



# **AGENDA**

**(REGULAR AND CONSENT)**

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

**APRIL 7, 2006**

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

**REGULAR AGENDA**

Board of Trustees Meeting  
Friday, August 9, 2013  
**9:00 a.m.**  
101 Colcock Hall

**Members of the Board of Trustees**

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
Dr. Stanley C. Baker, Jr.  
Mr. James A. Battle  
Mr. William H. Bingham, Sr.  
Mr. William B. Hewitt  
Dr. Harold W. Jablon  
Dr. Donald R. Johnson II

Ms. Barbara Johnson-Williams  
Dr. Ragin C. Monteith  
Dr. E. Conyers O'Bryan, Jr.  
Mr. Charles W. Schulze  
The Honorable Robin M. Tallon  
Dr. Thomas C. Rowland, Jr.  
Dr. G. Murrell Smith, Sr.  
Mr. Michael E. Stavrakis  
Dr. Charles B. Thomas, Jr.

**Trustees Emeriti**

Mrs. Margaret M. Addison  
Dr. Cotesworth P. Fishburne, Jr.  
Mrs. Claudia W. Peebles  
Mr. Allan E. Stalvey

Item 1.     Call to Order-Roll Call.

Item 2.     Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, October 11, 2013.

Item 3.     Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of May 16, 2013.

Board Action:

**RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 4.     General Informational Report of the President.

Statement: Dr. Greenberg will present a general report.

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

Board Action:

Item 5. Other Business.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 6. Medical University Hospital Authority Status Report.

Statement: Dr. Pat Cawley will report on the status of the Medical Center.

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

Recommendation of Committee:

Board Action:

Item 7. Medical University Hospital Authority FY 2013-2014 Budget.

Statement: Mr. Steve Hargett will present the MUHA FY 2014 Budget for approval.

Recommendation of Administration: That the Budget be approved.

Recommendation of Committee:

Board Action:

Item 8. Medical University Hospital Authority Financial and Statistical Report.

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

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

Recommendation of Committee:

Board Action:

Item 9. Annual Report on Quality and Patient Safety.

Statement: Ms. Danielle Scheurer will present the annual report on Quality and Patient Safety.

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

Recommendation of Committee:

Board Action:

Item 10. General Report of the Dean, COM and Vice President for Medical Affairs.

Statement: Dean Pisano will present a general update.

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

Recommendation of Committee:

Board Action:

Item 11. MUHA Bylaw Changes.

Statement: Mr. David McLean will present changes to the MUHA Bylaws for approval.

Recommendation of Administration: That the changes be approved.

Recommendation of Committee:

Board Action:

Item 12. Legislative Update.

Statement: Mr. Bo Faulkner and Mr. Mark Sweatman will present an update on legislative issues.

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

Recommendation of Committee:

Board Action:

Item 13. Other Committee Business.

**CONSENT ITEM FOR APPROVAL:**

Item 14. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.

**CONSENT ITEMS FOR INFORMATION:**

Item 15. Medical Executive Committee Minutes.

Item 16. Contracts and Agreements.

Item 17. Environment of Care Report.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 18. Update on Projects.

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

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

Recommendation of Committee:

Board Action:

Item 19. Other Committee Business.

**CONSENT ITEM FOR INFORMATION:**

Item 20. Facilities Contracts Awarded.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 21. Annual Compliance Update.

Statement: Ms. Reece Smith will present the annual Compliance update.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 22. Legal Update.

Statement: Ms. Annette Drachman will present an update.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 23. Report of the Office of Internal Audit.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 24. Other Committee Business.

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

Item 25. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 26. Board of Trustees Annual Self-Assessment.

Statement: Mr. Hewitt will discuss the results of the Annual Board of Trustees Self-Assessment.

Board Action:

Item 27. Report from the Chairman.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**(A Component Unit of MUSC)**  
**Interim Financial Statements**  
**June 30, 2013 and 2012**

<b>Balance Sheets</b>	<b>1</b>
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**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Balance Sheet  
June 30, 2013 and June 30, 2012

<b>Assets and Deferred Outflows</b>	<b>At 6/30/2013 (Unaudited)</b>	<b>FYE 06/30/2012 (Audited)</b>
Current Assets:		
Cash and Cash Equivalents	\$ 38,260,407	\$ 33,154,233
Cash Restricted for Capital Improvements	5,500,000	-
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$54,635,567 and \$52,200,000	171,786,922	153,830,121
Due from Related Parties	-	4,010,077
Due from Third-Party Payors	14,316,134	15,361,037
Other Current Assets	49,141,642	44,827,898
<b>Total Current Assets</b>	<b>279,005,105</b>	<b>251,183,366</b>
Investments Held by Trustees Under Indenture Agreements	46,256,860	87,405,332
Capital Assets, Net	520,719,937	521,915,647
Deferred Borrowing Costs	4,267,895	14,730,533
<b>Total Assets</b>	<b>850,249,797</b>	<b>875,234,878</b>
Deferred Outflows	2,262,745	3,861,867
<b>Total Assets and Deferred Outflows</b>	<b>\$ 852,512,542</b>	<b>\$ 879,096,745</b>
<b>Liabilities and Net Position</b>		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 14,906,814	\$ 11,365,000
Current Installments of Capital Lease Obligations	261,751	258,169
Current Installments of Notes Payable	1,788,574	10,968,665
Due to Related Parties	6,433,229	-
Accounts Payable	40,845,097	42,308,691
Accrued Payroll, Withholdings and Benefits	51,854,009	50,918,729
Other Accrued Expenses	12,069,858	12,597,844
Deferred Revenue	5,500,000	-
<b>Total Current Liabilities</b>	<b>133,659,332</b>	<b>128,417,098</b>
Long-Term Debt	343,853,705	411,699,783
Capital Lease Obligations	353,403	615,154
Derivative Instruments	2,262,745	3,861,867
Notes Payable	12,300,020	607,004
Other Liabilities	3,692,858	6,314,386
<b>Total Liabilities</b>	<b>496,122,063</b>	<b>551,515,292</b>
Net Position:		
Invested in Capital Assets, Net of Related Debt	145,410,835	92,401,538
Restricted Under Indenture Agreements	46,256,860	87,401,823
UnRestricted	164,722,784	147,778,092
<b>Total Net Position</b>	<b>356,390,479</b>	<b>327,581,453</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 852,512,542</b>	<b>\$ 879,096,745</b>



**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 12 Month Periods Ending June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Operating Revenue:		
Net Patient Service Revenue	\$ 1,080,756,181	\$ 1,028,505,141
Other Revenue	<u>14,653,693</u>	<u>19,403,274</u>
Total Operating Revenue	<u>1,095,409,874</u>	<u>1,047,908,415</u>
Operating Expenses:		
Compensation and Employee Benefits	463,016,010	458,647,448
Services and Supplies	536,043,637	500,901,623
Depreciation and Amortization	<u>57,045,306</u>	<u>56,215,557</u>
Total Operating Expenses	<u>1,056,104,953</u>	<u>1,015,764,628</u>
Operating Income (Loss)	39,304,921	32,143,787
NonOperating Revenue (Expense):		
Investment Income	(2,309,088)	1,684,707
Interest Expense	(18,911,808)	(25,306,436)
Gain on GIC Termination	<u>10,725,000</u>	<u>-</u>
Total NonOperating Revenue (Expense)	<u>(10,495,896)</u>	<u>(23,621,729)</u>
Change in Net Position	<u>\$ 28,809,025</u>	<u>\$ 8,522,058</u>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
SRECNA - Comparative Variance Analysis  
For the 12 Month Periods June 30, 2013 and 2012

	Current Month		Comparative Period		Fiscal Year To Date		Comparative Period	
	Actual	Budget	Variance	Jun 2012	Actual	Budget	July-June FY2012	Variance
Operating Revenue:								
Net Patient Service Revenue	\$ 100,174,997	\$ 89,974,252	11.34%	\$ 88,748,118	\$ 1,080,756,181	\$ 1,079,691,021	\$ 1,028,505,141	5.08%
Other Revenue	(1,360,623)	1,543,680	-188.14%	2,008,757	14,653,693	18,524,158	19,403,274	-24.48%
Total Operating Revenue	98,814,374	91,517,932	7.97%	90,756,875	1,095,409,874	1,098,215,179	1,047,908,415	4.53%
Operating Expenses:								
Compensation and Employee Benefits	37,259,995	40,214,294	7.35%	38,022,621	463,016,010	482,571,530	458,647,448	-0.95%
Services and Supplies	48,437,538	43,476,486	-11.41%	46,652,222	536,043,637	521,717,828	500,901,623	-7.02%
Depreciation and Amortization	4,427,049	4,706,753	5.94%	5,261,119	57,045,306	56,481,035	56,215,557	-1.48%
Total Operating Expenses	90,124,602	88,397,533	-1.95%	89,935,962	1,056,104,953	1,060,770,393	1,015,764,628	-3.97%
Operating Income (Loss)	8,689,772	3,120,399	178.48%	820,913	39,304,921	37,444,786	32,143,787	22.28%
Operating Margin	8.79%	3.41%		0.90%	3.59%	3.41%	3.07%	
NonOperating Revenue (Expense):								
Investment Income	(1,711,066)	175,909	-1072.70%	(111,968)	(2,309,088)	2,110,911	1,684,707	-237.06%
Interest Expense	(1,194,846)	(2,032,433)	41.21%	(2,166,778)	(18,911,808)	(24,389,200)	(25,306,436)	25.27%
Gain on GIC Termination	-	-		-	10,725,000	-	-	
Total NonOperating Revenue (Expense)	(2,905,912)	(1,856,524)	-56.52%	(2,278,746)	(10,495,896)	(22,278,289)	(23,621,729)	55.57%
Change in Net Position	\$ 5,783,860	\$ 1,263,875	357.63%	\$ (1,457,833)	\$ 28,809,025	\$ 15,166,497	\$ 8,522,058	238.05%

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Functional Expenses  
For the 12 Month Periods Ending June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<b>Nursing Services:</b>		
Administration and Education	30,996,155	\$ 28,930,877
Medical and Surgical	60,003,816	61,600,576
Pediatrics	16,274,989	14,865,980
Emergency and Trauma Units	21,281,022	23,058,401
Intensive Care Units	55,094,654	55,902,142
Coronary Care Units	3,866,881	3,973,197
Psychiatric	24,383,332	24,386,825
Operating Rooms	33,918,507	36,219,761
Recovery Rooms	4,439,004	4,495,280
Delivery and Labor Rooms	4,087,799	4,285,952
Obstetrics	5,932,588	5,683,801
Total Nursing Services	<u>\$ 260,278,747</u>	<u>\$ 263,402,792</u>
<b>Other Professional Services:</b>		
Laboratories and Laboratory Support	\$ 49,761,841	\$ 50,090,378
Electrocardiology	6,114,984	5,942,058
Radiology	26,038,668	25,281,857
Pharmacy	104,510,078	101,838,261
Heart Catheterization	10,329,829	10,095,127
Central Services and Supply	87,859,989	83,863,954
Anesthesiology	19,665,210	21,034,330
Nuclear Medicine	1,125,956	1,162,806
Respiratory Therapy	14,151,793	14,128,052
Physical Medicine	8,366,103	9,710,792
Dialysis	2,140,661	2,342,712
Pathology	4,199,278	4,116,734
Transplant	23,211,775	23,192,039
Other Miscellaneous Services	17,327,784	16,780,460
Medical Records and Quality Assurance	7,407,720	7,012,250
Resident Support	49,777,956	38,456,617
Total Other Professional Services	<u>\$ 431,989,625</u>	<u>\$ 415,048,427</u>
<b>General Services:</b>		
Dietary	\$ 15,206,944	\$ 15,236,082
Plant Ops, Maintenance, Security	59,174,581	59,259,994
Housekeeping	17,116,905	15,366,152
Total General Services	<u>\$ 91,498,430</u>	<u>\$ 89,862,228</u>
<b>Fiscal and Administrative Services:</b>		
Admitting	\$ 6,885,181	\$ 6,622,107
Administration	63,687,055	56,857,493
Shared Services	10,342,646	7,745,430
MUSC Support	13,265,608	5,060,831
Accounting	9,749,882	5,788,261
Hospital Patient Accounting	10,348,722	10,202,933
Marketing	7,741,686	7,503,609
Human Resources	2,606,015	2,606,978
Communications	1,969,696	1,890,909
Computer Services	40,213,051	35,243,521
Total Fiscal and Administrative Services	<u>\$ 166,809,542</u>	<u>\$ 139,522,072</u>
<b>Ambulatory Care:</b>		
Ambulatory Care	<u>\$ 48,483,303</u>	<u>\$ 51,713,552</u>
Total Ambulatory Care	<u>\$ 48,483,303</u>	<u>\$ 51,713,552</u>
<b>Other:</b>		
Depreciation	\$ 57,045,306	\$ 56,215,557
Interest	18,911,808	25,306,436
Total Other	<u>\$ 75,957,114</u>	<u>\$ 81,521,993</u>
<b>Total Expenses</b>	<u>\$ 1,075,016,761</u>	<u>\$ 1,041,071,064</u>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Revenues and Expenses - Actual versus Budget  
For the 12 Month Period Ending June 30, 2013

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable	
<b>Operating Revenue:</b>					
<b>Patient Service Revenue:</b>					
Inpatient	\$ 1,645,398,651	\$ 1,645,398,651	\$ 1,665,224,084	\$ 19,825,433	F
Outpatient	1,211,315,263	1,211,315,263	1,169,037,991	42,277,272	U
Gross Patient Service Revenue	2,856,713,914	2,856,713,914	2,834,262,075	22,451,839	U
Less: Charity Care	(153,162,084)	(153,162,084)	(94,592,095)	58,569,989	F
Patient Service Revenue net of Charity Care	2,703,551,830	2,703,551,830	2,739,669,980	36,118,150	F
<b>Additions (Deductions) To/From Patient Service Revenue:</b>					
Contractual and Other Adjustments	(1,661,323,720)	(1,661,323,720)	(1,700,020,627)	38,696,907	U
Disproportionate Share	18,834,290	18,834,290	22,478,207	3,643,917	F
Net Additions (Deductions) To/From Patient Service Revenue	(1,623,860,809)	(1,623,860,809)	(1,658,913,799)	35,052,990	U
Net Patient Service Revenue	1,079,691,021	1,079,691,021	1,080,756,181	1,065,160	F
<b>Other Operating Revenue:</b>					
Other and IIT Transfers	18,524,158	18,524,158	14,653,693	3,870,465	U
Total Other Operating Revenue	18,524,158	18,524,158	14,653,693	3,870,465	U
Total Operating Revenue	\$ 1,098,215,179	\$ 1,098,215,179	\$ 1,095,409,874	\$ 2,805,305	U
<b>Operating Expenses:</b>					
Nursing Services	\$ 268,966,629	\$ 268,966,629	\$ 260,278,747	\$ 8,687,882	F
Other Professional Services	426,885,327	426,885,327	431,989,625	5,104,298	U
General Services	90,390,817	90,390,817	91,498,430	1,107,613	U
Fiscal and Administrative Services	166,419,862	166,419,862	166,809,542	389,680	U
Ambulatory Care	51,626,723	51,626,723	48,483,303	3,143,420	F
Other Expenses	56,481,035	56,481,035	57,045,306	564,271	U
Total Operating Expenses	1,060,770,393	1,060,770,393	1,056,104,953	4,665,440	F
<b>Income (Loss) from Operations</b>	37,444,786	37,444,786	39,304,921	1,860,135	F
<b>NonOperating Revenue (Expense):</b>					
Interest and Investments	(22,278,289)	(22,278,289)	(21,220,896)	1,057,393	F
Gain on GIC Termination	-	-	10,725,000	10,725,000	F
Total NonOperating Revenue (Expense)	(22,278,289)	(22,278,289)	(10,495,896)	11,782,393	F
<b>Change in Net Position</b>	\$ 15,166,497	\$ 15,166,497	\$ 28,809,025	\$ 13,642,528	F

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Functional Expenses - Actual versus Budget  
For the 12 Month Period Ending June, 2013

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
<b>Nursing Services:</b>				
Administration and Education	\$ 31,156,288	\$ 31,156,288	\$ 30,996,155	\$ 160,133 F
Medical and Surgical	61,783,783	61,783,783	60,003,816	1,779,967 F
Pediatrics	16,046,878	16,046,878	16,274,989	228,111 U
Emergency and Trauma Units	23,041,897	23,041,897	21,281,022	1,760,875 F
Intensive Care Units	56,800,671	56,800,671	55,094,654	1,706,017 F
Coronary Care Units	4,037,538	4,037,538	3,866,881	170,657 F
Psychiatric	24,979,391	24,979,391	24,383,332	596,059 F
Operating Rooms	36,478,832	36,478,832	33,918,507	2,560,325 F
Recovery Rooms	4,541,016	4,541,016	4,439,004	102,012 F
Delivery and Labor Rooms	4,244,363	4,244,363	4,087,799	156,564 F
Obstetrics	5,855,972	5,855,972	5,932,588	76,616 U
Total Nursing Services	<u>\$ 268,966,629</u>	<u>\$ 268,966,629</u>	<u>\$ 260,278,747</u>	<u>\$ 8,687,882 F</u>
<b>Other Professional Services:</b>				
Laboratories and Laboratory Support	\$ 50,935,418	\$ 50,935,418	\$ 49,761,841	\$ 1,173,577 F
Electrocardiology	6,290,254	6,290,254	6,114,984	175,270 F
Radiology	23,726,362	23,726,362	26,038,668	2,312,306 U
Pharmacy	107,713,133	107,713,133	104,510,078	3,203,055 F
Heart Catheterization	10,636,954	10,636,954	10,329,829	307,125 F
Central Services and Supply	82,334,251	82,334,251	87,859,989	5,525,738 U
Anesthesiology	22,289,030	22,289,030	19,665,210	2,623,820 F
Nuclear Medicine	1,171,299	1,171,299	1,125,956	45,343 F
Respiratory Therapy	15,163,592	15,163,592	14,151,793	1,011,799 F
Physical Medicine	8,153,540	8,153,540	8,366,103	212,563 U
Dialysis	2,340,560	2,340,560	2,140,661	199,899 F
Pathology	4,185,122	4,185,122	4,199,278	14,156 U
Transplant	26,256,502	26,256,502	23,211,775	3,044,727 F
Other Miscellaneous Services	17,724,008	17,724,008	17,327,784	396,224 F
Medical Records and Quality Assurance	7,904,869	7,904,869	7,407,720	497,149 F
Resident Support	40,060,433	40,060,433	49,777,956	9,717,523 U
Total Other Professional Services	<u>\$ 426,885,327</u>	<u>\$ 426,885,327</u>	<u>\$ 431,989,625</u>	<u>\$ 5,104,298 U</u>
<b>General services:</b>				
Dietary	\$ 15,623,487	\$ 15,623,487	\$ 15,206,944	\$ 416,543 F
Plant Ops, Maintenance, Security	58,926,446	58,926,446	59,174,581	248,135 U
Housekeeping	15,840,884	15,840,884	17,116,905	1,276,021 U
Total General Services	<u>\$ 90,390,817</u>	<u>\$ 90,390,817</u>	<u>\$ 91,498,430</u>	<u>\$ 1,107,613 U</u>
<b>Fiscal and Administrative Services:</b>				
Admitting	\$ 7,052,532	\$ 7,052,532	\$ 6,885,181	\$ 167,351 F
Administration	59,773,978	59,773,978	63,687,055	3,913,077 U
Shared Services	11,564,261	11,564,261	10,342,646	1,221,615 F
MUSC Support	15,939,687	15,939,687	13,265,608	2,674,079 F
Accounting	8,157,354	8,157,354	9,749,882	1,592,528 U
Hospital Patient Accounting	10,713,780	10,713,780	10,348,722	365,058 F
Marketing	10,181,966	10,181,966	7,741,686	2,440,280 F
Human Resources	3,354,638	3,354,638	2,606,015	748,623 F
Communications	2,051,609	2,051,609	1,969,696	81,913 F
Computer Services	37,630,057	37,630,057	40,213,051	2,582,994 U
Total Fiscal and Administrative Services	<u>\$ 166,419,862</u>	<u>\$ 166,419,862</u>	<u>\$ 166,809,542</u>	<u>\$ 389,680 U</u>
<b>Ambulatory Care:</b>				
Ambulatory Care	\$ 51,626,723	\$ 51,626,723	\$ 48,483,303	\$ 3,143,420 F
Total Ambulatory Care	<u>\$ 51,626,723</u>	<u>\$ 51,626,723</u>	<u>\$ 48,483,303</u>	<u>\$ 3,143,420 F</u>
<b>Other:</b>				
Depreciation	\$ 56,481,035	\$ 56,481,035	\$ 57,045,306	\$ 564,271 U
Interest	24,389,200	24,389,200	18,911,808	5,477,392 F
Total Other	<u>\$ 80,870,235</u>	<u>\$ 80,870,235</u>	<u>\$ 75,957,114</u>	<u>\$ 4,913,121 F</u>
<b>Total Expenses</b>	<u>\$ 1,085,159,593</u>	<u>\$ 1,085,159,593</u>	<u>\$ 1,075,016,761</u>	<u>\$ 10,142,832 F</u>

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

**Balance Sheet: For Fiscal Years Ending June 30, 2013 and 2012**

**Assets:**

Cash and cash equivalents, including cash restricted for construction projects, increased \$10.6 million to \$43.76 million from June 30<sup>th</sup>, 2012. The increase is a result of several factors from recent performance. Hospital Patient Accounting collections are averaging \$1.9 million per month higher than last year, \$9.7 million for prior year Medicaid cost settlements, appropriation for ART 7 conversion to patient rooms, and the HUD debt service payments are now approximately \$300k per month less than pre-refinancing amounts. The cash inflows were offset by an increase in facility project spending of approximately \$25 million, the majority being for the Sabin St. central energy project. Long term financing was used for the remaining costs and is discussed below.

Net patient accounts receivable has increased 12% - up \$18 million from June 30, 2012. The case mix index (an indication of patient acuity) at 1.789 is up from last year's 1.7559. This slight increase in CMI yields an additional \$240 per DRG payment. June's case mix decreased to 1.7078 from May's 1.7857. CMI for the month of June, FY '12 was 1.7675. Year to date collections are running 98.2% of net patient revenue, compared to the 99.4% collection rate for all of last fiscal year.

Other Current Assets increased by \$4.3 million from 6/30/12. The year-end accrual for Medicaid uninsured DSH receivable makes up the majority of the change. An increase in prepaid maintenance contracts was mostly offset by a decrease in inventory balances from the year end physical counts.

**Liabilities:**

As of June, 2013 Current Installments of Long-Term Debt include \$13.2 million HUD related debt and \$1.7 million for debt related to the Central Energy Plant. Current Installments of Notes Payable relate to G E loan for the McKesson clinical systems and the note payable for the Sabin St. energy plant.

Overall, post December refinancing date, HUD related long term debt (net of deferred issuance costs) decreased \$52,000,000. Prior to the December refinancing, principal was paid semi-annually, under the new debt structure, principal is paid monthly. In June MUHA accessed the State's loan program to borrow \$12.9 million for the Sabin Street central energy plant project. This is shown in the long term debt section as Notes Payable.

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

Other Accrued Expenses remained flat year over year but saw material changes within the category. Prior year Medicaid cost report payable increased by \$7 million while prepaid interest expense decreased by \$6.5 million.

Statement of Revenues, Expenses and Changes in Net Assets: For the twelve months ended June 30, 2013 and 2012

**Operating Revenues:**

Net patient revenue is up 5.08% from the same period last year. Inpatient census is up 2% over last fiscal year – driven by an increase in Institute of Psychiatry and Main Hospital census while Ashley River Tower census declined by 6%. E R visits are up 3.9% as the charging issues resulting from the implementation of the Epic ED electronic medical record in November have been corrected. Operating room cases are up 4.6%. Transplant cases are down 6.3% compared to last year. MRI procedures are down 4% (one machine temporarily out of service) while CT procedures are up 2%. Outpatient visits are up 4%. The Medicare length of stay at 6.1 days is flat compared to same period last year while the Medicare CMI increased from 2.01 to 2.05.

On a volume adjusted basis (adjusted discharges) net patient revenue is up 2.9% at \$17,715 per case. This is a result of an increase in acuity for the year and surgical cases and settlements on prior years cost reports.

**Operating Expenses:**

When compared to the same period last fiscal year salaries and benefits increased \$4.4 million (1%). Staffing has increased by 58 fte's for EPIC, while volume and new services are driving the remaining increase.

Services and supplies are up 7% compared to last year. The increase in the commitment for the Dean of the College of Medicine (\$11 million YTD increase), equipment operating leases, and Epic system conversion are responsible for the increase. Total Epic related expense (salaries and other) for FY 13 are \$8.9 million.

Depreciation and Amortization costs are up 1.5% year over year driven by increased capital expenditures related to Epic ambulatory project.

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

**Non Operating Expense**

Interest expense is down \$6.4 million (25%) based on lower long-term debt balances and interest rate reduction.

**Budget Comparison:**

As of June, 2013 MUHA's net income is \$13.6 million ahead of budget. The operating margin is 3.59% compared to 3.41% budget.

Net patient service revenues are flat compared to budget, helped by prior year cost settlements mentioned previously, while operating expenses are 0.44% below budget. The favorable variance is less than expected due to unbudgeted Epic related costs.

Investment income is \$4million below budget due to mark to market adjustments driven by the current interest rate environment. The underlying investments are part of the HUD special reserve and mortgage reserve accounts. The investments will be held to maturity, and redeemed at par, eliminating the loss on investments.

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

Implementation of GASB 53 – accounting and financial reporting for derivative instruments occurred in fiscal 2010. While this does not have an immediate impact on the income statement, the negative value of the interest rate hedge associated with the central energy plant financing is reflected on the balance sheet in the asset section as a deferred outflow and in the long-term debt section titled “Derivative Instruments”. The negative balance of \$2.3 million at 06/30/13 is down \$1.5 million from 6/30/12.

On December 19, 2012 the 2004 HUD debt was refinanced resulting in substantial savings in interest expense. Long term debt was reduced when funds in the debt service reserve and other accounts of approximately \$45 million were made available to reduce principle. Interest rate is fixed at 2.94% and amortization schedule was not extended.





# **Bylaws of the Medical University Hospital Authority Board of Trustees**

169 ASHLEY AVENUE  
CHARLESTON, SOUTH CAROLINA 29425  
~~DECEMBER 14, 2012~~AUGUST 9, 2013

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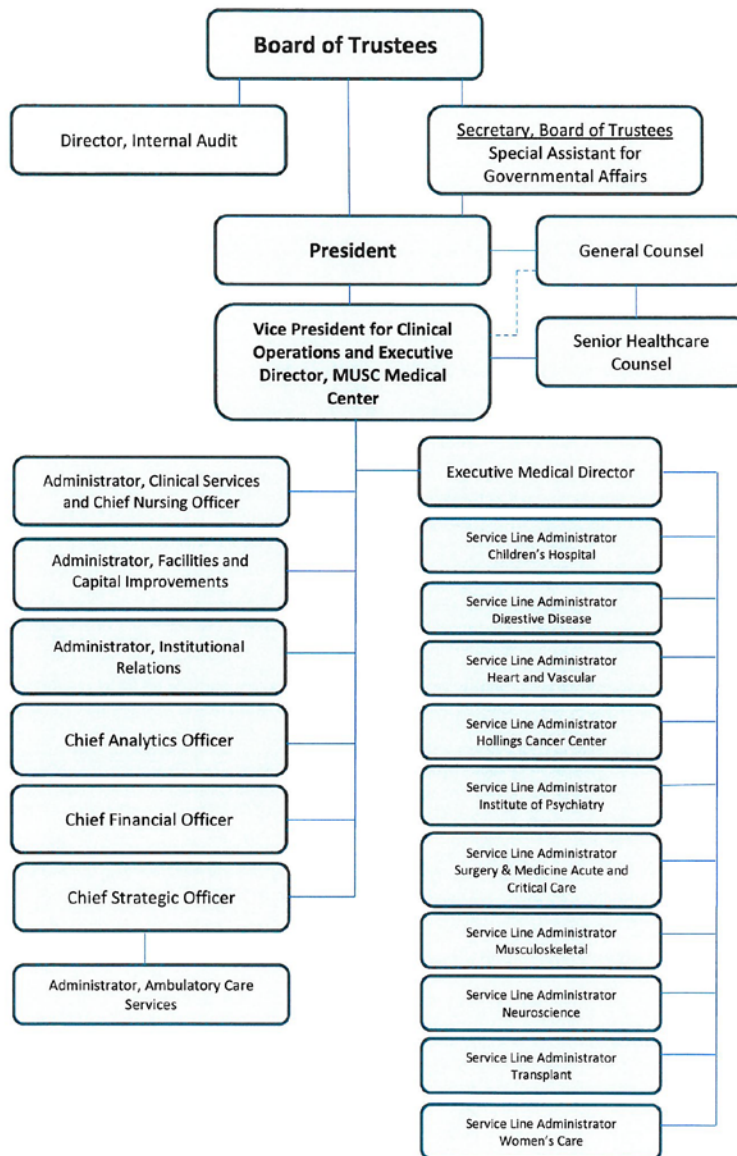
## **FOREWORD**

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

# Medical University Hospital Authority

## Central Administration Organization

(As referenced in the MUHA Board of Trustees Bylaws)



## **BYLAWS OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY BOARD OF TRUSTEES**

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

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

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

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

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

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

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

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

(B) **Special Meetings.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(D) **Secretary.**

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

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

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

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

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

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

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

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

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

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

(i) Take care of routine correspondence on behalf of the Chairman and Board members;

(j) Provide copies of minutes of Board of Trustees meetings to members and other addressees as appropriate;

(k) Arrange for screening of the General Assembly's daily calendars and journals, proposed legislation, relevant newspapers, and other information sources. Report pertinent information to the Board and to the President;

(l) Keep a log of term of office and appropriate filing duties and procedures for Trustee members;

(m) Insure compliance with the requirements of the South Carolina Freedom of Information Act as it pertains to Board meetings and records; and

(n) Ensure that the Board of Trustees fills certain seats on affiliate boards, as specified by the affiliates' Bylaws. As such positions come available, all Board members will be made aware of the open seat prior to the Board electing an individual to fill the seat. Where two or more seats are available on an affiliate board, consideration shall be given to filling the slots with one professional and one lay person from the Board of Trustees.

**(E) Internal Auditor.**

(1) The Internal Auditor of the Medical University of South Carolina shall serve as the Internal Auditor of the Authority. The Board directs that the Internal Auditor's position and its support staff shall report and be accountable directly to the Board of Trustees. It is further directed that the Board of Trustees of the Medical University of South Carolina shall be responsible for managing the Internal Auditor's tenure and for setting the financial budget for the Internal Audit Department, including salaries, operational expenses, and support costs.

(2) Duties. The Internal Auditor is responsible for managing a professional Internal Audit Department to provide analyses, appraisals, recommendations, counsel, and information concerning the activities reviewed to management, and ultimately to the Board of Trustees.

(3) The Internal Auditor is also responsible for providing the Board of Trustees with information about the adequacy and effectiveness of the organization's system of internal control and the quality of performance.

(4) The Internal Auditor will assist the Audit Committee of the Board of Trustees in carrying out their duties as stated in Section IV(D)(3) of these Bylaws.

(5) The Internal Auditor will assist the Audit Committee in the selection, oversight, and evaluation of the External Auditor.



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

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

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

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

- (1) Audit
- (2) Operations, Quality and Finance
- (3) Physical Facilities

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

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

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

**(1) Audit Committee.**

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

(b) The Committee will provide an open avenue of communication among the internal and external auditors, management, and the Board. The full Board will continue to have

complete access to management and the Internal Audit department and may continue to request the Internal Audit department to review areas of concern to them.

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

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

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

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

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

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

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

- i. The Management Development and Compensation Sub-Committee shall ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The sub-committee will review all policy matters related to evaluation and compensation of the President, the Vice Presidents, the Administrators, the Secretary of the Board (collectively "Executive Management"), and any other positions the sub-committee may decide. The sub-committee will make recommendations to the Board via the Audit Committee regarding these matters. The sub-committee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Management.
- ii. The sub-committee shall review, at least annually, MUHA's assessment of potential candidates for promotion (Key Employees) to, at a minimum, a Vice President, Administrator, or other senior executive position designated by the Board. The assessment should identify candidates potential for promotion, professional development needed to address perceived deficiencies in a candidate's preparedness for promotion, or other actions to develop a "deep bench" of potential MUHA leaders. The sub-committee shall assist the President in determining appropriate professional development assistance for the MUHA Key Employees and in determining the best approaches to providing that assistance. The sub-committee shall review, at least annually, the Management Development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.
- iii. As with other standing committees, members of this sub-committee will be appointed by the Chairman of the Board of Trustees and is not limited to members of the Audit Committee. The Chairman of the Audit Committee will serve as chairman of this sub-committee.
- iv. The Management Development and Compensation Sub-Committee shall meet as needed. All Board members are encouraged to attend and participate in the sub-committee meetings.
- v. No offer of compensation, whether written or oral, subject to the review of the Management Development and Compensation Sub-Committee shall be effective as binding on the entities without the required approval(s).

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

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

(a) The principal objectives of the Authority and the Medical Center, to include all hospitals and clinics, the outreach programs, and all services rendered to all patients, are

to support the tri-part mission of the Medical University of South Carolina and the Medical University Hospital Authority including:

- i. To deliver direct health services as a corollary to the primary objective of education and to establish a medical center for the needs of the State of South Carolina, and
- ii. To improve the organization and delivery of the health care system to society as a demonstration of responsibility, in conjunction with the appropriate State professional organizations.

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

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

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

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

(f) The Operations, Quality and Finance Committee shall concern itself with the broad financial overview of the Authority, as well as with the operation, routine care, and maintenance of the existing physical facilities of the Authority. Specific financial details for physical facilities will be provided in the Physical Facilities Committee of the Board of Trustees.

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

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

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

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

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

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

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

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

(b) To help carry out the duties of the Physical Facilities Committee, the Committee Chairman can appoint one member of the Physical Facilities Committee and two members of the Board of Trustees at large as a separate project committee for each major building project for architect/engineer and related construction professionals selections. There may be multiple project committees with different Trustees functioning concurrently for different projects. A project committee is an active part of the Physical Facilities Committee and serves at the supervision, control and direction of the Physical Facilities Committee. The Physical Facilities Committee Chair shall take into account any expertise or experience of Board members and of their willingness to serve on a committee for a specific project.

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

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

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

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

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

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

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

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

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

(2) More specifically, the President shall be charged with the organization of the administrative and professional personnel of the Authority and the method of selecting the personnel, subject only to the limitations imposed by these bylaws, South Carolina laws, and applicable State policies and procedures. He shall be the medium of formal communication between the Board of Trustees and the administrative organization of the Authority and also the official spokesman of the Authority except as to matters within the special province of the Board of Trustees, in

which realm the Chairman of the Board of Trustees shall be the official spokesman. The President, with his appropriate executive officers and the appropriate committees, shall prepare or receive and forward all requisite reports, budgets, and presentations to public agencies and to the Board of Trustees of the Authority.

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

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

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

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

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

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

(A) **Executive Medical Director.** The Vice President for Clinical Operations and Executive Director of the MUSC Medical Center in collaboration with the Vice President for Medical Affairs of MUSC, will recommend a candidate(s) for the position of Executive Medical Director of the ~~Hospital Authority~~ **Medical Center** to the President for approval. At the discretion of the Vice President for Clinical Operations and Executive Director of the MUSC Medical Center, the responsibilities of the Executive Medical Director of the Medical Center may be divided between a Chief Medical Officer and a Chief Quality Officer, each of whom shall be subject to the same recommendation and approval procedure set forth hereinabove. The Board of Trustees delegates the general responsibility and authority for the operation of the Medical Center, the patient care programs, and related activities of the Medical Center to the Vice President for Clinical Operations and Executive Director of the MUSC Medical Center, under whom specific responsibility and authority for the patient care programs are

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

**(B) Medical Staff.**

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

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

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

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



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

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

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

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

## Section IX. Requirements of Section 242 of National Housing Act, As Amended

(A) The Authority shall provide on a nonprofit basis hospital facilities and services for the care and treatment of persons who are acutely ill who otherwise require medical and related services of the kind customarily furnished most effectively by hospitals, pursuant to Section 242 of the National Housing Act, as amended.

(B) The Authority shall have the power to mortgage or otherwise hypothecate its real and personal property and to do and perform all acts reasonably necessary to accomplish the purposes of the Authority including the execution of a Regulatory Agreement with the Secretary of Housing and Urban Development, acting by and through the Federal Housing Commissioner, and of such other

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instruments and undertakings as may be necessary to enable the Authority to secure the benefits of financing with the assistance of mortgage insurance under the provisions of the National Housing Act. Such Regulatory Agreement and other instruments and undertakings shall remain binding upon the Authority, its successor and assigns, so long as a mortgage on the Authority's property is insured or held by the Secretary of Housing and Urban Development.

(C) So long as a mortgage on the Authority's property is insured or held by the Secretary of Housing and Urban Development, these provisions within the Authority's Bylaws may not be amended without the prior written approval of the said Secretary.

(D) In the event of a conflict between any of the provisions of these Bylaws and any of the provisions of the Note, Mortgage, Security Agreement, or the Regulatory Agreement (the "HUD Loan Documents"), the provisions of the HUD Loan Documents shall govern and be controlling in all aspects.

(E) The Authority may adopt Bylaws at any regular meeting of the Authority or at any special meeting called for that purpose, so long as they are not inconsistent with these Articles or with the Regulatory Agreement between the Authority and the Secretary of Housing and Urban Development.

#### **Section X. Amendment.**

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

Revisions: June 16, 2000, October 12, 2001, December 12, 2003, February 13, 2004, April 7, 2006, April 11, 2008, April 9, 2010, December 14, 2012, August 9, 2013.

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**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

**CONSENT AGENDA**

Board of Trustees Meeting  
Thursday, August 9, 2013  
101 Colcock Hall

**Members of the Board of Trustees**

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
Dr. Stanley C. Baker, Jr.  
Mr. James A. Battle  
Mr. William H. Bingham, Sr.  
Mr. William B. Hewitt  
Dr. Harold W. Jablon  
Dr. Donald R. Johnson II

Ms. Barbara Johnson-Williams  
Dr. Ragin C. Monteith  
Dr. E. Conyers O'Bryan, Jr.  
Mr. Charles W. Schulze  
The Honorable Robin M. Tallon  
Dr. Thomas C. Rowland, Jr.  
Dr. G. Murrell Smith, Sr.  
Mr. Michael E. Stavrinakis  
Dr. Charles B. Thomas, Jr.

**Trustees Emeriti**

Mrs. Margaret M. Addison  
Dr. Cotesworth P. Fishburne, Jr.  
Mrs. Claudia W. Peeples  
Mr. Allan E. Stalvey

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

**(APPROVAL ITEMS)**

**Item 14. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.**

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

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

Recommendation of Committee:

Board Action:

**(INFORMATIONAL ITEMS)**

Item 15. Medical Executive Committee Minutes.

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

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

Recommendation of Committee:

Board Action:

Item 16. Medical Center Contracts and Agreements.

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

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

Recommendation of Committee:

Board Action:

Item 17. Environment of Care Report.

Statement: The Environment of Care Report will be presented for information.

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

Recommendation of Committee:

Board Action:

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

**(INFORMATIONAL ITEM)**

Item 20. Facilities Contracts Awarded.

Statement: The facilities contracts awarded since the last meeting will be presented for information.

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

Recommendation of Committee:

Board Action:

## Board of Trustees Credentialing Subcommittee - April 2013

**The Medical Executive Committee reviewed the following applicants on April 17, 2013 and recommends approval by the Board of Trustees Credentialing Subcommittee effective April 28, 2013**

### Medical Staff Initial Appointment and Privileges

Stacey Michelle Cobb, M.D.	Active Provisional	Pediatrics
Aparna Jain, M.D.	Active Provisional	Family Medicine
Vincent D Pellegrini, Jr., M.D.	Active Provisional	Orthopaedic Surgery
Robert S. Purvis, M.D.	Provisional Affiliate	Dermatology
Don Chase Rockey, M.D.	Active Provisional	Medicine

### Medical Staff Reappointment and Privileges

Miguel R. Abboud, M.D., M.H.A.	Affiliate - Refer & Follow	Pediatrics
Nada Abou Hassan, M.D.	Active Provisional	Medicine
Amit Agrawal, M.D.	Active Provisional	Medicine
Pamela S. Chavis, M.D.	Active	Ophthalmology
Nancy S. Curry, M.D.	Active	Radiology
George Gardner Durst, Jr., M.D.	Affiliate CFC - Refer & Follow	Family Medicine
Kay Durst, M.D.	Affiliate CFC - Refer & Follow	Family Medicine
Thomas Epperson, III, M.D.	Active	Anesthesiology
Langdon A. Hartsock, M.D.	Active	Orthopaedic Surgery
Marcelo L.J. Hochman, M.D.	Affiliate	Otolaryngology
Gweneth Lazenby, M.D., M.S.C.R	Active	OBGYN Services
Kathy Lehman-Huskamp, M.D.	Active Provisional	Pediatrics
Lynn M. Manfred, M.D.	Active	Pediatrics
Paul E. O'Brien, M.D.	Active	Medicine
Todd Purves, M.D., Ph.D.	Active	Urology
Eric S. Rovner, M.D.	Active	Urology
William Scott Russell, M.D.	Active	Pediatrics
Rochelle C Rutledge, M.D.	Affiliate CFC - Refer & Follow	Family Medicine
David J Sas, D.O., M.P.H	Active	Pediatrics
Eleanor E. Sahn, M.D.	Affiliate - Refer & Follow	Dermatology
Rodney J. Schlosser, M.D.	Active	Otolaryngology
Steven D. Shapiro, M.D., D.M.D.,	Affiliate	Pediatrics
Kerry D. Solomon, M.D.	Affiliate - Refer & Follow	Ophthalmology
John Alton Traynham, M.D.	Affiliate - Refer & Follow	Pediatrics
Karen M. Ullian, M.D.	Affiliate - Refer & Follow	Ophthalmology
Timothy Whelan, M.D.	Active	Medicine
Henry B. Wiles, M.D.	Affiliate - Refer & Follow	Pediatrics
William Ernest Wilson, M.D.	Affiliate - Refer & Follow	Orthopaedic Surgery

### Medical Staff Reappointment and Change in Privileges

Munazza Anis, M.D.	Active	Radiology	Moderate Sedation no longer needed
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### Medical Staff Change in Privileges

Angelle Simon Harper, M.D.	Active	Radiology	Addition of Moderate Sedation
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**Professional Staff Initial Appointment and Privileges**

Mark Stephen Jamieson, P.A.	Provisional Allied Health	Neurosciences
Natalie Pope Riley, P.A.C.	Provisional Allied Health	Surgery

**Professional Staff Reappointment and Privileges**

Sallie Campbell, M.S.W.	Allied Health	Psychiatry
Myra Lynn Coe, C.R.N.A.	Allied Health	Anesthesiology
B.S.N.	Provisional Allied Health	Pediatrics
Kelly Hylton, F.N.P., MSN	Provisional Allied Health	Medicine
Christenna L. Kindt, F.N.P., MSN	Allied Health	Psychiatry
Mary C. Kral, Ph.D.	Allied Health	Pediatrics
Deborah Tobe Lucash, M.S.W.	Provisional Allied Health	Psychiatry
Amy E. McCurley, C.N.M.	Allied Health	Family Medicine
Peter M. Miller, Ph.D.	Allied Health	Psychiatry
Laura W. Myers, N.N.P.	Allied Health	Pediatrics
David Beach Orvin, M.S.S.W.	Allied Health	Psychiatry
Cynthia Sue Plutro, M.S.W.	Allied Health	Psychiatry
F. Elizabeth Riddle, M.S.W.	Allied Health	Psychiatry
Latasha Rene Rivers, M.S.W.	Allied Health	Psychiatry
Benjamin E. Saunders, Ph.D.	Allied Health	Psychiatry
Susan Stencer, M.S.W.	Allied Health	Psychiatry
Joe Paul Turner, Jr., A.N.P., MSN	Allied Health	Urology
Anne M. Webster, P.N.P., MSN	Allied Health	Pediatrics
Jesse Michael West, Ph.D.	Allied Health - Refer & Follow	Pediatrics

**Professional Staff Change in Privileges**

Brandi Boyce Aquino, P.A.	Allied Health	Radiology	Switch from Surgery to Radiology
Sarah Elizabeth Gay, MSN, A.P.R.N.	Allied Health	Surgery	Switch from Neurosciences to Surgery

## Board of Trustees Credentialing Subcommittee - May 2013

The Medical Executive Committee reviewed the following applicants on May 15, 2013 and recommends approval by the Board of Trustees Credentialing Subcommittee effective May 28, 2013

### Medical Staff Initial Appointment and Privileges

Evelyn T. Bruner, M.D.	Active Provisional	Path & Lab Medicine
Joseph Kenneth Coll, III, M.D.	Active Provisional	Psychiatry
Catherine E. Louis, M.D.	Affiliate	Psychiatry
Linda M. Meyers, M.D.	Active Provisional	Medicine
Amanda Salas, M.D.	Active Provisional	Psychiatry
Rica S Santiago, M.D.	Prov. Affiliate CFC - R&F	Medicine
Kevin Finnbar Staveley-O'Carroll, M.D., Ph.D.	Active Provisional	Surgery

### Medical Staff Reappointment and Privileges

Joseph John Benich, III, M.D.	Active	Family Medicine
Marques Bradshaw, M.D.	Active	Radiology
Courtney Bealer Cave, M.D.	Active	Medicine
Corey M. Hatfield, D.O.	Active	Medicine
Keri Theresa Holmes-Maybank, M.D.	Active	Medicine
Christina Kennelly, M.D.	Active Provisional	Medicine
James E. Madory, D.O.	Active	Path & Lab Medicine
John J. McCrosson, M.D.	Affiliate - Refer & Follow	Orthopaedic Surgery
Ted Albert Meyer, M.D., Ph.D.	Active	Otolaryngology
Patrick J. O'Neill, M.D.	Active	Surgery
Krishna Gwynne Patel, M.D., Ph.D.	Active	Otolaryngology
Mae Millicent W. Peterseim, M.D.	Active	Ophthalmology
Chelsey Petz, M.D.	Active Provisional	Medicine
Ross A. Rames, M.D.	Active	Urology
Amy Coppler Ramsay, M.D.	Active	Medicine
Joseph Romagnuolo, M.D., M.S.C.R	Active	Medicine
Paul Rousseau, M.D.	Active	Medicine
Michelle S. Rovner, M.D.	Active	Anesthesiology
Ashlyn Holstein Savage, M.D., M.S.C.R	Active	OBGYN
Stephen J. Savage, M.D.	Active	Urology
Jeffrey G. Schultze, M.D.	Affiliate CFC - Refer & Follow	Medicine
W. David Stoll, M.D.	Active	Anesthesiology
Charlton B. Strange, M.D.	Active	Medicine
Ilka Dietlinde Theruvath, M.D., Ph.D.	Active	Anesthesiology
Bruce W. Usher, Sr., M.D.	Active	Medicine
Abhay K. Varma, M.B.B.S	Active	Neurosciences
Joseph Richard Whiteley, D.O.	Active	Anesthesiology
Tara M Wright, M.D.	Active	Psychiatry

### Medical Staff Reappointment and Change in Privileges

Chitharanjan Pullattrana, M.D.	Active	Surgery	Addition of advanced laparoscopic procedures
Charles D. Smith, III, M.D., M.S.	Active	Surgery	Moderate Sedation no longer needed

### Medical Staff Change in Privileges

Eric Bolin, M.D.	Active	Anesthesiology	Addition of Basic TEE
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**Professional Staff Initial Appointment and Privileges**

William Wood Marchant, III, M.S.W.	Provisional Allied Health	Psychiatry
Jennifer Battaglia Waterhouse, F.N.P., D.N.P.	Provisional Allied Health	Surgery

**Professional Staff Reappointment and Privileges**

Pamela C. Arnold, M.S.N., A.P.R.N.	Allied Health	Medicine
Patrick M. O'Neil, Ph.D.	Allied Health	Psychiatry
Jean L Peng, Ph.D.	Allied Health	Radiation Oncology
Stacey Rothwell, P.A.C.	Allied Health	Orthopaedic Surgery
Daniel W. Smith, Ph.D.	Allied Health	Psychiatry
Erin Fels Straughan, C.R.N.A., MSN	Allied Health	Anesthesiology
Jennifer Warthen, M.S.W.	Allied Health	Psychiatry

**Professional Staff Reappointment and Change in Privileges**

Kiften Stephens Carroll, F.N.P., R.N.	Allied Health	Surgery	Scope of Practice updated to reflect current practice
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**Board of Trustees Credentialing Subcommittee - June 2013**  
**The Medical Executive Committee reviewed the following applicants on June 19, 2013**  
**and recommends approval by the Board of Trustees Credentialing Subcommittee effective June 28, 2013**

**Medical Staff Initial Appointment and Privileges**

Graham W. Beattie, M.D.	Active Provisional	Medicine
Molly Kathleen Beleckis, M.D.	Active Provisional	Pediatrics
Jerrad R. Businger, D.O.	Active Provisional	Anesthesiology
Angela R. Choi, M.D.	Active Provisional	OB & GYN
Wesley Michael Cleaves, M.D.	Active Provisional	Radiology
Samuel Lewis Cooper, M.D.	Active Provisional	Radiation Oncology
Richard Philip Day, Ph.D., M.D.	Provisional Affiliate	OB & GYN
Brita Sward Deacon, M.D.	Active Provisional	Ophthalmology
Austin B. DeRosa, M.D.	Active Provisional	Urology
Amar Ajit Desai, M.D.	Active Provisional	Medicine
Jonathan Robert Foote, M.D.	Active Provisional	OB & GYN
James B. Fox, M.D.	Active Provisional	Psychiatry
Betsy Joann Furukawa, M.D., B.S.	Active Provisional	Dermatology
Abigail Eden Gass, M.D.	Active Provisional	Medicine
Talia V. Glasberg, M.D.	Active Provisional	Pediatrics
David A. Gudis, M.D.	Active Provisional	Otolaryngology
Jarom E. Hanson, M.D., B.S.	Active Provisional	Neurosciences
Jeffrey J. Houlton, M.D.	Active Provisional	Otolaryngology
Suzanne E. Kerns, M.B.B.S.	Active Provisional	Psychiatry
Benjamin M. Kotinsley, M.D., B.S.	Active Provisional	Radiology
Nicole Malouf, M.D.	Active Provisional	Medicine
Molly Corinne McVey, M.D.	Active Provisional	Medicine
Ryan H. Nobles, M.D.	Active Provisional	Anesthesiology
Jeffery A. Ollis, II, M.D.	Active Provisional	Anesthesiology
Amanda Nicole Overstreet, D.O.	Active Provisional	Medicine
Sanjay Chintaman Patwardhan, M.D.	Active Provisional	OB & GYN
Charles Medlock Proctor, M.D.	Active Provisional	Ophthalmology
Wendy M. Suhre, M.D.	Active Provisional	Anesthesiology
Paul Tennant, M.D.	Active Provisional	Otolaryngology
Elizabeth M. Wallis, M.D.	Active Provisional	Pediatrics
David Wilson Walsh, M.D., B.S.	Active Provisional	Medicine

**Medical Staff Reappointment and Privileges**

Timothy James Amrhein, M.D., B.S.	Active Provisional	Radiology
Saima Athar, M.D., Ph.D.	Active	Neurosciences
Bruce D. Ball, M.D.	Affiliate - Refer & Follow	Pediatrics
Walter S. Bartynski, M.D.	Active Provisional	Radiology
Leonardo F.G. Bonilha, M.D., Ph.D.	Active Provisional	Neurosciences
Amy Lee Bredlau, M.D.	Active Provisional	Pediatrics
Carolyn Dolores Britten, M.D.	Active Provisional	Medicine
Jessica Broadway, M.D.	Active	Psychiatry
Joseph J. Calandra, M.D.	Affiliate - Refer & Follow	Orthopaedic Surgery
Mario A. Castillo-Sang, M.D.	Active Provisional	Surgery
Eugene Y. Chang, M.D.	Active	OB& GYN
Yu Hsin (Amy) Cheng, M.D.	Active Provisional	Medicine
Saurabh Chhabra, M.D.	Active Provisional	Medicine
Robert Anthony Cina, M.D.	Active	Surgery
Abbie Rae Cluver, M.D.	Active	Radiology

### Medical Staff Reappointment and Privileges (cont.)

John Conatser, M.D.	Active	OB& GYN
Graciela B. De Jesus, M.D.	Provisional Affiliate	Dermatology
Jeffrey James Dietrich, M.D.	Affiliate - Refer & Follow	Pediatrics
Christopher Discolo, M.D., M.S.C.R	Active	Otolaryngology
Joseph V. Dobson, M.D.	Active	Pediatrics
Puja Sukhwani Elias, M.D., M.D.,M.P.H.	Active Provisional	Medicine
Stefanie Kay Erway, M.D.	Active Provisional	Medicine
Jyotika K. Fernandes, M.D.	Active	Medicine
Geoffrey A. Forbus, M.D.	Active	Pediatrics
John Joseph Freely, Jr., M.D.	Active	Anesthesiology
Ali-Reza Golshayan, M.D.*	Active	Medicine
Diana Jeanne Goodman, M.D.	Active Provisional	Neurosciences
Adam Thomas Gregg, M.D.	Active Provisional	Radiology
Ryan Joseph Gunselman, M.D.	Active	Anesthesiology
Andrew Dean Hardie, M.D.	Active	Radiology
Jennifer Lynn Harper, M.D.	Active	Radiation Oncology
Harris Emory Hawk, M.D.	Active Provisional	Radiology
Paul M. Herring, M.D.	Affiliate - Refer & Follow	Ophthalmology
Joshua D. Hornig, M.D.	Active	Otolaryngology
Laura Elaine Houston, M.D.	Active	OB& GYN
Stephen Paul Kalhorn, M.D.	Active Provisional	Neurosciences
Nithin Karakala, M.D., M.B.B.S	Active Provisional	Medicine
James Robert Kiger, M.D.	Active Provisional	Pediatrics
Emmett Michael Lampkin, M.D.	Active	Psychiatry
Rebecca Kummer Lehman, M.D.	Active	Neurosciences
Stuart M. Leon, M.D.	Active	Surgery
Joseph M. Lally, Jr., M.D.	Affiliate	Ophthalmology
Michael B. Lilly, M.D.	Active Provisional	Medicine
Nilesh Ishu Lodhia, M.D.	Active Provisional	Medicine
Cyrus Faz Loghmanee, M.D.	Provisional Affiliate	Surgery
Lawren Ann Love, M.D.	Active Provisional	Medicine
Robert Mallin, M.D.	Active Provisional	Family Medicine
Kimberly Norman Mallin, M.D.	Active Provisional	Family Medicine
Temeia Denise Martin, M.D.	Active Provisional	Psychiatry
Alice Scott Mims, M.D.	Active Provisional	Medicine
Luca Paoletti, M.D.	Active Provisional	Medicine
Maria Aurora Posadas Salas, M.D.	Active Provisional	Medicine
Murray H. Passo, M.D.	Active	Pediatrics
Remberto Paulo, Jr., M.D.	Active	Pediatrics
Jonathan Christian Picard, M.D.	Active	Urology
Sandip M Prasad, M.D., M. Phil.	Active Provisional	Urology
J. Antonio Quiros, M.D.	Active Provisional	Pediatrics
Gretchen Anne Reinhart, M.D.	Active	OB & GYN
Gonzalo Javier Revuelta, D.O.	Active	Neurosciences
Bassam Husam Rimawi, M.D.	Active Provisional	OB & GYN
Julie R. Ross, M.D.	Active Provisional	Pediatrics
Maria Nieva Salazar, M.D.	Active Provisional	Medicine
Andrew J. Savage, IV, M.D.	Active	Pediatrics
Mark A. Scheurer, M.D., M.Sc.	Active	Pediatrics
Danielle B. Scheurer M.D., M.S.C.R.	Active	Medicine
Omar Maghnam Shahateet, M.D.	Active Provisional	Medicine

### Medical Staff Reappointment and Privileges (cont.)

Christopher Skorke, M.D.	Active	Anesthesiology
Martin Allen Smith, M.D.	Active Provisional	Medicine
Nicoleta Dorinela Sora, M.D.	Active Provisional	Medicine
Laura Simmons Spruill, M.D., Ph.D.	Active Provisional	Path. & Lab. Med.
Sarah Elizabeth Sterner, M.D.	Active	Pediatrics
Rachel Elizabeth Tuuri, M.D.	Active	Pediatrics
William Alexander Vandergrift, III, M.D.	Active	Neurosciences
Lyle G. Walsh, M.D., Ph.D.	Prov. Affiliate CFC - R&F	Medicine
Chuansheng Wang, M.D., Ph.D.	Active Provisional	Medicine
Michael John Wheaton, M.D.	Affiliate	Pediatrics
Daniel Clay Williams, M.D.	Active	Pediatrics
Kathryn Marie Willoughby, M.D.	Active Provisional	Medicine
Sylvia H. Wilson, M.D.	Active	Anesthesiology

### Medical Staff Reappointment and Change in Privileges

Timothy Lee Heinke, M.D., B.A.	Active Provisional	Anesthesiology	Add Advanced TEE
Ebony Jade Hilton, M.D.	Active Provisional	Anesthesiology	Add Anes. Critical Care Privileges
David Mills, M.D.	Active	Pediatrics	Withdraw privileges not relevant
Michaela M Prasad, M.D.	Active Provisional	Urology	Withdraw privileges not relevant
Carolyn Taylor Spencer, M.D.	Active Provisional	Pediatrics	Addition of Moderate Sedation
Alejandro Marin Spiotta, M.D.	Active Provisional	Neurosciences	Addition of Moderate Sedation
Paul Gene Thacker, Jr., M.D.	Active Provisional	Radiology	Withdraw Moderate Sedation
Joseph J. Zealberg, M.D.	Affiliate	Psychiatry	Switch to Refer & Follow

### Medical Staff Change in Privileges

Steven D. Shapiro, M.D., D.M.D., M.S.	Affiliate	Pediatrics	Switch to Refer & Follow
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### Professional Staff Initial Appointment and Privileges

Stephanie Anne James, M.S.N., A.P.R.N.	Prov. Allied Health	Neurosciences
Crystal D. Murphy, P.N.P.	Prov. Allied Health	Pediatrics

### Professional Staff Reappointment and Privileges

Kathleen Comley, C.R.N.A.	Allied Health	Anesthesiology
Keller Dunaway Earnst, F.N.P.	Prov. Allied Health	Surgery
Daniel G. McDonald, M.S.	Allied Health	Radiation Oncology
Caitlin Lee Mengler, A.P.R.N.	Prov. Allied Health	Medicine
Jane L. Parker, A.P.R.N., M.N.	Allied Health	Medicine
Kylie Perkins, MSN, F.N.P.	Allied Health	Medicine
Robert Relic, P.A.C.	Allied Health	Radiology
Katherine Anne Tabor, F.N.P.	Prov. Allied Health	Family Medicine

\* Not Board Certified

<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Gillespie <b>Date:</b> April 17, 2013 <b>Meeting Place:</b> 628 CSB <b>Recording:</b> Angie Baldwin/Stephanie Brown		<b>Meeting Time:</b> 7:30am <b>Adjournment:</b> 8:33am <b>Members present:</b> Dr. Gillespie; Dr. Habib; Dr. Clarke; Dr. Elliott; Dr. Cawley; Dr. Sachs; M. Schaffner; Dr. Cole; H. Kokko; D Neff; D Scheurer; Dr. Basco; Dr. Vandergrift; Dr. Boylan; Dr. Ryan; Dr. Zwerner; Dr. Warren; Sheila Scarbrough; Carol Younker; Dr. Crumbley; Dr. Richardson; D McLean  <b>Members excused:</b> Dr. Hoffman; Dr. Feussner; Dr. Harvey; Dr. Rokey; C. Rees; Dr. Pisano; Dr. Valerio; Dr. Yoe; Dr. Ryan; Dr. Deas; Dr. Jauch; Dr. Costello; Dr. Reeves; Dr. Baliga; Dr. Lambert; Dr. Uhde; Lisa Kindy; Annette Drachman; Dr. Salgado; Terri Ellis Dr. Powers; Dr. Gray; <b>Guests:</b> Linda Formby; Dr. Kyle; Dr. Carr; Alice Edwards		
<b>Agenda/Topic</b>	<b>Debate &amp; Discussion</b>	<b>Conclusions</b>	<b>Recommendations/ Follow-Up What/When/Who</b>	
Executive Session	Two action plans were reviewed. Series of Infection Control awards presented at Monthly Physician Hospital Leader Meeting	Approved		
Consultation Policy and Consultations Rules/Regulations	Dr. Kyle and Dr. Carr discussed reviewing existing Medical Staff Policy on consultations. Change proposed is a "just say yes and thank you" mentality must be promoted and no consult request should ever be denied. Goal of Professionalism is to promote collaboration and to provide the highest quality of care delivered to patients in our hospital. Attending to attending communication is strongly encouraged. Procedures- Timing was added. All Emergency Dept. consults are considered emergent and should be initiated within 1 hour. Direct verbal communication between the consulting team and the ED attending is expected immediately upon completion of the consult. If the consulted service does not feel that the level of urgency for a particular consult is appropriate then the attending physician should contact the consulting attending for resolution. Disputes can be resolved through the chairs of each service or via the Executive Medical Director of the hospital. Recommendation that all inpatient services should have a dedicated Wi-Fi phone for timely communication and accessibility. MEC minutes were reviewed.	1st level review.		
Review of Minutes		Minutes of the March 20th, 2013 meeting of the MEC were approved.		
Credentials Committee	Dr. Gray reported on staff changes: Medical Staff Initial Appointment and Privileges: 5 Medical Staff Reappointment and Privileges: 28 Medical Staff Reappointment and Change in Privileges: 1 Medical Staff Change in Privileges: 1 Professional Staff Initial Appointment and Privileges: 2 Professional Staff Reappointment and Privileges: 19	The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.		

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Professional Staff Changes in Privileges: 2		Approved	
GME Report	Dr. Gray stated one physician is currently Internal Medicine board certified however the physician's specialty Peds boards has lapsed but is scheduled to take the exam in June. No clinical competency issues.		
Hand Hygiene	No Update at this time Linda Formby presented hand hygiene compliance for March 2013 which is 90.4%. Service line compliance rates trend from 98.8 to 84%, and occupational compliance rates trend from 91%. Housewide hand hygiene compliance for Jan 12 - March 13 reviewed. March Housewide rate 90.4. Outpatient clinics hand hygiene compliance for March 2013 which is provided by patient feedback reviewed. Linda Formby informed committee we are looking at an electronic hand hygiene monitoring system to test in May by Bio Visual. Hope to test in three units.	No Update at this time Accepted as information	
Hospital Update	Dr. Cawley gave brief overview of FY13 service goals. Reviewed each quarter and showed how we are trying to get into top 25 %. Our goals are to be in 7 to 8 range. For People - In next four weeks we will survey physicians and employees. For Quality the Hand Hygiene came above 90%. We had to eliminate VAP in Ideal Care due to change in definition and we don't have national benchmarks to compare. For Readmissions Nationally Medicare likes the Readmissions however most academic medical center got worse so it's unclear what it will mean for us. We currently have 20 plus tactics going on. Dr. Cawley gave update on Huron. MUSC Performance Excellence is the base of our financial improvement plan. It involves 7 key components: Huron (Consultants Recommendations), Patient Copay/Waivers, GME Funding, Access Enhancement, Palliative Care, Focus on Unit Cost/Quality (Value), and Procedure Center Standardization. Potential cost savings \$100million. We will start to provide regular Huron and MUSC Performance Excellence updates.	Accepted as information	
Maintenance of Certification	Dr. Scheurer provided update on Multi-Specialty Portfolio Program. Most physician boards require QI as part of MOC, but do not know how to meaningfully evaluate those QI efforts. ABMS member boards are interested in collaborating with organizations that support physicians in QI, to allow organizations to submit MOC credit on behalf of physicians that meaningfully engage in QI efforts locally. Benefits: Boards do not have to evaluate the "merit" of QI projects. Physicians get help with QI projects, and fulfill MOC credit at no additional cost or effort. MUSC heightened engagement of physicians in QI efforts throughout institution. Current status	Accepted as information.	

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	6 months in: Have approved 7 physicians for MOC credit, Advertised program on CCEPS PI home page, Sending individual emails to physicians due for MOC in next 1-2 years, Still need liaisons for surgery, ENT, and neurology; and will determine utilization over next 2 years		
eCareNet Update	Dr. Warren provided update on data center outage. He noted: Mike Balassone (Chief Technology Officer MUSC Physician Information Systems) gave update last week on positive increase in facilitation between OCIO, Hospital facilities and University facilities. Dr. Warren requested from the group feedback regarding request for any additional formal reports from OCIO or Mike Balassone. Dr. Gillespie stated one of his charge as President of MEC is to make sure all of our outline satellite clinics have a Plan B when EPIC goes down. Staff and employees must be prepared. Offered to help in Plan B. Recommendation - If you have concerns about data center ask Mike Balassone who is responsible for eCareNet Report update in 2-3 months.	Accepted as information.	
	Film in EPIC: Key to film in EPIC is Ken Spicer (I.T. Med Direct Radiology). Ken is currently working to get Radiology info into EPIC. Groups work should be done within a month.		
Standards of Communication	Upgrade version coming in June 1 <sup>st</sup> 2013 start ICD-10 codes Dr. Habib presented the standards of communication policy. Policy includes standards of outpatient visits; standards of invasive diagnostic and therapeutic services; standards for non-invasive diagnostic and therapeutic services; standards for inpatient care; and standards for emergency department care. Will take time and effort to get to this level.	Approved	
Mask Wearing	Linda Formby presented on Compulsory Flu Vaccine Policy which states that mask wearing will be performed by those who have not received a flu vaccine from October 1 – March 31st. The policy also states we have the option to change those dates. We are currently not out of the flu season. At Quality Ops we extended mask wearing until the end of April with an option to end mask wearing earlier in April if we saw the number of cases decrease. Number of positives as of April 16th 2013 are 4. Recommendation to suspend masks wearing at the end of April 2013.	Approved	
Bump Policy	Deferred Due to Time	Deferred Due to Time	
Cancer Program Committee Update	Deferred Due to Time	Deferred Due to Time	
High Reliability Data reports	Deferred Due to Time Reports reviewed: Bed Capacity Summary Admit Transfer Center Medical Records Physician Sign/Date/Time Discharge Summary Reports	Deferred Due to Time Accepted as information.	

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Subcommittee Minute Review	Subcommittee reports were reviewed: Bed Flow Team Clinical Lab Advisory Committee Graduate Medical Education Committee Infection Control Committee OR Executive Committee Pharmacy and Therapeutics Committee Critical Care Quality Committee Sedation Committee Peer Review Committee Health Information Management Committee Blood Usage and Tissue Review Committee Ethics Committee	Approved as reviewed.	
Polices (Consent) Adjourned 8:33am	C26-Expiration Dating of Medications in Non-Pharmacy Areas The next meeting of the Medical Executive Committee will be Wednesday, May 15, 2013 at 7:30am in 628CSB.	Approved	

  
David Habib, MD, Secretary of the Medical Staff

<b>Medical Executive Committee</b> <b>Presiding: Dr. Hoffman</b> <b>Date: May 15th, 2013</b> <b>Meeting Place: 628 CSB</b> <b>Recording: Stephanie Brown</b>		<b>Meeting Time: 7:30am</b> <b>Adjournment: 8:35am</b> <b>Members present:</b> Dr. Hoffman; Dr. Habib; Dr. Cawley; Dr. Boylan; Dr. Crumbley; Dr. Harvey; Dr. Clarke; Dr. Feussner; Dr. Baliga; Dr. Lewis D McLean; C. Rees; Dr. Reeves; Dr. Richardson; Dr. Ryan; Dr. Sachs; Dr. Salgado; S. Scarbrough; M. Schaffner; Heather Kokko; Dr. Scheurer; Dr. Vandergrift; Dr. Warren; C. Younker; <b>Members excused:</b> Dr. Gillespie; Dr. Basco; Dr. Cole; Dr. Costello; Dr. Deas; A. Drachman; Dr. Elliott; Terri Ellis; Dr. Gray; Dr. Jauch; L. Kindy; Dr. Lambert; D. Neff; Dr. Pisano; Dr. Powers; Dr. Rocky; Dr. Uhde; Dr. Valerio; Dr. Yoe; Dr. Zwerner; <b>Guests:</b> Dr. Schabel; Dr. Lyles; Dr. Canteay; Dr. Selby; Dr. Soper; Dr. Mauldin, M. Allen; Dr. Taburyanskaya;	
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	Two action plans were reviewed.	Approved	
Wins	No Wins presented		
Review of Minutes	MEC minutes were reviewed.	Minutes of the April 17th, 2013 meeting of the MEC were approved.	
Credentials Committee	Dr. Schabel reported on staff changes: Medical Staff Initial Appointment and Privileges: 7 Medical Staff Reappointment and Privileges: 28 Medical Staff Reappointment and Change in Privileges: 2 Medical Staff Change in Privileges: 1 Professional Staff Initial Appointment and Privileges: 2 Professional Staff Reappointment and Privileges: 7 Professional Staff Changes in Privileges: 1	The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.	
GME Report	Dr. Reeves recommended amending 6 months extension for Dr. Schultze. No further credit.	Approved	
Hand Hygiene	No Update at this time	No Update at this time	
	Linda Formby presented hand hygiene compliance for April 2013 which is 93.3%. Service line compliance rates trend from 100 to 87%, and occupational compliance rates trend from 100 to 91%. Housewide hand hygiene compliance for Jan 12 – April 13 reviewed. April Housewide rate 93.3. Outpatient clinics hand hygiene compliance for April 2013 which is provided by patient feedback reviewed.	Accepted as information	
Hospital Update	Dr. Cawley gave brief hospital update and overview of FY13 service goals. – Service - HCAHPS Composite at or above the 75 <sup>th</sup> percentile, Goal is 7 of 10, Results are 3 of 10 as of May, 7 <sup>th</sup> 2013. Overall AVATAR Patient Perceptions Mean Score Goal is 4 Star or higher,	Accepted as information	

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<p>Hospital Update Continue...</p>	<p>Results are 3 Stars as of May 7<sup>th</sup> 2013.</p> <ul style="list-style-type: none"> <li>People – Increase Morehead Employee Commitment Score by .05 (4.06 to 4.11) Achieve Physician Engagement Score of 4.08.</li> <li>Quality – Ideal Care Achieve a weighted composite score of outcome and process measures. Goal is 3.5; Results are 2.33 as of March 2013. Hand Hygiene Audits Compliance Rate of 90% or higher; Results are 93.3% as of April 2013.</li> <li>Finance – Achieve Cost per CMI Adjusted Discharge of \$8,752. Results are \$9,368 as of March 2013. Net Income \$15.2M (Year End) Results are \$11.4M as of March 2013.</li> <li>Growth – Achieve 1.75% growth in inpatient discharges (excludes observations; Results are .9% as of April 2013. Achieve 1.75% growth in Outpatient Visits (includes hospital based, outreach, CFC and unbundled ancillaries); Result is 1.32% as of April 2013. Ideal Care Goal is 3.5, Results YTD 2.33: <ul style="list-style-type: none"> <li>Mortality Rank Goal is 75<sup>th</sup> Percentile, Result YTD 57<sup>th</sup> percentile.</li> <li>Readmissions Goal is 11.81%, Result YTD 12.87%</li> <li>CLABSI Goal is .35/1000 CL days, Result YTD .36.</li> <li>Core Measures Goal is 98.19% compliance, Results YTD 98.2%</li> <li>Culture of Safety Goal is 45% positive responses, Results YTD 47%.</li> <li>Harmful Events Goal is 1.91/1000 pt. days, Results YTD 2.09.</li> </ul> </li> </ul>	
<p>Request for Variance from Venus Access Committee Requirement</p>	<p>Dr. Bayne Selby &amp; Dr. Bob Cantey presented on Request for Variance from Venus Access Committee Requirement.</p> <p>Would like to have other options for PICC Lines. The current PICC Line is not working well. Three reasons they are using other things:</p> <ol style="list-style-type: none"> <li>1. We were going to do a study for the new antibiotic for the PICC Lines to see if they do have a lower infection rate compared to anybody else's PICC Line.</li> <li>2. The company that makes antibiotics for the PICC Line used different material and 1 in 4 to 1 in 5 would have to pull out extra material to put the line in and they are more difficult to put in.</li> <li>3. Dr. Selby attended a National Interventional Radiology meeting. Ask colleagues – "What do you use?" No trends were found. (Are willing to use whatever the hospital is going to charge, however prefer to have other options.)</li> </ol> <p>Dr. Sachs noted - Three years ago the Hospital Access Committee made a recommendation to standardize our hospital equipment based on literature, and previous studies to move to standardization of antibiotic impregnated</p>	<p>Motion to push back to Vascular Access Committee to come up with appropriate rephrasing of terminology and bring back to MEC.</p> <p>Motion Accepted.</p>

	<p>catheters that carried a much lower risk of infection and adverse event than the non-antibiotic catheters.</p> <p>Requesting consideration to use other options for PICC Lines.</p> <p>Dr. Cawley recommended a middle of the road solution - Push back to Vascular Access Committee to come up with appropriate wording and bring back to MEC.</p>		
eCareNet Update	<p>Dr. Warren provided the eCareNet update on Epic.</p> <ul style="list-style-type: none"> <li>Epic will be upgraded at MUSC on June 1, 2013 to version 2012. There is minimal change to physician users at that time, but much improved Epic mobile functionality is coming on iPad, Androids and iPhones. The version upgrade is also a critical step in our Epic Enterprise program for Inpatient, OR, Revenue Cycle and more.</li> <li>June 10th is the on-schedule 75% build milestone for Epic Enterprise that goes live July 1, 2014.</li> <li>Ophthalmology joins us on Epic Ambulatory this July!</li> <li>More than 10% of our active patients are using MyChart, Epic's patient web portal.</li> <li>We are now live on Epic Link, the web portal for our referring physicians ... giving them a "window" into the care of their patients here at MUSC. Currently only a handful of practices are up; barriers are practice review of the required legal agreements by community practices, as well as person power for community provider awareness and minimal training. Dr. Cawley noted that Epic Link may become an important asset in care agreements with Boeing and other large healthcare clients.</li> <li>Dr. Cawley noted in last two weeks Wake Forest and Moses Cone have reported large financial losses, partially attributed to Epic installs, and asked there are relevant lessons for us. Dr. Warren responded that (1) Wake reportedly had significant financial management issues prior to and unrelated to Epic; (2) Wake made the unusual and extremely expensive decision of installing "all" of Epic in 18 months, spending many millions of dollars on consultants; but (3) they reportedly had difficulty "getting bills out the door" on Epic Revenue Cycle - a problem some other Epic sites have experienced. This last issue is relevant to us, and will be closely examined. Dr. Cawley said the matter would be discussed at CLC in the next few weeks.</li> </ul>	Accepted as information.	
Critical Shortage: Calcium Gluconate	<p>Dr. Sachs presented on Critical Drug Shortages - Calcium Gluconate / Calcium Chloride). There is a National Calcium drug shortage. MUSC experiencing same shortage as other institutions. - If uncontrolled - volume depleted in 2 weeks. MUSC Created taskforce to consider shortage and to</p>	Accepted as information	

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	<p>establish internal proactive response. The shortage has no time frame for resolution. We have to adjust to prolonged programs of restrictions. The Taskforce process: Bi-weekly meetings; Monitors in-house calcium volumes; Collection, storage, inventory of drugs through pharmacy; Developed rationing program recommended with goals; Provide product to greatest #patients; Prioritize to various groups of patients based on needs and volume amount of usage; Non-Restricted include: Pediatric neonates; Peds: ED; NICU; PICU; PCICU; HemeOnc.; Adult Transplant (Liver); Adult-CRT; Cardiology &amp; Cardiac surgery; and Adult ED patients; Restricted include: Hemi-phoresis patients; Para thyroid surgery(elective); Hypotensive patients; and Massive transfusion patients; Guidelines for orders and usage established. Pharm. Doctors will monitor guideline inconsistencies. Unresolved situations referred to office of medical director; consultation of appropriate service line medical director. This is to let everyone know there is a system in place while we are in a critical shortage.</p>		
Copay/Deductible/Co Insurance Waivers	<p>Dr. Lyles presented on Copay, Deductible, and Co Insurance Waivers. The purpose of this presentation is to make sure we all of a common understanding of why we decided to no longer waive copays to all state employees including MUSC employees. Effective June 1<sup>st</sup> 2013 MUHA will no longer waive deductibles, copayments or coinsurance for all state employees. Total FY13 waivers are \$9.4M. Minimum target for collections in FY13 is \$3.4M. Please note: Plan doesn't begin paying until deductible is met. Copayments don't count towards deductible, coinsurance does. Under the SHP Standard Plan: Physician office visits have a \$10 deductible; in network (80/20) out of network (60/40). Hospital \$125 copayment for Emergency care; \$75 copayment for outpatient hospital; Outpatient hospital services requiring \$75 copayment include <u>lab, X-ray, and procedures</u> in hospital-based clinics (e.g. RT, ART, etc.) Excludes PT, XRT, HD, Oncology, etc. MUHA Spine Film example provided in presentation. Impact on utilization will be followed closely. MUHA will work with MUSC-P to access need for hospital-based services. Negotiating with the leaders of the State Health Plan to explore crafting a plan tailored for MUSC employees. Other employers also interested in narrow network benefits.</p>	Accepted as information.	
Data reports	<p>Reports reviewed:  Bed Capacity Summary  Admit Transfer Center  Medical Records Physician Sign/Date/Time  Discharge Summary Reports</p>	Deferred Due to Time	
Subcommittee Minute Review	<p>Subcommittee reports were reviewed:  Bed Flow Team  Clinical Lab Advisory Committee  Graduate Medical Education Committee  Infection Control Committee</p>	Deferred Due to Time	

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	OR Executive Committee Pharmacy and Therapeutics Committee Critical Care Quality Committee Sedation Committee Peer Review Committee Health Information Management Committee Blood Usage and Tissue Review Committee Ethics Committee		
Polices (Consent)	C-068 Standing Orders for Ops C-121 Short Peripheral Intravenous Catheters, Maintenance and Discontinuation C-156 Patient Wandering	Deferred Due to Time	
Adjourned 8:35am	The next meeting of the Medical Executive Committee will be Wednesday, June 19th, 2013 at 7:30am in 628CSB.		

  
David Habib, MD, Secretary of the Medical Staff

<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Gillespie <b>Date:</b> June 19th, 2013 <b>Meeting Place:</b> 628 CSB <b>Recording:</b> Stephanie Brown		<b>Meeting Time:</b> 7:30am <b>Adjournment:</b> 8:30am <b>Members present:</b> Dr. Gillespie; Dr. Habib; ; Dr. Baliga; Dr. Boylan; Dr. Clarke; Dr. Cole; Dr. Crumley; A. Drachman; Dr. Elliott; Dr. Feussner; Dr. Harvey; Dr. Gray; Dr. Jauch; L. Kindy; Heather Kokko; Dr. Lewis C. Rees; Dr. Richardson; Dr. Sachs; Dr. Salgado; S. Scarbrough; M. Schaffner; ; Dr. Scheurer; Dr. Vandergrift; Dr. Warren; C. Younker; <b>Members excused:</b> Dr. Basco; Dr. Cawley; Dr. Costello; Dr. Deas; Terri Ellis; Dr. Hoffman; Dr. Lambert; D McLean; D. Neff; Dr. Pisano; Dr. Powers; Dr. Reeves; Dr. Rocky; Dr. Ryan; Dr. Uhde; Dr. Valerio; Dr. Yoe; Dr. Zwerner; <b>Guests:</b> Dr. Kyle; Mary Allen	
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	One action plan reviewed.	Approved	
Wins	No Wins presented	No Wins	
Review of Minutes	MEC minutes were reviewed.	Minutes of the May 15th, 2013 MEC meeting were approved.	
Credentials Committee	Dr. Schabel reported on staff changes: Medical Staff Initial Appointment and Privileges: 31 Medical Staff Reappointment and Privileges: 81 Medical Staff Reappointment and Change in Privileges: 8 Medical Staff Change in Privileges: 1 Professional Staff Initial Appointment and Privileges: 2 Professional Staff Reappointment and Privileges: 8 Professional Staff Changes in Privileges: 0  3 month extension approved for Dr. Ali R. Golshayan, MD Assistant Professor in the Department of Medicine Division of Hematology/Oncology.	The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.	
GME Report	Dr. Clarke will be retiring from GME. Recognized by committee members for job well done. Dr. Clyburn will take over for Dr. Clarke effective July 1 <sup>st</sup> 2013	Approved Accepted as information	
Hand Hygiene	Dr. Salgado presented hand hygiene compliance for May 2013 which is 88.9%. Service line compliance rates trend from 94.8 to 82%, and occupational compliance rates trend from 100 to 84%. Housewide hand hygiene compliance for July 12 – May 13 reviewed. May Housewide rate is 88.9%. Dr. Salgado also reviewed Digestive Disease and Transplant Service Line trend charts which improved in the calendar year. Outpatient clinics hand hygiene compliance for May 2013 which is provided by patient feedback reviewed. This may be due to education efforts to improve meeting their goals.	Accepted as information	
Hospital Update	Marilyn Schaffner gave brief hospital update and overview of FY13 service	Accepted as information	

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	<p>goals.</p> <ul style="list-style-type: none"> <li>- Service - HCAHPS Composite at or above the 75<sup>th</sup> percentile, Goal is 7 of 10, Results are 3 of 10 as of June, 10<sup>th</sup> 2013. Overall AVATAR Patient Perceptions Mean Score Goal is 4 Star or higher, Results are 3 Stars as of June 10<sup>th</sup> 2013.</li> <li>- People – Increase Morehead Employee Commitment Score by .05 (4.06 to 4.11) Achieve Physician Engagement Score of 4.08.</li> <li>- Quality – Ideal Care Achieve a weighted composite score of outcome and process measures. Goal is 3.5; Results are 2.66 as of April 2013. Hand Hygiene Audits Compliance Rate of 90% or higher; Results are 88.9% as of May 2013.</li> <li>- Finance – Achieve Cost per CMI Adjusted Discharge of \$8,752. Results are \$9,264 as of April 2013. Net Income \$15.2M (Year End) Results are \$18.0M as of April 2013.</li> <li>- Growth – Achieve 1.75% growth in inpatient discharges (excludes observations; Results are .9% as of April 2013. Achieve 1.75% growth in Outpatient Visits (includes hospital based, outreach, CFC and unbundled ancillaries); Result is 2.34% as of May 2013.</li> <li>- FY’13 Q4 – HCAHPS Composite 9 out of 10 in green due to Exception Base Reporting at Admin Ops.</li> <li>- Received Overall Scores of Morehead Employee Commitment – down from 4.06 last year to 3.9 this year. Physician Engagement down from 4.09 last year to 3.89 this year.</li> <li>- Finance net income doing well at \$18mm. Outpatient visits have increased however inpatient is still behind.</li> <li>- Ideal Care Goal is 3.5, Results YTD 2.66: <ul style="list-style-type: none"> <li>• Mortality Rank Goal is 75<sup>th</sup> Percentile, Result YTD 64<sup>th</sup> percentile.</li> <li>• Readmissions Goal is 11.81%, Result YTD 12.81%</li> <li>• CLABSI Goal is .35/1000 CL days, Result YTD .32.</li> <li>• Core Measures Goal is 98.19% compliance, Results YTD 98.2%</li> <li>• Culture of Safety Goal is 45% positive responses, Results YTD 45%.</li> <li>• Harmful Events Goal is 1.91/1000 pt. days, Results YTD 2.15.</li> </ul> </li> </ul>	
<p>Consultation Policy &amp; Consultation Rules / Regulations</p>	<p>Dr. Kyle presented on Consulting Policy and Consultations Rules / Regulations. Changes are as followed:</p> <ul style="list-style-type: none"> <li>- Procedure section 1: “physician designee” changed to “licensed designee”.</li> <li>- Procedure section 1c “OR within the one business day” changed to “OR within the next calendar day”</li> </ul>	<p><b>Approved</b></p>

High Reliability	<ul style="list-style-type: none"> <li>- Procedure section e-ii: "completed" changed to "responded to"</li> <li>- Procedure section 3: word "holding:" added</li> <li>- Procedure section 7: Please note Wi-Fi phones are only to help in facilitate the consulting process.</li> </ul>		
	<p>Dr. Sachs presented on South Carolina Safe Care –The journey to High Reliability. MUSC is currently participating in South Carolina Safe Care - The Journey to High Reliability. This endeavor consists of groups of hospitals that include MUSC Health, AnMed Health, Georgetown Hospital System, Palmetto Health, Greenville Hospital System, Roper St. Fancies Healthcare, and Ralph H. Johnson VA Medical Center working together and be committed to the High Reliability program to eliminate and create zero errors. The Journey to High Reliability started in February 2013 at the South Carolina Hospital Association (SCHA) in Columbia, SC. This endeavor is jointly sponsored by the SCHA, The Joint Commission, and South Carolina Safe Care Program. In April 2013 the High Reliability Self-assessment Tool (HRST) survey was taken by 12 senior leaders whom completed the 40 question assessment of the 3 basic building blocks at MUSC which are: Leadership, Safety Culture, and Performance Improvement. This survey was based off the Safety Culture Survey that was completed by 2,400 employees in March.</p> <p>The plan is to define for MUSC and to start reporting by early Fall 2013: Serious Safety Event, Precursor Safety Events, and Near Miss Safety Events. By identifying Near Miss Safety Events Over 100 completed in the past two years with validated savings of over \$900,000 through increased quality and reliability. Just Culture training in January 2013 - Co Sponsored by SCHA in which 65 hospital leaders from South Carolina, North Carolina and Florida attended (Included 12 individuals from MUSC. Will complete and sustain all leader training by the end of 2013, then all enterprise in 2014. In Summary over the next 2-3 years MUSC will be taking the lead in making healthcare delivery more reliable in ensuring high quality outcomes 100% of the time. Currently have PSN and Red Phone system for near missed events.</p> <p>Dr. Scheurer presented on OPPE (Ongoing Professional Practice Evaluation). It is required by Joint Commission to have a mechanism in place to evaluate the quality of our physician care. Ongoing Professional Practice Evaluation is designed to continuously evaluate a practitioner's professional performance. 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. Elements of Measure include Mortality Ratio; Length of Stay</p>	Accepted as Information	
OPPE Metrics	<p>Dr. Scheurer presented on OPPE (Ongoing Professional Practice Evaluation). It is required by Joint Commission to have a mechanism in place to evaluate the quality of our physician care. Ongoing Professional Practice Evaluation is designed to continuously evaluate a practitioner's professional performance. 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. Elements of Measure include Mortality Ratio; Length of Stay</p>	Accepted as Information	

	Ratio; Cost Ratio; Related/Unplanned 30 Day Readmission Rate; Complications; Patient Satisfaction-Physician Mean. Some departments create their own metrics. Example displayed of Anesthesiology, Family Medicine, Ophthalmology, Pathology, Psychiatry, and Radiology provided. Clinical Metrics to be determined for Dermatology and Radiation Oncology. Next venture in OPPE is to tie in some of the registry that we use and pulling information from EPIC. Areas were we struggle are currently: ICU Docs - Due to attribution of patients to physician thru UHC. Please note with OPPE the metrics have departmental and division reviews of the metrics. Recommendation to look at Hospice Service as a mechanism to attribution offline		
Patient Complaints	Dr. Scheurer presented on Patient Complaints. Patient and Family Liaison Staff include Lisa M. Montgomery (Program Coordinator), Donna Selwyn (Admin. Assist.), Trenace Washington Richardson (Admin. Assist.). Volume has increased to average <b>90-110</b> new complaints a month, up from <b>80-100</b> new complaints per month. This does not include re-work and repeat responses to the same patient/complaint. Our goal is to resolve <b>75%</b> or more within 7 days. In the last quarter, we resolved <b>90%</b> within 7 days ( <i>does not include those referred to Risk</i> ). Increasing number of patients call back multiple times to request additional help; disagree with the outcome of their complaint; or share new concerns. Concerns Themes include: Physician or staff behavior; Coordination of care; Care not appropriate/patient-centered; Discharge or follow-up care; Patient termination; Lost dentures, hearing aids, personal items; Financial; Access; Unfunded patients; One common theme: "listen to me". 3M Database Upgrade: 90% of the 3M database upgrade complete; gathering information to allot for email notification to those involved in complaint; Reports: Amount paid out by P&FL and Amount charged back to the departments; Capability to generate complaint list by staff/physician. Contact number is 843-792-5555	Accepted as Information	
LEM Goals	Chris Rees presented on Clinical Enterprise Goal Recommendations FY 2014 – Strategic Tactic A.1. Goals have been worked on with a Interdisciplinary committee and recommendations were sent to Clinical Leadership Council in which feedback was provided. Standard enterprise wide performance goals for MUSC-P; MUHA; and College of Medicine: <ul style="list-style-type: none"> <li>• Patient Satisfaction – Looking at Inpatient and outpatient satisfaction using HCAHPS survey. Going to a Clinical Group HCAHPS survey starting July 1 2013.</li> <li>• Faculty and Employee Satisfaction – We use Morehead now Press Ganey who has bought Morehead to send out surveys with the intent to increase score over this year's performance.</li> <li>• Quality and Safety – Achieve a score of a 3 on the ideal care measure (This is a composite measure that includes mortality, readmissions, selected hospital acquired infections, meaningful use,</li> </ul>	Accepted as Information	

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	<p>CMS core measures and Culture of Safety)</p> <ul style="list-style-type: none"> <li>Finance – COM Achieve Clinical Operation Margin of 3%; MUHA Achieve Operating Margin of 3%; MUSC-P Achieve Operating Margin of 1%.</li> <li>Growth – Each area to establish their own growth but it will be focused new outpatients. (Each component will establish a growth goal based on the percentage of new patients at its clinics.) All three entities will use a 5 point scale and will set the goal at the “3” level.</li> </ul> <p>Common goals should be cascaded to all Enterprise leaders.</p>		
CAUTI	<p>Mary Allen presented on CAUTI (Catheter Associated UTI Prevention)</p> <p>CAUTI – Call to Action:</p> <ul style="list-style-type: none"> <li>Temporary urinary catheter utilization may promote healthcare acquired infection (HAI).</li> <li>CAUTI – remains the highest portion of HAI (35%).</li> <li>MUSC culture continues to promote urinary catheter use despite CAUTI initiatives since Oct 2008.</li> <li>Hospitals are required to report CAUTI to NHSN for ICUs (except NNICU) since Jan 2012.</li> <li>MUSC ICU rates must decrease significantly to match the NHSN pooled mean.</li> <li>CAUTI extends LOS, promotes overuse of antimicrobials, and increases costs to MUSC (\$800-\$1000 or more) per case.</li> <li>CAUTI may contribute to spread of resistant organisms at MUSC.</li> </ul> <p>CAUTI Initiatives:</p> <ul style="list-style-type: none"> <li>CAUTI Prevention TEAM – Multidisciplinary meets every two weeks.</li> <li>Awareness and Education Initiatives, reporting to NHSN, HIDA Nurse Led Foley Discontinuation Protocol</li> <li>Defined evidence based indications for urinary catheter use</li> <li>New – organization wide policy/procedure CAUTI</li> <li>Developed a bladder management protocol to prevent unnecessary reinsertion.</li> <li>Improved urinary specimen collection protocols</li> <li>Updates to urinary catheter products</li> <li>Conducted prevalence audit for catheter use and risk factors-March 18</li> <li>Planned Inpatient – MUSC wide training for all staff who care for patients with urinary catheters.</li> </ul> <p>Indications for Placement of Temporary Urinary Catheter:</p> <ol style="list-style-type: none"> <li>Acute Urinary Retention or Bladder obstruction</li> <li>Need for accurate measurement for urinary output (hourly I/O,</li> </ol>	Accepted as Information	

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	<p>pressors) (Strict I/O should be stated as I/O every 1-2 hrs.)</p> <ol style="list-style-type: none"> <li>3. Perioperative or Procedural use (short term)</li> <li>4. Continuous Bladder irrigation (TURP)</li> <li>5. Abdominal pressure monitoring, or bladder trauma</li> <li>6. Healing of Stage III or IV perineal or sacral wounds</li> <li>7. End of Life comfort measures</li> <li>8. Other – as ordered and documented daily by MD in patient chart. Updated 4/17/11 based on current CDC/IDSA evidence review. CAUTI task force.</li> </ol> <p>Temporary Urinary Catheter NOT Indicated:</p> <ol style="list-style-type: none"> <li>1. Patient is ambulatory and able to void</li> <li>2. Urine output to be measured &gt; every 2 hrs. off pressors.</li> <li>3. IV diuretics discontinued</li> <li>4. Patient Incontinence</li> <li>5. Nursing, patient or family request</li> <li>6. Foley use after 48 hrs. of insertion - unless there is daily written documentation to justify use by the medical provider</li> </ol>		
Data reports	<p>Reports reviewed:</p> <p>Bed Capacity Summary</p> <p>Admit Transfer Center</p> <p>Quality of H&amp;P by Department</p> <p>Daily Admissions Report</p> <p>Discharge Summary Reports</p>	<b>Approved</b>	
Subcommittee Minute Review	<p>Subcommittee reports were reviewed:</p> <p>Credentials Committee</p> <p>Graduate Medical Education Committee</p> <p>Infection Control Committee</p> <p>Hospital Operations Committee</p> <p>Peer Review Committee</p> <p>Health Information Management Committee</p> <p>Clinical Documentation Improve Committee</p>	<b>Approved</b>	
Polices (Consent)	<p>C-068 Standing Orders for Ops</p> <p>C-105 Clinical Staff Professionalism</p> <p>C-121 Short Peripheral Intravenous Catheters, Maintenance and C-Discontinuation</p> <p>C-156 Patient Wandering</p>	<b>Approved</b>	
Adjourned 8:30am	The next meeting of the Medical Executive Committee will be Wednesday, July 17 <sup>th</sup> , 2013 at 7:30am in 628CSB.		

David Habib, MD, Secretary of the Medical Staff

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**AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
SINCE THE APRIL 2013 MEETING OF THE BOARD OF TRUSTEES**

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

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

phx  
Aetna  
ValueOptions  
BlueChoice Medicaid

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

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

McLeod Health Systems  
Piedmont Medical Center  
Tuomey Healthcare System

**Affiliation Agreements –**

Benedictine University  
Campbell University  
The University of Texas at Dallas  
University of New England  
Delta Pathology Group  
Illinois State University

**Shared Services Agreements –**



**Environment of Care Annual Leadership Report  
Presented to Board of Trustees  
August 2013**

## **INTRODUCTION**

This report serves as an executive summary of the required annual evaluation of the Environment of Care (EOC) Management Plans. The Joint Commission requires the hospital to develop management plans in six functional areas.

These areas are:

1. Safety Management
2. Security Management
3. Hazardous Materials and Waste Management
4. Fire Safety Management
5. Medical Equipment Management
6. Utility Systems Management

In addition to the six management plans, we are also required to have an Emergency Operations Plan which is addressed in this evaluation and a Statement of Conditions of the environment.

Effective management plans are critical for a proactive EOC Program. The plans are utilized to minimize risk and to support quality performance in each of the functional areas including Emergency Management. They serve to define the scope, objectives and procedures for maintaining a safe, functional and supportive environment for patients, visitors and staff. The plans are "living documents" and are routinely reviewed and updated. They are executed and monitored by designated departmental personnel and officers, including the EOC Committee and its subcommittees, the Accreditation/Regulatory Committee, and the Hospital Operations/Quality meeting. The plans are updated based upon incidents, inspections, drills (e.g., emergency and fire drills), risk assessments, advice from safety and accreditation experts, changes in regulations, and other methods.

The active involvement of the EOC Committee and its subcommittees, other oversight groups and departmental representatives from throughout the organization has resulted in effective management of the EOC plans. Quality assessment measures are monitored for appropriate interventions, updated as needed, and reported to senior leadership. In addition, performance improvement activities and projects are continued or initiated based on EOC findings and leadership directives.

## QUALITY ASSESSMENT PERFORMANCE MEASURES

Each EOC management plan contains at least one performance indicator to measure performance. Performance indicators are reported quarterly at the Hospital Operations/Quality meeting. Listed below are results of the previous year's performance indicators and the performance indicators to be monitored throughout 2013.

### 1. Safety Management

**Indicator:** Percentage of Blood-borne Pathogen (BBP) Exposures caused by straight needlesticks compared to the total number of exposures.

**Rationale:** Exposure to blood borne pathogens while using straight needlesticks became a focus area after an upward trend in exposures while using straight needlesticks was noted. BBP exposures are monitored to identify trends and investigate exposures. In order to minimize exposures; the results of the monitoring are used to provide focused education to staff.

**Performance:** The percentage of exposures to BBP as a result of straight needlestick use decreased slightly for this reporting period. For this reporting period the percentage of exposures as a result of straight needlesticks fell from 36 to 32 %.

**Further Action:** Training regarding straight needlestick exposures will continue throughout this reporting period. Employee Health will continue working with nurse educators to ensure focused training and education takes place for nurses in areas where exposures occur.

**Current Performance Measure:** The Injuries Review and Recommendations Subcommittee and the Blood Borne Pathogen Exposure Subcommittee noted a perceived decrease in Personal Protective Equipment (PPE) compliance in the operating rooms. Therefore, the performance indicator for Safety Management will be the percentage of employees in the OR's wearing personal protective equipment when required.

### 2. Security Management

**Indicator:** The number of security breaches throughout all MUSC facilities. Goal for this reporting period was less than 32 security breaches per quarter.

**Rationale:** Security breaches are defined as unlocked doors, propped open doors, unauthorized entries and exits and unarmed alarms. Unlocked doors have been the largest contributor to Security breaches in recent history.

**Performance:** The number of security breaches per quarter did decline in this reporting period to approximately 16 per quarter.

**Further Action:** Medical Center Security will continue to work to heighten staff awareness of the necessity to secure unoccupied areas and personal belongings.

**Current Performance Measure:** Security breaches will remain the performance measure for this reporting period.

### 3. Hazardous Materials and Waste Management

**Indicator:** The percentage of black bins available to dispose of hazardous medical waste on clinical units.

**Rationale:** The Resource Conservation and Recovery Act (Black Bin Compliance ) requires specific containers to handle hazardous medication waste on units.

**Performance:** 100% compliance was reached for having black bins readily available to handle hazardous medical waste on clinical units within the MUSC Medical Center.

**Further Action:** Random audits will be conducted to insure continued compliance.

**Current Performance Measure:** Weekly eyewash flushes are being tracked during the current year. A new log sheet was implemented in January 2013 for all MUSC Medical Center buildings. The measure will be the percentage of eye wash logs that are accurately completed on a weekly basis.

### 4. Emergency Management

**Indicator:** The percentage of management employees who respond immediately or quickly to a disaster drill notification page. The response rate goal for the management group was 75% or greater.

**Rationale:** This response rate (level of reporting immediately upon notification) is required to appropriately respond to and manage any incident.

**Performance:** Disaster drills were conducted in May and December showing a recall response rate of 80% and 100% respectively.

**Further Action:** Awareness and education will continue throughout the next reporting period.

**Current Performance Measure:** Due to the importance of response time during a disaster, the disaster recall response rate will continue to be monitored.

### 5. Fire Management

**Indicator:** The number of false fire alarms caused by outside contractors.

**Rationale:** This indicator continued from last year because the total number of buildings now reported in the fire alarm database has increased to include University owned facilities which could increase the number of false fire alarms. Additionally, there is an upward trend in false fire alarms caused by contractors.

**Performance:** During this reporting period the number of false alarms caused by contractors was five times greater than the previous reporting period.

**Further Action:** In addition to training conducted when contractors first arrive at MUSC Medical Center, Just-In-Time training for contractors is being conducted by University Risk Management staff when false alarms are caused by contractors. This training is documented in the Fire Alarm Incident Report.

**Current Performance Measure:** The number of false fire alarms caused by outside contractors will continue as the performance measure for fire safety due to the increase in the number reported.

## **6. Medical Equipment Management**

**Indicator:** The indicator for medical equipment is operator error. The operator problem rate is the percentage of reported equipment problems where the operator admitted error, the problem could not be duplicated, or the problem was caused by physical damage.

**Rationale:** The current inventory of medical equipment for the MUSC Medical Center includes over 17,500 pieces of equipment. Properly working and usage of medical equipment is vital to safe and effective care.

**Performance:** The operator problem rate decreased from 17% the previous reporting period to 10% during this reporting period. Infusion pump operator problems constitute 44% of the volume of all equipment operator problems. This has grown from 33% last year. Pump inventory constitutes approximately 25% of all equipment inventories and is the single most abundant equipment at the Medical Center. Also, the utilization rate is very high. While a large volume of pumps justifies a large volume of operator error, the rate of error growth since last year is alarming. Problems that cannot be duplicated account for about half of infusion pump problems while equipment physical damage constitutes the remaining half.

**Further Action:** The operator problem rate will continue to be monitored, and trended to identify opportunities for education, modification, and/or enhancement. Results will be reported to the EOC Committee at least quarterly. Focused education will be conducted as appropriate.

**Current Performance Measure:** Operator problem data will continue to be monitored with a specific emphasis on infusion pumps.

## **7. Utility Systems Management**

**Indicator:** Percentage of Non-Life Support Preventative Maintenance (PM) tasks completed on time.

**Rationale:** The Joint Commission defines on time according to the required frequency of the maintenance. For example, a daily maintenance task must be performed every day and a semiannual task must be performed six months from the date it was previously completed plus or minus twenty days.

**Performance:** The PM completion rate for Non-Life Support Equipment was 98.7% for Hospital and Ambulatory Care Occupancies. The PM completion rate for Non-Life Support Equipment was 94.6% for Business Occupancies.

**Current Performance Measure:** Maintain the Non-Life Support equipment maintenance completion rate at 90% or above.

## PERFORMANCE IMPROVEMENT ACTIVITIES

1. **PPE posters** were developed and displayed to act as a reminder to the physicians and staff to wear appropriate PPE anytime there is a chance that blood or body fluids may splash or splatter. In the spring of 2012 the PPE form was developed. The purpose of this new form is to help ensure clinical environments are safe for patients, staff, and visitors. Working closely with clinical managers to train staff in proper PPE selection and use improves HAZMAT and safety compliance. The employee and supervisor are required to annually review the form together. Each individual signs the form indicating they are trained to select and wear proper PPE. We use the results of this program to determine which areas, if any, require additional or specialized PPE to increase the personal protection of employees.
2. **An Endoscope Processing** Improvement project was initiated through a multi-disciplinary team including staff from Quality, Infection Control, and various clinical experts. This team was assigned the task of evaluating High Level Disinfectant (HLD) processing of endoscopes throughout the enterprise. Results included improved quality of the HLD process, elimination of smaller less used processing areas and improved safety in multiple areas. The evaluations were based on revised requirements set forth by The Joint Commission.
3. **A Building Maintenance Program** was implemented in 2012 to help ensure MUSC Medical Center buildings are safe for patients, staff, and visitors. We used the standards in The Joint Commission Comprehensive Accreditation Manual for Hospitals and the National Fire Protection Agency 101 Life Safety Code (2000 edition) to judge minimum safety conditions. We used the results of this program to determine areas, if any, where additional measures should take place to increase the level of safety in our buildings. Audits of rounds have met or exceeded the 90% threshold.

## OTHER ENVIRONMENT OF CARE ACCOMPLISHMENTS

- **Joint Commission:** In October of 2012, the Joint Commission conducted a comprehensive review of the MUSC Medical Center. The EOC program did extremely well during this survey.
- **Air Quality Studies:** During the last reporting period we set a target goal that air quality studies that were requested were completed within five (5) business days of the request. In addition, we established a target of 30 days to complete any



recommendation from the air quality studies. Both requests and recommendations met the target of 5 days and 30 days turnaround respectively.

- **Energy Plant:** Through the approval of a FEMA grant, construction began on Sabin Street for a new energy plant. This project will provide multiple benefits to patient safety, business continuity, equipment reliability, and lower maintenance costs.
- **Shared Services Agreement:** The Shared Services Agreement with University Engineering and Facilities was revised to reflect a Joint Commission based grading system for on-campus business occupancies where the University Department of Engineering and Facilities will provide maintenance services.
- **Infrastructure Projects:** Several infrastructure projects were completed to improve reliability and performance of the MUSC Medical Center. Some examples of these projects include replacement of the air handler for the Children's Hospital Bone Marrow Unit, replacement and upgrade of all dietary refrigeration equipment, upgrades to a cooling tower in the Children's Hospital, and exterior waterproofing repairs of the University Hospital.
- **Wander Guard:** A Wander Guard electronic monitoring system was installed in areas of concern in Ashley River Tower and the University Hospital. This will enhance security for some patient populations.
- **Missing Property:** Missing Property reports declined by approximately 10%. Continued efforts to increase proactive patrols and ensuring staff, visitors, and patients are adequately accounting for personal property and items within their control have contributed to improvements in this area. Staff education on the importance of securing unoccupied workspaces has sustained improvements with security breaches, thus minimizing the risk as it relates to missing property. The installation of safes in patient care rooms continues, thus providing a secure location for patients to secure their personal property. There were no incidents of major criminal activity which can be attributed to proactive patrolling by security officers.
- **Workplace Violence Prevention (WPVP):** WPVP reporting decreased by approximately 14%. Security presence is instrumental in maintaining a safe environment under adverse situations. This decrease was achieved by proactive security presence at situations that could lead to workplace violence incidents.
- **HAZMAT for Healthcare:** HAZMAT for healthcare training was conducted for Emergency Department staff.
- **Emergency Management Committee:** The Joint Commission commended the MUSC Medical Center Emergency Management Committee for its heavily weighted physician, nursing, and senior leadership participation and comprehensive scope and activities.
- **Fire Safety:** Fire Safety staff have created operating room specific fire drills and training. The development of training specific to each OR facility includes fire compartments, smoke zones and evacuation routes. In addition, the basics of fire

extinguisher use, removal of the patient if necessary and notification of nearby operating rooms are addressed. The roles of all staff involved in the actual operation have been assigned with input from the nurse manger (Example: Scrub Nurse – raise the alarm by activation of the nearest pull station). After each drill a debriefing is conducted to point out areas for improvement and to provide additional training as needed. Holding and the Post-Anesthesia Care Unit areas are also involved to ensure proper communication between the units if a true fire situation occurred and resulted in the movement of patients.

- **Safety Inspections:** A new electronic method for conducting safety inspections of Medical Center areas was developed in 2012. The method allows the Occupational Safety and Health Program (OSHP) staff to interact with the manager and staff during the inspection with advanced technologies to improve the inspection experience. All inspection data is documented via an Apple iPad. Inspection times have decreased allowing more time to discuss any deficiencies and solutions with the area manager. Upon completion of the inspection, the area manager receives an electronic copy of the report via email.
- **Infectious Waste Training Program:** A new infectious waste training program was developed in 2012. It includes in-person training services for off-campus employees generating, handling, and shipping infectious waste. The interactive training allows off-campus employees, who may rarely make it on-campus, to learn the most current safety regulations and prevention methods when handling infectious waste generated at their facility. Once completed, the trained employee is authorized to sign shipping manifests for their specific off-campus location.

Medical University Hospital Authority  
Construction Contracts  
For Reporting  
August 9, 2013

KBR Building Group	\$1,777,478.00
ART - Hybrid OR	
Provide construction services for Phase 2 of the ART-Hybrid OR	
KBR Building Group	\$ 367,977.00
ART - Hybrid OR – CT Relocation	
Provide construction services for the ART-Hybrid OR (Phase 1)	
Chastain Construction	\$ 373,713.00
RT - 7th Fl. Fluor, Ortho, X-ray	
Provide renovation and construction services	
Stenstrom & Associates	\$ 152,880.94
CH - 7B Renovation	
Provide revisions to install heating hot water, remove strainers, replace radiant panels/valves, and repair ductwork.	
Stenstrom & Associate	\$ 88,531.82
CH - 6th Floor Cath Labs	
Provide additional mechanical and electrical work required	
KBR Building Group	-\$ 105,075.00
ART - Hybrid OR	
Deductive change order	

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**REGULAR AGENDA**

Board of Trustees Meeting  
Friday, August 9, 2013  
101 Colcock Hall

Members of the Board of Trustees

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
Dr. Stanley C. Baker, Jr.  
Mr. James A. Battle  
Mr. William H. Bingham, Sr.  
Mr. William B. Hewitt  
Dr. Harold W. Jablon  
Dr. Donald R. Johnson II

Ms. Barbara Johnson-Williams  
Dr. Ragin C. Monteith  
Dr. E. Conyers O'Bryan, Jr.  
Mr. Charles W. Schulze  
The Honorable Robin M. Tallon  
Dr. Thomas C. Rowland, Jr.  
Dr. G. Murrell Smith, Sr.  
Mr. Michael E. Stavrinakis  
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison  
Dr. Cotesworth P. Fishburne, Jr.  
Mrs. Claudia W. Peebles  
Mr. Allan E. Stalvey

Item 1.     Call to Order-Roll Call.

Item 2.     Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, October 11, 2013

Item 3.     Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of May 16, 2013; Special Called Meeting July 10, 2013; Finance and Administration Committee Budget Meeting June 20, 2013.

Board Action:

**RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT**

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 4.     General Informational Report of the President.

Statement: Dr. Greenberg will present a general report.

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

Board Action:

Item 5. Other Business.

**RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE. CHAIRMAN: DR. CHARLES B. THOMAS, JR.**

**OLD BUSINESS:**

**NEW BUSINESS:**

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

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

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

Recommendation of Committee:

Board Action:

Item 7. General Report of the Vice President for Development.

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

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

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

Item 9. Other Committee Business.

**CONSENT AGENDA ITEM FOR INFORMATION:**

Item 10. General Report of the Executive Director of the MUSC Foundation for Research Development.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

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

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

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

Recommendation of Committee:

Board Action:

Item 12. Reduction to the 2014 Tuition for the College of Medicine

Statement: The board previously approved a 3% tuition increase at the April 2013 meeting for the College of Medicine. It is now requested that be changed to no increase for the fiscal year 2014.

Recommendation of Administration: That the reduction to the College of Medicine 2014 tuition be approved.

Recommendation of Committee:

Board Action:

Item 13. Other Committee Business.

**CONSENT AGENDA ITEMS FOR APPROVAL:**

Item 14. Revisions to MUSC Mission Statement.

Item 15. Approval of a PH.D. Program Planning Summary for Biomedical Imaging.

Item 16. Appointment of Interim Dean for the College of Graduate Studies.

Item 17. Appointment of Interim Chair of the Department of Comparative Medicine.

Item 18. Sabbatical Leave.

Item 19. Faculty Appointments.

Item 20. Faculty Promotions.

Item 21. Changes in Faculty Status.

Item 22. Appointment of Dean Emeritus.

Item 23. Endowed Chairs.

Item 24. Distinguished University Professor.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 25. MUSC Budget for Fiscal Year 2013-2014.

Statement: Mr. Ravi Srinivas will present the MUSC Budget for FY 2014 for approval.

Recommendation of Administration: That the budget be approved as presented.

Recommendation of Committee:

Board Action:

Item 26. MUSC Physicians Budget for Fiscal Year 2013-2014.

Statement: Ms. Gena Ramsey will present the MUSC Physicians Budget for FY 2014 for information.

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

Recommendation of Committee:

Board Action

Item 27. Major Purchase.

Statement: Ms. Montgomery will present the major purchase for approval.

Recommendation of Administration: That the major purchase be approved as presented.

Recommendation of Committee:

Board Action:

Item 28. Financial Status Report of the Medical University of South Carolina.

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

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

Recommendation of Committee:

Board Action:

Item 29. Financial Status Report of MUSC Physicians.

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

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

Recommendation of Committee:

Board Action:

Item 30. Other Committee Business.

**CONSENT AGENDA ITEMS FOR INFORMATION:**

Item 31. Financial Status Report of the MUSC Foundation for Research Development.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 32. Facilities Procurements/Contracts Proposed.

Statement: Mr. Greg Weigle will present procurements/contracts for approval.

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

Recommendation of Committee:

Board Action:



Item 33. Update on Projects.

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

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

Recommendation of Committee:

Board Action:

Item 34. Other Committee Business.

**CONSENT AGENDA ITEMS FOR INFORMATION:**

Item 35. Facilities Contracts Awarded.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 36. Annual Compliance Report on MUSC and MUSC Physicians.

Statement: The annual compliance report on the University and MUSC Physicians will be presented by Ms. Cindy Teeter (University) and Ms. Julie Acker (MUSC Physicians).

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 37. Legal Update.

Statement: Ms. Annette Drachman will present an update on legal matters.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 38. Report of the Office of Internal Audit.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 39. Other Committee Business.

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

Item 40. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 41. Board of Trustees Annual Self-Assessment.

Statement: Mr. Hewitt will discuss the results of the Annual Board of Trustees Self-Assessment.

Board Action:

Item 42. Report from the Chairman.

**Board of Trustees**  
**Medical University of South Carolina**  
**Research and Institutional Advancement Committee**  
**Offices of Development and Alumni Affairs**  
**August 9, 2013**

On June 30, 2013, the Medical University of South Carolina concluded a most successful fundraising year. We received over **\$74.7 million** in new gifts, pledges and pledge payments. This represents an attainment of **97%** of last year's gift totals of **\$76.7 million**. We are especially pleased with our results, as it is important to note that last year's figure includes a **\$15 million** anonymous gift. Discounting that unique commitment places us at about **21%** ahead of the adjusted figure for last year.

Highlights of the recently concluded fiscal year include:

- For the year, we received **13** gifts or pledges at the leadership-gift level of **\$1 million** and above. Last fiscal year, we had **11** at this level.
- Our current verbal commitments exceed **\$17 million**. The momentum of these potential gifts has us well positioned as we begin the new fiscal year.
- Our top twenty gifts for the year accounted for **\$24.3 million (32%)**.
- The Office of Planned Giving enjoyed another successful year raising **\$17 million** in new deferred gifts placed on the books. Discounting last year's \$15 million gift, this represents an increase over last year of **67%**. This is even more impressive when considering our Associate Director of Planned Giving resigned during the year to accept a position at another institution.
- We received **19,445** gifts from **11,176** donors. This is an increase over last year's **18,753** gifts from **10,907** donors.
- We continued to give strong attention to our on-line giving efforts and the results were impressive. This past fiscal year, we saw an increase of **29%** (\$196 to \$253) in the average on-line gift amount and a **46%** increase in the total dollar amount received through on-line giving (\$152,454 to \$222,983). The number of on-line donors increased **11%** and the number of on-line gifts increased **13%**. Our email open rate this past fiscal year was **28%** (compared to the non-profit industry standard of **14%**). Our click-through rate was **9.66%** (compared to the non-profit industry standard of **3.70%**).

- Despite not having a permanent Executive Director of Alumni Affairs, our alumni office was able to sponsor three reunion/homecoming weekends, twelve alumni board meetings and many seminars and receptions to ensure we continued to cultivate, promote and maintain positive relationships with MUSC alumni.
  - The annual Golden Grads Program continues to be valued, appreciated and well attended. We had **114** alumni join us at Commencement this year.
  - Across all colleges, an average of **27%** of our alumni belong to their respective MUSC Alumni Association. This is an increase over last fiscal year (**25%**).
  - We grew on-line engagement by establishing the following social media accounts for MUSC alumni and friends:
    - Facebook – updated daily
    - Twitter – updated daily
    - LinkedIn – updated weekly
    - Flickr - updated per event
- Through direct mail, employee campaigns, phonathons, reunions and grateful patient mailings, our Annual Fund Office raised **\$3.04 million**. This was accomplished despite leadership from a part-time director, the resignation of our phonathon coordinator and two different staff members (in a four-person office) being on maternity leave. Truly, the team pulled together and worked long, hard hours to accomplish this.
- We hosted two very successful meetings of the MUSC Board of Visitors. Without exception, we received extremely high praise through our post-meeting surveys from all attendees.
- Our Communications Office continued to excel. Among their many accomplishments:
  - Developed Case Statements and proposals for the Institute for Applied Neurosciences, the proposed Children and Women’s Hospital, the Heart and Vascular Center, the Pearlstine Sarcoidosis Research Center and many others.
  - Maintained and updated our *MUSC Points of Distinction* which is distributed quarterly to our various advisory boards.

- Developed a MUSC Overview PowerPoint presentation used by the President's Office and others.
- Published the *Legacies* newsletter, the *Honor Roll of Donors*, and year-end endowment reports, to cite a few.
- Led the overhaul and re-design of the Advancement websites (Development, Alumni Affairs and the MUSC Foundation).
- Introduced a new monthly, donor-relations e-newsletter (Thank-You Notes).
- Special events fundraising is critical to our Children's Hospital Fund. Among numerous successful events held last year:
  - Nucor Steel hosted its thirteenth annual golf tournament. This year's tournament raised over **\$300,000** bringing Nucor's cumulative giving total to the Children's Hospital to over **\$3.3 million**.
  - The Bulls Bay Golf Challenge hosted by Joe and Lisa Rice and sponsored by Baker Motor Company and Mercedes-Benz raised over **\$287,000**. Over the past nine years, this annual event has provided over **\$1.8 million** in support.
  - Our Evening with the Stars concert with Darius Rucker, Josh Turner and Rodney Atkins played to a sold-out crowd and raised **\$160,000** for the Children's Hospital.
- The Hollings Cancer Center utilizes special event fundraising, as well. This year, their events raised **\$296,000** to supplement their major gift fundraising efforts. It is important to note that the Hollings Cancer Center team operated without a Director of Development for the vast majority of the year.
- We successfully recruited Allyson Bird as our Associate Director of Communications and Catherine Hanhauser as our Director of Development for the Storm Eye Institute. Both of these colleagues have quickly proven to be outstanding additions. They quickly became well integrated into our operation and earned the respect of their peers.
- Our cost of fundraising for this past fiscal year was just under **\$.06** on the dollar. For the previous fiscal year, we were at just over \$.07.
- We worked closely with the outside consulting firm Marts & Lundy to conduct a fundraising feasibility study for the proposed new Children and

Women's Hospital. This study included 30 face-to-face interviews, an online survey of over 1,100 donors and prospects, and an electronic wealth screening of more than 2,000 potential supporters. The study concluded that while the Children's Hospital Fund Board is extraordinarily enthusiastic and energized, few members expressed an ability to influence truly significant gifts. Thus, our focus for the next 18 – 24 months will be: 1) on those few prospects identified as having the potential for a naming opportunity (\$35 – \$50 million); and, 2) identification of new major gift prospects.

- Additionally, we contracted with Marts & Lundy to conduct an assessment survey of both our Alumni Affairs and our Annual Fund organizational structure. We have been operating with an interim Executive Director of Alumni Affairs for quite a while and we want to be sure we are optimally structured prior to beginning the recruiting process. It is important to look at best practices related to the daily working relationships between the Alumni Affairs position and the college-based development directors and the Annual Fund team. Correct structure and integration are critical to the success of a decentralized shop.

The following highlights reflect a few key accomplishments that have occurred since the May meeting of the Board of Trustees:

#### **COLLEGE OF MEDICINE**

- Dr. Claudia Oxner Simmons and her late husband, Dr. Charles Simmons, made a very generous commitment to MUSC to endow a chair in anesthesiology and provide scholarship funds through their estate plans. MUSC will ultimately be the beneficiary of a **\$7-8 million** gift.
- The Mark and Evelyn Trammell Foundation, of Atlanta, pledged **\$500,000** to establish the Trammell Endowed Chair in Otolaryngology. The Department of Otolaryngology will match the Foundation's \$500,000 pledge, for a total commitment of \$1 million to the Trammell Endowed Chair.

#### **HEART & VASCULAR**

- In June, Jill Chalsty, new Chair of the Heart & Vascular Advisory Board, executed a **\$1 million** planned gift. She wants to utilize this gift to motivate other board members to consider deferred gifts.
- The American Heart Association, Boston Scientific and the Leducq Foundation committed research funding totaling **\$124,000**.

#### **GENERAL UNIVERSITY**

- The Duke Endowment funded Dr. Frank Clark's initiative, "The MUSC Health Telemedicine Care and Training Center" through a commitment of **\$920,000** which will be paid over the next three years.

### **COLLEGE OF NURSING**

- Hill-Rom contributed approximately **\$420,000** in equipment for the MUSC Simulation Laboratory.
- The Blue Cross Blue Shield Foundation provided a gift of **\$250,000** to support the Nurse Practitioner Program.
- The Duke Endowment contributed **\$206,000** to support Dr. Frank Treiber's program – "Smartphone Medication Adherence to Stop Hypertension".
- Faculty member Nancy D. Duffy secured a gift of **\$100,000** from the Robert Wood Johnson Foundation. The College will allocate funds for 10 BSN scholarships to enroll students accepted into an accelerated baccalaureate nursing program. This program is expected to increase student enrollment in the accelerated BSN program, as well as increase the number of students from disadvantaged backgrounds who enroll and graduate from the program.
- The Falk-Griffin Foundation pledged **\$50,000** for a scholarship fund for graduate level nursing students.

### **COLLEGE OF DENTAL MEDICINE**

- Sirona Dental has donated and installed five CAD/CAM CEREC Intraoral Acquisition Scanning Centers powered by Blue Cam technology, five MC XL Milling Units and five H & W Radios. The value of these in-kind gifts is in excess of **\$500,000**.
- To support the graduate educational program in the Division of Orthodontics, American Orthodontics contributed orthodontic bands, brackets, wires and appliances valued at **\$276,000**.
- Mr. Joe Sherer, from Rock Hill, SC, and Sherer Dental Laboratory sponsored the Instructor Station in the College's Simulation Laboratory with a gift of **\$100,000**. Mr. Sherer is a former member of the MUSC Board of Visitors.
- The Alliance to the South Carolina Dental Association (comprised of the spouses of SCDA members) verbally committed **\$50,000** to establish the C.A.R.E. (Compassion, Access, Responsibility, Excellence) Endowment, a humanitarian fund to provide financial assistance to dental patients who cannot afford treatment.

### **HOLLINGS CANCER CENTER**

- The Hollings Cancer Center received a **\$500,000** charitable bequest from the estate of Dr. Carolyn Reed to establish The Carolyn E. Reed, M.D., Distinguished Endowed Chair in Thoracic Surgical Oncology.
- The American Cancer Society provided the Hollings Cancer Center with a gift of **\$112,000**.
- A **\$100,000** gift was designated for the Hollings Cancer Center from the Avon Foundation for Women.
- The Hayne Hipp Foundation, of Greenville, made a **\$50,000** gift in support of the Hollings Cancer Center's SmartState Center of Economic Excellence in Lipidomics, Pathobiology and Therapy.

### **COLLEGE OF PHARMACY**

- Through a stellar **80%** participation rate, the MUSC College of Pharmacy Class of 2013 contributed **\$43,416** to the Building the Future of Pharmacy Campaign. The total participation successfully claimed a \$50,000 anonymous challenge grant, bringing the total gift to nearly \$100,000.

### **DEPARTMENT OF MEDICINE**

- Thanks to the generous support of several benefactors who gave over **\$50,000** to establish the Julius Sagel, M.D., Endowed Lectureship in Medicine, the Department of Medicine was able to host the inaugural lecture on May 14, 2013.
- The Department of Medicine received a very generous gift from Mr. George Hillenbrand to establish the George C. and Margaret M. Hillenbrand Endowed Chair in appreciation for the outstanding care he has received from MUSC and Dr. Gerard Silvestri. This endowed chair will be dedicated solely to lung cancer and will help advance our efforts in lung cancer research, education and patient care.

### **COLLEGE OF HEALTH PROFESSIONS**

- The College of Health Professions received a verbal commitment from an anonymous donor of **\$30,000** to support student scholarships.
- Dr. Maralynne Mitcham, Professor and Assistant Dean at the College of Health Professions, made a deferred gift commitment of **\$35,000**, which will endow The Maralynne D. Mitcham lectureship Fund.

### **DEPARTMENT OF NEUROSCIENCES**



- A donation of **\$20,000** was received from Mr. and Mrs. Paul Kohlheim to support the Endovascular Simulation Center and the research efforts of Dr. Brett Froeliger.
- Another donation of **\$20,000** was received from an anonymous donor designated for the Neuro ICU.

**1. CEO of the MUSC Foundation – Thomas P. Anderson**

- Realized endowment investment returns at 6/30/2013:

	YTD	1 YR	2 YR	3 YR
MUSCF	4.7%	11.1%	5.0%	8.7%
Allocation Benchmark *	4.4%	10.4%	3.8%	7.7%
Custom Benchmark **	5.1%	11.8%	6.4%	11.0%

\* Russell 3000, EAFE (net), HFRI Eq Hedge, Cambridge PE, Barclays Agg, HFRI Relative Value, HFRI FOF, NCREIF – Property, 90 day T-Bills.

NOTE: Benchmark allocations change quarterly based on beginning of quarter weights.

\*\* 40% S&P 500, 25% EAFE, 35% Barclay's Aggregate Bond.

- Increased total assets by \$38 million or 9.2% for trailing 12 months at FYE 6/30/13 to a record \$450 million.
- Selected Gateway Partners of Atlanta, GA as Master Developer for Horizon Project Foundation for mixed used development of 20 acres in Horizon District (jointly with City of Charleston and MUSC Foundation).
- Nominated new Board Officers for election at August 16 meeting.
  - Carlos E. Evans, Chairman  
Executive Vice President  
Wells Fargo Bank  
Charlotte, NC
  - Daniel J. Sullivan, Vice Chairman  
Retired Founder FedEx Ground  
Kiawah Island, SC

**ACADEMIC  
MAJOR PURCHASES FOR  
BOARD OF TRUSTEES' APPROVAL  
August 9, 2013**

**Description of Purchase:** Management service contract with MUSC Foundation for Research Development. Services include management services relating to technology transfer, economic development, and collaborative endeavors with the private sector on behalf of the University.

**Estimated Cost of Purchase:** \$1,050,000

**Requisition Number:**

**Department Name(s) and UDAK numbers(s):** Vice President for Academic Affairs and Provost – MUCU 1020000 10601 4225

**Department Contact Person:** Mark Sothmann, PhD, VP for Academic Affairs and Provost

**Name of Procurement Specialist:** Rosalind Giddens

**Method of Purchase:** Sole Source – The Foundation for Research Development is a sole source due to its ability to gather the extensive range of services for one organization that meets the Medical University's educational and research mission. The MUSC Foundation for Research Development is the only organization that can provide this continuity of services.

**Vendor Name (If Sole Source):** The MUSC Foundation for Research Development

**New Purchase** \_\_\_ Yes **X** No

**New Contract for Existing Services?** **X** Yes \_\_\_ No

**Extension of Existing Contract?** \_\_\_ Yes **X** No

**Replacement of Existing Item(s)** \_\_\_ Yes **X** No

**Name of Item(s) Being Replaced:** N/A

**Name and Value of Equipment the Requested Purchase Will Be Used In Conjunction With:** N/A

**Name of Equipment:** N/A

**Value:** N/A

**How Will This Purchase Benefit MUSC:** MUSC Foundation for Research Development (Foundation) is a not-for-profit entity established to enhance MUSC's research and service programs while at the same time advancing healthcare and economic development in South Carolina and the nation. Its goal is the development of new relationships between MUSC and businesses, especially as it relates to technology transfer.

**Why and How This Purchase Will Benefit MUSC By Having a Vendor Provide This Service vs. MUSC Staff Providing the Service:** It will ensure the Research Foundation and MUSC's operation are developed in a manner that guarantees consistency with MUSC's goals and objectives and compliance with federal regulations. MUSC does not have the ability to provide this service.

**ACADEMIC  
FINANCIAL INFORMATION  
MAJOR PURCHASES  
BOARD OF TRUSTEES' APPROVAL  
August 9, 2013**

**Item to be approved for purchase:** Management service contract with MUSC Foundation for Research Development.

- 1. Source of Revenue/Savings:** Increased revenue from intellectual property and research support.
- 2. Amount of Revenue/Savings to be generated:** To be determined, however, in excess of the contract amount.
- 3. Initial cost:**
  - a. Item:** \$1,050,000
  - b. Physical Plant Requirements (renovation):** No Physical Plant renovations required for this purchase
- 4. Annual cost (Maintenance, supplies, etc.):** No maintenance or supplies cost associated with this purchase.
- 5. Personnel Cost (to include base salary, fringes, training, etc.):** No additional personnel required for this purchase.
- 6. Financial Analysis:** The MUSC Foundation for Research Development has significantly increased revenues generated from intellectual property derived by MUSC faculty and staff providing increased resources for the University. Additionally, the Foundation has provided considerable research and other support to University departments, thereby reducing the state resources required. The amount being requested includes another year of support for the Office of Industry Partnerships (OIP), which is responsible for providing strategic growth for the Medical University of South Carolina's (MUSC) industry relationships including sponsored R&D and clinical trials.

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

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The Medical University of South Carolina and Affiliated Organizations  
Statement of Net Position  
As of June 30, 2013

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
<b>Assets &amp; Deferred Outflows</b>				
Cash and Cash Equivalents	\$ 162,463,188	\$ 2,558,137	\$ -	\$ -
Cash and Cash Equivalents - Restricted	20,614,430	-	-	477,534
State Appropriation Receivable	7,443,213	-	-	-
Student Tuition and Fees Receivable	1,085,962	-	-	-
Student Loan Receivable	13,222,668	-	-	-
Grants and Contracts Receivable	52,370,922	302,145	-	-
Capital Improvement Bond Proceeds Receivable	141,695	-	-	-
Capital Lease Receivable	-	-	3,549,182	17,140,614
Other Receivables	1,392,148	-	7,349	-
Investments	-	-	529,168	698,054
Prepaid Items	3,921,584	-	-	1,646,201
Capital Assets, net of Accumulated Depreciation	551,018,514	-	-	-
Due from Hospital Authority	8,208,758	-	-	-
Due from Other Funds	89,335,663	-	-	-
Bond Issue Costs	736,947	-	27,735	311,878
Derivative Instruments Fair Value / Deferred Outflows	-	-	-	-
Other Assets	-	-	-	-
<b>Total Assets &amp; Deferred Outflows</b>	<b>\$ 911,955,692</b>	<b>\$ 2,860,282</b>	<b>\$ 4,113,434</b>	<b>\$ 20,274,281</b>
<b>Liabilities &amp; Deferred Inflows</b>				
Accounts Payable	\$ 11,680,423	\$ -	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	6,009,832	8,534	-	-
Accrued Compensated Absences	27,714,482	199,761	-	-
Deferred Revenue	32,205,496	-	-	-
Retainages Payable	-	-	-	-
Long-Term Debt	174,122,314	-	4,031,000	18,726,532
Interest Payable	1,386,172	-	75,096	305,425
Deposits Held for Others	4,128,259	183,002	-	-
Due to Hospital Authority	-	150	-	-
Due to Other Funds	500,275	-	-	-
Federal Loan Program Liability	14,150,982	-	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-	-
Other Liabilities	33,561,066	18,295	-	-
<b>Total Liabilities &amp; Deferred Inflows</b>	<b>\$ 305,459,301</b>	<b>\$ 409,742</b>	<b>\$ 4,106,096</b>	<b>\$ 19,031,957</b>
<b>Net Position</b>	<b>\$ 606,496,391</b>	<b>\$ 2,450,540</b>	<b>\$ 7,338</b>	<b>\$ 1,242,324</b>
<b>Total Liabilities &amp; Deferred Inflows and Net Position</b>	<b>\$ 911,955,692</b>	<b>\$ 2,860,282</b>	<b>\$ 4,113,434</b>	<b>\$ 20,274,281</b>

The Medical University of South Carolina and Affiliated Organizations  
Statement of Revenues, Expenses and Changes in Net Position  
For the Twelve (12) Month Period Ending June 30, 2013

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
<b>Operating Revenues</b>				
Student Tuition and Fees	\$ 86,670,686	\$ -	\$ -	\$ -
Federal Grants and Contracts	139,165,597	395,144	-	-
State Grants and Contracts	7,781,980	1,488,209	-	-
Local Government Grants and Contracts	15,925	-	-	-
Nongovernmental Grants and Contracts	26,902,246	400,906	-	-
Sales and Services to Hospital Authority	102,240,620	-	-	-
Sales and Services of Educational and Other Activities	60,301,269	11,875	-	-
Sales and Services of Auxiliary Enterprises	12,392,323	-	-	-
Interest Income	-	-	479,701	852,253
Other Operating Revenues	15,205,019	92,402	-	-
<b>Total Operating Revenues</b>	<b>450,675,665</b>	<b>2,388,536</b>	<b>479,701</b>	<b>852,253</b>
<b>Operating Expenses</b>				
Compensation and Employee Benefits	337,897,543	2,240,341	-	-
Services and Supplies	195,001,384	9,023,635	700	1,072
Utilities	13,360,815	-	-	-
Scholarships and Fellowships	15,193,387	4,600	-	-
Refunds to Grantors	203,737	-	-	-
Interest Expense	-	-	387,844	917,793
Depreciation and Amortization	41,091,087	-	63,903	200,262
<b>Total Operating Expenses</b>	<b>602,747,953</b>	<b>11,268,576</b>	<b>452,447</b>	<b>1,119,127</b>
<b>Operating Income (Loss)</b>	<b>(152,072,288)</b>	<b>(8,880,040)</b>	<b>27,254</b>	<b>(266,874)</b>
<b>Nonoperating Revenues (Expenses)</b>				
State Appropriations	65,486,243	9,195,268	-	-
State Appropriations - MUHA	18,853,707	-	-	-
Gifts and Grants Received	12,850,795	433	-	-
Investment Income	7,923,926	10	-	-
Interest Expense	(8,570,196)	-	-	-
Gain (Loss) on Disposal of Capital Assets	(1,092,706)	-	-	-
Transfers From (To) Other State Agencies	(170,051)	(12,155)	-	-
Other Nonoperating Revenues (Expenses), net	(3,151,608)	-	-	-
<b>Net Nonoperating Revenues (Expenses)</b>	<b>92,130,110</b>	<b>9,183,556</b>	<b>-</b>	<b>-</b>
<b>Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers</b>	<b>(59,942,178)</b>	<b>303,516</b>	<b>27,254</b>	<b>(266,874)</b>
Capital Appropriations	2,069,311	-	-	-
Capital Grants and Gifts	4,153,049	-	-	-
Additions to Permanent Endowments	2,549,213	-	-	-
Transfers From (To) MUSC Physicians (UMA)	59,793,098	-	-	-
Transfers From (To) AHEC	(3,947)	3,947	-	-
Transfers From (To) CHS Development	(517,772)	-	-	517,772
Transfers From (To) Facilities Corporation	1,387,744	-	(1,387,744)	-
<b>Increase (Decrease) in Net Position</b>	<b>\$ 9,488,518</b>	<b>\$ 307,463</b>	<b>\$ (1,360,490)</b>	<b>\$ 250,898</b>

The Medical University of South Carolina  
 Budgeted Funds Comparison to Budget  
 For the period ending June 30, 2013

	Budget	Prorated Budget (Note)	Actual	Variance	
<b>REVENUES</b>					
<b>State</b>					
State Appropriations	58,784,436	58,784,436	59,986,243	1,201,807	F
State Appropriations - MUHA	18,853,707	18,853,707	18,853,707	-	F
State Grants & Contracts	7,224,365	7,224,365	7,781,980	557,615	F
<b>Total State</b>	<b>84,862,508</b>	<b>84,862,508</b>	<b>86,621,930</b>	<b>1,759,422</b>	<b>F</b>
<b>Federal</b>					
Federal Grants & Contracts	119,815,635	119,815,635	106,551,131	(13,264,504)	U
Federal Grants Indirect Cost Recoveries	35,783,275	35,783,275	32,614,466	(3,168,809)	U
<b>Total Federal</b>	<b>155,598,910</b>	<b>155,598,910</b>	<b>139,165,597</b>	<b>(16,433,313)</b>	<b>U</b>
<b>Other</b>					
Private Grants & Contracts	21,599,738	21,599,738	23,089,768	1,490,030	F
Private Grants Indirect Cost Recoveries	2,859,407	2,859,407	3,828,403	968,996	F
MUSC Foundation Gifts and Grants	10,172,033	10,172,033	12,990,921	2,818,888	F
Tuition and Fees	81,829,072	81,829,072	86,670,686	4,841,614	F
Sales and Services of Educational Departments	58,152,988	58,152,988	60,301,269	2,148,281	F
Sales and Services of Auxiliary Enterprises	12,378,599	12,378,599	12,392,323	13,724	F
Interest and Investment Income	87,231	87,231	28,854	(58,377)	U
Endowment Income	1,034,916	1,034,916	1,647,831	612,915	F
Miscellaneous	11,516,268	11,516,268	12,543,026	1,026,758	F
Miscellaneous - Residents	4,743,637	4,743,637	4,723,918	(19,719)	U
Authority Revenue	71,977,254	71,977,254	61,358,600	(10,618,654)	U
Authority Revenue - Residents	39,872,745	39,872,745	47,368,043	7,495,298	F
Intra-Institutional Transfers	41,394,909	41,394,909	39,738,856	(1,656,053)	U
<b>Total Other</b>	<b>357,618,797</b>	<b>357,618,797</b>	<b>366,682,498</b>	<b>9,063,701</b>	<b>F</b>
<b>Total Revenues</b>	<b>598,080,215</b>	<b>598,080,215</b>	<b>592,470,025</b>	<b>(5,610,190)</b>	<b>U</b>
<b>EXPENDITURES</b>					
Instruction	126,094,772	126,094,772	119,090,692	7,004,080	F
Instruction - Residents	44,940,529	44,940,529	47,088,075	(2,147,546)	U
Instruction - MUHA	18,853,707	18,853,707	18,853,707	-	F
Research	185,510,324	185,510,324	187,013,285	(1,502,961)	U
Public Service	45,010,628	45,010,628	45,310,874	(300,246)	U
Academic Support	38,869,475	38,869,475	46,754,426	(7,884,951)	U
Student Services	9,076,193	9,076,193	8,482,316	593,877	F
Institutional Support	67,579,102	67,579,102	63,785,839	3,793,263	F
Operation & Maintenance of Plant	73,756,002	73,756,002	73,871,354	(115,352)	U
Scholarships & Fellowships	2,337,092	2,337,092	2,252,820	84,272	F
Auxiliary Enterprises	11,810,017	11,810,017	10,842,823	967,194	F
Indirect Cost Remitted to State	115,000	115,000	170,051	(55,051)	U
Debt Services	6,517,406	6,517,406	6,923,568	(406,162)	U
<b>Total Expenditures</b>	<b>630,470,247</b>	<b>630,470,247</b>	<b>630,439,830</b>	<b>30,417</b>	<b>F</b>
<b>OTHER ADDITIONS (DEDUCTIONS)</b>					
Transfers from (to) UMA	54,645,011	54,645,011	59,793,098	5,148,087	F
Transfers from (to) Facilities Corporation	1,350,000	1,350,000	1,387,744	37,744	F
Transfers from (to) AHEC	(3,300)	(3,300)	(3,947)	(647)	U
Transfers from (to) CHS Development	(330,000)	(330,000)	(348,379)	(18,379)	U
Transfers from (to) Loan funds	-	-	16,000	16,000	F
Transfers from (to) Plant Funds	(23,203,159)	(23,203,159)	(21,194,157)	2,009,002	F
Refunds to Grantors	(56,591)	(56,591)	(203,737)	(147,146)	U
Transfers to Endowment Fund	(11,929)	(11,929)	(8,709)	3,220	F
<b>Total Other Additions (Deductions)</b>	<b>32,390,032</b>	<b>32,390,032</b>	<b>39,437,913</b>	<b>7,047,881</b>	<b>F</b>
<b>NET INCREASE (DECREASE) in Fund Balance</b>	<b>-</b>	<b>-</b>	<b>1,468,108</b>	<b>1,468,108</b>	<b>F</b>

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



**The Medical University of South Carolina**

Direct Expenditures on Federal Grants and Contracts

(By Responsibility Center)

For the 12 Month Period Ending June 30, 2013

Administration	495,961
Centers of Excellence	6,723,711
College of Dental Medicine	3,238,285
College of Graduate Studies	1,092,122
College of Health Professions	1,661,375
College of Medicine	88,546,859
College of Nursing	2,717,457
College of Pharmacy	936,177
Library	1,132,115
Office of Sponsored Programs	7,068
	<u><b>\$106,551,131</b></u>

NOTE: The federal direct expenditures shown above were incurred by the University. The federal grant and contract revenue earned to cover these direct expenditures is \$106,551,131.

In addition to this federal grant and contract revenue, the University received \$32,614,466 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts.

\$32,444,415 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$170,051 represents the F+A recoveries on non-research federal grants and contracts.

This amount is required to be remitted to the State.

University direct federal expenditures	\$106,551,131
Facilities and Administration costs	\$32,614,466
Federal operating grants and contracts	<u>\$139,165,597</u>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
June 30, 2013

**Note 1. Basis of Presentation**

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

**Note 2. State Appropriations**

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

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

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

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

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

Construction in progress	\$ 29,048,536
Land/Bids/Equipment/Accumulated depreciation	521,969,978
Capital Assets, Net of Accumulated Depreciation	<u>\$ 551,018,514</u>

**Note 5. Construction in Progress**

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

	Jun 30, 2012 Balance	Fiscal Year 2013 Added	Capitalized	Jun 30, 2013 Balance
Microbiology & Immunology Renovations in BSB	3,590,493	2,582,632		6,173,125
Air Handler Replacement in BSB	684,799	3,052,543		3,737,342
Dental Medicine Classroom Renovations in BSB	2,227,182	341,727		2,568,909
Neurosciences 3rd Floor Renovations in CSB	1,451,616	403,050		1,854,666
Psychiatric Institute Data Center System	908,798	945,367		1,854,165
Exhaust & Emergency Power Impr in BSB	329,770	1,303,316		1,633,086
Deferred Maintenance - FY 2012	161,513	952,588		1,114,101
AHU-6 Replacement in CSB	969,892	78,161		1,048,053
Greenville Research Education Innovation Institute	2,282,009	217,991	(2,500,000)	-
Psychiatric Institute Data Center UPS	1,134,911	5,672	(1,140,583)	-
Others less than \$1,000,000 (ending balance)	6,031,254	7,349,255	(4,315,420)	9,065,090
Total construction in progress	<u>\$ 19,772,238</u>	<u>\$ 17,232,301</u>	<u>\$ (7,956,003)</u>	<u>\$ 29,048,536</u>

**Note 6. Deferred Revenue**

The University's deferred revenue consists of the following:

State appropriations	\$ -
Grants and contracts	18,208,850
Student tuition and fees	13,807,996
Other	188,650
Total Deferred Revenue	<u>\$ 32,205,496</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA  
NOTES TO THE FINANCIAL STATEMENTS  
June 30, 2013

Note 7. *Long Term Liabilities*

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

Obligations under capital leases	\$ 66,438,751
Higher Education Revenue bond payable	32,415,000
State Institution bonds payable	71,505,000
Premium on State Institution bonds payable	1,570,746
Energy performance note payable	3,214,751
Deferred loss on early retirement of bonds	(1,021,934)
Total Long Term Liabilities	<u>\$ 174,122,314</u>

Note 8. *Comparison to Budget*

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

Net increase (decrease) in fund balance per		
Comparison to Budget statement	\$	1,468,108
Plant funds:		
Capital grants and gifts - Federal	4,099,695	
Capital grants and gifts - State	-	
Capital grants and gifts - private	(217,854)	
Capital appropriations	2,069,311	
State appropriations (for MUHA)	5,500,000	
Donated property & other in-kind donations	131,082	
Interest and investment income	813,924	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	6,128,418	
Expended in current fund-capital costs	6,204,171	
Transfers	27,948,332	
Expensed in plant fund-depreciation	(41,091,087)	
Expensed in plant fund-interest expense	(3,666,790)	
State appropriation transferred to MUHA	(5,500,000)	
Expensed in plant fund-other	(1,398,240)	
Gain (loss) on disposition of property	<u>(1,092,706)</u>	(71,744)
Loan funds:		
Other income		
Interest and investment income	392,703	
Expenses	(231,081)	
Transfers	<u>(16,000)</u>	145,622
Endowment funds:		
New endowments	2,549,213	
Income draws to operating units	(1,602,240)	
Endowment income (Loss)	6,990,850	
Transfers	<u>8,709</u>	7,946,532
Other		-
Net increase (decrease) in Net Assets per Statement		
of Revenues, Expenses, and Changes in Net Assets	<u>\$</u>	<u>9,488,518</u>

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

(\$\$ in thousands)

	Original Issue	Authorized Not Issued	Purpose	Outstanding & Authorized as of 30-Jun-2013
<b>State Institution Bonds (SIB)</b>				
SIB 2003D	\$ 8,000	\$ -	- Renovations of Thurmond/Gazes bldg.	\$ -
SIB 2003J	12,000	-	- Renovations of Thurmond/Gazes bldg. and subpower plant	565
2005 Refunding	19,045	-	- Advance refunding on SIB2000A	13,325
SI BAN 2011	30,000	-	- College of Dental Medicine Building	28,000
SIB 2011D	18,950	-	- Deferred maintenance projects	17,490
SIB 2012B refunding	12,645	-	- Refunding SIB 2001A, 2003D, & 2003J	12,125
	<u>\$ 100,640</u>	<u>\$ -</u>		
<b>Current Bonded Debt Authorized and Issued</b>				<u>\$ 71,505</u>
<b>Notes Payable - JEDA</b>				
	<u>\$ 13,500</u>	<u>\$ -</u>	- Refund Harborview Certificates of Participation	<u>\$ -</u>
	<u>\$ 32,985</u>	<u>\$ -</u>	- Construction of College Health Health Profession facilities	<u>\$ 19,290</u>
<b>Lease Revenue Bonds</b>				
LRB 1995 A & B	<u>\$ 13,201</u>	<u>\$ -</u>	- Thurmond Biomedical Center	<u>\$ 4,031</u>
<b>Higher Education Revenue Bonds</b>				
2006	<u>\$ 38,000</u>	<u>\$ -</u>	- Construction of Parking Garage	<u>\$ 32,415</u>
<b>Energy Performance Note Payable</b>				
EPNP 11-26-08	<u>\$ 15,387</u>	<u>\$ -</u>	- Energy Savings	<u>\$ 3,215</u>

MUSC Physicians and MUSC Physicians Primary Care  
(A Component Unit of the Medical University of South Carolina)

Statement of Revenues, Expenses and Changes in Net Position

	For the Twelve Months Ending 6/30/12	For the Twelve Months Ending 6/30/13
<b>Operating Revenues</b>		
Net clinical service revenue	263,991,443	274,570,445
Other operating revenue	7,979,253	2,660,874
Ambulatory care and MUHA revenue cycle support	5,126,991	6,525,661
Primary care support	3,200,000	3,200,000
Total operating revenues	280,297,687	286,956,980
<b>Operating Expenses</b>		
Departmental expenses	207,675,287	211,235,528
Corporate operating expenses	31,598,819	36,033,046
Ambulatory care and MUHA revenue cycle expenses	3,779,716	4,917,224
New Initiative expenses	5,852,779	9,413,187
Total expenses	248,906,601	261,598,985
Operating Income (Loss)	31,391,086	25,357,995
Nonoperating Revenues (Expenses)	(863,511)	5,888,854
Transfers from (to) Related Entities		
Nonmandatory contributions to the MUSC Foundation	(7,372,405)	(3,178,017)
Nonmandatory transfers to the MUSC	(54,569,841)	(59,793,098)
Change in Net Position Before Extraordinary Items	(31,414,671)	(31,724,266)
Extraordinary/Special Items	-	-
Transfers to Debt Service and Equity Deficits	38,411,038	37,423,342
Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue	6,996,367	5,699,076
Expenses Related to the DHHS Supplemental Revenue	(2,000,000)	-
Change in Net Position	4,996,367	5,699,076

**FACILITIES  
ACADEMIC  
LEASE AMENDMENT/RENEWAL  
FOR APPROVAL**

**AUGUST 9, 2013**

DESCRIPTION OF LEASE AMENDMENT/RENEWAL: This lease amendment/renewal is for 4,800 square feet of space, including 1.4 acres, located at 1786 Anthony Street. This location will continue to accommodate the University Transportation Services shuttle bus fleet, storage, maintenance and operations offices. The current lease agreement expires June 30, 2014. As part of the early renewal negotiation, the landlord has agreed to reduce the annual rent and eliminate the annual 3% increase which will result in a total savings of \$161,417.00. The current lease will be amended to reflect a change in term and annual rent.

The per square foot rate for this lease amendment/renewal is \$20.00. The monthly rental rate will be \$8,000.00 resulting in an annual rent amount of \$96,000.00.

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

LANDLORD: Real Estate Capital Management

LANDLORD CONTACT: Gary Shahid, 284-5776

TENANT NAME AND CONTACT: Business Services, John Runyon, Director, 792-2467

SOURCE OF FUNDS: Business Services Revenue

LEASE TERMS:

TERM: Six (6) years [9/1/2013-8/31/2019]  
AMOUNT PER SQUARE FOOT: \$20.00  
ANNUALIZED LEASE COST: \$96,000.00  
TOTAL COST OF RENEWAL TERM: \$576,000.00

EXTENDED TERM(S): To be negotiated

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

**FACILITIES**  
**CLINICAL**  
**ESTABLISH PROJECT**

**FOR APPROVAL**

**August 9, 2013**

PROJECT TITLE: Institute of Psychiatry 1<sup>st</sup> Floor Rated Exit Enclosure and  
Fan Coil Replacement

PROJECT NUMBER: N327

TOTAL ESTIMATED BUDGET: \$350,000

SOURCE(S) OF FUNDS: Hospital Clinical Revenue

JUSTIFICATION: This project involves the construction of a two hour fire rated ceiling assembly in corridor PH1FL9 of the Psychiatric Hospital that serves as an exit path for the nearby stairwell PH1STW2. This is a code deficiency and was identified as part of the Hospital's Joint Commission Plan for Improvement. Additionally, three fan coil units that serve this corridor and the activity room in PH134 will be replaced and relocated within this same corridor. Currently, the units are inaccessible and out of service.

The project will be funded by Hospital Clinical Revenue, and Board of Trustees approval is requested.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**CONSENT AGENDA**

Board of Trustees Meeting  
Thursday, August 9, 2013  
101 Colcock Hall

**Members of the Board of Trustees**

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

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

**Trustees Emeriti**

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

**RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE  
CHAIRMAN: DR. CHARLES B. THOMAS, JR.**

**(INFORMATION ITEM)**

Item 10. General Report of the Executive Director of the MUSC Foundation for Research Development.

Statement: A report will be provided by the MUSC Foundation for Research Development.

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

Recommendation of Committee:

Board Action:



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

**(APPROVAL ITEMS)**

Item 14. Revisions to MUSC Mission Statement

Statement: Administration presents for approval, a revised MUSC Mission Statement that will conform to current Accreditation standards and Commission on Higher Education requirements, effective August 9, 2013.

Recommendation of Administration: That these revisions to the MUSC Mission Statement be approved.

Recommendation of Committee:

Board Action:

Item 15. Approval of a Ph.D. Program Planning Summary for Biomedical Imaging

Statement: At the request of the Dean of the College of Graduate Studies, administration presents for approval the program planning summary for a Ph.D. degree program in Biomedical Imaging, effective August 9, 2013.

Recommendation of Administration: That the program planning summary for a Ph.D. degree program in Biomedical Imaging be approved.

Recommendation of Committee:

Board Action:

Item 16. Appointment of Interim Dean for the College of Graduate Studies

Statement: Administration presents as information, the appointment of **Jacqueline D. McGinty, Ph.D.**, as Interim Dean of the College of Graduate Studies, effective August 1, 2013.

Recommendation of Administration: That the appointment of Dr. Jacqueline McGinty as Interim Dean of the College of Graduate Studies be approved.

Recommendation of Committee:

Board Action:

Item 17. Appointment of Interim Chair of the Department of Comparative Medicine.

Statement: At the request of the Dean of the College of Medicine, administration presents the appointment of **Alison C. Smith, D.V.M.**, as Interim Chair of the Department of Comparative Medicine and the Interim Director of the Division of Laboratory Animal Resources, effective July 1, 2013.

Recommendation of Administration: That the appointment of Dr. Alison Smith as Interim Chair of the Department of Comparative Medicine be approved.

Recommendation of Committee:

Board Action:

Item 18. Sabbatical Leave.

Statement: At the request of the Dean of the College of Medicine, administration presents for approval of a four-month sabbatical for **Barry L. Hainer, M.D.**, beginning July 1, 2014 and ending October 31, 2014.

Recommendation of Administration: That the four-month sabbatical leave request for Dr. Barry Hainer be approved.

Recommendation of Committee:

Board Action:

Item 19. Faculty Appointments.

Statement: At the request of the Deans of the College of Health Professions and Medicine, administration presents the following faculty appointments:

College of Health Professions

**Matthew P. Malcolm, Ph.D.**, as Adjunct Associate Professor in the Department of Health Sciences Research and Division of Occupational Therapy, effective May 1, 2013;  
**Craig A. Velozo, Ph.D.** as Professor with Tenure, in the Department of Health Professions, Division of Occupational Therapy, effective July 1, 2013.

Dr. Velozo's faculty appointment was approved at the May 2013 Board meeting.

College of Medicine

**Steven A. Kautz, Ph.D.**, (joint appointment) as Professor in the Department of Neurosciences, Division of Neuroscience Research, effective July 1, 2013;  
**Dag Pavic, M.D.**, as Associate Professor, on the Clinician Educator track, in the Department of Radiology and Radiological Science, effective August 15, 2013;  
**Conway F. Saylor, Ph.D.**, as Clinical Professor in the Department of Pediatrics, Division of Developmental-Behavioral Pediatrics, effective August 1, 2013;  
**Christine B. Turley, M.D.**, as Adjunct Professor in the Department of Pediatrics Division of General Pediatrics, effective July 1, 2013

Dr. Kautz' primary appointment rests in the College of Health Professions

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 20. Faculty Promotions.

Statement: At the request of the Dean of the College of Medicine and the Chair of the Department of Library Science and Informatics, administration presents the following faculty promotions:

Department of Library Science and Informatics

From Assistant Professor to Associate Professor

**David E. Rivers, M.A.**, Department of Library Science and Informatics, effective July 1, 2013

College of Medicine

From Associate Professor to Professor, Academic Investigator/Educator track (with tenure)

**Thierry Rene Henri Bacro, Ph.D.**, Department of Regenerative Medicine and Cell Biology, effective January 1, 2014

From Associate Professor to Professor, Academic Clinician track without tenure

**Aimee L. McRae-Clark, Pharm.D.**, Department of Psychiatry and Behavioral Sciences; dual appointment in the Department of Neurosciences, Division of Neuroscience Research, effective January 1, 2014

**Kenneth J. Ruggiero, Ph.D.**, Department of Psychiatry and Behavioral Sciences, effective January 1, 2014

From Associate Professor to Professor, Clinician Educator track (without tenure)

**Wanda C. Gonsalves, M.D.**, Department of Family Medicine, effective January 1, 2014

From Assistant Professor to Associate Professor, Academic Clinician track

**Michael R. McCart, Ph.D.**, Department of Psychiatry and Behavioral Sciences; Dual appointment in the Department of Pediatrics, Division of Emergency Medicine, effective January 1, 2014

From Assistant Professor to Associate Professor, Clinician Educator track

**Kelly S. Barth, D.O.**, Department of Psychiatry and Behavioral Sciences, effective January 1, 2014

**Angela R. Dempsey, M.D., M.P.H.**, Department of Obstetrics and Gynecology, effective January 1, 2014

**Chadrick E. Denlinger, M.D.**, Department of Surgery, Division of Cardiothoracic Surgery, effective January 1, 2014

**Minoo Kavarana, M.D.**, Department of Surgery, Division of Cardiothoracic Surgery, January 1, 2014

**Pinckney Johnstone Maxwell, M.D.**, Department of Surgery, Division of General Surgery, effective January 1, 2014

*From Instructor to Assistant Professor, Clinician Educator track*

**Wendy E. Balliet, Ph.D.**, Department of Psychiatry and Behavioral Sciences, effective January 1, 2014

**Tatiana M. Davidson, Ph.D.**, Department of Psychiatry and Behavioral Sciences, effective January 1, 2014

*From Clinical Assistant Professor to Clinical Associate Professor, Modified Clinical track*

**Steven D. LaRowe, Ph.D.**, Department of Psychiatry and Behavioral Sciences, effective January 1, 2014

Recommendation of Administration: That these faculty promotions be approved.

Recommendation of Committee:

Board Action:

Item 21. Changes in Faculty Status.

Statement: At the request of the Deans of the Colleges of Dental Medicine and Medicine, administration presents the following changes in faculty status:

*College of Dental Medicine and Medicine*

**Timothy P. Fitzharris, Ph.D.**, from Professor to Professor Emeritus in the Department of Regenerative Medicine and Cell Biology, effective July 1, 2013;

**Robert G. Gourdie, Ph.D.**, from Professor to Adjunct Professor in the Department of Regenerative Medicine and Cell Biology, retroactive to August 1, 2012.

*College of Medicine*

**Ian A. Aaronson, M.D., M.B.B.Ch.**, from Professor to Professor Emeritus in the Department of Urology, effective July 1, 2013;

**Lori M. Dickerson, Pharm.D.**, from Professor to Clinical Professor in the Department of Family Medicine, effective July 1, 2013;

**Brent M. Egan, M.D.**, from Professor to Adjunct Professor in the Department of Medicine, Division of General Internal Medicine and Research Professor in the College of Nursing, effective August 1, 2013;

**Robert L. Fenning, M.D.**, from Clinical Professor to Clinical Professor Emeritus in the Department of Medicine, Division of Hematology/Oncology, effective May 1, 2013;

**William B. Pittard, M.D., M.P.H, Ph.D.**, from Professor to Professor Emeritus in the Department of Pediatrics, Division of Epidemiology, effective July 1, 2013;

**P. R. Rajagopalan, M.D.**, from Professor to Professor Emeritus in the Department of Surgery, Division of Transplant Surgery, effective July 1, 2013

**Robert P. Turner, M.D.**, from Associate Professor to Clinical Associate Professor in the Department of Neurosciences, Division of Neurology, effective July 1, 2013;  
**M. Michael Swindle, D.V.M.**, from Professor to Professor Emeritus in the Department of Comparative Medicine, effective June 30, 2013;  
**C. Carolyn Thiedke, M.D.**, from Clinical Associate Professor to Professor Emerita in the Department of Family Medicine, effective July 1, 2013

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

Recommendation of Committee:

Board Action:

Item 22. Appointment of Dean Emeritus.

Statement: Administration presents for approval the appointment of **Perry V. Halushka, Ph.D., M.D.**, as Dean Emeritus, effective August 1, 2013.

Recommendation of Administration: That the appointment of Dr. Perry Halushka as Dean Emeritus be approved.

Recommendation of Committee:

Board Action:

Item 23. Endowed Chairs.

Statement: At the request of the Dean of the College of Medicine, administration presents the following endowed chair appointment:

**Vincent D. Pellegrini, Jr., M.D.**, as the John A. Siegling, M.D. Endowed Chair in Orthopaedic Surgery

**Gerard A. Silvestri, M.D.**, as the George C. and Margaret M. Hillenbrand Endowed Chair

Recommendation of Administration: That the endowed chair appointments be approved.

Recommendation of Committee:

Board Action:

Item 24. Distinguished University Professor.

Statement: At the request of the Dean of the College of Medicine, administration presents for approval, the following recommendations for designation as Distinguished University Professor, effective August 9, 2013 :

**J. Peter Van Dorsten, M.D.**, Professor of Obstetrics and Gynecology  
**Robert M. Sade, M.D.**, Professor of Surgery

Recommendation of Administration: That these appointments as Distinguished University Professor be approved.

Recommendation of Committee:

Board Action:

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

**(INFORMATION ITEM)**

Item 31. Financial Status Report of the MUSC Foundation for Research Development.

Statement: A report will be provided on the financial status of the MUSC Foundation for Research Development.

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

Recommendation of Committee:

Board Action:

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

**(INFORMATION ITEM)**

Item 35. Facilities Contracts Awarded.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

# MUSC FRD

## Tech Transfer Statistics

	FY13	FY12	FY11	FY10	FY09	FY08
Invention Disclosures	119	71	46	31	45	59
Patent Applications (new subject matter)	16	15	11	11	14	16
Issued US Patents	5	6	6	0	2	2
Options	2 (1)	4	4	3	5	1
Exclusive Licenses	6 (3)	0	7	2	4	2
Non-exclusive Licenses	5 (1)	0	0	0	0	0
Start-up Companies	2	2	5	3	4	2

## Revision to MUSC's Mission Statement

Rationale: Accreditation standards are now interpreted such that institutions are expected to show documented evidence of ongoing evaluation of how it is achieving each element of its mission. The current mission statement exposes MUSC to unneeded scrutiny by accrediting agencies. The proposed revision retains the spirit of the MUSC mission statement without including specifics to be evaluated.

Revision below

Approved by Deans Council, June 17, 2013

Approved by President's Council June 26, 2013

The Medical University of South Carolina (MUSC) is South Carolina's only comprehensive academic health science center. Our purpose is to preserve and optimize human life in South Carolina and beyond. MUSC provides an interprofessional environment for learning, discovery, and healing through (1) education of health care professionals and biomedical scientists, (2) research in the health sciences, and (3) provision of comprehensive health care.

As a public institution of higher learning, MUSC provides a full range of educational programs in the biomedical sciences and actively engages in community service and outreach. The campus is located on more than 50 acres in the city of Charleston. A diverse student population of more than 2,750 students in six colleges (Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing, and Pharmacy) study for degrees at the baccalaureate, masters, doctoral, and other professional levels. MUSC has academic programs that employ traditional and distance education methods. The University also provides residency training for over 750 graduate health professionals and is comprised of approximately 1,425 full-time and 300 part-time faculty.

Current mission statement (approved by the BOT in 2008) can be found here

<http://academicdepartments.musc.edu/president/mission.html>



# **Medical University of South Carolina**

College of Graduate Studies &  
Center for Biomedical Imaging



## **Program Planning Summary**

### **Ph.D. in Biomedical Imaging**

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Ray Greenberg, M.D., Ph.D.  
President  
Medical University of South Carolina

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Date

#### **Contact Information:**

Truman R. Brown, Ph.D.  
Stephen Schabel Professor of Radiology and Radiological Science  
Professor of Neuroscience  
Scientific Director, Center for Biomedical Imaging  
Bioengineering Building, Rm 205  
68 President Street  
Medical University of South Carolina  
Charleston, SC 29425

843.876.2462  
brotrr@musc.edu

## **Program Planning Summary New Program**

**Institution:** Medical University of South Carolina

**Academic Unit:** College of Graduate Studies

**Name of Program:** PhD in Biomedical Imaging (a new concentration in the PhD Biomedical Sciences Program)

**CIP Code:** 26.1103

**Proposed date of implementation:** Fall 2014

**Qualification for Palmetto Fellows Scholarship or LIFE Scholarship:** No

**Delivery mode:** Traditional

### **Justification**

Need for the Program. There is a growing need for experts in the application and development of engineering and scientific training in biomedical imaging technologies both for medicine and biological sciences generally. The Bureau of Labor Statistics estimates that nationally, “Employment of biomedical engineers is projected to grow by 62 percent from 2010 to 2020, much faster than the average for all occupations” (<http://www.bls.gov/ooh/architecture-and-engineering/biomedical-engineers.htm>) while the South Carolina Department of Employment and Workforces estimates that by 2020 their growth in South Carolina will be 75% (<http://lmi.dew.sc.gov/lmi%20site/Documents/CommunityProfiles/01000000.pdf>). These groups include a wide variety of engineering skills but digital imaging is an increasing component of all aspects of modern technology. Thus, as healthcare, biomedical research, and biotechnology industries all become increasingly invested in using imaging technologies (as can be seen by Internet searches), the demand for individuals with expertise in this area will grow. There is currently no university in South Carolina that offers a graduate degree in Biomedical Imaging. Establishing such a program falls within the mission of MUSC to “educate students to become creative biomedical scientists;” and addresses its strategic initiative area of innovation.

Relationship with Existing Programs Within MUSC: The proposed graduate program in Biomedical Imaging will expand a successful and long-standing academic program in Biomedical Sciences at MUSC. That is, the PhD in Biomedical Imaging will be a unique concentration in our PhD Biomedical Sciences program, which also includes other emphases including Biochemistry, Physiology, Neuroscience, and Cellular/Molecular Biology. The inclusion of this emphasis area will also afford students in those other programs to enroll in courses offered in the Biomedical Imaging program, so it will supplement (and complement) the coursework for pre-existing Ph.D. concentrations.

Relationship with Existing Programs at Other Institutions: There is no duplication with other programs in the state. Most closely related yet separate is the bioengineering graduate program at Clemson University. Since 2003, MUSC has collaborated with Clemson to provide a learning site for faculty and graduate students in Clemson’s Bioengineering program. Clemson’s Bioengineering students take courses from Clemson faculty on the MUSC campus, as well as via distance learning modalities from Clemson University. The program covers a broad spectrum of

applied and basic research opportunities that includes biomaterials science and tissue engineering. However, there is no specific focus within the Bioengineering program on Biomedical Imaging. Although there is some overlap in the set of quantitative skills required to be successful in both Bioengineering or Biomedical Imaging, the latter emphasizes an understanding of certain physical principles and systems-level biological phenomena that is better suited to serve the needs of students specifically interested in the applications-oriented field of Biomedical Imaging.

### **Program Demand and Productivity**

Based on our experience with present MUSC graduate students (both PhD and MD/PhD students), we anticipate recruiting 3-5 students in the first year of the program with potentially an increase in interest in the program and increased enrollment in subsequent years as we engage in recruitment efforts. We expect that within 4 years, the program may admit up to 6-8 students per year, depending on grant funding. This would bring the anticipated number of students to complete the program after its fourth year to 5-8 per year.

### **Employment Opportunities for Graduates**

The proposed Ph.D. in Biomedical Imaging program will train graduates for careers using basic, translational, and clinical research methodologies. Graduates from the Biomedical Imaging program would be highly skilled and well marketable for careers in industry (specifically biotechnology and pharmaceutical industries, both of which are growth industries), medicine, and research. The Occupational Outlook Report (2010-2020) produced by the Bureau of Labor Statistics reports that medical science, biomedical engineering, and biophysics (all fields in which graduates from the Biomedical Imaging program might seek employment) are growth fields, with faster than average rates of growth expected (between 31% and 62%, references below).

<http://www.bls.gov/ooh/life-physical-and-social-science/medical-scientists.htm>

<http://www.bls.gov/ooh/architecture-and-engineering/biomedical-engineers.htm>

<http://www.bls.gov/ooh/life-physical-and-social-science/biochemists-and-biophysicists.htm>

### **Curriculum**

The proposed program will require at least 57 didactic credit hours to complete the Ph.D. degree plus experiential work commensurate with the College of Graduate Studies' expectations for doctoral research. Typically, this requires at least nine semesters following the first year of course work (at approximately 15 credit hours per semester).

The curriculum begins with a biomedical science core of 45 credit hours in the first year which includes courses in foundations of biomedical sciences, essential scientific practices, laboratory rotations, important unanswered questions in biomedical sciences, and various electives (Spring semester). This core is provided to all students seeking doctoral degree in biomedical sciences at MUSC.

Students in the Biomedical Imaging program will replace three of these courses with courses specifically related to developing expertise in Biomedical Imaging (a total of 15 credit hours). In

the second year students in the Ph.D. for Biomedical Imaging will also take three didactic courses (9 credit hours) related to imaging. In total, the Biomedical Imaging-specific didactic courses include imaging methods, quantitative physiology using imaging, mathematical methods, molecular imaging, signal and image processing, and MRI methods. These courses will be completed in addition to experiential research, journal clubs, and selective seminars.

Subsequent years in the program will be devoted to experiential learning in biomedical imaging and research, journal clubs, and electives relevant to imaging technologies. It is expected that students can complete the program in a minimum of four years and in not more than 7 years.

### **Articulation and Inter-institutional Cooperation**

As reported above, MUSC and Clemson University have an active collaborative relationship in bioengineering. Students from Clemson, with the approval of their institution, will be allowed and encouraged to take courses offered in MUSC's Biomedical Imaging program.

### **Estimate of Costs**

This program will be offered as a new concentration/area of emphasis in the College of Graduate Studies' doctoral program in Biomedical Sciences. It will not introduce new costs to the program. Applicants to the program will be competing with a set number of slots along with applicants to the other concentration areas in the Ph.D. in biomedical sciences family.

Thus, the necessary infrastructure is pre-existing, so no new costs for administration are incurred. Faculty for the program (primarily from MUSC's Center for Biomedical Imaging, see <http://academicdepartments.musc.edu/cbi/>) are supported by research grants that support the projects that the Biomedical Imaging Ph.D. students will be engaged as part of their independent research and experiential learning.

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Jacqueline F. McGinty, Ph.D.

Date: 7/22/2013

Citizenship and/or Visa Status: USA

Office Address: 173 Ashley Avenue, MSC 510, Charleston, SC, 29425

Telephone: 843-792-9036

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1972	University of Connecticut	B.A.	Psychology
1978	State Univ of NY Downstate Medical Center	Ph.D.	Neuroanatomy

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Fellow, Neuroscience	Arthur Vining Davis Center for Behavioral Neurobiology, Floyd E. Bloom, M.D., Director, The Salk Institute, La Jolla, California	1978 - 1982

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1982 - 1983	Assistant Research Neuroscientist	University of California, School of Medicine, San Diego	Neurosciences
1983 - 1988	Assistant Professor	East Carolina University School of Medicine, Greenville, NC	Anatomy
1988 - 1993	Associate Professor	East Carolina University School of Medicine, Greenville, NC	Anatomy and Cell Biology
1993 - 1999	Professor	East Carolina University School of Medicine, Greenville, NC	Anatomy and Cell Biology
1999 - Present	Professor	Medical University of South Carolina	Neurosciences Division of Neuroscience Research
2000 - Present	Full Member	Medical University of South Carolina	Graduate Studies
2005 - Present	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences

First Appointment to MUSC:

Rank : Professor

Date : 1999

# Medical University of South Carolina

College Of Medicine

## ABBREVIATED CURRICULUM VITAE

Name: Alison C. Smith, D.V.M.

Date: 7/22/2013

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1980	University of Illinois at Urbana	B.S.	Veterinary Sciences
1983	University of Illinois at Urbana	D.V.M.	Veterinary Sciences

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident	Medical University of South Carolina, Charleston, SC	1987 - 1989

Board Certification:

American College of Laboratory Animal Medicine

Date: 1991

Licensure:

South Carolina (924)

Date: 1983

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1989 - Present	Associate Professor	Medical University of South Carolina	Medicine Division of Cardiology
1992 - 1997	Assistant Professor	Medical University of South Carolina	Comparative Medicine
1997 - 2006	Associate Professor	Medical University of South Carolina	Comparative Medicine
2006 - Present	Professor	Medical University of South Carolina	Comparative Medicine

First Appointment to MUSC:

Rank : Assistant Professor

Date : 1992

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Barry L. Hainer, M.D.

Date: 6/28/2013

Citizenship and/or Visa Status:

Office Address: MSC 192 295 Calhoun St., Charleston, SC, 29425, USA Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1972	Johns Hopkins University	B.A.	
1976	Georgetown University	M.D.	

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency	Department of Family Medicine, Medical University of South Carolina	07/1976 - 06/1979

Board Certification:

Diplomate, National Board of Medical Examiners	Date: 1977
American Board of Family Medicine, Recertified 1985, 1992, 1998, 2004	Date: 1979
Certificate of Added Qualifications in Geriatrics, American Board of Family Medicine	Date: 1988, 2008
Certification, Diabetes Recognition Program, National Committee for Quality Assurance	Date: 2007
Certification, Primary Care Management of Heart Disease and Stroke, National Committee for Quality Assurance	Date: 2009

Licensure:

South Carolina Board of Medical Examiners	Date: 1977
Certificate of Recognition, for Excellence in the Delivery of Quality Care, Bridges to Excellence, Medical Home, Health Care Improvement Institute, Inc	Date: 2011
Certification, Patient Centered Medical Home Recognition Program, National Committee for Quality Assurance	Date: 2011

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1980 - 1981	Instructor	Medical University of South Carolina	Family Medicine
1981 - 1984	Assistant Professor	Medical University of South Carolina	Family Medicine
1984 - 1985	Associate Professor	Medical University of South Carolina	Family Medicine
1985 - 1988	Associate Professor	East Carolina University School of Medicine	Department of Family Medicine Division of Family Medicine
1988 - 1992	Associate Professor	Medical University of South Carolina	Family Medicine
1992 - Present	Professor	Medical University of South Carolina	Family Medicine

First Appointment to MUSC:

Rank : Instructor

Date : 1980

### Information Required for Sabbatical Leave Approval

Name:		Barry L. Hainer, MD	
Faculty Rank:		Professor	
Effective Dates of Requested Leave:		7/1/14-10/31/14	
<b>Summary of Anticipated Work Scope:</b> Improve conversational and medical Spanish to assist in patient care.			
<b>Description of Benefits Provided by the Sabbatical Leave:</b> Improved communication with Hispanic patients who are not native English speakers.			
Years of Service at MUSC:	30	Months of Sabbatical Leave Previously Taken:	0
Months of Sabbatical Leave Available:	4	Months of Sabbatical Leave Requested:	4
Months of Salary Support Available:	4	Months of Salary Support Requested:	4
		Cost	Funding Source
Salary Support During Sabbatical:			Department
Fringe Benefits During Sabbatical:			Department
Annual Leave Accrued During Sabbatical:			Department
Sick Leave Accrued During Sabbatical:			Department
Additional Approved Support (Travel, Housing, etc.):			
Total (Estimated) Cost of Sabbatical Leave:			

I agree to return to active service with MUSC at the end of the sabbatical leave period.

Signature Barry L. Hainer MD

Date: 7-9-13

Approved: [Signature]  
(Department Chair)

Date: 7/12/13



Medical University of South Carolina  
COLLEGE OF HEALTH PROFESSIONS  
ABBREVIATED CURRICULUM VITAE

Date: 6/20/13

Name: Malcolm Matthew Paul  
Last First Middle

Citizenship and/or Visa Status: US

Office Address: Colorado State University Telephone: 970-491-5202

Education: (Baccalaureate and above)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
University at Buffalo, SUNY	1991-1996	BS/1996	OT
University of Florida	1999-2003	PHD/2003	Rehab Sci

Graduate Medical Training: (Chronological)

	<u>Place</u>	<u>Dates</u>
Internship		

	<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:		

Board Certification:	Date:
	Date:
	Date:
	Date:
Licensure:	Date: 2012
South Carolina	Date: 2013
CO	Date:
	Date:

Faculty appointments: (Begin with initial appointment)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2003-2009	Assistant Prof	Colorado State University	OT
2009-2012	Assoc Prof	Colorado State University	OT
2012-2013	Assoc Prof	MUSC	Health Sci & Research
2013-Present	Assoc Prof	Colorado State University	OT

First Appointment to MUSC: Rank Assoc Prof Date: 7/1/12

Medical University of South Carolina  
COLLEGE OF HEALTH PROFESSIONS  
ABBREVIATED CURRICULUM VITAE

Date: 4/22/13

Name: Velozo Craig A.  
Last First Middle

Citizenship and/or Visa Status:

Office Address: PO Box 100164 Telephone: (352) 273-6128  
Gainesville, FL 32610-0164

Education: (Baccalaureate and above)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Ohio University, Athens, OH		PhD, 1984	Experimental Psychology
Washington University School of Medicine St. Louis, MO		BS, 1984	Occupational Therapy
Ohio University, Athens, OH		MS, 1981	Experimental Psychology
College of the Holy Cross Worcester, MA		BA, 1977	Psychology

Graduate Medical Training: (Chronological)

	<u>Place</u>	<u>Dates</u>
Internship		

	<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:		
Head Injury Resource Center, Irene Walter Johnson Rehabilitation Institute Washington University School of Medicine, St. Louis, MO		1986-1988
Occupational Therapy Department, Irene Walter Johnson Rehabilitation Institute Washington University School of Medicine, St. Louis, MO		1985-1986

Board Certification:	National Board Certification in Occupational Therapy (No. 537266)	Date: Through 03/31/2014
Licensure:	Licensed Occupational Therapist, State of Illinois (No. 056-0270)	Date: Through 02/28/2013
		Date:

Faculty appointments: (Begin with initial appointment)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1988-2000	Associate Professor	University of Illinois at Chicago, Chicago, IL	Department of Occupational Therapy, College of Health and Human Development Sciences
2000-2008	Associate Professor	University of Florida, Gainesville, FL	Department of Occupational Therapy, College of Public Health and Health Professions
2008-present	Professor, Associate Chair, Director of Graduate Studies	University of Florida, Gainesville, FL	Department of Occupational Therapy, College of Public Health and Health Professions

First Appointment to MUSC: Rank Professor, Division Director, Occupational Therapy Date: August 1, 2013

# Medical University of South Carolina

## College Of Health Professions

### ABBREVIATED CURRICULUM VITAE

Name: Steven A. Kautz, PhD

Date: 6/24/2013

Citizenship and/or Visa Status: US

Office Address: 77 President St., MSC 700; Room AS317, Charleston, SC, 29425 Telephone: 843-792-3867

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1983	Michigan State University	B.S.	Geophysics
1987	University of Texas	M.A.	Geophysics
1992	University of California at Davis	Ph.D.	Biomedical Engineering

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2010 - Present	Professor	MUSC - VA	Health Sciences and Research
2010 - Present	Professor	Medical University of South Carolina	Health Professions Division of Physical Therapy (PT)

First Appointment to MUSC:

Rank : Professor

Date : 2010

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Dag Pavic, M.D.

Date: 4/4/2013

Citizenship and/or Visa Status: United States

Telephone:

Office Address:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1990	School of Medicine, Zagreb	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Study in Preclinical Pharmacology	School of Medicine Zagreb	09/1990 - 06/1991

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Radiology Residency	University Hospital Rebro	04/1994 - 05/1997
Postdoctoral Study in Radiology	School of Medicine Zagreb	10/1996 - 07/1997
Breast Imaging fellowship	UNC, Chapel Hill	11/2001 - 08/2002

Board Certification:

ECFMG	Date: 3/1/2005
Croatian Board of Radiology	Date: 5/26/1997
American Board of Radiology	Date: 6/30/2010

Licensure:

USMLE STEP 3	Date: 7/5/2005
North Carolina Medical License	Date: 2/8/2011

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1999 - 2001	Lecturer/Examiner	University of Zagreb, High School of Health Care	
11/2001 - 08/2002	Clinical Instructor	UNC at Chapel Hill	Radiology
08/2002 - 08/2012	Clinical Assistant Professor	UNC at Chapel Hill	Radiology Division of Breast Imaging

First Appointment to MUSC:

Rank: Associate Professor

Date: 2013

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Conway F. Saylor, Ph.D.

Date: 6/20/2013

Citizenship and/or Visa Status: USA

Office Address: The Citadel, 171 Moultrie Street, Charleston, SC, 29409 Telephone: 843-953-5320

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1977	Colorado College	B.A.	Psychology
1982	Virginia Polytechnic Institute & State University	Ph.D.	Clinical Psychology

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship: Pediatric/Clinical Child Psychology	Children's Memorial Hospital, Chicago, IL	1981 - 1982

Board Certification:

American Board of Professional Psychology, Diplomate in Clinical Psychology (#4523)

American Board of Professional Psychology, Diplomate in Clinical Child and Adolescent Psychology (#5733)

Licensure:

State of South Carolina: Licensed as a Clinical Psychologist (License #337)

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1992 - 2009	Clinical Associate Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
1992 - 2009	Clinical Associate Professor	Medical University of South Carolina	Pediatrics
			Pediatrics

First Appointment to MUSC:

Rank : Clinical Associate Professor

Date : 1992

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Christine B. Turley, M.D., F.A.A.P.

Date: 4/4/2013

Citizenship and/or Visa Status:

Office Address: University of South Carolina School of Medicine  
Columbia, SC

Telephone: (803) 576-5925

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1984	University of South Florida	B.S.	Biology
1988	University of Miami School of Medicine	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Pediatric Internship	Jackson Memorial Hospital/University of Miami, Miami, FL	06/1988 - 06/1989

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Pediatric Residency	Jackson Memorial Hospital/University of Miami, Miami, FL	07/1989 - 06/1991

Board Certification:

American Board of Pediatrics, Certificate #48035 Date: 11/1991

Recertification Date: 1997

Recertification Date: 2005

National Board of Medical Examiners, Certificate #364287 Date: 03/1989

Licensure:

South Carolina Medical License #MD 35215

Texas Medical License #K4279

Florida Medical License #ME 0058827 (inactive)

Colorado Medical License #31216 (inactive)

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
09/1997	Assistant Professor	The University of Texas Medical Branch	Pediatrics Division of General Academic Pediatrics
09/2003	Scientist	The University of Texas Medical Branch	Sealy Center for Vaccine Development
09/2004	Associate Professor	The University of Texas Medical Branch	Pediatrics Division of General Academic Pediatrics
09/2009	Professor	The University of Texas Medical Branch	Pediatrics Division of General Academic Pediatrics
09/2012	Professor	University of South Carolina School of Medicine	Clinical Pediatrics

First Appointment to MUSC:

Rank: Adjunct Professor

Date: 2013

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Vincent D. Pellegrini Jr., M.D.

Date: 6/4/2013

Citizenship and/or Visa Status: United States

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1976	Dartmouth College	B.A.	
1979	Dartmouth Medical School	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship, General Surgery	Hartford Hospital, Hartford, CT	1979 - 1980
<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency, General Surgery	Hartford Hospital, Hartford, CT	1980 - 1981
Residency, Orthopaedics	University of Rochester/Strong Memorial Hospital, Rochester, NY	1981 - 1984
Fellowship, Surgery of the Hand and Upper Extremity	University of Rochester/Strong Memorial Hospital, Rochester, NY	1984 - 1985
Visiting Fellowship, Surgery of the Upper Extremity	Mayo Clinic Foundation, Rochester, MN	02/1985 - 03/1985

Board Certification:

American Board of Orthopaedic Surgery	Date: 1987/1994/2007
American Board of Orthopaedic Surgery, Hand Surgery	Date: 1989/1996/2010

Licensure:

State of New York Medical License	Date: 1981
State of California Medical License	Date: 1985
Commonwealth of Pennsylvania Medical License	Date: 1992
State of Maryland Medical License	Date: 2002

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1984 - 1985	Instructor	University of Rochester School of Medicine & Dentistry	Orthopaedics and Surgery (Plastic)
1985 - 1986	Assistant Professor	Stanford University Medical School	Orthopaedics
1986 - 1990	Assistant Professor	University of Rochester School of Medicine & Dentistry	Orthopaedics
1990 - 1992	Associate Professor	University of Rochester School of Medicine & Dentistry	Orthopaedics
1992 - 1995	Professor	The Pennsylvania State University, College of Medicine	Orthopaedics
1995 - 2001	Professor	The Pennsylvania State University, College of Medicine	Orthopaedics and Rehabilitation
2001 - Present	Professor	University of Maryland School of Medicine	Orthopaedics

First Appointment to MUSC:

Rank : Professor

Date : 2012

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Gerard A. Silvestri, M.D., M.S.

Date: 7/22/2013

Citizenship and/or Visa Status:

Office Address: 96 Jonathan Lucas Street Suite 812 CSB MSC 630,  
Charleston, SC, 29425, US

Telephone: 843-792-3167

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1983	Fairleigh Dickinson University	B.A.	
1987	St. Georges University, Grenada	M.D.	
1995	Dartmouth College	M.S.	

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship, Department of Medicine	Hospital of St. Raphael, Yale University School of Medicine	1987 - 1988

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency, Department of Medicine	Hospital of St. Raphael, Yale University School of Medicine	1988 - 1990
Fellowship in Pulmonary and Critical Care Medicine	Dartmouth Hitchcock Medical Center, Dartmouth Medical School	1990 - 1993

Board Certification:

American Board of Internal Medicine	Date: 07/1990
ABIM - Subspecialty, Pulmonary Disease	Date: 07/1992
ABIM - Subspecialty, Critical Care Medicine	Date: 07/1993
American Board of Internal Medicine	Date: 07/2004

Licensure:

Connecticut	Date: 1989-1990
Vermont	Date: 1991-1993
South Carolina	Date: 1993-Current

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1993 - 1998	Assistant Professor	Medical University of South Carolina	Medicine
1998 - 2006	Associate Professor	Medical University of South Carolina	Medicine Division of Pulmonary
2006 - Present	Professor	Medical University of South Carolina	Medicine Division of Pulmonary
2006 - Present	Full Member	Medical University of South Carolina	Graduate Studies

First Appointment to MUSC:

Rank :

Date :



# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: James Peter VanDorsten, M.D.

Date: 7/15/2013

Citizenship and/or Visa Status: United States

Office Address: 96 Jonathan Lucas Street MSC 619, Suite 634, Charleston, SC, 29425, USA Telephone: 843-792-4509

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1967	Davidson College	B.S.	Pre-Med
1971	University of North Carolina	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Internship, Department of Medicine	Medical University of South Carolina, Charleston, SC	1971 - 1972
Residency, Obstetrics and Gynecology	Medical University of South Carolina, Charleston, SC	1972 - 1976
Fellowship, Maternal Fetal Medicine	Los Angeles County/University of Southern California, Los Angeles, CA	1979 - 1981

Board Certification:

American Board of Obstetrics and Gynecology	Date: 1978
American Board of Obstetrics and Gynecology/Maternal Fetal Medicine	Date: 1983
American Board of Obstetrics and Gynecology/recertification	Date: 1989, 2001-2008

Licensure:

South Carolina  
North Carolina  
California  
Virginia

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1975 - 1976	Chief Resident and Teaching Fellow	Medical University of South Carolina, Charleston, SC	Obstetrics and Gynecology
1976 - 1979	Full-time practice, Active Duty	U.S. Army Hospital, Berlin, Germany	Obstetrics and Gynecology
1979 - 1981	Clinical Instructor	University of Southern California School of Medicine, Los Angeles, CA	Obstetrics and Gynecology
1981 - 1985	Assistant Professor	Medical University of South Carolina, Charleston, SC	Obstetrics and Gynecology
1985 - 1987	Associate Professor	Medical University of South Carolina, Charleston, SC	Obstetrics and Gynecology
1987 - 1991	Associate Professor, Director of Maternal-Fetal Medicine	Medical College of Virginia, Richmond, VA	Obstetrics and Gynecology
1991 - 1992	Professor (tenured), Director of Maternal-Fetal Medicine	Medical College of Virginia, Richmond, VA	Obstetrics and Gynecology
1992 - Present	Professor	Medical University of South Carolina	Obstetrics and Gynecology Division of Ob/Gyn Chair
1992 - 2000	Professor (tenured), Residency program director	Medical University of South Carolina	Department of Obstetrics and Gynecology
1998 - Present	Associate Member	Medical University of South Carolina	Graduate Studies
2000 - 2012	Lawrence L. Hester Professor and Chairman	Medical University of South Carolina	Obstetrics and Gynecology
2012 - Present	Professor	Medical University of South Carolina	Obstetrics and Gynecology

First Appointment to MUSC:

Rank : Professor

Date : 1992

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Robert M. Sade

Date: 5/30/2013

Citizenship and/or Visa Status: USA

Office Address: Medical University of South Telephone: 843 876 0177  
Carolina 25 Courtenay Drive Suite 7018 MSC  
295, Charleston, SC, 29425, USA

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1959	Wesleyan University	B.A.	Biology
1963	Columbia University in the City of New York	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
General Surgery Intern	Harvard Surgical Service, Boston City Hospital	07/1963 - 06/1964
Senior / Chief Resident	New England Deaconess Hospital CT Surgery	07/1971 - 12/1971
Chief Resident CT Surgery	Peter Bent Brigham Hospital	01/1972 - 06/1972
Chief Resident CT Surgery	The Children's Hospital, Boston	01/1972 - 06/1973

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident Surgery	Boston City Hospital - Harvard Surgical Service	07/1964 - 10/1968
Fellow	Surgical Research, Dana Farber Cancer Institute	07/1970 - 06/1971

Board Certification:

American Board of Thoracic Surgery 2719	Date: January 1974
American Board of Surgery 16266	Date: May 1969

**MUSC Foundation for Research Development  
Statements of Financial Position**

	<u>5/31/2013</u>	<u>5/31/2012</u>
<b>Assets</b>		
Cash and cash equivalents	\$1,033,250	\$1,802,769
Interest receivable	\$2,211	\$3,107
Accounts receivable, net	\$315,241	\$515,438
Prepaid expenses	\$55,384	\$42,843
Investments	\$319,470	\$293,388
Property and equipment, net	\$351	\$2,243
Total Assets	<u>\$1,725,907</u>	<u>\$2,659,787</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$224,792	\$490,927
Accounts payable - MUSC	\$311,651	\$887,175
Due to UMA - accrued vacation	\$19,618	\$30,755
Unearned revenue and deposits	\$88,112	\$120,477
Total Liabilities	<u>\$644,174</u>	<u>\$1,529,334</u>
<b>Net Assets</b>		
Total Net Assets	<u>\$1,081,732</u>	<u>\$1,130,453</u>
Total Liabilities and Net Assets	<u>\$1,725,907</u>	<u>\$2,659,787</u>

**MUSC Foundation for Research Development**  
**Income Statement**

For the eleven months ended May 31, 2013

	<u>Actual</u>	<u>Budget</u>
<b>Revenues</b>		
Contracts, grants and awards	\$962,557	\$962,500
License fees and royalties, net	\$153,782	\$41,433
Investment income	\$22,241	\$9,167
Other revenues - program services	\$112,257	\$0
<b>Total Revenues</b>	<u><b>\$1,250,836</b></u>	<u><b>\$1,013,100</b></u>
 <b>Expenses</b>		
Personnel	\$510,321	\$558,112
Patent prosecution costs	\$291,959	\$362,450
Professional fees	\$39,050	\$45,833
Other administrative expenses	\$228,311	\$138,372
Other expenses - program services	\$89,635	\$0
<b>Total Expenses</b>	<u><b>\$1,159,276</b></u>	<u><b>\$1,104,767</b></u>
 <b>NET SURPLUS/(DEFICIT)</b>	<u><u><b>\$91,560</b></u></u>	<u><u><b>(\$91,667)</b></u></u>

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PROFESSIONAL SERVICES  
FOR REPORTING  
AUGUST 9, 2013**

***MUSC Indefinite Delivery Releases***

**S&ME, Inc.** \$3,405.00

Provide limited asbestos assessment in Clinical Sciences Building 7th Floor Mechanical Room in support of the Deferred Maintenance Clinical Sciences Building Chiller 2 and 3 Replacement project.

**ADC Engineering, Inc.** \$7,500.00

Provide technical support services to determine cause of leaks in Drug Discovery Building.

**ADC Engineering, Inc.** \$7,500.00

Provide technical support services to determine cause of leaks in Bioengineering Building.

**S&ME, Inc.** \$1,220.00

Provide air monitoring in Basic Science Building Room 229C in support of Microbiology Immunology Renovations project.

**S&ME, Inc.** \$3,940.00

Provide limited asbestos assessment and testing in support of the College of Nursing Floors 2 through 5 Renovation project.

**S&ME, Inc.** \$4,185.00

Perform limited asbestos assessment and lead-based paint testing in support of the Walton Research Building Floors 2, 3, 6 and 7 Renovation project.

**GEL Engineering** \$5,610.00

Provide an asbestos re-inspection and a lead based paint assessment in support of the Bank Building Demolition project.

**S&ME, Inc.** \$340.00

Provide asbestos bulk sampling and analysis of suspect asbestos-containing spray-applied fireproofing located in the crawl space at the west entrance of CSB Ramp at request of Occupational Safety.

**S&ME, Inc.** \$295.00

Provide asbestos bulk sample analysis of suspect asbestos containing window glazing at St. Luke's Chapel at request of Occupational Safety.

**MUSC 230s**

**Schmitt Walker Architects Ltd., LLC** \$22,955.00

Provide architectural services in support of the CHP Research Building Handicap Ramp project.

**Thorburn Associates** \$8,000.00

Conduct vibration study of the 4th floor in support of the Bioengineering Building project.

**ADC Engineering, Inc.** \$750.00

Locate underground utility lines in support of the Walton Floors 2, 3, 6 and 7 Renovations project.

**ADC Engineering, Inc.** \$2,200.00

Survey 165 Cannon Street in support of Bank Building Demolition project.

**Studio A, Inc.** \$10,580.00

Provide architectural services associated with the restoration of the historic wall enclosing the proposed College of Dental Medicine patient drop-off drive.

**Rosenblum Coe Architects, Inc.** \$1,500.00

Provide conceptual layout options for renovation of spaces to be vacated by sleep lab in Clinical Science Building at the request of the customer.

**Rosenblum Coe Architects, Inc.** \$2,725.00

Provide conceptual layout options for relocating sleep lab in Clinical Science Building at the request of the customer.

**Kimley-Horn & Associates, Inc.** \$18,900.00

Provide design and construction administration in support of the Rutledge Tower Parking Garage Striping project.

**Other Contracts**

**SAFEbuilt Carolinas Inc.** \$4,657.50

Provide special inspection services in support of the Clinical Science Building HVAC Floors 8 and 9 project.

**SAFEbuilt Carolinas Inc.** \$4,657.50

Provide special inspection services in support of the Clinical Science Building HVAC Floors 6 and 7 project.

**IDC Contracts****Rosenblum Coe Architects, Inc.**

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

**Rosenblum Coe Architects, Inc.**

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

**Thorburn Associates**

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

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
CONSTRUCTION CONTRACTS  
AUGUST 9, 2013**

***MUSC Indefinite Delivery Releases***

**MSI Construction Co., Inc.** \$2,661.00

Construction of an interior infill wall that will close off an existing double door in the Drug Discovery Building NMR room.

**Abate & Insulate, LLC** \$3,529.00

Remove and dispose of abestos-containing fireproofing in support of Microbiology Immunology Renovation project

**Abate & Insulate, LLC** \$724.00

Remove and dispose of 30 linear feet of asbestos-containing pipe insulation in support of the College of Nursing Floors 2 through 5 Renovation project.

**Bonitz Contracting & Flooring Group** \$922.90

Provide 84 square feet of sheet vinyl in support of the Institute of Psychiatry Elevators 44 and 45 Renovation project.

**Hill Construction Services of Charleston Inc.** \$199,696.00

Miscellaneous renovations on the third floor of the Thurmond Gazes Building in support of CT Surgery Renovation project.

**Bonitz Contracting & Flooring Group** \$1,091.62

Provide 24 square yards carpet tile and 120 linear feet of cove base in Basic Science Building Room BS519 at the request of the customer.

**Bonitz Contracting & Flooring Group** \$5,397.51

Provide 149 square yards of carpet and 360 linear feet of cove base in Basic Sciences Building Rooms BS123, BS122 and BS120 at the request of the customer.

**Bonitz Contracting & Flooring Group** \$1,521.91

Provide 37 square yards of carpet and 120 linear feet of cove base in Basic Science Building Room BS452A at the request of the customer.

**Allen, H.R., Inc.** \$40,736.00

Remove and replace existing fan and inertia base in Children's Research Institute at the request of Engineering and Facilities.



**Bonitz Contracting & Flooring Group** \$497.95

Provide 40 square feet of rubber sheet flooring in Clinical Sciences Building Room 217C at the request of the customer.

**Bonitz Contracting & Flooring Group** \$1,652.03

Install 41 square yards carpet and 100 linear feet of cove base in Room 701G Harborview Office Tower at the request of the customer.

**Bonitz Contracting & Flooring Group** \$1,618.00

Install 40 square yards of carpet and 100 linear feet of cove base in Room QF221 at the request of the customer.

**Huss, Inc.** \$17,550.00

Repair windows and exterior painting at St. Luke's Chapel.

***MUSC General Construction Projects***

**CodeLynx** \$6,410.33

Provide and install security camera system in North Garden in support of Bioengineering Building project.

**Huss, Inc.** \$266,477.00

Install complete hydraulic elevator into existing shaft in support of Bioengineering Building Renovation project.

**McCarter Mechanical Inc.** \$229,890.00

Addition of a new secondary chilled water pumping system in the existing energy facility to serve Bioengineering and Drug Discovery Buildings.

**Chastain Construction, Inc.** \$6,992.00

Perform minor renovation to two exam rooms on second floor in support of the Hollings Cancer Center Mammography Clinic Renovation project.

**Palmetto Construction Group, LLC** \$6,676,400.00

Provide interior renovations and window replacement on four floors of the College of Nursing.

**Hipp, C.R., Construction Co., Inc.** \$546,303.00

Modifications and additions to the existing building chiller plant and tower water systems located in the Quad F Building.

**Hipp, C.R., Construction Co., Inc.** \$1,701,300.00

Modifications and additions to the existing building chiller plant and tower water systems located in the Clinical Sciences Building.

**Infinger, Emory J., & Associates** \$145,000.00

Structural repairs and modifications to the Clinical Science Building Ramp.

<b>Identity Graphics</b>	\$1,323.70
Provide signage in support of the Urban Farm project.	
<b>Truluck Construction Company</b>	\$269,834.00
Paving and drainage repairs at Harborview Towers.	
<b>Gatch Electrical</b>	\$97,360.00
Provide new busway tie-in to existing paralleling gear in Strom Thurmond Building.	
<b>Rivers Plumbing and Electric Inc.</b>	\$9,420.00
Remove and replace clogged waste lines in Basic Science Building Rooms 119-120.	