AGENDA

(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES
AND
UNIVERSITY BOARD OF TRUSTEES

October 11, 2013

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

REGULAR AGENDA

Board of Trustees Meeting
Friday, October 11, 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. 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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, December 13, 2013.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of August 9, 2013.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. General Informational Report of the Interim President.

Statement: Dr. Sothmann 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 Financial and Statistical Report.

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

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

Recommendation of Committee:

Board Action:

Item 8. Report on Quality and Patient Safety.

Statement: Dr. Danielle Scheurer will present a report on Quality and Patient Safety.

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

Recommendation of Committee:

Board Action:

Item 9. 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 10. Update on MUSC Physicians.

Statement: Dr. David Cole will present a general update.

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

Recommendation of Committee:

Board Action:

Item 11. 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 12. Other Committee Business.

CONSENT ITEM FOR APPROVAL:

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

CONSENT ITEMS FOR INFORMATION:

Item 14. Medical Executive Committee Minutes.

Item 15. Contracts and Agreements.

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

OLD BUSINESS:

NEW BUSINESS:

Item 16. Facilities Procurements/Contracts Proposed.

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

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

Recommendation of Committee:

Board Action:

Item 17. 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 18. Other Committee Business.

CONSENT ITEM FOR INFORMATION:

Item 19. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 20. Annual Report of the Office of the OCIO.

Statement: Dr. Frank Clark will present a report on the activities of the Office of the Chief Information Officer.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 21. 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 22. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 23. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 24. New Business for the Board of Trustees.

Item 25. Report from the Chairman.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Interim Financial Statements
August 31, 2013 and 2012

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Balance Sheet
August 31, 2013 and August 31, 2012

Assets and Deferred Outflows	**At 8/31/2013**	**FYE 06/30/2013 (Unaudited)**
Current Assets:		
Cash and Cash Equivalents	$ 66,275,366	$ 38,260,407
Cash Restricted for Capital Improvements	5,500,000	5,500,000.00
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of $52,446,598 and $54,636,000	162,944,206	171,786,922
Due from Related Parties	-	-
Due from Third-Party Payors	9,193,602	14,316,134
Other Current Assets	43,669,643	49,141,642
Total Current Assets	287,582,817	279,005,105
Investments Held by Trustees Under Indenture Agreements	44,719,715	46,256,860
Capital Assets, Net	522,111,103	520,719,937
Deferred Borrowing Costs	4,206,670	4,267,895
Total Assets	858,620,305	850,249,797
Deferred Outflows	2,262,745	2,262,745
Total Assets and Deferred Outflows	$ 860,883,050	$ 852,512,542
Liabilities and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	$ 13,301,754	$ 14,906,814
Current Installments of Capital Lease Obligations	262,353	261,751
Current Installments of Notes Payable	1,377,306	1,788,574
Due to Related Parties	9,010,057	6,433,229
Accounts Payable	38,782,307	40,845,097
Accrued Payroll, Withholdings and Benefits	55,465,197	51,854,009
Other Accrued Expenses	14,119,731	12,069,858
Deferred Revenue	5,500,000	5,500,000
Total Current Liabilities	137,818,705	133,659,332
Long-Term Debt	342,028,853	343,853,705
Capital Lease Obligations	309,426	353,403
Derivative Instruments	2,262,745	2,262,745
Notes Payable	12,300,020	12,300,020
Other Liabilities	3,226,496	3,692,858
Total Liabilities	497,946,245	496,122,063
Net Position:		
Invested in Capital Assets, Net of Related Debt	151,152,918	145,410,835
Restricted Under Indenture Agreements	44,719,715	46,256,860
UnRestricted	167,064,172	164,722,784
Total Net Position	362,936,805	356,390,479
Total Liabilities and Net Position	$ 860,883,050	$ 852,512,542

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 2 Month Periods Ending August 31, 2013 and 2012

	2013	2012
Operating Revenue:		
Net Patient Service Revenue	$ 184,730,777	$ 173,609,490
Other Revenue	3,009,948	2,688,914
Total Operating Revenue	187,740,725	176,298,404
Operating Expenses:		
Compensation and Employee Benefits	75,726,527	78,769,895
Services and Supplies	90,757,822	82,765,081
Depreciation and Amortization	9,611,429	9,562,991
Total Operating Expenses	176,095,778	171,097,967
Operating Income (Loss)	11,644,947	5,200,437
NonOperating Revenue (Expense):		
Investment Income	(1,551,009)	1,050,021
Interest Expense	(2,478,202)	(4,260,524)
Total NonOperating Revenue (Expense)	(4,029,211)	(3,210,503)
Change in Net Position	$ 7,615,736	$ 1,989,934

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
SRECNA - Comparative Variance Analysis
For the 2 Month Periods August 31, 2013 and 2012

	Current Month			Comparative Period		Fiscal Year To Date			Comparative Period	
	Actual	Budget	Variance	Aug 2012	Variance	Actual	Budget	Variance	July--August FY2013	Variance
Operating Revenue:										
Net Patient Service Revenue	$ 93,432,666	$ 90,844,734	2.85%	$ 89,592,770	4.29%	$ 184,730,777	$ 181,689,468	1.67%	$ 173,609,490	6.41%
Other Revenue	1,796,327	1,576,944	13.91%	1,358,997	32.18%	3,009,948	3,153,888	-4.56%	2,688,914	11.94%
Total Operating Revenue	95,228,993	92,421,678	3.04%	90,951,767	4.70%	187,740,725	184,843,356	1.57%	176,298,404	6.49%
Operating Expenses:										
Compensation and Employee Benefits	38,302,036	39,568,016	3.20%	39,532,359	3.11%	75,726,527	79,136,033	4.31%	78,769,895	3.86%
Services and Supplies	45,974,329	44,627,310	-3.02%	41,574,158	-10.58%	90,757,822	89,254,612	-1.68%	82,765,081	-9.66%
Depreciation and Amortization	4,805,714	4,805,765	0.00%	4,790,923	-0.31%	9,611,429	9,611,530	0.00%	9,562,991	-0.51%
Total Operating Expenses	89,082,079	89,001,091	-0.09%	85,897,440	-3.71%	176,095,778	178,002,175	1.07%	171,097,967	-2.92%
Operating Income (Loss)	6,146,914	3,420,587	79.70%	5,054,327	21.62%	11,644,947	6,841,181	70.22%	5,200,437	123.92%
Operating Margin	6.45%	3.70%		5.56%		6.20%	3.70%		2.95%	
NonOperating Revenue (Expense):										
Investment Income	(701,990)	164,613	-526.45%	901,919	-177.83%	(1,551,009)	329,226	-571.11%	1,050,021	-247.71%
Interest Expense	(1,268,612)	(1,390,761)	8.78%	(2,170,830)	41.56%	(2,478,202)	(2,781,521)	10.90%	(4,260,524)	41.83%
Total NonOperating Revenue (Expense)	(1,970,602)	(1,226,148)	-60.71%	(1,268,911)	-55.30%	(4,029,211)	(2,452,295)	-64.30%	(3,210,503)	-25.50%
Change in Net Position	$ 4,176,312	$ 2,194,439	90.31%	$ 3,785,416	10.33%	$ 7,615,736	$ 4,388,886	73.52%	$ 1,989,934	282.71%

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses
For the 2 Month Periods Ending August 31, 2013 and 2012

	2013	2012
Nursing Services:		
Administration and Education	5,746,620	$ 3,278,671
Medical and Surgical	10,043,092	10,523,864
Pediatrics	2,679,682	2,653,478
Emergency and Trauma Units	3,377,173	2,670,488
Intensive Care Units	8,970,780	9,325,229
Coronary Care Units	621,554	675,664
Psychiatric	3,996,182	3,962,741
Operating Rooms	5,418,774	5,773,125
Recovery Rooms	723,648	782,213
Delivery and Labor Rooms	644,686	725,985
Obstetrics	1,012,130	1,021,334
Total Nursing Services	$ 43,234,321	$ 41,392,792
Other Professional Services:		
Laboratories and Laboratory Support	$ 7,636,252	$ 7,806,647
Electrocardiology	1,073,609	986,296
Radiology	3,852,768	3,697,851
Pharmacy	17,748,534	16,365,438
Heart Catheterization	1,726,689	1,828,942
Central Services and Supply	14,117,828	14,448,339
Anesthesiology	3,192,450	3,031,932
Nuclear Medicine	191,539	190,288
Respiratory Therapy	2,206,246	1,919,589
Physical Medicine	1,305,775	1,463,210
Dialysis	330,743	371,733
Pathology	534,588	643,325
Transplant	3,355,521	3,097,560
Other Miscellaneous Services	2,831,597	2,660,826
Medical Records and Quality Assurance	1,220,798	1,294,068
Resident Support	8,349,250	6,929,361
Total Other Professional Services	$ 69,674,187	$ 66,735,405
General Services:		
Dietary	$ 2,545,510	$ 2,613,716
Plant Ops, Maintenance, Security	9,617,163	9,457,507
Housekeeping	2,958,043	2,763,520
Total General Services	$ 15,120,716	$ 14,834,743
Fiscal and Administrative Services:		
Admitting	$ 1,070,573	$ 1,062,956
Administration	12,678,400	10,137,067
Shared Services	1,628,353	1,705,624
MUSC Support	4,116,207	7,462,232
Accounting	1,754,409	1,086,357
Hospital Patient Accounting	1,312,669	1,325,856
Marketing	1,143,496	1,113,904
Human Resources	419,126	448,629
Communications	287,863	380,771
Computer Services	6,252,628	5,746,856
Total Fiscal and Administrative Services	$ 30,663,724	$ 30,470,252
Ambulatory Care:		
Ambulatory Care	$ 7,791,401	$ 8,101,784
Total Ambulatory Care	$ 7,791,401	$ 8,101,784
Other:		
Depreciation	$ 9,611,429	$ 9,562,991
Interest	2,478,202	4,260,524
Total Other	$ 12,089,631	$ 13,823,515
Total Expenses	$ 178,573,980	$ 175,358,491

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 2 Month Period Ending August 31 , 2013

	Approved Budget	Year To Date Budget	Year To Date Actual	Variance Favorable/ Unfavorable	
Operating Revenue:					
Patient Service Revenue:					
Inpatient	$ 1,755,640,303	$ 292,606,717	$ 305,978,329	$ 13,371,612	F
Outpatient	1,221,324,345	203,554,058	212,920,655	9,366,597	F
Gross Patient Service Revenue	2,976,964,648	496,160,775	518,898,984	22,738,209	F
Patient Service Revenue net of Charity Care	2,976,964,648	496,160,775	509,062,355	12,901,580	F
Additions (Deductions) To/From Patient Service Revenue:					
Contractual and Other Adjustments	(1,925,654,520)	(320,942,420)	(330,802,691)	9,860,271	U
Payment from DHHS	18,628,621	3,104,770	3,104,770	-	F
Disproportionate Share	20,198,056	3,366,343	3,366,343	-	F
Net Additions (Deductions) To/From Patient Service Revenue	(1,886,827,843)	(314,471,307)	(324,331,578)	9,860,271	U
Net Patient Service Revenue	1,090,136,805	181,689,468	184,730,777	3,041,309	F
Other Operating Revenue:					
Other and IIT Transfers	18,923,328	3,153,888	3,009,948	143,940	U
Total Other Operating Revenue	18,923,328	3,153,888	3,009,948	143,940	U
Total Operating Revenue	$ 1,109,060,133	$ 184,843,356	$ 187,740,725	$ 2,897,369	F
Operating Expenses:					
Nursing Services	$ 265,664,105	$ 44,277,351	$ 43,234,321	$ 1,043,030	F
Other Professional Services	423,418,284	70,569,714	69,674,187	895,527	F
General Services	93,293,675	15,548,946	15,120,716	428,230	F
Fiscal and Administrative Services	178,797,215	29,799,536	30,663,724	864,188	U
Ambulatory Care	49,170,586	8,195,098	7,791,401	403,697	F
Other Expenses	57,669,182	9,611,530	9,611,429	101	F
Total Operating Expenses	1,068,013,047	178,002,175	176,095,778	1,906,397	F
Income (Loss) from Operations	41,047,086	6,841,181	11,644,947	4,803,766	F
NonOperating Revenue (Expense):					
Interest and Investments	(14,713,770)	(2,452,295)	(4,029,211)	1,576,916	U
Total NonOperating Revenue (Expense)	(14,713,770)	(2,452,295)	(4,029,211)	1,576,916	U
Change in Net Position	$ 26,333,316	$ 4,388,886	$ 7,615,736	$ 3,226,850	F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses - Actual versus Budget
For the 2 Month Period Ending August 31, 2013

	Approved Budget	Year To Date Budget	Year To Date Actual	Variance Favorable/ Unfavorable
Nursing Services:				
Administration and Education	$ 29,855,509	$ 4,975,918	$ 5,746,620	$ 770,702 U
Medical and Surgical	61,867,632	10,311,272	10,043,092	268,180 F
Pediatrics	16,816,833	2,802,806	2,679,682	123,124 F
Emergency and Trauma Units	21,749,847	3,624,975	3,377,173	247,802 F
Intensive Care Units	56,914,316	9,485,719	8,970,780	514,939 F
Coronary Care Units	4,054,173	675,696	621,554	54,142 F
Psychiatric	24,859,395	4,143,233	3,996,182	147,051 F
Operating Rooms	34,609,960	5,768,327	5,418,774	349,553 F
Recovery Rooms	4,596,416	766,069	723,648	42,421 F
Delivery and Labor Rooms	4,231,070	705,178	644,686	60,492 F
Obstetrics	6,108,954	1,018,159	1,012,130	6,029 F
Total Nursing Services	$ 265,664,105	$ 44,277,351	$ 43,234,321	$ 1,043,030 F
Other Professional Services:				
Laboratories and Laboratory Support	$ 49,993,928	$ 8,332,321	$ 7,636,252	$ 696,069 F
Electrocardiology	6,238,495	1,039,749	1,073,609	33,860 U
Radiology	26,438,520	4,406,420	3,852,768	553,652 F
Pharmacy	105,153,326	17,525,554	17,748,534	222,980 U
Heart Catheterization	10,527,305	1,754,551	1,726,689	27,862 F
Central Services and Supply	86,076,017	14,346,003	14,117,828	228,175 F
Anesthesiology	20,085,917	3,347,653	3,192,450	155,203 F
Nuclear Medicine	1,174,430	195,738	191,539	4,199 F
Respiratory Therapy	14,359,619	2,393,270	2,206,246	187,024 F
Physical Medicine	8,689,927	1,448,321	1,305,775	142,546 F
Dialysis	2,202,368	367,061	330,743	36,318 F
Pathology	4,121,201	686,867	534,588	152,279 F
Transplant	22,438,314	3,739,719	3,355,521	384,198 F
Other Miscellaneous Services	17,696,178	2,949,363	2,831,597	117,766 F
Medical Records and Quality Assurance	7,535,953	1,255,992	1,220,798	35,194 F
Resident Support	40,686,786	6,781,131	8,349,250	1,568,119 U
Total Other Professional Services	$ 423,418,284	$ 70,569,714	$ 69,674,187	$ 895,527 F
General services:				
Dietary	$ 15,467,886	$ 2,577,981	$ 2,545,510	$ 32,471 F
Plant Ops, Maintenance, Security	60,817,389	10,136,232	9,617,163	519,069 F
Housekeeping	17,008,400	2,834,733	2,958,043	123,310 U
Total General Services	$ 93,293,675	$ 15,548,946	$ 15,120,716	$ 428,230 F
Fiscal and Administrative Services:				
Admitting	$ 6,974,073	$ 1,162,346	$ 1,070,573	$ 91,773 F
Administration	66,089,645	11,014,941	12,678,400	1,663,459 U
Shared Services	10,333,809	1,722,302	1,628,353	98,105 F
MUSC Support	21,457,734	3,576,289	4,116,207	539,918 U
Accounting	9,607,660	1,601,277	1,754,409	153,132 U
Hospital Patient Accounting	10,400,756	1,733,459	1,312,669	420,790 F
Marketing	7,421,610	1,236,935	1,143,496	93,439 F
Human Resources	2,608,039	434,673	419,126	15,547 F
Communications	2,035,753	339,292	287,863	51,429 F
Computer Services	41,868,136	6,978,023	6,252,628	725,395 F
Total Fiscal and Administrative Services	$ 178,797,215	$ 29,799,536	$ 30,663,724	$ 864,188 U
Ambulatory Care:				
Ambulatory Care	$ 49,170,586	$ 8,195,098	$ 7,791,401	$ 403,697 F
Total Ambulatory Care	$ 49,170,586	$ 8,195,098	$ 7,791,401	$ 403,697 F
Other:				
Depreciation	$ 57,669,182	$ 9,611,530	$ 9,611,429	$ 101 F
Interest	16,689,123	2,781,521	2,478,202	303,319 F
Total Other	$ 74,358,305	$ 12,393,051	$ 12,089,631	$ 303,420 F
Total Expenses	$ 1,084,702,170	$ 180,783,696	$ 178,573,980	$ 2,209,716 F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Balance Sheet: **At 8/31/2013 and for the year ended 6/30/2013 (unaudited)**

Assets:

Cash and cash equivalents, including cash restricted for construction projects, increased $28 million to $71.8 million from June 30th, 2013. The increase is a result of several factors from recent performance. Hospital Patient Accounting had record collections in the first two months of FY 14, $4 million net of the provider tax for Medicaid disproportionate share uninsured program payment, and the HUD debt service payments are now approximately $300k per month less than pre-refinancing amounts.

Net patient accounts receivable has decreased 5% due to HPA collections mentioned previously. The case mix index (an indication of patient acuity) at 1.8742 is up from last year's 1.8331. August's case mix decreased to 1.857 from July's 1.8914. CMI for the month of August, FY '13 was 1.8766. Year to date collections are running 105% of net patient revenue, compared to the 99.4% collection rate for all of last fiscal year.

Other Current Assets decreased by $5.5 million from 6/30/13 due to receipt of Medicaid graduate medical education payments.

Liabilities:

As of August, 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.

Long term debt (net of deferred issuance costs) decreased $2,000,000. 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.

Other Accrued Expenses increased by $2 million related to construction withhold for the Sabin energy plant project and accrual for payment for FICA withholding to the VA Hospital.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: For the two months ended August 31, 2013 and 2012

Operating Revenues:

Net patient revenue is up 6.4% from the same period last year. Inpatient census is up 6.2% over last fiscal year – driven by increases in all service areas. E R visits are up 0.9%. Operating room cases are up 6.8%. Transplant cases are down 38% compared to last year. MRI procedures are up 5.1% while CT procedures are flat – reversing the trend experienced in previous months. Outpatient visits are up 7.4%. The Medicare length of stay at 6.2 days is down slightly compared to same period last year while the Medicare CMI increased from 2.06 to 2.17.

On a volume adjusted basis (adjusted discharges) net patient revenue is up 5.75% at $18,165 per case. This is a result of an increase in acuity driven by the increase in surgical cases.

Operating Expenses:

When compared to the same period last fiscal year salaries and benefits decreased $3 million (4%). The number of paid full time equivalent employees has decreased by 90 compared to the same period last year. Staffing has increased by 63 fte's for EPIC, while decreases are seen in facilities, several ancillary departments such as surgery, lab and radiology, and in a number of nursing areas – all resulting from MUSC Performance Excellence initiatives.

Services and supplies are up 10% compared to last year. The increase in equipment operating leases, increased Huron fees as we near the end of their project, and Epic system conversion are responsible for the increase. Total Epic related expense (salaries and other) for FY 14 are $686,528.

Depreciation and Amortization costs are flat.

Non Operating Expense

Interest expense is down $1.8 million (42%) based on lower long-term debt balances and interest rate reduction.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Budget Comparison:

As of August, 2013 MUHA's net income is $3.2 million ahead of budget. The operating margin is 6.2% compared to 3.7% budget.

Net patient service revenues are up 1.7% compared to budget, due to the increased volume, while operating expenses are 1% below budget.

Investment income is $2 million 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 08/31/13 has not changed from 6/30/13.

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.

FACILITIES
HOSPITAL AUTHORITY
NEW LEASE
FOR APPROVAL

OCTOBER 11, 2013

DESCRIPTION OF NEW LEASE: This lease agreement is for 6,414 square feet of clinical space located on the 1st floor of 1280 Hospital Drive, Mt Pleasant. The purpose of this lease is to provide clinical space for Physical Therapy, Occupational Therapy and Speech Therapy by expanding services to Mt. Pleasant. The cost per square foot for this lease is $26.50. This total includes a base rent of $18.00 per square foot and an operating rent of $8.50 per square foot. The total rental rate per month for the first year shall be $14,164.25, resulting in a total annual rent amount of $169,971.00. The base rent shall increase 2.5% annually and the operating rent shall increase annually as needed upon actual operating expenses.

The Landlord will contribute $100,000 towards renovation costs which are expected not to exceed $700,000.00. An estimated $600,000.00 in additional renovation costs shall be paid by MUHA separate from the lease agreement.

NEW LEASE AGREEMENT __X__
RENEWAL LEASE AGREEMENT ____

LANDLORD: East Cooper Medical Arts Center, LLC

LANDLORD CONTACT: Bill Brabham, 760-2151

TENANT NAME AND CONTACT: Sally Potts, Director, Therapeutic Support Services, 792-3246

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Seven (7) years [1/1/2014-12/31/2020]
AMOUNT PER SQUARE FOOT: $26.50
ANNUALIZED LEASE COST:

Year 1	$169,971.00
Year 2	$172,857.30
Year 3	$175,807.74
Year 4	$178,822.32
Year 5	$181,901.04
Year 6	$185,108.04
Year 7	$188,379.18

TOTAL AMOUNT OF LEASE TERM: $1,252,846.62

EXTENDED TERM(S): To be negotiated.

OPERATING COSTS:

FULL SERVICE __X__ (net janitorial/interior maintenance)
NET ____

RESOLUTIONS OF THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY AUTHORIZING THE GRANT OF CERTAIN RIGHT-OF-WAY AND UTILITY EASEMENTS TO THE CITY OF CHARLESTON, SOUTH CAROLINA FOR THE INSTALLATION AND MAINTENANCE OF A STORMWATER COLLECTION AND CONVEYANCE SYSTEM SERVING THE SPRING/ FISHBURNE BASIN

WHEREAS, the Medical University Hospital Authority (the "Hospital") is the owner in control and possession of certain parcels of land in the City of Charleston, South Carolina, which is designated by Charleston County tax map numbers 460-10-04-040; and

WHEREAS, the City of Charleston, South Carolina, plans to install and maintain a Stormwater Collection and Conveyance System that will connect a surface collection system to a deep tunnel conveyance system serving the Spring/ Fishburne Basin with the Charleston Peninsula; and

WHEREAS, the proposed Stormwater Collection and Conveyance System will serve as the main source for the conveyance of stormwater for the portion of the Charleston Peninsula identified as the Spring/ Fishburne Basin; and

WHEREAS, the City of Charleston, South Carolina, desires to route a portion of the proposed Stormwater Collection and Conveyance System so as to locate it on and beneath property owned and controlled by the Medical University Hospital Authority; and

WHEREAS the City of Charleston, South Carolina, has requested right-of-ways and utility easements under and across the above-described parcels of land; and

WHEREAS, the City of Charleston, South Carolina, has prepared that certain Right-of-Way and Utility Easement the form of which is attached hereto as Attachment 1.

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees for the Hospital, as follows:

SECTION 1. The Board of Trustees for the Hospital hereby finds and determines that the installation and maintenance by the City of Charleston of the proposed Stormwater Collection and Conveyance System serving the Spring/ Fishburne Basin will be of mutual benefit for the City of Charleston, South Carolina and the Hospital; and

SECTION 2. The Board of Trustees for the Hospital hereby finds and determines that the grant of the requested right-of-way and utility easements is necessary and proper for the installation and maintenance of the Stormwater Collection and Conveyance System; and

SECTION 3. The Board of Trustees for the Hospital hereby approves the form of Right-of-Way and Utility Easement which is attached hereto as Attachment 1; and

SECTION 4. The Board of Trustees for the Hospital hereby delegates and affirms that the President, VP for Clinical Affairs and Executive Director and Chief Financial Officer (each an "Authorized Officer"), be, and each of them acting singly hereby is, authorized and directed, for and on behalf of the Hospital, to execute and deliver, as applicable, after the applicable governance and governmental approvals are received, the Right-of-Way and Utility Easement substantially in the form attached hereto as Attachment 1.

SECTION 5. The Board of Trustees for the Hospital hereby ratifies, confirms and approves the acts and deeds of the Hospital, any actions taken by an Authorized Officer prior to the date of this Resolution that are within the authority conferred hereby.

Adopted by the Board of Trustees of the Medical University Hospital Authority this ___ day of October, 2013.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY BOARD OF TRUSTEES

_____

By: Thomas L. Stevenson
Its: Chairman

_____

By: Hugh B. Faulkner III
Its: Secretary

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

RIGHT-OF-WAY
AND UTILITY EASEMENT

WHEREAS, the Medical University of South Carolina is the owner in control and possession of certain parcels of land in the City of Charleston which is designated by Charleston County tax map numbers 460-10-04-040; and

WHEREAS the City of Charleston, South Carolina plans to install and maintain a Stormwater Collection and Conveyance System that will connect a surface collection system to a deep tunnel conveyance system serving the Spring/Fishburne Basin within the Charleston Peninsula; and

WHEREAS, this Stormwater Collection and Conveyance System will serve as the main source for the conveyance of stormwater the portion of the Charleston Peninsula identified as Spring Fishburne Basin; and

WHEREAS, the City of Charleston, South Carolina desires to route a portion of this Stormwater Collection and Conveyance System so as to locate it on and beneath the property of the Medical University of South Carolina; and

WHEREAS, the City of Charleston, South Carolina has requested right-of-ways and utility easements under and across the above described parcels which Medical University of South Carolina has agreed to grant under the following terms and conditions.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that the MEDICAL UNIVERSITY OF SOUTH CAROLINA (hereinafter referred to as "Grantor"), in consideration of the sum of X DOLLARS AND N0/100THS ($X.00) Dollars to the Grantor in hand paid for the right-of-way and utility easement granted hereunder, at and before the sealing of these presents, by the CITY OF CHARLESTON, SOUTH CAROLINA the receipt

of which is hereby acknowledged, has granted, bargained, sold and released, and by these presents does grant, bargain, sell and release unto the CITY OF CHARLESTON, SOUTH CAROLINA (hereinafter referred to as "the City"), its successors and assigns forever, the following right-of-ways and easements.

(1) A permanent, transferable right-of-way and utility easement for a public purpose under and across a strip of land located in the City of Charleston, South Carolina designated as **"PERMANENT SUBSURFACE UTILITY EASEMENT 'A" 0.066 ACRE/ 2,866 SQ FT"** on a plat entitled "PLAT OF A PERMANENT SUBSURFACE UTILITY EASEMENTS, A PERMANENT SURFACE EASEMENT & TEMPORARY CONSTRUCTION EASEMENTS PREPARED FOR CITY OF CHARLESTON THROUGH THE PROPERTY OF MEDICIAL UNIVERISTY HOSPITAL AUTHORITY CITY OF CHARLESTON, CHARLESTON COUNTY, SOUTH CAROLINA" by Jodie R. Perth P. L. S. No. 16820 of Hussey, Gay, Bell & DeYoung, Inc., Consulting Engineers, dated December 5, 2012 and recorded in Plat Book ___ at page __ in the R. M. C. Office for Charleston County, South Carolina. Said strip of land is shown on the before mentioned plat as being contained between the lines between the points designated E, B, F, G, H AND E on said plat and has such size, shape, dimensions, buttings and boundings as by reference to said plat will more fully appear. The permanent right-of-way and utility easement is hereinafter referred to as "Permanent Subsurface Utility Easement A".

Together with the right to lay, construct, locate, install, operate, maintain,

inspect repair and replace an underground Stormwater Conveyance Tunnel within Permanent Subsurface Utility Easement A below the surface thereof.

(2) A permanent, transferable right-of-way and utility easement and temporary construction easement for a public purpose under and across a strip of land located in the City of Charleston, South Carolina designated as **"PERMANENT SUBSURFACE UTILITY EASEMENT & TEMPORARY CONSTRUCTION EASEMENT 'B'"** 0.122 ACRE/5,297 SQ. FT. on a plat entitled "PLAT OF A PERMANENT SUBSURFACE UTILITY EASEMENTS, A PERMANENT SURFACE EASEMENT & TEMPORARY CONSTRUCTION EASEMENTS PREPARED FOR CITY OF CHARLESTON THROUGH THE PROPERTY OF MEDICIAL UNIVERISTY HOSPITAL AUTHORITY CITY OF CHARLESTON, CHARLESTON COUNTY, SOUTH CAROLINA" by Jodie R. Perth P. L. S. No. 16820 of Hussey, Gay, Bell & DeYoung, Inc., Consulting Engineers, dated December 5, 2012 and recorded in Plat Book ___ at page __ in the R. M. C. Office for Charleston County, South Carolina. Said strip of land is shown on the before mentioned plat as being contained between the lines between the points designated H, G, I, J, K, L, and H on said plat and has such size, shape, dimensions, buttings and boundings as by reference to said plat will more fully appear. The permanent right-of-way and utility easement is hereinafter referred to as "Permanent Subsurface Utility Easement &

Temporary Construction Easement B".

Together with the right to lay, construct, locate, install, operate, maintain, inspect, repair and replace an underground Stormwater Conveyance Tunnel within Permanent Subsurface Utility Easement & Temporary Construction Easement B below the surface thereof.

The City, its agents and independent contractors shall have the right of ingress and egress to the land affected by said 5,297 SQ. FT. Temporary Construction Easement for purposes of construction, periodic inspection, maintenance, repair and replacement as necessary to construct said drop shaft, vortex box, deep tunnel, and associated surface drainage system components. This 5,297 SQ. FT. Temporary Construction Easement shall terminate upon the completion of the portion of the drainage project designated as "System A" by the City. The termination of such authorization shall be automatic and without the necessity of any further documentation or action by the Parties hereto; provided, however, that upon reasonable request of any one of the Parties, a written agreement in recordable form prepared at the cost of the Party so requesting shall be executed by the Parties hereto to evidence such termination.

(3) A permanent, transferable right-of-way and utility easement for a public purpose under and across a strip of land located in the City of Charleston, South Carolina designated as **"PERMANENT SURFACE UTILITY EASEMENT 'C'"** 0.110 ACRE/4,817 SQ. FT. on a plat

entitled "PLAT OF A PERMANENT SUBSURFACE UTILITY EASEMENTS, A PERMANENT SURFACE EASEMENT & TEMPORARY CONSTRUCTION EASEMENTS PREPARED FOR CITY OF CHARLESTON THROUGH THE PROPERTY OF MEDICIAL UNIVERISTY HOSPITAL AUTHORITY, CITY OF CHARLESTON, CHARLESTON COUNTY, SOUTH CAROLINA" by Jodie R. Perth P. L. S. No. 16820 of Hussey, Gay, Bell & DeYoung, Inc., Consulting Engineers, dated December 5, 2012 and recorded in Plat Book ___ at page __ in the R. M. C. Office for Charleston County, South Carolina. Said strip of land is shown on the before mentioned plat as being contained between the lines between the points designated N, O, P, M, and N on said plat and has such size, shape, dimensions, buttings and boundings as by reference to said plat will more fully appear. The permanent right-of-way and utility easement is hereinafter referred to as "Permanent Surface Utility Easement C". Together with the right to lay, construct, locate, install, operate, maintain, inspect, repair and replace all components of a surface collection system connecting to underground Stormwater Conveyance Tunnel within Permanent Surface Utility Easement C located at and below the surface thereof.

(4) A temporary, non-transferable right-of-way and utility easement for a public purpose under and across a strip of land located in the City of Charleston, South Carolina designated as **"TEMPORARY**

CONSTRUCTION EASEMENT 'D'" 0.066 ACRE/2,878 SQ. FT. on a plat entitled "PLAT OF A PERMANENT SUBSURFACE UTILITY EASEMENTS, A PERMANENT SURFACE EASEMENT & TEMPORARY CONSTRUCTION EASEMENTS PREPARED FOR CITY OF CHARLESTON THROUGH THE PROPERTY OF MEDICIAL UNIVERISTY HOSPITAL AUTHORITY CITY OF CHARLESTON, CHARLESTON COUNTY, SOUTH CAROLINA" by Jodie R. Perth P. L. S. No. 16820 of Hussey, Gay, Bell & DeYoung, Inc., Consulting Engineers, dated December 5, 2012 and recorded in Plat Book ___ at page __ in the R. M. C. Office for Charleston County, South Carolina. Said strip of land is shown on the before mentioned plat as being contained between the lines between the points designated R, S, T, U, N, L, Q, and R on said plat and has such size, shape, dimensions, buttings and boundings as by reference to said plat will more fully appear. The temporary right-of-way easement is hereinafter referred to as "Temporary Construction Easement D".

The City, its agents and independent contractors shall have the right of ingress and egress to the land affected by said 2,878 SQ. FT. Temporary Construction Easement for purposes of construction, periodic inspection, maintenance, repair and replacement as necessary to construct said temporary vehicle access. This 2,878 SQ. FT. Temporary Construction Easement shall terminate upon the completion of the drainage project by the City. The termination of such authorization shall be automatic and without the necessity of any further documentation or action by the

Parties hereto; provided, however, that upon reasonable request of any one of the Parties, a written agreement in recordable form prepared at the cost of the Party so requesting shall be executed by the Parties hereto to evidence such termination.

(5) A temporary, non-transferable right-of-way and utility easement for a public purpose under and across a strip of land located in the City of Charleston, South Carolina designated as "**TEMPORARY CONSTRUCTION EASEMENT 'E'**" 0.059 ACRE/2,569 SQ. FT. on a plat entitled "PLAT OF A PERMANENT SUBSURFACE UTILITY EASEMENTS, A PERMANENT SURFACE EASEMENT & TEMPORARY CONSTRUCTION EASEMENTS PREPARED FOR CITY OF CHARLESTON THROUGH THE PROPERTY OF MEDICIAL UNIVERISTY HOSPITAL AUTHORITY CITY OF CHARLESTON, CHARLESTON COUNTY, SOUTH CAROLINA" by Jodie R. Perth P. L. S. No. 16820 of Hussey, Gay, Bell & DeYoung, Inc., Consulting Engineers, dated December 5, 2012 and recorded in Plat Book ___ at page __ in the R. M. C. Office for Charleston County, South Carolina. Said strip of land is shown on the before mentioned plat as being contained between the lines between the points designated J, I, G, V, M, and J on said plat and has such size, shape, dimensions, buttings and boundings as by reference to said plat will more fully appear. The temporary right-of-way easement is hereinafter referred to as "Temporary Construction Easement E".

The City, its agents and independent contractors shall have the right of ingress and egress to the land affected by said 2,569 SQ. FT. Temporary Construction Easement for purposes of construction, periodic inspection, maintenance, repair and replacement as necessary for temporary vehicle access to construct drop shaft, vortex box, deep tunnel, and associated surface drainage system components. This 2,569 SQ. FT. Temporary Construction Easement shall terminate upon the completion of the drainage project by the City. The termination of such authorization shall be automatic and without the necessity of any further documentation or action by the Parties hereto; provided, however, that upon reasonable request of any one of the Parties, a written agreement in recordable form prepared at the cost of the Party so requesting shall be executed by the Parties hereto to evidence such termination.

IT IS FURTHER AGREED between the parties that the CITY OF CHARLESTON shall be responsible for the following:

(1) All landscape shrubs and trees that were removed to construct the temporary driveway will be replaced with shrubs or trees of equivalent size to that which was removed, provided they are compatible with being placed within close proximity to a storm drain. All existing lawn that has been disturbed during construction will be replaced with sod. All existing landscaping materials, barriers and irrigation system components will be replaced or restored as it was prior to construction.

All irrigation system components will be replaced, connected into the existing irrigation system and restored to full operation, as it was prior to construction. Once the plants, shrubs, trees and/or sod, as needed, have been placed within the Temporary Construction Easement by the City, the property owner shall be responsible for maintaining the materials placed in the Temporary Construction Easement.

(2) Construction activities within the Temporary Construction Easement will commence no earlier than November 30, 2013 and will be completed no later than May 31, 2014 or earlier than November 30, 2014 and complete no later than May 31, 2015. Work will not start after November 30th of either year if there is a storm system classified as an active Tropical Depression or higher within the Atlantic – Caribbean Sea – Gulf of Mexico Region until that storm system is deemed the National Weather Service's National Hurricane Center not to be a threat to the State of South Carolina. The city will strive to complete all identified work and return the temporary easement to the Medical University of South Carolina at the earliest possible opportunity.

(3) City shall cause each general contractor which shall provide materials, labor or services within the Easement Area to provide the Granter and Granter's officers, directors, board members, employees, representatives, successors and assigns (all as they may exist from time to time and, individually and collectively, "Granter Representatives") a copy of all certificates for any policy of commercial general liability insurance issued by an insurance company which is qualified to do

business in the State of South Carolina. Best rating of at least A: VII or its equivalent. Each such policy shall provide coverage of at least $5,000,000 for property damage, bodily injury and natural resources. City shall also require each such contractor to provide worker's compensation insurance in compliance with applicable law with at least $1,000,000 of employer's liability. The copy of certificates evidencing all such insurance shall be provided to Granter as follows:

Administrator, MUSC
326 Calhoun Street, MSC 109
Charleston, South Carolina 29425

Each such policy shall be written on an "occurrence" basis; if any such policy shall be written on other than an "occurrence" basis, and if Granter shall be willing to consider such non-compliant insurance, then, in addition to any other reasonable requirements of Granter, City shall cause such contractor to provide to Granter evidence satisfactory to Granter and to Granter's legal counsel that such insurance shall continue in effect after completion of construction and beyond any applicable statute of limitations.

TOGETHER with all the rights and privileges necessary or convenient for the full enjoyment or use of said Permanent Subsurface Utility Easement A; Permanent Subsurface Utility Easement & Temporary Construction Easement B; Permanent Surface Utility Easement C; Temporary Construction Easement D and Temporary Construction

Easement E.

It is further agreed between the parties that:

(1) The Grantor and its successor and assigns shall have the right to construct a structure within Permanent Subsurface Utility Easement A; Permanent Subsurface Utility Easement & Temporary Construction Easement B; and Permanent Surface Utility Easement C. Provided however, the Grantor agrees for itself and its successors and assigns that in the event a structure is constructed within Permanent Subsurface Utility Easement A; Permanent Subsurface Utility Easement & Temporary Construction Easement B; and Permanent Surface Utility Easement C, no portion of said structure, including but not limited to, the foundation and pilings, will penetrate Permanent Subsurface Utility Easement A; Permanent Subsurface Utility Easement & Temporary Construction Easement B; and Permanent Surface Utility Easement C to depths exceeding negative ninety feet (-90.0') referenced to the North American Vertical Datum of 1988 (NAVD88). See figures one and two, which are attached hereto and incorporated herein by reference.

(2) The Permanent Subsurface Utility Easement A; Permanent Subsurface Utility Easement (only) B; and Permanent Surface Utility Easement C will run with the land and continue to exist so long as they are used for utility purposes. And, in the event the City should abandon or not use the Permanent Subsurface Utility Easement A; Permanent Subsurface Utility Easement (only) B; and Permanent

Surface Utility Easement C for two years, with or without written notice to the Grantor, the City will have given up all rights to such easements. The easements may also be terminated in the event of the City's failure to comply with the terms or considerations of this Grant of Easement.

(3) The Permanent Subsurface Utility Easement A; Permanent Subsurface Utility Easement (only) B; and Permanent Surface Utility Easement C granted herein are for a public purpose and may be transferred and assigned by the City and its successors and assigns.

(4) The agreements contained herein shall be binding upon the Commissioners and Grantor and their respective successors and assigns.

(5) The Grantee shall ensure that all of its activities involving the permitted property are in compliance with all existing, and any future, applicable environmental, historical, and cultural protection statutes and regulations, including, but not limited to: the Federal Water Pollution Control Act (a.k.a. the Clean Water Act), 33 U.S.C § 1251 et seg. the Safe Drinking Water Act, 42 U.S.C § 300f et esq.; The Clean Air Act; 42 U.S.C §7401 et seq.; the Resource Conservation and Recovery Act, 42 U.S.C §6901 et seq.; the Toxic Substances Control Act, 15 U.S.C §2601 et seq.; the Coastal Zone Management Act, 16 U.S.C § 1451 et seq.; the Federal Insecticide, Fungicide, and Rodenticide Act 7 U.S.C § 136 et seq.; National Historic Preservation Act, 16 U.S.C §470 et seq.; and the Endangered Species Act, 16 U.S.C §1531 et seq.; as well as any applicable state or local laws

or regulations.

The Grantee may not unlawfully pollute the air, ground, or water, nor create a public nuisance. The Grantee shall, at no cost to the Grantor, promptly comply with all applicable Federal, state, and local laws, regulations, or directives regulating the quality of the environment. This does not affect the Grantee's right to contest the validity of such laws, regulations, or directives or to try to enjoin their applicability.

The Grantee shall use all required means to protect the environment and natural resources from any damage arising from the Grantee's use of the property and activities incident to such use.

If any damage results to the environment or natural resources, the Grantee shall restore the environment or damaged resources. The Grantee shall be solely responsible for all environmental cleanup costs and any claims for damage done to any natural resources resulting from the Grantee's use of the property and activities incident to such use. The Grantee shall indemnify the Grantor and hold it harmless from any claims for environmental cleanup or natural resource damage that may be made against the Grantor resulting from the Grantee's use of the property and activities incident to such use.

The Grantor may be liable for the costs of any environmental cleanup

required for contamination which existed prior to the execution of this agreement, or which it causes after the execution of this document. "Environmental cleanup" as used herein means the remediation of any environmental damage as required by any Federal, state, or local regulatory agency having jurisdiction over the area.

The Grantee is responsible for obtaining any and all required Federal, State and Local environmental permits, licenses and/or approvals prior to commencement of construction.

(6) This perpetual easement is conveyed without interference with, or prejudice to, the rights of the Grantor, except so far as is reasonably necessary in the exercise of the rights-of-way and easements hereby granted, and there are reserved to the Grantor all its respective rights in, and to, the use of its land lying within said rights-of-way and easements for all lawful purposes not inconsistent with the Commissioners' use thereof for the purposes mentioned herein.

(7) This Grant of Easement is granted under the authority outlined in 14 U.S.C. sec: 93(o). The undersigned employee of the Grantor hereby attests that said employee has the authority to enter into this Grant on behalf of the Medical University of South Carolina. The undersigned has no interest, direct or indirect in the property contained in this Grant. The undersigned executes this Grant in compliance with all known statutes, regulations, Executive Orders, management and budget circulars, and department policies.

TO HAVE AND TO HOLD, all and singular, the easement rights and privileges above described unto the CITY OF CHARLESTON, SOUTH CAROLINA its successors and assigns forever.

Exhibit Survey #12112901-A764-C (Hussey, Gay, Bell & DeYoung, Inc.)

IN WITNESS WHEREOF, the undersigned have set their hands and seal this _____ day of _____ 2013.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

By: _____
(BLANK)

Its: _____
TITLE Date

Witness: _____
Printed Name

_____
Signature Date

Witness: _____
Printed Name

_____
Signature Date

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

ACKNOWLEDGMENT

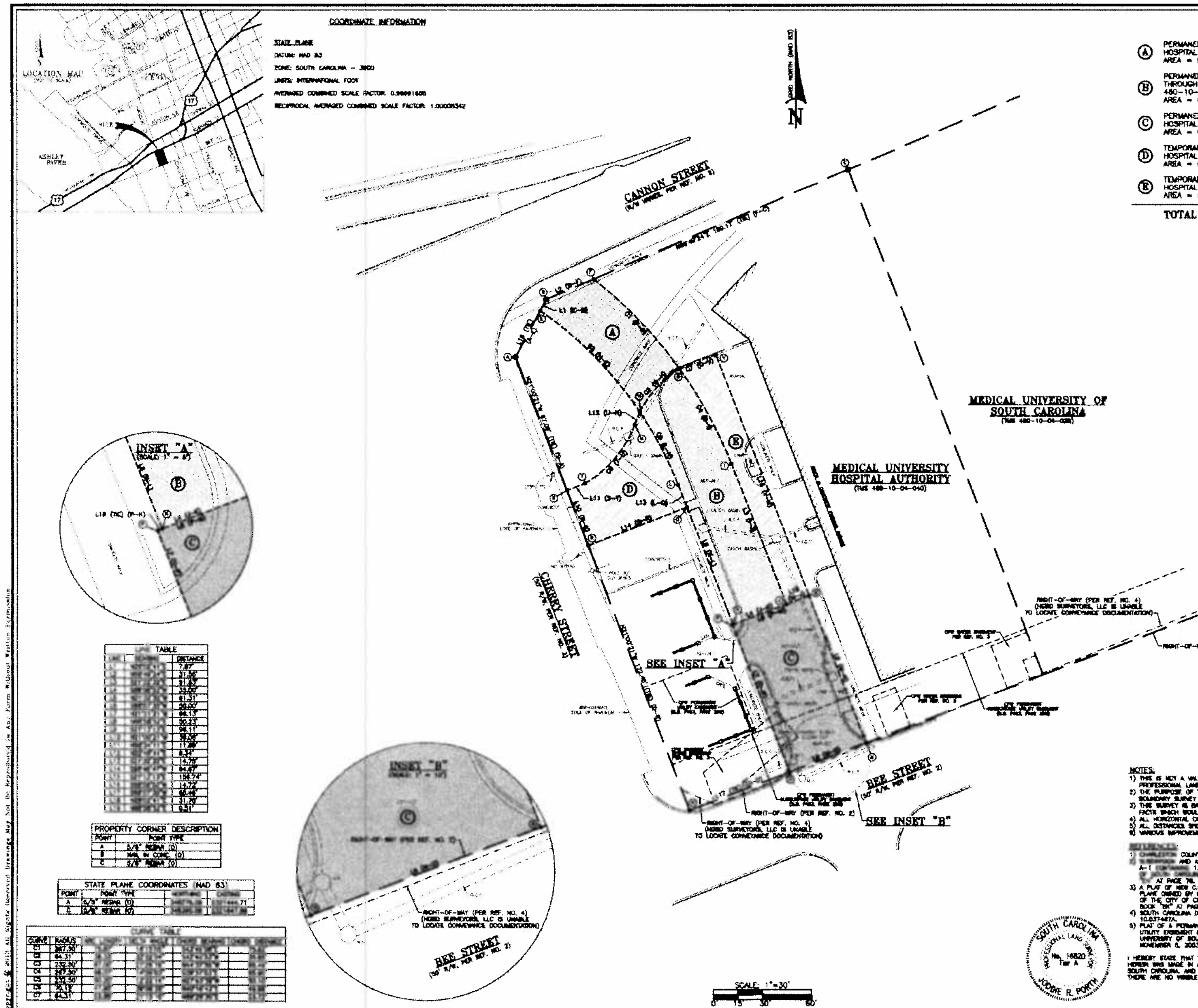
I, _____, Notary Public for the State of South Carolina, do hereby certify THE CITY OF CHARLESTON, South Carolina by _____ its _____, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Subscribed to and sworn before me this _____ day of _____ 2013.

_____
Notary Public, State of South Carolina
My commission expires: _____

COORDINATE INFORMATION

STATE PLANE
DATUM: NAD 83
ZONE: SOUTH CAROLINA – 3900
UNITS: INTERNATIONAL FOOT
AVERAGED COMBINED SCALE FACTOR: 0.99991605
RECIPROCAL AVERAGED COMBINED SCALE FACTOR: 1.00008342



LINE TABLE		
[illegible]	[illegible]	DISTANCE
[illegible]	[illegible]	7.87'
[illegible]	[illegible]	31.50'
[illegible]	[illegible]	31.87'
[illegible]	[illegible]	33.00'
[illegible]	[illegible]	61.31'
[illegible]	[illegible]	29.00'
[illegible]	[illegible]	64.13'
[illegible]	[illegible]	50.23'
[illegible]	[illegible]	98.11'
[illegible]	[illegible]	58.09'
[illegible]	[illegible]	17.99'
[illegible]	[illegible]	8.34'
[illegible]	[illegible]	14.79'
[illegible]	[illegible]	64.87'
[illegible]	[illegible]	156.74'
[illegible]	[illegible]	13.72'
[illegible]	[illegible]	65.48'
[illegible]	[illegible]	31.76'
[illegible]	[illegible]	9.51'

PROPERTY CORNER DESCRIPTION	
POINT	POINT TYPE
A	5/8" REBAR (O)
B	NAIL IN CONC. (O)
C	5/8" REBAR (O)

STATE PLANE COORDINATES (NAD 83)			
POINT	POINT TYPE	NORTHING	EASTING
A	5/8" REBAR (O)	[illegible]	[illegible]
C	5/8" REBAR (O)	[illegible]	[illegible]

CURVE TABLE					
CURVE	RADIUS	[illegible]	[illegible]	[illegible]	[illegible]
C1	267.50'	[illegible]	[illegible]	[illegible]	[illegible]
C2	64.31'	[illegible]	[illegible]	[illegible]	[illegible]
C3	232.50'	[illegible]	[illegible]	[illegible]	[illegible]
C4	247.50'	[illegible]	[illegible]	[illegible]	[illegible]
C5	232.50'	[illegible]	[illegible]	[illegible]	[illegible]
C6	35.19'	[illegible]	[illegible]	[illegible]	[illegible]
C7	64.31'	[illegible]	[illegible]	[illegible]	[illegible]

AREA TABLE

(A) PERMANENT SUBSURFACE UTILITY EASEMENT THROUGH PROPERTY OF MEDICAL UNIVERSITY HOSPITAL AUTHORITY (PORTION OF TMS 460-10-04-040)
AREA = 0.066 ACRE/2,888 SQ.FT.

(B) PERMANENT SUBSURFACE UTILITY EASEMENT & TEMPORARY CONSTRUCTION EASEMENT THROUGH PROPERTY OF MEDICAL UNIVERSITY HOSPITAL AUTHORITY (PORTION OF TMS 460-10-04-040)
AREA = 0.122 ACRE/5,297 SQ.FT.

(C) PERMANENT SURFACE UTILITY EASEMENT THROUGH PROPERTY OF MEDICAL UNIVERSITY HOSPITAL AUTHORITY (PORTION OF TMS 460-10-04-040)
AREA = 0.110 ACRE/4,817 SQ.FT.

(D) TEMPORARY CONSTRUCTION EASEMENT THROUGH PROPERTY OF MEDICAL UNIVERSITY HOSPITAL AUTHORITY (PORTION OF TMS 460-10-04-040)
AREA = 0.066 ACRE/2,878 SQ.FT.

(E) TEMPORARY CONSTRUCTION EASEMENT THROUGH PROPERTY OF MEDICAL UNIVERSITY HOSPITAL AUTHORITY (PORTION OF TMS 460-10-04-040)
AREA = 0.059 ACRE/2,568 SQ.FT.

TOTAL EASEMENT AREA = 0.423 ACRE/18,427 SQ.FT.

EASEMENT SUMMARIES

(A) PERMANENT SUBSURFACE UTILITY EASEMENT [illegible]
(B) [illegible]
(C) PERMANENT SURFACE UTILITY EASEMENT [illegible]
(D) TEMPORARY CONSTRUCTION EASEMENT [illegible]
(E) TEMPORARY CONSTRUCTION EASEMENT [illegible]

LEGEND

Symbol	Description
(O)	PROPERTY CORNER (FOUND)
(X)	COMPUTED POINT
[light shading]	DENOTES AREA WITHIN PERMANENT SUBSURFACE UTILITY EASEMENT
[dark shading]	DENOTES AREA WITHIN PERMANENT SURFACE UTILITY EASEMENT
[light shading]	DENOTES AREA WITHIN PERMANENT SUBSURFACE UTILITY EASEMENT & TEMPORARY CONSTRUCTION EASEMENT
[no shading]	DENOTES AREA WITHIN TEMPORARY CONSTRUCTION EASEMENT

NOTES:

1) THIS IS NOT A VALID TRUE COPY UNLESS IT BEARS THE ORIGINAL SEAL AND ORIGINAL SIGNATURE OF THE PROFESSIONAL LAND SURVEYOR NAMED HEREON.
2) THE PURPOSE OF THIS PLAT IS TO DEPICT NEW UTILITY EASEMENTS. THIS DRAWING DOES NOT CONSTITUTE A BOUNDARY SURVEY OF THE PARENT PARCEL(S).
3) THIS SURVEY IS BASED ON THE REFERENCES LISTED HEREON ONLY. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL FACTS WHICH WOULD BE REVEALED BY A CURRENT TITLE SEARCH.
4) ALL HORIZONTAL CONTROL IS BASED ON G.P.S. OBSERVATIONS.
5) ALL DISTANCES SHOWN ON THIS MAP ARE GROUND DISTANCES.
6) VARIOUS IMPROVEMENTS & UTILITIES NOT SHOWN

[illegible]:

1) [illegible] COUNTY DEED BOOK H616, PAGE [illegible].
2) [illegible] AND AS-BUILT SURVEY OF MUSC MEDICAL COMPLEX PARCEL A CONTAINING 3.95 ACRES INTO PARCEL A-1 [illegible] 1.71 ACRES AND INTO PARCEL A-2 CONTAINING 2.24 ACRES, PREPARED FOR MEDICAL UNIVERSITY [illegible], BY 3D SURVEYING COMPANY, INC. DATED OCTOBER 23, 2003 AND RECORDED IN PLAT BOOK [illegible] AT PAGE 76.
3) A PLAT OF NEW C.P.W. UTILITY EASEMENTS THROUGH MUSC CENTER FOR ADVANCED HEALTH CARE CENTRAL ENERGY PLANT OWNED BY MEDICAL UNIVERSITY HOSPITAL AUTHORITY, PREPARED FOR THE COMMISSIONERS OF PUBLIC WORKS OF THE CITY OF CHARLESTON, BY 3D SURVEYING COMPANY, INC. DATED AUGUST 18, 2008 AND RECORDED IN PLAT BOOK "EK" AT PAGE 504.
4) SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION, PLAN & PROFILE OF PROPOSED STATE HIGHWAY, FILE NO. 10.037-467A.
5) PLAT OF A PERMANENT SUBSURFACE UTILITY EASEMENT, A TEMPORARY CONSTRUCTION EASEMENT AND A PERMANENT UTILITY EASEMENT PREPARED FOR THE COMMISSIONERS OF PUBLIC WORKS THROUGH THE PROPERTY OF MEDICAL UNIVERSITY OF SOUTH CAROLINA, BY HUSSEY, GAY, BELL & DEYOUNG, INC., DATED OCTOBER 7, 2003, REVISED NOVEMBER 5, 2003 AND RECORDED IN PLAT BOOK "ED", PAGE 875.

I HEREBY STATE THAT TO THE BEST OF [illegible] BELIEF, THE SURVEY SHOWN HEREON WAS MADE IN ACCORDANCE WITH [illegible] MANUAL FOR SURVEYING IN SOUTH CAROLINA, AND MEETS OR EXCEEDS [illegible] AS SPECIFIED THEREIN; ALSO THERE ARE NO VISIBLE ENCROACHMENTS OR [illegible] OTHER THAN SHOWN.

SOUTH CAROLINA PROFESSIONAL LAND SURVEYOR No. 18820 Tier A JODDIE R. PORTH

JODDIE R. PORTH P.L.S. NO. 18820

HGBD SURVEYORS, LLC
COLUMBIA, SC

SOUTH CAROLINA CERTIFICATE OF AUTHORIZATION HGBD SURVEYORS, LLC No. C63083

HGBD A Bell Company

REVISIONS:
1) FEBRUARY 18, 2013, TO SHOW EXISTING CPW "PERMANENT UTILITY EASEMENT" & PERMANENT SUBSURFACE UTILITY EASEMENT

BCX 58-9	T.M.S. NO. 460-10-04-040	BOOK SEE FILE

PLAT OF PERMANENT SUBSURFACE UTILITY EASEMENTS, A PERMANENT SURFACE UTILITY EASEMENT & TEMPORARY CONSTRUCTION EASEMENTS
PREPARED FOR
CITY OF CHARLESTON
THROUGH THE PROPERTY OF
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
CITY OF CHARLESTON, CHARLESTON COUNTY, SOUTH CAROLINA

DATE: DECEMBER 5, 2012
PROJ. # 3120320003
SURVEY # 121129801-A764-C
SCALE: 1" = 30'

REVISED: FEBRUARY 18, 2013

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

CONSENT AGENDA

Board of Trustees Meeting
Thursday, October 11, 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 UNIVERISTY HOSPITAL AUTHORITY OPERATIONS, QUALITY and FINANCE COMMITTEE
CHAIRMAN: DR. STANLEY C. BAKER, JR.

(APPROVAL ITEMS)

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

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

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

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEMS)

Item 14. 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 15. 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:

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

(INFORMATIONAL ITEM)

Item 19. 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 - July 2013

The Medical Executive Committee reviewed the following applicants on July 17, 2013

and recommends approval by the Board of Trustees Credentialing Subcommittee effective July 28, 2013

Medical Staff Initial Appointment and Privileges

Joshua D. Adams, M.D.	Active Provisional	Surgery
William E. Aherne, M.D.	Active Provisional	Ophthalmology
Rahul Gupta Argula, M.B.B.S., M.P.H.	Active Provisional	Medicine
Richard Kyle Branham, M.D.	Active Provisional	Anesthesiology
Meredith A. Brisco, M.D., M.S.C.E.	Active Provisional	Medicine
Elizabeth Norene Dacus, M.D.	Provisional Affiliate	OB&GYN
Craig Alan Greene, M.D.	Active Provisional	Pediatrics
Ashleigh U. Igbokwe-Hamilton, M.D.	Prov. Aff. CFC - R&F	Family Medicine
Shantae James Jenkins, M.D.,Ph.D.	Prov. Aff. CFC - R&F	Medicine
Eric Tzvi Kimchi, M.D.	Active Provisional	Surgery
Courtney Lynn Kraus, M.D.	Active Provisional	Ophthalmology
Bryan Kumiga, D.O.	Active Provisional	Neurosciences
Lara MacLachlan, M.D.	Active Provisional	Urology
Kimberly Elaine McHugh, M.D.	Active Provisional	Pediatrics
Allie M. Metcalfe, M.D.	Active Provisional	Radiology
Jon M. McGough, M.D.	Prov. Aff. CFC - R&F	Medicine
Lisa Mims, M.D.	Active Provisional	Family Medicine
Satish Narayanaswamy Nadig, M.D.,	Active Provisional	Surgery
Dag Pavic, M.D.	Active Provisional	Radiology
Lindsay Leuthen Peterson, M.D.	Active Provisional	Medicine
Maribeth Porter, M.D.	Active Provisional	Family Medicine
Alicia Renee Privette, M.D.	Active Provisional	Surgery
Megan Elizabeth Redfern, M.D.	Active Provisional	Pediatrics
Lauren Richey, M.D., M.P.H.	Active Provisional	Medicine
Molly Senokozlieff, M.D.	Provisional Affiliate	OB&GYN
Yanjun Shi, M.D., M.S.	Active Provisional	Surgery
Natalie A. Singer, M.D.	Active Provisional	Urology
Nancy B. Stroud, M.D.	Provisional Affiliate	OB&GYN
Edward William Trudo, Jr., M.D.	Active Provisional	Ophthalmology
Jason P. Ulm, M.D.	Active Provisional	Surgery
Julie Kanter Washko , M.D.	Active Provisional	Pediatrics
Mohammad Yaghoobi, M.D., M.Sc.	Active Provisional	Medicine

Medical Staff Reappointment and Privileges

Jill C. Aiken, M.D.	Affiliate - Refer & Follow	Pediatrics
David Robert Beckert, M.D.	Active	Psychiatry
Walter A. Brzezinski, M.D.	Active	Medicine
Milos N. Budisavljevic, M.D.	Active	Medicine
Jeffrey S. Cluver, M.D.	Affiliate	Psychiatry
Luciano Jose Costa, M.D., Ph.D.	Active	Medicine
Bruce Alan Crookes, M.D.	Active	Surgery
Grayce P. Davis, M.D.	Active	Anesthesiology
Kevin ONeill Delaney, M.D.	Active	Surgery
Angela Dempsey-Fanning M.D., M.P.H	Active	OB&GYN
Mitchell L. Devlin, D.O.	Affiliate	Medicine
Anne-Marie Joye Fields, M.D.	Administrative/Honorary	Medicine
John Wesley Doty, M.D.	Active Provisional	Anesthesiology
Alvaro Augusto Giraldo, M.D.	Active	Psychiatry
Whitney Spannuth Graybill , M.D., M.S.	Active	OB&GYN

Medical Staff Reappointment and Privileges (cont.)

John D. Gross, M.D.	Affiliate - Refer & Follow	Ophthalmology	
Barry L. Hainer, M.D.	Active	Family Medicine	
Angelle Simon Harper, M.D.	Active	Radiology	
James Andrew Huchingson, M.D.	Active	Psychiatry	
Sherron M. Jackson, M.D.	Active	Pediatrics	
Yubin Kang, M.D.	Active	Medicine	
Minoo Naozer Kavarana, M.D.	Active	Surgery	
J. Michael Kilby, M.D.	Active	Medicine	
Joe William Krayer, D.D.S., M.S.	Affiliate - Refer & Follow	Oral & Maxillo	
Seth Paul Kupferman, M.D.	Affiliate - Refer & Follow	Orthopaedic Surgery	
Robert Scott Lake, M.D.	Affiliate - Refer & Follow	Medicine	
Zihai Li, M.D., Ph.D.	Active	Medicine	
Maria Margaret LoTempio, M.D.	Affiliate - Refer & Follow	Surgery	
Cara Blythe Litvin, M.D., M.S.	Active	Medicine	
Kelley Suzanne Lybrand, D.D.S.	Active	Oral & Maxillo	
Camelia Marculescu, M.D., M.S.C.R	Active	Medicine	
Keith Douglas Merrill, M.D.	Active	Orthopaedic Surgery	
Peter Clifford Netzler, M.D.	Active Provisional	Medicine	
Gregory Ashley Perron, M.D.	Provisional Affiliate CFC	Family Medicine	
Lynn Janet Poole Perry, M.D.,Ph.D.	Active Provisional	Ophthalmology	
Etta Driscoll Pisano, M.D.	Active	Radiology	
Jonathan Scott Ralston, M.D., M.S.	Active	Pathology & Lab. Med.	
Christopher Patrick Rowley, M.D.	Active Provisional	Medicine	
Takamitsu Saigusa, M.D.	Active Provisional	Medicine	
Gregory Douglas Schnepper, M.D.	Active Provisional	Anesthesiology	
Stuart Andrew Smalheiser, M.D.	Active	Medicine	
Daniel Howard Steinberg, M.D.	Active	Medicine	
Christian John Streck, Jr., M.D.	Active	Surgery	
Maria Rudisill Streck, M.D.	Affiliate CFC	Pediatrics	
Titte Rajagopal Srinivas, M.D.	Active Provisional	Medicine	
Thomas Mark Todoran, M.D., M.S.	Active	Medicine	
Bryan K Tolliver, M.D., Ph.D.	Active	Psychiatry	
John Matthew Toole, M.D.	Active	Surgery	
Katherine Elizabeth Twombley, M.D.	Active Provisional	Pediatrics	
Christina Vaughan, M.D., M.H.S.	Active Provisional	Neurosciences	
Leonidas Nye Walthall, IV, M.D.	Active Provisional	Medicine	
W. Benjamin Wince, M.D.	Active	Medicine	

Medical Staff Reappointment and Change in Privileges

Harold Del Schutte, Jr., M.D.	Affiliate	Orthopaedic Surgery	Limited to R&F privs

Medical Staff Change in Privileges

Wesley Michael Cleaves, M.D.		Radiology	Addition of Teleradiology
Shahryar Majeed Chowdhury, M.D.	Active	Pediatrics	Addition of Peds Card privs
Emily A Darr, M.D.	Active	Orthopaedic Surgery	Addition of Acupuncture
Chitharanjan Pullattrana, M.D.	Active	Surgery	Addition of Robotic Assist

Professional Staff Initial Appointment and Privileges

Catherine Cheely Bradley, Ph.D.	Provisional Allied Health	Pediatrics
Tina Michele Dvoren-Baker, M.S., F.N.P.	Provisional Allied Health	Neurosciences
Rochelle Judd, F.N.P.	Provisional Allied Health	Medicine
Mary Kathryn Scruggs Logan, A.P.R.N.,	Provisional Allied Health	Medicine

Professional Staff Reappointment and Privileges

Vicki Emmerling Allen P.A.C., M.S.	Allied Health	Medicine	
Alyssa Sarah Cogdill, P.N.P.	Allied Health	Neurosciences	
Tracey Gordon, R.N., P.N.P.	Allied Health	Pediatrics	
Kathleen Graves, P.A.C.	Provisional Allied Health	Surgery	
Maria Psomas Jones, P.A.C., B.S.	Provisional Allied Health	Medicine	
Muriel Labonte, R.N., A.P.R.N.	Allied Health	Medicine	
Julie Mansfield, P.A.C.	Allied Health	Surgery	
Jennifer Meassick, P.A.C.	Provisional Allied Health	HIS	
Adrian Novit, Ph.D.	Allied Health	Psychiatry	
Kelly Singleton, O.D., M.S.	Allied Health	Ophthalmology	
Joshua P Smith, Ph.D.	Allied Health	Psychiatry	
Lauren Sydnor Springs, P.A.C.	Allied Health	Surgery	
Lewis Randolph Waid, Ph.D.	Allied Health - Refer & Follow	Psychiatry	

Professional Staff Change in Privileges

Jennifer Koonce, A.C.N.P	Allied Health	Medicine	Swith to Medicine/Cardiology
Anne M. Webster, P.N.P., MSN	Allied Health	Pediatrics	Swith to Pediatrics/Hematology

Board of Trustees Credentialing Subcommittee - August 2013

The Medical Executive Committee reviewed the following applicants on August 21, 2013 and recommends approval by the Medical Executive Committee effective August 28, 2013

Medical Staff Initial Appointment and Privileges		
Wesley F. Adams, Jr., M.D.	Affiliate - Refer & Follow	OB&GYN
Eric William Angermeier, M.D.	Active Provisional	Orthopaedic Surgery
Eric Jawaski Belin, M.D.	Active Provisional	Orthopaedic Surgery
Lawrence Whitley Comerford, M.D.,	Active Provisional	Medicine
Jacob Emile Dowden, M.D.	Active Provisional	Surgery
Justin Elhoff, M.D.	Active Provisional	Pediatrics
Sara Barnato Giordano, M.D.	Active Provisional	Medicine
Ana Iris Gomez, M.D.	Active Provisional	Psychiatry
Kyle P. Kokko, M.D., Ph.D.	Active Provisional	Orthopaedic Surgery
Carlotta Jenkins Lalich, M.D.	Active Provisional	Psychiatry
Scott M. Lindhorst, M.D.	Active Provisional	Medicine
Andrea Del Pilar Lopez Avila, M.D.	Active Provisional	Pediatrics
Lisa Mims, M.D.	Active Provisional	Family Medicine
Adebowale Ayoola Odulana, M.D., M.P.H.	Active Provisional	Pediatrics
James C. Oliver, M.D., M.S.	Affiliate - Refer & Follow	OB&GYN
Kristoff Reid, M.D.	Active Provisional	Orthopaedic Surgery
Philip Sinato, Jr., M.D.	Affiliate - Refer & Follow	Psychiatry
Joshua Daniel Washer, M.D.	Active Provisional	Surgery
Medical Staff Reappointment and Privileges		
David Gordon Bundy, M.D., M.P.H.	Active Provisional	Pediatrics
Kenneth D. Chavin, M.D., Ph.D.	Active	Surgery
Edward William Cheeseman, Jr., M.D.	Active Provisional	Ophthalmology
David M. Countryman, M.D.	Affiliate	Surgery
Andrew Steven Eiseman, M.D.	Active Provisional	Ophthalmology
Larry Field, Jr., M.D.	Active	Anesthesiology
Cory M Furse, M.D., M.P.H	Active	Anesthesiology
David Gregg, IV, M.D.	Active	Medicine
Gregory Alan Hall, M.D.	Active Provisional	Medicine
Jairy Cornelius Hunter, III, M.D.,	Active Provisional	Family Medicine
Ekrem Kutluay, M.D.	Active	Neurosciences
Jan Andrew Kylstra, M.D.	Active	Ophthalmology
Mary Pasquini Leathers, D.D.S.	Active	Oral & Maxio
Kimberly Gronsman Lee, M.D., M.S.	Active	Pediatrics
Kristi McCauley Lentsch, M.D.	Affiliate CFC - R&F	Medicine
Gabriel U. Martz, M.D.	Active	Neurosciences
Rebecca McPherson, M.D.	Active	Pediatrics
Robert Baer Miller, M.D.	Active	Medicine
Denise Mary Mulvihill, M.D.	Active	Radiology
Ashli Karin O'Rourke, M.D.	Active Provisional	Otolaryngology
Shelly Dawn Ozark, M.D.	Active Provisional	Neurosciences
Jenny Harizanova Petkova, M.D.	Active Provisional	Medicine
Jennifer Peura, M.D.	Active	Medicine
Talat Hayat Raja, M.D.	Active Provisional	Medicine
John Routt Reigart, II, M.D.	Active Provisional	Pediatrics
Laura L. Roberts, M.D.	Active	Anesthesiology

Medical Staff Reappointment and Privileges (cont.)			
Michel Joseph Sabbagh, M.D.	Active Provisional	Anesthesiology	
Angela Maria Savatiel, M.D.	Active	OB&GYN	
Ganga Lakshmi Srinivas, M.B.B.S.	Active Provisional	Pediatrics	
Shaoli Sun, M.D.	Active	Path & Lab. Med.	
Manoucher Lance Tavana, M.D.	Active Provisional	Surgery	
William Michael Walsh, M.D.	Active Provisional	Orthopaedic Surgery	
Robert Curtis Waters, M.D.	Active Provisional	Otolaryngology	
Shane Woolf, M.D.	Active	Orthopaedic Surgery	
Rachael Zweigoron, M.D.	Active Provisional	Pediatrics	
Medical Staff Reappointment and Change in Privileges			
Mimi Sohn, M.D.	Active	Neurosciences	Add privilege for Spinal Medical Delivery Systems
Medical Staff Change in Privileges			
Jennifer Michele Braden, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Joseph V. Dobson, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Benjamin F. Jackson, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Kathy Lehman-Huskamp, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Kenkichi Nozaki, M.D., Ph.D.	Active	Neurosciences	Add privilege for Spinal Medical Delivery Systems
William Scott Russell, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Sarah Elizabeth Sterner, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Mary Olivia Titus (Titus), M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Rachel Elizabeth Tuuri, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Jana K Upshaw, M.D.	Active	Pediatrics	Add Gen. Peds privs/procedure
Aljoeson Walker, M.D.	Active	Neurosciences	Add privilege for Spinal Medical Delivery Systems
Professional Staff Initial Appointment and Privileges			
Ashleigh Marie Benda, D.N.P.	Provisional Allied Health	Pediatrics	
Kristina H. Coffey, P.A.C.	Provisional Allied Health	Surgery	
James F. Hill, III, O.D.	Provisional Allied Health	Ophthalmology	
Kristen Laudati, APRN	Provisional Allied Health	Surgery	
April Lynn Vargus, P.A.C.	Provisional Allied Health	OB&GYN	
Professional Staff Reappointment and Privileges			
Cynthia Lynne Allen, F.N.P., Ph.D.	Allied Health	Family Medicine	
Connie S. Canaday, A.P.R.N., F.N.P.	Allied Health	Medicine	
Christine Patton Corley, R.N., P.N.P.	Provisional Allied Health	Pediatrics	
Sarah Ann Kimble, P.A.C.	Allied Health	Medicine	
Kinsey E. Knight, P.A.C.	Provisional Allied Health	Pediatrics	
Mary Catherine Park, P.A.C.	Provisional Allied Health	Psychiatry	
James William Richardson, C.R.N.A.,	Allied Health	Anesthesiology	
Shelley Richardson C.R.N.A., BSN	Allied Health	Anesthesiology	
Kelly Taylor, M.H.S., P.A.C.	Allied Health	Medicine	
Daniel James Venancio, P.A.C.,	Allied Health	Medicine	
Adrianne English West, C.R.N.A.	Allied Health	Anesthesiology	
Meredith Wince, MSN, A.N.P., M.B.A.	Allied Health	Medicine	
Tiffany H. Williams, D.N.P.,	Provisional Allied Health	Pediatrics	

Medical Executive Committee **Presiding:** Dr. Hoffman **Date:** July 17th, 2013 **Meeting Place:** 628 CSB **Recording:** Stephanie Brown	**Meeting Time:** 7:30am **Adjournment:** 8:30am **Members present**: Dr. Hoffman; Dr. Basco; Dr. Clyburn; Dr. Crookes; Dr. Crumbley; Dr. Elliott; Dr. Feussner; Dr. Gray; L. Kindy; Heather Kokko; D McLean; C. Rees; Dr. Richardson; Dr. Rockey; Dr. Ryan; Dr. Sachs; Dr. Salgado; S. Scarbrough; M. Schaffner; Dr. Scheurer; Christian Streck; Dr. Warren; Dr. Zwerner; C. Younker; **Members excused:** Dr. Gillespie; Dr. Baliga; Dr. Boylan; Dr. Cawley; Dr. Cole; Dr. Costello; Dr. Deas; A. Drachman; Terri Ellis; Dr. Habib; Dr. Harvey; Dr. Jauch; Dr. Lambert; Dr. Lewis; D. Neff; Dr. Pisano; Dr. Clarke; Dr. Powers; Dr. Reeves; Dr. Uhde; Dr. Valerio; Dr. Vandergrift; Dr. Yoe; **Guests: Gregory Weigle; Kurt Nendorf; Dr. Savage; L. Kuckewich**

Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	No Events at this time	**N/A**	
Wins	No Wins presented	**No Wins**	
Review of Minutes	MEC minutes were reviewed.	**Minutes of the June 19th, 2013 MEC meeting were approved.**	
Credentials Committee	Dr. Schabel reported on staff changes: Medical Staff Initial Appointment and Privileges: 32 Medical Staff Reappointment and Privileges: 51 Medical Staff Reappointment and Change in Privileges: 1 Medical Staff Change in Privileges: 3 Professional Staff Initial Appointment and Privileges:4 Professional Staff Reappointment and Privileges: 13 Professional Staff Changes in Privileges: 2 Dr. Yanjun Shi exemption wavier from the standard Medical Office requirement of board certification so that he may join Transplant Surgery in July 2013 approved. Dr. Luciano Costa temporary waiver for requirement of his board certification Hematology/Oncology approved.	**The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.** **Approved**	
GME Report	Dr. Clyburn provided GME update. GME Orientation was successful. Total of 205 total to include 133 PG1, 72 PG2. 4 people were kicked out initially for home land security checks. The next accreditation system kicked in for 7 programs this July 2013. Kicks in for everyone else next July 2014. With Self-study visit we are moving away from 1-5 year cycles and moving towards 10 year cycles. With institutional visits every 18 months for patient safety, QI, and other things. For these "Clear Visits" we will have 5 days' notice and look at integration of Hospital	**Accepted as Information**	

	and GME predominantly for patient safety, QI, and learning environment. ACGME Board reapproved two institutional requirements. 1. Strengthen Sleep and Fatigue education yearly requirement for faculty. 2. All faculties will be trained in Transitions of Care. Marilyn Schaffner question – Is there a way to partner for "Sleep and Fatigue" education? Answer - Yes. Must decide best way to get to all employees. Perhaps thru grand rounds, CATTS, or Interprofessional groups.		
Hand Hygiene	Dr. Salgado presented hand hygiene compliance for June 2013 which is 89.7%. Service line compliance rates trend from 97.5% to 83%, and occupational compliance rates trend from 100% to 85%. Housewide hand hygiene compliance for July 12 – June 13 reviewed. May Housewide rate is 89.7%. Dr. Salgado also Outpatient Hand Hygiene Monthly Compliance for June 2013. Please note Phlebotomy Labs are new to the graph. New auditing system being trailed – Three months in three areas of the hospital (Childrens-7B; 6 floor ART, Main Hospital-Neurosciences ICU) real time for hand hygiene. We will be tracking hand hygiene rates and completing a cost analysis to see if this system will help improve in those areas.	**Accepted as Information**	
Hospital Update	Marilyn Schaffner hospital update and overview of FY13 service goals. – Service - HCAHPS Composite at or above the 75th percentile, Goal is 7 of 10, Results are 4 of 10 as of July 10th 2013. Overall AVATAR Patient Perceptions Mean Score Goal is 4 Star or higher, Results are 3 Stars as of July10th 2013. – People – Increase Morehead Employee Commitment Score by .05 (4.06 to 4.11) Achieve Physician Engagement Score of 4.08. Results are 3.90. – Quality – Ideal Care Achieve a weighted composite score of outcome and process measures. Goal is 3.5; Results are 2.33 as of May 2013. Hand Hygiene Audits Compliance Rate of 90% or higher; Results are 90% as of June 2013. – Finance – Achieve Cost per CMI Adjusted Discharge of $9,405. Results are $9,786 as of May 2013. Net Income $15.2M (Year End) Results are $23 M as of May 2013. – Growth – Achieve 1.75% growth in inpatient discharges (excludes observations; Results are 1.59% as of May 2013. Achieve 1.75% growth in Outpatient Visits (includes hospital based, outreach, CFC and unbundled ancillaries); Result is 3.08% as of June 2013. – FY'13 Q4 – HCAHPS Composite 9 out of 10 in green. YTD still in red due to previous quarter's results. – Ideal Care Goal is 3.5, Results YTD 2.33: • Mortality Rank Goal is 75th Percentile, Result YTD 58TH percentile. • Readmissions Goal is 11.81%, Result YTD 12.65% • CLABSI Goal is .35/1000 CL days, Result YTD .32. • Core Measures Goal is 98.19% compliance, Results YTD 98.2%	**Accepted as Information**	

	• Culture of Safety Goal is 45% positive responses, Results YTD 45%. • Harmful Events Goal is 1.91/1000 pt. days, Results YTD 2.06 Chris Rees provided update on US News World Report Release. The embargo lifted on July 16th 2013. We had three adult specialties that ranked in TOP 50 in addition to three pediatric specialties. GI/GI surgery was 53rd, Cardiology was 56th; Urology at 57th; Ten of our specialties were considered high performing ranked in the TOP 25TH percentile of all hospital evaluated. Lost a point within six patient safety indicators. Two that are underperforming are Postoperative Respiratory Failure and Post Op. Hemorrhage. Also did not get credit for having a formal agreement with the Hospice program. We were the only hospital in South Carolina that had one ranked specialty. We are the highest ranking hospital in South Carolina. All of this information can be provided on a PowerPoint and will be presented in Clinical Connections.		
Cancer Program Committee Update	Dr. Savage provided yearly update on Cancer Program Committee – The MUSC/Hollings Cancer Center Cancer Program is accredited as an Academic Comprehensive Cancer Program by the Commission on Cancer (CoC) of the American College of Surgeons. This accreditation requires the Cancer Program to comply with patient-centered standards involving quality of care of cancer patients diagnosed and/or treated at our facility. The program was surveyed by Dr. Aaron Bleznak, CoC surveyor, on Aug 28, 2012 for calendar years 2009-2011. The result of the survey was Approval with Commendations in the following areas: – National Cancer Data Base (NCDB) submission were without error during survey period – Clinical Trials accrual – Multiple Prevention and Early Detection Programs were offered during survey period – Cancer-related quality improvements showed many ties between studies and process improvement efforts in same year. Excellent support and infrastructure for Quality Improvement. The next survey will be in 2015. Note: One change to bylaw - Section 2 Committee Responsibility - Works with medical staff office to document that treatment is provided to cancer patients by physicians who are currently board certified or in the process of being board certified, as is the policy of the Medical University of SC, as well as the Commission on Cancer.	**Accepted as Information**	
FMEA Data Center Power Outage Follow Up	Gregory Weigle and Kurt Nendorf provided update on FMEA Data Center Power Outage with a focus on HVAC-Temp in Data Center –Chiller Failure. – Data Center in IOP Annex has had downtime due to overheating. Background: – Data Center Cooling is cooled by two sources: • Direct Expansion (Dx) System • Building Chilled Water System – Current Data Center Equipment load is not supported by the Dx System alone in warm weather. The Chilled Water System is required to supplement the cooling need in warmer months. Current Load is ~ 110 Tons. – Cooling Load is being met and the system has redundancy, concern is:	**Accepted as Information**	

	• Targeted cooling within data center, and chilled water system is not dedicated, it is shared with the building and not on emergency power. – State Project H51-9793 was established with a budget of $4.55 Million of which $2.0 Million remains. • "Psych Inst. Data Center System Upgrades (MUHA 90284) includes H51-9802 Psych Generators, ATS and Switchgear (formerly T022). " • Project a 50/50 split between University & MUHA. MECA & IBM studies have been completed with several recommendations. OCIO and Facilities reviewed the study recommendations with a perspective that the Data Center would be onsite 5-7 years and that risk hardening recommendations would need to be commensurate. Recommendation : – Address concerns of data center cooling in a phased approach, focusing on Computer Room Cooling Units (CRAC's), and – Segregate Chilled Water Cooling System from building system so it is independent and on Emergency Power. – Phase I • Add Two New CRAC Units (20 Tons each, dual coils) to the Computer Room: $526,432 • Wall modifications on 3rd Floor: $62,500; • Install New 150 Ton Air Cooled Chiller to Chilled Water System: $597,248; • Platform for Chiller: TBD. – Total: $1,186,180 plus platform. • Within remaining Project H51-9793 Budget. – Future Phases • Replace CRAC units as necessary to adapt to changes within computer room. Estimated installed cost of a 20 Ton CRAC unit is $300,000. • The current technology also incorporates Chilled Doors technology with CRAC's. These may be incorporated into the above solution. In an emergency such as a hurricane if we lose power we will be able to cool the data center. Currently we do not have an adequate amount of backup but with this plan we will.		
Professional Behavior	Marilyn Schaffner presented on Professionalism – The Journey: – Started in 2005 - Lateral Violence in Nursing Survey found that nurses found that this is a serious problem. – Found that this is an issue throughout the entire healthcare organization. • Created Negative Behaviors in Healthcare Survey – IRB approval January 2012 and surveyed entire organization Jan/Feb. 2012. – Highest respondents – 56% nursing; 11% MDs (of those, 76% were faculty) • Lateral Aggression (between colleagues at same level) • Vertical Aggression (top down) • Vertical Aggression (directed up by subordinates)	**Accepted as Information**	

	– 2100 responses – examples, perception of causes, possible solutions Steps to Professionalism - – Rolled out survey May-November, 2012 (Administrators, Communications, MEC, EROC, Day and Nightshift Staff, IPID Committee, Quarterly Medical Staff Meeting, Clinical Chairs Meeting) – All Day Workshop – November 6th, 2013 – 100 Interprofessional participants – Eliminating Negative Behavior in our Healthcare Organization Charged Three Task Forces – January, 2013 (Process, Communication, and Accountability) Work Completed - – Moved away from "negative behaviors" term to Professionalism by creating code word U Turn; – Developed Professional visual incorporating U Turn concept; Incorporating visual into all professionalism related printed materials; – 6 Vignettes - Six scenarios in various areas of the hospital involving negative/unprofessional behaviors - demonstrating U Turn and appropriate responses – Standards of Behavior Brochure changed to Standards of Professional Behavior; Incorporated "Interprofessional" language; Attestation forms for new hires; – Response cue cards developed to promote professional response – Incorporated into evaluation process - Success Factors/Planning Stage for 2014; Policies revised; Pathway to Resolution developed – Education/Training plan and tools developed for leaders and Staff; Incorporated into New hire rounding question for 30/60/90 days; Orientation for Staff and Residents; Weekly safety rounds – Developed screen saver – to be posted Sept. 1st – Developed Professionalism banners to be signed affirming commitment Creating a New Culture – Just Culture; Highly Reliable Organization; Magnet – Framework for responses – Describe, Express, Specify, and Consequence; Cue Cards remind staff how to frame their response Time Line Roll out.- – Implementation Plan Due (Present at LDI) – August 2013 – Implement Plan (Manager rollout to Staff) – Sept. 2013 – Dec. 2013 – Resurvey – Spring 2014 Noted: The survey data/results and PowerPoint can be provided for review.		
ECareNet Update	Dr. Warren gave ECareNet Update: 1. EPIC Ophthalmology (Kaleidoscope) – July 8th 2013 – Completely integrated ambulatory electronic health record. Notes are now in real time. 2. Physician Engagement Data -	**Accepted as Information**	

	– Clinical Leadership Council ramping up optimization efforts in Ambulatory. Over 200 attendings have been touched by the process; however there are a number of providers that have refused. Need help in conveying message to physicians. – 2 hour Class "EPIC My-Way" – Physician Engagement poor. • 1st session – 75 physicians • 2nd session – 20 physicians • 3rd session – 0 physicians – "Physician Super users Program" Need help with prioritizing physician requests for change. 3. Clinical Information Downtown this weekend – Standard monthly downtown is 3rd Saturday 10pm – 4am. Two additional down times include: – Keene down from registration 12pm – 2pm Saturday – HPF down a vendor contract on Sunday from 7am – 3pm 4. Open Encounters Message from Health Information Management sent out. – Open Encounters are not the same as incomplete medical records. – Reports were inaccurate. The information and motion from doctors was overwhelmingly negative. – Dr. Warren in process of cleaning up messaging and provide some service reports for physicians in EPIC. 5. System that is integrating with referring physicians. (Link system) – Referring physicians or practice general will receive a "Vent notification" if their patient is seen in our ED; seen in a clinic; admitted or discharged to/from our hospital; this is HIPPA compliant; Referring Physician can go into their view of our EPIC and see their patients chart. Noted: Report of physicians in the department who are clinically active and who have not used the personalized service would be helpful at departmental level. A personalized appointment works well if we have the resources to do that Note: John Kratz and Dr. Warren are splitting the clinical chairs appointments to talk about these issues.		
Data reports	Reports reviewed: Bed Capacity Summary Admit Transfer Center Quality of H&P by Department CAUTI Policy PET CT IP Policy Peds Hypoglycemia Protocol	**Approved**	
Subcommittee Minute Review	Subcommittee reports were reviewed: Bed Flow Team – June 2013	**Approved**	

	Clinical Lab Advisory Committee – June 2013 Credentials Committee – June 2013 Graduate Medical Education Committee – June 2013 Infection Control Committee – June 2013 Health Information Management Committee – June 2013 Clinical Documentation Improve Committee – June 2013		
Polices (Consent)	N/A	**N/A**	
Adjourned 8:26am	The next meeting of the Medical Executive Committee will be Wednesday, August 21st, 2013 at 7:30am in 628CSB.		

David Habib, MD, Secretary of the Medical Staff

Medical Executive Committee **Presiding:** Dr. Gillespie **Date:** August 21st, 2013 **Meeting Place:** 628 CSB **Recording:** Stephanie Brown	**Meeting Time:** 7:30am **Adjournment:** 8:10am **Members present**: Dr. Gillespie; Dr. Hoffman; Dr. Cawley; Dr. Clyburn; Dr. Crumbley; Dr. Elliott; Dr. Feussner; Dr. Gray; Dr. Habib; Dr. Harvey; Heather Kokko; D McLean; Dr. Lewis; C. Rees; Dr. Richardson; Dr. Rockey; Dr. Rublee; Dr. Ryan; Dr. Sachs; S. Scarbrough; M. Schaffner; Dr. Scheurer; Dr. Streck; Dr. Warren; C. Younker; **Members excused:** Dr. Baliga; Dr. Basco; Dr. Boylan; Dr, Clarke; Dr. Cole; Dr. Costello; Dr. Deas; A. Drachman; Terri Ellis; Dr. Jauch; L. Kindy; Dr. Lambert; D. Neff; Dr. Pellegrini; Dr. Pisano; Dr. Powers; Dr. Reeves; Dr. Salgado; Dr. Uhde; Dr. Valerio; Dr. Vandergrift; Dr. Yoe; Dr. Zwerner **Guests:** Dr. Mallin; L. Formby; I. Barnes; L. Kuckewich; K. Sprott

Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	No Events at this time	**N/A**	
Wins	No Wins presented	**No Wins**	
Review of Minutes	MEC minutes were reviewed.	**Minutes of the July 17th 2013 MEC meeting were approved.**	
Credentials Committee	Dr. Schabel reported on staff changes: Medical Staff Initial Appointment and Privileges: 18 Medical Staff Reappointment and Privileges: 34 Medical Staff Reappointment and Change in Privileges: 1 Medical Staff Change in Privileges: 11 Professional Staff Initial Appointment and Privileges: 5 Professional Staff Reappointment and Privileges: 13 Professional Staff Changes in Privileges: 0 Dr. Wesley Adams and Dr. James Oliver requesting waiver of the Board Certification requirement. Dr. Adams and Dr. James Oliver are requesting Refer and Follow privileges only. Dr. Kutluay requesting waiver of Board Certification requirements. Dr. Kutluay completed his residency in Neurology at Ege University School of Medicine in Izmir, Turkey. Because this is an international program, he is not eligible for board certification in Neurology through the ACGME. Dr. Kutluay is board certified, however, by the American Board of Clinical Neurophysiology.	**The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.** **Approved**	
GME Report	Dr. Clyburn provided GME update. Dr. Clyburn will be meeting with some of the Hospital leadership next Monday August 26th 2013 to discuss "clear visit" requirements coming up. These are learning environments visits for the GME. They are going to visit every medical center that has residents every 18 months.	**Accepted as Information**	
Hand Hygiene	Linda Formby (Manager for Infection Control) presented hand hygiene compliance for July 2013	**Accepted as**	

	which is 91.5%. Service line compliance rates trend from 99.3% to 86.5%, and occupational compliance rates trend from 100% to 50% (Includes Students-Other and Student-Medical). To educate on who falls into student other. Housewide hand hygiene compliance for January 2012 – July 2013 reviewed. May Housewide rate is 91.5%. Linda Formby also reviewed Outpatient Hand Hygiene Monthly Compliance for July 2013. Email sent to Nicole in Neuroscience to address percentage listed 86.97%. Question: – Are they only on-campus clinics listed for Neuroscience in the Outpatient Hand Hygiene Monthly Compliance July 2013 report? ➢ Linda to verify, however it is believed this includes the offsite clinics that belong to MUHA.	**Information**	
Hospital Update	Dr. Cawley provided hospital update and overview of FY13 service goals. – Service - HCAHPS Composite at or above the 75th percentile, Goal is 7 of 10, Results are 4 of 10. Overall AVATAR Patient Perceptions Mean Score Goal is 4 Star or higher, Results are 3 Stars. – People – Increase Morehead Employee Commitment Score by .05 (4.06 to 4.11) Achieve Physician Engagement Score of 4.08. Results are 3.90. – Quality – Ideal Care Achieve a weighted composite score of outcome and process measures. Goal is 3.5; Results are 2.61. Hand Hygiene Audits Compliance Rate of 90% or higher; Results are 90%. – Finance – Achieve a 5% reduction in FY13 Cost per CMI Adj. Discharge as compared to FY12. Results are $0.0%. Net Income $15.2M (Year End) Results are $28 M – Growth – Achieve 1.75% growth in inpatient discharges (excludes observations; Results are 1.4%. Achieve 1.75% growth in Outpatient Visits (includes hospital based, outreach, CFC and unbundled ancillaries); Result is 3.08%. – FY'13 Q4 – HCAHPS Composite 9 out of 10 in green. YTD still in red due to previous quarter's results. The comparison number gets harder every year. – Ideal Care Goal is 3.5, Results YTD 2.33: • Mortality Rank Goal is 75th Percentile, Result YTD 52TH percentile. • Readmissions Goal is 11.81%, Result YTD 12.64% • CLABSI Goal is .35/1000 CL days, Result YTD .33. (Did Well) • Core Measures Goal is 98.19% compliance, Results YTD 98.2 (Did Well) • Culture of Safety Goal is 45% positive responses, Results YTD 45% (Did Well) • Harmful Events Goal is 1.91/1000 pt. days, Results YTD 1.99 (Came close to aggressive goal) <u>2014 Strategic Goals –MUSC Health:</u> New appearance. Going forward to include: – US News A World Report → Target 50% of specialties Ranked in the top 50 • 3 of 15 Adult specialties ranked • 3 of 10 Pediatric Specialties ranked – UHC → Target is Ranking of Top 25	**Accepted as Information**	

	• Mortality, Effectiveness, Safety, Patient Centered, and Efficiency • Avg. Rank is 46th; ranked quarterly – Full score to come out in September – Service 20% - Ideal Patient Service, Achieve a weighted composite score • HCAHPS (Adult Inpatient) – Goal is 7 of 11 Composites have top box Results 75% or greater • CG-CAHPS/Avatar (Adult Outpatient/Ancillary) – Goal is 3 of 6 Composites have Top Box Results 75% or greater • Press Ganey (Pediatric Inpatient) – Goal is Rank of 85th percentile • Press Ganey (Pediatric Outpatient) – Goal is Rank of 75 percentile – People 20% - Increase Employee Commitment Score by .05; Increase Physician Engagement score by .05 – Quality 20% - Ideal Care-Achieve a weighted composite score of 3.0; Hand Hygiene Audits Compliance Rate of 90% or higher. – Finance 20% - Achieve Cost per Adjusted Discharge of $8,743. Achieve an Operating Margin of 3% (Year End) – Growth 20% - Achieve .5% Growth in Inpatient Discharges (exclude observation) July Results were 10%; Achieve 3% growth in new patient visits (includes hospital based, outreach and CFC) July results were 9%. Questions: – Do we have an expectation of a HCAHPS score for EBS in contract with Ortho? ➢ Yes, Goal is Top 25 – Is there anyone you can notify/let know of a planned readmission? ➢ The Federal Government (FG) has not determined a way to measure planned readmissions. The FG recognizes this problem and requests that hospitals work on the methodology for this. Note: Planned readmission account for 2-3%. Small percent of overall readmissions issue. – Are we staying with AVATAR? ➢ Yes, AVATAR is a company that sends out our HCAHPS – Are there any groups working on reconciling high end benchmarks for Pediatrics? ➢ UHC is the most "generous" of all the Mortality methodologies. They take into account many factors that would happen and adverse selection in an academic medical center.		
FY2014 and beyond- CMS Hospital Reporting and Value Based Programs	Itara Barnes presented the CMS Eligible Hospital Required Reporting Programs – FY2014 and Beyond – CMS Programs to Improve Quality of Care and Promote Value Based Purchasing. Summary of 2014 IPPS Reporting Program Updates: • Readmissions Reduction Program – Addition of 2 new readmissions measures: Readmissions for Hip/Knee Arthroplasty, Readmissions for COPD • Hospital-Acquired Conditions Reduction Program: New program to be applied in FY 2015 – Lowest performing quartile for HACs will be paid 99% of what they would otherwise be paid under the IPPS – Based on risk-adjusted HAC rates from all or portions of care provided in 2011,	**Accepted as Information**	

	2012, and 2013 on a total of 8 measures across 2 domains: AHRQ PSI 90 composite and CLABSI and CAUTI Healthcare Associated Infection measures collected via NHSN • Inpatient Quality Reporting Program – Electronic Reporting/Aligning with Meaningful Use Electronic Quality Measures – Retirement of some structural measures, overlapping or redundant measures, and topped out measures – Introduction of new "outcomes" measures focusing on care coordination including COPD and Stroke Readmissions and Mortality measures. • Value Based Purchasing – Deletion of some process of care measures, addition of patient outcome measures – Restructuring of measure weights- Outcomes and Efficiency measures assigned greater weight, Process of Care and Patient Experience of Care weight decreases Key Themes in the 2014 IPPS Final Rule: • Increase in measure alignment across programs, including using the same version and specifications for quality measures • Focus on "quality" over quantity of measures • Synchronizing performance, submission, and review periods • Moving toward single submission, review, and correction process for multiple programs • Greater weight on efficiency and outcome measures (less focus on clinical process and structural measures) • Introduction of mandatory electronic reporting of quality measures (implications for performance and public reporting—beyond CMS) • CMS will publish performance rates and make data publicly available Comments: – CMS is also validating the Clabsi data being entered into HSM		
Medication Reconciliation	Dr. Scheuer presented on Medication Reconciliation. We are required periodically to show you our Medication Reconciliation numbers. Please go here to view the Quality Measure Dashboards: http://mcintranet.musc.edu/cceps/Resources/ . Then go to the link titled **"Medication and Reconciliation"** and select **"Overall Totals"**. This site is updated regularly with data on completion of medication reconciliation at admission by department. Our average is around 70% as of July. Note: 4 of the 5 programs that are below the 70% MUSC mean have picked that as their resident centered program. Expected to become better with inpatient EPIC.	**Accepted as Information**	
Medical Staff Annual Competencies	Dr. Scheuer presented on Medical Staff Annual Competencies. Medical staff is required to do competencies annually through CATTS. A list of proposed educational modules were provided to the MEC group to review and provide feedback by Friday, August 23rd 2013 if you feel the list is too restrictive or liberal.	**Accepted as Information**	
MUSC Quits Protocols	Dr. Robert Mallin presented on the MUSC Quits Protocols. Dr. Mallin services as the Chair of the Clinical Tobacco Cessation Oversight Committee. This committee is charged with developing tobacco cessation programs for the Hospital. – The goal of MUSC Quits is to use The TelASK Quit Manager interactive voice response (IVR) and secure email module to proactively contact identified adult (18+ years) current smokers after hospital discharge to assess smoking status and triage those	**Accepted as Information**	

	who need additional quit assistance to appropriate treatment services in the community (i.e., hospital, doctor, Quitline). – TelASK Quit Manager places automated telephone follow-up calls to all eligible adult smokers at 3, 14, 30, 60, 90, 120, 150, and 180 days following office visit or hospital discharge. Up to 4 callback attempts are made to reach the person. Follow-ups are timed to coincide with the periods associated with relapse back to smoking. – A certified Cessation Counselor will visit patient at the bedside to provide advice and offer medication. After discharge, Smokers that indicate they need help are triaged to available counseling resources or "warm transferred" to the SC Quitline. Questions: – On a national level, is there a target measure for the number of patients being asked if they would like to quit smoking? • Joint commission is recommending such a program but a target number is currently not established. TelASK however does have benchmarks for how many patients should be screened, asked, receive pharmacotherapy, and quit. – Is there a clinic that deals with smoking cessation? • We currently do not have a clinic that deals with smoking cessation however; Dr. Graham Warren is working on the outpatient side at Hollings to establish a clinic directed specifically for those patients. For now we are referring patients to SC Quitline which is DHEC run process and very similar to TelASK. – E-Cigarettes- What is your take on them? • E-Cigarettes are an attempt to vaporize nicotine and deliver it at a much higher level than any other nicotine replacement therapies. The FDA is in the early stages of researching for this product. Science is just getting started exploring the effects. E-Cigarettes are considered a tobacco product at MUSC and are not allowed to be used on MUSC campus. – Is TelASK engaging with other Primary Physicians outside of MUSC? • TelASK is not engaging with physicians inside or outside of MUSC. TelASK is a separate entity that contacts patients and provides us data about the contacts and what's happening. Not a clinically driven process. It's an information process. Doesn't connect to EMR's but we are trying to get it connected to EPIC. – Are we being mandated by Joint Commission to do this? • This is not currently mandated from Joint Commission however it is recommended and will possibly be mandated in the future.		
Data reports	Reports reviewed: Bed Capacity Summary Admit Transfer Center Quality of H&P by Department	**Approved**	
Subcommittee Minute Review	Subcommittee reports were reviewed: Bed Flow Team – July 2013 Clinical Lab Advisory Committee – July 2013	**Approved**	

	Credentials Committee –August 2013 Graduate Medical Education Committee – July 2013 Hospital Operations Committee – June 2013 Sedation Committee – May 2013 Peer Review Committee – July 2013 Perinatal Quality Committee – July 2013 Emergency Management Committee – June 2013		
Polices (Consent)	C-152 Discharge Planning C-117 Labeling Medications in Non-Pharmacy Areas	**Approved**	
Standing Orders	C-68 Standing Orders	**Approved**	
Adjourned 8:26am	The next meeting of the Medical Executive Committee will be Wednesday, September 18th 2013 at 7:30am in 628CSB.		

David Habib, MD, Secretary of the Medical Staff

AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY SINCE THE July 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:

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:

Affiliation Agreements –

East Carolina University

Shared Services Agreements –

Medical University Hospital Authority
Construction Contracts
For Reporting
October 11, 2013

Chastain Construction RT - General Derm/Benign Hematology Relocation Provide construction and renovation services for project.	$332,664.35
Chastain Construction ART - SPD Revisions Provide construction and renovation services for project.	$150,815.00

Medical University Hospital Authority
IDC Professional Services Contracts
For Reporting

McMillan Pazdan Smith RT 10th Fl. Head/Neck Oncology Provide architectural and engineering services for project.	$146,060.00
Stevens & Wilkinson ART-Hybrid OR Amendment #1 provides additional services for ART-Hybrid OR.	$ 64,800.00
LeVino Jones Medical Interiors MUHA-Space Inventory Provide space management services	$ 60,000.00

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REGULAR AGENDA

Board of Trustees Meeting
Friday, October 11, 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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, December 13, 2013

Item 3. Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of August 9, 2013.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. General Informational Report of the Interim President.

Statement: Dr. Sothmann 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. General Report on the MUSC Foundation for Research Development.

Statement: Dr. Sothmann will introduce Mr. Michael Rusnak, the new Executive Director of the MUSC Foundation for Research Development.

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

Recommendation of Committee:

Board Action:

Item 10. Other Committee Business.

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

CONSENT AGENDA ITEMS FOR APPROVAL:

Item 13. Department Name Change.

Item 14. Degree Programs.

Item 15. Faculty Appointments.

Item 16. Changes in Faculty Status.

Item 17. Faculty Tenure Recommendations.

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

OLD BUSINESS:

NEW BUSINESS:

Item 18. 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 19. 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 20. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 21. 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 22. 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 23. 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 24. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 25. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 26. KPMG Fee Increases for FY2013 Audits of MUSC, MUHA and MUSC Physicians.

Statement: The Audit Committee requests approval of fee increases by KPMG for additional services provided in conjunction with the FY2013 Audits of MUSC, MUHA and MUSC Physicians. The fee increases are as follows: $15,350 for MUSC; $53,000 for MUHA; $15,200 for MUSC Physicians, totaling $58,550.

Recommendation of Administration: That the fee increases be approved.

Recommendation of Committee: That the fee increases be approved.

Board Action:

Item 27. Report of the Office of Internal Audit.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 28. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 29. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 30. New Business for the Board of Trustees.

Item 31. Report from the Chairman.

BOARD OF TRUSTEES
MEDICAL UNIVERSITY OF SOUTH CAROLINA
RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE
October 11, 2013

Through September 13, 2013, the Office of Development is pleased to report that the Medical University of South Carolina has received $8,137,992 in private gifts and pledges.

The following highlights reflect key accomplishments that have transpired since the August 2013 Board of Trustees meeting:

COLLEGE OF DENTAL MEDICINE

- The Henry Schein Company, in partnership with D4D Technologies, has verbally pledged significant upgrades in technological equipment and software throughout the entire College of Dental Medicine. The approximate total value of this in-kind gift will be $1 million.

DEPARTMENT OF NEUROSCIENCES

- Dr. and Mrs. Charles Barmore, of Fair Play, SC, have pledged $500,000 in support of neuro-oncology research. The Barmores are both members of the MUSC Neurosciences Advisory Board of Directors.

HOLLINGS CANCER CENTER

- The Swing for a Cure Golf Tournament raised $33,000 in support of sarcoma research at the Hollings Cancer Center.

- Debbie Bordeau has joined the Hollings Cancer Center team as Director of Development. Prior to accepting this new position, Debbie served as the initial Director of Development for MUSC's Neurosciences area and the Center on Aging – posts she held since 2002. She built a comprehensive, multi-departmental private support program and, today, Neurosciences is one of the Medical University's top fundraising programs.

STORM EYE INSTITUTE

- The Storm Eye Institute is pleased to report that they are the recipient of an anonymous planned gift of $3 million from one of its faculty members. Of this commitment, $2 million is designated to establish an endowed chair in pediatric ophthalmology and $1 million will be earmarked for the Residents Fund.

- The Storm Eye Institute has received a $250,000 challenge grant from Bill and Ruth Baker to purchase a CATALYS Laser for the Magill Vision Center. The CATALYS Precision Laser System is the world's most sophisticated laser cataract surgery system and the first of its kind in the state. The Bakers have challenged the Storm Eye Institute to raise one half of the purchase price ($250,000), which they will then match. Bill is a former member of the MUSC Foundation Board of Directors and Ruth sits on the Storm Eye Institute Advisory Board. The following additional gifts in support of the challenge have been received:

    - Mr. and Mrs. Lance Wyatt - $30,000
    - Mr. and Mrs. Dan Sullivan - $25,000
    - Mr. and Mrs. Frank Cassidy - $25,000
    - Mr. and Mrs. William Wert - $20,000
    - Christie Family Foundation - $10,000

- The Department of Ophthalmology received a pledge of $100,000 from the Henry and Sylvia Yaschik Foundation to establish The Henry and Sylvia Yaschik Lecture Series in Opthalmology.

- The Robert M. Sinskey Foundation provided a gift of $50,000 to support the work of Dr. Edward Wilson.

- The Charleston River Dogs presented Dr. Lucian Del Priore with a $20,000 check in support of the Rebecca Veeck Retina Research Fund.

COLLEGE OF PHARMACY

- The College of Pharmacy hosted its third annual scholarship luncheon on August 23rd to acknowledge and recognize scholarship donors and scholarship recipients. The College awarded 38 named scholarships - representing 117 individual awards totaling over $129,000.

- The College of Pharmacy recognized Dr. Katherine Chessman, faculty member and a member of the class 1984 (BS) and 1986 (Pharm D), as the 2013 Distinguished Alumnus Award winner at the White Coat Ceremony on August 21st.

- The College announced that Frank Brunson, a member of the Class of 1976, agreed to sponsor all 80 White Coats for the College of Pharmacy Class of 2017.

- Over $30,000 has been successfully secured to support student and college events through the 2013-2014 year.

DEPARTMENT OF SURGERY

- A $100,000 gift was received from Elizabeth Baker for the Elizabeth and Neal Baker Endowment in Liver Transplant Surgery.

- Olympus America, Inc., Karl Storz and AbbVie made combined gifts of $22,000 in support of Surgical Gastroenterology.

COLLEGE OF MEDICINE

- We received a pledge of $125,000 from Dr. Bill Evins, Class of 1960, for the Center for Anatomical Studies and Evaluation (CASE).

- Carole Pittelman, of New York, contributed $90,000 for the Pittelman Charleston Alzheimer's Conference hosted by Dr. Joe Helpern.

- We received $35,000 from the Fullerton Foundation of Gaffney, SC, for MUSC's Fullerton Scholarship recipients.

CHILDREN'S HOSPITAL

- The Children's Hospital received a generous gift of $80,000 from Mrs. Joyce Darby in honor of Dr. Charlie Darby's 80th birthday.

- On July 19th, the Seventeenth Annual Monica Kreber Golf Tournament was held at Wild Dunes Golf Club. This year's event raised $51,000. To date, this tournament has raised over $560,000 for pediatric oncology research programs.

- Mr. and Mrs. Jon Greenwell contributed $30,000 to the Children's Hospital.

COLLEGE OF NURSING

- The Lettie Pate Foundation donated $52,500 to the College of Nursing, earmarked for scholarships. This gift represents a total pledge payment on a $95,000 scholarship commitment.

DEPARTMENT OF MEDICINE

- The Department of Medicine is pleased to announce a new campaign to establish the Jay Brzezinski, MD, Clinical Educator Professorship in honor of the clinical and educational achievements of Dr. Brzezinski. The Professorship has already received

leadership gifts from Mr. and Mrs. Warren Lasch, Mr. and Mrs. Bob Tarr, Mr. and Mrs. Joseph E. Kelly and Mr. and Mrs. J. Daniel Whisenhunt.

- Thanks to the support of Dr. and Mrs. Norman H. Bell, the Department of Medicine has established the Norman H. Bell, MD, Endowed Lectureship. The goal of this lectureship is to foster collaboration and exchange of ideas between MUSC faculty and nationally prominent experts in Endocrinology and Bone and Mineral Metabolism Medicine.

COLLEGE OF HEALTH PROFESSIONS

- The inaugural Maralynne D. Mitcham Lecture and Alumni Luncheon, sponsored by the Division of Occupational Therapy and the Office of Development and Alumni Affairs, was held July 19th and attracted a standing room only crowd. Internationally renowned lecturer, Michael Iwama, Ph.D., delivered the inaugural address: "East & West: Cross Cultural Implications on the Construction of Theory and Knowledge in Occupational Therapy".

- In the Spring of 2014, the College of Health Professions will award the largest number of student scholarships, representing the highest dollar value in the history of the college. The total College of Health Professions scholarship amount will exceed $50,000.

ALUMNI AFFAIRS

- The College of Health Professions Alumni Association Board of Directors held its meeting in mid-September. Jeanne Martin, PA, from Aiken, was installed as the President of the Board.

- Plans and recruitment for the student alumni councils for the Colleges of Medicine and Dental Medicine are underway with a strong interest for involvement from current and new students. The student alumni councils are involved with homecoming weekends, community charity events, as wells as organizing student seminars. Additionally, the councils serve as a conduit to further engage alumni.

- The James B. Edwards College of Dental Medicine Alumni Association Board of Directors met in early September in Columbia. The president is Dr. Jeff Bayme, Class of 1984.

- Planning for upcoming homecoming events are in full swing with many new venues booked. The current schedule:

    - College of Pharmacy — October 5, 2013
    - College of Dental Medicine — February 20 – 23, 2014
    - College of Medicine — February 28 – March 1, 2014

- The Annual Joint Alumni Association Board meeting is scheduled for October 11th. Ms. Leigh Manzi, Executive Director of Development, will offer a presentation on the findings of our external consultant's report on the structure and organization of our Alumni Affairs Office.

- We are currently recruiting for an Executive Director of Alumni Affairs. We hope to have that position filled within the next six months.

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

- Realized endowment investment returns at 8/31/2013:

	YTD	1 YR	2 YR	3 YR
MUSCF	6.0%	10.1%	8.0%	8.2%
Allocation Benchmark *	5.9%	9.8%	6.9%	7.5%
Custom Benchmark **	6.7%	10.3%	9.7%	10.4%

* 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 $52 million or 12.5% for trailing 12 months at 7/31/13 to a record $463 million.

- Elected three (3) Emeritus Directors:

  - Dr. Thomas C. Rowland, Jr.
  - Mr. Walter G. Seinsheimer
  - Mr. Robert J. Sywolski

- Elected four (4) new Directors:

  - Ms. Marva Smalls, Executive Vice President, Nickelodeon
    New York, NY and Florence, SC
  - Mr. Ron Thompson, Chairman, TIAA
    Detroit, MI and Charleston, SC
  - Dr. Brian Poplin, CEO, Medical Staffing Network
    Boca Raton, FL
  - Dr. Celeste Patrick, Pediatrician
    Charleston, SC

- Two (2) Board seats remain open for MUSC Board of Trustee appointees.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

Monthly Financial Reports

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For the Two (2) Month Period Ended August 31, 2013

The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of August 31, 2013

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Assets & Deferred Outflows				
Cash and Cash Equivalents	$ 177,114,236	$ 5,672,654	$ -	$ -
Cash and Cash Equivalents - Restricted	20,645,087	-	-	239,452
State Appropriation Receivable	58,997,739	6,282,052	-	-
Student Tuition and Fees Receivable	6,257,030	-	-	-
Student Loan Receivable	13,118,949	-	-	-
Grants and Contracts Receivable	57,005,390	145,734	-	-
Capital Improvement Bond Proceeds Receivable	51,697	-	-	-
Capital Lease Receivable	-	-	3,395,448	16,952,026
Other Receivables	1,313,275	-	7,348	1,697
Investments	-	-	739,946	984,540
Prepaid Items	6,741,547	-	-	1,620,143
Capital Assets, net of Accumulated Depreciation	546,242,104	-	-	-
Due from Hospital Authority	10,120,136	-	-	-
Due from Other Funds	90,306,056	-	-	-
Bond Issue Costs	730,985	-	52,196	307,358
Other Assets	-	-	-	-
Total Assets & Deferred Outflows	**$ 988,644,231**	**$ 12,100,440**	**$ 4,194,938**	**$ 20,105,216**
Liabilities & Deferred Inflows				
Accounts Payable	$ 8,639,465	$ 321,685	$ -	$ -
Accrued Payroll and Other Payroll Liabilities	4,814,978	-	-	-
Accrued Compensated Absences	28,844,732	200,016	-	-
Deferred Revenue	98,650,623	7,996,057	-	-
Retainages Payable	-	-	-	-
Long-Term Debt	173,627,536	-	4,031,000	18,741,351
Interest Payable	1,948,312	-	125,160	96,450
Deposits Held for Others	4,117,509	177,648	-	-
Due to Hospital Authority	-	1,220	-	-
Due to Other Funds	19,552,510	-	-	-
Federal Loan Program Liability	14,305,947	-	-	-
Other Liabilities	22,348,596	19,800	-	-
Total Liabilities & Deferred Inflows	**$ 376,850,208**	**$ 8,716,426**	**$ 4,156,160**	**$ 18,837,801**
Net Position	**$ 611,794,023**	**$ 3,384,014**	**$ 38,778**	**$ 1,267,415**
Total Liabilities & Deferred Inflows and Net Position	**$ 988,644,231**	**$ 12,100,440**	**$ 4,194,938**	**$ 20,105,216**

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Two (2) Month Period Ending August 31, 2013

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Operating Revenues				
Student Tuition and Fees	$ 13,595,690	$ -	$ -	$ -
Federal Grants and Contracts	21,098,779	82,516	-	-
State Grants and Contracts	955,365	-	-	-
Local Government Grants and Contracts	2,500	-	-	-
Nongovernmental Grants and Contracts	6,545,798	233,650	-	-
Sales and Services to Hospital Authority	17,807,002	180	-	-
Sales and Services of Educational and Other Activities	9,816,588	-	-	-
Sales and Services of Auxiliary Enterprises	2,021,757	-	-	-
Interest Income	-	-	57,044	109,019
Other Operating Revenues	2,301,103	19,859	-	-
Total Operating Revenues	**74,144,582**	**336,205**	**57,044**	**109,019**
Operating Expenses				
Compensation and Employee Benefits	54,162,427	388,349	-	-
Services and Supplies	30,440,458	554,814	-	(10)
Utilities	2,647,704	-	-	-
Scholarships and Fellowships	3,759,956	(800)	-	-
Refunds to Grantors	9,585	-	-	-
Interest Expense	-	-	50,064	111,270
Depreciation and Amortization	6,850,000	-	2,821	30,578
Total Operating Expenses	**97,870,130**	**942,363**	**52,885**	**141,838**
Operating Income (Loss)	**(23,725,548)**	**(606,158)**	**4,159**	**(32,819)**
Nonoperating Revenues (Expenses)				
State Appropriations	9,715,482	1,599,211	-	-
State Appropriations - MUHA	5,208,952	-	-	-
Gifts and Grants Received	2,070,588	-	-	-
Investment Income	(38,435)	-	-	-
Interest Expense	(1,341,339)	-	-	-
Gain (Loss) on Disposal of Capital Assets	5,057	-	-	-
Transfers From (To) Other State Agencies	(61,033)	(1,504)	-	-
Other Nonoperating Revenues (Expenses), net	(2,072,626)	-	-	-
Net Nonoperating Revenues (Expenses)	**13,486,646**	**1,597,707**	**-**	**-**
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	**(10,238,902)**	**991,549**	**4,159**	**(32,819)**
Capital Appropriations	73,067	-	-	-
Capital Grants and Gifts	111,967	-	-	-
Additions to Permanent Endowments	2,187,554	-	-	-
Transfers From (To) MUSC Physicians (UMA)	3,401,285	-	-	-
Transfers From (To) AHEC	-	-	-	-
Transfers From (To) CHS Development	(57,910)	-	-	57,910
Transfers From (To) Facilities Corporation	-	-	-	-
Increase (Decrease) In Net Position	**$ (4,522,939)**	**$ 991,549**	**$ 4,159**	**$ 25,091**

The Medical University of South Carolina
Budgeted Funds Comparison to Budget
For the period ending August 31, 2013

	Budget	Prorated Budget (Note)	Actual	Variance	
REVENUES					
State					
State Appropriations	58,237,887	9,706,315	9,715,482	9,167	F
State Appropriations - MUHA	31,253,707	5,208,951	5,208,952	1	F
State Grants & Contracts	6,982,424	1,163,737	955,365	(208,372)	U
Total State	**96,474,018**	**16,079,003**	**15,879,799**	**(199,204)**	**U**
Federal					
Federal Grants & Contracts	102,725,201	17,120,867	16,078,259	(1,042,608)	U
Federal Grants Indirect Cost Recoveries	32,303,824	5,383,971	5,020,519	(363,452)	U
Total Federal	**135,029,025**	**22,504,838**	**21,098,779**	**(1,406,059)**	**U**
Other					
Private Grants & Contracts	23,700,418	3,950,070	5,862,186	1,912,116	F
Private Grants Indirect Cost Recoveries	4,070,766	678,461	686,112	7,651	F
Gifts	12,267,774	2,044,629	2,070,588	25,959	F
Tuition and Fees	86,207,825	13,222,974	13,595,690	372,716	F
Sales and Services of Educational Departments	55,694,554	9,282,426	9,816,588	534,162	F
Sales and Services of Auxiliary Enterprises	13,380,049	2,230,008	2,021,757	(208,251)	U
Interest and Investment Income	124,747	20,791	(9,299)	(30,090)	U
Endowment Income	798,472	133,079	306,520	173,441	F
Miscellaneous	10,271,135	1,711,856	1,485,654	(226,202)	U
Miscellaneous - Residents	4,652,943	775,491	753,731	(21,760)	U
Authority Revenue	67,377,588	11,229,598	11,171,008	(58,590)	U
Authority Revenue - Residents	40,149,609	6,691,602	7,688,420	996,818	F
Intra-Institutional Transfers	37,142,811	6,190,469	5,353,443	(837,026)	U
Total Other	**355,838,691**	**58,161,454**	**60,802,398**	**2,640,944**	**F**
Total Revenues	**587,341,734**	**96,745,295**	**97,780,976**	**1,035,681**	**F**
EXPENDITURES					
Instruction	114,869,938	19,144,990	15,627,310	3,517,680	F
Instruction - Residents	45,932,032	7,655,339	8,086,167	(430,828)	U
Instruction - MUHA	18,853,707	3,142,285	3,142,285	-	F
Research	182,938,804	30,489,801	28,949,551	1,540,250	F
Public Service	46,676,189	7,779,365	11,508,954	(3,729,589)	U
Academic Support	48,810,640	8,135,107	7,751,445	383,662	F
Student Services	8,269,766	1,378,294	1,239,393	138,901	F
Institutional Support	68,448,398	11,408,066	9,422,274	1,985,792	F
Operation & Maintenance of Plant	65,106,403	10,851,067	10,746,577	104,490	F
Scholarships & Fellowships	2,387,602	397,934	562,203	(164,269)	U
Auxiliary Enterprises	11,399,494	1,899,916	1,606,342	293,574	F
Telemedicine - MUHA	12,400,000	2,066,667	2,066,667	-	F
Indirect Cost Remitted to State	140,000	23,333	61,033	(37,700)	U
Debt Services	6,839,339	1,139,890	1,139,890	-	F
Total Expenditures	**633,072,312**	**105,512,054**	**101,910,091**	**3,601,963**	**F**
OTHER ADDITIONS (DEDUCTIONS)					
Transfers from (to) UMA	65,148,206	10,858,034	3,401,285	(7,456,749)	U
Transfers from (to) Facilities Corporation	-	-	-	-	F
Transfers from (to) AHEC	(3,700)	(617)	-	617	F
Transfers from (to) CHS Development	(336,372)	(56,062)	(57,910)	(1,848)	U
Transfers from (to) Loan funds	-	-	-	-	F
Transfers from (to) Plant Funds	(23,521,006)	(3,920,168)	(3,923,501)	(3,333)	U
Refunds to Grantors	(9,373)	(1,562)	(9,585)	(8,023)	U
Transfers to Endowment Fund	(11,929)	(1,988)	-	1,988	F
Total Other Additions (Deductions)	**41,265,826**	**6,877,637**	**(589,711)**	**(7,467,348)**	**U**
NET INCREASE (DECREASE) in Fund Balance	**(4,464,752)**	**(1,889,122)**	**(4,718,826)**	**(2,829,704)**	**U**

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 2 Month Period Ending August 31, 2013

Administration	124,924
Centers of Excellence	727,151
College of Dental Medicine	505,105
College of Graduate Studies	299,479
College of Health Professions	256,845
College of Medicine	13,402,355
College of Nursing	425,980
College of Pharmacy	135,787
Library	200,634
	$16,078,259

NOTE: The federal direct expenditures shown above were incurred by the University. The federal grant and contract revenue earned to cover these direct expenditures. was $16,078,259
In addition to this federal grant and contract revenue, the University received $5,020,519 in federal monies to reimburse it for Facilites and Administration (F+A) costs incurred to administer the above federal grants and contracts. $4,959,486 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining $61,033 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	$16,078,259
Facilites and Administration costs	$5,020,519
Federal operating grants and contracts	$21,098,779

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
August 31, 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	$ 30,881,795
Land/Bldgs/Equipment/Accumulated depreciation	515,360,310
Capital Assets, Net of Accumulated Depreciation	$ 546,242,104

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, 2013 Balance	Fiscal Year 2014 Added	Capitalized	Aug 31, 2013 Balance
Microbiology & Immunology Renovations in BSB	6,290,801	(6,587)	-	6,284,214
Air Handler Replacement in BSB	4,060,123	(105,322)	-	3,954,801
Dental Medicine Classroom Renovations in BSB	2,597,460	-	-	2,597,460
Neurosciences 3rd Floor Renovations in CSB	1,854,666	-	-	1,854,666
Psychiatric Institute Data Center System	1,855,848	63,216	-	1,919,064
Exhaust & Emergency Power Impr in BSB	1,791,838	(33,130)	-	1,758,709
College of Nursing Floors 2-5	1,107,766	265,155	-	1,372,921
Deferred Maintenance - FY 2012	1,137,921	74,720	-	1,212,641
AHU-6 Replacement in CSB	1,073,959	-	-	1,073,959
Others less than $1,000,000 (ending balance)	8,481,798	371,562	-	8,853,360
Total construction in progress	$ 30,252,180	$ 629,614	$ -	$ 30,881,795

Note 6. *Deferred Revenue*
The University's deferred revenue consists of the following:

State appropriations	$ 52,081,887
Grants and contracts	14,892,051
Student tuition and fees	31,488,035
Other	188,650
Total Deferred Revenue	$ 98,650,623

Note 7. *Long Term Liabilities*

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

Obligations under capital leases	$ 65,970,128
Higher Education Revenue bond payable	32,415,000
State Institution bonds payable	71,505,000
Premium on State Institution bonds payable	1,515,170
Energy performance note payable	3,214,751
Deferred loss on early retirement of bonds	(992,513)
Total Long Term Liabilities	$ 173,627,536

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		$ (4,718,826)
Plant funds:		
Capital grants and gifts - Federal	111,967	
Capital grants and gifts - State	-	
Capital grants and gifts - private	-	
Capital appropriations	73,067	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	-	
Interest and investment income	47,913	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	491,783	
Expended in current fund-capital costs	-	
Transfers	5,063,391	
Expensed in plant fund-depreciation	(6,850,000)	
Expensed in plant fund-interest expense	(561,777)	
Expensed in plant fund-other	(18,847)	
Gain (loss) on disposition of property	5,057	(1,637,446)
Loan funds:		
Other income		
Interest and investment income	58,822	
Expenses	(32,373)	
Transfers	-	26,449
Endowment funds:		
New endowments	2,187,554	
Income draws to operating units	-	
Endowment income (Loss)	(380,670)	
Transfers	-	1,806,884
Other		-
Net increase (decrease) in Net Assets per Statement of Revenues, Expenses, and Changes in Net Assets		$ (4,522,939)

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

($$ in thousands)

	Original Issue	Authorized Not Issued	Purpose	Outstanding & Authorized as of 31-Aug-2013
State Institution Bonds (SIB)				
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 2012	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 2001C, 2003D, & 2003J	12,125
	$ 92,640	$ -		
Current SIB Debt Authorized and Issued				$ 71,505
Notes Payable - JEDA	$ 32,985	$ -	Construction of College Health Health Profession facilities	$ 19,290
Lease Revenue Bonds				
LRB 1995 A & B	$ 13,201	$ -	Thurmond Biomedical Center	$ 4,031
Higher Education Revenue Bonds				
2006	$ 38,000	$ -	Construction of Parking Garage	$ 32,415
Energy Performance Note Payable				
EPNP 11-26-08	$ 15,387	$ -	Energy Savings	$ 3,215

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 Two Months Ending 8/31/12	For the Two Months Ending 8/31/13
Operating Revenues		
Net clinical service revenue	43,923,344	46,497,768
Other operating revenue	501,777	832,288
Ambulatory care and MUHA revenue cycle support	1,030,489	923,429
Total operating revenues	45,988,943	48,786,819
Operating Expenses		
Departmental expenses	30,417,824	31,219,070
Corporate operating expenses	5,052,804	5,467,572
Ambulatory care and MUHA revenue cycle expenses	833,601	730,139
New Initiative expenses	1,264,486	(35,449)
Total expenses	37,568,716	37,381,333
Operating Income (Loss)	8,420,227	11,405,486
Nonoperating Revenues (Expenses)	1,102,559	(175,456)
Transfers from (to) Related Entities		
Nonmandatory contributions to the MUSC Foundation	(824,729)	(87,059)
Nonmandatory transfers to the MUSC	(7,517,157)	(3,401,285)
Change in Net Position Before Extraordinary Items	1,180,901	7,741,686
Extraordinary/Special Items	-	-
Transfers to Debt Service and Equity Deficits	-	0
Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue	1,180,901	7,741,686
Expenses Related to the DHHS Supplemental Revenue	-	-
Change in Net Position	1,180,901	7,741,686

FACILITIES

ACADEMIC/RESEARCH

ESTABLISH PROJECT

FOR APPROVAL

October 11, 2013

PROJECT TITLE: Thurmond/Gazes Research Building 2nd Floor Renovation

PROJECT NUMBER: To Be Determined

TOTAL ESTIMATED BUDGET: $3,900,000

SOURCE(S) OF FUNDS: Hospital Clinical Revenue and College of Medicine Department Generated Revenue

JUSTIFICATION: This project involves the renovation of the second floor of the Thurmond/Gazes Research Building. Approximately 22,000 net square feet will be renovated to accommodate faculty, residents, fellows and staff of the departments of surgery and medicine. The project involves demolition of existing space, abatement, and new construction of walls, finishes, equipment, furnishings, fire suppression, plumbing, HVAC and electrical systems, IT and related relocation moving expenses.

Project costs were estimated by a feasibility study performed by Compass 5 Partners, Inc. and KBR Building Group. Funding will come from Hospital Clinical Revenue and College of Medicine Departmental Generated Revenue.

Board of Trustees approval is requested.

FACILITIES
ACADEMIC
LEASE AMENDMENT/RENEWAL
FOR APPROVAL

OCTOBER 11, 2013

DESCRIPTION OF LEASE AMENDMENT/RENEWAL: This lease amendment/renewal is for 4,800 square feet of building space and approximately 100 parking spaces, on 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. At this time, the landlord is not interested in selling the property. Other purchase options of property in the area have been considered, however nothing is currently available that is economically viable.

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__

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. 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

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

(APPROVAL ITEMS)

Item 13. Department Name Change.

Statement: At the request of the Dean of the College of Medicine, administration presents the following department name change:

From: Department of Orthopaedic Surgery
To: Department of Orthopaedics

Recommendation of Administration: That this department name change be approved.

Recommendation of Committee:

Board Action:

Item 14. Degree Programs.

Statement: At the request of the Dean of the College of Health Professions, administration presents for approval, the following degree program proposals. The program planning summary for the Doctor of Nurse Anesthesia Practice (DNAP) was approved by the Board in August 2012:

Doctor of Nurse Anesthesia Practice (DNAP) Post-Baccalaureate, Entry to Practice

Doctor of Nurse Anesthesia Practice (DNAP) Post-Master's, Completion

Recommendation of Administration: That these program proposals be approved.

Recommendation of Committee:

Board Action:

Item 15. Faculty Appointments.

Statement: At the request of the Deans of the Colleges of Dental Medicine, Medicine and the South Carolina College of Pharmacy, administration presents the following faculty appointments:

College of Dental Medicine
Martin B. Steed, D.D.S., as Associate Professor in the Department of Oral and Maxillofacial Surgery, effective December 9, 2013

College of Medicine
Jessie L.S. Au, Pharm.D., Ph.D., as Adjunct Professor in the Department of Surgery, Division of General Surgery, effective August 1, 2013
Jeffrey P. Blice, Ph.D., as Clinical Associate Professor in the Department of Ophthalmology, effective October 1, 2013
Carol Feghali-Bostwick, Ph.D., (dual appointment) as Professor, on the Academic Investigator track, in the Department of Medicine, Division of Rheumatology and Immunology, with a dual appointment as Professor, in the Department of Regenerative medicine and Cell Biology, effective October 1, 2013
Kevin R. O'Reilly, Ph.D., as Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences, effective August 1, 2013
Richard Quan, M.D., as Clinical Professor in the Department of Pediatrics, Division of Gastroenterology, effective September 1, 2013
Lynn M. Schnapp, M.D., as Professor on the Academic Clinician track, in the Department of Medicine, Division of Pulmonary and Critical Care Medicine, effective November 1, 2013.

Dr. Schnapp also will serve as Division Director of the Division of Pulmonary and Critical Care medicine

South Carolina College of Pharmacy
Karen Lackey, M.S., as Visiting Associate Professor in the Department of Drug Discovery and Biomedical Sciences, effective September 1, 2013

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 16. Changes in Faculty Status.

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

James F. Carter, M.D., from Professor to Professor Emeritus, in the Department of Obstetrics and Gynecology, effective October 1, 2013
Russell A. Harley, M.D., from Professor to Professor Emeritus, in the Department of Pathology and Laboratory Medicine, effective September 1, 2013
Steven A. Sahn, M.D., from Professor to Professor Emeritus, in the Department of Medicine Division of Pulmonary and Critical Care Medicine, effective October 1, 2013

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

Recommendation of Committee:

Board Action:

Item 17. Faculty Tenure Recommendations.

Statement: At the request of the Deans of the Colleges of Dental Medicine, Health Professions, Medicine and the Chair of the Department of Library Science and Informatics, administration presents the following faculty tenure recommendations:

College of Dental Medicine
Angela C. Chi, D.M.D., Associate Professor, Department of Stomatology

College of Medicine
Vanessa A. Diaz, M.D., M.S., Associate Professor, Department of Family Medicine, Academic Clinician track
Kevin M. Gray, M.D., Associate Professor, Department of Psychiatry and Behavioral Sciences, Academic Clinician track
Charles S. Greenberg, M.D., Professor, Department of Medicine, Division of Hematology/Oncology, Clinician Educator track
Rochelle F. Hanson, Ph.D., Professor, Department of Psychiatry and Behavioral Sciences, Clinician Educator track
Aimee L. McRae-Clark, Pharm.D., Associate Professor, Department of Psychiatry and Behavioral Sciences; Dual: Department of Neurosciences, Division of Neuroscience Research, Academic Clinician track

Alyssa A. Rheingold, Ph.D., Associate Professor, Department of Psychiatry and Behavioral Sciences, Clinician Educator track
Rodney J. Schlosser, Jr. M.D., Professor, Department of Otolaryngology – Head and Neck Surgery, Clinician Educator track
Daniel W. Smith, Ph.D., Professor, Department of Psychiatry and Behavioral Sciences, Clinician Educator track

College of Health Professions
Abby Swanson Kazley, Ph..D., Associate Professor, Department of Health Care Leadership and Management
James S. Zoller, Ph.D., M.H.A., Professor, Department of Health Care Leadership and Management

Department of Library Science and Informatics
Thomas G. Smith, Ph.D., Professor, Department of Library Science and Informatics

Recommendation of Administration: That these faculty tenure recommendations be approved.

Recommendation of Committee:

Board Action:

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

(INFORMATION ITEM)

Item 21. 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 25. 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
MEDICAL UNIVERSITY
of SOUTH CAROLINA

Etta D. Pisano, M.D.
Vice President for Medical Affairs
Dean, College of Medicine

96 Jonathan Lucas Street
Suite 601, MSC 617
Charleston, SC 29425
Ph (843) 792-2842
Fax (843) 792-2967
pisanoe@musc.edu

September 5, 2013

Mark Sothmann, PhD
Interim President
Provost and Vice President for Academic Affairs
Medical University of South Carolina
Charleston, South Carolina 29425

Dear Mark:

I am writing to request permission to formally change the name of the College of Medicine's "Department of Orthopaedic Surgery" to the "Department of Orthopaedics". Attached please find a letter from Dr. Vin Pellegrini, Chair of the Department of Orthopaedic Surgery, describing the reasons he and his faculty believe a name change is appropriate. I am fully supportive of this request and it is my hope that this name change could be considered by the Board of Trustees at their October meeting.

Please let me know if you have any questions or if you would like any additional information related to this request.

Sincerely,

Etta D. Pisano, MD
Vice President for Medical Affairs
Dean, College of Medicine

MUSC
MEDICAL UNIVERSITY
of SOUTH CAROLINA

Orthopaedic Surgery
96 Jonathan Lucas Street
Suite 708 MSC 622
Charleston, SC 29425
Office: 843-792-1792
Administrative: 843-792-3934
Scheduling: 843-876-0111
Fax: 843-792-3674

Chairman and Professor
Vincent D. Pellegrini, Jr., MD

Adult Spine Surgery
John A. Glaser, MD
Barton Sachs, MD

Arthritis and Joint Reconstruction
Harry A. Demos, MD

Foot and Ankle Surgery
William K. McKibbin, MD

General Orthopaedics
William M. Walsh, MD

Hand and Microvascular Surgery
William R. Muirhead, MD

Orthopaedic Oncology
Lee R. Leddy, MD

Pediatric Orthopaedic Surgery & Pediatric Spinal Deformity
James F. Mooney, III, MD
Richard H. Gross, MD

Physical Medicine and Rehabilitation
Emily A. Darr, MD

Sports Medicine, Arthroscopy, & Shoulder Reconstruction
Shane K. Woolf, MD

Orthopaedic Traumatology
Langdon A. Hartsock, MD

Research
William R. Barfield, PhD

Clemson Research Affiliate
Hai Yao, PhD

3 September, 2013

Etta D. Pisano, MD
Vice President for Medical Affairs
Dean, College of Medicine
Medical University of South Carolina

Re: Name change, Department of Orthopaedic Surgery

Dear Dr. Pisano:

Please accept this communication as a formal request for a change in the name of the *Department of Orthopaedic Surgery* to the *Department of Orthopaedics*.

At our spring retreat the faculty had a robust discussion of the matter of the name of our department. This discussion centered on the acknowledgment that a large amount of non-operative musculoskeletal care is encompassed by the practice of orthopaedics. Such is true not only in the clinical practice of orthopaedics, but also in our responsibility for the education of all types of practitioners in the art and science of musculoskeletal medicine. After consideration of the pros and cons involved in each name, the faculty unanimously decided in favor of eliminating the word "Surgery" from the department name. Accordingly, we respectfully request that the name of our department be changed to the *Department of Orthopaedics*.

Please note that we also discussed the spelling of Orthopaedics, and all concurred that the present spelling with the diphthong "ae" be retained. This reflects the origin of the term Orthopaedia, as initially coined by Nicholas Andry in 1743, in referring to "The Art of Correcting and Preventing Deformities in Children."

With this letter we formally request your approval of the name, Department of Orthopaedics, for our department in the College of Medicine here at MUSC.

Thank you, in advance, for your consideration.

Sincerely,

Vincent D. Pellegrini, Jr, MD
John A. Siegling Professor and Chair
Department of Orthopaedic Surgery
Medical College of South Carolina

Medical University of South Carolina
College of Health Professions
Department of Health Professions

Proposed New Program:

Doctor of Nurse Anesthesia Practice (DNAP)

Post-Master's, Completion

Submitted: September 15, 2013

Mark Sothmann Ph.D.
Interim President
Vice President and Provost
Medical University of South Carolina

9/10/13
Date

Program Contact Name and Contact Information

Angela Mund CRNA DNP
Division Director, Anesthesia for Nurses Program
College of Health Professions
151 Rutledge Avenue, Suite B424
Charleston SC 29425
843-792-4067

mund@musc.edu

Program Planning Summary: Doctor of Nurse Anesthesia Practice (DNAP)

Program title:	Doctor of Nurse Anesthesia Practice
Concentrations, options, and tracks:	Post-Master's
Academic Unit:	College of Health Professions
Designation, type, and level of degree:	Post-masters completion clinical doctoral degree
Proposed date of implementation:	Summer 2015
CIP code:	51.3804
Site:	Medical University of South Carolina
Qualifies for Palmetto Fellows or Life Scholarship awards:	No
Delivery mode:	Blended instruction, traditional and distance

INSTITIONAL APPROVAL

This proposal has been reviewed and approved by the following internal review bodies at MUSC:

College of Health Professions (CHP) Leadership Council – August 30th, 2013
MUSC Dean's Council – To be presented September 16th, 2013
MUSC Board of Trustees – To be presented October 10th, 2013

PURPOSE

Institutions have been awarding the clinical practice doctorate to prepare Nurse Anesthetists for over 20 years, initially as the Nursing Doctorate (ND) and more recently as the Doctor in Nursing Practice (DNP) and the Doctor in Nurse Anesthesia Practice (DNAP). According to the American Association of Colleges of Nursing (AACN), the purpose of clinical doctoral programs is to "prepare experts in specialized nursing practice. The clinical doctorate graduates focus heavily on practice that is innovative and evidence-based" [1]. Furthermore, the AACN and its stakeholder organizations developed a framework for the clinical practice doctoral degree that includes essentials for evidence-based practice, quality improvement, informatics, healthcare policy, interprofessional collaboration, population-based health, and clinical practice. The implementation of a degree program that fulfills these requirements will require a transformational change in nurse anesthesia education.

Certified Registered Nurse Anesthetists (CRNA) are advanced practice nurses who have been providing care for over 150 years. They administer all types of anesthesia in all clinical settings and to all types of patients. CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. The current education and experience required to be admitted to a CRNA master's degree program include licensure as a registered nurse; education at the baccalaureate degree level or higher; clinical practice in an intensive care unit; competitive grade point averages and academic record. According to the American Association of Nurse Anesthetists 2012 Practice Survey, 70% of the

[1] American Association of Colleges of Nursing (2006). The Essentials of Doctoral Education for Advanced Nursing Practice.

approximately 45, 000 practicing CRNAs are academically prepared at the master's degree level. [2]

The purpose of this program is to educate current master's prepared CRNAs to meet the needs of a complex, changing health care system by assuming increased roles in healthcare leadership, policy, education, and clinical practice. The objectives of the program are to:

1. Produce CRNAs who have the educational tools to assume leadership roles in healthcare.
    a. The doctor in health administration coursework will provide additional formal education to allow CRNAs to become full partners with other healthcare providers in transforming health care delivery.
2. Expand the clinical experiences of CRNAs with the additional content in pain management and in crisis simulation
    a. Additional coursework at the doctoral level will meet the additional demands placed on all practitioners to practice using the latest techniques and to increase patient safety by remaining prepared to respond to rare but life-threatening situations.
3. Develop current clinical practitioners skills in creating an evidence-based practice founded on effective research, best practice, and evaluation of outcomes.
    a. Evidence-based practice is recognized as effective approach in improving patient outcomes by incorporating best research into bedside clinical practice. Masters prepared CRNAs have already received foundational content in research but the DNAP degree will provide additional tools for successful application of clinical evidence.

JUSTIFICATION OF NEED FOR THE PROPOSED PROGRAM

The accrediting organization for nurse anesthesia programs, the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs, has mandated that "all students accepted into an accredited program on January 1st, 2022, thereafter will be required to graduate with doctoral degrees" [3] Precisely when each of the 113 nurse anesthesia programs will transition to a doctoral degree is unknown. As of July 2013, there are seventeen nurse anesthesia programs that have been accredited for the entry into practice at the doctoral level. The COA has accredited twelve nurse anesthesia programs to offer the post-master's completion doctoral degree. Additional post-master's completion doctoral degrees exist within colleges of nursing, however, these programs are not nurse anesthesia focused and are not required to be accredited by or reported on by the COA. The proposed DNAP program will not be housed in a college of nursing and will have a focus on nurse anesthesia and, therefore, accreditation by the COA will be required.

In preparation for establishing an entry-level post-baccalaureate DNAP at MUSC, a post-Master's DNAP degree completion program would be implemented first. To maintain compliance with the COA Standards, nurse anesthesia program directors and assistant program directors must have a doctoral degree by 2018. Currently, out of the eight primary faculty in the nurse anesthesia programs in South Carolina, only three have doctoral degrees and are therefore

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[2] American Association of Nurse Anesthetists 2012 Practice Survey. http://www.aana.com/myaana/AANABusiness/professionalresources/Documents/aana-membership-statistics0213.pdf

[3] Council on Accreditation of Nurse Anesthesia Programs. (2012) Policies and Procedures Manual.

qualified to direct doctoral level courses. Currently, there are CRNAs in South Carolina who are pursuing doctoral degrees, but it is unknown whether they will all pursue careers in nurse anesthesia education. In addition to the primary goal of increasing clinical knowledge and healthcare leadership, the implementation of a post-Master's DNAP will address the critical need for doctoral faculty throughout the United States.

The primary reason for the transition of nurse anesthesia education to the doctoral level as dictated by COA is to elevate the quality of care delivered by nurse anesthetists in a variety of current and emerging healthcare delivery systems and to develop and strengthen the leadership skills necessary for innovative clinical practice. In 2011, the Institute of Medicine (IOM) released its report on the Future of Nursing. [4] The IOM recognized the need to educate nurses and advanced practice registered nurses (APRN) to a higher level to meet today's healthcare challenges. Certified Registered Nurse Anesthetists (CRNAs) are one of the four categories of APRNs that also includes nurse practitioners, clinical nurse specialists, and certified nurse midwives. According to the IOM report, as the clinical needs of our patient population and the clinical environment itself become more complex, CRNAs will need higher-level competencies to provide a foundation for care across all practice settings and for all populations. These competencies will include increased development of clinical care as well as in evidence-based practice, informatics, health policy and leadership. Furthermore, the report recommends "doubling the number of nurses with a doctorate by 2020."

CRNAs will be able to meet the ongoing and future challenges in healthcare in South Carolina by obtaining clinical doctorate degrees that focus on managing patients based on clinical evidence; by becoming partners in improving healthcare through leadership and financial management; and by improving the flow of patient information through education in healthcare informatics. The addition of a post-master's DNAP degree program will allow existing CRNAs to complete their doctorates and remain competitive for future practice opportunities and leadership positions.

Without a DNAP degree program in South Carolina, candidates for both the entry-level and post-Master's completion DNAP may choose to leave the state and apply to out-of-state doctoral programs. This would result in a potential loss of qualified nurse anesthesia practitioners. Furthermore, if the registered nurses wishing to obtain a degree in nurse anesthesia are required to leave South Carolina to obtain their education, many may not return upon graduation. This degree with blended instruction and a part-time curriculum will allow current CRNAs to continue to live and work in South Carolina while pursuing a doctoral degree.

Although statistics are not available on the need for doctoral prepared clinical CRNAs, vacancies continue to exist for CRNAs across the country as demonstrated by the 100% post-graduation employment rate of recent MUSC Anesthesia For Nurses graduates. The applicants for the post-master's DNAP program will already be employed in the field of nurse anesthesia either in clinical practice, education, or administration. There are currently 996 licensed CRNAs in South Carolina and over 44,000 nationally. It is expected that a significant number of those CRNAs will seek additional education as new graduates enter the workforce with doctoral education. At MUSC, the post-Masters DNAP will continue to be offered as long as the applicant pool remains strong. According to the COA 2012 Annual Report of nurse anesthesia programs, there were 739 applicants to 12 doctoral degree programs. Of the 739 applicants, 277 students were accepted.

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[4] Institute of Medicine. (2011) Report on the Future of Nursing: Leading Change, Advancing Health. Washington DC: The National Academies Press

The demand for the proposed post-masters DNAP degree will be strong initially as existing CRNAs complete their doctoral degrees and as nursing and nurse anesthesia programs seek doctoral prepared faculty. The American Association of Colleges of Nursing (AACN) Special Survey on Vacant Faculty Positions for Academic Year 2012-2013 found an 11.6% and a 9.5% vacancy rate for full time faculty in Master's and Doctoral programs, respectively. Also, the AACN found that of the 1129 vacant positions in Colleges of Nursing, 56.3% of the vacancies required an earned doctoral degree and the most critical issue related to the shortage was a limited pool of doctoral prepared faculty. In anticipation of implementation of the Affordable Care Act (ACA) and the expected rise of healthcare consumers, the Title V of ACA[5] includes provisions for addressing the projected shortage of nurses by investing in increasing healthcare workforce supply, funding, and training.

Centrality of the Program to the Institutional Mission

The proposed program is congruent with the mission of MUSC by (a) focusing on interprofessional education as a result of the programs location in a College of Health Professions; (b) by providing leadership; and (c) by developing practitioners who provide excellent, evidence-based care for the citizens of South Carolina and beyond. The DNAP program will also provide the opportunity for the College of Health Professions (CHP) to support its strategic goal of attaining national recognition for innovative activities in education.

Recognized leaders in healthcare have promoted the concept of interprofessional collaboration and coordination as playing a critical role in improving the US healthcare system.[6] Housed in the College of Health Professions (CHP), the MUSC Nurse Anesthesia program enjoys opportunities for interprofessional collaboration with other healthcare practitioners, researchers and administrators. The MUSC Anesthesia for Nurses program has developed a strong reputation for producing excellent clinicians and leaders in its current location in CHP.

The implementation of a post-Master's degree is related to another component of MUSC's mission: offer educational opportunities to graduates and to other biomedical professionals. The additional coursework supports the increasingly important concept of life-long learning for health professionals.

Relationship of the Proposed Program to Other Related Programs within the Institution

The proposed DNAP will share faculty with the Department of Healthcare Leadership and Management (DHLM). The Department of Healthcare Leadership and Management awards a Doctor in Health Administration (DHA) degree with options that focus on interprofessional collaboration and healthcare information systems. The faculty in the DHLM department has experience and expertise in economics, organizational change, healthcare policy, leadership, and interprofessional collaboration. The DNAP program and students will have access to faculty with experience and expertise in areas that are recommended by the AACN and the IOM.

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[5] http://www.aucd.org/docs/policy/health_care/Section%20by%20Section%20Summary%20of%20Health%20Care%20Workforce.pdf

[6] Institute of Medicine. (2011) Report on the Future of Nursing: Leading Change, Advancing Health. Washington DC: The National Academies Press

This collaboration between the DHLM and the DNAP program will provide students with content experts for both the nurse anesthesia courses and the leadership/policy/economics courses.

The MUSC College of Nursing (CON) awards a clinical doctorate degree, the Doctor of Nursing Practice (DNP). However in order to be admitted to the DNP program, the CON requires that the applicant possess a master's degree in nursing. The CRNA graduates of the current MUSC AFN program graduate with a Master's of Science in Nurse Anesthesia (MSNA) and are therefore ineligible to apply. Also, the combination of the degree requirement and the lack of presence of nurse anesthesia faculty, the MUSC CON website states that "CRNA's cannot apply for our Post-MSN DNP program." The other nurse anesthesia program in South Carolina, offered by USC, also not does offer a nursing master's degree; USC confers a Masters in Nurse Anesthesia (MNA) degree. According to the DNP program director at USC, the post-MSN DNP faculty will be taking the question under advisement but would probably accept a CRNA without a Master's in Nursing with the provision that the applicant acquires prerequisite coursework in nursing at the master's degree level.

Comparisons and Relationships with other programs in the state, region, and nation

The MUSC Nurse Anesthesia program is one of only two nurse anesthesia programs in the state of South Carolina. Neither of the current nurse anesthesia programs in South Carolina is housed in Colleges of Nursing. Therefore, the graduates possess master's degrees in nurse anesthesia, but not in nursing. The other program is at the University of South Carolina (USC), which confers a Masters in Nurse Anesthesia degree, not a doctoral degree. This program is housed in the USC School of Medicine. The current USC assistant program administrator has a doctoral degree but the program administrator does not. As required by the accrediting body, by 2018, both the nurse anesthesia program administrator and the assistant program administrator must have doctoral degrees. While USC also plans to transition to a doctoral program, the timeline for doing so is unknown at this time. According to the USC Director of Academic Programs, two additional clinical CRNAs are in the process of obtaining their doctoral degrees.

There are no DNAP programs currently in South Carolina. As of July 2013, of the twelve COA accredited post-Master's doctoral degrees, 50% are DNAP degrees and the remainder are DNP degrees. Three of the programs are located in the southeast (in Florida and Virginia). The programs are primarily offered as a hybrid distance program with online content and minimal on-campus time. The post-masters DNP degrees are housed in either a college of nursing or a college of health sciences. CRNAs in South Carolina are qualified to apply for these programs but will incur the increased cost of out-state tuition.

ADMISSION CRITERIA

Prerequisites for admission into the proposed DNAP program are:

1. Evidence of graduation from an accredited baccalaureate or higher nursing program, or possession of a bachelor of science degree in a basic or appropriate health sciences field
2. Evidence of a master's degree from a nationally accredited nurse anesthesia program and certification as a CRNA
3. A minimum cumulative GPA of 3.0 is required
4. Submission of a curriculum vitae and three professional references

5. Submission of required essays. One essay will focus on the applicant's professional goals. The second essay should discuss the applicant's research area of interest and proposed doctoral capstone project.

The Anesthesia For Nurses Admissions and Progressions Committee reviews all applicant files for merit. When determining which applicants to interview and then accept to the program, the committee will focus on academic achievement, professional experience, recommendations, and the quality of the essays. The twenty most qualified applicants will be invited to an in-person panel interview then the top ten applicants will be invited to join the program.

ENROLLMENT

The program will start in the summer semester of 2015. Because this program is a new degree program, all students will be new students. It is anticipated that the majority of the applicants and matriculated students will be South Carolina CRNAs who will have the benefit of in state tuition in a program that is focused on doctoral education for practicing CRNAs.

The current master's degree program has a policy for the admission of transfer students from other nurse anesthesia programs; however, this policy has not been used for at least five years. Therefore, transfer students were not included in the projected total enrollment. However, transfer students will be accepted providing they meet the requirements set forth in the MUSC Anesthesia For Nurses Administrative Handbook: space available in the program, recommendation letter from current program, and ability to meet the academic prerequisites.

Table A – Total Enrollment

PROJECTED TOTAL ENROLLMENT						
YEAR	**FALL**		**SPRING**		**SUMMER**	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2014-2015					10	40
2015-2016	10	70	10	80	25	100
2016-2017	25	165	15	120	30	120
2017-2018	30	195	15	120	30	120
2018-2019	30	195	15	120	30	120

CURRICULUM

The post-Master's DNAP degree will consist of a 29 credit hour curriculum with a focus on healthcare policy development, leadership, and advanced clinical management. The post-Masters DNAP will be offered primarily through distance education with a requirement for two three-day on-campus sessions per semester. The program is offered on a part-time basis for working professionals returning for the nurse anesthesia terminal degree.

Courses denoted by the * are currently offered in the MUSC Doctor in Health Administration curriculum and will be taught by faculty already engaged in teaching these courses. The existing nurse anesthesia faculty will teach the additional five courses with adjunct CRNA content experts providing lecture support within the courses. When the post-baccalaureate DNAP is in-progress, DNAP students from the post-Masters DNAP and the post-baccalaureate DNAP will participate in the same courses.

Because the accrediting body is in the process of finalizing and implementing the Standards for Doctoral Education, the exact content areas have not been fully established. However, the final draft has been vetted among stakeholders and will require additional didactic content that incorporates the principles of nurse anesthesia practice and healthcare management. Additional content will include but is not limited to translation of research into practice; leadership theory; healthcare improvement/outcomes; informatics; public policy, and heath systems management. CRNA doctoral students will already be experienced in their clinical advanced practice role, therefore this curriculum will not have a required anesthesia clinical component.

Increased rigor will be demonstrated by expanding the expectations for student performance through examination and simulation; by requiring an evidence-based quality improvement capstone project; and by requiring students to demonstrate acquisition of knowledge not only through examination but through scholarly projects in the form of written and oral presentation, academic writing, discussion, and teaching experiences. Students admitted to the DNAP program will already have clinical expertise in their field; therefore, additional anesthesia clinical time is not required in this curriculum.

Summer I	Fall I	Spring I	Summer II	Fall II
Managing Health Care Information Resources* (3s.h.)	Foundations in Leadership* (3s.h.)	Strategic Management of Change* (3s.h.)	Management Principles for Nurse Anesthesia (2s.h.)	Principles of Pain Management (2s.h.)
DNAP Seminar (1s.h.)	Principles of Evidence-Based Practice (3s.h.)	Foundations in Health Policy* (3s.h.)	DNAP Seminar (2s.h.)	Introduction to Teaching and Learning (2s.h.)
	Clinical Simulation for Crisis Management (1s.h.)	DNAP Seminar (2s.h.)		DNAP Seminar (2s.h.)

The courses noted below will be entirely new courses. The new courses will be offered in a blended at that includes asynchronous distance education and traditional classroom experiences. Students will be required to attend classes on campus twice a semester. This will enable face-face engagement with other students and faculty and allow for advising for the scholarly project.

AFN-8xx **Principles of Evidence-based Practice (3 s.h.)**
An analysis of evidence-based practice with a focus on types/levels of evidence and application of the best evidence to clinical practice. Includes the use of evidence-based clinical guidelines.

AFN-8xx **Management Principles for Nurse Anesthesia (2 s.h.)**
A survey of management principles relevant to leaders in nurse anesthesia. Includes content on financial management; billing/payment strategies; efficient deployment of resources

AFN-8xx **Principles of Pain Management (2 s.h.)**
Foundational pain management course that focuses on all aspects of chronic and acute pain management. Interventional pain management, ultrasound, pharmacotherapuetics, and complementary medicine techniques.

AFN-8xx **Clinical Simulation for Crisis Management (1 s.h.)**
High-fidelity simulation lab course that applies theories of learning through simulation to clinical management of low occurrence, high-risk anesthetic crisis.

AFN-8xx **Introduction to Teaching and Learning (2 s.h.)**
Components of effecting teaching/learning. Emphasis on application of learning theories; designing effective models of teaching/learning; and developing innovative educational experiences that facilitate achievement of desired learner outcomes.

AFN- 8xx **DNAP Seminar I (1 s.h.)**
Analysis and discussion of the role of doctoral prepared nurse anesthetists in the healthcare arena. Introduction to the capstone project.

AFN-8xx **DNAP Seminar II (2 s.h.)**
Integration of organizational change concepts, leadership, ethics, and economics into the capstone project.

AFN-8xx **DNAP Seminar III (2 s.h.)**
Application of concepts of quality assurance/quality improvement to clinical situations. Continued development of the capstone project. Includes concerns with professional wellness and chemical dependency.

AFN8Xx **DNAP Seminar IV (2 s.h.)**
Continued synthesis of the components of the capstone project into the final project.

ASSESSMENT

Student and program effectiveness will be an ongoing process with assessment milestones throughout the implementation of the curriculum and at the time of graduation of each cohort.

Student Competencies

In addition to exams administered as part of normal coursework, student competency will be evaluated in the simulation lab and in their ability to conduct a process improvement capstone project.

1. Satisfactory evaluation of the student's ability to manage rare but life-threatening simulated crises. Students will be evaluated in the areas of critical thinking, advanced technical skills, knowledge of pharmacology and physiology, and overall anesthetic decision-making.
2. Satisfactory achievement of the DNAP capstone project. Students will be evaluated on their ability to research, plan, execute, and evaluate a process improvement capstone project. The DNAP and DHLM faculty, their student peers, and other expert stakeholders will serve as evaluators. A successful evaluation of the project will be a condition of eligibility for graduation.

The Anesthesia For Nurses Admissions and Progressions Committee reviews student evaluations annually and at other times as needed. The committee will make recommendations for changes to the reporting form and for changes in the student competency metrics. The curriculum committee will evaluate the clinical simulation curriculum and simulation rubrics for effectiveness and measurement of student achievement.

Program Effectiveness

Program effectiveness will be evaluated by students and by the success of the graduates. The following metrics will be monitored.

1. Evaluation of didactic instruction. Students will evaluate each didactic course and course instructor.
2. Evaluation of overall program effectiveness. Prior to graduation, students will participate in an anonymous survey as well as an exit interview with the Associate Dean.
3. Alumni survey. Between three to five years post-graduation, alumni will be surveyed regarding their career trajectory and their engagement in education, healthcare policy, and leadership.
4. Program attrition. Program attrition will be benchmarked against national nurse anesthesia program data.

Evaluations of student outcomes and program effectiveness will be used to make changes in course sequencing within the curriculum; the instruction delivery method; course content; and the overall effectiveness of the faculty

The MUSC Office of Institutional Effectiveness tracks and assists in setting benchmarks for academic programs as part of the Southern Colleges and Schools reporting mechanism on evaluating the effectiveness of the program.

FACULTY

Current faculty will provide the course direction for the nurse anesthesia-focused courses in pain management, simulation, and evidence-based practice. Additional content experts will provide lectures as needed but will not be full-time faculty members. Adjunct faculty will also be used to provide course instruction in the current Master's degree program to allow the doctoral prepared faculty to instruct in the proposed DNAP program. Doctoral prepared CRNAs who are employed at our clinical sites may be used to augment the advising portion of the capstone project. A doctoral prepared faculty member from the MUSC Department of Healthcare Leadership and Management will direct the health administration courses. Upon implementation of the post-baccalaureate DNAP program, these courses will be delivered jointly to the post-master's DNAP and the post-baccalaureate DNAP students.

Ten students will be admitted initially with an increase to 15 students in later years. The smaller class size will allow for gradual hiring of faculty. During the initial two years of the program, the DNAP students will take the health administration courses with the Doctor in Health Administration students rather than have a faculty member dedicated to instruct a class of 10 students. At the time that the post-baccalaureate DNAP students matriculate, the post-master's DNAP will then share courses with that DNAP cohort. At this time, a dedicated faculty member will be employed to instruct for the AFN DNAP program.

Table B- Faculty List

List Staff by Rank (e.g. Professor #1, Professor #2, Associate Professor #1, etc.)	Highest Degree Earned	Field of Study	Teaching in Field (Yes/No)
Professor #1	PhD	Adult & Occupational Education	Yes
Assistant Professor #1	DNP	Nursing	Yes
Assistant Professor #2	MHS	Nurse Anesthesia	Yes

Instructor	MSNA/MHS/DNAP	Nurse Anesthesia	Yes
Assistant Professor #3	DNP	Nursing	Yes
Associate Professor #1	PhD	Research	Yes
Assistant Professor #4	DHA or PhD	Health Administration	Yes

The MUSC College of Health Professions's strategic plan includes goals on national recognition in research, interprofessional education and practice, and service. In support of these goals, MUSC provides educational sessions for faculty on diverse topics such as effective use classroom technology, educational instruction, and curriculum design. The Research Administration supports research efforts through the staff in the grants office. The grants staff assists with the submission of nurse anesthesia traineeship grants and with providing overall support. MUSC supports the professional development of its faculty by providing release time and funding to enable faculty to attend national educator meetings. In acknowledgement of the importance of national recognition of its faculty, the College of Health Professions has endorsed the actions of current faculty presenting at the state and national level by including these efforts in the yearly performance evaluation. A new initiative that will impact new doctoral faculty is the Faculty Mentoring and Career Development Program. Any new faculty in the DNAP program will be required to participate in this program that supports the mentoring process through the academic system and in the creation of overall career goals and objectives.

Table C – Unit Administration, Faculty, and Staff Support

UNIT ADMINISTRATION, FACULTY, AND STAFF SUPPORT						
YEAR	**NEW**		**EXISTING**		**TOTAL**	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Administration – AFN Program Administrator and Department Chair						
2014 – 15	0	0	2	0.02	2	0.02
2015-2016	0	0	2	0.17	2	0.17

2016-2017	0	0	2	0.17	2	0.17
2017-2018	0	0	2	0.17	2	0.17
2018-2019	0	0	2	0.22	2	0.22
Faculty						
2014 – 15	1	0.2	2	0.1	3	0.3
2015-2016	3	0.6	3	0.3	6	0.9
2016-2017	1	0.2	6	0.9	7	1.1
2017-2018	0	0	7	1.1	7	1.1
2018-2019	0	0	7	0.96	7	0.96
Staff						
2014 – 15	0	0	2	0.06	2	0.06
2015-2016	0	0	2	0.06	2	0.06
2016-2017	0	0	2	0.06	2	0.06
2017-2018	0	0	2	0.06	2	0.06
2018-2019	0	0	2	0.06	2	0.06

The Program Administrator serves a dual role, instructing students as well as directing the program administration of the program and course instruction/direction. The Program Administrator is expected to direct both the post-master's DNAP and the post-baccalaureate

DNAP. In Table C, the Program Administrator is included in the Administration head count and FTE with the understanding that this faculty member will also teach full time.

One FTE represents a full-time faculty member who has been appointed to the MUSC faculty by the Vice President for Academic Affairs and Provost and who receives 100% of compensation through MUSC or though MUSC authorized activities. The faculty member engages in clinical practice, instruction, research, and/or administrative activities on the MUSC Campus or any of its affiliated locations. The faculty position may be tenured, tenure eligible or non-tenured.

PHYSICAL PLANT

At present, the existing MSNA program has a dedicated classroom that includes an area for full high-fidelity simulation. Because the MSNA students will primarily be away at clinical sites, the current dedicated classroom will be available for any on-campus class sessions. The classroom is equipped with SmartBoard technology, high-definition cameras, and all other necessary audiovisual equipment. Online interaction with students will continue to be delivered using the internet-based learning management system – Moodle. All current faculty are proficient with Moodle system. New faculty will be oriented to the program upon academic appointment.

EQUIPMENT

It is not anticipated that additional equipment will be necessary. The crisis simulation course will be taught using the programs current high-fidelity human simulator. The current equipment will be updated and replaced using the normal acquisition process. The College of Health Professions has the necessary technology to deliver hybrid, online courses and has a track record of successful distance education through the Department of Healthcare Leadership and Management.

LIBRARY

Students will continue to have full access to the resources of the MUSC library, which includes an extensive selection of electronic journals and electronic databases (PubMed, MedLine, CINAHL). The MUSC Library's primary purpose is to meet the information needs of faculty, staff and students, and to support the curriculum, research, and patient care goals of the Colleges of Health Professions, Medicine, Pharmacy, Nursing, Dental Medicine, and Graduate Studies and the Medical Center. The Library serves as a database and knowledge center, an academic support unit, an electronic educational center, and a leader in information planning. The modern library consists electronic resources, services including the education of students and faculty in the most effective use of these resources. The MUSC Library has over 220 databases and over 19,000 electronic journals.

Recognizing that users expect to access information where they are, the library has concentrated on making resources available online. The DNAP faculty, students and staff would be able access all resources via the Internet wherever they are physically located by using their

MUSC NetID login and password. The MUSC Library's Webpage (http://www.library.musc.edu/) provides access to those electronic resources.

Resources not owned by the library can be requested at no charge through the Interlibrary Loan document delivery service. Every effort is made to get an electronic copy of a journal article, which on average takes 1.3 business days to obtain. Books can also be borrowed from other libraries. Through PASCAL, faculty and students are able to borrow books held by South Carolina Colleges and Universities within two to three business days (if the book is not checked out). Faculty and students may request that books and journals be added to the collection.

ACCREDITATION, APPROVAL, LICENSURE, OR CERTIFICATION

The Medical University of South Carolina, where the program will be delivered, has been continuously accredited by its regional accreditation agency, the Southern Association of Colleges and Schools Commission on Colleges (SACS) since 1971. The next re-affirmation date is 2017.

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredits the current AFN master's degree program. An application for approval of a practice-oriented doctoral completion degree will be submitted to the COA. The COA is the national agency responsible for establishing the educational standards for nurse anesthesia programs through rigorous evaluation of programmatic content, effectiveness, and quality improvement. The process for approval of the DNAP program includes the submission of proof of program and institutional accreditation and submission of narrative and supporting documentation of resources, program effectiveness, accountability, and governance. The COA will evaluate the program of study for the scope and content of doctoral work, evaluation of competence of scholarly work, and the inclusion of the required content in biologic systems, professional role, ethics, healthcare improvement, informatics, social policy, health systems management, and ethics. The application for approval for this program will be submitted March 2017 for review in May 2017.

Post-masters completion program DNAP graduates will not be required to obtain additional certification.

ARTICULATION

The MUSC transfer credit policy and articulation policy is located on the MUSC website: http://academicdepartments.musc.edu/esl/bulletin/acad_policies/transfer_policy/ . The MUSC Anesthesia For Nurses program currently accepts prerequisite courses as described in the articulation agreements. However, nurse anesthesia specific content is interwoven in the DNAP curriculum and transfer courses do not contain information specific to the program. The DNAP is considered a terminal nurse anesthesia degree.

ESTIMATED COST OF THE PROGRAM AND SOURCES OF FINANCING

The implementation of this program will not incur any unique costs or special state appropriations. It is anticipated that this proposal will result in an initial additional expense of $50,000 for the additional course instruction in the doctoral program and to supplement current doctoral faculty in the Master's in Nurse Anesthesia curriculum. This program will run concurrently with the existing Master's in Nurse Anesthesia program initially then upon implementation of the post-baccalaureate DNAP, both DNAP programs will run concurrently. The majority of the faculty will teach in both programs. Any additional faculty will not be included in year-one budget but will be added over the first two years of the program. The faculty in the Doctor in Health Administration Program will teach the leadership and management courses. Following the implementation of the post-baccalaureate program in summer 2018, both the post-master's and the post-baccalaureate DNAP students will share the Doctor in Health Administration and the new nurse anesthesia courses. Total expenses and sources of financing are noted in Table D.

The initial projected enrollment for the post-Master's DNAP is 90% instate and 10% outstate. However, since this program will be offered with a significant online presence, the outstate applicant pool may be larger. The post-Master's DNAP will continue to be offered as long as the applicant pool stays competitive.

Table D –Estimated Costs and Sources of Financing by Year

ESTIMATED COSTS BY YEAR						
CATEGORY	**1st**	**2nd**	**3rd**	**4th**	**5th**	**TOTALS**
Program Administration	27,839	39,741	40,535	41,346	54,213	203,674
Faculty Salaries	27,432	42,471	50,020	51,938	44,545	216,406
Graduate Assistants	0	0	0	0	0	0
Clerical/Support Personnel	3,472	3,542	3,613	3,685	3,758	18,070
Supplies and Materials	2,796	11,648	15,356	14,866	15,608	60,274
Library Resources	0	0	0	0	0	0
Equipment	0	0	0	0	0	0

Facilities	0	0	0	0	0	0
Other: Faculty development, CE faculty, Traineeship	749	4,857	6,401	6,198	6,507	24,712
TOTALS	62,288	102,259	115,925	118,033	124,631	523, 136
SOURCES OF FINANCING BY YEAR						
Tuition Funding	68,185	361,122	589,181	638,224	638,224	2,294,936
Program-Specific Fees	0	0	0	0	0	0
State Funding*	0	0	0	0	0	0
Reallocation of Existing Funds**	0	0	0	0	0	0
Federal Funding	0	0	0	0	0	0
Other Funding (Specify)	0	0	0	0	0	0
TOTALS	68,185	361,122	589,181	638,224	638,224	2,294,936

Medical University of South Carolina
College of Health Professions
Department of Health Professions

Proposed New Program:

Doctor of Nurse Anesthesia Practice (DNAP)

Post-Baccalaureate, Entry to Practice

Submitted: September 15, 2013

Mark Sothmann Ph.D.
Interim President
Vice President and Provost
Medical University of South Carolina

9/10/13
Date

Program Contact Name and Contact Information
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Program title:	Doctor of Nurse Anesthesia Practice
Concentrations, options, and tracks:	Post-Baccalaureate
Academic Unit:	College of Health Professions
Designation, type, and level of degree:	Entry-level clinical doctoral degree
Proposed date of implementation:	Summer 2018
CIP code:	51.3804
Site:	Medical University of South Carolina
Qualifies for Palmetto Fellows or Life Scholarship awards:	No
Delivery mode:	Blended instruction, traditional and distance

INSTITUTIONAL APPROVAL
This proposal has been reviewed and approved by the following internal review bodies at MUSC:

College of Health Professions (CHP) Leadership Council – August 30th, 2013
MUSC Dean's Council – To be presented September 16th, 2013
MUSC Board of Trustees – To be presented October 10th, 2013

PURPOSE

Institutions have been awarding the practice doctorate to prepare Nurse Anesthetists for over 20 years, initially as the Nursing Doctorate (ND) and more recently as the Doctor in Nursing Practice (DNP) and the Doctor in Nurse Anesthesia Practice (DNAP). According to the American Association of Colleges of Nursing (AACN), the purpose of clinical doctoral programs is to "prepare experts in specialized nursing practice. The clinical doctorate graduates focus heavily on practice that is innovative and evidence-based"[1]. Furthermore, the AACN and its stakeholder organizations developed a framework for the clinical practice doctoral degree that includes essentials for evidence-based practice, quality improvement, informatics, healthcare policy, inter-professional collaboration, population-based health, and clinical practice. The implementation of a degree program that fulfills these requirements will require a transformational change in nurse anesthesia education.

Certified Registered Nurse Anesthetists (CRNA) are advanced practice nurses who have been providing care for over 150 years. They administer all types of anesthesia in all clinical settings and to all types of patients. CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals.

The purpose of the proposed program is first to prepare registered nurses to become CRNAs and thereby meet the growing demands for healthcare professionals. Second, the proposed program will provide registered nurses with the skills necessary to meet the complex needs of a changing healthcare system. As a result, graduates of the DNAP program will not only

[1] American Association of Colleges of Nursing (2006). The Essentials of Doctoral Education for Advanced Nursing Practice.

assume roles as clinicians but will also have the educational background to become healthcare leaders.

The objectives of the program are to:

1. Expand the clinical education of CRNAs with the addition of increased clinical education hours, instruction in advanced technology, and high-fidelity crisis simulation.
    a. With additional demands placed on all practitioners to use the latest techniques; to experience an increasing variety and number of surgical cases; and to have simulated exposure to rare but life-threatening events, it is necessary to expand time spent in the clinical arena and in clinical simulation.
2. Prepare CRNAs to provide a clinical practice that is founded on the basis of evidence, research, and outcomes.
    a. Evidence-based practice is recognized as an effective approach in improving patient outcomes by incorporating knowledge gained from best research into bedside clinical practice. Additional coursework in evaluating research evidence and then applying that research to actual practice will produce CRNAs who can immediately apply these tools upon graduation.
3. Produce CRNAs who have the education and skills to assume leadership roles in healthcare.
    a. The incorporation of doctor in health administration coursework into nurse anesthesia educational programs will prepare CRNAs to become partners with other healthcare providers in transforming health care delivery systems.

JUSTIFICATION OF NEED FOR THE PROPOSED PROGRAM

The accrediting organization for nurse anesthesia programs, the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), has mandated that "all students accepted into an accredited program on January 1st, 2022, thereafter will be required to graduate with doctoral degrees."[2] Therefore, all nurse anesthesia programs must have developed curricula and achieved accreditation of their doctoral programs prior to this date. MUSC currently offers an Anesthesia for Nurses (AFN) Program that awards a master's degree: the Master of Science in Nurse Anesthesia. In order to stay competitive with other nurse anesthesia programs and to maintain leadership in innovative educational programs, the MUSC plans to move forward with implementing a doctoral program prior to the final transition date provided by COA. If MUSC does not transition to a doctoral degree in Nurse Anesthesia by 2022, the program will lose accreditation and be forced to close.

The primary reason for the transition from masters to doctoral nurse anesthesia education is to elevate the quality of care delivered by nurse anesthetists in a variety of current and emerging healthcare delivery systems and to develop and strengthen the leadership skills necessary for innovative clinical practice. In 2011, the Institute of Medicine (IOM) released its report on the Future of Nursing. This report recognized the need to educate nurses and advanced practice registered nurses (APRN) at higher levels to meet today's healthcare challenges. Certified Registered Nurse Anesthetists (CRNAs) are one of the four categories of APRNs that also includes nurse practitioners, clinical nurse specialists, and certified nurse midwives. According to the IOM report, as the clinical needs of our patient population and the

[2]Council on Accreditation of Nurse Anesthesia Programs. (2012) Policies and Procedures Manual.

clinical environment itself become more complex, CRNAs will need higher-level competencies to provide a foundation for care across all practice settings and for all populations. These competencies will include increased development of clinical care as well as in evidence-based practice, informatics, health policy and leadership.[3] Furthermore, the report recommends "doubling the number of nurses with a doctorate by 2020."[3] CRNAs will be able to meet the ongoing and future challenges in healthcare in South Carolina by obtaining clinical doctoral degrees that focus on managing patients based on clinical evidence; by becoming partners in improving healthcare through leadership and financial management; and by improving the flow of patient information through education in healthcare informatics.

MUSC currently offers a Master of Science degree in Nurse Anesthesia (MSNA). This program is scheduled for reaccreditation in 2019. The proposed post-baccalaureate DNAP will be implemented prior to the 2019 reaccreditation date for the MSNA. However, the MSNA degree program will continue to admit students until the program transitions to the doctoral degree to ensure that no gap in admissions will occur. With an anticipated matriculation date for the inaugural class of DNAP students of summer 2018, the final MSNA class will be admitted in fall 2017.

It is important for MUSC to transition from the MSNA to a doctoral program because if the MUSC program does not transition to an entry-level doctoral degree, prospective nurse anesthesia students might apply to out-of-state doctoral programs and many would not return to South Carolina upon graduation. If so, the impact on the CRNA workforce in South Carolina would be considerable, not only in metropolitan settings but particularly in those rural hospitals where CRNAs are often the primary anesthesia providers. At the MUSC hospital, nurse anesthetists in collaboration with anesthesiologists provide approximately 60% of the anesthetics delivered. Also, 60% of the CRNAs at MUSC are graduates of the MUSC Program. Therefore, should the program fail to transition to a doctoral program and suffer loss of accreditation as a result, the state of South Carolina could be left with a critical shortage of anesthesia providers that could then lead to the delay or cancellation of scheduled surgical procedures.

As a requirement for continued accreditation by the COA, MUSC tracks, documents, and publishes its graduate employment rates.[4] Over the last five years, 100% of graduates from MUSC's Anesthesia for Nurses Program have found nurse anesthesia positions within three months of graduation. The large majority of students have been offered and accepted positions prior to graduation.

The most recent data on CRNA vacancies classified South Carolina as one of the states with the highest vacancies per 1,000 surgeries (0.322).[5] Although statistics are not available on the need for doctoral prepared clinical CRNAs, vacancies continue to exist for CRNAs. Although the Bureau of Labor Statistics does not delineate a projected need for CRNAs, in the Statistics' 2012-13 Occupational Outlook Handbook [6], registered nursing professions can expect a 26 percent increase in employment through 2020, much faster than average. In anticipation of the expected rise in healthcare consumers due to the aging baby boomer generation, the increase in

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[3] Institute of Medicine. (2011) Report on the Future of Nursing: Leading Change, Advancing Health. Washington DC: The National Academies Press.

[4] http://academicdepartments.musc.edu/chp/afn/faqs.htm

[5] Merwin, E., Stern, S., Jordan, LM., & Bucci, M. (2009). New Estimates for CRNA Vacancies. *AANA Journal*, 77(2), 121-129.

[6] Bureau of Labor Statistics. Accessed at http://www.bls.gov/ooh/Healthcare/Registered-nurses.htm

chronic disease, and the implementation of the Affordable Care Act (ACA), the Title V of ACA[7] includes provisions for addressing the projected shortage of nurses by investing in increasing healthcare workforce supply, funding, and training

Centrality of the Program to the Institutional Mission

The proposed DNAP program is congruent with the mission of MUSC by (a) focusing on interprofessional education due to the location of the proposed program within the College of Health Professions; (b) by providing leadership; and (c) by developing practitioners who provide excellent, evidence-based care for the citizens of South Carolina and beyond. The DNAP program will also provide the opportunity for the College of Health Professions (CHP) to support its strategic goal of attaining national recognition for innovative activities in education by developing and implementing the first DNAP in South Carolina.

Recognized leaders in healthcare have promoted the concept of interprofessional collaboration and coordination as playing a critical role in improving the US healthcare system. [8] Housed in the CHP, the MUSC Anesthesia for Nurses program enjoys opportunities for interprofessional collaboration with other healthcare practitioners, health sciences researchers, and healthcare administrators. These professional collaboration efforts combined with diverse clinical sites have allowed the MUSC Anesthesia for Nurses program to develop a strong reputation for producing excellent clinicians and future leaders.

Relationship of the Proposed Program to Other Related Programs within the Institution

The proposed DNAP will share faculty with the Department of Healthcare Leadership and Management (DHLM). The Department of Healthcare Leadership and Management awards a Doctor in Health Administration (DHA) degree with options that focus on interprofessional collaboration and healthcare information systems. The faculty in the DHLM department have experience and expertise in economics, organizational change, healthcare policy, leadership, and interprofessional collaboration. The DNAP students will have access to faculty with experience and expertise in specific areas that are recommended by the AACN and the IOM report. This collaboration between the DHLM and the DNAP program will provide students with content experts for both the nurse anesthesia courses and the leadership/policy/economics courses.

The MUSC College of Nursing (CON) currently offers an advanced degree, the Doctor of Nursing Practice (DNP) degree in adult, pediatric, or family nurse practitioner; however, MUSC seeks to offer the DNAP because the nurse anesthesia program does not fit into any of the DNP categories. The basic coursework required to become a nurse anesthetist is very prescriptive, notable for the intensity of education required for pharmacology, anatomy and physiology, technology, and basic and advanced principles of anesthesia care. In order to meet the accreditation requirements and to maintain the current clinical content of the nurse anesthesia program, the DNP curriculum (75 semester hours) would have to be lengthened by a semester; accommodate an additional 500 practicum hours; and include content on the basic sciences noted above. Therefore, merely transitioning the entry-level MSNA students into the current DNP program in the College of Nursing at MUSC is not a feasible option.

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[7] http://www.aucd.org/docs/policy/health_care/Section%20by%20Section%20Summary%20of%20Health%20Care%20Workforce.pdf

[8] Institute of Medicine. (2011) Report on the Future of Nursing: Leading Change, Advancing Health. Washington DC: The National Academies Press.

Comparisons and Relationships with other Programs in the State, Region, and Nation

The MUSC Nurse Anesthesia program is one of only two nurse anesthesia programs in the state of South Carolina. The other program is at the University of South Carolina (USC), which confers a Masters in Nurse Anesthesia degree, but not a doctoral degree. The current USC assistant program administrator has a doctoral degree but the program administrator does not. As required by the accrediting body, by 2018, both the nurse anesthesia program administrator and the assistant program administrator must have doctoral degrees. While USC also plans to transition to a doctoral program, the timeline for doing so is unknown at this time.

There are no DNAP programs currently in the state. Both the nursing programs at MUSC and at the University of South Carolina (USC) offer a post-baccalaureate doctor in nursing practice (DNP) degree. However, neither of these programs offers the core nurse anesthesia content that would be required for this entry-level doctoral program nor do these programs contain faculty who have the nurse anesthesia degree, which is a requirement for accreditation.

As of July 2013, nationally, there are eighteen nurse anesthesia programs that have been accredited for the entry into practice at the doctoral level. Seventeen of the programs offer a DNP, and one offers a Doctor in Management Practice of Nurse Anesthesia (DMPNA). None of the current entry-level programs offer a DNAP. All but one of the DNP programs are housed in colleges or schools of nursing and include the fundamentals of nursing theory along with the basics of nurse anesthesia. Prior to transitioning to the DNP degree, these nurse anesthesia programs were already housed in Colleges of Nursing or, in one situation, the program was entirely new to the University. Because the MUSC College of Nursing already offers a DNP degree and the AFN program is housed in a College of Health Professions, the proposed doctoral entry-level program will be a DNAP rather than the DNP degree. This option will avoid confusion between the clinical doctoral degree for nursing practitioners (DNP) and the degree for nurse anesthetists (DNAP).

The DMPNA is jointly managed by a hospital system and a university based graduate school with content on innovative business management and entrepreneurial skills as an adjunct to the nurse anesthesia curriculum. Of the eighteen programs, only two are located in the southeast United States (West Virginia and Mississippi). The remaining programs are distributed throughout the United States.

ADMISSIONS CRITERIA

Prerequisites for admission into the proposed DNAP program:

1. Evidence of graduation from an accredited baccalaureate or higher nursing program, or possession of a bachelor of science degree in a basic or appropriate health sciences field
2. Evidence of active, unencumbered licensure as a registered nurse
3. A minimum of one-year full time experience as a registered nurse in a critical care setting is required prior to application to the program
4. A minimum cumulative GPA of 3.0 is required
5. Submission of prerequisite course requirements: general chemistry, anatomy, physiology, pharmacology and statistics. Organic chemistry and microbiology are optional but recommended.
6. Submission of the results of the Graduate Record Exam (GRE). The exam must have been taken in the last five years. In order to be competitive, the applicant must have a

total score of 300 or above. The GRE will be waived for applicants with a cumulative GPA above 3.6 or if the applicant has an earned graduate degree from an accredited institution.

7. Submission of a curriculum vitae and three professional references
8. Submission of required essays. One essay will focus on the applicant's desire to become a nurse anesthetist. The second essay should discuss the applicant's research area of interest and proposed doctoral capstone project.

The Anesthesia For Nurses Admissions and Progressions Committee reviews all applicant files for merit. When determining which applicants to interview and then accept to the program, the committee will focus on academic achievement, clinical experience, recommendations, and the quality of the essays. The sixty most qualified applicants will be invited to an in-person panel interview and the top twenty-five applicants will be offered admission.

ENROLLMENT

According to the Council on Accreditation 2012 Annual Report of nurse anesthesia programs, there were 739 applicants to 12 doctoral degree programs. Of the 739 applicants, 277 students were accepted. MUSC's existing entry-level nurse anesthesia program has a strong application pool of 120-140 applicants per year with an average class size of 28 students. The anticipated enrollment will continue to average 28 students per year. However, a smaller cohort will be admitted into the initial classes as the current students complete the existing master's degree program. As required by the COA, this post-baccalaureate DNAP program will follow the minimum program length of 36 months.

In the fourth year of the DNAP post-baccalaureate program, one class will have graduated and three additional classes will be moving through the curriculum. The first cohort will contain 25 students with a projected increase to a total of 26 students by the fourth cohort. Therefore, the program will have graduated 50 students at the conclusion of the fourth year.

The program will start in the summer semester of 2018. This program is a new entry-level program and all students are classified as new students. Historically, the attrition rate of the MSNA program has been one student per class typically occurring during the first or second semester. These data have been used to project total enrollment in the proposed DNAP program. Because this program will be transitioning from granting a final master's degree to granting a doctoral degree, MSNA students currently enrolled will be in the clinical phase of the program while the new doctoral students will be in the didactic portion of the program.

Based on historical data, prospective DNAP students will be from South Carolina and other parts of the United States. As a requirement of the accrediting body, all admitted students will possess a bachelor's degree and be licensed as a registered nurse. The percentage of in-state students has varied from 50% to 68% over the last three years. We do not anticipate transfers from other programs in the institution due to the requirements for interim clinical practice. The current MSNA program has a policy for the admission of transfer students from other nurse anesthesia programs although this policy has not been used for at least five years. Therefore, transfer students were not included in the projected total enrollment. The DNAP program will maintain the same transfer policy that is currently used in the MSNA program.

Table A – Total Enrollment

PROJECTED TOTAL ENROLLMENT						
YEAR	FALL		SPRING		SUMMER	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2017-2018					25	275
2018-2019	24	360	24	384	49	552
2019-2020	48	672	48	696	73	851
2020-2021	72	960	72	960	74	862
2021-2022	73	975	73	975	74	862

CURRICULUM

The post-baccalaureate degree DNAP curriculum will consist of 113 credit hours and, as required by the accrediting body, will be delivered over the minimum 36 months. All students will be full-time. The majority of the courses in the Master of Science program will be transitioned to doctoral level courses through increased content and academic rigor, while the course titles will remain the same or similar to reflect the course content accurately.

Because the accrediting body is in the process of finalizing and implementing the Standards for Doctoral Education, the exact content areas have not been fully established. However, the final draft has been vetted among stakeholders and will require additional nurse anesthesia didactic content on genetics, radiology, the use of ultrasound, and pain management. The draft Doctoral Standards also includes increased requirements for clinical experiences as well as additional curricula devoted to healthcare policy, informatics, and management principles. The additional content will be delivered within the courses that transition from masters to doctoral levels and within the newly proposed courses.

Increased rigor will be demonstrated by expanding the expectations for student performance through examination and simulation; by requiring an evidence-based quality improvement capstone project; and by requiring students to demonstrate acquisition of knowledge not only through examination but through scholarly projects in the form of written and oral presentation, academic writing, discussion, and teaching experiences.

Year	Summer	Fall	Spring
One	Managing Health Care Information Resources (3s.h.)	Foundations in Leadership (3s.h.) Clinical	Foundations in Health Policy (3s.h.) Strategic Management of

	Chemistry and Physics of Anesthesia (2s.h.) Adv. Health and Physical Assessment (2s.h.) Research Methods for Nurse Anesthesia (3s.h.) Professional Aspects of Nurse Anesthesia (1s.h.) *Total Credits 11*	Pharmacotherapuetics (3s.h.) Human Anatomy (5s.h.) Principles of Evidence-based Practice (3s.h.) DNAP Seminar I (1s.h.) *Total Credits 15*	Change (3s.h.) Basic Principles of Anesthesia Practice (3s.h.) Simulation Lab I (2s.h.) Adv. Physiology and Pathophysiology (5s.h.) *Total Credits 16*
Two	Management Principles for Nurse Anesthesia (2s.h.) Simulation Lab II (3s.h.) Advanced Pharmacology: Anesthetic Drugs (4s.h.) Advanced Principles of Anesthesia Practice (3s.h.) *Total Credits 12*	Introduction to Clinical Anesthesia (3s.h.) Anesthesia Practicum (5s.h.) Principles of Pain Management (2s.h.) Clinical Simulation for Crisis Management (1s.h.) DNAP Seminar II (2s.h.) *Total Credits 13*	Anesthesia Practicum (11s.h.) Introduction to Teaching and Learning (2 s.h) *Total Credits 13*
Three	Anesthesia Practicum (10s.h.) DNAP Seminar III (2s.h.) *Total Credits 12*	Anesthesia Practicum (10s.h.) DNAP Seminar IV (2s.h.) *Total Credits 12*	Anesthesia Practicum (10s.h.) DNAP Seminar V (1s.h.) *Total Credits 11*

The courses noted below will be entirely new courses that do not currently exist in the MSNA program. The new courses will be offered in a blended format that includes asynchronous distance education and traditional classroom experiences. Theses blended courses will be interwoven with the anesthesia principles courses that will all be delivered in the traditional classroom setting.

AFN-8xx **Principles of Evidence-based Practice (3 s.h.)**
An analysis of evidence-based practice with a focus on types/levels of evidence and application of the best evidence to clinical practice. Includes the use of evidence-based clinical guidelines.

AFN-8xx **Management Principles for Nurse Anesthesia (2 s.h.)**
A survey of management principles relevant to leaders in nurse anesthesia. Includes content on financial management; billing/payment strategies; efficient deployment of resources.

AFN-8xx **Principles of Pain Management (2 s.h.)**
Foundational pain management course that focuses on all aspects of chronic and acute pain management. Interventional pain management, ultrasound, pharmacotherapuetics, and complementary medicine techniques.

AFN-8xx **Clinical Simulation for Crisis Management (1 s.h.)**
High-fidelity simulation lab course that applies theories of learning through simulation to clinical management of low occurrence, high-risk anesthetic crises.

AFN-8xx **Introduction to Teaching and Learning (2 s.h.)**

Components of effective teaching/learning. Emphasis on application of learning theories; designing effective models of teaching/learning; and developing innovative educational experiences that facilitate achievement of desired learner outcomes.

AFN- 8xx **DNAP Seminar I (1 s.h.)**
Analysis and discussion of the role of doctoral prepared nurse anesthetists in the healthcare arena. Introduction to the capstone project.

AFN-8xx **DNAP Seminar II (2 s.h.)**
Integration of organizational change concepts, leadership, ethics, and economics into the capstone project.

AFN-8xx **DNAP Seminar III (2 s.h.)**
Application of concepts of quality assurance/quality improvement to clinical situations. Continued development of the capstone project. Includes coverage of professional wellness and chemical dependency.

AFN8Xx **DNAP Seminar IV (2 s.h.)**
Continued synthesis of the components of the capstone project into the final project.

AFN-8xx **DNAP Seminar V (1 s.h.)**
Conclusion and dissemination of the final capstone project

The courses noted below existed within the current MSNA curriculum but will receive new course numbers and course descriptions that reflect the increased rigor and doctoral content.

AFN-8xx **Chemistry and Physics of Anesthesia (2 s.h.)**
Applied concepts of chemistry and physics as they relate to the use of the anesthesia gas machine, patient monitors, and safety. Includes principles of the behaviors of gases, solids, and liquids and the concept of electricity in the operating room. Present basic concepts of ultrasonography.

AFN-8xx **Advanced Health and Physical Assessment (2 s.h.)**
Synthesizes a full review of systems and physical assessment into an evidenced based pre-anesthetic plan. Includes rational use of resources and evaluation of risk.

AFN-8xx **Research Methods for Nurse Anesthesia (3 s.h.)**
Introduction to the research process. Includes basic statistical analysis, research design, research evaluation, ethical considerations, and the institutional review board process.

AFN-8xx **Professional Aspects of Nurse Anesthesia (1 s.h.)**
Introduction to the role of nurse anesthetists. Covers the historical aspects of nurse anesthesia and the role of the professional healthcare provider.

AFN-8xx **Clinical Pharmacotherapuetics (3 s.h.)**
Emphasis on pharmacodynamics/kinetics and indications for a diverse set of medications. Includes medicolegal aspects and the role of genetics in pharmacology.

AFN-8xx **Human Anatomy (5 s.h.)**
Detailed study of the human body. Emphasis on the circulatory, respiratory, and nervous system. Includes cadaveric dissection in the lab component.

AFN-8xx **Basic Principles of Nurse Anesthesia Practice (3 s.h.)**
Focus on the fundamentals of nurse anesthesia practice and includes a wide variety of topics including positioning safety, monitoring techniques, fluid management. Includes the anesthetic management of the pediatric and geriatric populations.

AFN-8xx **Advanced Principles of Nurse Anesthesia Practice (3 s.h.)**
Focus on the assessment and management of complex populations including the cardiac, obstetric, and trauma patient. Emphasis on evidence-based risk reduction and critical decision-making.

AFN-8xx **Advanced Pharmacology: Anesthesia (4 s.h.)**
Builds on the basic concepts of pharmacology and focuses on medications of concern for anesthesia practice. Additional focus on patient safety and decision-making for select high-risk populations.

AFN-8xx **Introduction to Clinical Anesthesia (3 s.h.)**
An introduction to the types of surgical procedures that students will encounter in clinical practice. Focus on the anesthetic management of particular procedures and specific locations outside of the operating room.

AFN-8XX **Advanced Physiology and Pathophysiology (5 s.h.)**
In-depth study of normal and abnormal physiological processes. Content will include a wide range of topics from cellular physiology to an integrated systematic review of systems.

AFN-8xx **Simulation Lab I (2 s.h.)**
Emphasis on acquisition of nurse anesthesia technical skills and clinical decision making utilizing low and high fidelity simulation. May include basic and advanced airway management, positioning, and preoperative patient preparation.

AFN-8xx **Simulation Lab II (3 s.h.)**
Utilize high fidelity simulation to manage typical simulated scenarios. Includes simulation through the perioperative period. Advanced techniques, e.g. regional blockade and central venous access will also be covered.

AFN-8xx **Anesthesia Practicum I (5 s.h.)**
Emphasis on the basic skills necessary for the novice practitioner under the supervision of a certified registered nurse anesthetist.

AFN-8xx **Anesthesia Practicum II (11 s.h.)**
Continuation of AFN-8xx, focus on anesthetic management of diverse patient populations. Increased responsibilities for drug administration and technical skills.

AFN-8xx **Anesthesia Practicum III (10 s.h.)**
Continuation of AFN-8xx. Increased emphasis on independent decision-making and critical thinking while collaborating as member of the perioperative team. Focus on assuming greater responsibility in anesthetic management.

AFN-8xx **Anesthesia Practicum IV (10 s.h.)**
Continuation of AFN-8xx. Emphasis on the management of complex anesthetic management. Focus on assuming greater independence in anesthetic management.

AFN-8xx **Anesthesia Practicum V (10 s.h.)**

Continuation of AFN-8xx. Focus on fine-tuning skills to provide for independent practice under minimal supervision of a certified registered nurse anesthetist Focus on assuming greater independence in anesthetic management.

ASSESSMENT

The current MSNA program has a robust evaluation plan that was approved by the COA during the last accreditation cycle in 2009. This same evaluation plan will be used in the proposed DNAP program but will also include the evaluation of the roles that graduates may assume in other areas of healthcare and education.

Student Competencies

In addition to exams administered as part of normal coursework, student competency will be evaluated in the clinical arena and in the simulation lab. Students will be evaluated in the areas of critical thinking, technical skills, knowledge of pharmacology and physiology, and anesthetic management. Achievement of these competencies will be assessed using the following methods:

1. Daily clinical evaluations to be completed by the supervising CRNA or anesthesiologist.
2. Final clinical site evaluations to be completed by the clinical site coordinator at the end of each clinical rotation. The evaluation will focus on overall success and clinical progression during the rotation.
3. Student self-evaluation at the end of each semester highlighting the students perceived successes and goals for the subsequent semester.
4. High fidelity simulation will be used to evaluate students at the end of each semester and prior to their entering the clinical arena. High fidelity simulation will include ability to master technical skills and use critical thinking during crisis management. A rubric is used to measure achievement of each technical skill.
5. Satisfactory achievement of clinical experiences, i.e. number of clinical cases, hours of anesthesia time.
6. Successful achievement of researching, planning, executing and evaluating the DNAP capstone project.

The Anesthesia For Nurses Admissions and Progressions Committee reviews student evaluations annually and at other times as needed. The committee will make recommendations for changes to the reporting form and for changes in the student competency metrics. The curriculum committee will evaluate the clinical simulation curriculum and simulation rubrics for effectiveness and measurement of student achievement.

Program Effectiveness

Program effectiveness will be evaluated by students and by the success of the graduates. The following metrics will be monitored.

1. Evaluation of didactic and clinical instruction. Students will evaluate each didactic course and course instructor and a cross-section of clinical instructors and the clinical site.
2. Evaluation of overall program effectiveness. Prior to graduation, students will participate in an anonymous survey as well as an exit interview with the Associate Dean.

3. Employer survey. One year following graduation, the graduates and their employers will be surveyed concerning the academic and clinical preparation for practice.
4. Alumni survey. Between three to five years post-graduation, alumni will be surveyed regarding their career trajectory and their engagement in education and leadership.
5. National Certification Exam pass rates. The AFN DNAP pass rates will be benchmarked against the national pass rates. The AFN program has an average first time pass rate of 95% (2006-2012) and an overall pass rate of 99% during the same time period.
6. Employment rates. Over the last three years, 100% of graduates have obtained employment within three months of graduation.
7. Program attrition. Program attrition will be benchmarked against national nurse anesthesia program data.

Evaluations of student outcomes and program effectiveness will be used to make changes in course sequencing within the curriculum; the instruction delivery method; course content; the overall effectiveness of the faculty; and the quality of clinical site experiences. The faculty reviews the results of the National Certification Exam each year. Areas of weakness are discussed, analyzed, and changes are made if deemed necessary. The MUSC Office of Institutional Effectiveness tracks and assists in setting benchmarks for academic programs as part of the Southern Colleges and Schools reporting mechanism on evaluating the effectiveness of the AFN program.

FACULTY

Current faculty will continue to provide the course direction (didactic and clinical) and instruction. When compared with the current MSNA student enrollment, a similar number of students will be admitted into the proposed DNAP program so the program will require the similar number of faculty. Also, because the proposed program will be delivered at the doctoral level and will include five new courses throughout the curriculum, an additional doctoral prepared CRNA faculty member will be hired to provide didactic instruction and advising for the capstone project. Doctoral prepared CRNAs who are employed at our clinical sites may be used to augment the advising portion of the capstone project. Additional content experts at either the Assistant Professor or Instructor level will provide lectures as needed but will not be full-time faculty members. At least one doctoral prepared faculty member from the MUSC Department of Healthcare Leadership and Management will direct the health administration courses. These courses will be delivered jointly to the post-master's DNAP and the post-baccalaureate DNAP students. In order to maximize faculty effort, the nurse anesthesia students may also be enrolled in the DHLM courses with the students in the Doctorate in Health Administration courses. Faculty and instructors with master's degrees and specific clinical expertise will be used to supplement course instructor but will not be course directors. All adjunct faculty clinical coordinators will be required to hold a master's degree or higher, in accordance with the requirements of the COA Standards for Accreditation.

Table B- Faculty List

List Staff by Rank	Highest Degree	Field of Study	Teaching

(e.g. Professor #1, Professor #2, Associate Professor #1, etc.)	Earned		in Field (Yes/No)
Professor #1	PhD	Adult & Occupational Education	Yes
Assistant Professor #1	DNP	Nursing	Yes
Assistant Professor #2	MHS/MSNA/DNAP	Nurse Anesthesia	Yes
Assistant Professor #3	DNP	Nursing	Yes
Professor #2	EdD	Anatomy	Yes
Associate Professor #1	PhD	Research	Yes
Professor #3	PhD	Physiology	Yes
Assistant Professor #4	DHA or PhD	Health Administration	Yes
Instructor #1	MHS/MSNA/DNAP	Nurse Anesthesia	Yes
Assistant Professor #5	DHA or PhD	Health Administration	Yes
Instructor #2	MHS/MSNA/DNAP	Nurse Anesthesia	Yes
Instructor #3	MHS/MSNA/DNAP	Nurse Anesthesia	Yes

The MUSC CHP's strategic plan includes goals on national recognition in research, interprofessional education and practice, and service. In support of these goals, MUSC provides educational sessions for faculty on diverse topics such as effective use classroom technology, educational instruction, and curriculum design. The Research Administration supports research efforts through the staff in the grants office. The grants staff assists with the submission of nurse anesthesia traineeship grants and with providing overall support. MUSC supports the

professional development of its faculty by providing release time and funding to enable faculty to attend national educator meetings. In acknowledgement of the importance of national recognition of its faculty, the College of Health Professions has endorsed the actions of current faculty presenting at the state and national level by including these efforts in the yearly performance evaluation. A new initiative that will impact new doctoral faculty is the Faculty Mentoring and Career Development Program. Any new faculty in the DNAP program will be required to participate in this program that supports the mentoring process through the academic system and in the creation of overall career goals and objectives.

The Program Administrator serves a dual role, instructing students as well as directing the program. The Program Administrator is expected to direct both the post-master's DNAP and the post-baccalaureate DNAP. In Table C, the Program Administrator is included in the Administration head count and FTE and in the Faculty headcount due to the understanding that this faculty member will also teach full time. Support staff from the current MSNA program will staff the initial year of the DNAP program then transition fully to the DNAP.

One FTE represents a full-time faculty member who has been appointed to the MUSC faculty by the Vice President for Academic Affairs and Provost and who receives 100% of compensation through MUSC or though MUSC authorized activities. The faculty member engages in clinical practice, instruction, research, and/or administrative activities on the MUSC Campus or any of its affiliated locations. The faculty position may be tenured, tenure eligible, or non-tenured.

UNIT ADMINISTRATION, FACULTY, AND STAFF SUPPORT			
YEAR	**NEW**	**EXISTING**	**TOTAL**

Table C - Unit Administration, Faculty and Staff

	Headcount	FTE	Headcount	FTE	Headcount	FTE
Administration •						
2017 – 18	0	0	2	0.23	2	0.23
2018-2019	0	0	2	0.48	2	0.48
2019-2020	0	0	2	0.70	2	0.70
2020-2021	0	0	2	0.98	2	0.98
2021-2022	0	0	2	0.98	2	0.98
Faculty						
2017 – 18	2	0.4	6	1.2	8	1.6
2018-2019	3	1.6	8	1.6	11	3.2
2019-2020	1	0.5	11	3.2	12	3.7
2020-2021	0	0	12	4.9	12	4.9
2021-2022	0	0	12	4.9	12	4.9
Staff**						
2017 – 18	0	0	0	0	0	0
2018-2019	1	0	2	.15	2	.15

2019-2020	1	0	3	.19	3	.19
2020-2021	0	0	3	1.34	3	1.34
2021-2022	0	0	3	1.34	3	1.34

PHYSICAL PLANT

Since this program will not increase the numbers of students taught in the Anesthesia For Nurses program, the current physical plant will be adequate to meet the education needs of the students. At present, the MSNA program has a dedicated classroom that includes an area for full high-fidelity simulation. Because the MSNA students will primarily be in the clinical sites away from campus, the current dedicated classroom will be available for any on-campus class sessions. The classroom is equipped with SmartBoard technology, high-definition cameras, and all other necessary audiovisual equipment. Online interaction with students will continue to be delivered using the internet-based learning management system: Moodle. All current faculty are proficient with Moodle system. New faculty will be oriented to the program upon academic appointment.

EQUIPMENT

It is not anticipated that additional equipment will be necessary. The crisis simulation course will be taught using the program's current high-fidelity human simulator. The current equipment will be updated and replaced using the normal acquisition process. The College of Health Professions has the necessary technology to deliver hybrid, online courses and has a track record of successful distance education through the Department of Healthcare Leadership and Management.

LIBRARY RESOURCES

Students will continue to have full access to the resources of the MUSC library, which includes an extensive selection of electronic journals and electronic databases (PubMed, MedLine, CINAHL). The MUSC Library's primary purpose is to meet the information needs of faculty, staff and students, and to support the curriculum, research, and patient care goals of the Colleges of Health Professions, Medicine, Pharmacy, Nursing, Dental Medicine, and Graduate Studies and the Medical Center. The Library serves as a database and knowledge center, an academic support unit, an electronic educational center, and a leader in information planning. The modern library consists of electronic resources and services including the education of students and faculty in the most effective use of these resources. The MUSC Library has over 220 databases and over 19,000 electronic journals.

Recognizing that users expect to access information where they are, the library has concentrated on making resources available online. The DNAP faculty, students and staff would be able access all resources via the Internet wherever they are physically located by using their MUSC NetID login and password. The MUSC Library's Webpage (http://www.library.musc.edu/) provides access to those electronic resources.

Resources not owned by the library can be requested at no charge through the Interlibrary Loan document delivery service. Every effort is made to get an electronic copy of a journal article, which on average takes 1.3 business days to obtain. Books can also be borrowed from other libraries. Through PASCAL, faculty and students are able to borrow books held by South Carolina Colleges and Universities within two to three business days (if the book is not checked out). Faculty and students may request that books and journals be added to the collection.

ACCREDITATION, APPROVAL, LICENSURE, OR CERTIFICATION

The Medical University of South Carolina, where the program will be delivered, has been continuously accredited by its regional accreditation agency, the Southern Association of Colleges and Schools Commission on Colleges (SACS) since 1971. The next re-affirmation date is 2017.

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is recognized by the Council for Higher Education Accreditation (CHEA) and currently accredits the MSNA program. The COA is the national agency responsible for establishing the educational

standards for nurse anesthesia programs through rigorous evaluation of programmatic content, effectiveness, and continuous quality improvement. An application for approval of a practice-oriented doctoral degree for entry into practice will be submitted to the COA. The process for approval of the DNAP program includes the submission of proof of program and institutional accreditation and submission of narrative and supporting documentation of resources, program effectiveness, accountability, and governance. The COA will evaluate the program of study for the scope and content of doctoral work, evaluation of competence of scholarly work, and the inclusion of the required content in biologic systems, professional role, ethics, healthcare improvement, informatics, social policy, health systems management, and ethics. The application for approval for this program will be submitted to the COA in March 2014 for review in May 2014.

Current MSNA graduates of the program are subject to national certification administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) and graduates of this proposed DNAP will also be required to be certified by the NBCRNA. The NBCRNA develops and administers the certification exam. All graduates from nurse anesthesia programs must pass the certification exam to use the credential CRNA. Past graduates from the current program have a first-time pass rate that is consistently higher than the national average, so the faculty does not anticipate any changes to this statistic.

ARTICULATION

The MUSC transfer credit policy and articulation policy is located on the MUSC website: http://academicdepartments.musc.edu/esl/bulletin/acad_policies/transfer_policy/. The MUSC MSNA program currently accepts prerequisite courses as described in the articulation agreements. However, nurse anesthesia specific content is interwoven in the DNAP curriculum, so transfer courses do not contain information specific to the program. Therefore, most courses from other programs will not meet the content requirements to allow non-MUSC courses to transfer into the curriculum. The DNAP is considered a terminal nurse anesthesia degree.

ESTIMATED COST OF THE PROGRAM AND SOURCES OF FINANCING

The implementation of this program will not incur any unique costs or special state appropriations. Tuition will be the primary source of funding along with the anticipated typical funding from state appropriations. It is anticipated that this proposal will result in an additional $50,000 of expenses for the additional course instruction and staff support. Because this program will replace the current MSNA degree option, the year one estimated cost of the program is reflective of only the additional expense of new faculty. The initially lower cost of the program is reflective of the distribution of administrative cost between the MSNA, post-Masters DNAP, and the post-baccalaureate DNAP. As the program transitions fully to the DNAP, the costs and sources of financing are noted in the end of year two and then completely in years four and five. The faculty in the Doctor in Health Administration Program will teach the leadership and management courses. Both the post-master's and the post-baccalaureate DNAP students will share these courses. Tuition gained from the increased length of the program (two semesters) will offset the additional faculty cost.

The percentage of instate students has varied from 50% to 68% over the last three years. It is anticipated that the cohort of students matriculated into the DNAP will follow a similar profile. However, if the number of national post-baccalaureate DNAP programs is still limited at the time of implementation of this proposed program, the percent of out-state applicants may be higher.

Table D – Estimated Costs and Sources of Financing by Year

ESTIMATED COSTS BY YEAR						
CATEGORY	**1st**	**2nd**	**3rd**	**4th**	**5th**	**TOTALS**
Program Administration	59,153	120,534	178,241	257,106	262,248	877,282
Faculty Salaries	49,076	210,124	302,186	403,331	408,385	1,373,102
Graduate Assistants	0	0	0	0	0	0
Clerical/Support Personnel	0	9,354	12,154	89,717	91,512	202,737
Supplies and Materials	7,690	31,323	57,148	63,306	69,046	228,513
Library Resources	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Other: Faculty development, Recruitment, Traineeship	3,205	13,059	23,825	28,477	28,786	97,352
TOTALS	119,124	384,394	573,554	841,937	859,977	2,778,986

SOURCES OF FINANCING BY YEAR						
Tuition Funding	251,831	979,883	1,711,243	2,202,450	2,211,597	7,357,004
Program-Specific Fees	0	0	0	0	0	0
State Funding*	0	0	0	235.003	235,003	470,006
Reallocation of Existing Funds**	0	0	0	0	0	0
Federal Funding	0	0	0	0	0	0
Other Funding (Specify)	0	0	0	0	0	0
TOTALS	251,831	979,883	1711,243	2437,453	2,446,600	7,827,010

Medical University of South Carolina

COLLEGE OF DENTAL MEDICINE

ABBREVIATED CURRICULUM VITAE

Date: 09/11/2013

Name: Steed (Last) Martin (First) B. (Middle)

Citizenship and/or Visa Status: USA

Office Address: 1365 Clifton Road, Suite 2300B, Atlanta, GA 30322 **Telephone:** (404) 778-5837

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

Institution	Years Attended	Degree/Date	Field of Study
St. John Fisher College	1989-1993	BS/1993	Biology
University of Buffalo School of Dental Medicine	1993-1997	DDS/1997	Dental Surgery

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

	Place	Dates
Internship		
Oral and Maxillofacial Surgery	Emory University	1999-2000

	Place	Dates
Residencies or Postdoctoral:		
General Practice	University of North Carolina School of Dentistry	1997-1999
Oral and Maxillofacial Surgery	Emory University	2000-2004

Board Certification:	Diplomate, American Board of Oral and Maxillofacial Surgery	**Date:** 2006
	Diplomate, American Society of Dental Anesthesia	**Date:** 2005
Licensure:	New York #049542-1	**Date:** 2001
	Georgia #DNO14036	**Date:** 2004

Faculty appointments: ***(Begin with initial appointment)***

Years	Rank	Institution	Department

First Appointment to MUSC: Rank _____ **Date:** _____

Medical University of South Carolina

College of Medicine

ABBREVIATED CURRICULUM VITAE

Date: August 1, 2013

Name: Au (Last) Jessie (First) L.-S. (Middle)

Citizenship and/or Visa Status: U.S.A.

Office Address: The Ohio State University, Columbus, Ohio 43210 **Telephone:**

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

Institution	Years attended	Degree/Date	Field of Study
University of California, San Francisco	1972	Pharm.D. 1972	Clinical Pharmacy
University of California, San Francisco	1980	Ph.D. 1980	Pharmaceutics

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

	Place	Dates
Internship		

	Place	Dates
Residencies or Postdoctoral:		
	Biochemical Pharmacology, Roswell Park Memorial Institute, Buffalo, NY	1979-1980

Board Certification:

Licensure:

Faculty appointments: ***(Begin with initial appointment)***

Years	Rank	Institution	Department
1983-1989	Assistant Professor	Ohio State University	College of Pharmacy
1989-1992	Associate Professor	Ohio State University	College of Pharmacy
1992-1998	Professor	Ohio State University	College of Pharmacy
1998-pres.	Dist. Univ. Professor	Ohio State University	College of Pharmacy
1998-pres.	Dist. Univ. Professor	Ohio State University	College of Medicine
1998-pres.	Dist. Univ. Professor	Ohio State University	College of Engineering

First Appointment to MUSC: Rank Adjunct Professor **Date:** August 1, 2013

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Jeffrey P. Blice, M.D.

Date: 6/6/2013

Citizenship and/or Visa Status:

Office Address: TBD

Telephone: (843)

Education: *(Baccalaureate and above)*

Year Earned	Institution	Degree	Field of Study
1984	Muhlenberg College	B.S.	Natural Sciences
1988	Temple University School of Medicine	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

Internship	Place	Dates
Intern: Internal Medicine	Bethesda Naval Hospital	1988 - 1989

Residencies or Postdoctoral	Place	Dates
Resident: Ophthalmology	National Naval Medical Center	1991 - 1994
Fellow: Vitreoretinal Surgery	Wills Eye Hospital	1995 - 1997

Board Certification:

National Board of Medical Examiners	
American Board of Ophthalmology, Initial Certification	Date: 1995
American Board of Ophthalmology, Recertification	Date: 2005

Licensure:

State of Virginia	Date: 2014
State of Maryland	Date: Expired
State of Pennsylvania	Date: Inactive

Faculty Appointments:

Years	Rank	Institution	Department
1998 - 2007	Instructor	Uniformed Services University of Health Sciences	Surgery
2007 - Present	Assistant Professor	Uniformed Services University of Health Sciences	Surgery

First Appointment to MUSC: Rank : Clinical Associate Professor Date : 2013

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Carol Feghali-Bostwick, Ph.D. Date: 4/24/2013

Citizenship and/or Visa Status:

Office Address: TBD Telephone: TBD

Education: *(Baccalaureate and above)*

Year Earned	Institution	Degree	Field of Study
1985	American University of Beirut	B.S.	Biology
1988	American University of Beirut	M.S.	Microbiology
1992	Tulane University	Ph.D.	Microbiology and Immunology

Graduate Medical Training:*(Chronological)*

Residencies or Postdoctoral	Place	Dates
Post-doctoral research fellow	University of Pittsburgh, Department of Medicine	1993 - 1996

Board Certification:

Licensure:

Faculty Appointments:

Years	Rank	Institution	Department
1996 - 1999	Research Instructor	University of Pittsburgh	Medicine
1999 - 2002	Research Assistant Professor	University of Pittsburgh	Medicine
2002 - 2009	Assistant Professor	University of Pittsburgh	Medicine Division of Pulmonary, Allergy, and Critical Care Medicine
2003 - 2010	Assistant Professor	University of Pittsburgh	Pathology
2010 - Present	Associate Professor with tenure	University of Pittsburgh	Medicine
2010 - Present	Associate Professor with tenure	University of Pittsburgh	Pathology

First Appointment to MUSC: Rank: Professor Date: 2013

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Lynn M. Schnapp, M.D. Date: 7/30/2013

Citizenship and/or Visa Status:

Office Address: Telephone:

Education: *(Baccalaureate and above)*

Year Earned	Institution	Degree	Field of Study
1982	Massachusetts Institute of Technology	S.B.	
1986	University of Pennsylvania School of Medicine	M.D.	Medicine

Graduate Medical Training:*(Chronological)*

Residencies or Postdoctoral	Place	Dates
Resident, Internal Medicine	Hospital of the University of Pennsylvania	1986 - 1989
Clinical Pulmonary and Critical Care Fellow	University of California, San Francisco	1989 - 1990
Postdoctoral Research Fellow	Cardiovascular Research Institute, University of California, San Francisco	1991 - 1993

Board Certification:

Internal Medicine, American Board of Internal Medicine	Date: 1989
Pulmonary Diseases, American Board of Internal Medicine	Date: 1992
Critical Care Medicine, American Board of Internal Medicine	Date: 1993
Pulmonary Diseases, American Board of Internal Medicine (re-certified)	Date: 2002
Critical Care Medicine, American Board of Internal Medicine (re-certified)	Date: 2003

Licensure:

Washington State License MD00039285

Drug Enforcement Administration License FS2529470

Faculty Appointments:

Years	Rank	Institution	Department
1993 - 1995	Assistant Adjunct Professor	University of California, San Francisco	Pulmonary and Critical Care Medicine
1996 - 2000	Assistant Professor	Mount Sinai School of Medicine	Pulmonary and Critical Care Medicine
1997 - 2000	Member	Mount Sinai School of Medicine	Graduate School of Biological Sciences
1997 - 2000	Faculty	Mount Sinai School of Medicine	Program in Molecular, Cellular, Biochemical and Developmental Sciences, and Program in Mechanisms of Disease Therapy
1998 - 2000	Assistant Professor	Mount Sinai School of Medicine	Cell Biology and Anatomy
2000 - 2009	Associate Professor	University of Washington	Pulmonary and Critical Care Medicine
2006 - Present	Member	University of Washington	Molecular and Cellular Biology Graduate Program
2009 - Present	Professor	University of Washington	Pulmonary and Critical Care Medicine
2009 - Present	Adjunct Professor	University of Washington	Biobehavioral Nursing and Health Systems
2009 - Present	Member	University of Washington	Graduate Faculty

First Appointment to MUSC: Rank : Professor Date :

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Kevin R. O'Reilly, Ph.D. Date: 6/21/2013

Citizenship and/or Visa Status: USA

Office Address: Telephone:

Education: *(Baccalaureate and above)*

Year Earned	Institution	Degree	Field of Study
1973	George Washington University	B.A.	
1980	University of Connecticut	Ph.D.	

Graduate Medical Training: *(Chronological)*

Residencies or Postdoctoral	Place	Dates
Post-Doctoral Fellow	Epidemic Intelligence Service (Epidemiology), National Centers for Disease Control and Prevention, Atlanta, Georgia	1981 - 1983

Board Certification:

Licensure:

Faculty Appointments:

Years	Rank	Institution	Department
01/1981 - 06/1981	Visiting Assistant Professor	University of South Florida	Anthropology

First Appointment to MUSC: Rank : Clinical Associate Professor Date : 2013

Medical University of South Carolina

College of Medicine

ABBREVIATED CURRICULUM VITAE

Date: July 30, 2013

Name: Quan (Last) Richard (First) (Middle)

Citizenship and/or Visa Status: USA

Office Address: TBD
Charleston, SC 29425

Telephone: (843)

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

Institution	Years attended	Degree/Date	Field of Study
Stanford University	1970 – 1973		
Stanford University	1974 – 1975	A.B. / 1975	Human Biology
University of South Alabama COM	1975 – 1979	M.D. / 1979	Medicine

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

	Place	Dates
Internship		
	Children's Hospital, University of Alabama in Birmingham	1979 – 1982
	Place	**Dates**
Residencies or Postdoctoral:		
	Children's Hospital, University of Alabama in Birmingham	1979 – 1982
	Gastroenterology Fellow: Dept. of Pediatrics, Stanford University Medical Center	1982 – 1984
	Postdoctoral Fellow: Division of Gastroenterology, Department of Medicine, Stanford University Medical Center	1984 – 1987

Board Certification:	American Board of Pediatrics	**Date:** 1985
	American Board of Pediatrics, Pediatric GI & Nutrition	**Date:** 1992
		Date:
		Date:
Licensure:	Alabama, Texas, Nevada	**Date:** (Inactive)
	Washington	**Date:** 2009 – Present
	California	**Date:** 2002 – Present
	South Carolina	**Date:** Pending

Faculty appointments: ***(Begin with initial appointment)***

Years	Rank	Institution	Department
1987	Assistant Professor	University of Texas Southwestern	Pediatrics
1994	Associate Professor	University of Nevada SOM	Pediatrics
2002	Associate Professor	University of California, Davis	Pediatrics
2005	Clinical Professor	University of California, Davis	Pediatrics
Pending	Clinical Professor	MUSC College of Medicine	Pediatrics

First Appointment to MUSC: Rank Clinical Professor **Date:** Pending

Medical University of South Carolina

College of Pharmacy

ABBREVIATED CURRICULUM VITAE

Name: Lackey (**Last**) Karen (**First**) E (**Middle**)

Citizenship and/or Visa Status: USA

Office Address: 1855 Long Creek Road, Wadmalaw Island, SC **Telephone:** 843-609-8909

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

Institution	Years attended	Degree/Date	Field of Study
Villanova		BS/1984	Chemistry
Duke		MS/1993	Chemistry

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

	Place	Dates
Internship		

	Place	Dates
Residencies or Postdoctoral:		

Board Certification: **Date:**

Licensure: **Date:**

Faculty appointments: ***(Begin with initial appointment)***

Years	Rank	Institution	Department
1985-1989	Research Associate	Pfizer	Animal Health
1989-1994	Principal Scientist	Glaxo	Medicinal Chemistry
1995-2001	Director	GlaxoWellcome	Chemistry
2001-2010	Vice President (global)	GlaxoSmithKline	Discovery Research
2010-2013	Vice President	Hoffmann-La Roche	Small Molecule Res.

Total Number of Publications in peer-reviewed journals: >80

First Appointment to MUSC: Rank Visiting Associate Professor **Date:** August 2013

MUSC Foundation for Research Development
Income Statement
For the month ended July 31, 2013

	Actual	Budget
Revenues		
Contracts, grants and awards	$87,500	$87,500
License fees and royalties, net	$12	$10,417
Investment income	$2,241	$833
Other revenues - program services	$525	$0
Total Revenues	**$90,278**	**$98,750**
Expenses		
Personnel	$25,041	$62,042
Patent prosecution costs	$13,892	$28,750
Professional fees	$11,200	$2,917
Other administrative expenses		
IT maintenance - software and hardware	$917	$1,175
Telephone	$856	$892
Travel		
Non-employee Travel	$4,813	$1,667
Employee Travel	$0	$1,666
Professional development-conferences & continuing education	$0	$1,163
Office supplies, support and equipment	$1,082	$1,308
Real property rental	$2,054	$2,083
Lease payments	$633	$1,000
Insurance	$1,118	$1,250
Dues, memberships and subscriptions	$0	$333
Special activities	$801	$833
Depreciation expense	$46	$4
Total Other administrative expenses	$12,319	$13,375
Other expenses - program services	$969	$0
Total Expenses	**$63,422**	**$107,083**
NET SURPLUS/(DEFICIT)	**$26,855**	**($8,333)**
Surplus funds from FY12 to be used in FY14	$0	$8,333
NET SURPLUS/(DEFICIT)	**$26,855**	**$0**

MUSC Foundation for Research Development

Statements of Financial Position

	7/31/2013	7/31/2012
Assets		
Cash and cash equivalents	$740,217	$962,033
Interest receivable	$2,495	$2,399
Accounts receivable, net	$576,669	$612,655
Prepaid expenses	$13,587	$47,989
Investments	$301,234	$300,018
Property and equipment, net	$305	$1,755
Total Assets	$1,634,507	$1,926,848
Liabilities and Net Assets		
Liabilities		
Accounts payable	$238,280	$133,941
Accounts payable - MUSC	$311,620	$633,194
Due to UMA - accrued vacation	$27,464	$19,618
Unearned revenue and deposits	$32,233	$85,380
Total Liabilities	$609,597	$872,132
Net Assets		
Total Net Assets	$1,024,910	$1,054,716
Total Liabilities and Net Assets	$1,634,507	$1,926,848

MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
OCTOBER 11, 2013

MUSC Indefinite Delivery Releases

Huss, Inc. $22,172.00

Complete Room BE236 as an image analysis lab in support of the Bioengineering Building project.

Abate & Insulate, LLC $12,863.00

Remove and dispose of asbestos-containing fireproofing and fittings in support of the Craniofacial Research Lab Renovations project.

Abate & Insulate, LLC $6,094.00

Remove and dispose of asbestos-containing materials in support of the 49 Bee Street Roof Replacement and Mold Remediation project.

Huss, Inc. $227,929.00

Install horizontal shaft wall ceiling and replace HVAC fan coil in support of the Institute of Psychiatry 1st Floor Exit and Fan Coil project.

Abate & Insulate, LLC $203,541.00

Remove and dispose of asbestos-containing materials in support of the Bank Demolition project.

Bonitz Contracting & Flooring Group $816.24

Provide 16 square yards of carpet tile and 120 linear feet of cove base in Room BS518D at the request of the customer.

Hill Construction Services of Charleston Inc. $41,241.00

Pave to create additional parking at 77 President Street, College of Health Professions Building, at the request of the customer.

MUSC General Construction Projects

Abate & Insulate, LLC $347.00

Remove and dispose of asbestos-containing mastic in support of Clinical Science Building 9th Floor Renovations project.

Chastain Construction, Inc. $132,846.00

Renovate courtyard in support of the Wellness Center Front Entry Renovation project.

Watertight Systems Inc $114,500.00

Renovate and repair exterior walls, windows and make minor roof repairs in support of the College of Health Professions Building A Window Repairs project.

Triad Mechanical Contractors, Inc. $303,926.00

Replace five air handler units in support of the Wellness Center AHU #1, #2, #3, #4 & #5 AHU Replacement project.

Triad Mechanical Contractors, Inc. $390,000.00

Replace a chiller in support of the Wellness Center Chiller #1 Replacement project.

Hill Construction Services of Charleston Inc. $241,789.00

Renovate interior office in support of the Clinical Science Building 7th Floor Orthopedic Surgery Office Renovation Phase I project.

Bonitz Contracting & Flooring Group $2,485.00

Furnish and install sheet vinyl and cove base in the Institute of Psychiatry Elevator Vestibules at the request of the customer.

Image Resource, LLC $2,797.85

Supply and install interior wall mounted signs in the Psychiatric Hospital at the request of the customer.

Satchel Construction LLC $6,340.00

Repair and paint walls and door in Basic Science Building Room BS120, 122 and 123 at the request of customer.

MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
OCTOBER 11, 2013

MUSC Indefinite Delivery Releases

S&ME, Inc. $990.00

Provide lead-based paint testing in support of the Rutledge Avenue Parking Garage Restriping project.

S&ME, Inc. $300.00

Provide asbestos bulk sampling and analysis in support of Clinical Sciences Building Ninth Floor Renovation project.

RMF Engineering, Inc. $9,550.00

Provide engineering services in support of Quadrangle Building AHU #1 Replacement project.

GEL Engineering $5,050.00

Provide asbestos air monitoring and project management in support of the 49 Bee Street Roof Replacement and Mold Remediation project.

GEL Engineering $37,940.00

Provide asbestos air monitoring, project management and final report in support of the Bank Demolition project.

GEL Engineering $3,000.00

Provide pre-demolition asbestos abatement design specification in support of the Bank Building Demolition project.

S&ME, Inc. $2,380.00

Provide air monitoring in conjunction with the removal of asbestos-containing sheetrock in rooms 625 and 626 of the Clinical Science Building at the request of Occupational Safety.

S&ME, Inc. $190.00

Provide lead paint analysis at the Fort Johnson House at the request of Occupational Safety.

MUSC 230s

Leach Wallace Associates, Inc. $16,000.00

Provide mechanical engineering services in support of the Children's Emergency Department Waiting Room Reheat project.

Johnson, Laschober & Associates, P.C. $9,700.00

Provide architectural and engineering services associated with an enclosure for the elevators on the roof of the parking deck at Bee Street at the request of Parking Management.

CEMS Engineering, Inc. $17,600.00

Provide engineering services for the replacement of the existing fire booster pump in the Institute of Psychiatry at the request of Engineering and Facilities.

Johnson, Laschober & Associates, P.C. $4,750.00

Provide civil engineering services required for drainage analysis of the Jonathan Lucas Parking Garage Entrance at the request of Parking Management.

Other Contracts

Soil Consultants, Inc. $5,320.00

Provide special inspections and constrution materials testing in support of the Bioengineering Building project.

Soil Consultants, Inc. $2,135.00

Provide special inspection and construction materials testing in support of the Deferred Maintenance Clinical Sciences Building Ramp Repair project.

IDC Contracts

Johnson, Laschober & Associates, P.C.

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.

Johnson, Laschober & Associates, P.C.

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

MECA, Inc.

Provide mechanical engineering services on an as-needed basis throughout the campus over a two year period. Total contract not to exceed $500,000. Individual releases are not to exceed $200,000 each project.

RMF Engineering, Inc.

Provide mechanical engineering services on an as-needed basis throughout the campus over a two year period. Total contract not to exceed $500,000. Individual releases are not to exceed $200,000 each project.

ECHO Engineering LLC

Provide mechanical engineering services on an as-needed basis throughout the campus over a two year period. Total contract not to exceed $500,000. Individual releases are not to exceed $200,000 each project.

CEMS Engineering, Inc.

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

Leach Wallace Associates, Inc.

Provide mechanical engineering 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.`

ADC Engineering, Inc.

Provide roofing and waterproofing consulting and design services on an as-needed basis throughout the campus over a two year period. Total contract not to exceed $500,000. Individual releases are not to exceed $200,000 each project.

Stafford Consulting Engineers

Provide roofing and waterproofing consulting and design services on an as-needed basis throughout the campus over a two year period. Total contract not to exceed $500,000. Individual releases are not to exceed $200,000 each project.