

**MINUTES**  
**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**BOARD OF TRUSTEES MEETING**  
**December 14, 2012**

The Board of Trustees of the Medical University Hospital Authority convened Friday, December 14, 2012, with the following members present: Thomas L. Stephenson, Esquire, Chairman; Dr. James E. Wiseman, Jr., Vice Chairman; Dr. Stanley C. Baker, Jr.; Mr. William H. Bingham, Sr.; Dr. Cotesworth P. Fishburne, Jr.; Dr. Harold W. Jablon; Dr. Donald R. Johnson II; Mr. William B. Hewitt; Dr. E. Conyers O'Bryan, Jr.; Dr. Thomas C. Rowland, Jr; Mr. Charles W. Schulze; The Honorable Robin M. Tallon and Dr. Charles B. Thomas, Jr.

The following administrative officials were present: Dr. Raymond S. Greenberg, President; Dr. Mark Sothmann, Vice President for Academic Affairs and Provost; Dr. Etta Pisano, Vice President for Medical Affairs, and Dean, College of Medicine; Ms. Lisa Montgomery, Executive Vice President for Finance and Operations; Mr. Stuart Smith, Vice President for Clinical Operations and Executive Director, MUHA; Dr. Frank Clark, Vice President for Information Technology and CIO.

The following deans were present: Dr. Jack Sanders, College of Dental Medicine; Dr. Lisa Saladin, College of Health Professions; Dr. Etta Pisano, College of Medicine; Dr. Philip Hall, College of Pharmacy; Dr. Joseph DiPiro, South Carolina College of Pharmacy; Dr. Gail Stuart, College of Nursing.

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

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

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

The date of the next regularly scheduled meeting is 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: It was moved that the Minutes be approved. The motion was seconded, voted on and unanimously carried.

**RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT**

**OLD BUSINESS:** None.

**NEW BUSINESS:**

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

Dr. Greenberg called on Chairman Stephenson to read a resolution in recognition of Mr. Stuart Smith's many contributions to the University and Medical Center upon his retirement. An MUSC chair was presented to Mr. Smith.

Dean Pisano introduced the speaker, Dr. Don Rockey who is the new Chairman of

the Department of Medicine. He received his bachelor's degree in biology from Virginia Polytechnic Institute and State University. He earned his M.D. from the Medical College of Virginia. He completed his internship, residency and fellowships in gastroenterology at the University of California San Francisco. He was on the faculty at both UCSF and Duke before moving to the University of Texas Southwestern in 2005 to head the Division of Digestive and Liver Diseases. He was very successful in building the program at that institution. He has received numerous honors and accolades during his career. We are fortunate to have his leadership at MUSC.

Dr. Rockey discussed the department, where it is now; and shared his vision for where he wants to department to go. He firmly believes the department should be a leader in academic medicine. The department is already strong in that area but he would like to see the department stronger nationally. He reviewed the goals for his department, one of which is to mesh the clinical enterprise with research. The Department needs to be known for basic and clinical disease research.

Dr. Greenberg stated he was very pleased to have Dr. Rockey at MUSC.

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

Board Action: Received as information.

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

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

**OLD BUSINESS:** None.

**NEW BUSINESS:**

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

Statement: Dr. Baker said Mr. Stuart Smith had reported that Joint Commission had conducted the hospital's triennial survey in October and Mr. Smith feels good about the results.

Also, Mr. Smith presented for approval the bridge contract with Huron Consulting Group to get work started immediately on the initiatives presented by the group. The longer term contract will be brought back to the February Board Meeting for approval.

Recommendation of Administration: That the bridge contract with Huron Consulting Group be approved.

Recommendation of Committee: That the bridge contract with Huron Consulting Group be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the bridge contract with Huron Consulting Group.

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

Statement: Dr. Baker stated Mr. Hargett had reported to committee that the Authority had completed the refinance of some long-term debt which would result in annual savings of \$4.3 million and a net savings of \$59.6 million.

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

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

Board Action: Received as information.

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

Statement: Dr. Baker said the committee had received a report from Dean Pisano and that was received as information.

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

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

Board Action: Received as information.

**Item 9. Report on Outreach Activity and MUSC Physicians.**

Statement: Dr. Baker said Dr. Costello had reported to committee and that was received as information.

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

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

Board Action: Received as information.

**Item 10. Report on Quality and Safety Report.**

Statement: Dr. Baker stated Dr. Cawley had given a report on Quality and Patient Safety and that was received as information.

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

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

Board Action: Received as information.

**Item 11. Legislative Update.**

Statement: Dr. Baker stated Mr. Sweatman had covered his update in executive session and no action had been taken.

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

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

Board Action: Received as information.

**Item 12. Other Committee Business.** None

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

Statement: An updated list of appointments, reappointments and delineation of privileges to the medical staff were presented for approval.

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

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

Board Action: A motion was made, seconded and unanimously voted to approve the list of appointments, reappointments and delineation of privileges to the medical staff.

**Item 14. Revisions to the Medical Staff Bylaws (Consent Item).**

Statement: The revisions to the Medical Staff Bylaws were presented for approval.

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

Recommendation of Committee: That the revisions to the Medical Staff Bylaws be approved.

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

**Item 15. Renewal of Line of Credit (Consent Item).**

Statement: Dr. Baker asked for approval of a renewal of a line of credit for the Authority, not to exceed \$25,000,000, and terms not to exceed six months in duration.

Recommendation of Administration: That the renewal of the line of credit be approved.

Recommendation of Committee: That the renewal of the line of credit be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the renewal of the line of credit.

**Item 16. Plan for Provision of Care (Consent Item).**

Statement: The updated plan for Provision of Care was presented for approval.

Recommendation of Administration: That the updated Plan for Provision of Care be approved.

Recommendation of Committee: That the updated Plan for Provision of Care be approved.

Board Action: A motion was made, seconded and unanimously voted that the updated Plan for Provision of Care be approved.

**Item 17. Medical Executive Committee Minutes (Consent Item).**

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**Item 18. Medical Center Contracts and Agreements (Consent Item).**

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

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

**OLD BUSINESS:** None.

**NEW BUSINESS:**

**Item 19. Facilities Procurements/Contracts Proposed.**

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

- Lease renewal for 94,751 square feet of office/clinical space located on various floors within the University Hospital, Children's Hospital and Ashley River Tower. Total cost of two year lease renewal: \$4,000,387.22.

Recommendation of Administration: That this lease be approved.

Recommendation of Committee: That this lease be approved.

Board Action: A motion was made, seconded and unanimously voted that the lease be approved as presented.

**Item 20. Update on Projects.**

Statement: No report provided.

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

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

Board Action: Received as information.

**Item 21. Other Committee Business.** None

**Item 22. Facilities Contracts Awarded (Consent Item).**

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY AUDIT COMMITTEE. CHAIRMAN: MR. WILLIAM B. HEWITT. (Detailed committee minutes are attached to these minutes).**

**OLD BUSINESS:** None.

**NEW BUSINESS:**

**Item 23. External Audit Report from KPMG.**

Statement: Mr. Hewitt stated Mr. Brian Wiese, KPMG Healthcare Partner and Ms. Jody Geary, KPMG Senior Manager-University, presented the results of the 2012 audits of the University and the Hospital Authority. They reported both entities had received unqualified opinions. They also reported to the board members that they had received full cooperation from management and staff during the audits and there was no disagreement with management on accounting issues or financial reporting matters.

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

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

Board Action: Received as information.

**Item 24. Report of the Office of General Counsel.**

Statement: Mr. Hewitt stated the committee had received a report from the General Counsel on the status of searches for the University and Hospital attorneys. Ms. Drachman was pleased to announce that Mr. David McLain would be coming to MUSC from Emory University as the new healthcare attorney. The University attorney search is still in progress.

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

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

Board Action: Received as information.

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

Statement: Mr. Hewitt asked for approval of the updated Audit Committee Charter.

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

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

Board Action: A motion was made, seconded and unanimously voted to approve the updated Audit Committee Charter.

**Item 26. Report of the Office of Internal Audit.**

Statement: Mr. Hewitt stated the committee had received a report from the Director of Internal Audit and the report was received as information.

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

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

Board Action: Received as information.

**Item 27. Other Committee Business.** None.

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

**Item 28. Approval of MUHA Board of Trustees Bylaws.**

Statement: Mr. Hewitt asked for approval of the revised MUHA Board of Trustees Bylaws.

Recommendation of Administration: That the revised MUHA Board of Trustees Bylaws be approved.

Recommendation of Committee: That the revised MUHA Board of Trustees Bylaws be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the revised MUHA Board of Trustees Bylaws.

**Item 29. Approval of Consent Agenda.**

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

Recommendation of Administration: That the consent agenda be approved.

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


**Item 30. New Business for the Board of Trustees.**

None.

**Item 31. Report from the Chairman.**

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

Respectfully submitted,

  
Hugh B. Faulkner III  
Secretary



**Medical University Hospital Authority  
Board of Trustees  
Committee on Hospital Operations, Quality and Finance  
December 13, 2012 Minutes**

Attendees:

Dr. Stanley Baker, Chair	Dr. Etta Pisano
Mr. William H. Bingham, Sr.	Ms. Lisa Montgomery
Dr. Cotesworth P. Fishburne, Jr.	Mr. Jim Fisher
Mr. William B. Hewitt	Annette Drachman, Esq.
Dr. Harold Jablon	Dr. Patrick Cawley
Dr. Donald R. Johnson, II	Dr. Mark Lyles
Dr. E. Conyers O'Bryan, Jr.	Mr. Steve Hargett
Dr. Thomas Rowland	Dr. Phillip Costello
Mr. Charles W. Schulze	Mr. Betts Ellis
Mr. Allan E. Stalvey	Mr. Casey Liddy
Thomas L. Stephenson, Esq.	Mr. Steve Hargett
Hon. Robin M. Tallon	Mr. John Cooper
Dr. Charles B. Thomas	Mr. Hugh B. Faulkner
Dr. James E. Wiseman, Jr.	Mr. Mark Sweatman
Dr. Raymond Greenberg	Ms. Sarah King
Mr. Stuart Smith	Ms. Hailey James

The committee was called to order by Dr. Stanley Baker at 10:35 am.

**Item 6. Medical University Hospital Authority Status Report**

**MUHA Status Report**

Mr. Stuart Smith reported that the Joint Commission conducted the hospital's triennial survey the week of October 15 – 19, 2012. The five-day survey included all inpatient and outpatient (hospital-based) areas of MUHA. Mr. Smith reported that out of the 275 standards that are reviewed, MUHA had only 9 direct and 9 indirect findings. There were no findings in the IOP inpatient area and only one partial finding in the outpatient area. Mr. Smith noted that the surveyors repeatedly commended MUSC on quality of care. Our only required follow-up is to submit action plans around the findings. Compared to the three years ago when we received over 60 findings and did not know if we would be fully accredited for over three months, this survey was a success.

Mr. Smith also shared with the committee slides that were shared at recent employee town hall meetings regarding upcoming changes in the healthcare and the impact it will have on MUSC. Smith discussed the Medicare and Medicaid cuts that began in 2012 and the additional cuts over the next 7 years (2014 – 2020).

Action: Received as information.

**Huron Contract**

Stuart Smith and Steve Hargett requested approval to enter into a bridge agreement with the Huron Consulting group. Approval of this bridge agreement will enable Huron to get started immediately on the initiatives presented earlier and allow us more time for negotiations on the longer term engagement.

Action: Recommend approval.

## Medicaid Expansion

Mr. Allan Stalvey gave a presentation on the Medicaid Expansion and the impact on South Carolina and MUSC.

Action: Received as information.

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

Mr. Steve Hargett reported that the rate lock for the refinance was secured last week. The rate changed from 4.74% to 2.94% resulting in annual savings of \$4.3 million and a net savings of \$59.6 million.

Action: Received as information.

### **Item 8. Report of the Dean, COM and Vice President for Medical Affairs Major Purchase**

Dr. Etta Pisano gave an update on College of Medicine activities. She announced that Dr. Vincent Pellegrini, Jr. will be joining MUSC on April 1, 2013, as the new Chair for the Department of Orthopedic Surgery. Dr. Yuko Palesch has been appointed Interim Chair for the Department of Public Health Sciences effective January 1, 2013. She also reported on education activities including the upcoming LCME survey scheduled for January 2013, the new student lounge and the start of Academy of Medical Educators program. In research a new three-year \$10 million clinical trial on Omega-3 Fatty Acids and Suicide Prevent in Veterans was awarded to Dr. Bernadette Marriott. She also gave a report on new locations and expansions in the Primary Care Network and outreach efforts. She updated the committee on the MUSC Health Strategic Plan initiatives and also reported on the basic science funding model and announced that the committee report on the dean's office staffing will be available within the next several weeks.

Action: Received as information.

### **Item 9. Report on Outreach Activity and MUSC Physicians**

Dr. Phil Costello announced that MUSC Physicians made the decision not to raise their fees this year.

Action: Received as information.

### **Item 10. Report on Quality and Patient Safety**

Dr. Pat Cawley reported on the UHC key performance indicators, which include mortality, safety, efficiency, patient satisfaction and effectiveness. Of particular note, Dr. Cawley mentioned the survey conducted by The Leapfrog group where MUSC received a grade of "A" for patient safety. MUSC was the only hospital in Charleston area to receive an "A". Dr. Cawley presented graphs showing the performance of the various key performance indicator results over the last two years compared to other UHC hospitals and reported that MUSC everything is doing well.

Dr. Cawley discussed the South Carolina High Reliability Institute and shared examples of industries associated with High Reliability Organizations (HRO). Key components of an HRO include organizational culture of safety, robust process improvement and leadership engagement. He also reviewed the requirements of participation in the SC High Reliability Institute. Dr. Cawley will give another update at the February Board meeting.

Dr. Cawley gave a report on the Lung Transplant Program. He reported that during the period of August 2010 through August 2012, MUSC received 271 referrals including 143 insured, 15 Medicaid, 89 Medicare and 39 with insurance that requires a CMS approved center. Dr. Cawley noted that our current volume continues to increase. Dr. Cawley showed the number of referrals made to out of state programs. He shared the reports on UHC Comparative Outcomes, Financial Comparison and STRT data. The CMS Site Survey was conducted in September 2012. There were no findings other than the lack of adequate volume. A letter has been submitted to CMS requesting conditional approval based on mitigating circumstances.

**Item 11. Legislative Update**

Mark Sweatman asked that this item be discussed in executive session.

Action: Received as information.

**Item 12. Other Committee Business**

No other committee business.

Action: Received as information.

**CONSENT AGENDA**

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

The committee reviewed the request for appointments, reappointments and delineation of privileges. These have been approved by the appropriate hospital committees and the Medical Executive Committee.

Action: Recommend approval.

**Item 14. Revisions to the Medical Staff Bylaws**

The proposed revisions to the medical staff bylaws were submitted to the committee and reviewed by all appropriate groups. The committee recommended approval.

Action: Recommend approval.

**Item 15. Renewal of Line of Credit**

The resolution to renew line of credit was reviewed and approved by the committee.

Action: Recommend approval.

**Item 16. Plan for Provision of Care**

The committee reviewed and approved the updated Plan for Provision of Care for the Medical Center.

Action: Recommend approval.

**Item 17. Medical Executive Committee minutes**

The minutes for September and October 2012 were presented. These were reviewed by the committee.

Action: Received as information.

**Item 18. Medical Center Contracts and Agreements**

The committee reviewed the contracts and agreements which have been entered into since the last meeting of the Board.

Action: Received as information.

There being no further business, the committee adjourned at 11:50 a.m.

Jane L. Scutt

## 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

**Professional Staff Reappointment and Privileges**

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. Grubaug, 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

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### 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.*

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

**MUSC Medical Center - Medical Staff Bylaws**

Adopted <enter month year>

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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) Participate in continuing education as directed by state licensure and the MEC.

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

(l) 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

- (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

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:

- (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.*

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*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 therefrom 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 from time to time revenue anticipation notes in an outstanding principal amount not exceeding \$25,000,000 for terms not exceeding six months each 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 six months 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 has received approval of the FHA for short-term indebtedness in an aggregate principal amount not exceeding \$25,000,000 with respect to its existing \$25,000,000 line of credit, together with all extensions, renewals, modifications and substitutions thereof.

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

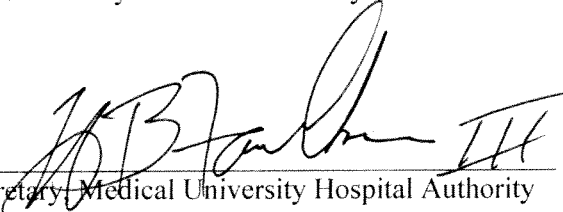
1. The Board of Trustees of the Authority hereby approves the incurring from time to time of short-term indebtedness by means of the issuance of revenue anticipation notes of the Authority in principal amount outstanding not exceeding \$25,000,000 for terms not exceeding six months in duration.
2. The 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 renewals of the foregoing short-term indebtedness or the incurring of other such short-term indebtedness for periods not to exceed six months each and in aggregate principal amount outstanding from time to time not to exceed \$25,000,000(the terms of which borrowings 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.

  
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 Sickle 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	

<b>SCOPE OF SERVICES TEMPLATE FOR NON-CLINICAL AREAS</b>	
<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

**Medical University Hospital Authority  
Physical Facilities Committee  
December 13, 2012  
Minutes**

**Attendees:**

Mr. William H. Bingham, Chair	Dr. Frank Clark
Dr. Stanley C. Baker	Ms. Annette Drachman
Dr. Cotesworth P. Fishburne, Jr.	Mr. Dennis Frazier
Mr. William B. Hewitt	Mr. Jim Fisher
Dr. Harold W. Jablon	Mr. John Malmrose
Dr. Donald R. Johnson II	Mr. Bob Marriott
Dr. E. Conyers O'Bryan, Jr.	Ms. Lisa Montgomery
Dr. Thomas C. Rowland, Jr.	Dr. Etta Pisano
Mr. Charles W. Schulze	Dr. Darlene Shaw
Thomas L. Stephenson, Esquire	Ms. Reece Smith
The Honorable Robin M. Tallon	Mr. Stuart Smith
Dr. Charles B. Thomas, Jr.	Dr. Mark Sothmann
Dr. James E. Wiseman, Jr.	Mr. Patrick Wamsley
Mr. Hugh B. Faulkner	
Dr. Raymond S. Greenberg	
Ms. Susan Barnhart	

Mr. Bingham called the meeting to order.

**REGULAR Items**

**Item 19      Procurements/Contracts for Approval.**

Mr. Dennis Frazier presented the following for approval

- Lease Renewal for 94,751 square feet of office/clinical space located on various floors within the University Hospital, Children's Hospital and Ashley River Tower. Total cost of two year lease renewal: \$4,000,387.22.

**Recommendation of Committee: A motion was made, seconded and unanimously voted to approve the procurements/contracts as presented.**

**Item 20      Update on Projects.**

No Report.

Recommendation of Committee: Received as information.

**Item 21      Other Committee Business.**

**CONSENT Items for Information:**

**Item 22      Facilities Contracts Awarded**

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

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

With no further business, the meeting was adjourned.

Respectfully submitted,

Celeste Jordan



**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  
Audit Committee  
December 13, 2012  
Minutes**

**Attendees:**

Mr. William B. Hewitt, Chair	Ms. Susan H. Barnhart
Dr. Stanley C. Baker	Dr. Frank Clark
Mr. William H. Bingham, Sr.	Dr. Phil Costello
Dr. Cotesworth P. Fishburne, Jr.	Ms. Annette Drachman
Dr. Harold Jablon	Mr. Jim Fisher
Dr. Donald R. Johnson II	Ms. Lisa Montgomery
Dr. E. Conyers O'Bryan, Jr.	Dr. Etta Pisano
Dr. Thomas C. Rowland, Jr.	Dr. Darlene Shaw
Mr. Charles W. Schulze	Dr. Mark Sothmann
Thomas L. Stephenson, Esquire	Mr. Patrick Wamsley
The Honorable Robin M. Tallon	
Dr. Charles B. Thomas, Jr.	
Dr. James E. Wiseman, Jr.	
Mr. Hugh B. Faulkner	
Dr. Raymond S. Greenberg	

Mr. Hewitt called the meeting to order.

**REGULAR Items**

**Item 23. External Audit Report from KPMG.**

Mr. Brian Wiese, KPMG Healthcare Partner and Ms. Jodi Geary, KPMG Senior Manger – University, presented the results of the 2012 audits of the University and the Hospital Authority. They gave an overview of the FY 2012 audit results of both the University and the Hospital Authority, reporting that both entities had received unqualified opinions on the 2012 financial statements. Mr. Wiese and Ms. Geary stated they had received full cooperation from management and staff during the audits and there were no disagreements with management on accounting issues or financial reporting matters. Their presentation included a review of internal control observations and audit adjustments; focus areas for the Audit Committee as well as industry focus points.

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

**Item 24. Report of the Office of General Counsel.**

Ms. Annette Drachman provided an update on the searches for the University and Hospital attorneys. The healthcare attorney has been hired. Mr. David McLain will be coming to MUSC from Emory University. The position description for the University attorney is being drafted and she hopes to have that position filled very soon.

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

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

Mr. Hewitt stated the Audit Committee Charter had been distributed to the board and he asked for approval of the charter as presented.

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

**Item 26. Report of the Office of Internal Audit.**

Mr. Hewitt stated Ms. Susan Barnhart had distributed the results of internal audit reports and there being no questions, the reports were received as information.

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

**Item 27. Other Committee Business.**

Mr. Hewitt presented the updated Hospital Authority Board of Trustees Bylaws for approval.

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

Respectfully Submitted,

Celeste Jordan