

Workplace Review

Confidential Workplace Review

To: Dr. Shereef Elnahal
From: Genevieve Krietemeyer
Subject: Workplace Review: EVP/CEO Health

I. BACKGROUND

I conducted a review from March 10 – March 12, 2026. I interviewed:

- [REDACTED]
- [REDACTED], Director Administration
- [REDACTED], Traveler – Cath Lab
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [Tarek Salaway](#), SVP/CEO Health

These interviews were conducted by videoconference, via telephone and in-person.

II. INTERNAL DOCUMENT REVIEW

1. [Code of Conduct](#). Eff. December 1, 2025
2. [Respect for All Guide](#). Eff. 2024

III. Executive Summary

Based on the statements received, this review examined whether the Respondent:

1. Made or implied threats of physical harm toward a colleague and/or used intimidating gestures likely to be perceived as violent.
2. Engaged in hostile conduct, including mocking/shaming comments, berating tone, or abuse of authority, creating an intimidating environment for direct reports or partner leaders.
3. Made discriminatory remarks that demonstrated gender bias.
4. Disclosed sensitive/privileged matters to an external/non-managerial individual and solicited further information about potential legal matters.
5. Used inflammatory analogies, while demonstrating inconsistent responsiveness and meeting preparation.
6. Demonstrated disparate treatment across leaders and forums (e.g., different tone in board settings vs. 1:1s).

The Respondent's preliminary position is that he does not recall making a throat-slitting gesture and would never express a concept of physically harming a colleague; he also cites broader concerns about trust and "gaslighting/torcing" dynamics within the team.

Corroboration and Analysis

A. Alleged Threatening/Violent Statements or Gestures

Allegation: Statements such as "strangle" and "cut [her] across the throat," paired with gestures (hands to neck; throat-cut motion) concerning Brooke Lippincott.

Corroboration:

██████████ reports Tionna relayed multiple threatening statements and gestures regarding Brooke; also reports derogatory profanity toward her.

██████████ (hearsay from Tionna): recounts profanity toward Brooke and a throat-slitting gesture; ██████████ took this seriously enough to warn Brooke for safety.

Respondent: (Tarek) denies using "cut" language or violent intent; recalls only an "umpire/strike-three" thumb gesture; offers contextual narrative of a March 10 conversation with Tionna.

Analysis: The threat claims rely primarily on second-hand accounts (Tionna > ██████████/██████████). Tionna has provided a signed statement to OHSU's Department of Public Safety. This remains partially corroborated: two consistent hearsay reports vs. a denial and alternate gesture explanation by Respondent.

B. Hostile Conduct

Allegation: Public mockery ("KP pass" comment), belittling tone, and dismissive interactions that humiliate or demean.

Corroboration:

██████████ describes public embarrassment (K-pack/"KP pass") and repeated dismissive behaviors.

██████████ describes early interactions as interruptive with limited listening; later improved somewhat.

██████████ details a 3/9 meeting as condescending/berating, including "starving children at DCH" analogy.

██████████ cites accusatory text about turnover/FMLA "abuse" (via third party), and assumptions about churn.

Analysis: Multiple direct witnesses independently report interruptive, condescending, or humiliating conduct across settings (group and 1:1).

The public "KP pass" remark and the 3/9 tone with ██████████ are some examples that were provided.

C. Gender-Comparative Remarks

Allegation: Comments implying Brooke would be perceived differently "if [she] were a man."

Corroboration:

Respondent acknowledges making comparative framing about gendered perception in his own respondent narrative (context of coaching around assertiveness); does not frame as bias, but as commentary on perception.

██████████ separately reports gender-comparative comments; ██████████ states she has not personally experienced gender bias from Respondent.

██████████ does report that she notices a difference in how he shows up in 1:1's versus when there is a meeting with Tarek, ██████████ and herself. In 1:1's, she alleges that his tone is more aggressive and/or condescending.

Analysis: The fact of a gender-comparative statement is essentially uncontested (acknowledged by Respondent). However, it does not rise to the level of Discrimination or Harassment per *OHSU's Discrimination, Harassment and Retaliation Policy (03-05-048)*. In aggregate with other conduct, it contributes to a hostile effect but alone may not meet severe/pervasive thresholds for DHR. It is, however, in tension with *Code of Conduct* expectations for respect and inclusion.

D. Inappropriate Outreach to Frontline/Travel Staff on Sensitive Matters

Allegation: Conversational probing with a Cath Lab traveler (and reference to legal matters involving a physician) in a residential or casual context.

Corroboration:

Traveler ██████████ describes a conversation where Respondent asked targeted questions about attending physicians and referenced a "legal thing" against a cardiology leader, prompting ██████████ to disengage and later report to his charge nurse.

██████████ notes concern that denial of this interaction would be unusual to fabricate.

Analysis: This is a direct witness account from the traveler, consistent internally and externally (he reported it onward). The alleged comments risk confidentiality and or appropriateness expectations for executives. Tarek refutes that he divulged anything regarding legal proceedings, he states that he was just two weeks on the job and did not even know Dr. Cigarroa at the time.

E. Professionalism and Governance/Finance Discourse with ██████████

Allegation: Demeaning tone toward ██████████; "starving children at DCH" comparative framing; dismissing established capital processes.

Corroboration:

██████████ details the 3/9 meeting specifics and quotes; describes behavior as berating and inconsistent with prior board-room conduct.

██████████ independently raises concerns about unilateral, uninformed statements regarding governance rights and board seats.

Analysis: Two sources describe tone and content concerns around ██████████ issues. This pattern is corroborated and may implicate leadership standards that OHSU expects of all executives.

F. Communication Style: Interruptive, Variable, and Non-Responsive

Allegation: Interrupting, talking over leaders; inconsistent follow-through; limited email responsiveness; late-evening prep calls.

Corroboration: ██████████, ██████████, ██████████, and ██████████ each describe facets of this pattern (interruptions; non-responses; accusatory assumptions); Respondent acknowledges some context/tension but not intent to disrespect.

Analysis: Broad, multi-source corroboration establishes a substantiated pattern affecting team climate, psychological safety and trust, even with some reported improvement over time.

G. Neutral/Contextual Items

██████████ reports cordial logistics support, no concerning observations. This neither corroborates nor rebuts the above themes but offers neutral context.

Based on the preponderance of the evidence, I have determined the following findings:

Finding 1 — Workplace Violence (Threats) – Inconclusive (Insufficient Direct Evidence)

Conclusion: Not substantiated to policy threshold at this time based on hearsay reliance versus Respondent denial.

Rationale: Two consistent hearsay reports vs. denial. Absent any other direct witness statements, the record does not cross preponderance threshold.

Finding 2 — Hostile Conduct – Substantiated

Conclusion: Substantiated. Multiple witnesses describe demeaning or humiliating remarks (e.g., public “KP pass” joke), condescending tone, and interruptive conduct beyond normal managerial feedback.

Rationale: Independent accounts (██████████, ██████████, ██████████, ██████████) describe non-isolated humiliating/condescending conduct (public and 1:1), satisfying the pervasive/persistent standards when viewed collectively.

Finding 3 — DHR (Discrimination/Harassment) – Not Substantiated

Conclusion: Not substantiated under DHR thresholds; one gender-comparative remark is acknowledged, but ██████████ reports no gender bias experienced, and the record does not show severe/pervasive gender-based conduct meeting DHR policy. Nonetheless, the comment is inconsistent with Code of Conduct expectations for inclusive, respectful behavior.

OHSU’s Discrimination, Harassment and Retaliation Policy (03-05-048), states in part:

Harassment must be “sufficiently severe or pervasive” to substantially interfere with employment or access to programs.

Additionally, OHSU’s Code of Conduct stipulates in part:

“We are strongly against being hostile or insensitive through words or actions that make people feel less valuable or important. We expect OHSU members to create and maintain environments that do not exclude people... Treat all patients, families, visitors and OHSU members with respect.”

Finding 4 — Professionalism/Confidentiality Expectations – Not Substantiated

Conclusion: Not substantiated concerns regarding appropriateness of outreach to a traveler on sensitive matters (legal allegations involving clinicians) and inconsistent, interruptive communication that undermines respectful environment.

OHSU’s Code of Conduct states in part:

All OHSU members are expected to follow and support the following responsibilities:

“Honor people’s privacy, space, belongings, and right to be treated fairly.” And;

“Meet the ethical and professional standards of your role, such as the code of ethics applicable to your profession.”

Rationale: While Eyewitness (traveler) account and additional leadership testimony concur, we are unable to substantiate that the conversation did take place without another witness. Tarek should be reminded of executive-level standards of respectful, appropriate engagement.

Finding 5 — Professional Conduct as an Executive at OHSU – Partially Substantiated

Conclusion: Substantiated - Multiple witnesses report a pattern of non-responsiveness to emails, requests for data followed by little/no review or feedback, and late or ad-hoc follow-ups that bypass previously provided materials. This conduct is inconsistent with OHSU's Code of Conduct expectations on being:

*“productive and work effectively and efficiently to the best of your skills and capabilities...
Treat all patients, families, visitors and OHSU members with respect.”*

Rationale: Rationale: The consistency of reports across multiple senior leaders (██████████) about non-response and data not being reviewed meets the preponderance threshold for a behavioral pattern that impedes effective operations and erodes trust—particularly in a role where external partnership alignments ██████████ depends on timely written guidance, clear decisions, and documented follow-through. Respondent's stated practice of deferring review to 1:1s does not sufficiently address the volume of missed or delayed written responses noted by witnesses.

Additional Conclusion: Partially substantiated as a professionalism concern.

During a March 9 meeting with ██████████, the Respondent made statements she perceived as inflammatory and inappropriate for an executive-to-executive discussion on capital allocation. ██████ reports that Respondent said:

“If I give you \$3.4 million, I am taking that money away from DCH. And you are telling me your clinic is more important and you would rather have starving children at DCH.”

When she attempted to lighten the tone, he responded: “████, this is no joking manner. I am talking starving children.”

These statements were experienced as accusatory, shaming, and disconnected from the actual financial and governance frameworks.

Respondent's Rebuttal / Context: In his statement, Respondent denies saying “starving children at DCH.” Instead, he asserts that his typical framing is a neutral resource-allocation analogy, e.g.:

“Think of it in the context of you being a parent and all the children need to eat... we could fund this – what about everyone else?”

He characterizes the analogy as emphasizing competing organizational priorities, not as an accusation or moral judgment.

Rationale: Even accepting the Respondent's intent to use a “parent/children” analogy, the impact on ██████ was that the discussion felt berating, inflammatory, and unprofessional, especially in a supervisory context where the Respondent holds significant positional power.

This perception is consistent with other witness reports describing challenging tone, accusatory framing, or dismissiveness in 1:1 leadership interactions (e.g., concerns raised by ██████████). While this finding does not meet DHR or Workplace Violence policy thresholds, it

does conflict with OHSU's Code of Conduct expectations for professional, respectful, and constructive communication.

The "starving children" comments, as reported, exceed the bounds of professional analogy, particularly given the context: a [REDACTED] conversation during a sensitive period for the [REDACTED] partnership. Even if unintended, the phrasing reasonably caused harm, confusion, and distress, and represents a substantiated professionalism concern under the Code.

Finding 6 — Variability in Demeanor (Public vs. 1:1) – Substantiated

Conclusion: Substantiated. Multiple witnesses report that the Respondent presents two markedly different personas depending on the audience: polished, collaborative, and professional in board-level or large-group settings, but interruptive, dismissive, or less regulated in 1:1 or small-group meetings. One witness also observed differences tied to the presence of a male colleague, suggesting inconsistent interpersonal behavior across genders. These patterns are inconsistent with the uniform professionalism and respect required of an executive leader.

Rationale: The cross-witness consistency—from four senior executives independently describing similar discrepancies—demonstrates a credible and well-substantiated pattern. While not all experiences relate explicitly to gender, [REDACTED] observation that his demeanor improves or shifts when a male colleague enters the room introduces an element of potential gendered differential treatment.

While this finding does not meet DHR thresholds, the policy clarifies expectations for equitable treatment and prohibits conduct that could contribute to a hostile environment. This pattern does not align with OHSU's leadership expectations, which require dependable, equitable, and respectful communication across all settings and audiences.

The Respondent's demonstrated ability to act professionally in large, high-visibility settings but inconsistently in private or small-group interactions suggests a situational inconsistency in professional conduct, rather than a lack of capability. This dual-presentation pattern undermines workplace trust, creates unpredictability, and contributes to perceptions of inequitable treatment—all of which are inconsistent with executive performance expectations.

IV. OTHER RELEVANT INFORMATION AND/OR RECOMMENDATIONS

- 1) Explanations provided by Responding Party – See Exhibit A and B
- 2) Extenuating Circumstances – none present

V. CONCLUSION

In reaching these findings, I carefully considered the responses and perspectives of the parties; gave appropriate weight to the relevant evidence; and analyzed applicable policies.

Based on the totality of information gathered—including interviews with multiple senior leaders, a frontline clinical traveler, and the Respondent's own statement—the investigation

establishes several substantiated concerns regarding professional conduct, communication, consistency of demeanor, and adherence to OHSU's Code of Conduct expectations. While one of the most serious allegations (threatening or violent statements) remains inconclusive due to the absence of a witness, the credibility, volume, and consistency of other witness account presents thematic concerns.

Witnesses at varying levels of the organization consistently described experiences of interruptive, dismissive, or demeaning interactions in small-group or 1:1, contrasted with a markedly different, more polished demeanor in larger meetings or board settings. These reports were corroborated across roles, including from the [REDACTED]. This pattern was further reinforced by accounts of non-responsiveness to email communications, urgent requests for data followed by lack of follow-through, and heavy reliance on others to revisit previously provided materials during 1:1s. These findings collectively demonstrate conduct that does not align with OHSU's values and expectations for executive-level communication.

The investigation also substantiated concerns related to professionalism in high-stakes interactions, particularly in the Respondent's conversation with the [REDACTED], where remarks such as the "starving children" analogy were perceived as inflammatory and accusatory. Although the Respondent offered contextual reframing, the impact on the recipient and the consistency of similar tone concerns from other leaders support the conclusion that this conduct does not build a psychological safety culture.

Allegations related to gender-based comparative statements were partially corroborated, with the Respondent acknowledging at least one such comment. However, evidence did not meet the "severe or pervasive" threshold required under OHSU's Discrimination, Harassment, and Retaliation Policy (03-05-048). Still, the comment and its context reflect judgment inconsistent with the standards of inclusive leadership outlined in the Code of Conduct.

Finally, although the investigation did not confirm the allegation of threatening or violent statements due to the absence of direct testimony from the key witness, there is an inherent theme of conduct that is not becoming of an executive leader. He has not been successful at building psychological safety and trust within his team.

In sum, the investigation concludes that, aside from the unsubstantiated threat allegation, the Respondent engaged in a pattern of conduct inconsistent with OHSU policy, values, and leadership expectations. These findings warrant corrective action, leadership coaching, and strengthened accountability structures to support a safe, respectful, and effective leadership environment.

One Drive Folder: [Final Report](#)

Additional footnote for the end of page 11.

To get into discussion in response to data by email regarding some business matters, such as payer or actions by Payer/ partners (such as Kaiser Permanente), could be fraught with problems. Particularly if may relate to potential Medicare abuse or fraud. Or potential inequity by the payer for how they handle Medicare patients. I would rather discuss it, before determining legal or compliance implications.

CEO 360 Leadership Assessment

Role: EVP Chief Executive Officer, Health

Assessment Timing: Approximately 90 Days in Role

Respondents: 5 of 5 Direct Reports

Executive Overview

This report summarizes a structured 360-degree leadership assessment conducted with five direct reports of the CEO approximately ninety days after appointment to the role. Respondents evaluated leadership behaviors using a standardized five-point Likert scale and provided qualitative feedback through open-ended prompts.

Quantitative results indicate substantial dispersion in responses across multiple leadership dimensions. While mean scores cluster near the midpoint of the scale, the observed ranges span nearly the entire measurement scale in several categories. This pattern suggests that average values alone do not fully represent the distribution of leadership experiences reported by respondents (Atwater & Waldman, 1998).

The data therefore indicate variation in leadership experience among members of the executive team. Some respondents report high confidence in leadership effectiveness and strategic capability, whereas others describe differences in how communication dynamics, decision pacing, and interaction patterns are experienced during leadership discussions.

Qualitative responses reinforce this interpretation. Several themes occur across multiple respondents, most notably references to the pace at which decisions or conclusions are reached during discussions and the degree of opportunity for dialogue prior to decision formation. At the same time, respondents frequently acknowledge strong healthcare operational knowledge and recognition of the need for organizational change.

A secondary set of themes appears in a smaller proportion of responses, including perceptions related to psychological safety during leadership discussions, variation in leadership engagement across settings, and differences in perceived influence among members of the leadership team. Some responses also reference professional role dynamics, including perceived differences in engagement between physician leadership and operational or nursing leadership.

In complex health systems, variation in leadership experience may also reflect differences in professional perspectives across leadership roles. Academic health systems frequently integrate clinical leadership, physician leadership, and operational leadership within the same executive structure. Differences in professional background and role expectations can influence how leadership behaviors such as decision pacing, dialogue structures, and strategic direction are experienced by different stakeholders.

Taken together, the findings suggest that the most consistent pattern observed in the data is variation in leadership experience across respondents rather than uniformly positive or negative evaluations. Such variation is commonly observed during early leadership transitions, particularly within complex organizational environments such as academic health systems (Watkins, 2013).

It is important to note that 360-degree leadership feedback instruments are designed to provide insight into leadership experience from specific stakeholder groups and should be interpreted as one component within a broader leadership assessment process. Best practice in executive evaluation integrates multiple sources of organizational information, including operational performance indicators, workforce engagement data, leadership team stability, governance observations, organizational culture metrics, and direct observation of leadership interactions across the system.

Multi-source evaluation approaches are widely recommended in leadership assessment literature because they provide a more balanced understanding of leadership behavior within complex organizational systems (London & Smither, 1995; Atwater & Waldman, 1998).

Methodology

This assessment utilized a structured 360-degree leadership feedback instrument. Five direct reports of the CEO completed the instrument approximately ninety days following the CEO's appointment.

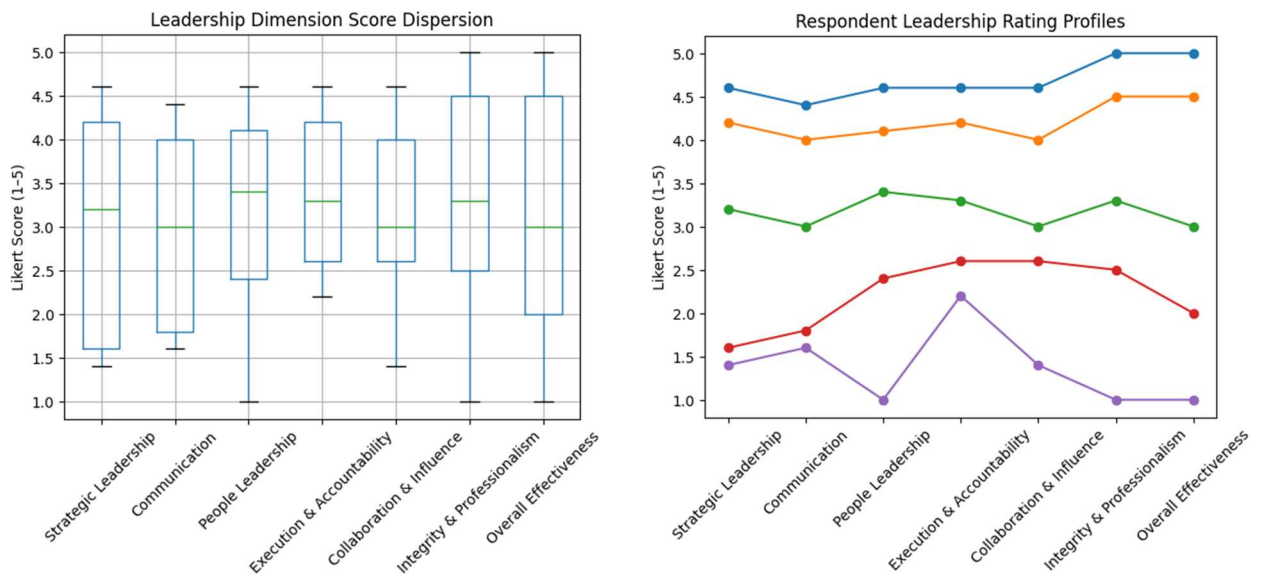
The quantitative portion of the instrument used a five-point Likert scale defined as follows:

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly Agree

Respondents evaluated leadership behaviors across seven dimensions: Strategic Leadership, Communication, People Leadership, Execution & Accountability, Collaboration & Influence, Integrity & Professionalism, and Overall Leadership Effectiveness.

For each dimension, mean scores and response ranges were calculated. Given the small sample size (n=5), analysis emphasizes dispersion patterns and recurring qualitative themes in addition to average scores.

Visual Data Summary



Quantitative Summary

Leadership Dimension	Mean Score	Observed Range	Interpretation
Strategic Leadership	2.92	1.4 – 4.6	Polarized ratings
Communication	2.98	1.6 – 4.4	Polarized experiences
People Leadership	3.28	1 – 4.6	Split perceptions
Execution & Accountability	3.22	2.2 – 4.6	Moderate variability
Collaboration & Influence	2.96	1.4 – 4.6	Polarized experiences
Integrity & Professionalism	3.05	1 – 5	Highly polarized perceptions
Overall Leadership Effectiveness	3.20	1 – 5	Highly polarized perceptions

Across several leadership dimensions, scores span nearly the entire measurement scale, indicating substantial differences in leadership experience among respondents.

Integrated Leadership Signal Analysis

To integrate quantitative dispersion patterns with qualitative observations, leadership signals were categorized using a stoplight framework and supported by the frequency with which themes appeared in respondent feedback.

Signal Category	Observed Leadership Signal	Evidence Frequency	Interpretive Context
Strength Signals	Healthcare operational knowledge	4 of 5 respondents (80%)	Respondents frequently acknowledged strong understanding of healthcare operations and system strategy.
Strength Signals	Strategic awareness of system opportunity	4 of 5 respondents (80%)	Feedback indicates recognition of the need for organizational change and strategic repositioning.
Strength Signals	Organizational visibility and engagement	3 of 5 respondents (60%)	Respondents described the CEO as visible across the organization and engaged with staff and leadership groups.
Strength Signals	Recognition of staff contributions	3 of 5 respondents (60%)	Several respondents referenced recognition of staff and acknowledgment of team efforts.
Monitor Signals	Communication consistency across settings	3 of 5 respondents (60%)	Some respondents described variability in communication style across different leadership settings.
Monitor Signals	Clarity of leadership roles across the executive team	3 of 5 respondents (60%)	Comments referenced uncertainty regarding roles and influence among members of the executive team.

Monitor Signals	Alignment between strategy and execution	4 of 5 respondents (80%)	Respondents frequently referenced decision pace and the need for alignment between discussion and implementation.
Development Signals	Listening prior to forming conclusions	4 of 5 respondents (80%)	Several respondents indicated that additional dialogue before conclusions may strengthen executive team alignment.
Development Signals	Decision pacing in complex discussions	4 of 5 respondents (80%)	Rapid decision formation was referenced as both a strength (decisiveness) and a potential challenge for collaborative discussion.
Development Signals	Executive team trust and dynamics	3 of 5 respondents (60%)	Feedback suggests evolving relational dynamics during the early leadership transition period.
Development Signals	Psychological safety in leadership discussions	3 of 5 respondents (60%)	Some respondents indicated hesitation to raise dissenting viewpoints in certain discussions.
Development Signals	Perceived uneven influence among leaders	3 of 5 respondents (60%)	Comments referenced perceptions that certain voices may carry greater influence in discussions.
Development Signals	Professional role dynamics (physician vs operational leadership)	2 of 5 respondents (40%)	Some responses referenced perceived differences in engagement between physician and operational leadership roles.

Leadership Variability Analysis

The most significant statistical signal in this dataset is dispersion rather than average performance. Scores in several categories range from 1 to 5, indicating markedly different leadership experiences among respondents.

This pattern of polarization suggests differences in relational dynamics, communication style, and expectations among members of the executive leadership team.

Conceptual Interpretation of Observed Themes

Qualitative feedback suggests a potential relationship between decision pacing, dialogue opportunities, and perceptions of psychological safety. Respondents frequently referenced rapid decision formation as a precursor to concerns about listening and dialogue.

A conceptual interpretation of these dynamics may be summarized as follows:

Leadership Decision Speed → Dialogue Opportunities → Perceived Listening → Psychological Safety → Executive Team Dynamics

Limitations of the Analysis

The number of respondents is small (n=5), reflecting the size of the executive leadership team. Individual responses therefore have a proportionally larger effect on aggregate statistics.

Second, respondents vary in the frequency and duration of interaction with the CEO during the early transition period. Differences in exposure may influence perceptions reported in the assessment.

Third, results reflect perceptions during an early leadership transition and should be interpreted as a snapshot rather than a longitudinal evaluation of leadership effectiveness.

Note on Response Dispersion

One respondent provided consistently lower ratings across multiple leadership dimensions. Given the small sample size, this response contributes significantly to overall variance in the dataset.

Context for Interpretation

Leadership assessments conducted during the early phase of executive tenure should be interpreted within the broader context of organizational transition dynamics. During the initial months of leadership change, executive teams often experience adjustments in communication patterns, decision structures, and role expectations as new leadership approaches are introduced (Watkins, 2013).

In complex organizational environments such as academic health systems, these dynamics may be further influenced by the integration of clinical leadership, physician leadership, and operational leadership within a single executive structure. Differences in professional roles, historical decision-making norms, and organizational expectations can contribute to variation in how leadership behaviors are experienced by different stakeholders.

As a result, variation in multi-source leadership feedback during early leadership transitions does not necessarily indicate uniform agreement or disagreement regarding leadership capability. Rather, such variation often reflects evolving relational dynamics within the leadership team as strategic direction, communication norms, and operational alignment continue to develop.

For this reason, leadership feedback instruments are most informative when considered alongside additional organizational indicators, including operational performance metrics, workforce engagement trends, leadership team stability, and ongoing governance observations of leadership effectiveness.

References

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- Smither, J. W., London, M., & Reilly, R. R. (2005). Does performance improve following multisource feedback? *Personnel Psychology*, 58(1), 33–66.
- Watkins, M. (2013). *The first 90 days: Proven strategies for getting up to speed faster and smarter* (Updated and expanded ed.). Harvard Business Review Press.

From: Tarek Salaway
Sent: Wednesday, January 14, 2026 10:55 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Update and Request for action

Hi [REDACTED]

Thank you so much for all your leadership on the critical incident management. This is definitely a critical moment for the whole community. I can recommend a solid PR firm I have worked with. Reviveagency.com they are not part of a larger form BPD. I worked with them (as Revive) with efficacy, quality and timeliness in Orange County, CA. Crisis management, brand stewardship and management and PR impact were some of their strengths.

Let's definitely connect tomorrow. I have a fiduciary responsibility related to the use of capital. And it puts our state medical center entity (OHSU) at significant risk to invest significantly where we have absolutely no governing board rights. Let's talk please because these put ethical issues and state investment resources at risk (where I am legally and criminally accountable) where we have no governing board rights, but take on a fiduciary responsibility for investment, risk with no governing board seats or voting rights to protect state resources.

This is rather serious, so we need a path to settle it. Until then, I am in no position to provide major capital support. Particularly since both (a) I have been trained accordingly under fiduciary duty as medical center CEO at non profit across my entire career and (b) this would be a faux pas as someone newly appointed as CEO.

Thank you for understanding and working with me on a path to lasting solution, and a plan for executive committee education, if needed; we can help you with that.

Looking forward to seeing you.

TS

From: [REDACTED]
Sent: Wednesday, January 14, 2026 9:02 PM
To: Tarek Salaway <salaway@ohsu.edu>
Subject: Update and Request for action

Hello Tarek

3 buckets of work to update you on- We have time tomorrow to review KPIs at noon, so if you have any questions I would be happy to address...

- **Critical Incident Update:**
 - No additional media outreach
 - DNV was on-site yesterday to investigate incident- no findings or recommendations
 - Mom has retained counsel, and we received a Retention of Records notice- no claim or criminal charges
 - The PR/Comms team we retained at the recommendation of our liability attorney has underwhelmed us. We will explore alternatives, especially with mom's retention of counsel and likely release of the video at some point
 - If you have any recommendations of PR firms, please share. We did reach out to OHSU comms team as well
 - We will have [REDACTED] counsel connect with OHSU counsel in anticipation of the video release to share more details of the encounter, while keeping under privilege
 - Once that has occurred, we will meet with OHSU again with Tamara Hargens-Bradley and team to align
 - Let me know what I am missing....
- **Associate CMO**
 - I sent a comprehensive email r/t decision making/logic on 1/10. Attached is the medical directors list although some are missing like medical director of informatics. Also attached is the "superbill" and the leadership tab depicts some of these. Our new CMO and VP of ambulatory are digging into this, as they are in the various 50+ contracts we maintain- we believe there is even more opportunity.
 - Currently our provider agreements do not have goals or metrics embedded in them, which is another big opportunity we have been pushing for
 - Rather than have the OHSU physician accept the Associate CMO role and be part-time at each organization, we decided it would be best outcome for the doc to contract and pay his salary for the role through OCES/Superbill versus employment home
 - OCES (Jenny Tomka) wondered why [REDACTED], also an OHSU provider moved to [REDACTED]. The [REDACTED] Board requested all executive level positions with organizational fiduciary responsibility be [REDACTED] employed to ensure no real or perceived COI.
 - The transition was broadly announced, including to our Medical Executive Committee, as [REDACTED] so he had to step down from that role
 - I talked with my OHSU colleagues throughout the process, decision making and prior to job offer and I would characterize it as endorsement. They even participated in the interviews. Since we had 2 candidates (their interview and scores were excellent) we did not wait to post a second round for the Associate CMO role; our new [REDACTED] was in full support of this approach.
- **Neurosurgery COE and Capital Investment**
 - The [REDACTED] team is completing an updated Neuro-spine proforma based on current performance, provider increases, and market growth to understand the ROI- it will be presented to the executive oversight committee on Tuesday, 1/1
 - If you are able to attend our board meeting on 1/22, I will deflect any direct inquiries from the board on the capital investment as we continue to work through this matter. A lot of history behind this one.

Let me know if you have any questions.....Call/text anytime See you tomorrow

Best



Respondent Statement – Tarek Salaway

Employee Relations Investigation File

Employee Name: Tarek Salaway

Email: salawayta@gmail.com

Position: EVP, CEO Health

Department: Hospital Administration

Investigator: Angie Sklenka/Genevieve Krietemeyer

Statement Date/Time: March 11, 2026 – 7:45 p.m.

Location: Phone Call

Number of Interviews: One

Purpose of Statement

This document records the respondent's account regarding concerns raised in the investigation, including questions about alleged threatening gestures or statements toward Brooke Lippincott, as well as the respondent's comments regarding team trust, behavior, and confidentiality reminders provided during the interview.

I. Interview Context and Confidentiality

The interview began with Angie reminding Tarek of the confidential nature of the process and instructing him not to approach others to gather information. Tarek acknowledged this guidance and his respect for it.

II. Allegations and Tarek's Response

A. Alleged Gestures or Statements Regarding Brooke Lippincott

Tarek was asked whether he recalled a conversation with Tionna in which he made a throat-cutting gesture about Brooke Lippincott or referenced strangling her. He stated this is not like me to say such a thing and that he will reflect deeply on the conversation with Tionna and report on everything he can remember. Ultimately said he does not recall making such any such gesture at all and reflected on the entire conversation with Tionna and provides the following details:

On 3/10/26

I had returned to my office from a well done joint strategic planning retreat I had helped to co lead. CMH- OHSU Strategic Retreat" at approximately 11:15 am.

Tionna was out for the past 10 days on PTO, so when I saw her I said with excitement:

"Tionna, Tionna, Tionna. So good to see you!"

"Do you want to connect? Great."

She came into my office and I shared with her important updates.

(For background context, as Exec Assistant to the CEO, over the last 2.5 months, she has provided me tremendous insight on team dynamics, individual leaders, past experience of prior CEO's with individual leaders, in her objective to give me wider context and history that I otherwise don't have. In her role she is expected to handle sensitive matters and related personnel information or documents).

III. Team Climate as Described by Tarek

I shared with her. "So much has gone on. I'm so concerned because as a whole the team is swirling and I didn't realize how bad the lack of trust factor is amongst each other. But it's bad. And also now I realize how much is being stirred up as Brooke L has announced her departure. None of this I would have expected."

I continued, "I'm getting non stop critique of Brooke B, which feels like an agenda, with no sense of patient safety focus as a framework to consider. I even experienced dismissiveness of Anthony M. and Brooke L. trying to force me to put Brad in situation that looks bad, where Brooke L is trying force me to take Brad away from Respiratory, rather than her willingness to have Brad work in partnership with Anthony, who is an established clinical leader at OHSU. When it doesn't need to be an 'either or' situation at all, in my opinion."

I further continued "And then, worst of all how quick she was to denigrate and belittle Donn (Dr. Donn Spight) and his role. I was so upset about this. Pt experience does not even report to Brooke L and she is telling me "What business does Donn have overseeing care experience. I mean really Donn???" I was so shocked. And you want to know what also upsets me about this, besides the flagrant dismissive and belittling of Donn? Is the fact that there is a lack of executive function if someone misses one fundamental link: the essence of health equity is patient dignity. (health equity is what Donn is known for; and comments like this show me they want to keep him in that narrow box, let alone acknowledge is core connection to our mission and patient experience). Pt dignity and Pt experience are one in the same and go hand in hand. Plus, she wasn't the only one to do this to Donn. Renee was willfully or blatantly ignorant to see the link or merits between Health Equity and Pt Experience, when she was simply lobbying it to go back to her, without any credit or leadership recognition of its value directly linked under Donn: Health equity and patient experience. ⁽¹⁾ And now she's trying to rush me into making rapid personnel changes for her team (promotions to VP) before she goes, only for me to learn later what potentially massive impact it would have on The SOM, all the DA's and everyone under Elaine. And if I do that, it could seriously harm our working relationship with Nate and the entire SOM. Thus, more people swirling across those under Brooke and then all the folks under Elaine once they get wind of this"

I said “many have asked me if it’s better if she’s out sooner (Brooke L)? To avoid all this collateral damage”. I further stated that where I am now is I’m thinking we just hold a few weeks and do nothing, no changes, until she is out after her last day, before we make any changes.

in this conversation the only hand gesture I could have possibly made is the one similar to baseball umpire gesture when they take their hand with thumbs up from their side to above their shoulder, as in, “strike three you’re out.”

As in:



At which point Tionna said to me, “do they not realize your role? You can make any org change you want.” To which I said, I know, but it’s all about the approach we go with.

I then said “So that’s what’s been going! How are you? How is your family? I know you just went on your trip. I hope your family is doing a lot better than this one” (referring to our exec team).

Tionna replied “OMG, did I tell you about my daughter? The older one is really giving me a run for the money now that she’s been living home”. Tionna went on to tell me how she’s been frustrated with her daughter and really wanting her to take responsibility. She went on to tell me how she had gone out to dinner with Julie just the other night and when she got home, her daughter mockingly asked her. “OMG, WHAT are you wearing???” as if to mock her. At that point Tionna expressed her frustration and said to her daughter, “OK, that’s it. You’re gonna go out and learn how to make some money! You’re going to go Door dashing for the next 3- 4 hours. I don’t care how long it takes to get a customer order, but you’re doing to do it”. She went on to tell me that her daughter said she didn’t want to go out alone so she was going to wait for her boyfriend to come to town to ride with her. (her boyfriend lives a few hours away). Tionna went on to share how ironically funny it turned out to be. She got a call from her daughter while door dashing who said she’s been waiting for a few hours and finally got an order for a pick up from 7- Eleven. The order was for a slurpee. Not knowing fully how door dash works, she shared that her daughter went in to 7 Eleven and actually paid for and bought the slurpee with her own money and then delivered it. So with her small driver payment from doordash, less the expense of (mistakenly) paying cash for the slurpee when she was supposed to pick it up from 7 Eleven, less gas, she ended up losing way more money from the whole experience. Tionna was in a jovial mood laughing as she was trying to make light of a stressful situation. So I smiled as she told the whole story and then grinned and said OMG, you’re kidding?!”

Knowing I had to go to our next meeting, she said “Oh I want to show you the map. She said with excitement”. (referring to the Map of Oregon I had requested). There was a large frame box sitting against the wall in my office. I said, cool, I saw the box earlier and I was excited. We pulled the cover off the frame and she was showing me the type of frame and grid the framer used and she said “I think you’re going to really like this”. To which I said upon us pulling the cover off of the frame, “oh I see, it’s the gridlines, that’s actually is pretty cool! I like it!”. She then asked me if I wanted her to put it up, to which I said while holding the frame and saying “it’s pretty heavy, it’s not a small picture frame; I think you would need a stud finder to hold it properly and securely on the wall and balance it given the weight, and so, It’s probably better for the guys to do it, the facilities team.”

I then added as I was leaving, “Hey, are you sure you won’t reconsider and stay????? What if it is a role like Tim Kreiger?” to which she smiled and then said “let’s talk later”. As I headed out for the 11:30 am meeting.

Reference

(1) Given the unsolicited disparaging remarks about Donn I had heard from Brooke L. (on 3/5/26 at approximately 6:54pm telephone call re. Org changes for ambulatory), I had given it thought, and reach out to Angie S. and Angela F. (with Angie’s recommendation). We connected on 3/8/26 at approximately 2:19pm, where I shared what was said about Donn and how concerned I was about the dismissiveness and belittling from Brooke L., as well as the willful ignorance by Renee, related to Donn and his care experience duties. I can provide more details of this escalation of concern conversation with Angie S and Angela F as needed.

I do not use “cut” language nor would I ever express the concept of cutting anyone or anything for that matter. That is not in my repertoire, nor my spirit of how I work or think. I reiterate that I do Not have violent thoughts or any type of violent or “cutting” feelings toward anyone at all, including Brooke Lippincott, as she is someone I have thought highly of, have been having direct conversations about her development with her and steps for readiness to be COO. Just a few weeks ago, I even asked her to take on a key leadership role for a dedicated 6 month period leading our whole hospital admin team meeting (every 2 weeks) to link the Exec CEO Huddle focus area work (Quality/Safety, Care Experience, Finance, Patient Flow / Patient Access) to the hospital admin team structure as a coordinated working group. In addition, even after receiving notice from Brooke L, I have stated to her and in her team meetings, “if someone ever wants to change their mind, that always welcome, as life always has changes”. There are several witnesses to these statements as well. (Notably, after I received notice from Brooke L., I asked Brooke B. to take on the 6 month leadership assignment for the hospital admin team meeting, since Brooke L is leaving, which then resulted in lots of comments about Brooke B. increasing her scope and that perception causing alleged consternation).

I have shared my concerns with Angie about the negative dynamics and preexisting (lack of) trust issues amongst the team. This has led us to active conversations most recently about comprehensive Team building and trust building focus coupled with executive coaching (such as BetterUp).

IV. Confidentiality Reminders Noted During Interview

During the interview, Angie noted that both Tionna and [REDACTED] had been reminded of their confidentiality obligations regarding this matter.

V. Respondent's View of Role Viability

Despite challenges and trust issues described, Tarek stated that he believes he can still be successful in this role and with this team.

VI. Interview Closure

The meeting concluded with a final reminder from Angie regarding confidentiality.

Respondent Acknowledgment

I, Tarek Salaway, affirm that the above statement reflects my responses and recollections provided during my interview on March 11, 2026, to the best of my knowledge, as well as my detailed recollection of discussions on March 10, 2026.

Respondent Signature: Tarek Salaway

Date: 3/12/2026

Investigator Signature: Genevieve Kristemeyer

Date: 3/13/2026

P.S Earlier in the conversation, Tarek made Angie and Genevieve aware that both Tionna and [REDACTED] have access to his email and that they may have already seen the letter sent to him by Angie on 3/10/26, 10:37pm.

Respondent Response to Fact-Finding Questions

Employee Relations Investigation File

Employee Name: Tarek Salaway

Email: salawayta@gmail.com

Position: EVP, CEO Health

Department: Hospital Administration

Investigator: Genevieve Krietemeyer

Witness: Angie Sklenka

Statement Date/Time: March 12, 2026 – 7:30 p.m.

Location: Virtual, Teams

Number of Interviews: One

A) Opening, Scope, and Ground Rules

Process & Expectations

- “Today’s meeting is a formal fact-finding interview. I’ll ask about several events and communications. We looking to get to truth and facts. At any point in time if you need a break, please let us know.
- First, I want to express a thank you for your continued professionalism at a time that is particularly challenging.
- At this time, I also want to stress that I value our working relationship currently and on an ongoing basis. My questions today may seem cold, please know that I am trying to remain objective throughout this process so the questions are designed to be generic and to provoke thought – so that we can come away from this meeting with facts.
- Where possible, I will be leaving names of individuals out so as to provide some level of anonymity through this process.
- “Just as a quick confirmation, since we last reviewed confidentiality expectations, have you had any follow-up conversations with others about these topics?” – No

B) Entry Questions

Question: For the record, what is your role at OHSU?

Response: The role of CEO of OHSU health and my primary responsibility, quality and delivery of care and the OHSU health system That includes the provision of services and quality of care delivered to patients. Sustainability of org culture and financial performance and also how it links to the rest of the university.

Question: What are your first impressions of OHSU and the people?

Response: A lot of committed people, and front-line people. People are there for the right reasons. I see that there is a good esprit d'corp on patient units. Huge opportunity to share information with multiple constituents. Faculty relationship in SoM – needs a lot of developing. Faculty, physicians play such a huge role in the organization. Understanding their needs and roles – important building blocks. I feel like I have done a good job building those relationships – chairs and Nate. Real important building block to build trust. A lot of distrust and animosity in the hospital between team members. A lot of criticism against one person in particular – Brooke Baldwin. The discriminatory remarks towards Donn Spight – unfair and unwarranted. Renee desires to have the role she used to have – external facing. Still evaluating this as I go forward.

Brooke L has been a great contributor to the organization, she has been committed to her team. I respect her passion, especially ambulatory. I was very sad when she told me she was leaving. I had asked her to step up to take on a leadership role to run Hospital Admin meeting – 6 months. We had a conversation prior – leadership skills/coaching needed to be a well-rounded leader. Since then, there has been a lot of whirlwind. I am not sure what to make of the culture besides the lack of trust. Some disproportionate resistance to certain people. That is why I have a lot of conversations with Angie on those topics.

C) Alleged Threatening Language or Gestures

Question: You expressed yesterday that you do not recall using the word “cut” or making gestures related to slitting of a throat. Can you share some context as to how this perception may have come about?

Response: So, I can. A lot of this will be in my written documentation. I returned to my office from strategic planning retreat – co-led with CMH. It ended at 11am, was in the conference rooms in auditorium. Tionna was out for 10 days. When I saw her, I said “Tionna, Tionna so good to see you. Do you want to connect?”

Last 2 and half months she has been helpful to me. Provided me with insights on individual leaders, direct reports, history I did not otherwise I have. Nature of a sense of closeness to her. So much has gone on, I am so concerned because the team is swirling, did not realize the trust factor is so bad. Surprised how much has

been stirred up since Brooke Lippincott shared her departure. Non-stop critique of Brooke Baldwin, there is an agenda – no sense of patient safety as a framework. Resistance to Anthony Mulholland – Brooke Lippincott does not want Respiratory to go under Anthony Mulholland – he is an established leader at OHSU.

Brooke Lippincott quickly degraded Donn Spight.” What business does Donn have to oversee PE? Really Donn? But equity is about patient dignity. Patient experience and patient equity are one and the same and go hand in hand. Renee did not want to see the link to Health Equity and Patient Experience.

Now Brooke Lippincott is trying to rush me to make rushed decisions to promote all of her team to VP before she leaves. Only to find out what impact that would have with Department Administrators in SoM. More people are swirling. So, I said to her: Is it better if Brooke is gone”?

In this conversation – the only gesture I made similar to Umpire – thumb to shoulder. Strike three and you are out. I do not use cut language or concept of cutting. Not how I work. *Note: Tarek provided a visual in his response.*

Tionna said: “Do they not even realize your role, you can make any change you want”. – Tarek responded with: “I know, but it is the approach.” I then told her: “Hey by the way, sure you don’t want to stay – what about Kringen’s role?” She then went into her daughter. Went out to dinner with Julie – daughter said OMG, what are you wearing. Tionna expressed her frustration – go make some money – Door Dash. Tionna shared how ironically funny that after a few hours, she received an order for a 7-eleven slurpy. She shared that her daughter paid for it and then delivered. With her small driver payment and less cash, she ended up losing way more money. I smiled and then grinned – oh my god you are kidding.

Knowing that I had to go to another meeting, was about to end the conversation. Then she said: “Oh, I want to show you the map.” We both pulled off the cover, she showed me the frame and grid – “I think you are going to like this.” She then asked me if I wanted to put it up on the wall.” I replied: “Well, it is kind of heavy – need stud finder etc. Get someone from facilities to help”.

D) Violent Phrasing

Question: “Have you ever said, or joked, that you would physically harm a colleague (for example, by strangling or cutting), or used language that could be perceived that way? If yes, when and in what context?”

Response: Never ever in my career ever.

E) Derogatory Labels

Question: “Have you ever used profanity or labels (e.g., ‘gaslighting,’ ‘asshole’) to describe a colleague or their impact on an organizational change? If yes, what words did you use, and in what setting?” If no, do you have any context that can shed light as to why this perception may have come about?

Response: I told Angie that I feel there is gaslighting going on regarding Donn – in reference to how people have been treated. She is the only person that I have used the word gaslighting.

Angie shared that she did not make any statements and that these comments came from others.

F) Motive Attributions

Question: “Have you stated or implied that a departing colleague was leaving because they are fishing for a higher role? If no, do you have any context that can shed light as to why this perception may have come about?”

Response: Out of the blue she (Brooke Lippincott) asked me if I was going to post the COO role. She said: “I was being groomed to be a COO”. I thought that was weird, and did not realize she was going to give me notice. I told her, first we want to recruit for our CFO so we know what skills they have. So that we know what skillsets we need. Have to get clear on what COO, CFO works on. No, I am not ready – think it is going to take some time. After I got notice from her – many people asked me, why do you think she is leaving. I responded with: “looks like it is a big attractive job at Peace Health” Comments made are that Peace Health is so messed up, why would she go there? I know she wants to be a COO, she expressed strong interest. Numerous people wanted to get into it, they want to know.

G) Professionalism in Meetings: Public Comments in Group Settings

Question: “In a group meeting where a participant asked a basic operational question, was there conversation/ remark made about taking their KP pass away? and did you laugh? What was your intent, and how might others have perceived it?”

Response: I know exactly when this happen – reformatted executive huddles, first quality presentation, talking about the A3 format. Clea was mentioning tools you use when you work with Lean. She mentioned Kcards became a context for the meeting. It is a visual method, how you show evidence-based performance to show it is tracking. I shared that I am familiar with those, all over KP. Brooke

turned to me and said: "I don't even know what Kcards is". That's when I said, "oh my gosh, this is so KP, you gotta know what it is."

I was trying to lighten the mood I joked that I should take your K pass away. The next day, she told me gave me feedback and told me she was upset about the kpass comment. Tarek said he was joking, making light. Tarek told Brooke: "Please accept my apologies, never will disparaging." He explained that he was making a warm jovial mood. Was not intended as an insult. Apologized and thanked her. This was in her office. Sitting down face to face. "Brooke, please know I care about you, think the world of you. You have huge upside potential and a huge career ahead of you." I said it very sincerely, I am so mortified that you think I think that about you. I was very clear with her that I was trying to make light of it.

H) Filtering and Judgement for Executive Level Leader

Question: "It's alleged by a Traveling nurse that you discussed potential legal matters or investigations involving clinicians with them? If yes, what was shared and why?"

Answer: There is a cath lab tech that lives in the same building as me. His name is [REDACTED]. I take my dog out – he introduced himself. He went out of his way to introduce himself. I later found out that the landlady told him about my role. He was trying to be nice and warm. I also talked to another Traveler in the hospital. I know some of these roles are hard to fill and I am always interested in speaking with Travelers to see what we can do to make them stay.

I always say – tell me about your department. I know Cath lab techs are specialized, hard to recruit. This guy is in Arizona and working here 7-days a week. I run into this guy – 1 month into the job. Usually, you ask about the dynamic between physicians and staff. It is a question I ask, he begins to divulge all the information.

- There are interesting dynamics going on. There was some stuff going on about chief cardiology physician.
- I was wondering if he was going to report something. He replied with: "well there are some things that are said that should not be said. I told him (Traveler), that he should be able to share how feels.

Then I later learned in my conversation with Angela Fleischer, he alleged I asked about Dr. Cigarroa being in the cath lab and calling his attorney. I was just 2 weeks into the job – that I would know this person's name? I did not even know who Dr Cigarroa was, let alone ask his name.

On night shift rounds in one of the K units, I met another Traveler. He tells me – he was a traveler and just converted. I asked: “Okay, tell me – what makes you pick our hospital over others. My conversation was very similar in spirit and intent as the other traveler. When I concluded that conversation with the cath Lab tech – what would it take to make you stay? Same as why I asked the nursing traveler.

I) Characterization of Strategy

Question: “In a 1:1 meeting in the month of December, did you describe your approach to business negotiation with a colleague using ‘get gangster’

Response: I don’t recall that language being used. I have had conversations with Maulin and have said the words: “play gangster” with him. You play hard ball – you are ready to pull triggers that are serious for one party. For example, if we pull out of regions, they lose network adequacy. – they can’t sell their health plans in the state. In order for them to sell their plan, they have to have a quaternary health system like them on our plan.

Question: “Did you use a comparison suggesting that providing funds to one program would result in ‘starving children’ at DCH? What did you intend to communicate, and how do you think that language may have been received?” –

Response: Here is what I have said, not starving children at DCH. Think of it in the context of you being a parent and all the children need to eat. Usually I would say, we could fund this – what about everyone else? In my seat, you need to find – people at DCH may say: we have been starved from capital for years.

J) Email Responsiveness

Question: “Several of your direct reports describe sending you detailed historical information and data without response. What’s your take on this, and how do you typically ensure timely responses?

Answer: So, the person I have heard that from – [REDACTED]. Even [REDACTED] asked me about it. In situations like that, where I have responded to her prior emails. I feel like she is choosing when to pick on me.

There are times when I have responded: I have the fiduciary responsibility, you are asking me to respond with millions – I do not have governing rights, where I am putting my capital. I have been trained to always know where my funds are going and have some say in how it is being spent.

She has sent me several emails about this, and I have told her that this goes deeper. I was hoping that as a [REDACTED] she would understand as I layed it

out clearly. Rather than keeping a paper trail of me saying No. I went to Alice, asking for her help that we have to get it straightened. Alice said the contract was not well written. Others may have sent me data, I may reference it in my 1:1 – I usually unpack it together. Finance team sends a lot of financial information as we are working on regions. Let's get the data so I can tell you what KP's game plan is - they want to pay us less. If it is a medicare patient – they will only pay medicare DRG – so they let them sit at our hospital. I do it in a way to inform them of how you make a better decision.

Productivity data – productivity council every two weeks. Based on performance functions – FTE, premium pay use and productivity. We also highlight the orange folks – heads up. Meant not to be punitive and let me be very clear. I have shouted out Erin and Tara – meaningful engagement and they have had a heavy lift.

Not based on individual. Though here is the deal, let's talk about Nursing. Could always be in the top 10, bring them here or have them just for nursing. Brooke even joked about it, Tarek is saying that because I am the most expensive department.

K) Communication Style Shift

Question: “Several witnesses and leaders describe initial conversations as cordial but later interactions as more interruptive or even condescending. When you hear that, what comes to mind?”

Response: Two things – especially as I hear from physician leaders – honeymoon is over, want action. If people feel I am more pointed, trying to ask more pointed questions. Because of my experience in hospitals – trying now to trouble shoot, now information gathering and asking pointed questions. And, for me my hope is that as a leadership – praying that we build trust.

L) Bias and Disparate Treatment: Comparative Language

Question: “Have you ever made statements suggesting a colleague would be viewed differently ‘if they were a man,’ or similar comparative remarks tied to gender? If such language was used, what was your intent?” If no, please share any reason why and how this allegation was made?”

Response: Couple of complaints I got about Brooke Baldwin was about the very same incident. It was about a document that went wide – it had communication in it about repurposing a union job to a management level job. Maybe the presenters did not know, anyone close to that will know. When Brooke Baldwin got wind of it, she set very clear and direct information – pull it back from any

audience. The people who received it may not understand the why, they took it as harsh critique – “why is she being so critical of us?”

I have said to Brooke Baldwin she was being hard and forceful, I did have thoughtful conversation with her. Want you to be aware of the how, I understand what you are doing, why you need to pull it back. But it is the How. She went into a description of our control – if you are not assertive, people won’t get it. I said: “If it is a man or Tim Goldfarb, may not be perceived that way”. When I brought it to other exec leaders that are used to this type of assertiveness. Oregon can be a cold place for women who are aggressive.

M) Consistency Across Audiences

Question: “Several accounts suggest your demeanor differs by audience (e.g., board meetings versus 1:1s; some leaders versus others). How do you ensure consistency of tone and respect across settings?”

Response: Most of my team are all women, including those under Nate. Only 1:1 with Nate or Donn who are males. Let’s talk about Donn compared to others. I ask the same directive questions to him. Maybe as a surgeon, this type of questioning is not foreign. I am not different with him even in last meeting, I was very directive towards him. I looked at him and said: “You know Donn and the surgeon has ample opportunity to tell the patient what their length of stay is”. He replied with: “Ooh you are getting pointed”.

Respondent Signature: _____

Date: _____

Investigator Signature: _____

Date: _____

3/15/26

Defamation complaint.

I am formally writing to file a defamation complaint regarding things said about me by Tionna Foglio Reed. In a meeting with her on 3/10/26 at approximately 11:15 am, she claimed to others that I had specifically discussed cutting someone and used hand gestures like slitting a throat. This is not only false, it is callous and extremely injurious to me, my ability to work, inconsistent with who I am. Going unaddressed this defamatory statement could have lasting consequences on me and my professional future. I have reason to believe this false allegation has resulted in police (OHSU dept of public safety police) profiling of me.

Here are the facts of that conversation on 3/10/26:

On 3/10/26

I had returned to my office from a well done joint strategic planning retreat I had helped to co lead. CMH-OHSU Strategic Retreat" at approximately 11:15 am.

Tionna was out for the past 10 days on PTO, so when I saw her I said with excitement:

"Tionna, Tionna, Tionna. So good to see you!"

"Do you want to connect? Great."

She came into my office and I shared with her important updates.

(For background context, as Exec Assistant to the CEO, over the last 2.5 months, she has provided me tremendous insight on team dynamics, individual leaders, past experience of prior CEO's with individual leaders, in her objective to give me wider context and history that I otherwise don't have. In her role she is expected to handle sensitive matters and related personnel information or documents. In addition, when I tried to retain Tionna and reclass her position with professional growth in a domain of hospital business as a project manager, she shared her insights (some unfavorable) on individual leaders on the team, whom I had recommended as leaders related to this potential new position I would create for her career path).

I shared with her. "So much has gone on. I'm so concerned because as a whole the team is swirling and I didn't realize how bad the lack of trust factor is amongst each other. But it's bad. And also now I realize how much is being stirred up as Brooke L has announced her departure. None of this I would have expected."

I continued, "I'm getting non stop critique of Brooke B, which feels like an agenda, with no sense of patient safety focus as a framework to consider. I even experienced dismissiveness of Anthony M. and Brooke L. trying to force me to put Brad in situation that looks bad, where Brooke L is trying force me to take Brad away from Respiratory, rather than her willingness to have Brad work in partnership with Anthony, who is an established clinical leader at OHSU. When it doesn't need to be an 'either or' situation at all, in my opinion."

I further continued "And then, worst of all how quick she was to denigrate and belittle Donn (Dr. Donn Spight) and his role. I was so upset about this. Pt experience does not even report to Brooke L and she is telling me "What business does Donn have overseeing care experience. I mean really Donn???"

I was so shocked. And you want to know what also upsets me about this, besides the flagrant dismissive and belittling of Donn? Is the fact that there is a lack of executive function if someone misses one fundamental link: the essence of health equity is patient dignity. (health equity is what Donn is known for; and comments like this show me they want to keep him in that narrow box, let alone acknowledge its core connection to our mission and patient experience)¹. Pt dignity and Pt experience are one in the same and go hand in hand. Plus, she wasn't the only one to do this to Donn. Renee was willfully or blatantly ignorant to see the link or merits between Health Equity and Pt Experience, when she was simply lobbying it to go back to her, without any credit or leadership recognition of its value directly linked under Donn: Health equity and patient experience.^{1,2} And now she's trying to rush me into making rapid personnel changes for her team (promotions to VP) before she goes, only for me to learn later what potentially massive impact it would have on The SOM, all the DA's and everyone under Elaine. And if I do that, it could seriously harm our working relationship with Nate and the entire SOM. Thus, more people swirling across those under Brooke and then all the folks under Elaine once they get wind of this"

I said "many have asked me if it's better if she's out sooner (Brooke L)? To avoid all this collateral damage". I further stated that where I am now is I'm thinking we just hold a few weeks and do nothing, no changes, until she is out after her last day, before we make any changes.

In this conversation the only hand gesture I could have possibly made is the one similar to baseball umpire gesture when they take their hand with thumbs up from their side to above their shoulder, as in, "strike three you're out."



As in:

At which point Tionna said to me, "do they not realize your role? You can make any org change you want." To which I said, I know, but it's all about the approach we go with.

I then said "So that's what's been going! How are you? How is your family? I know you just went on your trip. I hope your family is doing a lot better than this one" (referring to our exec team).

¹ By tacitly and verbally belittling Donn and questioning his qualifications and abilities to lead care experience (or to even ignore them) is a racist trope that implies he is here as a "token", focusing only on health of communities of color. This widely recognized racial microaggression is harmful and perpetuates systemic inequalities with lasting negative psychological and professional impacts on the recipient, in this case: Dr. Donn Spight.

² Given the unsolicited disparaging remarks about Donn I had heard from Brooke L. (on 3/5/26 at approximately 6:54pm telephone call re. Org changes for ambulatory), I had given it thought, and reached out to Angie S. and Angela F. (with Angie's recommendation). We connected on 3/8/26 at approximately 2:19pm, where I shared what was said about Donn by Brooke L. and how concerned I was about the dismissiveness and belittling from Brooke L., as well as the willful ignorance by Renee, related to Donn and his care experience duties. I can provide more details of this escalation of concern conversation with Angie S and Angela F as needed.

Tionna replied "OMG, did I tell you about my daughter? The older one is really giving me a run for the money now that she's been living home". Tionna went on to tell me how she's been frustrated with her daughter and really wanting her to take responsibility. She went on to tell me how she had gone out to dinner with Julie just the other night and when she got home, her daughter mockingly asked her. "OMG, WHAT are you wearing???" as if to mock her. At that point Tionna expressed her frustration and said to her daughter, "OK, that's it. You're gonna go out and learn how to make some money! You're going to go Door dashing for the next 3- 4 hours. I don't care how long it takes to get a customer order, but you're doing to do it". She went on to tell me that her daughter said she didn't want to go out alone so she was going to wait for her boyfriend to come to town to ride with her. (her boyfriend lives a few hours away). Tionna went on to share how ironically funny it turned out to be. She got a call from her daughter while door dashing who said she's been waiting for a few hours and finally got an order for a pick up from 7-Eleven. The order was for a slurpee. Not knowing fully how door dash works, she shared that her daughter went in to 7 Eleven and actually paid for and bought the slurpee with her own money and then delivered it. So with her small driver payment from doordash, less the expense of (mistakenly) paying cash for the slurpee when she was supposed to pick it up from 7 Eleven, less gas, she ended up losing way more money from the whole experience. Tionna was in a jovial mood laughing as she was trying to make light of a stressful situation. So I smiled as she told the whole story and then grinned and said "OMG, you're kidding?!"

Knowing I had to go to our next meeting, she said "Oh I want to show you the map. She said with excitement ". (referring to the Map of Oregon I had requested). There was a large frame box sitting against the wall in my office. I said, cool, I saw the box earlier and I was excited. We pulled the cover off the frame and she was showing me the type of frame and grid the framer used and she said "I think you're going to really like this". To which I said upon us pulling the cover off of the frame, "oh I see, it's the gridlines, that's actually is pretty cool! I like it!". She then asked me if I wanted her to put it up, to which I said while holding the frame and saying "it's pretty heavy, it's not a small picture frame; I think you would need a stud finder to hold it properly and securely on the wall and balance it given the weight, and so, It's probably better for the guys to do it, the facilities team."

I then added as I was leaving, "Hey, are you sure you won't reconsider and stay????? What if it is a role like Tim Kreiger?" to which she smiled and then said "let's talk later". As I headed out for the 11:30 am meeting.

I do not use "cut" language nor would I ever express the concept of cutting anyone or anything for that matter. That is not in my repertoire, nor my spirit of how I work or think. I reiterate that I do Not have violent thoughts or any type of violent or "cutting" feelings toward anyone at all, including Brooke Lippincott, as she is someone I have thought highly of, have been having direct conversations about her development with her and steps for readiness to be COO. Just a few weeks ago, I even asked her to take on a key leadership role for a dedicated 6 month period leading our whole hospital admin team meeting (every 2 weeks) to link the Exec CEO Huddle focus area work (Quality/Safety, Care Experience, Finance, Patient Flow / Patient Access) to the hospital admin team structure as a coordinated working group. In addition, even after receiving notice from Brooke L, I have stated to her and in her team meetings, "if someone ever wants to change their mind, that always welcome, as life always has changes". There are several witnesses to these statements as well. (Notably, after I received notice from Brooke L., I asked Brooke B. to take on the 6 month leadership assignment for the hospital admin team meeting, since Brooke L is leaving, which then resulted in lots of allegedly negative comments about Brooke B. increasing her scope within OHSU health and that perception causing alleged consternation). For someone to characterize me as violent, when I am clearly expressing concerns about explicit bias and racism, is also a concern and speaks to a larger pattern of behavior. Similar to the history of the gross mischaracterization of the Provost as a "gangster" by Tionna. (this concern is further and in detail explained in my letter sent to you on 3/15/26 at approximately 5:13pm).

I am requesting to know in writing who all she has expressed this false allegation to, whether within OHSU or externally. This is extremely troubling for me and I must take measures to protect myself with immediacy, impacting my character, livelihood and impact on my family.

I am therefore, filing this as a complaint of defamation of me, with false and inaccurate information. I cannot speak to motive of this defamation, other than resentment towards me that I could not put her in her specifically requested executive admin position with pay exceeding \$140,000/ year that she specifically requested. There is no position within OHSU that I could place her in accordingly, without significant inequities with long tenured employees.

Please confirm you have received this complaint and please inform me of your next steps.

Respectfully,

Tarek Salaway

Tarek Salaway

Leadership 360 Feedback Questions

1 strongly disagree; 2 disagree; 3 neutral; 4 agree; 5 strongly agree

1. Strategic Leadership

- Demonstrates a clear and compelling vision for the organization or team.
- Aligns team priorities with organizational strategy.
- Makes decisions that reflect long-term organizational goals.
- Anticipates challenges and positions the organization to respond effectively.
- Encourages innovative thinking and new approaches.

Open-ended

- What strategic strengths does this leader demonstrate?
- What could this leader do differently to strengthen strategic impact?

2. Communication

- Communicates priorities clearly and consistently.
- Listens actively to different perspectives.
- Shares information in a transparent and timely manner.
- Adjusts communication style appropriately for different audiences.
- Effectively explains complex issues.

Open-ended

- What communication strengths does this leader demonstrate?
- Where could this leader improve communication?

3. People Leadership

- Builds trust with employees and colleagues.
- Demonstrates respect and inclusiveness.

- Provides constructive feedback and coaching.
- Develops talent and supports professional growth.
- Creates an environment where people feel safe to speak up.

Open-ended

- What does this leader do that most supports team effectiveness?
- What behaviors limit team effectiveness?

4. Execution & Accountability

- Follows through on commitments.
- Holds self and others accountable for results.
- Makes timely decisions.
- Effectively manages priorities and resources.
- Drives results while maintaining organizational values.

Open-ended

- Where does this leader excel in driving results?
- What would make this leader more effective operationally?

5. Collaboration & Influence

- Works effectively across departments or teams.
- Builds strong partnerships.
- Resolves conflict constructively.
- Encourages collaboration rather than silos.
- Influences others without relying solely on authority.

Open-ended

- How does this leader positively influence others?
- What could strengthen cross-organizational collaboration?

6. Integrity & Professionalism

- Demonstrates honesty and ethical behavior.

- Treats people fairly and consistently.
- Acts in alignment with organizational values.
- Maintains composure under pressure.

Open-ended

- What leadership qualities most inspire confidence in this leader?
- What behaviors could undermine trust?

7. Overall Leadership Effectiveness

- I would choose to work with this leader again.
- This leader positively contributes to the organization's culture.
- This leader strengthens the organization's ability to succeed.
- Overall, this leader is effective in their role.

Open-ended

- What is the single most important thing this leader should continue doing?
- What is the single most important thing this leader should start doing?

Workplace Review Summary

Background and Review Purpose

Human Resources conducted a workplace review after receiving a report regarding workplace interactions involving the EVP/CEO Health that were perceived by the reporting employee as inconsistent with professional expectations. Following the initial report, additional employees raised concerns involving workplace interactions and leadership dynamics.

Based on the nature of the concerns and the fact that similar issues were raised by multiple individuals, Human Resources initiated this review to gather information, assess whether common themes were present, and evaluate whether the concerns described reflected broader issues affecting the work environment.

As part of the review, Human Resources interviewed individuals who raised concerns and considered additional context from a 360-degree leadership assessment involving members of the EVP/CEO Health leadership team.

Summary of Review Findings

The review identified recurring concerns raised by multiple participants in four general areas:

- Concerns regarding workplace interactions perceived by some employees as inconsistent with professional expectations
- Concerns regarding listening, responsiveness, and engagement with colleague input
- Concerns regarding collaboration and leadership team dynamics
- Concerns regarding confidence in leadership effectiveness and workplace climate, including psychological safety

While not every participant described the same experience, the repetition of similar themes across multiple interviews, together with themes reflected in the 360-degree leadership feedback, suggests these issues may be affecting perceptions of leadership effectiveness, team collaboration, and the overall work environment.

Themes Identified During the Review

1. Workplace Interaction Concerns

Multiple participants described workplace comments or gestures that they perceived as inconsistent with expected professional standards. Although accounts and interpretations varied, concerns of a similar nature were reported by more than one individual during the review.

These reports were considered as part of the broader review of workplace interactions and leadership dynamics.

The individual referenced in the review stated that he does not recall making any alarming gestures. He acknowledged that he may have made a “three strikes and you are out” gesture and stated that he does not use profanity or derogatory labels in describing colleagues.

2. Listening, Responsiveness, and Engagement with Colleagues

Multiple participants described leadership interactions in which they perceived that input from other leaders was not consistently acknowledged, explored, or incorporated. Participants reported

that operational concerns or differing perspectives were at times not fully engaged during leadership discussions.

Several direct and indirect reports also stated that emails often went unanswered. Some participants further reported that when they attempted to raise concerns regarding team dynamics, they did not experience the individual as receptive and believed their concerns were dismissed.

Participants indicated that these dynamics, as they experienced them, sometimes limited opportunities for collaborative dialogue among members of the leadership team.

Themes in the 360-degree leadership assessment similarly reflected concerns related to listening practices and engagement with the perspectives of others during leadership discussions.

The individual stated that his approach to email responsiveness reflects a preference to discuss data and issues during one-on-one meetings rather than through email correspondence.

3. Collaboration and Leadership Team Dynamics

Several participants described challenges related to collaboration within the leadership environment. Participants reported that opportunities for collaborative discussion and shared problem-solving were, at times, perceived as limited.

Some participants also reported that when the individual engaged on issues, questions or responses were sometimes experienced as accusatory rather than as efforts to understand or problem-solve. Participants indicated that these interactions affected coordination across teams and, in their view, limited the organization's ability to fully benefit from the expertise of multiple leaders.

Responses from the 360-degree leadership assessment also reflected differing perceptions regarding collaborative leadership behaviors and team engagement.

4. Confidence in Leadership Effectiveness and Workplace Climate

Across multiple interviews, participants expressed concerns regarding the individual's ability to consistently leverage the input of others in support of organizational priorities. Several participants indicated that when peer perspectives were perceived as underutilized, it affected their confidence in collaborative leadership processes.

The recurrence of similar feedback across multiple participants suggests these perceptions may be affecting trust and engagement within the leadership structure.

Several participants also described experiencing what they perceived as two different leadership presentations: one displayed in larger meetings and another experienced in smaller or more direct interactions, which some described as berating, dismissive, or condescending.

In addition, multiple participants raised concerns related to psychological safety in the work environment. Participants questioned whether the individual consistently interacted with others in a manner that conveyed respect, encouraged open dialogue, and supported an inclusive environment. Some described interactions they experienced as demeaning or disrespectful. Two participants specifically reported concern that their ideas were mocked or minimized in group settings.

Response from the Individual Referenced in the Review

The individual referenced in the concerns was informed of the issues raised during the review and was provided an opportunity to respond.

During that discussion, the individual shared his perspective on the concerns and described his leadership and communication style as direct and focused on advancing operational priorities and organizational goals. He also provided context regarding the pace and structure of leadership discussions and decision-making processes.

The information provided by the individual was considered alongside information gathered from other participants during the review.

Observations

The review reflects a range of perspectives regarding workplace interactions and leadership practices. Some individuals described productive working relationships. At the same time, similar concerns relating to workplace conduct, listening practices, responsiveness, collaboration, and workplace climate were raised by multiple participants.

The consistency of these themes across interview feedback and the 360-degree leadership assessment does not, by itself, establish intent; however, it does suggest that these concerns are influencing how leadership behaviors and team dynamics are being experienced by others in the work environment.

The review also reflected limited evidence that the individual acknowledged the recurring themes raised by participants. When asked how these issues might be addressed going forward, the individual did not indicate agreement with the characterization of the concerns and did not identify specific adjustments to leadership approach or workplace interactions.

Conclusion

This workplace review identified recurring concerns raised by multiple participants regarding workplace interactions, listening and responsiveness, collaboration, and broader leadership climate. Although perspectives varied, the repetition of similar concerns across several individuals indicates that these issues warrant attention.

From a workplace and leadership perspective, these dynamics may be affecting trust, team effectiveness, and perceptions of leadership effectiveness within the organization. Addressing these concerns would support stronger leadership alignment and may improve the organization's ability to fully leverage the expertise of its leadership team in advancing operational and strategic priorities.

A sustained leadership environment in a complex organization generally depends on professionalism in workplace interactions, receptivity to feedback, collaborative engagement, and the ability to reflect on and adjust leadership approach when concerns are raised.