed that is the model for the rest of the country.

Sincerely,

Eileen Bulger, MD  
Professor of Surgery, University of Washington  
Chief of Trauma, Harborview Medical Center
January 21, 2016

David Carlbom, MD
Director, Paramedic Training
Harborview Medical Center

Dear Dr. Carlbom,

I am sending this letter to express my strongest support your continued use of a live animal model for the teaching of emergent cricothyrotomy to paramedic students.

As a Head & Neck Surgeon, I am often called to perform tracheotomy and emergent airway for patients with airway obstruction. I can tell you from personal experience that there is currently no model that provides an experience that is even close to performing these procedures on a live patient / animal. The properties of live tissue – particularly the flexibility, malleability, and elastic properties are critical to understand, as are the presence of blood and airway secretions that are critical determinants in the successful of the procedure, ie saving lives.

Cricothyrotomy is an essential emergent airway procedure for paramedics to be able to perform in an efficient, effective and reliable fashion. It is critical that we train them for this in the most realistic way possible so they can continue to provide world-class lifesaving care to the citizens of our area.

Please let me know if there is anything I can do to help you in this regard.

Best regards,

Kris. S. Moe, M.D., FACS
Professor and Chief,
Division of Facial Plastic and Reconstructive Surgery
Departments of Otolaryngology and Neurological Surgery
To whom it may concern,

Recently I had the responsibility to conduct a surgical airway on a female suffering from angioedema secondary to an ACE inhibitor reaction. The patient was conscious and alert but rapidly deteriorating before our eyes. Unable oxygenate or ventilate the patient, we quickly moved to the surgical airway in an effort to save this patient’s life. I would like it to be know that without my recent surgical airway lab training I am not sure I could have performed this activity as quickly or as confidently as I was able to on this day. During this training I reviewed the steps to the procedure, the initial location of landmarks, and the feeling and use of the tools. The mild anxiety created, the ability to actually feel the anatomy of the airway after the cut was made, and most importantly the feeling of cutting through actual tissue was absolutely critical in my success in securing a patent airway for this patient. In my opinion this training, conducted in this specific manner is what saved this person’s life.

Mark Sawdon
Paramedic, King County Medic One
Legislative and Budget Update

This will be an oral report for information only.
Quarterly Compliance Report – Research

This report is for information only.

BACKGROUND

In November 2015, Elizabeth Cherry, Associate Vice Provost, Compliance and Risk Services, presented a report on the University’s new Structural Compliance Program. Over an 18-month cycle, the Board of Regents will receive a quarterly report from each of the six key institution-wide compliance areas:

- Research
- Health & Safety
- Financial
- Information
- Special Areas (e.g. global activities)
- Civil Rights/Employment

Attachments
1) University of Washington Research Compliance
2) UW Research Compliance Priority Item 1: Laboratory Safety
3) UW Research Compliance Priority Item 2: Post-approval Monitoring of Clinical Trials with Human Subjects
University of Washington Research Compliance

Overview

With a vision statement that asserts “Discovery is at the heart of our university,” research is undeniably central to the mission of the University of Washington. In fact, since 1979 the UW has received more federal research funding annually than any other U.S. public institution of higher education. In FY 2015 alone, the UW’s colleges and schools secured $1.3B in total sponsored grants and contracts, led by Medicine, Public Health, Engineering, Environment, Arts & Sciences, and Health Sciences Administration. Currently, nearly 4,000 research projects are under way at the UW, linking Seattle, Tacoma, and Bothell to Greenland, Kenya, China, and other locations around the world.

These numbers are broadly indicative of the post-World War II expansion of the American educational enterprise, research in particular. Federal support for research by the National Institutes of Health, for example, increased from $1B to $30B over the last half century; National Science Foundation grants grew from $465M to $7B in the same period. As a recent report by the National Academy of Sciences states, “[R]esearch institutions . . . have been the principal source of a world-class labor force that has made fundamental discoveries that enhance our lives and the lives of others around the world . . . The result of this unique government-academic research partnership is a system of education, mentorship and discovery that is renowned internationally.”

As the importance of the modern research university has grown, so too has the volume of rules and laws attached to federal support. Hundreds of regulations – many with complex data-collection, reporting, and auditing requirements – govern nearly every aspect of research, from scholarly integrity to grants and contracts management. The goals for such regulations are broad: protect government, universities, investigators, and the public; prevent fraud, waste and abuse; minimize risk; and, ultimately, ensure appropriate stewardship of billions in federal tax dollars.

World-class research is accompanied by inherent risks that must be identified, understood, and proactively addressed. Failure to do so can result in fines, loss of eligibility for federal funding, diminution of the University’s reputation, serious injury or fatality, and loss of the public’s trust. Mitigation of risk and compliance with regulations is thus no small task. Indeed, a growing consensus holds that regulatory compliance has become unduly burdensome over the last decade. The U.S. Senate, Lumina Foundation, Association of American Universities, Council on Governmental Relations, American Academy of Arts and Sciences, and even the White House, have all published studies and reports on this pressing concern. Speaking at a recent National Academy of Sciences meeting, the University of Washington’s Vice Provost for Research, Mary Lidstrom, cited excessive regulation as “wasteful, expensive and [a] poor use of taxpayer’s money.” Principal investigators (PIs) responding to the Federal Demonstration Partnership’s Faculty Workload Survey in 2012 estimated that 42% of their research time is devoted to meeting the requirements attached to federally-funded projects.
Regardless of burden or cost, the University must ensure compliance with applicable laws, regulations, standards, and federal agency guidance. Research compliance management requires detailed and current subject matter expertise in the applicable regulations, a basic understanding of the science underlying the research being conducted, and considerable administrative acumen in a higher education environment. Research compliance is a technically- and organizationally-complex task, one which the University of Washington Office of Research does well.

The newly-created UW Structural Compliance Program facilitates and supports this work by providing a unifying governance framework for the University’s diverse compliance obligations and subject matter experts. It employs seven elements to assess and strengthen the effectiveness and maturity of the University’s compliance functions: 1) leadership and oversight, 2) standards of conduct, policies and procedures, 3) education and outreach, 4) monitoring and auditing, 5) receiving reports and investigating, 6) accountability, incentives and corrective action, and 7) response and prevention. The program brings the subject matter experts together to participate in ongoing assessments that emphasize continuous improvement.

Assessment

In December 2015, Research compliance assessment meetings brought together subject matter experts representing research compliance topic areas from across the University: human subjects, animal subjects, export controls, facilities, scholarly integrity, conflict of interest, hazardous materials, radiation safety, infectious disease/biosafety/select agent, and intellectual property. Through those meetings, two research compliance priority items were identified for focused attention over the next 18 months: Laboratory Safety and Post-Approval Monitoring of Clinical Trials with Human Subjects.

The Research compliance assessment was led by:
David Anderson | Executive Director, Health Sciences Administration
Elizabeth Cherry | Associate Vice Provost, Compliance and Risk Services
Joe Giffels | Associate Vice Provost for Research Administration and Integrity, Office of Research | Institutional Official

Subject matter experts:
Philip Campbell | Radiation Safety Officer, Environmental Health & Safety
Damon Fetters | Director, Facilities Maintenance & Construction, Facilities Services
Katia Harb | Assistant Director, Research & Occupational Safety, Environmental Health & Safety
John Kelly | Compliance Analyst, Building and Fire Safety, Environmental Health & Safety
Karen Moe | Director and Assistant Vice Provost for Research, Human Subjects Division
Mark Murray | Assistant Director, Building & Fire Safety, Environmental Health & Safety
Melissa Petersen | Assistant Vice Provost for Research Compliance, Office of Research
Carol Rhodes | Acting Co-Director, Office of Sponsored Programs
Sally Thompson-Iritani | Director, Office of Animal Welfare
Jude Van Buren | Director, Environmental Health & Safety, Health Sciences Administration
Fiona Wills | Director, Technology Licensing, Center for Commercialization
Summary of Priority Items

Priority Item 1: Laboratory Safety
Of the 880 research and teaching labs occupying 3,600 rooms in over 50 campus buildings, surveys conducted by UW Environmental Health & Safety (EH&S) found that a significant percentage fall short of University goals for laboratory safety. Major risk areas include: 1) insufficient safety training; 2) incomplete lab-specific standard operating procedure (SOP), especially around chemical management; and, 3) inconsistent use of appropriate personal protective equipment (PPE) in the laboratory.

To address these risks, EH&S will perform evaluations and provide targeted technical safety monitoring for the 90 academic research labs on the Seattle campus that pose the highest risk for potential accident and injury. Evaluations will include identification of root causes and barriers to maintaining safe lab practices (via lab hazard analysis, chemical inventory review, and assessment of lab safety equipment).

Priority Item 2: Post-approval Monitoring of Clinical Trials with Human Subjects
Compared with other types of research that employ human subjects, clinical trials – of drugs, devices, behavioral interventions, diagnostic or treatment modalities – involve the highest level of risk to participants and the highest level of responsibility for the institution performing those trials. Currently, there are no explicit federal requirements that mandate the active monitoring of clinical trials once they begin.

The UW Human Subjects Division is developing a more robust post-approval monitoring program targeted at clinical trials with the greatest risk factors. The process will ensure that clinical trials are proceeding according to protocols established in the planning, review and approval phases of trial development, with the goal of protecting human subjects and the integrity of the institution’s research endeavors.

Citations
3 http://psc.apl.uw.edu/research/projects/greenland-meltwater-geomicrobiology/
http://globalhealth.washington.edu/interactive-map/projects?country=78&faculty=&focus_area=&health_topics=&organization=331
Challenge Statement
Of the 880 research and teaching labs occupying 3,600 rooms in over 50 campus buildings, surveys by UW Environmental Health & Safety (EH&S) found that a significant percentage fall short of University goals for laboratory safety. Major risk areas include: 1) insufficient safety training; 2) incomplete lab-specific standard operating procedure (SOP), especially around chemical management; and, 3) inconsistent use of appropriate personal protective equipment (PPE) in the laboratory.

Context
The American Chemical Society, National Academy of Sciences, and National Research Council acknowledge that inadequate safety in academic labs is a consistent and substantial issue across the country. They have concluded that the two major reasons for preventable accidents in college and university laboratories are the absence of a strong institutional safety culture, and a failure by principal investigators (PI) to assume appropriate responsibility for safety in their labs.

Accidents involving chemicals are far more common than those related to biological and radioactive agents, in part because there is no federally-mandated institutional oversight and approval process, or clear standards, for use of chemicals in labs. The use of chemicals is ubiquitous across the University’s research program, thus increasing the likelihood of accidents and/or injury. The risk to researchers, students, staff and the institution is elevated when safety protocols are not established, understood or observed.

Mitigation Plan
Environmental Health & Safety will perform evaluations of and provide targeted technical safety monitoring for the 90 academic research labs on the Seattle campus that pose the highest risk for potential accident and injury. Evaluations will include identification of root causes and barriers to maintaining safe lab practices (via lab hazard analysis, chemical inventory review, and evaluation of safety equipment). Lab-specific standard operating procedure will be designed and implemented. To monitor progress, baseline laboratory surveys will be conducted in July 2016 and repeated every eight months, for the 24-month life of the project. Lessons learned will be used by EH&S to enhance the support provided to all labs across the institution.

Focus groups of PIs, lab managers, researchers and department personnel, including department chairs, will be convened to increase communication and create best-practices sharing opportunities (list servs, invited speakers, workshops) among safety representatives, and to promote the engagement of leadership in promoting a thriving culture of lab safety at the University of Washington.

Project Leads: Mark Murray, Jude Van Buren and David Anderson
Sample of Relevant Laws and Regulations

- Hazardous Chemicals in Laboratories (WAC 296-828)
- Hazardous Drug Rule (WAC 296-62-500)
- International Fire Code (RCW 19.27, WAC 51-54A)
- Chemical Waste Management (WAC 173-303)
- Chemical Facility Anti-Terrorism Standards: Department of Homeland Security (6 CFR 27)

Additional Reading


[https://www.acs.org/content/dam/acsorg/about/governance/committees/chemicalsafety/academic-safety-culture-report-final-v2.pdf](https://www.acs.org/content/dam/acsorg/about/governance/committees/chemicalsafety/academic-safety-culture-report-final-v2.pdf)

*Learning from UCLA*: [http://cen.acs.org/articles/87/i31/Learning-UCLA.html](http://cen.acs.org/articles/87/i31/Learning-UCLA.html)
University of Washington Research Compliance
Priority Item 2: *Post-approval Monitoring of Clinical Trials with Human Subjects*

**Challenge Statement**
Compared with other types of research that employ human subjects, clinical trials – of drugs, devices, behavioral interventions, diagnostic or treatment modalities – involve the highest level of risk to participants and the highest level of responsibility for the institution performing those trials. Currently, there are no explicit federal requirements that mandate the active monitoring of clinical trials once they begin. Despite the absence of a federal standard, it is the institution’s duty to do everything possible to ensure the safety of human subjects and the integrity of the University of Washington’s research endeavors.

**Context**
There are currently more than 500 active clinical trials in Seattle and 30 countries, conducted by nine different colleges and schools. Approximately 40% are funded by industry. All are heavily regulated by the federal government. Non-compliance with laws and regulations can result in fines of up to $10,000 per day; withholding of pending or awarded funds; the University’s inability to bill Medicare/Medicaid for the costs of delivering healthcare associated with clinical trials; or the refusal of the Food and Drug Administration to approve a new drug, device, or diagnostic developed by a UW researcher. Worse yet, adverse reactions to a drug or device, serious illness or mental health issues and even death can result from clinical trials that deviate from an approved research plan.

Mitigation of risks related to clinical trials relies on the University of Washington’s comprehensive compliance system for human subjects, which includes Institutional Review Boards (IRB) – federally-mandated University committees responsible for reviewing and approving proposed and ongoing research involving humans. Other compliance system elements include contract terms negotiated with external sponsors of clinical trials – to clarify roles and enhance participant care – and internal safety committees to review and approve procedures, and the use of biological, chemical or radioactive agents in the research lab.

While research *plans* are carefully reviewed and require approval by the UW Human Subjects Division (HSD), a unit of the Office of Research, the *implementation* of those plans is infrequently monitored. Fewer than 6% of clinical trials are visited by HSD annually to assess conformity with the IRB-approved clinical trial protocols. Although there is no federal or state regulatory requirement for conducting post-approval monitoring, the practice is one element of a mature and effective compliance program and is recognized as a best practice in keeping research subjects safe.

**Mitigation Plan**
The UW Human Subjects Division is developing a more robust post-approval monitoring program that will review significantly more clinical trials, especially those with the greatest risk factors, including trials that are: 1) early in the drug/device development process, 2) conducted on vulnerable subjects (e.g. children, elderly, or prison populations), 3) led by inexperienced PIs, and 4) researcher initiated rather
than industry initiated. The goal of such monitoring is to ensure that clinical trials are proceeding according to protocols established in the planning, review and approval phases of trial development, and to assist researchers in meeting that goal.

Under the more robust program, monitoring will be conducted early in the research study, when education and corrective actions have the most beneficial impact and help researchers stay on track with the IRB-approved research plan. The long-term goal is to provide an appropriate level of monitoring for all high-risk projects within their first year. Monitoring will be tailored to address the varied needs and specific risks of different types of clinical trials. Program operations will be conducted through an educational perspective, rather than a punitive one. HSD will create and deploy a range of structural support tools and systems to help PIs and other research staff ensure compliance and enhance participant safety.

Clinical Trials – Research Process and Compliance Elements

Project Leads: Karen Moe and Joe Giffels

Sample of Relevant Laws and Regulations

- “Common Rule” (protection of human subjects): Department of Health & Human Services (45 CFR 46)
- Protection of human subjects: Food and Drug Administration (21 CFR 50); Department of Defense (32 CFR 219); Environmental Protection Agency (40 CFR 26); Department of Justice (28 CFR 46)
- Investigational new drugs: Food and Drug Administration (21 CFR 219)
- Investigational devices: Food and Drug Administration (21 CFR 812)
- Compliance with health data privacy and security regulations: Health Insurance Portability and Accountability Act (45 CFR 164)
- Genomic Data Sharing Policy: National Institutes of Health
- Policy for Data and Safety Monitoring: National Institutes of Health

Additional Reading

BOARD OF REGENTS MEETING

UW Medicine Board Annual Compliance Report

For information only.

Attachment
UW Medicine Board Annual Compliance Report to the UW Board of Regents
UW MEDICINE BOARD

ANNUAL COMPLIANCE REPORT TO THE
UW BOARD OF REGENTS

February 11, 2016

UW Medicine
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EXECUTIVE SUMMARY

The tenth annual UW Medicine Board Compliance Report to the University of Washington (UW) Board of Regents summarizes the primary compliance activities that occurred in calendar year 2015 and identifies four major priorities for 2016. The scope, structure, core functions and activities of the UW Medicine Compliance Program are presented as the Appendix to this report.

UW Medicine consists of eight owned or managed entities that operate in a highly regulated environment with a variety of compliance requirements and potential risks. The culture of compliance at UW Medicine is reflected in a documented Compliance Program designed to promote and support compliance, and detect noncompliance.

In this reporting period, the annual compliance budget was $8.4 million with 63 full-time equivalent positions dedicated specifically to compliance functions. These figures do not represent the full cost of compliance activities throughout the organization.

Four compliance areas (clinical billing; information security, privacy and identity theft prevention; Stark law and Anti-Kickback Statute (AKS); and conflicts of interest (COI)) were the subject of comprehensive presentations to the UW Medicine Board Compliance Committee. Presentations focused on key concepts, primary risks, mitigation strategies and emerging issues. Major activities and developments in 2015 include the following:

Clinical Billing

- A low volume of claims reviewed by the Medicare Recovery Auditors continued during all but the last month of 2015, and of the claims audited in 2015, so far less than one percent resulted in repayment ($74,000) although more than half of the audit results are pending.
- Further delays in the enforcement of a new inpatient admission rule enabled us to provide physicians with additional feedback and guidance in preparation for implementing the new rules.
- Mandatory training and rigorous audit activities have been in place for all practice plan members since 2004, and are now in place at all UW Medicine medical centers. Other than members with approved exceptions for extended leaves, compliance with training requirements was 100 percent.
- Several internal facility billing audits in 2015 identified the need for focused training activities, repayments and process modifications for billing in Neonatal Intensive Care Units (NICUs). Follow-up audits confirmed the effectiveness of remediation activities.
- In addition to internal audits of general clinical services billing, UW Medicine reviews clinical research billing in order to identify billing errors, help researchers understand internal procedures, and provide information to operational areas about the need for system-wide process improvements. Audit results in 2015 showed a very low error rate.
Information Security, Privacy and Identity Theft Prevention

- As reported in 2014 and 2015, UW Medicine has been the subject of an investigation by the Office for Civil Rights (OCR) after a 2013 malware incident resulted in notification to 90,000 patients of a potential privacy breach. At no time was the electronic health record (EHR) compromised or actual patient harm reported. The OCR concluded its investigation in October 2015, and proposed a resolution agreement that was signed on December 4, 2015. Provisions of the agreement include a $750,000 payment to the OCR and a two-year Corrective Action Plan (CAP) requiring annual risk analysis, remediation and risk management plans, reorganization of the information security compliance structure, notification to the OCR of any policy violations, and deadlines for reporting and documentation. An external monitor is not required and the monetary payment is lower than recent settlements of similar scope, which reflects the OCR’s recognition of UW Medicine’s progress and efforts. Status of the CAP will be a standing agenda topic for all leadership and compliance committees in 2016.

- Numerous activities in process during 2015 included organizational refinements, policy modifications, strategic planning proposals to coordinate and standardize information security operations across the UW Medicine enterprise, and several risk assessment and mitigation efforts. By the end of 2015, information technology (IT) operations had advanced several technical projects, and a cross-entity team was in the final stages of developing a mandatory, enterprise-wide training module that will be launched in 2016 as an ongoing annual requirement, supplemented by periodic ad hoc training and awareness messages.

- Inappropriate but accidental disclosures of protected health information (PHI) still comprise the majority of privacy incidents, although these are usually discovered and corrected in a timely way.

- A total of 27 events resulted in privacy breaches that required notification of 142 patients.

- The OCR opened one new investigation into a patient complaint (which was closed without further action after our response), and notified us of two patient complaints for which they declined to open investigations.

Stark Law and Anti-Kickback Statute

- Compliance with the Stark law, which prohibits physician self-referrals, and the AKS, which prohibits any person from accepting remuneration for referring an individual for items or services covered by federal healthcare programs, is jointly managed by the UW Physicians (UWP), UW School of Medicine (SoM) and UW Medicine Compliance offices.

- UW Medicine reported no Stark law violations in 2015 and continued to direct its efforts toward standardizing the physician contracting process, and providing appropriate review and fair market value analysis as necessary.

- Outreach and awareness efforts related to the AKS continued to focus on procurement, purchasing and SoM clinical departments. A vendor gifts work group was established to address questions surrounding corporate gifts.
Conflicts of Interest

- COI are governed by many different rules, involve compliance efforts by several UW and UW Medicine offices, and arise in various contexts (including acceptance of gifts, outside professional work, research, authorship, relationships with vendors and purchasing). A series of guidance documents addressing frequently asked questions (FAQs) about COI was published in 2015.
- The UW policy on financial COI in research was substantially revised in response to changes in federal rules, and an online financial disclosure system was implemented.
- Changes to the UW Medicine faculty COI policy were made to prohibit SoM faculty from presenting at speaker’s bureaus and programs designed predominantly for promotional, sales or marketing purposes and from endorsing products to promote sales.
- In 2015, there were significant efforts to educate faculty about federal rules requiring public release of industry payments to healthcare professionals and to correct reporting inaccuracies.

Section III provides detailed information about major activities and issues occurring in 2015.
I. INTRODUCTION

Purpose of the Annual Report

Section 1.4.3 of the UW Medicine Board Bylaws requires an annual report to the UW Board of Regents regarding the effectiveness of UW Medicine compliance program, which includes but is not limited to, the following topics:

- Key compliance policies and issues
- Status of the compliance program infrastructure and reporting relationships
- Scope of authority of key positions
- Current assessment of compliance risks
- Level of resources dedicated to the compliance programs

II. UW MEDICINE COMPLIANCE PROGRAM

UW Medicine is a large organization, consisting of eight owned or managed entities that operate in a highly regulated environment with a variety of compliance requirements and potential risks. The culture of compliance at UW Medicine is characterized by four major elements:

- Documented formal program activities, including audits and educational programs, designed to promote and support compliance, and detect noncompliance;
- Formal structure, executive leadership engagement and support, and board-level involvement;
- Clearly defined responsibilities and system-wide education and outreach; and
- Formal channels of communication and system-wide reporting hotline.

The purpose of the UW Medicine Compliance Program (see Appendix) is to assist UW Medicine in achieving its financial, operational and strategic goals while maintaining compliance with all applicable laws and regulations. The scope, structure, core functions and activities of the Program are updated as necessary to reflect organizational and policy changes, programmatic refinements and best practices for addressing compliance risk.

In this reporting period, the annual compliance budget was $8.4 million with 63 full-time equivalent positions dedicated specifically to compliance functions. These figures do not represent the full cost of time, effort and systems devoted to compliance activities throughout the organization.
III. KEY COMPLIANCE AREAS

The key compliance focus areas identified for 2015 included the following:

- Clinical billing (facility and professional fee billing for all clinical services including clinical research);
- Information security, privacy and identity theft prevention;
- Stark law and Anti-Kickback Statute (AKS); and
- Conflicts of interest (COI).

At each meeting of the UW Medicine Board Compliance Committee in 2015, a content expert led an interactive session on a specific focus area. Presentations focused on key concepts, primary risks, mitigation strategies and emerging issues. These are contained in the official committee records.

The following sections describe major activities and developments that occurred in 2015.

A. Clinical Billing

External Reviews.

All external review activities are reported in detail each week to UW Medicine leaders. Summary reports are presented to the UW Medicine Executive Compliance Committee, and updates are provided at each UW Medicine Board Compliance Committee meeting. This information is maintained in the official committee files. Highlights in 2015 include the following:

- The Centers for Medicare and Medicaid Services (CMS) continued to experience challenges in the contracting process for Phase 3 of its Medicare Recovery Audit program, resulting in further delays and limited audit activity in most of 2015. In December 2015, due to the ongoing Phase 3 delays CMS allowed the existing contractors to return to prior audit volumes. This return to regular activity is anticipated to continue through at least the first half of 2016, at which point CMS may again reduce volumes in preparation for Phase 2 close-out. This year, 885 claims representing $16.4 million in reimbursement were reviewed, up from 164 claims representing $1.9 million in 2014, but still significantly lower than prior years when annual claim volumes were in the thousands. So far, only 11 claims required repayments totaling $74,000, with another possible 13 repayments totaling $84,000 pending review. However, because audits were initiated at the end of the year, well over half the claim results are still pending.

- Enforcement of CMS’s new rules for inpatient admission was delayed another six months through September 30, 2015. As a result, Medicare performed a third round of “probe and educate” audits of medical necessity for inpatient admissions. UW Medicine used the results of this process to assess the hospitals’ readiness for
the enforcement date and to identify focus areas for additional physician feedback and guidance.

- Audits of inpatient claims from multiple managed Medicare and Medicaid insurance payors continued as the largest volume of external audit programs in 2015.

**Facility Billing for Medical Centers and Clinics.**

A facility billing audit plan is developed annually and approved by the UW Medicine Executive Compliance Committee. In 2015, several audits of coding in the NICUs at Valley Medical Center (VMC) and UW Medical Center (UWMC) resulted in the need for focused education and training activities. Follow-up audits were then conducted to confirm the effectiveness of remediation activities.

In response to two unrelated reported concerns, investigation of the issues led to UWMC repayments totaling roughly $30,000.

**Professional Fee Billing by Healthcare Professionals.**

UW Medicine Compliance completed professional fee billing compliance education for Northwest Hospital & Medical Center (NWH) and VMC healthcare professionals in the fall of 2015. The first round of audits for all NWH healthcare professionals was completed in August 2015 with overall favorable results, although a small number of audits necessitated follow-up actions including claim repayments. The second round of NWH audits is underway. The first round of audits for all VMC healthcare professionals is underway and scheduled for completion early in 2016. To date, results have been favorable.

UWP and Children’s University Medical Group (CUMG) operate separate yet closely coordinated professional fee billing compliance programs covering practice plan members. Policies are tailored to address the unique risks of the respective clinical practices and complement specific medical staff processes, facility systems and controls, and research activities. Both practice plans engage in rigorous auditing, ongoing risk assessment, mandatory training and investigations of reported or observed billing issues. Efforts in 2015 included the following:

- CUMG Compliance provided specialty-specific training to all CUMG members. In addition, all CUMG healthcare professionals and administrative staff received fraud, waste and abuse training.
- CUMG completed 100 percent of its scheduled reviews (covering 481 healthcare professionals). The overall error rate of 4.88 percent is within acceptable standards, and 296 providers received a perfect score.
- All new CUMG providers (95) received one-on-one feedback and education and were provided an additional formal review during the first quarter of employment.
- Seattle Children’s (Children’s) implemented an inpatient EHR system. CUMG Compliance participates in Children’s electronic forms committee that approves all electronic templates to ensure compliance with regulations and CUMG policies.
- UWP completed 100 percent of its scheduled audits involving 764 healthcare professionals, ranging from routine and new hire audits to second reviews and those targeted to specific billing risks.
- Ninety-nine percent of UWP members completed their mandatory UWP compliance education, including new training on fraud, waste and abuse prevention, and a new EHR integrity module. The remaining one percent had approved exceptions (such as Family and Medical Leave Act (FMLA) or other leave). They will be required to complete the training upon return to practice.
- Ninety-seven percent of hospital employees for whom UWP provides billing services completed their mandatory UWP compliance education. The remaining three percent had approved exceptions (such as FMLA or other leave). They will be required to complete the training prior to UWP resuming billing on their behalf. More than half of the reassigned hospital employees completed additional non-mandatory education specific to Advanced Practice Provider (APP) compliance issues.
- Four hundred twenty-nine residents completed specialty face-to-face compliance education sessions.
- Recognizing the need to help ensure optimal use of the EHR, UWP Compliance created an EHR Integrity team. The team assists practice plan members with EHR challenges, uses technical expertise to facilitate compliant use of clinical EHR applications and works with IT to ensure that applications and processes function in compliance with regulatory requirements.
- UWP completed 145 EHR template reviews and provided EHR tips in conjunction with compliance education sessions.

**Clinical Research Billing.**

Clinical research billing audits serve several important purposes:

- They provide important feedback to UW Medicine clinical researchers. Each audit report identifies any errors discovered, outlines the necessary remediation and includes educational resources to help improve compliance with billing policies.
- They provide feedback to the UW Medicine Clinical Research Billing Operational Integration Committee, a group that is charged with maintaining efficient and effective operational processes for clinical research billing at any site where UW faculty conduct clinical studies.
- They identify billing errors that may need to be repaid, charged to a different account or otherwise corrected.

In 2015, UW Medicine Compliance completed 27 clinical research billing audits. The results yielded a 3.11 percent error rate. Although this is an increase from the 2.67 percent error rate in 2014, it is too slight to assign any significance to the change.
For 2016, UW Medicine Compliance is planning a probe audit in order to assess the potential billing risk associated with oncology studies that historically did not receive Clinical Research Budget and Billing (CRBB) review.

The CRBB policies were restructured into one streamlined compliance policy. Other than clarifying documentation requirements, this action did not change any policy components. A task force consisting of representatives from Fred Hutchinson Cancer Research Center (FHCRC), Children’s, Seattle Cancer Care Alliance (SCCA) and UW Medicine continued their review of the Clinical Research Effort Policy.

B. Information Security, Privacy and Identity Theft Prevention

Resolution Agreement with the OCR.
In October 2013, a UW Medicine employee in the finance department clicked on an email link containing malware, resulting in a potential privacy breach as defined by federal regulations. The problem occurred because the employee routinely downloaded files from a secure server onto the local desktop for work sessions and deleted the files from the desktop when finished. However, the files were not deleted from the electronic trash folder and were therefore accessible to the malware.

As reported in 2014 and 2015, UW Medicine notified 90,000 patients, the media, the OCR and the Federal Bureau of Investigations (FBI), and the OCR opened an investigation into the incident. A call center was established to address patient inquiries, and credit monitoring was offered to a subset of patients. Over the next two years, UW Medicine responded to numerous information requests from the OCR, and provided copies of more than 20 historical and current risk assessments of information systems. At no time was the EHR system compromised or actual patient harm reported.

In October 2015, the OCR concluded its investigation, finding that UW Medicine “failed to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information (e PHI)”, and proposed a resolution agreement. The agreement signed on December 4, 2015, includes the following provisions:

- $750,000 payment to OCR
- Two-year CAP requiring:
  - Annual risk analysis, assessment of security measures, evaluation and updates as needed, and development and implementation of remediation plans, specifically:
    - A comprehensive risk analysis to include facilities and applications not covered in a 2014 external assessment, to be submitted to the OCR for approval within 90 days
Within 90 days after approval of the risk analysis, submission of remediation/risk management plans, and prompt implementation of remediation plans

- Documentation within 180 days that the administration and programmatic elements for Security Rule compliance have been reorganized under UW Medicine Compliance
- Notification to the OCR of any UW Medicine workforce member failing to comply with Health Insurance Portability and Accountability Act (HIPAA) policies and procedures
- Annual reports and attestations

The CAP does not require an external monitor and the monetary payment is lower than recent settlements of similar scope. This reflects the OCR’s recognition of UW Medicine’s progress and efforts.

Status of the CAP will be a standing agenda topic in 2016 for leadership and compliance committees, including the Operations and Finance Committee, the UW Medicine Board Compliance Committee, the UW Medicine Executive Compliance Committee and the Security Program Executive Committee.

**Organizational Refinements.**

The chief health system officer, UW Medicine, and vice president for medical affairs, University of Washington, serves as the UW privacy official who oversees University compliance with HIPAA. Since 2009, the HIPAA privacy rule compliance program in UW Medicine has been centralized under the chief compliance officer, UW Medicine, and associate vice president for medical affairs, University of Washington. From 2009-2014, HIPAA security rule compliance program responsibility was shared by a number of IT service units within UW Medicine.

In 2014, UW Medicine began the process of integrating HIPAA security rule compliance with the existing privacy compliance program. Centralizing oversight for a comprehensive HIPAA compliance program that covers all eight UW Medicine entities began in 2015, and includes progress in the following:

- Policy modifications
- Definition of roles and responsibilities
- Operational implementation
- Expanded education and outreach, monitoring and auditing
- Development of reporting mechanisms to ensure engagement of affected leadership groups
- Investigation of all privacy, identity theft and information security complaints

At the same time, strategic planning proposals have been advanced to coordinate and standardize information security operations across all UW Medicine entities. This work
is under the direction of the chief information officer, UW Medicine Information Technology Services (ITS). A national search for a chief information security officer is underway. Early efforts have focused on working to define a common security mission, vision, strategy, architecture and approach for security operations. Progress in 2015 includes the following:

- Established the Security Standards Committee
- Established the Business Continuity (BC) and Disaster Recovery (DR) Steering Committee and continued development of an executable DR plan
- Hired a user authorization and authentication analyst to standardize and centralize access processes

Risk Analysis, Assessment and Mitigation.
In 2015, progress in IT operations was achieved with the following activities:

- Established a framework for the 2015 information security risk analysis, to be reported in February 2016
- Using 2014 external risk analyses, developed an ongoing process for tracking findings and remediation efforts
- Updated and improved the inventory tool used to identify applications, devices, integrations and other entities that house or exchange e-PHI
- Initiated projects to ensure that e-PHI is encrypted or otherwise protected at rest and in transit
- Initiated projects to update the event monitoring and intrusion protection systems, with deployments planned for 2016
- Continued multiple projects to remediate identified application and network gaps with technical enhancements

Additional Program Activities.
- A mandatory system-wide training module about practical safeguards for PHI and other types of confidential information is in the final stages of development, and will be launched in 2016 as an ongoing annual requirement, supplemented by periodic ad hoc training and awareness messages.
- An annual audit plan that includes reviews of individual electronic access to medical records to verify appropriateness and clinical area walk-throughs to evaluate each site’s compliance with requirements for safeguarding patient information was approved by the UW Medicine Executive Compliance Committee. This year, access audits identified only one inappropriate access to patient information by a UW Medicine workforce member. A couple recurring themes in the clinical area audits were noted and addressed with reminders, including the need to safeguard patient information viewable on computer screens and paperwork in public-facing areas, and to log out when finished with a computer session.
- Revised the Joint Notice of Privacy Practices (NoPP) to model it on the recommended OCR template.
• Patient identification and clarification committees met regularly to manage cases involving potential identity theft, and activities were reported to the UW Board of Regents.

**Issues and Investigations.**

• Inappropriate but accidental disclosures of PHI still comprise the majority of privacy incidents. The most frequent error occurs when paper documents are handed to the wrong patient, though these are usually discovered and corrected in a timely way that mitigates the disclosure risk.

• A total of 27 events resulted in privacy breaches that required notification of 142 patients, a decrease from 62 events requiring notification of 150 patients in 2014. This is attributed to increased workforce awareness of the importance of and ways to safeguard patient information. Three of the 2015 events resulted from stolen devices, with one involving the employee of a UW Medicine business associate. As in the prior year, this is a marked reduction in comparison to earlier periods.

• The OCR opened one new investigation into a patient complaint in 2015, and closed the case without further action after completing a review of the information submitted in response to their data request.

• The OCR also notified UW Medicine of two patient complaints in 2015, but declined to open investigations. Instead, they asked that we review the complaints and take any necessary corrective action, and provided guidance regarding the rules impacting each situation. In both cases we provided additional training for the areas impacted.

**C. Stark Law and Anti-Kickback Statute**

The Stark law prohibits physicians from referring Medicare and Medicaid patients for designated health services to an entity with which the physician (or immediate family member) has a financial relationship, unless certain exceptions are met. There were no significant changes to the Stark law enacted in the past year although a number of clarifications and revisions have been proposed by CMS. Many of the proposed changes are intended to reduce technical violations based on contracting errors that do not pose a significant risk of abuse.

UW Medicine did not detect or report any Stark law violations in 2015. Compliance with the Stark law is managed jointly by the UWP, SoM and UW Medicine Compliance offices. In the past year, efforts have continued to focus on maintaining a standardized physician contracting process and appropriate review and fair market value analysis as necessary.
Planned activities for the coming year include:

- Continue work in progress to standardize documentation for faculty physicians engaged in teaching and other activities throughout the Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) region to clearly identify all services provided and compensation or benefits received.
- Continue to review any remuneration the UW and UW Medicine provide to non-faculty, community physicians to ensure compliance with the Stark law.

The AKS prohibits the knowing and willful payment or acceptance of remuneration for referring an individual for items or services covered by a federal healthcare program, or for purchasing (or recommending for purchase) an item or service that is reimbursable under federal healthcare programs. Unlike the Stark law, the AKS applies not only to physicians but also to non-physicians and entities. There were no significant changes to the AKS in the past year. During 2015, educational efforts continued to focus on UW procurement, purchasing and SoM clinical departments. In addition, a vendor gifts work group is developing a written protocol and tracking system for review, acceptance and documentation of corporate gifts.

Planned risk mitigation activities for the coming year include continued development and refinement of the following:

- Policies and procedures on disclosure of conflicts in connection with drug and device purchases
- Guidance regarding vendor support of educational and research activities
- Guidance regarding contracts with vendors

D. Conflicts of Interest

COI are governed by at least 10 regulations and policies, which are enumerated in a primer developed for compliance committee members.

Numerous system-wide changes to policies, forms and reporting systems have taken place since 2012 to ensure compliance with the National Institutes of Health (NIH) rules regarding disclosure of financial COI in research. The UW Office of Research now has primary responsibility for reviewing these disclosures and establishing conflict management plans.

This was the sixth year of the SoM Faculty COI Policy. The purpose of the policy is to ensure that faculty avoid, or disclose and address, perceived or real COI between their responsibilities as faculty and their outside activities, while encouraging appropriate relationships between faculty and industry to the extent they further the mission of UW Medicine. The policy addresses such issues as consulting, service on boards, advisory panels and other outside work; speeches, meetings and travel funded by
outside entities; gifts; food and beverages; teaching activities; and outside support for educational events. Key provisions of the policy include:

- SoM faculty must disclose in advance the amount of compensation to be received for outside work, along with their request to engage in such work.
- SoM faculty are now prohibited from presenting at speaker’s bureaus or other programs designed solely or predominantly for company promotional, sales or marketing purposes.
- SoM faculty members are prohibited from endorsing a product for the primary purpose of promoting its purchase.

The Physician Payments Sunshine Act highlights both AKS and COI risks. This law requires certain drug, device and equipment manufacturers to report annually to CMS payments or transfers of value made to physicians and teaching hospitals. The goal of the law is to provide transparency in the financial relationships between industry and healthcare professionals and teaching hospitals. 2015 was the second year that CMS made the manufacturer’s information available to the public. UW Medicine prepared talking points for patients, public and media regarding the data published. Additionally, education was provided to all SoM clinical departments; training and other resource materials were made available on the SoM Compliance website; and faculty were provided with guidance and instructions on how to review and dispute the data submitted about them.

A work group led by UW Medicine Compliance completed guidance documents to address FAQs on COI in 2015. The FAQs are published on the Compliance website (http://depts.washington.edu/comply/resources/frequently-asked-questions-faqs/), and provide workforce members with quick answers to questions covering the following:

- Charitable Fundraising
- Gambling, Door Prizes, Raffles and Drawings
- Gifts, Food and Meals from External Sources
- Outside Work
- Political Campaigning
- Production Demonstration Site Agreements
- Sponsored Travel
IV. LOOKING FORWARD: 2016

Planning for compliance activities is an ongoing process, as described in the UW Medicine Compliance Program (see Appendix Section I). Priorities are heavily influenced by the increasingly dynamic external regulatory environment (including new and changing rules, agency audit plans and settlements), as well as our own audit findings, issues and incidents, and risk assessments.

In 2016, we expect to focus on four major areas:

1. Completing all required elements of the OCR CAP in accordance with established timelines.
2. Deploying mandatory system-wide HIPAA training.
3. Continuing the development and refinement of policies, procedures, related guidance and other Stark law and AKS risk mitigation activities detailed in Section III.C–D.
4. Completing a probe audit of clinical research studies that were not previously reviewed by CRBB.
APPENDIX

UW MEDICINE

COMPLIANCE PROGRAM

Version Date: January 11, 2016
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I. INTRODUCTION

UW Medicine is a large organization, consisting of eight owned or managed entities that operate in a highly regulated environment with a variety of compliance requirements and potential risks. The culture of compliance at UW Medicine is characterized by four major elements:

- Documented formal program activities, including audits and educational programs, designed to promote and support compliance and detect noncompliance;
- Formal structure, executive leadership engagement and support, and board-level involvement;
- Clearly defined responsibilities and system-wide education and outreach; and
- Formal channels of communication and a system-wide reporting hotline.

I am pleased with the progress of UW Medicine over the last 15 years in developing a culture of compliance among our 25,000 employees. Guided by the advice of the UW Medicine Board Compliance Committee, the UW Medicine management team has made continuous improvements in our compliance program. We are focused on identifying areas of high risk prospectively and developing policies and plans to mitigate the risks. The active engagement of our administrative teams with the UW Medicine Board and the Board’s Compliance Committee is essential for the ongoing improvements that are planned for UW Medicine Compliance. It is a privilege for me to work with a very large number of individuals who are committed to excellence in our compliance program.

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

II. UW MEDICINE

UW Medicine includes the following owned or managed entities:

- Harborview Medical Center (HMC)
- Northwest Hospital & Medical Center (NWH)
- Valley Medical Center (VMC)
- UW Medical Center (UWMC)
- UW Neighborhood Clinics (UWNC)
- UW Physicians (UWP)
- UW School of Medicine (SoM)
- Airlift Northwest (ALNW)
UW Medicine shares in the ownership and governance of Children’s University Medical Group (CUMG), a pediatric practice plan founded with Seattle Children’s (Children’s); and the Seattle Cancer Care Alliance (SCCA), founded with Children’s and the Fred Hutchinson Cancer Research Center (FHCRC).

UW Medicine’s mission is to improve the health of the public by advancing medical knowledge, providing outstanding primary and specialty care to the people of the region, and preparing tomorrow’s physicians, scientists and other health professionals.

III. OVERVIEW

A. Purpose
The purpose of the UW Medicine Compliance Program (the Program) is to assist UW Medicine in achieving its financial, operational and strategic goals while maintaining compliance with all applicable laws and regulations. The scope, structure, core functions and activities of the Program are updated as necessary to reflect organizational and policy changes, programmatic refinements and best practices for addressing compliance risk.

B. Scope
The following content areas are within the scope of the Program:

- Clinical billing and documentation (facility and professional fee billing for all clinical services including clinical research);
- Compliance with the provisions of Health Insurance Portability and Accountability Act (HIPAA) governing patient privacy and information security;
- Identity theft prevention;
- Stark law and Anti-Kickback Statute (AKS);
- Conflicts of interest (COI);
- Ethics; and
- Emergency Medical Treatment & Labor Act (EMTALA).

Compliance programs for other content areas (for example, research, health and safety, pre- and post-award research grants and contracts, employment), other entity partners (for example, SCCA, FHCRC, Children’s), or University of Washington (UW) healthcare components (for example, Dentistry, Public Health, Nursing) are within other jurisdictions. However, UW Medicine collaborates with its external entity partners and other parts of the UW system for any number of reasons, including but not limited to:

- Addressing compliance issues crossing institutional or jurisdictional lines;
- Enforcing compliance;
- Harmonizing policies, procedures and guidance;
Engaging in mutually beneficial initiatives, process improvements, and risk assessments;
Sharing best practices; and
Monitoring regulatory developments, analyzing industry trends; and identifying risk mitigation strategies.

C. Program Elements
The Program is founded on both risk-based and proactive core components designed to promote and support compliance and detect noncompliance. Activities and program elements are documented in writing, readily available for review and regularly reported.

Specific program elements are aligned with standards established by the Office of Inspector General (OIG) for the healthcare profession and the United States Federal Sentencing Guidelines, and include:

- Senior leadership commitment and high level oversight, including the designation of a chief compliance officer to oversee enterprise-wide compliance systems, and initiatives and establishment of board-level compliance committees;
- Standards, policies and procedures to prevent and detect violations of law;
- Education and outreach activities to ensure that policies are effectively disseminated and understood by enterprise members;
- Periodic risk assessments, development of risk mitigation strategies and work plans;
- Internal monitoring and auditing;
- Reasonable due diligence to confirm that UW Medicine does not delegate substantial discretionary authority to individuals who the organization knows or should know, are likely to engage in illegal conduct;
- Maintaining lines of communication, including an anonymous reporting mechanism for employees to report possible compliance issues without fear of retribution;
- Prompt investigation and appropriate corrective action to prevent similar offenses when detected;
- Enforcement of standards and policies through well-publicized disciplinary guidelines; and
- Periodic evaluation of the effectiveness of the Program.
The Program is simplified in the following graphic:

IV. PROGRAM STRUCTURE

A. Compliance Oversight

1. Executive Leadership
   The chief executive officer, UW Medicine, executive vice president for medical affairs, and dean of the School of Medicine, University of Washington (CEO/EVPMA/Dean), provides enterprise-level compliance leadership and support. The CEO/EVPMA/Dean delegates specific responsibilities to key senior leadership positions. These responsibilities are reflected in the written job descriptions for chief officers at the level of vice president and the executive directors of each UW Medicine entity, as represented in the UW Medicine compliance enterprise structure (see Attachment A).

2. Enterprise Compliance Leadership
   The chief compliance officer, UW Medicine, and associate vice president for medical affairs, University of Washington (CCO/AVPMA) is accountable to the CEO/EVPMA/Dean for leadership of UW Medicine’s compliance systems and initiatives, and works closely with the UW Medicine officers represented in Attachment A. The CCO/AVPMA has a direct relationship with the UW Medicine Board Compliance Committee, serving as the chief staff person for the Committee, and with the Office of the President of the University. The CCO/AVPMA is a member of UW Medicine’s senior leadership team. See Attachment B for a complete job description.
B. Compliance Committees

1. Enterprise-Level Committees

a) UW Medicine Board Compliance Committee (UWMB CC)
   UWMB CC is responsible for reviewing and evaluating the Program and preparing the Chair of the UW Medicine Board to advise the UW Board of Regents, the UW President and the CEO/EVPMA/Dean regarding the implementation and effectiveness of the Program. The charter and current roster are provided in Attachments C and D, respectively. Section 1.4.3 of the UW Medicine Board Bylaws requires an annual report to the UW Board of Regents regarding the effectiveness of the Program, which includes but is not limited to, the following topics:

   • Key compliance policies and issues;
   • Status of the compliance program infrastructure and reporting relationships;
   • Scope of authority of key positions;
   • Current assessment of compliance risks; and
   • Level of resources dedicated to the compliance programs.

b) UW Medicine Compliance Leadership Group
   Chaired by the CEO/EVPMA/Dean, this group includes UW Medicine vice presidents, the vice dean for business and legal affairs, and the associate vice president for business and legal affairs. Agendas are set by the CCO/AVPMA, and are generally focused on high-level strategic planning and problem solving.

c) UW Medicine Executive Compliance Committee (ECC)
   ECC includes the senior executives from each UW Medicine entity, as well as representatives from key stakeholder groups. It receives detailed compliance reports, approves UW Medicine system-wide compliance policies and ensures that there are adequate resources and operational involvement directed to compliance initiatives. The charter and current roster are provided in Attachments E and F, respectively.

2. Leadership, Management and Operational Implementation Committees
   In addition to board and executive level compliance committees with central advisory and oversight responsibilities, UW Medicine has established additional formal communication channels to support compliance efforts within each entity and enhance the sharing of information among entities (see Attachment G for a complete overview).
These groups provide a venue for compliance officers, leaders, managers and operational units to identify risks and mitigation strategies, respond proactively to emerging issues, monitor the status of projects and initiatives and strategize about program needs.

a) **Practice Plan Committees**
The boards of UWP and CUMG have established physician-led compliance committees. The UWP Business Excellence Committee and the CUMG Physician Education, Billing and Compliance Committee work closely with practice plan compliance staff in developing and implementing compliance policies, establishing effective training strategies, and advising their respective boards. Each committee has a formal charter and generally meets monthly. All official committee records are maintained by compliance staff.

b) **Hospital Compliance Program Integration Committees**
Compliance program integration committees provide a venue for newly affiliated entities to jointly address entity-specific program integration and implementation issues with compliance staff. These committees will sunset upon successful execution of integration milestones. The NWH and VMC integration committees are led by the UW Medicine compliance officer, and include compliance subject matter experts, the entity’s executive leaders and operational stakeholders.

c) **Security Program Executive Committee (SPEC)**
SPEC provides a venue for officers at the vice president level and entity executive directors to discuss information security issues and concerns with information technology (IT), compliance, and other stakeholders. IT policies are approved by this committee. Official committee records are maintained by UW Medicine IT Services, and members are appointed by the UW Medicine chief health system officer (CHSO)/VPMA.

d) **Compliance Officer Groups (convened by the CCO/AVPMA)**
- Core Compliance Officers Group (CCOG): includes the officers and directors identified in Section IV.C.1 below. This group collectively contributes to the development of the UW Medicine Compliance Program, engages in system-wide risk assessments and mitigation planning, identifies and resolves issues of joint concern, and serves as the authoritative source for compliance expertise.
• Compliance Officers Group (COG): includes CCOG, department-level compliance directors and liaisons identified in Section IV.C.2 below, non-UW Medicine compliance staff, internal audit, risk management and operational partners. This group shares best practices and resources, discusses issues of mutual interest/concern, and enhances the likelihood of cross-functional collaboration for important compliance issues.

e) Operations and Finance Committee
Chaired by the CEO/EVPMA/Dean, this group consists of UW Medicine senior leaders who meet at least monthly to address key operational, finance, and strategic issues. Compliance is a standing topic on the agenda.

f) Executive Clinical Leadership Committee (ECL)
Chaired by the CHSO/VPMA, ECL consists of UW Medicine clinical leaders and administrators and provides an additional venue for discussing compliance and risk issues specifically affecting clinical operations.

C. Compliance Program Management and Operations
Compliance officers and directors are responsible for overseeing and implementing compliance program operations for specific content areas and within a defined scope and jurisdiction. Program operations include activities designed to detect and prevent noncompliance, management and direction of program staff, education and outreach, auditing, issue management and complaint investigation, risk assessment/mitigation, program reporting, committee management, and stakeholder involvement. Officers and directors develop jurisdiction-specific policies and procedures as needed, maintain program records, and participate in enterprise compliance initiatives.

1. Core Compliance Officers and Directors
(see Attachment H for current position descriptions)

a) UW Medicine Compliance Officer
Scope: Clinical facility billing, clinical research billing, EMTALA, COI (including Stark/AKS and state ethics act), and identity theft prevention
Jurisdiction: UW Medicine medical centers and clinics, UWNC, ALNW

Scope: Professional fee billing
Jurisdiction: Non-UWP/CUMG members billing for clinical services at NWH and VMC
Scope: HIPAA compliance
Jurisdiction: UW Medicine Affiliated Covered Entities, as defined by the UW HIPAA designation

b) **SoM Compliance Director**
Scope: SoM faculty, staff, students or residents
Jurisdiction: Any compliance issue involving or affecting the SoM

c) **UWP Compliance Director**
Scope: UWP practice plan members and staff
Jurisdiction: Professional fee billing

d) **CUMG Compliance Officer**
Scope: CUMG practice plan members and staff
Jurisdiction: Professional fee billing

2. **Department-Level Compliance Officers, Directors and Liaisons**
Several departments and entities have established compliance positions responsible for a specific scope of program activities. Positions generally report to the department or entity head; position descriptions are established and maintained by the individual units. In all cases, individuals holding these positions interface with the core compliance officers in Section IV.C.1 above on issues of mutual concern, are members of COG, and participate in official work groups for billing and HIPAA compliance convened by the UW Medicine Compliance Officer.

a) Laboratory Medicine Compliance Officer
b) Pharmacy Compliance Director
c) UW Neighborhood Clinics Compliance Liaison/Privacy Officer
d) Airlift Northwest Compliance Liaison

**D. Compliance Roles and Responsibilities**
UW Medicine expects all faculty, physicians, staff, students, trainees and volunteers to meet the professional, ethical and regulatory standards associated with their individual roles, and to adhere to the Enterprise Code of Conduct (Attachment J). Additional responsibilities are assigned to persons in supervisory, management and leadership positions. These expectations, summarized in Attachment I, are conveyed in new employee orientations, mandatory and voluntary training, and regular communications from compliance officers and senior leaders.

**E. Enterprise Compliance Reporting Line**
UW Medicine workforce members have safe communication and reporting channels. The enterprise compliance hotline is maintained by the CCO/AVPMA. It provides for anonymous reporting of compliance concerns, although requests for
consultation and complaints may also be conveyed directly to compliance staff. UWP and CUMG both maintain a helpline to answer compliance questions.

F. Policies, Standards, Guidelines and Procedures
The Program is based on a framework of policies that articulate UW Medicine’s commitment to meet regulatory requirements, establish the culture of compliance, and inform members of the enterprise about allowable and prohibited practices and activities. UW Medicine also relies on standards, guidelines and procedures to meet its compliance requirements.

There are nine enterprise compliance policies and code of conduct, summarized in Sections III and VI and displayed in their entirety in Attachment J. These policies are intended to establish a definitive, centralized leadership position on specific compliance requirements that apply universally to all UW Medicine workforce members, entities and compliance departments. They are designed to ensure consistency and form the foundation of the Enterprise Compliance Program.

Additional compliance policies may be developed by compliance officials who have the authorized scope and jurisdiction to address regulatory or organizational requirements affecting specific entities, constituents, or issues. These policies have more limited application, but still are intended to establish a definitive leadership position on certain compliance requirements. The baseline requirements for compliance policy development (see Section V.A below) apply regardless of the policy level.

Standards are specific mandatory controls that govern an operation, a configuration or a process. Standards are developed and maintained by the operational area delegated with responsibility for establishing internal controls. They are not included in the Enterprise Compliance Plan.
Guidelines are frequently developed to recommend best practices that do not have the force of policy. Guidelines are generally created by compliance officials in collaboration with key stakeholders and operational areas. These are not included in the Enterprise Compliance Plan.

Procedures are step-by-step instructions that, if followed, should achieve compliance with a given policy. Procedures are typically maintained by the operational departments charged with specific implementation responsibilities for a given policy or set of policies. Procedures are developed in consultation with compliance officials, but are established through separate and less formal approval and implementation processes. These are not documented in the Enterprise Compliance Plan.

G. Code of Conduct

The UW Medicine Code of Conduct includes 10 core principles, which require all workforce members and entities to:

1. Abide by all laws, regulations, policies, procedures and standards;
2. Prevent fraud and abuse;
3. Promote ethical academic, clinical, research and business conduct;
4. Protect patient privacy;
5. Practice responsible data stewardship;
6. Conserve UW Medicine resources and assets;
7. Demonstrate professionalism;
8. Avoid potential and actual conflicts of interest;
9. Maintain accurate and timely records; and
10. Provide the highest quality of care.

These principles are fully explained in the complete Code of Conduct provided in Attachment J. Every UW Medicine workforce member of UW Medicine attests to their acceptance of the Code of Conduct upon hire, and annually thereafter.

It is the responsibility of every UW Medicine workforce member to be knowledgeable about and to act in a manner consistent with these standards, as well as other standards and codes of conduct that may apply to specific entities or constituent groups.

Where circumstances arise that are not covered by these standards or UW Medicine policies, an overall philosophy of honesty and integrity applies.

V. ENTERPRISE COMPLIANCE POLICIES: SUMMARY

A. Policy Development
Compliance policies are designed by subject matter experts in order to reflect the legal, regulatory and organizational requirements that must be followed by UW Medicine workforce members. Because policies may be enterprise-wide, entity-specific, or have otherwise limited scope, this policy defines the purpose of a compliance policy, and establishes the minimum requirements for the development, approval and maintenance of policies throughout the enterprise.

Enterprise compliance policies are developed and managed through the office of the CCO/AVPMA. Compliance policies with less than enterprise-wide application are developed and managed by the compliance official with related scope and jurisdiction, and undergo separate approval and implementation processes. All compliance policy planning is coordinated through the CCOG to avoid duplication and/or conflicts.

B. Compliance Education, Training and Outreach
UW Medicine develops annual plans for the delivery of healthcare compliance education and training, as required by law, regulatory changes, industry needs and trends observed through risk assessments, auditing and investigations. This includes, but is not limited to onboarding, orientation, annual and ad hoc healthcare compliance training. In addition, stakeholder departments provide additional training to operationalize compliance policies. UW Medicine documents, monitors and reports regularly on the completion of mandatory training requirements.

C. Auditing and Monitoring
Compliance departments develop and maintain annual auditing and monitoring plans based on a risk assessment of the compliance requirements within their specific scope and jurisdiction. Factors that contribute to the likelihood and impact of noncompliance are considered in determining audit priorities, and audit plans are approved by the appropriate governance body. UW Medicine compliance audits are performed by subject matter experts in the following areas:

- Clinical billing;
- EMTALA;
- HIPAA;
- Research billing; and
- Other compliance audits as deemed necessary by regulatory need and risk assessments.
D. Reporting and Non-Retaliation
All workforce members must promptly report potential or suspected violations of UW Medicine compliance policies and are protected against retaliation for good faith reporting.

E. Compliance Investigations
Each compliance department investigates compliance concerns and potential or suspected violations within its scope and jurisdiction. Investigations are completed in a timely manner, consistent with best practices, and are fully documented. Findings are determined by a compliance official who has scope and jurisdiction over the issue, and reported to appropriate institutional authorities who have responsibility for enforcement, discipline, and corrective actions.

F. Corrective Actions
All findings of noncompliance established by an authorized compliance official are addressed with appropriate corrective actions, based on the following factors:

- The nature, severity and extent of the violation;
- Whether the violation is a result of conduct that is intentional, willful or with reckless disregard for the law; and
- Terms and conditions of the workforce member’s relationship with UW Medicine, as determined by constituent-specific policies, state regulations, conduct codes and applicable guidelines.

G. Exclusion Screening
UW Medicine does not hire, grant privileges to, contract with or bill for services rendered by the employees, healthcare professionals, vendors, or First Tier, Downstream and Related entities (FDRs) who:

- Are excluded, debarred, suspended or otherwise declared ineligible to participate in federal or state healthcare programs or contracts;
- Have been convicted of a criminal offense as defined by 42 U.S.C. § 1320a-7(a) but have not been excluded, debarred, suspended or otherwise declared ineligible to participate in federal healthcare programs.

H. Government Investigations
UW Medicine cooperates fully with legally authorized government investigations.

I. Risk Assessment
UW Medicine is committed to maintaining an effective compliance program through ongoing assessments to identify and mitigate risks in order to prevent and/or correct noncompliance.
VI. ATTACHMENTS
A. UW Medicine Compliance Structure

UW Medicine Compliance Organization Chart (12/14/13)

President
University of Washington (UW)

Chief Executive Officer – UW Medicine
Executive VP for Medical Affairs and
Dean of the School of Medicine - UW

Chief Business Officer, UW Medicine
Vice President for Medical Affairs - UW

Chief Financial Officer, UW Medicine
Vice President for Medical Affairs - UW

Chief Compliance Officer, Chief HIPAA
Compliance Officer
– UW Medicine
Associate VP for Medical Affairs - UW

• Compliance of UW Medicine
  Programs with Laws, Rules,
  Policies & Regulations

• Compliance of Financial
  Programs with Laws, Rules,
  Policies, Regulations &
  Accounting Standards

School of Medicine
Compliance Director
Lab Compliance
Compliance Director
UW Medicine
Compliance Director
CUMS Compliance Officer

Ensure Operational Activities
Support Compliance with Laws,
Rules, Policies & Regulations

Direct daily operations, activities and
functions for UW Medicine Compliance

Approved

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine, University of Washington

Date: 11/10/14
B. Chief Compliance Officer/Associate Vice President for Medical Affairs

UW MEDICINE
POSITION SPECIFICATION
CHIEF COMPLIANCE OFFICER, UW MEDICINE AND ASSOCIATE VICE PRESIDENT FOR MEDICAL AFFAIRS, UNIVERSITY OF WASHINGTON

SUMMARY POSITION DESCRIPTION

The Chief Compliance Officer, UW Medicine/Associate Vice President for Medical Affairs, University of Washington (CCO/AVPMA) is accountable to the CEO, UW Medicine, Executive Vice President for Medical Affairs and Dean of the School of Medicine (CEO/EVPMA/Dean), for compliance activities in areas including but not limited to clinical billing, clinical research billing, faculty effort reporting, Health Insurance Portability and Accountability Act (HIPAA) privacy and security, Emergency Medical Treatment and Active Labor Act (EMTALA), and identity theft prevention. The CCO/AVPMA is accountable to the CEO/EVPMA/Dean for leadership of UW Medicine's compliance systems and initiatives and also works closely with the Chief Health System Officer, UW Medicine, Vice President for Medical Affairs (CHSO/VPMA) and the Chief Business Officer, UW Medicine, Vice President for Medical Affairs (CBO/VPMA). The CCO/AVPMA has a direct relationship with the UW Medicine Board Compliance Committee, serving as the chief staff person for the Committee, and with the Office of the President of the University. The CCO/AVPMA is a member of UW Medicine's senior leadership team.

The CCO/AVPMA has an important role in the development of strategies and initiatives to advance the UW Medicine mission of improving the health of the public. Important work required to advance the UW Medicine mission includes, in part, the delivery of advanced medical diagnosis and treatment services, clinical support for the education of medical students and graduate and post-graduate trainees, and maintenance of one of the largest and most advanced university-based basic and clinical research programs in the United States. In support of these activities, the CCO/AVPMA must maintain strong working relations with the US Department of Health and Human Services, US Department of Justice, Washington Department of Social & Health Services, the Medicare intermediary for Washington state, and other similar agencies. The CCO/AVPMA also represents UW Medicine for compliance issues in national professional associations, including but not limited to the Association of Academic Medical Centers (AAMC) and Association of Academic Health Centers (AAHC).

A brief summary of the significant characteristics of the distinct responsibilities and duties of this position are outlined below.
JOB CHARACTERISTICS

DIRECT MANAGEMENT RESPONSIBILITIES

- Establishing and maintaining a comprehensive UW Medicine Compliance plan
- Developing and maintaining a compliance risk assessment for UW Medicine
- Establishing and maintaining UW Medicine compliance policies and related communications and guidelines
- Advising the CEO/EVPMA/Dean, CHSO/VPMA, CBO/VPMA, and the UW President on the status of material compliance issues at UW Medicine
- Periodically conducting evaluations of the UW Medicine compliance programs
- Overseeing the response to allegations of noncompliance for issues that involve more than one UW Medicine entity
- Serving as the chief staff support to the UW Medicine Board Compliance Committee, working with the Committee chair to develop annual schedule, manage meeting agendas and establish standard formats for reports to the Committee
- Preparing the annual compliance report to the UW Board of Regents
- Providing technical advice and guidance regarding UW Medicine's regulatory compliance programs, and state and federal compliance rules and regulations
- Providing executive leadership for the CEO/EVPMA/Dean in matters related to the philosophy and organizational structure of the UW Medicine compliance program
- Determining staffing needs (in collaboration with the entity compliance officers and senior leaders) of the UW Medicine compliance program
- Overseeing the recruitment, hiring, mentoring and supervision of UW Medicine compliance staff
- Serving as Chief Privacy Officer for UW Medicine, overseeing the development and implementation of the UW Medicine Privacy/Identity Theft Prevention Programs

SHARED MANAGEMENT RESPONSIBILITIES

- Overseeing the UW Medicine compliance programs for UW Medicine-hospitals (Harborview Medical Center, UW Medical Center and Northwest Hospital & Medical Center), including coordination and oversight of the activities of the compliance officers from the University of Washington Physicians, UW Medicine Neighborhood Clinics, Airlift Northwest, the UW School of Medicine, Children's University Medical Group and the Seattle Cancer Care Alliance.
- Participating in the recruitment and selection process for entity compliance officers.
- Collaborating with the UW Privacy Official, the UW Medicine Information Security Officer, and the UW Chief Information Security Officer to address HIPAA-related information security issues.
- Directing regular UW Medicine-wide compliance risk assessments that will guide the design and support of the compliance programs, and ensure an integrated, long-range view of emerging risks.
- Participating in the on-going review and analysis of UW Medicine's programs to manage regulatory risks.
- Ensuring that education, communication, and outreach mechanisms effectively support compliance efforts.

COORDINATION & LIAISON RESPONSIBILITIES

- Serving as the CEO/EVPMA/Dean's chief liaison with offices of the UW administration and the UW Division of the Office of the Attorney General on matters of compliance.
- Serving on the UW Medicine Operations and Finance Committee, UW Medicine Hospitals Executive Clinical Compliance Committee and other executive-level committees of UW Medicine.
- Participating in strategic planning processes for the Office of the CEO/EVPMA/Dean and assisting the CEO/EVPMA/Dean, CHSO/VPMA and CBO/VPMA in developing a vision and direction for UW Medicine that establishes a long-term compliance agenda for UW Medicine.
- Coordinating administrative and other matters that involve compliance policy issues with the UW Medicine CHSO/VPMA, CBO/VPMA, Vice Deans, and Executive Directors.
- Representing UW Medicine Compliance in national, state and regional associations.

EDUCATION REQUIREMENTS

A Bachelor's degree in business, public administration, policy administration, health administration or closely related field is required; an advanced degree is desirable.

WORK EXPERIENCE REQUIREMENTS

- Seven years of progressively responsible experience in developing, implementing and administering comprehensive compliance programs is required, at least 3 years of which must be at the director level or above in a public university setting.
- At least five years of increasingly responsible compliance experience in an academic medical center is desired.
- Extensive knowledge of compliance principles and regulatory requirements that impact academic medical centers is required.
Approved:

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine,
University of Washington

Susette Clausen
Chief Compliance Officer, UW Medicine and
Associate Vice President for Medical Affairs,
University of Washington
C. UW Medicine Board Compliance Committee Charter

Committee Name
UW Medicine Board Compliance Committee

Committee Establishment and Authority

Section 4.4 of the UW Medicine Board Bylaws establishes and defines the authority of the UW Medicine Board Compliance Committee.

Committee General Duties

In conformance with Section 4.4.1 of the UW Medicine Board (UWMB) Bylaws, the Committee is responsible for reviewing and evaluating the compliance programs of UW Medicine component entities1 and preparing the Chairperson of the UWMB to advise the Board of Regents, the President, and the Chief Executive Officer, UW Medicine, Executive Vice President for Medical Affairs, University of Washington, and Dean, University of Washington School of Medicine (CEO/EVPMA/Dean) regarding the implementation and effectiveness of UW Medicine Compliance Programs. The Committee will participate in the development of the annual UWMB compliance report to the UW Board of Regents in conformance with Section 1.4.3 of the UWMB Bylaws.

Although not specifically provided for in the UWMB Bylaws, the Committee shall keep the UWMB informed of its activities and findings concerning the implementation and effectiveness of UW Medicine Compliance Programs. Such duty anticipates a report from the Chair of the Compliance Committee (or other member of the Committee if the Chair is not available) to the UWMB at the next meeting of the UWMB following a meeting of the Compliance Committee.

Committee Specific Duties and Responsibilities

Duties of the Committee include but are not limited to advising on the following (UWMB Bylaws, Section 4.4.1):

- key compliance policies;
- compliance program infrastructure and reporting relationships;
- scope of authority of key positions;
- ongoing assessment of compliance risks and the effectiveness of mitigation activities; and
- level of resources dedicated to the compliance programs.

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1 Component entities include Harborview Medical Center (HMC), Northwest Hospital & Medical Center (NWH), Valley Medical Center (VMC) UW Medical Center (UWMC), UW Neighborhood Clinics (UWNC), UW Physicians (UWP), UW School of Medicine (UWSOM) and Airlift Northwest (ALNW). Because UW Medicine also has part ownership of Children’s University Medical Group (CUMG) and the Seattle Cancer Care Alliance (SCCA), these entities participate on the Committee.
In addition, the Committee will:

- monitor the progress of new initiatives, process improvement projects, and programs developed in response to UW Medicine compliance reviews and risk assessments;
- receive reports of relevant noncompliance and misconduct as the Chief Compliance Officer, UW Medicine/Associate Vice President for Medical Affairs, University of Washington (CCO/AVPMA) deems appropriate, including summary reports on compliance items reported on the UW Medicine Hot Line reporting system and the resolution of those matters;
- make recommendations to improve the effectiveness of UW Medicine compliance programs; and
- review and evaluate, at least annually, the performance of the Compliance Committee, including fulfillment by the committee of this charter, the adequacy of this charter and submit any proposed recommendations for change to the UW Medicine Board for their review and approval.

Committee Member Composition

In conformance with Section 4.4.2 of the UWMB Bylaws, the Chairperson of the Committee is appointed by the Chairperson of the Board, with the approval of the CEO/EVPMA/Dean.

The voting members of the Committee are appointed by the Chairperson of the Board in consultation with the CEO/EVPMA/Dean. Voting members include:

- At least three Board members, including the Chairperson of the Board or designee
- Up to three community members who are not members of the Board.

Board members and community members will be appointed to the Committee for a term of one year, which may be renewed annually. Any vacancies that occur will be filled in the same manner as the initial appointments to the Committee.

The following non-voting individuals are also invited to attend the Committee meetings on a regular basis:

- CEO/EVPMA/Dean;
- Chief Health System Officer, UW Medicine/Vice President for Medical Affairs, University of Washington;
- Chief Business Officer, UW Medicine/Vice President for Medical Affairs, University of Washington;
- CCO/AVPMA;
- Controller, UW Medicine/Associate Vice President for Medical Affairs, University of Washington;
- Director of Legal and Business Matters, UW Medicine/Associate Vice President for Medical Affairs, University of Washington;
- Health System Financial Operations Officer, UW Medicine/Associate Vice President for Medical Affairs, University of Washington;
• Executive Directors of HMC, UWMC, UWNC, UWP, ALNW, and CUMG;
• Chief Executive Officer of VMC;
• Presidents of NWH and UWP;
• Chairman of the Physician Education, Billing and Compliance Committee for CUMG;
• Associate Dean for Business, School of Medicine;
• General Counsel for UWP, CUMG, and VMC;
• Assistant Attorney General for UW;
• Compliance Officer(s)/director(s) for UW Medicine, VMC UWP, UWSOM, CUMG and SCCA; and
• Other non-voting individuals invited by the Committee Chair.

Committee Member Requisite Skills and General Qualifications

Committee members are selected for the following skills and qualifications:

• The highest ethical standards and integrity;
• A willingness to act on and be accountable for Committee decisions;
• The ability to provide informed and thoughtful counsel to senior leaders and compliance officers;
• A history of achievement that reflects superior standards;
• Loyalty and commitment to driving the success of UW Medicine; and
• A background that provides a portfolio of experience and knowledge commensurate with UW Medicine’s needs.

Committee Decision-Making Processes

In conformance with Section 4.4.4 of the UWMB Bylaws, a majority of voting Committee members will constitute a quorum for the purpose of making official decisions and taking formal actions. Other types of decision-making will be based on member consensus.

Committee Reporting Requirements

The Committee shall report meeting proceedings and recommendations to the UW Medicine Board at the Board’s regularly scheduled meetings.

Committee Member Obligations

• Members shall attend the majority of scheduled Committee meetings and notify the Committee Chair when circumstances prevent attendance.
• Members will review germane materials in advance of each Committee meeting.
• Members will not act as an agent for any person or organization where such an act would create a conflict of interest with the terms of service to the Committee.
• Members will recuse themselves from discussions or decisions that may represent a potential conflict of interest.
• Members will safeguard the confidentiality and security of information obtained during the course of their Committee service.

Annual Committee Goals, Objectives and Performance Measures

• **Goal:** Maintain awareness of UW Medicine compliance program activities, including policy development, risk assessment; education/outreach, auditing/monitoring, handling of complaints, and corrective actions.

  **Performance Measure:** The Committee receives and reviews at least two comprehensive written reports per year from each UW Medicine Compliance Officer, and members have opportunities to ask questions and provide feedback on program activities.

• **Goal:** Maintain awareness of UW Medicine’s primary compliance risks, mitigation strategies, and compliance work plans.

  **Performance Measure:** The primary risk areas are identified annually. At each meeting of the Committee, significant time is devoted to an in-depth review of at least one risk area, led by an appropriate content expert. Members have opportunities to ask questions and provide feedback.

• **Goal:** Maintain awareness of emerging compliance issues facing UW Medicine.

  **Performance Measure:** Each meeting of the Committee will include briefings about emergent issues, changes in the regulatory environment; and late-breaking or urgent developments. Additionally, each meeting will reserve an executive session for briefings of a sensitive nature. Members have opportunities to ask questions and provide feedback.

Committee Administrative Matters

*In conformance with Section 4.4.3 of the UWMB Bylaws, the Compliance Committee meets at the call of the Chairperson as often as necessary, but not less than quarterly, to perform its duties. The annual schedule of meetings (including planned focus areas) is developed and distributed at the beginning of each fiscal year. This schedule is updated as necessary. Material referenced in the schedule is provided to Committee members one week in advance of the relevant meeting.*

*The Committee is staffed by the CCO/AVPMA. Voting members of the Committee are oriented to their roles and responsibilities in a joint meeting with the Committee Chair and the CCO/AVPMA.*
Written minutes are maintained of each Compliance Committee meeting. Minutes shall accurately record the topics discussed, decisions reached, and attendance of Committee members and guests. Official documentation of each meeting, including minutes, supporting handouts, and presentation materials, shall be maintained by the office of the CCO/AVPMA.

The Committee Charter will be reviewed annually.

Other Committee Items

None.

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Approved by the Committee and Recommended to the UW Medicine Board

[Signature]
Committee Chair

[Date]

Approved by the UW Medicine Board

[Signature]
Chair of the UW Medicine Board

[Date]
D.  UW Medicine Board Compliance Committee Roster

Voting Member

Rich Jones, board member (Jan. 2015 – present) and committee chair (Jan. – July 2015)
- President and CEO of the Washington Society of Certified Public Accountants
- Former officer and member of the Fred Hutchinson Cancer Research Center Board, founding member and former chair of the Seattle Cancer Care Alliance Board
- Former officer and member of the Pacific Science Center Board
- Retired partner of Ernst & Young LLP

Bruce Pym, community member (Jan. – July 2015); board member and committee chair (July 2015 – present)
- Managing Director, Meridian Capital LLC
- Former president and CEO of Elliot Cove Capital Management
- Former president of the King County Bar Association, board chair of the United Way of King County, member of the board for the Seattle Repertory Theatre and the Board of Trustees, UW Law School Foundation, and board chair of the 5th Avenue Theatre Association
- Longtime member of Fred Hutchinson Cancer Research Center Board, member of the Fred Hutchinson Cancer Research Center Board committee charged with oversight of the conflict of interest litigation and first chair of the Patient Protection Oversight Committee
- UW alumnus

Jim Anderson, board member (Jan. – Aug. 2015)
- Chair of Health Resources Northwest/Northwest Hospital (HRN/NWH)
- Chair of HRN/NWH Information Systems & Committee and Finance Committee
- Former chair of the Strategic Planning Committee for the Board of Directors for Northwest Healthcare Insurance Services and Washington Casualty Company
- Former chair of the Budget Committee of the Board of Overseers of Whitman College
- Former member of the board of directors for the Pacific First Financial Corporation, Multicare Health System, Tacoma/Pierce County Economic Development Council and the Corporate Council for the Arts and Reality Based Learning

Dan Dubitsky, community member
- Lead counsel for UW in its response to the now-completed Medicare fraud investigation
- Former board member of the Northwest Defender Association and the Tom Wales Foundation, previous chair of the Criminal Law Committee of the Federal Bar Association and a lawyer's representative from the Federal Bar Association to the Ninth Circuit Judicial Conference
- Former community member for the UW Physicians Board
- While in private practice, represented several Fortune 500 companies and corporate officers with clients from healthcare, fisheries, aerospace, architecture and timber

Gary Kohlwas, community member
- Community trustee Valley Medical Center Board of Commissioners
- Former member of the Valley Medical Center Board of Commissioners
- Former member of the Washington Pacific Insurance Summit Pacific Board
- Former superintendent of the Renton School District
- Former board member of Renton Chamber of Commerce and Seattle Country Day School
- Executive director and board member of the First Financial Northwest Foundation
- Board chair of First Savings Bank Northwest

Non-Voting Members

UW Medicine
Paul G. Ramsey, M.D., chief executive officer, UW Medicine, executive vice president for medical affairs, and dean of the School of Medicine, University of Washington
Johnese Spisco, chief health system officer, UW Medicine, and vice president for medical affairs, University of Washington
Ruth Mahan, chief business officer, UW Medicine, and vice president for medical affairs, University of Washington
Lori Mitchell, chief financial officer, UW Medicine, and vice president for medical affairs, University of Washington
Sue Clausen, chief compliance officer, UW Medicine, and associate vice president for medical affairs, University of Washington
Lori Oliver, director of legal and business matters, UW Medicine, associate vice president for medical affairs, University of Washington
Liz Shirley, enterprise finance officer, UW Medicine, associate vice president for medical affairs, University of Washington
Lisa Westlund, compliance officer, UW Medicine
Wendy Giles, chief operating officer, UW Medicine IT Services

UW School of Medicine
Mark Green, vice dean for finance and administration
Noella Rawlings, compliance director

Hospitals/Clinics
Paul Hayes, executive director, Harborview Medical Center
Cindy Hecker, executive director, Northshore Hospital
Rich Roodman, chief executive officer, Valley Medical Center
Geoff Austin, interim executive director, UW Medical Center
Debra Guinn, executive director, UW Neighborhood Clinics
Christine Martin, executive director, Airlift Northwest
Traci Pranzini, corporate integrity officer, Seattle Cancer Care Alliance

Practice Plans
Mika Sinaran, M.D., president, UW Physicians
Catherine Boelke, executive director, UW Physicians
Christie Moon, compliance director, UW Physicians
Robert Sawin, M.D., president, Children’s University Medical Group
Christine Kessler, executive director, Children’s University Medical Group
Sheri Forrester, compliance officer, Children’s University Medical Group

Attorney General’s Office
Jane Yung, assistant attorney general, University of Washington

Non-Profit Entities General Counsel
Margaret Peyton

VMC General Counsel
David Smith
E. UW Medicine Executive Compliance Committee Charter

UW Medicine

UW MEDICINE EXECUTIVE COMPLIANCE COMMITTEE (ECC)

CHARTER

Purpose:
Assure an environment/culture where compliance is an expectation. Conduct an annual risk assessment based on regulatory changes and activities. Assure that an annual work plan is developed and completed that addresses the identified risks. Establish consistent policies and procedures for compliance activities, assure the provision of training/education and implement best-practice models at each site owned and/or operated by UW Medicine. Foster collaboration and shared learning for team members and gain efficiencies with consolidation of efforts and approach. Committee is appointed by the UW Medicine CHSO/VPMA.

Scope:
ALNW, CUMG, HMC, NWH, SCCA, SOM, UWMC, UWP, UWNC, VMC

Activities:
- Assess and prioritize risks; engage in strategic planning
- Review and approve compliance policies and procedures
- Identify priorities in annual work plan and key initiatives
- Help establish and monitor metrics for reporting compliance effectiveness and related activities
- Evaluate effectiveness of internal controls relating to compliance
- Coordinate responses to urgent/emergent compliance issues across the sites
- Develop plans for operational implementation of compliance initiatives at entities
- Monitor progress toward resolution of issues and completion of corrective actions
- Allocate resources for compliance-related activities
- Identify effective strategies for communicating and enforcing expectations to staff

Meeting Frequency:
- Meets 90 minutes at least quarterly and ad-hoc as needed

Meeting Content:
- Note: Will maintain an advance schedule of meeting topics

Quarterly:
- Audit workplan: review results and/or outstanding issues (including billing, research billing, privacy - e.g., EMR and Info Security audits)
- Open issues to discuss/decide, including active government program audits
- On-going risk assessments and management plans
- Activity reports (inquiries, complaints, consults): statistics and qualitative analysis
Semi-Annually:
- Summary of repayments & disclosures
- Compliance workplan: prioritization of projects, action items

As Needed:
- Status of external reviews
- Regulatory updates
- New policies or substantive changes to existing policies and related operational implications across the system

Membership:
- Chaired by the CHSO/VPMA
- Staffed by the UW Medicine Compliance Officer

1) UW Medicine
- Chief Health System Officer/Vice President for Medical Affairs, UW
- Chief Compliance Officer/Associate Vice President for Medical Affairs, UW
- Chief Financial Officer/Associate Vice President for Medical Affairs, UW
- Chief Business Officer/Associate Vice President for Medical Affairs, UW
- Compliance Officer
- Director of Legal and Business Matters/Associate Vice President for Medical Affairs, UW
- Controller/Associate Vice President for Medical Affairs, UW
- Chief Information Officer
- Health Sciences Risk Management Director

2) School of Medicine
- Vice Dean for Finance & Administration
- Director of Compliance

3) Counsel
- UW Assistant Attorney General
- General Counsel for NWH, UWP, CUMG & UWNC

4) Practice Plans
- UWP
  - President
  - Executive Director
  - Compliance Officer
- CUMG
  - Executive Director
  - Compliance Officer

5) Hospitals & Clinics
- ALNW
  - Executive Director
• HMC
  - Executive Director
  - Associate Medical Director
  - Chief Nursing Officer
  - Associate Administrators
  - Health Information Management Director

• NWH
  - Executive Director
  - Chief Nursing Officer

• SCCA
  - Integrity Officer

• UW Medical Center
  - Executive Director
  - Medical Director
  - Chief Nursing Officer
  - Associate Administrators
  - Health Information Management Director

• UWNC
  - Executive Director
  - Chief Medical Officer

• Valley Medical Center
  - Chief Executive Officer
  - Chief Financial Officer
  - Chief Nursing Officer
  - Legal Counsel

6) Shared Services
  • Patient Financial Services Director

Updated: December 2015
### EXECUTIVE COMPLIANCE COMMITTEE FY16 MEMBERSHIP ROSTER

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Email/Contact Information</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geoff Austin</td>
<td>Interim Executive Director (UWMC)</td>
<td><a href="mailto:graustin@uw.edu">graustin@uw.edu</a></td>
<td>206.598.8318</td>
</tr>
<tr>
<td>Sally Beahan</td>
<td>Director, Health Information Management (UW Med)</td>
<td><a href="mailto:sbeahan@uw.edu">sbeahan@uw.edu</a></td>
<td>206.598.4348</td>
</tr>
<tr>
<td>Cathy Boelke</td>
<td>Executive Director (UWP)</td>
<td><a href="mailto:cboelke@uwscopy.washington.edu">cboelke@uwscopy.washington.edu</a></td>
<td>206.520.5662</td>
</tr>
<tr>
<td>John Bramhall, M.D.</td>
<td>Associate Medical Director (HMC)</td>
<td><a href="mailto:bramhall@uw.edu">bramhall@uw.edu</a></td>
<td>206.372.9836</td>
</tr>
<tr>
<td>Theresa Braungardt</td>
<td>Interim SVP Patient Care Services, Chief Nursing Officer (VMC)</td>
<td><a href="mailto:theresa_braungardt@valleymed.org">theresa_braungardt@valleymed.org</a></td>
<td>425.228.3440 Extension 2661</td>
</tr>
<tr>
<td>Jerry Brooks</td>
<td>Director, Patient Financial Services (UW Med)</td>
<td><a href="mailto:jerryb@uw.edu">jerryb@uw.edu</a></td>
<td>206.598.0502</td>
</tr>
<tr>
<td>Mo Broom</td>
<td>Interim Chief Financial Officer (UW Med), VPMA (UW)</td>
<td><a href="mailto:mobroom@uw.edu">mobroom@uw.edu</a></td>
<td>206.598.5362</td>
</tr>
<tr>
<td>Elise Chayet</td>
<td>Associate Administrator, Clinical Support Services &amp; Planning (HMC)</td>
<td><a href="mailto:echayet@uw.edu">echayet@uw.edu</a></td>
<td>206.744.5521</td>
</tr>
<tr>
<td>Sue Clausen</td>
<td>Chief Compliance Officer, (UW Med), AVPMA (UW)</td>
<td><a href="mailto:sclausen@uw.edu">sclausen@uw.edu</a></td>
<td>206.543.3098</td>
</tr>
<tr>
<td>James Fine, M.D.</td>
<td>Chair &amp; Associate Professor, Laboratory Medicine (UWMC)</td>
<td><a href="mailto:jsfine@uw.edu">jsfine@uw.edu</a></td>
<td>206.598.6137</td>
</tr>
<tr>
<td>Sheryl Forrester</td>
<td>Compliance Officer (CUMG)</td>
<td><a href="mailto:sheryl.forrester@seattlechildrens.org">sheryl.forrester@seattlechildrens.org</a></td>
<td>206.987.8486</td>
</tr>
<tr>
<td>Mark Green</td>
<td>Vice Dean for Finance &amp; Administration (SoM)</td>
<td><a href="mailto:greennms@uw.edu">greennms@uw.edu</a></td>
<td>206.685.7146</td>
</tr>
<tr>
<td>Debra Gussin</td>
<td>Executive Director (UWNC)</td>
<td><a href="mailto:dgussin@uw.washington.edu">dgussin@uw.washington.edu</a></td>
<td>206.744.2917</td>
</tr>
<tr>
<td>Paul Hayes</td>
<td>Executive Director (HMC)</td>
<td><a href="mailto:hayesp2@uw.edu">hayesp2@uw.edu</a></td>
<td>206.744.3036</td>
</tr>
<tr>
<td>Cynthia Hecker</td>
<td>Executive Director (NWH)</td>
<td><a href="mailto:checker@uw.edu">checker@uw.edu</a></td>
<td>206.368.2774</td>
</tr>
<tr>
<td>Jennifer Herrman</td>
<td>Associate Administrator, Ambulatory Care (UWMC)</td>
<td><a href="mailto:jherrman@uw.edu">jherrman@uw.edu</a></td>
<td>206.598.6136</td>
</tr>
<tr>
<td>Darcy Jaffe</td>
<td>Chief Nursing Officer, Senior Associate Administrator, Patient Care Services (HMC)</td>
<td><a href="mailto:dmjaffe@uw.edu">dmjaffe@uw.edu</a></td>
<td>206.744.6630</td>
</tr>
<tr>
<td>Susan Manfredi</td>
<td>VP Patient Care Services/CNO Administration (NWH)</td>
<td><a href="mailto:susan.manfredi@nwhsea.org">susan.manfredi@nwhsea.org</a></td>
<td>206.368.1004</td>
</tr>
<tr>
<td>Christie Martin</td>
<td>Executive Director (ALNW)</td>
<td><a href="mailto:clmartin@uw.edu">clmartin@uw.edu</a></td>
<td>206.521.1599</td>
</tr>
<tr>
<td>Peter McGough, M.D.</td>
<td>Chief Medical Officer (UWNC)</td>
<td><a href="mailto:pmcough@uwnc.org">pmcough@uwnc.org</a></td>
<td>206.520.5573</td>
</tr>
<tr>
<td>Christie Moon</td>
<td>Compliance Director (UW)</td>
<td><a href="mailto:cmoon@uw.washington.edu">cmoon@uw.washington.edu</a></td>
<td>206.520.5144</td>
</tr>
<tr>
<td>Lori Oliver</td>
<td>Director of Legal &amp; Business Matters (UW Med), AVPMA (UW)</td>
<td><a href="mailto:laoliver@uw.edu">laoliver@uw.edu</a></td>
<td>206.221.1285</td>
</tr>
<tr>
<td>Grace Parker</td>
<td>Chief Nursing Officer (UWMC)</td>
<td><a href="mailto:gpark@uw.edu">gpark@uw.edu</a></td>
<td>206.598.4479</td>
</tr>
<tr>
<td>Margaret Peyton</td>
<td>General Counsel (NWH/UWP/CUMG/UWNC)</td>
<td><a href="mailto:mpeyton@uw.washington.edu">mpeyton@uw.washington.edu</a></td>
<td>206.520.5118</td>
</tr>
</tbody>
</table>
Becky Pierce  
Associate Administrator, Surgical, Emergent & Integrated Clinical Services (HMC)  
bpierce@uw.edu  
206.744.6803

Traci Pranzini  
Corporate Integrity Officer (SCCA)  
tpranzin@seattlecca.org  
206.288.6640

Noella Rawlings  
Director of Compliance (SoM)  
noellrar@uw.edu  
206.685.0173

Marcia Rhodes  
Director, Health Sciences Risk Management (UW Med)  
mrhodes@uw.edu  
206.598.6303

Patty Riley  
Senior Associate Administrator, Support Services (UWMC)  
priley@uw.edu  
206.598.4152

Rich Roodman  
Chief Executive Officer (VMC)  
rich_roodman@valleymed.org  
425.228.3440

Liz Shirley  
Enterprise Finance Officer (UW Med), AVPMA (UW)  
eshirley@uw.edu  
206.685.1771

Mika Sinanan, M.D.  
Professor, Surgery, Division of General Surgery (UWMC), President (UWP)  
mssurg@uw.edu  
206.543.5511

David Smith  
Legal Counsel (VMC)  
david_smith@valleymed.org  
425.228.3440

Johnese Spisso (Chair)  
Chief Health System Officer (UW Med), VPMA (UW)  
jmspisso@uw.edu  
206.744.5020

Tom Staiger, M.D.  
Medical Director (UWMC)  
staiger@uw.edu  
206.598.5302

Lisa Westlund  
Compliance Officer (UW Med)  
ljw@uw.edu  
206.543.3098

Jane Yung  
Assistant Attorney General (UW)  
jyung@uw.edu  
206.543.4150

Jacquie Zehner  
Director, Health Information Management (UW Med)  
jzehner@uw.edu  
206.744.9006
### G. UW Medicine Compliance Committees Overview

<table>
<thead>
<tr>
<th>Committee and Chair</th>
<th>Committee Role</th>
<th>Members</th>
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</table>
| UW Medicine Board Compliance Committee, chaired UW Medicine board member | • Wide scope of advisory responsibilities including strategic planning, advocacy and support for compliance efforts, assessment of progress on major compliance matters  
• Meets at least quarterly  
• Receives semi-annual reports regarding entity-specific program activities  
• Receives reports at each meeting about urgent, emergent and ongoing issues  
• Reports committee activities to the UW Medicine Board | • Voting members: community members and appointed members of the UW Medicine Board  
• Non-voting members: senior executive leaders, practice plan presidents, legal counsel, entity executive directors, compliance officers |
| UW Medicine Executive Compliance Committee, chaired by an officer at the level of VPMA | • Forum for engaging senior executives, entity level administrators and operational stakeholders in compliance planning, policy approval, problem solving and risk assessment  
• Works closely with compliance staff to evaluate system-wide compliance issues and monitor progress toward resolution of identified issues  
• Establishes strategies for communicating and enforcing expectations to staff | • Senior executive leaders  
• Entity executive directors, medical directors, financial officers, chief nursing officers  
• Directors from key system-based operational units  
• Compliance officers  
• Legal counsel |
| UW Physicians (UWP) Business Excellence Committee, chaired by a member physician  
Children’s University Medical Group (CUMG) Physician Billing and Education Compliance Committee, chaired by a member physician | • Forums for engaging administrative, clinical and operational leaders in the clinical billing compliance program  
• Works closely with compliance and operations staff to assess risk, establish compliance standards, monitor program effectiveness, implement effective educational and outreach activities  
• Endorses policies and standards  
• Reports committee activities to the respective practice plan board | • Practice plan executive directors and presidents  
• Physicians and clinical department representatives  
• Legal counsel  
• Training and operational staff  
• Compliance officers |
| Northwest Hospital & Medical Center (NWH) Compliance Committee, chaired by the UW Medicine compliance officer  
Valley Medical Center (VMC) Compliance Committee, chaired by the UW Medicine compliance officer | • Forums for planning and executing entity-specific operational requirements of UW Medicine compliance programs  
• Meets at least quarterly  
• Reports committee activities to the respective hospital board | • Entity executive directors, medical directors, financial officers, chief nursing officers  
• Directors from key entity-based operational units  
• Legal counsel  
• Billing and Health Insurance Portability and Accountability Act (HIPAA) compliance specialists |
<table>
<thead>
<tr>
<th>Committee and Chair</th>
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</tr>
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<tbody>
<tr>
<td>Security Program Executive Committee, chaired by the CHSO/VPMA</td>
<td>• Venue for engaging senior leaders in important topical areas associated with information security, including related compliance issues, approval of security policies and strategic plans, risk assessment and mitigation&lt;br&gt;• Meets quarterly</td>
<td>• Senior executive leaders&lt;br&gt;• Entity executive directors&lt;br&gt;• UW and UW Medicine chief information officers&lt;br&gt;• Staff representatives from UW Medicine information technology service units, including information security departments&lt;br&gt;• Compliance officers</td>
</tr>
<tr>
<td>Core Compliance Officers Group, chaired by the CCO/AVPMA</td>
<td>• Venue for core compliance officers/directors to participate in the development and refinement of the UW Medicine Compliance Plan, assist in planning system-wide risk assessment/mitigation activities, and identifying strategies to resolve system-wide inefficiencies, oversight or implementation gaps, and opportunities for minimizing redundancies across the entity and content areas&lt;br&gt;• Analyze and participate in the development of recommendations for system-wide response to regulatory developments; coordinate training content&lt;br&gt;• Meets monthly&lt;br&gt;• Venue for sharing best practices and discussing current and emerging risks&lt;br&gt;• Works collaboratively on mutual concerns and urgent and emergent issues that involve multiple entities&lt;br&gt;• Meets quarterly</td>
<td>• Compliance officers and directors from UW Medicine, UWP, CUMG, and the SoM&lt;br&gt;• UW Medicine special assistant to the CCO/AVPMA&lt;br&gt;• CCOG&lt;br&gt;• Legal counsel&lt;br&gt;• UW and UW Medicine representatives from compliance partners (patient financial services, information technology service units, risk management, Health Sciences Administration, Internal Audit)</td>
</tr>
<tr>
<td>UW Medicine Operations and Finance Committee, chaired by the CEO/EVPMA/Dean</td>
<td>• Venue for engaging senior leaders in important topical areas for UW Medicine, including compliance issues, financial planning, risk assessment and mitigation, policy development and implementation and accountable care transformation&lt;br&gt;• Meets twice monthly</td>
<td>• Senior executive leaders&lt;br&gt;• Entity executive directors&lt;br&gt;• School of Medicine chairs&lt;br&gt;• System financial officers&lt;br&gt;• Chief compliance officer&lt;br&gt;• Directors and associate deans for business and legal matters&lt;br&gt;• Accountable care transformation leaders</td>
</tr>
<tr>
<td>Executive Clinical Leadership, chaired by the CHSO/VPMA</td>
<td>• Venue for engaging senior leaders and operational heads in important topical areas for the UW Medicine clinical enterprise, including related compliance issues, strategic operating and financial planning, risk assessment and mitigation, policy analysis and operational implementation and regulatory affairs&lt;br&gt;• Meets monthly</td>
<td>• Clinical leaders and operational heads from all UW Medicine health system entities&lt;br&gt;• Representatives from human resources, risk management and compliance</td>
</tr>
</tbody>
</table>
H. Core Compliance Officer Position Descriptions

Compliance Officer
Director, CUMG Compliance Program

Reports to: CUMG Executive Director (direct line)
Associate Vice President/Chief Compliance Officer, UW Medicine (dotted line)

Last Updated: October 8, 2008

FLSA Status: Exempt-Executive
Non-Bargaining Unit

Position Summary:

The CUMG Compliance Officer (CO) is an integral member of the senior leadership team and responsible for the operation of the CUMG compliance program. The goal of the program is to assure that the business affairs of CUMG are conducted in compliance with applicable laws, contractual obligations, and in accordance with internal policies and the highest standards of ethical conduct. As with all Director-level positions, many of the duties may be either personally performed, or delegated to the appropriate level staff at the CO’s professional discretion. Reporting directly to the CUMG Executive Director with a dotted line relationship to the UW Medicine AVP/CCO, and working closely with the CUMG Board of Directors and the CUMG Physician Education, Billing and Compliance Committee, the CO has overall responsibility for developing and implementing an effective compliance program, and is accountable for the following essential responsibilities.

Essential Responsibilities:

- Develop and implement a regulatory compliance program consistent with standards recommended by the federal government. Regularly examine the effectiveness of compliance policies, procedures and activities, and make program modifications as needed.

- Develop a risk assessment methodology. Oversee the risk assessment process and incorporate results into written annual work plans, which identify priorities, activities, deliverables, responsible parties, and timelines.

- Supervise and manage the Compliance Department staff by providing leadership, direction, mentoring, staff development, and performance management. Anticipate, and plan for staff and resource enhancements to ensure the operation of an effective Compliance Program. The CO is responsible for identifying specific recruiting needs, hiring, and personnel actions, including discipline (up to and including termination) of Compliance personnel.
• Serve as the principle point of contact for complaints, concerns, and questions regarding compliance issues raised by employees, patients and others. Develop and implement reporting mechanisms, including those which allow for anonymous complaints. Establish an internal process that is standardized, and consistent for investigating, documenting, and resolving complaints. Ensure that potential complainants understand these mechanisms and processes, understand their obligation to report compliance concerns, and are assured of protection from retaliation.

• Monitor the regular screening of employees, and vendors against exclusion from Federal programs, or contracts.

• Ensure that timely and appropriate corrective action is taken when necessary, including provider and employee sanctions, operational changes, and refunds of overpayments. Communicate openly and promptly with patients, government and commercial payors, and with regulatory agencies as appropriate. Maintain positive relationships with these external parties.

• Maintain an audit program that meets regulatory requirements and addresses targeted risk areas. Under guidance of the CUMG Board of Directors, the CUMG Executive Director, and the CUMG Physician Education, Billing and Compliance Committee, the CO oversees the development and delivery of training and outreach programs that meet core knowledge, and specialty specific coding needs, including education in targeted risk areas.

• Serve as the final CUMG authority in the interpretation and application of coding rules; serve as the CUMG point of approval for documentation standards, and tools, including core content of documentation templates.

• Develop and maintain strong working relationships with CUMG Operations leadership to assure all applicable laws, regulations and the requirements of payor agreements are met. While compliance policy development, training, and communications are the responsibility of the CO, timely implementation of policy and development of related operational procedures are the responsibility of CUMG Operations leadership.

• The CO will: effectively communicate the compliance program and specific coding directions to providers, operations staff, and others within CUMG and UW Medicine; maintain a close working relationship with the UWP Compliance Office and UWP/CUMG General Counsel, seeking legal advice on compliance related issues as needed.

• Serve as the in-house expert on all matters of regulatory compliance related to health care reimbursement, maintaining awareness of laws, regulations, the status of current enforcement initiatives and the current OIG work plan. Keep abreast of developments that may affect health care systems impacting CUMG; make changes to the compliance program as needed, and facilitate implementation of program modifications.
• Maintain a system of management reporting that provides the CUMG Board of Directors, the Executive Director of CUMG, the CUMG Physician Education, Billing and Compliance Committee, the AVP/CCO, the Dean of the UW School of Medicine, and the UW Medicine Board Compliance Committee with timely, and relevant information on all aspects of compliance issues.

• Serve as the CUMG Privacy Official, and assure compliance with federal and state requirements related to the privacy and security of health care information.

• Work closely with the AVP/CCO, UW Medicine and the Chief Compliance Officer, Seattle Children’s to ensure effective coordination of cross-entity concerns and initiatives, participate in the management of shared risk areas, and engage in system-wide process improvement projects.

• Recommend and oversee a budget that allows the program to meet its goals.

• Perform other and related duties.

Qualifications:

• A bachelor’s degree in Business Administration or equivalent is required.

• A minimum of three to five years experience in dealing with relevant regulatory issues is also required.

• Regulatory coding training and auditing experience is required.

• Strong knowledge of CPT and ICD coding conventions, as well as payor requirements associated with coding standards, CPC preferred.

• Candidate must possess extensive knowledge of specific laws, and regulations imposed on health care systems by various public agencies, CHC preferred.

• Must have a well-developed sense of diplomacy, and demonstrated ability to work with the leadership of a complex academic medical center.

• Ability to reach and communicate well-informed decisions in a time-sensitive manner.
Compliance Requirements:

All management positions require adherence to the CUMG Code of Conduct and Compliance Policies and related training requirements. Incumbents must demonstrate knowledge and understanding of the confidentiality of employee information, CUMG plans, initiatives, and financial information, and patient privacy rights. Incumbents are required to engage in active discussion with subordinates on the requirements for reporting of compliance concerns and the company’s commitment to non-retaliation for reporting such concerns. Incumbents must promptly report all compliance concerns.
GENERAL DESCRIPTION

Under the general guidance of the University of Washington (UW) School of Medicine (the School) Director of Business Affairs (DBA), the Director of Compliance is responsible for coordinating compliance-related activities for the School. The School is nationally and internationally recognized for excellent programs in clinical care, teaching and research activities. The School has 30 academic departments with over 1,700 teaching and research faculty, 4,000 clinical faculty and 700 research and training fellows, and administrative support staff. The School is part of UW Medicine which includes the University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Northwest Hospital and Medical Center (NWH), UW Physicians Network (UWPN), and UW Physicians (UWP). UW Medicine also includes membership in Children’s University Medical Group (CUMG) and the Seattle Cancer Care Alliance (SCCA). In addition, the School has numerous clinical affiliations with other entities such as Seattle Children’s Hospital, the Fred Hutchinson Cancer Research Center and the Veterans Affairs Puget Sound Health Care System.

The School’s faculty, staff, students and trainees are subject to a wide range of compliance requirements covering such areas as the following:

- Clinical and basic science research, clinical billing and documentation, human and animal subjects research, effort certification, export controls
- Safety, including environmental health, radiation, select agents, and lab safety
- Privacy and information security
- Stark and Anti-Kickback, conflicts of interest
- Graduate medical education, student activities and student records
- Scholarly activities, authorship, intellectual property
- International activities involving teaching, research and employment
- Professionalism, conduct, ethics, use of state resources

University of Washington compliance programs are developed and administered by numerous offices, including the Office of Research Compliance & Operations, the Human Subjects Division, the Office of Animal Welfare, Environmental Health and Safety, the Office of Sponsored Projects, the Graduate Medical Education office, and UW Medicine Compliance.
The Director’s role in coordination and support of the School’s compliance-related activities, includes, but is not limited to the following:

- Participate in the identification and assessment of compliance risks that affect the School
- Work closely with compliance offices and School officials to develop and implement work plans to address compliance risks; provide regular status reports
- Oversee implementation of compliance policies and procedures in the School
- Receive inquiries and/or reported concerns, make appropriate referrals, coordinate investigations, participate in the development and implementation of administrative responses to findings of noncompliance
- Develop and implement effective strategies to monitor the School’s compliance with compliance policies and training requirements

The Director’s duties include frequent and active collaboration with the compliance and risk management offices of other UW Medicine organizations and cooperation with central UW compliance and risk management offices. The Director coordinates closely with UW legal counsel, compliance personnel designated by specific School Departments and compliance committees established by the University, UW Medicine, or the School. The Director will also have a “dotted line” reporting relationship to the UW Medicine Chief Compliance Officer/UW Associate Vice President for Medical Affairs. The Director will also be expected to receive direction from, and consult with, the School of Medicine Vice Dean for Administration and Finance as well as the Dean of the School of Medicine.

**JOB CHARACTERISTICS**

The Director is required to possess a comprehensive knowledge of practices, policies, and key issues impacting the School’s compliance requirements. S/he will have frequent written and oral interactions with the School’s and UW Medicine leadership and other UW senior executives and professional staff regarding the provision of superior quality, professional, and timely SOM compliance activities. The Director must possess a working knowledge of contemporary information systems and their application to supporting SOM compliance requirements. The Director will develop standards and procedures to ensure the appropriate accountability of each functional area of SOM’s compliance activities.

**RESPONSIBILITIES**

Representative elements of the Director’s duties and responsibilities include the following:

A. Compliance Coordination and Support 80%

1. Coordinate and support the implementation of policies and procedures, and participate in the development of such policies and procedures as appropriate, related to the School’s standards of conduct and compliance with applicable laws and regulations, particularly those pertaining to research including research involving humans and animals, safety,
healthcare billing and reimbursement, prevention of fraud and abuse, health care privacy, confidentiality, and security, finance and business including Stark and Anti-Kickback, academic, international and other identified areas.

2. Monitor and conduct internal reviews to assess School compliance with applicable laws and regulations.

3. Conduct, supervise, coordinate, or support investigations of alleged compliance violations; coordinate with HSC officials and managers to ensure remediation of confirmed non-compliance or potential problems.

4. Develop and provide, individually and in collaboration with others, effective compliance-related training and educational programs for SOM faculty and staff; including on-line as well as face to face training; provide lead role in dissemination and distribution within the School of new compliance regulations and policies; monitor compliance with training required and/or provided by others.

5. Under the general direction of the DBA, provide periodic compliance reports to upper management, and prepare and deliver reports to the UW Medicine Board Compliance Committee as appropriate, summarizing the status of SOM compliance activities and communicating action plans to address any identified issues.

6. Manage a reporting system for employees to report concerns and obtain assistance; ensure adequate mechanisms exist for enforcement of compliance requirements and appropriate disciplinary action in instances of violation of those requirements; serve as referral source and coordination point for and between faculty, staff, students and trainees, departments and School officials, UW Medicine Compliance, and upper campus offices in addressing and answering compliance related complaints.

7. Develop and maintain a SOM compliance website; coordinate SOM website development with UW Medicine compliance website development.

8. Coordinate closely with UW legal counsel, compliance personnel designated by specific School departments, and compliance committees established by the School or specific Departments; serve as member of School, UW Medicine and University compliance-related committee as appropriate.

9. Serve as a member of the DBA’s staff and actively participate in the group’s formulation of operational and policy decisions and institutional initiatives that will enhance SOM’s programs and their management and administration, and report to the DBA on issues of concern regarding SOM’s compliance with federal and state regulations.

10. Work closely with SOM senior staff and operating staff, on compliance issues of mutual concern.
11. Ensure adequate records are maintained to document compliance efforts and corrective actions.

12. Participate in collaborative efforts with other UW Medicine compliance offices to assure overall coordination of UW Medicine compliance policies and programs.

13. Communicate, or assist in communications with regulatory agencies regarding investigations and alleged violation resolutions.

14. Conduct or participate in conducting risk assessments for targeted compliance focus by the School.

B. Related Duties and Activities 20%

15. Conduct or participate in personnel related investigations.

16. Work with upper campus and UW Health Sciences Risk Management on clinical and research related risk management issues

17. Other duties as assigned.

EDUCATIONAL REQUIREMENTS

A JD or Master’s degree in Business Administration or Health Care Administration is required.

WORK EXPERIENCE REQUIREMENTS

Minimum of 5 years of experience in an academic medical center or research university setting. Substantial direct experience with the management or coordination of compliance matters in a major research-oriented university or academic medical center or medical school or teaching hospital. In addition, the Director must have a working knowledge of administrative support services, risk management programs, financial management control systems, internal auditing, financial analysis and reporting, and business information systems. A suitable combination of education and experience may substitute for stated requirements.
POSITION DESCRIPTION

Title: Compliance Officer
Department: Compliance
Reports to: Executive Director
Pay Grade: 
FLSA Status: Exempt
Bargaining Unit Status: None

Position Summary
The UWP Compliance Officer is responsible for developing and overseeing implementation of the compliance program for UW Physicians (UWP). Reporting to the Executive Director, this position also has a reporting relationship to the Associate Vice President for Medical Affairs/Chief Compliance Officer (AVP/CCO) for UW Medicine.

The Compliance Officer serves as the primary content expert for clinical billing and documentation. He/she advises the Board of Trustees, the Business Excellence Committee, the President, Executive Director, Department Chairs and Clinical Directors, and Faculty on compliance risk assessment and mitigation strategies and establishes the audit, monitoring, and education programs.

The Compliance Officer works cooperatively with UW Medicine System and Children’s University Medical Group (CUMG) compliance officers to ensure system-wide consistency in compliance practices and to identify and resolve shared issues and concerns.

Minimum Qualifications

Education
• Bachelors degree in Business Administration, health administration, or related field required. Masters degree preferred.

Experience
• Five years experience in health care compliance required.
• Five years management experience required.
• Two years experience in academic health care environment required.

Certifications/License Requirements
None
**Knowledge, Skills & Abilities**

- In-depth knowledge of federal and state regulations as they pertain to physicians and other health care providers.
- Knowledge of physician billing, coding (CPT and ICD-9), and documentation required. Coding certification preferred.
- Ability to communicate effectively, both verbally and in writing, with employees, medical staff, board members, and external parties. Strong presentation skills.
- Ability to deal effectively with difficult situations.
- Ability to analyze information and evaluate results to choose the best solution and solve problems.
- Knowledge of business and management principles involved in strategic planning, resource allocation, human resources management and leadership, production methods, and coordination of people and resources.
- Proficiency with Windows based software and Microsoft Office Suite products.

**Duties and Responsibilities**

- Serve as in-house expert on matters of regulatory compliance for UWP, maintaining awareness of laws, regulations, and status of current enforcement initiatives.
- Provide centralized leadership and expertise for all compliance issues. Participate in UWP and system-wide initiatives related to compliance.
- Perform comprehensive research, expert analysis and consultation reports on issues relating to billing compliance.
- Publish Compliance Program alerts or other communication tools to provide ongoing and pertinent information to UWP leadership, faculty, and staff.
- Ensure that the UWP Compliance website and program manuals are up-to-date.
- Oversee the development and implementation of a risk assessment process and ensure that results are incorporated into written annual work plans which identify priorities, activities, and deliverables, and responsible parties.
- Oversee the development and implementation of audit, monitoring, and training processes to ensure that areas of risk are proactively identified and addressed and that training programs meet core knowledge and coding needs across all medical and surgical specialties.
- Assure timely and appropriate corrective action is taken when necessary, including operational changes, disclosures, and refunds of overpayments.
- Coordinate the development of UWP compliance policies and procedures paying particular attention to consistency with UW Medicine System and CUMG policies. Ensure the effective implementation of adopted policies and procedures.
- Develop and maintain strong working relationships with UWP, CUMG, and UW Medicine leadership and compliance officers to ensure system-wide consistency in compliance practices and identify and resolved shared issues and concerns. Actively participate in the UW Medicine Compliance Officers Group.
- Prepare management reports that provide UWP and UW Medicine leadership with timely and relevant information on all aspects of compliance issues. Attend UWP Board of Trustee and Business Excellence committee meetings.
- Serve as the UWP Privacy Official and assure compliance with federal and state requirements related to the privacy of health care information.
- Serve as primary point of contact with external parties, including the Attorney General’s office and the Fiscal Intermediary. Communicate openly and promptly with patients, government and commercial payors and regulatory agencies, as appropriate. Maintain positive relationships with these external parties.
- Maintain a close working relationship with UWP and CUMG General Counsel, seeking legal advice on compliance related issues, as needed.
- Direct the Compliance Department staff by providing leadership, mentoring, staff development, and performance management. Anticipate, and plan for staff and resource enhancements. In conjunction with Compliance managers, identify specific recruiting needs, hiring, and personnel actions, and, as necessary, participate in disciplinary actions of Compliance personnel, including terminations.
- Recommend and oversees the budget for the Compliance program.
- Perform other duties, as assigned.

**Standard Job Responsibilities**

- Conducts business with employees, patients, the School of Medicine, the physicians and outside parties in a professional appropriate manner conducive to maintain good working relations.
- Follows all UWP policies regarding security and confidentiality.
- Conducts all activities with safety in mind.
- Meets attendance expectations
- Adheres to all company policies and procedures.
- Represents UWP confidentially and professionally at all times.

The responsibilities listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

**Code of Conduct**

All management positions require adherence to the UWP Code of Conduct and UWP Billing Compliance Policies and related training requirements. Incumbents must demonstrate knowledge and understanding of the confidentiality of employee information, UWP plans, initiatives, and financial information, and patient privacy rights. Job duties must be performed with minimum access to and use of UWP employee and/or patient information. Incumbents are required to engage in active discussion with subordinates on the requirements for reporting of compliance concerns and the company’s commitment to non-retaliation for reporting such concerns. Incumbents must promptly report all compliance concerns.
UW Medicine
Job Description
May 10, 2012

Working Title: Compliance Officer
UW Medicine
Payroll Title/Code: Officer (1981)
Salary Grade: 11
Department: UW Medicine Compliance
Job Classification: Professional/Exempt
Reports to: Chief Compliance and Privacy Officer, UW Medicine/Associate Vice President for Medical Affairs, UW (CCO/AVPMA)

Background

UW Medicine Compliance oversees the development and coordination of compliance programs across a wide range of risk areas, including clinical documentation/coding/billing, privacy and information security, EMTALA, hospital-related research compliance (including clinical research billing), workplace ethics, industry relations, and conflicts of interest. Program functions include development of policies and standards, auditing, monitoring, education/outreach, investigations, risk assessment and mitigation, regulatory monitoring and program modification, and on-going evaluation and reporting of program effectiveness.

The Chief Compliance Officer/Associate VP for Medical Affairs (CCO/AVPMA) is accountable to the CEO/EVPMA/Dean for leadership of UW Medicine’s compliance systems and initiatives, and works closely with practice plan and school compliance officers, as well as the UW’s central offices, to coordinate cross-entity and institution-wide compliance issues. The CCO/AVPMA also serves as the Chief Privacy Officer (CPO) for UW Medicine, and in this role, has a dotted line reporting relationship to the UW Privacy Official. The UW Medicine Compliance Officer (UWM CO) reports to the CCO/AVPMA, and is responsible for developing and implementing UW Medicine Compliance units.

Position Purpose

The Compliance Officer (CO) is responsible for developing and overseeing implementation of the UW Medicine compliance program for UW Medical Center, Harborview Medical Center, Northwest Hospital and Medical Center, UW Neighborhood Clinics, Airlift Northwest, and the Healthcare Components of the HIPAA Covered Entity. Reporting to the CCO/AVPMA, the CO has a dotted line relationship to the executive directors who are accountable for the success of compliance programs in their respective entities.
As the primary content expert for clinical billing and documentation, hospital-related research compliance issues, HIPAA, and EMTALA, the CO advises executive directors on compliance risk assessment and mitigation strategies, establishes the audit and monitoring program, and serves as the compliance interface for Stark and Anti-Kickback issues, quality initiatives, and Joint Commission concerns. The CO works cooperatively with the practice plan compliance officers, compliance and regulatory affairs directors in the School of Medicine, and UW Health Sciences risk managers to identify and resolve shared issues and concerns.

**Duties and Responsibilities**

- Serve as in-house expert on matters of regulatory compliance for hospital and clinic compliance content areas, maintaining awareness of laws, regulations and status of current enforcement initiatives.
- Provide centralized leadership and expertise for hospital-related research compliance issues; participate in the development of hospital research pricing policies, billing procedures and other policies necessary to implement clinical research billing and to conform to applicable laws and regulations.
- Provide professional leadership as the principle architect of the UW Medicine compliance program for the covered entities and content areas; advise the CCO/AVPMA about program needs and system interfaces, and recommend changes as needed.
- Serve as chief staff to the UW Medicine Executive Compliance Committee that meets at least quarterly to establish elements of the compliance program, evaluate the effectiveness of internal controls, discuss current initiatives, and engage leadership in strategic planning to mitigate compliance risks. Provide regular reports on program activities and issues to the CCO/AVPMA, entity leaders, and the UW Medicine Board Compliance Committee.
- Oversee the development and operation of an effective monitoring and auditing program, provide regular reports about audit activity, and use results to modify compliance program elements as needed. Ensure that internal reviews and monitoring activities are conducted for targeted risk areas, and that results are communicated to all affected parties in a timely and clear manner.
- Communicate openly and promptly with payors, the OIG and other external parties as deemed appropriate; maintain good relationships with these parties.
- Determine the need for program policies; ensure that appropriate content experts are engaged throughout the development process; recommend policy adoption to the CCO/AVPMA.
- Oversee the development of education and outreach activities to ensure that workforce members have appropriate and meaningful training opportunities to meet core knowledge and specialty needs, and to address targeted risk areas.
- Ensure that employee, medical staff and vendor screening mechanisms are in place and operating properly; ensure that independent contractors and agents who furnish supplies and medical services to the hospitals and clinics are aware of the compliance program requirements.
- Oversee the response to reported concerns and inquiries. Ensure that inquiries, complaints and other concerns are properly investigated and resolved, providing consultative leadership and support to all entities as appropriate; ensure that adequate steps are taken to correct
identified problems and prevent their reoccurrence, including employee sanctions, operational changes, and refunds of overpayments.

- Supervise the Assistant Compliance Officer/Director of Privacy.
- Working closely with the CCO/AVPMA and the Administrator, participate in departmental strategic planning, internal policy/procedure development, and business decisions.
- Participate in entity-specific and UW Medicine-wide risk assessments.
- Serve as the primary point of contact for external reviews or delegate authority as appropriate; coordinate assessments and ensure timely responses.
- Serve as primary contact with the Attorney General’s Office regarding related compliance strategies and responses to legal issues.
- Identify resources needed to operate the program.
- Participate in institution-wide initiatives, process improvement projects, and policy implementation processes as necessary.
- Represent the CCO/AVPMA as necessary.

Competencies

All Positions

ACCOUNTABILITY

- Consistently delivers on commitments and promises;
- Sets own standards of excellence instead of waiting for standards to be imposed;
- Accepts responsibility for outcomes (positive or negative) of one’s judgments or actions; admits mistakes and refocuses efforts when appropriate;
- “Owns” organizational and higher level leadership decisions.

EXERCISING GOOD JUDGMENT

- Follows established guidelines and policies when making decisions and demonstrates sound judgment in making decisions when there is no precedent/guideline.

JOB KNOWLEDGE

- Demonstrates technical/professional mastery of skills and knowledge required for the position.

PROBLEM SOLVING

- Considers problems from all perspectives, and thoughtfully and responsibly considers all relevant impacts and implications before making a decision;
- Makes effective and timely decisions, even when data are limited and without unnecessarily referring to others;
- Recognizes who needs to be involved in decisions and engages them when appropriate.

SERVICE ORIENTATION

- Demonstrates a sincere, positive attitude toward helping others and getting things done; doesn’t say “it’s not my job.”
TEAMWORK
• Develops and promotes positive working relationships with colleagues;
• Seeks out, listens to, and considers the ideas and opinions of others;
• Works cooperatively with others to develop and implement Compliance program and ideas;
• Shares information and expertise with others to accomplish mutual goals;
• Understands the impact of actions/decisions on other individuals/departments/stakeholders.

Additional UWM Compliance Competencies for Supervisory and Leadership Positions

CRITICAL THINKING SKILLS
• Incorporates relevant research findings and other evidence into practice;
• Applies critical thinking and problem solving skills;
• Applies sound professional judgment;
• Recognizes the limits of own role and competence, and consults with a professional who has required expertise when issue requires expertise beyond own current competence or scope;
• Accurately interprets objective and subjective data and their significance.

LEADERSHIP
• Sets clear standards for service, quality, and other key performance areas;
• Regularly monitors performance against established standards;
• Provides ongoing feedback on performance and offers appropriate guidance;
• Holds employees accountable for achieving performance standards;
• Rewards and recognizes exemplary performance; appropriately addresses poor performance.

Qualifications

Required
• Bachelors degree in related field AND at least 9 years of progressively responsible experience in developing, implementing and administering a compliance program in a complex healthcare environment**
• Advanced knowledge of federal and state healthcare regulations, including experience with hospital and physician billing, coding and documentation requirements.
• Demonstrated ability to communicate effectively, both verbally and in writing, with employees, medical staff, board members and external parties; strong presentation skills.
• Demonstrated ability to independently prioritize and organize work, basic computer knowledge, ability to lead interdisciplinary teams.

Preferred
• Advanced degree in related field.
• Professional Healthcare Compliance certification
• At least 3 years experience at the assistant compliance officer level or above in an academic health center environment.

** or an equivalent combination of education and work experience
CONDITION OF EMPLOYMENT

UW Medicine Compliance manages a significant volume of audits, inquiries and consultations. Work priorities shift in response to fluctuating demands. Full time schedules are assumed to be at least 40 hours, however, incumbents are expected to remain flexible to accommodate the unit's goals and mission, and to work beyond their normal schedule when necessary.

APPROVAL

_________________________________________ Date________________________
Supervisor Name, Title
UW Medicine Compliance, Unit Name

RECEIPT ACKNOWLEDGED

_________________________________________ Date________________________
Employee Name, Title
UW Medicine Compliance, Unit Name

Original to:  UW Medicine Compliance
Copies to:  Employee
Supervisor
Human Resources, SOM/Dean’s Office
I. Compliance Roles and Responsibilities

<table>
<thead>
<tr>
<th>Individual</th>
<th>Chairs, Directors, Managers and Supervisors</th>
<th>Senior Leaders</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Practice personal, professional, ethical and legal accountability</td>
<td>• Convey accountability expectations to direct reports</td>
<td>• Provide active leadership; establish accountability expectations and professional standards; allocate resources for compliance program activities</td>
<td>• Maintain effective compliance programs to prevent, detect and resolve noncompliance with federal and state laws and UW policies</td>
</tr>
<tr>
<td>• Understand role-specific responsibilities and applicable policies and procedures; complete all required training</td>
<td>• Monitor compliance with UW policies and procedures</td>
<td>• Approve UW Medicine policies; support education and outreach activities; convey implementation expectations to operational areas</td>
<td>• Establish UW Medicine compliance policies, education and outreach strategies, internal controls, audit plans and implementation tools</td>
</tr>
<tr>
<td>• Comply with University of Washington (UW) policies and procedures</td>
<td>• Ensure direct reports understand their roles, responsibilities and applicable policies and procedures; enforce onboarding and annual refresher training requirements</td>
<td>• Enforce compliance; evaluate audit findings and convey expectations for improved results</td>
<td>• Audit compliance with UW Medicine policies and internal controls; report findings; analyze trends</td>
</tr>
<tr>
<td>• Protect patient privacy, safeguard confidential information and utilize appropriate technical controls; observe access rights and restrictions</td>
<td>• Oversee operational implementation of compliance policies and procedures; improve audit results</td>
<td>• Participate in risk assessment process; evaluate results; determine system-wide risk tolerance; make risk management decisions</td>
<td>• Assess compliance risks using internal and external data, trends and regulatory developments; recommend program modifications</td>
</tr>
<tr>
<td>• Report compliance concerns and potential compromises of confidential information to administration or compliance; cooperate fully with investigations</td>
<td>• Actively manage data access rights; monitor use of appropriate safeguards and controls; comply with risk management decisions</td>
<td>• Receive investigative reports; evaluate findings and determine appropriate corrective actions and sanctions</td>
<td>• Investigate suspected noncompliance with UW Medicine policies; notify affected unit heads and senior leaders; report findings; analyze trends</td>
</tr>
</tbody>
</table>
J. UW Medicine Code of Conduct

UW Medicine Code of Conduct

PREAMBLE

UW Medicine is committed to the highest levels of excellence and integrity in advancement of its mission to improve the health of the public. Each individual and every entity within UW Medicine embodies excellence and integrity, and contributes to a culture of quality, compliance, safety and ethical business practices. Members of UW Medicine treat everyone with respect, courtesy, dignity and professionalism without discrimination and without regard to race, age, gender, origin, cultural affiliation, sexual orientation and religion.

While this code does not address every issue that may arise, it outlines the basic principles and expectations for every individual in UW Medicine, links to relevant policies and guidance, and provides contact information for making inquiries or reporting concerns.

THE CODE OF CONDUCT

1. Abide by all Laws, Regulations, Policies, Procedures and Standards
   UW Medicine workforce members exhibit conduct that is legal, ethical and in compliance with applicable institutional policies which are designed to implement federal and state laws and regulations. UW Medicine strives to produce clear guidance, but individuals are personally and professionally responsible for understanding and adhering to rules that apply to their specific roles.

2. Prevent Fraud and Abuse
   UW Medicine complies with coding and billing requirements and does not engage in practices that may violate federal and state rules. UW Medicine is committed to the following:
   a. Billing only for services actually rendered and coding services accurately.
   b. Providing timely and complete documentation in the medical record sufficient to support every reimbursement claim.
   c. Preventing inappropriate billing, including:
      • unbundling or upcoding
      • duplicate billing for the same service
      • billing for services without a documented order
      • billing for resident services without a documented teaching physician present when required

The Fraud, Waste and Abuse Prevention policy (http://depts.washington.edu/comply/docs/COM-008-Fraud_Waste_Abuse_Prevention.pdf) and the False Claims Act governs documentation, coding, billing and accounting for patient care services. Individuals involved in these activities are obligated to understand and apply billing rules, seek guidance as needed and report suspected noncompliance.

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B–5.1/202-16
2/11/16
3. **Promote Ethical Academic, Clinical, Research and Business Conduct**
   UW Medicine maintains the highest ethical standards for the conduct of its academic, clinical, research and business affairs. All individuals in the enterprise shall:
   a. Exercise personal accountability and integrity in their work and in their relationships with students, patients, research participants, vendors and the public.
   b. Conduct ethical and responsible research with regard for the well-being and rights of study participants.
   c. Make decisions based on the best interests of patients.

4. **Protect Patient Privacy**
   UW Medicine has specific responsibilities to protect patient confidentiality and ensure the privacy and security of protected health information (PHI). All members of UW Medicine share the following accountabilities:
   a. Access, use and disclose only the minimum PHI necessary to perform authorized job duties.
   b. Understand and comply with institutional policies governing PHI, including those that provide patients with specific rights.
   c. Report all concerns about the access, use or disclosure of PHI.

5. **Practice Data Stewardship**
   Every UW Medicine workforce member is personally and professionally responsible for practicing data stewardship. This obligation begins with taking all measures necessary to ensure the physical and electronic security of any information used or acquired in the performance of assigned duties, regardless of its form, location or method of transmission, even after separation from UW Medicine.

   UW Medicine is committed to protecting the confidentiality of all sensitive information, including patient, restricted, proprietary, research and student information. Workforce members who are given access to sensitive information are personally and professionally responsible for the following:
   a. Understanding the policies that apply to specific types of information and seeking clarification when questions about requirements arise.
   b. Accessing, using and disclosing sensitive information only as allowed by job duties and in accordance with the standards established for each type of data.
   c. Properly disposing of confidential information.
   d. Reporting all concerns about the confidentiality and stewardship of sensitive information.
   e. Safeguarding against the unauthorized use of UW Medicine proprietary information, including copyrighted, trademarked or licensed materials.
   f. Utilizing approved email domains for transmitting sensitive information.

   The use of electronic devices and telecommunication networks that store or transmit sensitive information require UW Medicine workforce members to:
   a. Protect job-related accounts, access privileges and passwords from use by unauthorized persons, recognizing that individuals are held accountable for any access used with their credentials.
   b. Create strong passwords and change them every 120 days, or as required by security standards.
   c. Store and transmit electronic PHI and otherwise sensitive information only on secured systems and encrypted devices.
   d. Report all suspected security violations, including phishing, malware and other types of security events that could compromise UW Medicine information.
   e. Practice safe computing and implement safeguards to prevent information security breaches.
6. **Conserve UW Medicine Resources and Assets**  
UW Medicine assets, including budgets, equipment, human resources, facilities, and technologies are entrusted to individuals during the course of their work and must be used responsibly and appropriately. UW Medicine is a complex organization – some individuals are governed by Washington State ethics law, and others are governed by entity-specific policies regarding the use of resources and assets. All individuals must understand the restrictions and responsibilities relevant to their specific role and site of service, and must seek clarification if they have questions.

7. **Demonstrate Professionalism**  
Professionalism is demonstrated in many ways, but specifically includes the integrity, respect, compassion, accountability and commitment to altruism that is brought to the performance of work and interactions with others in UW Medicine.

All individuals, regardless of the role they play, are expected to communicate in a professional and respectful manner with patients and their families, research participants, coworkers, supervisors, subordinates, students, trainees, members of the public and others with whom they deal. This expectation requires that UW Medicine workforce members understand and apply the professional standards unique to their role and function, including those described in the UW Professional Conduct Policy ([http://www.uwmedicine.org/about/policies/professional-conduct](http://www.uwmedicine.org/about/policies/professional-conduct)), in medical staff bylaws, and other entity and role-specific professionalism policies. In all cases, individuals are expected to exercise sound professional judgment in accordance with the principles of this code, and to seek clarification if needed.

8. **Avoid Potential and Actual Conflicts of Interest**  
Individuals in UW Medicine may be exposed to situations that present potential or actual conflicts of interest. While the specific requirements for disclosing and managing conflicts of interest are provided in policies, guidance documents, and established procedures for each constituent group, individuals must adhere to the following basic principles:

a. Avoid situations that may constitute a conflict of interest, including but not limited to:
   - conducting UW business with firms in which an individual or their family member has a direct or indirect interest
   - using UW resources for personal business activities
   - soliciting or accepting gifts from patients or vendors
   - accepting payments that may be viewed as a bribe, kickback or inducement

b. Acquire the appropriate approvals for any outside work performed.

9. **Maintain Accurate and Timely Records**  
All members of UW Medicine maintain accurate and timely records, recognizing the importance of documentation in the provision of healthcare, the performance of academic and research activities, and the administration of financial and business affairs. Specifically,

a. Individuals who work with patient health records must understand specific documentation requirements, comply with timely documentation standards established by medical staff bylaws, and amend records in accordance with established institutional procedures.

b. All financial transactions must be in accordance with generally accepted accounting principles and UW Medicine requirements as established by the chief financial officer.

c. Individuals will abide by applicable records management, retention and destruction requirements as established by the University of Washington (UW) and UW Medicine Records Retention Policies.
10. Provide the Highest Quality of Care

UW Medicine workforce members provide the highest quality, safest, medically necessary, and most effective, efficient care to patients. Patients and their families are treated with utmost compassion and respect. All care is provided in accordance with UW Medicine’s Emergency Medical Treatment and Active Labor Act (EMTALA) policy, as well as the clinical standards established for each healthcare entity within UW Medicine.

POLICIES AND GUIDANCE

Enterprise compliance policies, general policies and guidance can be found at the UW Medicine Compliance web site: http://depts.washington.edu/comply/resources/. The site is searchable and includes links to content-specific policies, entity-based policies, and additional standards of conduct that apply to certain constituents.

CONTACT INFORMATION FOR INQUIRIES AND CONCERNS

Seek assistance and report any concerns or potential violations of this Code of Conduct to:

UW Medicine Compliance

Compliance Anonymous Hotline: 206.616.5248 (local) or 866.964.7744 (toll free)
Main telephone line: 206.543.3098 (local) or 855.211.6193 (toll free)
Fax: 206.221.5172
Email: comply@uw.edu
Address: 850 Republican Street, Building C, Box 358049, Seattle, WA 98195-8049
Website: http://depts.washington.edu/comply/

UW Physicians (UWP) Compliance Department

Main telephone line: 206.221.3345

Children’s University Medical Group (CUMG) Compliance Program

Anonymous Reporting telephone line: 1.877.310.0414
Anonymous Reporting link: https://secure.ethicspoint.com/domain/media/en/gui/24568/index.html
Main telephone line: 206.987.8486
ATTESTATION

By my signature below, I attest that I have read the UW Medicine Code of Conduct and had an opportunity to ask questions about its content.

- I understand that I must personally comply with the code of conduct, as well as, federal and state law.
- I understand that I must know and understand the policies that apply to my job.
- I understand that I must report any potential violations of this Code of Conduct or UW Medicine compliance policies to an appropriate enterprise official, including my supervisor or one of the offices listed in this Code.

Name (please print) _____________________________________________________________________

Signature_____________________________________________________________________________

Date____________________  Department/service area_______________________________________

After signing this form, please give it to your supervisor. Signed forms are kept in your personnel file.