



# **AGENDA**

**(REGULAR AND CONSENT)**

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

**APRIL 7, 2006**

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

**REGULAR AGENDA**

Board of Trustees Meeting  
Friday, April 11, 2014  
**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.  
The Honorable James A. Battle  
Mr. William H. Bingham, Sr.  
Mr. William B. Hewitt  
Dr. Harold W. Jablon  
Dr. Donald R. Johnson II

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

**Trustees Emeriti**

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

Item 1.     Call to Order-Roll Call.

Item 2.     Secretary to Report Date of Next Meeting.

Regular Meeting: Thursday May 15, 2014

Item 3.     Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority February 14, 2014.

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, QUALITY 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.

Item 16. Environment of Care Report.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

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. Information Security Update.

Statement: Dr. Frank Clark will present an update.

Recommendation of Administration: That the report 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 the report 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**  
**February 28, 2014**

<b>Statements of Net Position</b>	<b>1</b>
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**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Statement of Net Position  
February 28, 2014 and June 30, 2013

<b>Assets and Deferred Outflows</b>	<b>At 2 /28/2014</b>	<b>FYE 06/30/2013 (audited)</b>
Current Assets:		
Cash and Cash Equivalents	\$ 63,276,540	\$ 38,260,407
Cash Restricted for Capital Improvements	13,450,000	5,500,000
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$76,100,000 and \$48,500,000	188,968,350	169,293,014
Due from Third-Party Payors	9,942,669	14,664,395
Other Current Assets	54,047,409	49,795,671
Total Current Assets	329,684,968	277,513,487
Investments Held by Trustees Under Indenture Agreements	41,395,036	46,256,860
Capital Assets, Net	521,056,744	526,690,282
Deferred Borrowing Costs	152,088	4,267,895
Total Assets	892,288,836	854,728,524
Deferred Outflows	-	2,262,745
<b>Total Assets and Deferred Outflows</b>	<b>\$ 892,288,836</b>	<b>\$ 856,991,269</b>
 <b>Liabilities and Net Position</b>		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 15,419,956	\$ 14,906,814
Current Installments of Capital Lease Obligations	264,168	261,751
Current Installments of Notes Payable	1,335,948	1,788,574
Due to Related Parties	15,971,043	5,935,676
Accounts Payable	39,729,021	45,613,804
Accrued Payroll, Withholdings and Benefits	59,428,285	51,846,839
Other Accrued Expenses	9,481,791	13,068,801
Deferred Revenue	20,531,908	5,500,000
Total Current Liabilities	162,162,120	138,922,259
Long-Term Debt	333,939,421	343,853,705
Capital Lease Obligations	176,887	353,403
Derivative Instruments	-	2,262,745
Notes Payable	11,386,253	12,300,020
Other Liabilities	2,016,560	3,629,808
Total Liabilities	509,681,241	501,321,940
Net Position:		
Invested in Capital Assets, Net of Related Debt	154,249,767	151,444,230
Restricted Under Indenture Agreements	41,395,036	46,256,860
UnRestricted	186,962,792	157,968,239
Total Net Position	382,607,595	355,669,329
<b>Total Liabilities and Net Position</b>	<b>\$ 892,288,836</b>	<b>\$ 856,991,269</b>



**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 8 Month Periods Ending February 28, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Operating Revenue:		
Net Patient Service Revenue	\$ 752,287,846	\$ 702,232,934
Other Revenue	<u>18,103,423</u>	<u>15,158,522</u>
Total Operating Revenue	<u>770,391,269</u>	<u>717,391,456</u>
Operating Expenses:		
Compensation and Employee Benefits	304,718,052	310,091,798
Services and Supplies	386,508,643	354,613,562
Depreciation and Amortization	<u>34,565,309</u>	<u>37,963,892</u>
Total Operating Expenses	<u>725,792,004</u>	<u>702,669,252</u>
Operating Income (Loss)	44,599,265	14,722,204
NonOperating Revenue (Expense):		
Investment Income	(1,383,358)	8,196,173
Interest Expense	(10,593,717)	(13,985,284)
CEP Refinance Issuance Costs	<u>(1,254,064)</u>	<u>-</u>
Total NonOperating Revenue (Expense)	<u>(13,231,139)</u>	<u>(5,789,111)</u>
Change in Net Position	<u>\$ 31,368,126</u>	<u>\$ 8,933,093</u>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

(A Component Unit of MUSC)

SRECNA - Comparative Variance Analysis

For the 8 Month Periods February 28, 2014 and 2013

	Current Month		Variance	Comparative Period		Variance	Fiscal Year To Date		Variance	Comparative Period		Variance
	Actual	Budget		Feb 2013	Feb 2013		Actual	Budget		July - Feb FY2013	July - Feb FY2013	
Operating Revenue												
Net Patient Service Revenue	\$ 95,666,212	\$ 90,844,734	5.31%	\$ 86,763,945	10.26%		\$ 752,287,846	\$ 726,757,871	3.51%	\$ 702,232,934	7.13%	
Other Revenue	4,263,716	1,576,944	170.38%	2,254,200	89.15%		18,103,423	12,615,552	43.50%	15,158,522	19.43%	
Total Operating Revenue	99,929,928	92,421,678	8.12%	89,018,145	12.26%		770,391,269	739,373,423	4.20%	717,391,456	7.39%	
Operating Expenses												
Compensation and Employee Benefits	36,730,972	39,568,016	7.17%	36,641,656	-0.24%		304,718,052	316,544,130	3.74%	310,091,798	1.73%	
Services and Supplies	54,169,817	44,627,310	-21.38%	45,950,065	-17.89%		386,508,643	357,018,447	-8.26%	354,613,562	-8.99%	
Depreciation and Amortization	4,583,190	4,803,765	4.63%	4,447,246	-3.06%		34,565,309	38,446,121	10.09%	37,963,892	8.95%	
Total Operating Expenses	95,483,979	89,001,091	-7.28%	87,038,967	-9.70%		725,792,004	712,008,698	-1.94%	702,669,252	-3.29%	
Operating Income (Loss)	4,445,949	3,420,587	29.98%	1,979,178	124.64%		44,599,265	27,364,725	62.98%	14,722,204	202.94%	
Operating Margin	4.45%	3.70%		2.22%			5.79%	3.70%		2.05%		
NonOperating Revenue (Expense)												
Investment Income	240,684	164,613	46.21%	908,315	-73.50%		(1,383,358)	1,316,902	-205.05%	8,196,173	-116.88%	
Interest Expense	(18,411)	(1,390,761)	98.68%	(1,316,088)	98.60%		(10,593,717)	(11,126,082)	4.78%	(13,985,284)	24.25%	
CEP Refinance Issuance Costs	(172,485)	-	100.00%	-	100.00%		(1,254,064)	-	-100.00%	-	-100.00%	
Total NonOperating Revenue (Expense)	49,788	(1,226,148)	104.06%	(407,773)	112.21%		(13,231,139)	(9,809,180)	-34.89%	(5,789,111)	-128.55%	
Change in Net Position	\$ 4,495,737	\$ 2,194,439	104.87%	\$ 1,571,405	186.10%		\$ 31,368,126	\$ 17,555,545	78.68%	\$ 8,933,093	251.15%	

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Functional Expenses  
For the 8 Month Periods Ending February 28, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<b>Nursing Services:</b>		
Administration and Education	24,810,411	\$ 18,819,917
Medical and Surgical	39,566,769	40,416,958
Pediatrics	10,640,610	11,007,222
Emergency and Trauma Units	13,305,950	13,849,240
Intensive Care Units	36,553,606	37,186,310
Coronary Care Units	2,396,029	2,633,680
Psychiatric	14,864,528	16,280,935
Operating Rooms	23,943,633	22,574,872
Recovery Rooms	2,968,803	3,005,409
Delivery and Labor Rooms	2,847,876	2,757,239
Obstetrics	4,055,633	3,983,092
Total Nursing Services	<u>\$ 175,953,848</u>	<u>\$ 172,514,874</u>
<b>Other Professional Services:</b>		
Laboratories and Laboratory Support	\$ 32,356,273	\$ 33,067,970
Electrocardiology	3,865,531	4,030,011
Radiology	16,999,119	16,998,553
Pharmacy	79,932,876	70,041,482
Heart Catheterization	6,364,184	6,938,526
Central Services and Supply	55,466,804	58,275,259
Anesthesiology	12,677,935	12,911,316
Nuclear Medicine	779,289	774,565
Respiratory Therapy	9,208,296	9,219,490
Physical Medicine	5,318,613	5,715,447
Dialysis	1,348,349	1,443,566
Pathology	2,330,817	2,703,617
Transplant	18,981,228	15,125,772
Other Miscellaneous Services	11,154,465	11,576,412
Medical Records and Quality Assurance	4,994,794	4,959,832
Resident Support	32,881,987	26,985,340
Total Other Professional Services	<u>\$ 294,660,560</u>	<u>\$ 280,767,158</u>
<b>General Services:</b>		
Dietary	\$ 9,706,708	\$ 10,112,165
Plant Ops, Maintenance, Security	39,549,975	39,750,978
Housekeeping	11,591,165	11,368,740
Total General Services	<u>\$ 60,847,848</u>	<u>\$ 61,231,883</u>
<b>Fiscal and Administrative Services:</b>		
Admitting	\$ 4,407,276	\$ 4,497,099
Administration	55,114,740	43,123,198
Shared Services	6,680,777	6,938,172
MUSC Support	14,442,933	15,114,122
Accounting	6,831,894	6,132,110
Hospital Patient Accounting	6,366,755	6,554,966
Marketing	4,725,948	4,932,408
Human Resources	1,712,211	1,705,869
Communications	1,183,923	1,330,657
Computer Services	27,680,630	27,562,064
Total Fiscal and Administrative Services	<u>\$ 129,147,087</u>	<u>\$ 117,890,665</u>
<b>Ambulatory Care:</b>		
Ambulatory Care	<u>\$ 30,617,352</u>	<u>\$ 32,300,780</u>
Total Ambulatory Care	<u>\$ 30,617,352</u>	<u>\$ 32,300,780</u>
<b>Other:</b>		
Depreciation	\$ 34,565,309	\$ 37,963,892
Interest	10,593,717	13,985,284
CEP Refinance Issuance Costs	1,254,064	-
Total Other	<u>\$ 46,413,090</u>	<u>\$ 51,949,176</u>
<b>Total Expenses</b>	<u>\$ 737,639,785</u>	<u>\$ 716,654,536</u>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Revenues and Expenses - Actual versus Budget  
For the 8 Month Period Ending February 28 , 2014

	<u>Approved Budget</u>	<u>Year To Date Budget</u>	<u>Actual</u>	<u>Variance Favorable/ Unfavorable</u>	
<b>Operating Revenue:</b>					
<b>Patient Service Revenue:</b>					
Inpatient	\$ 1,755,640,303	\$ 1,170,426,869	\$ 1,211,372,319	\$ 40,945,450	F
Outpatient	<u>1,221,324,345</u>	<u>814,216,230</u>	<u>832,864,391</u>	<u>18,648,161</u>	F
Gross Patient Service Revenue	<u>2,976,964,648</u>	<u>1,984,643,099</u>	<u>2,044,236,710</u>	<u>59,593,611</u>	F
Patient Service Revenue net of Charity Care	<u>2,976,964,648</u>	<u>1,984,643,099</u>	<u>1,996,695,416</u>	<u>12,052,317</u>	F
<b>Additions (Deductions) To/From Patient Service Revenue:</b>					
Contractual and Other Adjustments	(1,925,654,520)	(1,283,769,680)	(1,270,292,022)	13,477,658	F
Payment from DHHS	18,628,621	12,419,081	12,419,081	-	F
Disproportionate Share	<u>20,198,056</u>	<u>13,465,371</u>	<u>13,465,371</u>	<u>-</u>	F
Net Additions (Deductions) To/From Patient Service Revenue	<u>(1,886,827,843)</u>	<u>(1,257,885,228)</u>	<u>(1,244,407,570)</u>	<u>13,477,658</u>	F
Net Patient Service Revenue	<u>1,090,136,805</u>	<u>726,757,871</u>	<u>752,287,846</u>	<u>25,529,975</u>	F
<b>Other Operating Revenue:</b>					
Other and IIT Transfers	<u>18,923,328</u>	<u>12,615,552</u>	<u>18,103,423</u>	<u>5,487,871</u>	F
Total Other Operating Revenue	<u>18,923,328</u>	<u>12,615,552</u>	<u>18,103,423</u>	<u>5,487,871</u>	F
Total Operating Revenue	<u>\$ 1,109,060,133</u>	<u>\$ 739,373,423</u>	<u>\$ 770,391,269</u>	<u>\$ 31,017,846</u>	F
<b>Operating Expenses:</b>					
Nursing Services	\$ 265,664,105	\$ 177,109,403	\$ 175,953,848	\$ 1,155,555	F
Other Professional Services	423,418,284	282,278,857	294,660,560	12,381,703	U
General Services	93,293,675	62,195,783	60,847,848	1,347,935	F
Fiscal and Administrative Services	178,797,215	119,198,143	129,147,087	9,948,944	U
Ambulatory Care	49,170,586	32,780,391	30,617,352	2,163,039	F
Other Expenses	<u>57,669,182</u>	<u>38,446,121</u>	<u>34,565,309</u>	<u>3,880,812</u>	F
Total Operating Expenses	<u>1,068,013,047</u>	<u>712,008,698</u>	<u>725,792,004</u>	<u>13,783,306</u>	U
<b>Income (Loss) from Operations</b>	<u>41,047,086</u>	<u>27,364,725</u>	<u>44,599,265</u>	<u>17,234,540</u>	F
<b>NonOperating Revenue (Expense):</b>					
Interest and Investments	(14,713,770)	(9,809,180)	(11,977,075)	2,167,895	U
CEP Refinance Issuance Costs	<u>-</u>	<u>-</u>	<u>(1,254,064)</u>	<u>1,254,064</u>	U
Total NonOperating Revenue (Expense)	<u>(14,713,770)</u>	<u>(9,809,180)</u>	<u>(13,231,139)</u>	<u>3,421,959</u>	U
<b>Change in Net Position</b>	<u>\$ 26,333,316</u>	<u>\$ 17,555,545</u>	<u>\$ 31,368,126</u>	<u>\$ 13,812,581</u>	F

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
(A Component Unit of MUSC)  
Schedule of Functional Expenses - Actual versus Budget  
For the 8 Month Period Ending February 28, 2014

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
<b>Nursing Services:</b>				
Administration and Education	\$ 29,855,509	\$ 19,903,673	\$ 24,810,411	\$ 4,906,738 U
Medical and Surgical	61,867,632	41,245,088	39,566,769	1,678,319 F
Pediatrics	16,816,833	11,211,222	10,640,610	570,612 F
Emergency and Trauma Units	21,749,847	14,499,898	13,305,950	1,193,948 F
Intensive Care Units	56,914,316	37,942,877	36,553,606	1,389,271 F
Coronary Care Units	4,054,173	2,702,782	2,396,029	306,753 F
Psychiatric	24,859,395	16,572,930	14,864,528	1,708,402 F
Operating Rooms	34,609,960	23,073,307	23,943,633	870,326 U
Recovery Rooms	4,596,416	3,064,277	2,968,803	95,474 F
Delivery and Labor Rooms	4,231,070	2,820,713	2,847,876	27,163 U
Obstetrics	6,108,954	4,072,636	4,055,633	17,003 F
Total Nursing Services	<u>\$ 265,664,105</u>	<u>\$ 177,109,403</u>	<u>\$ 175,953,848</u>	<u>\$ 1,155,555 F</u>
<b>Other Professional Services:</b>				
Laboratories and Laboratory Support	\$ 49,993,928	\$ 33,329,285	\$ 32,356,273	\$ 973,012 F
Electrocardiology	6,238,495	4,158,997	3,865,531	293,466 F
Radiology	26,438,520	17,625,680	16,999,119	626,561 F
Pharmacy	105,153,326	70,102,217	79,932,876	9,830,659 U
Heart Catheterization	10,527,305	7,018,203	6,364,184	654,019 F
Central Services and Supply	86,076,017	57,384,011	55,466,804	1,917,207 F
Anesthesiology	20,085,917	13,390,611	12,677,935	712,676 F
Nuclear Medicine	1,174,430	782,953	779,289	3,664 F
Respiratory Therapy	14,359,619	9,573,079	9,208,296	364,783 F
Physical Medicine	8,689,927	5,793,285	5,318,613	474,672 F
Dialysis	2,202,368	1,468,245	1,348,349	119,896 F
Pathology	4,121,201	2,747,467	2,330,817	416,650 F
Transplant	22,438,314	14,958,876	18,981,228	4,022,352 U
Other Miscellaneous Services	17,696,178	11,797,455	11,154,465	642,990 F
Medical Records and Quality Assurance	7,535,953	5,023,969	4,994,794	29,175 F
Resident Support	40,686,786	27,124,524	32,881,987	5,757,463 U
Total Other Professional Services	<u>\$ 423,418,284</u>	<u>\$ 282,278,857</u>	<u>\$ 294,660,560</u>	<u>\$ 12,381,703 U</u>
<b>General services:</b>				
Dietary	\$ 15,467,886	\$ 10,311,924	\$ 9,706,708	\$ 605,216 F
Plant Ops, Maintenance, Security	60,817,389	40,544,926	39,549,975	994,951 F
Housekeeping	17,008,400	11,338,933	11,591,165	252,232 U
Total General Services	<u>\$ 93,293,675</u>	<u>\$ 62,195,783</u>	<u>\$ 60,847,848</u>	<u>\$ 1,347,935 F</u>
<b>Fiscal and Administrative Services:</b>				
Admitting	\$ 6,974,073	\$ 4,649,382	\$ 4,407,276	\$ 242,106 F
Administration	66,089,645	44,059,763	55,114,740	11,054,977 U
Shared Services	10,333,809	6,889,206	6,680,777	212,585 F
MUSC Support	21,457,734	14,305,156	14,442,933	137,777 U
Accounting	9,607,660	6,405,107	6,831,894	426,787 U
Hospital Patient Accounting	10,400,756	6,933,837	6,366,755	567,082 F
Marketing	7,421,610	4,947,740	4,725,948	221,792 F
Human Resources	2,608,039	1,738,693	1,712,211	26,482 F
Communications	2,035,753	1,357,169	1,183,923	173,246 F
Computer Services	41,868,136	27,912,091	27,680,630	231,461 F
Total Fiscal and Administrative Services	<u>\$ 178,797,215</u>	<u>\$ 119,198,143</u>	<u>\$ 129,147,087</u>	<u>\$ 9,948,944 U</u>
<b>Ambulatory Care:</b>				
Ambulatory Care	\$ 49,170,586	\$ 32,780,391	\$ 30,617,352	\$ 2,163,039 F
Total Ambulatory Care	<u>\$ 49,170,586</u>	<u>\$ 32,780,391</u>	<u>\$ 30,617,352</u>	<u>\$ 2,163,039 F</u>
<b>Other:</b>				
Depreciation	\$ 57,669,182	\$ 38,446,121	\$ 34,565,309	\$ 3,880,812 F
Interest	16,689,123	11,126,082	10,593,717	532,365 F
CEP Refinance Issuance Costs	-	-	1,254,064	1,254,064 U
Total Other	<u>\$ 74,358,305</u>	<u>\$ 49,572,203</u>	<u>\$ 46,413,090</u>	<u>\$ 3,159,113 F</u>
<b>Total Expenses</b>	<u>\$ 1,084,702,170</u>	<u>\$ 723,134,780</u>	<u>\$ 737,639,785</u>	<u>\$ 14,505,005 U</u>

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

Balance Sheet: At 02/28/2014 and for the year ended 6/30/2013

**Assets:**

Cash and cash equivalents, including cash restricted for construction and telemedicine projects, increased \$33 million to \$76.7 million from June 30<sup>th</sup>, 2013. The increase is a result of several factors from recent performance. Hospital Patient Accounting had record collections in the first eight months of FY 14 (\$6million per month more than same period last year), \$4 million net of the provider tax for Medicaid disproportionate share uninsured program payment, \$8.4 million in appropriations for telemedicine, and the HUD debt service payments are now approximately \$300k per month less than pre-refinancing amounts. The improvement in cash inflows was offset by a \$3 million Medicaid prior year cost settlement, and year to date Epic capital and operating expense payments of \$14,091,616.

Net patient accounts receivable has increased 11.6% on substantially higher volume. The collection percent has decreased from 37.6 to 36.8 during this same period. Case mix index (an indication of patient acuity) at 1.855 is up from last year's 1.7952. February's case mix decreased to 1.86 from January's 1.89. CMI for the month of February FY '13 was 1.79.

Other Current Assets increased by \$4.3 million from 6/30/13 due to a number of factors including accrual for meaningful use payments and prepaid insurance. Deferred outflows (and the Derivative Instruments balance in the liability section) are zero due to the termination of the swap as part of the central energy plant refinancing that occurred on 12/30/13.

**Liabilities:**

As of February, 2014 Current Installments of Long-Term Debt include \$13.5 million HUD related debt and \$1.9 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 \$10 million. Prior to the December, 2102 refinancing, principal was paid semi-annually, under the new debt structure, principal is paid monthly. In June MUHA accessed the State's loan program to borrow \$12.9 million for the Sabin Street central energy plant project. This is shown in the long term debt section as Notes Payable.

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

Other Accrued Expenses decreased by \$3.6 million due to payment of the prior year Medicaid cost report offset by the accrual for Epic license fees. Deferred revenue relates to ART 7 and telemedicine appropriations.

Statement of Revenues, Expenses and Changes in Net Assets: For the six months ended February 28, 2014 and 2013

**Operating Revenues:**

Net patient revenue is up 7.1% from the same period last year. Inpatient census is up 4.2% over last fiscal year – driven by increases in all service areas. E R visits are down 2.3%. Operating room cases are up 4.8%. Transplant cases are down 16.6% compared to last year. MRI procedures are up 4.5% while CT procedures are up 2.1%. Outpatient visits are up 3.5%. The Medicare length of stay at 6.5 days is up two tenths of a day compared to same period last year while the Medicare CMI increased from 2.03 to 2.18.

On a volume adjusted basis (adjusted discharges) net patient revenue is up 6.2% at \$18,682 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 8 month period last fiscal year salaries and benefits decreased \$5.4million (1.7%). Staffing has decreased by 99 fte's during this same time. The largest decreases have come in lab, radiology and the neurosciences and psychiatry service lines, while increases are seen in IT, surgery, therapeutic services and Clinical Effectiveness departments.

Services and supplies are up 9% 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 \$3,500,269. During the month of February an adjustment of \$1.6million was booked to correct year to date depreciation. This adjustment also is reflected in the services and supplies category.

Depreciation and Amortization is 9% below the prior year comparative period as more equipment is acquired through operating leases and that expense is shown in services and supplies.

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

**Non Operating Expense**

Interest expense is down \$3.4 million (24%) based on lower long-term debt balances and interest rate reduction.

**Budget Comparison:**

As of February, 2014 MUHA's net income is \$13.8 million ahead of budget. The operating margin is 5.8% compared to 3.7% budget.

Net patient service revenues are up 3.5% compared to budget, due to the increased volume, while operating expenses are above budget by 2%.

Investment income is \$2.7 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:**

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.

On December 30, 2013 the Central Energy Plant debt was refinanced resulting in substantial savings in interest expense. Interest rate is fixed at 3.8% (compared to the previous rate of 5.75%) and amortization schedule was not extended. With the implementation of GASB 65 this fiscal year, issuance costs related to debt refinancing are considered current period expense. Prior to GASB 65, these costs were amortized over the remaining life of the debt. In December, issuance costs of \$1.3 million related to the CEP refinancing were booked as non-operating expense.



**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

**CONSENT AGENDA**

Board of Trustees Meeting  
Friday, April 11, 2014  
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.  
The Honorable James A. Battle  
Mr. William H. Bingham, Sr.  
Mr. William B. Hewitt  
Dr. Harold W. Jablon  
Dr. Donald R. Johnson II

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

**Trustees Emeriti**

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

**MEDICAL UNIVERSITY 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:

Item 16. Environment of Care Report.

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

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

Recommendation of Committee:

Board Action:

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

**(INFORMATIONAL ITEM)**

Item 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 - January 2014

The Medical Executive Committee reviewed the following applicants on January 15, 2014 and recommends approval by the Board of Trustees Credentialing Subcommittee effective January 28, 2014

Medical Staff Initial Appointment and Privileges			
Martin Brian Steed, D.D.S.	Active Provisional	O&M Surgery	
Richard A. Wall, Jr., M.D.	Provisional Affiliate CFC - R&F	Family Medicine	
Medical Staff Reappointment and Clinical Privileges			
Kathy Siegfried Bolus, M.D.	Affiliate CFC - Refer & Follow	Medicine	
Pamela L. Charity, M.D.	Active	Medicine	
Joe Gaddy, Jr., M.D.	Active	Medicine	
David M. Habib, M.D.	Active	Pediatrics	
Angela C. LaRosa, M.D., M.S.C.R.	Active	Pediatrics	
Alexander R. Kent, M.D.	Affiliate - Refer & Follow	Ophthalmology	
Donald S. Kilpatrick, M.D.	Affiliate	Anesthesiology	
Richard M. Kline, Jr., M.D.	Affiliate	Surgery	
Seung-Jun O, M.D.	Affiliate	Surgery	
Lawrence Wade Manaker, M.D.	Active	Medicine	
David T. Marshall, M.D., M.S.	Active	Radiation Oncology	
E. Douglas Norcross, M.D.	Active	Surgery	
Matthew Nutaitis, M.D.	Active	Ophthalmology	
Bruce Izeokhai Ovbiagele, M.D.	Active Provisional	Neurosciences	
Nicholas James Pastis, Jr., M.D.	Active	Medicine	
Celeste H. Patrick, M.D.	Active	Pediatrics	
Thomas G. Quattlebaum, M.D.	Affiliate	Pediatrics	
Andrea Meredith Rinn, D.O.	Active Provisional	Medicine	
Barton Lewis Sachs, M.D., M.B.A.	Active	Orthopaedic Surgery	
Elizabeth D. Sharpe, M.D.	Affiliate	Ophthalmology	
Richard M. Silver, M.D.	Active	Medicine	
William Michael Southgate, M.D.	Active	Pediatrics	
John B. Sperry, Jr., M.D.	Affiliate	Pediatrics	
Robert K. Stuart, M.D.	Active	Medicine	
Rachel L. Sturdivant, M.D.	Active	Medicine	
Charles Murry Thompson, Jr., M.D.	Affiliate - Refer & Follow	Pediatrics	
Reuben R. Tipton, III, M.D.	Affiliate - Refer & Follow	Ophthalmology	
John Marcus Wharton, M.D.	Active	Medicine	
Peter L. Zwerner, M.D.	Active	Medicine	
Medical Staff Reappointment and Change in Privileges			
William T. Basco, Jr., M.D., M.S.C.R.	Active	Pediatrics	Moderate Sedation no longer needed
G. Shashidhar Pai, M.D.	Active	Pediatrics	Addition of Medical Genetics privs due to admin error
Andrea Summer, M.D., M.S.C.R.	Active	Pediatrics	Moderate Sedation no longer needed
Marian H. Taylor, M.D.	Active	Medicine	Addition of TEE and Mod Sed privileges

### Medical Staff Change in Privileges

Jeffrey J. Houlton, M.D.	Active Provisional	Otolaryngology	Addition of specialty procedures
Paul Tennant, M.D.	Active Provisional	Otolaryngology	Addition of specialty procedures

### Professional Staff Initial Appointment and Privileges

Emily Fenwick Johnson, B.A., M.S.W.	Provisional Allied Health	Psychiatry
Jenna Rousseau, B.A., M.S.	Provisional Allied Health	Psychiatry

### Professional Staff Reappointment and Privileges

Mary Kay Colliton, N.N.P., MSN	Allied Health	Pediatrics
Amy Duppstadt-DeLambo, A.C.N.P	Allied Health	Neurosciences
Debra L. Feller, C.R.N.A.	Allied Health	Anesthesiology
Cecilia A. Franko, C.R.N.A.	Allied Health	Anesthesiology
Suellen Hawkins, M.S.W.	Allied Health	Medicine
Christopher A Keto, C.R.N.A., M.B.B.S	Allied Health	Anesthesiology
Margaret S Kittredge, C.R.N.A.	Allied Health	Anesthesiology
Kathleen E. Law , F.N.P., MSN	Allied Health	Medicine
Amy Leatherman, C.R.N.A.	Allied Health	Anesthesiology
Faye L. LeBoeuf, C.N.M., MSN	Allied Health	OB&GYN
Frances Lynn McInerny, C.R.N.A.	Allied Health	Anesthesiology
Alice F. Michaux, C.R.N.A.	Allied Health	Anesthesiology
Theresa Lynn Morgan, C.R.N.A.	Allied Health	Anesthesiology
Jennifer Page, A.N.P., MSN	Allied Health	Otolaryngology
Margaret McClain Ramsden, A.N.P.	Allied Health	Surgery
Virginia A. Rueger A.P.R.N.	Provisional Allied Health	Psychiatry
Phillip Robert Ridgley, C.R.N.A.	Allied Health	Anesthesiology
Laurrie D. Rump, F.N.P.	Allied Health	Surgery
Douglas P. Schutz, P.A.C., B.Sc.	Allied Health	Medicine
Sharon B. Schwarz, A.P.R.N., C.N.S.	Allied Health	Pediatrics
Nancee S. Sneed, A.P.R.N., Ph.D.	Allied Health	Medicine
Cheryl Solesbee, M.S.W., M.Ed.	Allied Health	Psychiatry
Samuel Tripp, C.R.N.A.	Allied Health	Anesthesiology
Laura A Uebelhoe, C.R.N.A.	Allied Health	Anesthesiology
Regan Rouse Weston, C.R.N.A.	Allied Health	Anesthesiology
Tina D. Willett, C.R.N.A.	Allied Health	Anesthesiology

## **Board of Trustees Credentialing Subcommittee - February 2014**

**The Medical Executive Committee reviewed the following applicants on February 18, 2014**

**and recommends approval by the Board of Trustees Credentialing Subcommittee effective February 28, 2014**

### **Medical Staff Initial Appointment and Privileges**

Kellie Rae Calderon, M.D.	Active Provisional	Medicine
James D. Koonce, M.D.	Active Provisional	Radiology
Julio Fernando Mateus Nino, M.D., Ph.D.	Active Provisional	Obstetrics and Gynecology
Rebecca Lauren Starr, D.O.	Active Provisional	Pediatrics
Terrence E. Steyer, M.D.	Active Provisional	Family Medicine

### **Medical Staff Reappointment and Clinical Privileges**

David J. Cole, M.D.	Active	Surgery
Leonie Gordon, M.D.	Active	Radiology
Perry V. Halushka, M.D., Ph.D.	Active	Medicine
Mark B. Hamner, M.D.	Affiliate	Psychiatry
Kathie L. Hermayer, M.D.	Active	Medicine
Anne Hawk LeClercq, M.D.	Active	Dermatology
Stephanie Carol Montgomery-Idema, M.D.	Active	Surgery
Daniel Park, M.D.	Active Provisional	Pediatrics
Concetta Maria Riva, M.D.	Active Provisional	Pediatrics
John A Schnorr, M.D.	Affiliate	Obstetrics and Gynecology
Uwe Joseph Schoepf, M.D.	Active	Radiology
Michael A. Taylor, M.D.	Active Provisional	Pediatrics
Aljoeson Walker, M.D.	Active	Neurosciences
Charles T. Wallace, Sr., M.D.	Active	Anesthesiology

### **Medical Staff Change in Privileges**

Julie Kanter Washko, M.D.	Active Provisional	Pediatrics	Add: Telemedicine
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### **Professional Staff Initial Appointment and Privileges**

Leslie Anne Stewart Cerenzia, C.R.N.A.	Provisional Allied Health	Anesthesiology
Sarah Creed, BSN, MSN	Provisional Allied Health	Neurosciences
Jamie Folsom, A.N.P., B.S.N., B.A.	Provisional Allied Health	Neurosciences
Emily Whitehead, P.A.C.	Provisional Allied Health	Neurosciences

### **Professional Staff Reappointment and Privileges**

Diana Axiotis, P.A.C., M.P.A.S., A.B.	Allied Health	Surgery
Sudie E Back, Ph.D., M.S.	Allied Health	Psychiatry
Jean S. Day, C.R.N.A., MSN	Allied Health	Anesthesiology
Jennifer Mahlert, M.S.W., B.A.	Provisional Allied Health	Psychiatry
Brian A. Reed, M.S.W.	Allied Health	Psychiatry
Cynthia C. Swenson, Ph.D.	Allied Health	Psychiatry
Elena Hontoria Tuerk, Ph.D.	Allied Health	Psychiatry
Mark T. Wagner, Ph.D.	Allied Health	Neurosciences

<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Gillespie <b>Date:</b> January 15th 2014 <b>Meeting Place:</b> 628 CSB <b>Recording:</b> Stephanie Brown		<b>Meeting Time:</b> 7:30 <b>Adjournment:</b> 8:37am <b>Members present:</b> Dr. Gillespie; Dr. Baliga; Dr. Boylan ; Dr. Cawley; Dr. Clyburn; Dr. Cole; Dr. Gray; Dr. Habib; Dr. Hoffman; Dr. Jauch; Dr. Lewis; Dr. Pellegrini; Dr. Ray; Dr. Richardson; Dr. Roockey; Steve Rublee; Dr. Ryan; Dr. Sachs; Dr. Salgado; S. Scarbrough; M. Schaffner; Dr. Scheurer; Dr. Warren; Dr. Wray; C. Younker; Dr. Zwerner <b>Members excused:</b> Dr. Basco Dr, Clarke; Dr. Costello; Dr. Deas; A. Drachman; Dr. Elliott; Terri Ellis; Dr. Feussner; Dr. Harvey; L. Kindy; Heather Kokko; Dr. Lambert; D McLean; D. Neff; Dr. Pisano; Dr. Powers; C. Rees; Dr. Reeves; Dr. Streck; Dr. Valerio; Dr. Vandergift; Dr. Yoe;	
<b>Agenda/Topic</b>	<b>Debate &amp; Discussion</b>	<b>Conclusions</b>	<b>Recommendations/ Follow-Up What/When/Who</b>
Executive Session	2 Events reviewed	Approved	
Wins	Wins: <ul style="list-style-type: none"> <li>Pediatric Neurology moving from department of Neurology to Pediatrics July 1st 2014.</li> </ul>	Accepted as Information	
Review of Minutes	MEC minutes were reviewed. Edit to minutes were made to change Dr. Gray to Marilyn Schaffner as she presented the Credentials Committee last meeting.	Minutes of the December 18 <sup>th</sup> 2013 MEC meeting were approved with minor changes.	
Credentials Committee	Dr. Gray reported on staff changes: Medical Staff Initial Appointment and Privileges: 2 Medical Staff Reappointment and Clinical Privileges: 29 Medical Staff Reappointment and Change in Privileges: 4 Medical Staff Change in Privileges: 2 Professional Staff Initial Appointment and Privileges: 2 Professional Staff Reappointment and Privileges: 26 Professional Staff Changes in Privileges: 0	The MEC recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval. Approved	
GME Report	Dr. Clyburn provided GME update. All attending are registered in PECOS which means the attending can order thru CMS during medical equipment. Effective January 6th 2014 – law changed to if you are not registered in PECOS you cannot order durable medical equipment b/c company won't get paid for it. Vendors inquired to Dr. Clyburn in December if residents were registered. If person who writes the discharge order is not registered in PECOS the vendors will not do home oxygen, wheel chair, and/or anything for the patient in real time. This will delay discharge significantly because attendings are writing less than 10% of the orders at discharge.	Accepted as Information	

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	<p>Concern: Houestaff are not registered and may need to be registered. Requesting MEC to decide if residents should be registered in PECO system. There is a total of 660 house staff that will need to be registered. Note: Medicare has registered the attendings.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• To have someone enter/register the residents in PECO system. (Take burden off the residents)</li> <li>• Radiology and Pathology my not need to register</li> <li>• Inpatient and Outpatient should register.</li> <li>• Whoever writes the discharge order must be in the system.</li> </ul> <p>Action: Carol Yunker to check to see if Medicare registration of attending PECO was done as a "data dump". If so perhaps the residents can be done the same way.</p>	Accepted as Information	
Hospital Update	<p>Dr. Cawley provided hospital update and overview of 2014 goals. For the first time USN&amp;WR adult side release methodology ahead of time (Tuesday January 21st 2014). Usually they don't report until summer. Next month we hope to bring this back to MEC. One issue is reputation is being done completely different.</p> <ul style="list-style-type: none"> <li>- Service - Ideal Patient Service Achieve a weighted composite score of 3.0. Thru November equals 1.75. <ul style="list-style-type: none"> <li>▪ HCAHPS - Adult Inpatient - Composite at or above the 75<sup>th</sup> percentile, Goal is 7 of 11, Results are 6 of 11.</li> <li>▪ CG-CAHPS - Composite Have Top Box Results at or above 75<sup>th</sup> percentile, Goal is 3 of 6, Results are 1.</li> <li>▪ Avatar - Adult Outpatient / Ancillary - Goal overall mean score of 93.87; YTD 91.54%.</li> <li>▪ Press Ganey-Pediatric Inpatient - Goal is to rank 85<sup>th</sup> percentile, results are 79th percentile.</li> <li>▪ Press Ganey-Pediatric Outpatient &amp; AHC - Goal is to rank 75th percentile, results are 55th. Percentile.</li> <li>▪ Press Ganey - Peds ED - Goal is to rank at 75th percentile, results are 89th percentile.</li> <li>▪ Total Goal for Service 3.0; Results 1.75 YTD</li> </ul> </li> <li>- People - Increase Morehead Employee Commitment Score by .05. We are currently in the white. This is a combined survey this year. Employee and physicians will take the same satisfaction survey est. 60 questions. On the back of this there will be a survey for physician's only est. 30 questions. To open in February and have results by late March.</li> <li>- Quality - Ideal Care Achieve a weighted composite score of 3.0; Results are 2.6. <ul style="list-style-type: none"> <li>▪ Hand Hygiene Audits Compliance Rate of 90% or higher; Results thru November are 91%.</li> <li>▪ Ideal Care Goal is 3.0; Results are 2.6; (Includes the following) <ul style="list-style-type: none"> <li>▫ Mortality Rank Goal is Top 25 in UHC, Result YTD 24.(Green)</li> <li>▫ Readmissions Goal is reduce % of 30 day readmissions by 3%, Result YTD .1(Yellow)</li> <li>▫ CLABSI Goal is ≤ 43 Infections Annually, Result YTD 60(Red).</li> <li>▫ CAUTI Goal is ≤ 7.3 Infections per 1000 Foley days. Result YTD</li> </ul> </li> </ul> </li> </ul>	Accepted as Information	

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

	<p>8. (Yellow)</p> <ul style="list-style-type: none"> <li>▫ Vent Days Goal is 3% Reduction in Vent Days, Result YTD 9.3. (Green)</li> <li>▫ Core Measures Goal is 96.5% received appropriate care, Result YTD 92.1% (Yellow)</li> <li>▫ Culture of Safety Goal is 62% positive responses on perception of safety, Results YTD 62. (Green)</li> <li>▫ Meaningful Use Goal is 95% compliance, Result YTD 95. (Green)</li> </ul> <p>Finance – Achieve cost per adjusted discharge of \$8,575. Thru November equals \$9,204; Achieve an operating margin of 3% (Year End). Thru October equals 6.1%;</p> <ul style="list-style-type: none"> <li>▪ Dr. Cawley noted we have a significant employee pay problem in the Hospital. We haven't kept up with the market or issued extra pay. We are experience "pay compression" due to not keeping up with salaries. We are going to dedicate a significant amount of extra margin we have to fixing this problem. This is a 15 - 20 million problem to get people to market rates. To provide more details at next month MEC.</li> </ul> <p>– Growth – Achieve .5% growth in inpatient discharge (excludes observation), Results thru November are 2.9%; Achieve 3% growth in new patient visits (includes hospital based outreach and CFC), Thru November equals 8.7%</p> <ul style="list-style-type: none"> <li>▪ Dr. Cawley noted we have opened 10 West, ICU beds are open now, and ART 7 is scheduled to come on board next summer 2015 (40 additional beds with ART 7).</li> </ul>	Accepted as Information	
Hand Hygiene Report	<p>Dr. Salgado presented the Hand Hygiene Report. Housewide hand hygiene compliance for January 2012 – December 2013 reviewed. December 2013 Housewide rate is 90.1% mean 89.3%. Service line compliance rates trend from 97.8% to 79% and occupational compliance rates trend from 100% to 91%; Over the last quarter Heart and Vascular and Digestive Disease have maintained an upward trend in hand hygiene compliance however Transplant and Womens have gone down. We continue to monitor this and may want to focus efforts with Transplant and Womens. Outpatient Hand Hygiene Monthly Compliance for December 2013 is above 92% for each area.</p>	Accepted as Information	
Resident Incentive Plan	<p>Dr. Scheurer presented on the Resident Incentive Plan. The purpose of bringing this to MEC is to bring better understand of the metrics. The academic medical centers have found significant improvements in quality measures by incentivizing their frontline residents and fellows around specific quality metrics. A financial incentive plan around quality can help prepare trainees for the numerous and varied pay-for performance programs they will experience once they graduate from their training program. Annual performance period will run for 3 quarters and the payout will occur in the fourth quarter. All residents and fellows who are part of an ACGME program at MUSC are eligible for the incentive plan. Resident/Fellow in that area will receive a \$500 pretax cash bonus. For any additional questions and/or ideas for metrics please contact Dr. Scheurer. Dr. Note: On the "Resident Incentive Plan Overview" sheet under "What?" changed "level ≥ 4" to "level ≥ 3".</p>	Accepted as Information	



Pediatric Moderation Sedation	<p>Dr. Jackson presented on Pediatric Moderation Sedation. As they are presently developing a Pediatric Simulation base sedation module, we request that you consider giving a waiver or hold on the present requirement for Pediatric Sedation Providers who are not meeting the 50 per year case requirement. They anticipate the Pediatric Sedation module will be completed May 2014 and would like a waiver to allow ongoing sedation privileges until that time.</p> <p>A letter presented to the MEC stated the following:</p> <p>"Our request is that these physicians affected by this sedation privileging requirement be granted a waiver and allowed ongoing privileges until a Pediatric-specific Sedation Simulator module is developed and implemented, so as to train and test on content that reflects the patient population cared for by these physicians. While there is certainly valuable content in the present Adult Moderate Sedation module that may be extrapolated and applied to some pediatric patients, the pediatric anatomic, physiologic, and comorbid conditions, as well as the pharmacologic agents used to accomplish procedures in children, are distinct from those emphasized in the Adult Moderation Sedation Simulation course. In contrast to the sedation of adult patients with benzodiazepines and opioids on which the present Moderate Sedation Simulation course is focused, the overwhelming majority—greater than 99%—of sedated procedures in the PED is accomplished with ketamine as the primary pharmacologic agent. Such a Pediatric sedation module is currently under development, and several members of the Pediatric Sedation Committee and the divisions of Pediatric Critical Care and Pediatric Emergency Medicine are closely working with Dr. John Schaefer of Anesthesiology / Simulation on this project.</p> <p>MEC Approved 1 year waiver for all pediatric practitioners until module is in place.</p>		
Physician Survey Actions	<p>Dr. Sachs presented on the Annual Physician Survey – 2013. Topics included major issues, actions and directed improvement activities.</p> <ul style="list-style-type: none"> <li>Top 9 physician issues: <ol style="list-style-type: none"> <li>1. Resources</li> <li>2. Institutional Culture</li> <li>3. Hospital Leadership</li> <li>4. Emergency Dept.</li> <li>5. Radiology Service</li> <li>6. Clinics (Ambulatory)</li> <li>7. Operating Room</li> <li>8. Communications from Hospital Admin</li> <li>9. Nurse Staff Relationship with physicians</li> </ol> </li> <li>Resolutions to issues include taking a closer look at bed availability, appearance and cleanliness, bed flow activities, daily EVS "huddles" for each unit, and increased leadership accountability with exception based reporting. We encourage everyone to continue to participate in the survey coming up next month as we continue to address the issues presented in the surveys.</li> <li>Hospital Leadership has taken steps to remain market competitive (5th); Progress notes distribution went less than 8k physicians to promote innovation at MUSC; Charting the Future of Care"; Board of Trustee continue to endorsement Phase II Hosp. (Peds &amp; Womens).</li> </ul>	Approved	

	<ul style="list-style-type: none"> <li>Other Issues: OR; Radiology Service; SPD; new technology \$3.5 mm capital requests; each specialty request granted up to \$80,000; reorg. Of O.R. Exec. Comm.; two new O.R. mgrs.; strengthen WSGs; QMR-P.I. shows accuracy reading &gt; 99.5% Each of top nine issue have been analyzed; Each issue has at least one or two action plans implemented for improvement; MUHA leadership demonstrates culture change by open transparency; increased communications; greater physician in-put sought.</li> </ul>	Accepted as Information	
High Capacity / Bed Flow	<p>Dr. Sachs presented Issue of Bed flow. Issue include: Reality of very high patient census being maintained over past year (95-99% patient occupancy past number of weeks); Expected that MUSC will continue to experience same situation (not aberration) (Reality of new healthcare environment); #1 issue of concern for docs was bed availability.</p> <ul style="list-style-type: none"> <li>Institutional Approaches to bed flow Institutional Approaches <ul style="list-style-type: none"> <li>Emergency Patient Placement Protocol (<i>EP3</i>)</li> <li>Express Patient Admission Unit (EALU)</li> <li>Standard Discharge Process Changes <ul style="list-style-type: none"> <li>D/C order written by 10 am</li> <li>Process D/C of patients to leave within 3 hours (1 pm)</li> <li>Regularly monitoring above metrics</li> </ul> </li> <li>Task group to evaluate possible D/C Patient Processing Lounge <ul style="list-style-type: none"> <li>Major delays to D/C—<i>pharmacy &amp; transportation (ride)</i></li> </ul> </li> <li>Length of Stay (LOS) – UHC ranking 20 of 120 FY'13</li> <li>ED-Psych taskforce investigating ways to reduce bottleneck of "boarder" patients in ED</li> <li>Additional hospital beds – opening: <ul style="list-style-type: none"> <li>ART x 4 beds</li> <li>Opening all ICU beds in each hospital</li> <li>Opening Main 10 East</li> <li>Construction ART 7<sup>th</sup> floor – 40 beds</li> </ul> </li> </ul> </li> </ul>	Accepted as Information	
January Meetings	<p>Dr. Sachs reviewed January Meetings:</p> <ul style="list-style-type: none"> <li>Medical Directorship – They have looked at all Medical Directorships greater than \$150k tied to the hospital. <ul style="list-style-type: none"> <li>Completed evaluation all med. dir. contracts. Aspects assessed: Work efforts – time commitments; Performance activities; Hours of expected work for MUHA; Standard stipend payments for hrly. Work</li> <li>Standard Methodology for new directorships</li> <li>Benchmark established using MGMA guidelines: Expected hours of work on behalf of MUSC, and stipend salary payments</li> <li>Future Programs we are looking at group of physicians – randomly selected to provide quarterly reports on work hours FY'14 <ul style="list-style-type: none"> <li>Application of standard reporting methodology</li> <li>All physicians will report starting July FY'15</li> <li>All medical directors removed from clinical service contracts</li> </ul> </li> </ul> </li> </ul>		

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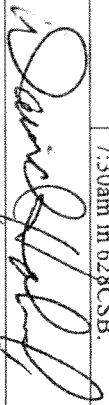
	<ul style="list-style-type: none"> <li>Standard process for establishing new directorship <ul style="list-style-type: none"> <li>Each position reviewed by FTE committee</li> </ul> </li> <li>Value and Accountability will January 21st 2014 and January 27th 2014. All 16 groups (Service Lines and Strategic Partners) will be giving 30minutes presentation to leadership (Chiefs).</li> <li>All Physician Leadership Meeting will be held every 4th Thursday of every month at 5pm Drug Discover Bldg. 110. It is conducted as an information session and open forum to provide information and feedback from physician leaders.</li> <li>Care Transitions Signature Issue</li> </ul>	Accepted as Information	
Care Transition Update	<p>Dr. Sachs provided an update on Care Transition Issue. : CMS has mandated that attending physicians sign the all admission orders before discharge. We are currently working on this system to provide answers /resolutions. More feedback to come on this issue.</p> <p>PJ Floyd (Director of HIM) Presented on ICD-10 Mandatory Education for Residents.</p> <ul style="list-style-type: none"> <li>Key Dates for changes are: <ul style="list-style-type: none"> <li>January 20<sup>th</sup> -Go-Live with use of ICD-10 Terminology -- Ambulatory, ED, OP Clinics</li> <li>July 1<sup>st</sup> - All systems to be ready -- Dual Coding in ICD-9 and ICD-10 begins; Epic go-Live</li> <li>October 1<sup>st</sup> - Regulatory Compliance of ICD-10 Coding -- Billing impacted</li> </ul> </li> <li>ICD - 10 Framework: <ul style="list-style-type: none"> <li>Going from 14,000 to 68,000 diagnosis codes; Going from 3,800 to 72,600 procedure codes; Increasing from 3 - 5 characters to a possible 3 - 7 characters; Characters 3 - 7 may be either alpha or numeric; VERY specific; Allows laterality and bilaterally; CPT and HCPCS (outpatient coding) will continue to be used</li> </ul> </li> <li>System Testing: ICD-10 Testing <ul style="list-style-type: none"> <li>ICD-10 Testing fully integrated with the Epic project plan</li> <li>January 13<sup>th</sup> - 14<sup>th</sup> Functional testing with downstream systems</li> <li>January 14<sup>th</sup> - 17<sup>th</sup> Integrated testing (running 20-30 scripts)</li> </ul> </li> <li>Rev Cycle: Payer Readiness <ul style="list-style-type: none"> <li>Testing with top 10 payers, using high dollar, high risk scenarios</li> <li>Submitted 100 test cases for BCBS (waiting for BCBS response)</li> <li>Medicare National test 3/3/14 - 3/5/14</li> <li>Monthly Med Assets calls</li> </ul> </li> </ul> <p>Noted: PJ Floyd to check what date changed information will be sent to UHC (October or July)?</p> <ul style="list-style-type: none"> <li><b>Training</b> <ul style="list-style-type: none"> <li><u>Level 1</u> - ICD-10 General Awareness CATTS module</li> <li><u>Level 2</u> - Precert, Scheduling, Revenue Cycle Staff, Analytics, etc. to include standard material w/ tailoring for audience</li> <li><u>Level 3</u> -Physicians, PAs, NPs, and other ICD-10 Users Face-to-face training to include: Interactive CATTS module mandatory for physicians that bill</li> </ul> </li> </ul>	Accepted as Information	
ICD-10 Mandatory Education for Residents		Accepted as Information	

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Data reports	<ul style="list-style-type: none"> <li>- Level 4 - Coders - Formal Classroom training and proficiency testing</li> <li>- Tools developed: pocket guides, reference sheets, dictation guides</li> </ul> For Level 3 Training we are requesting mandatory training for residents. Mandatory training for residents at Level 3 Training approved by MEC committee.	Approved	
Service Reports	Reports reviewed: Bed Capacity Summary Admit Transfer Center Quality of H&P by Department Daily Admissions Reports Discharge Summary Reports	Approved	
Subcommittee Minute Review	Subcommittee reports were reviewed: Bed Flow Team - December 2013 Clinical Lab Advisory Committee - December 2013 Credentals Committee - December 2013 Hospital Operations Committee - December 2013 Health Information Management Committee - November 2013 Quality Patient Safety Committee - November 2013, December 2013 Clinical Documentation Improve Committee - December 2013	Approved	
Polices (Consent)	C - 75 Central Venous Catheters	Approved	
Standing Orders	N/A	Approved	
Adjourned 8:26am	The next meeting of the Medical Executive Committee will be Wednesday, February 19 <sup>th</sup> 2014 at 7:30am in 623CSB.		

David Habib, MD, Secretary of the Medical Staff



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**Medical Executive Committee**  
**Presiding:** Dr. Hoffman  
**Date:** February 19th 2014  
**Meeting Place:** 628 CSB  
**Recording:** Stephanie Brown

**Meeting Time:** 7:31  
**Adjournment:** 8:22am

**Members present:** Dr. Cawley, Dr. Carroll, Dr. Cawley, Dr. Clyburn, Dr. Costello, Dr. Easterling, Dr. Elliott, Dr. Gray, Dr. Habib, Dr. Hoffman, Dr. Jauch, Dr. Pellegrini, C. Rees, Dr. Reeves, Dr. Rockey, S. Rublee, Dr. Sachs, Dr. Salgado, S. Scarbrough, M. Schaffner, Dr. Scheurer, Dr. Streck, Dr. Theirs, Dr. Warren, and Dr. Wray,

**Members excused:** Dr. Baliga, Dr. Basco, Dr. Boylan, Dr. Gillespie, Dr. Clarke, Dr. Cole, Dr. Deas, A. Drachman, Terri Ellis, Dr. Feussner, Dr. Gillespie, Dr. Harvey, L. Kindy, Dr. Lambert, Dr. Lewis, D McLean, D. Neff, Dr. Pisano, Dr. Powers, Dr. Ryan, Dr. Vandergift, Dr. Yoe, C. Youmker, and Dr. Zwerner

**Guests:** Lauren Kuckewich, Adam Back, Matt Wain

Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	N/A		
Wins	Wins: <ul style="list-style-type: none"> <li>No Events</li> <li>Quest for Quality Site Visit scheduled for February 20th 2014. The Quest for Quality prize is presented annually to honor hospital leadership and innovation in quality improvement and safety.</li> <li>Infection control group had 4 abstracts accepted into the Infection Control National Meeting.</li> </ul>	Accepted as Information	
Review of Minutes	MEC minutes of the January 15th 2014 MEC meeting were reviewed and approved.	Approved	
Credentials Committee	Dr. Gray reported on staff changes: Medical Staff Initial Appointment and Privileges: 5 Medical Staff Reappointment and Clinical Privileges: 14 Medical Staff Reappointment and Change in Privileges: 0 Medical Staff Change in Privileges: 1 Professional Staff Initial Appointment and Privileges: 4 Professional Staff Reappointment and Privileges: 8 Professional Staff Changes in Privileges: 0 – Approved by MEC Committee Dr. Walker requesting reappointment for full credentials and privileges in Neurology. Letter attached included Dr. Walkers important contribution to patient care and teach at MUSC – Approved by MEC Committee Dr. Schoepf requesting 2 year reappointment to the medical staff. He successfully passed the USMLE examinations leading to permanent SC medical license in 2012. During 2012 he passed both written parts of the American Board of radiology examination leading to a final oral examination in October 2013. He will retake three sections of this examination in May 2014. – Approved by MEC Committee	The MEC recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval. Approved	

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GME Report	<p>Dr. Clyburn provided GME update. Dr. Clyburn noted we use to do a Chief Resident Conference institutional. May 9th 2014 we will have the conference for the Chiefs across ever subspecialty with an emphasis on leader teaching. It gives us an opportunity to get the Chiefs together and provide training. We are currently working the Chief group to determine the agenda and chair experiences with upcoming chiefs</p> <p>Dr. Clyburn also provided an update on the Clear Site Visits. The Clear Site Visits are every 18 months site visit that will start anytime. Estimated notice time is 2-3 weeks. A team will come in and start with the CEO office. They will then go up to the wards and meet with nurses, residents, program directors, and debrief at the end of the site visit.</p> <p>The main emphasis of the visits are:</p> <ol style="list-style-type: none"> <li>1. Resident engagement and patient safety initiatives</li> <li>2. Resident engagement and quality improvement; Health Disparities</li> <li>3. Transitions of Care; Professionalism; Duty hours; Fatigue litigation and supervision policies</li> </ol> <p>We are currently in a good position/state and look to do well and/or exceed the expectation for the Clear Site Visit.</p> <p><u>Question:</u></p> <ol style="list-style-type: none"> <li>1. Will we need data when they arrive?</li> </ol> <p>Answer: The company will send us what they want us to fill out 9 days ahead of time. It is not extensive.</p> <p>Note: We currently do not have a central catalog of resident QI activity because they are departmentally housed. The GME office is collecting that now so we have a good inventory of Resident QI activity.</p>	Accepted as Information	
Hospital Update	<p>Dr. Cawley provided hospital update and overview of 2014 goals.</p> <ul style="list-style-type: none"> <li>- Service – Ideal Patient Service Achieve a weighted composite score of 3.0, Thru January equals 1.92. <ul style="list-style-type: none"> <li>▪ HCAHPS – Adult Inpatient – Composite at or above the 75<sup>th</sup> percentile, Goal is 7 of 11, Results are 5 of 11. (Yellow).</li> <li>▪ CG-CAHPS – Composite Have Top Box Results at or above 75<sup>th</sup> percentile, Goal is 3 of 6, Results are 2. (Yellow)</li> <li>▪ Avatar – Adult Outpatient / Ancillary – Goal overall mean score of 93.87; YTD 91.53%. (Yellow)</li> <li>▪ Press Ganey-Pediatric Inpatient – Goal is to rank 85<sup>th</sup> percentile, results are 79<sup>th</sup> percentile. (Red)</li> <li>▪ Press Ganey-Pediatric Outpatient &amp; AHC – Goal is to rank 75<sup>th</sup> percentile, results are 55<sup>th</sup> Percentile. (Red)</li> <li>▪ Press Ganey – Peds ED – Goal is to rank at 75<sup>th</sup> percentile, results are 88<sup>th</sup> percentile. (Green)</li> <li>▪ Total Goal for Service 3.0; Results are 1.9 YTD (Red)</li> </ul> </li> <li>- People – Increase Morehead Employee Commitment Score by .05. We are currently in the white (No Data).</li> <li>- Quality – Ideal Care Achieve a weighted composite score of 3.0; Results thru November are 2.6. (Yellow)</li> </ul>	Accepted as Information	

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	<ul style="list-style-type: none"> <li>▪ Hand Hygiene Audits Compliance Rate of 90% or higher; Results thru December are 90%. (Green)</li> <li>▪ Ideal Care Goal is 3.0; Results are 2.6: (Yellow) (Includes the following) → <ul style="list-style-type: none"> <li>▫ Mortality Rank Goal is Top 25 in UHC, Result YTD 24.(Green)</li> <li>▫ Readmissions Goal is reduce % of 30 day readmissions by 3%, Result YTD .1(Yellow)</li> <li>▫ CLABSI Goal is ≤ 43 Infections Annually, Result YTD 60 (Red).</li> <li>▫ CAUTI Goal is ≤ 7.3 Infections per 1000 Foley days, Result YTD 8.(Yellow)</li> <li>▫ Vent Days Goal is 3% Reduction in Vent Days, Result YTD 9.3.(Green)</li> <li>▫ Core Measures Goal is 96.5% received appropriate care, Result YTD 92.1% (Yellow)</li> <li>▫ Culture of Safety Goal is 62% positive responses on perception of safety, Results YTD 62. (Green)</li> <li>▫ Meaningful Use Goal is 95% compliance, Result YTD 95. (Green)</li> </ul> </li> <li>– Finance – Achieve cost per adjusted discharge of \$8,575, Thru December equals \$9,141, (Red). Achieve an operating margin of 3% (Year End), Thru December equals 5.8%, (Green)</li> <li>– Growth – Achieve .5% growth in inpatient discharge (excludes observation), Results thru December are 2.0%; Achieve 3% growth in new patient visits (includes hospital based outreach and CFC), Thru December equals 7.6%</li> <li>– Dr. Cawley also encouraged the group to have employees and physicians complete the survey by Monday 2/24/2014.</li> </ul>		
CAUTI update	<p>Dr. Scheurer provided the CAUTI update. We made a little headway in October/November 2013. We had a really bad month in December and are unsure why. Data showed half insertion, half maintenance spread out over every unit. Every unit had at least 3.</p> <ul style="list-style-type: none"> <li>– CCICU : <ul style="list-style-type: none"> <li>▪ Reporting Monthly Rate = 10.1</li> <li>▪ CCICU Mean = 6.1</li> <li>▪ NHSN Coronary Unit Mean = 2.0 (Data Published 2011)</li> </ul> </li> <li>– CTICU <ul style="list-style-type: none"> <li>▪ Reporting Monthly Rate = 0</li> <li>▪ CTICU Mean = 1.0</li> <li>▪ NHSN Cardiothoracic Unit Mean = 1.6 (Data Published 2011)</li> </ul> </li> <li>– MICU <ul style="list-style-type: none"> <li>▪ Reporting Monthly Rate = 9.5</li> <li>▪ MICU Mean = 7.5</li> <li>▪ NHSN Mean = 2.2 (Data Published 2011)</li> </ul> </li> <li>– MSICU <ul style="list-style-type: none"> <li>▪ Reporting Monthly Rate = 15.0</li> </ul> </li> </ul>	Accepted as Information	

	<ul style="list-style-type: none"> <li>▪ MSICU Mean = 3.9</li> <li>▪ NHSN Mean = 2.2 (Data Published 2011)</li> </ul> <p>– NSICU</p> <ul style="list-style-type: none"> <li>▪ Reporting Monthly Rate = 10.9</li> <li>▪ NSICU Mean = 16.8</li> <li>▪ NHSN Neurosurgical ICU Mean = 4.5 (Data Published 2011)</li> </ul> <p>– STICU (Had 7; Almost ½ of our CAUTI's)</p> <ul style="list-style-type: none"> <li>▪ Current Monthly Rate = 15.8</li> <li>▪ Mean = 8.6</li> <li>▪ NHSN (Surgical ICU) Mean = 2.6 (Published 2011)</li> <li>▪ NHSN (Trauma ICU) Mean = 3.4 (Published 2011)</li> </ul> <p>– PICU</p> <ul style="list-style-type: none"> <li>▪ Reporting Monthly Rate = 0</li> <li>▪ Mean = 5.0</li> <li>▪ NHSN Pooled Mean = 3.1 (Data through 2011)</li> </ul> <p>– PCICU</p> <ul style="list-style-type: none"> <li>▪ Reporting Monthly Rate = 0</li> <li>▪ Mean = 3.2</li> <li>▪ NHSN Pooled Mean = 1.4 (pub. Dec 2011)</li> </ul> <p>Effort to Date include: Incontinence aids; Lift teams – mobility equipment; Bladder scanners; Education; Audit – feedback; LEM goal; Future: analytics help, reward program, decentralize CAUTI meetings. We are trying not to put them in if possible. There is an ED Team lead by Greg Hall that trying not to put them in the ED. There is a Perioperative QAPI with Physician Champions – Dr. Joe Sakran and Dr. Robert Cina focusing on which elective procedure we can avoid using a Foley.</p> <p>If you have any additional ideas or anything you want to add, please contact Dr. Danielle Scheurer.</p> <p><u>Question:</u></p> <p>1. Do we bring up CAUTI during Quality and Safety Rounds?</p> <p><u>Answer:</u> Yes, Definitely in the Adult Hospital.</p>		
E Care Net Update	<p>Dr. Warren presented the ECareNet Update. The update consists of the Epic Enterprise Go Live Update: Go live will be July 1st 2014. It will consist of Inpatient Clinical and Revenue Cycle. We are currently on target but at risk. Our Epic corporate reports 3 months at "serious status". Major Issues include:</p> <ul style="list-style-type: none"> <li>– Lingering build</li> <li>– Testing behind: charge, Meaningful Use, and integrated (9 rounds of testing)</li> <li>– No "bench" of critical personnel</li> <li>– Live System "in flight" – Outpatient and ED, MyChart and MUSCLink, ICD10 integration, MU/PCMH/VBM/PQRS</li> </ul> <p>Good News:</p> <ul style="list-style-type: none"> <li>– Training process well underway: Approximately 1000 Superusers, including 150 physicians</li> </ul>	Accepted as Information	



	<p><b>Keys to Success:</b></p> <ul style="list-style-type: none"> <li>- Manage the implementation issues and risks: extensive testing &amp; training</li> <li>- Manage the scope, particularly of requests in live Epic; If you don't really needed it don't ask. If you do really need ask Dr. Warren.</li> <li>- Operational Ownership!!! <ul style="list-style-type: none"> <li>▪ Enterprise Leadership support and communication (CLC, ECareNet)</li> <li>▪ Active "Readiness" teams include: <ul style="list-style-type: none"> <li>▫ Clinical: Partnership for Epic Preparedness (PEP)</li> <li>▫ Rev Cycle: Access &amp; Revenue Cycle Readiness (ARCR)</li> </ul> </li> <li>▪ Departmental presentations &amp; Q/A sessions</li> <li>▪ Super User Engagement</li> </ul> </li> <li>- Support all (especially critical) Team personnel at very stressful time</li> <li>- Manage Clinical/Administrative relationship with OCIO</li> </ul> <p>Dr. Habib noted: Peds will be stepping up meeting regarding "EPIC Go Live" to every 2 weeks. Focus on who will be onboard July 1st 2014. Scheduled will be collected from each division to determine which personnel will be available the week before and three weeks after. Looking at training/custom training to implement. Order Sets are out there and will be reviewed one by one at bi monthly meetings.</p> <p>Dr. Clyburn noted: To make sure people are trained as early as possible and feasible. They are noticing that it is a logistical nightmare to train the new and existing personnel.</p> <p>Dr. Scheurer informed Dr. Warren and the group about the feedback from the physicians regarding the Order Set validations. The Epic liaison will bring paper and not validate in system. It will not work. Dr. Warren agreed that this will not work.</p> <p>Dr. Warren this is not a time to panic. It is important to manage the emotion and assure staff is trained.</p>		
US News and UHC	<p>Chris Rees presented on the US New and UHC. He shared with the group changes with the two bodies we use to quantify rather are not we have achieved our strategic goal of being the Top 25 academic medical center for reputations, quality, service, efficiency and financial performance by 2015. Two bodies include:</p> <ol style="list-style-type: none"> <li>1) US News and World Report: They rank a number of adult and pediatric specialties across the country using a number of categories/metrics: <ul style="list-style-type: none"> <li>▪ Reputation - Dropped from 32.5% of total weight to 27.5% total weight</li> </ul> </li> </ol> <p>Process</p> <ul style="list-style-type: none"> <li>- Mailed and emailed best hospitals surveys to 200 board-certified specialists in each of the 16 adult specialties that US News evaluates.</li> <li>- In addition this year they will survey approximately 50k other board-certified physicians through collaboration with company called Doximity, a professional network for doctors.</li> <li>▪ Survival Score (Mortality) - Remained the same 32.5 Outcomes</li> <li>▪ Patient Safety - Increased from 5% to 10%:</li> <li>- Preventing Skin Breakdown (decubitus ulcer</li> </ul>	Accepted as Information	

	<ul style="list-style-type: none"> <li>- Preventing postoperative hip fracture</li> <li>- Preventing deaths from treatable complications</li> <li>- Preventing collapsed lung after surgery</li> <li>- Preventing major bleeding after surgery</li> <li>- Preventing respiratory failure after surgery</li> <li>- Preventing incisions from reopening after surgery</li> <li>- Preventing accidental injuries during surgery</li> </ul> <ul style="list-style-type: none"> <li>▪ Structure – 30% : <ul style="list-style-type: none"> <li>- Patient Volume</li> <li>- Nurse staffing score</li> <li>- Nurse Magnet hospital</li> <li>- Technology score</li> <li>- Patient service score</li> <li>- Trauma Center</li> <li>- Intensivists</li> </ul> </li> <li>▪ Patient Safety Score: <ul style="list-style-type: none"> <li>- Comparison of hospitals' performance with Patient Safety Indicators compiled and published by the federal Agency for Healthcare Research &amp; Quality (AHRQ).</li> <li>- U.S. News used six of the PSIs in the currently posted 2013-14 rankings to create a Patient Safety Score but is adding an additional two previously excluded indicators. The addition of the two new PSIs and the improved reliability of all PSIs thanks to the availability of present-on-admission data both factored into decision to increase the weighting of patient safety from 5 percent to 10 percent</li> <li>- Also considering giving credit to hospitals that regularly conduct patient safety culture surveys.</li> </ul> </li> </ul>		
	<p>2) UHC - Quality and Accountability Study 2014 Metrics:</p> <ul style="list-style-type: none"> <li>▪ Methodology 2014: <ul style="list-style-type: none"> <li>- Mortality 25% (Same as 2013): <ul style="list-style-type: none"> <li>◦ Aggregated and individual scored service-line mortality O/E ratios</li> </ul> </li> <li>- Effectiveness 25% (Methodology is the same as 2013 however added 8 stroke metrics and 5 VTE metrics): <ul style="list-style-type: none"> <li>◦ 30 day all-cause readmission rate; Core Measures composite performance for HF, AMI, PH, SCIP, SCIP-OP, IMM, ED Measures, Stroke, and VTE</li> </ul> </li> <li>- Safety 25% (Kept 4 PSI's from 2013; added NHSNs): <ul style="list-style-type: none"> <li>◦ PSI 03: Pressure Ulcer (if AHRQ expected values are</li> </ul> </li> </ul> </li> </ul>		

	<p>sufficiently robust); PSI 06: Iatrogenic Pneumothorax; PSI 09: Hemorrhage &amp; Hematoma; PSI 11: Post-Operative Respiratory Failure; NHSN – CLABSI; NHSN – CAUTI; NHSN – SSI (Abdominal Hysterectomy and Colon); VTE – VTE-6(DVT) (Hospital Acquired VTE)</p> <p>(Key Contingency: NHSN data availability and timing)</p> <ul style="list-style-type: none"> <li>- Equity 5%: (Same as 2013) <ul style="list-style-type: none"> <li>o Differences in gender, race, and socioeconomic status in core measures composite performance</li> </ul> </li> <li>- Patient Centeredness 10% (Same as 2013): <ul style="list-style-type: none"> <li>o HCAHPS: 10 questions /8 categories</li> </ul> </li> <li>- Efficiency 10%: (Same as 2013): <ul style="list-style-type: none"> <li>o LOS O/E ratio (excluding outliers and early deaths); Direct cost O/E ratio; Cases with RAC audit-focused MS-DRG codes and LOS = 1day are excluded</li> </ul> </li> </ul> <p><u>Questions:</u></p> <ol style="list-style-type: none"> <li>1. How does Doximity choose who gets the email? Answers: Some of it is regional. They want to make sure they get representation across the region. (200 a region)</li> <li>2. Do they send the email to a different group each year? Answers: Not necessarily. They are not transparent regarding who they send it out to.</li> </ol>		
Planned Outage February 25-27th 2014	<p>Dr. Scheurer informed the MEC Committee of the Planned Outage scheduled for February 25th – 27th 2014 at Main Hospital all floors.</p> <ul style="list-style-type: none"> <li>- Why: Switch power source from old to new energy plant. Most other outages complete. This spans the largest area.</li> <li>- How: Best case is "blink", worst case 15 minutes of outage. 1-2 blinks on Wednesday and Thursdays.</li> <li>- Who: Facilities and nursing units have been planning for weeks. Physicians on the units need to be aware and willing to help if needed.</li> <li>- Note: Blink will not be subtle. Power will go out and computers will need to reboot.</li> <li>- Tip: If you are writing a consult in Epic make sure you keep hitting the "save".</li> </ul>	Accepted as Information	
Bump Policy Update	<p>Adam Back (Manager for Access Operations) provided and update on the Bump Policy.</p> <p>Clinic Cancellation Process</p> <ul style="list-style-type: none"> <li>- Original scope – Automate current form <ul style="list-style-type: none"> <li>▪ No changes to workflow/design</li> </ul> </li> <li>- Re-engaged external vendor</li> <li>- New scope – Revise current form and workflow to improve process <ul style="list-style-type: none"> <li>▪ Reduce excess communication with Dept.</li> <li>▪ Create foundation for future enhancements</li> </ul> </li> </ul> <p>Phase 1:</p> <ul style="list-style-type: none"> <li>- Begin rollout in General Internal Medicine in March, 2014 (Electronic document</li> </ul>	Accepted as Information	

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

	<p>delivery and storage); Evaluate for any changes and rollout to other Departments; Create reports to Track Bumps (Request &lt; 30 days; &gt; 30 days; Request by Dept., Provider, Cancellation reason)</p> <ul style="list-style-type: none"> <li>- Re-evaluate current Policy</li> <li>- Focus on Cancellation request, 30 days</li> </ul> <p>Phase 2: Duplicate process for Master Schedule Changes Phase 3: Form linked to Scheduling system; Show active schedules/patients</p> <p><u>Questions:</u></p> <ol style="list-style-type: none"> <li>1. Some time ago there was a policy decision made to not schedule beyond six month to avoid bumps and cancellation. We are running into a problem were patients are not being rescheduled. Can this policy be re-examined? Answer: This is correct. We are currently set up to do a six month rollout with the schedule in Epic. We need to change the roll of the schedulers to be more proactive. We send the patients a reminder to reschedule. When Epic go live in July 1st 2014 it will have a work queue that notifies Epic Scheduling that an appointment is due and needs to be made for the patient.</li> <li>2. Someone showing up late to a clinic qualifies as a bump. Can this be changed to not be considered a bump? Answer: Yes. This should not be considering a bump. We will take a look at changing this.</li> </ol>		
Data reports	<p>Reports reviewed: Bed Capacity Summary Admit Transfer Center Quality of H&amp;P by Department Hand Hygiene Report</p>	Approved	
Service Reports	<p>Daily Admissions Reports Discharge Summary Reports</p>	Approved	
Subcommittee Minute Review	<p>Subcommittee reports were reviewed: Bed Flow Team – January 2014 Credentials Committee – February 2014 Graduate Medical Education Committee – December 2013 and January 2014 Hospital Operations Committee – January 2014 Clinical Documentation Improve Committee – December 2013</p>	Approved	
Polices (Consent)	C-113 Patient Sitters	Approved	
Standing Orders	N/A		
Adjourned 8:22am	<p>The next meeting of the Medical Executive Committee will be Wednesday, March 19<sup>th</sup> 2014 at 7:30am in 628CSB.</p>		

David Habib, MD, Secretary of the Medical Staff



**AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
SINCE THE FEBRUARY 2014 MEETING OF THE BOARD OF TRUSTEES**

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

Care for Life, Inc.  
ATC Healthcare Services

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

Wellcare  
Bluechoice Medicaid  
Consumer's Choice Health Plan  
Magellan Health Services  
Absolute Total Care  
Aetna  
PEBA

**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 –**

Ithaca College  
Creighton University  
Chatham University  
University of Kansas  
Simmons College

**Shared Services Agreements –**



**Environment of Care Annual Leadership Report**  
**Presented to Board of Trustees**  
**April 2014**

**INTRODUCTION**

This report serves as an executive summary of the 2013 evaluation of the Environment of Care (EOC) Management Plans. The Joint Commission requires the hospital to develop management plans in six functional areas:

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

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

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

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

## QUALITY ASSESSMENT PERFORMANCE MEASURES

Each EOC management plan contains at least one performance indicator to measure performance. Performance indicators are reported quarterly at the Hospital Operations/Quality meeting. Listed below are results of the previous year's performance indicators, the performance indicators to be monitored throughout 2014, and other objectives for 2014.

### 1. Safety Management

**2013 Indicator:** The percentage of employees in the Operating Rooms (ORs) wearing personal protective equipment when required.

**Rationale:** The Injuries Review and Recommendations Subcommittee and the Blood Borne Pathogen Exposure Subcommittee noted a perceived decrease in Personal Protective Equipment (PPE) compliance in the operating rooms.

**Performance:** In 2013, a Quality Measure Report (QMR) was created to address PPE, specifically eyewear compliance. To date, a task force has evaluated all existing eyewear used by staff in the ORs. A vendor show was held to ensure involvement of staff in the selection of new PPE. Overall compliance with wearing required PPE was 78.3%. Surgery and anesthesia attending physicians as well as anesthesia residents continue to have poor compliance rates with rates of 56.7%, 58.1% and 35.7% respectively.

**Further Action:** A more focused education is needed related to surgery and anesthesia attending physicians as well as anesthesia residents. Random audits and observations will be conducted to insure on-going compliance. Although some improvements were made in 2013, PPE compliance will continue as the measurement in 2014.

**2014 Performance Measure:** Increase the use of personal protective equipment with specific emphasis on eyewear to 100% by all disciplines in the operating rooms.

#### **Other 2014 Objectives:**

- Continue to monitor and trend the straight and suture needle stick exposures.
- Continue to monitor and trend staff muscular/skeletal injuries.
- Continue to monitor and trend staff injuries due to patient assaults.

### 2. Security Management

**2013 Indicator:** The number of security breaches throughout all MUSC facilities. The goal for this reporting period was less than 32 security breaches per quarter.

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

**Performance:** When compared to the reported monthly average for 2012, this program area has experienced an increase in occurrences. Nearly 81% of all calls for security breaches in 2013 were for unlocked doors. However, there is a lack of major criminal activity incidents despite the less than desirable increase.

**Further Action:** While security staff will continue to monitor breaches and provide education as necessary, this will no longer be a performance measure.

**2014 Performance Measure:** Monitor the number of requests to assist with behavioral health patients. Determine causes for the requests and continue to monitor whether the change in reporting practices is affecting this indicator. The current review identifies an average of 202 responses per month for a total of 2420 per year. The goal is to decrease the occurrence by 15%.

**Other 2014 Objectives:**

- Focus on enhancing security techniques and procedures addressing patient elopement, patient suicide, and workplace violence for behavioral health areas.
- Focus on officer safety enhancing communication techniques.
- Develop and evaluate program for special visitors.

**3. Hazardous Materials and Waste Management**

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

**Rationale:** The Resource Conservation and Recovery Act (black bin compliance) requires specific containers to handle hazardous medication waste on units.

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

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

**2014 Performance Measure:** In 2013, 62 employees responsible for signing/ shipping manifest were assigned an infectious waste and regulated medical waste training. During 2013, 47% (29) of the employees who were assigned the training completed it. Therefore, the 2014 performance measure for those employees responsible for signing/shipping manifests is to be 100% compliant with the training.

**Other 2014 Objectives:**

- Chemical inventory lists are posted and readily available with full chemical names in appropriate areas, and employees can locate it upon request. The inspector will then identify several chemicals in each area and ensure that they are listed on the current chemical inventory. The 2014 compliance goal is  $\geq 95\%$ .



- Personal Protective Equipment (PPE), involving hazardous materials, is available for all staff and the job duties performed in the unit. PPE Certification Selection Forms for all area employees are available to determine proper PPE selection for job duties. The inspector will also choose a random employee in the unit to determine if they can access the PPE Certification Selection Form and list the PPE needed to perform one task. The 2014 compliance goal is  $\geq 95\%$ .

#### 4. **Emergency Management**

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

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

**Performance:** Disaster drills conducted in 2013 showed a recall response rate of 100%.

**Further Action:** Awareness and education will continue as appropriate.

**2014 Performance Measure:** A participation rate of 75% annually of identified senior leadership in emergency response exercises and emergency educational offerings. (Note: Senior leadership means any member of senior leadership with strategic and budgetary responsibilities for MUHA)

##### **Other 2014 Objectives:**

- Identify and implement top three (3) employee/staff emergency educational training modules.
- Conduct Emergency Management HPP Disaster Supply Inventory.
- Increase active shooter education and training.
- Execute content of Medical University Hospital Authority Emergency Management Tactical Plan beginning in January 2014.

#### 5. **Fire Management**

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

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

**Performance:** In 2012, MUHA had 34 code red false alarms caused by contractors. In 2013, this number decreased to 12, a 67.4% decrease. Just-in-time training was conducted with all involved contractors when code red false alarms occurred. Additional safety training was put in place in 2013 to reinforce proper measures to take to avoid code red false alarms.

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

**2014 Performance Measure:** The 2014 performance indicator for Fire and Life Safety is to reduce the instances of corridor clutter. An IMPROVE project has been created to establish a task force and baseline data to generate recommendations and solutions to be presented to senior leadership.

**Other 2014 Objectives:**

- Continue to monitor staff knowledge of the 5-step fire plan.

**6. Medical Equipment Management**

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

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

**Performance:** The overall operator error rate decreased slightly in 2013 by 1.3%. However infusion pump error decreased from 44% of all equipment operator errors to 29% of operator errors. The decrease in infusion pump errors is commendable and is attributed to EOC rounding by a multi-disciplinary team.

**Further Action:** The operator problem rate will continue to be monitored, and trended to identify opportunities for education, modification, and/or enhancement. Results will be reported to the EOC Committee at least quarterly. With the Education Department the plan is to restore and re-format equipment education / orientation process for equipment users.

**2014 Performance Measure:** Operator problem data will continue to be monitored with a specific emphasis on infusion pumps. The goal is to decrease infusion pump operator error by 10%.

**Other 2014 Objectives:**

- Restore and re-format equipment education / orientation process for equipment users.
- Partner with nursing education to respond with both planned and just in time education for operators when errors are attributable to operators.
- Participate and assist in leading a campus wide recall committee for medical equipment recalls.

**7. Utility Systems Management**

**Indicator:** Percentage of non-life support preventative maintenance (PM) tasks completed on time.

**Rationale:** Working non-life support equipment is critical to the care of the patient.

**Performance:** The PM completion rate for Non-Life Support Equipment was 98% for Hospital and Ambulatory Care Occupancies. The PM completion rate for Non-Life Support Equipment was 94% for Business Occupancies.

**Further Action:** No additional action is required at this time.

**2014 Performance Measure:**

A new tracking system is being implemented in 2014 for this equipment, therefore, the 2014 indicator will be to maintain non-life support equipment maintenance completion rate at 95% or above.

**Other 2014 Objectives:**

- Reduce incidents that result in unplanned failures or interruptions.
- Identify opportunities to improve utility systems performance.
- Train all staff to use utility systems appropriately, including appropriate response to failures or disruptions.
- Review and revise all engineering policies and procedures to assure compliance with all Joint Commission requirements.
- Improve infrastructure drawings and documents to provide accurate system as builds

**2013 PERFORMANCE IMPROVEMENT ACTIVITIES AND ACCOMPLISHMENTS**

**UH/CH fire pump replacement** - University and Children's hospitals had aging fire pumps that consistently needed repairs. There were also issues with the water pressure supplied by the city, causing the fire pumps to not get enough water to perform correctly. A new fire protection plan was designed that combined the two buildings into one fire pump system. Furthermore, this project created a new city tie-in point at the street, correcting the city water pressure issue. This new system is capable of providing water needed for firefighting

purposes. There is a connection in place for a future redundant fire pump, which will eliminate potential outages of the equipment.

**Emergency Fire Pump Connections-** To prevent facility outages and safety risk during fire pump failures, temporary fire pump connections were installed on the exterior of all hospital buildings. These connections can be used by temporary mobile fire pumps to serve the building during repairs.

**Elevator Lobby Project** - In order to protect building occupants from potential increased fire risk, a design was created to enclose a portion of the University Hospital's service elevator lobbies to house hazardous waste and trash containers. Construction of these walls is set to begin in 2014.

**Kitchen Grease Hoods-** During an internal inspection of the grease hoods in University Hospital and Ashley River Tower, it was determined that the quarterly cleaning of the hoods and ductwork was not being performed adequately. This created an increased fire risk to the buildings. The contractor responsible for the work was removed from campus and replaced with another local firm who did an immediate cleaning of the systems. The hood and ductwork systems were reviewed by the new contractor and MUSC for existing issues. It was determined that additional access panels were needed to make the cleaning of the systems easier. These panels are currently being installed.

**Rutledge Tower High Rise Conversion-** Rutledge Tower's emergency response is currently being converted to high rise to allow for limited evacuation and disruption of service. The building's fire alarm system was fully replaced and enhanced for this new response scheme. A new fire command center is being designed and built to provide a safe location for firefighting operations. The new response scheme decreases the potential for disruption of services, including the operating rooms, while still maintaining a safe environment for all building occupants. Near completion of the Sabin Energy Plant and putting into operation the key infrastructure equipment described above.

**Construction Infrastructure Projects-**Several projects were completed to improve reliability and performance of a number of areas in the Medical Center. They include:

- Addition of two new Pediatric Cauterization Labs in the Children's Hospital
- Renovation of the Children's Hospital 7B Bone Marrow Unit
- Renovation of the University Hospital 8C and 9C Neuro ICU's
- Renovation of the University Hospital 8W unit
- Renovation of the Ashley River Tower Hospital DDC observation rooms
- Renovation of the Rutledge Tower 7<sup>th</sup> floor x-ray unit

**Blood borne Pathogens Link and Icon** -A blood borne pathogens link was added to the MUHA Intranet. In addition, a desktop icon was added for all clinical employees. The icon and link provide a quick source for employees to access information on blood exposures and how to report a blood exposure.

**Safe Patient Handling Task Force** - In 2013, a task force was created to address safe patient handling led by the Director of SACC and MACC. University Risk Management participates in the task force by providing employee injury data and safety insight.

**Clinical Alarm Task Force**- In June 2013, the Joint Commission issued a National Patient Safety Goal (NPSG) intended to address issues related to clinical alarm safety. The fundamental purpose of the NPSG is to minimize alarm fatigue, in which caregivers subjected to a constant bombardment of alarms may become desensitized to their meaning and fail to recognize truly urgent conditions when they arise. University Risk Management participates in the task force by providing Environment of Care and Life Safety insight.

**Wander Guard**-A wander guard electronic monitoring system was installed at both ART and MUH to prevent elopement of confused patients.

**Electronic Inspection Method for Safety Inspections** -A new electronic method for conducting safety inspections of Medical Center areas was developed in 2012. Since then, the method has allowed University Risk Management staff to interact with the manager and staff during the inspection with advanced technologies to ease the inspection experience. All the inspection data is entered in an Apple iPad. Inspection times have decreased allowing more time to discuss the deficiencies and solutions with the area manager. This method is environmentally friendly as it is paperless.

**Regulated Medical Waste Training Program for Off-Campus Waste Generators** -A new regulated medical waste training program was developed in 2013. It included CATTs training module for off-campus employees generating, handling, and shipping regulated waste. The interactive training allows off-campus employees, who may rarely make it on-campus, to learn the most current safety regulations and prevention methods when handling bio-hazardous waste generated at their facility. Once completed, the trained employee is authorized to sign shipping manifests for their specific off-campus location. This training complies with US Environmental Protection Agency (USEPA) and SC Department of Health and Environmental Control (SCDHEC) regulations.

**Clinical Personal Protective Equipment Selection Form** - University Risk Management staff have worked together to improve the Clinical Personal Protective Equipment Selection Form used in clinical units and research areas in the hospital. This training complies with OSHA regulations and JC standards.

**The Global Harmonized System of Classification and Labelling of Chemicals (GHS) Training**- University Risk Management staff have worked together to provide a CATTs training for all hospital staff regarding the new OSHA-mandated GHS transition. The staff were required to complete the training prior to December 1, 2013. The training informed the employee of the standardized 16 section Safety Data Sheet (SDS) and changes to OSHA regulation for hazardous communication standard. This training complies with OSHA regulations. To support this effort, we created a new SDS website on the University Risk Management website.

**Radiation Safety Title B DHEC Inspection** - On February 25, 2013 DHEC conducted a Radiation Safety Title B inspection. Through improvements in program the inspection was a success. No findings or recommendations were reported by DHEC.

**Emergency Management Committee and Sub-Committee**- In 2013, we continued to strengthen the physician leadership and engagement with the Emergency Management Committee. In addition an educational sub-committee was chartered to ensure that staff emergency educational needs related to emergency incidents and readiness are identified and met via in-services and training.

**Power Outages**- In 2013, we successfully managed and completed the preplanned activities related to the Main and Children's Hospital electrical power outages in preparation for the 2014 commissioning of the replacement Sabin Street Central Energy Plant.

**Medical University Hospital Authority**  
**Construction Contracts**  
**For Reporting**  
**April 11, 2014**

Stenstrom & Associates	\$250,753.18
CH-6 <sup>th</sup> Floor Cath Labs	
Provide renovations	

**IDC Professional Services Contracts**  
**For Reporting**  
**April 11, 2014**

DWG Consulting Engineer	\$109,655.00
UH-Flash CT H397A Renovation	
Provide design services for mechanical, plumbing, fire protection, and electrical systems	

Leach Wallace Associates	\$219,000.00
ART-Inpatient Pharmacy Relocation	
Provide architectural and design services for construction phase	

Compass 5 Partners	\$111,205.00
CH-OR 2, 5 & 16 Renovation	
Provide architectural and engineering design services	

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**REGULAR AGENDA**

Board of Trustees Meeting  
Friday, April 11, 2014  
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.  
The Honorable James A. Battle  
Mr. William H. Bingham, Sr.  
Mr. William B. Hewitt  
Dr. Harold W. Jablon  
Dr. Donald R. Johnson II

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

**Trustees Emeriti**

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

Item 1.     Call to Order-Roll Call.

Item 2.     Secretary to Report Date of Next Meeting.

Regular Meeting: Thursday, May 15, 2014.

Item 3.     Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of February 14, 2014.

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 of the Executive Director of the MUSC Foundation for Research Development.

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

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

Recommendation of Committee:

Board Action:

Item 10. Other Committee Business.

**EDUCATION, FACULTY AND STUDENT AFFAIRS COMMITTEE. CHAIRMAN: DR. E CONYERS O'BRYAN, 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. Proposed Changes to Tuition and Fees.

Item 14. Degree Programs.

Item 15. Sabbatical Leave.

Item 16. Faculty Promotions.

Item 17. Faculty Appointments.

Item 18. Changes in Faculty Status.

Item 19. Endowed Chairs.

**CONSENT AGENDA ITEM FOR INFORMATION:**

Item 20. Post-Tenure Review Approvals.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 21. General Report of the Executive Vice President for Finance and Operations.

Statement: Ms. Lisa Montgomery will provide a report.

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

Recommendation of Committee:

Board Action:

Item 22. 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 23. 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 24. Other Committee Business.

**CONSENT AGENDA ITEM FOR INFORMATION:**

Item 25. Financial Status Report of the MUSC Foundation for Research Development.

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 26. 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 27. Other Committee Business.

**CONSENT AGENDA ITEMS FOR INFORMATION:**

Item 28. Facilities Contracts Awarded.

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

**OLD BUSINESS:**

**NEW BUSINESS:**

Item 29. Information Security Update.

Statement: Dr. Frank Clark will present an update.

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

Recommendation of Committee:

Board Action:

Item 30. 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 31. Other Committee Business.

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

Item 32.    Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 33.    New Business for the Board of Trustees.

Item 34.    Report from the Chairman.

**BOARD OF TRUSTEES  
MEDICAL UNIVERSITY OF SOUTH CAROLINA  
RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE  
General Report of the Vice President for Development and Alumni Affairs  
April 11, 2014**

Through March 17, 2014, we are proud to report we have received over \$43 million in new gifts and pledges. We have received \$19.8 million in outstanding verbal commitments, which our team is working hard to close over the upcoming few months.

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

**HEART AND VASCULAR**

- The Inaugural Ben Marino Heart Award Luncheon, scheduled for April 25<sup>th</sup>, has already raised \$100,000 through table sales and contributions.
- A grateful patient confirmed a bequest of \$550,000 to support the Cardiovascular Health Program.

**CHILDREN'S HOSPITAL**

- We received a gift of \$400,000 from a Charleston family to fund the start-up of an eating disorders program.
- The Children's Hospital received \$500,000 from Eric Wade and C.T. Touring for the new Children's Hospital and Women's Pavilion Building campaign.
- On February 27 and 28, the "Cares for Kids Radiothon" broadcast on Clear Channel's WEZL and Y102.5 radio stations raised over \$128,000 for the Children's Hospital.
- The Eighth Annual Dance Marathon, held on February 21, raised \$54,502 for the Children's Hospital. Over the past eight years, this event has raised \$457,556.
- We continue to work on the planning for our campaign for the new Children's Hospital. We have formed a small executive committee to help us secure gifts in the 7- and 8-figure range. In parallel, we are developing a campaign plan to help lead us in the cultivation and solicitation of the remainder of the gifts.

**HOLLINGS CANCER CENTER**

- The Hollings Cancer Center's signature fundraising event, Gourmet and Grapes, was held on February 7-9, 2014, at The Sanctuary on Kiawah Island Golf Resort. The weekend festivities raised \$200,000 in support of the Hollings Cancer Center.
- Ms. Alexis Bomar made a commitment of \$100,000 to establish the James F. Bomar Myeloid Malignancy Research Fund for Hollings Cancer Center.

### **COLLEGE OF NURSING**

- The College of Nursing received a pledge of \$200,000 from the Lettie Pate Whitehead Foundation (headquartered in Atlanta) to support scholarships in the 2014-15 academic year. In total, the College has received over \$1.2 million from the Foundation. Our partnership dates back to 1990.

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

- Dr. Isabel (Class of '02) and Mr. Jacob Driggers pledged \$100,000 designated to provide oral health care for patients with special needs.
- Mrs. Anne Millwood has pledged to fully endow a scholarship at the \$50,000 level in memory of her late husband Dr. Charles Millwood, Sr. (Class of '74). The scholarship will provide an award to a dental student with financial need who intends to practice in the State of South Carolina.

### **STORM EYE INSTITUTE**

- A South Carolina Lions Club member made a recent \$100,000 pledge to the South Carolina Lions Eye Research Fund.
- The Storm Eye Institute recently purchased the Heidelberg OTC scanner through a \$62,000 grant from the Lions Club International Foundation. This new equipment has allowed the MUSC Department of Ophthalmology to continue to perform research that will hopefully lead to new therapies for treating devastating diseases of the eye.

### **COLLEGE OF MEDICINE**

- Ms. Carole Pittelman, of New York, made a gift of \$78,000 in support of the Pittelman Charleston Conference, which showcases the latest findings in Alzheimer's disease research.

### **ALUMNI AFFAIRS**

- Golden Grads classes are currently planning their homecoming activities, which will take place during the week of Commencement. In addition to the general events planned for all members of the Golden Grads classes, individual parties are being planned on the Wednesday evening prior to commencement activities. Our featured alumni are from the Class of 1964.
- The James B. Edwards College of Dental Medicine Homecoming Weekend was held February 20-23, 2014, for all dental medicine alumni. There was special recognition for the classes ending in '4' and '9'. The weekend festivities included the Fourth Annual James B. Edwards College of Dental Medicine Scholars Day, the Dean's Welcome Reception, a continuing education program, a Lowcountry oyster roast and an ASDA Golf Tournament. Over 300 alumni and friends of the college attended the various events. The classes of '79, '84, and '89 initiated a mini-campaign to encourage membership in the Dental Legacy Society, which resulted in verbal intentions of \$1,150,000 in deferred gifts. All other classes raised a total of \$132,625 toward various projects since their last Reunion Weekend.
- The College of Medicine held their Homecoming on March 1, 2014, for all medicine alumni. A special Saturday morning program was held entitled "Medical School 2014." This student-led initiative provided alumni insight into the current admissions process, the curriculum for 2014, a day in the life of a student and a campus tour including the MUSC Simulation Laboratory with students demonstrating various medical situations and treatments. The evening festivities were held at the Gibbes Museum of Art and featured individual class celebrations prior to the evening soiree.
- The College of Nursing Alumni Association sponsored a reception for Florence area alumni on March 27. The purpose of this event was to engage alumni and cultivate and recruit members for the College of Nursing Alumni Association Board.
- The College of Health Professions hosted a reception on March 6 at the Village at Pelham (an affiliate of Spartanburg Regional Health System) that attracted nearly 60 graduates from the College's current and discontinued programs.
- We are currently recruiting for an executive director of Alumni Affairs. We invited two candidates to campus in February and they underwent an extensive set of interviews. We hope to extend an offer very shortly.

#### **MUSC BOARD OF VISITORS**

- The next meeting of the MUSC Board of Visitors has been scheduled for May 2, 2014.
  - This is two weeks prior to the May meeting of the Board of Trustees
  - Our Agenda includes:



- Affordable Care Act (*Dr. Pat Cawley*)
- Quality Management and Patient Safety (*Dr. Danielle Scheurer*)
- Department of Urology Update (*Dr. Tom Keane, Dr. Sandip Prasad*)
- Biomedical Research/CTSA (*Dr. Kathleen Brady*)
- New Children's Hospital (*Mr. Matt Wain*)
- Tour of Children's Hospital
- The Board of Trustees is most welcomed to join us.

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

- Realized endowment investment returns at 2/28/2014:

	1 YR	2 YR	3 YR	5 YR
MUSCF	12.6%	10.2%	7.0%	13.3%
Allocation Benchmark *	11.8%	9.2%	6.3%	11.7%

\* 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.

- Increased total assets by \$47 million or 10.6% for trailing 12 months at 2/28/14 to a record \$494 million.
- Approved \*4.25% endowed payout rate for 2014 – 2015 by MUSC Foundation Board at its February 21 meeting.

\* NOTE: NACUBO Average:

4.0% for all Public Institution – Related Foundations

4.4% for Endowments (\$101 million to \$500 million)

- Improved NACUBO total endowed asset percentile rank among all reporting higher education institutions at 6/30/13.

	<u>2011</u>	<u>2012</u>	<u>2013</u>
Rank	250	238	236
Percentile	29.7	28.2	27.8
# Reporting	866	843	849

Goal: Top Quartile

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**Monthly Financial Reports**  
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**For the Eight (8) Month Period Ended February 28, 2014**

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The Medical University of South Carolina and Affiliated Organizations  
Statement of Net Position  
As of February 28, 2014

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
<b>Assets &amp; Deferred Outflows</b>				
Cash and Cash Equivalents	\$ 171,151,380	\$ 7,086,710	\$ -	\$ -
Cash and Cash Equivalents - Restricted	23,601,119	-	-	392,178
State Appropriation Receivable	22,178,369	2,056,914	-	-
Student Tuition and Fees Receivable	2,032,283	-	-	-
Student Loan Receivable	12,787,857	-	-	-
Grants and Contracts Receivable	51,884,847	54,257	-	-
Capital Improvement Bond Proceeds Receivable	301,742	-	-	-
Capital Lease Receivable	-	-	2,912,263	16,377,981
Other Receivables	1,313,275	-	7,349	-
Investments	-	-	739,946	300,073
Prepaid Items	9,837,375	-	-	1,541,968
Capital Assets, net of Accumulated Depreciation	538,490,048	-	-	-
Due from Hospital Authority	16,534,259	-	-	-
Due from Other Funds	101,438,789	-	-	-
Bond Issue Costs	710,862	-	43,731	293,798
Other Assets	-	-	-	-
<b>Total Assets &amp; Deferred Outflows</b>	<b>\$ 952,262,205</b>	<b>\$ 9,197,881</b>	<b>\$ 3,703,289</b>	<b>\$ 18,905,998</b>
<b>Liabilities &amp; Deferred Inflows</b>				
Accounts Payable	\$ 7,995,270	\$ 691,164	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	4,902,567	-	-	-
Accrued Compensated Absences	28,844,732	200,016	-	-
Deferred Revenue	50,975,408	3,210,011	-	-
Retainages Payable	-	-	-	-
Long-Term Debt	171,521,061	-	3,544,000	17,413,707
Interest Payable	1,947,921	-	110,039	89,600
Deposits Held for Others	4,181,663	168,189	-	-
Due to Hospital Authority	-	-	-	-
Due to Other Funds	5,014,434	-	-	-
Federal Loan Program Liability	14,152,398	-	-	-
Other Liabilities	30,279,326	1,504	-	-
<b>Total Liabilities &amp; Deferred Inflows</b>	<b>\$ 319,814,780</b>	<b>\$ 4,270,884</b>	<b>\$ 3,654,039</b>	<b>\$ 17,503,307</b>
<b>Net Position</b>	<b>\$ 632,447,425</b>	<b>\$ 4,926,997</b>	<b>\$ 49,250</b>	<b>\$ 1,402,691</b>
<b>Total Liabilities &amp; Deferred Inflows and Net Position</b>	<b>\$ 952,262,205</b>	<b>\$ 9,197,881</b>	<b>\$ 3,703,289</b>	<b>\$ 18,905,998</b>

**The Medical University of South Carolina and Affiliated Organizations**  
**Statement of Revenues, Expenses and Changes in Net Position**  
**For the Eight (8) Month Period Ending February 28, 2014**

	<b>University</b>	<b>Area Health Education Consortium</b>	<b>Facilities Corporation</b>	<b>CHS Development Company</b>
<b>Operating Revenues</b>				
Student Tuition and Fees	\$ 62,731,796	\$ -	\$ -	\$ -
Federal Grants and Contracts	86,426,983	230,248	-	-
State Grants and Contracts	4,175,831	(14,541)	-	-
Local Government Grants and Contracts	9,650	-	-	-
Nongovernmental Grants and Contracts	22,857,421	745,454	-	-
Sales and Services to Hospital Authority	69,145,145	180	-	-
Sales and Services of Educational and Other Activities	38,880,865	650	-	-
Sales and Services of Auxiliary Enterprises	8,324,101	-	-	-
Interest Income	-	-	229,168	497,238
Other Operating Revenues	10,123,054	(6,676)	-	-
<b>Total Operating Revenues</b>	<b>302,674,846</b>	<b>955,315</b>	<b>229,168</b>	<b>497,238</b>
<b>Operating Expenses</b>				
Compensation and Employee Benefits	224,005,283	1,636,071	-	-
Services and Supplies	121,384,896	3,206,229	-	6,376
Utilities	9,277,880	-	-	-
Scholarships and Fellowships	12,579,362	(800)	-	-
Refunds to Grantors	90,873	-	-	-
Interest Expense	-	-	185,134	436,126
Depreciation and Amortization	26,658,182	-	11,285	122,313
<b>Total Operating Expenses</b>	<b>393,996,476</b>	<b>4,841,500</b>	<b>196,419</b>	<b>564,815</b>
<b>Operating Income (Loss)</b>	<b>(91,321,630)</b>	<b>(3,886,185)</b>	<b>32,749</b>	<b>(67,577)</b>
<b>Nonoperating Revenues (Expenses)</b>				
State Appropriations	38,884,909	6,420,022	-	-
State Appropriations - MUHA	18,169,138	-	-	-
Gifts and Grants Received	8,700,107	-	-	-
Investment Income	7,059,372	-	-	-
Interest Expense	(5,376,481)	-	-	-
Gain (Loss) on Disposal of Capital Assets	(1,794,152)	-	-	-
Transfers From (To) Other State Agencies	(295,089)	(1,504)	-	-
Other Nonoperating Revenues (Expenses), net	(5,677,050)	-	-	-
<b>Net Nonoperating Revenues (Expenses)</b>	<b>59,670,754</b>	<b>6,418,518</b>	<b>-</b>	<b>-</b>
<b>Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers</b>	<b>(31,650,876)</b>	<b>2,532,333</b>	<b>32,749</b>	<b>(67,577)</b>
Capital Appropriations	1,005,394	-	-	-
Capital Grants and Gifts	431,879	-	-	-
Additions to Permanent Endowments	5,953,260	-	-	-
Transfers From (To) MUSC Physicians (UMA)	40,602,831	-	-	-
Transfers From (To) AHEC	(2,199)	2,199	-	-
Transfers From (To) CHS Development	(227,944)	-	-	227,944
Transfers From (To) Facilities Corporation	18,118	-	(18,118)	-
<b>Increase (Decrease) In Net Position</b>	<b>\$ 16,130,463</b>	<b>\$ 2,534,532</b>	<b>\$ 14,631</b>	<b>\$ 160,367</b>

The Medical University of South Carolina  
 Budgeted Funds Comparison to Budget  
 For the period ending February 28, 2014

	Budget	Prorated Budget (Note)	Actual	Variance	
<b>REVENUES</b>					
<b>State</b>					
State Appropriations	58,237,887	38,825,258	38,884,909	59,651	F
State Appropriations - MUHA	31,253,707	20,835,805	18,169,138	(2,666,667)	U
State Grants & Contracts	6,982,424	4,654,949	4,175,831	(479,118)	U
<b>Total State</b>	<b>96,474,018</b>	<b>64,316,012</b>	<b>61,229,878</b>	<b>(3,086,134)</b>	<b>U</b>
<b>Federal</b>					
Federal Grants & Contracts	102,725,201	68,483,467	65,772,538	(2,710,929)	U
Federal Grants Indirect Cost Recoveries	32,303,824	21,535,883	20,654,445	(881,438)	U
<b>Total Federal</b>	<b>135,029,025</b>	<b>90,019,350</b>	<b>86,426,983</b>	<b>(3,592,367)</b>	<b>U</b>
<b>Other</b>					
Private Grants & Contracts	23,700,418	15,800,279	19,792,125	3,991,846	F
Private Grants Indirect Cost Recoveries	4,070,766	2,713,844	3,074,947	361,103	F
Gifts	12,267,774	8,178,516	8,383,102	204,586	F
Tuition and Fees	86,207,825	59,502,651	62,731,796	3,229,145	F
Sales and Services of Educational Departments	55,694,554	37,129,703	38,880,865	1,751,162	F
Sales and Services of Auxiliary Enterprises	13,380,049	8,920,033	8,324,101	(595,932)	U
Interest and Investment Income	124,747	83,165	11,241	(71,924)	U
Endowment Income	798,472	532,315	1,471,123	938,808	F
Miscellaneous	10,271,135	6,847,423	6,522,859	(324,564)	U
Miscellaneous - Residents	4,652,943	3,101,962	3,384,634	282,672	F
Authority Revenue	67,377,588	44,918,392	42,346,491	(2,571,901)	U
Authority Revenue - Residents	40,149,609	26,766,406	30,873,450	4,107,044	F
Intra-Institutional Sales	37,142,811	24,761,874	23,402,695	(1,359,179)	U
<b>Total Other</b>	<b>355,838,691</b>	<b>239,256,563</b>	<b>249,199,429</b>	<b>9,942,866</b>	<b>F</b>
<b>Total Revenues</b>	<b>587,341,734</b>	<b>393,591,925</b>	<b>396,856,290</b>	<b>3,264,365</b>	<b>F</b>
<b>EXPENDITURES</b>					
Instruction	114,869,938	76,579,959	64,529,686	12,050,273	F
Instruction - Residents	45,932,032	30,621,355	34,598,330	(3,976,975)	U
Instruction - MUHA	18,853,707	12,569,138	12,569,138	-	F
Research	182,938,804	121,959,203	115,315,979	6,643,224	F
Public Service	46,676,189	31,117,459	47,730,690	(16,613,231)	U
Academic Support	48,810,640	32,540,427	30,286,457	2,253,970	F
Student Services	8,269,766	5,513,177	5,426,934	86,243	F
Institutional Support	68,448,398	45,632,265	38,303,499	7,328,766	F
Operation & Maintenance of Plant	65,106,403	43,404,269	45,320,720	(1,916,451)	U
Scholarships & Fellowships	2,387,602	1,591,735	1,624,969	(33,234)	U
Auxiliary Enterprises	11,399,494	7,599,663	6,380,114	1,219,549	F
Telemedicine - MUHA	12,400,000	8,266,667	5,600,000	2,666,667	F
Indirect Cost Remitted to State	140,000	93,333	295,089	(201,756)	U
Debt Services	6,839,339	4,559,559	4,559,559	-	F
<b>Total Expenditures</b>	<b>633,072,312</b>	<b>422,048,209</b>	<b>412,541,164</b>	<b>9,507,045</b>	<b>F</b>
<b>OTHER ADDITIONS (DEDUCTIONS)</b>					
Transfers from (to) UMA	65,148,206	43,432,137	40,602,831	(2,829,306)	U
Transfers from (to) Facilities Corporation	-	-	18,118	18,118	F
Transfers from (to) AHEC	(3,700)	(2,467)	(2,199)	268	F
Transfers from (to) CHS Development	(336,372)	(224,248)	(227,944)	(3,696)	U
Transfers from (to) Loan funds	-	-	(147)	(147)	U
Transfers from (to) Plant Funds	(23,521,006)	(15,680,671)	(15,741,930)	(61,259)	U
Refunds to Grantors	(9,373)	(6,249)	(90,873)	(84,624)	U
Transfers to Endowment Fund	(11,929)	(7,953)	-	7,953	F
Prior Year Fund Balance Usage	8,785,975	5,857,317	4,136,174	(1,721,143)	U
<b>Total Other Additions (Deductions)</b>	<b>50,051,801</b>	<b>33,367,866</b>	<b>28,694,030</b>	<b>(4,673,836)</b>	<b>U</b>
<b>NET INCREASE (DECREASE) in Fund Balance</b>	<b>4,321,223</b>	<b>4,911,582</b>	<b>13,009,156</b>	<b>8,097,574</b>	<b>F</b>

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

**The Medical University of South Carolina**

Direct Expenditures on Federal Grants and Contracts

(By Responsibility Center)

For the 8 Month Period Ending February 28, 2014

Administration	295,811
Centers of Excellence	4,245,444
College of Dental Medicine	1,976,790
College of Graduate Studies	718,698
College of Health Professions	1,414,404
College of Medicine	53,849,047
College of Nursing	1,880,472
College of Pharmacy	681,922
Library	709,951
	<hr/>
	<b>\$65,772,538</b>
	<hr/>

NOTE: The federal direct expenditures shown above were incurred by the University.  
The federal grant and contract revenue earned to cover these direct expenditures.  
was \$65,772,538 .

In addition to this federal grant and contract revenue, the University received  
\$20,654,445 in federal monies to reimburse it for Facilities and Administration  
(F+A) costs incurred to administer the above federal grants and contracts.  
\$20,359,356 of the F+A recoveries received is unrestricted which means the  
University can use it for any of its operating needs. The remaining \$295,089  
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	\$65,772,538
Facilities and Administration costs	\$20,654,445
Federal operating grants and contracts	<hr/>
	\$86,426,983

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
NOTES TO THE FINANCIAL STATEMENTS  
February 28, 2014

**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	\$ 42,020,369
Land/Bldgs/Equipment/Accumulated depreciation	<u>496,469,679</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 538,490,048</u>

**Note 5. Construction in Progress**

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

	Jun 30, 2013 Balance	Fiscal Year 2014 Added	Capitalized	Feb 28, 2014 Balance
Microbiology & Immunology Renovations in BSB	6,290,801	267,619	-	6,558,420
Air Handler Replacement in BSB	4,060,123	43,463	-	4,103,586
Dental Medicine Classroom Renovations in BSB	2,597,460	113	-	2,597,573
Neurosciences 3rd Floor Renovations in CSB	1,854,666	-	-	1,854,666
Psychiatric Institute Data Center System	1,855,848	90,335	-	1,946,183
Bioengineering Building	955,122	587,488	-	1,542,610
Thurmond-Gazes Exhaust System	826,493	1,894,976	-	2,721,469
Exhaust & Emergency Power Impr in BSB	1,791,838	29,846	-	1,821,684
College of Nursing Floors 2-5	1,107,766	3,568,564	-	4,676,330
Deferred Maintenance - FY 2012	1,137,921	1,380,743	-	2,518,664
AHU-6 Replacement in CSB	1,073,959	-	-	1,073,959
Others less than \$1,000,000 (ending balance)	6,700,184	3,905,042	-	10,605,226
Total construction in progress	<u>\$ 30,252,180</u>	<u>\$ 11,768,189</u>	<u>\$ -</u>	<u>\$ 42,020,369</u>

**Note 6. Deferred Revenue**

The University's deferred revenue consists of the following:

State appropriations	\$ 19,442,455
Grants and contracts	12,392,049
Student tuition and fees	18,952,254
Other	<u>188,650</u>
Total Deferred Revenue	<u>\$ 50,975,408</u>



**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
February 28, 2014

**Note 7. Long Term Liabilities**

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

Obligations under capital leases	\$ 64,507,115
Higher Education Revenue bond payable	32,415,000
State Institution bonds payable	70,940,000
Premium on State Institution bonds payable	1,348,443
Energy performance note payable	3,214,751
Deferred loss on early retirement of bonds	(904,248)
<b>Total Long Term Liabilities</b>	<b><u>\$ 171,521,061</u></b>

**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 Position (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	\$ 13,009,156	
Budgeted Prior Year Fund Balance Usage	(4,136,174)	
Plant funds:		
Capital grants and gifts - Federal	385,854	
Capital grants and gifts - State	-	
Capital grants and gifts - private	-	
Capital appropriations	1,005,394	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	46,025	
Interest and investment income	278,466	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	1,960,429	
Expended in current fund-capital costs	2,677,747	
Transfers	20,301,490	
Expensed in plant fund-depreciation	(26,658,182)	
Expensed in plant fund-interest expense	(2,236,223)	
Expensed in plant fund-other	(395,572)	
Gain (loss) on disposition of property	(1,794,152)	(4,428,724)
Loan funds:		
Other income		
Interest and investment income	246,024	
Expenses	(98,308)	
Transfers	147	147,863
Endowment funds:		
New endowments	5,953,260	
Income draws to operating units	(1,495,883)	
Gifts	317,005	
Endowment income (Loss)	6,763,961	
Transfers	-	11,538,342
Other		
Net increase (decrease) in Net Assets per Statement of Revenues, Expenses, and Changes in Net Assets	<u>\$ 16,130,463</u>	

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

(\$\$ in thousands)

	Original Issue	Authorized Not Issued	Purpose	Outstanding & Authorized as of 28-Feb-2014
<b>State Institution Bonds (SIB)</b>				
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
	<u>\$ 92,640</u>	<u>\$ -</u>		
<b>Current SIB Debt Authorized and Issued</b>				<u>\$ 70,940</u>
<b>Notes Payable - JEDA</b>	<u>\$ 32,985</u>	<u>\$ -</u>	Construction of College Health Health Profession facilities	<u>\$ 17,920</u>
<b>Lease Revenue Bonds</b>				
LRB 1995 A & B	<u>\$ 13,201</u>	<u>\$ -</u>	Thurmond Biomedical Center	<u>\$ 3,544</u>
<b>Higher Education Revenue Bonds</b>				
2006	<u>\$ 38,000</u>	<u>\$ -</u>	Construction of Parking Garage	<u>\$ 32,415</u>
<b>Energy Performance Note Payable</b>				
EPNP 11-26-08	<u>\$ 15,387</u>	<u>\$ -</u>	Energy Savings	<u>\$ 3,215</u>

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

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

	For the Eight Months Ending 2/28/13	For the Eight Months Ending 2/28/14
<b>Operating Revenues</b>		
Net clinical service revenue	177,186,382	184,881,064
Other operating revenue	2,454,194	4,499,155
Ambulatory care and MUHA revenue cycle support	4,276,020	3,493,747
Primary care support	2,133,333	2,133,333
<b>Total operating revenues</b>	<b>186,049,930</b>	<b>195,007,300</b>
<b>Operating Expenses</b>		
Departmental expenses	135,692,876	140,076,694
Corporate operating expenses	21,494,093	21,381,931
Ambulatory care and MUHA revenue cycle expenses	3,228,358	2,474,483
New Initiative expenses	6,208,368	902,071
<b>Total expenses</b>	<b>166,623,695</b>	<b>164,835,179</b>
<b>Operating Income (Loss)</b>	<b>19,426,234</b>	<b>30,172,121</b>
<b>Nonoperating Revenues (Expenses)</b>	<b>4,823,131</b>	<b>743,978</b>
<b>Transfers from (to) Related Entities</b>		
Nonmandatory contributions to the MUSC Foundation	(2,297,026)	(2,525,260)
Nonmandatory transfers to the MUSC	(40,257,948)	(40,602,831)
<b>Change in Net Position Before Extraordinary Items</b>	<b>(18,305,608)</b>	<b>(12,211,993)</b>
<b>Extraordinary/Special Items</b>	<b>-</b>	<b>-</b>
Transfers to Debt Service and Equity Deficits	3,975,458	(11,946)
<b>Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue</b>	<b>(14,330,150)</b>	<b>(12,223,939)</b>
<b>Expenses Related to the DHHS Supplemental Revenue</b>	<b>(2,186,502)</b>	<b>-</b>
<b>Change in Net Position</b>	<b>(16,516,652)</b>	<b>(12,223,939)</b>

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**CONSENT AGENDA**

Board of Trustees Meeting  
Friday, April 11, 2014  
101 Colcock Hall

**Members of the Board of Trustees**

Thomas L. Stephenson, Esquire, Chairman  
Dr. James E. Wiseman, Jr., V-Chairman  
The Honorable 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  
Mr. Charles W. Schulze  
The Honorable Robin M. Tallon  
Dr. Thomas C. Rowland, Jr.  
Dr. G. Murrell Smith, Sr.  
Mr. Michael E. Stavrinakis  
Dr. Charles B. Thomas, Jr.

**Trustees Emeriti**

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

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

**(APPROVAL ITEMS)**

**Item 13. Proposed Changes to Tuition and Fees.**

Statement: The proposed changes to tuition and fees will be presented for approval.

Recommendation of Administration: That the changes to tuition and fees be approved.

Recommendation of Committee:

Board Action:

Item 14. Degree Programs.

Statement: At the request of the Dean of the College Nursing, administration presents for approval a proposal to reopen the RN – BSN Program.

Recommendation of Administration: That the RN – BSN Program be approved.

Recommendation of Committee:

Board Action:

Item 15. Sabbatical Leave.

Statement: At the request of the Dean of the College of Dental Medicine, administration presents for approval a sabbatical leave for Dr. Keith L. Kirkwood beginning May 1, 2014 and ending on September 7, 2014.

Recommendation of Administration: That the sabbatical leave request for Dr. Keith Kirkwood be approved.

Recommendation of Committee:

Board Action:

Item 16. Faculty Promotions.

Statement: At the request of the Deans of the Colleges of Dental Medicine, Health Professions, Medicine and Nursing, administration presents for approval the following faculty promotions:

College of Dental Medicine

from Assistant Professor to Associate Professor

**Walter G. Renne, D.M.D.**, Department of Oral Rehabilitation

**Viswanathan Palanisamy, Ph.D.**, Department of Oral Health Sciences

from Associate Professor to Professor

**Marc E. Levitan, D.D.S.**, Department of Oral Rehabilitation

College of Health Professions

from Assistant Professor to Associate Professor on the Academic Researcher Tenure Track

**Jesse Dean, Ph.D.**, Department of Health Professions, Division of Physical Therapy

**Chris Gregory, Ph.D., P.T.**, Department of Health Sciences and Research

**Michelle Woodbury, Ph.D., OTR/L**, Department of Health Sciences and Research,  
Division of Occupational Therapy

College of Medicine

from Associate Professor to Professor, Academic Clinician track, without tenure

**Sudie E. Back, Ph.D.**, Department of Psychiatry and Behavioral Sciences

**Valerie L. Durkalski-Mauldin, Ph.D.**, Department of Public Health Sciences

**Ashli J. Sheidow, Ph.D.**, Department of Psychiatry and Behavioral Sciences, with a  
dual appointment in the Department of Pediatrics, Division of Emergency Medicine

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

**Ira Richard Willner, M.D.**, Department of Medicine, Division of Gastroenterology

from Assistant Professor to Associate Professor on the Academic Investigator track

**Lauren Ashley Cowart, Ph.D.**, Department of Biochemistry and Molecular Biology

**Su-Hua Sha, M.D.**, Department of Pathology and Laboratory Medicine

**Elena V. Tourkina, Ph.D.**, Department of Medicine, Division of Rheumatology and  
Immunology, with a dual appointment in the Department of Regenerative Medicine  
and Cell Biology

from Assistant Professor to Associate Professor, Academic Investigator/Educator  
track

**Jason E. Chapman, Ph.D.**, Department of Psychiatry and Behavioral Sciences

from Assistant Professor to Associate Professor, Academic Clinician track

**Yubin Kang, M.D.**, Department of Medicine, Division of Hematology/Oncology

**Renee H. Martin, Ph.D.**, Department of Public Health Sciences

from Assistant Professor to Associate Professor, Clinician Educator track

**R. Neal Axon, M.D.**, Department of Medicine, Division of General Internal Medicine

**Christina L. Bourne, M.D.**, Department of Medicine, Division of Emergency  
Medicine

**John B. Cahill, Jr., M.D.**, Department of Pediatrics, Division of Neonatology

**Melissa Campbell Evans, M.D.**, Department of Pediatrics, Division of Critical Care

**Christine M. Carr, M.D.**, Department of Medicine, Division of Emergency Medicine

**Mohammad I. Chaudry, M.D.**, Department of Radiology and Radiological Science

**Robert A. Cina, M.D.**, Department of Surgery, Division of Pediatric Surgery

**Alan C. Finley, M.D.**, Department of Anesthesia and Perioperative Medicine

**David Gregg, M.D.**, Department of Medicine, Division of Cardiology

**Faye N. Hant, D.O.**, Department of Medicine, Division of Rheumatology and  
Immunology

**Lee R. Leddy, M.D.**, Department of Orthopaedics

**Walter E. Limehouse, M.D.**, Department of Medicine, Division of Emergency  
Medicine

**Eric M. Matheson, M.D.**, Department of Family Medicine

**Pamela J. Pride, M.D.**, Department of Medicine, Division of General Internal Medicine

**Ashlyn H. Savage, M.D.**, Department of Obstetrics and Gynecology, Division of Benign OB/Gyn

**Eva R. Serber, Ph.D.**, Department of Psychiatry and Behavioral Sciences

**John M. Toole, M.D.**, Department of Surgery, Division of Cardiothoracic Surgery

*from Research Assistant Professor to Research Associate Professor – Modified Research track*

**Thomas A. Morinelli, Ph.D.**, Department of Medicine, Division of Nephrology

**Jenifer H. Voeks, Ph.D.**, Department of Neurosciences, Division of Neurology

*from MUSC AHEC Associate Professor to MUSC AHEC Professor*

**Stephen Thomas Vermillion, M.D.**, (Spartanburg, OB/Gyn)

College of Nursing

*from Associate Professor to Professor on the Educator/Clinician track*

**Robin L. Bissinger PhD, APRN, NNP**, Department of Nursing

*from Associate Professor to Professor on the Educator/Researcher track*

**Lynne S. Nemeth PhD, RN, FAAN**, Department of Nursing

*from Assistant Professor to Associate Professor on the Educator/Clinician track*

**Georgette M. Smith PhD, APRN, CPNP, PC**, Department of Nursing

Recommendation of Administration: That these faculty promotions be approved.

Recommendation of Committee:

Board Action:

Item 17. Faculty Appointments.

Statement: At the request of the Deans of the Colleges of Medicine and Nursing, administration presents the following faculty appointments:

College of Medicine

**Anne-Marie Broome, Ph.D., M.B.A.**, as Associate Professor in the Department of Neurosciences, Division of Neuroscience Research, effective March 1, 2014

**Joshua H. Lipschutz, M.D.**, as Professor, on the Academic Investigator track, in the Department of Medicine, Division of Nephrology, effective July 1, 2014

Dr. Lipschutz will serve as Division Director of the Nephrology Division.

College of Nursing

**Alyssa Ann Rheingold, Ph.D.**, (joint appointment) as Research Associate Professor in the Department of Nursing, effective March 1, 2014

Dr. Rheingold's primary appointment rests in the Department of Psychiatry and Behavioral Sciences, College of Medicine.

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 18. Changes in Faculty Status.

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

**Daniel R. Knapp, Ph.D.**, from Distinguished University Professor to Distinguished University Professor Emeritus, in the Department of Cell and Molecular Pharmacology and Experimental Therapeutics, effective January 29, 2014

**Emily E. Pickelsimer, D.A.**, from Research Associate Professor to Professor Emerita in the Department of Public Health Sciences, effective retroactive to July 1, 2013

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

Recommendation of Committee:

Board Action:

Item 19. Endowed Chairs.

Statement: At the request of the Dean of the College of Medicine, administration presents the following endowed chair recommendation, effective July 1, 2014:

**Joshua H. Lipschutz, M.D.**, as the Arthur Williams Endowed Chair in Nephrology

Recommendation of Administration: That this endowed chair request be approved.

Recommendation of Committee:

Board Action:



**(INFORMATIONAL ITEM)**

Item 20. Post-Tenure Review Approvals.

Statement: Administration presents, as information, the following faculty members who have received approval for post-tenure review:

**Scott T. Reeves, M.D.**, Professor, Department of Anesthesia and Perioperative Medicine

**Harry A. Drabkin, M.D.**, Professor, Department of Medicine, Division of Hematology/Oncology

**Robert M. Gemmill, Ph.D.**, Professor, Department of Medicine, Division of Hematology/Oncology

**Kumar Sambamurti, PhD**, Professor, Department of Neurosciences, Division of Neuroscience Research

**Robert J. Adams, M.D.**, Professor, Department of Neurosciences, Division of Neurology

**Lisa A. Steed, Ph.D.**, Professor, Department of Pathology and Laboratory Medicine

**Dayna J. Wolff, Ph.D.**, Professor, Department of Pathology and Laboratory Medicine

**Thomas W. Uhde, M.D.**, Professor, Department of Psychiatry and Behavioral Sciences

**Virginia M. Hermann, M.D.**, Professor, Department of Surgery, Division of Surgical Oncology

**Andre' Hebra, M.D.**, Professor, Department of Surgery, Division of Pediatric Surgery

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

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

Board Action:

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

**(INFORMATION ITEM)**

Item 25. 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 28. Facilities Contracts Awarded.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

**Medical University of South Carolina**  
**Current (FY14) and Proposed (FY15) Schedule of Academic Charges**  
**College of Dental Medicine**

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Increase	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
<b>Dental Medicine</b>						
Semester	\$ 15,821	\$ 27,661	\$ 16,296	\$ 28,491	3%	3%
Summer	12,107	21,515	12,470	22,160	3%	3%
<b>Dental Scientist Training Program (DSTP)</b>						
Semester	\$ 15,821	\$ 27,661	\$ 16,296	\$ 28,491	3%	3%
Summer	12,107	21,515	12,470	22,160	3%	3%
<b>Master of Science in Dentistry</b>						
Semester	\$ 1,448	\$ 1,448	\$ 1,491	\$ 1,491	3%	3%
Summer	1,331	1,331	1,371	1,371	3%	3%
<b>Master of Oral Science</b>						
Semester	\$ 9,500	\$ 11,875	\$ 9,785	\$ 12,231	3%	3%
Summer	5,000	6,280	5,150	6,468	3%	3%

**Medical University of South Carolina**  
**Current (FY14) and Proposed (FY15) Schedule of Academic Charges**  
**College of Graduate Studies**

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Increase	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out of State
<b>Full-Time (Each Term)</b>						
<i>Master in Biomedical Sciences</i>						
Semester	\$ 6,490	\$ 10,128	\$ 6,490	\$ 10,128	0%	0%
Summer	5,220	7,973	5,220	7,973	0%	0%
<i>Master in Clinical Research</i>						
Semester	\$ 6,490	\$ 10,128	\$ 6,490	\$ 10,128	0%	0%
Summer	5,220	7,973	5,220	7,973	0%	0%
<i>Ph.D. Program</i>						
Semester	\$ 6,798	\$ 10,070	\$ 6,934	\$ 10,271	2%	2%
Summer	5,570	7,982	5,681	8,142	2%	2%
<i>Ph.D. Program - Dental Scientist Training Program(DSTP)</i>						
Semester	\$ 6,798	\$ 10,070	\$ 6,934	\$ 10,271	2%	2%
Summer	5,570	7,982	5,681	8,142	2%	2%
<i>Ph.D. Program - Medical Scientist Training Program(MSTP)</i>						
Semester	\$ 6,798	\$ 10,070	\$ 6,934	\$ 10,271	2%	2%
Summer	5,570	7,982	5,681	8,142	2%	2%
<i>Certificate Programs</i>						
Semester	\$ 6,490	\$ 10,128	\$ 6,490	\$ 10,128	0%	0%
Summer	5,220	7,973	5,220	7,973	0%	0%
<b>Part-Time (Per Semester Hour)</b>						
<i>Master in Biomedical Studies</i>						
Semester	\$ 546	\$ 838	\$ 546	\$ 838	0%	0%
Summer	546	838	546	838	0%	0%
<i>Master in Clinical Research</i>						
Semester	\$ 546	\$ 838	\$ 546	\$ 838	0%	0%
Summer	546	838	546	838	0%	0%
<i>Ph. D. Program</i>						
Semester	\$ 607	\$ 926	\$ 619	\$ 945	2%	2%
Summer	607	926	619	945	2%	2%
<i>Certificate Programs</i>						
Semester	\$ 546	\$ 838	\$ 546	\$ 838	0%	0%
Summer	546	838	546	838	0%	0%

**Medical University of South Carolina**  
Current (FY14) and Proposed (FY15) Schedule of Academic Charges  
**College of Health Professions**

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Change	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
<b>Full-Time (Each Term)</b>						
<b>Graduate</b>						
Semester	\$ 7,724	\$ 11,065	\$ 7,724	\$ 11,065	0%	0%
Summer	7,724	11,065	7,724	11,065	0%	0%
<b>Cardiovascular Perfusion</b>						
Semester	\$ 7,239	\$ 11,065	\$ 7,457	\$ 11,397	3%	3%
Summer	7,239	11,065	7,457	11,397	3%	3%
<b>Anesthesia for Nurses</b>						
Semester	\$ 7,647	\$ 10,955	\$ 7,647	\$ 10,955	0%	0%
Summer	7,647	10,955	7,647	10,955	0%	0%
<b>Doctorate of Nurse Anesthesia Practice - Post-Masters - NEW</b>						
Semester	\$ -	\$ -	\$ 7,647	\$ 10,955	100%	100%
Summer	-	-	7,647	10,955	100%	100%
<b>Doctorate of Nurse Anesthesia Practice - Post-Baccalaureate - NEW</b>						
Semester	\$ -	\$ -	\$ 7,647	\$ 10,955	100%	100%
Summer	-	-	7,647	10,955	100%	100%
<b>Masters in Healthcare Administration (Executive)</b>						
Semester	\$ 7,724	\$ 8,516	\$ 7,802	\$ 8,602	1%	1%
Summer	7,724	8,516	7,802	8,602	1%	1%
<b>Masters in Healthcare Administration (Residential)</b>						
Semester	\$ 7,724	\$ 11,284	\$ 7,802	\$ 11,397	1%	1%
Summer	7,724	11,284	7,802	11,397	1%	1%
<b>Masters in Health Informatics - NEW</b>						
Semester	\$ -	\$ -	\$ 7,802	\$ 11,397	100%	100%
Summer	-	-	7,802	11,397	100%	100%
<b>Occupational Therapy</b>						
Semester	\$ 7,926	\$ 11,267	\$ 7,926	\$ 11,267	0%	0%
Summer	7,926	11,267	7,926	11,267	0%	0%
<b>Physician Assistant</b>						
Semester	\$ 7,647	\$ 11,503	\$ 7,647	\$ 11,503	0%	0%
Summer	7,647	11,503	7,647	11,503	0%	0%
<b>Doctorate in Health Administration</b>						
Annual Tuition	\$ 29,097	\$ 29,097	\$ 29,097	\$ 29,097	0%	0%
<b>Doctorate in Health Administration - Interprofessional</b>						
Annual Tuition	\$ 17,034	\$ 17,034	\$ 17,886	\$ 17,886	5%	5%
<b>Doctorate in Health Administration - Information Systems</b>						
Annual Tuition	\$ 17,034	\$ 17,034	\$ 17,886	\$ 17,886	5%	5%
<b>Doctorate in Health and Rehabilitation Science</b>						
Semester	\$ 6,098	\$ 6,459	\$ 6,098	\$ 6,459	0%	0%
Summer	6,098	6,459	6,098	6,459	0%	0%
<b>Doctorate in Physical Therapy</b>						
Semester	\$ 7,926	\$ 11,267	\$ 7,926	\$ 11,267	0%	0%
Summer	7,926	11,267	7,926	11,267	0%	0%
<b>Part-Time (Per Semester Hour)</b>						
<b>Graduate</b>						
Semester	\$ 879	\$ 1,461	\$ 879	\$ 1,461	0%	0%
Summer	879	1,461	879	1,461	0%	0%
<b>Doctorate of Nurse Anesthesia Practice - Post-Masters - NEW</b>						
Semester	\$ -	\$ -	\$ 879	\$ 1,461	100%	100%
Summer	-	-	879	1,461	100%	100%
<b>Doctorate of Nurse Anesthesia Practice - Post-Baccalaureate - NEW</b>						
Semester	\$ -	\$ -	\$ 879	\$ 1,461	100%	100%
Summer	-	-	879	1,461	100%	100%
<b>Masters in Healthcare Administration (Executive)</b>						
Semester	\$ 783	\$ 864	\$ 791	\$ 873	1%	1%
Summer	783	864	791	873	1%	1%
<b>Masters in Healthcare Administration (Residential)</b>						
Semester	\$ 879	\$ 1,490	\$ 888	\$ 1,505	1%	1%
Summer	879	1,490	888	1,505	1%	1%
<b>Masters in Health Informatics - NEW</b>						
Semester	\$ -	\$ -	\$ 888	\$ 1,505	100%	100%
Summer	-	-	888	1,505	100%	100%
<b>Doctorate in Health and Rehabilitation Science</b>						
Semester	\$ 879	\$ 1,461	\$ 879	\$ 1,461	0%	0%
Summer	879	1,461	879	1,461	0%	0%
<b>Physician Assistant</b>						
Semester	\$ 870	\$ 1,519	\$ 870	\$ 1,519	0%	0%
Summer	870	1,519	870	1,519	0%	0%

**Medical University of South Carolina**  
**Current (FY14) and Proposed (FY15) Schedule of Academic Charges**  
**College of Medicine**

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Increase	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
<b>Full-Time (Each Term)</b>						
First, Second and Fourth Years						
Semester	\$ 16,694	\$ 29,926	\$ 16,694	\$ 29,926	0%	0%
Third Year						
Semester	\$ 20,815	\$ 34,473	\$ 20,815	\$ 34,473	0%	0%

**Medical University of South Carolina**  
**Current (FY14) and Proposed (FY15) Schedule of Academic Charges**  
**College of Nursing**

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Increase	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
<b>Full-Time (Each Term)</b>						
<b><i>Undergraduate</i></b>						
Semester	\$ 7,292	\$ 11,000	\$ 7,438	\$ 11,000	2%	0%
Summer	7,292	11,000	7,438	11,000	2%	0%
<b><i>Graduate and Ph.D.</i></b>						
Semester	\$ 7,957	\$ 9,553	\$ 8,116	\$ 9,553	2%	0%
Summer	7,957	9,553	8,116	9,553	2%	0%
<b>Part-Time (Per Semester Hour)</b>						
<b><i>Undergraduate</i></b>						
Semester	\$ 660	\$ 1,124	\$ 673	\$ 1,124	2%	0%
Summer	660	1,124	673	1,124	2%	0%
<b><i>Graduate and Ph.D.</i></b>						
Semester	\$ 819	\$ 985	\$ 835	\$ 985	2%	0%
Summer	819	985	835	985	2%	0%

**Medical University of South Carolina**  
**Current (FY14) and Proposed (FY15) Schedule of Academic Charges**  
**South Carolina College of Pharmacy - MUSC Campus**

	CURRENT ACADEMIC CHARGE			PROPOSED ACADEMIC CHARGE			% Increase		
	In-State	Out-of-State	Out-of-State with Scholarship	In-State	Out-of-State	Out-of-State with Scholarship	In-State	Out-of-State	Out-of-State with Scholarship
<b>Full-Time (Each Term)*</b>									
Semester	\$10,075	\$ 15,092	\$ 12,788	\$10,277	\$ 15,394	\$ 13,044	2%	2%	2%
Summer	2,970	4,350	3,713	3,029	4,437	3,787	2%	2%	2%
<b>Part-Time (Per Credit Hour)*</b>									
Semester	\$ 840	\$ 1,258	\$ 1,066	\$ 857	\$ 1,283	\$ 1,087	2%	2%	2%
Summer	840	1,258	1,066	857	1,283	1,087	2%	2%	2%

\* All tuition and fee increases are subject to change due to the joint SCCP program with USC. The USC tuition and fee rates have not yet been determined.



**Medical University of South Carolina**  
**Current (FY14) & Proposed Changes (FY15) Schedule of Fees**  
**(IN DOLLARS)**

	<u>CURRENT</u> <u>(FY14)</u>	<u>PROPOSED</u> <u>(FY15)</u>	<u>\$ Change</u>	<u>% Change</u>
<b>COLLEGE OF DENTAL MEDICINE</b>				
Student Instrument Fee (annual)				
First through Fourth Year Students	\$ 4,650	\$ 4,800	\$ 150	3%
Clinical & Lab Support Fee (annual)	7,900	8,125	225	3%
Dental Informatics Fee (annual)	6,400	6,600	200	3%
Master of Science in Dentistry (annual)	8,750	9,025	275	3%
Master of Oral Science (annual)	8,750	9,025	275	3%
<b>COLLEGE OF GRADUATE STUDIES</b>				
Responsible Conduct of Research Fee (annual)	\$ 100	\$ 125	\$ 25	25%
(full-time and part-time) (does not apply to MSCR or Nursing PhD programs)				
Histology Fee (In-State, Certificate in Biomedical Sciences Program, annual)	1,274	1,746	472	37%
Histology Fee (Out-of-State, Certificate in Biomedical Sciences Program, annual)	3,419	4,698	1,279	37%
Matriculation Fee (applicant accepted) - MS and Doctoral Programs	485	400	(85)	-18%
Matriculation Fee (applicant accepted) - Certificate Programs - NEW	-	300	300	100%
<b>COLLEGE OF HEALTH PROFESSIONS(all per semester)</b>				
Doctorate of Nurse Anesthesia Practice, Post-Masters (DNAP - PM) - (full time) - NEW	\$ -	\$ 1,500	\$ 1,500	100%
Doctorate of Nurse Anesthesia Practice, Post-Masters (DNAP - PM) - (part time) - NEW	-	250	250	100%
Doctorate of Nurse Anesthesia Practice, Post-Baccalaurate (DNAP - PB) - NEW	-	1,500	1,500	100%
Residential MHA Program Fee (full time)	539	745	206	38%
Residential MHA Program Fee (part time)	413	618	205	50%
Masters in Health Informatics (full time) - NEW	-	495	495	100%
Masters in Health Informatics (part time) - NEW	-	480	480	100%
Executive MHA Program Fee (full time)	490	695	205	42%
Executive MHA Program Fee (part time)	475	680	205	43%
<b>COLLEGE OF MEDICINE</b>				
Radiation Safety Badge Fee (Third and Fourth Year Students, annual)	\$ 25	\$ 13	\$ (12)	-48%
Physical Diagnosis Fee (First Year Students, annual)	720	742	22	3%

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**COLLEGE OF NURSING**  
**PROGRAM MODIFICATION**  
**TO THE SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION**  
**TO REOPEN**  
**RN to BSN PROGRAM**  
**Date of Submission: May 1, 2014**

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Mark Sothmann, Interim President  
Vice President of Academic Affairs and Provost

Program Contact:

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## **2. Classification**

**Program Title:** Bachelor of Science in Nursing

**Concentration/options/track:** RN – BSN

**Academic Unit in which the program resides:** College of Nursing

**Designation, type and level of degree:** Bachelor of Science in Nursing (BSN)

**Program Length:** One-year program (3 semesters)

**Proposed Date of Implementation:** August 2014

**Current CIP:** 513801

**Program Identification:** Modified

**Site:** Medical University of South Carolina, Charleston, South Carolina

**Scholarship:** In most situations students will not qualify for the Palmetto Fellow or LIFE scholarships.

**Delivery Mode:** Online course, with required clinical

## **3. Institutional Approval**

1. College of Nursing Faculty Assembly: March 17, 2014
2. Deans Meeting: March 17, 2014
3. Vice Presidents' Council: March 19, 2014
4. Board of Trustees: Date

## **4. Program Purpose and Long Range Goals**

**Description:** The RN-to-BSN (RN-BSN) program will be a modification of the current Accelerated BSN program at the Medical University of South Carolina (MUSC) College of Nursing (CON). This will be a three continuous semester online program for registered nurses (RN) who are graduates of an accredited associate degree or diploma program in nursing and it will lead to the Bachelor of Science degree in Nursing. The program will have a yearly fall start date and will be full time. This proposed modification would allow registered nurses to enter the BSN program after meeting required prerequisites. The program will utilize existing courses in the current accelerated BSN program and add new courses to meet the needs of working, adult nurses. The curriculum has been modified and is designed to attract the working professional who has already passed NCLEX and who now plans to obtain a BSN degree. Students will work on-line, asynchronously to obtain education while accommodating their RN work shifts. Intense courses based on adult learning theories will be offered in 5-week blocks over the semester. The program focuses on the knowledge, skills and values deemed essential for professional nursing practice with a specific focus on leadership, care coordination and communication skills. The baccalaureate program also provides a foundation for graduate study in nursing. The clinical courses focusing on gerontology, community/public health, and leadership/quality improvement will span the entire semester. The program is designed to meet the American Association of Colleges of Nursing (AACN) "Essentials of Baccalaureate Education for Professional Nursing Practice (2008)."<sup>1</sup> In addition, the following professional nursing standards and guidelines will be used:

- *Code of Ethics for Nurses With Interpretive Statements* (American Nurses Association, 2001)
- *Nursing: Scope and Standards of Practice* (American Nurses Association, 2004)
- *Nursing's Social Policy Statement* (American Nurses Association, 2003)
- R.91-11-C. Department of Labor, Licensing and Regulation--State Board of Nursing. Nursing education programs. Faculty. *South Carolina Code of Regulations* (South Carolina General Assembly, 2008)

**Purpose and Goals:** The purpose of this RN-BSN program is to prepare graduates for professional nursing roles such as care coordinators, clinical leaders, applicants for graduate

study, and contributors to interprofessional health care teams. The overall goals are to educate professionals to integrate evidence-based clinical knowledge and research with effective communication and leadership skills in order to translate best clinical practice into care of individual patients, families, communities, and populations. Nurses educated at the baccalaureate level have been shown to enhance patient outcomes.

Program Outcomes: Graduates will demonstrate the following:

1. Overall satisfaction with their educational experience.
2. Knowledge, skills, and abilities to provide leadership, evidence-based care, and patient safety to achieve quality outcomes in patient care.
3. Competence in care coordination and facilitation of access to resources across the continuum of health care environments in order to meet the evolving health care needs of individuals, families, communities, and populations.
4. Effective interprofessional communication and shared decision-making in applying principles of systems and organizational processes to promote quality care and patient safety.

Job Opportunities: The Bureau of Labor Statistics (BLS) in 2012 identified registered nursing as one of the leading occupations in terms of job growth through 2020.<sup>2</sup> They projected a growth of 19% from 2012 to 2022, faster than the average for all occupations. The BLS projects a need for 1.2 million nurses to fill new positions (>500,000) and replace a retiring workforce over the next eight years.<sup>2</sup> Although nurses entering the RN-BSN program already hold jobs in the nursing field, they are often unable to seek promotion without a baccalaureate degree. In addition, there is growing evidence that facilities with a large proportion of baccalaureate-prepared nurses have better patient outcomes, including reduced morbidity and mortality.

National and South Carolina Data: According to the American Association of Colleges of Nursing (AACN), registered nurses are recognizing the need to get a baccalaureate degree, and many employers are providing funding and support to assist them.<sup>3</sup> Enrollment into RN-BSN programs has increased by 15.5% and continues to grow.<sup>4</sup> There are 692 current programs at the state and national level, with approximately 400 of these at least partially on-line; however, they cannot meet the needs of those hoping to return to school. According to AACN close to 3,000 RN-BSN students are turned away from programs each year.<sup>3</sup> There are currently 11 RN-BSN programs in the state of South Carolina but only 5 of them are on-line programs. Registered nurses who wish to obtain their bachelors degree may not be able to attend traditional classroom education. The need for online education in the state is critical. Every year the South Carolina Department of Commerce and the federal BLS collaborate to estimate the future employment levels for many healthcare occupations including nursing. In the state of South Carolina the number one occupation that is expected to grow the fastest is Registered Nursing.<sup>5</sup> South Carolina anticipates a 25% increase in jobs for registered nurses between 2008-2018 with an average annual job opening of 1,633.<sup>5</sup> In addition to this 33,445 nurses in the state of South Carolina do not hold baccalaureate degrees. This is 59% of the 64,800 registered nurse workforce in the state. It is essential that we increase the educational programs in South Carolina to not only meet the needs of these nurses, but to achieve the goals of the Institute of Medicines (IOM) landmark report "The Future of Nursing: Leading Change, Advancing Health," which called for increasing the number of baccalaureate-prepared nurses in the workforce to 80% by 2020.<sup>6</sup> The Tri-Council for Nursing, including the AACN, American Nurses Association, American Organization of Nurse Executives, and the National League for Nursing have all stated that a more highly educated nursing workforce is critical to meeting the nation's nursing needs and delivering safe, effective patient care.<sup>7</sup> The Tri-Council has issued a consensus statement calling for all registered nurses to advance their education. The RN-BSN

program at MUSC will complement the current programs and will help South Carolina meet this goal.

## **5. Justification for the Program**

Need and Rationale: The American Nurses Association (ANA) first recommended the baccalaureate degree as the “minimum preparation for the beginning professional nursing practice” in 1965. Although there are still numerous entries into the nursing field including LPN, ADN and diploma programs, it is becoming evident that the BSN should be the required entry level degree. Healthcare has becoming increasingly complex and healthcare organizations as well as the federal government are calling for BSN-prepared nurses. BSN prepared nurses are better equipped to meet the demands of practice. In 2008, the ANA passed a resolution which recommended that all RNs who graduate from an ADN or diploma program be required to obtain a BSN within 10 years of graduation.

In 2013, the IOM released a study of nursing and healthcare, “The Future of Nursing: Leading Change, Advancing Health.”<sup>6</sup> It addressed the need to prepare a nursing workforce that is adept at critical thinking and the use of research and best evidence. Patients are older, sicker and more diverse, and nurses are expected to work more independently toward actively promoting health and the well being of a population. The report addressed the core competencies of nurses to include leadership, health policy, systems improvement, research and evidence-based practice, teamwork and collaboration, and technological knowledge. In addition, they must have competency in specific areas such as community health, public health, and geriatrics. The IOM report provided clear directives to advance the formal education of registered nurses and recommended that the proportion of nurses with baccalaureate degrees increase to 80% by 2020.<sup>6</sup>

ADN, diploma and BSN nurses all sit for the same licensing examination and are held to the same professional standards; however, there is a strong movement in this country to have the BSN as entry into practice. The American Association of Colleges of Nursing (AACN) recognizes the BSN degree as “the minimum educational requirement for professional nursing practice” and states that the BSN degree is essential for nurses seeking to perform at the leadership level. They also state that the BSN-prepared nurse is the only basic nursing graduate prepared to practice in multiple health care settings such as critical care, ambulatory care, public and mental health. The AACN reported that there was a 15.5% increase in the enrollment of nurses in RN-BSN programs from 2010-2011 and this marked the tenth year of increases.<sup>4</sup> The AACN reported that 52,922 students graduated from BSN entry programs in 2011 and 24,311 graduated from BSN completion programs.<sup>8</sup> Quality patient care hinges on having a highly educated nursing workforce, and to do this South Carolina needs to be able to provide education to 59% of the current workforce that does not hold a BSN degree. In a recent study surveying RN-BSN programs they found that 46% of these programs admitted less than 50 students and 53% graduated fewer than 24 students a year.<sup>9</sup> In order to insure all nurses have BSN degrees it is essential we open programs to meet the growing demand.

The National Advisory Council on Nurse Education and Practice (NACNEP) also supports the BSN as the minimum for entry into practice. This organization reports to the U.S. Congress and the U.S. Secretary for Health and Human Services on nursing issues and has asked for the U.S. Congress, Department of Health and Human Services and the Department of Education to work with nursing programs to reach this goal. They state this would improve the quality and safety of health care in the United States. They call for nurse educators to “evaluate and revise education curricula, approaches and programs used to educate new and practicing nurses”.<sup>10</sup> MUSC's proposed RN-BSN program addresses a need not only in the state but nationally.

Studies have demonstrated that BSN-prepared nurses are associated with decreased patient mortality. A new study in “The Lancet” found that patients with complications post

surgery are more likely to live if they are cared for in hospitals with adequate staffing levels and higher numbers of BSN-prepared nurses. They found that a “10% increase in the proportion of nurses holding a BSN in an acute care setting is associated with a 7% decrease in the risk of death in discharged patients following common surgeries such as knee replacements, appendectomies and vascular procedures.”<sup>11</sup> The American Association of Colleges of Nursing (AACN) recently stated that this article adds to the growing body of evidence that quality patient care requires a well-educated nursing workforce.<sup>12</sup> In addition, the U.S. Congress, U.S. Department of Health and Human Services and U.S. Department of Education are being asked to “work with U.S. nursing programs to support the goal of having all registered nurses prepared at the baccalaureate in nursing (BSN) or higher degree level to improve quality and safety” of care in the United States.<sup>10</sup>

To ensure the RN workforce achieves baccalaureate or higher degrees by 2020, colleges must become part of the innovative solutions that will develop the future generations of nurses. The Medical University of South Carolina Hospital (MUHA) is just one of hundreds around the country that have started to require that their nurses have at least a baccalaureate degree in nursing. NACNEP recommends that Colleges of Nursing work with their health care providers to close the gap between practice and education for nurses and to improve safety and quality of care for patients.<sup>10</sup> The MUSC CON has worked closely with MUHA in the current BSN program, and the RN-BSN program will further this collaborative.

The Medical University of South Carolina (MUSC) College of Nursing (CON) is opening the RN to BSN program as a collaborative effort with the MUHA to partner across the educational continuum to raise the education level of the RN workforce locally. The goal in providing this higher-level education is to enhance both the clinical competency and the care delivered to improve the quality of care all patients receive. MUHA currently has 800 nurses without baccalaureate degrees. MUHA has put a plan into place to ensure BSN education for all their nurses in the next four years and has asked the CON to work with them to meet this goal. This partnership is critical in offsetting costs and expanding the capacity to produce nurses with baccalaureate degrees. MUHA nurses will have priority admission into the program during the first two years.

Centrality to the Commission-Approved mission of the Institution: The College of Nursing (CON) supports the mission of the MUSC and is committed to providing evidence-based nurse education in an interprofessional environment; developing, testing, and disseminating nursing knowledge in the health sciences; and demonstrating excellence in nursing practice that embraces equity and culturally-effective care to patients, families, and communities. The CON’s mission was revised and updated in July 2013. The MUSC College of Nursing’s educational programs aim to prepare professional nurses who are leaders at all educational levels to practice nursing in a dynamic, interprofessional health care environment.

The curriculum prepares nurses who will practice nursing at the baccalaureate clinical level. The existing BSN program has a non-degree entry option for those without nursing degrees, who have met the prerequisites for the program. With the proposed modification, a second entry point will be offered to nurses who have passed the NCLEX exam who wish to return for their baccalaureate degree. The curriculum is designed to meet the overall mission of the CON. The programs will share common courses and have unique courses that are fast paced. This new RN-BSN curriculum, like the current BSN curriculum, is carefully designed and embodies MUSC’s and the CON’s mission by unifying education, research and clinical practice.

## **6. Enrollment**

Admission Criteria: Table 1 outlines the required prerequisites students must take for entry to the program. In addition to this, students will receive 30 credit hours if they are registered nurses who have successfully passed the NCLEX exam, demonstrating competency in their RN education. The preferred minimum cumulative Grade Point Average (GPA) will be a

3.0 on a 4.0 scale. Students must earn a minimum grade of “C” in prerequisite courses. Course work may be in progress at the time of application, but must be completed by the initial date of enrollment. Three of the four required science courses must be completed at the time of application. Applicants will be required to submit official transcripts, three (3) satisfactory reference forms, a one hundred (100) word essay, and a resume with the application.

**Table 1: Prerequisite Courses**

	<b>Semester Hours</b>
English Composition/Literature	6 sh
Lifespan Human Growth and Development	3 sh
Human Anatomy	4 sh
Human Physiology	4 sh
Microbiology	4 sh
Statistics	3 sh
Science elective	4 sh
Social Science and Humanities electives	15 sh
General electives	17 sh
<b>Total:</b>	<b>60 sh</b>

**Projected Enrollment in the First Five Years:** This proposed modification would increase student enrollment in the CON by 30 in the first year with the ability to increase beyond that as we expand the program to the community and the state. The goal would be to increase student enrollment by 60 students in the BSN program over the next 4 years. Currently the CON has 180 BSN students enrolled and admits 80 students into the BSN program twice a year. This would increase our total BSN numbers to 210 in year one and up to 240 by year four. Table 2 estimates new enrollment over the next five years for the RN-BSN program.

<b>Table 2: ESTIMATED NEW ENROLLMENT</b>						
<b>YEAR</b>	<b>FALL</b>		<b>SPRING</b>		<b>SUMMER</b>	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2014-2015	30	13	30	9	30	9
2015-2016	40	13	40	9	40	9
2016-2017	50	13	50	9	50	9
2017-2018	60	13	60	9	60	9
2018-2019	60	13	60	9	60	9

## 7. Curriculum

**Curriculum Changes and Program of Study:** Table 3 outlines the curriculum. The current undergraduate BSN program offers two on-line courses, Health Systems and Policy (NURSU 372) and Leadership and Management in Nursing (NURSU 376) but is mostly offered in a traditional classroom environment. The RN-BSN program will be a fully on-line program. The CON utilizes the Moodle Environment to manage the learning component. The following courses in the current BSN program will be offered intensely over shorter time frames for adult learners: NURSU 315 Wo1; NURSU 464 Wo1; NURSU 372 Wo1 and NURSU 376 Wo1. The remainder of the courses will be designed specifically to meet the needs of experienced nurses to insure we meet the AACN “Essentials of Baccalaureate Education for Professional Nursing

Practice (2008)".<sup>6</sup> The nursing courses are varied during the program being 5 weeks in length for all didactic courses and 10-15 weeks in length for clinical courses. Each semester there is one clinical course with a focus on one of the following: gerontology, community/public health, or leadership/quality improvement that extends over longer periods of time each semester. The clinical hours must be documented and will consist of a project that may include either virtual or live work. The three projects will make up the overall capstone of the program.

**RN-BSN Full-time Plan of Study**

<b>Table 3: RN-BSN Curriculum</b>				
<b>Semester I</b>	<b>Credits</b>	<b>Clinical Focus hours</b>	<b>BSN Essentials</b>	<b>Other</b>
NURSU XXX: Dynamics of Nursing Practice and Interprofessional Care	3.0 (3,0,0)		II, III, VII, VIII	First 5 weeks
*NURSU 315 W01: Health Assessment	3.0 (3,0,0)		VII, IX	Second 5 weeks
NURSU XXX: Pathophysiology (may be challenged via test)	3.0 (3,0,0)		I	Third 5 weeks
NURSU XXX: Healthy Aging and Health Promotion	4.0 (3,0,1)	45 hours	II, VI, V, IX	15 weeks
<b>Semester II</b>				
*NURSU 464 W01: Research & Evidence Based Practice in Nursing	3.0 (3,0,0)		III	First 5 weeks
NURSU XXX: Population Focused Nursing: Health Promotion and Community Partnership	4.0 (3,0,1)	45 Hours	II, III, VI, V	Last 10 weeks
NURSU XXX: Information Management in Nursing	2.0 (2,0,0)		IV	Third 5 weeks
<b>Semester III</b>				
*NURSU 376 W01: Leadership and Management in Nursing	3.0 (3,0,0)		II, III, VI	First 5 weeks
*NURSU 372 W01: Health Care Systems and Policy	3.0 (3,0,0)		III, V	Second 5 weeks
NURSU XXX: Practicum in Clinical and Management Decision-Making	2.0 (0,0,2)	90 hours	IX	15 weeks
<b>Total Prerequisites</b>	30			
<b>Validates Pre-licensure course work BSN Degree</b>	60			
<b>Total</b>	30 120			

\*In existing BSN program

The program will have sufficient rigor in the practice discipline for these nursing students to ensure they can impact health outcomes. The RN-BSN program will provide rich



and varied opportunities for practice that are designed to assist these practicing nurses to achieve “the Essentials of Baccalaureate Education for Professional Nursing Practice”.<sup>13</sup> The practice-related experience in this program is designed to assist the student to integrate new practice-related knowledge and skills that will transition them from the Associate Degree or diploma to the baccalaureate level of proficiency. The practice experience for these students will focus on organization/systems understanding, leadership development, evidence-based practice and quality improvement, information management and integration of technologies into practice, interprofessional collaboration and communication, comprehensive assessment, and clinical prevention and population health. The program will work to assist the student in gaining higher-level skills than those already accomplished in their RN program.

The practice experience will include both direct and indirect patient care. Direct care will be provided in the community and hospital setting. The students will work with an interprofessional team in a health care setting to identify gaps in care and implement a quality improvement strategy. In the hospital setting they will work with nursing staff to implement a new procedure or nursing practice that is evidence based. These students will also have the opportunity for indirect care that will allow them to provide education, write or update policies, or improve communication across units utilizing technology.

### Course Descriptions

The course descriptions for each of the new courses can be found in Table 4.

<b>Table 4: New Courses and Descriptions</b>	
<b>Course</b>	<b>Description</b>
NURSU XXX Dynamics of Nursing Practice and Interprofessional Care	This course is an online course designed to provide learning opportunities for RN to BSN students to broaden their perspectives of the professional nursing role in health care delivery. The course introduces the major concepts of proactive leadership and excellence in patient care to improve health outcomes, eliminate health disparities, and advance the nursing profession. The context of professional nursing and interprofessional care including, but not limited to: critical thinking, evidence-based practice, and professional roles, values, and ethics, The course recognizes and builds on the prior education and work experience of the RN.
NURSU XXX Pathophysiology	This course examines the physiologic mechanisms underlying selected alterations in health that occur throughout the life cycle. Relationships between physiologic responses to potential or actual health problems are emphasized. This course will cover selected diseases and their evaluation and treatment in clinical care.
NURSU XXX Healthy Aging and Health Promotion	This course provides an examination of theories, trends and research drawn from the fields of sociology, psychology, biology, and the health professions with emphasis on aging, health promotion, and health inequities. Students will integrate this knowledge base into the present health care system to develop nursing care strategies to improve the care and health of older adults in healthcare and the community.
NURSU XXX Information Management in Nursing	This course will cover the design, development, implementation, and support of computer- based information systems. With innovations in healthcare

	technology, unique opportunities and challenges for the end-user will be considered and carefully addressed. This course will provide students with a thorough understanding of confidentiality issues surrounding information management; the impact information management systems have on the healthcare team, delivery of care, efficiency and productivity, patient safety, and health outcomes.
NURSU XXX Population Focused Nursing: Health Promotion and Community Partnership	This course is designed to provide the knowledge and skills in applying health promotion, health equities and disease prevention frameworks, and nursing and public health concepts to population-based health care with an emphasis on promoting and protecting the health of the public using health promotion, risk reduction, and disease management and control strategies for vulnerable persons and populations. Clinical experiences will include an evidence-based population health project with a specific population in a community setting
NURSU XXX Practicum in Clinical and Management Decision-Making	This clinical course allows the registered nurse to apply learned nursing theory and clinical knowledge with their baccalaureate education in the identification and implementation of a scholarly nursing project. This project utilizes, but is not limited to, knowledge of leadership skills, principles of teaching/learning, healthcare policy, change process, group process, team building, collaboration, healthcare policy and delivery systems, quality improvement, evidence-based care, diversity, nursing roles, information technology and systems, population based care, and ethical/legal issues.

**Assessment of student learning outcomes:** Student learning outcomes will be assessed by successful completion of the program, survey of employers on these nurses at graduation, and a BSN exit survey where the graduate ranks their satisfaction with meeting the program objectives and rates the quality of the education. Employers will be asked to evaluate the students on each of the learning outcomes with the goal that 90% of the employers will “Agree or Strongly Agree” that the MUSC CON student demonstrates these new learning outcomes. On the BSN exit survey students will be asked their perception of their ability to demonstrate each of the objectives with the goal of all students choosing Agree or Strongly Agree. In addition, the goal is 100% of students will rate the quality of their education as very good or exceptional. Table 5 demonstrates the metrics and how they related to program outcomes and learning outcomes.

### **Program Outcomes (PO)**

1. Overall satisfaction with their educational experience.
2. Knowledge, skills, and abilities to provide leadership, evidence-based care, and patient safety to achieve quality outcomes in patient care.
3. Competence in care coordination and facilitation of access to resources across the continuum of health care environments in order to meet the evolving health care needs of individuals, families, communities, and populations.
4. Effective interprofessional communication and shared decision-making in applying principles of systems and organizational processes to promote quality care and patient safety.

### Student Learning Outcomes (SLO)

1. Function effectively within nursing and interprofessional teams by fostering open communication, respect, and shared decision-making to achieve quality outcomes in patient care
2. Collect, analyze, and synthesize data to make clinically-reasoned judgments about evidence-based interventions and evaluation of outcomes
3. Assume accountability for quality and safety for one's own practice and delegated nursing care
4. Demonstrate knowledge of the influence of policy on social determinants of health and lifestyle variations for interventions related to health equities, health promotion, risk reduction, and disease prevention for individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare
5. Use knowledge of organizations and systems leadership to design, manage, coordinate, collaborate, and negotiate a plan of care with the patient/family and interprofessional health care team, and to allocate physical, fiscal, and human resources.

<b>Table 5: Student Learning Outcomes</b>			
<b>Metric</b>	<b>PO</b>	<b>SLO</b>	<b>Target</b>
Percent of graduating students who agree they made the right choice in selecting MUSC CON	1	-	100%
Percent of graduating students who agree they received a high quality education	1	-	100%
Percent of employers who agree/strongly agree that graduate collects, analyzes, and synthesizes data for clinically reasoned judgments	2	2	90%
Percent of students that agree/strongly agree that they can analyze data and identify and prioritize responses	2	2	100%
Percent of employers who agree/strongly agree graduate assumes accountability for quality & safety for one's practice and nursing care	2	3	90%
Percentage of students that agree/strongly agree that they can apply nursing interventions to achieve quality outcomes in patient care	2	3	100%
Percentage of employers that agree that the graduate can function effectively within nursing and interprofessional teams	3, 4	1	90%
Percentage of students that agree/strongly agree that they can coordinate nursing care across the continuum of health care environments	3	4	100%
Percent of employers who agree/strongly agree graduate demonstrates knowledge of social determinants of health and lifestyle variations for intervention	3	4	90%
Percentage of students that agree/strongly agree that they can communicate effectively within interprofessional teams	4	1	100%
Percentage of employers who agree/strongly agree graduate can apply principles of systems and organizational processes and understands resource allocation in planning care for individual patients, families, communities, and populations.	3	5	90%
Students will successfully complete three clinical projects	2,3,4	1-5	100%

that make up the overall capstone of the program.			
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## 7. Faculty

To meet the demands of this modified program the CON will need 1.5 FTEs to begin the program in year 1 and will hire new faculty. In year 2 and 3 of the program another 1.15 faculty FTE will need to be hired to cover increased student enrollment. In addition to this, the Director of the BSN program will need 0.2 FTE increase to oversee this program. Table 5 represents the current faculty full time equivalent (FTE) devoted to the baccalaureate program. The didactic courses will require 70% teaching effort in year one. In addition the clinical preceptor time and faculty work will require another 45% teaching effort. As a result 1.5 FTE's will be hired for the proposed program allowing us faculty development time for new courses. As the program grows, one addition 1.15 FTE will be hired for student oversight and teaching. These faculty members must have experience in the RN role and be masters-prepared with a doctorate preferred. Experience in teaching or at least precepting will be critical.

<b>Table 5: Faculty FTE devoted to the Baccalaureate Degree Program</b>		
<b>Full-Time FTE</b>	<b>Part-Time FTE</b>	<b>Total Faculty FTE</b>
10	12	22

The primary mission of the MUSC College of Nursing is to preserve and optimize human life in South Carolina and beyond through our commitment to evidence-based nursing education. To actualize this mission, the College carefully selects educator-clinicians and educator-researchers based on academic and experiential preparation to meet our strategic educational goals and priorities

**Faculty Academic Preparation:** Almost all regular, tenure track faculty members (87%) are either doctorally prepared (PhD, ScD, DrPH, DNP) or currently enrolled (9%) in a doctoral program (PhD, EdD or DNP). No faculty member holds less than a master's degree, and 65% are nationally certified, including 100% of NP faculty. It is fitting that a majority of faculty members (61%) are educator-clinicians, given the practice focus of the undergraduate nursing program and the high percentage of graduate students in our doctorate of nursing practice program. However, the number of educator-researchers (18) is sufficient to further the research mission of the College, and the number of doctorally prepared faculty (40) is adequate to support doctoral programs within the College (Table 6).

**Table 6. Number & Percent of Regular Faculty, by Rank & Characteristics, Devoted to All Degree Program in the CON (BSN, MSN, DNP, and PhD)**

Characteristic	Total		Rank							
			Professor		Assoc Professor		Asst Professor		Instructor	
	No.	%	No.	%	No.	%	No.	%	No.	%
Rank	46	100	7	15	12	26	14	30	13	29
Full-time status	45	98	7	15	12	27	13	29	13	29
Doctorate	40	87	6	15	12	30	13	33	8	22
Tenured	8	17	7	88	1	12	—	—	—	—
Certified	30	65	3	10	6	20	9	30	13	40
Educator track										

Clinician	28	61	1	4	6	21	9	32	12	43
Research	18	39	6	33	6	33	5	28	1	6

**Faculty Development:** With 60% of programs at the College of Nursing offered online, and over 250 students receiving online education, faculty development has focused on online teaching. To support faculty development in online teaching, a course was designed for all who teach online, in addition to ongoing Moodle training and super-user support throughout the college. Orientation for new faculty continues for a full semester after being hired. New faculty who are hired take three education courses offered by the College, including a course addressing online methodologies. The MUSC Apple Tree Society continues to foster dialogue and activities related to the scholarship of teaching on campus. They offer presentations every two weeks and record many of them for interested faculty who cannot attend the live sessions. Examples of recent topics include: instructional design, teaching methods, assessment of teaching, assembling teaching portfolios, conflict resolution and communication, motivating mentees, building a career as an educator, and NIH review process.

## 8. Physical Plant

Through the diligence of College of Nursing leadership as well as support of the University administration, funds were secured to renovate the College of Nursing building. During winter 2012 the College of Nursing relocated to temporary space in the Harborview Office Tower and the College of Health Professions, Building B. Renovation began in spring 2013, and it is estimated that faculty and staff will return to the state of the art building in late 2014. The renovation scope includes full interior renovation of the four floors of the College of Nursing (approximately 44,000 square feet), with all new interior finishes and room configurations. It includes two large state of the art classrooms, a multipurpose room, student lounge and research space, as well as administrative and faculty offices. New lighting, along with enhanced data and mechanical systems are being installed. Two new elevators are also included. All five floors of the building are being fitted for safety, including a fire sprinkler system. All exterior windows are being replaced with new energy efficient windows. The plan includes a room dedicated as a museum outlining the College's history and loyal alumnae. The MUSC Healthcare Simulation Lab remains intact and is operational on the first floor the College of Nursing. It continues to support students in state of the art clinical instruction at all levels of the educational program.

The Nursing Technology Center (NTC) continues to provide optimal information technology equipment and resources to support the College's faculty, staff and students. The College of Nursing web page is viewed as the portal for students and potential faculty. It is reviewed and updated on an ongoing basis. The NTC also began developing videos to assist with ongoing College of Nursing training needs. A joint project between the Office of Chief Information Officer (OCIO) and the College of Nursing continued during FY13 to update and integrate faculty, staff and student database needs. This has expedited our ability to pull student outcome data and obtain information for student grants.

The proposed program modification will not affect the physical plant's ability to support this modification in the program. The new physical plant was designed and built with the goal of increasing enrollment and adding programs over time.

## 9. Equipment

All didactic courses will be conducted online using a learning management system (Moodle). Other online resources such as videoconferencing, Skype, Wikis, Tegrity (course content capture system), podcast, and vodcast (video on demand clips) will be used in many of the courses. These resources facilitate and assist students in an asynchronous learning

environment to gain the necessary knowledge and skills required for the BSN degree. The CON currently utilizes all these programs so no new programs or software will be needed.

## **10. Library Resources**

The MUSC Library, <http://www.library.musc.edu/>, serves as a database and knowledge center, academic computing support unit, electronic education center, and leader in information planning. Online resources include the full catalog as well as major biomedical databases (e.g., OVID MEDLINE, CINAHL, PsycINFO, SciFinder, and PubMed). Links include online catalogs of other libraries, drug information (LexiComp), consumer health (Hands on Health, MEDLINEPLUS), clinical decision support systems (Dynamed, UpToDate), Clinical Practice Guidelines and alerts, reviews of clinical trials, evidence-based practice (Cochrane Database of Systematic Reviews), government resources (Toxnet, National Guideline Clearinghouse, US Preventive Services Task Force (USPSTF) Recommendations), electronic books (MD Consult, Harrison's Online, Access Medicine, eBrary Academic Complete ebook collection) and e-journal packages with literature search capabilities (ScienceDirect, Journals@Ovid, American Chemical Society), statewide shared academic databases (PASCAL which includes the following resources: CINAHL Plus With Full Text, Anatomy and Physiology Online, eBrary Academic Complete ebook collection), and other resources that provide a wealth of worldwide information. Service-oriented faculty and staff assist in the use of a variety of informational systems. An active program of individual, class, and group instruction supports teaching, clinical care, research and community outreach. The Informatics Lab has more than 175 microcomputers with Windows and Apple operating systems. Graphic workstations with Learning Commons technologists are available. In addition to providing access to collections and information remote from its physical facility, the Library maintains a comprehensive collection of books, journals, history of medicine materials, and multimedia (55, 698), and has access to more than 20,600 electronic journals and less than 5 print journals that are not available electronically. The library serves as a resource library within the National Network of Libraries of Medicine, and is a major health science resource library for the State of South Carolina and the Southeast.

The MUSC Library has received several prestigious awards from the National Commission on Libraries and Information Science (NCLIS) for excellence in providing health information and promoting health awareness. In May 2006, the NCLIS Health Information Award for Libraries was awarded to MUSC's Racial and Ethnic Approaches to Community Health (REACH) 2010 Diabetes Coalition Library Partnership. Chosen from entries nationwide, the REACH 2010 program was judged as the best library program for encouraging healthy lifestyles and providing health information to citizens. The program is a collaborative effort of a library-community-campus partnership consisting of the MUSC College of Nursing, MUSC Library, county public libraries, and other community-based organizations. In 2004, the Library received the NCLIS Blue Ribbon Consumer Health Information Recognition Award for Libraries recognizing the impact, innovativeness, and replicability of its Hands on Health-South Carolina project. The NCLIS, National Commission on Libraries and Information Science, has recognized outstanding libraries in 37 states for their contributions to health awareness and health education. Designed to serve the consumer and community health information needs of South Carolinians, Hands on Health, a public web site, pays special attention to health issues of particular importance in South Carolina, such as hypertension, heart disease, stroke, diabetes, disabilities, obesity, nutrition, family violence, and cancer.

The library resources remain unchanged and this modification will not affect the library's ability to support the program. The library continues to serve as a major health science library for MUSC, the state of South Carolina, and the Southeast, and no new acquisitions will be needed to accommodate the additional students for the BSN degree due to this modification. Students and faculty have access to a vast amount of resources online, and preceptors are also

granted access upon request. This supports online education as well as those who live locally. Net IDs and passwords are utilized so that library resources can be accessed from anywhere in the world. Alumni of the program can continue to have access if they visit the library.

PASCAL (Partnership Among South Carolina Libraries) provides resources central to nursing education and to the proposed reopening of the RN-BSN Program. PASCAL provides access to CINAHL (Cumulative Index to Nursing and Allied Health Literature) Plus with Full Text, the primary index to the nursing journal literature. CINAHL includes the full text to 620 journals and over 200 books. PASCAL also provides access to Anatomy & Physiology Online and eBrary Academic Complete ebook collection (approximately 100,000 ebooks). In addition, the PASCAL Delivers service can be used to borrow any print book available in a South Carolina academic institution within two or three days if the book is not checked out.

#### **11. Accreditation, Approval, Licensure, or Certification**

The Commission on Collegiate Nursing Education (CCNE) accredits the current Accelerated BSN program. The BSN program was accredited on May 24, 2010 for 10 years and will be up for renewal on June 30, 2020. CCNE accredits at the degree level, not by entry point into the program. The CON will insure that this new RN-BSN program incorporates the 2008 Baccalaureate Essentials and will insure all graduates have attained the baccalaureate competencies. The program will provide opportunities for students to integrate new learning and baccalaureate level skills into practice. The CON has already been in contact with CCNE and will be submitting a substantive change once approval is received from the SC Commission of Higher Education. This is not a new degree but rather a new entry level for the BSN degree and there is no approval required from the Southern Association of Colleges and Schools Commission on Colleges (SACS COC). We will submit a separate assessment plan to them for approval. The state board of nursing does not require anything in regards to this program since they only regulate programs related to pre-licensed students.

#### **12. Estimated Costs and Sources of Financing**

This request to reopen the RN-BSN program complements the work of the College of Nursing. Course development and recurring costs (i.e. personnel) are 100% funded through the College of Nursing.

The tuition funding listed in the table (Table 7) below assumes the following: A year-one enrollment of 30 students with that number increasing to an estimated 60 over the next four years. With very few exceptions, these students will be SC residents and pay in-state tuition for the first two years. In year three the program will be opened to a small number of out-of-state students (20%). The assumption is all in-state students years 1 and 2, then 10 out-of-state students year 3, and 12 out-of-state students years 4 and 5. The tuition totals are based on the Medical University of South Carolina in-state tuition for full time enrollment by semester for a one-year program. Tuition increases of 2% in-state per year and 1% out-of-state per year were made. The Medical University of South Carolina Hospital system will offset the tuition for 30 RN employees for the RN-BSN program each year for the first five years and will have priority admission.

##### Program Administration:

.2 FTE, including fringe benefits, of the Director of the Undergraduate Programs will be necessary for the program. This effort will include program oversight, review of program faculty, program outcomes, and program matriculation.

##### Faculty Salaries:

Two new faculty members will be hired (one full time and one part time) effective Fall 2014 in the College of Nursing to meet the needs of this new modification. The didactic courses will

require 70% teaching effort, and clinical preceptor time and faculty work will require another 45% teaching effort. In addition there is course development time. Based on this, 1.50 FTE, including fringe benefits, will be recruited for current teaching needs and program development. With growth in the program of student numbers, additional faculty will be hired in years 2 and 3 to equal another 1.15 FET by year 3.

Clerical/Support Personnel:

One additional staff member FTE, including fringe benefits, will be needed to meet the demands of the RN-BSN program. These would include review of applications and necessary prerequisites. This effort would also include administration of grades, clinical placements, surveys, and course evaluation.

Other:

The College of Medicine operates a Simulation Lab where undergraduate students can practice their clinical skills in a safe, state of the art learning environment. The Lab also allows faculty to assess clinical skills and safety for each student. The cost included here will be used to reimburse the College of Medicine for lab time.

Table 7 - Costs to the Institution and Sources of Financing

<b>ESTIMATED COSTS BY YEAR</b>						
<b>CATEGORY</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>TOTALS</b>
Program Administration	\$22,100	\$22,763	\$23,446	\$24,149	\$24,874	\$117,332
Faculty Salaries	\$127,075	\$196,331	\$202,221	\$269,618	\$277,707	\$1,072,951
Graduate Assistants						
Clerical/Support Personnel	\$97,500	\$100,425	\$103,438	\$106,541	\$109,737	\$517,641
Supplies and Materials						
Library Resources						
Equipment						
Facilities						
Other: Simulation Fees	\$3,800	\$3,914	\$4,031	\$4,152	\$4,277	\$20,175
<b>TOTALS</b>	<b>\$250,475</b>	<b>\$323,433</b>	<b>\$333,136</b>	<b>\$404,461</b>	<b>\$416,594</b>	<b>\$1,728,099</b>
<b>SOURCES OF FINANCING BY YEAR</b>						
Tuition Funding	\$669,420	\$910,411	\$1261,919	\$1,540,590	\$1,567,362	\$5,949,702



Program-Specific Fees	\$ 106,800	\$142,400	\$178,000	\$213,600	\$213,600	\$854,400
State Funding*						
Reallocation of Existing Funds**						
Federal Funding						
Other Funding (Specify)						
<b>TOTALS</b>	\$776,220	\$1,052,811	\$1,439,909	\$1,754,190	\$1,780,962	\$6,804,102

There are no unique costs or other special state appropriations required or requested. The cost of the program will be financed with tuition dollars and program fees. The commitment from MUSC for 30 students a year with tuition will insure program success.

## References

1. American Association of Colleges of Nursing (2008) "The Essentials of Baccalaureate Education for Professional Nursing Practice." <http://www.aacn.nche.edu/education-resources/baccesentials08.pdf>
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3. American Association of Colleges of Nursing (2014). "The Impact of Education on Nursing practice." <http://www.aacn.nche.edu/media-relations/fact-sheets/impact-of-education>
4. American Association of Colleges of Nursing (2014). Fact Sheet: Degree Completion Programs for Registered Nurses: RN to Masters Degree and RN to Baccalaureate Programs. Available online at <http://www.aacn.nche.edu/media-relations/DegreeComp.pdf>
5. Office for Healthcare Workforce Analysis and Planning (2011, March) "Fastest Growing Healthcare Occupations in South Carolina." Employment Outlook. Available online at <http://officeforhealthcareworkforce.org/docs/Top%2010%20Fastest%20Growing%20outlook%202008%202018.pdf>
6. Institute of Medicine (IOM). The Future of Nursing: leading change, advancing health. Washington: The National Academics, 2011.
7. Tri-Council for Nursing. (2010, May). Educational advancement of registered nurses: A consensus position. Available online at <http://www.aacn.nche.edu/education-resources/TricouncilEdStatement.pdf>.
8. American Association of Colleges of Nursing (2014) New AACN Data Show an Enrollment Surge in Baccalaureate and Graduate Programs Amid Calls for More Highly Educated Nurses. News Release. <http://www.aacn.nche.edu/news/articles/2012/enrollment-data>.
9. McEwen, M., White, J., Pullis, B., and Krawtz, S. (2012) RN-BSN Programs: An Overview. UT Health School of Nursing. Available online at <http://www.aacn.nche.edu/membership/members-only/presentations/2012/12bacc/Melanie-McEwen.pdf>
10. National Advisory Council on Nurse Education and Practice (NACNEP). Addressing New Challenges Facing Nursing Education: Solutions for a Transforming Healthcare Environment. 8<sup>th</sup> Annual Report to the Secretary of the U.S. Department of Health and Human Services and the U.S. Congress. March 2010.
11. American Association of Colleges of Nursing (2014) Press Release "AACN Applauds New International Study that Confirms Strong Link Between Nursing Education and Patient Outcomes."
12. Aiken, L., Sloane, D., Bruyneel, L, et al. (2014) "Nursing Staffing and Education and Hospital Mortality in nine European Countries: a retrospective observational study. Lancet. February 26, 2014. PMID 24581683
13. American Association of Colleges of Nursing (2012, October) White Paper: Expectations for Practice Experiences in the RN to Baccalaureate Curriculum. Available online at <http://www.aacn.nche.edu/aacn-publications/white-papers/RN-BSN-White-Paper.pdf>.

# Information Required for Sabbatical Leave Approval

Name:	Keith L. Kirkwood		
Faculty Rank:	Professor and Chair		
Effective Dates of Requested Leave:	May 1, 2014		
<b>Summary of Anticipated Work Scope:</b> <p>As a dentist scientist, the majority of my training has been in basic and preclinical models of oral disease. With part of this sabbatical time (2 months), I would like to attend the Sabbatical in Clinical Research Management at the NH campus in Bethesda. This experience would like to expand my knowledge in clinical research with the goal of increasing clinical research within the College of Dental Medicine (CDM). With other time on the sabbatical (1 month), I will write a clinical grant for submission to NIH with help from our CTSA. In addition, I will increase my knowledge base relative to evidence-based dentistry and medicine to help teach both students and faculty the benefits of using this approach to address clinical problems (1 month). Finally, I would like to do a short (5-7 day) training in leadership issues related to my position as department chair.</p>			
<b>Description of Benefits Provided by the Sabbatical Leave:</b> <p>Following this sabbatical experience, I will increase clinical research within CDM. I will be in better position to mentor both faculty and students in clinical research. I will understand the regulation and compliance issues in clinical research and thus become a better research administrator. I will be able to teach a new course for dental students on evidence-based dentistry (EBD), lead faculty through training in EBD, and hopefully increase clinical research within CDM from clinical faculty. The leadership training will provide me with additional knowledge that will help lead my department as well as the College for the next several years.</p>			
Years of Service at MUSC:	6 yrs	Months of Sabbatical Leave Previously Taken:	0 mo
Months of Sabbatical Leave Available:	6 mo	Months of Sabbatical Leave Requested:	4 mo
Months of Salary Support Available:	6 mo	Months of Salary Support Requested:	4 mo
		<b>Cost</b>	<b>Funding Source</b>
Salary Support During Sabbatical:			Federal/State/Tuition
Fringe Benefits During Sabbatical:			Federal/State/Tuition
Annual Leave Accrued During Sabbatical:			Federal/State/Tuition
Sick Leave Accrued During Sabbatical:			Federal/State/Tuition
Additional Approved Support (Travel, Housing, etc.):			State
Total (Estimated) Cost of Sabbatical Leave:			

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

Signature: \_\_\_\_\_

Date: 3/17/14

Approved: \_\_\_\_\_

(Department Chair)

Date: \_\_\_\_\_

OFFICE OF THE  
GENERAL COUNSEL  
MUSC/MUHA

- APPROVED AS TO FORM -

By: Scott D. Graham

Date: 3/17/14

**Keith Lough Kirkwood, D.D.S., Ph.D.**

**Curriculum Vitae**

**EDUCATION**

B.A., (Chemistry, <i>Cum Laude</i> )	1987
West Virginia University	
D.D.S. (Dentistry)	
West Virginia University	1991
Ph.D. (Oral Biology)	1997
State University of New York at Buffalo	

**POSTDOCTORAL TRAINING**

Certificate (Periodontology)	
State University of New York at Buffalo	1995
Post Doctoral Fellowship (Molecular Biology)	
State University of New York at Buffalo	1999

**ACADEMIC APPOINTMENTS**

Clinical Instructor, Department of Periodontics	
University at Buffalo	1995-97
Post Doctoral Fellow, Dept. of Pharmacology and Toxicology	
University at Buffalo	1997-99
Clinical Assistant Professor, Department of Periodontics	
University at Buffalo	1997-2000
Clinical Assistant Professor, Department of Oral Biology	
University at Buffalo	1997-present
Assistant Professor, Department of Periodontics and Endodontics	
University at Buffalo	2000-03
Research Assistant Professor, Dept. of Pharmacology & Toxicology	
University at Buffalo	2002-03
Assistant Professor, Dept. of Periodontics and Oral Medicine	
University of Michigan	2004- 2007
Associate Professor, Dept. of Periodontics and Oral Medicine	
University of Michigan	2007
Associate Dean for Research, College of Dental Medicine,	2008-Present
Associate Professor and Chair, Dept. of Craniofacial Biology	2008-2010
Associate Professor of Microbiology and Immunology,	
Medical University of South Carolina	
Professor and Chair, Department of Craniofacial Biology	2010-2013
Professor of Microbiology and Immunology	
Medical University of South Carolina, Charleston, SC	
Adjunct Professor, Dept. of Bioengineering	2010-Present
Clemson University, Clemson, SC	
Professor and Chair, Department of Oral Health Sciences	2014-present

**CERTIFICATES AND LICENSES**

Northeast Regional Board of Dental Examiners	1991
State of New York	
License to practice dentistry	1991-2003
Diplomate, American Board of Periodontology	2004-Present
State of Michigan	
License to practice dentistry	2004-2009
State of Michigan	
License to practice periodontics	2004-present

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Ann-Marie Broome, Ph.D., M.B.A.

Date: 3/5/2014

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1988	Columbia College	B.A.	Biology and Chemistry
1994	University of South Carolina	M.S.	Chemistry and Biochemistry
1998	University of South Carolina Medical School	Ph.D.	Biomedical Science
2008	Case Western Reserve University	M.B.A.	Health Care Management

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Undergraduate Science Research Fellowship	University of Tennessee, Department of Physiology	1986
Postdoctoral Fellowship, Reproductive Biology	University of South Carolina School of Medicine, Department of Cell Biology and Neuroscience	1998 - 1999
Postdoctoral Fellowship, Developmental Biology Training Program	Case Western Reserve University School of Medicine, Department of Physiology and Biophysics	1999 - 2002

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2004 - 2005	Instructor	Case Western Reserve University School of Medicine	Physiology and Biophysics
2005 - Present	Assistant Professor	Case Western Reserve University School of Medicine	Biomedical Engineering, Radiology, and Dermatology
2012 - Present	Associate Professor	Medical University of South Carolina	Radiology and Radiological Science
2014 - Present	Associate Professor	Medical University of South Carolina	Radiology and Radiological Science

First Appointment to MUSC:

Rank : Associate Professor

Date : 2012

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Joshua H. Lipschutz, M.D.

Date: 2/14/2014

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

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

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

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Intern in Medicine	Michael Reese Hospital, Chicago	1988 - 1989

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident in Medicine	Indiana University	1989 - 1991
Nephrology Fellowship	University of California, San Francisco	1992 - 1995
Visiting Postdoctoral Fellow	Weizmann Institute of Science, Rehovot, Israel	1996 - 1997

Board Certification:

American Board of Internal Medicine, Internal Medicine	Date: 1991
American Board of Internal Medicine, Nephrology	Date: 1993
Recertification, American Board of Internal Medicine, Internal Medicine	Date: 2001
Recertification, American Board of Internal Medicine, Nephrology	Date: 2001

Licensure:

Pennsylvania	
Indiana	
California	Date: Inactive
South Carolina	Date: Pending

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1995 - 1996	Instructor	University of California, San Francisco	Medicine
1997 - 2001	Assistant Clinical Professor	University of California, San Francisco	Medicine
1997 - 2001	Assistant Research Anatomist	University of California, San Francisco	Anatomy
2001 - 2013	Assistant Professor	University of Pennsylvania	Medicine Division of Nephrology
2013 - Present	Associate Professor with tenure	University of Pennsylvania	Medicine Division of Nephrology

First Appointment to MUSC: Rank : Professor

Date : 2014

Medical University of South Carolina  
COLLEGE OF NURSING  
ABBREVIATED CURRICULUM VITAE

Date: February 21, 2014

Name: Rheingold Alyssa Ann  
Last First Middle

Citizenship and/or Visa Status: US

Office Address: Dept of Psychiatry, 67 President St, MSC 861  
Charleston, SC 29425

Telephone: 843-792-2945

Education: (*Baccalaureate and above*)

Institution	Years Attended	Degree/Date	Field of Study
University of Pennsylvania		BA 1996	Psychology
MCP Hahnemann University		MA 1998	Clinical Psychology
MCP Hahnemann University		PhD 2001	Clinical Psychology
Medical University of South Carolina		Post-doc 2003	Child & Adult Trauma Research

Specialty Certification: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Licensure: Clinical Psychology, SC License #850 Date: 2003-present  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Faculty appointments: (*Begin with initial appointment*)

Years	Rank	Institution	Department
2003-2005	Research Associate	MUSC	Psychiatry
2005-2006	Instructor	MUSC	Psychiatry
2006-2009	Assistant Professor	MUSC	Psychiatry
2009-present	Associate Professor	MUSC	Psychiatry
2001-present	Adjunct Professor	College of Charleston	Psychology
1999-2000	Adjunct Professor	Drexel University	Psychology

First Appointment to MUSC: Rank Research Associate

Date: 11/01/2003

# Medical University of South Carolina

## College Of Medicine

### ABBREVIATED CURRICULUM VITAE

Name: Joshua H. Lipschutz, M.D.

Date: 2/14/2014

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

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

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

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Intern in Medicine	Michael Reese Hospital, Chicago	1988 - 1989

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident in Medicine	Indiana University	1989 - 1991
Nephrology Fellowship	University of California, San Francisco	1992 - 1995
Visiting Postdoctoral Fellow	Weizmann Institute of Science, Rehovot, Israel	1996 - 1997

Board Certification:

American Board of Internal Medicine, Internal Medicine	Date: 1991
American Board of Internal Medicine, Nephrology	Date: 1993
Recertification, American Board of Internal Medicine, Internal Medicine	Date: 2001
Recertification, American Board of Internal Medicine, Nephrology	Date: 2001

Licensure:

Pennsylvania	
Indiana	
California	Date: Inactive
South Carolina	Date: Pending

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1995 - 1996	Instructor	University of California, San Francisco	Medicine
1997 - 2001	Assistant Clinical Professor	University of California, San Francisco	Medicine
1997 - 2001	Assistant Research Anatomist	University of California, San Francisco	Anatomy
2001 - 2013	Assistant Professor	University of Pennsylvania	Medicine Division of Nephrology
2013 - Present	Associate Professor with tenure	University of Pennsylvania	Medicine Division of Nephrology

First Appointment to MUSC:

Rank : Professor

Date : 2014

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

	<u>2/28/2014</u>	<u>2/28/2013</u>
<b>Assets</b>		
Cash and cash equivalents	\$673,994	\$1,031,316
Interest receivable	\$1,836	\$1,866
Accounts receivable - Licensees, net of allowance	\$181,973	\$290,235
Accounts receivable - Other	\$81,208	\$98,566
Accounts receivable - MUSC	\$52,363	\$110,839
Prepaid expenses	\$21,811	\$45,311
Investments	\$315,053	\$302,538
Property and equipment, net	\$305	\$772
Total Assets	<u>\$1,328,542</u>	<u>\$1,881,443</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable	\$119,305	\$128,041
Accounts payable - MUSC	\$354,107	\$363,870
Due to UMA - accrued personnel expenses	\$27,464	\$19,618
Unearned revenue and deposits	\$44,203	\$122,990
Total Liabilities	<u>\$545,079</u>	<u>\$634,519</u>
<b>Net Assets</b>		
Total Net Assets	<u>\$783,463</u>	<u>\$1,246,925</u>
Total Liabilities and Net Assets	<u>\$1,328,542</u>	<u>\$1,881,443</u>



**MUSC Foundation for Research Development**  
**Income Statement**  
**For the eight months ended February 28, 2014**

	<u>Actual</u>	<u>YTD Budget</u>
<b>Revenues</b>		
Contracts, grants and awards	\$700,000	\$700,000
License fees and royalties	\$180,944	
Distributions to MUSC, inventors and departments	(\$116,835)	
License fees and royalties, net of distributions	\$64,109	\$83,333
Investment income	\$14,294	\$6,667
Other revenues - program services	\$20,835	\$0
<b>Total Revenues</b>	<u><b>\$799,237</b></u>	<u><b>\$790,000</b></u>
<b>Expenses</b>		
Personnel	\$530,863	\$496,333
Patent prosecution costs, net of recovery	\$156,243	\$230,000
Professional fees	\$32,932	\$23,333
Other administrative expenses	\$105,496	\$107,000
IT maintenance - software and hardware	\$7,339	\$9,400
Telephone	\$6,377	\$7,133
Travel		
Travel - Non-employee	\$11,740	\$13,333
Travel - Employee	\$5,215	\$13,333
Professional development-conferences & continuing education	\$7,594	\$9,300
Office supplies, support and equipment	\$12,259	\$10,467
Real property rental	\$15,403	\$16,667
Lease payments	\$10,224	\$8,000
Insurance	\$9,092	\$10,000
Dues, memberships and subscriptions	\$4,887	\$2,667
Special activities	\$11,159	\$6,667
Depreciation expense	\$46	\$33
Bad debt expense	\$4,160	\$0
Total Other administrative expenses	<u>\$105,496</u>	<u>\$107,000</u>
Other expenses - program services	\$7,110	\$0
Total Expenses	<u><b>\$832,644</b></u>	<u><b>\$856,666</b></u>
<b>NET SURPLUS/(DEFICIT) before transfer of Residuals</b>	<u><b>(\$33,406)</b></u>	<u><b>(\$66,666)</b></u>
<b>Surplus Funds from FY12 to be used in FY14</b>	\$0	\$66,666
<b>NET SURPLUS/(DEFICIT) before transfer of Residuals</b>	<u><b>(\$33,406)</b></u>	<u><b>\$0</b></u>
<b>Residuals transferred to MUSC</b>	(\$181,185)	\$0
<b>NET SURPLUS/(DEFICIT)</b>	<u><u><b>(\$214,591)</b></u></u>	<u><u><b>\$0</b></u></u>

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PROFESSIONAL SERVICES  
FOR REPORTING  
APRIL 11, 2014**

***MUSC Indefinite Delivery Releases***

**Compass 5 Partners, LLC** \$11,000.00

Provide a feasibility study in support of the Student Wellness Center Old Kitchen Renovation project.

**S&ME, Inc.** \$690.00

Provide asbestos bulk sampling and analysis in support of the Clinical Sciences 7th Floor Orthopedic Surgery Office Phase 2 Renovation project.

**ADC Engineering, Inc.** \$39,730.00

Provide roofing design services in support of the Deferred Maintenance - Miscellaneous Buildings Roof Replacement/Repairs project.

**RMF Engineering, Inc.** \$9,350.00

Provide an HVAC analysis of Harborview Office Tower Rooms SC403, 404 and 405 at the request of the customer.

**Stafford Consulting Engineers** \$6,200.00

Provide roofing and waterproofing consulting services to provide recommendations for the Paint Shop Building roof replacement at the request of Engineering and Facilities.

***MUSC 230s***

**Carolina Air and Water Balancing Company, Inc.** \$1,700.00

Provide HVAC testing, adjusting and balancing in support of the Adult Emergency Room Expansion Project.

***Other Contracts***

**SAFEbuilt Carolinas Inc.** \$12,970.00

Provide special inspection services in support of the Craniofacial Research Laboratory Renovation project.

***IDC Contracts***

**McMillan Pazdan Smith**

Provide architectural services under a small Indefinite Delivery 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.

**Forsberg Engineering**

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

**Thomas & Hutton Engineering Co**

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

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
CONSTRUCTION CONTRACTS  
APRIL 11, 2014**

***MUSC Indefinite Delivery Releases***

**Bonitz Contracting & Flooring Group** \$10,886.43

Install epoxy flooring on the 7th floor of the Basic Science Building at the request of the customer.

**Bonitz Contracting & Flooring Group** \$6,040.21

Install epoxy flooring in Children's Research Institute Rooms CR7FL1 and CR703A at the request of the customer.

**Abate & Insulate, LLC** \$205.00

Remove and dispose of asbestos-containing floor tile in Clinical Science Building Room HE426 at the request of Occupational Safety.

**Bonitz Contracting & Flooring Group** \$843.51

Install 16 square yards of carpet tile and 120 linear feet of cove base in Clinical Science Building Room HE708CC at the request of the customer.

**Bonitz Contracting & Flooring Group** \$316.06

Install epoxy flooring in Drug Discovery Building Rooms DD623 and DD625 at the request of the customer.

**Bonitz Contracting & Flooring Group** \$27,223.09

Install epoxy flooring on the 4th floor of the Hollings Cancer Center at the request of the customer.

**Bonitz Contracting & Flooring Group** \$17,682.71

Install 440 square yards of carpet and 108 linear feet of cove base in Suite 302 Harboview Office Tower at the request of the customer.

**Bonitz Contracting & Flooring Group** \$9,601.12

Apply epoxy flooring in Psychiatric Hospital Rooms PH249 A-D, F-H, J and hallway at the request of customer.

**Bonitz Contracting & Flooring Group** \$4,424.81

Install epoxy flooring in various rooms in Quad E Building at the request of the customer.

**Bonitz Contracting & Flooring Group**

\$1,059.78

Install 18 square yards of sheet carpet and 120 linear feet of cove base in Room 200A1, 2nd Floor Administration Building, at the request of the customer.

**Bonitz Contracting & Flooring Group**

\$27,799.02

Install epoxy flooring in various animal occupied spaces in Strom Thurmond at the request of the customer.

**Bonitz Contracting & Flooring Group**

\$6,872.65

Install epoxy flooring in various rooms in the Strom Thurmond Building occupied by the Veterans Administration at the request of the customer.

***MUSC General Construction Projects***

**Image Resource, LLC**

\$2,733.23

Supply and install fabricated steel custom signage in support of the Microbiology Immunology project

**NBM Construction**

\$2,001,800.00

Interior renovations to create new laboratories and support spaces for the Craniofacial Biology Department on the second floor of the Basic Science Building.

**Hill Construction Services of Charleston Inc.**

\$9,571.80

Replace doors and door hardware on 7th Floor of the Clinical Science Building at the request of the customer.