



# **AGENDA**

**(REGULAR AND CONSENT)**

**HOSPITAL AUTHORITY BOARD OF TRUSTEES  
AND  
UNIVERSITY BOARD OF TRUSTEES**

**APRIL 7, 2006**

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

**REGULAR AGENDA**

Board of Trustees Meeting  
Friday, December 14, 2012  
**9:00 a.m.**  
101 Colcock Hall

**Members of the Board of Trustees**

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
Dr. Stanley C. Baker, Jr.  
Mr. William H. Bingham, Sr.  
Dr. Cotesworth P. Fishburne, Jr.  
Mr. William B. Hewitt

Dr. Harold W. Jablon  
Dr. Donald R. Johnson II  
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.

**Trustees Emeriti**

Mrs. Margaret M. Addison  
Dr. Charles B. Hanna  
The Honorable Robert C. Lake, Jr.  
Mrs. Claudia W. Peeples  
Mr. Allan E. Stalvey

Item 1.     Call to Order-Roll Call.

Item 2.     Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, February 8, 2013.

Item 3.     Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of October 11, 2012.

Board Action:

**RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 4.     General Informational Report of the President.

Statement: Dr. Greenberg will present a general report.

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

Board Action:

Item 5. Other Business.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY OPERATIONS, QUALITY and FINANCE COMMITTEE. CHAIRMAN: DR. STANLEY C. BAKER, JR.**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 6. Medical University Hospital Authority Status Report.

Statement: Mr. Stuart Smith will report on the status of the Medical Center.

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

Recommendation of Committee:

Board Action:

Item 7. Medical University Hospital Authority Financial and Statistical Report.

Statement: Mr. Steve Hargett will present the financial and statistical report for MUHA.

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

Recommendation of Committee:

Board Action:

Item 8. Report of the Vice President for Medical Affairs and Dean, College of Medicine.

Statement: Dean Pisano will present a report.

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

Recommendation of Committee:

Board Action:

Item 9. Report on Outreach Activity and MUSC Physicians.

Statement: Dean Etta Pisano and Dr. Philip Costello will present an update on UMA outreach activities.

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

Recommendation of Committee:

Board Action:

Item 10. Report on Quality and Patient Safety.

Statement: Dr. Pat Cawley will present the report on Quality and Patient Safety.

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

Recommendation of Committee:

Board Action:

Item 11. Legislative Update.

Statement: Mr. Faulkner/Mr. Sweatman will present an update on legislative issues.

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

Recommendation of Committee:

Board Action:

Item 12. Other Committee Business.

**CONSENT ITEM FOR APPROVAL:**

Item 13. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.

Item 14. Revisions to the Medical Staff Bylaws.

Item 15. Renewal of Line of Credit.

Item 16. Plan for Revision of Care.

**CONSENT ITEMS FOR INFORMATION:**

Item 17. Medical Executive Committee Minutes.

Item 18. Contracts and Agreements.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY PHYSICAL FACILITIES COMMITTEE.  
CHAIRMAN: MR. WILLIAM H. BINGHAM, SR.**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 19. Facilities Procurements/Contracts Proposed.

Statement: Mr. Dennis Frazier will present procurements/contracts for approval.



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

Recommendation of Committee:

Board Action:

Item 20. Update on Projects.

Statement: Mr. Dennis Frazier will present an update on Medical University Hospital Authority projects.

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

Recommendation of Committee:

Board Action:

Item 21. Other Committee Business.

**CONSENT ITEMS FOR INFORMATION:**

Item 22. Facilities Contracts Awarded.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY AUDIT COMMITTEE. CHAIRMAN: MR. WILLIAM B. HEWITT.**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 23. External Audit Report from KPMG.

Statement: The external audit firm of KPMG will present the Audit report.

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

Recommendation of Committee:

Board Action:

Item 24. Report of the Office of General Counsel.

Statement: Ms. Annette Drachman will report on the activities of the Office of the General Counsel.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 25. Review of the Office of Audit Committee Charter.

Statement: Ms. Susan Barnhart will present the Audit Committee Charter for review.

Recommendation of Administration: That the Audit Committee Charter be approved.

Recommendation of Committee:

Board Action:

Item 26. Report of the Office of Internal Audit.

Statement: Ms. Susan Barnhart will report on the activities of the Office of Internal Audit.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 27. Other Committee Business.

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

Item 28. Approval of MUHA Board of Trustees Bylaws.

Statement: Ms. Susan Barnhart will present the MUHA Board of Trustees Bylaws for review.

Recommendation of Administration: That the Bylaws be approved.

Board Action:

Item 29. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 30. New Business for the Board of Trustees.

Item 31. Report from the Chairman.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**(A Component Unit of MUSC)**  
**Interim Financial Statements**  
**October 31, 2012 and 2011**

<b>Balance Sheets</b>	<b>1</b>
<b>Statements of Revenues, Expenses and Changes in Net Position</b>	<b>2</b>
<b>SRECNA - Comparative Variance Analysis</b>	<b>3</b>
<b>Schedules of Functional Expenses</b>	<b>4</b>
<b>Schedule of Revenues and Expenses - Actual versus Budget</b>	<b>5</b>
<b>Schedule of Functional Expenses - Actual versus Budget</b>	<b>6</b>
<b>Notes to the Interim Financial Statements</b>	<b>7</b>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Balance Sheet  
October 31, 2012 and June 30, 2012

<b>Assets and Deferred Outflows</b>	<b>At 10/31/2012</b>	<b>FYE 06/30/2012 (Audited)</b>
Current Assets:		
Cash and Cash Equivalents	\$ 16,346,658	\$ 33,154,233
Required for Current Liabilities		
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$52,949,807 and \$52,200,000	158,796,033	153,830,121
Due from Related Parties	7,365,233	4,010,077
Due from Third-Party Payors	12,602,641	15,361,037
Other Current Assets	53,935,446	44,827,898
Total Current Assets	249,046,011	251,183,366
Investments Held by Trustees Under Indenture Agreements	84,224,805	87,405,332
Capital Assets, Net	512,727,874	521,915,647
Deferred Borrowing Costs	14,318,959	14,730,533
Total Assets	\$ 860,317,649	\$ 875,234,878
Deferred Outflows	\$ 3,759,165	\$ 3,861,867
<b>Total Assets and Deferred Outflows</b>	<b>\$ 864,076,814</b>	<b>\$ 879,096,745</b>
<b>Liabilities and Net Assets</b>		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 11,675,000	\$ 11,365,000
Current Installments of Capital Lease Obligations	259,357	258,169
Current Installments of Notes Payable	10,432,482	10,968,665
Accounts Payable	38,170,292	42,308,691
Accrued Payroll, Withholdings and Benefits	53,275,827	50,918,729
Other Accrued Expenses	6,837,556	12,597,844
Total Current Liabilities	120,650,514	128,417,098
Long-Term Debt	405,108,694	411,699,783
Capital Lease Obligations	528,304	615,154
Derivative Instruments	3,759,165	3,861,867
Notes Payable	366,723	607,004
Other Liabilities	5,306,106	6,314,386
Total Liabilities	535,719,506	551,515,292
Net Position:		
Invested in Capital Assets, Net of Related Debt	90,942,349	92,401,538
Restricted Under Indenture Agreements	84,221,296	87,401,823
UnRestricted	153,193,663	147,778,092
Total Net Position	328,357,308	327,581,453
<b>Total Liabilities and Net Position</b>	<b>\$ 864,076,814</b>	<b>\$ 879,096,745</b>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**(A Component Unit of MUSC)**  
**Statement of Revenues, Expenses and Changes in Net Position**  
**For the 4 Month Periods Ending October 31, 2012 and 2011**

	<u><b>2012</b></u>	<u><b>2011</b></u>
Operating Revenue:		
Net Patient Service Revenue	\$ 355,110,757	\$ 341,925,264
Other Revenue	<u>6,712,452</u>	<u>5,276,043</u>
Total Operating Revenue	<u>361,823,209</u>	<u>347,201,307</u>
Operating Expenses:		
Compensation and Employee Benefits	158,777,111	150,077,642
Services and Supplies	176,341,795	164,624,638
Depreciation and Amortization	<u>19,014,051</u>	<u>18,094,036</u>
Total Operating Expenses	<u>354,132,957</u>	<u>332,796,316</u>
Operating Income (Loss)	7,690,252	14,404,991
NonOperating Revenue (Expense):		
Investment Income	1,075,490	769,737
Interest Expense	<u>(7,989,888)</u>	<u>(8,567,142)</u>
Total NonOperating Revenue (Expense)	<u>(6,914,398)</u>	<u>(7,797,405)</u>
Change in Net Position	<u><u>\$ 775,854</u></u>	<u><u>\$ 6,607,586</u></u>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
SRECNA - Comparative Variance Analysis  
For the 4 Month Periods October 31, 2012 and 2011

	Current Month			Comparative Period			Fiscal Year To Date			Comparative Period		
	Actual	Budget	Variance	Oct 2011	Variance		Actual	Budget	Variance	July-Oct FY2012	Variance	
Operating Revenue:												
Net Patient Service Revenue	\$ 95,554,674	\$ 89,974,252	6.20%	\$ 87,251,638	9.52%		\$ 355,110,757	\$ 359,897,007	-1.33%	\$ 341,925,264	3.86%	
Other Revenue	1,739,697	1,543,680	12.70%	1,169,325	48.78%		6,712,452	6,174,719	8.71%	5,276,043	27.23%	
Total Operating Revenue	97,294,371	91,517,932	6.31%	88,420,963	10.04%		361,823,209	366,071,726	-1.16%	347,201,307	4.21%	
Operating Expenses:												
Compensation and Employee Benefits	40,721,977	40,214,294	-1.26%	38,355,867	-6.17%		158,777,111	160,857,176	1.29%	150,077,642	-5.80%	
Services and Supplies	47,999,509	43,476,486	-10.40%	40,835,286	-17.54%		176,341,795	173,905,943	-1.40%	164,624,638	-7.12%	
Depreciation and Amortization	4,615,992	4,706,753	1.93%	4,523,509	-2.04%		19,014,051	18,827,012	-0.99%	18,094,036	-5.08%	
Total Operating Expenses	93,337,478	88,397,533	-5.59%	83,714,662	-11.49%		354,132,957	353,590,131	-0.15%	332,796,316	-6.41%	
Operating Income (Loss)	3,956,893	3,120,399	26.81%	4,706,301	-15.92%		7,690,252	12,481,595	-38.39%	14,404,991	-46.61%	
Operating Margin	4.07%	3.41%		5.32%			2.13%	3.41%		4.15%		
NonOperating Revenue (Expense):												
Investment Income	183,088	175,909	4.08%	20,206	806.11%		1,075,490	703,637	52.85%	769,737	39.72%	
Interest Expense	(2,008,513)	(2,032,433)	1.18%	(2,103,100)	4.50%		(7,989,888)	(8,129,733)	1.72%	(8,567,142)	6.74%	
Total NonOperating Revenue (Expense)	(1,825,425)	(1,856,524)	1.68%	(2,082,894)	12.36%		(6,914,398)	(7,426,096)	6.89%	(7,797,405)	11.32%	
Change in Net Position	\$ 2,131,468	\$ 1,263,875	68.65%	\$ 2,623,407	-18.75%		\$ 775,854	\$ 5,055,499	-84.65%	\$ 6,607,586	-88.26%	

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Functional Expenses  
For the 4 Month Periods Ending October 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
<b>Nursing Services:</b>		
Administration and Education	9,795,278	\$ 9,572,640
Medical and Surgical	21,156,547	20,291,771
Pediatrics	5,422,328	4,742,251
Emergency and Trauma Units	7,191,828	7,719,280
Intensive Care Units	18,609,175	18,731,946
Coronary Care Units	1,345,105	1,266,982
Psychiatric	8,231,590	7,906,232
Operating Rooms	11,834,109	11,470,385
Recovery Rooms	1,561,360	1,475,183
Delivery and Labor Rooms	1,437,411	1,423,312
Obstetrics	2,034,476	1,925,203
Total Nursing Services	<u>\$ 88,619,207</u>	<u>\$ 86,525,185</u>
<b>Other Professional Services:</b>		
Laboratories and Laboratory Support	\$ 16,393,666	\$ 16,671,051
Electrocardiology	2,068,387	1,854,235
Radiology	8,605,239	8,474,948
Pharmacy	35,044,839	32,293,132
Heart Catheterization	3,619,871	3,527,291
Central Services and Supply	29,048,824	28,663,699
Anesthesiology	6,702,295	6,913,620
Nuclear Medicine	401,316	394,543
Respiratory Therapy	4,364,676	4,503,583
Physical Medicine	2,979,431	3,146,862
Dialysis	770,175	732,329
Pathology	1,379,437	1,294,280
Transplant	7,863,661	7,145,253
Other Miscellaneous Services	5,772,592	5,470,611
Medical Records and Quality Assurance	2,508,554	2,260,487
Resident Support	14,191,037	13,646,994
Total Other Professional Services	<u>\$ 141,714,000</u>	<u>\$ 136,992,918</u>
<b>General Services:</b>		
Dietary	\$ 5,223,139	\$ 4,982,239
Plant Ops, Maintenance, Security	21,330,647	18,959,049
Housekeeping	5,581,952	4,763,708
Total General Services	<u>\$ 32,135,738</u>	<u>\$ 28,704,996</u>
<b>Fiscal and Administrative Services:</b>		
Admitting	\$ 2,355,062	\$ 2,211,534
Administration	21,512,364	18,683,352
Shared Services	3,453,613	3,943,820
MUSC Support	4,973,884	1,557,530
Accounting	2,933,552	1,906,103
Hospital Patient Accounting	3,203,520	3,447,145
Marketing	2,558,200	1,834,490
Human Resources	868,741	828,852
Communications	731,197	631,823
Computer Services	13,988,396	10,926,326
Total Fiscal and Administrative Services	<u>\$ 56,578,529</u>	<u>\$ 45,970,975</u>
<b>Ambulatory Care:</b>		
Ambulatory Care	\$ 16,071,432	\$ 16,508,206
Total Ambulatory Care	<u>\$ 16,071,432</u>	<u>\$ 16,508,206</u>
<b>Other:</b>		
Depreciation	\$ 19,014,051	\$ 18,094,036
Interest	7,989,888	8,567,142
Total Other	<u>\$ 27,003,939</u>	<u>\$ 26,661,178</u>
<b>Total Expenses</b>	<u>\$ 362,122,845</u>	<u>\$ 341,363,458</u>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Revenues and Expenses - Actual versus Budget  
For the 4 Month Period Ending October 31, 2012

	<u>Approved Budget</u>	<u>Year To Date Budget</u>	<u>Actual</u>	<u>Variance Favorable/ Unfavorable</u>	
<b>Operating Revenue:</b>					
<b>Patient Service Revenue:</b>					
Patient Service Revenue net of Charity Care	2,703,551,830	901,183,943	914,980,485	13,796,542	F
<b>Additions (Deductions) To/From Patient Service Revenue:</b>					
Contractual and Other Adjustments	(1,661,323,720)	(553,774,573)	(572,357,365)	18,582,792	U
Payment from DHHS	18,628,621	6,209,540	6,209,540	-	F
Disproportionate Share	18,834,290	6,278,097	6,278,097	-	F
Net Additions (Deductions) To/From Patient Service Revenue	(1,623,860,809)	(541,286,936)	(559,869,728)	18,582,792	U
Net Patient Service Revenue	1,079,691,021	359,897,007	355,110,757	4,786,250	U
<b>Other Operating Revenue:</b>					
Other and IIT Transfers	18,524,158	6,174,719	6,712,452	537,733	F
Total Other Operating Revenue	18,524,158	6,174,719	6,712,452	537,733	F
Total Operating Revenue	\$ 1,098,215,179	\$ 366,071,726	\$ 361,823,209	\$ 4,248,517	U
<b>Operating Expenses:</b>					
Nursing Services	\$ 268,966,629	\$ 89,655,543	\$ 88,619,207	\$ 1,036,336	F
Other Professional Services	426,885,327	142,295,109	141,714,000	581,109	F
General Services	90,390,817	30,130,272	32,135,738	2,005,466	U
Fiscal and Administrative Services	166,419,862	55,473,287	56,578,529	1,105,242	U
Ambulatory Care	51,626,723	17,208,908	16,071,432	1,137,476	F
Other Expenses	56,481,035	18,827,012	19,014,051	187,039	U
Total Operating Expenses	1,060,770,393	353,590,131	354,132,957	542,826	U
<b>Income (Loss) from Operations</b>	37,444,786	12,481,595	7,690,252	4,791,343	U
<b>NonOperating Revenue (Expense):</b>					
Interest and Investments	(22,278,289)	(7,426,096)	(6,914,398)	511,698	F
Total NonOperating Revenue (Expense)	(22,278,289)	(7,426,096)	(6,914,398)	511,698	F
<b>Change in Net Position</b>	\$ 15,166,497	\$ 5,055,499	\$ 775,854	\$ 4,279,645	U



**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Functional Expenses - Actual versus Budget  
For the 4 Month Period Ending October 31, 2012

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
<b>Nursing Services:</b>				
Administration and Education	\$ 31,156,288	\$ 10,385,429	\$ 9,795,278	\$ 590,151 F
Medical and Surgical	61,783,783	20,594,594	21,156,547	561,953 U
Pediatrics	16,046,878	5,348,959	5,422,328	73,369 U
Emergency and Trauma Units	23,041,897	7,680,632	7,191,828	488,804 F
Intensive Care Units	56,800,671	18,933,557	18,609,175	324,382 F
Coronary Care Units	4,037,538	1,345,846	1,345,105	741 F
Psychiatric	24,979,391	8,326,464	8,231,590	94,874 F
Operating Rooms	36,478,832	12,159,611	11,834,109	325,502 F
Recovery Rooms	4,541,016	1,513,672	1,561,360	47,688 U
Delivery and Labor Rooms	4,244,363	1,414,788	1,437,411	22,623 U
Obstetrics	5,855,972	1,951,991	2,034,476	82,485 U
Total Nursing Services	<u>\$ 268,966,629</u>	<u>\$ 89,655,543</u>	<u>\$ 88,619,207</u>	<u>\$ 1,036,336 F</u>
<b>Other Professional Services:</b>				
Laboratories and Laboratory Support	\$ 50,935,418	\$ 16,978,473	\$ 16,393,666	\$ 584,807 F
Electrocardiology	6,290,254	2,096,751	2,068,387	28,364 F
Radiology	23,726,362	7,908,787	8,605,239	696,452 U
Pharmacy	107,713,133	35,904,378	35,044,839	859,539 F
Heart Catheterization	10,636,954	3,545,651	3,619,871	74,220 U
Central Services and Supply	82,334,251	27,444,750	29,048,824	1,604,074 U
Anesthesiology	22,289,030	7,429,677	6,702,295	727,382 F
Nuclear Medicine	1,171,299	390,433	401,316	10,883 U
Respiratory Therapy	15,163,592	5,054,531	4,364,676	689,855 F
Physical Medicine	8,153,540	2,717,847	2,979,431	261,584 U
Dialysis	2,340,560	780,187	770,175	10,012 F
Pathology	4,185,122	1,395,041	1,379,437	15,604 F
Transplant	26,256,502	8,752,167	7,863,661	888,506 F
Other Miscellaneous Services	17,724,008	5,908,003	5,772,592	135,411 F
Medical Records and Quality Assurance	7,904,869	2,634,956	2,508,554	126,402 F
Resident Support	40,060,433	13,353,478	14,191,037	837,559 U
Total Other Professional Services	<u>\$ 426,885,327</u>	<u>\$ 142,295,109</u>	<u>\$ 141,714,000</u>	<u>\$ 581,109 F</u>
<b>General services:</b>				
Dietary	\$ 15,623,487	\$ 5,207,829	\$ 5,223,139	\$ 15,310 U
Plant Ops, Maintenance, Security	58,926,446	19,642,149	21,330,647	1,688,498 U
Housekeeping	15,840,884	5,280,295	5,581,952	301,657 U
Total General Services	<u>\$ 90,390,817</u>	<u>\$ 30,130,272</u>	<u>\$ 32,135,738</u>	<u>\$ 2,005,466 U</u>
<b>Fiscal and Administrative Services:</b>				
Admitting	\$ 7,052,532	\$ 2,350,844	\$ 2,355,062	\$ 4,218 U
Administration	59,773,978	19,924,659	21,512,364	1,587,705 U
Shared Services	11,564,261	3,854,754	3,453,613	405,297 F
MUSC Support	15,939,687	5,313,229	4,973,884	339,345 F
Accounting	8,157,354	2,719,118	2,933,552	214,434 U
Hospital Patient Accounting	10,713,780	3,571,260	3,203,520	367,740 F
Marketing	10,181,966	3,393,989	2,558,200	835,789 F
Human Resources	3,354,638	1,118,213	868,741	249,472 F
Communications	2,051,609	683,870	731,197	47,327 U
Computer Services	37,630,057	12,543,352	13,988,396	1,445,044 U
Total Fiscal and Administrative Services	<u>\$ 166,419,862</u>	<u>\$ 55,473,287</u>	<u>\$ 56,578,529</u>	<u>\$ 1,105,242 U</u>
<b>Ambulatory Care:</b>				
Ambulatory Care	\$ 51,626,723	\$ 17,208,908	\$ 16,071,432	\$ 1,137,476 F
Total Ambulatory Care	<u>\$ 51,626,723</u>	<u>\$ 17,208,908</u>	<u>\$ 16,071,432</u>	<u>\$ 1,137,476 F</u>
<b>Other:</b>				
Depreciation	\$ 56,481,035	\$ 18,827,012	\$ 19,014,051	\$ 187,039 U
Interest	24,389,200	8,129,733	7,989,888	139,845 F
Total Other	<u>\$ 80,870,235</u>	<u>\$ 26,956,745</u>	<u>\$ 27,003,939</u>	<u>\$ 47,194 U</u>
<b>Total Expenses</b>	<u>\$ 1,085,159,593</u>	<u>\$ 361,719,864</u>	<u>\$ 362,122,845</u>	<u>\$ 402,981 U</u>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**Notes to the Interim Financial Statements**

**Balance Sheet: At 10/31/2012 and for the Year ended 6/30/2012**

**Assets:**

Cash and cash equivalents decreased \$16.8 million to \$16.3 million from June 30<sup>th</sup>, 2012. The main drivers of the cash erosion from June 30 are: \$7.1 million reduction in long term debt, three payrolls in October, \$ 1.7 million for Sabin Street energy plant project (no FEMA grant funds received to date), and Epic related staffing, equipment and license fee payments of \$7.2 million (net of MUSC Physician reimbursement). No payments have been received on the \$22 million receivable booked in fiscal 2010 related to the medical resident FICA settlement. Medicaid managed care GME receivable is \$6million.

Net patient accounts receivable is up \$5 million from June 30, 2012. The case mix index (an indication of patient acuity) is up for the first four months of FY 13 (1.8145 versus 1.7566) when compared to the prior year average. October's case mix increased to 1.8477 from September's 1.739. CMI for the month of October, FY '12 was 1.698. Year to date collections are running 97.8% of net patient revenue, compared to the 99.4% collection rate for all of last fiscal year. The higher acuity and lower collection rate is driving the increase in accounts receivable.

Other Current Assets increased by \$9.1 million from 6/30/12 driven mainly by increases in prepaid maintenance contracts (IT and radiology related), payroll related insurance, and receivable from the VA for resident costs.

**Liabilities:**

As of October, 2012 Current Installments of Long-Term Debt include \$10 million HUD related debt and \$1.7 million for debt related to the Central Energy Plant. Current Installments of Notes Payable relate to the GE Capital note for the McKesson APOC (clinical documentation) System and the Bank of America capital loan program for ART equipment.

The semi-annual payment on the HUD series 2004 was made on August 15<sup>th</sup>. The annual payment for the CEP debt was made on August 31<sup>st</sup>. These payments decreased long term debt by \$6.4 million.

The decrease in other accrued expenses is a result of payment of prepaid interest (reduction) and a reversal of FY 12 operating lease accrual..

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**Notes to the Interim Financial Statements**

Statement of Revenues, Expenses and Changes in Net Assets: For the four months ended 10/31/2012 and 2011

**Operating Revenues:**

Net patient revenue is up 3.9% from the same period last year. Inpatient census is down 0.6% compared to last October – while length of stay is down slightly from 6.2 days to 6.1 days. E R visits are up 2.5%. Operating room cases are up 2%. Transplant cases are relatively flat (up 1 case year to date) compared to last year. MRI procedures are down 3.8% while CT procedures are up 2.9%. Outpatient visits are up 1.4%. Average case mix index (indicator of patient acuity) increased from 1.75 to 1.81 when compared to the same period last year. There is no change in the Medicare length of stay at 6.2 days.

On a volume adjusted basis (adjusted discharges) net patient revenue is up 2.97% at \$17,902 per case. This is a result of an increase in acuity and surgical cases.

**Operating Expenses:**

When compared to the same period last fiscal year salaries and benefits increased \$8.7 million (5.8%). Staffing has increase by 71 fte's for EPIC, while volume and new services are driving the remaining increase.

Services and supplies are up 7% compared to last year. Increases in organ procurement costs, the increase in the commitment for the Dean of the College of Medicine (\$4 million YTD increase), shared services utility costs from MUSC, equipment operating leases, and Epic ambulatory medical record costs are responsible for the increase.

Depreciation and Amortization costs are up 5.1% year over year driven by increased capital expenditures related to Epic ambulatory project.

**Non Operating Expense**

Interest expense is down \$577,000 (6.7%) based on lower long-term debt balances.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**Notes to the Interim Financial Statements**

**Budget Comparison:**

As of October, 2012 MUHA's net income is \$4.3 million behind budget. Under governmental accounting standards (GASB 34) MUHA is required to include interest expense under non-operating expenses. This method results in an actual year to date operating margin of 2.13% compared to the budget of 3.41%. The majority of hospitals operate under financial accounting standards (FASB) that include both bad debt and interest expense in operating expenses. Using this method, our operating margin is a negative 0.007%. For the month of October, net income was ahead of budget by \$870,000 with a GASB method operating margin of 4.07%.

Net patient service revenues are below budget by 1.3%.

Operating expenses are 0.15% below budget. The favorable variance is less than expected due to unbudgeted Epic related costs.

**Unusual and non-recurring items impacting current month earnings:**

Implementation of GASB 53 – accounting and financial reporting for derivative instruments occurred in fiscal 2010. While this does not have an immediate impact on the income statement, the negative value of the interest rate hedge associated with the central energy plant financing is reflected on the balance sheet in the asset section as a deferred outflow and in the long-term debt section titled “Derivative Instruments”. The negative balance of \$3.8 million at 10/31/12 is down slightly from 6/30/12.

**FACILITIES  
HOSPITAL AUTHORITY  
LEASE OUT RENEWAL  
FOR APPROVAL**

**DECEMBER 14, 2012**

**DESCRIPTION OF LEASE OUT RENEWAL:** This lease renewal is for 94,751 square feet of office/clinical space located on various floors within the University Hospital, Children's Hospital and Ashley River Tower. The purpose of this lease renewal is to continue to provide office/clinical space to the University Medical Associates of the Medical University of South Carolina. The cost per square foot for this renewal is \$21.11. The monthly rental rate will be \$116,682.80 (rounded), resulting in an annual income of \$2,000,193.61.

**NEW LEASE AGREEMENT** \_\_\_\_\_  
**RENEWAL LEASE OUT AGREEMENT**   X  

**LANDLORD:** Medical University Hospital Authority

**LANDLORD CONTACT:** Stephen Hargett, CFO, 792-6461

**TENANT NAME AND CONTACT:** University Medical Associates, Marty Phillips, 852-3109

**SOURCE OF FUNDS:** University Medical Associates

**LEASE TERMS:**

**TERM:** One (1) year [7/1/2011- 6/30/2012]  
**COST PER SQUARE FOOT:** \$22.11  
**ANNUALIZED LEASE COST:** \$2,000,193.61

**EXTENDED TERM(S):** One (1) year [7/1/2012-6/30/2013]  
**TOTAL AMOUNT OF EXTENDED TERM:** \$2,000,193.61

**TOTAL AMOUNT INCLUDING EXTENDED TERMS:** \$4,000,387.22

**OPERATING COSTS:**  
**FULL SERVICE**   X    
**NET** \_\_\_\_\_

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

**CONSENT AGENDA**

Board of Trustees Meeting  
Friday, December 14, 2012  
101 Colcock Hall

**Members of the Board of Trustees**

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
Dr. Stanley C. Baker, Jr.  
Mr. William H. Bingham, Sr.  
Dr. Cotesworth P. Fishburne, Jr.  
Mr. William B. Hewitt

Dr. Harold W. Jablon  
Dr. Donald R. Johnson II  
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.

**Trustees Emeriti**

Mrs. Margaret M. Addison  
Dr. Charles B. Hanna  
The Honorable Robert C. Lake, Jr.  
Mrs. Claudia W. Peeples  
Mr. Allan E. Stalvey

**MEDICAL UNIVERISTY HOSPITAL AUTHORITY OPERATIONS,  
QUALITY and FINANCE COMMITTEE  
CHAIRMAN: DR. STANLEY C. BAKER, JR.**

**(APPROVAL ITEMS)**

**Item 13. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.**

**Statement:** Approval will be sought for the appointments, reappointments and delineation of privileges of the Medical and Allied Health Staff.

**Recommendation of Administration:** That the appointments, reappointments and delineation of privileges be approved.

**Recommendation of Committee:**

**Board Action:**

Item 14. Revisions to the Medical Staff Bylaws.

Statement: Dr. Pat Cawley will present revisions to the Medical Staff Bylaws for approval.

Recommendation of Administration: That the revisions to the Bylaws be approved.

Recommendation of Committee:

Board Action:

Item 15. Renewal of Line of Credit.

Statement: Ms. Annette Drachman will present the renewal of the Line of Credit, not to exceed \$25,000,000, for approval.

Recommendation of Administration: That the renewal of the Line of Credit be approved.

Recommendation of Committee:

Board Action

Item 16. Plan for Provision of Care.

Statement: Dr. Pat Cawley will present a Plan for Provision of Care for approval.

Recommendation of Administration: That the Plan be approved.

Recommendation of Committee:

Board Action

**(INFORMATIONAL ITEMS)**

Item 17. Medical Executive Committee Minutes.

Statement: The minutes of the Medical Executive Committee will be presented.

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

Recommendation of Committee:

Board Action:

Item 18. Medical Center Contracts and Agreements.

Statement: The contracts and agreements signed since the last board meeting will be presented for information.

Recommendation of Administration: That the contracts and agreements be received as information.

Recommendation of Committee:

Board Action:

**PHYSICAL FACILITIES COMMITTEE  
CHAIRMAN: MR. WILLIAM H. BINGHAM, SR.**

**(INFORMATIONAL ITEMS)**

**Item 22. Facilities Contracts Awarded.**

Statement: Facilities Contracts awarded will be presented to the Board of Trustees.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:



## Board of Trustees Credentialing Committee -September 2012

**The Medical Executive Committee reviewed the following applicants on September 19, 2012 and recommends approval by the Board of Trustees Credentialing Subcommittee effective September 28, 2012**

### Medical Staff Initial Appointment and Privileges

Shana Catoe Bondo, M.D., M.S.P.H.	Active Provisional	Pediatrics
Thomas Bao Do, M.D.	Active Provisional	Pediatrics
Charles Morrison Farish, M.D.	Active Provisional	Pediatrics
Jason Snyder, B.S., M.D.	Active Provisional	Radiology

### Medical Staff Reappointment and Privileges

John M Arthur, M.D., Ph.D.	Active	Medicine
Jan N. Basile, M.D.	Active	Medicine
Alice M. Boylan, M.D.	Active	Medicine
Charles F. Bratton, M.D.	Active	Surgery
Matthew P. Davis, M.D., M.S.C.R	Affiliate - Refer & Follow	Pediatrics
Evert Eriksson, M.D.	Active	Surgery
William C. Giles, M.D.	Affiliate	Otolaryngology
Aimee A. Goedecke, M.D.	Affiliate - Refer & Follow	Pediatrics
Richard C. Hagerty, M.D.	Active	Surgery
Cherrie Mae Hart (Crowder), M.D.	Active Provisional	Family Medicine
Karen J. Hartwell, M.D.	Active	Psychiatry
Beatrice Janulyte Hull (Janulyte), M.D.	Active	Medicine
Michelle Elaine Koski (Koski), M.D.	Active Provisional	Urology
Maryellen Sullivan Kyle, M.D.	Affiliate CFC - Refer & Follow	Medicine
Thomas Rogers Kyle, III, M.D.	Active	Medicine
Henry M. Lemon, M.D.	Active	Pediatrics
Joseph G. Reves, M.D., M.S.	Active	Anesthesiology
Charles S. Rittenberg, M.D.	Active	OBGYN
Rita Marie Ryan, M.D.	Active Provisional	Pediatrics
Judith Marie Skoner, M.D., M.S.	Active	Otolaryngology
Jerry E. Squires, M.D., M. Phil., Ph.D.	Active	Path. & Lab. Med.
Istvan Takacs, M.D.	Active	Neurosciences
Jason M. Taylor, M.D.	Active	Anesthesiology
Dolores Yvonne Tetreault, M.D., FACP	Active Provisional	Medicine
Mary Hardy Tillman, M.D.	Affiliate - Refer & Follow	Pediatrics
James H. Tolley, Jr., M.D., M.A.T.	Active	Medicine
Juan Carlos Q. Velez, M.D.	Active	Medicine
Edgar J. Weiss, M.D.	Active	Psychiatry
David R. White, M.D.	Active	Otolaryngology
Brian G. Widenhouse, M.D.	Affiliate	Surgery

### Medical Staff Reappointment and Change in Clinical Privileges

Gary F. Headden, M.D.	Active	Medicine	No longer needs Peds EM priv
Nicholas Peter Pietris, M.D.	Active Provisional	Pediatrics	Addition of Moderate Sedation
Mary Jean A. Vogt (Auge), M.D.	Active	Medicine	No longer needs Critical Care priv

### Medical Staff Change in Privileges

Marion B. Gillespie, M.D.	Active	Otolaryngology	Addition of Robotic Assist
Constance Guille, M.D.	Active	Psychiatry	Addition of TMS

### Professional Staff Initial Appointment and Privileges

Jennifer Beall, P.N.P., M.S.N., R.N.	Provisional Allied Health	Pediatrics
Leah Rebecca Lifland, P.A.C.	Provisional Allied Health	Surgery
Eugene Mah, B.Sc., M.Sc.	Provisional Allied Health	Radiology
Sarah Manco (Hapke), A.P.R.N., M.S.N.	Provisional Allied Health	Psychiatry

Jennifer Lynn Runion, M.S.W.	Provisional Allied Health	Psychiatry
Kristyn Zajac, Ph.D.	Provisional Allied Health	Psychiatry
<b>Professional Staff Reappointment and Privileges</b>		
Wendy E. Balliet, Ph.D.	Provisional Allied Health	Psychiatry
Karin kay Bierling-Slowey, C.R.N.A., MSN	Allied Health	Anesthesiology
Carol L Blessing-Feussner, P.A.	Allied Health	Medicine
Gladney Powers Brooks, F.N.P., MSN	Allied Health	Surgery
Jill davis Carmichael (Davis), C.R.N.A.,	Allied Health	Anesthesiology
Alyssa Cleveland, C.R.N.A.	Allied Health	Anesthesiology
Deborah A. Disco, P.N.P., MSN	Allied Health	Pediatrics
Natalie Brown Dixon, P.A.C.	Provisional Allied Health	Pediatrics
George Donald Frey, Ph.D.	Allied Health	Radiology
Megan Ellen Fulton (Bales), P.A.C.	Allied Health	Neurosciences
Sarah K. Galloway, Ph.D.	Provisional Allied Health	Psychiatry
Anouk L. Grubaugh, Ph.D.	Allied Health	Psychiatry
Tracy Williams Halasz (Williams), P.N.P.	Allied Health	Pediatrics
Kasey Hamlin-Smith, Ph.D.	Allied Health	Pediatrics
Lester J. Kitten, C.R.N.A., M.H.S., B.S.N.	Allied Health	Anesthesiology
Nicholas C. Koch, Ph.D.	Allied Health	Radiation Oncology
Jenna L. McCauley, Ph.D.	Provisional Allied Health	Psychiatry
Dennis J. McKenna, C.R.N.A., A.P.R.N.	Allied Health	Anesthesiology
Michael Craig Mostoller, P.A.C.	Allied Health	Surgery
Nancy A. Nessmith-Kitten C.R.N.A., M.H.S.	Allied Health	Anesthesiology
B. Ulrika ONeil, MSN, C.R.N.A.	Allied Health	Anesthesiology
Melissa A. Paladino, B.A., B.S.N., MSN	Allied Health	Anesthesiology
Amy Hardin Patton , F.N.P.	Provisional Allied Health	Medicine
Heidi S. Resnick, Ph.D.	Allied Health	Psychiatry
Amelia K. Rowland C.N.M., MSN	Allied Health	OBGYN
Jacqueline Suzanne Sebastian MSN, A.N.P.	Allied Health	Medicine
Owen S. Shoemaker, Ph.D.	Allied Health	Psychiatry
Susan Grace Sims, F.N.P.	Prov. AHP CFC - R&F	Medicine
Carrie Elizabeth Smith, M.P.A., P.A.C.	Provisional Allied Health	Neurosciences
F. Mason Smith, O.D.	Allied Health - Refer & Follow	Ophthalmology
David Patrick Tobin, C.R.N.A., M.H.S.	Allied Health	Anesthesiology
Blair Buck Turnage (Buck), P.A.C.	Provisional Allied Health	Medicine
Karen S. Wendorf, C.R.N.A., B.G.S.	Allied Health	Anesthesiology
Frances K. Woodard, P.N.P.	Allied Health	Pediatrics

## Board of Trustees Credentialing Subcommittee - October 2012

**The Medical Executive Committee reviewed the following applicants on October 17, 2012 and recommends approval by the Board of Trustees Credentialing Subcommittee effective October 28, 2012**

### Medical Staff Initial Appointment and Privileges

Melissa Anne Cunningham, M.D., Ph.D.,	Active Provisional	Medicine
Fernando A. Herrera, Jr., M.D.	Active Provisional	Surgery
David Blair Mahoney, M.D.	Active Provisional	Family Medicine
Joseph Victor Sakran, M.D., M.P.H.	Active Provisional	Surgery

### Medical Staff Reappointment and Privileges

David B. Adams, M.D.	Active	Surgery
Ana Isabel Arias-Pandey, M.D., B.Sc.	Active Provisional	Pediatrics
Milton Byran Armstrong, M.D.	Active	Surgery
Prabhakar K. Baliga, M.D.	Active	Surgery
Ronald A. Bell, D.D.S., M.Ed.	Affiliate - Refer & Follow	Oral & Maxillo
Christina Lynn Bourne, M.D.	Active	Medicine
Maria G. Buse, M.D.	Active	Medicine
Christine M. Carr, M.D.	Active	Medicine
Mary Hart Craig, M.D.	Active	Psychiatry
Fred A. Crawford, Jr., M.D.	Active	Surgery
Brent M. Egan, M.D.	Active	Medicine
Robert W. Fitts, M.D.	Affiliate - Refer & Follow	Surgery
Sandra L. Fowler, M.D., M.Sc.	Active	Pediatrics
David R. Garr, M.D.	Active	Family Medicine
Charles S. Gilman, M.D.	Active	Medicine
Anthony Nicholas Glaser, M.D., Ph.D.	Active	Family Medicine
Kristina K. Gustafson, M.D., M.S.C.R.	Active	Pediatrics
Kenton R. Holden, M.D.	Active	Neurosciences
Matthew F. Kohler, M.D.	Active	OBGYN
Albert Anthony Maniscalco, M.D.	Affiliate	Medicine
Holly C. Mitchell, M.D.	Active	Medicine
Cynthia L. Murphy, M.D.	Active	Pediatrics
Tue H. Ngo, M.D.	Active Provisional	Medicine
Carl E. Queener, M.D.	Active	Medicine
William Louis Ries, Ph.D., D.D.S.,	Affiliate - Refer & Follow	Oral & Maxillo
Carolyn E. Reed, M.D.	Active	Surgery
Tihana Rumboldt, M.D.,	Active	Pathology
Ronald Coleman Turner, Jr., M.D.,	Active Provisional	Medicine
John Scott Walton, B.S., M.D.	Active	Anesthesiology
Braxton B. Wannamaker, M.D.	Active	Neurosciences

### Medical Staff Reappointment and Change in Privileges

Arthur J. Crumbley, M.D.	Active	Surgery	Revised privileges for ICU setting
Jamie H. Kuo, M.D.	Active Provisional	Medicine	Switch to Refer & Follow

### Medical Staff Change in Privileges

Pal Suranyi, M.D., Ph.D.	Active	Radiology	Addition of Moderate Sedation
David T. Vroman, M.D.	Affiliate - Refer & Follow	Ophthalmology	Reinstate clinical privileges

### Professional Staff Initial Appointment and Privileges

Gretchen Lee Hahn, M.S.N., C.N.M.,	Provisional Allied Health	OBGYN
Mary Ann Howerton, M.S., P.A.	Provisional Allied Health	Otolaryngology
Cristina Maria Lopez, Ph.D.	Provisional Allied Health	Psychiatry
Gabrielle L. Poole, P.A.C.	Provisional Allied Health	Orthopaedic Surgery

## Professional Staff Reappointment and Privileges

Michael S. Ashenafi	Allied Health	Radiation Oncology
Ellen Jill Baldino, P.A.C.,	Provisional Allied Health	Medicine
Sherrill Grover Bradsher, F.N.P., M.S.N.,	Provisional Allied Health	Medicine
Deborah H. Brooks, A.N.P.	Allied Health	Medicine
Margaret K. Brothers, F.N.P.	Allied Health	Radiology
Joshua Brown, Ph.D.	Allied Health	Psychiatry
Carissa Carie, P.N.P.	Allied Health	Otolaryngology
Kelley Noel Davis-Villegas, F.N.P.	Provisional Allied Health	Medicine
Michael George Dushanko, C.R.N.A.	Allied Health	Anesthesiology
Holly Edmunds, F.N.P.	Provisional Allied Health	Medicine
Gwendolyn Ewing, C.R.N.A.	Allied Health	Anesthesiology
Marianne Fiutem, C.R.N.A.	Allied Health	Anesthesiology
Abby Fuoto, A.P.R.N., M.S.N.	Provisional Allied Health	Medicine
Beth Allison Griffin, P.A.C., M.S.,	Allied Health	Neurosciences
Kevin J. Harmon, P.A.C., M.P.A.S.	Allied Health	Medicine
Dawn P. Heyward, A.P.R.N., M.S.N.	Provisional Allied Health	Medicine
Racheal A. Jernigan, F.N.P.	Provisional Allied Health	Medicine
Kymberley L Kittle, P.A.C.	Allied Health	Interdisciplinary Hospital Staff
Elisabeth Kryway, P.A.C.	Allied Health	Psychiatry
Jennifer Lewey, F.N.P., M.S.N.	Provisional Allied Health	Surgery
Donald R Pagley, Jr., C.R.N.A., B.S.N.	Allied Health	Anesthesiology
James Joseph Prisciandaro, Ph.D.	Provisional Allied Health	Psychiatry
Michelle Rosecrans, C.R.N.A., MSN	Allied Health	Anesthesiology
Kimberly Ann Saletan, C.R.N.A., BSN	Allied Health	Anesthesiology
Valerie J. Sutton, MSN, F.N.P.	Provisional Allied Health	Interdisciplinary Hospital Staff
Megan Lynne Walters, P.A.C.	Provisional Allied Health	Surgery
Raymon Maurice White, III, C.R.N.A.	Allied Health	Anesthesiology
Alison E. Wynne, A.P.R.N., A.C.N.P	Provisional Allied Health	Medicine



Medical University of South Carolina  
Medical Center

Medical Staff Bylaws

November 2011 Proposed Changes

Field Code Changed

Comment [PC1]: New Date here & footnote

## Table of Contents

Article I.	PURPOSE AND RESPONSIBILITIES .....	2
Article II.	BILL OF RIGHTS .....	3
Article III.	MEDICAL STAFF MEMBERSHIP & STRUCTURE.....	4
Article IV.	CATEGORIES OF THE MEDICAL STAFF .....	98
Article V.	OFFICERS .....	<del>124</del> 140
Article VI.	DEPARTMENTS .....	<del>141</del> 142
Article VII.	COMMITTEES AND FUNCTIONS .....	<del>161</del> 144
Article VIII.	HISTORY AND PHYSICAL REQUIREMENTS .....	<del>201</del> 148
Article IX.	MEDICAL STAFF MEETINGS .....	<del>222</del> 120
Article X.	TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES.....	<del>242</del> 322
	SUSPENSION .....	<del>242</del> 322
Article XI.	CONFLICT MANAGEMENT AND RESOLUTION .....	<del>343</del> 331
Article XII.	OFFICIAL MEDICAL STAFF DOCUMENTS .....	<del>343</del> 331

### Article I. PURPOSE AND RESPONSIBILITIES

*Section 1.01 The purpose of the organized Medical Staff of the MUSC Medical Center is to bring the professionals, who practice at the Medical Center together into a self governing cohesive body to:*

- (a) Provide oversight of quality of care, treatment and services to patients of the MUSC Medical Center.
- (b) Determine the mechanism for establishing and enforcing criteria and standards for Medical Staff membership.
- (c) Determine the mechanism for establishing and enforcing criteria for delegating oversight responsibilities for non-member practitioners with independent privileges.
- (d) Review new and on-going privileges of members and non-member practitioners with independent privileges.
- (e) Approve and amend medical staff bylaws, and rules and regulations.
- (f) Provide a mechanism to create a uniform standard of care, treatment, and service.
- (g) Evaluate and assist in improving the work done by the staff, provide education, and offer advice to the Vice President for Clinical Operations/Executive Director of the MUSC Medical Center.

*Section 1.02 The organized medical staff is also responsible for:*

- (a) Ongoing evaluation of the competency of practitioners who are privileged.
- (b) Delineating the scope of privileges that will be granted to practitioners.
- (c) Providing leadership in performance improvement activities within the organization.
- (d) Assuring that practitioners practice only within the scope of their privileges.
- (e) Selecting and removing medical staff officers.

*Section 1.03 The Medical University Hospital Authority, that includes the Medical University hospitals, clinics, and other health care related facilities, shall hereinafter be referred to in the body of this document as the Medical University of South Carolina Medical Center (MUSC Medical Center).*

## **Article II. BILL OF RIGHTS**

*Section 2.01* Members of the Medical Staff are afforded the following rights:

- (a) Right of Notification- Any matter of performance or conduct that could result in denial, suspension, or reduction of privileges will cause the Department Chairperson to notify the affected member before formal activity commences.
- (b) Access to Committees - Members of the Medical Staff are entitled to be present at a committee meeting except during peer review proceedings. Members present for a specific agenda item shall be recognized by the Chairperson as time permits. Members can petition the Medical Executive Committee (MEC) for a specific agenda item or issue.
- (c) Right of Information - Activities of the various committees (with the exception of peer review proceedings) may be reviewed by the Medical Staff members in the Medical Staff office. The MEC will provide to the active membership all changes to the Rules & Regulations, Credentials Policy Manual, and the Fair Hearing Plan.
- (d) Fair Hearing - Members are entitled to a fair hearing as described in the Fair Hearing Plan.
- (e) Access to Credentials File - Each member shall be afforded an opportunity to review his/her own credentials file before submission for approval. This review will occur at the time of initial appointment and at the time of reappointment as specified in the Credentials Policy Manual.
- (f) Physician Health and Well-Being - Any member may call upon the resources of the Medical Staff in personal, professional, and peer matters to seek help and improvement.
- (g) Confidentiality - Matters discussed in committee and otherwise undertaken in the performance of Medical Staff duties and privileges are strictly confidential. Violation of this provision is grounds for expulsion from the Medical Staff.

### Article III. MEDICAL STAFF MEMBERSHIP & STRUCTURE

*Section 3.01 MEDICAL STAFF APPOINTMENT - Appointment to the Medical Staff of the MUSC Medical Center is a privilege that shall be extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and associated policies of the Medical Staff and MUSC Medical Center.*

#### Section 3.02 QUALIFICATIONS FOR MEMBERSHIP

- (a) Only physicians with Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degrees, or Dentists or podiatrists holding a current, valid unrestricted license to practice in the State of South Carolina shall be qualified for appointment to the Medical Staff. Additional requirements include:
  - (i) documentation of background, experience, training, judgment, individual character and demonstrated competence, and physical and mental capabilities, with sufficient adequacy to assure the Medical Staff and Board of Trustees that any patient treated by them in the hospitals will be given a high quality of patient care,
  - (ii) Demonstrated adherence to the ethics of his/her profession, and ability to work with others
- (b) No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges at the MUSC Medical Center merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another Medical Center.
- (c) Must be free from government sanctions and bans as outlined by Medicare and the Department of Health and Human Services - Office of the Inspector General (DHHS-OIG).
- (d) Must meet appointment requirements as specified in the Credentials Policy Manual.
- (e) An MD, DO or Dentist member, appointed after December 11, 1992, shall be eligible for or have obtained board certification and comply with individual board requirements in his/her respective medical or dental specialty board. This Board must have been approved by the American Medical Association, the American Osteopathic Association, or the American Board of Medical Specialties. A five (5) year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. Newly hired physicians who are not board certified or are more than 5 years out from initial eligibility are required to attain Board Certification within two (2) years, or reappointment will not be granted. In special cases where a need exists, an exception to these qualifications can be made, only after the applicant has demonstrated competency to the satisfaction of the Department Chairperson in the department in which they are assigned and the Department Chairperson has attested either in a written or oral format to the MEC for approval. Waiver of board certification requirement can be granted when no board specialty exists and the Department Chairperson attests (in written and oral format) to adequacy of training and competency. Should the practitioner become eligible for board certification, s/he will be required to attain Board Certification within two (2) years, or reappointment will not be granted. Foreign Board Certification may be an appropriate substitute for United States Board approval. The delegated committee (Credentials Committee) may choose to accept or reject such certification. In the event the certification is rejected by the Credentials Committee, the Department Chairperson may petition the MEC for approval.
- (f) A member of the Medical Staff must be a member of the faculty of the Medical University of South Carolina.
- (g) Maintain malpractice insurance as specified by the MEC, MUSC Medical Center and Board of Trustees.
- (h) Follow the associated details for qualifications for Medical Staff membership outlined in the Credentials Manual.

*Section 3.03 ~~NON-DISCRIMINATION~~ - The MUSC Medical Center will not discriminate in granting staff appointment and/or clinical privileges on the basis of age, sex, race, creed, color, ~~or~~ nationality, gender, sexual orientation, or type of procedure or patient population in which the practitioner specializes.*

*MUSC Medical Center - Medical Staff Bylaws*

*Adopted <enter month year>*

*Page 4 of 35*

**Comment [PC2]:** Changes required by NCQA credentialing standards



#### Section 3.04 CONDITIONS AND DURATION OF APPOINTMENT

- (a) Initial appointments and reappointments to the Medical Staff shall be made by the Board of Trustees.
- (b) The Board of Trustees shall act on appointments and reappointments only after there has been a recommendation from the Credentials Committee and MEC as outlined with associated details in the Credentials Manual.
- (c) All initial appointments shall be for a provisional period of one year.
- (d) Appointments to the staff will be for no more than 24 calendar months.
- (e) Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.
- (f) Only those practitioners assigned to the Active Medical Staff have general Medical Staff voting privileges.
- (g) Medical Staff membership, clinical privileges and prerogatives will be terminated immediately if the practitioner is under government sanctions as listed by the Department of Health and Human Services – Office of the Inspector General.

#### Section 3.05 PRIVILEGES AND PRACTICE EVALUATION - *The privileging process is described as a series of activities designed to collect verify, and evaluate data relevant to a practitioner's professional performance and focuses on objective, evidence-based decisions regarding appointment and reappointment.*

- (a) Initial requests for privileges are made simultaneously with the filing of the application for Medical Staff membership. Following procedures and the associated details stated in the Credentials Policy Manual, and with a recommendation of the appropriate Department Chairperson, the Medical Staff organization will evaluate and make recommendations to the Board. Privileges will only be granted or renewed, after applicant meets the criteria related to current licensure, relevant education, training and experience, demonstrated current competence, physical ability and the clinical ability to perform the requested privileges. For new procedures and at the time of reappointment, members' requests for privileges will be subject again to the procedures and associated details outlined in the Credentials Policy Manual.
- (b) When considering privileges for a new practitioner, current data should be collected during the provisional time period for those privileges selected by the Department Chairperson
- (c) Prior to the granting of a privilege, the Department Chairperson determines the resources needed for each requested privileges and must assure the resources necessary to support the requested privilege are currently available or define the timeframe for availability. These resources include sufficient space, equipment, staffing, and financial. The Chairperson will work with hospital to ensure resources are available
- (d) At the time of appointment and reappointment each candidate applying for privileges will be evaluated using the following six areas of general competence as a reference:
  - (i) Patient Care
  - (ii) Medical/Clinical Knowledge
  - (iii) Practice-based learning and improvement
  - (iv) Interpersonal and communication skills
  - (v) Professionalism
  - (vi) System-based practices

- (e) A Focused Professional Practice Evaluation (FPPE) allows the medical staff to focus on specific aspects of a practitioner's performance. This evaluation is used when:
  - (i) A practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organizations' setting.
  - (ii) Questions arise regarding a practitioner's professional practice during the course of the Ongoing Professional Practice Evaluation
  - (iii) For all initially requested privileges (Effective January 2008)
- (f) Ongoing Professional Practice Evaluation (OPPE) is designed to continuously evaluate a practitioner's professional performance. It allows potential problems to be identified and also fosters a more efficient, evidence-based privilege renewal process. The type of data to be collected is approved by the organized medical staff but is determined by individual departments and is uniformly applied to all members within the department. The frequency of data collection is determined by the organized Medical Staff in collaboration with the Executive Medical Director and the Center for Clinical Effectiveness and Patient Safety. Information from ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privileges.

#### **Section 3.06 TEMPORARY and DISASTER PRIVILEGES**

- (a) Temporary Privileges - Temporary privileges may be granted by the Executive Director of the Medical Center or his/her designee for a stated limited time upon the recommendation of the applicable Department Chairperson or the President of the Medical Staff, in all other circumstances, as detailed in the Credentials Policy Manual.
- (b) Disaster Privileges - Disaster privileges may be granted by the Executive Director of the Medical Center or the President of the Medical Staff or the Executive Medical Director of the Medical Center, according to Medical Center Policy C-35 "Disaster Privileges for Licensed Independent Practitioners, when the Emergency Management Plan for the Medical Center has been activated and when the Medical Center cannot handle the needs of patients with just the available credentialed staff. The Department Chairperson will be responsible for monitoring the professional performance of volunteer practitioners with disaster privileges. This monitoring will be accomplished through direct observation, staff feedback, and when appropriate, medical record review. The Department Chairperson is responsible for reviewing the continuation of disaster privileges within 72 hours of granting the disaster privileges.

**Section 3.07 LEAVE OF ABSENCE** - Any member may apply to the Credentials Committee for a leave of absence not to exceed one (1) year. Reinstatement of privileges may be requested from the Credentials Committee without formal re-application. Absence for a period longer than one (1) year will require formal re-application. In some special cases, (i.e., military service) a Department Chairperson through the Credentials Committee can recommend to the MEC that a leave of absence be extended beyond a year without the necessity for formal reappointment. At no time can a special circumstance leave of absence extend beyond a two year re-appointment cycle.

#### **Section 3.08 RESPONSIBILITIES OF MEMBERSHIP** - Each staff member will:

- (a) Provide timely, appropriate and continuous care/treatment/services for his/her patients and supervise the work of any allied health professional or trainee under his/her direction when appropriate.
- (b) Assist the MUSC Medical Center in fulfilling its responsibilities by participating in the on-call coverage of the emergency room and other coverage as determined by the MEC.
- (c) Assist other practitioners in the care of his/her patients when asked.
- (d) Act in an ethical and professional manner.

- (e) Treat employees, patients, visitors, and other physicians in a dignified and courteous manner.
- (f) Actively participate in the measurement, assessment, and improvement of patient care processes.
- (g) Participate in peer review as appropriate.

(h) Abide by the bylaws, rules and regulations, department rules, and other policies and procedures of the MUSC Medical Center.

~~(h)~~(i) Abide by all standards from regulatory bodies. Example – Joint Commission National patient Safety Goals

~~(i)~~(j) Participate in continuing education as directed by state licensure and the MEC.

~~(j)~~(k) Speak as soon as possible with hospitalized patients who wish to contact the attending about his/her medical care in accordance with the South Carolina Lewis Blackman Hospital Patient Safety Act.

~~(k)~~(l) When required as a part of the practitioner well being program, comply with recommended actions.

~~(l)~~(m) \_\_\_\_\_ Manage and coordinate his/her patients care, treatment, and services.

**Comment [LKerr3]:** Add a responsibility that says: abide by all standards from regulatory bodies including JC National Patient Safety Goals.



## Article IV. CATEGORIES OF THE MEDICAL STAFF

### Section 4.01 THE ACTIVE CATEGORY

(a) Qualifications - Appointee to this category must:

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

(b) Prerogatives - Appointee to this category may:

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

(c) Responsibilities - Appointee to this category must:

- (i) Contribute to the organizational and administrative affairs of the Medical Staff.
  - (ii) Actively participate in recognized functions of staff appointment, including performance improvement and other monitoring activities, monitoring initial appointees during his/her provisional period, and in discharging other staff functions as may be required from time to time.
  - (iii) Accept his/her individual responsibilities in the supervision and training of students and House Staff members as assigned by his/her respective department, division or section head and according to Medical Center Policy C-74 "Resident Supervision".
  - (iv) Participate in the emergency room and other specialty coverage programs as scheduled or as required by the MEC or Department Chairperson.
- (d) Removal - Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to Affiliate Category. The practitioner shall have the rights afforded by Article X, Section 10.03.

Comment [b4]: will delete this – already spelled out elsewhere

### Section 4.02 AFFILIATE CATEGORY

(a) Qualifications - Appointee to this category must:

- (i) Participate in the clinical affairs of the MUSC Medical Center.
- (ii) Be involved in the care or treatment of at least six (6) patients of the MUSC Medical Center hospitals or clinics during his/her appointment period, or

- (iii) Refer patients to other physicians on staff of the MUSC Medical Center or those who order diagnostic or therapeutic services at the MUSC Medical Center
- (b) Prerogatives - Appointee to this category may
  - (i) Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
  - (ii) Attend meetings of the Staff and Department to which she is appointed and any staff or MUSC Medical Center education programs.
  - (iii) Request admitting privileges.
- (c) Limitations - Appointee to the Affiliate Category do not have general Medical Staff voting privileges.

**Section 4.03 HONORARY / ADMINISTRATIVE CATEGORY** - *This category is restricted to those individuals the Medical Staff wishes to honor or to those physicians who have only administrative positions and no clinical privileges.*

- (a) Such staff appointees are not eligible to admit patients to the MUSC Medical Center, vote, or exercise clinical privileges. They may, however, attend Medical Staff and department meetings. This category is exempt from the malpractice insurance requirements and Board Certification requirements, unless required within his/her position description.
- (b) Physicians with the MUSC Medical Center whose duties include both administrative and clinical activities must be members of the Medical Staff, and must obtain clinical privileges in the same manner as any other Medical Staff member. When a contract exists, the contract of the physician who has both administrative and clinical duties shall clearly define the relationship between termination of the contract by the MUSC Medical Center and reduction or termination in privileges.

**Section 4.04 REFER and FOLLOW CATEGORY** - *This category consists of individuals who do not plan to admit or treat patients at MUSC Medical Center but wish to monitor their patients while they are in the hospital and access the patient's medical record.*

**Comment [PC5]:** Category with additional detail

- (a) Refer and Follow Medical Staff of this category may subsequently apply for membership and clinical privileges in another Medical Staff category at any time.
- (b) Refer and Follow Medical Staff do not have clinical privileges to admit, consult, or treat patients at Methodist Sugar Land Hospital/MUSC Medical Center. In addition, members of this category shall not provide emergency call or back-up call coverage. Refer and Follow members shall not vote or hold office. Member of this category shall not electronically enter orders or give verbal orders or otherwise document in the medical record and shall not perform any procedures or provide any treatment.
- (c) Refer and Follow Medical Staff may attend Medical Staff, Department and Committee meetings. In addition, members of this medical staff category may visit and follow his/her referred hospitalized patients and may access the electronic medical record both remotely and at the hospital. No meeting attendance or minimum number of patient contacts is required to maintain Refer and Follow status.

~~Section 4.04~~Section 4.05 OTHER / NON-MEDICAL STAFF MEMBERS

- (a) House Staff - The House Staff consists of those practitioners, who by virtue of a contract, are in the postgraduate training program at the Medical University of South Carolina.
  - (i) They are not eligible to hold a Medical Staff office and are not eligible to vote unless otherwise indicated in these Bylaws.
  - (ii) Only practitioners who are graduates of an approved, recognized medical, osteopathic or dental school, who are legally licensed to practice in the State of South Carolina and who, continue to perform and develop appropriately in his/her training are qualified for assignment to the House Staff.
  - (iii) The Chairperson of the House Staff member's department and Associate Dean for Graduate Medical Education will be responsible for monitoring performance and will notify the Chairperson of the Executive Committee of any status changes.
- (b) Allied (affiliated) Health Professionals - Allied (affiliated) Health Professionals are those health practitioners, not a licensed MD, DO or Dentist, who, although not members of the Medical Staff are credentialed through the Medical Staff process as described in the Credentials Policy Manual.

~~Section 4.05~~Section 4.06 CONTRACT SERVICES - *The clinical privileges of any practitioner who has a contractual relationship with an entity that has a contractual relationship with MUSC Medical Center to provide professional services to patients shall be subject to those provisions contained in said contract with regard to the termination of Medical Staff membership and privileges upon the expiration, lapse, cancellation, or termination of the contract. If no provisions for termination of membership or privileges are contained in the contract, the affected practitioners' membership and clinical privileges will be terminated at the time of the contract termination, lapse, expiration or cancellation date. The affected practitioners shall have no right to a hearing regarding termination of Medical Staff membership or privileges.*

## Article V. OFFICERS

*Section 5.01 OFFICERS OF THE MEDICAL STAFF - The officers of the Medical Staff shall be:*

- (a) President
- (b) Vice President
- (c) Secretary

*Section 5.02 QUALIFICATIONS OF OFFICERS - Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during his/her terms of office. Officers should possess some Medical Staff administrative experience. In addition, Medical Staff officers must be committed to put in the required time to assist the functioning of the organized Medical Staff.*

*Section 5.03 SELECTION OF OFFICERS - A nominating committee shall be appointed by the Medical Staff president at the meeting prior to biennial elections.*

- (a) This committee shall present a slate of officers to the Medical Staff at its annual meeting.
- (b) Medical Staff members may submit names for consideration to members of the nominating committee.
- (c) Only Active Staff shall be eligible to vote. A plurality vote of those Active Staff present at the annual meeting is required.

*Section 5.04 TERM OF OFFICE - All officers shall take office on the first day of the calendar year and serve a term of two years.*

*Section 5.05 VACANCIES IN OFFICE - Vacancies in office during the Medical Staff year, except the Office of President, shall be filled by the MEC of the Medical Staff. If there is a vacancy in the Office of the President, the Vice President shall serve the remainder of the term.*

*Section 5.06 DUTIES OF OFFICERS*

- (a) President -The President shall serve as the chief administrative officer of the Medical Staff and will fulfill those duties as specified in the organization and functions manual.
- (b) Vice President - In the absence of the President, Vice President shall assume all the duties and have the authority of the President. He/she shall perform such further duties to assist the President as the President may, from time to time request, including the review and revision of bylaws as necessary, supervision of the Medical Center's quality, patient safety, and resource utilization programs, and the MEC liaison for medical staff peer review activities The Vice President will serve as the President-Elect.
- (c) Secretary -The secretary shall ensure that the recording, transcription, and communication processes produce accurate and complete minutes of all Medical Staff meetings. [The secretary serves as the MEC liaison to the housestaff peer review committee.](#)

Comment [PC6]: New sentence

*Section 5.07 REMOVAL FROM OFFICE*

- (a) The Medical Staff and/or Board of Trustees may remove any Medical Staff officer for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC

**MUSC Medical Center - Medical Staff Bylaws**

**Adopted <enter month year>**

**Page 12 of 35**



- (b) Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.
- (c) Elected officers may be removed by 2/3 majority vote of the Medical Staff for the reasons stated in VII A above.
- (d) Removal from elected office shall not entitle the practitioner to procedural rights.
- (e) Any Medical Staff member has the right to initiate a recall election of a Medical Staff Officer. A petition to recall must be signed by at least 25% of the members of the active staff and presented to the MEC. Upon presentation, the MEC will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote.

## **Article VI. DEPARTMENTS**

*Section 6.01 ORGANIZATION OF DEPARTMENTS* - The Medical Staff shall be organized into departments, divisions, and or sections, in a manner as to best assure:

- (a) the supervision of clinical practices within the Hospital;
- (b) the conduct of teaching and training programs for students and House Staff;
- (c) the discovery of new knowledge;
- (d) the dissemination of new knowledge;
- (e) the appropriate administrative activities of the Medical Staff; and an integrated quality management program to monitor objectively and systematically evaluate the quality and appropriateness of patient care, objectively establish and monitor criteria for the effective utilization of hospital and physician services, and pursue opportunities to improve patient care and resolve identified problems.
- (f) the active involvement in the measurement, assessment and improvement of patient care processes.

*Section 6.02 QUALIFICATIONS AND SELECTION OF DEPARTMENT CHAIRPERSON*

- (a) Each Chairperson shall be a member of the Active Category of the Medical Staff and be well qualified by training and experience and demonstrated ability for the position. The Chairperson must be certified in an appropriate specialty board, or have comparable competence that has been affirmatively established through the credentialing process.
- (b) The appointment and removal of Department Chairpersons shall be the responsibility of the Dean of the appropriate College, in accordance with the Board of Trustees approved Rules and Regulations of the Faculty of the Medical University of South Carolina (Faculty Handbook). Such appointment must then be submitted to the Board of Trustees for approval.

*Section 6.03 FUNCTIONS OF DEPARTMENT* - Through the department Chairperson each department shall:

- (a) Recommend to the Medical Staff the objective and evidenced based criteria consistent with the policies of the Medical Staff and the Board of Trustees for the granting and renewal of clinical privileges related to patient care provided within the department.
- (b) Recommend clinical privileges for each member of the Department.
- (c) Develop and uniformly apply criteria for a focused time limited professional practice evaluation for all initially requested privileges of independent practitioners within his/her department.
- (d) Develop and uniformly apply criteria for the on-going professional evaluation of all independent practitioners within his/her department.
- (e) Assure the decision to deny a privilege(s) is objective and evidenced based.
- (f) Establish policies and procedures and scope of practice for House Staff supervision. The character of supervision will depend upon the level of training and demonstrated competence of each House Staff member.
- (g) Each department shall participate in a medical care evaluation program and/or quality improvement program as required by accrediting bodies, federal regulations and state statutes. This plan shall include a process that

**MUSC Medical Center - Medical Staff Bylaws**

**Adopted <enter month year>**

**Page 14 of 35**

assures active participation in the ongoing measurement, assessment and improvement of the quality of care and treatment and include quality control processes as appropriate.

- (h) Shall establish standards and a recording methodology for the orientation and continuing education of its members. Participation in the roles of both students and teachers is recognized as the means of continuously improving the services rendered by the Medical Staff. Such continuing education should:
  - (i) Represent a balance between intra-institutional and outside activities.
  - (ii) Be based, when applicable, on the findings of the quality improvement effort.
  - (iii) Be appropriate to the practitioner's privileges and will be considered as part of the reappointment process.
- (i) Coordinate clinical activities of the department and integrate all patient care and clinical activities with MUSC Medical Center.
- (j) Monitor on a continuing basis, departmental activities and compliance with Medical Staff Bylaws or other accrediting bodies.
- (k) Define the circumstances and implement the process of focused peer review activities within the department.
- (l) Assess and recommend off-site sources for needed patient care, treatment and service when not provided by the department.
- (m) Conduct administrative duties of the department when not otherwise provided by the hospital.
- (n) Coordinate and integrate all inter and intra departmental services.
- (o) Develop and implement department policies and procedures that guide and support the provision of safe quality care, treatment, and services.
- (p) Recommend sufficient qualified and competent staff to provide care within the department and with Clinical Services and MUSC Medical Center leaders determine the qualifications and competencies of non LIP's within the department who provide patient care, treatment, and services.
- (q) Recommend space and resource needs of the department.
- (r) Ensure the timely and appropriate completion of MUSC Medical Center administrative responsibilities assigned to departmental physicians.
- (s) Supervise the completion of the assigned responsibilities of departmental members who serve as MUSC Medical Center Medical Directors.
- (t) Assess and improve on a continuing basis the quality of care, treatment, and services provided in the department.

**Section 6.04** ASSIGNMENT TO DEPARTMENTS - All members of the Medical Staff shall be assigned to a department as part of the appointment process.

## Article VII. COMMITTEES AND FUNCTIONS

### Section 7.01 MEDICAL EXECUTIVE COMMITTEE (MEC)

- (a) Composition: The Medical Executive Committee (MEC) is the executive committee of the organized Medical Staff. The majority of members are physicians. Other hospital and University leaders shall have membership in order to allow the committee to have an integrated leadership role within MUSC Medical Center. The MEC shall include:

- 1) the elected officers of the Medical Staff,
- 2) Past President of the Medical Staff,
- 3) Vice President for Clinical Operations/Executive Director of MUSC Medical Center,
- 4) Senior Associate Dean for Clinical Affairs,
- 5) Executive Medical Director,
- 6) Associate Executive Medical Directors,
- 7) Administrator of Clinical Services/Chief Nursing Executive,
- 8) Department of Medicine Chairperson,
- 9) Department of Surgery Chairperson,
- 10) Director of Quality,
- 11) Director of Strategic Planning,
- 12) Director of Pharmacy,
- 13) Administrator of Ambulatory Care,
- 14) Vice President for Medical Affairs,
- 15) CEO of UMA,
- 16) Member as elected by the House Staff (voting),
- 17) Chairperson of Credentials Committee,
- 18) Physician Director of Children's Health Services,
- 19) Senior Associate Dean for Medical Education,
- 20) Director for Graduate Medical Education,
- 21) President of UMA,
- 22) Division Chief of Emergency Medicine,
- 23) Chairpersons (or designee) of the Departments of Laboratory Medicine & Pathology, Anesthesiology and Perioperative Medicine, and Radiology,
- 24) Three (3) elected Medical Staff representatives: one (1) each to represent the Institute of Psychiatry, primary care and surgical specialties to be elected by the Medical Staff members of those represented departments,
- 25) Three elected Medical Directors from service lines,
- 26) Two (2) Department Chairpersons not already assigned
- 26)27) Accreditation representative

Comment [PC7]: Clarification

Comment [PC8]: Additional member

- (b) Membership for elected members and unassigned Department Chairpersons will be for a two year period.
- (c) The MEC will be chaired by the Vice President for Medical Affairs (or his/her designee) and co-chaired by the Medical Staff President.
- (d) All members will have voting rights.
- (e) Duties - The duties of the MEC shall be to:
  - (i) Ensure high quality cost-effective patient care across the continuum of the MUSC Medical Center
  - (ii) Represent and to act on behalf of the Medical Staff
  - (iii) Coordinate the activities and general policies of the Medical Staff;
  - (iv) Determine and monitor committee structure of the Medical Staff;
  - (v) Receive and act upon reports and recommendations from departments, committees, and officers of the Medical Staff;
  - (vi) Implement Medical Staff policies not otherwise the responsibility of the departments;
  - (vii) Provide a liaison between the Medical Staff and the Executive Director of the MUSC Medical Center;
  - (viii) Recommend action to the Executive Director of the MUSC Medical Center on medico-administrative matters;
  - (ix) Make recommendations to the Board of Trustees regarding: the Medical Staff structure, membership, delineated clinical privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities;
  - (x) Ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the MUSC Medical Center
  - (xi) Fulfill the Medical Staff organization's accountability to the Board of Trustees for the medical care of patients in the MUSC Medical Center;
  - (xii) Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges;
  - (xiii) Conduct such other functions as are necessary for effective operation of the Medical Staff;
  - (xiv) Report at each general staff meeting; and
  - (xv) Ensure that Medical Staff is involved in performance improvement and peer review activities.
- (f) Delegated Authority-
  - (i) The Medical Staff delegates the authority to the MEC the ability to act on its behalf in between organized meetings of the medical staff.

- (ii) The Medical Staff delegates authority to the MEC to make amendments and submit directly to the Board of Trustees for adoption those associated details of processes defined in these bylaws that reside in the Credentials Manual of the Medical Staff, the Rules and Regulations of the Medical Staff, and the Fair Hearing Plan of the Medical Staff or other Medical Staff policies. Such detail changes/amendments shall not require Medical Staff approval prior to submission to the Board. The MEC shall however notify the Medical Staff of said changes prior to Board of Trustees submission. The associated details are defined as those details for the processes of qualifications of the Medical Staff, appointment and re-appointment to the Medical Staff, credentialing/privileging and re-credentialing/ re-privileging of licensed independent practitioners and other practitioners credentialed by the Medical Staff, the processes and indications for automatic and or summary suspension of medical staff membership or privileges, the processes or indications for recommending termination or suspension of a medical staff membership and/or termination, suspension or reduction of clinical privileges and other processes contained in these bylaws where the details reside either in The Rules and Regulations of the Medical Staff, the Credentials Manual of the Medical Staff, the Fair Hearing Plan, or other Medical staff policies. The Medical Staff, after notification to the MEC and the Board, by a two thirds vote of voting members shall have the ability to remove this delegated authority of the MEC.
- (iii) The authority to amend these bylaws cannot be delegated.
- (g) Meetings - The MEC shall meet at least six (6) times a year or as often as necessary to fulfill its responsibility and maintain a permanent record of its proceedings and actions. Special meetings of the MEC may be called at any time by the Chairperson.
- (h) Removal from MEC - The Medical Staff and/or the Board of Trustees may remove any member of the MEC for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the committee. Any Medical Staff member has the right to initiate a recall of a MEC member. A petition to recall must be signed by at least 25% of the members of the Active staff and presented to the MEC or to the Board of Trustees if the recall is for the majority or all of the MEC members. Upon presentation, the MEC or Board of Trustees will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote. Removal of an MEC member shall require a 2/3 majority vote of voting members. Removal from the MEC shall not entitle the practitioner to procedural rights.

#### *Section 7.02 OTHER MEDICAL STAFF FUNCTIONS*

- (a) Peer Review - All members of the MUSC Medical Center Medical Staff, House Staff, and Allied Health Professional Staff will be included in the Medical Staff's peer review process.
  - (i) Peer Review is initiated as outlined in the Medical Center Policy Peer Review Policy. A peer review committee for the Medical Staff will be maintained by the MEC. This committee will be chaired by the Vice President of the Medical Staff, as will a subcommittee for Professional Staff peer review. A subcommittee for House Staff peer review will be chaired by the Secretary of the Medical Staff. Members of each of these committees will be appointed by the MEC.
  - (ii) All peer review activities whether conducted as a part of a department quality plan or as a part of a medical staff committee will be considered medical staff quality activities and fall under the protection of SC Code Section 40-71-10 and 40-71-20.
- (b) Other Functions - The accomplishment of the following functions may or may not require the existence of separate, established committees. The functions consist of collection of relevant information (monitoring), and presentation to the appropriate Clinical Departments, discussion, and action (evaluation and problem solving). Evidence that these functions are being effectively accomplished at the departmental level is included in departmental reports to the MEC, and in MEC reports to the Board. These functions can be carried out by a Medical Staff Committee, a MUSC Medical Center interdisciplinary committee, a responsible group, or individual. These functions include, but are not limited to:

***MUSC Medical Center - Medical Staff Bylaws***

***Adopted <enter month year>***

***Page 18 of 35***

- (i) Conduct or coordinate quality, appropriateness, and improvement activities, including but not limited to operative, invasive, and high risk procedures review, tissue review, blood usage review, drug usage review, medical record review, mortality and morbidity review, autopsy review, sentinel event and other reviews;
- (ii) Conduct or coordinate utilization activities;
- (iii) Conduct or coordinate credentials investigations for staff membership and granting of clinical privileges;
- (iv) Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the-art developments, and other perceived needs;
- (v) Develop and maintain surveillance over drug utilization policies and practices;
- (vi) Investigate and control nosocomial infections and monitor the MUSC Medical Center infection control program;
- (vii) Plan for response to fire and other disasters;
- (viii) Direct staff organizational activities, including staff Bylaws, review and revision, Staff officer and committee nominations, liaison with the Board of Trustees and MUSC Medical Center administration, and review and maintenance of MUSC Medical Center accreditation

## Article VIII. HISTORY AND PHYSICAL REQUIREMENTS

*Section 8.01 Comprehensive History and Physical - A comprehensive history and physical (H&Ps) shall be completed no later than twenty-four (24) hours after admission (includes inpatient or observation status) or at the initial visit to an ambulatory clinic, or prior to any operative, invasive, high risk diagnostic or therapeutic procedure, or procedures requiring ~~moderate or~~ deep sedation or anesthesia regardless of setting.*

- (a) A complete H&P (except in circumstances allowing a focused H&P) must include (as information is available):
  - (i) chief complaint,
  - (ii) details of present illness (history),
  - (iii) past history (relevant - includes illnesses, injuries, and operations),
  - (iv) social history,
  - (v) allergies and current medications,
  - (vi) family history,
  - (vii) review of systems pertinent to the diagnosis,
  - (viii) physical examination pertinent to the diagnosis,
  - (ix) pertinent normal and abnormal findings,
  - (x) conclusion or a planned course of action.

*Section 8.02 Focused History and Physical - For other non-inpatients procedures, a focused history and physical may be completed based on the presenting problem. A focused H&P must include at a minimum:*

- (a) present illness,
- (b) past medical/surgical history,
- (c) medications,
- (d) allergies,
- (e) focused physical exam to include the presenting problem ~~and heart and lungs, and mental status.~~
- (f) impression and plan including the reason for the procedure.

**Comment [LKerr9]:** Delete Heart & Lungs, but add mental status

*Section 8.03 Primary Care Clinics - 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). The focused H&P must meet the requirements for a focused H&P.*

*Section 8.04 H&P Not Present - 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.*

**MUSC Medical Center - Medical Staff Bylaws**

**Adopted ~~<enter month year>~~**

**Page 20 of 35**



*Section 8.05     Updating an H&P - When using an H&P that was performed within 30 days prior to admission or a procedure, and that H&P is in the patient's medical record, an update to the H&P must be completed within 24 hours for inpatients or prior to the procedure whichever comes first. This includes intra campus admissions from the Medical Center (i.e., TCU, IOP). For all surgeries and other procedures requiring an H&P, this update may be completed in combination with the preanesthesia assessment.*

*Section 8.06     H&P Responsibility:*

- (a) Dentists are responsible for the part of his/her patient's H&P that relates to dentistry.
- (b) 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.
- (c) Podiatrists are responsible for the part of his/her patient's H&P that relates to podiatry.
- (d) Optometrists are responsible for the part of his/her patient's H&P that relates to optometry.

*Section 8.07     The attending physician is responsible for the complete H&P.*

- (a) Residents, advanced nurse practitioners and in some cases physicians assistants, appropriately privileged, may complete the H&P with the attending physician's counter signature.
- (b) In lieu of a signature, the attending physician may complete an additional attestation sheet to confirm or change the initial history and physical.
- (c) The co-signature by the attending or the attestation must be completed by the attending within 48 hours of admission or prior to any procedure requiring H&P's.

## Article IX. MEDICAL STAFF MEETINGS

### Section 9.01 REGULAR MEETINGS

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

Section 9.02 SPECIAL MEETINGS - *The President of the Medical Staff, the Executive Medical Director, the Dean of the College of Medicine, ~~the Vice President of Academic Affairs~~ or the MEC may call a special meeting after receipt of a written request for same signed by not less than five (5) members of the Active and Affiliate Staff and stating the purpose for such meeting. The President of the Medical Staff shall designate the time and place of any special meeting. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally or by mail, including electronic mail, to each member of the Active Category of the Medical Staff not less than 48 hours before the date of such meeting, by or at the direction of the President of the Medical Staff. If mailed, the notice of the meeting shall be deemed delivered when deposited in the Campus Mail addressed to each Staff member at his/her address as it appears on the records of the Hospital. Notice may also be sent to members in other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.*

Section 9.03 QUORUM - *The quorum requirements for all meetings shall be those present and voting, unless otherwise indicated in these Bylaws.*

### Section 9.04 ATTENDANCE REQUIREMENTS

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

Section 9.05 PARTICIPATION BY EXECUTIVE DIRECTOR OF THE MUSC MEDICAL CENTER - *The Executive Director of the MUSC Medical Center or his/her designee may attend any Committee, Department, or Section meeting of the Medical Staff.*

Section 9.06 ROBERT'S RULES OF ORDER - *The latest edition of ROBERT'S RULES OF ORDER shall prevail at all meetings of the General Staff, MEC, and Department Meetings unless waived by the Chairperson.*

Section 9.07 NOTICE OF MEETINGS - *Written notice stating the place, day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be delivered or sent to each member of the committee or department not less than three (3) days before the time of such meeting by the person or persons calling the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.*

*Section 9.08 ACTION OF COMMITTEE/DEPARTMENT - The action of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee or department.*

*Section 9.09 MINUTES - Minutes of each regular and special meeting of a Committee or Department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes from the Departments and Credentials Committee Meetings shall be signed, electronically or physically, by the presiding officer and copies thereof submitted to the MEC. The minutes from other committee meetings shall be signed by the presiding officer and copies thereof submitted to the appropriate departments.*

## Article X. TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES

*Section 10.01 SUSPENSION - In the event that an individual practitioner's action may pose a danger to patients, other Medical Staff members, or the Hospital or its personnel, then either the President of the Medical Staff, Executive Medical Director or the Chairperson of the clinical department to which the practitioner is a member, shall each have the authority, as independent action, to suspend all or any portion of the Clinical Privileges of the Medical Staff member in question.*

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

### Section 10.02 EFFECT OF OTHER ACTIONS ON MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

- (a) Failure to Complete Medical Records - All portions of each patient's medical record shall be completed within the time period after the patient's discharge as stated in Medical Staff Rules and Regulations. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in the record being defined as delinquent and notification of the practitioner.
  - (i) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the medical records are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records ~~within a seven (7) day period after delivery of such warning to him/her either orally or in writing.~~
  - (ii) Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).
- (b) Failure to Complete Education Requirements – The Medical Staff recognizes the need to mandate certain education requirements for all Medical Staff in order to ensure ongoing success of quality improvement.
  - (i) The MEC will regularly review and approve the education requirements, including time periods, for Medical Staff members. All education requirements for Medical Staff members shall be completed within the time period. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in an education delinquency and notification to the practitioner of temporary suspension.
  - (ii) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the education requirements

are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such education requirement within a seven (7) day period after delivery of such warning to him/her either orally or in writing.

- (iii) Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent education requirements.
- (c) Failure to Perform Appropriate Hand Hygiene – The Medical Staff recognizes the need to ensure a high level of hand hygiene compliance for all Medical Staff in order to ensure ongoing success of the infection control and prevention plan of the Medical Center
- (i) Understanding that noncompliance with hand hygiene is often the result of distraction or simple forgetfulness, rather than a blatant disregard for patient safety, medical staff will be reminded in a positive manner when not compliant with the hand hygiene policy. Medical staff are expected to readily respond in a positive manner to a reminder and adjust their actions accordingly.
  - (ii) Medical staff who fail to respond in a positive manner to a reminder are subject to the medical staff Peer Review Process.
  - (iii) Medical staff who have recurrent hand hygiene noncompliance will be subject to an MEC approved progressive education and discipline process.
  - (iv) Medical staff having four (4) hand hygiene noncompliance events in one (1) consecutive 12 month period will be reason for suspension from the Medical Staff. Re-application for reinstatement is allowed immediately upon completion of a MEC approved process.
  - (v) Medical staff having two (2) suspensions in a consecutive 12 month period will result in removal of Medical Staff membership and clinical privileges.
  - (vi) Medical staff may formally respond to each noncompliance event with subsequent adjudication by the peer review committee

- (d) **Actions Affecting State License to Practice** - If a practitioner's state license to practice or DEA registration is revoked, suspended, limited for disciplinary reasons, not renewed by the relevant agency, or voluntarily relinquished by the individual, then staff membership and privileges are automatically revoked, suspended, or limited to at least the same extent, subject to re-application by the practitioner when or if his/her license or DEA registration is reinstated, or limitations are removed, whatever is the case.
- (e) **Lapse of Malpractice Coverage** - If the MEC and Board of Trustees have established a requirement for liability coverage for practitioners with clinical privileges, and if a staff member's malpractice coverage lapses without renewal, then the practitioner's clinical privileges are automatically suspended until the effective date of his/her new malpractice coverage, unless otherwise determined by the Board.
- (f) **Governmental Sanction or Ban** - Imposition of governmental sanction or ban as outlined by Medicare and the DHHS -Office of the Inspector General is cause for immediate loss of all clinical privileges.
- (g) **Felony Conviction** - conviction of a felony offense is cause for immediate loss of all clinical privileges.
- (h) **Loss of Faculty Appointment** - Loss of faculty appointment shall result in immediate revocation of clinical privileges and appointment to the Medical Staff.
- (i) **Failure to Meet Application Requirements** - Failure to comply with deadlines or other application requirements will result in loss of appointment and privileges as outlined in the Credentials Policy Manual.

**Section 10.03 FAIR HEARING PLAN** - *Any physician has a right to a hearing/appeal pursuant to the institution's Fair Hearing Plan in the event any of the following actions are taken or recommended:*

- (i) Denial of initial staff appointment,
- (ii) Denial of reappointment,
- (iii) Revocation of staff appointment,
- (iv) Denial or restriction of requested clinical privileges,
- (v) Reduction in clinical privileges,
- (vi) Revocation of clinical privileges,
- (vii) Individual application of, or individual changes in, the mandatory consultation requirement, and
- (viii) Suspension of staff appointment or clinical privileges if such suspension is for more than 14 days.

**(b) PROFESSIONAL REVIEW ACTION**

**(i) DEFINITIONS**

- 1) The term "professional review action" means an action or recommendation of the professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual practitioner which affects (or could affect) adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the clinical privileges of the practitioner or the practitioner's membership. Such term includes a formal decision of the professional review body not to take an action or make a recommendation described in the previous sentence and also includes professional review activities relating to professional review action.

2) An action not considered to be based on the competence or professional conduct of a practitioner if the action taken is primarily based on:

- (i) The practitioner's association or lack of association with a professional society or association;
- (ii) The practitioner's fees or the practitioner's advertising or engaging in other competition acts intended to solicit or retain business;
- (iii) The practitioner's participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;
- (iv) A practitioner's association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with a member of members of a particular class of health care practitioner or professional; or
- (v) Any other matter that does not related to the competence or professional conduct of a practitioner.

3) The term "professional review activity" means an activity of the Hospital with respect to an individual practitioner.

- (i) To determine whether the practitioner may have clinical privileges with respect to or membership;
- (ii) To determine the scope or conditions of such clinical privileges or membership; or
- (iii) To change or modify such clinical privileges or membership.

4) The term "Professional Review Body" means the Hospital and the Hospital's governing body or the committee of the Hospital which conducts the professional review activity and includes any committee of the Medical Staff of the Hospital when assisting the governing body of the Hospital in a professional review activity.

5) The term "adversely affecting" includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership.

6) The term "Board of Medical Examiners", "Board of Dental Examiners", and Board of Nursing are those bodies established by law with the responsibility for the licensing of physicians, dentists, and Affiliated Health Care Professionals respectively.

7) The term "clinical privileges" includes privileges, membership, and the other circumstances pertaining to the furnishing of medical care under which a practitioner is permitted to furnish such care in the Hospital.

8) The term "medical malpractice action or claim" means a written claim of demand for payment based on a health care provider's furnishing (or failure to furnish) health care services including the filing of a cause of action, based on the law of tort, brought in any court of the State or the United States seeking monetary damages.

(c) STANDARDS FOR PROFESSIONAL REVIEW ACTIONS

(i) For the purposes of the protection provided by Section 411(a) of the Health Care Quality Improvement Act of 1986 and in order to improve the quality of medical care, a professional review action shall be taken:

- 1) In the reasonable belief that the action was in the furtherance of quality health care;
- 2) After a reasonable effort to obtain the facts of the matter;
- 3) After adequate notice and hearing procedures are afforded to the practitioner involved or after such other procedures are fair to the practitioner under the circumstances; and

- 4) In the belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after adequate notice and hearing procedures are afforded.
  - (ii) A professional review action shall be presumed to have met the preceding standards unless the presumption is rebutted by a preponderance of evidence.
  - (iii) Impaired Practitioners: The MUSC Medical Center subscribes to and supports the South Carolina Medical association's policies and procedures on impaired practitioners. The staff will support and follow procedures of the South Carolina Medical Association Impaired Physician Committee in dealing with any practitioner who has an addiction to drugs and/or alcohol which impairs his/her ability to function or otherwise disables him from the practice of medicine.
- (d) ADEQUATE NOTICE AND RIGHT TO HEARING
- 1) Notice of Proposed Action – the practitioner shall be given a notice stating: that a professional review action has been proposed to be taken against the practitioner; the reasons for the proposed action; that the practitioner has a right to request a hearing on the proposed action; and that the practitioner has thirty (30) days within which to request such hearing;
  - 2) The Notice of Right to Hearing to the practitioner shall also state that the request for hearing shall be delivered to the Chair of the Executive Committee personally or by certified, registered mail, restricted delivery.
  - 3) The Notice of Right to Hearing shall additionally state that a failure on the part of the practitioner to make a written request for hearing within the thirty (30) day time period shall constitute a waiver of the practitioner's right to hearing and to any further appellate review on the issue.
  - 4) The Executive Medical Director shall be responsible for giving the prompt written notice to the practitioner or any affected party who shall be entitled to participate in the hearing.
  - 5) The Notice shall also state that, upon the receipt of Request for Hearing, the practitioner shall be notified of the date, time, and place and shall be provided with written charges against him or the grounds upon which the proposed adverse action is based.



- (e) NOTICE AND REQUEST FOR HEARING - If a hearing is requested on a timely basis, the practitioner involved shall be given additional notice state:
- (i) The time, place and date of a pre-hearing conference in order to review or clarify procedures that will be utilized;
  - (ii) The place, time and date of hearing, which date shall not be less than thirty (30) days after the date of the notice;
  - (iii) A list of witnesses (if any) expected to testify at the hearing on behalf of the Professional Review Body;
  - (iv) A statement of the time, place and nature of the hearing;
  - (v) A statement of the authority under which the hearing is to be held;
  - (vi) Reference to any rules, regulations or statutes in issue; and
  - (vii) A short and plain statement of the charges involved and the matters to be asserted.

(f) CONDUCT OF HEARING AND NOTICE

- (i) If a hearing is requested on a timely basis, the hearing shall be held as determined by the Executive Medical Director of the Hospital:
  - 1) Before an Arbitrator mutually acceptable to the practitioner and the Hospital;
  - 2) Before a Hearing Officer who is appointed by the Executive Medical Director of the Hospital and who is not in direct economic competition with the practitioner involved; or
  - 3) Before an ad hoc Hearing Committee of not less than five (5) MEMBERS OF THE Medical Staff appointed by the Chair of the Hospital Executive Committee. One of the members so appointed shall be designated as chair. No Medical Staff member who has actively participated in the consideration of any adverse recommendation or action shall be appointed a member of this committee.
- (ii) The Hearing Committee, the Arbitrator, or the Hearing Office may issue subpoenas for the attendance and testimony of witnesses and the production and examination of books, papers, and records on its own behalf or upon the request of any other party to the case. Failure to honor an authorized subpoena may be grounds for disciplinary action against the subpoenaed party including, but not limited to, a written reprimand, suspension, or termination.
- (iii) The personal presence of the affected party shall be required by the Arbitrator, Hearing Officer, or Committee. Any party who fails, without good cause, to appear and proceed at the hearing shall be deemed to have waived his/her rights to the hearing and to have accepted the adverse action, recommendations, or decision or matter in issue, which shall then remain in full force and effect.
- (iv) Postponement of hearing shall be made only with the approval of the Arbitrator, Hearing Officer, or ad hoc Hearing Committee. Granting of such postponement shall be only for good cause shown and shall be at the sole discretion of the decision maker.
- (v) The right to the hearing shall be forfeited if the practitioner fails, without good cause, to appear.

(g) RIGHTS OF THE PARTIES - In the hearing, the practitioner involved has the right:

- (i) To representation by an attorney or any other person of the practitioner's choice;
- (ii) To have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges associated with the preparation thereof;
- (iii) To call, examine, and cross-examine witnesses;
- (iv) To present evidence determined to be relevant by the Arbitrator, Hearing Officer, or Committee regardless of its admissibility in a court of law;
- (v) To submit a written statement at the closing of the hearing.
- (vi) The hearing and all proceedings shall be considered confidential and all proceedings shall be in closed session unless requested otherwise by the affected practitioner. Witnesses and parties to the hearing shall not discuss the case except with the designated parties' attorneys or other authorized individuals and shall not discuss the issue outside of the proceedings.

(h) COMPLETION OF HEARING - Upon completion of the hearing, the practitioner involved shall the right:

- (i) To receive the written recommendations of the Arbitrator, Officer or ad hoc Hearing Committee, including a statement of the basis for the recommendation, including findings of the fact and conclusions of law; and
- (ii) To receive a written decision of the Hospital, including a statement of the basis for that decision.

(i) CONDUCT OF HEARING

- (i) If the Hospital, in its sole discretion, chooses to utilize an ad hoc Hearing Committee, a majority of the Hearing Committee must be present throughout the hearing and deliberations. If a Committee member is absent from any part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.
- (ii) The Chair of the Hearing Committee, or his/her designee, shall preside over the hearing to determine the order of procedure during the hearing to assure that all participants in the hearing have a reasonable opportunity to present and respond to relevant oral and documentary evidence and to present arguments on all issues involved.
- (iii) The Hearing Committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the Hearing Committee shall, at a time convenience to itself, conduct its deliberations outside the presence of the parties.
- (iv) A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgment to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The Hearing Committee may select the method to be used for making the record, such as the court reporter, electronic recording unit, detailed transcription or minutes of the proceedings. The minutes shall be transcribed at the request of any party.
- (v) All oral evidence shall be taken only after an Oath of Affirmation.

(j) EVIDENTIARY MATTERS IN CONTESTED CASES

- (i) Evidence determined to be relevant by the Hearing Officer, Arbitrator, or ad hoc Hearing Committee, regardless of its admissibility in a court of law, shall not be excluded.
- (ii) Documentary evidence may be received in the form of copies or excerpts, if the original is not readily available. Upon request, parties shall be given an opportunity to compare the copy with the original.
- (iii) Notice may be taken of judicially cognizable facts. In addition, the Hearing Officer, Arbitrator or ad hoc Hearing Committee may take notice of generally recognized technical or scientific facts within the Committee's specialized knowledge. Parties shall be notified either before or during the hearing of the material noticed, including any staff memoranda or data, and they shall be afforded an opportunity to contest the material noticed. The Committee's experience, technical competence and specialized knowledge shall be utilized in the evaluation of the evidence.
- (k) BURDEN OF PROOF - The practitioner who requested the hearing shall have the burden of proving, by clear and convincing evidence, that the adverse recommendation or action lacks any substantial factual basis or that such basis or the conclusions drawn therefore are either arbitrary, unreasonable, or capricious, when a hearing relates to the following:
  - (i) Denial of staff appointment;
  - (ii) Denial of requested advancement in staff category;
  - (iii) Denial of department, service, or section affiliation; or
  - (iv) Denial of requested clinical privileges.
- (l) REPORT AND FURTHER ACTION - At the conclusion of the final hearing, the Arbitrator, Hearing Officer or the ad hoc Hearing Committee shall:
  - (i) Make a written report of the conclusions and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the Chair of the Executive Committee. All findings and recommendations by the Arbitrator, Hearing Officer or ad hoc Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it; and
  - (ii) After receipt of the report, conclusions and recommendations of the Arbitrator, Hearing Officer or ad hoc Hearing Committee, the Executive Committee shall consider the report, conclusions and recommendations and shall issue a decision affirming, modifying or reversing those recommendations received.

(m) NOTICE OF DECISION

- (i) The Chair of the Executive Committee shall promptly send a copy of the decision by written notice to the practitioner, the practitioner's chair, the Vice President for Academic Affairs, the Vice President for Medical Affairs, the Vice President for Clinical Operations and CEO and the President of the University.
- (ii) This notice shall inform the practitioner of his/her right to request an appellate review by the Board of Trustees.

(n) NOTICE OF APPEAL

- (i) Within ten (10) days after receipt of notice by a practitioner or an affected party of an adverse decision, the practitioner or affected party may, by written notice to the Executive Medical Director (by personal service or certified mail, return receipt requested), request an appellate review by the Board of Trustees. The Notice of Appeal and Request for Review, with or without consent, shall be presented to the Board of Trustees at its next regular meeting. Such notices requesting an appellate review shall be based only on documented record unless the Board of Trustees, within its sole discretion, decides to permit oral arguments.
- (ii) If such appellate reviews not requested within ten (10) days, the affected practitioner shall have deemed to have waived his/her right to appellate review and the decision an issue shall become final.

(o) APPELLATE REVIEW PROCEDURE

- (i) Within five (5) days after receipt of Notice of Appeal and Request for Appellate Review, the Board of Trustees shall, through the Executive Committee, notify the practitioner, and other affected parties in writing by certified mail, return receipt requested, or by personal service, of the date of such review, and shall also notify them whether oral arguments will be permitted.
- (ii) The Board of Trustees, or its appointed Review Committee, shall act as an appellate body. It shall review the records created in the proceedings.
  - 1) If an oral argument is utilized as part of the review procedure, the affected party shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision, and shall answer questions put to him by any member of the Appellate Review Body.
  - 2) If oral argument is utilized, the Executive Committee and other affected parties shall also be represented and shall be permitted to speak concerning the recommendation or decision and shall answer questions put to them by any member of the Appellate Review Body.
- (iii) New or additional matters not raised during the original hearings and/or reports and not otherwise reflected in the record shall only be considered during the appellate review upon satisfactory showing by the affected practitioner or party that substantial justice cannot be done without consideration of these new issues and further giving satisfactory reasons why the issues were not previously raised. The Appellate Review Body shall be the sole determinant as to whether such new information shall be accepted.
- (iv) The Board of Trustees may affirm, modify, or reverse the decision in issue or, in its discretion, may refer the matter back to the Executive Committee for further review or consideration of additional evidence. Such referral may include a request that the Executive Committee arrange for further hearing to resolve specified disputed issues.
- (v) If the appellate review is conducted by a committee of the Board of Trustees, such committee shall:
  - 1) Make a written report recommending that the Board of Trustees affirm, modify, or reverse the Decision in issue, or
  - 2) Refer the matter back to the Executive Committee for further review and recommendations. Such referral may include a request for a hearing to resolve the disputed issues.
- (p) FINAL DECISION BY THE BOARD OF TRUSTEES - After the Board of Trustees makes its final decision, it shall send notice to the President of the Medical University, the Executive Committee, the Executive

Medical Director, and to the affected practitioner and other affected parties, by personal service or by certified mail, return receipt requested. This decision shall be immediately effective and final.

(q) **ADEQUATE PROCEDURES IN INVESTIGATIONS OR HEALTH EMERGENCIES** - Nothing in this section shall be construed as:

- (i) Requiring the procedures under this section where there is no adverse professional review action taken;
- (ii) In the case of a suspension or restriction of clinical privileges for a period of not longer than fourteen (14) days during which an investigation is being conducted to determine the need for professional review action; or
- (iii) Precluding an immediate suspension or restriction of clinical privileges, subject to subsequent notice and hearing or other adequate procedures, where the failure to take such an action may result in an imminent danger to the health of any individual.

(r) **REPORTING OF CERTAIN PROFESSIONAL REVIEW ACTIONS TAKEN BY HOSPITALS**

In the event the Hospital:

- (i) Takes a professional review action that adversely affects the clinical privileges of a practitioner for a period of longer than thirty (30) days;
- (ii) Accepts the surrender of clinical privileges of a practitioner:
  - 1) While the practitioner is under investigation by the Hospital relating to possible incompetence or improper professional conduct; or
  - 2) In return for not conducting such an investigation or proceeding; or
- (iii) In the case where action is taken by the Hospital adversely affecting the membership of the practitioner, it is agreed and understood that the Hospital shall report to the appropriate State Board the following information:
  - 1) The name of the practitioner involved;
  - 2) A description of the acts or omissions or other reasons for the action or, if known, for the surrender of the privileges; and
  - 3) Such other information respecting the circumstances of the action or surrender as deemed appropriate.

## Article XI. CONFLICT MANAGEMENT AND RESOLUTION

*Section 11.01 MEC and Medical Staff - If a conflict arises between the MEC and the voting members of the Medical Staff regarding issues pertaining to the Medical Staff including but not limited to proposals for adoption or amendment of bylaws, rules and regulations, or medical staff policies and when MUSC Medical Center Policy A-115 Conflict Management does not apply, the voting members of the medical staff by a 2/3rds vote may appoint a Conflict Management Team consisting of six (6) active members of the staff who are not on the MEC. In such an event, the action or recommendation of the MEC at issue shall not go into effect until thirty (30) days after the appointment of the Conflict Management Team, during which time the MEC and the Conflict Management Team shall use their best efforts to resolve or manage the conflict. If the conflict is not resolved, the Medical Staff, by a two-thirds (2/3) vote of the Active members may make a recommendation directly to the Board of Trustees for action.*

*Section 11.02 MEC and BOARD of TRUSTEES - If a conflict arises between the MEC and the Board of Trustees regarding a matter pertaining to the quality or safety of care or to the adoption or amendment of Medical Staff Bylaws, Rules and Regulations, or Medical Staff Policies and when MUSC Medical Center Policy A-115 Conflict Management does not apply, the Executive Director may convene an ad-hoc committee of MUSC Medical Center, Board of Trustees and Medical Staff leadership to manage or resolve the conflict. This committee shall meet as early as possible and within 30 days of its appointment shall report its work and report to the MEC and the Board of Trustees its recommendations for resolution or management of the conflict.*

## Article XII. OFFICIAL MEDICAL STAFF DOCUMENTS

*The official governing documents of the Medical Staff shall be these Bylaws, the Rules and Regulations of the Medical Staff, the Medical Staff Credentials Manual, the Fair Hearing Plan, and other Medical Staff policies pursuant to these bylaws. Adoption and amendment of these documents shall be as provided below.*

*Section 12.01 BYLAWS - The Medical Staff shall have the responsibility to formulate, review, adopt, and recommend to the Board, Medical Staff Bylaws and Amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner. Neither the Medical Staff nor the Board of Trustees may unilaterally amend these bylaws and the authority to adopt or amend them may not be delegated to any group. If a conflict exists between the Bylaws and other documents as outlined in this section, the Bylaws will supersede.*

- (a) Methods Of Adoption And Amendment- Amendments to these bylaws may be on recommendation from the MEC approved by the voting members of the Medical Staff or after notification to the MEC on a proposal directly from a two thirds (2/3) majority of voting Medical Staff to the Board of Trustees, The Bylaws may be amended or revised after submission of the proposed amendment at any regular or special meeting of the Medical Staff or by email or US mail submission to all Active Medical Staff members. To be adopted, an amendment or revisions shall require a majority vote of the Active members. Voting can be completed either in person at a Medical Staff meeting or by electronic ballot vote of those who are eligible to vote on the Bylaws. Amendments so made shall be effective only when approved by the Board of Trustees.
- (b) The Executive Committee is authorized to make minor changes/corrections when necessary due to spelling, punctuation and/or grammar.
- (c) These Bylaws shall be reviewed at least every two (2) years by the Officers of the Medical Staff. Findings shall be reported at a regular meeting of the Medical Staff or at a special meeting called for such purpose or by email to active Staff members. Any recommended changes shall be amended in accordance with these Bylaws.

*Section 12.02 Rules and Regulations and Other Related Documents* - The MEC will provide to the Board of Trustees a set of Medical Staff Rules and Regulations, a Credentials Policy Manual, and a Fair Hearing Plan that further defines the general policies contained in these Bylaws.

- (a) These manuals will be incorporated by reference and become part of these Medical Staff Bylaws. The MEC has the delegated authority to make amendments to the Rules and Regulations of the Medical Staff, the Credentials Manual of the Medical Staff, the Fair Hearing Plan and other Medical Staff policies ~~as outlined in Article VII Section 7.02b.~~
- (b) Alternatively the Medical Staff may propose an amendment to the Rules and Regulations and other afore mentioned associated documents directly to the Board of Trustees. Such a proposal shall require a two-thirds (2/3) majority vote of the Active Medical Staff and shall require notification to the MEC.
- (c) When there is a documented need for an urgent amendment to the Rules and Regulations to comply with the a law or regulation, the voting members of the organized medical staff delegate the authority to the MEC who by a majority vote of the MEC members provisionally adopt such amendments and seek provisional Board of Trustees approval without prior notification to the medical staff. The MEC will immediately notify the Medical Staff of such provisional approval by the Board. The Medical Staff at its next meeting, at a called meeting, or through electronic communication will retrospectively review the provisional amendment. If there is no conflict between the organized medical staff and the MEC regarding the amendment, the provisional amendment stands. If there is a conflict over the provisional amendment(s) the Conflict Management process as outlined in ~~Article XI~~ of these bylaws will be implemented.
- (d) If necessary, a revised amendment is then submitted to the Board of Trustees for action.
- (e) The Rules and Regulations of the Medical Staff, the Credentials Manual, the Fair Hearing Plan and the Policies of the Medical Staff are intended to provide the associated details necessary to implement these Bylaws of the MUSC Medical Staff,

#### *Section 12.03 RULE CHALLENGE*

Any practitioner may raise a challenge to any rule or policy established by the MEC. In the event that a rule, regulation or policy is felt to be inappropriate, any physician may submit a petition signed by 25% of the members of the Active Staff. When such petition has been received by the MEC, it will either:

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

Approved by the Medical Executive Committee on ~~<enter date>~~, November 16, 2011 and by majority vote of the Medical Staff on ~~<enter date>~~.

Revisions approved by the Board of Trustees on ~~<enter date>~~

## A RESOLUTION

### AUTHORIZING THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY TO INCUR CERTAIN SHORT-TERM INDEBTEDNESS.

WHEREAS, Act No. 264 enacted at the 2000 session of the General Assembly of the State of South Carolina and approved by the Governor of South Carolina on May 1, 2000 ("Act No. 264") provides that the Board of Trustees of the Medical University, upon adoption of an implementing resolution, becomes the Board of Trustees of the Medical University Hospital Authority (the "Authority"), an agency of the State of South Carolina; and

WHEREAS, by resolution adopted by the Board of Trustees of the Medical University on June 16, 2000, the Board of Trustees of the Medical University implemented the provisions of Act No. 264 by, among other things, establishing the Authority and designating the facilities to be included in the "hospital" for purposes of Act No. 264 (the "Hospital"); and

WHEREAS, the Board of Trustees of the Medical University Hospital Authority wishes to make provision for short-term indebtedness of the Authority by issuing revenue anticipation notes in an aggregate principal amount not exceeding \$25,000,000 for a term not exceeding one (1) year for operation of the Hospital; and

WHEREAS, the Authority is authorized under Act No. 264 to issue revenue anticipation notes; provided that, such notes shall have a maturity of not exceeding one (1) year from date of issuance; and do not exceed, in the aggregate, ten percent (10%) of the net patient service revenue for the fiscal year preceding the fiscal year in which such obligations are issued; and

WHEREAS, the audited financial statements of The Medical University Hospital Authority for the fiscal year ended June 30, 2012, reflect net patient service revenues of \$1,030,332,834; and

WHEREAS, the Authority is also subject to the terms of that certain Trust Indenture dated as of December 1, 2004 (the "Indenture") between the Authority and The Bank of New York, as trustee; and

WHEREAS, pursuant to Section 637 of the Indenture, the Authority may only incur Indebtedness (as defined in the Indenture) on such terms and conditions as shall be approved by FHA (as defined in the Indenture); and

WHEREAS, the Authority wishes to seek approval of the FHA for short-term indebtedness in an aggregate principal amount not exceeding \$25,000,000 as described in this Resolution.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY IN MEETING DULY ASSEMBLED:

1. The Board of Trustees of the Authority hereby approves the incurring of short-term indebtedness by means of the issuance of revenue anticipation notes of the Authority in an aggregate principal amount not exceeding \$25,000,000 for a term not exceeding one (1) year.

2. The President or Executive Director of the Authority is hereby authorized to execute and deliver such documents (the form of which shall be approved by the State Treasurer of South Carolina) as shall be necessary to evidence such short-term indebtedness.



3. The President or Executive Director is authorized to negotiate, execute and deliver such documents as are necessary for a renewal of the foregoing short-term indebtedness for a period not to exceed an additional one (1) year (the form of which shall be approved by the State Treasurer of South Carolina).

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I, the undersigned, being the duly qualified Secretary of the Medical University Hospital Authority (the "Authority") do hereby certify that the attached Resolution is a true, correct, and verbatim copy of "A RESOLUTION AUTHORIZING THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY TO INCUR CERTAIN SHORT-TERM INDEBTEDNESS" adopted by the Authority at a meeting duly called and held on December 14, 2012, at which a quorum was present and acting throughout.

IN WITNESS WHEREOF, I have hereunto set my hand for delivery on the 14th day of December, 2012.

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Secretary, Medical University Hospital Authority

## **Hospital Plan for Provision of Patient Care Services for MUSC Medical Center**

### **I. INTRODUCTION**

The Medical University of South Carolina has a distinguished heritage that began in 1824 with the founding of the College of Medicine by the Medical Society of South Carolina. The Medical College, the first in the Southeast, was set up to provide medical students with a clinical teaching environment. Except for the years during the Civil War, the College of Medicine has operated continually since its founding.

In 1913, the Medical College, which included the Pharmacy School (founded in 1881), became a state owned institution. By 1969, the institution had grown to include many professional and graduate programs, and had added four (4) more schools; Nursing (1919), Graduate Studies (1965), Health Professions (1966), and Dental Medicine (1967). In 1969, the South Carolina Legislature voted to consolidate the professional schools and programs in the Medical University of South Carolina (MUSC).

Patient care services at the MUSC Medical Center are based on its mission, vision and values as well as the needs of the community it serves.

### **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-centered 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. LEADERSHIP

The leadership of MUSC Medical Center takes responsibility for providing the foundation and support necessary for planning, directing, coordinating, providing and improving health care services. This foundation includes:

- Providing a culture that fosters safety as a priority for everyone who works in the organization
- Providing the necessary resources, financial, human, and physical for providing care, treatment, and services.
- Insuring that all staff are competent
- Evaluating performance on an on-going basis

Leadership's role at MUSC is to provide for the effective functioning of patient care services in order to achieve and improve patient health outcomes with a focus on safety and quality. MUSC Medical Center leadership embraces the five key systems identified by the Joint Commission that influence the effective performance of patient care services. These systems include:

- Effective Use of Data
- Planning
- Communicating
- Changing performance
- Staffing

## **VI. PATIENT CARE SERVICES**

The Plan for Patient Care Services is organized, developed and implemented in order to maximize participation in the provision of patient care from all levels of staff. The plan for patient care services considers the following:

- The areas of the organization in which care is provided
- The mechanism(s) used in each area to identify patient care needs
- The environment that establishes an integrated quality and patient safety program
- The number and mix of staff members in each area to provide for patient needs
- The process used for assessing and acting on staffing variances
- The interdisciplinary plan for improving the quality of care.
- The organization's commitment to improve patient safety and reduce risks to patients.

This plan has been linked to the organization's planning process and considers the following:

- Patient/customer needs, expectations, and satisfaction
- Patient requirements and their implications for staffing
- The organization's determination of the essential services necessary to meet the needs of its patient population
- The planning for the provision of those essential services, either directly, through referral, or through a contract
- The organization's ability to recruit and/or develop appropriate staff
- Relevant information from staffing variance
- Information from quality and performance improvement activities
- The provision of a uniform level of care throughout the organization
- Opportunities to improve processes in the design and delivery of patient care
- National benchmarks and best practices

## **VII. STAFFING FOR PATIENT CARE**

Patient care services are organized, directed and staffed in a manner commensurate with the scope of services offered. Staff members are assigned clinical and managerial responsibilities based upon educational preparation, applicable licensing laws and regulations and assessment of current competence. Classifications of personnel providing patient care are identified in specific Department Scope of Services statements. In support of improvement and innovation in the delivery of patient care, staffing levels are adequate to support patient care, participation of patient care providers, as assigned, in committees, meetings or activities such as performance improvement teams and continuing professional education.

Staffing plans for patient care services are developed based on the level and scope of care that meets the needs of the patient population, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately provide the type of care needed.

## VIII. SCOPE OF SERVICES

The MUSC Medical Center has 709 beds, over 6500 hospital employees, 895 physicians, and 617 residents, providing 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

Women's Care

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

Patient Care Services are provided at the following locations and units/areas:

### **LOCATIONS:**

<b>Main Site Includes:</b>
• <b>Medical University Hospital</b>
• <b>Children's Hospital</b>
• <b>Clinical Sciences Building</b>
• <b>Hollings Cancer Center</b>
• <b>Storm Eye Institute</b>
• <b>Rutledge Tower</b>
<b>Cardiopulmonary Rehab</b> at 122 Bee Street, Charleston, SC
<b>Family Medicine</b> at 650 Ellis Oaks Drive, Charleston, SC
<b>Women's Services</b> at 135 Cannon Street, Charleston, SC
<b>Institute of Psychiatry</b> at 67 President Street, Charleston, SC
<b>Childrens Day Treatment</b> at 1001B Michigan Ave., N. Chas., SC
<b>HCC Mt. Pleasant Radiation Oncology</b> at 1180 Hospital Drive, Mt. Pleasant, SC

<b>Seasons Adult Partial</b> at 326 Calhoun Street, Charleston, SC
<b>Ambulatory Care Procedures</b> at 735 Johnnie Dodds Blvd., Mt. Pleasant, SC
<b>Ashley River Tower</b> at 316 Courtney Street, Charleston, SC
<b>North Area Infusion Services</b> at 8992 University Blvd., N. Charleston, SC
<b>North Area Pediatrics After Hours</b> at 2750 Dantzler Drive, N. Charleston, SC
<b>Mt. Pleasant Pediatrics After Hours</b> at 2705 Highway 17 North, Mt. Pleasant, SC

**UNITS/AREAS:**

<b>EMERGENCY DEPARTMENTS</b>	
Pediatric Emergency	1 CSB/1W
Adult ED	1 UH
Chest Pain Center	1 ART
<b>PROCEDURAL AREAS</b>	
6 Echo and Vascular Lab	6 UH
3 Neuro-Interventional Radiology	3 UH
6 Peds Cath Lab	6 CH
5 Peds Procedure Area and Endoscopy	5 CH
5 Interventional Radiology	5 CH
5 Prep & Recovery	5 CH
3 Adult Cath Lab	3 ART
3 Electrophysiology Lab	3 ART
3 Prep & Recovery	3 ART
3 Interventional Radiology	3 ART
ART Patient Tower - Endoscopy	2 ART
1 Adult Echo Lab	1 ART
1 Vascular Lab	1 ART
1 EKG	1 ART
Sleep Lab	1 CSB
Bronch/PICC Lab	1 CSB
Clinical Neurophysiology Lab	1 CSB
<b>SURGICAL SERVICES</b>	
PACU Main Hospital - Adult and Pediatrics	4 UH
Holding Main OR	4 UH
Main OR	4 UH
PACU ART Hospital	4 ART
ART OR	4 ART
Ambulatory Surgery	1 RT
<b>INPATIENT UNITS</b>	
8 Special Care Nursery (Level II)	8 CH
8 NNICU	8 CH
6 Same Day Observation	6 CH
7A Infant Care	7 CH

7B Peds Medicine	7 CH
7C Peds Intermediate Care	7 CH
7E Peds Surgery	7 CH
8D Peds Cardiology	8 CH
8F Peds ICU	8 CH
6E Bariatric Surgery	6E ART
6W Digestive Disease	6W ART
5W Heme/Onc	5W ART
5E Gen Cardiology	5E ART
4E Thoracic Surgery	4E ART
CCU	4W ART
CTICU	4W ART
3W Cardiology	3W ART
MSICU	3E ART
10W Orthopedics	10W UH
9W Neuro Surgery	9W UH
9E Neuro	9E UH
8 NSICU	8 UH
8E Gen Med	8E UH
8W Med/ Surg Admissions	8W UH
7W Surgical Oncology & ENT	7W UH
6E University Hospital	6E UH
6 MICU	6SW UH
6W General Surgery	6W UH
5W Ante partum	5W UH
5 SW Labor and Delivery	5SW UH
5E Postpartum OB/GYN	5E UH
5E Nursery (Level II)	5E UH
PCICU Children's	4 UH
4 West STICU	4W UH
4 STICU	4SW UH
2 Transitional Care Unit	2C UH
2 Joint Replacement Unit (JRU)	2E UH
5 North STAR (Youth PHP)	5 IOP
5 Electro Convulsive Treatment (ECT)	5 IOP
4 North Alcohol/Drug Rehab/Addictions	4 IOP
3 North Adult Mental Health	3 IOP
2 North Youth Mental Health	2 IOP
1 North - SCU (Seniors)	1 IOP
1 North	1 IOP
<b>OUTPATIENT AREAS</b>	
Gamma Knife	1 UH
ART Patient Tower - GI Surgery clinic	1 ART

ART Patient Tower - GI Medicine Clinic	2 ART
ART Patient Tower 1 - Cardiovascular Clinics	1 ART
6 Peds Echo	6 CH
SEI 4 Ophthalmology (Adult)	4 SEI
SEI 2 Ophthalmology (Adult)	2 SEI
SEI 1 Ped Ophthalmology	1 SEI
SEI 1 Ophthalmology (General)	1 SEI
HCC 3 Radiation Oncology	3 HCC
HCC 3 Adult Oncology Clinics (Head & Neck)	3 HCC
HCC 2 Adult Oncology Clinics (GYN, BMT, & Thoracic)	2 HCC
HCC 2 Infusion	2 HCC
HCC BMT	2 HCC
RT 10 Dermatology Surgery	10 RT
RT 10 Dermatology	10 RT
RT 10 Denistry/Maxillofacial/Prosthodontics	10 RT
RT 9 Pain Management	9 RT
RT 9 Clinical Neurophysiology Lab	9 RT
RT 9 Transplant	9 RT
RT 8 University Internal Medicine	8 RT
RT 7 Surgical Centers	7 RT
RT 7 Endocrine Clinic	7 RT
RT 6 Children's Oncology & Hematology	6 RT
CH 6 Peds Cardiology Clinic	6 CH
6 Peds EKG	6 CH
RT 6 Neurosurgery/Spine/Physical Medication & Rehab	6 RT
RT 5 Rheumatology	5 RT
RT 5 Urology	5 RT
RT 5 Pulmonary	5 RT
RT 4 Children's Brain Tumor	4 RT
RT 4 Children's Craniofacial	4 RT
RT 4 Children's Neurosurgery	4 RT
RT 4 Children's Pulmonary/Asthma	4 RT
RT 4 Children's Spina Bifida	4 RT
RT 4 Children's Surgery/Burn	4 RT
RT 4 Children's Urology	4 RT
RT 3B Children's Development Peds	3 RT
RT 3 Children's Sickel Cell / Day Services	3 RT
RT 3 Children's Primary Care	3 RT
RT 3 Children's Adolescent Medicine	3 RT
RT 3B Children's Endocrinology	3 RT
RT 3B Children's Genetics	3 RT
RT 3B Children's Psychology/Psychiatry	3 RT
RT 2 ENT Otolaryngology	2 RT



RT 2 Children's Infectious Disease	2 RT
RT 2B Children's GI	2 RT
RT 1 Sinus Clinic	1 RT
RT 1 Children's Nephrology	1 RT
RT 1 Children's Neurology	1 RT
RT 1 Children's Orthopedics	1 RT
RT 1 Children's Rheumatology	1 RT
RT 4 Children's Spasticity	1 RT
RT 1 Children's Transplant	1 RT
RT 1 Children's OPEC	1 RT

### **SCOPE OF SERVICES TEMPLATE FOR CLINICAL AREAS**

<b>INTRODUCTION</b>	
Description & Location	
Patient Population	
Procedures, Activities, and Processes Performed	
Operating Hours	
<b>CRITERIA FOR SERVICE – INPATIENT AND OUTPATIENT</b>	
Entry/Admission	
Alternate Units	
Discharge	
<b>PLAN OF CARE</b>	
Assessment	
Treatment	
Continuum of Care	
<b>STAFFING</b>	
Staffing Plan	
Staffing Variances	
<b>STAFF QUALIFICATIONS</b>	
Level of Staff or Required Qualifications	
Orientation Program	
Competency Assessment	
Continuing Education	
Employee Educational Records	
<b>RELATIONS WITH OTHER DEPARTMENTS/SERVICES</b>	
Communication Methods	
Collaborative/functional relationships with others	

<b>GOALS &amp; PERFORMANCE IMPROVEMENT</b>	
Goals	
Current PI Activities	
Past PI Activities	
<b>PATIENT SAFETY INITIATIVES</b>	
Description	
<b>ADDITIONAL STANDARDS OF PRACTICE ADOPTED/ADAPTED</b>	
Description	

### **SCOPE OF SERVICES TEMPLATE FOR NON-CLINICAL AREAS**

<b>INTRODUCTION</b>	
Description & Location	
Customer Identification	
Significant Activities/ Processes Performed	
Operating Hours	
<b>STAFFING</b>	
Staffing Plan	
Staffing Variances	
<b>STAFF QUALIFICATIONS</b>	
Required Qualifications	
Orientation Program	
Competency Assessment	
Continuing Education	
Employee Educational Records	
<b>RELATIONS WITH OTHER DEPARTMENTS/SERVICES</b>	
Communication Methods	
Collaborative/functional relationships with others	
<b>GOALS &amp; PERFORMANCE IMPROVEMENT</b>	
Goals	
Current PI Activities	
Past PI Activities	
<b>PATIENT SAFETY INITIATIVES</b>	
Description	

Note: Detailed and current Scopes of Services are completed annually and are the attachments to this plan.

Revised 11/01/12

<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Clarke <b>Date:</b> September 19, 2012 <b>Meeting Place:</b> 628 CSB <b>Recording:</b> Angie Baldwin		<b>Meeting Time:</b> 7:30 <b>Adjournment:</b> 8:40 <b>Members present:</b> Dr. Clarke; H. Kokko; L. Kindy; S. Scarbrough; Dr. Grey; C. Rees; Dr. Glazier; M. Schaffner; Dr. Sachs; Dr. Fakhry; Dr. Gillespie; D. Neff; Dr. Cawley; Dr. Elliott; A. Drachman; Dr. Warren; Dr. Habib; Dr. Reeves; Dr. Zwerner; Dr. Reeves; Dr. D. Scheurer; Dr. Salgado; Dr. Tim Smith for Dr. Lage; GME Rep <b>Members excused:</b> Stuart Smith; Dr. Feussner; Dr. Jauch <b>Guests:</b> Dr. Canteay; Sally Potts; Dr. M. Scheurer; S. DeGrace; L. Kerr	
<b>Agenda/Topic</b>	<b>Debate &amp; Discussion</b>	<b>Conclusions</b>	<b>Recommendations/ Follow-Up What/When/Who</b>
Wins	5 year GME planning session went well		
Executive Session	MUSC received Rising Star from UHC		
Review of Minutes	One new event was reviewed MEC minutes were reviewed.	<b>Minutes of the August 15, 2012 meeting of the MEC were approved.</b>	
Credentials Committee	Dr. Gray reported on staff changes: Medical Staff Initial Appointment and Privileges: 4 Medical Staff Reappointment and Privileges: 30 Medical Staff Reappointment and Change in Privileges: 3 Medical Staff Change in Privileges: 3 Professional Staff Initial Appointment and Privileges: 6 Professional Staff Reappointment and Privileges: 3  Reappointment of Dr. Istvan Takacs, non board certified physician supported by Neurology exception requested.	<b>The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.</b>	
Data reports	Reports reviewed: Bed Capacity Summary Admit Transfer Center Daily Admissions Report Discharge Summary Reports	Accepted as information.	
Subcommittee Minute Review	Subcommittee reports were reviewed: Credentials Committee Graduate Medical Education Committee Infection Control Committee OR Executive Committee Pharmacy and Therapeutics Committee Critical Care Quality Committee Peer Review Committee Ethics Committee	Approved as reviewed.	
Policies (Consent)	A-65 Emergency Operations Plan A-67 Compliance Policy & Code of Conduct C-14 Title: Emergency Medical Response	Approved.	

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 "...discovery, subpoena, or introduction into evidence in any civil action..."\*\*\*

	<p>C-042 Removal of Bullets or Projectiles, Emergency Services Operating Rooms, Chain of Evidence</p> <p>C-048 EMTALA – Medical Emergencies, Screening and Transfer</p> <p>C-054 Epidural Infusion: Pain Management</p> <p>C-055 Patient Controlled Analgesia (PCA)</p> <p>C-100 Collaborative Drug Therapy Management</p> <p>C-136 Investigational Drug Service and Research Involving Investigational Medications Conducted Within MUSC Medical Center</p> <p>C-148 Look-alike and Sound-alike Medications</p> <p>C-163 Title: Oxygen Administration</p>		
Standing Orders (Consent)	Standing Anesthesia Orders for Ashley River Tower (ART) Adult Pre-op Surgery	Approved.	
GME Report	Standing Orders – Neurology – Epilepsy Center	Accepted as information.	
eCareNet Update	Dr. Clarke stated retreat went well.	Accepted as information.	
	Dr. Warren discussed official kickoff for EPIC enterprise is today. Dr. Pisano, Stuart Smith and other leaders will be saying a few words. Everyone is invited. Power outage should have never occurred. Most clinical systems were down. Communication particularly related to outpatient care was not optimal. Potential legal implications being discussed and request issue be treated as a sentinel event.		
	No classroom training for consultants needed. Hardware set up for dedicated machines to print prescriptions.		
Hand Hygiene Update	Dr. Salgado presented hand hygiene update. Overall rate of 86%. Children's Hospital improving. EVS rates are down a little, physician still over 90%.	Accepted as information.	
Med Rec	Dr. Danielle Scheurer presented medication reconciliation report for August. Physician admission and discharge scores for August reviewed. Difference in two rates is nurses are involved. Med Rec is still paper. Program directors and department chairs receive report.	Accepted as information.	
Verbal Orders Authentication Change	Dr. Cawley discussed changes to verbal order policy. Medicare changed rule late spring and deferred to states. SC in mid-summer released new ruling that are allowing hospitals to decide what is the time period in which of verbal orders to be signed. Request to change from 48 hours to 14 days. Addition recommendation put another practitioner can sign who is on the team. Additional changes suggested are post discharge be added after 14 days, clarify controlled substances, and add language to clarify residents.	Approved with changes.	
Follow-up on Senate Representation on MEC	Couple of months ago request was brought to MEC for a faculty senate representative be a member of MEC. It was decided member will be non-voting. Dr. Jack Crumbley was name submitted for review by faculty senate.	Approved.	
C164 – Peer Review	Slight change to Peer Review policy. Recommendation was the chief quality officer serve as vice chair of all peer review committees. CQO would support chair who serves two years. Would benefit more for administrative issues.	Approved.	
EPIC & Inpatient Documentation	Dr. Mark Scheurer presented new policy – Provider Documentation in the Hospitalized Patient Record: Bridge Policies prior to the transition to a comprehensive EHR. Policy ensures optimal documentation of inpatient	Approved.	

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“...discovery, subpoena, or introduction into evidence in any civil action...”\*\*\*

	<p>encounters prior to the transition to a comprehensive electronic health record. All finalized provider documentation for a hospitalized patient, including but not limited to the history and physical, consults, progress notes and discharge summaries documents will reside in the paper, inpatient record. Finalized document, including the emergency department record created in Epic must be placed in the paper inpatient chart with a patient-identifying template sticker. Communication plan will come later.</p>		
EMR Downtime Policy	<p>Sharon DeGrace presented the clinical system service interruption communication model/workflow. Primary focus is full assessment of downtime. Desktop alert will go out immediately that there is a problem. Conference call within 45 minute of downtime with clinical, IS director/manager and redcoats. After each conference call, redcoat to send page/alert. What, impact, when and instructions will be identified. Issues need to be elevated to senior leadership. By November policy will be presented with opportunities and changes for approval.</p>	Accepted as information.	
Vascular Access and Antibiotic Impregnated Catheters	Deferred due to time.		
Adjourned 8:40am	The next meeting of the Medical Executive Committee will be Wednesday, October 17, 2012 at 7:30am in 628CSB.		

Brenda Hoffman, MD, Secretary of the Medical Staff

<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Clarke <b>Date:</b> October 17, 2012 <b>Meeting Place:</b> 628 CSB <b>Recording:</b> Angie Baldwin		<b>Meeting Time:</b> 7:34 <b>Adjournment:</b> 8:31 <b>Members present:</b> Dr. Lage; Dr. Gillespie; Dr. Clarke; Dr. Jauch; Chris Rees; Carol Younker; Lisa Kindy; Dr. Gray; Dr. Habib; Sheila Scarbrough; Dr. Warren; Dr. D Scheurer; Heather Kokko; Dr. Hoffman; Dr. Vandergrift; Dr. Zwerner; Dr. McLeod-Bryant; Dr. Sachs; Dr. Mauldin; Dr. Crumbley; Dr. Cawley; Dr. Crumbley; Dr. del Priore; Annette Drachman <b>Members excused:</b> M Schaffner; Dr. Salgado, Dr. Glazier, Dr. Costello <b>Guests:</b> Dr. Cantey; Sally Potts; Dr. Habib	
<b>Agenda/Topic</b>	<b>Debate &amp; Discussion</b>	<b>Conclusions</b>	<b>Recommendations/ Follow-Up What/When/Who</b>
Wins			
Executive Session	Two new event was reviewed		
Review of Minutes	MEC minutes were reviewed.	<b>Minutes of the September 19, 2012 meeting of the MEC were approved.</b>	
Credentials Committee	Dr. Gray reported on staff changes: Medical Staff Initial Appointment and Privileges: 4 Medical Staff Reappointment and Privileges: 31 Medical Staff Reappointment and Change in Privileges: 1 Medical Staff Change in Privileges: 2 Professional Staff Initial Appointment and Privileges: 4 Professional Staff Reappointment and Privileges: 28  Reappointment of Dr. Robert Fitts, non-board certified physician supported by Division of Cardiothoracic Surgery exception requested.  Dr. Gray discussed ultrasound privileging. Small group discussed (Schabel, ob/gyn, Dr. Gray, one other). Two options: national guidelines used or let dept lead way for their providers. Dr. Cawley provided background of request. Other group looked Mark Lyles/Susan Ackerman. Suggestion was have each division create their appropriate guidelines which are submitted up to an oversight committee for approval.	<b>The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.</b>	
Data reports	Reports reviewed: Bed Capacity Summary Admit Transfer Center Daily Admissions Report Discharge Summary Reports	Accepted as information.	
Subcommittee Minute Review	Subcommittee reports were reviewed: Bed Flow Committee Credentials Committee Graduate Medical Education Committee Infection Control Committee Pharmacy and Therapeutics Committee Hospital Operations Committee	Approved as reviewed.	

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	<p>Critical Care Quality Committee</p> <p>Sedation Committee</p> <p>Peer Review Committee</p> <p>Health Information Management Committee</p> <p>Perinatal Quality Committee</p> <p>Blood Usage and Tissue Review Committee</p> <p>Emergency Management Committee</p>		
Policies (Consent)	<p>C004 – Confidentiality of Patient Location</p> <p>C009 – Customer Satisfaction and Grievance</p> <p>C009A – Service Recovery</p> <p>C062 – Oxygen E Cylinders, Ordering and Maintaining</p> <p>C072 – Management of Patients &amp; Visitors with Significant Accidental Exposure to Blood or Body Fluids</p> <p>C075A – Prevention of Central Line Associated Infections</p> <p>C086 – Blood Transfusion – Complications</p> <p>C088 – Chemo Administration</p> <p>C113 – Patient Sitters</p> <p>C140 – Medical Storage</p>	Approved.	
GME Report	Dr. Clarke – nothing new. Gave last year's report to BOT last week.	Accepted as information.	
eCareNet Update	<p>Dr. Warren – win – yesterday was 1<sup>st</sup> validation session for Epic Enterprise. Gaps identified. Melissa Forinash is the Epic administrator. Went forward even with Joint Commission but still good turnout. Win 2 – epic corporate difficult task of comprehensive demo – use of emergency appendectomy. Presented at strategic planning session, lots of questions. Major theme the epic team is flooded with requests for improvement. Training sessions behind because of ED implementation Nov 1. Communication for status of requests not adequate. Request leaders be clear of priorities.</p> <p>Ecarenet assuming formal oversight for capital information request. Template being piloted. Contact is Casey Liddy.</p>	Accepted as information.	
Hand Hygiene Update	Item tabled.		
Med Rec	Item tabled.		
Vascular Access and Antibiotic Impregnated Catheters	<p>Dr. Canteley presented on vascular access and antibiotic impregnated catheters. A retrospective study of patients who had PICC placement from 7/09-12/11 was conducted. PABSI rates were observed over time after implementation of the IHI line insertion IP bundle in 2009 and a line care maintenance bundle in 2010. Characteristics such as operator, catheter type, clinical characteristics and outcomes of patients who developed PABSI were extracted from the chart and provided by infection control. PABSI rates were calculated and compared according to operator (dedicated vascular access team (VAT) VAIN/ID) versus by interventional radiology (IR)), and catheter type (Cook rifampin/minocycline impregnated catheters versus BARD (not impregnated)).</p> <p>Data was reviewed for infection rate COOK vs. BARD and overall infection rate of IR vs VAT Team.</p>	Accepted as information.	

	<p>IHI central line insertion bundle</p> <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Maximal barrier precautions upon insertion: cap, mask, gown, gloves, and head-to-toe sterile drape</li> <li>• Chlorhexidine skin antisepsis</li> <li>• Optimal catheter site selection (avoid femoral)</li> <li>• Daily review of the necessity of a line with prompt removal of unnecessary lines</li> </ul> <p>Central line care maintenance bundle</p> <ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Proper Dressing Change</li> <li>• Aseptic technique for accessing and changing needleless connector</li> <li>• Standardize tubing change</li> <li>• Daily review of catheter necessity</li> </ul>		
C002 – Consents Policy	Annette Drachman presented changes to C002 – consents policy. Mirrors state law.	Approved.	
FY2013 OPPE Metrics	Item tabled.		
CPOE and Advanced Practice Providers & Admissions Orders	Deferred due to time.		
Nominations for Secretary of Medical Staff	Nominations committee recommended Dr. Habib. Accepted term of secretary.	Recommendation to MS for Dr Habib be secretary of Medical Staff. Approved.	
Mortality Presentation	Deferred due to time.		
Adjourned 8:31am	The next meeting of the Medical Executive Committee will be Wednesday, November 21, 2012 at 7:30am in 628CSB.		

Brenda Hoffman, MD, Secretary of the Medical Staff



**AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
SINCE THE OCTOBER 2012 MEETING OF THE BOARD OF TRUSTEES**

**Hospital Services** - Any contract involving the exchange of Hospital services either for money or other services.

**Managed Care** - The Medical Center has entered a Managed Care Agreement with the following:

Medicaid Blue Choice  
CSG Consulting, Inc.  
Instil Health Insurance Company  
Aetna

**Transplant Agreements** - For the institution(s) listed below, the Medical Center Transplant Unit agrees to provide tissue typing and transplantation to those patients who are medically suitable and to follow those patients in the transplant clinic at MUSC.

None

**Transfer Agreements** - MUHA agrees to accept the admission of individuals requiring specialized care and meet certain criteria from the following facilities:

None

**Affiliation Agreements –**

Kaplan University  
Regis University  
Weber State University  
Chamberlain College of Nursing  
South College

**Shared Services Agreements –**

None

**Medical University Hospital Authority**  
**Construction Contracts For Reporting**  
December 14, 2012

Stenstrom & Associates	\$ 356,300.00
RT - Expand Transplant 9th Floor	
Provide renovation and modifications to area	
Stenstrom & Associates	\$1,613,000.00
CH - 6th Floor Cath. Lab	
Provide renovation and modification services to area	
NBM Construction	\$ 365,081.72
CMH - EPIC Offices	
Provide construction and signage for the EPIC Offices	

**Medical University Hospital Authority**  
**Small Contracts For Reporting**  
December 14, 2012

Wulbern Koval	\$ 215,553.14
UH - 5E Renovation	
Provide and install furniture in area	

**Medical University Hospital Authority**  
**Professional Services Contracts For Reporting**  
December 14, 2012

S & ME Inc.	\$ 79,200.00
UH/CH - Infrastructure Relocation	
Provide vertical expansion inspection services	

**Medical University Hospital Authority**  
**IDC Professional Services Contracts For Reporting**  
December 14, 2012

Compass 5 Partners	\$ 231,446.00
CMH/MCB - Up-Fit for Art 7 Move	
Provide design services and project management services for CMH/MCB Up-Fit for ART 7 Move	
Stevens & Wilkinson	\$ 175,000.00
ART - Hybrid OR	
Provide architectural services for ART-Hybrid OR	

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**REGULAR AGENDA**

Board of Trustees Meeting  
Friday, December 14, 2012  
101 Colcock Hall

**Members of the Board of Trustees**

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
Dr. Stanley C. Baker, Jr.  
Mr. William H. Bingham, Sr.  
Dr. Cotesworth P. Fishburne, Jr.  
Mr. William B. Hewitt

Dr. Harold W. Jablon  
Dr. Donald R. Johnson II  
Dr. E. Conyers O'Bryan, Jr.  
Mr. Charles W. Schulze  
The Honorable Robin M. Tallon  
Dr. Thomas C. Rowland, Jr.  
Dr. Charles B. Thomas, Jr.

**Trustees Emeriti**

Mrs. Margaret M. Addison  
Dr. Charles B. Hanna  
The Honorable Robert C. Lake, Jr.  
Mrs. Claudia W. Peeples  
Mr. Allan E. Stalvey

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

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

Regular Meeting: Friday, February 8, 2013.

**Item 3.**     **Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of October 11, 2012.**

**Board Action:**

**RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT**

**OLD BUSINESS:**

**NEW BUSINESS:**

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

**Statement:** Dr. Greenberg will present a general report.

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

**Board Action:**

Item 5. Other Business.

**RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE. CHAIRMAN: DR. COTESWORTH P. FISHBURNE, JR.**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 6. General Report of the Associate Provost for Research.

Statement: Dr. Steve Lanier will report on research activities.

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

Recommendation of Committee:

Board Action:

Item 7. General Report of the Vice President for Development and Alumni Affairs.

Statement: Mr. Jim Fisher will provide a general report on institutional advancement activities.

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

Recommendation of Committee:

Board Action:

Item 8. General Report of the CEO of the MUSC Foundation.

Statement: Mr. Tom Anderson will provide a general report on the MUSC Foundation's activities.

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

Recommendation of Committee:

Board Action:

Item 9. General Report of the Executive Director of the MUSC Foundation for Research Development.

Statement: Mr. Robert Donato will provide a general report on the MUSC Foundation for Research Development's activities.

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

Recommendation of Committee:

Board Action:

Item 10. Other Committee Business.

**EDUCATION, FACULTY AND STUDENT AFFAIRS COMMITTEE. CHAIRMAN: Dr. E. CONYERS O'BRYAN**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 11. General Report of the Vice President for Academic Affairs and Provost.

Statement: A general report will be given by Dr. Mark Sothmann.

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

Recommendation of Committee:

Board Action:

Item 12. Other Committee Business.

**CONSENT AGENDA ITEMS FOR APPROVAL:**

Item 13. Conferring of Degrees.

Item 14. Faculty Appointments.

Item 15. Changes in Faculty Status.

Item 16. Endowed Professorships.

**FINANCE AND ADMINISTRATION COMMITTEE. CHAIRMAN: MR. CHARLES W. SCHULZE**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 17. Financial Status Report of the Medical University of South Carolina.

Statement: Mr. Patrick Wamsley will report on the financial status of the Medical University of South Carolina.

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

Recommendation of Committee:

Board Action:

Item 18. Financial Status Report of MUSC Physicians.

Statement: A report on the financial status of MUSC Physicians will be presented by Ms. Gina Ramsey.

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

Recommendation of Committee:

Board Action:

Item 19. Financial Status Report of the MUSC Foundation for Research Development.

Statement: Ms. Deanne Lucas will report on the financial status of the MUSC Foundation for Research Development.

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

Recommendation of Committee:

Board Action:

Item 20. Other Committee Business.

**UNIVERSITY PHYSICAL FACILITIES COMMITTEE. CHAIRMAN: MR. WILLIAM H. BINGHAM, SR.**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 21. Facilities Procurements/Contracts Proposed.

Statement: Mr. John Malmrose will present facilities procurements/contracts for approval.

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

Recommendation of Committee:

Board Action:

Item 22. Update on Projects.

Statement: Mr. John Malmrose will present an update on Medical University of South Carolina facilities projects.

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

Recommendation of Committee:

Board Action:

Item 23. Other Committee Business.

**CONSENT AGENDA ITEMS FOR INFORMATION:**

Item 24. Facilities Contracts Awarded.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA AUDIT COMMITTEE, CHAIRMAN: Mr. WILLIAM B. HEWITT.**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 25. External Audit Report from KPMG.

Statement: The audit firm of KPMG will present the external audit report.

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

Recommendation of Committee:

Board Action:

Item 26. Review of the Audit Committee Charter.

Statement: Ms. Susan Barnhart will present the Audit Committee Charter for review.

Recommendation of Administration: That the Charter be approved.

Recommendation of Committee:

Board Action:

Item 27. Report of the Office of Internal Audit.

Statement: Ms. Susan Barnhart will report on the activities of the Office of Internal Audit.

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

Recommendation of Committee:

Board Action:

Item 28. Other Committee Business.

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

Item 29. Approval of MUSC Board of Trustees Bylaws.

Statement: Ms. Susan Barnhart will present the MUSC Board of Trustees Bylaws for approval.

Recommendation of Administration: That the Bylaws be approved.

Board Action

Item 30. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 31. New Business for the Board of Trustees.

Item 32. Report from the Chairman.



**Board of Trustees  
Medical University of South Carolina  
Research and Institutional Advancement Committee  
Office of Development  
December 14, 2012**

Through November 14, 2012, the Medical University of South Carolina has received over **\$22.3 million** in new gifts and pledges.

Progress to date compares very favorably to our results for this same time period last year - \$13.2 million (68% ahead of last year's pace).

The following highlights reflect key accomplishments that have occurred since the October meeting of the MUSC Board of Trustees:

**COLLEGE OF MEDICINE**

- We received a \$1 million commitment to endow a chair in pathology and laboratory medicine from alumnus Dr. Brownie Lowry (Class of '68) and his wife, Julie. Dr. Lowry is a pathologist practicing in Spartanburg, South Carolina.
- We received \$972,151 from the estate of Caroline Lown. This gift will be used to establish an endowed scholarship in her name.
- We received \$50,000 from the Mark and Evelyn Trammell Foundation of Atlanta, Georgia, to provide ongoing support for the Evelyn Trammel Institute for Voice and Swallowing.

**JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE**

- Dr. John F. "Eric" Hamrick (Class of '82) and his wife, Whitney, have verbally committed to a \$1 million gift to establish the Hamrick Professorship in Dental Science. This will represent the first fully funded endowed professorship within the College of Dental Medicine.
- Dr. and Mrs. Robert F. Berger of Columbia pledged \$100,000 through their estate to establish an endowed fund in the James B. Edwards College of Dental Medicine. Two of their children are alumni of the college: Dr. Marc F. Berger (Class of '00) and Dr. Deidre Berger Crockett (Class of '06).

## **DEPARTMENT OF MEDICINE**

- The Powers and Huggins families have completed their \$1 million pledge to fully fund the Powers-Huggins Endowed Chair in Cystic Fibrosis. This endowed chair is the first for both the Division of Pulmonary and Critical Care Medicine and the MUSC Cystic Fibrosis program.
- The Spaulding-Paolozzi Foundation has made a \$500,000 gift to establish the Spaulding-Paolozzi Autoimmunity Center of Excellence. This Center will be an important part of MUSC's newly established SmartState Center for Inflammation and Fibrosis Research. Led by Dr. Gary Gilkeson, Professor of Medicine/Microbiology and Immunology, the Center will be the focus for clinical and translational lupus research at MUSC. Additionally, this generous gift will be matched through the South Carolina SmartState Program to create a \$1 million center.
- Working with the Annual Giving office, an "honor your doctor" mailing has generated close to \$30,000 in new gifts from 500 donors honoring many of our physicians.

## **HEART AND VASCULAR CENTER**

- Zeus Industrial Products made a gift of \$700,000 to the Tourville Arrhythmia Center, which is part of its \$3.2 million commitment. We dedicated the Arrhythmia Center in honor of Mr. Frank Tourville on October 14.
- Charles and Elizabeth Coker made a gift of \$25,000 to the Tourville Arrhythmia Center. This represents a payment toward their \$100,000 commitment.
- Wendy and Keith Wellin made a gift of \$50,000 to the Center for Global Health in support of MUSC's cardiovascular outreach work in Tanzania.

## **COLLEGE OF NURSING**

- An in-kind contribution of equipment from Hill-Rom in the amount of \$419,777 was applied toward the company's outstanding pledge balance to the College of Nursing.
- An anonymous gift of \$205,376 was made to the David R. Clare and Margaret C. Clare Endowed Chair in Nursing.
- A gift of \$45,902 was received from Verizon to support Dr. Frank Treiber's research project, which uses smart phones to manage hypertension and diabetes.

- Hannah and Eric Peress provided a gift of \$15,000 designated for the Ursula Caton Memorial Scholarship Fund.
- Two gifts totaling \$12,500 were made to the Barbara Sutton Pace Endowed Nursing Scholarship by the Lanier and Bristow families.

### **NEUROSCIENCES**

- We received \$243,000 through the estate of Mary C. Everts to support Parkinson's disease research.
- Mr. D. Loy Stewart provided a gift of \$25,000 to support the MUSC ALS Clinic.
- We received \$10,000 from Dr. and Mrs. Charles Barmore to support our research efforts in Parkinson's disease.

### **HOLLINGS CANCER CENTER**

- The Hollings Cancer Center's 17<sup>th</sup> Annual Golf Tournament held on October 17, 2012, at Kiawah Island raised \$80,000 in support of a Distinguished Endowed Chair in Prostate Cancer.
- John I. Smith Charities, Inc. made a \$20,000 gift towards the Distinguished Endowed Chair in Prostate Cancer at the Hollings Cancer Center.
- Mrs. Ann K. Ritter made a \$9,500 gift towards The Medicine and Research Young Scholars Program at the Medical University of South Carolina. Mrs. Ritter helped establish this training program with schools that are interested in exposing their students to future careers in medicine and research.
- Hollings Cancer Center's signature fundraising event, Gourmet and Grapes, will be held February 8-10, 2013, at The Sanctuary on Kiawah Island Golf Resort. The event will feature Justin Bogle, Executive Chef at GILT and The Palace Gate in New York City. Bogle, named "Rising Star Chef" in 2010 by Restaurant Hospitality and one of New York City's "30 Under 30" by Zagat in 2011, is the youngest chef in New York City to receive two stars from The Michelin Guide – a distinction he has received three years running.

### **THE COLLEGE OF HEALTH PROFESSIONS**

- The Department of Healthcare Leadership and Management (MHA and DHA) received a commitment of \$40,000 from the South Atlantic Division of HCA (Hospital Corporation of America) to establish a Healthcare Leadership Lecture Series.

## **STORM EYE INSTITUTE**

- The Charleston RiverDogs presented a check to the Storm Eye Institute for \$20,000 to support our work in retina research.
- The Christie Family Foundation made a gift of \$10,000 earmarked for glaucoma research. Johnson & Johnson will match this gift.
- The Storm Eye Institute will host an awareness reception at Berkeley Hall Club in Okatie on November 28. Dr. Lucian V. Del Priore, Chairman of Ophthalmology, and Dr. George Waring, IV, will present to the attendees.
- The South Carolina Lions Eye Research symposium was held on Tuesday, October 30, at the Storm Eye Institute. Over 70 Lions attended from around the state to hear from our physicians and vision scientists.
- An alumni reception was held in Chicago at the Chicago Union League Club on November 10 during the American Academy of Ophthalmology annual meeting.
- The fall/winter issue of *Eye to Eye* was produced and mailed in October. Approximately 9,000 newsletters were sent to donors, potential donors, South Carolina Lions, Storm Eye alumni, MUSC faculty and leaders and department chairman located around the country.

## **COLLEGE OF PHARMACY**

- The Student Legacy Committee, a subcommittee of the Building Leadership Committee comprised of members of the College of Pharmacy Class of 2013, hosted the first “thank-a-thon” for the Building the Future of Pharmacy Campaign. The students called donors to the campaign to thank them for their support and commitment.
- The MUSC College Pharmacy Alumni Association hosted its first MUSC Pharmacy Alumni Tailgate Party prior to the Clemson / Furman football game. Since Clemson is a top feeder school for the College of Pharmacy, the event helped target a large percentage of our alumni.
- Over 140 alumni, preceptors, faculty, staff, students and friends of the College attended the second annual Pharmacy Appreciation Oyster Roast hosted by the College and the MUSC Pharmacy Alumni Association. This event has become the largest alumni and friends gathering for the MUSC campus.

### **CHILDREN'S HOSPITAL**

- The Children's Hospital Fund received \$1 million from The Boeing Company for the Boeing Center for Children's Wellness. This increases Boeing's total giving to the Medical University to \$2.5 million.
- The Children's Hospital Fund received a planned gift of \$250,000 from Wayne Owens.
- The Hugs for Harper Tennis Tournament held in September raised \$64,000 for pediatric oncology research.

### **MUSC BOARD OF VISITORS**

- The Board of Visitors agenda for December 14 includes presentations by Dr. Chris Carr (Carolina eHealth Alliance), Dr. Bruce Frankel (update on the Institute for Applied Neurosciences), Mr. Allan Stalvey (Update on Healthcare Landscape) and a tour of the James B. Edwards College of Dental Medicine (Dr. Jack Sanders).
- The nominations for the MUSC Board of Visitors Class of 2013 – 2014 will be distributed at the meeting. This item will require action in the form of officially accepting this slate of nominees.

**Board of Trustees  
Medical University of South Carolina  
Research and Institutional Advancement Committee  
Office of Alumni Affairs  
December 14, 2012**

The first quarter of the new fiscal year reflected aggregate MUSC Alumni Association memberships of all six colleges at 26%, an increase of 2% over the same time period last year.

The following highlights reflect a few key alumni advancement updates that have occurred since the October meeting of the Board of Trustees:

**COLLEGE OF MEDICINE**

- College of Medicine Homecoming Weekend is planned for March 22 - 23, 2013, for all medicine alumni, with special recognition for the classes ending in '3' and '8'. Informational brochures will be mailed out early December 2012.
- The College of Medicine Charity Ball, co-sponsored by the Medical Student Alumni Council, will be held at Memminger Auditorium on February 16, 2013. A silent auction is planned to raise proceeds to benefit several local charities. Members of the Board of Trustees are invited to attend.

**COLLEGE OF NURSING**

- The College of Nursing Alumni Association sponsored a social on November 14, 2012, at Mad River Bar and Grill. The event was attended by the College's alumni, faculty, staff and students and allowed everyone to mingle and make new connections. Other socials are planned for 2013 at locations around the state to engage more College of Nursing alumni.

**SOUTH CAROLINA COLLEGE OF PHARMACY (MUSC CAMPUS)**

- In conjunction with the South Carolina College of Pharmacy, MUSC's Pharmacy Alumni Association co-sponsored a Pharmacy Appreciation Oyster Roast on October 11, 2012. The event was held at The Lighthouse on Shem Creek with more than 150 people in attendance, including many alumni and preceptors. A special reception was held in honor of Mr. Ralph Wilkie, (Class of '53), for his generous commitment of time, support and inspiration to the endeavors of the MUSC Pharmacy Alumni Board.

## **GENERAL ALUMNI PROGRAM AND INITIATIVES**

- The MUSC Alumni Association Joint Board met on October 12, 2012. Topics of discussion centered on new initiatives of the alumni office including four key areas: communications, programs, student involvement and financial efficiency. Leigh Manzi provided an update on development activities. Updates from each alumni association board were presented as well as recognition for Dr. Jeffrey Bayme (James B. Edwards College of Dental Medicine) for his special life membership dues drive. The gavel was passed from the joint board president, Anne DuRant (College of Health Professions) to Dr. Jeffrey Bayme.
- Alumni travel for 2013 includes:
  - Alaska Cruise (July 12-19, 2013)
  - Costa Rica Family Adventure (July 13-20, 2013)
  - Spectacular South Africa Adventure (August 8-20, 2013)
  - Christmas on the Danube River Cruise (December 1-8, 2013)
  - Caribbean Cruise aboard the new Royal Princess (February 2-9, 2014)

Each travel vacation booked through the Alumni Association's travel provider, AAA, provides a revenue stream for the alumni office. The MUSC Board of Trustees are invited to participate in the travel program.

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA  
FINANCIAL REPORTS**

**TABLE OF CONTENTS**

**For the Four (4) Month Period Ended October 31, 2012**

	<u>Page</u>
Statement of Net Assets	1
Statement of Revenues, Expenses and Changes in Net Assets	2
University Budgeted Funds Comparison to Budget	3
Direct Expenditures on Federal Grants and Contracts (By Responsibility Center)	4
Notes to the Financial Statements	5 - 6
Summary of Current Debt Obligations and Analysis of Available Bonded Debt Capacity	7



**The Medical University of South Carolina and Affiliated Organizations**  
**Statement of Net Assets**  
**As of October 31, 2012**

	<b>University</b>	<b>Area Health Education Consortium</b>	<b>Facilities Corporation</b>	<b>CHS Development Company</b>
<b>Assets &amp; Deferred Outflows</b>				
Cash and Cash Equivalents	\$ 145,227,953	\$ 3,613,890	\$ 1,388,000	\$ 4,071,687
Cash and Cash Equivalents - Restricted	28,447,356	-	-	-
State Appropriation Receivable	41,593,052	5,765,447	-	-
Student Tuition and Fees Receivable	482,067	-	-	-
Student Loan Receivable	13,958,180	-	-	-
Grants and Contracts Receivable	67,467,002	34,950	-	-
Capital Improvement Bond Proceeds Receivable	1,163,991	-	-	-
Capital Lease Receivable	-	-	7,256,081	17,881,423
Other Receivables	1,392,148	-	7,620	-
Investments	-	-	318,389	1,565,926
Prepaid Items	5,522,368	-	-	1,750,434
Capital Assets, net of Accumulated Depreciation	562,445,589	-	-	-
Due from Hospital Authority	-	-	-	-
Due from Other Funds	84,500,584	-	-	-
Bond Issue Costs	765,270	-	70,338	679,657
Derivative Instruments Fair Value / Deferred Outflows	-	-	54,477	-
Other Assets	-	-	-	-
<b>Total Assets &amp; Deferred Outflows</b>	<b>\$ 952,965,560</b>	<b>\$ 9,414,287</b>	<b>\$ 9,094,905</b>	<b>\$ 25,949,127</b>
<b>Liabilities &amp; Deferred Inflows</b>				
Accounts Payable	\$ 7,564,869	\$ -	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	6,522,202	-	-	-
Accrued Compensated Absences	27,714,482	199,761	-	-
Deferred Revenue	75,768,995	6,128,129	8,836	-
Retainages Payable	-	-	-	-
Long-Term Debt	187,584,624	-	7,611,000	24,549,628
Interest Payable	1,143,101	-	36,827	378,467
Deposits Held for Others	4,097,200	180,597	-	-
Due to Hospital Authority	9,564,317	345	-	-
Due to Other Funds	4,204,729	-	-	-
Federal Loan Program Liability	14,133,326	-	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	54,477	-
Other Liabilities	18,841,445	7,016	-	-
<b>Total Liabilities &amp; Deferred Inflows</b>	<b>\$ 357,139,290</b>	<b>\$ 6,515,848</b>	<b>\$ 7,711,140</b>	<b>\$ 24,928,095</b>
<b>Net Assets</b>	<b>\$ 595,826,270</b>	<b>\$ 2,898,439</b>	<b>\$ 1,383,765</b>	<b>\$ 1,021,032</b>
<b>Total Liabilities &amp; Deferred Inflows and Net Assets</b>	<b>\$ 952,965,560</b>	<b>\$ 9,414,287</b>	<b>\$ 9,094,905</b>	<b>\$ 25,949,127</b>

**The Medical University of South Carolina and Affiliated Organizations**  
**Statement of Revenues, Expenses and Changes in Net Assets**  
**For the Four (4) Month Period Ending October 31, 2012**

	<b>University</b>	<b>Area Health Education Consortium</b>	<b>Facilities Corporation</b>	<b>CHS Development Company</b>
<b>Operating Revenues</b>				
Student Tuition and Fees	\$ 28,556,479	\$ -	\$ -	\$ -
Federal Grants and Contracts	44,380,016	111,045	-	-
State Grants and Contracts	2,229,830	-	-	-
Local Government Grants and Contracts	5,175	-	-	-
Nongovernmental Grants and Contracts	8,286,577	401,812	-	-
Sales and Services to Hospital Authority	32,800,754	-	-	-
Sales and Services of Educational and Other Activities	19,174,679	(591)	-	-
Sales and Services of Auxiliary Enterprises	4,018,214	-	-	-
Interest Income	-	-	192,891	249,322
Other Operating Revenues	4,536,548	41,062	-	-
<b>Total Operating Revenues</b>	<b>143,988,272</b>	<b>553,328</b>	<b>192,891</b>	<b>249,322</b>
<b>Operating Expenses</b>				
Compensation and Employee Benefits	111,597,685	784,502	-	-
Services and Supplies	61,510,347	2,077,644	400	33
Utilities	4,618,726	-	-	-
Scholarships and Fellowships	5,489,013	-	-	-
Refunds to Grantors	24,862	-	-	-
Interest Expense	-	-	155,253	376,692
Depreciation and Amortization	13,713,690	-	21,301	72,352
<b>Total Operating Expenses</b>	<b>196,954,323</b>	<b>2,862,146</b>	<b>176,954</b>	<b>449,077</b>
<b>Operating Income (Loss)</b>	<b>(52,966,051)</b>	<b>(2,308,818)</b>	<b>15,937</b>	<b>(199,755)</b>
<b>Nonoperating Revenues (Expenses)</b>				
State Appropriations - MUHA	6,284,569	-	-	-
State Appropriations	19,954,844	3,064,064	-	-
Gifts and Grants Received	3,363,570	-	-	-
Investment Income	2,721,220	10	-	-
Interest Expense	(2,931,164)	-	-	-
Gain (Loss) on Disposal of Capital Assets	643,561	-	-	-
Transfers From (To) Other State Agencies	(39,956)	(875)	-	-
Other Nonoperating Revenues (Expenses), net	(6,464)	-	-	-
<b>Net Nonoperating Revenues (Expenses)</b>	<b>29,990,180</b>	<b>3,063,199</b>	<b>-</b>	<b>-</b>
<b>Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers</b>	<b>(22,975,871)</b>	<b>754,381</b>	<b>15,937</b>	<b>(199,755)</b>
Capital Appropriations	521,383	-	-	-
Capital Grants and Gifts	2,554,799	-	-	-
Additions to Permanent Endowments	-	-	-	-
Transfers From (To) MUSC Physicians (UMA)	18,948,428	-	-	-
Transfers From (To) AHEC	(981)	981	-	-
Transfers From (To) CHS Development	(229,361)	-	-	229,361
Transfers From (To) Facilities Corporation	-	-	-	-
<b>Increase (Decrease) In Net Assets</b>	<b>\$ (1,181,603)</b>	<b>\$ 755,362</b>	<b>\$ 15,937</b>	<b>\$ 29,606</b>

**The Medical University of South Carolina**  
**Budgeted Funds Comparison to Budget**  
**For the period ending October 31, 2012**

	Budget	Prorated Budget (Note)	Actual	Variance	
<b>REVENUES</b>					
<b>State</b>					
State Appropriations	58,784,436	19,594,812	19,954,844	360,032	F
State Appropriations - MUHA	18,853,707	6,284,569	6,284,569	-	F
State Grants & Contracts	7,224,365	2,408,122	2,229,830	(178,292)	U
<b>Total State</b>	<b>84,862,508</b>	<b>28,287,503</b>	<b>28,469,243</b>	<b>181,740</b>	<b>F</b>
<b>Federal</b>					
Federal Grants & Contracts	119,815,635	39,938,545	33,944,329	(5,994,216)	U
Federal Grants Indirect Cost Recoveries	35,783,275	11,927,758	10,435,687	(1,492,071)	U
<b>Total Federal</b>	<b>155,598,910</b>	<b>51,866,303</b>	<b>44,380,016</b>	<b>(7,486,287)</b>	<b>U</b>
<b>Other</b>					
Private Grants & Contracts	21,599,738	7,199,913	7,035,615	(164,298)	U
Private Grants Indirect Cost Recoveries	2,859,407	953,136	1,256,136	303,000	F
MUSC Foundation Gifts and Grants	10,172,033	3,390,678	3,363,570	(27,108)	U
Tuition and Fees	81,829,072	27,165,868	28,556,479	1,390,611	F
Sales and Services of Educational Departments	58,152,988	19,384,329	19,174,679	(209,650)	U
Sales and Services of Auxiliary Enterprises	12,378,599	4,126,200	4,018,214	(107,986)	U
Interest and Investment Income	87,231	29,077	(1,179)	(30,256)	U
Endowment Income	1,034,916	344,972	396,494	51,522	F
Miscellaneous	11,516,268	3,838,756	2,964,872	(873,884)	U
Miscellaneous - Residents	4,743,637	1,581,212	1,450,056	(131,156)	U
Authority Revenue	71,977,254	23,992,418	22,592,316	(1,400,102)	U
Authority Revenue - Residents	39,872,745	13,290,915	13,276,630	(14,285)	U
Intra-Institutional Transfers	41,394,909	13,798,303	12,707,729	(1,090,574)	U
<b>Total Other</b>	<b>357,618,797</b>	<b>119,095,777</b>	<b>116,791,611</b>	<b>(2,304,166)</b>	<b>U</b>
<b>Total Revenues</b>	<b>598,080,215</b>	<b>199,249,583</b>	<b>189,640,870</b>	<b>(9,608,713)</b>	<b>U</b>
<b>EXPENDITURES</b>					
Instruction	126,094,772	42,031,591	38,290,147	3,741,444	F
Instruction - Residents	44,940,529	14,980,176	14,761,920	218,256	F
Instruction - MUHA	18,853,707	6,284,569	6,284,569	-	F
Research	185,510,324	61,836,775	59,763,027	2,073,748	F
Public Service	45,010,628	15,003,543	14,768,857	234,686	F
Academic Support	38,869,475	12,956,492	15,521,273	(2,564,781)	U
Student Services	9,076,193	3,025,398	3,044,676	(19,278)	U
Institutional Support	67,579,102	22,526,367	21,859,030	667,337	F
Operation & Maintenance of Plant	73,756,002	24,585,334	24,233,136	352,198	F
Scholarships & Fellowships	2,337,092	779,031	847,968	(68,937)	U
Auxiliary Enterprises	11,810,017	3,936,672	3,408,275	528,397	F
Indirect Cost Remitted to State	115,000	38,333	39,956	(1,623)	U
Debt Services	6,517,406	2,172,469	2,172,469	-	F
<b>Total Expenditures</b>	<b>630,470,247</b>	<b>210,156,750</b>	<b>204,995,303</b>	<b>5,161,447</b>	<b>F</b>
<b>OTHER ADDITIONS (DEDUCTIONS)</b>					
Transfers from (to) UMA	54,645,011	18,215,004	18,948,428	733,424	F
Transfers from (to) Facilities Corporation	1,350,000	450,000	-	(450,000)	U
Transfers from (to) AHEC	(3,300)	(1,100)	(981)	119	F
Transfers from (to) CHS Development	(330,000)	(110,000)	(115,111)	(5,111)	U
Transfers from (to) Loan funds	-	-	-	-	F
Transfers from (to) Plant Funds	(23,203,159)	(7,734,386)	(7,404,293)	330,093	F
Refunds to Grantors	(56,591)	(18,864)	(24,862)	(5,998)	U
Transfers to Endowment Fund	(11,929)	(3,976)	-	3,976	F
<b>Total Other Additions (Deductions)</b>	<b>32,390,032</b>	<b>10,796,678</b>	<b>11,403,181</b>	<b>606,503</b>	<b>F</b>
<b>NET INCREASE (DECREASE) in Fund Balance</b>	<b>-</b>	<b>(110,489)</b>	<b>(3,951,252)</b>	<b>(3,840,763)</b>	<b>U</b>

Note: Budgeted tuition is prorated based on semesters; Other budgeted items prorated based on calendar months.

**The Medical University of South Carolina**  
**Direct Expenditures on Federal Grants and Contracts**  
**(By Responsibility Center)**  
**For the 4 Month Period Ending October 31, 2012**

Administration	225,581
Centers of Excellence	1,898,780
College of Dental Medicine	1,148,902
College of Graduate Studies	525,266
College of Health Professions	567,589
College of Medicine	28,040,601
College of Nursing	958,625
College of Pharmacy	253,897
Library	325,090
	<hr/>
	<b>\$33,944,329</b>
	<hr/>

NOTE: The federal direct expenditures shown above were incurred by the University. The federal grant and contract revenue earned to cover these direct expenditures is \$33,944,329 .

In addition to this federal grant and contract revenue, the University received \$10,435,686 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts. \$10,395,730 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$39,956 represents the F+A recoveries on non-research federal grants and contracts. This amount is required to be remitted to the State.

University direct federal expenditures	\$33,944,329
Facilities and Administration costs	\$10,435,686
	<hr/>
Federal operating grants and contracts	<b>\$44,380,016</b>
	<hr/>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
October 31, 2012

**Note 1. Basis of Presentation**

This financial statement provides summarized information for The Medical University of South Carolina (MUSC) and its affiliated organizations in discrete columns on the same page. The purpose of this financial report is to provide information that will be helpful to those who must make decisions about MUSC.

**Note 2. State Appropriations**

State appropriations revenue is prorated evenly over the twelve month period for which the funds are to be spent.

**Note 3. Cash and Cash Equivalents - Restricted**

Cash and cash equivalents - restricted include bond proceeds, the debt service reserve accounts, and the debt service fund accounts.

**Note 4. Capital Assets, Net of Accumulated Depreciation**

The University's capital assets, net of accumulated depreciation consists of the following:

Construction in progress	\$ 24,418,796
Land/Bldgs/Equipment/Accumulated depreciation	538,026,793
Capital Assets, Net of Accumulated Depreciation	<u>\$ 562,445,589</u>

**Note 5. Construction in Progress**

Construction in progress consists of the following projects and expenditures to date and is included in Capital Assets, Net of Accumulated Depreciation on the Statement of Net Assets.

	Jun 30, 2012 Balance	Fiscal Year 2012 Additions	Oct 31, 2012 Balance
Greenville Research Education Innovation Institute	\$ 2,282,009	\$ 217,991	\$ 2,500,000
Microbiology & Immunology Renovations in BSB	3,590,493	1,141,840	4,732,333
Dental Medicine Classroom Renovations in BSB	2,227,182	230,602	2,457,784
Neurosciences 3rd Floor Renovations in CSB	1,451,616	376,746	1,828,362
Psychiatric Institute Data Center System	908,798	663,147	1,571,945
Psychiatric Institute Data Center UPS	1,134,911	(15,887)	1,119,024
Others less than \$1,000,000 (ending balance)	8,177,229	2,032,119	10,209,348
Total construction in progress	<u>\$ 19,772,238</u>	<u>\$ 4,646,558</u>	<u>\$ 24,418,796</u>

**Note 6. Deferred Revenue**

The University's deferred revenue consists of the following:

State appropriations	\$ 39,909,687
Grants and contracts	21,542,182
Student tuition and fees	14,288,531
Other	28,595
Total Deferred Revenue	<u>\$ 75,768,995</u>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
October 31, 2012

**Note 7. Long Term Liabilities**

The University's long term liabilities consist of the following:

Obligations under capital leases	\$ 71,599,935
Higher Education Revenue bond payable	33,625,000
State Institution bonds payable	75,660,000
Premium on State Institution bonds payable	1,803,723
Energy performance note payable	6,042,756
Deferred loss on early retirement of bond	(1,146,790)
Total Long Term Liabilities	<u>\$ 187,584,624</u>

**Note 8. Comparison to Budget**

The Comparison to Budget statement (page 3) includes only activity in the current funds.  
The Statement of Revenues, Expenses, and Changes in Net Assets (page 2)  
includes current funds, loan funds, endowment and similar funds, and plant funds.

Net increase (decrease) in fund balance per		
Comparison to Budget statement	\$	(3,951,252)
Plant funds:		
Capital grants and gifts - Federal	2,554,799	
Capital grants and gifts - State	-	
Capital grants and gifts - private	-	
Capital appropriations	521,383	
Donated property & other in-kind donations	-	
Interest and investment income	230,530	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	1,026,424	
Expended in current fund-capital costs	1,215,209	
Transfers	9,462,513	
Expensed in plant fund-depreciation	(13,713,690)	
Expensed in plant fund-interest expense	(1,283,538)	
Expensed in plant fund-other	(2,423)	
Gain (loss) on disposition of property	643,561	654,768
Loan funds:		
Other income	-	
Interest and investment income	129,093	
Expenses	(102,114)	
Transfers	-	26,979
Endowment funds:		
New endowments	-	
Income draws to operating units	(380,667)	
Endowment income (Loss)	2,468,569	
Transfers	-	2,087,902
Other	-	
Net increase (decrease) in Net Assets per Statement		
of Revenues, Expenses, and Changes in Net Assets	\$	<u>(1,181,603)</u>

**Medical University of South Carolina**  
**Summary of Current Debt Obligations and**  
**Analysis of Available Bonded Debt Capacity**

(\$\$ in thousands)

	Original Issue	Authorized Not Issued	Purpose	Outstanding & Authorized as of 31-Oct-2012
<b>State Institution Bonds (SIB)</b>				
SIB 2003D	\$ 8,000	\$ -	- Renovations of Thurmond/Gazes bldg.	\$ 575
SIB 2003J	12,000	-	- Renovations of Thurmond/Gazes bldg. and subpower plant	1,100
2005 Refunding	19,045	-	- Advance refunding on SIB2000A	15,120
SI BAN 2011	30,000	-	- College of Dental Medicine Building	28,000
SIB 2011D	18,950	-	- Deferred maintenance projects	18,220
SIB 2012B refunding	12,645	-	- Refunding SIB 2001A, 2003D, & 2003J	12,645
	<u>\$ 100,640</u>	<u>\$ -</u>		
<b>Current Bonded Debt Authorized and Issued</b>				<u>\$ 75,660</u>
 <b>Notes Payable - JEDA</b>				
	<u>\$ 13,500</u>	<u>\$ -</u>	- Refund Harborview Certificates of Participation	<u>\$ 3,110</u>
	<u>\$ 32,985</u>	<u>\$ -</u>	- Construction of College Health Health Profession facilities	<u>\$ 24,490</u>
 <b>Lease Revenue Bonds</b>				
LRB 1995 A & B	<u>\$ 13,201</u>	<u>\$ -</u>	- Thurmond Biomedical Center	<u>\$ 4,501</u>
 <b>Higher Education Revenue Bonds</b>				
2006	<u>\$ 38,000</u>	<u>\$ -</u>	- Construction of Parking Garage	<u>\$ 33,625</u>
 <b>Energy Performance Note Payable</b>				
EPNP 11-26-08	<u>\$ 15,387</u>	<u>\$ -</u>	- Energy Savings	<u>\$ 6,043</u>

**MUSC Physicians**  
**(A Component Unit of the Medical University of South Carolina)**

**Statement of Revenues, Expenses and Changes in Net Position**

	<b>For the Four Months Ending 10/31/11</b>	<b>For the Four Months Ending 10/31/12</b>
<b>Operating Revenues</b>		
Net clinical service revenue	89,166,596	90,166,815
Other operating revenue	1,383,837	(845,441)
Ambulatory care and MUHA revenue cycle support	1,587,840	2,075,653
Primary care support	1,066,667	1,066,667
<b>Total operating revenues</b>	<b>93,204,939</b>	<b>92,463,693</b>
<b>Operating Expenses</b>		
Departmental expenses	63,609,290	68,045,988
Corporate operating expenses	8,761,454	10,796,088
Ambulatory care and MUHA revenue cycle expenses	1,238,056	1,594,034
New Initiative expenses	1,510,905	2,987,000
<b>Total expenses</b>	<b>75,119,705</b>	<b>83,423,110</b>
<b>Operating Income (Loss)</b>	<b>18,085,234</b>	<b>9,040,583</b>
<b>Nonoperating Revenues (Expenses)</b>	<b>(2,846,177)</b>	<b>2,800,020</b>
<b>Transfers from (to) Related Entities</b>		
Nonmandatory contributions to the MUSC Foundation	(1,867,166)	(999,999)
Nonmandatory transfers to the MUSC	(18,325,817)	(18,948,428)
<b>Change in Net Position Before Extraordinary Items</b>	<b>(4,953,927)</b>	<b>(8,107,824)</b>
<b>Extraordinary/Special Items</b>	<b>-</b>	<b>-</b>
Transfers to Debt Service and Equity Deficits	202,896	531,274
<b>Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue</b>	<b>(4,751,031)</b>	<b>(7,576,550)</b>
<b>Expenses Related to the DHHS Supplemental Revenue</b>	<b>-</b>	<b>-</b>
<b>Change in Net Position</b>	<b>(4,751,031)</b>	<b>(7,576,550)</b>



# MUSC Foundation for Research Development

## Statement of Financial Position

	<u>10/31/2012</u>	<u>10/31/2011</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$1,288,107	\$166,906
Interest Receivable	\$3,072	\$3,349
Accounts Receivable	\$388,681	\$380,211
Prepaid Expense	\$55,669	\$54,185
Investments	\$313,815	\$298,697
Property and Equipment, net	\$1,334	\$4,674
<b>Total Assets</b>	<u><u>\$2,050,678</u></u>	<u><u>\$908,022</u></u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts Payable	\$248,786	\$205,329
Accounts Payable - MUSC	\$400,704	\$123,262
Due to UMA - Accrued Vacation	\$19,618	\$57,048
Unearned Revenue and Deposits	\$85,380	\$97,170
<b>Total Liabilities</b>	<u><u>\$754,488</u></u>	<u><u>\$482,808</u></u>
<b>Net Assets</b>	\$1,296,189	\$425,213
<b>Total Liabilities and Net Assets</b>	<u><u>\$2,050,678</u></u>	<u><u>\$908,022</u></u>

# MUSC Foundation for Research Development

## Statement of Activities

	For the four months ended	
	10/31/2012	10/31/2011
<b>Revenues</b>		
Contracts, grants and awards	\$453,901	\$560,406
License fees and royalties	\$222,437	\$42,201
Interest and dividend income	\$4,042	\$4,559
Patent expense recovery	\$116,038	\$138,864
Gain/(loss) on investments	\$20,383	\$873
Other revenues - program services	\$23,248	\$6,200
<b>Total Revenues</b>	<b>\$840,050</b>	<b>\$753,103</b>
<b>Expenses</b>		
License fees and royalties distribution	\$97,015	\$19,100
Personnel	\$172,614	\$355,241
Patent prosecution costs	\$115,964	\$126,807
Professional and other fees	\$32,424	\$36,244
Subcontract to MUSC	\$46,670	\$66,544
Other administrative expenses	\$69,346	\$97,485
<b>Total Expenses</b>	<b>\$534,033</b>	<b>\$701,421</b>
<b>Transfers</b>	<b>\$0</b>	<b>\$9,343</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>\$306,017</b>	<b>\$61,025</b>

**FACILITIES**  
**ACADEMIC**  
**EMERGENCY PROCUREMENT**  
**FOR APPROVAL**  
**December 14, 2012**

PROJECT TITLE: Clinical Sciences Building Automatic Transfer Switches Replacement

PROJECT NUMBER: TBD

BUDGET: \$580,000

SOURCE OF FUNDS: 50% Hospital Revenue, 50% University Indirect Cost Recovery

JUSTIFICATION: The existing ATSs have failed on several occasions during required testing, and they have been determined to be unreliable. The switches are also no longer manufactured and cannot be repaired. Final scope and cost information was not finalized until just after the October Board of Trustees meeting. The project was declared an emergency procurement to avoid delayed response to this patient, staff and visitor safety condition.

These automatic transfer switches provide the transfer to emergency electrical power when normal power is lost to life safety loads for the Children's Hospital Emergency Room and other clinical areas located in the first and second floors of the Clinical Sciences Building as well as other emergency circuits throughout the building. Unreliable transfer switches pose a risk to patient, staff, and visitor safety. The electrical distribution system associated with these switches will be segregated as required by Joint Commission standards as a part of this project. The electrical feed needs for the CSB 9<sup>th</sup> floor renovation will also be addressed as a part of this project to avoid another disruption in service when that project begins in 2013.

This request is for approval to continue with this project as an emergency procurement.

**FACILITIES**  
**ACADEMIC**  
**ESTABLISH PROJECT**  
**FOR APPROVAL**  
**December 14, 2012**

PROJECT TITLE: Basic Science Building 7<sup>th</sup> Floor Tissue Preparation Lab

PROJECT NUMBER: To Be Determined

TOTAL ESTIMATED BUDGET: \$ 525,000

SOURCE(S) OF FUNDS: College of Medicine and Department of Pathology

JUSTIFICATION: This project involves the renovation of approximately 1,999 square feet of existing space on the 7<sup>th</sup> floor of the Basic Science Building to accommodate relocation from the Walton Research Building so the Walton Research Building Renovation can begin in the spring. The project will include a tissue preparation lab and associated office and support space.

The lab will be used by multiple NIH investigators to collect and process tissues in support of cancer and auditory system neuropathology research.

Funding for this project will come from the previously approved \$780,000 Lab Renovation project on the 1<sup>st</sup> floor Basic Science Building. That project was approved in as a part of the Capital Budget, and the purchase of an NMR originally included in that project will be postponed for a year or more as lab protocols are developed reducing the estimated renovation cost by \$525,000.

We are asking for approval to reduce the scope of the previously approved renovation on the 1st floor of the Basic Science Building, and to use \$525,000 of the approved budget for that project to accomplish the Basic Science Building 7<sup>th</sup> floor Tissue Preparation Lab project.

**FACILITIES**  
**ACADEMIC**  
**ESTABLISH PROJECT**  
**FOR APPROVAL**

**December 14, 2012**

**PROJECT TITLE:** Basic Science Building 7<sup>th</sup> Floor Noise Exposure Lab

**PROJECT NUMBER:** To Be Determined

**TOTAL ESTIMATED BUDGET:** \$400,000

**SOURCE(S) OF FUNDS:** College of Medicine

**JUSTIFICATION:** This project involves the renovation of approximately 1,502 square feet of space located on the 7<sup>th</sup> floor of the Basic Science Building to accommodate relocation from the Walton Research Building so the Walton Research Building Renovation can begin in the spring. The project will include the tissue preparation lab and associated office and support space.

The noise exposure lab will be used by several NIH funded investigators to perform electrophysical measurements of hearing losses associated with injuries caused by exposure to noise, ototoxic drugs, and age.

Funding for this project will come from the previously approved \$800,000 Lab Renovation on the 6<sup>th</sup> floor of the Thurmond Gazes Building. That project was approved as a part of the Capital Budget, and included restoration of a lab space previously vacated due to extensive water damage. The scope of work has been significantly reduced to include minor renovations of other areas on that floor, and to convert the flood damaged area into a much needed storage space. The estimated cost for this reduced scope of work is \$400,000 allowing the balance of \$400,000 to be used for the Noise Exposure Lab project before you today.

We are asking for approval to reduce the scope of the previously approved renovation on the 6<sup>th</sup> floor of the Thurmond Gazes Renovation, and to use \$400,000 of that originally approved project budget to accomplish the Basic Science Building 7<sup>th</sup> floor Noise Exposure Lab project.

**FACILITIES**

**ACADEMIC**

**SALE OF PROPERTY**

**FOR APPROVAL**

**December 14, 2012**

**PROJECT TITLE: Sale of Family Medicine Building to the MUSC Foundation**

**TOTAL ESTIMATED SALE PRICE: Fair Market Value**

**DISCUSSION:** The Family Medicine Building located at 295 Calhoun Street needs over \$1.5 million in HVAC repairs. Until recently the building was used to house a portion of the MUSC Physicians Family Medicine practice. That practice has been relocated to James Island and it is more advantageous for MUSC to sell the property than to invest the funds needed to prepare it for another use. We are seeking approval to sell the property to the MUSC Foundation for fair market value. This sale will need to be approved by the Budget and Control Board. Once Budget and Control Board approval is received, the Foundation will be positioned to place the property on the open market, and to execute a relatively quick sale once a buyer is identified. Any net proceeds above fair market value once sold by the MUSC Foundation will be deposited in an MUSC account for future use.

**FACILITIES  
ACADEMIC  
LEASE RENEWAL  
FOR APPROVAL**

**DECEMBER 14, 2012**

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 10,934 square feet of office space located at 125 Doughty Street. The purpose of this lease renewal is to continue to provide space for the Department of Psychiatry; Clinical Neuroscience Division, Drug Abuse Research Training and the Southeastern Clinical and Translational Research Institute. The cost per square foot for this renewal is \$27.25. Included in the cost per square foot is \$11.90 for estimated operating expenses. The monthly rental rate will be \$24,829.29 (rounded), resulting in an annual rent amount of \$297,951.50. Base Rent shall increase annually according to the CPI. Operating expenses shall increase annually based on actual costs with a 5% cap.

NEW LEASE AGREEMENT \_\_\_\_\_  
RENEWAL LEASE AGREEMENT   X  

LANDLORD: Roper MOB, LLC

LANDLORD CONTACT: Teresa Wall, Lillibridge Healthcare Services Inc., 722-3003

TENANT NAME AND CONTACT: Psychiatry and Behavioral Sciences, Dr. Kathleen Brady,  
792-5205

SOURCE OF FUNDS: Department of Psychiatry & Behavioral Sciences

**LEASE TERMS:**

TERM: Three (3) years [6/25/2013-6/24/2016]

AMOUNT PER SQUARE FOOT: \$27.25

ANNUALIZED LEASE AMOUNT:

Year 1 \$297,951.50

Year 2 \$309,541.54

Year 3 \$321,459.60

TOTAL AMOUNT OF LEASE: \$928,952.64

EXTENDED TERM(S): To be negotiated

**OPERATING COSTS:**

FULL SERVICE   X  

NET \_\_\_\_\_

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**CONSENT AGENDA**

Board of Trustees Meeting  
Friday, December 14, 2012  
101 Colcock Hall

**Members of the Board of Trustees**

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
Dr. Stanley C. Baker, Jr.  
Mr. William H. Bingham, Sr.  
Dr. Cotesworth P. Fishburne, Jr.  
Mr. William B. Hewitt

Dr. Harold W. Jablon  
Dr. Donald R. Johnson II  
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.

**Trustees Emeriti**

Mrs. Margaret M. Addison  
Dr. Charles B. Hanna  
The Honorable Robert C. Lake, Jr.  
Mrs. Claudia W. Peebles  
Mr. Allan E. Stalvey

**EDUCATION, FACULTY AND STUDENT AFFAIRS COMMITTEE  
CHAIRMAN: DR. E. CONYERS O'BRYAN**

**(APPROVAL ITEMS)**

**Item 13. Conferring of Degrees.**

**Statement:** Approval is requested to confer degrees upon those candidates who, pending successful completion of all requirements for their degrees by the conclusion of the fall semester, have the recommendation of their college dean and faculty.

**Recommendation of Administration:** That the conferring of degrees be approved.

**Recommendation of Committee:**

**Board Action**

**Item 14. Faculty Appointments.**

**Statement:** At the request of the Deans of the Colleges of Medicine and Dental Medicine, administration presents for approval, the following faculty appointments:

**College of Medicine**

**Narendra L. Banik, Ph.D.**, (dual appointment) as Professor in the Department of Ophthalmology, effective November 1, 2012.



Dr. Baniks' primary appointment rests in the Department of Neurosciences, Division of Neuroscience Research.

**Edward W. Cheeseman, M.D.**, (dual appointment) as Associate Professor, in the Department of Pediatrics, Division of General Pediatrics, effective December 1, 2012.

Dr. Cheeseman's primary appointment rests in the Department of Ophthalmology.

**Robert W. Katzberg, M.D.**, as Research Professor in the Department of Radiology and Radiological Science, effective October 1, 2012.

**W. Hugh Morgan, M.D.**, as MUSC AHEC Clinical Professor (Charleston/Family Medicine), effective (retroactive) July 1, 2011.

**Millicent P. Peterseim, M.D.**, (dual appointment) as Associate Professor in the Department of Pediatrics, Division of General Pediatrics, effective December 1, 2012.

Dr. Peterseim's primary appointment rests in the Department of Ophthalmology.

**Dorothea Rosenberger Parravano, M.D.**, (dual appointment) as Associate Professor, in the Department of Neuroscience, Division of Neuroscience Research, effective August 1, 2012.

Dr. Parravano's primary appointment rests in the Department of Anesthesia and Perioperative Medicine.

**Concetta M. Riva, M.D.**, as Clinical Associate Professor in the Department of Pediatrics, Division of Pulmonary Medicine, effective January 14, 2013.

**Kumar Sambamurti, Ph.D.**, (dual appointment) as Professor in the Department of Ophthalmology, effective November 1, 2012.

Dr. Sambamurti's primary appointment rests in the Department of Neurosciences, Division of Neuroscience Research.

**Luther C. Williams, III, M.D.**, as MUSC AHEC Clinical Professor (Charleston, Pediatric Cardiology), effective June 1, 2012

**Robert C. Wilson, Ph.D.**, as Research Associate Professor, in the Department of Pathology and Laboratory Medicine, effective August 1, 2012.

*College of Medicine and Dental Medicine*

**Xue-Zhong Yu, M.D.**, (dual appointment) as Professor, on the Academic Investigator track, in the Department of Microbiology and Immunology, with a dual appointment as Professor in the Department of Medicine, Division of Hematology/Oncology, effective December 1, 2012.

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 15. Changes in Faculty Status.

Statement: At the request of the Dean of the College of Medicine, administration presents for approval, the following change in faculty status:

**Adrienne Ables, Pharm.D.**, from MUSC AHEC Professor (Spartanburg/Family Medicine) to MUSC AHEC Clinical Professor (Spartanburg/Family Medicine), effective July 1, 2012.

**Marcy B. Bolster, M.D.**, from Professor to Adjunct Professor in the Department of Medicine, Division of Rheumatology and Immunology, effective October 2, 2012.

**David M. Holt, M.D.**, from MUSC AHEC Associate Professor (Spartanburg/Internal Medicine) to MUSC AHEC Professor Emeritus (Spartanburg/Internal Medicine), effective July 1, 2012.

**James D. Sexauer, M.D.**, from Associate Professor to Professor Emeritus, in the Department of Psychiatry and Behavioral Sciences, retroactive to January 1, 2012.

**William Lewis Stillway, Ph.D.**, from Professor to Professor Emeritus in the Department of Biochemistry and Molecular Biology, effective November 1, 2012.

Recommendation of Administration: That this changes in faculty status be approved.

Recommendation of Committee:

Board Action:

Item 16. Endowed Professorships.

Statement: At the request of the Dean of the College of Medicine, administration presents the following requests for appointment and reappointment of endowed professorships:

Appointment of **Xue-Zhong Yu, M.D.**, as the South Carolina SmartState Endowed Chair in Cancer Stem Cell Biology and Therapy, effective December 14, 2012

Reappointment of **Robert J. Adams, M.D.**, as the South Carolina SmartState Endowed Chair in Stroke, effective December 14, 2012

Reappointment of **Craig E. Crosson, Ph.D.**, as the Pawek-Vallotton Endowed Chair in Ophthalmology, effective December 14, 2012

Reappointment of **Harry A. Drabkin, M.D.**, as the Gilbreth Professor of Clinical Oncology, effective December 14, 2012

Reappointment of **Robert M. Gemmill, Ph.D.**, as the Melvyn Berlinsky Endowed Chair in Cancer Research, effective December 14, 2012

Recommendation of Administration: That these appointments and reappointments of endowed professorships be approved.

Recommendation of Committee:

Board Action:

**PHYSICAL FACILITIES COMMITTEE  
CHAIRMAN: MR. WILLIAM H. BINGHAM, SR.**

**(INFORMATIONAL ITEM)**

Item 24. Facilities Contracts Awarded.

Statement: Facilities Contracts awarded will be presented to the Board of Trustees.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

**Medical University of South Carolina  
December 2012 Graduates**

**Bachelor of Science In Nursing**

Shaniqua Dawn Alston  
Sarah J. Baxley  
Jacquelyn Felicia Boyle  
Nancy Lauren Bridgers  
Kelly Nicole Brothers  
Ashley Elizabeth Avis Brown  
Jessica Carney  
Taylor Caitlyn Coates  
Jennifer Anne Creech  
Caroline Maree Dawson  
Pamela Dean  
Allyson Michelle Dodson  
Lindsey Jeanne Felkl  
Janette Figueroa  
Mary Catherine Ford  
Aminah A. Fraser Khan  
Kristin Marie Green  
Elizabeth McRae Hamer  
Jonathan T. Hardy  
Morgan Blythe Helms  
Morgan Claire Hudgins  
Lillian Elliott Jandacek  
Lauren Ashley Johnson  
Elizabeth Ashley Kelly  
Jennifer Koon  
Adaline Michelle LeVett

Lindsay Michelle Logan  
Cameron Key Matthews  
Megan Squires Matthews  
Katie Ann McDowell  
Lauren Tate McNeill  
Brett Mills  
Lauren Melinda Nassr  
Meagan Catrice Noble  
Anne Keating Norris  
Jillian Nichole Norris  
Sylvia Renae Panos  
Joseph Finley Powell IV  
Catherine Marie Reeves  
Erin Renee Robey  
Emily Rose Rodriguez  
Erica Tanquan Rutledge  
Elsie Laurel Sabine  
Nicole Elizabeth Stasko  
Eric Roman Szesycki  
Lisa Carol Tabakian  
Elizabeth Anne Ugino  
Caroline Sutherland Wallinger  
Lindsay Underwood Westerfield Odell  
Michelle Lissette Wilkins

**Master in Health Administration**

Morgan C. Ayers  
Elizabeth Ann Bell  
Abby Bunkley  
Todd Lavonne Floyd  
Rita Razzouk Hayek  
Matthew Wayne Hurlburt  
James Mathew Kreiner  
Richard Warner Lee  
Matthew Daniel McGraw

Nathelia Nicole O'Banner  
Christina Elizabeth Oh  
Suzannah Pigg  
Ranjini Ragunathan  
Colleen Nicole Rice  
Grace M. Stewart  
Benjamin Kyle Threatt  
Dana Lynn Wood

**Master of Science in Nurse Anesthesia**

Brittany Lane Arnhart  
Elizabeth Anne Boster  
Richard Daniel Cordrey  
Christine Linane Crawford  
Daniel John Farmer  
Jean Pablo Figueroa  
David Mark Floyd  
Clayborne Rhodes Fulchi  
Lindsey Rose Bugel Grubbs

Laura Kathryn Hart  
Jessica Hodge  
Catherine Kinsey  
Emily Marie LaMond  
Radly Dean McDaniel  
Jennifer B. Mitchell  
Elizabeth Moses  
Kyle Mark O'Bryan  
Jarrett Hosmer Price

Shijuana S. Scotland  
Jennifer Moira Shlesinger  
Lindsey Kristine Shubert  
Bethany Bailey Skelton  
Holly Christina Stubbs

Benjamin Edward Thomas  
Brooks Daniel Tyre  
Sarah Miller Yelton

### **Master of Science in Occupational Therapy**

Tara Lynne Scott

### **Master of Science in Physician Assistant**

Alexandra Casat Cox  
Kimberly Katherynne Bauer Edwards  
Sylvia Goodman  
Gretchen L. Reibold  
Ryan Charles Stout

### **Master of Science in Nursing**

Laura Baldwin Seabolt

### **Doctor of Health Administration**

Latecia Monique Abraham  
Merritt M. Brockman  
Larry Reese Kidd  
Gwyndolan LaVergne Swain

### **Doctor of Nursing Practice**

Kahlil Ahmadi Demonbreun  
Nancy Kate Burns Durham  
Ronday Scott Peake  
Susan Elizabeth Reinarz

### **Doctor of Philosophy**

Hsin-I Hung  
Margaret Babb Kennedy  
Aram Parsegian  
Georgette Maria Smith  
Lynette Sue Smith

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Narendra L. Banik, Ph.D.

Date: 10/22/2012

Citizenship and/or Visa Status: United States

Office Address: 96 Jonathan Lucas St., Ste 309, P.O. Box 250606,  
Charleston, SC, 29425

Telephone: 843-792-7594

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1959	University of Calcutta	B.Sc.	Chemistry, Physiology, Zoology
1966	University of London	M.Sc.	Biochemistry
1970	University of London	Ph.D.	Biochemical Studies on Myelination

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1961 - 1965	Research Assistant	Institute of Psychiatry, London, England	Biochemistry (with Professor H. Mellwain)
1965 - 1971	Research Assistant	Charing Cross Hospital Medical School, London, England	Biochemistry (with Professor A.N. Davison)
1971 - 1974	Lecturer (Assistant Professor)	Institute of Neurology, Queen Square, London, England	Neurochemistry
1974 - 1976	Research Associate	Stanford University School of Medicine, Stanford, California and Veterans Administration Hospital, Palo Alto, California	Neurology (with Professor M.E. Smith)
1976 - 1977	Research Associate	Medical University of South Carolina	Neurology
1977 - 1980	Assistant Professor	Medical University of South Carolina	Neurology
1977 - 1985	Assistant Professor	Medical University of South Carolina	Biochemistry and Molecular Biology
1980 - 1987	Associate Professor	Medical University of South Carolina	Neurology
1980 - Present	Professor	Medical University of South Carolina	Graduate Studies
1987 - 2004	Professor	Medical University of South Carolina	Neurology
1994 - 2009	Professor	Medical University of South Carolina	Microbiology and Immunology
2004 - Present	Professor	Medical University of South Carolina	Neurosciences Division of Neuroscience Research Basic Sciences
2009 - 2011	Professor	Medical University of South Carolina	Division of Microbiology and Immunology
2011 - Present	Professor	Medical University of South Carolina	Microbiology and Immunology
2012 - Present	Professor	Medical University of South Carolina	Ophthalmology

First Appointment to MUSC:

Rank: Assistant Professor

Date: 1977

# Medical University of South Carolina

College Of Medicine

## ABBREVIATED CURRICULUM VITAE

Name: Edward W. Cheeseman Jr., M.D., M.B.A.

Date: 7/16/2012

Citizenship and/or Visa Status: USA

Telephone:

Office Address:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1975	United States Naval Academy, Annapolis	B.S.	
1983	Miami University	M.B.A.	Management
1987	Uniformed Services, Univ. of Health Sciences	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Transitional Internship	National Naval Medical Center, Bethesda, Maryland	1987 - 1988

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Ophthalmology Residency	National Naval Medical Center, Bethesda, Maryland	1990 - 1993
Fellowship in Pediatric Ophthalmology and Strabismus	The Wilmer Eye Institute, Johns Hopkins University, Baltimore, Maryland	1997 - 1998

Board Certification:

American Board of Ophthalmology	Date: 1994, Recertified 2004
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Licensure:

National Board of Medical Examiners	Date: 1988
Maryland State Medical Licensure	Date: 1988
Virginia State Medical Licensure	Date: 1988
North Carolina Medical Licensure	Date: 2004
South Carolina Medical Licensure	Date: 2005

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2006 - Present	Associate Professor	University of South Carolina	Ophthalmology

First Appointment to MUSC:

Rank: Associate Professor

Date: 2012

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Richard W. Katzberg, M.D.

Date: 10/3/2012

Citizenship and/or Visa Status:

Telephone:

Office Address:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1967	Duke University	B.S.	Mathematics
1969	University of South Carolina	M.B.A.	Business Administration
1973	Medical University of South Carolina	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Intern in Radiology	Strong Memorial Hospital, University of Rochester School of Medicine, Rochester, NY	1973 - 1974

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident in Radiology	Strong Memorial Hospital, Rochester, NY	1974 - 1977
Research Fellow	The Brigham and Women's Hospital Radiology Research Laboratory, Harvard Medical School, Boston, MA	1979 - 1981

Board Certification:

Diplomat American Board of Radiology	Date: 1977
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Licensure:

Medical Licensure, State of New York (125905-1)	Date: 1975
Medical Licensure, State of Texas (F 1085)	Date: 1978
Medical Licensure, State of Massachusetts	Date: 1979
Medical Licensure, State of Oregon (16197)	Date: 1989
Medical Licensure, State of California (G 072875)	Date: 1991

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1979 - 1981	Instructor	Harvard Medical School	Radiology
1981 - 1984	Distinguished Assistant Professor	University of Rochester Medical Center	Radiology
1984 - 1989	Associate Professor	University of Rochester Medical Center	Radiology
1989 - 1991	Professor	Oregon Health Sciences University	Radiology
1991 - 1996	Professor	University of California Davis	Radiology
1998 - Present	Distinguished Professor	University of California Davis	Radiology

First Appointment to MUSC:

Rank: Professor

Date: 2012



# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: W. Hugh Morgan, M.D.

Date: 10/3/2012

Citizenship and/or Visa Status: US

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year</u> <u>Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1977	Medical University of South Carolina	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Residencies or</u> <u>Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Family Practice Residency	Greenville Hospital System, Greenville, SC	07/1977 - 06/1980

Board Certification:

American Board of Family Medicine	Date: 1980-1986
American Board of Family Medicine	Date: 1986-1992
American Board of Family Medicine	Date: 1992-1998
American Board of Family Medicine	Date: 1998-2004
American Board of Family Medicine	Date: 2004-2014

Licensure:

South Carolina Board of Medical Examiners	Date: 1978-Present
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Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2012 - Present	Clinical Assistant Professor	MUSC - Charleston	COM Faculty From AHEC Division of Family Medicine

First Appointment to  
MUSC:

Rank: Clinical Assistant Professor

Date: 2012

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Mae Millicent Peterseim, M.D.

Date: 11/12/2012

Citizenship and/or Visa Status: US

Office Address: 167 Ashley Avenue, Charleston, SC, 29425

Telephone: (843) 792-3758

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1984	Duke University	B.A.	
1988	Washington University School of Medicine	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Family and Community Medicine Internship	Duke University Medical Center, Durham, NC	1988 - 1989

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Ophthalmology Residency	University of North Carolina Hospital, Chapel Hill, NC	1989 - 1992
Pediatric Ophthalmology and Adult Strabismus Fellowship	Duke University Eye Center, Durham, NC	1995 - 1997

Board Certification:

American Board of Ophthalmology Date: 1993; 2003

Licensure:

South Carolina (current) #20719 Date: 12/10/1998

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1997 - 1998	Assistant Professor	Penn State Hershey Medical Center	Ophthalmology
1999 - 2009	Clinical Assistant Professor	Medical University of South Carolina	Ophthalmology
2010 - 2010	Clinical Associate Professor	Medical University of South Carolina	Ophthalmology
2010 - Present	Associate Professor	Medical University of South Carolina	Ophthalmology

First Appointment to MUSC:

Rank: Clinical Assistant Professor

Date: 1999

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Dorothea R. Parravano, M.D., Ph.D.

Date: 10/1/2012

Citizenship and/or Visa Status:

Office Address:

Telephone:

#### Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1996	University of Heidelberg	M.D.	Medicine
2009	University of Louisville	Ph.D.	Cardiac Research

#### Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency in Anesthesiology, Emergency Medicine, Intensive Care Medicine	University of Heidelberg, Germany	1998 - 2001
Residency in Anesthesiology, Emergency Medicine, Intensive Care Medicine	University Hospital of Zürich, Switzerland	2001 - 2004

#### Board Certification:

Board Certificate Emergency Medicine (Germany)	Date: 2001
Board Certificate Anesthesiology (Germany)	Date: 2004
European Diploma in Anesthesiology and Intensive Care (D.E.S.A.)	Date: 2005
Mind Body Medicine	Date: 2008

#### Licensure:

Kentucky Board of Medical Licensure, License Nr. FL013	Date: 2005
South Carolina Board of Medical Licensure, License Nr. AL33148	Date: 2010

#### Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2005 - 2008	Attending Anesthesiologist	University of Louisville, School of Medicine	Anesthesiology and Perioperative Medicine
2008 - 2010	Assistant Professor	University of Louisville, School of Medicine	Anesthesiology and Perioperative Medicine
2010 - Present	Associate Professor	Medical University of South Carolina	Anesthesia and Perioperative Medicine

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Concetta Maria Riva, M.D.

Date: 8/10/2012

Citizenship and/or Visa Status:

Telephone:

Office Address:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1981	University of Turin	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship	Children's Hospital - Turin, Italy	1981 - 1982
Special Purpose Trainee	University of Michigan	1983 - 1983
Internship - Pediatrics	C.S. Mott Children's Hospital / University of Michigan	1984 - 1984

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency - Pediatrics	C.S. Mott Children's Hospital / University of Michigan	1985 - 1986
Fellowship - Pediatric Intensive Care	C.S. Mott Children's Hospital / University of Michigan	1987 - 1989
Fellowship - Pediatric Pulmonology	Tulane University School of Medicine	1993 - 1995

Board Certification:

Membership Italian "Albo Dei Medici" (equivalent to The Medical Board Exam)	Date: 1982
American Board of Pediatrics	Date: 1989
American Board of Pediatrics, Pediatric Pulmonology	Date: 1996
American Board of Pediatrics Re-Certification	Date: 1997
American Board of Sleep Medicine	Date: 2001
American Board of Pediatrics Re-Certification	Date: 2002
American Board of Pediatrics, Pediatric Pulmonology Re-Certification	Date: 2003

Licensure:

Michigan #014864	Date: 1988
Kansas #22724	Date: 1989
Louisiana #404738	Date: 1993

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1990 - 1993	Instructor	University of Kansas School of Medicine	
1995 - 2009	Clinical Assistant Professor	University of Kansas School of Medicine	
2009 - Present	Clinical Associate Professor	University of Kansas School of Medicine	

First Appointment to MUSC:

Rank: Clinical Associate Professor

Date: 2013

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Kumar Sambamurti, Ph.D.

Date: 10/17/2012

Citizenship and/or Visa Status: Permanent Resident

Office Address: 26 Bee Street, Charleston, SC, 29425

Telephone: 843-792-4346

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1977	Madras University	B.Sc.	Botany
1979	University of Poona	M.Sc.	Botany
1989	University of Medicine and Dentistry of New Jersey	Ph.D.	Microbiology Molecular Genetics

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Fellow (Mentor: Dr. N.K. Robakis)	Mount Sinai Medical Center, New York	1989 - 1993

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1993 - 1995	Research Assistant Professor	University of Texas-Houston	Pathology Laboratory Medicine
1996 - 2000	Associate Consultant	Mayo Clinic-Jacksonville, FL	Pharmacology
2000 - 2002	Assistant Professor	Mayo Clinic-Jacksonville, FL	Pharmacology; Neuroscience
2003 - 2008	Associate Professor	Medical University of South Carolina	Graduate Studies
2003 - 2008	Associate Professor	Medical University of South Carolina	Neurosciences
			Division of Neuroscience Research
2008 - Present	Professor	Medical University of South Carolina	Neurosciences
			Division of Neuroscience Research
2008 - Present	Professor	Medical University of South Carolina	Graduate Studies
2012 - Present	Professor	Medical University of South Carolina	Ophthalmology

First Appointment to MUSC:

Rank: Associate Professor

Date: 2003

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Luther C. Williams III, M.D.

Date: 11/1/2012

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1964	Davidson College	B.S.	Pre-Med
1968	Medical University of South Carolina	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship: Pediatrics	Medical University of South Carolina	1968 - 1969

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency: Pediatrics	Medical University of South Carolina	1969 - 1970
Fellowship: Pediatric Cardiology	Medical University of South Carolina	1970 - 1971
Fellowship: Pediatric Cardiology	University of Virginia Hospital	1971 - 1972

Board Certification:

American Board of Pediatrics	Date: 1974
American Board of Pediatrics, Pediatric Cardiology	Date: 1977

Licensure:

South Carolina	Date: 1968
Louisiana	Date: 1974

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1975 - 1994	Clinical Assistant Professor	Tulane University School of Medicine	Pediatrics
1994 - 2001	Associate Professor	USC School of Medicine	Clinical Pediatrics
2001 - Present	Professor	USC School of Medicine	Clinical Pediatrics
2012 - Present	Clinical Professor	MUSC - Charleston	COM Faculty From AHEC Division of Pediatrics

First Appointment to MUSC: Rank: Clinical Professor

Date: 2012

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Robert C. Wilson, Ph.D.

Date: 8/17/2012

Citizenship and/or Visa Status:

Telephone:

Office Address:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1985	University of California	B.A.	Chemistry
1987	Columbia University	M.S.	Genetics/Development
1988	Columbia University	M. Phil.	Genetics/Development
1992	Columbia University	Ph.D.	Genetics/Development

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Research Scientist	Columbia University, College of Physicians & Surgeons	02/1992 - 05/1993

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
06/1993 - 06/1995	Instructor	Cornell University Medical College	Pediatrics Division of Biochemistry
09/1995 - 09/2002	Assistant Professor	Cornell University Medical College	Pediatrics Division of Biochemistry
09/2002 - 04/2003	Associate Professor	Weill Medical College of Cornell University	Pediatrics Division of Genetic Medicine
05/2003 - 10/2009	Associate Professor	Mount Sinai School of Medicine	Pediatrics

First Appointment to MUSC:

Rank: Research Associate Professor

Date: 2012

# Medical University of South Carolina

College Of Medicine

## ABBREVIATED CURRICULUM VITAE

Name: Xue-Zhong Yu, M.D., M.S.

Date: 10/30/2012

Citizenship and/or Visa Status:

Telephone:

Office Address:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1986	Peking University	M.D.	Medicine
1993	Peking University	M.S.	Immunology

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident / Lab Technologists	Clinical Division, Jiangxi Institute of Parasitic Diseases, Nanchang, China	1986 - 1990
Post-Doctoral Fellow	Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, Washington	1994 - 1997
Research Associate, Immunogenetics Program	Clinical Research Division, Fred Hutchinson Cancer Research Center, Seattle, Washington	1997 - 2000

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2000 - 2003	Instructor	Fred Hutchinson Cancer Research Center	Clinical Research Division Division of Immunogenetics Program
2003 - 2004	Research Assistant Professor	University of Washington	Medicine
2004 - 2008	Assistant Member	H. Lee Moffitt Cancer Center & Research Institute	Immunology and BMT
2005 - 2008	Assistant Professor	University of South Florida College of Medicine	Interdisciplinary Oncology
2008 - Present	Associate Member with Tenure	H. Lee Moffitt Cancer Center & Research Institute	Immunology and BMT
2008 - Present	Associate Professor	University of South Florida College of Medicine	Oncologic Sciences
2008 - Present	Associate Professor	University of South Florida College of Medicine	Pathology & Cell Biology

First Appointment to MUSC:

Rank: Professor

Date: 2012



**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
CONSTRUCTION CONTRACTS  
DECEMBER 14, 2012**

***MUSC Indefinite Delivery Releases***

**Hill Construction Services of Charleston Inc.** \$13,943.00

Renovation of existing Necropsy Room in support of the Drug Discovery Building.

**MSI Construction Co., Inc.** \$241,746.00

Upfit approximately 2,500 square feet of office area on the second floor Basic Science Building in support of the Basic Science Building Craniofacial Biology Office project.

**MSI Construction Co., Inc.** \$47,300.00

Construction of a shed in support of urban farm project.

**Bonitz Contracting & Flooring Group** \$1,902.19

Remove and install 450 square feet of carpet in 2nd floor waiting area and stairs at 30 Bee Street at the request of the customer.

**Liberty Fire Protection, Inc.** \$2,776.86

Relocate two existing fire sprinkler heads and add four new fire sprinkler heads to accommodate new laser table with dust curtain in Room CRI 404-G at the request of the customer.

**Allen, H.R., Inc.** \$68,974.00

Installation of fume hood in the Drug Discovery Building Room 321A2 at the request of the customer.

**Bonitz Contracting & Flooring Group** \$1,920.03

Remove and replace 40 square yards of carpet and 240 linear feet of cove base in Rooms BA506A-D in the Institute of Psychiatry at the request of the customer.

**Bonitz Contracting & Flooring Group** \$842.75

Remove and replace 17 square yards of carpet and 120 linear feet of cove base in Room BA504E1 Institute of Psychiatry at the request of the customer.

**Liberty Fire Protection, Inc.** \$7,108.50

Remove and replace dry pipe valve in riser room at Parking Garage I at the request of the customer.

**Bonitz Contracting & Flooring Group** \$10,899.40

Provide 291 square yards of carpet and 300 linear feet of cove base in Quad F corridors, conference rooms and break rooms on the 1st floor at request of the College of Pharmacy.

**Bonitz Contracting & Flooring Group** \$30,593.84

Remove and replace 544 square yards of carpet tile and 1680 linear feet of cove base in the Vince Moseley Building at the request of the customer.

**Bonitz Contracting & Flooring Group** \$1,708.58

Replace 450 square feet carpet with linoleum tiles in Managers booth at the Rutledge Tower Parking Garage due to mold.

### ***MUSC General Construction Projects***

**Bonitz Contracting & Flooring Group** \$257.00

Patch sheet vinyl at the new door at Room BE230A in support of the Bioengineering Building project.

**Johnson Controls** \$3,100.00

Provide reheat valve, cable, commissioning and controls in support of the Bioengineering Building project.

**Image Resource, LLC** \$9,315.19

Supply and install interior signage in support of the Basic Science Building Microbiology and Immunology Renovations project.

**Triad Mechanical Contractors, Inc.** \$344,499.00

Replace existing HVAC system in support of the Deferred Maintenance Sebring Almar House HVAC project.

**Triad Mechanical Contractors, Inc.** \$379,842.00

Install new hot water heating system in support of the Clinical Science Building HVAC Reheat Floors 6 and 7 project.

**Triad Mechanical Contractors, Inc.** \$499,000.00

Install new hot water heating system in support of the Clinical Science Building HVAC Reheat Floors 8 and 9 project.

**Gatch Electrical** \$537,895.00

Replace three automatic transfer switches for the emergency electrical power system and the redistribution of life safety circuits in support of the Clinical Science Building Automatic Transfer Switches Replacement project.

**Identity Graphics** \$4,750.85

Provide medicinal garden signs in support of the Urban Farm project.

**Image Resource, LLC** \$242.94

Supply and install interior signage in support of the Colbert Library 2nd Floor Student Lounge project.

**Bonitz Contracting & Flooring Group** \$312.00

Patch linoleum at the new door at room BE235A and in corridor at the request of the customer.

**Triad Mechanical Contractors, Inc.** \$9,127.00

Seal and patch existing exhaust duct trunk lines in Institute of Psychiatry on 4th floor at the request of the Medical University Hospital Authority.

***MUSC Indefinite Delivery Contracts***

**Liberty Fire Protection, Inc.**

Provide fire protection services campus-wide over a two year period on an as-needed basis. Individual releases not to exceed \$250,000.00 with a maximum contract amount of \$1,000,000.00.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PROFESSIONAL SERVICES  
FOR REPORTING  
DECEMBER 14, 2012**

***MUSC Indefinite Delivery Releases***

**S&ME, Inc.** \$3,627.00

Provide an asbestos assessment update of the seventh floor of the Basic Science Building in support of the Electron Microscope Core Facility project.

**ADC Engineering, Inc.** \$16,510.00

Provide roofing and waterproofing consulting services in support of the CHP Building A Window Repair project.

**ADC Engineering, Inc.** \$12,200.00

Provide building envelope consulting services in support of the 49 Bee Street roof and mold project.

**GEL Engineering** \$8,180.00

Conduct indoor air quality inspection and testing in support of the 49 Bee Street Roof and Mold project.

**S&ME, Inc.** \$180.00

Perform asbestos bulk sample analysis in 3rd Floor elevator lobby of Alumni House at request of Occupational Safety.

**S&ME, Inc.** \$2,152.00

Provide limited asbestos assessment update of Room 510 on the fifth floor of the Basic Science Building at the request of the customer.

**S&ME, Inc.** \$320.00

Provide asbestos bulk sample analysis in Basic Sciences Building Room 733 area at the request of Occupational Safety.

**S&ME, Inc.** \$6,635.00

Perform testing of diesel exhaust during testing of emergency generators at the Institute of Psychiatry Building at the request of Engineering and Facilities.

**S&ME, Inc.** \$270.00

Provide asbestos bulk sampling and analysis of Quad F Room 402 at request of Occupational Safety.

**Compass 5 Partners, LLC** \$11,500.00

Provide professional planning and design services in preparation of a feasibility study for the possible addition of nine doctor offices including support spaces on the 8th floor and related areas in the Storm Eye Institute at the request of the customer.

## **MUSC 230s**

**Abrams, Josie S., Architect** \$4,000.00

Provide architectural services for fuel tank screening in support of the Institute of Psychiatry System Data Center Renovations.

**Carolina Air and Water Balancing Company, Inc.** \$4,485.00

Provide HVAC testing and balancing services in support of the Hollings Cancer Center Mammography project.

**Palmetto Air & Water Balance** \$750.00

Provide testing, adjusting and balancing for heating, ventilating and air conditioning in support of the Institute of Psychiatry Medicine Room and Office Renovation project.

**Schmitt Walker Architects Ltd., LLC** \$500.00

Provide additional architectural services in support of the Colbert Education Center and Library 2nd Floor Student Lounge project.

**Walker, Carl, Inc.** \$36,000.00

Provide structural engineering design services in support of the Harborview Office Tower Garage Expansion Joint project.

**Forsberg Engineering** \$21,800.00

Provide civil engineering services and construction documents for the replacement of all existing vehicular pavements and modification of pedestrian walks as needed to facilitate ADA access and safe pedestrian traffic and possible storm drainage improvements at Harborview Office Tower.

**ADC Engineering, Inc.** \$15,120.00

Provide civil and structural engineering services for the repair of the Clinical Sciences Sidewalk Repair project at the request of the customer.

**Studio A, Inc.** \$24,890.00

Provide architectural services for interior renovations and repairs due to mold and mildew issues in support of the Sebring Interior Renovations project.

**Rosenblum Coe Architects, Inc.** \$9,500.00

Provide architectural services to prepare a feasibility study consisting of programming and conceptual design for approximately 4000 square feet in the existing Albemarle Point Center building to relocate the South Carolina Clinical and Transitional Institute at the request of the customer.

**DWG, Inc. Consulting Engineers** \$2,125.00

Provide mechanical engineering services in the Institute of Psychiatry for an exhaust riser study at the request of the Medical University Hospital Authority.

**Rosenblum Coe Architects, Inc.** \$3,500.00

Provide test fit/feasibility study for Family Medicine and Dermatology Clinics at the request of the customer.

**Studio A, Inc.** \$1,203.00

Provide preliminary cost estimates for future work at 166 and 168 Ashley Avenue at the request of the customer.

## **Other Contracts**

### **SAFEbuilt Carolinas Inc.**

\$1,990.00

Provide special inspection services in support of the Clinical Science Building Air Handler #6 project.

### **Perkins & Will, Inc.**

\$544,000.00

Provide architectural services to renovate lab and office space in support of the Clinical Science Building 9th Floor Renovation - Construction Phase II project.

### **Lord, Aeck & Sargent, Inc.**

\$316,816.00

Provide architectural services to convert labs into offices in support of the Walton Floors 2, 3, 6, and 7 Renovation - Construction Phase II project.

## **IDC Contracts**

### **Abrams, Josie S., Architect**

Provide architectural services under a small IDC contract on an as-needed basis. No project to exceed 50,000. Total small contracts not to exceed \$150,000 in past two years.

### **Studio A, Inc.**

Provide architectural services under a small IDC contract on an as-needed basis. No project to exceed 50,000. Total small contracts not to exceed \$150,000 in past two years.

### **Studio A, Inc.**

Provide architectural services under a small IDC contract on an as-needed basis. No project to exceed 50,000. Total small contracts not to exceed \$150,000 in past two years.

### **Forsberg Engineering**

Provide civil engineering services under a small IDC contract on an as-needed basis. No project to exceed 50,000. Total small contracts not to exceed \$150,000 in past two years.

### **DWG, Inc. Consulting Engineers**

Provide mechanical engineering services under a small IDC contract on an as-needed basis. No project to exceed 50,000. Total small contracts not to exceed \$150,000 in past two years.

### **Walker, Carl, Inc.**

Provide structural engineering services under a small IDC contract on an as-needed basis. No project to exceed 50,000. Total small contracts not to exceed \$150,000 in past two years.



# Bylaws of the Medical University Hospital Authority Board of Trustees

169 ASHLEY AVENUE  
CHARLESTON, SOUTH CAROLINA 29425

DECEMBER 14, 2012

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## TABLE OF CONTENTS

FOREWORD.....	1
MEDICAL UNIVERSITY HOSPITAL AUTHORITY CENTRAL ADMINISTRATION ORGANIZATION.....	2
BYLAWS OF THE MUHA BOARD OF TRUSTEES .....	3
Section I. Powers and Duties of the Board of Trustees.....	3
Section II. Meetings of the Board of Trustees.....	3
Section III. Officers of the Board of Trustees .....	4
Section IV. Committees of the Board. ....	7
Section V. The Officers and Administration of the Authority.....	12
Section VI. The Medical Director and Medical Staff. ....	13
Section VII. Appeals to the Board. ....	14
Section VIII. Certain Income Tax Exemption Purposes Matters. ....	15
Section IX. Amendment.....	15

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MUHA BYLAWS  
(Revised ~~December 14, 2012~~)



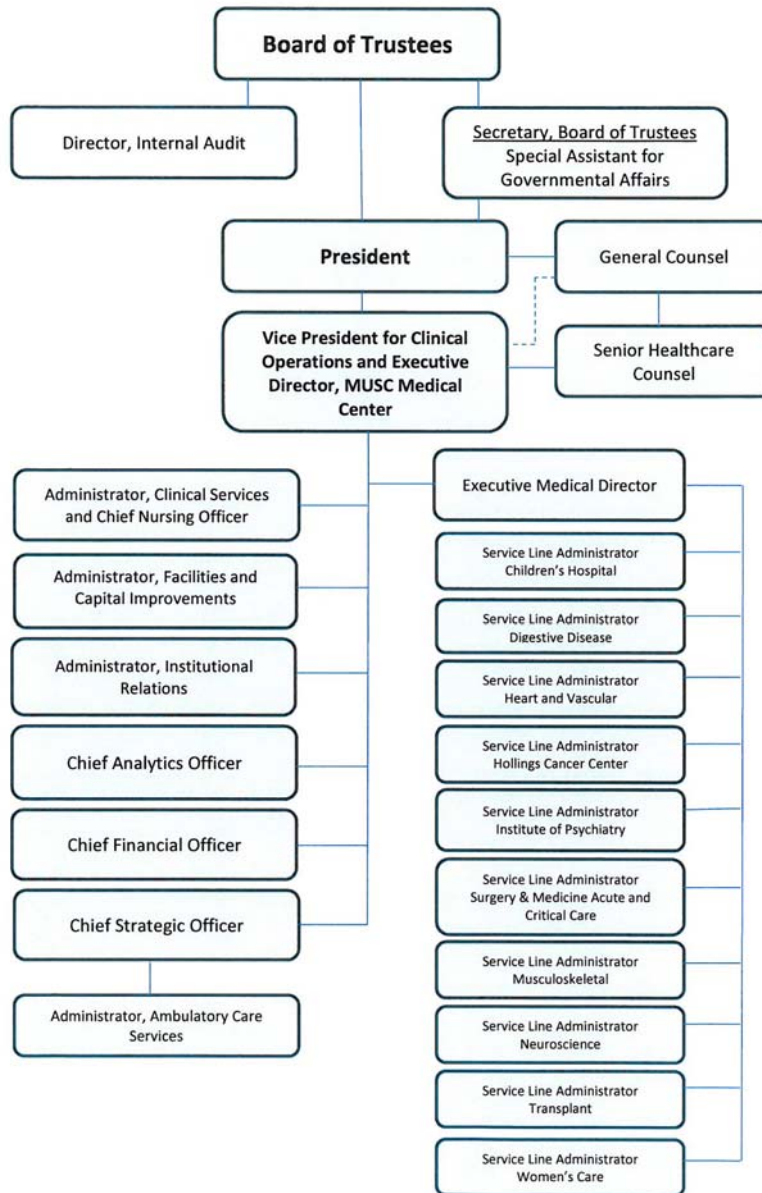
## FOREWORD

1. The Medical University Hospital Authority (MUHA) does not discriminate on the basis of race, color, creed, sex, age, national origin, veteran status, or marital status in the administration of admission policies, educational policies, financial aid, employment, or any other Authority activity.
2. Since the English language contains no singular pronoun which includes both sexes, wherever a masculine term appears in this document it signifies both genders.
3. The meetings of the Board of Trustees are held in conformance with the Freedom of Information Act as amended, passed by the General Assembly of the State of South Carolina and approved by the Governor on June 12, 1998.

# Medical University Hospital Authority

## Central Administration Organization

(As referenced in the MUHA Board of Trustees Bylaws)



# BYLAWS OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY

## BOARD OF TRUSTEES

### Section I. Powers and Duties of the Board of Trustees

(A) The final authority and responsibility for the governance of the Medical University Hospital Authority (the "Authority," MUHA, or the Medical Center), its hospitals and clinics (the "Medical Center"), the outreach programs, and ancillary functions are vested in the Board of Trustees of the Authority in accordance with the statutes of the State of South Carolina pertaining thereto.

(B) The Board of Trustees, directly or through its authorized committees, shall establish the general policies of the Authority, shall define its general program of educational activity, shall annually at its August meeting fix and approve the Authority's application for State appropriations, if any, and shall approve the budget for the next fiscal year.

(C) The Board of Trustees avoids conflict of interest. Any Trustee having a potential or perceived conflict of interest should make a full disclosure of the facts to the Chairman and should refrain from voting on the matter. The minutes of the meeting should reflect that disclosure was made and the member abstained from voting.

(D) The Board of Trustees shall name the principal officers of the Authority as prescribed in Section V of these Bylaws, but it may delegate to those elected officers the employment of subordinate officers and employees.

(E) The Board of Trustees shall review or review and revise these Bylaws at least every four (4) years or earlier if a material change occurs.

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### Section II. Meetings of the Board of Trustees

(A) **Regular Meetings.** Regular meetings of the Board of Trustees shall be held on the second Friday of February, April, August, October, and December, and on the day before the commencement of the Medical University of South Carolina, provided that the place and/or time of any regular meeting may be changed by the Chairman of the Board of Trustees.

(B) **Special Meetings.**

(1) Special meetings of the Board of Trustees may be called at the will of the Chairman; or

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(2) Upon the written request of three or more members, the Chairman shall call a special meeting of the Board.

At least seven (7) days' notice of any such meeting shall be given to the members of the Board of Trustees. Special meetings of the Board of Trustees may be in person, or via teleconference or videoconference.

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(C) **Agenda.** Prior to each regular meeting of the Board of Trustees and with the notice of any special meeting, the Secretary of the Board shall include a proposed Agenda and pertinent information for the meeting.

(D) **Quorum.** A majority of the elected and ex-officio voting Trustees shall constitute a quorum.

(E) **Order of Business.** The order of business for all meetings of the Board of Trustees shall be as follows:

- (1) Roll call.
- (2) Corrections and approval of all minutes of regular and special Board and Committee meetings not previously approved.
- (3) Reports and recommendations of the President, who may at his discretion call upon other officials of the Medical Center for reports on their areas of authority.
- (4) Reports of standing committees.
- (5) Reports of special committees.
- (6) Old business.
- (7) New business.

(F) **Rules of Order.** Except as charged by specific rules and regulations of the Board of Trustees, the current edition of *Robert's Rules of Order* shall constitute the rules of parliamentary procedure applicable to all meetings of the Board and its several Committees.

### Section III. Officers of the Board of Trustees

(A) **Ex-Officio Chairman.** The Governor of the State of South Carolina is the voting ex-officio Chairman of the Board of Trustees and he shall preside at those meetings of the Board which he attends. The Governor's designee will vote for the Governor in his absence.

(B) **Chairman.** The Chairman of the Board of Trustees of the Medical University of South Carolina shall serve as the Chairman of the Board of Trustees of the Authority. The Chairman shall:

- (1) Preside at all meetings at which the ex-officio Chairman does not preside,
- (2) Appoint all board committees not otherwise provided for,
- (3) Be an ex-officio member of all standing committees of the Board,
- (4) Execute all legal documents and instruments on behalf of the Board, and
- (5) Represent the Board in making any budget requests to the General Assembly of the State.

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The Chairman of the Board shall be the official spokesman of the Board.

(C) **Vice Chairman.** The Vice Chairman of the Board of Trustees of the Medical University of South Carolina shall serve as the Vice Chairman of the Board of Trustees of the Authority. The Vice Chairman shall perform the duties of the Chairman in his absence, disability, or unavailability.

(D) **Secretary.**

(1) The Secretary of the Board of Trustees of the Medical University of South Carolina shall serve as the Secretary of the Board of Trustees of the Authority. The Secretary shall also serve as Secretary of all committees of the Board.

(2) Duties. It is the duty of the Secretary to arrange for all Board meetings and to act as Secretary to all Board committees, to keep records and minutes of Board actions, to review and prepare proposed revisions to the Bylaws of the Board every four (4) years or earlier if a material change occurs, and to complement the links with the President. In this role, the Secretary's primary responsibility is to the Board members.

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**SPECIFICALLY, THE SECRETARY WILL:**

(a) Prepare agenda, place requests in proper format for Board meetings and Board action, record minutes of all meetings, and mail notices and other information to Trustees;

(b) Assist the Board in reviewing, and prepare proposed revisions to, the bylaws of the Board every four (4) years or earlier if a material change occurs. Upon completion of the review by the Board, incorporate all adopted amendments, and submit changes to other parts of the bylaws which are reasonably implied by the adopted amendments;

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(c) Obtain necessary legal opinions pertaining to the Board of Trustees as an entity and to individual members in their official capacities;

(d) Receive all direct correspondence, reports, telephone calls, etc., for the Board. Formulate proposed actions and communicate results to the Chairman and Board members;

(e) Relay to the President requests received by Board members from constituents;

(f) Make all arrangements for meetings of the Board of Trustees and committees; make travel accommodations and meal arrangements, including social functions when appropriate;

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(g) Keep all records of Board actions taken via mail or telephone between meetings;

(h) Administer the Board of Trustees budget covering annual supplies, printing, binding, travel, subsistence, per diem;

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- (i) Take care of routine correspondence on behalf of the Chairman and Board members;
- (j) Provide copies of minutes of Board of Trustees meetings to members and other addressees as appropriate;
- (k) Arrange for screening of the General Assembly's daily calendars and journals, proposed legislation, relevant newspapers, and other information sources. Report pertinent information to the Board and to the President;
- (l) Keep a log of term of office and appropriate filing duties and procedures for Trustee members;
- (m) Insure compliance with the requirements of the South Carolina Freedom of Information Act as it pertains to Board meetings and records; and
- (n) Ensure that the Board of Trustees fills certain seats on affiliate boards, as specified by the affiliates' Bylaws. As such positions come available, all Board members will be made aware of the open seat prior to the Board electing an individual to fill the seat. Where two or more seats are available on an affiliate board, consideration shall be given to filling the slots with one professional and one lay person from the Board of Trustees.

**(E) Internal Auditor.**

- (1) The Internal Auditor of the Medical University of South Carolina shall serve as the Internal Auditor of the Authority. The Board directs that the Internal Auditor's position and its support staff shall report and be accountable directly to the Board of Trustees. It is further directed that the Board of Trustees of the Medical University of South Carolina shall be responsible for managing the Internal Auditor's tenure and for setting the financial budget for the Internal Audit Department, including salaries, operational expenses, and support costs.
- (2) Duties. The Internal Auditor is responsible for managing a professional Internal Audit Department to provide analyses, appraisals, recommendations, counsel, and information concerning the activities reviewed to management, and ultimately to the Board of Trustees.
- (3) The Internal Auditor is also responsible for providing the Board of Trustees with information about the adequacy and effectiveness of the organization's system of internal control and the quality of performance.
- (4) The Internal Auditor will assist the Audit Committee of the Board of Trustees in carrying out their duties as stated in Section IV(D)(3) of these Bylaws.
- (5) The Internal Auditor will assist the Audit Committee in the selection, oversight, and evaluation of the External Auditor.

**(F) Trustees Emeriti.**

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The Board of Trustees of the Medical University Hospital Authority may recognize a former trustee for loyal, dedicated and significant service to the Authority. Trustee Emeritus status will be granted when a former Board member is nominated in writing by a current Board member and elected by a two-thirds majority vote. To be eligible, the former Board member must have served at least eight (8) consecutive years or have been awarded an honorary degree by the Medical University of South Carolina.

Trustees Emeriti will be elected for life. Trustees Emeriti will be non-voting, ex-officio members who are not reimbursed from appropriated funds. These Board Members will be invited to all Board functions and events and will provide support for the Authority as knowledgeable friends and ambassadors.

## **Section IV. Committees of the Board.**

**(A) Standing Committees.** In addition to such special committees as from time to time may be appointed or elected by the Board of Trustees, there shall be the following standing committees:

(1) Audit

(2) Operations, Quality and Finance

(3) Physical Facilities

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(2) Physical Facilities¶

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**(B) Organization and Terms of Office.** All standing committee assignments shall be made by the Chairman of the Board of Trustees from the membership of the Board within 30 days following the August meeting each even numbered year. Their terms of service shall be for two (2) years. Each standing committee shall be composed of a minimum of three (3) members. Each standing committee shall elect its own chairman from its members by a majority vote taken by secret ballot at the first committee meeting following the August meeting of the Board at which a Board Chairman is elected, excluding special elections, or at the first regular meeting of a new standing committee. Board members may only serve as Chairman of more than one standing committee of the Authority or the Medical University of South Carolina Boards when the same committee (e.g., Physical Facilities, Audit) serves both entities.

**(C) Quorum.** A majority of the membership of any standing committee shall constitute a quorum.

**(D) Powers and Duties of Standing Committees.** The standing committees shall have the following powers and duties:

**(1) Audit Committee.**

(a) The Audit Committee shall concern itself with assisting the Board of Trustees in discharging its fiduciary and stewardship obligations relative to the reliability and integrity of 1) systems of internal control, 2) accounting practices, 3) annual reporting, 4) internal and external audit processes, 5) management of business exposures and 6) compliance with legal, regulatory, and ethical requirements.

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(b) The Committee will provide an open avenue of communication among the internal and external auditors, management, and the Board. The full Board will continue to have complete access to management and the Internal Audit department and may continue to request the Internal Audit department to review areas of concern to them.

(c) The role of the Committee is oversight. It is not the duty of the Committee to prepare financial statements or to conduct audits to independently verify management's representations or to determine that the financial statements are complete and fairly present the financial condition of MUHA. These are the responsibilities of management and the external auditors.

(d) The Audit Committee has the full authority to review/investigate any matter or activity within the scope of its responsibilities. It shall have direct access to management, Internal Audit, Legal Counsel and any other members of or resources within MUHA and its affiliated organizations. All employees shall be directed to cooperate as requested by members of the Committee. The Committee shall also have the resources and authority to retain special legal, accounting, or other experts it deems necessary in the performance of its responsibilities.

(e) In accordance with Section IV(B) of these bylaws, the Chairman of the Board shall appoint the Audit Committee members, all of whom shall be Trustees, and the Committee members will elect one individual to serve as Committee Chairman. Each member of the Committee, including the Chairman, shall be independent and by reason of education or experience possess such degree of financial literacy as required to oversee the performance of the internal and external auditors, review MUHA's financial statements, and otherwise faithfully execute the role of the Audit Committee set forth in the bylaws. At least one member of the Committee should have appropriate experience with internal controls, an understanding of applicable accounting principles, the application of such principles in preparing or auditing financial statements, and an understanding of audit committee functions.

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(f) Members of the Committee shall uphold their duty of care by attending and participating in meetings, strengthening his or her understanding of the institution and its operations, maintaining professional skepticism, addressing appropriate subjects, gathering adequate facts, making reasonable and prudent inquiries before making a decision, and seeking outside counsel when necessary.

(g) The Audit Committee shall meet at least two times per year. Internal Audit will coordinate the Committee's agenda in consultation with the Committee Chair. All Board members are encouraged to attend and participate in the Audit Committee meeting.

(h) The Committee will set the appropriate tone in communicating the importance of internal control and direct management to establish appropriate internal controls.

(i) The Management Development and Compensation Sub-Committee shall be a subcommittee of the Audit Committee and reports to the Board through the Audit

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Committee.

i. The Management Development and Compensation Sub-Committee shall ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The sub-committee will review all policy matters related to evaluation and compensation of the President, the Vice Presidents, the Administrators, the Secretary of the Board (collectively "Executive Management"), and any other positions the sub-committee may decide. The sub-committee will make recommendations to the Board via the Audit Committee regarding these matters. The sub-committee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Management.

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ii. The sub-committee shall review, at least annually, MUHA's assessment of potential candidates for promotion (Key Employees) to, at a minimum, a Vice President, Administrator, or other senior executive position designated by the Board. The assessment should identify candidates potential for promotion, professional development needed to address perceived deficiencies in a candidate's preparedness for promotion, or other actions to develop a "deep bench" of potential MUHA leaders. The sub-committee shall assist the President in determining appropriate professional development assistance for the MUHA Key Employees and in determining the best approaches to providing that assistance. The sub-committee shall review, at least annually, the Management Development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.

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iii. As with other standing committees, members of this sub-committee will be appointed by the Chairman of the Board of Trustees and is not limited to members of the Audit Committee. The Chairman of the Audit Committee will serve as chairman of this sub-committee.

iv. The Management Development and Compensation Sub-Committee shall meet as needed. All Board members are encouraged to attend and participate in the sub-committee meetings.

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v. No offer of compensation, whether written or oral, subject to the review of the Management Development and Compensation Sub-Committee shall be effective as binding on the entities without the required approval(s).

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(j) The Committee shall report to the Board on all financial matters in its area of concern.

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**(3) Operations, Quality and Finance Committee.**

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(a) The principal objectives of the Authority and the Medical Center, to include all hospitals and clinics, the outreach programs, and all services rendered to all patients, are to support the tri-part mission of the Medical University of South Carolina and the Medical University Hospital Authority including:

(i) To deliver direct health services as a corollary to the primary objective of education and to establish a medical center for the needs of the State of South Carolina, and

(ii) To improve the organization and delivery of the health care system to society as a demonstration of responsibility, in conjunction with the appropriate State professional organizations.

(b) In order to implement these objectives, the Operations, Quality and Finance Committee shall concern itself with the operations of the Medical Center, to include all hospitals and clinics, the outreach programs, and all services rendered all patients. This Committee will recommend and seek Board approval for necessary outpatient clinics in off-campus locations. With Board approval, these recommendations will be forwarded to the Physical Facilities Committee.

(c) In like manner, the planning of hospital services; the organizational structure for the delivery of health care; human, financial, and informational resources of the Medical Center and related activities to include the development and approval of the budget, and all other specific financial and contractual matters, quality of care, quality assurance mechanisms, credentials review and privilege delineation, and review of the Committee's performance annually are also responsibilities of this Committee.

(d) The Executive Medical Director of the Medical Center, or his designee, shall report quality assurance findings to the Operations, Quality and Finance Committee at each meeting. This report shall include quality indicators, departmental activities and mechanisms for resolving patient care problems. The quality assurance findings of the Operations, Quality and Finance Committee shall be reported to and acted upon by the full Board of Trustees. These reports should include activities related to hospital-wide quality assurance.

(e) The Operations, Quality and Finance Committee shall review the recommendation of the President for the Vice President for Clinical Operations and Executive Director of the MUSC Medical Center and the recommendation of the Executive Medical Director of the Medical Center for the medical staff and department chairmen and shall make its recommendations thereon to the Board of Trustees.

(f) The Operations, Quality and Finance Committee shall concern itself with the broad financial overview of the Authority, as well as with the operation, routine care, and

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maintenance of the existing physical facilities of the Authority. Specific financial details for physical facilities will be provided in the Physical Facilities Committee of the Board of Trustees.

(g) The Committee shall especially concern itself with such matters as procurement, accounting, budgeting, and information systems.

(h) The Committee shall concern itself with the financial and fiscal policies and procedures of the Authority.

(i) The Committee will assist the Audit Committee in setting the appropriate tone in communicating the importance of internal control and directing management to establish appropriate internal controls.

(j) The proposed annual budget for the Authority shall be prepared by the appropriate Authority officers for review by the Committee.

(k) The Committee shall concern itself with personnel policies and personnel administrative programs to achieve satisfactory quality, productivity, and morale of personnel of the Authority.

(l) The Committee will make appropriate and timely reports and recommendations to the Board of Trustees which, upon approval by the Board of Trustees, shall become established policy.

#### **(4) Physical Facilities Committee.**

(a) The Physical Facilities Committee shall concern itself with the real property and improvements thereto of the Medical Center. It shall be responsible for prioritizing and implementing all development plans for Authority properties and their improvements. It shall solicit, evaluate, and select suggestions and proposals from administration, consultants, and other professionals relating to the development and capital improvements of the physical facilities and make recommendations to the Board of Trustees. This Committee will only be concerned with capital projects exceeding cost limits specified in approved Board policies. This Committee shall assume full responsibility of the Medical University Hospital Authority Facility Plan, to include, but not be limited to, 1) selecting architects, engineers and other related professionals; 2) prioritizing all requests for facilities; 3) conducting feasibility studies; and 4) reviewing major renovations required for the installation of equipment.

(b) To help carry out the duties of the Physical Facilities Committee, the Committee Chairman can appoint one member of the Physical Facilities Committee and two members of the Board of Trustees at large as a separate project committee for each major building project for architect/engineer and related construction professionals selections. There may be multiple project committees with different Trustees functioning concurrently for different projects. A project committee is an active part of the Physical

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Facilities Committee and serves at the supervision, control and direction of the Physical Facilities Committee. The Physical Facilities Committee Chair shall take into account any expertise or experience of Board members and of their willingness to serve on a committee for a specific project.

(c) The Committee shall be familiar with and report to the Board of Trustees preliminary details of costs associated with various developments and improvements of physical facilities.

(d) The Committee shall be charged with the responsibility of all Board matters relating to the physical properties of the Authority; the design and location of new buildings, master planning, and improvements or remodeling of buildings and all other matters having to do with the preservation of the Authority's physical facilities. It shall report to the Board of Trustees with its recommendations thereon and on all contracts relating to new construction, capital improvements, and major repairs/renovations to existing buildings and grounds.

(e) The Committee will establish a formal mechanism decreeing the time and appropriate ceremony to formally accept any completed project.

(f) At each Board meeting, the Vice President for Clinical Operations and Executive Director of the MUSC Medical Center or his designee will update the Physical Facilities Committee on: 1) construction progress, 2) budgetary increases on construction/facility improvements, and 3) all change orders to date.

(g) Once the Physical Facilities Committee accepts and prioritizes capital project(s) for development, the project(s) will be forwarded to the Operations, Quality and Finance Committee of the Board of Trustees for funding consideration. The Operations, Quality and Finance Committee will have the responsibility for seeking appropriate funding in consideration of the Authority's budgetary status, bonding requirements and other financial requirements or restrictions of the Authority. In accordance with approved Board policies, the Operations, Quality and Finance Committee will make recommendations for approval of expenditures to the full Board.

(h) The Committee shall report to the Board on all financial matters in its area of concern.

## **Section V. The Officers and Administration of the Authority.**

(A) **The President.** The Chief Executive Officer of the Authority shall be its President who shall be the President of the Medical University of South Carolina.

(1) The President shall have and exercise full executive powers over the Authority and its related operations within the framework of the policies established by the Board of Trustees.

(2) More specifically, the President shall be charged with the organization of the administrative and professional personnel of the Authority and the method of selecting the personnel, subject

only to the limitations imposed by these bylaws, South Carolina laws, and applicable State policies and procedures. He shall be the medium of formal communication between the Board of Trustees and the administrative organization of the Authority and also the official spokesman of the Authority except as to matters within the special province of the Board of Trustees, in which realm the Chairman of the Board of Trustees shall be the official spokesman. The President, with his appropriate executive officers and the appropriate committees, shall prepare or receive and forward all requisite reports, budgets, and presentations to public agencies and to the Board of Trustees of the Authority.

(3) The President shall present to the Board of Trustees an organizational chart showing divisions, departments, and lines of reporting and command in the administrative organization of the Authority. After approval of such organizational chart, any changes shall be made only after the proposed change has been approved by the Board.

(B) **Vice President for Clinical Operations and Executive Director of the MUSC Medical Center.** By and with the advice of the President and/or appropriate standing committee, the Board of Trustees shall elect the Vice President for Clinical Operations and Executive Director of the MUSC Medical Center and approve his total compensation package and subsequent changes thereto. The Vice President for Clinical Operations and Executive Director of the MUSC Medical Center will be elected by a majority vote of the Trustees, taken by secret ballot. Trustees must be present to vote. Votes shall not be cast by proxy, telephone, facsimile, electronic mail, or by any other communication device.

(1) The Vice President for Clinical Operations and Executive Director of the MUSC Medical Center is administratively responsible to the President for Medical Center functions and services that it provides and shall exercise control and responsibility for human, financial, and informational resources of the Medical Center and related activities. Except as otherwise provided in these bylaws, the officers and administrators of the Authority shall report to and through this officer to the President of the Authority.

(2) The Vice President for Clinical Operations and Executive Director of the MUSC Medical Center shall appoint officers and administrators of the Authority other than those whose appointment is otherwise provided for in these bylaws.

(3) The Vice President for Clinical Operations and Executive Director of the MUSC Medical Center shall formulate policies with respect to the educational and research activities of the Authority and shall submit such policies to the Board of Trustees for approval.

## **Section VI. The Medical Director and Medical Staff.**

(A) **Medical Director.** The Vice President for Clinical Operations and Executive Director of the MUSC Medical Center in collaboration with the Vice President for Medical Affairs of MUSC will recommend a candidate(s) for the position of Executive Medical Director of the Hospital Authority to the President for approval. The Board of Trustees delegates the general responsibility and authority for the operation of the Medical Center, the patient care programs, and related activities of the Medical Center to the Vice President for Clinical Operations and Executive Director of the MUSC Medical Center, under whom specific responsibility and authority for the patient care programs are assigned to the Executive Medical

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Director of the Medical Center. The responsibility and authority delegated in this matter by the Board of Trustees are intended to provide for administrative actions as may be deemed necessary or appropriate to the proper and effective conduct of patient care and related programs.

**(B) Medical Staff.**

(1) The Board shall create a medical staff organization to be known as the Medical Staff of the MUSC Medical Center, whose membership shall be comprised of professional healthcare providers (i.e., physicians, dentists, osteopaths, etc.), who are privileged to attend patients in the Medical Center. The selection of the Medical Staff and department chairmen is made by the Board of Trustees upon the recommendation of the Medical Director of the Medical Center with the review and recommendation of the Operations, ~~Quality~~ and Finance Committee. The Medical Staff shall propose and adopt bylaws for its internal governance, as specified in the Medical Staff Bylaws, which shall be effective when approved by the Board. According to Joint Commission standards, neither the Board of Trustees nor the Medical Staff can unilaterally amend the Medical Staff Bylaws or Rules and Regulations. These bylaws shall set forth the policies by which the Medical Staff exercises and accounts for its delegated authority and responsibilities. The bylaws shall include a mechanism for review of decisions, including the right to be heard at each step of the process, when requested by a member of the Medical Staff. Whenever the Board does not concur with the Medical Staff recommendation relative to appointment and clinical privileges, there must be a provision in the bylaws for a review of the recommendation by a joint committee of the Medical Staff and the Board before a final decision is reached by the Board.

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(2) While the medical care provided to the patients in the Medical Center is the ultimate responsibility of the Board of Trustees, it is the policy of the Board of Trustees to delegate this function, insofar as is legally permissible, to the Medical Staff. Thus, the Medical Staff is responsible for the delivery of health services, for keeping pace with advances in medical science, for evolving new concepts of improved organization and for promoting better health care, education, and research. Nevertheless, the Board shall review the efforts of the Medical Staff in its conduct of ongoing appraisal of the quality of care provided at the Medical Center. In addition, the Board of Trustees shall have the final authority on all appointments, re-appointments, and other changes in the Medical Staff, the granting of clinical privileges, disciplinary actions, including a provision for the termination of professional healthcare providers that are members of the Medical Staff in a medico-administrative position in the Medical Center in accordance with procedures as established in the Medical Staff Bylaws, and all matters relating to professional competency.

**Section VII. Appeals to the Board.**

**(A) Medical Staff.** The right of appeal to the Board of Trustees by any member of the Medical Staff of the Medical Center or the administration is a right recognized by the Board and shall be exercised in accordance with the respective grievance procedures for the Medical Staff as approved by the Board of Trustees as outlined in the Medical Staff Bylaws.

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(B) **Administrative Personnel.** With respect to administrative personnel, the Board of Trustees, in its sole discretion, may grant a review of any adverse administrative action. However, if this review is granted, the Board shall not be required to conduct a hearing or hear arguments but shall review the record of any proceedings.

## **Section VIII. Certain Income Tax Exemption Purposes Matters.**

(A) **General.** In addition to the other purposes of the Authority as set forth in the Authority's enabling legislation which is codified under South Carolina Code Ann. § 59-123-10 et seq., and other purposes set forth below, the Authority is constituted so as to attract substantial support from contributions, directly or indirectly, from a representative number of persons in the community in which it operates and other sources which are appropriate under the applicable provisions of the Internal Revenue Code of 1986, as amended ("Code"), governing income tax exempt organizations, and has not been formed for pecuniary profit or financial gain, and no part of the assets, income, or profits of the Authority is or shall be distributable to, or inure to the benefit of, its trustees or officers except to the extent permitted under the applicable laws of South Carolina, and the applicable provisions of the Code governing income tax exempt organizations. No substantial part of the activities of the Authority shall be the carrying on of propaganda, or otherwise attempting to influence legislation; and the Authority shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of the Authority's enabling legislation, which is identified above, the Authority shall not carry on any other activities not permitted to be carried on (i) by a corporation exempt from federal income tax under Code section 501(c)(3) or (ii) by a corporation, contributions to which are deductible under Code section 170(c).

(B) The funds or assets of the Authority shall not be distributed or otherwise made available to any organization or entity other than the State of South Carolina and its agencies and instrumentalities (including, without limitation, The Medical University of South Carolina), unless such funds or assets are transferred or exchanged in accordance with applicable South Carolina law; and in return for goods or services of equal value or unless such funds or assets are distributed or otherwise made available in furtherance of a scientific, educational, or charitable purpose, or for the purpose of lessening the burdens of government, qualifying as exempt under the aforementioned provisions of the Code.

## **Section IX. Amendment.**

These bylaws may be amended at any regular meeting of the Board of Trustees by a favorable vote of at least two-thirds of the members present and voting, but the proposed amendment must first have been stated in writing and sent to each member of the Board at least 15 calendar days prior to such meeting.

Revisions: June 16, 2000, October 12, 2001, December 12, 2003, February 13, 2004, April 7, 2006, April 11, 2008, April 9, 2010, December 14, 2012.



# Bylaws of the Medical University of South Carolina Board of Trustees

179 ASHLEY AVENUE  
CHARLESTON, SOUTH CAROLINA 29425

DECEMBER 14, 2012

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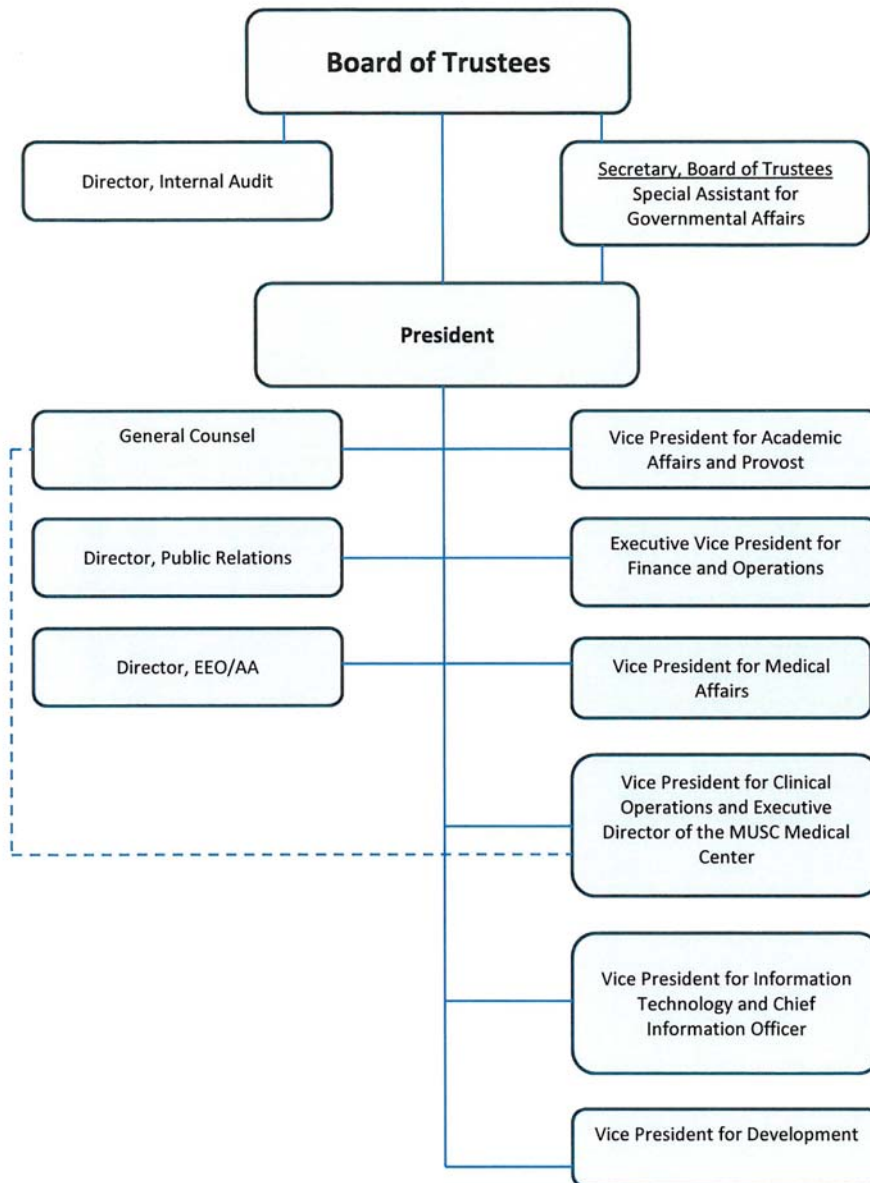
## TABLE OF CONTENTS

FOREWORD .....	1
MEDICAL UNIVERSITY OF SOUTH CAROLINA CENTRAL ADMINISTRATION ORGANIZATION.....	2
BYLAWS OF THE MUSC BOARD OF TRUSTEES.....	3
Section I. Powers and Duties of the Board of Trustees.....	4
Section II. Meetings of the Board of Trustees.....	4
Section III. Officers of the Board of Trustees. ....	5
Section IV. Committees of the Board.....	8
Section V. The Officers and Administration of the University. ....	14
Section VI. The Faculty. ....	16
Section VII. Appeals to the Board.....	17
Section VIII. Board of Visitors. ....	17
Section IX. Amendment.....	18

## FOREWORD

1. The Medical University of South Carolina does not discriminate on the basis of race, color, creed, sex, age, national origin, veteran status, or marital status in the administration of admission policies, educational policies, financial aid, employment, or any other University activity.
2. Since the English language contains no singular pronoun which includes both sexes, wherever a masculine term appears in this document it signifies both genders.
3. The meetings of the Board of Trustees are held in conformance with the Freedom of Information Act as amended, passed by the General Assembly of the State of South Carolina and approved by the Governor on June 12, 1998.

**Medical University of South Carolina**  
**Central Administration Organization**  
(As referenced in the MUSC Board of Trustees Bylaws)



**WS OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA  
BOARD OF TRUSTEES**

**BYLA**

## Section I. Powers and Duties of the Board of Trustees.

(A) The final authority and responsibility for the governance of the Medical University of South Carolina (MUSC), its colleges, the outreach programs, and ancillary functions are vested in the Board of Trustees of the Institution in accordance with the statutes of the State of South Carolina pertaining thereto.

(B) The Board of Trustees, directly or through its authorized committees, shall establish the general policies of the University, shall define its general program of educational activity, shall annually at its August meeting fix and approve the University's application for State appropriations, and shall approve the budget for the next fiscal year.

(C) The Board of Trustees avoids conflict of interest. Any Trustee having a potential or perceived conflict of interest should make a full disclosure of the facts to the Chairman and should refrain from voting on the matter. The minutes of the meeting should reflect that disclosure was made and the member abstained from voting.

(D) The Board of Trustees shall name the principal officers of the University as prescribed in Section V of these Bylaws, but it may delegate to those elected officers the employment of subordinate officers and employees.

(E) The Board of Trustees shall confer appropriate degrees in medicine, dental medicine, pharmacy, nursing, health professions, and graduate studies in related health fields. These degrees shall be conferred upon students and such other persons as the Board of Trustees deems qualified to receive them.

(F) The Board of Trustees may confer honorary degrees to individuals deemed appropriate and worthy by a majority vote of the Board.

(G) The Board of Trustees shall review or review and revise these Bylaws at least every four (4) years or earlier if a material change occurs.

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## Section II. Meetings of the Board of Trustees.

(A) **Regular Meetings.** Regular meetings of the Board of Trustees shall be held on the second Friday of February, April, August, October, and December and on the day before the Commencement Exercises, provided that the place and/or time of any regular meeting may be changed by the Chairman of the Board of Trustees.

(B) **Special Meetings.**

(1) Special meetings of the Board of Trustees may be called at the will of the Chairman: or

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(2) Upon the written request of three or more members, the Chairman shall call a special meeting of the Board.

At least seven (7) days' written notice of any such meeting shall be given to the members of the Board of

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Trustees. Special meetings of the Board of Trustees may be in person, or via teleconference or videoconference.

(C) **Agenda.** Prior to each regular meeting of the Board of Trustees and with the notice of any special meeting, the Secretary of the Board shall include a proposed Agenda and pertinent information for the meeting.

(D) **Quorum.** A majority of the elected and ex-officio voting Trustees shall constitute a quorum.

(E) **Order of Business.** The order of business for all meetings of the Board of Trustees shall be as follows:

- (1) Roll call.
- (2) Corrections and approval of all minutes of regular and special Board and Committee meetings not previously approved.
- (3) Reports and recommendations of the President of the University, who may at his discretion call upon other officials of the University for reports on their areas of authority.
- (4) Reports of standing committees.
- (5) Reports of special committees.
- (6) Old business.
- (7) New business.

(F) **Rules of Order.** Except as charged by specific rules and regulations of the Board of Trustees, the current edition of *Robert's Rules of Order* shall constitute the rules of parliamentary procedure applicable to all meetings of the Board and its several Committees.

### Section III. Officers of the Board of Trustees.

(A) **Ex-Officio Chairman.** The Governor of the State of South Carolina is the voting ex-officio Chairman of the Board of Trustees and he shall preside at those meetings of the Board which he attends. The Governor's designee will vote for the Governor in his absence.

(B) **Chairman.** Biennially (every even-numbered year), at its August meeting, by a majority vote of the Trustees, taken by secret ballot, the Board of Trustees shall elect from its membership a Chairman to serve for a term of two years or until his successor is elected. Trustees must be present to vote. Votes shall not be cast by proxy, telephone, facsimile, electronic mail, or by any other communication device. Should the office of Chairman of the Board become vacant or should the Chairman suffer disability that obviously would be of an extended duration, a special election shall be held for a new Chairman. Such election shall take place at the second Board meeting within four months following such an eventuality. No Chairman shall be eligible to succeed himself after he has served two consecutive terms as the Chairman of the Board. The Chairman shall:

- (1) Preside at all meetings at which the ex-officio Chairman does not preside,

- (2) Appoint all board committees not otherwise provided for,
- (3) Be an ex-officio member of all standing committees of the Board,
- (4) Execute all legal documents and instruments on behalf of the Board, and
- (5) Represent the Board in making its budget requests to the General Assembly of the State.

The Chairman of the Board shall be the official spokesman of the Board.

(C) **Vice Chairman.** At the same time, by a like method and for a like term of office as the Chairman, the Board of Trustees shall elect from its membership a Vice Chairman to perform the duties of the Chairman in his absence, disability, or unavailability.

(D) **Secretary.**

(1) A Secretary of the Board of Trustees shall be elected by a majority of the Board to serve at the will of the Board. The vote will be taken by secret ballot. Trustees must be present to vote. Votes shall not be cast by proxy, telephone, facsimile, electronic mail, or by any other communication device. The Secretary need not be a member of the Board and may be an officer or employee of the University in another capacity. The Secretary shall also serve as Secretary of all committees of the Board.

(2) Duties. It is the duty of the Secretary to arrange for all Board meetings and to act as Secretary to all Board committees, to keep records and minutes of Board actions, to review and prepare proposed revisions to the bylaws of the Board every four (4) years or earlier if a material change occurs, and to complement the links with the President. In this role, the Secretary's primary responsibility is to the Board members.

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**SPECIFICALLY, THE SECRETARY WILL:**

(a) Prepare agenda, place requests in proper format for Board meetings and Board action, record minutes of all meetings, and mail notices and other information to Trustees;

(b) Assist the Board in reviewing, and prepare proposed revisions to, the bylaws of the Board every four (4) years or earlier if a material change occurs. Upon completion of the review by the Board, incorporate all adopted amendments, and submit changes to other parts of the bylaws which are reasonably implied by the adopted amendments;

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(c) Obtain necessary legal opinions pertaining to the Board of Trustees as an entity and to individual members in their official capacities;

(d) Receive all direct correspondence, reports, telephone calls, etc., for the Board. Formulate proposed actions and communicate results to the Chairman and Board members;

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- (e) Relay to the President requests received by Board members from constituents;
- (f) Make all arrangements for meetings of the Board of Trustees and committees, make travel accommodations and meal arrangements, including social functions when appropriate;
- (g) Keep all records of Board actions taken via mail or telephone between meetings;
- (h) Administer the Board of Trustees budget covering annual supplies, printing, binding, travel, subsistence, per diem;
- (i) Take care of routine correspondence on behalf of the Chairman and Board members;
- (j) Provide copies of minutes of Board of Trustees meetings to members and other addressees as appropriate;
- (k) Arrange for screening of the General Assembly's daily calendars and journals, proposed legislation, relevant newspapers, and other information sources. Report pertinent information to the Board and to the President;
- (l) Keep a log of term of office and appropriate filing duties and procedures for Trustee members;
- (m) Insure compliance with the requirements of the South Carolina Freedom of Information Act as it pertains to Board meetings and records; and
- (n) Ensure that the Board of Trustees fills certain seats on affiliate boards, as specified by the affiliates' Bylaws. As such positions come available, all Board members will be made aware of the open seat prior to the Board electing an individual to fill the seat. Where two or more seats are available on an affiliate board, consideration shall be given to filling the slots with one professional and one lay person from the Board of Trustees.

**(E) Internal Auditor.**

(1) The Internal Auditor shall be elected by a majority of the Board of Trustees to serve at the will of the Board. The vote will be taken by secret ballot. Trustees must be present to vote. Votes shall not be cast by proxy, telephone, facsimile, electronic mail, or by any other communication device. The Board directs that the Internal Auditor's position and its support staff shall report and be accountable directly to the Board of Trustees of the Medical University of South Carolina. It is further directed that the Board of Trustees for the Medical University of South Carolina shall be responsible for managing the Internal Auditor's tenure and for setting the financial budget for the Internal Audit Department, including salaries, operational expenses, and support costs.



(2) Duties. The Internal Auditor is responsible for managing a professional Internal Audit Department to provide analyses, appraisals, recommendations, counsel, and information concerning the activities reviewed to management, and ultimately to the Board of Trustees.

(3) The Internal Auditor is also responsible for providing the Board of Trustees with information about the adequacy and effectiveness of the organization's system of internal control and the quality of performance.

(4) The Internal Auditor will assist the Audit Committee of the Board of Trustees in carrying out their duties as stated in Section IV(D)(5) of these Bylaws.

(5) The Internal Auditor will assist the Audit Committee in the selection, oversight, and evaluation of the External Auditor.

(F) **Trustees Emeriti.** The MUSC Board of Trustees may recognize a former trustee for loyal, dedicated and significant service to the University. Trustee Emeritus status will be granted when a former Board member is nominated in writing by a current Board member and elected by a two-thirds majority vote. To be eligible, the former Board member must have served at least eight (8) consecutive years or have been awarded an honorary degree by the Medical University of South Carolina.

Trustees Emeriti will be elected for life. Trustees Emeriti will be non-voting, ex-officio members who are not reimbursed from appropriated funds. These Board members will be invited to all Board functions and events and will provide support for the University as knowledgeable friends and ambassadors.

#### Section IV. Committees of the Board.

(A) **Standing Committees.** In addition to such special committees as from time to time may be appointed or elected by the Board of Trustees, there shall be the following standing committees:

- (1) Audit
- (2) Education, Faculty and Student Affairs
- (3) Finance and Administration
- (4) Physical Facilities
- (5) Research and Institutional Advancement

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¶ (3) Finance and Administration¶

¶ (4) Physical Facilities¶

¶ (5) Audit¶

(B) **Organization and Terms of Office.** All standing committee assignments shall be made by the Chairman of the Board of Trustees from the membership of the Board within 30 days following the August meeting each even numbered year. Their terms of service shall be for two (2) years. Each standing committee shall be composed of a minimum of three (3) members. Each standing committee shall elect its own chairman from its members by a majority vote taken by secret ballot at the first committee meeting following the August meeting of the Board at which a Board Chairman is elected, excluding special elections, or at the first regular meeting of a new standing committee. Board members may only serve as Chairman of more than one standing committee of the University or the Medical University Hospital Authority (MUHA) Boards when the same committee (e.g., Physical Facilities, Audit)

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serves both entities.

(C) **Quorum.** A majority of the membership of any standing committee shall constitute a quorum.

(D) **Powers and Duties of Standing Committees.** The standing committees shall have the following powers and duties:

**(1) Audit Committee:**

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(a) The Audit Committee shall concern itself with assisting the Board of Trustees in discharging its fiduciary and stewardship obligations relative to the reliability and integrity of 1) systems of internal control, 2) accounting practices, 3) annual reporting, 4) internal and external audit processes, 5) management of business exposures, and 6) compliance with legal, regulatory, and ethical requirements.

(b) The Committee will provide an open avenue of communication among the internal and external auditors, management, and the Board. The full Board will continue to have complete access to management and the Internal Audit department and may continue to request the Internal Audit department to review areas of concern to them.

(c) The role of the Committee is oversight. It is not the duty of the Committee to prepare financial statements or to conduct audits to independently verify management's representations or to determine that the financial statements are complete and fairly present the financial condition of MUSC and its affiliates. These are the responsibilities of management and the external auditors.

(d) The Audit Committee has the full authority to review/investigate any matter or activity within the scope of its responsibilities. It shall have direct access to management, Internal Audit, Legal Counsel and any other members of or resources within MUSC and its affiliated organizations. All employees shall be directed to cooperate as requested by members of the Committee. The Committee shall also have the resources and authority to retain special legal, accounting, or other experts it deems necessary in the performance of its responsibilities.

(e) In accordance with Section IV(B) of these bylaws, the Chairman of the Board shall appoint the Audit Committee members, all of whom shall be Trustees, and the Committee members will elect one individual to serve as Committee Chairman. Each member of the Committee, including the Chairman, shall be independent and by reason of education or experience possess such degree of financial literacy as required to oversee the performance of the internal and external auditors, review MUSC's financial statements, and otherwise faithfully execute the role of the Audit Committee set forth in the bylaws. At least one member of the Committee should have appropriate experience with internal controls, an understanding of applicable accounting principles, the application of such principles in preparing or auditing financial statements, and an understanding of audit committee functions.

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(f) Members of the Committee shall uphold their duty of care by attending and participating in meetings, strengthening his or her understanding of the institution and its operations, maintaining professional skepticism, addressing appropriate subjects, gathering adequate facts, making reasonable and prudent inquiries before making a decision, and seeking outside counsel when necessary.

(g) The Audit Committee shall meet at least two times per year. Internal Audit will coordinate the Committee's agenda in consultation with the Committee Chair. All Board members are encouraged to attend and participate in the Audit Committee meeting.

(h) The Committee will set the appropriate tone in communicating the importance of internal control and direct management to establish appropriate internal controls.

(i) The Management Development and Compensation Sub-Committee shall be a subcommittee of the Audit Committee and reports to the Board through the Audit Committee.

i. The Management Development and Compensation Sub-Committee shall ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The sub-committee will review all policy matters related to evaluation and compensation of the President, the Vice Presidents, the Deans, the Secretary of the Board (collectively "Executive Management"), and any other positions the sub-committee may decide. The sub-committee will make recommendations to the Board via the Audit Committee regarding these matters. The sub-committee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Management.

ii. The sub-committee shall review, at least annually, MUSC's assessment of potential candidates for promotion (Key Employees) to, at a minimum, a Vice President, Dean, or other senior executive position designated by the Board. The assessment should identify candidates potential for promotion, professional development needed to address perceived deficiencies in a candidate's preparedness for promotion, or other actions to develop a "deep bench" of potential MUSC leaders. The sub-committee shall assist the President in determining appropriate professional development assistance for the MUSC Key Employees and in determining the best approaches to providing that assistance. The sub-committee shall review, at least annually, the Management Development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.

iii. As with other standing committees, members of this sub-committee will be appointed by the Chairman of the Board of Trustees and is not limited to members of the Audit Committee. The Chairman of the Audit Committee will

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serve as chairman of this sub-committee.

iv. The Management Development and Compensation Sub-Committee shall meet as needed. All Board members are encouraged to attend and participate in the sub-committee meetings.

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v. No offer of compensation, whether written or oral, subject to the review of the Management Development and Compensation Sub-Committee shall be effective as binding on the entities without the required approval(s).

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(j) The Committee shall report to the Board on all financial matters in its area of concern.

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(2) Education, Faculty and Student Affairs Committee:

(a) The Education, Faculty and Student Affairs Committee shall concern itself with the formation of policy regarding matters affecting the quality, character, extent and relative standards in instruction and research.

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(b) Also, the Committee shall concern itself with the formation of policy affecting student life, welfare, and morale.

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(c) The Committee shall concern itself with the faculty organization, quality, effectiveness, welfare, and morale.

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(d) The Committee shall create, with approval of the Board, multi-specialty group practice plan(s) whose membership shall be comprised of qualifying faculty and employees of the University. These practice plan(s) will develop administrative board(s) and bylaws for approval by the MUSC Board of Trustees. Faculty members shall have but one annual contract which shall accurately reflect their activities and compensation from MUSC, MUHA, Veterans Administration, clinical practice plan, and all other approved sources. Such compensation shall be considered part of the total MUSC compensation package and shall, pursuant to law, receive prior approval by the President and/or the Board of Trustees.

(e) The Education, Faculty and Student Affairs Committee will make appropriate and timely reports and recommendations to the Board of Trustees which, upon approval by the Board of Trustees, these shall become established policy of the Board.

(f) The Committee, whenever needed, shall make available to the Board reports and recommendations regarding grants and scholarships from trust funds and endowments. Upon approval by the Board of Trustees, these recommendations shall become established policy. The Committee shall also report to the Board the recipients of such grants and scholarships.

(g) The Committee shall report to the Board on all financial matters in its areas of concern.

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### (3) Finance and Administration Committee:

(a) The Finance and Administration Committee shall concern itself with the broad financial overview of the University, as well as with the operation, routine care, and maintenance of the existing physical facilities of the University. Specific financial details will be provided in the other respective standing committees of the Board of Trustees.

(b) The Committee shall especially concern itself with such matters as procurement, accounting, budgeting, and information systems.

(c) The Committee will concern itself with the financial and fiscal policies and procedures of the University.

(d) The annual requests for appropriation and the proposed annual budgets shall be prepared by the appropriate University officers for review by the Committee.

(e) The Committee shall concern itself with personnel policies and personnel administrative programs to achieve satisfactory quality, productivity, and morale of personnel of the University.

(f) The Committee will assist the Audit Committee in setting the appropriate tone in communicating the importance of internal control and directing management to establish appropriate internal controls.

(g) The Committee will make appropriate and timely reports and recommendations to the Board of Trustees which, upon approval by the Board of Trustees, shall become established policy of the Board.

### (5) Physical Facilities Committee:

(a) The Physical Facilities Committee shall concern itself with the real property and improvements thereto of the Medical University of South Carolina and its affiliates. It shall be responsible for prioritizing and implementing all development plans for University properties and their improvements. It shall solicit, evaluate, and select suggestions and proposals from administration, consultants, and other professionals relating to the development and capital improvements of the physical facilities and make recommendations to the Board of Trustees. This Committee will only be concerned with capital projects exceeding cost limits specified in approved Board policies. This Committee shall assume full responsibility of the MUSC Facility Plan, to include, but not limited to, 1) selecting architects, engineers, and other related professionals; 2) prioritizing all requests for facilities; 3) conducting feasibility studies; and 4) reviewing major renovations required for the installation of equipment.

(b) To help carry out the duties of the Physical Facilities Committee, the Committee Chairman can appoint one member of the Physical Facilities Committee and two members of the Board of Trustees at large as a separate project committee for each major building project for architect/engineer and related construction professionals selections. There

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may be multiple project committees with different Trustees functioning concurrently for different projects. A project committee is an active part of the Physical Facilities Committee and serves at the supervision, control, and direction of the Physical Facilities Committee. The Physical Facilities Committee Chair shall take into account any expertise or experience of Board members and of their willingness to serve on a committee for a specific project.

(c) The Committee shall be familiar with and report preliminary details of costs associated with various developments and improvements of physical facilities to the Board of Trustees.

(d) The Committee shall be charged with the responsibility of all Board matters relating to the physical properties of the University; the design and location of new buildings, master planning, improvements or remodeling of buildings, and all other matters having to do with the preservation of the University's physical facilities. It shall report to the Board of Trustees with its recommendations thereon and on all contracts relating to new construction, capital improvements, and major repairs/renovations to existing buildings and grounds.

(e) The Committee will establish a formal mechanism decreeing the time and appropriate ceremony to formally accept any completed project.

(f) At each Board meeting, the Executive Vice President for Finance and Operations or his designee (i.e., the Director of Engineering and Facilities) will update the Physical Facilities Committee on: 1) construction progress, 2) budgetary increases on construction/facility improvements, and 3) all change orders to date.

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(g) Once the Physical Facilities Committee accepts and prioritizes capital project(s) for development, the project(s) will be forwarded to the Finance and Administration Committee of the Board of Trustees for funding consideration. The Finance and Administration Committee will have the responsibility of seeking appropriate funding in consideration of the University's budgetary status, bonding requirements, and other financial requirements or restrictions of the University. In accordance with approved Board policies, the Finance and Administration Committee will make recommendations for approval of expenditures to the full Board.

(h) The Committee shall report to the Board on all financial matters in its area of concern.

**(6) Research and Institutional Advancement Committee:**

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(a) The Research and Institutional Advancement Committee shall concern itself with the development, promotion, and stimulation of research efforts of the University and the development, promotion, execution, and management of the institutional advancement programs of the University.

(b) The Committee shall make reports and recommendations to the Board of Trustees on institutional advancement, research advancement, animal care, and the establishment and maintenance of research facilities.

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(c) The Committee will recommend and seek Board approval for necessary changes to academic facilities as determined by the academic community within the University. The Committee will recommend to the Physical Facilities Committee any changes, deletions or additions to the physical plant for their consideration.

(d) The Committee shall study and report to the Board of Trustees on future opportunities for academic development. This Committee shall be directly and specifically interested in fundraising, both in the private and public sectors, in order to provide future revenues for academic and operational needs of the University.

(e) The Committee shall be concerned with external affairs matters including, but not limited to governmental relations, both state and federal, and the University's efforts in industrial recruitment.

(f) The Committee shall concern itself with the identification, cultivation, solicitation, and stewardship of leadership philanthropy to ensure the maximization of private investment in the University's academic, research, and clinical care programs.

(g) The Committee shall recommend to the Board of Trustees appropriate policies and/or programs required to achieve these objectives and shall report to the Board on the implementation, performance, and progress in these areas.

(h) In addition, the Committee shall report to the Board on all financial matters in its areas of concern.

(i) The Research and Institutional Advancement Committee will make appropriate and timely reports and recommendations to the Board of Trustees which upon approval by the Board of Trustees, shall become established policy of the Board.

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## Section V. The Officers and Administration of the University.

(A) **The President.** The Chief Executive Officer of the University shall be its President who shall be elected by the Board of Trustees to serve at the will of the Board at a rate of remuneration specified by the Board. The President will be elected by a majority vote of the Trustees, taken by secret ballot. Trustees must be present to vote. Votes shall not be cast by proxy, telephone, facsimile, electronic mail, or by any other communication device.

(1) The President shall have and exercise full executive powers over the University and its related operations within the framework of the policies established by the Board of Trustees.

(2) More specifically, the President shall be charged with the organization of the administrative and professional personnel of the University and the method of selecting personnel, subject only to the limitations imposed by these bylaws, South Carolina laws, and applicable State policies and procedures. He shall be the medium of formal communication between the Board of Trustees and the faculty and administrative organization of the University and also the official

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spokesman of the University except as to matters within the special province of the Board of Trustees, in which realm the Chairman of the Board of Trustees shall be the official spokesman. The President, with his appropriate executive officers and the appropriate committees, shall prepare or receive and forward all requisite reports, budgets, and presentations to public agencies and to the Board of Trustees of the University.

(3) The President shall present to the Board of Trustees an organizational chart showing divisions, departments, and lines of reporting and command in the instructional and administrative organization of the University. After approval of such organizational chart, any changes shall be made only after the proposed change has been approved by the Board.

(B) **Other Executive Officers.** By and with the advice of the President and/or appropriate standing committee, the Board of Trustees shall elect and approve the total compensation packages and subsequent changes thereto of the following additional executive officers. Other executive officers will be elected by a majority vote of the Trustees, taken by secret ballot. Trustees must be present to vote. Votes shall not be cast by proxy, telephone, facsimile, electronic mail, or by any other communication device.

(1) **Vice President for Academic Affairs and Provost.** This officer is administratively responsible to the President for all academic matters. In the absence of the President of the University, he shall act as the Chief Executive Officer. The Vice President for Academic Affairs and Provost is responsible for the coordination of planning for education and research and shall formulate plans to implement policy approved by the President and the Board of Trustees. The deans of all colleges and the directors of the academic support units shall report to and through this officer to the President of the University. Associated duties include responsibilities for overseeing the educational and clinical activities of the MUSC affiliates (those organizations that are included as component units in MUSC's financial statements), except University Medical Associates (UMA), the Medical University Hospital Authority (MUHA), and the Medical University of South Carolina Foundation (MUSCF), including purview over the organizations as they relate to the total program of the Medical University. The Chief Executive Officers of the MUSC affiliates, except UMA, MUHA, and MUSCF will report to the Vice President for Academic Affairs.

(2) **Executive Vice President for Finance and Operations.** This officer is administratively responsible to the President for financial and administrative matters. He shall have immediate oversight of all general and financial operations of the University and responsibility for the physical facilities of the University. All financial and administrative support services of the University shall report to and through him to the President of the University. This officer shall be the financial advisor to the President and the Board of Trustees and serve as Treasurer of the University. This officer serves as chief of staff for the President.

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(3) **Vice President for Medical Affairs.** The position of Vice President for Medical Affairs may be held jointly with the position of Dean of the College of Medicine. As Vice President, this officer shall report to the President for all clinical matters involving the faculty as they relate to UMA. Associated duties as Vice President for Medical Affairs include responsibility for the activities of the University Medical Associates (UMA) including purview over the organization as it relates to the total program of the Medical University. The Chief Executive Officer of the UMA reports to

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the Vice President for Medical Affairs. Also, the Vice President for Medical Affairs in collaboration with the Vice President for Clinical Operations and Executive Director of the MUSC Medical Center will recommend a candidate(s) for the position of Medical Director of the Medical University Hospital Authority to the President for approval. As Dean, he reports to the Vice President for Academic Affairs and Provost for all academic matters, both educational and research.

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**(4) Vice President for Clinical Operations and Executive Director of the MUSC Medical Center.** The Vice President for Operations and Executive Director of the Medical Center is administratively responsible to the President for Medical Center functions and services that it provides and shall exercise control and responsibility for human, financial, and informational resources of the Medical Center and related activities. Except as otherwise provided in these bylaws, the officers and administrators of the Authority shall report to and through this officer to the President. This officer shall appoint officers and administrators of the Authority other than those whose appointment is otherwise provided for in these bylaws. This officer shall formulate policies with respect to the educational and research activities of the Authority and shall submit such policies to the Board of Trustees for approval.

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**(5) Vice President for Information Technology and Chief Information Officer.** This officer is administratively responsible to the President for information technology (IT) matters. He shall oversee the effective management, facilitation, and coordination of the use of Information Management activities and services in support of the institution's mission. Under his direction, the Office of the CIO shall coordinate and oversee all IT activities and services across the MUSC enterprise; manage all IT vendors and contractors; effectuate IT standardization and consistency; manage all IT contracts; manage all IT projects; develop an IT strategic plan; in conjunction with MUSC leadership, conduct a value review of IT outsourcing; in conjunction with MUSC leadership, refine MUSC IT Governance; promote workflow improvement and process redesign; and serve as the MUSC web authority.

**(6) Vice President for Development.** This officer is administratively responsible to the President and has immediate oversight in the procurement of private funds for the development of the University's projected and long-range plans. This officer shall have the responsibility for the Office of Development, the Office of Alumni Affairs, and the Medical University of South Carolina Foundation, of which he may serve as vice president. This officer is also responsible for the management of the University's Board of Visitors.

## **Section VI. The Faculty.**

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**(A) Employment.** The President of the University is responsible to the Board of Trustees for the qualitative and quantitative performance of the faculty. Therefore, the President is vested with the power to select the membership of the faculty. He shall appoint the instructional staff of the University. Upon recommendation of the President, the Board of Trustees shall appoint the following:

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- (1) Deans
- (2) Associate Professor (regular, adjunct, or clinical)
- (3) Professor (regular, adjunct, or clinical)
- (4) Any faculty position to tenured rank.

**(B) Organization of the Faculty.** All members of the instructional staff of the University shall be embraced in one or more organizations within the University faculty. This will allow the Administration and the Board of Trustees to have the benefit of the aid and advice of the faculty in those matters which are the special concern of the faculty. Such matters include curricula, leaves of absence, sabbatical leaves, termination of employment, and academic matters of concern to both faculty and students. It will also facilitate communication and understanding among the faculty, the administration, and the Board of Trustees.

The Faculty Senate of the Medical University acts as the sole representative body for organizing and executing the business of the faculty submitted to it by members of the faculty, the administration, or the Senate itself. The Senate advises the administration and the faculty in matters pertaining to the faculty.

**(C) Faculty Privileges and Immunities.** The rules, regulations, conditions, and definitions of such matters of faculty concern as tenure, leaves of absence, outside practice, conflict of interest, and the presentation of grievances shall be clearly set forth by the Board and established as policies of the University. These policies and procedures are documented in the Faculty Handbook, which is made available to all members of the faculty and others concerned. The Faculty Handbook is subject to periodic revision, with changes reviewed and approved by the Board of Trustees, upon the recommendation of the Faculty Senate and the Administration.

The South Carolina College of Pharmacy will have a separate Faculty Handbook which will be created by the administration and faculty of the College subject to approval by the Board of Trustees of the Medical University of South Carolina and the University of South Carolina. Once created and approved, this handbook will pertain to all faculty of the South Carolina College of Pharmacy. The faculty of the MUSC College of Pharmacy will abide by the MUSC Faculty Handbook until the Faculty Handbook for the South Carolina College of Pharmacy is created and appropriately approved.

## **Section VII. Appeals to the Board.**

**(A) Faculty.** The right of appeal to the Board of Trustees by any member of the faculty or the administration is a right recognized by the Board and shall be exercised in accordance with the respective grievance procedures for the faculty as approved by the Board of Trustees.

**(B) Administrative Personnel.** With respect to administrative personnel, the Board of Trustees, in its sole discretion, may grant a review of any adverse administrative action. However, if this review is granted, the Board shall not be required to conduct a hearing or hear arguments but shall review the record of any proceedings.

## **Section VIII. Board of Visitors.**

**(A) Membership.**

(1) The members of the Board of Visitors shall be elected by vote of the Board of Trustees upon nominations made by members of the Board of Trustees to the President of the Medical University of South Carolina.

(2) Nominations for membership on the Board of Visitors shall be made as follows:

(a) The two (2) members of the Board of Trustees from each of the ~~seven (7)~~ Congressional Districts shall each make two (2) nominations which may be from the state or outside the state. The voting ex-officio member (or his designee) and the at-large trustee may nominate from the state or outside the state.

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(b) The voting ex-officio member (or his designee) and the at-large trustee of the Board shall each submit two (2) nominations. Members Emeriti may also submit one (1) nomination each.

(c) All nominations shall be sent to the President of the Medical University four (4) weeks prior to each December meeting of the Board of Trustees.

(3) Terms of appointment shall be two (2) years with appointments made biennially (once every two (2) years). Any vacancy that may occur from time to time shall be filled by the Board of Trustees.

**(B) Duties.** The Board of Visitors shall be oriented as to the purposes, goals and objectives of the Medical University. They shall, through the orientation process, become familiar with the University's assets, capabilities, services, desires, and needs. They shall be encouraged to assist actively in obtaining support morally, fiscally, and politically to accomplish the University's purposes, goals and objectives. Other specific duties may be assigned from time to time as the Board of Trustees may direct.

(C) The Board of Visitors shall be advisory in nature and will be considered an extension of the development efforts of the University.

**(D) Expenses.** Reimbursement for transportation, parking, and room and board, all within the limits allowed by the State, may be requested by and paid to each Board of Visitors member for each official trip.

**Section IX. Amendment.**

These bylaws may be amended at any regular meeting of the Board of Trustees by a favorable vote of at least two-thirds of the members present and voting, but the proposed amendment must first have been stated in writing and sent to each member of the Board at least 15 ~~calendar~~ days prior to such meeting.

Revisions: October 1992, October 14, 1994, October 10, 1998, February 11, 2000, December 8, 2000, October 12, 2001, February 13, 2004, April 7, 2006, April 11, 2008, April 9, 2010, ~~December 14, 2012.~~

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**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
BOARD OF TRUSTEES  
AUDIT COMMITTEE CHARTER**

**PURPOSE**

The Audit Committee (the "Committee") shall concern itself with assisting the Board of Trustees in discharging its fiduciary and stewardship obligations relative to the reliability and integrity of systems of internal control, accounting practices, annual reporting, internal and external audit processes, management of business exposures, and compliance with legal, regulatory, and ethical requirements, and with institutional policies and procedures.

The Committee is responsible for assuring that the organizational culture, capabilities, systems, processes and controls are appropriate to protect the financial health and reputation of the Medical University of South Carolina (MUSC) and the Medical University Hospital Authority (MUHA) (collectively referred to as "the entities") in audit related matters.

The Committee assists the Board of Trustees by:

(1) Overseeing the integrity of the financial statements of the entities;

(2) Overseeing the entities' compliance with legal, regulatory, and ethical requirements and policies and procedures;

(3) Coordinating with the independent, external auditors on the annual audit of the financial statements;

(4) Reviewing the external auditors' qualifications, performance, and independence;

(5) Overseeing the accounting and financial reporting processes of the entities;

(6) Overseeing the performance and independence of the internal audit function; and

(7) Overseeing the internal control structure and management practices of the entities, including the management of business exposures.

The full Board will continue to have complete access to management and the Internal Audit department and may continue to request the Internal Audit department to review areas of concern to them. The role of the Committee is oversight. It is not the duty of the Committee to prepare financial statements or to conduct audits to independently verify management's representations or to determine that the financial statements are complete and fairly present the financial condition of MUSC and its affiliates. These are the responsibilities of management and the external auditors. Management is responsible for maintaining the accounting and financial records in accordance with appropriate principles and standards. Management is responsible for putting sufficient internal controls in place to ensure efficient and effective operations, reliable financial reporting, and compliance with laws and regulations. The Committee will set the appropriate tone in communicating the importance of internal control and direct management to establish appropriate internal controls.

The Management Development and Compensation Sub-Committee (the "Sub-Committee") of the Audit Committee reports to the Board through the Audit Committee. The mission of the Sub-Committee is to ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The Board of Trustees finds that good governance includes insuring that compensation decisions are made in a fiscally prudent manner.

**AUTHORITY**

The Audit Committee has the full authority to review/investigate any matter or activity within the scope of its responsibilities. It shall have direct access to management, Internal Audit, Legal Counsel, the Compliance Officers, and any other members of or resources within MUSC and its affiliated organizations. All employees shall be

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directed to cooperate as requested by members of the Committee. The Committee shall also have the resources and authority to retain special legal, accounting, or other experts it deems necessary in the performance of its responsibilities.

~~The Committee has the authority to conduct or authorize investigations into any matters within its scope of responsibility. It is empowered to:~~

- ~~• Appoint, compensate, and oversee the work of any registered public accounting firm employed by the organization.~~
- ~~• Oversee and direct the internal auditing function, any external auditors or legal counsel whom the committee may employ, and engagements with the state auditors. Receive reports from and direct when necessary the organization's compliance functions and legal counsel.~~
- ~~• Provide an open avenue of communication among the internal and external auditors, management, and the Board.~~
- ~~• Resolve and disagreements between management and the auditor regarding financial reporting.~~
- ~~• Pre approve all auditing and non auditing services and the related fees.~~
- ~~• Retain independent counsel, accountants, or others to advise the Committee or assist in the conduct of an investigation.~~
- ~~• Seek any information it requires from employees, all of whom are directed to cooperate with the committee's requests, or external parties.~~
- ~~• Meet with the organization's officers, external auditors, or outside counsel, as necessary.~~

#### MEMBERSHIP

In accordance with Section IV (B) of the Bylaws of the Board of Trustees, the Chairman of the Board shall appoint the Audit Committee members, all of whom shall be Trustees, and the Committee members will elect one individual ~~from its membership~~ to serve as Committee Chairman. Each member of the Committee, including the Chairman, shall be independent and by reason of education or experience possess such degree of financial literacy as required to oversee the performance of the internal and external auditors, review the institution's financial statements, and otherwise faithfully execute the role of the Audit Committee set forth in the bylaws. At least one member of the Committee should have appropriate experience with internal controls, an understanding of applicable accounting principles, the application of such principles in preparing or auditing financial statements, and an understanding of audit committee functions. ~~When no single member of the Board has the requisite skills, other arrangements should be made to ensure the Audit Committee has access to the financial expertise needed to carry out its duties.~~ Each member shall be free of any relationship that would interfere with his or her exercise of independent judgment or give the appearance of a conflict of interest.

~~As with other standing committees, members of the Management Development and Compensation Sub-Committee will be appointed by the Chairman of the Board of Trustees and is not limited to members of the Audit Committee. The Chairman of the Audit Committee will serve as chairman of this Sub-Committee.~~

#### EDUCATION

~~The University's senior management and Internal Audit department are responsible for providing the Committee with educational resources related to accounting principles, internal controls, applicable policies, and other information that may be requested by the Committee to maintain appropriate financial and compliance literacy.~~

#### MEETINGS

~~The Audit Committee shall meet at least two times per year. Internal Audit will coordinate the Committee's agenda in consultation with the Committee Chair and the Secretary of the Board of Trustees. The Management Development and Compensation Sub-Committee shall meet as needed. All Board members are encouraged to attend and participate in the Audit Committee and Sub-Committee meetings.~~

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Members of the Committee shall uphold their duty of care by attending and participating in meetings, strengthening their understanding of the institution and its operations, maintaining professional skepticism, addressing appropriate subjects, gathering adequate facts, making reasonable and prudent inquiries before making a decision, and seeking outside counsel when necessary.

~~The Audit Committee shall meet at least two times per year. Internal Audit will coordinate the Committee's agenda in consultation with the Committee Chair and the Secretary of the Board of Trustees. All Board members are encouraged to attend and participate in the Audit Committee meeting.~~

#### **DUTIES**

The Committee shall advise the Board in connection with the Board's responsibilities relating to the quality and integrity of the University's financial reporting, compliance with laws and regulations, and overall systems of internal control and risk mitigation. The Committee will make regular reports to the Board of the Committee's activities and relevant issues; each member of the Committee may suggest topics for reporting to the Board.

A strong system of internal controls is essential to protect the financial health and reputation of MUSC and MUHA. As such, the Committee is responsible for assuring that management is setting the appropriate tone in communicating the importance of internal controls that roles and responsibilities are clearly understood, and that policies, procedures, and systems are in place to maintain the appropriate internal control environment. Additionally, the Committee should determine whether management has implemented internal control recommendations made by internal or external auditors. The Board will receive reports of all internal audits along with the status of corrective actions. Management and the internal and external auditors shall to keep the Committee informed about fraud, illegal or unethical acts; deficiencies in internal control; and other audit-related matters.

The Committee will review the institution's Code of Conduct and ensure that it is easily accessible, widely communicated, understandable, includes a confidential reporting mechanism, and is enforced. It will also ensure that the institution's Conflict of Interest policy is comprehensive, requires an annual signoff, clearly defines the term "conflict of interest," and contains procedures for adequately managing/resolving and documenting potential conflicts. The Committee will advise the Board on appropriate ethical standards for the management of the organization.

Internal Audit is accountable to the Board and shall report to the Board. Internal Audit shall also work with the Audit Committee and meet and make reports to the Committee as required. The Committee will:

- 1) Ensure that the internal audit department has direct and unrestricted access to the chairman and other committee members.
- 2) Oversee the scope of Internal Audit services and have access to the internal audit function without management presence.
- 3) Review the charter, activities, staffing, budget and organizational structure of the internal audit function with the Director of Internal Audit to ensure appropriate structure and capability to effectively carry out responsibilities.
- 4) Consult and concur with the Board, who will continue to have ultimate responsibility, in the appointment, compensation, evaluation, replacement, reassignment, or dismissal of the Director of Internal Audit.
- 5) Review Internal Audit's annual risk assessment and audit plan, including any subsequent significant modifications to the audit plan, such as special requests by the Board or management.
- 6) Provide an effective reporting line and maintain the independence and objectivity of the internal audit function.
- 7) Ensure that Internal Audit has the right to seek information and explanations from MUSC and its affiliated organizations. No unjustified restrictions or limitations shall be placed on Internal Audit, which shall have all necessary access to management and all employees and records of MUSC and its affiliated organizations to the extent necessary to perform its duties.



8) Meet with Internal Audit at each meeting of the Audit Committee to discuss any necessary matters; to provide a forum for private comments including discussion of any restrictions on audit scope or access to required information, resources, or personnel; and to communicate the Committee's expectations.

9) Review and consider the implications of all significant comments and suggestions noted by Internal Audit in its reports. Evaluate management's responsiveness to Internal Audit's comments and suggestions to ensure that significant comments and suggestions are received, discussed, and acted upon in an appropriate and timely manner.

10) Work with Internal Audit to offer assistance in matters where the department has requested such advice.

The external auditor is ultimately accountable to the Board and shall report directly to the Audit Committee. The Committee will review and pre-approve, as appropriate, any engagement of an external audit firm for audit, audit-related, and non-audit services. The Committee will identify and prioritize the selection criteria for external audit services, appoint, terminate, compensate, oversee the performance of, and pre-approve any changes in scope or additional work and the related changes in fees. The Committee will review and confirm the external auditor's assertion of independence in accordance with professional standards, and consider how the performance of non-audit services may affect the external auditor's independence. At least every five years, the Committee will undertake a Request for Proposal for external auditing services.

The Committee will meet with the external auditor in an entrance conference to review the audit plan for the annual financial statement audit before work begins. Invite the external auditors of each of the affiliated organizations to attend for the purposes of coordinating audit effort, deadlines, the transfer of information, etc.

The Committee will meet with the external auditor in an exit conference to examine and discuss audit results and consider the implications of external audit findings. The Committee should meet with the external auditor without management present to discuss the audit outcomes. The Committee will review with the external auditors any booked or waived audit adjustments and any audit problems or difficulties encountered in the course of the audit work, including any restrictions on the scope of external audit activities or on access to requested information, and any significant disagreements with management, as well as management's response thereto. The Committee will monitor and examine management's response to the external auditor's findings and recommendations to ensure that significant findings and recommendations are received, discussed, and acted upon in an appropriate and timely manner. Further, the affiliated organizations and their auditors shall share their audit results (financial statements, audit findings, etc.) with the Committee. Annually, the Committee will evaluate the performance of the external auditors.

The Committee shall review the audited financial statements and external auditor's management letter, annual A-133 audit report, and other materials, including the Comprehensive Annual Financial Report (CAFR), as deemed appropriate. The Committee will ascertain that the audited financial statements have been prepared in accordance with generally accepted accounting procedures and that there are no unresolved adjustments or other significant related issues. The Committee will then recommend approval of the annual financial statements to the Board.

The Compliance Officers of MUSC and MUHA are accountable to the Board and shall report to the Board. The Committee will receive bi-annual reports for all entities regarding the activities of the Compliance Offices. It will also receive reports on and monitor responses to complaints received by the institution or confidential anonymous submissions by employees (via the hotline or other avenues) regarding accounting, internal controls, general ethical conduct, fraud, inefficiencies, or unlawful activity. The Committee will review procedures for the receipt, retention, and treatment of such information.

The Committee will review and discuss with Legal Counsel significant legal, environmental, and regulatory issues.

Other Committee duties include:



- Reviewing, as needed or requested, the results of the various audits or investigations performed by all areas that perform oversight or review functions.
- Receiving and reviewing all outside audits, including the findings of any significant examinations by regulatory agencies or the results of significant consulting engagements not reported to another standing committee.
- Reviewing, as requested, property and casualty insurance coverage including coverage of clinical and environmental risks. Consider the claims to which the organization may be liable in the conduct of its activities, the potential losses associated with such liability, and the manner in which protection is afforded through either purchased or self-insured programs, or a combination thereof.
- Conducting in the manner the Committee deems appropriate, a self-evaluation, comparing performance with the requirements set forth in the bylaws in order to increase the effectiveness of the Committee as a whole.
- Performing any other oversight functions as requested by the Board or deemed necessary in accordance with the bylaws.
- Reviewing the Board Bylaws governing the Committee at least biennially and recommend to the Board the formal adoption of any revisions for future operations of the Committee.
- Reporting to the Board on all financial matters in its area of concern.

The Management Development and Compensation Sub-Committee shall:

- Ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The Sub-Committee will review all policy matters related to evaluation and compensation of the President, the Vice Presidents, the Deans, the Secretary of the Board (collectively "Executive Management"), and any other positions the Sub-Committee may decide. The Sub-Committee will make recommendations to the Board via the Audit Committee regarding these matters. The Sub-Committee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Management.
- Review, at least annually, MUSC's assessment of potential candidates for promotion (Key Employees) to, at a minimum, the positions of Vice President, Dean, and other senior executives designated by the Board. The assessment should identify candidates potential for promotion, professional development needed to address perceived deficiencies in a candidate's preparedness for promotion, or other actions to develop a "deep bench" of potential MUSC leaders. The Sub-Committee shall assist the President in determining appropriate professional development assistance for the MUSC Key Employees and in determining the best approaches to providing that assistance. The Sub-Committee shall review, at least annually, the Management Development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.

No offer of compensation, whether written or oral, subject to the review of the Management Development and Compensation Sub-Committee shall be effective as binding on the entities without the required approval(s).

**RESPONSIBILITIES OF THE AUDIT COMMITTEE**

**Accounting and Financial Matters**

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- Review with management, Internal Audit, and any outside professionals as the Committee considers appropriate items such as important trends, professional developments, or emerging issues relative to accounting and financial reporting practices and requirements and their effect on the financial statements.
- Review reports and disclosures of internal and affiliated party transactions and operations.
- Review the Comprehensive Annual Financial Report (CAFR) before its release and consider whether the information is adequate and consistent with members' knowledge about MUSC and its affiliates' operations.
- Be satisfied that regulatory compliance matters have been considered in the preparation of the financial statements.

#### Internal Control

- Consider the effectiveness of the institution's internal control system, including information technology security and control.
- Understand the scope of internal and external auditors' review of internal controls over financial reporting and obtain reports on significant findings and recommendations, together with management responses.
- Review the institution's Code of Conduct. Ensure that the Code of Conduct is easily accessible, widely communicated, understandable, includes a confidential reporting mechanism, and is enforced.
- Ensure that the institution's Conflict of Interest policy is comprehensive, requires an annual signoff, clearly defines the term "conflict of interest," and contains procedures for adequately managing/resolving and documenting potential conflicts.

#### Internal Audit

- Internal Audit is accountable to the Board and shall report to the Board. Internal Audit shall also work with the Audit Committee and meet and make reports to the Committee as required. Ensure that the internal audit department has direct and unrestricted access to the chairman and other committee members.
- Oversee the scope of Internal Audit services and have access to the internal audit function without management presence.
- Review the charter, activities, staffing, budget and organizational structure of the internal audit function with the Director of Internal Audit to ensure appropriate structure and capability to effectively carry out responsibilities.
- Consult and concur with the Board, who will continue to have ultimate responsibility, in the appointment, compensation, evaluation, replacement, reassignment, or dismissal of the Director of Internal Audit.
- Review Internal Audit's annual risk assessment and audit plan, including any subsequent significant modifications to the audit plan, such as special requests by the Board or management.
- Provide an effective reporting line and maintain the independence and objectivity of the internal audit function.

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- Ensure that Internal Audit has the right to seek information and explanations from MUSC and its affiliated organizations. No unjustified restrictions or limitations shall be placed on Internal Audit, which shall have all necessary access to management and all employees and records of MUSC and its affiliated organizations.
- Meet with Internal Audit at each meeting of the Audit Committee to discuss any necessary matters; to provide a forum for private comments including discussion of any restrictions on audit scope or access to required information, resources, or personnel; and to communicate the Committee's expectations.
- Review and consider the implications of all significant comments and suggestions noted by Internal Audit in its reports. Evaluate management's responsiveness to Internal Audit's comments and suggestions to ensure that significant comments and suggestions are received, discussed, and acted upon in an appropriate and timely manner.
- Work with Internal Audit to offer assistance in matters where the department has requested such advice.

#### External Auditors

- The external auditor is ultimately accountable to the Board and shall report directly to the Audit Committee. Review and pre-approve, as appropriate, any engagement of an external audit firm for audit, audit-related, and non-audit services.
  - Be responsible for appointing, terminating, compensating, and overseeing the performance of the external auditor. The Committee will identify and prioritize the selection criteria. The Committee will oversee the payment of fees to the external auditor and will approve any changes in scope or additional work and the related changes in fees.
  - Before approving non-audit services, review the related scope and fees, and consider how the performance of such services may affect the external auditor's independence.
  - Review and confirm the external auditor's assertion of independence in accordance with professional standards.
- Meet with the external auditor in an entrance conference to review the audit plan for the annual financial statement audit before work begins. The external auditors of each of the affiliated organizations will be invited to attend for the purposes of coordinating audit effort, deadlines, the transfer of information, etc.
- Meet with the external auditor in an exit conference to examine and discuss audit results and consider the implications of external audit findings. The Committee should meet with the external auditor without management present to discuss the audit outcomes.
  - Review with the external auditors any booked or waived audit adjustments and any audit problems or difficulties encountered in the course of the audit work, including any restrictions on the scope of external audit activities or on access to requested information, and any significant disagreements with management, as well as management's response thereto.
  - Monitor and examine management's response to the external auditor's findings and recommendations to ensure that significant findings and recommendations are received, discussed, and acted upon in an appropriate and timely manner.

Further, the affiliated organizations and their auditors shall share their audit results (financial statements, audit findings, etc.) with the Committee.

When necessary, evaluate the external auditor's experience, qualifications, rotation requirements and performance.

#### Reporting

- Review the Board Bylaws governing the Committee at least biennially and recommend to the Board the formal adoption of any revisions for future operations of the Committee
- Request, if necessary, that any employees, members of management, Internal Audit, Legal Counsel, or outside firms attend Committee meetings and provide pertinent information or meet with any of the Committee's members or consultants.
- On a regular basis, report to the Board about Committee activities, issues (especially significant matters), and related recommendations.
- Provide an open avenue of communication between internal audit, the external auditors, and the Board of Trustees.
- Review any other reports the organization issues that relate to Committee responsibilities.

#### Compliance

- Receive annual reports for all entities regarding compliance.
- Receive reports on and monitor responses to complaints received by the institution or confidential anonymous submissions by employees (via the hotline or other avenues) regarding accounting, internal controls, general ethical conduct, fraud, inefficiencies, or unlawful activity. Review procedures for the receipt, retention, and treatment of such information.
- Review, as needed or requested, the results of various audits or investigations performed by all areas that perform oversight or review functions.

#### Other

- Review and discuss with Legal Counsel significant legal, environmental, and regulatory issues.
- Receive and review all outside audits, including the findings of any significant examinations by regulatory agencies or the results of significant consulting engagements not reported to another standing committee.
- Advise the Board on appropriate ethical standards for the management of the organization.
- Direct the internal and external auditors to keep the Committee informed about fraud, illegal or unethical acts, deficiencies in internal control, and other audit-related matters.
- Review, as requested, property and casualty insurance coverage including coverage of clinical and environmental risks. Consider the claims to which the organization may be liable in the conduct of its activities, the potential losses associated with such liability, and the manner in which protection is afforded through either purchased or self-insured programs, or a combination thereof.
- Conduct in the manner the Committee deems appropriate, a self-evaluation, comparing performance with the requirements set forth in the bylaws in order to increase the effectiveness of the Committee as a whole.
- Perform any other oversight functions as requested by the Board or deemed necessary in accordance with the bylaws.
- The Committee shall report to the Board on all financial matters in its area of concern.

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#### **EDUCATION**

The University's senior management and Internal Audit department are responsible for providing the Committee with educational resources related to accounting principles, internal controls, applicable policies, and other information that may be requested by the Committee to maintain appropriate financial and compliance literacy.

#### **BIENNIAL REVIEW AND AMENDMENT**

The Audit Committee will review its charter as needed but at least once during every even numbered year. Any amendment or other modification of this charter shall be made and approved by the Board of Trustees.

Review and Revisions: April 9, 2010, December 14, 2012

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