

MINUTES

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

August 8, 2008

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
August 8, 2008

The Board of Trustees of the Medical University Hospital Authority convened Friday, August 8, 2008, 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.; Dr. Cotesworth P. Fishburne, Jr.; Mr. William B. Hewitt; Dr. E. Conyers O'Bryan, Jr.; Dr. Paula E. Orr; Dr. Thomas C. Rowland, Jr.; Mr. Charles W. Schulze; The Honorable Robin Tallon; Dr. James E. Wiseman, Jr.; Mr. Allan E. Stalvey, Emeritus Absent: Dr. Donald R. Johnson II.

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; Ms. Lisa Montgomery, Vice President for Finance and Administration; Mr. Stuart Smith, Vice President for Clinical Operations and Executive Director, MUHA; and Dr. Frank Clark, Vice President for Information Technology and CIO; Mr. Jim Fisher, Vice President for Development.

The following deans were present: Dr. Jack Sanders, College of Dental Medicine; Dr. Mark Sothmann, Dean, College of Health Professions; Dr. Perry Halushka, Dean, College of Graduate Studies; Dr. Jerry Reves, College of Medicine; Dr. Gail Stuart, College of Nursing; and Dr. Arnold Karig, College of Pharmacy; Dr. Joseph DiPiro, Executive Dean, SCCP.

Item 1. Call to Order-Roll Call.

There being a quorum present, Chairman Thomas called the meeting to order. Ms. Celeste Jordan called the roll.

Item 2. Secretary to Report Date of Next Meeting.

The date of the next regularly scheduled meeting is Friday, October 3, 2008.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of May 15, 2008 and the Board Retreat June 19-20, 2008.

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 Dr. Raymond to introduce the guest speaker. Dr. Raymond said he was pleased to introduce Dr. David Ploth who had recruited him to the University twelve years ago. Dr. Ploth has been the Director of the Division of Nephrology since 1987. He received his undergraduate degree from Creighton University and his medical training at the University of Iowa except a brief stint at the

University of Chicago. He spent a couple of years as an officer in the US Navy and then joined the faculty at the University of Alabama at Birmingham. He had a distinguished research career there and was recruited to MUSC in 1987 to run the Division of Nephrology. When he came to the University, there were about 50 dialysis patients, 3 clinicians and 1 researcher and, under his leadership, the Division now has about 30 faculty members, a very respectable research program and two endowed chairs.

Dr. Ploth talked about the outstanding faculty, as well as, recent recruits in the Division. He reviewed the activities and performance of the Division of Nephrology. He highlighted recognitions received by the Division including the recent listing of the kidney disease programs as one of the best in the country by *US News and World Report*.

Dr. Ploth reviewed the needs of the Division including planning for additional endowed chairs; the recruitment of additional faculty and the expansion of some programs. Another goal is to consolidate faculty in one building.

Dean Reves commented that the transplant program is one of MUSC's best programs and deserves the national recognition that it has received because of its outstanding results. He commended Dr. Ploth's leadership.

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

Board Action: Received as information.

Item 5. Other Business.

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 said he had reported to committee the achievements of the past year including the opening of the new hospital, implementing service lines and successes of the MUSC Excellence Program. Pillar Goals were met on patient satisfaction, employee satisfaction and quality. The growth goal was not met. A 7% growth had been projected; however, growth was flat which adversely impacted finances. Administration will address the financial issues and build some financial information systems that will allow the hospital to monitor activity more closely on an on-going basis. Mr. Smith stated that he would begin reporting to the board on a regular basis the results of measures taken by the hospital to address the financial issues.

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 7. MUSC Medical Center Financial and Statistical Report.

Statement: Dr. Baker said a report had been given to 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 8. MUSC Medical Center Budget for Fiscal Year 08-09.

Statement: Dr. Baker asked for approval of the Authority budget as presented to the Board in June.

Recommendation of Administration: That the budget be approved.

Recommendation of Committee: That the budget be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the MUSC Medical Center Budget for Fiscal Year 08-09.

Item 9. Amendment to Community Based Primary Care Clinical Education and Services Agreement.

Statement: Dr. Baker asked that the amendment to the Community Based Primary Care Clinical Education and Services Agreement be approved.

Recommendation of Administration: That the amendment to the Agreement be approved.

Recommendation of Committee: That the amendment to the Agreement be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the amendment to the Community Based Primary Care Clinical Education and Services Agreement.

Item 10. Amendment to the Ambulatory Patient Care Management Agreement.

Statement: Dr. Baker asked for approval of the amended Ambulatory Patient Care Management Agreement.

Recommendation of Administration: That the Agreement be approved.

Recommendation of Committee: That the Agreement be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the amended Ambulatory Patient Care Management Agreement.

Item 11. Update on Medical Staff Rules and Regulations.

Statement: Dr. Baker asked for approval of the Medical Staff Rules and Regulations as presented.

Recommendation of Administration: That the Medical Staff Rules and Regulations be approved.

Recommendation of Committee: That the Medical Staff Rules and Regulations be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the Medical Staff Rules and Regulations as presented.

Item 12. Quality Report.

Statement: Dr. Baker said the committee had received a report on quality and patient safety from Dr. Cawley.

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

Statement: Dr. Baker stated that in Dean Reves had provided a report to the committee.

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

Recommendation of Committee: That the report be approved as presented.

Board Action: Received as information.

Item 14. Report on University Medical Associates.

Statement: Dr. Baker stated there was no report to committee.

Recommendation of Administration: Received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

Item 15. Legislative Update.

Statement: A report was provided to Committee. It is anticipated that there will be a decrease in the state appropriation.

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 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 approved at presented.

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. Institutional Commitment to Graduate Medical Education (Consent Item).

Statement: The Institutional Commitment to Graduate Medical Education was presented for approval.

Recommendation of Administration: That the Commitment be approved.

Recommendation of Committee: That the Commitment be approved.

Board Action: That the Institutional Commitment to Graduate Medical Education be approved.

Item 19. Update on Performance Improvement Plan (Consent Item).

Statement: The update on the Performance Improvement Plan was presented for approval.

Recommendation of Administration: That the updated Plan be approved.

Recommendation of Committee: That the updated Plan be approved.

Board Action: That the updated Performance Improvement Plan be approved.

Item 20. Medical Executive Committee Minutes (Consent Item).

Statement: Minutes of the Medical Executive Committee meetings of April, May and June, 2008 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 of April, May and June 2008 were received as information.

Item 21. 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 22. Facilities Procurements/Contracts Proposed.

Statement: Mr. Bingham presented the following for approval:

- Lease renewal for 102,574 square feet of office/clinical space located in Rutledge Tower. Total cost of five year lease: \$8,398,374.90.
- Lease-out of 6,294 square feet of clinical space located in the Bee Street Parking Garage at 122 Bee Street. Total cost of 30 year lease: \$4,110,750.

Recommendation of Administration: That the procurements/contracts be approved..

Recommendation of Committee: That the procurements/contracts be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the procurements/contracts as presented.

Item 23. Update on Projects.

Statement: Mr. Bingham reported that the committee had received an update on projects by Mr. Dennis Frazier.

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 24. Other Committee Business. None.

Item 25. 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 26. Report of Legal Counsel.

Statement: Ms. Annette Drachman reported to committee on various Authority contractual matters.

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 27. Report of the Internal Auditor.

Statement: Mr. Stephenson stated that everyone had received the written report of the internal auditor and if there were any questions, Ms. Barnhart was available to answer them.

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 28. Other Committee Business. None.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 29. 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 30. New Business for the Board of Trustees. None.

Item 31. Report from the Chairman.

There being no further business, the Hospital Authority meeting was adjourned.

Respectfully submitted,



Hugh B. Faulkner III
Secretary

/wcj
Attachments

Medical University Hospital Authority Board of Trustees
Operations and Finance Committee
August 7, 2008
Minutes

Attendees:

Dr. Stanley Baker, Chair	Ms. Lisa Montgomery
Dr. Mr. Melvyn Berlinsky	Dr. J. G. Reves
Mr. William H. Bingham, Sr.	Dr. John Raymond
Dr. Cotesworth P. Fishburne, Jr.	Dr. Frank Clarke
Mr. William B. Hewitt	Dr. Sabra Slaughter
Dr. E. Conyers O'Bryan, Jr.	Mr. Steve Valerio
Dr. Paula E. Orr	Mr. John Cooper
Dr. Thomas C. Rowland, Jr.	Mr. Steve Hargett
Mr. Charles W. Schulze	Dr. Patrick Cawley
Thomas L. Stephenson, Esq.	Ms. Susan Barnhart
Hon. Robin M. Tallon	Mr. Maurice Snook
Dr. Charles B. Thomas, Jr.	Joseph Good, Esq.
Dr. James E. Wiseman, Jr.	Mr. H. B. Faulkner
Dr. Raymond Greenberg	Ms. Lisa McGill
Mr. Stuart Smith	Mr. Mark Sweatman
	Ms. Sarah King
	Mr. John Barilich

The meeting was called to order by Dr. Stanley Baker, Chair.

Item 6. MUSC Medical Center Status Report

Mr. Smith reported that achievements in the last fiscal year included the completion and staffing of the Ashley River Tower, implementation of service lines, as well as successes in the MUSC Excellence Program. MUSC Medical Center reached its goals in the areas of patient satisfaction, employee satisfaction, and quality. The growth and financial targets did not meet goal. He reported that although admissions were flat, the OR cases had increased 5.2%. July numbers as compared to July of last year show a 7.1% increase in admissions and a 19.2% increase in OR cases and a 7% increase in patient days over last year. Trauma and orthopedic cases have decreased while neurosciences have increased. He expressed hope that increases would continue in our profitable services, but stressed that the Medical Center has been negatively influenced by the current economic situation as have other hospitals nationwide.

Action: Report received as information

Item 7. MUSC Medical Center Financial and Statistical Report.

A motion was made, seconded, and carried that this item be discussed in executive session in order to deal with a contractual matter.

Action: No action taken

Item 8. MUSC Medical Center Budget for Fiscal year 08-09

Ms. Montgomery presented the FY 08-09 budget. This was presented in detail at the Finance Committee of the Board in June with a recommendation for approval.

Action: Approved as presented

Item 9. Amendment to Community Based Primary Care Clinical Education and Services Agreement

This agreement's term was amended to terminate on June 30, 2009

Action: Approved as presented

Item 10. Amendment to the Ambulatory Patient Care Management Agreement

This agreement's term was amended to terminate on June 30, 2009.

Action: Approved as presented

Item 11. Update on Medical Staff Rules and Regulations

Dr. Patrick Cawley briefed the committee on several updates to the Medical Staff Rules and Regulations.

Action: Approved as presented

Item 12. Report on Quality and Patient Safety

Dr. Patrick Cawley presented the annual report on quality and patient safety. He discussed the Medical Center's quality report card and measures which will be areas of focus in the coming year. MUSC met its mortality goal this year and is ranked at the 64th percentile among other academic medical centers. MUSC's readmission rates are reported to be in the average range with a 19% readmission rate. Reducing this rate will be another major focus for the upcoming year.

Action: Report received as information

Item 13. Report of the Vice President for Medical Affairs and Dean, College of Medicine

Dr. Jerry Reves briefed the committee on the highlights of the past academic year. He focused on the recognition in U.S. News and World Report of our Digestive Diseases, Nephrology and Rheumatology services. He also reported that MUSC was one of 25 hospitals in the United States which was recognized by the American Heart Association for its heart and stroke care. Patient satisfaction goals in the Ambulatory Care area reached the 77th percentile with highest rankings in Otolaryngology, Dermatology, Surgery, Anesthesia, and Women's Health. He particularly praised the Otolaryngology department for its excellent work. He also reported that Dr. Patrick Cawley has been elected President of the Society of Hospital Medicine.

The financial status of the College of Medicine shows a modest margin and AAMC data shows an increase in the college of Medicine's financial growth at a time when the contribution from the State continues to decrease. This increased financial growth can be linked to incentive plans for clinicians and increased research funding.

Action: Report received as information

Item 14. Report on University Medical Associates

No Report

Item 15. Legislative Update

Bo Faulkner reported that meetings are being set with legislative leaders in preparation for next years's budget. He expects one to two percent mid-year budget cuts. He also reported that Dr. Greenberg has met with the Commission on Higher Education and continues to point out the inequities in the share of funds given to MUSC as compared to other state institutions.

Action: Report received as information

Item 16. Other Committee Business

CONSENT AGENDA

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

These were presented to the committee. They have been approved by the Departments, the Credentials Committee and the Medical Executive Committee.

Action: Recommend Approval

Item 18. Institutional Commitment to Graduate Medical Education

The board affirmed its commitment to graduate medical education as evidenced in the letter in the Board's agenda.

Action: Approval

Item 19. Update on Performance Improvement Plan

The updated performance improvement plan was presented and approved as presented.

Action: Approved

Item 20. Medical Executive Committee minutes of April – June, 2008

The board reviewed the minutes

Action: Accepted as presented

Item 21. Medical Center Contracts and Agreements

Contracts signed since the last meeting of the Board were presented.

Action: Received as information

There being no further business the committee adjourned at 11:00 a.m.

Respectfully Submitted,

Teresa K. Rogers

**Medical University Hospital Authority
Physical Facilities Committee
August 7, 2008
Minutes**

Attendees:

Mr. William H. Bingham, Sr., Chair	Mr. Joe Good
Dr. Stanley C. Baker, Jr.	Mr. Steve Hargett
Mr. Melvyn Berlinsky	Mr. Mike Keels
Mr. William B. Hewitt	Ms. Sarah King
Dr. Thomas C. Rowland, Jr.	Mr. Lonnie Long
Mr. Charles W. Schulze	Mr. John Malmrose
Thomas L. Stephenson, Esquire	Ms. Lisa McGill
The Honorable Robin M. Tallon	Mr. Stewart Mixon
Dr. Charles B. Thomas, Jr.	Ms. Lisa Montgomery
Dr. James E. Wiseman, Jr.	Ms. Jody O'Donnell
Mr. Allen E. Stalvey	Ms. Jennifer Pearce
Dr. Raymond Greenberg	Dr. John Raymond
Mr. John E. Barilich	Dr. Jerry Reves
Mr. John Cooper	Mr. Stuart Smith
Ms. Susie Edwards	Mr. Mark Sweatman
Mr. Dennis Frazier	Mr. Steve Valerio
	Mr. Patrick Wamsley

Mr. Bingham called the meeting to order.

REGULAR Items

Item 22. Facilities Procurements/Contracts Proposed

Mr. Dennis Frazier presented the following for approval:

- Lease renewal for 102,574 square feet of office/clinical space located in Rutledge Tower. Total cost of five year lease: \$8,398,374.90
- Lease-out of 6,294 square feet of clinical space located in the Bee Street Parking Garage at 122 Bee Street. Total cost of 30 year lease: \$4,110,750.

Recommendation of Committee: That procurements/contracts be approved as presented.

Item 23. Update on Projects

Mr. Dennis Frazier presented updates on various Authority projects including 9 East, 10 West, Courtenay Garage and the PET CT.

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

Item 24. Other Committee Business

None

CONSENT Items for Information:

Item 25. 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.

Medical University of South Carolina Hospital Authority
Audit Committee
August 7, 2008
Minutes

Attendees:

Thomas L. Stephenson, Esquire, Chair
Dr. Stanley C. Baker, Jr.
Mr. Melvyn Berlinsky
Mr. William H. Bingham, Sr.
Dr. Cotesworth P. Fishburne, Jr.
Mr. William B. Hewitt
Dr. E. Conyers O'Bryan, Jr.
Dr. Thomas C. Rowland, Jr.
Mr. Charles W. Schulze
The Honorable Robin M. Tallon
Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.
Mr. Allen E. Stalvey
Mr. Hugh B. Faulkner III

Dr. Raymond S. Greenberg
Ms. Susan Barnhart
Ms. Annette Drachman
Mr. Joe Good
Ms. Jody O'Donnell
Dr. Jerry Reves

Mr. Stephenson called the meeting to order.

REGULAR Items

Item 26. Report of Legal Counsel.

Ms. Annette Drachman reported on various Authority contractual issues in executive session.

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

Item 27. Report of Internal Auditor.

Mr. Stephenson stated everyone had received the written report of the internal auditor and if there were any questions, Ms. Barnhart was available to answer them.

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

Item 28. Other Business.

There being no further business, the committee meeting was adjourned.

Respectfully submitted,

Celeste Jordan

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

AMENDMENT TO COMMUNITY
BASED PRIMARY CARE CLINICAL
EDUCATION AND SERVICES AGREEMENT

COMPENSATION OF UMA: The last sentence of the first paragraph in section IV. A. Reimbursement, is hereby amended to read: "The payment due under this Agreement for the Fiscal Year 2009 shall be Eight Hundred Thousand and 00/100 (\$800,000) Dollars."

IN WITNESS WHEREOF THE PARTIES AFFIX THEIR SIGNATURES HERETO.

Witness

BY: _____
STEPHEN A. VALERIO
ITS: CHIEF EXECUTIVE OFFICER
FAX: (843) 792-2048
171 ASHLEY AVENUE
CHARLESTON, SC 29425

MUSC - Board of Trustees
Credentials Report

August 8, 2008

The Medical Executive Committee has reviewed the following applicants for appointment / reappointment / change in privileges and recommends approval by the Board of Trustees.

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

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>
Baker, G. Hamilton	MD	PA	PEDI	CARD	5/14/2008	5/21/2008	8/8/2008
Discolo, Christopher	MD	PA	OTOL		5/14/2008	5/21/2008	8/8/2008
Epperson, III, Thomas	MD	PA	ANES		5/14/2008	5/21/2008	8/8/2008
Fields, Anne-Marie	MD	PA	MEDI	IMED	5/14/2008	5/21/2008	8/8/2008
Figueroa-Martinez, Silkia	MD	PA	PEDI	CCN	5/14/2008	5/21/2008	8/8/2008
Hardie, Andrew	MD	PA	RADI		5/14/2008	5/21/2008	8/8/2008
Horton, Miranda	MD	PA	MEDI	IMED	5/14/2008	5/21/2008	8/8/2008
Moore, Lisa	PA-C	PH	MEDI	EMER	5/14/2008	5/21/2008	8/8/2008
Novit, Adrian	PhD	PH	PSYC		5/14/2008	5/21/2008	8/8/2008
Post, II, Robert	MD	PA	FAMP		5/14/2008	5/21/2008	8/8/2008
Purves, Todd	MD	PA	UROL		5/14/2008	5/21/2008	8/8/2008
Romano, Peter	MD	PA	RADI		5/14/2008	5/21/2008	8/8/2008
Rothwell, Stacey	PA-C	PH	ORTH		5/14/2008	5/21/2008	8/8/2008
Skeens, Heather	MD	PA	OPHT		5/14/2008	5/21/2008	8/8/2008
Steinberg, Daniel	MD	PA	MEDI	CARD	5/14/2008	5/21/2008	8/8/2008
Streck, Jr., Christian	MD	PA	SURG	PEDI	5/14/2008	5/21/2008	8/8/2008
Vandergrift, III, William	MD	PA	NSCI	NSUR	5/14/2008	5/21/2008	8/8/2008
Whiteley, Joseph	MD	PA	ANES		5/14/2008	5/21/2008	8/8/2008
Abdel-Hafez, Ghana	MD	PA	OPHT		6/11/2008	6/18/2008	8/8/2008
Alsharif, Mariam	MD	PA	PATH		6/11/2008	6/18/2008	8/8/2008
Cluver, Abbie	MD	PA	RADI		6/11/2008	6/18/2008	8/8/2008
Carter, Denise	OD	PF	OPHT		6/11/2008	6/18/2008	8/8/2008
Coe, Myra	CRNA	PH	ANES		6/11/2008	6/18/2008	8/8/2008
Coish, Sherwood	FNP-C	PH	PSYC		6/11/2008	6/18/2008	8/8/2008
Ellegala, Dilantha	MD	PA	NSCI	NSUR	6/11/2008	6/18/2008	8/8/2008
Gordon, Tracey	PNP-C	PH	ANES		6/11/2008	6/18/2008	8/8/2008
Lazaridis, Christos	MD	PA	NSCI	NEUR	6/11/2008	6/18/2008	8/8/2008
Litvin, Cara	MD	PA	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Reust, Daryl	MD	PA	ANES		6/11/2008	6/18/2008	8/8/2008
Turner, IV, Raymond	MD	PA	NSCI	NSUR	6/11/2008	6/18/2008	8/8/2008
Wood, Amanda	MD	PA	MEDI	EMER	6/11/2008	6/18/2008	8/8/2008
Wurtz, Kenneth	MD	PA	MEDI	HEMA	6/11/2008	6/18/2008	8/8/2008
Barth, Kelly	DO	PA	PSYC		7/9/2008	7/16/2008	8/8/2008
Benich, III, Joseph J.	MD	PA	FAM		7/9/2008	7/16/2008	8/8/2008
Burch, Thomas	MD	PA	ANES		7/9/2008	7/16/2008	8/8/2008
Cina, Robert	MD	PA	SURG	PEDI	7/9/2008	7/16/2008	8/8/2008
Costa, Luciano	MD	PA	MEDI	HEMA	7/9/2008	7/16/2008	8/8/2008
Criswell, Michael	OD	PA	OPHT		7/9/2008	7/16/2008	8/8/2008
Debanth, Indranil	MD	PA	OTOL		7/9/2008	7/16/2008	8/8/2008
Dempsey-Fanning, Angela	MD	PA	OBGY		7/9/2008	7/16/2008	8/8/2008
Evans, Monica	MD	PA	OPHT		7/9/2008	7/16/2008	8/8/2008
Fisch, Harry	MD	PA	UROL		7/9/2008	7/16/2008	8/8/2008
Giraldo, Alvaro	MD	PA	PSYC		7/9/2008	7/16/2008	8/8/2008
Golshayan, Ali-Reza	MD	PA	MEDI	HEMA	7/9/2008	7/16/2008	8/8/2008
Gross, John	MD	PA	OPHT		7/9/2008	7/16/2008	8/8/2008
Hughes, Jr., Michael	MD	PA	SURG	GSTS	7/9/2008	7/16/2008	8/8/2008
Kilby, J. Michael	MD	PA	MEDI	INFE	7/9/2008	7/16/2008	8/8/2008
Kuppachi, Sarat	MD	PA	MEDI	NEPH	7/9/2008	7/16/2008	8/8/2008
Labonte, Muriel	APRN-C	PH	MEDI	NEPH	7/9/2008	7/16/2008	8/8/2008

<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>
Lebed, Brett	MD	PA	UROL		7/9/2008	7/16/2008	8/8/2008
Lukow, Evan	MD	PA	ANES		7/9/2008	7/16/2008	8/8/2008
Mansfield, Julie	PA-C	PH	SURG	PEDI	7/9/2008	7/16/2008	8/8/2008
Miller, Ashley	APRN-C	PH	MEDI	HEMA	7/9/2008	7/16/2008	8/8/2008
Mills, David	MD	PA	PEDI	PGEN	7/9/2008	7/16/2008	8/8/2008
Novotny, Christopher	MD	PA	PATH		7/9/2008	7/16/2008	8/8/2008
Pasala, Sanjiv	MD	PA	PEDI	PGEN	7/9/2008	7/16/2008	8/8/2008
Passo, Murray	MD	PA	PEDI	PGEN	7/9/2008	7/16/2008	8/8/2008
Patel, Krishna	MD	PA	OTOL		7/9/2008	7/16/2008	8/8/2008
Paulo, Remberto	MD	PA	PEDI	ENDO	7/9/2008	7/16/2008	8/8/2008
Picard, Jonathan	MD	PA	UROL		7/9/2008	7/16/2008	8/8/2008
Pullattrana, Chitharanjan	MD	PA	SURG	GSUR	7/9/2008	7/16/2008	8/8/2008
Rousseau, Paul	MD	PA	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Sheil, Amy	MD	PA	PATH		7/9/2008	7/16/2008	8/8/2008
Streck, Maria	MD	PA	PEDI	PULM	7/9/2008	7/16/2008	8/8/2008
Teeters, Jennifer	APRN-C	PH	NSCI	PNEU	7/9/2008	7/16/2008	8/8/2008
Thomas, Melanie	MD	PA	MEDI	HEMA	7/9/2008	7/16/2008	8/8/2008
Tolliver, Bryan	MD	PA	PSYC		7/9/2008	7/16/2008	8/8/2008
Wheaton, Michael	MD	PA	PEDI	PGEN	7/9/2008	7/16/2008	8/8/2008
Whitehead, Robert	MD	PA	MEDI	HEMA	7/9/2008	7/16/2008	8/8/2008

APPLICANTS FOR REAPPOINTMENT

<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>
Alanis, Mark C.	MD	AC	OBGY	MATE	5/14/2008	5/21/2008	8/8/2008
Aldea, Trinidad G.	CRNA	AH	ANES		5/14/2008	5/21/2008	8/8/2008
Baio, Debra	PA-C	AH	SURG		5/14/2008	5/21/2008	8/8/2008
Bergmann, Shayla	MD	AF	PEDI	PHEM	5/14/2008	5/21/2008	8/8/2008
Billings, Nancy O.	PA-C	AH	MEDI	GAST	5/14/2008	5/21/2008	8/8/2008
Bizal, Darrin E.	NNP	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Brady, Courtney	MD	AC	MEDI	IMED	5/14/2008	5/21/2008	8/8/2008
Brownfield, Elisha L.	MD	AC	MEDI	IMED	5/14/2008	5/21/2008	8/8/2008
Buck, Gregory F.	PA-C	AH	MEDI	GAST	5/14/2008	5/21/2008	8/8/2008
Camp, Ernest R.	MD	PA	SURG	SONC	5/14/2008	5/21/2008	8/8/2008
Caton, Cathryn	MD	PA	MEDI	IMED	5/14/2008	5/21/2008	8/8/2008
Conway-Orgel, Margaret	NNP	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Duckett, Ashley N.	MD	PA	MEDI	IMED	5/14/2008	5/21/2008	8/8/2008
Glenn, Tammy F.	FNP	AH	MEDI	GAST	5/14/2008	5/21/2008	8/8/2008
Gray, Kevin M.	MD	AC	PSYC		5/14/2008	5/21/2008	8/8/2008
Hanson, Rochelle	PhD	AH	PSYC	CRVC	5/14/2008	5/21/2008	8/8/2008
Jaruzel, Candace A.	CRNA	PH	ANES		5/14/2008	5/21/2008	8/8/2008
Lambert, Debra A.	NNP	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Adams, Robert J.	MD	AC	NSCI	NEUR	6/11/2008	6/18/2008	8/8/2008
Bowie, Esther M.	MD	AC	OPHT		6/11/2008	6/18/2008	8/8/2008
Bradley, Scott M.	MD	AC	SURG	CSUR	6/11/2008	6/18/2008	8/8/2008
Briones, Kerry P.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Burns, Jill M.	MSN	AH	OBGY		6/11/2008	6/18/2008	8/8/2008
Cahill, Jr., John B.	MD	AC	PEDI	NEON	6/11/2008	6/18/2008	8/8/2008
Carneiro-Pla, Denise M.	MD	PA	SURG	SONC	6/11/2008	6/18/2008	8/8/2008
Cawley, Patrick J.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Clark, Jennifer K.	MD	PA	MEDI		6/11/2008	6/18/2008	8/8/2008
Clyburn, Ernest B.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Conway, William F.	MD, PhD	AC	RADI		6/11/2008	6/18/2008	8/8/2008
deArellano, Michael A.	PhD	AH	PSYC		6/11/2008	6/18/2008	8/8/2008
DeLegge, Mark H.	MD	AC	MEDI	GAST	6/11/2008	6/18/2008	8/8/2008
Fenning, Robert L.	MD	AC	MEDI	HEMA	6/11/2008	6/18/2008	8/8/2008
Ford, Dee W.	MD	AC	MEDI	PULM	6/11/2008	6/18/2008	8/8/2008
Fox, Donald L.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Freeddy, John R.	MD	AC	FAMP		6/11/2008	6/18/2008	8/8/2008
Geier, Christian S.	MD	AC	OBGY	BGYN	6/11/2008	6/18/2008	8/8/2008
Gonsalves, Wanda C.	MD	AC	FAMP		6/11/2008	6/18/2008	8/8/2008

<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>
Good, Anne Marie E.	MD	AC	PEDI	PEDI	6/11/2008	6/18/2008	8/8/2008
Hant, Faye N.	DO	PA	MEDI	RHEU	6/11/2008	6/18/2008	8/8/2008
Hoy, Mark J.	MD	AC	OTOL		6/11/2008	6/18/2008	8/8/2008
Hueston, William J.	MD	AC	FAMP		6/11/2008	6/18/2008	8/8/2008
Hutchins, Harry S.	DDS	AC	HSDS	PEDD	6/11/2008	6/18/2008	8/8/2008
Kamen, Diane L.	MD	AC	MEDI	RHEU	6/11/2008	6/18/2008	8/8/2008
Keith, Brad A.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Keller, Sondra	MD	AC	PSYC		6/11/2008	6/18/2008	8/8/2008
Koch, Frances R.	MD	PA	PEDI		6/11/2008	6/18/2008	8/8/2008
Koval, Matthew S.	MD	AC	PSYC		6/11/2008	6/18/2008	8/8/2008
Kratz, John M.	MD	AC	SURG	CSUR	6/11/2008	6/18/2008	8/8/2008
Lichtenstein, Leonard S.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Marchell, Richard M.	MD	AC	DERM		6/11/2008	6/18/2008	8/8/2008
McElligott, James T.	MD	PA	PEDI	PEDI	6/11/2008	6/18/2008	8/8/2008
McGary, W. B.	MD	AC	MEDI	EMER	6/11/2008	6/18/2008	8/8/2008
Meekins, Pauline E.	MD	PA	MEDI	EMER	6/11/2008	6/18/2008	8/8/2008
Mennito, Sarah H.	MD	PA	PEDI	PEDI	6/11/2008	6/18/2008	8/8/2008
Mohr, Lawrence C.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Morgan, Katherine A.	MD	AC	SURG	GSUR	6/11/2008	6/18/2008	8/8/2008
Myrick, Donald L.	MD	AC	PSYC		6/11/2008	6/18/2008	8/8/2008
Pelic, Christine M.	MD	AC	PSYC		6/11/2008	6/18/2008	8/8/2008
Ploth, David W.	MD	AC	MEDI	NEPH	6/11/2008	6/18/2008	8/8/2008
Pound, Toya D.	MD	AC	OBGY	BGYN	6/11/2008	6/18/2008	8/8/2008
Randazzo, William S.	MD	PA	PEDI		6/11/2008	6/18/2008	8/8/2008
Roberts, Jason R.	MD	PA	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Roscoe Romero, Kelly I.	NNP	AH	PEDI	NEON	6/11/2008	6/18/2008	8/8/2008
Selby, J. B.	MD	AC	RADI		6/11/2008	6/18/2008	8/8/2008
Sherman, Carol A.	MD	AC	MEDI	HEMA	6/11/2008	6/18/2008	8/8/2008
Spain, Margaret A.	FNP	AH	FAMP		6/11/2008	6/18/2008	8/8/2008
Steele, Thomas E.	MD	AC	PSYC		6/11/2008	6/18/2008	8/8/2008
Swift, Steven E.	MD	AC	OBGY	BGYN	6/11/2008	6/18/2008	8/8/2008
Thomas, James C.	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Titus, Mary O.	MD	AC	PEDI	PEMG	6/11/2008	6/18/2008	8/8/2008
Uflacker, Renan P.	MD	AC	RADI		6/11/2008	6/18/2008	8/8/2008
Underwood, Paul B.	MD	AC	OBGY	GONC	6/11/2008	6/18/2008	8/8/2008
Wiley, M. Kathleen	MD	AC	MEDI	IMED	6/11/2008	6/18/2008	8/8/2008
Williamson, Bridget T.	MD	AC	OBGY	BGYN	6/11/2008	6/18/2008	8/8/2008
Willner, Ira R.	MD	AC	MEDI	GAST	6/11/2008	6/18/2008	8/8/2008
Aguero, Eric G.	MD	AC	RADO		7/9/2008	7/16/2008	8/8/2008
Annibale, David J.	MD	AC	PEDI	NEON	7/9/2008	7/16/2008	8/8/2008
Antonovich, Diana D.	MD	AC	DERM		7/9/2008	7/16/2008	8/8/2008
Axon, Robert N.	MD	AC	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Baker, JD	MD	AC	ANES		7/9/2008	7/16/2008	8/8/2008
Baker, Megan	MD	AC	SURG		7/9/2008	7/16/2008	8/8/2008
Bertrand, Helen R.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Blevens Huncik, Kara L.	MD	AC	PEDI	PEMG	7/9/2008	7/16/2008	8/8/2008
Caristi, Kimberly K.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Carter, William C.	MD	AF	UROL		7/9/2008	7/16/2008	8/8/2008
Castellone, David L.	MD	AF	FAMP		7/9/2008	7/16/2008	8/8/2008
Chalela, Julio A.	MD	AC	NSCI	NEUR	7/9/2008	7/16/2008	8/8/2008
Clifford, Robert A.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Cormack, Carrie L.	PNP	AH	ORTH		7/9/2008	7/16/2008	8/8/2008
Cornish-McTighe, Denise B.	MD	AF	PSYC		7/9/2008	7/16/2008	8/8/2008
Craigie, James E.	MD	AF	SURG	PLAS	7/9/2008	7/16/2008	8/8/2008
Davis, Betsy K.	DMD	AC	OTOL	PROS	7/9/2008	7/16/2008	8/8/2008
Day, Terrence A.	MD	AC	OTOL		7/9/2008	7/16/2008	8/8/2008
Debroy, Sumita K.	MD	PAFC	PEDI		7/9/2008	7/16/2008	8/8/2008
Demos, Harry A.	MD	AC	ORTH		7/9/2008	7/16/2008	8/8/2008
Detar, D. T.	DO	AC	FAMP		7/9/2008	7/16/2008	8/8/2008
Dillon, Alison E.	MD	AC	OBGY		7/9/2008	7/16/2008	8/8/2008
Doles, Lonnie R.	DDS	AF	ORAL		7/9/2008	7/16/2008	8/8/2008

<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>
Edwards, Jonathan C.	MD	PA	NSCI	NEUR	7/9/2008	7/16/2008	8/8/2008
Egede, Leonard E.	MD	AC	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Egidi, Maria F.	MD	PA	MEDI	NEPH	7/9/2008	7/16/2008	8/8/2008
Embrey, Donna B.	CRNA	PH	ANES		7/9/2008	7/16/2008	8/8/2008
Flume, Patrick A.	MD	AC	MEDI	PULM	7/9/2008	7/16/2008	8/8/2008
Fogle, Alan W.	MD	AF	UROL		7/9/2008	7/16/2008	8/8/2008
Frithsen, Ivar L.	MD	AC	FAMP		7/9/2008	7/16/2008	8/8/2008
Frye, Michael D.	MD	AC	MEDI	PULM	7/9/2008	7/16/2008	8/8/2008
Gilbreth, Edward M.	MD	AFC	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Goltra, Sheryl E.	DMD	AF	HSDS	PEDD	7/9/2008	7/16/2008	8/8/2008
Graham, Eric M.	MD	AC	PEDI	PCAR	7/9/2008	7/16/2008	8/8/2008
Graham, John M.	MD	AF	ORTH		7/9/2008	7/16/2008	8/8/2008
Griesemer, David A.	MD	AC	NSCI	NEUR	7/9/2008	7/16/2008	8/8/2008
Grant, Cheryl A.	MD	PA	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Gregory, J. L.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Gudas, Charles J.	DPM	AF	MEDI	ENDO	7/9/2008	7/16/2008	8/8/2008
Guidry, Orin F.	MD	AC	ANES		7/9/2008	7/16/2008	8/8/2008
Guldan III, George J.	MD	PA	ANES		7/9/2008	7/16/2008	8/8/2008
Gupta, Monika	MBBS	AC	MEDI	NEPH	7/9/2008	7/16/2008	8/8/2008
Halstead, Lucinda A.	MD	AC	OTOL		7/9/2008	7/16/2008	8/8/2008
Hamilton, Lauren F.	MD	AF	OBGY		7/9/2008	7/16/2008	8/8/2008
Hammond, Kerry L.	MD	PA	SURG	GSUR	7/9/2008	7/16/2008	8/8/2008
Hammond, Natalie A.	MD	PA	OBGY		7/9/2008	7/16/2008	8/8/2008
Hays, Angela N.	MD	PA	NSCI	NEUR	7/9/2008	7/16/2008	8/8/2008
Hebra, Andre	MD	PA	SURG	PSUR	7/9/2008	7/16/2008	8/8/2008
Herring, Neill M.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Herrmann, Virginia M.	MD	PA	SURG	SONC	7/9/2008	7/16/2008	8/8/2008
Hill, Jeanne G.	MD	AC	RADI		7/9/2008	7/16/2008	8/8/2008
Horecky, Stephanie E.	NNP	AH	PEDI	NEON	7/9/2008	7/16/2008	8/8/2008
Hunt, Noel M.	MD	AF	PSYC		7/9/2008	7/16/2008	8/8/2008
Irshad, Abid	MBBS	AC	RADI		7/9/2008	7/16/2008	8/8/2008
Johnson, Ian T.	MD	PA	NSCI		7/9/2008	7/16/2008	8/8/2008
Kalinsky, Marshall N.	DPM	AF	MEDI	ENDO	7/9/2008	7/16/2008	8/8/2008
Kenneda, Virgil J.	DO	PA	ANES		7/9/2008	7/16/2008	8/8/2008
Kini, Sam	MD	AC	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Klumb, Ashley B.	NNP	AH	PEDI	NEON	7/9/2008	7/16/2008	8/8/2008
Koch, David G.	MD	PA	MEDI	GAST	7/9/2008	7/16/2008	8/8/2008
Kurent, Jerome E.	MD	AC	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Kwon, Soonho	MD	AC	MEDI	ENDO	7/9/2008	7/16/2008	8/8/2008
Lage, Janice M.	MD	AC	PATH	APAT	7/9/2008	7/16/2008	8/8/2008
Lambert, Paul R.	MD	AC	OTOL		7/9/2008	7/16/2008	8/8/2008
Lamont, Tammy	CRNA	AH	ANES		7/9/2008	7/16/2008	8/8/2008
Levy, Elliott E.	MD	AF	PSYC		7/9/2008	7/16/2008	8/8/2008
Limehouse, Walter E.	MD	AC	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Matheson, Eric M.	MD	PA	FAMP		7/9/2008	7/16/2008	8/8/2008
Matheus, Maria G.	MD	PA	RADI		7/9/2008	7/16/2008	8/8/2008
McConnell, Bright	MD	AC	ORTH		7/9/2008	7/16/2008	8/8/2008
McFadden, John A.	MD	AF	ORTH		7/9/2008	7/16/2008	8/8/2008
McGillicuddy, John W.	MD	PA	SURG	GSTS	7/9/2008	7/16/2008	8/8/2008
McLeod-Bryant, Stephen A.	MD	AC	PSYC		7/9/2008	7/16/2008	8/8/2008
McNellis, Edward L.	MD	AF	OTOL		7/9/2008	7/16/2008	8/8/2008
Merrell, Christopher A.	MD	PA	ORTH		7/9/2008	7/16/2008	8/8/2008
Montero, Alberto J.	MD	AC	MEDI	HEMA	7/9/2008	7/16/2008	8/8/2008
Morrison, Edward C.	MD	AF	SURG	GSVS	7/9/2008	7/16/2008	8/8/2008
Muirhead, William R.	MD	AC	ORTH		7/9/2008	7/16/2008	8/8/2008
Nahas, Ziad	MD	AC	PSYC		7/9/2008	7/16/2008	8/8/2008
Netherton, Mark D.	MD	AC	ANES	PAIN	7/9/2008	7/16/2008	8/8/2008
Nielsen, Christopher D.	MD	AC	MEDI	CARD	7/9/2008	7/16/2008	8/8/2008
Ouzts, Katharyn J.	MD	AF	PSYC		7/9/2008	7/16/2008	8/8/2008
Patel, Sunil J.	MD	AC	NSCI	NSUR	7/9/2008	7/16/2008	8/8/2008
Payne, K. Mark	MD	AC	MEDI	GAST	7/9/2008	7/16/2008	8/8/2008

<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>
Payne, Kim J.	MD	AC	ANES		7/9/2008	7/16/2008	8/8/2008
Player, Marty S.	MD	AC	FAMP		7/9/2008	7/16/2008	8/8/2008
Powell, Sandra L.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Powers, Eric R.	MD	AC	MEDI	CARD	7/9/2008	7/16/2008	8/8/2008
Presnell, Susan E.	MD	AC	PATH	FPAT	7/9/2008	7/16/2008	8/8/2008
Pritchard, Paul B.	MD	AC	NSCI	NEUR	7/9/2008	7/16/2008	8/8/2008
Psenka, Tamatha M.	MD	AC	ANES		7/9/2008	7/16/2008	8/8/2008
Rajagopalan, P. R.	MD	AC	SURG	GSTS	7/9/2008	7/16/2008	8/8/2008
Ramsay, Alex W.	MD	AF	UROL		7/9/2008	7/16/2008	8/8/2008
Ravenel, James	MD	AC	RADI		7/9/2008	7/16/2008	8/8/2008
Reed, Frederick E.	MD	AC	ORTH		7/9/2008	7/16/2008	8/8/2008
Rhodes, Malcolm M.	MD	AC	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Richardson, Mary S.	DDS, MD	AC	PATH	SPAT	7/9/2008	7/16/2008	8/8/2008
Robins, Amy L.	MD	AC	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Rose, Heather A.	MD	AC	FAMP		7/9/2008	7/16/2008	8/8/2008
Rosen, Marianne W.	MD	AF	DERM		7/9/2008	7/16/2008	8/8/2008
Rowland, Melisa D.	MD	AC	PSYC		7/9/2008	7/16/2008	8/8/2008
Rustin, Dowse D.	MD	AF	ORTH		7/9/2008	7/16/2008	8/8/2008
Rubano, Judith E.	MD	AFC	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Rumboldt, Zoran	MD	AC	RADI		7/9/2008	7/16/2008	8/8/2008
Rupp, Ned T.	MD	AF	PEDI	PALL	7/9/2008	7/16/2008	8/8/2008
Saef, Steven H.	MD	AC	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Scarlett, Leslie C.	MD	PF	OPHT		7/9/2008	7/16/2008	8/8/2008
Scarlett, Matthew D.	MD	AF	OTOL		7/9/2008	7/16/2008	8/8/2008
Schutte, H. D.	MD	AC	ORTH		7/9/2008	7/16/2008	8/8/2008
Senseney, Anna J.	MD	AC	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Sexauer, James D.	MD	AF	PSYC		7/9/2008	7/16/2008	8/8/2008
Shapshak, Dag	MD	AC	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Sharma, Anand K.	MD	PA	RADO		7/9/2008	7/16/2008	8/8/2008
Sharpe, Kenneth A.	MD	AF	OPHT		7/9/2008	7/16/2008	8/8/2008
Shawinsky, Arlene A.	MB, BCh	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Stowe, Claudia B.	MD	PA	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Sturdivant, J.Lacy	MD	AC	MEDI	CARD	7/9/2008	7/16/2008	8/8/2008
Sullivan, Scott A.	MD	AC	OBGY	MATE	7/9/2008	7/16/2008	8/8/2008
Tabor, Michael W.	DDS	AC	ORAL		7/9/2008	7/16/2008	8/8/2008
Taylor, George J.	MD	AC	MEDI	CARD	7/9/2008	7/16/2008	8/8/2008
Taylor, Sarah N.	MD	AC	PEDI	NEON	7/9/2008	7/16/2008	8/8/2008
Tecklenburg, Frederick W.	MD	AC	PEDI	PEMG	7/9/2008	7/16/2008	8/8/2008
Teed, Ronald G.	MD	PA	OPHT		7/9/2008	7/16/2008	8/8/2008
Terranova, William A.	MD	AF	SURG	PLAS	7/9/2008	7/16/2008	8/8/2008
Upshaw, Jana K.	MD	AC	PEDI	PEMG	7/9/2008	7/16/2008	8/8/2008
White, Janet O.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008
Wolfe, Russell B.	MD	AF	PSYC		7/9/2008	7/16/2008	8/8/2008
Wolfman, Tamara E.	MD	PA	MEDI	IMED	7/9/2008	7/16/2008	8/8/2008
Wray, Dannah W.	MD	AC	MEDI	INFE	7/9/2008	7/16/2008	8/8/2008
Zimlich, Kimberly S.	MD	AF	PEDI	PEDI	7/9/2008	7/16/2008	8/8/2008

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>
Bertels, Kimberly	NNP-C	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Eliason, Pam	FNP-C	AH	MEDI	HEMA	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Field, Jr., Larry	MD	AC	ANES		5/14/2008	5/21/2008	8/8/2008
Addition of Admitting Privileges							
Gibert, Stephen	MD	AC	ANES		5/14/2008	5/21/2008	8/8/2008
Addition of Admitting Privileges							
Glenn, Tammy	APRN-C	AH	MEDI	GAST	5/14/2008	5/21/2008	8/8/2008
Change in Protocol due to change in Physicians; addtl duties							
Graham, Eric	MD	AC	PEDI	CARD	5/14/2008	5/21/2008	8/8/2008

<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>
Additional privileges							
Horecky, Stephanie	NNP-C	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Laub, Joy	NNP-C	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Pearson, Lauree	NNP-C	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Romero, Kelly	NNP-C	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Koch, Frances	MD	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Rieke, Horst	MD	PA	ANES		5/14/2008	5/21/2008	8/8/2008
Addition of Admitting Privileges							
Saef, Steven	MD	AC	MEDI	EMER	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Ltd Emergency Ultrasound							
Smith, Arthur	MD	AC	ANES		5/14/2008	5/21/2008	8/8/2008
Addition of Admitting Privileges							
Taylor, Sara	MD	AH	PEDI	NEON	5/14/2008	5/21/2008	8/8/2008
Additional privilege of Moderate Sedation							
Turner, Joe	CNS	AH	UROL		5/14/2008	5/21/2008	8/8/2008
Change in Protocol due to change in back-up Physicians							
Chaudry, M. Imran	MD	PA	RADI		6/11/2008	6/18/2008	8/8/2008
Additional privilege of Moderate Sedation							
Doucet, Deborah	APRN-C	AH	PSYC		6/11/2008	6/18/2008	8/8/2008
Change in Protocol due to voluntary removal of Prescriptive Authority							
Jauch, Edward	MD	PA	MEDI	EMER	6/11/2008	6/18/2008	8/8/2008
Addition of Ltd Emergency Ultrasound							
Lambert, Debra	NNP-C	AH	PEDI	NEON	6/11/2008	6/18/2008	8/8/2008
Additional privilege of Moderate Sedation							
Limehouse, Walter	MD	AC	MEDI	EMER	6/11/2008	6/18/2008	8/8/2008
Addition of Ltd Emergency Ultrasound							
McGillicuddy, John E.	MD	PA	NSCI	NSUR	6/11/2008	6/18/2008	8/8/2008
Addition of accidentally omitted privileges							
Merrell, Christopher	MD	PA	ORTH		6/11/2008	6/18/2008	8/8/2008
Additional privileges of nerve blocks for pain management							
Borg, Keith	MD	AC	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Additional privilege of Moderate Sedation							
Meekins, Pauline	MD	PA	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Additional privilege of Moderate Sedation							
Ramsay, Michael	MD	AC	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Additional privilege of Moderate Sedation							
Younger, Deborah	MD	AF	MEDI	EMER	7/9/2008	7/16/2008	8/8/2008
Additional privilege of Moderate Sedation							
Nangle, Christine	APRN-C	AH	NSCI	NEUR	7/9/2008	7/16/2008	8/8/2008
Change of Protocol owing to change in supervising physicians							

MUSC MEDICAL CENTER
PERFORMANCE IMPROVEMENT PLAN
2008--2010

The Medical University of South Carolina Medical Center is committed to fostering an environment that promotes high quality care in all its domains: patient safety, effectiveness, equitable, efficient, patient centered, and timely. This commitment has developed into an institutional strategy that aligns governance, managerial and clinical support functions and personnel to continually assess our performance and proactively identify opportunities for enhancing quality of care and patient safety by preventing medical errors before they occur. Recognizing the inevitability of adverse events and some medical errors in complex healthcare settings, we stand committed to learning from these events, developing safeguards to prevent their recurrence, and addressing the impact of adverse events on patients and families.

This Performance Improvement Plan establishes a network for continually and systematically planning, designing, measuring, assessing and improving performance of hospital wide key functions and processes that support high quality and safe patient care. Central components of this network are as follows:

- Incorporate quality planning throughout the Medical Center;
- Create an organizational structure that allows personnel and clinical units to integrate their efforts in performance improvement and collaborate across departmental boundaries;
- Communicate performance improvement efforts throughout the Medical Center to foster institutional learning and encourage innovation and problem solving at the clinical unit level;
- Assure project prioritization, process design and redesign are consistent with the Medical Center's mission, vision and values;

- Foster institutional self assessment exercises that benchmark our performance against the “dimensions of performance” that direct care to be safe, effective, efficient, patient-centered, timely, and equitable.
- Reduce unexplained practice variation by promoting best clinical practices that are consistent with current professional knowledge as defined by evidence-based reports, practice guidelines, information from relevant systematic reviews and high-quality clinical investigations, and professional standards;
- Integrate error reduction procedures in healthcare processes; and
- Integrate the utilization of performance improvement principles in the daily activities of the work place.
- Link the education of our trainees to the science of performance improvement.
- Foster clinical research that examines processes of care and performance improvement.

This plan follows the “structure-process-outcome paradigm” of performance assessment and monitoring first described by Avedis Donabedian (1979, National Center for Health Services Research; 1983, Evaluation & the Health Professions). This paradigm provides the network for describing the MUSC Medical Center’s plan for continuously improving the safety and quality of our care processes.

I. SCOPE OF SERVICES

The MUSC Medical Center provides a full continuum of inpatient and outpatient care including:

Acute Inpatient Services:

Children’s (including a Level III Neonatal ICU)
 Digestive Disease
 Heart and Vascular
 Medicine – acute and critical
 Musculoskeletal

Oncology
Mental Health
Neuroscience
Perinatal
Surgery – acute, critical, Level I Trauma, and subspecialty

Transplant

Emergency Services:

Emergency Services – adult and pediatric
Level I Trauma - adult and pediatric
Air and Ground Transport

Outpatient Services:

Hospital Ancillaries
Physician and Other Clinician Services as defined in Acute Inpatient
Services

Partial Hospitalization Services:

Mental Health
Transplant

II. Mission Statement

The mission of the Medical Center of the Medical University of South Carolina is to provide excellence in patient care, teaching, and research in an environment that is respectful of others, adaptive to change, and accountable for outcomes.

III. VISION STATEMENT

The clinical enterprise of MUSC will be a leading academic health care organization that is part of a geographically dispersed patient care delivery system. The clinical enterprise

will offer a full range of services, including nationally and internationally recognized specialty services.

MUSC will establish strategic alliances to serve the state of South Carolina and will provide an educational environment that is at the forefront of academic health sciences and supports MUSC's role in cutting-edge scientific discoveries.

MUSC's clinical enterprise will include:

- a flexible structure that allows MUSC to achieve its vision.
- excellent and safe patient-focused care.
- a broad based provider network.
- integrated decision-making.
- a commitment to health promotion and illness prevention.

IV. ORGANIZATIONAL VALUES

In the development and operation of the State's premier integrated delivery system, the Medical Center relies upon a core set of values to achieve its stated mission. These values are as follows:

Accountability

Accepting responsibility for actions and using resources prudently to ensure the success of the organization. Each Medical Center employee is dedicated to the collaborative effort of providing health services in a manner which maximizes operational efficiency, demonstrates quality through teamwork, assures a safe environment, and thrives in a competitive market.

Respect

Relationships with all customers, both external and internal, are vital assets. Satisfaction with the ability to serve patient needs in a respectful and caring manner determines the success of the Medical Center.

Excellence

Success is measured by the ability to be recognized for excellence in clinical outcomes within a setting which maintains high ethical standards and is sensitive to the importance of patient rights.

Adaptability

Services are focused on the needs of customers. The ability to be collaborative, creative, and flexible in a changing market is a trait which positions the Medical Center as the premiere provider of health services in the community and region.

V. QUALITY DEFINITION

MUSC Medical Center formally adopts the Institute of Medicine's definition of quality which is "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". Additionally, all domains of quality as noted by the IOM are adopted: safety, effectiveness, efficiency, equity, patient centeredness, and timely. (Committee on Quality of Health Care in America *Crossing the Quality Chasm*, Washington, DC, National Academy Press, 1999, p. 232).

The Medical Center translates this formal definition into an operational phrase that "brands" our efforts to integrate quality, safety and performance improvement.

"Do the right thing the right way".

Technically competent care, grounded in a context of good communication and shared decision-making in a culturally sensitive model, characterizes the quality and safety of the patient care culture at MUSC Medical Center.

Specific information related to error prevention and error reduction is found in the Patient Safety Program.

VI. ORGANIZATION

The MUSC Medical Center Quality and Safety Network is the interdisciplinary structure that drives and coordinates the error reduction and performance improvement activities within the medical center. This structure represents a systematic organization-wide approach to planning for quality results.

The Quality and Safety Network focuses on the patient and organizational functions that promote positive patient outcomes by standardizing processes of care across the medical center. Through the committees and communication channels of the Quality and Safety Network, improvement efforts and error reduction activities within these functions are identified, prioritized, and quantified. This Network represents a transition from an approach in which performance improvement is a distinct set of activities to one in which performance improvement is integrated into the operational structure of each service as well as across the organization. This cross-organizational approach ensures that monitoring and evaluation of important functions occur within existing operational and medical staff committees.

There are two types of performance improvement projects. The first are the large-scale, organization-wide performance improvement projects. These projects are initiated by senior management to support key strategic and operational objectives. Progress on these projects is reported to Hospital Operations Committee. The second types of projects are the smaller-scale, service projects. These smaller projects are initiated from within any component of the organization and are reported annually to Hospital Operations Committee, the Medical Executive Committee and the Board of Trustees.

THE BOARD OF TRUSTEES

PURPOSE:

The MUSC Board of Trustees is responsible of the quality of patient care provided. The Board of Trustees requires the medical staff to implement and report on the activities and mechanisms for monitoring, assessing and evaluating patient safety practices and

the quality of patient care, for identifying and resolving problems and for identifying opportunities to improve patient care and services or performance throughout the facility.

The Board of Trustees is supported by the medical center policies, Medical Staff Bylaws and this Performance Improvement Plan. The MUSC Board of Trustees delegates and directs the Hospital Administration and the Medical Staff to:

- Recommend the strategic direction.
- Require reports and mechanisms for monitoring and evaluating the quality of patient care services to include the frequency of monitoring.
- Provide resources and support systems for performance improvement functions related to patient care services and safety.
- Require mechanisms to assure that all patients with the same health problem are receiving comparable levels of care in the Medical Center.
- Review information needed to educate the Board members about their responsibility for the quality and safety of patient care.
- Evaluate the Performance Improvement Plan biannually.

THE MEDICAL EXECUTIVE COMMITTEE (MEC)

PURPOSE:

The MUSC Medical Center MEC is comprised of senior physician and administrative leadership from all components of the clinical enterprise. The MEC has responsibility for overseeing, supporting, and evaluating the Quality and Safety Network structure and outcomes. This committee is the structure that ensures medical staff leadership and involvement in performance improvement and that ensures coordination and accountability among department chairpersons, faculty, and residents.

The MEC delegates the responsibility of performance improvement to the Department Chairpersons. More specifically, the purpose of the MEC is to ensure high quality, safe, patient-centered, cost-effective care throughout the MUSC's clinical enterprise.

Hospital Operations Committee

PURPOSE:

The MUSC Hospital Operations Committee made up of senior leadership representing each of the service lines as well as other functional areas, oversees and coordinates the performance assessment and improvement activities within the organization. This group ensures that improvements are planned, designed, measured, analyzed, and sustained. More specifically, the Hospital Operations Committee:

- Operationalizes improvement activities that are consistent with the MUSC Medical Center Strategic Plan.
- Receives reports and takes action on issues and initiatives that address patient rights, patient assessment, patient care, education, continuum of care, performance improvement, leadership, environment of care, human resources, resource utilization, information management, and infection control among others.
- Uses performance data in the design and evaluation of new services or programs.
- Identifies improvement actions to be taken, assigns in writing responsibility for each action, and ensures accountability for follow through.
- Oversees analyses of sentinel events and ensures appropriate risk reduction strategies are implemented.
- Oversees organizational Failure Mode Effects and Analysis and ensures appropriate risk reduction activities.
- Supports education for key personnel on the approaches and methods of performance improvement.
- Selects, prioritizes, and monitors the progress of the organization-wide quality improvement projects.
- Allocates financial resources necessary to support organization-wide quality improvement projects.

- Manages the flow of information to ensure effective communication and follow-up.
- Communicates performance assessment information and improvement activities to the MUSC Board of Trustees.
- Ensures that the performance improvement infrastructure meets JCAHO and other regulatory standards.

PATIENT SAFETY COMMITTEE

Purpose:

With designated responsibility from Hospital Operations Committee, the Patient Safety Committee will operate as a subcommittee of Hospital Operations Committee dedicated to the implementation and monitoring of the effectiveness of the Patient Safety Program.

ORGANIZATION-WIDE PERFORMANCE IMPROVEMENT TEAM

PURPOSE:

Organization-wide Performance Improvement (PI) Teams at the MUSC Medical Center are multidisciplinary teams that are charged by senior leadership to use the I.M.P.R.O.V.E. MODEL (See Section VII below) to make improvements in a specific process. PI teams use the principles, concepts, and tools of basic statistical and performance analysis to define, analyze, measure and improve the key processes that achieve the outcomes that meet our patients', families', and health care providers' needs.

Selection of organization-wide projects is based on alignment with strategic initiatives as well as those processes that are known to jeopardize the safety of the patient or are associated with sentinel events as published in the literature.

SERVICE AND PATIENT POPULATION COMMITTEES

The MUSC Medical Center Service and Patient Population Committees are organized around specific patient populations with the purpose of overseeing efforts to continuously assess and improve patient outcomes. Department Chairpersons and Service Line Leaders are responsible for the development and oversight of these committees.

The committees will:

- Identify and review on-going performance measures.
- Review high volume, high cost, and/or problem-prone invasive and non-invasive procedures.
- Prioritize and select performance improvement projects in alignment with the organization's strategic improvement priorities.
- Select one project annually that will focus on enhancing the safety of the care through error reduction or error prevention.
- Oversee these I.M.P.R.O.V.E. projects.
- Collect data and perform comparative analysis.
- Determine if action is necessary based on comparisons and patterns of variation.
- Evaluate the effectiveness of action plans for organization-wide implementation.
- Focus on processes and activities that affect quality of patient care and services with an emphasis on reduction in variation of outcomes through the integration of evidence-based practice.

- Emphasize important patient care functions such as assessment, nutritional care, treatment, patient and family education, patient rights/advocacy and the continuum of care.
- Partner nurses, physicians, ancillary support services, and patients to monitor safe and effective care based on established standards.
- Assure appropriate resource utilization.
- As appropriate utilize Clinical Pathways and Variance Records to document opportunities and performance improvements.
- Participate in continuing education opportunities related to patient care process improvement and outcomes.
- Establish effective communication channels.
- Report annually to Hospital Operations Committee, Medical Executive Committee and the Board of Trustees.

KEY FUNCTIONS

There are many key functions that support positive patient outcomes. These functions are performed by many different clinical and support staff, with appropriate input, participation, and leadership by physicians. Some of these functions are managed through committees, while others rely on advisory panels or other mechanisms. Regardless of the method, those responsible for key functions report relevant performance information through Hospital Operations Committee, and Medical Executive Committee, to the Board of Trustees. Those responsible for these functions will:

- Identify and review on-going performance measures.
- Prioritize and select performance improvement projects in alignment with the organization's strategic improvement priorities.
- Oversee these I.M.P.R.O.V.E. projects.
- Collect data and perform comparative analysis.

- Determine if action is necessary based on comparisons and patterns of variation.
- Evaluate the effectiveness of action plans for organization-wide implementation.
- Focus on processes and activities that affect quality of patient care and services.
- Monitor safety and effectiveness of care based on established standards.
- Assure appropriate resource utilization.
- Establish effective communication channels.
- Coordinate with and support the improvement efforts of the patient population committees.
- Report frequency as indicated in Appendix #1.

Key Functions that act in support of patient care include the following:

Human Resources, Environment of Care, Operating Room, Ethics, Pharmacy and Therapeutics, Nutritional Therapy, Infection Control, Blood/Pathology, Medical Records/IM, Acute Care/Utilization Management, Policy Review, Ambulatory Care and Patient Safety.

VII. PERFORMANCE IMPROVEMENT METHODOLOGY

THE IMPROVEMENT PROCESS

In an effort to continually improve organizational performance and maintain the safety and quality of patient care, MUSC Medical Center evaluates the development of new processes as well as the redesign or improvement of existing processes.

A systematic approach is utilized to:

- Problem solve, identify the new process or potential improvement.
- Assess/test the strategy for change.
- Analyze data from the test (to determine if the change produced the desired result).
- Implement the improvement strategy system-wide when applicable.
- Monitor for sustained change.

Improvement projects use the I.M.P.R.O.V.E. model described below and are documented with the forms on the Quality Network web page (<http://www.musc.edu/qn/qualnet/index.htm>).

I	Identify a problem or an opportunity
M	Establish a measurement
P	Problem analysis
R	Remedy Selection
O	Operationalize the interventions
V	Validate the effectiveness of your interventions
E	Evaluate whether your improvement is sustained

VIII. SELECTION OF IMPROVEMENT PRIORITIES

Organizational improvement priorities are selected both proactively and in response to problems that are identified through ongoing assessment of data and analysis of adverse events. More specifically, the following sources of information are used to identify improvement opportunities:

- Strategic planning process
- Benchmark and other external comparative data
- Patient satisfaction data/complaints
- Occurrences, Near Misses and Safety Concerns
- Sentinel events
- Staffing Effectiveness Indicators

- Other performance data

To support the selection of projects that are consistent with these priorities as well as other patient care issues, the following rating form is a tool that facilitates the systematic evaluation and selection of projects when there are multiple opportunities for improvement that are competing for resources.

Initiative Rating

Project Title: _____

Criteria	Guidelines for Scoring	Score	Mean
I. Mission/Strategy: Degree to which initiative is supportive of:			
a) MUSC Mission	1= not related 5= highly supportive		Mean Category Score: _____
b) Strategic Plan	As above		
c) Patient Population of strategic importance	1= minimal strategic importance 5= major strategic importance		
II. Outcome: Degree to which initiative will improve:			
a) Medical outcomes	1= small improvement 5= large improvement		Mean Category Score: _____
b) Patient perceived functional status	As above		
c) Access to Care	As above		
d) Patient Family Satisfaction	As above		
e) Patient Safety	As above		
f) Healthcare professional satisfaction	As above		
III. Process Improvement Degree to which initiative:			
a) Improves a key process	1= low impact process 5= key process		Mean Category Score: _____
b) Facilitates system integration	1= small scale impact 5= large scale impact		
c) Facilitates the full continuum of care	As above		
d) Is redundant with other efforts	1= duplicates other efforts 5= new areas		
IV. Financial Outcomes: Degree to which initiative will improve:			
a) MUSC financial status	1= small improvement 5= large improvement		Mean Category Score: _____
b) MUSC attractiveness to payors	1= no request from payors 5= numerous requests from payors		
V.. Project Feasibility Estimated:			
a) MUSC Outlay of resources/personnel	1= large personnel/resource needs 5= few personnel/resource needs	_____	Mean Category Score: _____
b) Length of study/project	1= long duration 5= short duration	_____	
c) Impact on aligned or associated programs	1= significant negative impact 5= significant positive impact	_____	
d) Leadership availability	1= significant barriers to identifying an effective leader 5= effective leader available	_____	
	Overall Score (sum of average scores)		

IX. MONITORING AND EVALUATION PROCESSES

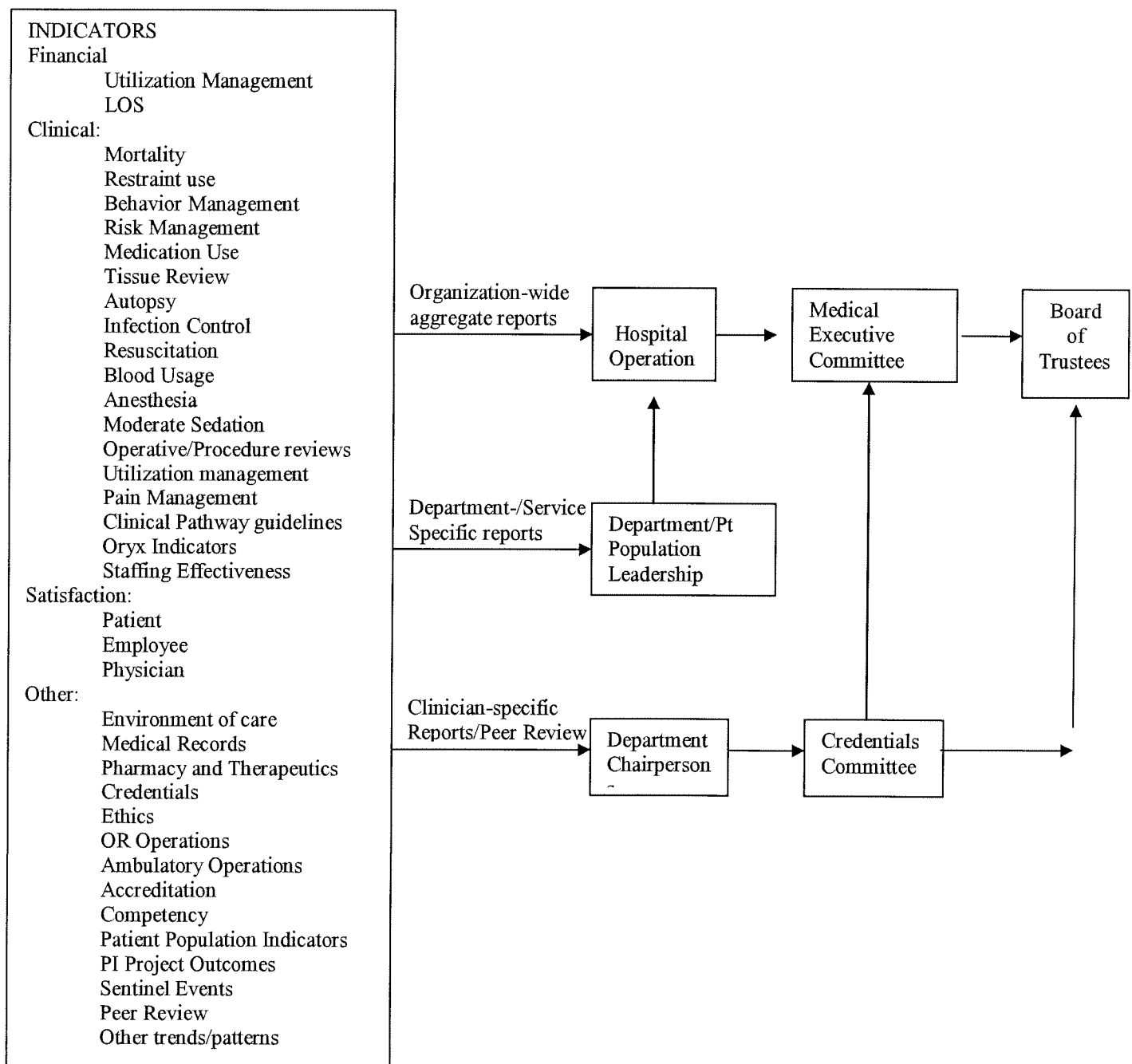
The Board of Trustees, management, clinical, and support services believe that indicators are central to the performance improvement process. The MUSC Medical Center leadership has identified a number of organization-wide performance indicators that will be monitored on an ongoing basis. These indicators have been identified to assess and measure the performance of key services and functions within the organization. The MUSC Medical Center leadership appreciates that indicators are not direct measures of quality, but instead are flags that may suggest areas for potential analysis.

The MUSC Medical Center leadership through the Hospital Operations Committee and the Medical Executive Committee monitor the organization-wide performance indicator data which are coordinated through the Quality Management Department. In addition, these groups determine if the data reveal acceptable statistical means and variation and if the data display any statistically unusual patterns. If any unusual patterns are detected, further investigation is conducted to determine the cause. Improvement efforts would subsequently bring the function under control. Improvement efforts might also be initiated to improve the mean and/or amount of variation. Once the areas that require improvement are confirmed, an action is planned and then implemented. A reassessment effort and episodic monitoring is completed to ensure that the changes have had their intended effect and have been sustained.

X. Information Flow:

Multiple departments and disciplines contribute to the evaluation and improvement of clinical care delivery through their participation in the monitoring process and interdisciplinary committees and teams. The organizational indicators, level of analysis and flow of information are summarized in the following chart.

MUSC Medical Center Performance Information Flow



XI. Annual Evaluation:

The Performance Improvement Plan will be reviewed and evaluated biannually by the Hospital Operations Committee and the Medical Executive Committee. In addition, participation of department committees will be monitored and evaluated.

The following criteria will be used in the evaluation of this plan:

- Utilization of IMPROVE methodology
- Dissemination of Important lessons learned across the organization
- Project initiation was driven by the data or literature
- Teams and individuals evaluated the effect and sustainability of the change
- Increased development of evidence based practice guidelines
- Statistically significant improvement should be achieved on the organizational improvement priorities
- Use of the literature in the prevention of adverse events

Approved Board of Trustees,



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

***Medical Staff
Rules and Regulations***

June, 2008

Deleted: **August, 2006**

Deleted: **August, 2006**

DEFINITIONS:

1. **Medical Staff** - all persons who are privileged to engage in the evaluation, diagnosis and treatment of patients admitted to the MUSC Medical Center, and includes medical physicians, osteopathic physicians, oral surgeons and dentists.
2. **Board of Trustees** - the Board of Trustees of the Medical University of South Carolina, which also functions as the Board of Trustees for the MUSC Medical Center.
3. **University Executive Administration** - refers to the President of the Medical University of South Carolina and such Vice Presidents and Administrators as the Board directs to act responsibly for the Hospital.
4. **Dean** - the Dean of the appropriate College of the Medical University of South Carolina.
5. **VP for Clinical Operations/ Executive Director, Medical Center** - the individual who is responsible for the overall management of the Hospital.
6. **Executive Medical Director** - the individual who is responsible for the overall management of medical staff functions.
7. **Practitioner** - an appropriately licensed medical physician, osteopathic physician, oral surgeon, dentist, podiatrist, or any other individual who exercises independent judgment within areas of his professional judgment and applicable state practice.
8. **Executive Committee** - the Executive Committee of the Hospital.
9. **House Staff** - any post graduate physician practitioner in specialty or sub-specialty training.
10. **Affiliated Health Professional** - any health professional who is not a licensed medical physician, osteopathic physician or dentist; subject to licensure requirements or other legal limitations; with delineated clinical privileges; exercises independent judgment within areas of his professional competence and, is qualified to render direct or indirect care.
11. **Medical Record** - any/all information, paper and/or computer (consents, OR notes, path, lab & imaging reports, consultations, D/C summary), concerning a single patient that describes the course of the evaluation, treatment and change in condition during a hospital stay, an ambulatory or emergency visit. It is the legal record of care.
12. **Authenticate** - refers to the date and signature by the author of the entry in the medical record; signature is to include full name and the individual's credentials. The signature may be handwritten, by rubber stamp, or by computer key.
13. Whereas herein the word "**Hospital**" is used it refers to the MUSC Medical Center and its component hospitals and outpatient activities.
14. Since the English language contains no singular pronoun which includes both sexes, wherever the word "**he**" appears in this document, it signifies he/she.

MEDICAL STAFF RULES AND REGULATIONS

I INTRODUCTION

It is the duty and responsibility of each member of the medical staff to abide by the Rules and Regulations set forth here within this document. These rules and regulations shall be made a part of the MUSC Medical Staff Bylaws. Such amendments shall become effective when approved by the Board.

II ADMISSIONS

Who May Admit Patients

A patient may be admitted to the Medical Center only by a medical staff member who has been appointed to the staff and who has privileges to do so. Patients shall be admitted for the treatment of any and all conditions and diseases for which the Medical Center has facilities and personnel. When the Medical Center does not provide the services required by a patient or a person seeking necessary medical care, or for any reason cannot be admitted to the Medical Center, the Medical Center or attending physician, or both, shall assist the patient in making arrangements for care in an alternate facility so as not to jeopardize the health and safety of the patient. Except in an emergency, no patient shall be admitted to the Medical Center unless a provisional diagnosis has been stated. In emergency cases, the provisional diagnosis shall be stated as soon after admission as possible.

Admitting Physician Responsibilities

Each patient shall be the responsibility of a designated attending physician of the medical staff. Such attendings shall be responsible for the

- initial evaluation and assessment of the admitted patient. Such an evaluation must be completed within 24 hours of admission.
- management and coordination of the care, treatment, and services for the patient including direct daily assessment, evaluation and documentation in the medical record by the attending or the designated credentialed provider
- for the prompt completeness and accuracy of the medical record,
- for necessary special instructions, and
- for transmitting reports of the condition of the patient to the referring physician or agency. Whenever these responsibilities are transferred to another medical staff member and service, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.

The admitting practitioner shall be responsible for providing the Medical Center with such information concerning the patient as may be necessary to protect the patient, other

patients, or Medical Center personnel from infection, disease, or other harm, and to protect

the patient from self-harm.

Alternate Coverage

Each medical staff appointee shall provide assurance of immediate availability of adequate professional care for his patients in the Medical Center by being available or having available, an alternate medical staff appointee with whom prior arrangements have been made and who has clinical privileges at the Medical Center sufficient to care for the patient. Residents may provide coverage only under the direct supervision of an attending physician.

Emergency Admissions

The history and physical examination must clearly justify any admission on an emergency basis and must be recorded on the patient's chart no later than 24 hours after admission. In the case of emergency admission, patients who do not already have a personal admitting physician will be assigned to a medical staff appointee with privileges in the clinical department appropriate to the admitting diagnosis.

III MEDICAL RECORDS

General Guidelines

- a. The "legal medical record" consists of all authenticated (signed) documentation, handwritten or electronically generated related to the care of an individual patient regardless of storage site or media. Included are all inpatient records from the Medical Center, IOP, Children's Hospital, CMH and their outpatient, provider-based clinics and associated records of patients participating in research projects.
- b. All records are the property of MUSC and shall not be removed except as pursuant to provision of law. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information.
- c. Physicians shall not remove any part of the medical record for any reason. Any physician who purposely removes any document from a medical record will be suspended and/or lose Medical Staff Membership.
- d. The attending Physician shall be held responsible for the preparation of a complete medical record for each patient.
- e. Diagnostic and therapeutic orders given by medical staff members shall be authenticated by the responsible practitioner.
- f. Symbols and abbreviations may be used only when approved by the Medical Staff. The use of unapproved abbreviations as specified in Medical Center Policy #C-21

"Use of Abbreviations" is prohibited.

- g. Progress notes are to be documented daily by the designated attending or his designated credentialed provider for all inpatient and observation patients.
- h. The patient's medical record requires the progress notes, final diagnosis, and discharge summary or final visit note to be completed with authenticated dates and signatures. All final diagnosis, complications, or procedures must be recorded without abbreviations.
- i. Patient progress note entered into the Medical Record by Medical students must be co-signed by either a resident or an attending physician.
- j. Stat dictation shall be limited to urgent situations such as when a patient transfer is pending.

History and Physical Requirements

- a. H&Ps shall be completed no later than twenty-four (24) hours after admission or at the initial visit to an ambulatory clinic.
- b. H&Ps must be completed prior to any operative, invasive, high risk diagnostic or therapeutic procedure, or procedures requiring moderate or deep sedation regardless of setting. For other non- inpatients procedures a focused history and physical may be completed based on the presenting problem.
- c. H&Ps are required in all primary care clinics. On subsequent primary care visits and in specialty clinics, the H&P can be focused, based on the presenting problem(s).
- d. When the H&P examination is not on the chart prior to the surgery or high risk diagnostic or therapeutic procedure, the said procedure shall be delayed until the H&P is completed unless it is an emergency.
- e. When using an H &P that was performed prior to admission or the outpatient procedure, an update to the H&P must be completed within 24 hours for inpatients and prior to the outpatient procedure. This includes intra campus admissions from the Medical Center. (ie, TCU, IOP,)For all outpatient surgeries and other procedures requiring an H&P the update may be completed in combination with the preanesthesia assessment.
- f. A completed H&P (except in circumstances allowing a focused H&P as described in paragraph b above) must include (as information is available):

- chief complaint,
- details of present illness (history),
- past history (relevant - includes illnesses, injuries, and operations),
- social history,
- allergies and current medications,
- family history,
- review of systems pertinent to the diagnosis,
- physical examination pertinent to the diagnosis,
- pertinent normal and abnormal findings, and
- conclusion or a planned course of action.

- g. Dentists are responsible for the part of their patient's H&P that relates to dentistry.
- h. Oral and maxillofacial surgeons may perform a medical H&P examination in order to assess the status and risk of the proposed surgery or procedures.
- i. Podiatrists are responsible for the part of their patient's H&P that relates to podiatry.
- j. Optometrists are responsible for the part of their patient's H&P that relates to optometry.
- k. The attending physician is responsible for the complete H&P.
- l. Residents, advanced nurse practitioners and in some cases physicians assistants, appropriately privileged, may complete the H&P with the attending physician's counter signature. In lieu of a signature the attending physician may complete an additional attestation sheet to confirm or change the initial history and physical.

Informed Consent Requirements

It is the responsibility of the attending physician to assure appropriate informed consent. Is obtained and documented in the medical record and when appropriate, also document the discussion in a progress note. Nursing staff and other personnel may witness patient signature but may not consent the patient.

Informed consent is required for all invasive procedures, for the use of anesthesia including moderate and deep sedation and for the use of blood and blood products.

Appropriate informed consent shall include at a minimum:

- patient identity,
- date,
- procedure or treatment to be performed,
- name of person performing the procedure or treatment,
- authorization for the proposed procedure
- authorization for anesthesia or moderate sedation if indicated.

- indication that alternate means, risk and complications of the planned procedure and recuperation, and anesthesia have been explained,
- authorization for disposition of any tissue or body parts as indicated,
- risks and complications of blood or blood product usage (if appropriate),
- witnessed signature of the patient or other empowered individual authorizing informed consent, and
- signature, name/identity and pager # of the physician who obtained the consent, (verbal consent may be witnessed by the nurse and indicated on the consent form).
- physician documentation of the consent process in a progress note or on the consent form.

Physician documentation of the consent process and discussion may be accomplished with either an out-patient or in-patient note in the record.

Operative and Other Procedure Documentation Requirements

Immediately after the operation/procedure a progress note will be written and promptly signed by the primary physician/surgeon (this applies to both inpatients and outpatients). This progress note is considered an abbreviated report and will include the pre-operative procedure/diagnosis, the name of the primary physician/surgeon and assistants, findings, procedure performed and a description of the procedure, estimated blood loss, as indicated any specimens/tissues removed, and the postoperative/procedure diagnosis.

For all patients (both inpatient and outpatient) the full operative/procedure report shall be written or dictated and signed by the primary physician/surgeon and entered into the medical record no later than **fourteen (14)** days from the completion of completion of operation/procedure.

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Operative/ procedure reports may be completed by residents with supervision by the attending as evidenced by the attending's counter signature authenticating the report. These documentation requirements apply to all procedures billed as such according to a CPT code.

Discharge Summary Requirements

Discharge summary must include reasons for admission, significant findings, procedures performed, treatment given, condition of the patient upon discharge, specific instructions given to patient and/or patient's family in regard to activity, discharge, medications, diet, and follow-up instructions. Residents may complete the discharge summary with attending supervision as evidenced by the attending's counter signature on the report.

Complete Medical Records

The attending physician is responsible for supervising the preparation of a complete medical

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record for each patient.

a. Specific record requirements for physicians shall include:

- identification date, name, address, birth date, next of kin, patient history number, legal status (for behavioral health patients)
- initial diagnosis
- history and physical
- orders
- clinical observation, progress note, consultations
- reports of procedures, tests, and results
- operative reports
- reports of consultations
- discharge summary
- all final diagnoses, complications, or procedures

Medical records for patients with diagnosed cancer must include AJCC staging forms completed by the attending physician.

Medical Records Preparation and Completion

The history and physical, consults, and orders as well as authentications of such will be completed in the time frame specified in these Rules and Regulations. All diagnostic study reports must be dictated and on the medical record within 72 hours of the completion of the study.

The records of all discharged patients (inpatients and ambulatory) not fully completed within fourteen (14) days of discharge will be considered delinquent

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a. Five days after discharge, if a patient's medical record is not completed the attending physician will receive notification that the chart is incomplete.

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b. The physician will receive a suspension warning if the chart remains incomplete after ten (10) days post discharge in writing by fax, email, or letter or orally by direct phone call or pager.

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c. If the record remains incomplete at thirteen (13) days the physician will receive notice one day prior to suspension of privileges orally by direct phone call or pager.

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d. The suspended physician cannot admit new patients to his or her care.

e. The suspended physician can continue to provide care for those patients directly under his/her care prior to the suspension.

f. Three (3) such suspensions in a twelve (12) month period will result in a loss of Medical Staff Membership, according to the MUSC Medical Staff Bylaws.

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IV. ORDERS

General Requirements

- a. All orders must be written clearly, legibly, and completely and must include date, time written, legible authentication, and the ordering practitioner's pager ID. Orders which are illegible or improperly written will not be carried out until they are clarified, rewritten, and are understood. Orders can not be written with abbreviations listed on the prohibited abbreviation list. Scientifically approved chemical symbols for certain drugs are acceptable (i.e., KCL for potassium chloride).
- b. When a practitioner uses a rubber stamp signature, he/she is the only one who uses it and must sign a statement to that effect. It is the responsibility of each practitioner to forward a copy of this statement to the Medical Staff Office. When a practitioner uses an electronic signature, he/she must ensure it is only used in accordance with departmental policies and related regulatory guidelines.
- c. When a patient returns to a patient care unit from the OR all orders must be totally rewritten with the exception of minor procedures as defined by a procedure that could also be performed in a non-OR setting. In that case, the pre-procedure orders are adjusted by the physician postoperatively according to patient condition. When the physician review is completed, a note is entered on the order form which states that the orders have been reviewed and all orders are current.

Patients transferred into or out of an intensive care unit from or to a non intensive care area must have all orders rewritten.

- d. Orders will be rewritten when a patient is transferred between levels of care (i.e. from an intensive care unit to the floor or vice versa.) A reorder for medication or treatment is to be written after an automatic stop order has been employed.
- e. Explicit orders must be written for each action to be taken.
- f. Medications should be ordered within the MUSC formulary.
- g. Blanket orders such as resume pre-op medications as outlined above in c or resume home medications are prohibited.
- h. Illegible Orders. Admitting privileges and surgical or procedures privileges can also be suspended for illegible orders. Illegible is defined as orders that three (3) other individuals cannot read. Suspension will occur after the physician has been notified, either orally or in writing, on three (3) separate occasions regarding legibility.
- i. All medication orders must be written according to Medical Center Policy #C-78 "Medication Orders".

Who May Write Orders

Orders may be written by members of the medical staff and allied health professionals (advanced nurse practitioners, PA's, residents, psychologists) within the scope of their practice, delineated clinical privileges, and approved protocols. All orders must be written clearly, legibly, and completely and must include date, time written, legible authentication, and the ordering practitioner's pager ID. Authenticated electronic signatures for orders are acceptable when available.

Orders for Specific Procedures/Circumstances

- a. All requests for tests such as imaging and labs, etc shall contain a statement of the reason for the examination.
- b. All orders for therapy shall be entered in the patient's record and signed by the ordering practitioner.
- c. Therapeutic diets shall be prescribed by the attending physician in written orders on the patient's chart. Orders for diet must be specific as in the case of limited sodium diets where the desired sodium content must be stated in either milligrams or grams.
- d. All orders for *restraints* shall include the type of restraint, the reason for the restraint, the length of time (not to exceed 24 hours), and alternatives attempted. Restraints can be ordered by a physician, or an advanced nurse practitioner or psychologist within the scope of their duties. Such orders must be signed and dated by the ordering practitioner at the time restraints are ordered. Emergency verbal orders must be secured within one hour of the nurse initiating restraints. Verbal orders for restraints must be signed by the ordering practitioner within twenty-four (24) hours. PRN orders are not acceptable.
- e. When restraints are used for behavioral reasons, the patient must be seen by an MD within one hour of initiation.
- f. Do Not Resuscitate (DNR) orders may be accepted as a verbal order only when the patient has executed an advance directive and that directive is included in the patient's record. A no-code (DNR) must be written by the attending physician with the progress notes reflecting the patient's mental status, the reasons for the DNR, diagnosis and prognosis, and a statement of the patient's wishes. Medical staff are to follow Medical Center Policy #C-13 "Resuscitation Orders". In all cases the patient has the right to refuse resuscitation verbally or as by written advanced directive.

Verbal Orders

A verbal order is defined as an urgent or emergent order that has not been written and is relayed verbally from the physician or dentist. The request for and use of verbal orders

should be limited to urgent or emergent situations. In all cases a telephone or verbal order will not be considered complete until the individual receiving the order, reads back and verifies the content of the order

- a. The following disciplines may request and accept a verbal order within the scope of their practice when the need for such an order is urgent:
 - Registered Nurse
 - Licensed Practical Nurse (in ambulatory clinics only)
 - Licensed Physicians Assistant
 - Registered Pharmacist
 - Certified Respiratory Care Practitioner
 - Emergency Medical Technician
 - Licensed Physical Therapist
 - Licensed Occupational Therapist
 - Registered Dietician
 - Board Registered or Licensed Nuclear Medicine Technologist
 - Board Registered or Licensed Radiologic Technologist
 - Dental Hygienist
 - Licensed speech language pathologist
- b. Verbal orders must be signed with credentials, dated and timed, read back and verified, and flagged for signature by the person accepting the order.
- c. The name and pager ID of the practitioner who dictated the order must be documented.
- d. All verbal orders (with the exception of verbal orders for restraint or seclusion) must be signed, timed, and dated by the practitioner, or designee (a physician member of the service team) who issued the order within forty-eight (48) hours.
- e. Verbal orders for Schedule II Controlled Substances must be signed, timed and dated **only by the practitioner** who issued the order within 48 hours. (SC Code Ann.Reg 61-4.908 and 909)
- f. Unsigned verbal orders for controlled substances must be discontinued after forty-eight (48) hours.
 - The responsible physician or dentist must be notified by a nurse of the discontinuation.
 - Documentation of notification of the physician or dentist must occur in the medical record.
- g. Verbal orders must not be accepted for chemotherapy agents, investigational drugs or Do Not Resuscitate Orders. Immunosuppressants may not be initiated with verbal orders, however a verbal order for subsequent dose modifications may be accepted.

- h. Non-licensed/certified personnel (i.e., unit secretaries, pharmacy technicians) may not give or accept verbal orders from either physicians or dentists under any circumstances.
- i. The above applies to both paper and electronic medical record verbal order entry.
- j. When using the electronic system, the appropriate physician must select the verbal order within the sign tab and then submit the order.

V CONSULTATIONS

Who May Give Consultations

Any qualified practitioner with clinical privileges in the Medical Center can be asked for consultation within his area of expertise. In circumstances of grave urgency, or where consultation is required by the rules of the medical staff as stated below, the President of the Medical Staff, or the appropriate department chair, or the designee of either of the above, shall at all times have the right to call in a consultant or consultants.

Required Consultations

- a. Consultation shall be required in all non-emergency cases whenever requested by the patient or the patient's personal representative if the patient is incompetent. Consultations are also required in all cases in which, in the judgment of the attending physician:
 - 1. the diagnosis is obscure after ordinary diagnostic procedures have been completed,
 - 2. there is doubt as to the choice of therapeutic measures to be utilized,
 - 3. unusually complicated situations are present that may require specific skills of other practitioners,
 - 4. the patient exhibits severe symptoms of mental illness or psychosis.
- b. The attending practitioner is responsible for requesting consultation when indicated and for calling in a qualified consultant.
- c. It shall be the responsibility of all individuals exercising clinical privileges, to obtain any required consultations, and requests for a consultation shall be entered on an appropriate form in the medical record. If the history and physical are not on the chart and the consultation form has not been completed, it shall be the responsibility of the practitioner requesting the consultation to provide this information to the consultant.
- d. It is the duty of the Credentials Committee, the Department Chair, and the Medical Executive Committee, to make certain that appointees to the staff request consultations when needed.

Contents of Consultation Report

Consultations will be completed within 24 hours for inpatients. Each consultation report should contain a written opinion and recommendations by the consultant that reflects, when appropriate, an actual examination of the patient and the patient's medical record. This report shall be made a part of the patient's record within 24 hours of completion of the consultation. While the consultant may acknowledge data gathered by a member of the house staff, a limited statement, such as "I concur" alone does not constitute an acceptable consultation report. When operative or invasive procedures are involved, the consultation note shall be recorded prior to the operation, except in emergency situations so verified on the record. The consultation report shall contain the date and time of the consultation and the signature of the consultant.

Emergency Department Consultations

Specialists who are requested as consultants to the Emergency Department (ED) must respond in a timely fashion. In addition, any specialist who provides a consultation in the ED for a patient with an urgent condition is responsible for providing or arranging follow-up care. It is the policy of the ED that all patients are seen by an attending physician physically present in the ED. House staff evaluating patients in the ED for the purpose of consultation will confer with the responsible attending within their given specialty who is physically present in the ED. When such an attending is not physically present, the attending physician responsible for overseeing the patient's care will default to the ED attending physician while in the ED.

VI SUBSTANCE ABUSE/PSYCHIATRIC PATIENTS

Any patient known to be suicidal in intent or with a primary diagnosis of substance abuse or psychiatric disorder shall be admitted to the appropriate psychiatric unit. If there are no accommodations available in this area, the patient shall be referred to another institution where suitable facilities are available. In the event that the patient has a non-psychiatric condition which requires treatment at the Medical Center and no accommodations are available in the Institute of Psychiatry, the patient may be admitted to another unit of the Medical Center only after consultation with the Executive Medical Director or his designee and the assigned Medical Director of the relevant service. Explicit orders regarding precautionary measures are required.

Any patient known or suspected to be suicidal or with a primary diagnosis of substance abuse or psychiatric disorder who is admitted to a non-psychiatric unit must have consultation by a Medical Staff member of the psychiatric staff.

All patients admitted to a non-psychiatric unit while awaiting transfer will be medically assessed and stabilized before transfer. The care of such patients will remain with the attending MD until transfer or discharge.

Patients exhibiting symptoms of a psychiatric disorder or substance abuse while hospitalized with a medical/surgical diagnosis will have a consultation by a physician or a member of the Department of Psychiatry.

VII MODERATE AND DEEP SEDATION

Moderate sedation will be administered under the immediate direct supervision of a physician, dentist, or other practitioner who is clinically privileged to perform moderate sedation. Moderate sedation will be administered ONLY in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to Medical Center Policy #C-44 "Moderate Sedation/Analgesia"

Deep sedation/analgesia will be administered only by an anesthesiologist, CRNA or a physician holding appropriate clinical privileges. Deep sedation will be administered ONLY in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to Medical Center Policy #C-44 "Moderate Sedation/ Analgesia".

VIII PATIENT DISCHARGE

Who May Discharge

Patients shall be discharged only on the order of the attending/covering physician. Should a patient leave the Medical Center against the advice of the attending physician or without proper discharge, a notation of the incident shall be made in the patient's medical record and the patient will be asked to sign the Medical Center's hospital release form.

Discharge of Minors and Other Incompetent Patients

Any individual who cannot legally consent to his own care shall be discharged only to the custody of parents, legal guardian, person standing in loco parentis or another responsible party unless otherwise directed by the parent, guardian, or court order. If the parent or guardian directs that discharge be made otherwise, that individual shall so state in writing and the statement shall become a part of the permanent medical record of the patient.

Transfer of Patient

Patients may be transferred to another medical care facility after arrangements for transfer and admission to the facility have been made. Clinical records of sufficient content to ensure continuity of care shall accompany the patient.

Death of Patient

Should a patient die while being treated at the Medical Center, the attending physician should be notified immediately. A practitioner will pronounce the patient dead, notify the family ASAP, and request and document permission to perform an autopsy, when applicable.

Methods for Obtaining an Autopsy

Methods for obtaining an autopsy shall include:

- a. The family requests an autopsy
- b. The death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County
 - The attending physician requests an autopsy based on the College of American Pathologists criteria and Medical Center #C-16 "Decedent Care Program".
- c. No autopsy shall be performed without written consent of a responsible relative or authorized person unless ordered by the Coroner/Medical Examiner of Charleston County.

Duties of the Physician for Obtaining an Autopsy

- a. Determine whether the death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County. (Refer to "A Guide to the Autopsy for Physicians and Nurses.")
- b. Obtain permits for organ donation when applicable according to the Organ Procurement, Medical Center Policy #C-17 "Organ/Tissue Donation".
- c. Documentation of request for autopsy must be completed, authenticated, and placed in the medical record.

Scope of Autopsy

- a. The scope of the autopsy should be sufficiently completed in order to answer all questions posed by the attending physician and by the pathologist, upon review of the clinical database.
- b. The autopsy report should include: a summary of the clinical history, diagnoses, gross descriptions, microscopic descriptions, and a final summary that includes a clinicopathologic correlation.
- c. The autopsy findings should be promptly communicated to the attending physician along with all additional information the pathologist considers relevant to the case
- d. The results of autopsies will be monitored as a part of performance improvement.

IX MAYDAY PROCEDURE

In the event that a clinical emergency situation arises within the Medical Center or within any University area designated in the Medical Center Policy #C-14 "Medical Emergency Response". Medical Staff are to follow specific duties as outlined in the policy.

IX EMERGENCY MEDICAL SCREENING

Any individual who presents in the Emergency Department or other department of the Medical Center either by him or herself, or by way of an accompanied party, and requests an examination for treatment of a medical condition must be screened by an appropriate practitioner to determine whether or not an emergency medical condition exists. Individuals qualified to provide this medical screen include attending physicians, house staff, nurse practitioners, and physician assistants.

X PATIENT SAFETY INITIATIVES

All members of the medical staff are required to follow all guidelines/policies related the National Patient Safety Goals and other patient safety initiatives. These policies include but are not limited to:

- Patient Safety C-76
- Verbal Orders - C-56
- Notification of Critical Values - C-80
- Time Out-Universal Protocol (Wrong Site, Wrong Procedure, Wrong Person Surgery/Procedure) C-25
- Use of Abbreviations C-21
- Sentinel Events C-49
- Patient Identification C-58
- Hand Hygiene IC-27
- Medication Reconciliation C-146

XI HOUSE STAFF/RESIDENT PHYSICIANS

House staff (post graduate physician practitioners in specialty or sub-specialty training) at the MUSC Medical Center shall not be eligible to become appointees of the active medical staff and shall not be eligible to admit patients. They are authorized to carry out those duties and functions normally engaged in by house staff according to their defined job descriptions and/or scope of practice under the supervision of an appointee of the active medical staff. Supervision of residents is required. Supervision includes but is not limited to counter signature in the medical record by the attending, participation by the resident in rounds, one on one conference between the resident and attending, and the attending physician's observation of care being delivered by the resident. Active medical staff members are required to supervise students as specified in Medical Center policy C-74, Resident Supervision.

XII PEER REVIEW

All members of the medical staff will be included in the medical staff's peer review process.

| Approved by majority vote of the Medical Staff on _____ . Deleted: July 25, 2006

| Approved by the Board of Trustees as of this _____ . Deleted: 11th day of August, 2006

By: _____
Charles B. Thomas, Jr., MD

Its: Chairman, Board of Trustees
Medical University Hospital Authority

**FACILITIES
HOSPITAL AUTHORITY
LEASE RENEWAL
FOR APPROVAL**

AUGUST 8, 2008

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 102,574 square feet of office/clinical space located in Rutledge Tower. This lease renewal is to continue to provide space for various hospital departments. The per square foot rate for this renewal is \$16.38 (rounded). The monthly rental rate will be \$139,972.92 (rounded), resulting in an annual rent amount of \$1,679,674.98.

This building is owned by the MUSC Foundation, and is leased to the University Medical Associates in its entirety. The 102,574 square feet of space is being further subleased to the Medical University Hospital Authority.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: University Medical Associates

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

TENANT NAME AND CONTACT: Medical University Hospital Authority, Dennis Frazier, Hospital Facilities Administrator, 792-1172

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

RENEWAL TERM: Five (5) Years
AMOUNT PER SQUARE FOOT: \$16.38
ANNUALIZED LEASE COST: \$1,679,674.98
TOTAL COST OF RENEWAL TERM: \$8,398,374.90

EXTENDED TERM(S): Two (2) terms, Five (5) years each
TOTAL COST OF EXTENDED TERM(S): \$16,796,749.80

OPERATING COSTS:

FULL SERVICE X
NET _____

**FACILITIES
HOSPITAL AUTHORITY
NEW LEASE-OUT
FOR APPROVAL**

AUGUST 8, 2008

DESCRIPTION OF NEW LEASE-OUT: This lease is for 6,294 square feet of clinical space located in the Bee Street Parking Garage at 122 Bee Street. This lease will provide space for Cardiac Rehabilitation. The per square foot rate for this lease is \$21.77 (rounded). The monthly rental rate will be \$11,420.18 (rounded), resulting in an annual rent amount of \$137,025.00. This property is owned by the Medical University of South Carolina.

Included in the annual rent amount are renovation costs (\$910,000.00) that are amortized throughout the lease term. Should this lease terminate prior to its expiration date, the Medical University Hospital Authority will be required to repay any remaining renovation costs not paid.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: Medical University of South Carolina

LANDLORD CONTACT: Rachel Jones, Leasing Manager, 792-5996

TENANT NAME AND CONTACT: Cardiac Rehabilitation, Dennis Frazier, Hospital Facilities Administrator, 792-1172

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

LEASE TERM: Thirty (30) Years
AMOUNT PER SQUARE FOOT: \$21.77
ANNUALIZED LEASE COST: \$137,025.00
TOTAL COST OF LEASE TERM: \$4,110,750.00

EXTENDED TERM(S): N/A, To be negotiated

OPERATING COSTS:
FULL SERVICE
NET X