

# **MINUTES**

Meeting of the Board of Trustees  
of the Medical University Hospital Authority

December 8, 2006

It Is Understood that the Minutes Herein Recorded Have Not as  
Yet Been Approved and Cannot be Considered as Official Action  
of the Board Until Such Approval Has Been Given

Colcock Hall  
Medical University of South Carolina  
Charleston, South Carolina

**MINUTES**  
**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**BOARD OF TRUSTEES MEETING**  
**December 8, 2006**

The Board of Trustees of the Medical University Hospital Authority convened Friday, December 8, 2006, with the following members present: Dr. Charles B. Thomas, Jr., Chairman; Thomas L. Stephenson, Esquire, Vice-Chairman; Dr. Stanley C. Baker, Jr.; Mr. Melvyn Berlinsky; Mr. William H. Bingham, Sr.; Mr. William B. Hewitt; Dr. Donald R. Johnson II; Dr. E. Conyers O'Bryan, Jr.; Dr. Paula E. Orr; Dr. Thomas C. Rowland, Jr.; Mr. Charles W. Schulze; The Honorable Robin M. Tallon; Mrs. Claudia W. Peebles, Emerita. Absent: Dr. Cotesworth P. Fishburne, Jr.; Dr. James E. Wiseman, Jr.

The following administrative officials were present: Dr. Raymond S. Greenberg, President; Dr. John Raymond, Vice President for Academic Affairs and Provost; Dr. Jerry Reves, Vice President for Medical Affairs, and Dean, College of Medicine; Mr. Stuart Smith, Vice President for Clinical Operations and Executive Director, MUHA; Dr. Frank Clark, Vice President for Information Technology and CIO.

The following deans were present: Dr. John Sanders, College of Dental Medicine; Dr. Becki Trickey, representing the College of Health Professions; Dr. Jerry Reves, College of Medicine; Dr. Gail Stuart, College of Nursing; and Dr. Arnold Karig, College of Pharmacy; Dr. Joseph DiPiro, South Carolina College of Pharmacy.

**Item 1. Call to Order-Roll Call.**

There being a quorum present, Chairman Thomas called the meeting to order at 9:00 a.m. Ms. Celeste Jordan called the roll.

**Item 2. Secretary to Report Date of Next Meeting.**

The date of the next regularly scheduled meeting is February 9, 2007.

**Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of October 13, 2006.**

Board Action: It was moved that the Minutes be approved. The motion was seconded, voted on and unanimously carried.

**RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT**

**OLD BUSINESS:** None.

**NEW BUSINESS:**

**Item 4. General Informational Report of the President.**

Dr. Greenberg asked Dean Reves to introduce Dr. John Schaefer. Dean Reves said Dr. Schaefer, is a Center for Economic Excellence Endowed professor for the

statewide program in clinical effectiveness and patient safety. He comes to MUSC from the University of Pittsburgh.

Dr. Schaefer provided an update on the Center for Clinical Effectiveness and Patient Safety which is a part of the Health Sciences South Carolina (HSSC) statewide collaboration. He reported that the Center is designed to support advanced instructional technology in healthcare. The use of simulation provides an opportunity for healthcare professionals and students to practice high-risk procedures with minimum risk and cost. The statewide facilities will also collect data from simulation experiences which will provide the state the opportunity to be on the cutting edge of simulation research. This will be the first state that has developed a series of facilities that actually work together and has this technology in place. The simulation facilities will be a model for the rest of the country.

As part of the statewide effort on the MUSC campus, Dr. Schaefer praised the efforts of Dean Gail Stuart as a visionary who supports the use of the simulation lab in the College of Nursing as a large multi-disciplinary facility at MUSC. The new lab has received over \$2 million in donations. Dean Stuart said she sees the use of the lab as transformative and a way to help address the nursing shortage by better use of resources.

At the conclusion of Dr. Schaefer's presentation, Dr. Greenberg expressed his appreciation to Dr. Schaefer for his efforts to transform the state.

Dr. Thomas recognized Diane Kinisch, the health care reporter for the Post & Courier. He thanked her for coming.

Recommendation of Administration: That these reports be received as information.

Board Action: Received as information.

**Item 5. Other Business.** None.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY OPERATIONS AND FINANCE COMMITTEE. CHAIRMAN: DR. STANLEY C. BAKER, JR. (Detailed committee minutes are attached to these minutes).**

**OLD BUSINESS:** None.

**NEW BUSINESS:**

**Item 6. MUSC Medical Center Status Report.**

Statement: Mr. Stuart Smith reported an increase of 7% in admissions and outpatient visits over the previous year.

Mr. Smith said he reported to the Committee on the MUSC Excellence program which the Board approved last October. They are pleased with the progress of the

program to date and he will be reporting regularly to the Board on the Pillar of Excellence Goals established as a result of the program. He was pleased to report the University, UMA and the College of Medicine are also becoming involved with the initiative and will be setting their goals.

Mr. Smith reported that Paul Bush had given an update to the Committee on medication management.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

**Item 7. MUSC Medical Center Financial and Statistical Report.**

Statement: Dr. Baker stated Ms. Montgomery provided a report to the committee on the financial status of the Medical Center and that was received as information. He also stated that Mr. Cooper presented to Committee a revised budget which includes a reduction in disproportionate share reimbursement and adds Phase I hospital expenses. The Budget for net increase in assets is adjusted from \$49 million to \$38 million which still compares favorably to \$29 million in the feasibility study. Dr. Baker asked for approval of the revised MUHA budget.

Recommendation of Administration: That the revision to the budget be approved.

Recommendation of Committee: That the revision to the budget be approved.

Board Action: A motion was made, seconded, and unanimously voted to approve the revision to the Medical Center budget.

**Item 8. Major Purchases.**

Statement: Dr. Baker presented the following major purchases for approval:

- Drug dispensing cabinets for IOP: \$389,591
- Upgrade for angiography system: \$397,488

Recommendation of Administration: That the purchases be approved.

Recommendation of Committee: That the purchases be approved.

Board Action: A motion was made that the purchases be approved. The motion was seconded, voted on and unanimously approved.

**Item 9. Revisions to Medical Staff Bylaws.**

Statement: Dr. Baker stated that Dr. Pat Cawley had presented revisions to the Medical Staff Bylaws and Dr. Baker asked that the revisions be approved.

Recommendation of Administration: That the revisions be approved.

Recommendation of Committee: That the revisions be approved.

Board Action: A motion was made, seconded, and voted unanimously to approve the revisions to the Medical Staff Bylaws.

**Item 10. Report on Quality.**

Statement: Dr. Baker stated that Dr. Pat Cawley had reported on quality to the Committee and it was received as information.

Recommendation of Administration: That the report be received as information.

Recommendation of Committee: That the report be received as information.

Board Action: Received as information.

**Item 11. Report of the Vice President for Medical Affairs and Dean, College of Medicine.**

Statement: Dr. Baker stated Dean Reves had given a report to committee on the Ambulatory Electronic Medical Record and Clinical Service Lines and was received as information.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

**Item 12. Report on University Medical Associates.**

Statement: Dr. Baker stated Dr. Feussner provided a report on UMA and its outreach program.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

**Item 13. Deficit Reduction Act of 2005.**

Statement: Dr. Baker stated Ms. Annette Drachman had brief the Committee on the Deficit Reduction Act of 2005 and this was received as information.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

**Item 14. Smoke Free Update.**

Statement: Dr. Baker stated Mr. Stewart Mixon had given a Smoke Free Update to the Committee and this was received as information.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

**Item 15. Legislative Update.**

Statement: Dr. Baker stated there was no legislative update given.

Recommendation of Administration: None.

Recommendation of Committee: None.

Board Action: None.

**Item 16. Other Committee Business.** None

**Item 17. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges (consent item).**

Statement: Appointments, reappointments and delineation of privileges to the medical staff were presented for approval.

Recommendation of Administration: That the appointments, reappointments and delineation of privileges to the medical staff be approved.

Recommendation of Committee: That the appointments, reappointments and delineation of privileges to the medical staff be approve.

Board Action: Dr. Baker moved that the appointments, reappointments and delineation of privileges to the medical staff be approved. The motion was seconded, voted on and unanimously carried.

**Item 18. Medical Executive Committee Minutes (consent item).**

Statement: Minutes of the Medical Executive Committee from September and October 2006, meeting were presented to the Board.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: The minutes of the Medical Executive Committee Meetings of September and October 2006 were received as information.

**Item 19. Medical Center Contracts and Agreements (consent item).**

Statement: Contracts and Agreements which have been signed since the last board meeting were presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY PHYSICAL FACILITIES COMMITTEE.  
CHAIRMAN: MR. WILLIAM H. BINGHAM, SR. (Detailed committee minutes are attached to these minutes).**

**OLD BUSINESS:** None

**NEW BUSINESS:**

**Item 20. Facilities Procurements/Contracts Proposed.**

Statement: Mr. Bingham asked for approval of the following lease:

- Lease of 1,991 square feet of office space on the third floor of Cannon Park Place. Total cost of the seven year lease is \$263,409.30.

Recommendation of Administration: That the lease be approved.

Recommendation of Committee: That the lease be approved.

Board Action: It was moved, seconded and unanimously voted that the lease be approved.

**Item 21. Update on Projects.**

Statement: Mr. Bingham reported that Mr. Frazier presented an update on Authority projects to the committee.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

**Item 22. Other Committee Business.**

Statement: Mr. Bingham stated he had distributed schedule of projected dates for MUHA indefinite delivery contract selections for 2007. He asked the board members to review the dates and let Celeste Jordan know by the end of the meeting which selection they could participate in.

**Item 23. Facilities Contracts Awarded (consent item).**

Statement: Facilities contracts awarded since the last board meeting were presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY AUDIT COMMITTEE. CHAIRMAN: THOMAS L. STEPHENSON, ESQUIRE. (Detailed committee minutes are attached to these minutes).**

**OLD BUSINESS:** None

**NEW BUSINESS:**

**Item 24. MUHA Annual Compliance Overview.**

Statement: Mr. Stephenson stated the Committee had received a report from the compliance officers of MUSC, UMA and the Authority. A number of items were reviewed including a new policy adopted by the three entities which includes detailed information on the following:

- The False Claims Act



- Administrative remedies for false claims and statements
- State false claims laws
- Whistleblower protections
- Roles of the False Claims laws
- Policies and procedures for detecting fraud.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**Item 25. MUHA External Audit Report.**

Statement: Mr. Stephenson stated the Committee had received a report from the external auditors on the Authority and the University. Both entities received an unqualified opinion. Management letter comments were also reviewed for both entities.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**Item 26. Update on Selection of External Auditor.**

Statement: Mr. Stephenson stated the Committee discussed the selection of the external auditor. The Committee appointed a group of staff and trustees to review the bids and make a recommendation to the Board in February 2007. The group appointed is as follows: Mr. Stephenson, Mr. Schulze, Mr. Steve Hargett, Mr. Patrick Wamsley and Ms. Susan Barnhart. Ms. Barnhart will coordinate the efforts of the group.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**OTHER BUSINESS FOR THE BOARD OF TRUSTEES:**

**Item 27. Approval of Consent Agenda.**

Statement: Approval of the Medical University Hospital Authority consent agenda was requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action: It was moved, seconded and unanimously voted that the consent agenda be approved.

**Item 28. Report of Internal Auditor.**

Statement: Mr. Paul Taylor previously reported on several recent audits performed by Internal Audit.

Board Action: Received as information.

**Item 29. New Business for the Board of Trustees.** None.

**Item 30. Report from the Chairman.** No Report.

There being no further business, the Hospital Authority meeting was adjourned and the University Board of Trustees meeting was convened.

Respectfully submitted,

Hugh B. Faulkner III  
Secretary

/wcj  
Attachments

Medical University Hospital Authority  
Operations and Finance Committee  
Minutes  
December 7, 2006

Attendees:

Dr. Stanley Baker, Chair	Mr. Paul Taylor
Dr. Charles Thomas	Ms. Susan Barnhart
Thomas Stephenson, Esq.	Dr. Paul Bush
Mr. Melvyn Berlinsky	Mr. Dennis Frazier
Mr. William Bingham	Dr. Bayne Selby
Dr. Donald Johnson	Dr. John Feussner
Dr. Conyers O'Bryan	Ms. Reece Smith
Dr. Paula Orr	Ms. Annette Drachman
Dr. Thomas Rowland	Ms. Rosemary Ellis
Mr. Charles Schulze	Dr. Pat Cawley
Hon. Robin Tallon	Mr. Stewart Mixon
Dr. Raymond Greenberg	Mr. John Cooper
Mr. Stuart Smith	Mr. Marion woodbury
Ms. Lisa Montgomery	Ms. Sara King
Dr. J. G. Reves	
Dr. Frank Clarke	
Dr. Sabra Slaughter	
Mr. Bruce Quinlan	

The meeting was called to order at 9:30 a.m. by Dr. Stanley Baker, Chairman.

**Item 6: MUSC Medical Center Status Report**

Statistical Information: Stuart Smith briefed the committee on statistical data. The Medical Center continues to experience an increase in admissions in both inpatient and outpatient areas. Length of stay has decreased, and although heart cath procedures have increased in the adult population, the pediatric population has decreased resulting in stabilization in the heart cath procedures.

MUSC Excellence: Mr. Smith briefed the committee on progress toward Medical Center pillar goals. While employee satisfaction goals have not yet been finalized, the goals for turnover, patient satisfaction, margin, mortality, FTEs, and growth have been established. These goals will be used as a basis for evaluating the performance of the Medical Center leaders. The University, UMA and College of Medicine are in the process of developing their own goals as they begin the MUSC Excellence initiative.

Medication Management Update: Dr. Paul Bush briefed the committee on measures in place to assure medication management in the Medical Center through the use of information technology. MUSC requires all medication orders be reviewed by a pharmacist prior to administration (except in the case of an emergency). This process is supported by advanced computer technology. This includes barcoding medications and IV fluids, automated centralized dispensing of drugs, automated dispensing equipment on nursing units, and point of care scanning of medications, patient arm bands, and badge of clinician who gives the medication. These measures have been proven to be highly effective in reducing medication errors.

Action: Reports received as information

#### **Item 7: MUSC Medical Center Financial and Statistical Report**

Financial Status and Benchmark Data: Ms. Montgomery briefed the committee on the financial status of the Medical Center. Change in net assets through October is \$15 million as compared to \$10.3 last year. MUSC will not receive additional DSH payments until January which may impact the cash situation; however through October cash is reported at \$76.8 million.

Ms. Montgomery also reported on various benchmark data. MUSC's 5.6 Length of stay is close to the top quartile of UHC hospitals. Operating margin of 6.1% is above that projected by the feasibility study, and the debt service coverage ratio is currently at 5.8; however, this is expected to drop to around 2.0 after Phase I is opened. Currently the Medical Center has 42 days cash on hand.

Revised Budget: Mr. Cooper presented a revised budget which includes a reduction in disproportionate share reimbursement and adds Phase I hospital expenses. Budget for net increase in assets is adjusted from \$49 million to \$38 million which still compares favorably to \$29 million in the feasibility study.

Action: Report received as information and revised budget recommended for approval

#### **Item 8: Major Purchases**

Ms. Montgomery requested approval of major purchases for upgrade to angiography system, and procurement of automated drug dispensing cabinets.

Action: Recommend approval

#### **Item 9: Revisions to Medical Staff Bylaws**

Dr. Patrick Cawley presented changes to the Medical Staff Bylaws which deal with credentialing.

Action: Recommend approval

**Item 10: Report on Quality**

Dr. Patrick Cawley briefed the committee on strides made by MUSC in the patient safety/quality area. These include the development of tools to be used by our clinicians, patients and employees to ensure safety and quality at MUSC Medical Center. MUSC has also made changes in response to the 100K Lives Campaign. These include the development of a Rapid Response Team which can be initiated by the nursing staff, improved care for AMI patients, efforts for prevention of adverse drug events as well as prevention of central line associated bloodstream infections, and prevention of surgical site infections and the development of a diabetes task force. A strategic planning session will be held shortly to develop plans for additional strategies in the future.

Action: Report received as information

**Item 11: Report of Vice President for Medical Affairs and Dean, College of Medicine**Ambulatory Electronic Medical Record:

Dr. Reves briefed the committee on the development of the Ambulatory Electronic Medical Record. This has been fully installed in all clinics and will ultimately be rolled out in the Carolina Family Care Clinics.

Clinical Service Lines:

Dr. Reves reported that recruitment is underway for administrators and physician leaders for the service lines which have already been established. These include Children's, Heart and Vascular, Digestive Diseases and Transplant. Performance of these service lines will be evaluated using the MUSC Excellence Pillar Goals.

Action: Report received as information

**Item 12: Report on University Medical Associates**

Dr. John Feussner briefed the committee on the following:

North Area Project. This is on schedule with opening to be in January , 2007. Marketing efforts are underway with community and primary care physicians in the area. 60% of patients in MUSC's catchment population are in this general area.

Geriatric Medicine: MUSC has a professional service agreement with the Franke Home for care, and has recently entered into a similar agreement with Trinity Mission Health.

Dermatology Services: A dermatology clinic will be set up in the North area to include Mohs surgery.

IRS and Pension Plan: Dr. Feussner reported that rule making implementation has been delayed until January 2008, and that UMA is working to appoint additional community based board members to the UMA board. He hopes this will be completed by March of 2007.

Action: Report received as information

**Item 13: Deficit Reduction Act of 2005** Annette Drachman briefed the committee on the Deficit Reduction Act of 2005. This law will assure protection against false claims at the State level as well as at the federal level. Hospitals should expect to see auditors who will audit Medicaid claims just as they did for Medicare claims. Bruce Elliott will discuss this further in the Audit Committee of the Board.

Action: Received as information

**Item 14: Smoke Free Update:** Mr. Stewart Mixon briefed the committee on the Medical University's efforts to create a smoke free environment for its students, employees and patients. Smoking Shelters are being built around campus and smokers will be directed to these shelters. Also, smoking cessation classes will be provided for employees.

Action: Received as information

**Item 15: Legislative Update**

No report

**Other Regular Business:** Dr. Don Johnson expressed a concern dealing with Radiology Services. This will be addressed.

**Item 17: Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.**

Appointments, Reappointments and Delineation of privileges have been reviewed by appropriate internal committees and are recommended for approval.

Action: Recommend approval

**Item 18: Medical Executive Committee Minutes**

The Medical Executive Committee minutes from September and October were reviewed and received as information.

Action: received as information

**Item 19: Medical Center Contracts and Agreements**

Contracts and Agreements entered into since the last meeting of the Board were presented.

Action: Received as information

There being no further business, the committee adjourned at 10:55 a.m.

Respectfully Submitted,

Teresa K. Rogers

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
MAJOR PURCHASES FOR  
BOARD OF TRUSTEES' APPROVAL  
December 8, 2006**

**Description of purchase:** Purchase of additional automated drug dispensing cabinets to support upgrade of AcuDose system to the Institute of Psychiatry.

**Estimated cost of purchase:** \$389,591

**Requisition number:** Pending

**Department name(s) and UDAK number(s):** Pharmacy MCCU 9810000

**Department contact person:** Carole Small Russell 792-3539

**Method of purchase:** Novation and Primary Partner Agreement

**Vendor name:** McKesson Automation, Inc.

**New purchase** ☒ **Yes** ☐ **No**

**Replacement of existing item(s)** ☐ **Yes** ☒ **No**

**Name of item(s) being replaced:** Not applicable to this purchase.

**Name and value of equipment the requested purchase will be used in conjunction with:**

<u><b>Name of equipment</b></u>	<u><b>Value</b></u>
AcuDose-Rx Support Stations	\$3,800,160 (60 month lease)

**How this purchase will benefit MUSC:** The automated dispensing cabinets are needed to continue a safe and secure storage and distribution system for controlled substances and other urgently needed medications, and provide a profiling system for the inpatient units to restrict access to medications until a pharmacist reviews the medication order. The profiling function allows for enhanced patient safety and reduction of medication errors, and meets JCAHO standards for medication safety and monitoring. The additional Automated Dispensing Cabinets will provide medication security and charge capture for Institute of Psychiatry, and allow for increased medication storage in the cabinets to facilitate medication access after hours.



**Why and how this purchase will benefit MUSC by having a vendor provide this service vs. MUSC staff providing the service:** Not applicable to this purchase.

**Source of revenue/savings:** Improved revenue capture, decreased inventory losses, greater access to medications when needed and improved patient safety/regulatory compliance.

**Physical plant requirements:** Emergency power source access, network line for each Cabinet.

**Annual cost (maintenance, supplies, etc.):** Five year Maintenance Service Fees \$74,050.

**Personnel Cost (to include base salary, fringes, training, etc.):** No additional personnel will be required.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
MAJOR PURCHASES FOR  
BOARD OF TRUSTEES' APPROVAL  
December 8, 2006**

**Description of purchase:** Purchase of a field upgrade from an existing single-plane C-arm radiographic system to an AXIOM Artis Flat Detector System which is a fully digital image chain with high resolution flat detector. The purchase also includes at no charge DynaCT reconstruction software. DynaCT can extend the existing range of high-contrast resolution for the visualization of vessel and bone structures of the syngo InSpace 3D software in order to add CT-like images to the field of soft tissue display.

**Estimated cost of purchase:** \$397,488

**Requisition number:** Not available

**Department name(s) and UDAK number(s):** Interventional Radiology MCCU 9725000

**Department contact person:** Dr. Bayne Selby 792-4637 and Bill Spring 792-6844

**Method of purchase:** Strategic Alliance Agreement

**Vendor name:** Siemens Medical Solutions

**New purchase** ☒ **Yes** ☐ **No**

**Replacement of existing item(s)** ☐ **Yes** ☒ **No**

**Name of item(s) being replaced:** Not applicable to this purchase.

**Name and value of equipment the requested purchase will be used in conjunction with:**

<u><b>Name of equipment</b></u>	<u><b>Value</b></u>
Siemens Axiom Artis TA Gold (single-plane C-arm radiographic system)	\$1,285,829

**How this purchase will benefit MUSC:** This purchase will provide advanced angiography and interventional radiology procedures to patients. It will also allow Interventional Radiology to remain state-of-the-art in its current location after the Heart Center relocates to the new Center for Advanced Medicine next year.

**Why and how this purchase will benefit MUSC by having a vendor provide this service vs. MUSC staff providing the service:** Not applicable to this purchase.

**Source of revenue/savings:** In the near future, Siemens will not offer upgrades for the flat panel detector and the cost for a next generation version will be near \$1.2 million for both detector and Dyna CT. This purchase will, therefore, result in a savings of \$800,000.

**Physical plant requirements:** Not applicable to this purchase.

**Annual cost (maintenance, supplies, etc.):** Not applicable to this purchase.

**Personnel Cost (to include base salary, fringes, training, etc.):** No additional personnel will be required.



***Medical University of South Carolina  
Medical Center***

***Medical Staff Bylaws***

***August, 2006***

## **ARTICLE I PURPOSE**

The purpose of this organization is to bring the professionals, who practice at the Medical University Hospital Authority, together into a cohesive body to promote good patient care. To this end, among other activities, it will assist in screening applicants for staff membership, review privileges of members, evaluate and assist in improving the work done by the staff, provide education, and offer advice to the Vice President for Clinical Operations/Executive Director of the MUSC Medical Center.

The Medical University Hospital Authority, that includes the Medical University hospitals, clinics, and other health care related facilities, shall hereinafter be referred to in the body of this document as the Medical University of South Carolina Medical Center (MUSC Medical Center).

## **ARTICLE II BILL OF RIGHTS**

### **I Member Staff Rights**

Members of the Medical Staff are afforded the following rights:

- A. Right of Notification- Any matter of performance or conduct that could result in denial, suspension, or reduction of privileges will cause the Department Chair to notify the affected member before formal activity commences.
- B. Access to Committees - Members of the Medical Staff are entitled to be present at any committee meeting except during peer review proceedings. Members present for a specific agenda item shall be recognized by the Chair as time permits. Members can petition the Medical Executive Committee (MEC) for a specific agenda item or issue.
- C. Right of Information - Activities of the various committees (with the exception of peer review proceedings) may be reviewed by the Medical Staff members in the Medical Staff office. The MEC will provide to the active membership all changes to the Rules & Regulations, Credentials Policy Manual, and the Fair Hearing Document.
- D. Fair Hearing - Members are entitled to a fair hearing as described in the Fair Hearing Document.
- E. Access to Credentials File - Each member shall be afforded an opportunity to review his/her own credentials file before submission for approval. This review will occur at the time of initial appointment and at the time of reappointment as specified in the Credentials Policy Manual.
- F. Physician Health and Well-Being - Any member may call upon the resources of the Medical Staff in personal, professional, and peer matters to seek help and improvement.

- G. Confidentiality - Matters discussed in committee and otherwise undertaken in the performance of Medical Staff duties and privileges are strictly confidential. Violation of this provision is grounds for expulsion from the Medical Staff.

### **ARTICLE III MEDICAL STAFF MEMBERSHIP**

#### **I MEDICAL STAFF APPOINTMENT**

Appointment to the Medical Staff of the MUH is a privilege that shall be extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and associated policies of the Medical Staff and MUH.

#### **II QUALIFICATIONS FOR MEMBERSHIP**

- A. Only physicians with Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degrees, or Dentists or podiatrists holding a current, valid license to practice in the State of South Carolina shall be qualified for appointment to the Medical Staff. Additional requirements include:
- documentation of background, experience, training, judgment, individual character and demonstrated competence, and physical and mental capabilities, with sufficient adequacy to assure the Medical Staff and Board that any patient treated by them in the hospitals will be given a high quality of patient care,
  - demonstrated adherence to the ethics of their profession, and ability to work with others

No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges at the MUSC Medical Center merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another Medical Center.

- B. Must be free from government sanctions and bans as outlined by Medicare and the Department of Health and Human Services - Office of the Inspector General (DHHS-OIG).
- C. Must meet appointment requirements as specified in the Credentials Policy Manual.
- D. An MD, DO or Dentist member, appointed after December 11, 1992, shall be eligible for or have obtained board certification in his/her respective dental specialty board or medical "specialty" (must be approved by AMA/AOA/ABMS). A five (5) year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. In special cases where a need exists, an exception to this qualification can be made, only after the applicant has demonstrated competency to the satisfaction of the Department Chair in the department in which they are assigned and the MEC.

- E. A member of the Medical Staff must be a member of the faculty of the Medical University of South Carolina.
- F. Maintain malpractice insurance as specified by the MEC, MUH and Board of Trustees.

### **III NON-DISCRIMINATION**

The Medical University Hospital will not discriminate in granting staff appointment and/or clinical privileges on the basis of age, sex, race, creed, color, or nationality.

### **IV CONDITIONS AND DURATION OF APPOINTMENT**

- A. Initial appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall act on appointments and reappointments only after there has been a recommendation from the Credentials Committee and MEC.
- B. All initial appointments shall be for a provisional period of one year.
- C. Appointments to the staff will be for no more than 24 calendar months.
- D. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.
- E. Medical Staff membership, clinical privileges and prerogatives will be terminated immediately if the practitioner is under government sanctions as listed by the DHHS – Office of the Inspector General.

### **V PRIVILEGES**

Initial requests for privileges are made simultaneously with the filing of the application for Medical Staff membership. Following procedures stated in the Credentials Policy Manual, and with a recommendation of the appropriate Department Chair, the Medical Staff organization will evaluate and make recommendations to the Board. Privileges will only be granted or renewed, after applicant meets the criteria related to current licensure, relevant training and experience, demonstrated competence and the ability to perform the requested privileges. For new procedures and at the time of reappointment, members' requests for privileges will be subject again to the procedures outlined in the Credentials Policy Manual.

### **VI TEMPORARY and DISASTER PRIVILEGES**

- A. Temporary privileges may be granted by the Executive Director of the Medical Center or his designee for a stated limited time upon the recommendation of the applicable Department Chair or the President of the Medical Staff, in all other circumstances, as detailed in the Credentials Policy Manual.

- B. Disaster privileges may be granted by the Executive Director of the Medical Center or the President of the Medical Staff or the Medical Director of the Medical Center, Medical Center Policy C-35 "Disaster Privileges for Licensed Independent Practitioners, when the Emergency Management Plan for the Medical Center has been activated and when the Medical Center cannot handle the needs of patients with just the available credentialed staff. The Department Chair will be responsible for monitoring the professional performance of volunteer practitioners with disaster privileges. This monitoring will be accomplished through direct observation, staff feedback, and when appropriate, medical record review.

## **VII LEAVE OF ABSENCE**

Any member may apply to the Credentials Committee for a leave of absence not to exceed one (1) year. Reinstatement of privileges may be requested from the Credentials Committee without formal re-application. Absence for a period longer than one (1) year will require formal re-application. In some special cases, (i.e., military service) a Department Chairperson through the Credentials Committee can recommend to the MEC that a leave of absence be extended beyond a year without the necessity for formal reappointment. At no time can a special circumstance leave of absence extend beyond a two year re-appointment cycle.

## **VIII RESPONSIBILITIES OF MEMBERSHIP**

Each staff member will:

- A. Provide timely, appropriate and continuous care for his/her patients and supervise the work of any allied health professional or trainee under his/her direction when appropriate.
- B. Assist the MUH in fulfilling its responsibilities by participating in the on-call coverage of the emergency room and other coverage as determined by the MEC.
- C. Assist other practitioners in the care of their patients when asked.
- D. Act in an ethical and professional manner.
- E. Treat employees, patients, visitors, and other physicians in a dignified and courteous manner.
- F. Participate in performance improvement activities and peer review as appropriate.
- G. Abide by the bylaws, rules and regulations, department rules, and other policies and procedures of the MUSC Medical Center.
- H. Participate in continuing education as directed by state licensure and the MEC.



- I. Be willing to speak with patients when hospitalized patients wish to contact them about their medical care in accordance with the South Carolina Lewis Blackman Hospital Patient Safety Act.

## **ARTICLE IV CATEGORIES OF THE MEDICAL STAFF**

### **I THE ACTIVE CATEGORY**

**A. Qualifications - Appointee to this category must:**

1. Be involved on a regular basis in patient care delivery at the Medical University hospitals and clinics annually, providing the majority of their services/activities within the MUSC Medical Center.
2. Have completed at least one (1) year of satisfactory performance on the Medical Staff. (See Provisional Status MUSC Credentials Policy Manual)

**B. Prerogatives - Appointees to this category may:**

1. Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
2. Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he is appointed.
3. Hold office, sit on or be chairperson of any committee, unless otherwise specified elsewhere in these Bylaws.
4. Admit patients to the MUSC Medical Center.

**C. Responsibilities: Appointee to this category must:**

1. Contribute to the organizational and administrative affairs of the Medical Staff.
2. Actively participate in recognized functions of staff appointment, including performance improvement and other monitoring activities, monitoring initial appointees during their provisional period, and in discharging other staff functions as may be required from time to time.
3. Accept their individual responsibilities in the supervision and training of students and House Staff members as assigned by their respective department, division or section head and according to Medical Center Policy C-74 "Resident Supervision".
4. Participate in the emergency room and other specialty coverage programs as scheduled or as required by the MEC or Department Chair.

D. Removal:

Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chair of the department, during the appointment period will result in automatic transfer to Affiliate Category. The practitioner shall have the rights afforded by Article IX, Section IV.

## II AFFILIATE CATEGORY

A. Qualifications - Appointees to this category must:

1. Participate in the clinical affairs of the MUSC Medical Center.
2. Be involved in the care or treatment of at least six (6) patients of the MUSC Medical Center hospitals or clinics during his/her appointment period, or
3. Refer patients to other physicians on staff of the MUSC Medical Center or those who order diagnostic or therapeutic services at the MUSC Medical Center

B. Prerogatives - Appointees to this category may

1. Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
2. Attend meetings of the Staff and Department to which she is appointed and any staff or MUSC Medical Center education programs.
3. Request admitting privileges.

C. Limitations - Appointees to the Affiliate Category do not have general Medical Staff voting privileges.

## III HONORARY / ADMINISTRATIVE CATEGORY

This category is restricted to those individuals the Medical Staff wishes to honor or to those physicians who have only administrative positions and no clinical privileges. Such staff appointees are not eligible to admit patients to the MUSC Medical Center, to vote, or to exercise clinical privileges in the MUSC Medical Center. They may, however, attend Medical Staff and department meetings. This category is exempt from the malpractice insurance requirements and Board Certification requirements, unless required within their position description.

Physicians with the MUSC Medical Center whose duties include both administrative and clinical activities must be members of the Medical Staff, and must obtain clinical privileges in the same manner as any other Medical Staff member. When a contract exists, the contract of the physician who has both administrative and clinical duties shall clearly define the relationship

between termination of the contract by the MUSC Medical Center and reduction or termination in privileges.

#### **IV OTHER / NON-MEDICAL STAFF MEMBERS**

House Staff - The House Staff consists of those practitioners, who by virtue of a contract, are in the postgraduate training program at the Medical University of South Carolina. They are not eligible to hold a Medical Staff office and are not eligible to vote unless otherwise indicated in these Bylaws.

Only practitioners who are graduates of an approved, recognized medical, osteopathic or dental school, who are legally licensed to practice in the State of South Carolina and who continue to perform and develop appropriately in their training are qualified for assignment to the House Staff. The Chair of the House Staff member's department and Associate Dean for Graduate Medical Education will be responsible for monitoring performance and will notify the Chair of the Executive Committee of any status changes.

Allied (affiliated) Health Professionals - Allied (affiliated) Health Professionals are those health practitioners, not a licensed MD, DO or Dentist, who, although not members of the Medical Staff, are credentialed through the Medical Staff process as described in the Credentials Policy Manual.

### **ARTICLE V OFFICERS**

#### **I OFFICERS OF THE MEDICAL STAFF**

The officers of the Medical Staff shall be:

- A. President
- B. Vice President
- C. Secretary

#### **II QUALIFICATIONS OF OFFICERS**

Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during their terms of office. Officers should possess some Medical Staff administrative experience. In addition, Medical Staff officers must be committed to put in the required time to assist the functioning of the organized Medical Staff.

#### **III SELECTION OF OFFICERS**

- A. A nominating committee shall be appointed by the Medical Staff president at the meeting

prior to biennial elections. This committee shall present a slate of officers to the Medical Staff at its annual meeting.

- B. Medical Staff members may submit names for consideration to members of the nominating committee.
- C. Only Active Staff shall be eligible to vote. A plurality vote of those Active Staff present at the annual meeting is required.

#### **IV TERM OF OFFICE**

All officers shall take office on the first day of the calendar year and serve a term of two years.

#### **V VACANCIES IN OFFICE**

Vacancies in office during the Medical Staff year, except the Office of President, shall be filled by the MEC of the Medical Staff. If there is a vacancy in the Office of the President, the Vice President shall serve the remainder of the term.

#### **VI DUTIES OF OFFICERS**

- A. President -The President shall serve as the chief administrative officer of the Medical Staff and will fulfill those duties as specified in the organization and functions manual.
- B. Vice President - In the absence of the President, Vice President shall assume all the duties and have the authority of the President. He shall perform such further duties to assist the President as the President may, from time to time request, including the review and revision of bylaws as necessary, supervision of the Medical Center's quality, patient safety, and resource utilization programs, and the MEC liaison for medical staff peer review activities The Vice President will serve as the President-Elect.
- C. Secretary -The secretary shall record, transcribe, and communicate accurate and complete minutes of all Medical Staff meetings.

#### **VII REMOVAL FROM OFFICE**

- A. The Medical Staff and/or Board of Trustees may remove any Medical Staff officer for failure to fulfill his responsibilities, conduct detrimental to the interests of the MUSC Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.
- B. Elected officers may be removed by 2/3 majority vote of the Medical Staff for the reasons stated in **VII A** above.

- C. Removal from elected office shall not entitle the practitioner to procedural rights.
- D. Any Medical Staff member has the right to initiate a recall election of a Medical Staff Officer. A petition to recall must be signed by at least 25% of the members of the active staff and presented to the MEC. Upon presentation, the MEC will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence note.

## **ARTICLE VI DEPARTMENTS**

### **I ORGANIZATION OF DEPARTMENTS**

- A. The Medical Staff shall be organized into departments, divisions, and or sections, in a manner as to best assure:
  - 1. the supervision of clinical practices within the Hospital;
  - 2. the conduct of teaching and training programs for students and House Staff;
  - 3. the discovery of new knowledge;
  - 4. the dissemination of new knowledge;
  - 5. the appropriate administrative activities of the Medical Staff; and an integrated quality management program to monitor objectively and systematically evaluate the quality and appropriateness of patient care, objectively establish and monitor criteria for the effective utilization of hospital and physician services, and pursue opportunities to improve patient care and resolve identified problems.

### **II QUALIFICATIONS AND SELECTION OF DEPARTMENT CHAIRPERSON**

- A. Each Chair shall be a member of the Active Category of the Medical Staff and be well qualified by training and experience and demonstrated ability for the position. The Chair should be certified in an appropriate specialty board.
- B. The appointment and removal of Department Chairs shall be the responsibility of the Dean of the appropriate College, in accordance with Article IV of the General Rules and Regulations of the Faculty of the Medical University of South Carolina. Such appointment must then be submitted to the Board of Trustees for approval.

### **III FUNCTIONS OF DEPARTMENT**

**Through the department chair each department shall:**

- A. Establish its own criteria consistent with the policies of the Medical Staff and the Board of Trustees for the granting and renewal of clinical privileges.

- B. Establish policies and procedures and scope of practice for House Staff supervision. The character of supervision will depend upon the level of training and demonstrated competence of each House Staff member.
- C. As required by the Board of Trustees through the Performance Improvement Plan, each department shall participate in a medical care evaluation program and/or quality improvement program as required by accrediting bodies, federal regulations and state statutes. This plan shall include a process for on-going assessment and improvement of the quality of care and treatment and may include quality control processes as appropriate.
- D. Shall establish standards and a recording methodology for the continuing education of its members. Such continuing education should (1) represent a balance between intra-institutional and outside activities, (2) be based, when applicable, on the findings of the quality improvement effort, (3) be appropriate to the practitioner's privileges and will be considered as part of the reappointment process. Participation in the roles of both students and teachers is recognized as the means of continuously improving the services rendered by the Medical Staff.
- E. Coordinate clinical activities of the department and integrate all patient care and clinical activities with MUSC Medical Center.
- F. Monitor on a continuing basis, departmental activities and compliance with Medical Staff Bylaws or other accrediting bodies.
- G. Evaluate the professional performance of all individuals within the department on an on-going basis and define the circumstances and implement the process of focused peer review activities within the department.
- H. Recommend clinical privileges for each member of the department.
- I. Assess and recommend off-site sources for needed patient care, treatment and service when not provided by the department.
- J. Conduct administrative duties of the department when not otherwise provided by the hospital.
- K. Coordinate and integrate all inter and intra departmental services.
- L. Develop and implement department policies and procedures for the provision of safe and quality care, treatment, and services.
- M. Recommend sufficient qualified and competent staff to provide care within the department and with Clinical Services determine the qualifications and competencies of non LIP's within the department.
- N. Recommend space and resource needs of the department.
- O. Ensure the timely and appropriate completion of MUSC Medical Center administrative

responsibilities assigned to departmental physicians.

- P. Supervise the completion of the assigned responsibilities of departmental members who serve as MUSC Medical Center Medical Directors.

#### **IV ASSIGNMENT TO DEPARTMENTS**

All members of the Medical Staff shall be assigned to a department as part of the appointment process.

### **ARTICLE VII COMMITTEES**

#### **I. MEDICAL EXECUTIVE COMMITTEE**

- A. Composition: The MEC shall include the elected officers of the Medical Staff, Past President of the Medical Staff, the Vice President for Clinical Operations/Executive Director of MUSC Medical Center, Senior Associate Dean for Clinical Affairs , the Medical Director and/ or designee, Administrator of Clinical Services, Department of Medicine Chair, Department of Surgery Chair, the Director of Quality, Administrator of Ambulatory Care, the Vice President for Medical Affairs, the CEO of UMA, President of the House Staff (voting), Chair of Credentials Committee, Physician Director of Children's Health Services, the Director for Graduate Medical Education, the President of UMA, the Director of Emergency Medicine, and a designee appointed by the Chairs of the Departments of Laboratory Medicine & Pathology, Anesthesiology and Peri-operative Medicine, and Radiology, ,and three (3) elected Medical Staff representatives: one (1) each to represent the Institute of Psychiatry, primary care and surgical specialties to be elected by the Medical Staff members of those represented departments and two ( 2) Department Chairs not already assigned . Membership for elected members and unassigned Department Chairs will be for a two year period.
- B. The Medical Executive Committee will be chaired by the Vice President for Medical Affairs (or his/her designee) and Co-chaired by the Medical Staff President.
- C. All members will have voting rights.
- D. Duties - The duties of the MEC shall be to:
  - 1. Ensure high quality cost-effective patient care across the continuum of the MUSC Medical Center
  - 2. Represent and to act on behalf of the Medical Staff;
  - 3. Coordinate the activities and general policies of the Medical Staff;
  - 4. Determine and monitor committee structure of the Medical Staff;

5. Receive and act upon reports and recommendations from departments, committees, and officers of the Medical Staff;
  6. Implement Medical Staff policies not otherwise the responsibility of the departments;
  7. Provide a liaison between the Medical Staff and the Executive Director of the MUSC Medical Center;
  8. Recommend action to the Executive Director of the MUSC Medical Center on medico-administrative matters;
  9. Make recommendations to the Board of Trustees regarding: the Medical Staff structure, membership, delineated clinical privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities;
  10. Ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the MUSC Medical Center
  11. Fulfill the Medical Staff organization's accountability to the Board for the medical care of patients in the MUSC Medical Center;
  12. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges;
  13. Conduct such other functions as are necessary for effective operation of the Medical Staff;
  14. Report at each general staff meeting; and
  15. Ensure that Medical Staff is involved in performance improvement and peer review activities.
- E. Meetings - The MEC shall meet at least six (6) times a year or as often as necessary to fulfill its responsibility and maintain a permanent record of its proceedings and actions. Special meetings of the MEC may be called at any time by the Chair.

## **II OTHER MEDICAL STAFF FUNCTIONS**

The accomplishment of the following functions may or may not require the existence of separate, established committees. The functions consist of collection of relevant information (monitoring), and presentation to the appropriate Clinical Departments, discussion, and action (evaluation and problem solving). Evidence that these functions are being effectively accomplished at the departmental level is included in departmental



reports to the MEC, and in MEC reports to the Board: These functions can be carried out by a Medical Staff Committee, a MUSC Medical Center interdisciplinary committee, a responsible group, or individual. These functions include, but are not limited to:

- A. Conduct or coordinate quality, appropriateness, and improvement activities, including operative, invasive, and high risk procedures review, tissue review, blood usage review, drug usage review, medical record review, mortality and morbidity review, autopsy review, sentinel event and other reviews;
- B. Conduct or coordinate utilization activities;
- C. Peer review.
- D. Conduct or coordinate credentials investigations for staff membership and granting of clinical privileges;
- E. Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the-art developments, and other perceived needs;
- F. Develop and maintain surveillance over drug utilization policies and practices;
- G. Investigate and control nosocomial infections and monitor the MUSC Medical Center infection control program;
- H. Plan for response to fire and other disasters;
- I. Direct staff organizational activities, including staff Bylaws, review and revision, Staff officer and committee nominations, liaison with the Board and MUSC Medical Center administration, and review and maintenance of MUSC Medical Center accreditation.

## **ARTICLE VIII MEDICAL STAFF MEETINGS**

### **I REGULAR MEETINGS**

- A. The Medical Staff shall meet at least quarterly or more often, as needed. Appropriate action will be taken as indicated.
- B. An Annual Medical Staff Meeting shall be held during the last quarter of each year. Written notice of the meeting shall be sent to all Medical Staff members and conspicuously posted.
- C. The primary objective of the meetings shall be to report on the activities of the staff, elect officers if necessary, and conduct other business as may be on the agenda. Written minutes of all meetings shall be prepared and recorded.

## **II SPECIAL MEETINGS**

The President of the Medical Staff, the Medical Director, the Dean of the College of Medicine, the Vice President of Academic Affairs or the Medical Executive Committee may call a special meeting after receipt of a written request for same signed by not less than five (5) members of the Active and Affiliate Staff and stating the purpose for such meeting. The President of the Medical Staff shall designate the time and place of any special meeting. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally or by mail, including electronic mail, to each member of the Active Category of the Medical Staff not less than 48 hours before the date of such meeting, by or at the direction of the President of the Medical Staff. If mailed, the notice of the meeting shall be deemed delivered when deposited in the Campus Mail addressed to each Staff member at his address as it appears on the records of the Hospital. Notice may also be sent to members in other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

## **IV QUORUM**

The quorum requirements for all meetings shall be those present and voting, unless otherwise indicated in these Bylaws.

## **V ATTENDANCE REQUIREMENTS**

- A. Although attendance at regular Medical Staff meetings is encouraged, Medical Staff members are not required to attend general staff meetings. Medical staff meeting attendance will not be used as a reappointment measurement.
- B. Attendance requirements for department meetings are at the discretion of the Department Chairs.
- C. Members of the MEC and Credentials Committee are required to attend fifty percent (50%) of the committee meetings during each year unless otherwise excused.

## **VI PEER REVIEW**

All members of the MUSC Medical Center Medical Staff are subject to Peer Review as the result of numerous quality review activities.

Peer Review is initiated at a Medical Staff Committee level, or at a Medical Staff Department level through the Department Chair to the MEC as outlined in the Medical Staff Rules and Regulations and the Medical Staff Policy "Peer Review". A peer review

committee will be maintained by the Medical Executive Committee .This committee will be chaired by the vice president of the medical staff and will consist of members appointed by the MEC

All peer review activities whether conducted as a part of a department quality plan or as a part of a medical staff committee will be considered medical staff quality activities and fall under the protection of SC Code Section 40-71-10.

## **VII PARTICIPATION BY EXECUTIVE DIRECTOR OF THE MUSC MEDICAL CENTER**

The Executive Director of the MUSC Medical Center or his/her designee may attend any Committee, Department, or Section meeting of the Medical Staff.

## **VIII ROBERT'S RULES OF ORDER**

The latest edition of *ROBERT'S RULES OF ORDER* shall prevail at all meetings of the General Staff, MEC, and Department Meetings unless waived by the Chair.

## **IX NOTICE OF MEETINGS**

Written notice stating the place, day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be delivered or sent to each member of the committee or department not less than three (3) days before the time of such meeting by the person or persons calling the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

## **X ACTION OF COMMITTEE/DEPARTMENT**

The action of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee or department.

## **XI MINUTES**

Minutes of each regular and special meeting of a Committee or Department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes from the Departments and Credentials Committee Meetings shall be signed by the presiding officer and copies thereof submitted to the MEC. The minutes from other committee meetings shall be signed by the presiding officer and copies thereof submitted to the appropriate departments.

**ARTICLE IX  
TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES**

**I   SUSPENSION**

In the event that an individual practitioner's action may pose a danger to patients, other Medical Staff members, or the Hospital or its personnel, then either the President of the Medical Staff or Medical Director or the Chair of the clinical department to which the practitioner is a member, shall each have the authority, as independent action, to suspend all or any portion of the Clinical Privileges of the Medical Staff member in question. Such precautionary suspension does not imply final findings of fact or responsibility for the situation that caused the suspension.

Such precautionary suspension is immediately effective, is immediately reported to all the individuals named above, and the Medical Staff Office, and remains in effect until a remedy is effected following the provision of this Article of the Medical Staff Bylaws. Immediately upon the imposition of a suspension, the appropriate Department Chair or the Chief of Staff assigns to another Medical Staff member the responsibility for care of any hospitalized patients of the suspended individual. As soon as practical, but in no event later than three (3) days after a precautionary suspension, the Medical Executive Committee shall convene to review the action. The affected practitioner may request to be present at this meeting, which is not a hearing and is not to be construed as such. The MEC may continue the suspension, or take another action pursuant to this Article. If the action taken entitles the affected practitioner to a hearing, then the Hearing and Appeals Procedure Fair Hearing Plan shall apply.

**II   EFFECT OF OTHER ACTIONS ON MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES**

Failure to Complete Medical Records - All portions of each patient's medical record shall be completed within the time period after the patient's discharge as stated in Medical Staff Rules and Regulations. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in (a) the record being defined as delinquent and (b) notification of the practitioner.

A temporary suspension in the form of withdrawal of admitting privileges, scheduling of elective surgical cases, and scheduling of outpatient patient visits, effective until the medical records are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records within a seven (7) day period after delivery of such warning to him/her either orally or in writing.

Deleted: or

Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).

Actions Affecting State License to Practice - If a practitioner's state license to practice or DEA registration is revoked, suspended, limited for disciplinary reasons, not renewed by the relevant agency, or voluntarily relinquished by the individual, then staff membership and privileges are automatically revoked, suspended, or limited to at least the same extent, subject to re-application by the practitioner when or if his/her license or DEA registration is reinstated, or limitations are removed, whatever is the case.

Lapse of Malpractice Coverage - If the MEC and Board have established a requirement for liability coverage for practitioners with clinical privileges, and if a staff member's malpractice coverage lapses without renewal, then the practitioner's clinical privileges are automatically suspended until the effective date of his/her new malpractice coverage, unless otherwise determined by the Board.

Governmental Sanction or Ban - Imposition of governmental sanction or ban as outlined by Medicare and the DHHS -Office of the Inspector General is cause for immediate loss of all clinical privileges.

Felony Conviction - conviction of a felony offense is cause for immediate loss of all clinical privileges.

Loss of Faculty Appointment - Loss of faculty appointment shall result in immediate revocation of clinical privileges and appointment to the Medical Staff.

Failure to Meet Application Requirements - Failure to comply with deadlines or other application requirements will result in loss of appointment and privileges as outlined in the Credentials Policy Manual.

#### **IV HEARING/APPEAL**

Any physician has a right to a hearing/appeal pursuant to the institution's Fair Hearing Plan in the event any of the following actions are taken or recommended:

- A. Denial of initial staff appointment,
- B. Denial of reappointment,
- C. Revocation of staff appointment,
- D. Denial or restriction of requested clinical privileges,
- E. Reduction in clinical privileges,
- F. Revocation of clinical privileges,
- G. Individual application of, or individual changes in, the mandatory consultation requirement, and

- H. Suspension of staff appointment or clinical privileges if such suspension is for more than 14 days.

## **ARTICLE X REVIEW, REVISION, ADOPTION, AND AMENDMENT OF THE BYLAWS**

### **I MEDICAL STAFF RESPONSIBILITY**

The Medical Staff shall have the responsibility to formulate, review, adopt, and recommend to the Board, Medical Staff Bylaws and Amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner.

### **II METHODS OF ADOPTION AND AMENDMENT**

All proposed amendments, whether originated by the MEC, another standing committee, or by a member of the Active Category of the Medical Staff, must be reviewed and discussed by the MEC prior to a MEC vote. Such amendments may be recommended to the Board:

- A. The Bylaws may be amended after submission of the proposed amendment at any regular or special meeting or by mail to all Active Medical Staff members. To be adopted, an amendment shall require a majority vote of the Active members present or by ballot vote of those who are eligible to vote on the Bylaws. Amendments so made shall be effective when approved by the Board of Trustees.
- B. The Executive Committee is authorized to make minor changes/corrections when necessary due to spelling, punctuation and/or grammar.
- C. These Bylaws shall be adopted at any regular meeting of the Medical Staff, or at any special meeting called for such purpose, or by mail to all Active Medical Staff members; shall replace any previous Bylaws and shall become effective when approved by the Board of Trustees.
- D. These Bylaws shall be reviewed at least every two (2) years by the Officers of the Medical Staff. Findings shall be reported at a regular meeting of the Medical Staff or at a special meeting called for such purpose. Any recommended changes shall be amended in accordance with these Bylaws.

### **III RULE CHALLENGE**

Any practitioner may raise a challenge to any rule or policy established by the MEC. In the event that a rule, regulation or policy is felt to be inappropriate, any physician may

submit a petition signed by 25% of the members of the Active Staff. When such petition has been received by the MEC, it will either:

- A. Provide the petitions with information clarifying the intent of such rule, regulation, or policy and/or
- B. Schedule a meeting with the petitioners to discuss the issue.

#### **IV RELATED PROTOCOLS AND MANUALS**

The MEC will provide to the Board a set of Medical Staff Rules and Regulations, a Credentials Policy Manual, a Fair Hearing Plan, and an Organization and Functions Manual that further defines the general policies contained in these Bylaws. These manuals will be incorporated by reference and become part of these Medical Staff Bylaws.

Approved by the Medical Executive Committee on July 19, 2006, and by majority vote of the Medical Staff on July 25, 2006

Approved by the Board of Trustees as of this 11th day of August, 2006

By: \_\_\_\_\_  
Charles B. Thomas, Jr., MD

Its: Chairman, Board of Trustees  
MUSC Medical Center

# MEDICAL EXECUTIVE COMMITTEE

## Credentials Committee Report

### MEDICAL EXECUTIVE COMMITTEE

#### Credentials Committee Report

15-Nov-06

The Credentials Committee reviewed these applicants for appointment/reappointment/change in privileges on 11/08/2006, and recommend approval by the Medical Executive Committee.

**Status Legend:** AC=Active; PA=Prov. Active; AF=Affiliate; PF=Prov. Affiliate; AFC=Affiliate [CFC]; PAFC=Prov. Affiliate [CFC];  
AH=Allied Health; PH=Prov. Allied Health; HE=Allied Health [External]; PE= Prov. Allied Health [External]  
SB=Sabbatical; AD=Administrative

**Application Type:** APPT=Appointment; REAP=Reappointment; REIN=Reappointment with Increase; INCR=Increase; CHNG=Change

#### EXPEDITED APPLICANTS

<u>Practitioner Name</u>	<u>Degree</u>	<u>Status</u>	<u>Dept</u>	<u>Div</u>	<u>CC</u>	<u>MEC</u>	<u>BOT</u>	<u>App Type</u>
Reeves, Crispin F.	PA	PH	MEDI	EMER	11/8/2006	11/15/2006	12/8/2006	NEW

#### APPLICANTS FOR APPOINTMENT

<u>Practitioner Name</u>	<u>Degree</u>	<u>Status</u>	<u>Dept</u>	<u>Div</u>	<u>CC</u>	<u>MEC</u>	<u>BOT</u>	<u>App Type</u>
Coakley, Kimberlyn B.	FNP	PH	MEDI	ENDO	11/8/2006	11/15/2006	12/8/2006	NEW
Dukes, Julie Kate M.	PA	PH	SURG	PLAS	11/8/2006	11/15/2006	12/8/2006	NEW
Fogle, Jennifer G.	DMD	PA	PEDS	DENT	11/8/2006	11/15/2006	12/8/2006	NEW
Kelly-Brown, Sharon M.	PNP	PH	PEDS	ENDO	11/8/2006	11/15/2006	12/8/2006	NEW
Roberts, Donna R.	MD	PA	RADI		11/8/2006	11/15/2006	12/8/2006	NEW
Stewart, Erika S.	ANP	PH	SURG		11/8/2006	11/15/2006	12/8/2006	NEW
Warters, Robert D.	MD	PA	ANES		11/8/2006	11/15/2006	12/8/2006	NEW

#### APPLICANTS FOR REAPPOINTMENT

<u>Practitioner</u>	<u>Degree</u>	<u>Status</u>	<u>Dept</u>	<u>Div</u>	<u>CC</u>	<u>MEC</u>	<u>BOT</u>	<u>App Type</u>
Adams, David B.	MD	AC	SURG		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Adams, Kimberly A.	CRNA	AH	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Akhtar, Jeffrey M.	DO	AFC	MEDI	IMED	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Bach, Durwood E.	DDS	AC	ORAL		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Baker, Stephen K.	MD	AC	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Baliga, Prabhakar K.	MD	AC	SURG	GSTS	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Barbosa, Ernest	MD	AC	NEUR	NSCI	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Barnes, Tammy L.	FNP	AH	MEDI	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Bell, Ronald	DDS	AC	HSDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Bissinger, Robin	NNP	AH	PEDS	NEON	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Black, Robert J.	OD	AH	OPHT		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Bolster, Marcy B.	MD	AC	MEDI	RHEU	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Bond, Sharon	CNM	AH	OB/GY		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Brackett, Newton C.	MD	AC	MEDI	NEPH	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Brand, Elizabeth A.	CNM	AH	OB/GY		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Brooks, Deborah H.	ANP	AH	MEDI	NEPH	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Burbage, Gloria	CRNA	AH	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Buse, Maria G.	MD	AC	MEDI	ENDO	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Byrd, Larry N.	MD	AF	PEDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT



# MEDICAL EXECUTIVE COMMITTEE

## Credentials Committee Report

<u>Practitioner Name</u>	<u>Degree</u>	<u>Status</u>	<u>Dept</u>	<u>Div</u>	<u>CC</u>	<u>MEC</u>	<u>BOT</u>	<u>App Type</u>
Byrne, Thomas Karl	MD	AC	SURG		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Canivan, Christine	MD	AF	PEDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Carr, Christine M.	MD	AC	MEDI	EMER	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Castell, Donald O.	MD	AC	MEDI	GAST	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Cavalier, Mary E.	MD	AC	PEDS	HEMO	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Chalk, Mary E.	FNP	AH	OTOL		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Collins, Kimberly A.	MD	AC	PATH		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Cooper IV, George	MD	AC	MEDI	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Crawford Jr., Fred A.	MD	AC	SURG	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Creasman, William T.	MD	AC	OB/GY		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Crumbly III, Arthur J.	MD	AC	SURG	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Cushman, Ron'a S.	NNP	AH	PEDS	NEON	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Eagerton, Donald C.	MD	AF	MEDI	ENDO	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Egan, Brent M.	MD	AC	MEDI	IMED	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Ewing, Gwendolyn	CRNA	AH	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Fitts, Robert W.	MD	AF	SURG		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Fiutem, Marianne	CRNA	AH	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Flowers, Robert B.	MD	AF	OB/GY		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Fowler, Sandra L.	MD	AC	PEDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Gilman, Charles S.	MD	AC	MEDI	EMER	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Glenn, James A.	MD	AC	MEDI	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Greer, Margaret K.	PHD	HE	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Gustafson, Kristina K.	MD	AC	PEDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Harmon, Kevin J.	PA-C	AH	MEDI	PASS	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Havidich, Jeana E.	MD	AC	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Haynes, Hwajoo G.	ANP	AH	MEDI	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Heikes, Dana L.	MD	AF	SURG	PLAS	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Hoda, Rana S.	MD	AC	PATH		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Holden, Kenton R.	MD	AC	NSCI	NEUR	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Imko, Edward A.	DPM	AH	MEDI	ENDO	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Javed, Tariq	DMD	AC	HSDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Katikaneni, Lakshmi D.	MD	AC	PEDS	NEON	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Kelley, Margaret	FNP	AH	NSCI	NEUR	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Kibler, Annette	NNP	AH	PEDS	NEON	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Klauber, Carol K.	MD	AF	PEDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Kneuper Hall, Rayna	MD	AC	MEDI	HEMA	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Kohler, Matthew F.	MD	AC	OB/GY		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Lang, Pearson G.	MD	AC	DERM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Lieberman, Ariane U.	MD	AF	MEDI	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Linker, Paul S.	MD	AF	PEDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Lopez, Steven G.	MD	AF	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Luttrell, Louis M.	MD	AC	MEDI	ENDO	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Maize, John C.	MD	AF	DERM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Maize Jr., John C.	MD	AF	DERM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Maria, Bernard L.	MD	AC	PEDS	NEUR	11/8/2006	11/15/2006	12/8/2006	RE-APPT
May, Bryan V.	MD	AC	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
McDonald, John W.	MD	AFC	MEDI	IMED	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Mitchell, Amanda	PA-C	AH	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Mitchell, Holly C.	MD	AC	MEDI	RHEU	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Morris, Pamela B.	MD	AC	MEDI	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Murphy, Cynthia L.	MD	AC	PEDS		11/8/2006	11/15/2006	12/8/2006	RE-APPT

# MEDICAL EXECUTIVE COMMITTEE

## Credentials Committee Report

<u>Practitioner Name</u>	<u>Degree</u>	<u>Status</u>	<u>Dept</u>	<u>Div</u>	<u>CC</u>	<u>MEC</u>	<u>BOT</u>	<u>App Type</u>
Nelson, Philip B.	PA-C	AH	MEDI	EMER	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Othersen Jr., H. Biemann	MD	AC	SURG	PEDS	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Palmer, Eileen B.	ANP	AH	MEDI	EMER	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Poletti, Steven C.	MD	AF	ORTH		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Pope Jr., Thomas L.	MD	AC	RADI		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Principe, Ralph F.	MD	AF	OB/GY		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Queener, Carl E.	MD	AC	MEDI	EMER	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Ravenel, Michelle C.	DMD	AC	ORAL		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Reed, Carolyn E.	MD	AC	SURG	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Reuben, Adrian	MBBS	AC	MEDI	GAST	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Ries, William L.	DDS	AC	HSDS	PERI	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Robison, Jacob G.	MD	AC	SURG	VASC	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Santos, Alberto B.	MD	AC	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Saul, J. Phillip	MD	AC	PEDS	CARD	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Shealy, Gerald J.	MD	AC	ORTH		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Simpson, William M. Jr.	MD	AC	FAM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Spencer, Bettie	CRNA	AH	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Spratt, Eve G.	MD	AC	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Stafford III, Sam	MD	AF	DERM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Stein, Jonathan M.	MD	AF	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Steyer, Terrence E.	MD	AC	FAM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Swing, Jane H.	CRNA	AH	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Thiedke, Celia C.	MD	AC	FAM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Thiers, Bruce H.	MD	AC	DERM		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Turner, Robert P.	MD	AC	NEUR	NSCI	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Walton, John Scott	MD	AC	ANES		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Warmath, William T.	MD	AC	NEUR	NSCI	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Williard, Cameron J.	FNP	AH	MEDI	ENDO	11/8/2006	11/15/2006	12/8/2006	RE-APPT
Wilson, M. Edward	MD	AC	OPHT		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Windler, Gary E.	MD	AF	ORTH		11/8/2006	11/15/2006	12/8/2006	RE-APPT
Wright, William A.	PA-C	AH	PSYC		11/8/2006	11/15/2006	12/8/2006	RE-APPT

## MEDICAL STAFF/ALLIED HEALTH PROFESSIONALS - Increase/Decrease/Change in Privileges

<u>Practitioner Name</u>	<u>Degree</u>	<u>Status</u>	<u>Dept</u>	<u>Div</u>	<u>CC</u>	<u>MEC</u>	<u>BOT</u>	<u>App Type</u>
Canivan, Christine	MD	AF	PEDS		11/8/2006	11/15/2006	12/8/2006	INCREASE
Addition of privileges to include splinting non-displaced fracture, splinting digital fracture, and interpreting EKG								
Chalk, Mary Beth	MD	AH	OTOL		11/8/2006	11/15/2006	12/8/2006	INCREASE
Addition of privileges to prescribe schedules III - V narcotics								
Kimmel, Carla	FNP-C	AH	MED		11/8/2006	11/15/2006	12/8/2006	INCREASE
Addition of privileges to administer Botox injections								
Reed, Carolyn E.	MD	AC	SURG		11/8/2006	11/15/2006	12/8/2006	INCREASE
Addition of privileges to administer closed cardiac massage / abdominal cavity								
Reuben, Adrian	MBBS	AC	MEDI	GAST	11/8/2006	11/15/2006	12/8/2006	INCREASE
Deletion of privilege - no longer wishes to perform laparoscopy								

## MEDICAL EXECUTIVE COMMITTEE

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Shetye, Kedar	MD	AC	MEDI	NEPH	11/8/2006	11/15/2006	12/8/2006	INCREASE
Omitted privilege - Therapeutic Apheresis								

**Medical University Hospital Authority  
Physical Facilities Committee  
December 7, 2006  
Minutes**

**Attendees:**

Mr. William H. Bingham, Sr., Chair  
Dr. Stanley C. Baker, Jr.  
Mr. Melvyn Berlinsky  
Dr. E. Conyers O'Bryan, Jr.  
Dr. Paula E. Orr  
Dr. Thomas C. Rowland, Jr.  
Mr. Charles W. Schulze  
Thomas L. Stephenson, Esquire  
The Honorable Robin M. Tallon  
Ms. Susan H. Barnhart  
Mr. John Cooper  
Dr. Joseph DiPiro  
Ms. Annette Drachman

Mr. Jim Fisher  
Mr. Dennis Frazier  
Dr. Arnold Karig  
Dr. Stephen Lanier  
Mr. Chris Malanuk  
Mr. John Malmrose  
Mr. Stewart Mixon  
Ms. Lisa Montgomery  
Dr. John Raymond  
Mr. Mark Sweatman  
Mr. Paul Taylor

Mr. Bingham called the meeting to order.

**REGULAR Items**

**Item 20.      Facilities Procurements/Contracts Proposed**

Mr. Dennis Frazier presented the following lease for approval:

- Lease of 1,991 square feet of office space on the third floor of Cannon Park Place.  
The total cost of the seven year lease is \$263,409.30.

Recommendation of Committee: That the lease be approved.

**Item 21.      Update on Projects**

Mr. Dennis Frazier presented an update on projects on the Phase I hospital project. Occupancy is expected in Fall 2007, well ahead of the scheduled June 2008 original projected date.

Recommendation of Committee: That the report be received as information.

**Item 22.      Other Committee Business**

Mr. Bingham distributed a projected schedule of dates for MUHA indefinite delivery contract selections for 2007. The interviews of the shortlisted firms could be held the Wednesday prior to the board meetings. He asked the members to review the dates and let Celeste Jordan know by the end of the meeting on Friday which, if any of the selections they could participate in.

**CONSENT Items for Information:**

**Item 23**        **Facilities Contracts Awarded**

The facilities contracts since the last board meeting were presented for information.

Recommendation of Committee: That this report be received as information.

With no further business, the meeting was adjourned.

**FACILITIES  
HOSPITAL AUTHORITY  
LEASE  
FOR APPROVAL**

**DECEMBER 8, 2006**

DESCRIPTION OF LEASE: This lease is for 1,991 square feet of office space located on the third floor of Cannon Park Place. The purpose of this lease is to provide swing space for Hospital Facilities Management. The per square foot rate for this lease is \$18.90. The monthly rental rate will be \$3,135.83 (rounded), resulting in an annual rent amount of \$37,629.90.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT       

LANDLORD: University Medical Associates

LANDLORD CONTACT: Marty Phillips, Financial Analyst, 852-3109

DEPARTMENT NAME AND CONTACT: Hospital Facilities and Capital  
Improvements, Dennis Frazier, Administrator, 792-7727

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Seven (7) years  
COST PER SQUARE FOOT: \$18.90  
ANNUALIZED LEASE COST: \$37,629.90  
TOTAL COST OF INITIAL TERM: \$263,409.30

EXTENDED TERM(S): One (1) term of seven (7) years. Terms to be negotiated.

OPERATING COSTS:

FULL SERVICE         
NET   X

**Medical University Hospital Authority  
Audit Committee  
December 7, 2006  
Minutes**

Attendees:

Dr. Stanley Baker, Jr.  
Mr. Melvyn Berlinsky  
Mr. William H. Bingham, Sr.  
Dr. E. Conyers O'Bryan  
Dr. Thomas Rowland, Jr.  
Mr. Charles Schulze  
Mr. Thomas Stephenson, Esq.  
The Hon. Robin Tallon  
Dr. Charlie Thomas  
Dr. Raymond Greenberg  
Dr. Frank Clark  
Ms. Lisa Montgomery  
Dr. John Raymond  
Mr. Stuart Smith  
Mr. Patrick Wamsley  
Ms. Julie Acker  
Mr. Tom Anderson

Ms. Susan Barnhart  
Mr. Brad Benton, KPMG  
Ms. Roselle Bonnoitt, KPMG  
Ms. Margaret Brown, DeLoach & Williamson  
Mr. John Cooper  
Ms. Annette Drachman  
Dr. Bruce Elliott  
Mr. Bo Faulkner  
Mr. Bill Hanna, KPMG  
Ms. Susan Haskill  
Dr. Steve Lanier  
Ms. Janet Scarborough  
Ms. Reese Smith  
Mr. Mark Sweatman  
Mr. Paul Taylor

**MUHA Annual Compliance Overview**

**Item 24: MUHA Compliance Overview.**

Statement: Ms. Reece Smith presented an annual compliance report.

Ms. Smith reported there have been two-hundred and sixty-seven inquiries into the compliance office. The majority of the inquiries are related to billing, confidentiality, and business ethics.

The Compliance Office is continuing to do on-going computer training; however, this year they decided to do face-to-face training and have attended one hundred and twenty-eight staff meetings.

In addition, Ms. Smith reported that they are continuing to have our annual DRG Coding audit as well as our Outpatient audit.

The Code of Conduct has been updated to make it an institution-wide policy for the University, Hospital, and UMA.

They mentioned that the three entities (MUSC/MUHA/UMA) are compiling a new policy that is required by the Federal Deficit Reduction Act to be implemented by January 1, 2007.

The new policy will contain detailed information regarding:

- o The False Claims Act,
- o Administrative remedies for false claims and statements,

**Medical University Hospital Authority  
Audit Committee  
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Minutes**

- State false claims laws,
- Whistleblower protections,
- Role of the False Claims laws, and
- Policies and procedures for detecting fraud.

Recommendation of the Committee: That this report be received as information.

**Item 25: MUHA External Audit Report**

Statement: Brad Benton with KPMG reported on the external audits of the Authority and the University.

- Both entities received an unqualified (clean) opinion.
- He also reviewed the management letter comments for both entities.
- The auditors for MUSC affiliates issued unqualified opinions.

Recommendation of the Committee: That this report be received as information.

**Item 26: Update on Selection of External Auditor**

Statement: Tom Stephenson, Chairman, reported on the RFP process.

- A Request for Proposal (RFP) has been issued for the external audits of MUSC and the Authority for fiscal years ending June 30, 2007 through 2011.
- Selecting an external auditor is a responsibility of the Board.
- The Audit Committee appointed a group of staff and Trustees to review the bids and make a recommendation to the Board in February 2007.
  - Tom Stephenson and Charles Schulze representing the Board
  - Steve Hargett, CFO for the Authority
  - Patrick Wamsley, CFO for the University
  - Susan Barnhart, Internal Audit
- Susan Barnhart will coordinate the review of the bids.

Recommendation of the Committee: That this report be received as information.

With no further business, the meeting was adjourned.