



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, 8, 2014

9:00 a.m.

101 Colcock Hall

Members of the Board of Trustees

Thomas L. Stephenson, Esquire, Chairman
Dr. Stanley C. Baker, Jr.
Ms. Terri R. Barnes
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. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Mr. Charles C. Schulze
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, October 10, 2014.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of May 15, 2014.

Board Action:

Item 4. Election of Chairman and Vice Chairman of the Board of Trustees of the Medical University Hospital Authority.

Statement: In accordance with the MUHA Board of Trustees Bylaws, Section 3 (B & C), election of Chairman and Vice Chairman, by secret ballot, will take place.

Board Action:

Item 5. Election of Board Secretary of the Medical University Hospital Authority.

Statement: In accordance with the MUHA Board of Trustees Bylaws, Section 3 (D), election of the Board Secretary, by secret ballot, will take place.

Board Action:

Item 6. Election of Trustees Emeriti of the Medical University Hospital Authority.

Statement: In accordance with the MUHA Board of Trustees Bylaws, Section 3 (F), election of the Trustees Emeriti will take place.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 7. General Informational Report of the President.

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

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

Board Action:

Item 8. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 9. 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 10. Medical University Hospital Authority FY 2014-2015 Budget.

Statement: Mr. John Cooper will present the MUHA FY 2015 Budget for approval.

Recommendation of Administration: That the Budget be approved.

Recommendation of Committee:

Board Action:

Item 11. 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 12. Annual Report on Quality and Patient Safety.

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

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

Recommendation of Committee:

Board Action:

Item 13. Outreach Activity Report on MUSC Physicians.

Statement: Dr. Scott Reeves will report on MUSC Physicians activities.

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

Recommendation of Committee:

Board Action:

Item 14. Legislative Update.

Statement: 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 15. Other Committee Business.

CONSENT ITEMS FOR APPROVAL:

Item 16. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.

CONSENT ITEMS FOR INFORMATION:

- Item 17. Medical Executive Committee Minutes.
- Item 18. Contracts and Agreements.
- Item 19. Comprehensive Utilization Management Monitoring Plan.

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

OLD BUSINESS:

NEW BUSINESS:

- Item 20. Facilities Procurements/Contracts Proposed.
- Statement: Mr. Dennis Frazier will present procurements/contracts for approval.
- Recommendation of Administration: That the procurements/contracts be approved.
- Recommendation of Committee:
- Board Action:
- Item 21. 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 22. Other Committee Business.

CONSENT ITEMS FOR INFORMATION:

- Item 23. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 24. Annual Compliance Updates.

Statement: Ms. Julie Acker will present annual Compliance Updates for MUHA and MUSC Physicians.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 25. Annual Conflict of Interest Report.

Statement: Dr. Bruce Elliott and Ms. Mary Evelyn Armstrong will present the Annual Conflict of Interest Report.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 26. Report of the Office of Internal Audit.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 27. Board of Trustees Annual Self-Assessment.

Statement: Mr. Hewitt will present the board members' annual self-assessment.

Recommendation of Committee:

Board Action:

Item 28. Senior Management Incentive Compensation Plan.

Statement: Mr. Hewitt will present the Senior Management Incentive Compensation Plan for approval.

Recommendation of Administration: That the Plan be approved.

Recommendation of Committee:

Board Action:

Item 29. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 30. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 31. Report from the Chairman.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Interim Financial Statements
June 30, 2014

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MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Net Position
June 30, 2014 and June 30, 2013

Assets and Deferred Outflows	At 6/30/2014 (unaudited)	FYE 06/30/2013 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 65,724,902	\$ 38,260,407
Cash Restricted for Capital Improvements and Other Programs	13,822,811	5,500,000
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$87,700,000 and \$48,500,000	185,967,616	169,293,014
Due from Third-Party Payors	5,629,866	14,664,395
Other Current Assets	52,714,805	49,795,671
Total Current Assets	323,860,000	277,513,487
Investments Held by Trustees Under Indenture Agreements	44,526,123	46,256,860
Capital Assets, Net	526,364,445	526,690,282
Deferred Borrowing Costs	-	4,267,895
Total Assets	894,750,568	854,728,524
Deferred Outflows	-	2,262,745
Total Assets and Deferred Outflows	\$ 894,750,568	\$ 856,991,269
 Liabilities and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 15,574,678	\$ 14,906,814
Current Installments of Capital Lease Obligations	265,386	261,751
Current Installments of Notes Payable	1,223,471	1,788,574
Due to Related Parties	6,414,985	5,935,676
Accounts Payable	58,839,995	45,613,804
Accrued Payroll, Withholdings and Benefits	56,943,282	51,846,839
Other Accrued Expenses	8,168,455	13,068,801
Deferred Revenue	-	5,500,000
Total Current Liabilities	147,430,252	138,922,259
Long-Term Debt	331,890,657	343,853,705
Capital Lease Obligations	88,018	353,403
Derivative Instruments	-	2,262,745
Notes Payable	11,076,549	12,300,020
Other Liabilities	1,209,936	3,629,808
Total Liabilities	491,695,412	501,321,940
Net Position:		
Invested in Capital Assets, Net of Related Debt Restricted	162,615,878	151,444,230
Under Indenture Agreements Expendable for	44,526,123	46,256,860
Capital projects	3,357,463	-
Telemedicine Program	10,465,348	-
UnRestricted	182,090,344	157,968,239
Total Net Position	403,055,156	355,669,329
Total Liabilities and Net Position	\$ 894,750,568	\$ 856,991,269

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 12 Month Periods Ending June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Operating Revenue:		
Net Patient Service Revenue	\$ 1,146,716,079	\$ 1,078,610,533
Other Revenue	<u>26,545,935</u>	<u>14,732,938</u>
Total Operating Revenue	<u>1,173,262,014</u>	<u>1,093,343,471</u>
Operating Expenses:		
Compensation and Employee Benefits	469,364,483	462,953,827
Services and Supplies	599,292,635	535,802,504
Depreciation and Amortization	<u>57,988,122</u>	<u>56,023,602</u>
Total Operating Expenses	<u>1,126,645,240</u>	<u>1,054,779,933</u>
Operating Income (Loss)	46,616,774	38,563,538
NonOperating Revenue (Expense):		
State Appropriation	17,900,000	-
Gifts and Grants	4,867,059	-
Investment Income	1,357,304	8,415,912
Interest Expense	(15,630,520)	(18,891,574)
CEP Refinance Issuance Costs	<u>(1,254,064)</u>	<u>-</u>
Total NonOperating Revenue (Expense)	<u>7,239,779</u>	<u>(10,475,662)</u>
Change in Net Position	<u>\$ 53,856,553</u>	<u>\$ 28,087,876</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
SRECNA - Comparative Variance Analysis
For the 12 Month Periods June 30, 2014 and 2013

	Current Month			Comparative Period			Fiscal Year To Date			Comparative Period	
	Actual	Budget	Variance	June 2013	Variance		Actual	Budget	Variance	July - June FY2013	Variance
Operating Revenue:											
Net Patient Service Revenue	\$ 107,096,099	\$ 90,844,734	17.89%	\$ 98,029,349	9.25%		\$ 1,146,716,079	\$ 1,090,136,805	5.19%	\$ 1,078,610,533	6.31%
Other Revenue	2,542,817	1,576,944	61.25%	(1,281,379)	298.44%		26,545,935	18,923,328	40.28%	14,732,938	80.18%
Total Operating Revenue	109,638,916	92,421,678	18.63%	96,747,970	13.32%		1,173,262,014	1,109,060,133	5.79%	1,093,343,471	7.31%
Operating Expenses:											
Compensation and Employee Benefits	41,375,906	39,568,016	-4.57%	37,197,812	-11.23%		469,364,483	474,816,195	1.15%	462,953,827	-1.38%
Services and Supplies	64,439,852	44,627,310	-44.40%	48,196,425	-33.70%		599,292,635	535,527,670	-11.91%	535,802,504	-11.85%
Depreciation and Amortization	4,404,502	4,805,765	8.35%	3,405,345	-29.34%		57,988,122	57,669,182	-0.55%	56,023,602	-3.51%
Total Operating Expenses	110,220,260	89,001,091	-23.84%	88,799,582	-24.12%		1,126,645,240	1,068,013,047	-5.49%	1,054,779,933	-6.81%
Operating Income (Loss)	(581,344)	3,420,587	-117.00%	7,948,388	-107.31%		46,616,774	41,047,086	13.57%	38,563,538	20.88%
Operating Margin	-0.53%	3.70%		8.22%			3.97%	3.70%		3.53%	
NonOperating Revenue (Expense):											
State Appropriation	-	-	-	-	-		17,900,000	-	-	-	-
Gifts and Grants	2,918,016	-	-	-	-		4,867,059	-	-	-	-
Investment Income	30,908	164,613	-81.22%	(1,711,066)	101.81%		1,357,304	1,975,353	-31.29%	8,415,912	-83.87%
Interest Expense	(1,224,167)	(1,390,761)	11.98%	(1,174,611)	-4.22%		(15,630,520)	(16,689,123)	6.34%	(18,891,574)	17.26%
CEP Refinance Issuance Costs	-	-	-	-	-		(1,254,064)	-	-	-	-
Total NonOperating Revenue (Expense)	1,724,757	(1,226,148)	240.66%	(2,885,677)	159.77%		7,239,779	(14,713,770)	149.20%	(10,475,662)	169.11%
Change in Net Position	\$ 1,143,413	\$ 2,194,439	-47.89%	\$ 5,062,711	-77.42%		\$ 53,856,553	\$ 26,333,316	104.52%	\$ 28,087,876	91.74%

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses
For the 12 Month Periods Ending June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Nursing Services:		
Administration and Education	38,828,743	31,028,857
Medical and Surgical	60,329,887	59,996,844
Pediatrics	16,154,378	16,267,835
Emergency and Trauma Units	20,711,723	21,230,765
Intensive Care Units	55,892,478	55,061,380
Coronary Care Units	3,725,868	3,870,480
Psychiatric	23,709,887	24,442,422
Operating Rooms	40,088,590	33,635,475
Recovery Rooms	4,616,492	4,434,272
Delivery and Labor Rooms	4,388,713	4,085,677
Obstetrics	6,249,079	5,925,468
Total Nursing Services	<u>\$ 274,695,838</u>	<u>\$ 259,979,475</u>
Other Professional Services:		
Laboratories and Laboratory Support	\$ 49,912,906	\$ 49,145,812
Electrocardiology	5,998,421	6,108,311
Radiology	28,586,007	26,036,695
Pharmacy	130,596,993	105,483,475
Heart Catheterization	9,884,141	10,295,164
Central Services and Supply	89,015,621	87,899,938
Anesthesiology	20,083,728	19,668,942
Nuclear Medicine	1,165,417	1,126,176
Respiratory Therapy	13,966,733	14,069,410
Physical Medicine	8,144,106	8,451,288
Dialysis	1,985,740	2,205,681
Pathology	3,502,249	4,187,999
Transplant	26,771,727	23,745,865
Other Miscellaneous Services	17,353,433	17,275,310
Medical Records and Quality Assurance	7,717,601	7,464,143
Resident Support	50,228,455	49,777,956
Total Other Professional Services	<u>\$ 464,913,278</u>	<u>\$ 432,942,165</u>
General Services:		
Dietary	\$ 14,678,142	\$ 15,207,393
Plant Ops, Maintenance, Security	61,552,893	58,519,001
Housekeeping	17,121,405	17,099,077
Total General Services	<u>\$ 93,352,440</u>	<u>\$ 90,825,471</u>
Fiscal and Administrative Services:		
Admitting	\$ 6,638,355	\$ 6,906,844
Administration	78,905,319	64,369,350
Shared Services	10,159,241	10,380,914
MUSC Support	15,591,577	13,265,608
Accounting	9,357,456	9,450,868
Hospital Patient Accounting	10,312,816	10,670,427
Marketing	7,734,118	7,807,745
Human Resources	2,676,347	2,628,422
Communications	1,807,248	1,971,843
Computer Services	44,838,523	39,683,550
Total Fiscal and Administrative Services	<u>\$ 188,021,000</u>	<u>\$ 167,135,571</u>
Ambulatory Care:		
Ambulatory Care	\$ 47,674,562	\$ 47,873,649
Total Ambulatory Care	<u>\$ 47,674,562</u>	<u>\$ 47,873,649</u>
Other:		
Depreciation	\$ 57,988,122	\$ 56,023,602
Interest	15,630,520	18,891,573
CEP Refinance Issuance Costs	1,254,064	-
Total Other	<u>\$ 74,872,706</u>	<u>\$ 74,915,175</u>
Total Expenses	<u>\$ 1,143,529,824</u>	<u>\$ 1,073,671,506</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 12 Month Period Ending June 30, 2014

	<u>Approved Budget</u>	<u>Year To Date Budget</u>	<u>Actual</u>	<u>Variance Favorable/ Unfavorable</u>	
Operating Revenue:					
Patient Service Revenue:					
Inpatient	\$ 1,755,640,303	\$ 1,755,640,303	\$ 1,824,945,247	\$ 69,304,944	F
Outpatient	<u>1,221,324,345</u>	<u>1,221,324,345</u>	<u>1,288,753,084</u>	<u>67,428,739</u>	F
Gross Patient Service Revenue	<u>2,976,964,648</u>	<u>2,976,964,648</u>	<u>3,113,698,331</u>	<u>136,733,683</u>	F
Patient Service Revenue net of Charity Care	<u>2,976,964,648</u>	<u>2,976,964,648</u>	<u>3,034,723,246</u>	<u>57,758,598</u>	F
Additions (Deductions) To/From Patient Service Revenue:					
Contractual and Other Adjustments	(1,925,654,520)	(1,925,654,520)	(1,933,268,848)	7,614,328	U
Payment from DHHS	18,628,621	18,628,621	18,628,621	-	F
Disproportionate Share	<u>20,198,056</u>	<u>20,198,056</u>	<u>26,633,060</u>	<u>6,435,004</u>	F
Net Additions (Deductions) To/From Patient Service Revenue	<u>(1,886,827,843)</u>	<u>(1,886,827,843)</u>	<u>(1,888,007,167)</u>	<u>1,179,324</u>	U
Net Patient Service Revenue	<u>1,090,136,805</u>	<u>1,090,136,805</u>	<u>1,146,716,079</u>	<u>56,579,274</u>	F
Other Operating Revenue:					
Other and IIT Transfers	<u>18,923,328</u>	<u>18,923,328</u>	<u>26,545,935</u>	<u>7,622,607</u>	F
Total Other Operating Revenue	<u>18,923,328</u>	<u>18,923,328</u>	<u>26,545,935</u>	<u>7,622,607</u>	F
Total Operating Revenue	<u>\$ 1,109,060,133</u>	<u>\$ 1,109,060,133</u>	<u>\$ 1,173,262,014</u>	<u>\$ 64,201,881</u>	F
Operating Expenses:					
Nursing Services	\$ 265,664,105	\$ 265,664,105	\$ 274,695,838	\$ 9,031,733	U
Other Professional Services	423,418,284	423,418,284	464,913,278	41,494,994	U
General Services	93,293,675	93,293,675	93,352,440	58,765	U
Fiscal and Administrative Services	178,797,215	178,797,215	188,021,000	9,223,785	U
Ambulatory Care	49,170,586	49,170,586	47,674,562	1,496,024	F
Other Expenses	<u>57,669,182</u>	<u>57,669,182</u>	<u>57,988,122</u>	<u>318,940</u>	U
Total Operating Expenses	<u>1,068,013,047</u>	<u>1,068,013,047</u>	<u>1,126,645,240</u>	<u>58,632,193</u>	U
Income (Loss) from Operations	<u>41,047,086</u>	<u>41,047,086</u>	<u>46,616,774</u>	<u>5,569,688</u>	F
NonOperating Revenue (Expense):					
State Appropriation	-	-	17,900,000	17,900,000	F
Gifts and Grants	-	-	4,867,059	4,867,059	F
Interest and Investments	(14,713,770)	(14,713,770)	(14,273,216)	440,554	F
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>(14,713,770)</u>	<u>7,239,779</u>	<u>24,461,677</u>	F
Change in Net Position	<u>\$ 26,333,316</u>	<u>\$ 26,333,316</u>	<u>\$ 53,856,553</u>	<u>\$ 27,523,237</u>	F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses - Actual versus Budget
For the 12 Month Period Ending June 30, 2014

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
Nursing Services:				
Administration and Education	\$ 29,855,509	\$ 29,855,509	\$ 38,828,743	\$ 8,973,234 U
Medical and Surgical	61,867,632	61,867,632	60,329,887	1,537,745 F
Pediatrics	16,816,833	16,816,833	16,154,378	662,455 F
Emergency and Trauma Units	21,749,847	21,749,847	20,711,723	1,038,124 F
Intensive Care Units	56,914,316	56,914,316	55,892,478	1,021,838 F
Coronary Care Units	4,054,173	4,054,173	3,725,868	328,305 F
Psychiatric	24,859,395	24,859,395	23,709,887	1,149,508 F
Operating Rooms	34,609,960	34,609,960	40,088,590	5,478,630 U
Recovery Rooms	4,596,416	4,596,416	4,616,492	20,076 U
Delivery and Labor Rooms	4,231,070	4,231,070	4,388,713	157,643 U
Obstetrics	6,108,954	6,108,954	6,249,079	140,125 U
Total Nursing Services	<u>\$ 265,664,105</u>	<u>\$ 265,664,105</u>	<u>\$ 274,695,838</u>	<u>\$ 9,031,733 U</u>
Other Professional Services:				
Laboratories and Laboratory Support	\$ 49,993,928	\$ 49,993,928	\$ 49,912,906	\$ 81,022 F
Electrocardiology	6,238,495	6,238,495	5,998,421	240,074 F
Radiology	26,438,520	26,438,520	28,586,007	2,147,487 U
Pharmacy	105,153,326	105,153,326	130,596,993	25,443,667 U
Heart Catheterization	10,527,305	10,527,305	9,884,141	643,164 F
Central Services and Supply	86,076,017	86,076,017	89,015,621	2,939,604 U
Anesthesiology	20,085,917	20,085,917	20,083,728	2,189 F
Nuclear Medicine	1,174,430	1,174,430	1,165,417	9,013 F
Respiratory Therapy	14,359,619	14,359,619	13,966,733	392,886 F
Physical Medicine	8,689,927	8,689,927	8,144,106	545,821 F
Dialysis	2,202,368	2,202,368	1,985,740	216,628 F
Pathology	4,121,201	4,121,201	3,502,249	618,952 F
Transplant	22,438,314	22,438,314	26,771,727	4,333,413 U
Other Miscellaneous Services	17,696,178	17,696,178	17,353,433	342,745 F
Medical Records and Quality Assurance	7,535,953	7,535,953	7,717,601	181,648 U
Resident Support	40,686,786	40,686,786	50,228,455	9,541,669 U
Total Other Professional Services	<u>\$ 423,418,284</u>	<u>\$ 423,418,284</u>	<u>\$ 464,913,278</u>	<u>\$ 41,494,994 U</u>
General services:				
Dietary	\$ 15,467,886	\$ 15,467,886	\$ 14,678,142	\$ 789,744 F
Plant Ops, Maintenance, Security	60,817,389	60,817,389	61,552,893	735,504 U
Housekeeping	17,008,400	17,008,400	17,121,405	113,005 U
Total General Services	<u>\$ 93,293,675</u>	<u>\$ 93,293,675</u>	<u>\$ 93,352,440</u>	<u>\$ 58,765 U</u>
Fiscal and Administrative Services:				
Admitting	\$ 6,974,073	\$ 6,974,073	\$ 6,638,355	\$ 335,718 F
Administration	66,089,645	66,089,645	78,905,319	12,815,674 U
Shared Services	10,333,809	10,333,809	10,159,241	178,724 F
MUSC Support	21,457,734	21,457,734	15,591,577	5,866,157 F
Accounting	9,607,660	9,607,660	9,357,456	250,204 F
Hospital Patient Accounting	10,400,756	10,400,756	10,312,816	87,940 F
Marketing	7,421,610	7,421,610	7,734,118	312,508 U
Human Resources	2,608,039	2,608,039	2,676,347	68,308 U
Communications	2,035,753	2,035,753	1,807,248	228,505 F
Computer Services	41,868,136	41,868,136	44,838,523	2,970,387 U
Total Fiscal and Administrative Services	<u>\$ 178,797,215</u>	<u>\$ 178,797,215</u>	<u>\$ 188,021,000</u>	<u>\$ 9,223,785 U</u>
Ambulatory Care:				
Ambulatory Care	\$ 49,170,586	\$ 49,170,586	\$ 47,674,562	\$ 1,496,024 F
Total Ambulatory Care	<u>\$ 49,170,586</u>	<u>\$ 49,170,586</u>	<u>\$ 47,674,562</u>	<u>\$ 1,496,024 F</u>
Other:				
Depreciation	\$ 57,669,182	\$ 57,669,182	\$ 57,988,122	\$ 318,940 U
Interest	16,689,123	16,689,123	15,630,520	1,058,603 F
CEP Refinance Issuance Costs	-	-	1,254,064	1,254,064 U
Total Other	<u>\$ 74,358,305</u>	<u>\$ 74,358,305</u>	<u>\$ 74,872,706</u>	<u>\$ 514,401 U</u>
Total Expenses	<u>\$ 1,084,702,170</u>	<u>\$ 1,084,702,170</u>	<u>\$ 1,143,529,824</u>	<u>\$ 58,827,654 U</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Balance Sheet: For the Years Ended 6/30/14 and 6/30/13

Assets:

Cash and cash equivalents, including cash restricted for construction and telemedicine projects, increased \$35.8 million to \$79.5 million from June 30th, 2013. The increase is a result of several factors from recent performance. Hospital Patient Accounting had record collections for FY 14 (\$4.3 million 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, \$9 million from prior year Medicare and TriCare cost report settlements, 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 \$27.8 million.

Net patient accounts receivable has increased 9.8% on substantially higher volume. The collection percent has decreased from 38.1 to 36.8 during this same period. Case mix index (an indication of patient acuity) at 1.8619 is up from last year's 1.8002. June's case mix decreased to 1.82 from May's 1.94. CMI for the month of June FY '13 was 1.85.

Other Current Assets increased by \$2.9 million from 6/30/13 due to a number of factors including prepaid maintenance contracts, general and payroll related insurance, FEMA grant receivable for Sabin Street energy plant, and elimination of prepaid financing amounts resulting from the CEP refinance. 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 June, 2014 Current Installments of Long-Term Debt include \$13.6 million HUD related debt and \$1.9 million for debt related to the Central Energy Plant. Current Installments of Notes Payable relate to the note payable for the Sabin St. energy plant.

Long term debt (net of deferred issuance costs) decreased \$12 million. Prior to the December, 2012 refinancing, principal was paid semi-annually, under the new debt structure, principal is paid monthly. In June, 2013 MUHA accessed the State's loan program to borrow \$13.8 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 \$4.9 million due to payment of the prior year Medicaid cost report offset by the recognition of the FY 07 Medicare cost report payable.

**Statement of Revenues, Expenses and Changes in Net Assets: For the
twelve months ended June 30, 2014 and 2013**

Operating Revenues:

Net patient revenue is up 6% from the same period last year. Inpatient census is up 4.7% over last fiscal year – driven by increases in all service areas. E R visits are down 1/2%. Operating room cases are up 3.8%. Transplant cases are down 4.7% compared to last year. MRI procedures are up 4.6% while CT procedures are up 3.2%. Outpatient visits are up 3.4%. The Medicare length of stay at 6.49 days is up four tenths of a day compared to same period last year while the Medicare CMI increased from 2.05 to 2.19. On a volume adjusted basis (adjusted discharges) net patient revenue is up 4.7% at \$18,550 per case. This is a result of an increase in acuity driven by the increase in surgical cases.

Operating Expenses:

When compared to last fiscal year salaries and benefits increased \$6.4 million (1.38%). Staffing increased substantially in the last two months of the fiscal year as temporary trainers were hired in preparation for the July 1 Epic conversion.

Services and supplies are up 12% compared to last year. The increase in equipment operating leases, Huron fees, and Epic system conversion are responsible for the increase. Total Epic related expense (salaries and other) for FY 14 are \$9.7 million.

Depreciation and Amortization is 3.5% above the prior year comparative period due to recording of catch up depreciation of \$4.5 million.

Non-Operating Expense

Interest expense is down \$3.3 million (17%) based on lower long-term debt balances and interest rate reduction.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Budget Comparison:

As of June, 2014 MUHA's net income is \$27.5 million ahead of budget. The operating margin is 3.97% compared to 3.7% budget.

Net patient service revenues are up 5% compared to budget, due to the increased volume and recording of additional DSH and Medicare cost report receivables, while operating expenses driven by Epic conversion costs are above budget by 5.5%.

Investment income is \$618k 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 principal. 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.

The State appropriations for ART 7 renovation and for telemedicine have been recorded as non-operating revenue and restricted cash.

**FACILITIES
HOSPITAL AUTHORITY
LEASE AMENDMENT
FOR APPROVAL**

AUGUST 8, 2014

DESCRIPTION OF LEASE AMENDMENT: The Medical University Hospital Authority currently leases 2,883 square feet of clinical space at 2750 Dantzler Drive in North Charleston for their non-emergent pediatric services. The purpose of this lease amendment is to increase the square footage to 5,766 and extend the initial lease term for an additional five years. This increase in space is necessary to provide adequate care for the high patient volume. The per square foot rate for this lease is \$19.10. The monthly amount will be \$9,176.00, resulting in an annual amount of \$110,112.00. Rent shall adjust annually 3%.

The landlord shall contribute \$75,000.00 towards the total estimated renovation cost of \$237,500.00. MUHA shall reimburse the landlord \$2,273.89 per month for the remaining balance of \$162,500.00 over the initial lease term.

NEW LEASE AGREEMENT _____

LEASE AMENDMENT X

LANDLORD: PR Properties of Summerville, LLC

LANDLORD CONTACT: Robert Pratt, Property Manager/Owner, 576-2705

TENANT NAME AND CONTACT: John Sanders, Children's Hospital Administration, 792-6936

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Seven (7) Years [10/1/2014-9/30/2021]

AMOUNT PER SQUARE FOOT: \$19.10

ANNUALIZED LEASE AMOUNT:

Year 1	\$110,112.00	Year 6	\$127,649.98
Year 2	\$113,415.36	Year 7	\$131,479.48
Year 3	\$116,817.82		
Year 4	\$120,322.35		
Year 5	\$123,932.02		

TOTAL AMOUNT OF LEASE: \$843,729.01

EXTENDED TERM(S): Two (2) term, five (5) years [10/1/2021-9/30/2031]

TOTAL AMOUNT OF EXTENDED TERM:

Year 6	\$135,423.86	Year 11	\$156,993.38
Year 7	\$139,486.58	Year 12	\$161,703.18
Year 8	\$143,671.18	Year 13	\$166,554.28
Year 9	\$147,981.32	Year 14	\$171,550.91
Year 10	\$152,420.76	Year 15	\$176,697.44

TOTAL AMOUNT OF EXTENDED TERMS: \$1,552,482.89

TOTAL AMOUNT INCLUDING EXTENDED TERMS: \$2,396,211.90

OPERATING COSTS:
FULL SERVICE _____
NET X

**FACILITIES
HOSPITAL AUTHORITY
NEW AGENCY TO AGENCY LEASE
FOR APPROVAL**

AUGUST 8, 2014

DESCRIPTION OF LEASE: The purpose of this lease is to accommodate the space needs for the decanting of Charleston Memorial Hospital and McClennan Banks in preparation for Phase Two of the Hospital. The Medical University Hospital Authority shall lease 295 Calhoun Street from the Medical University of South Carolina. The Medical University Hospital Authority will perform and pay for all infrastructure repairs and upfit to the 29,698 square foot building. Facility preparation costs of the 295 Calhoun Offices, in order to relocate staff from CMH/McClennan Banks (Phase Two enabling project) are included in the MUHA FY 15 Capital Budget. The per square foot rate for this lease is \$10.00. The monthly amount will be \$24,748.33 (rounded), resulting in an annual amount of \$296,980.00.

NEW LEASE AGREEMENT X

RENEWAL LEASE AGREEMENT

LANDLORD: Medical University of South Carolina

LANDLORD CONTACT: Rachel Jones, Leasing Manager, 792-5996

TENANT NAME AND CONTACT: Dennis Frazier, Hospital Administration, 792-7727

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Five (5) Years [9/1/2014-8/31/2019]

AMOUNT PER SQUARE FOOT: \$10.00

ANNUALIZED LEASE AMOUNT: \$296,980.00

TOTAL AMOUNT OF LEASE: \$1,484,900.00

EXTENDED TERM(S): One (1) term, five (5) years [9/1/2019-8/31/2024]

TOTAL AMOUNT OF EXTENDED TERM: To be negotiated

OPERATING COSTS:

FULL SERVICE

NET X

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

CONSENT AGENDA

Board of Trustees Meeting
Friday, August 8, 2014
101 Colcock Hall

Members of the Board of Trustees

Thomas L. Stephenson, Esquire, Chairman
Dr. Stanley C. Baker, Jr.
Ms. Terri R. Barnes
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. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Mr. Charles C. Schulze
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 16. 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 17. Medical Executive Committee Minutes.

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

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

Recommendation of Committee:

Board Action:

Item 18. Medical Center Contracts and Agreements.

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

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

Recommendation of Committee:

Board Action:

Item 19. Comprehensive Utilization Management Monitoring Plan.

Statement: Changes to the Comprehensive Utilization Management Monitoring Plan will be presented for information.

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

Recommendation of Committee:

Board Action:

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

(INFORMATIONAL ITEM)

Item 23. 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:

Medical Executive Committee - April 16, 2014
The Credentials Committee reviewed the following applicants on April 9, 2014
and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Anne Flynn, M.D.	Provisional Affiliate	Pathology & Lab. Med.
Todd Robert Washko, M.D.	Active Provisional	Pediatrics

Medical Staff Reappointment and Clinical Privileges

Sarah L. Allen, M.D.	Active	Medicine
Frank J. Brescia, M.D., M.A.	Active	Medicine
Andrew Sam Brock, M.D.	Active	Medicine
Elisha L. Brownfield, M.D.	Active	Medicine
Ernest Ramsay Camp, M.D., M.S.C.R	Active	Surgery
Denise M. Carneiro-Pla, M.D.	Active	Surgery
Ernest B. Clyburn, M.D.	Active	Medicine
Stacey Michelle Cobb, M.D.	Active Provisional	Pediatrics
Frank Anthony Cuoco, Jr., M.D., M.B.A., M.S.	Active	Medicine
Terry Carlyle Dixon, M.D., Ph.D.	Active	Pediatrics
Donald L. Fox, M.D.	Active	Medicine
Andrew Goodwin, M.D.	Active	Medicine
Eric Matthew Graham, M.D.	Active	Pediatrics
Kevin Michael Gray, M.D.	Active	Psychiatry
William R. Hand, M.D.	Active	Anesthesiology
Marc Hassid, M.D.	Active	Anesthesiology
Andre Hebra, M.D.	Active	Surgery
Mark J. Hoy, M.D.	Active	Otolaryngology
Harry S. Hutchins, Jr., D.D.S., B.A.	Active	O&M Surgery
Benjamin F. Jackson, M.D.	Active	Pediatrics
Aparna Jain, M.D.	Active Provisional	Family Medicine
Diane L. Kamen, M.D., M.S.C.R	Active	Medicine
Brad A. Keith, M.D.	Active	Medicine
Sondra Keller, M.D.	Active	Psychiatry
Russell D. Kitch, M.D.	Provisional Affiliate - R&F	Otolaryngology
Frances Rowinsky Koch, M.D.	Active	Pediatrics
Matthew S. Koval, M.D.	Active	Psychiatry
Rita Kay Kramer, M.D.	Active	Medicine
Vincent Domenic Pellegrini, Jr., M.D.	Active Provisional	Orthopaedic Surgery
Jennifer Young Pierce, M.D., M.P.H	Active	Obstetrics & Gynecology
John Travis Pritchett, M.D.	Active	Psychiatry
Don Chase Rockey, M.D.	Active Provisional	Medicine
Sinai Choi Zyblewski, M.D., M.S.C.R.	Active	Pediatrics

Medical Staff Reappointment and Change in Privileges

Megan K. Baker, M.D.	Active	Surgery	No longer needs Bariatric privileges
Chadrick Evan Denlinger, M.D.	Active	Surgery	Addition of Moderate Sedation privileges

Medical Staff Change in Privileges

Anthony Nicholas Glaser, M.D., Ph.D.	Active	Family Medicine	Switch to CFC R&F
Langdon A. Hartsock, M.D.	Active	Orthopaedic Surgery	Addition of Telemedicine

Professional Staff Initial Appointment and Privileges

Sara Bakhtiarnejad, M.M.Sc, P.A.C.	Provisional Allied Health	Medicine
Staci Crocker Mays, M.S.N., F.N.P.	Provisional Allied Health	Neurosciences
Timothy McAdams, C.R.N.A., MSN	Provisional Allied Health	Anesthesiology

Professional Staff Reappointment and Privileges

Brandi Boyce Aquino, P.A.	Allied Health	Radiology
Debra Lynn Baio, P.A.C., M.P.A.S., B.A.	Allied Health	Orthopaedic Surgery
Rochelle F Hanson, Ph.D.	Allied Health	Psychiatry
Candace Jaruzel, C.R.N.A., M.S.N.	Allied Health	Anesthesiology
Natalie Pope Riley, P.A.C.	Provisional Allied Health	Surgery
Cephus E. Simmons, Sr., M.S., R.A.	Allied Health	Radiology
Brandie J. Taylor, ADN, BSN, A.N.P.	Allied Health	Medicine

Board of Trustees Credentialing Subcommittee - May 2014
The Medical Executive Committee reviewed the following applicants on May 21, 2014
and recommends approval by the Board of Trustees Credentialing Subcommittee effective May 28, 2014

Medical Staff Initial Appointment and Privileges

Ashley Teale Britell, M.D., M.P.H.	Active Provisional	Medicine
Michael M. Davis, M.D.	Active Provisional	Radiology
B. Joseph Elmunzer, M.D., M.Sc.	Active Provisional	Medicine
Richard Ray Herber, M.D.	Affiliate CFC - R&F	Family Medicine

Medical Staff Reappointment and Clinical Privileges

Charles M Andrews, M.D.	Active	Medicine
Robert N. Axon, M.D., M.S.C.R.	Active	Medicine
Michael Sean Boger, M.D., Pharm.D.	Active	Medicine
Scott M. Bradley, M.D.	Active	Surgery
Evelyn T. Bruner, M.D.	Active Provisional	Pathology & Lab. Med.
Cathryn Caton, M.D., M.S.C.R.	Active	Medicine
Shahryar Majeed Chowdhury, M.D.	Active	Pediatrics
Carlee Ann Clark, M.D.	Active	Anesthesiology
Joseph Kenneth Coll, III, M.D.	Provisional Affiliate	Psychiatry
Harry A Demos, M.D.	Active	Orthopaedics
Ashley Ann Duckett, M.D.	Active	Medicine
Leonard E. Egede, M.D., M.S.	Active	Medicine
Dee W. Ford, M.D., M.S.C.R.	Active	Medicine
John R. Freedy, M.D., Ph.D.	Active	Family Medicine
Michael Duane Frye, M.D.	Active	Medicine
Anne Marie P. Good, M.D.	Affiliate R&F	Pediatrics
Faye N. Hant, D.O., M.S.C.R.	Active	Medicine
Angela N. Hays, M.D.	Active	Neurosciences
Virginia Maureen Herrmann, M.D.	Active	Surgery
John Barnwell Kerrison, M.D.	Affiliate	Ophthalmology
Emily Kmetz, M.D.	Active	Dermatology
David Koch, M.D., M.S.C.R.	Active	Medicine
John M. Kratz, M.D.	Active	Surgery
Rebecca Leddy, M.D.	Active	Radiology
Lee Rodney Leddy, M.D.	Active	Orthopaedics
Leonard S. Lichtenstein, M.D.	Active	Medicine
Walter E. Limehouse, Jr., M.D., M.A.	Active	Medicine
Catherine E. Louis, M.D.	Provisional Affiliate	Psychiatry
Mark Ashton Lyles, M.D., M.B.A.	Active	Medicine
Eric Matheson, M.D., M.S.C.R.	Active	Family Medicine
James McElligott, M.D., M.S.C.R.	Active	Pediatrics
W. Brett McGary, M.D.	Active	Medicine
Edward L. McNellis, M.D.	Affiliate	Otolaryngology
Steven David McSwain, M.D., M.P.H.	Active	Pediatrics
Linda M. Meyers, M.D.	Active Provisional	Medicine
Sarah Mennito, M.D., M.S.C.R.	Active	Pediatrics
Lawrence C. Mohr, Jr., M.D.	Active	Medicine
Katherine Ann Morgan, M.D.	Active	Surgery
Donald L. Myrick, MD	Active	Psychiatry
Christine Pelic, MD	Active	Psychiatry
David W. Ploth, M.D.	Active	Medicine
Mary S. Richardson, D.D.S., M.D.	Active	Pathology & Lab. Med.

Medical Staff Reappointment and Clinical Privileges (cont.)

Amanda B. Salas, M.D.	Provisional Affiliate	Psychiatry
Rica S Santiago, M.D.	Prov. Aff. CFC - R&F	Medicine
Kevin Staveley-O'Carroll, M.D., Ph.D.	Active Provisional	Surgery
J. Lacy Sturdivant, M.D.	Active	Medicine
Sarah Newell Taylor, M.D., M.S.C.R	Active	Pediatrics
Mary Olivia Titus, M.D.	Active	Pediatrics
Paul B. Underwood, Jr., M.D.	Active	Obstetrics & Gynecology
M. Kathleen Wiley, M.D., M.S.	Active	Medicine
Ana Xavier, M.D., Ph.D.	Active	Pediatrics

Medical Staff Reappointment and Change in Clinical Privileges

Jonathan Charles Edwards, M.D.	Active	Neurosciences	Addition of Telemedicine
Wuwei Feng, M.D., M.S.	Active	Neurosciences	Addition of Telemedicine
Patrick A. Flume, M.D.	Active	Medicine	Addition of Telemedicine
Abid Irshad, M.B.B.S	Active	Radiology	No longer needs Moderate Sedation
Madelene Lewis, M.D.	Active	Radiology	No longer needs Moderate Sedation
Pauline Elise Meekins, M.D.	Active	Medicine	No longer needs Peds EM privileges
James Gaillard Ravenel, M.D.	Active	Radiology	No longer needs Moderate Sedation

Medical Staff Change in Privileges

McLeod Gwynette, Jr., M.D.	Active	Psychiatry	Addition of Telepsychiatry
Jonathan J. Halford, M.D.	Active	Neurosciences	Addition of Telemedicine

Professional Staff Initial Appointment and Privileges

Deborah Bibby, P.A.C., B.S.N.	Prov. Allied Health	Medicine
Jacqueline Lee Eckert, P.A.C.	Prov. Allied Health	Surgery
Karen E. Kraul, M.S.W.	Prov. Allied Health	Psychiatry
Sandra S. Munaco, D.N.P.	Prov. Allied Health	Medicine

Professional Staff Reappointment and Privileges

Trinidad G. Aldea, C.R.N.A.	Allied Health	Anesthesiology
Gregory F. Buck, P.A.C.	Allied Health	Medicine
Tammy F. Davidson, F.N.P.	Allied Health	Medicine
Melissa Lynn Hill, A.P.R.N., MSN	Allied Health	Neurosciences
Meredith A. Lyons-Crews, M.S.W.	Allied Health	Psychiatry
William Wood Marchant, III, M.S.W.	Prov. Allied Health	Psychiatry
Eva R. Serber, Ph.D.	Allied Health	Psychiatry
Jennifer Waterhouse, D.N.P., F.N.P.	Prov. Allied Health	Surgery
Matthew Yoder, Ph.D.	Allied Health	Psychiatry

Professional Staff Reappointment and Change in Privileges

Crystal D. Murphy, P.N.P.	Prov. Allied Health	Pediatrics	Addition of central line management
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Medical Executive Committee - June 18, 2014
The Credentials Committee reviewed the following applicants on June 11, 2014
and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Karen Elaine Abernathy, M.D.	Active Provisional	Medicine
Sailaja Adari, M.D.	Active Provisional	Medicine
Michael Ugo Antonucci, M.D.	Active Provisional	Radiology
Michael Warren Boone, II, M.D.	Active Provisional	Medicine
Maribeth Hamrick Bosshardt, M.D.	Active Provisional	Medicine
Kathryn Harter Bridges, M.D.	Active Provisional	Anesthesiology
Patrick E. Britell, M.D.	Active Provisional	Anesthesiology
Jefferson Naylor Brownell, M.D.	Active Provisional	Pediatrics
David Glenn Clark, M.D.	Active Provisional	Neurosciences
Gregory A. Cote, M.D., M.S.	Active Provisional	Medicine
Meghan A. Cummins, M.D.	Active Provisional	Medicine
Jennifer D. Davidson, M.D.	Active Provisional	Ophthalmology
Luke Emmanuel Edmondson, M.D.	Active Provisional	Pediatrics
Ramin Eskandari, M.S., M.D.	Active Provisional	Neurosciences
Allen Bryant Flack, M.D.	Active Provisional	Pathology & Lab. Med.
Drew Alexander Freilich, M.D.	Active Provisional	Urology
Parker Mclean Gaddy, M.D.	Active Provisional	Anesthesiology
Robert Aldworth Glass, III, M.D.	Prov. Affiliate CFC - R&F	Medicine
Karen A. Hawley, M.D.	Active Provisional	Otolaryngology
Kimberly Lynne Hays, M.D., M.S.	Active Provisional	Pediatrics
Marc Heincelman, M.D.	Active Provisional	Medicine
Bryistol Henderson, M.D.	Active Provisional	Anesthesiology
Kristen Latrice Hood Watson, M.D.	Active Provisional	Family Medicine
Lanier Burns Jackson, M.D.	Active Provisional	Pediatrics
Brent Michael Jewett, M.D.	Active Provisional	Surgery
Anastasios Karnezis, M.D.	Active Provisional	Otolaryngology
Jacob A. Klapper, M.D.	Active Provisional	Surgery
Nabeel S. Koro, M.D.	Active Provisional	Medicine
Aaron Payne Leshner, M.D.	Active Provisional	Surgery
Joshua Henry Lipschutz, M.D.	Active Provisional	Medicine
Erek Majka, M.D.	Active Provisional	Family Medicine
Jennifer R. Matos, M.D.	Active Provisional	Anesthesiology
Andrew Eldred Morgan, M.D.	Active Provisional	Radiology
Ernest Etchegaray Murray, M.D., M.S.	Active Provisional	Medicine
Cecil H. Nelson, III, M.D.	Active Provisional	Obstetrics & Gynecology
Leah A. Owen, M.D., Ph.D.	Active Provisional	Ophthalmology
Rusha Patel, M.D.	Active Provisional	Otolaryngology
Anna Maya Powell, M.D.	Active Provisional	Obstetrics & Gynecology
Jenny McCallister Riley, M.D.	Active Provisional	Medicine
Rochelle Ringer, MD	Active Provisional	Surgery
Julie Camille Robinson, M.D.	Active Provisional	Pathology & Lab. Med.
Jean Marie Ruddy, M.D.	Active Provisional	Surgery
Gregory L. Sahlem, M.D.	Active Provisional	Psychiatry
Samuel Owens Schumann, III, M.D.	Active Provisional	Medicine
Jennifer Lea Seminerio-Diehl, M.D.	Active Provisional	Medicine
Jaimin Girishkumar Shah, M.D.	Active Provisional	Urology
Ashley Kittles Simonak, D.O., M.S.	Active Provisional	Radiology
Lashonda Watts Soma, M.D., M.S.	Active Provisional	Radiology

Medical Staff Initial Appointment and Privileges (cont.)

Shaum Sunder Sridharan, M.D., B.S.E.E.	Active Provisional	Otolaryngology
Seth Thomas Stalcup, M.D.	Active Provisional	Radiology
Karim Tazi, M.D.	Active Provisional	Medicine
Ricardo Yamada, M.D.	Active Provisional	Radiology

Medical Staff Reappointment and Clinical Privileges

Eric G. Aguero, M.D.	Active	Radiation Oncology
David J. Annibale, M.D.	Active	Pediatrics
Diana D. Antonovich, M.D.	Active	Dermatology
Sonia Bains, M.D.	Active	Medicine
Sujeev Bains, M.D.	Active	Medicine
Graham W. Beattie, M.D.	Active Provisional	Medicine
Ryan Butts, M.D.	Active	Pediatrics
John B. Cahill, Jr., M.D.	Active	Pediatrics
Angela R. Choi, M.D.	Active Provisional	Obstetrics & Gynecology
Lauren Leah Clanton, M.D.	Active	Medicine
Wesley Michael Cleaves, M.D.	Active Provisional	Radiology
Samuel Lewis Cooper, M.D.	Active Provisional	Radiation Oncology
Michael Lawrence Craig, M.D.	Active	Medicine
Richard Philip Day, Ph.D., M.D.	Active Provisional	Obstetrics & Gynecology
Mark Delegege, MD*	Affiliate	Medicine
Amar Ajit Desai, M.D.	Active Provisional	Medicine
Alison E. Dillon, M.D.	Active	Obstetrics & Gynecology
Fitzgerald Drummond, M.D.	Active	Medicine
Jonathan Robert Foote, M.D.	Active Provisional	Obstetrics & Gynecology
James B. Fox, M.D.	Active Provisional	Psychiatry
Betsy Joann Furukawa, M.D., B.S.	Active Provisional	Dermatology
Edward M. Gilbreth, M.D.	Affiliate CFC - R&F	Medicine
Christopher Gill Goodier, M.D.	Active	Obstetrics & Gynecology
David A. Gudis, M.D.	Active Provisional	Otolaryngology
George Joseph Guldán, III, M.D.	Active	Anesthesiology
Jeanne G. Hill, M.D.	Active	Radiology
Suzanne E. Kerns, M.B.B.S.	Active Provisional	Psychiatry
Soonho Kwon, M.D., M.S.	Active	Medicine
Paul R. Lambert, M.D.	Active	Otolaryngology
Alvin Lee Lewis, IV, M.D.	Active	Psychiatry
Richard M. Marcheli, M.D.	Active	Dermatology
Maria Gisele Matheus, M.D.	Active	Radiology
Darlene H. Moak, M.D.	Active	Psychiatry
Ryan H. Nobles, M.D.	Active Provisional	Anesthesiology
Sanjay Chintaman Patwardhan, M.D.	Active Provisional	Obstetrics & Gynecology
Kim J. Payne, M.D.	Affiliate	Anesthesiology
Marty S. Player, M.D., M.S.C.R	Active	Family Medicine
Jennifer Kinwa Poon, M.D.	Active	Pediatrics
Eric R. Powers, M.D.*	Active	Medicine
Susan Erin Presnell, M.D.	Active	Pathology & Lab. Med.
Charles Medlock Proctor, M.D.	Active Provisional	Ophthalmology
Amanda T. Redding, M.D.	Active	Anesthesiology
Katherine Renne, D.M.D.	Active	Oral & Max. Surgery
Steven H. Saef, M.D., M.S.C.R	Active	Medicine
Carol A. Sherman, M.D., B.A.	Active	Medicine
Zachary Michael Soler, M.D., M.Sc.	Active	Otolaryngology

Medical Staff Reappointment and Clinical Privileges (cont.)

Maria Vittoria Spampinato, M.D.	Active	Radiology
Andrew A Stec, M.D.	Active	Urology
Scott A. Sullivan, M.D., M.S.C.R.	Active	Obstetrics & Gynecology
Pal Suranyi, M.D., Ph.D.	Active	Radiology
Steven E. Swift, M.D.	Active	Obstetrics & Gynecology
Nichole T. Tanner, M.D., M.S.C.R	Active	Medicine
George J. Taylor, IV, M.D.	Active	Medicine
Frederick W. Tecklenburg, M.D.	Active	Pediatrics
James C. Thomas, M.D.	Active	Medicine
Lee Marie Tormos, M.D.	Active	Pathology & Lab. Med.
Elizabeth M. Wallis, M.D., M.S.	Active Provisional	Pediatrics
Thomas Whitley Uhde, M.D.	Active	Psychiatry
Ira R. Willner, M.D.	Active	Medicine
Tamara E. Wolfman, M.D.	Active	Medicine

Medical Staff Reappointment and Change in Clinical Privileges

Julio A. Chalela, M.D.	Active	Neurosciences	Add Telemedicine
Jarom E. Hanson, M.D., B.S.	Active Provisional	Neurosciences	Add Telemedicine
Kelly Anne Holes-Lewis, M.D.	Active	Psychiatry	Add Telemedicine
Paul B. Pritchard, III, M.D.	Active	Neurosciences	Add Telemedicine & Special Procedures

Medical Staff Change in Privileges

Charles M Andrews, M.D.	Active	Medicine	Add Neurocritical Care Core P&P
Leonardo F.G. Bonilha, M.D.,Ph.D.	Active	Neurosciences	Add Telemedicine
Puja Sukhwani Elias, M.D., M.D.,M.P.H.	Active	Medicine	Add Endo US
John Heyl Gibson, M.D.	Active Provisional	Neurosciences	Add Telemedicine
Samir Rameshchandra Karia, M.D.	Active	Neurosciences	Add Telemedicine
Ekrem Kutluay, M.D.	Active	Neurosciences	Add Telemedicine
Amanda Blair Price, M.D.	Active	Pediatrics	Add Peds EM P&P
Christina Vaughan, M.D., M.H.S.	Active	Neurosciences	Add Telemedicine
David J. Walsh, M.D.	Active	Neurosciences	Add Telemedicine

Professional Staff Initial Appointment and Privileges

Christopher Amoroso, C.R.N.A.	Provisional Allied Health	Anesthesiology
Keara Cox, C.R.N.A.	Provisional Allied Health	Anesthesiology
Alicia Gaddy, N.N.P., M.S.N.	Provisional Allied Health	Pediatrics
Mary Reames Rinehart, F.N.P.	Provisional Allied Health	Otolaryngology

Professional Staff Reappointment and Privileges

Margaret N. Conway-Orgel, N.N.P., MSN	Allied Health	Pediatrics
Stephanie E. Horecky, N.N.P.	Allied Health	Pediatrics
Stephanie Anne James, M.S.N., A.P.R.N.	Provisional Allied Health	Neurosciences
Ashley B. Klumb, N.N.P.	Allied Health	Pediatrics
Debra A. Lambert, N.N.P.	Allied Health	Pediatrics
Viktoriya Magid, Ph.D.	Allied Health	Psychiatry
Frances Suzanne Pach, F.N.P., M.S.	Allied Health	Neurosciences
Karen Micaela Perlmutter, M.S.W.	Allied Health	Psychiatry
Linda A. Thomas, M.S.W.	Allied Health	Psychiatry
Kimberly Croxton Wright, P.N.P.	Allied Health	Neurosciences

Professional Staff Change in Privileges

Kara Elizabeth Breznak, P.A.C., M.S.	Provisional Allied Health	Surgery	Change in Depts /Sup Physician
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*Not board certified

Medical Executive Committee Presiding: Dr. Boyd Gillespie Date: April 16, 2014 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 Adjournment: 8:33 am		Members present: Dr. Gillespie, Dr. Hoffman, Dr. Habib, Dr. Basco, Dr. Boylan, Dr. Carroll, Dr. Cawley, Dr. Clyburn, Dr. Connelly, Dr. Easterling, Dr. Elliott, Dr. Floroff, Dr. Gray, Dr. Handel, Lauren Kuckewich, Dr. Lewis, Dr. Pellegrini, Steve Rublee, Dr. Ryan, Dr. Sachs, Dr. Salgado, Sheila Scarbrough, Dr. Schaffner, Dr. Streck, Matt Wain, Dr. Warren, Dr. Wray, Carol Younker Members excused: Dr. Baliga, Dr. Bundy, Dr. Clarke, Dr. Cole, Dr. Costello, Dr. Deas, Terri Ellis, Dr. Feussner, Dr. Harvey, Dr. Jauch, Ms. Kindy, Dr. Lambert, David McLean, Dr. Pisano, Dr. Powers, Chris Rees, Dr. Reeves, Dr. Rocky, Dr. Thiers, Dr. Yoe, Dr. Zwerner Guests: Dr. Kristin Wise, Ms. Melissa Fornash, Lauren Kuckewich		
Agenda/Topic	Debate & Discussion		Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	N/A			
Wins	Agenda item was skipped.			
Review of Minutes	The April 16, 2014, MEC meeting minutes were reviewed and approved.		Approved	
Credentials Committee	Dr. Gray reported on the following: Medical Staff Initial Appointment and Privileges: 2 Medical Staff Reappointment and Clinical Privileges: 33 Medical Staff Reappointment and Change in Privileges: 2 Medical Staff Change in Privileges: 2 Professional Staff Initial Appointment and Privileges: 3 Professional Staff Reappointment and Privileges: 7 Professional Staff Changes in Privileges: 0		MEC recommends the appointments, reappointments, and delineation of clinical privileges for Board of Trustees approval.	
GME Report	Dr. Ben Clyburn reported that the Clinical Learning Environment Review (CLER) visit is scheduled for April 29 – May 1. The CLER was put in place by the ACGME. CLER is one of the building blocks of the next accreditation system and is similar to Joint Commission accreditation. Every program has a ten (10) year self-study and site visits take place every eighteen (18) months and focus on the engagement of residents in following areas: patient safety and quality improvement; identifying opportunities for reducing health disparities; enhancing practice for care transitions; promoting appropriate resident supervision; duty hour oversight and fatigue management; and enhancing professionalism in the learning environment and reporting to the ACGME. Dr. Clyburn shared the five key questions asked at each site visit. Dr. Clyburn reviewed the site visit schedule which showed the three phases of visit which include foundational learning, exploration and inquiry and review, clarity and feedback.		Accepted as Information	
Hospital Update	Dr. Pat Cawley reported on 2014 goals progress. <ul style="list-style-type: none"> Service-Ideal Patient Service-achieve a weighted composite score of 3.0, YTD results = 1.9 (red) <ul style="list-style-type: none"> HCAHPS-Adult Inpatient- 7/11 composites $\geq 75^{\text{th}}$ percentile; YTD result = 6/11 (yellow). CG-CAHPS – Adult Outpatient Clinics – 3 of 6 composites at or above 75^{th} percentile; YTD result is 2 (yellow). Avatar – Adult Outpatient / Ancillary – Goal is overall mean score of 93.87; YTD result is 91.67% (yellow). Pediatric I/P – Goal is to rank 85^{th} percentile, YTD result is 78th percentile (red). Peds Outpatient & After Hours Care – Goal is 75th percentile, YTD result is 52nd percentile (red). Peds ED – Goal is 75th percentile, YTD result is 88th percentile (green). 		Accepted as Information	

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	<ul style="list-style-type: none"> • People <ul style="list-style-type: none"> – Increase Employee Commitment Score by .05. Results = increase of .12 (green). – Increase Physician Commitment Score by .05. Results – increase of .12 (green). • Quality <ul style="list-style-type: none"> – Ideal Care – Goal is to achieve a weighted composite score of 3.0; YTD result is 2.1 (red) which includes the following components: <ul style="list-style-type: none"> ▫ Mortality Rank Goal is Top 25 UHC, YTD result is 46 (yellow). ▫ Readmissions Goal is reduce % of 30-day readmissions by 3%, YTD result is 0.1 (yellow). ▫ CLABSI Goal is ≤ 43 Infections Annually; YTD result is 66 (red). ▫ CAUTI Goal is ≤ 7.3 Infections per 1000 Foley days; YTD result is 8 (yellow) ▫ Vent Goal is 3% Reduction in Vent Days, YTD result is -17.2.(Red) ▫ Core Measures Goal is 96.5% received appropriate care; YTD result is 97.6% (Green) ▫ Culture of Safety Goal is 62% positive responses on perception of safety; YTD result is 62. (Green) ▫ Meaningful Use Goal is 95% compliance; YTD result is 95 (Green). – House wide Hand Hygiene Compliance Goal is Achieve average compliance of 90%; current result is 90%; • Finance - Achieve cost per adjusted discharge of \$8,575; YTD result is \$9,352 (red). Achieve an operating margin of 3% at FY year end; YTD result is 5.79%; (Green). • Growth <ul style="list-style-type: none"> – Achieve 0.5% growth in inpatient discharges; YTD result is 1.0% (green). – Achieve 3% growth in new patient visits (includes hospital based outreach and CFC); YTD result is 5.9% (green). 		
CAUTI Update	Dr. Scheurer gave the CAUTI update. For FY14 YTD we are currently in the red at 7.8 which is way above benchmark. Good news is that in July we were at 10 and in February it was down to 4. Dr. Scheurer commented that while CAUTI seems to be going down, we continue to have fluctuations, so not sure if this is hardwired yet. From a medical staff perspective, when you drill down the indications for Foley's are strict "I's and O's." Dr. Scheurer commented that they have knocked down all the nursing barriers of CAUTI and asked that the communication to your areas that from a medical staff perspective if a patient really needs strict "I's and O's," then it is indication for a Foley catheter but it must be assessed daily.	Accepted as Information	
EAU Utilization	Dr. Kristin Wise gave an update on Express Admissions Unit (EAU) Utilization. The EAU is an eight-bed unit that opened in January 2014 that previously housed the Joint Replacement. Purpose for opening the EAU was to increase organizational patient flow; increase of availability of inpatient beds for ED, PACU, direct admissions and outside transfers; initiate diagnostic testing and inpatient nursing documentation and to improve patient and staff satisfaction. Dr. Wise reported that since opening, the EAU has had over 320 patients which is an average of eight patients per day. Average length of stay was approximately 305 minutes (about 5 hour stay). About 65% of the patients come from 1 West and the next largest patient population is from the clinics and then patients coming from home. The largest admitting service is GIM which includes the hospitalists and this makes up for 55% of the patients that are admitting to the EAU. Dr. Wise reported on the impact the EAU has on EP3 deployment; patients who boarded in the ED >10 hours and the percent of ED patients who left without treatment and also the staff perceptions of admission process. Dr. Wise commented that since the opening of EAU, the EP3 has only been employed one time. Prior to the opening of the EAU, EP3 had been deployed six times. Dr. Wise shared data on the impact of the EAU compared to total boarder hours and patients who left without treatment. Dr. Wise stated that Dr. Chris Carr and others are continuing to	Accepted as Information	

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Epic Training Update / Countdown to Go Live	look at the impact of the EAU with boarder hours. Dr. Wise will submit a monthly report for the MEC consent agenda.	Accepted as Information	
SHEA Recommendation	<p>Dr. Warren and Melissa Forinash gave an update on the Epic training requirements. Dr. Warren reported that one critical concern shared with clinical chairs is the importance of ongoing communication with physician leadership. Dr. Warren commented that now there is a push for a weekly communication to physician leadership which Melissa Forinash is heading up. Ms. Forinash is the day-to-day operational leader for the Epic program. Ms. Forinash reported on the major milestones that will be happening between now and go live. Big emphasis right now is on training. There are roughly 8,000 individuals who need to be trained by June 30. Ms. Forinash also reported that they are looking for additional on-campus training space to better accommodate the physicians' schedules since initially most of physician training was scheduled for the Lowcountry Grad Center in the North Charleston. Ms. Forinash went over the upcoming critical dates/deadlines leading up to the Epic Go-Live date of July 1. Dr. Rocky asked if we had any flexibility with the 8 hour training requirement. Dr. Warren stated that the eight-hour training is required by Epic and we have no flexibility. Dr. Rocky asked that we communicate this information so everyone understands that this is Epic's requirement, MUSC.</p> <p>Dr. Cassie Salgado gave a presentation on Healthcare Personnel (HCP) attire. Dr. Salgado commented that HCP has been a hot topic and has long been associated with symbolism and professionalism. Dr. Salgado reported on the awareness of the potential role of fomites in the hospital environment and the potential transfer of organisms and the increase of healthcare acquired infections for patients associated with HCP attire. The Society for Healthcare Epidemiology of America (SHEA), with support from the CDC, formed a committee that came with guidelines on HCP attire. Dr. Salgado reviewed the summary guidelines that should be followed and pointed out key elements that we should focus on in helping to prevent HAIs as is relates to HCP attire.</p>	Accepted as Information	
Policies (Consent)	<p>Policies reviewed:</p> <ul style="list-style-type: none"> C-13 Resuscitation Orders C-23 Withholding/Withdrawing Life-Sustaining Treatment C-082 Formulary System C-159 Continuous Infusion 	Approved	
Data reports (Consent)	<p>Data reports reviewed:</p> <ul style="list-style-type: none"> - Admit Transfer Center - Bed Capacity Summary - % of Admit Orders <p>- Quality of H&P by Department</p> <p>- Hand Hygiene</p>	Approved	
Service Reports (Consent)	<p>Service reports reviewed:</p> <ul style="list-style-type: none"> - Daily Admissions - Discharge Summary <p>- Discharge Detail</p>	Approved	
Subcommittee Minutes Review (Consent)	<p>Subcommittee minutes reviewed:</p> <ul style="list-style-type: none"> - Bed Flow – March 2014 - Blood Utilization Review – January 2014 - Clinical Lab Advisory – March 2014 - Credentials – April 2014 - Critical Care Quality – November 2013 - Emergency Management – March 2014 - Ethics – January, February, March 2014 <p>- Infection Control – March 2014</p> <p>- OR Exec. – January, February, March 2014</p> <p>- Peer Review – March 2014</p> <p>- Perinatal Quality – March 2014</p> <p>- Pharmacy & Therapeutics–Feb., March 2014</p> <p>- Quality & Patient Safety Oversight – February, March 2014</p>	Approved	

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Standing Orders (Consent)	<ul style="list-style-type: none"> - Graduate Medical Education – March 2014 - Health Information Mgmt – March 2014 - Adolescent Med Standing Orders - Adolescent Med Standing Orders – B - Peds Cardiology Standing Orders - Peds Endo Standing Orders - Peds Endocrine Standing Orders - Peds GI Standing Orders - Peds Hemonc Standing Orders - Peds Nephrology Standing Orders - Peds Primary Care Immunizations Standing Orders 	<ul style="list-style-type: none"> - Quality Operations – March, April 2014 - Peds Primary Care Standing Orders - Peds Pulmonary Standing Orders - Peds Pulmonary Standing Order - Peds Pulmonary 2 Standing Orders - Peds Rheumatology Standing Orders - Peds Sickle Cell Standing Orders - Peds Surgery Standing Orders - Peds Urology Standing Orders 	Approved	
Adjournment 8:32 am	The next meeting of the Medical Executive Committee will be Wednesday, May 21, 2014 at 7:30am in 628CSB.			


 David Habib, MD, Secretary of the Medical Staff

Medical Executive Committee Presiding: Dr. Boyd Gillespie Date: May 21, 2014 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 Adjournment: 8:30 am		Members present: Dr. Gillespie, Dr. Hoffman, Dr. Habib, Dr. Basco, Dr. Boylan, Dr. Carroll, Dr. Cawley, Dr. Easterling, Dr. Elliott, Dr. Gray, Dr. Habib, Dr. Handel, Dr. Harvey, Dr. Jauch, Lisa Kindy, Dr. Lewis, David McLean, Dr. Pisano, Chris Rees, Dr. Rockey, Dr. Sachs, Dr. Salgado, Dr. Schaffner, Dr. Steed, Dr. Streck, Dr. Thiers, Dr. Warren, Dr. Wray, Carol Younker, Dr. Zwerner Members excused: Sarah Bacik, Dr. Baliga, Dr. Clarke, Dr. Clyburn, Cole, Dr. Costello, Dr. Deas, Annette Drachman, Terri Ellis, Dr. Fakhry, Dr. Feussner, Dr. Horst, Dr. Lambert, Dr. Pellegrini, Dr. Powers, Dr. Reeves, Steve Rublee, Dr. Ryan, Sheila Scarbrough, Dr. Scheurer, Dr. Uhde, Steve Valerio, Matt Wain, Dr. Yoe, Guests: Dr. Chris Carr, Melissa Forinash, Lauren Kuckewich, Lee Schuitema, Meredith Sigler		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who	
Executive Session	No events to report.			
Wins	The win for the May meeting was there were no events to report!	Accepted as information.		
Review of Minutes	The April 16, 2014, MEC meeting minutes were reviewed and approved.	Approved		
Credentials Committee	Dr. Gray reported on the following: Medical Staff Initial Appointment and Privileges: 4 Medical Staff Reappointment and Clinical Privileges: 51 Medical Staff Reappointment and Change in Privileges: 7 Medical Staff Change in Privileges: 2 Professional Staff Initial Appointment and Privileges: 4 Professional Staff Reappointment and Privileges: 9 Professional Staff Changes in Privileges: 1	MEC recommends the appointments, reappointments, and delineation of clinical privileges for Board of Trustees approval.		
GME Report	Dr. Clyburn was not able to attend this meeting; therefore, no report given.	Accepted as information		
Hospital Report	Dr. Pat Cawley reported on 2014 goals progress. • Service—Ideal Patient Service—achieve a weighted composite score of 3.0, YTD results = 1.9 (red) – HCAHPS—Adult Inpatient- 7/11 composites ≥75 th percentile; YTD result = 6/11 (yellow). – CG-CAHPS – Adult Outpatient Clinics - 3 of 6 composites at or above 75 th percentile; YTD result is 2 (yellow). – Avatar – Adult Outpatient / Ancillary – Goal is overall mean score of 93.87; YTD result is 91.67% (yellow). – Pediatric I/P – Goal is to rank 85 th percentile, YTD result is 78 th percentile (red). – Peds O/P & AHC – Goal is 75 th percentile, YTD result is 52 nd percentile (red). – Peds ED – Goal is 75 th percentile, YTD result is 88 th percentile (green). • People	Accepted as Information		

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	<ul style="list-style-type: none"> - Increase Employee Commitment Score by .05. Results = increase of .12 (green). - Increase Physician Commitment Score by .05. Results = increase of .12 (green). • Quality <ul style="list-style-type: none"> - Ideal Care – Goal is to achieve a weighted composite score of 3.0; YTD result is 2.1 (red) which includes the following components: <ul style="list-style-type: none"> ◦ Mortality Rank Goal is Top 25 UHC, YTD result is 46 (yellow). ◦ Readmissions Goal is reduce % of 30-day readmissions by 3%, YTD result is 0.1 (yellow). ◦ CLABSI Goal is ≤43 Infections Annually; YTD result is 66 (red). ◦ CAUTI Goal is ≤7.3 Infections per 1000 Foley days; YTD result is 8 (yellow) ◦ Vent Goal is 3% Reduction in Vent Days, YTD result is 16.2.(Red) ◦ Core Measures Goal is 96.5% received appropriate care; YTD result is 97.6% (Green) ◦ Culture of Safety Goal is 62% positive responses on perception of safety; YTD result is 62. (Green) ◦ Meaningful Use Goal is 95% compliance; YTD result is 95 (Green). - House wide Hand Hygiene Compliance Goal is Achieve average compliance of 90%; current result is 90%; • Finance - Achieve cost per adjusted discharge of \$8,575; YTD result is \$9,352 (red). Achieve an operating margin of 3% at FY year end; YTD result is 5.79%; (Green). • Growth <ul style="list-style-type: none"> - Achieve 0.5% growth in inpatient discharges; YTD result is 1.0% (green). - Achieve 3% growth in new patient visits (includes hospital based outreach and CFC), YTD result is 5.9% (green). 		
Hand Hygiene Report	Dr. Salgado presented the hand hygiene compliance report. House wide hand hygiene compliance for the period of March 2012 through February 2014 is 86.8%. Service line compliance rates range from eighty percent to one hundred percent; occupational compliance rates range from eighty-six percent to one hundred percent.	Accepted as Information	
Epic Training Update / Countdown to Go Live		Accepted as Information	
Post Procedure Algorithm		Approved	
Policies (Consent)	Policies reviewed: <ul style="list-style-type: none"> - Medical Center Policy C-044 Moderate Sedation for Non-Anesthesiologists - Medical Center Policy C-057 Medical Record Retention, Storage and Destruction 	Approved	
Data reports (Consent)	Data reports reviewed: <ul style="list-style-type: none"> - Admit Transfer Center - Hand Hygiene - Bed Capacity Summary - % of Admit Orders within 2 hours of Admit 	Approved	

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	<ul style="list-style-type: none"> - EAU Utilization - % of Admit Orders 	<ul style="list-style-type: none"> - Request - Quality of H&P by Department - Hand Hygiene 	
Service Reports (Consent)	<ul style="list-style-type: none"> - Service reports reviewed: - Daily Admissions 	<ul style="list-style-type: none"> - Discharge Summary 	Approved
Subcommittee Minutes Review (Consent)	Subcommittee minutes reviewed: <ul style="list-style-type: none"> - Bed Flow – April 2014 - Blood Utilization Review – May 2014 - Clinical Doc Improve – April 2014 - Clinical Lab Advisory – April 2014 - Credentials – May 2014 - Emergency Management – April 2014 - Ethics – April 2014 	<ul style="list-style-type: none"> - Graduate Medical Education – April 2014 - Health Information Mgmt – April 2014 - Infection Control – April 2014 - Organ & Tissue Donation – May 2014 - Pharmacy & Therapeutics – April 2014 - Quality & Patient Safety Oversight – April 2014 - Quality Operations – April & May 2014 	Approved
Standing Orders (Consent)	<ul style="list-style-type: none"> - After Hours Care Program Clinic - Benign Hematology Clinic - Cardiovascular Clinic (2 total) - Dermatology/Derm Surgery Clinic (2 total) - Endocrinology Clinic (3 total) - ENT & Sinus Center Clinic (7 total) - Family Medicine Clinic (20 total) - Infectious Disease Clinic (3 total) - Joint Replacement Clinic - Maxillofacial Clinic - Nephrology and Renal Clinic (2 total) 	<ul style="list-style-type: none"> - Neurology Clinic (2 total) - Neurosurgery/Spine Clinic - Neurology-Neurosurgery-Pain Mgmt. Clinic - Orthopedic (Adult) Clinic (5 total) - Pulmonary Clinic - Rheumatology Clinic - Storm Eye Clinic (3 total) - Transplant (Adult) Clinic (2 total) - University Internal Medicine Clinic (17 total) - Urology Clinic (7 total) - Women's Health (4 total) 	Approved
Adjournment 8:30 am	The next meeting of the Medical Executive Committee will be Wednesday, June 18, 2014, at 7:30am in 628CSB.		



David Habib, MD, Secretary of the Medical Staff

Medical Executive Committee Presiding: Dr. Boyd Gillespie Date: June 18, 2014 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 Adjournment: 8:30 am		Members present: Dr. Gillespie, Dr. Hoffman, Dr. Habib, Dr. Basco, Dr. Cawley, Dr. Clyburn, Dr. Easterling, Dr. Elliott, Dr. Feussner, Dr. Harvey, Dr. Jauch, Lisa Kindy, David McLean, Dr. Richardson, Dr. Rocky, Dr. Rublee, Dr. Ryan, Dr. Sachs, Dr. Scheurer, Dr. Streck, Dr. Thiers, Dr. Warren, Dr. Wray, Carol Younker, Dr. Zwerner Members excused: Sarah Bacik, Dr. Baliga, Dr. Boylan, Dr. Carroll, Dr. Clarke, Dr. Costello, Dr. Deas, Annette Drachman, Terri Ellis, Dr. Fakhry, Dr. Horst, Dr. Lambert, Dr. Lewis, Dr. Pellegrini, Dr. Pisano, Dr. Powers, Chris Rees, Dr. Reeves, Dr. Salgado, Dr. Schaffner, Dr. Steed, Dr. Uhde, Steve Valerio, Matt Wain, Dr. Yoe, Dr. Zwerner Guests: Melissa Forinash, Dr. Kratz, Lauren Kuckewich, Carmelina Staino	
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations / Follow-Up / What/When/Who
Executive Session	N/A	N/A	
Wins	Agenda item skipped.	Accepted as information	
Review of Minutes	The May 21, 2014, MEC meeting minutes were reviewed and approved.	Approved	
Credentials Committee	Dr. Kratz (on behalf of Dr. Gray) reported on the following: Medical Staff Initial Appointment and Privileges: 52 Medical Staff Reappointment and Clinical Privileges: 60 Medical Staff Reappointment and Change in Privileges: 4 Medical Staff Change in Privileges: 9 Professional Staff Initial Appointment and Privileges: 4 Professional Staff Reappointment and Privileges: 10 Professional Staff Changes in Privileges: 1	MEC recommends the appointments, reappointments, and delineation of clinical privileges for Board of Trustees approval.	
GME Report	Dr. Clyburn reported on GME. Dr. Clyburn reported that we have 137 PG-1s to go through orientation next week and 87 PG-2s and up on July 2. Dr. Clyburn commented that orientation is a big undertaking with the all the required training. Dr. Clyburn also gave an update on a recently released ten-year analysis where GME has gone nationally. The report indicated that growth in new GME slots is fairly flat over the past ten years, with an increase of only 13% in the number of slots over the past ten years. Dr. Clyburn commented that in South Carolina we don't have enough slots for our in-state graduates and were are looking at possibly making further cuts.	Accepted as information	

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

Hospital Report	<p>Dr. Pat Cawley reported on 2014 goals progress.</p> <ul style="list-style-type: none"> • Service-Ideal Patient Service-achieve a weighted composite score of 3.0, YTD results = 1.9 (red) <ul style="list-style-type: none"> – HCAHPS-Adult Inpatient- 7/11 composites $\geq 75^{\text{th}}$ percentile; YTD result = 6/11 (yellow). – CG-CAHPS – Adult Outpatient Clinics - 3 of 6 composites at or above 75th percentile; YTD result is 2 (red). – Avatar – Adult Outpatient / Ancillary – Goal is overall mean score of 93.87; YTD result is 91.68% (yellow). – Pediatric I/P – Goal is to rank 85th percentile, YTD result is 81st percentile (yellow). – Peds O/P & AHC – Goal is 75th percentile, YTD result is 51st percentile (red). – Peds ED – Goal is 75th percentile, YTD result is 83rd percentile (yellow). • People <ul style="list-style-type: none"> – Increase Employee Commitment Score by .05. Results = increase of .12 (green). – Increase Physician Commitment Score by .05. Results – increase of .12 (green). • Quality <ul style="list-style-type: none"> – Ideal Care – Goal is to achieve a weighted composite score of 3.0; YTD result is 2.1 (red) which includes the following components: <ul style="list-style-type: none"> ▫ Mortality Rank Goal is Top 25 UHC, YTD result is 55 (red). ▫ Readmissions Goal is reduce % of 30-day readmissions by 3%, YTD result is 0.0 (red). ▫ CLABSI Goal is ≤ 43 Infections Annually; YTD result is 59 (red). ▫ CAUTI Goal is ≤ 7.3 Infections per 1000 Foley days; YTD result is 7.6 (yellow) ▫ Vent Goal is 3% Reduction in Vent Days, YTD result is 33 (Green) ▫ Core Measures Goal is 96.5% received appropriate care; YTD result is 98.4% (Green) ▫ Culture of Safety Goal is 62% positive responses on perception of safety; YTD result is 63.4. (Green) 	Accepted as Information
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	<ul style="list-style-type: none"> ▫ Meaningful Use Goal is 95% compliance; YTD result is 95 (Green). – House wide Hand Hygiene Compliance Goal is Achieve average compliance of 90%; current result is 87% (yellow); • Finance - Achieve cost per adjusted discharge of \$8,575; YTD result is \$9,374 (red). Achieve an operating margin of 3% at FY year end; YTD result is 5.79%; (Green). • Growth <ul style="list-style-type: none"> – Achieve 0.5% growth in inpatient discharges; YTD result is 1.0% (green). – Achieve 3% growth in new patient visits (includes hospital based outreach and CFC), YTD result is 3.01% (green). 		
CAUTI Report	Dr. Scheurer gave the CAUTI report. Dr. Scheurer reported that the April CAUTI rate is at 7.6 and house-wide ICU rate is also at 7.6 with ten infections. Dr. Scheurer reported that the official report for May is not available yet, but we saw improvement in May with only three infections. Dr. Scheurer reviewed ongoing efforts to reduce CAUTI rates include: bladder scanners in all ICU and non-ICU areas strictly for foley removal protocol; ED and OR efforts of no catheter insertions or removals in the PACU; Epic decision support; nursing efforts with pericare standardization and daily foley reports.	Accepted as Information	
Epic Cutover	Melissa Forinash gave an update on the Epic cutover. Ms. Forinash reported that there are still no issues at this time that would prevent the July 1 go-live. Areas of focus for MDs include: completion of training; personalization labs; log-in labs and mobile applications available.	Accepted as Information	
Maintenance of Certification	Dr. Scheurer gave an update on the Maintenance of Certification (MOC) program. Dr. Scheurer reported that most physician boards require QI as a part of MOC but don't know how to meaningfully evaluate QI efforts. MUSC partnered with the ABMS to allow MUSC to submit MOC credit on behalf of physicians who engage in QI efforts approved through MUSC. Dr. Scheurer reviewed the benefits and shared the number of approved QI efforts and the number of MOC physician credits received.	Accepted as Information	
Heart Transplant Update	Dr. Scheurer reported that the UNOS recently came on site and we are waiting on their official report. An update will be given at the July MEC meeting if more information is available.	Accepted as Information	

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Policies (Consent)	Policies reviewed: - Medical Center Policy C-045 Patient Abduction - Medical Center Policy C-116 Patient Assessment and Documentation - Appropriate Use of Scribes and Electronic Medical Record Documentation	Approved	
Data Reports (Consent)	Data reports reviewed: - Admit Transfer Center - Bed Capacity Summary - EAU Utilization - Hand Hygiene - % of Admit Orders with 2 hrs of Admit Request - Quality of H & P by Department	Approved	
Service Reports (Consent)	Service reports reviewed: - Daily Admissions - Discharge Summary	Approved	
Subcommittee Minutes (Consent)	Subcommittee minutes reviewed: - Blood Usage & Tissue Review – May 2014 - Clinical Doc Improve – May 2014 - Clinical Lab Advisory – May 2014 - Credentials – June 2014 - Emergency Management - May 2014 - Ethics – May 2014 - Graduate Medical Education – May 2014 - Health Information Management – May 2014 - Infection Control – May 2014 - OR Executive – May 2014 - Pharmacy & Therapeutics – May 2014 - Quality & Patient Safety Oversight – May 2014 - Quality Operations – May 2014 - RT 5 Pulmonary Clinic (3 total)	Approved	
Standing Orders (Consent)	- RT 5 Urology Clinic	Approved	
Adjournment 8:30 am	The next meeting of the Medical Executive Committee will be Wednesday, July 16, 2014, 2014 at 7:30am in 628CSB.		



David Habib, MD, Secretary of the Medical Staff

AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL

AUTHORITY SINCE THE MAY 2014 MEETING OF THE BOARD OF TRUSTEES

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

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

Advicare
Wellcare
Medcost
LifeTrac
Molina Healthcare
Cigna Healthcare

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 –

Emory University
East Carolina University
Grand Canyon University

Shared Services Agreements –



MUSC Medical Center

Policy Manual

Section	No	Title		
		Comprehensive Utilization Management (UM) Monitoring Plan		
Owner:		<u>Case Management and Care Transitions Department</u>		
Location/File:				
Date Originated:	Reviewed:	Revised:	Legal Review:	
3/29/11				

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Definitions:

Extended stay: cases exceeding the outlier threshold for diagnosis (200% of DRG LOS); cases associated with extraordinarily high costs, as described in 42CFR 412.80.

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Quality Improvement Organization (QIO): monitors the appropriateness, effectiveness, and quality of care provided to Medicare beneficiaries; private contractor extensions of the federal government that work under the auspices of the U.S. Centers for Medicare and Medicaid Services (CMS).

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InterQual: evidence-based clinical decision support criteria; comprises criteria listing severity of illness/intensity of service criteria and tools to establish appropriateness of admissions and level of service.

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Policy: Utilization Management is an organization-wide, systematic process across all acute care facilities to ensure the necessity, appropriateness, and efficiency of health care services on behalf of our patients, families, physicians, health care providers, payers, and community resources.

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The Utilization Management (UM) Plan of the Medical University Hospital Authority (MUHA) has been approved by and is provided oversight by representatives of the Medical Staff via the Utilization Review Committee and has also been approved by representation of the Executive Leadership of the Medical University Hospital Authority. The UM Plan shall be approved by the Medical Executive Committee (MEC) of the Medical University Hospital Authority.

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Procedure:

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A. PURPOSE

The UM Plan will delineate the responsibility and authority of those involved in the performance of all utilization review activities. The UM plan is also developed to ensure compliance with various federal, state and voluntary regulatory and licensing agencies (specifically, 42 CFR 482.30, the federally appointed quality improvement organization (QIO), and The Joint Commission). The UM Plan is subject to annual review and appropriate revision.

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B. STRUCTURE OF UTILIZATION REVIEW COMMITTEE

The Utilization Review Committee (referred to as “the Committee” in this document) is a standing committee of the Medical University Hospital Authority (MUHA) as established in accordance with organizational bylaws. The Utilization Review Committee is composed of at least 2 members of the MUSC Medical Staff (doctors of medicine or osteopathy) as well as other professional personnel. Terms of appointment may be rotated among Medical Staff members. While under a valid contract, a physician representative of Executive Health Resources (E.H.R.) will be an ad hoc member of the Committee, acting as a Physician Advisor designee.

All decisions made by the Committee and its representatives will be based on standards for severity of illness, intensity of service, anticipated length of stay, quality of care, and discharge screening adopted by the appropriate department of the organization and approved by the federally appointed quality improvement organization (QIO). No member of the Committee may participate in the review of a patient case in which he/she is or was professionally involved by either directly or indirectly providing care. No member of the Committee may have a financial interest in the hospital.

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C. RESPONSIBILITIES OF HOSPITAL LEADERSHIP

The governing body of the Medical University Hospital Authority (MUHA) has authorized the UR committee to act on behalf of the organization regarding utilization review issues. Hospital leadership will provide meeting space for the Committee and act as liaison with all departments. Leadership will be responsible for notifying the Committee members of all meetings and for providing access to medical records for admission or continued stay review (CSR). Leadership will be responsible for considering and acting upon decisions and recommendations made by the Committee with respect to hospital policy and staffing.

The Utilization Review Committee shall meet at least quarterly or at the call of the Chairperson. It shall maintain a record of its findings, proceedings and actions, and shall report to the Medical Executive Committee (MEC) and Executive Leadership on an annual basis or as requested.

The Utilization Review Committee's records will be maintained by the Case Management and Care Transitions Department in conjunction with the office of the Chief Medical Officer (CMO). All reports, records and dates of the Utilization Review Committee meetings will be maintained to assure confidentiality and to comply with all applicable regulations and requirements.

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D. GENERAL REVIEW METHODS

All patients may be subject to review without regard to payment source to determine medical necessity and appropriateness of an acute inpatient admission, the necessity of an acute inpatient continued stay, appropriateness of variations in care, quality of care concerns, and to assure early discharge planning. This review is to include a representative sampling of indigent care and other self pay patients as well as privately insured patients, which are contracted with Medical University Hospital Authority (MUHA) facilities. As is required, concurrent review including admission screening for fee-for-service Medicare and Medicaid patients will be performed by the Case Management and Care Transitions Department staff and physician advisors, as needed, as designated by the Committee. The Committee will assure that the approved/current Center for Medicare and Medicaid (CMS) services, managed care and third party insurance procedures and regulations are used in the performance of UR activities.

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The Chief Medical Officer or his/her designee or any physician member of the Committee can act as a Physician Advisor (PA) to assist non-physician reviewers designated by the Case Management and Care Transitions Department to conduct review activities.

The Nurse Case Manager of the Case Management and Care Transitions Department is appointed by the Committee to conduct review activities including admission, level of care screening, continued stay, and retrospective screening. The Nurse Case Manager will adhere to the guidance provided in FY 2014 Hospital IPPS Final Rule CMS-1599-F, McKesson InterQual® Criteria will be used as a screening tool for medical necessity.

Deleted: 'Severity of Illness/Intensity of Service' criteria or other appropriate screening criteria as mandated by various external state and federal organizations, regulatory bodies, the Utilization Review Committee, or other appropriate Medical University Hospital Authority (MUHA) departments. Concurrent (including Inpatient Admission and Continued Stay reviews) and Retrospective methods will be used in the review process by the Utilization Review Specialist.

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- 1. Prospective/Precertification Review.** All non-emergency patients referred for admission may be screened for payer source and authorization requirements including those patients admitted for procedures requiring pre-certification. When appropriate, precertification will be obtained. All Third Party payers for patients identified as such will be notified of the pending admission/procedure and review requirements established and initiated. Referrals for discharge planning, when evident, are initiated at this point.

2. **Concurrent Review.** Concurrent review includes Admission Review and Continued Stay Review focusing on the medical necessity for the ordered level of care and continued stay for all identified patients. Admission Reviews will be conducted on patients within 24 hours of insurance verification or the next business day for non-traditional Medicare beneficiaries. Admission Reviews of traditional Medicare beneficiaries may occur during weekends and/or holidays. The proportion of cases reviewed within defined timeframes will be determined by various factors, including but not limited to case load, focused or priority review areas, and quality/resource management initiatives.

Continued Stay Review is conducted concurrently throughout the hospital stay as requested by the payer or while a patient continues to meet or exceed an acute level of inpatient care. The frequency of Continued Stay Review may be adjusted depending on the individual case complexity, treatment plan, and available resources. Discharge planning and case management is ongoing throughout the patient's stay.

Extended stay cases will be reviewed by the case management/physician team to determine medical necessity; cases from the case management/physician team meetings not meeting criteria for length of stay will be referred to the UM Committee for review to determine medical necessity. Prior to a determination that a Medicare or Medicaid inpatient admission or continued stay is not medically necessary, the practitioner(s) responsible for the care of the patient will be consulted to present any additional information or concerns. If following consultation with the applicable practitioner(s), the case continues to fail screening criteria and the practitioner(s) concurs with the determination, the case will be referred to a member of the Committee for second level review. In all other situations the case will be referred to at least two members of the Committee with one being a physician member of the Committee for medical second level review. In cases where the case continues to fail screening criteria and the practitioner(s) do/does not concur with the determination, two physician members of the Committee will be involved for third level review. In no case, may a non-physician reviewer make a final determination that a patient stay is not medically necessary for inpatient services.

Utilization Review documentation will be maintained in the web-based software, Allscripts Care Management. Pertinent information regarding billing instructions on the patient account will be documented in the hospital's billing system. All information and data related to these activities specific to a patient's record and encounter/admission are maintained in such a manner to assure confidentiality and to comply with all applicable state, federal and organizational regulations and requirements.

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3. **Medicare Notifications.** If a Hospital Issued Notice of Non-coverage (HINN) is deemed appropriate by the attending physician and nurse case manager, and/or the QIO, then written notification must be given no later than 2 days after the determination to the patient or responsible party, hospital, and the physician responsible for the care of the patient. The HINN is also distributed to the federally appointed Quality Improvement Organization (QIO), Case Management, and the Business Office for billing purposes and documentation included in the patient's records.

A Medicare Important Message Letter will be provided to Medicare beneficiaries or their designee at the time of inpatient admission and within forty-eight hours of discharge to a non-acute or outpatient level of care. A signed copy of the Medicare Important Message will be maintained in the medical record as well as notation of distribution of the follow-up copy of the Medicare Important Message when applicable.

4. **Retrospective Review.** Retrospective Review is performed by the Case Management and Care Transitions Department when a discharge occurs prior to concurrent review. Retrospective reviews will follow the guidance provided in FY 2014 Hospital IPPS Final Rule CMS-1599-F. If the inpatient admission does not meet Final Rule CMS-1599-F guidelines, the attending physician and patient will be notified in writing. The attending physician will have the opportunity to present their views to a UM Committee physician member.

5. Retrospective reviews can be performed by other MUHA departments as findings from prospective and concurrent review processes and other appropriate hospital data, including the medical record, are analyzed to review patterns and trending for potential opportunities to improve resource management and utilization efficiencies, effectiveness of health care services, quality of care, and medical necessity consistent with patient needs and recognized standards of health care and/or practice.

As needed focused review studies may be conducted to ensure and promote the most effective and efficient use of available healthcare facilities and services. These focused studies can be developed to evaluate problems and formulate corrective recommendations/ action as needed. The Committee will periodically review a sampling of cases reasonably assumed to be outlier cases because the extended length of stay (LOS) exceeds the threshold criteria for the associated diagnoses. Appropriate summaries of findings may be forwarded to the Medical Executive Committee (MEC), Executive Leadership, and /or Board of Trustees.

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6. **Denials/Appeals.** Denials received from Third Party payers and other external review organizations during a patient's hospital stay are communicated promptly to the attending physician. Denials received following the patient's hospital stay will be addressed by the applicable department and include consultation with the attending physician as necessary. Appeals may be implemented by a variety of departments, but the findings of the appeal should be communicated with patient hospital accounting.

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7. **Corrective Action.** If any of the previously referenced activities indicate inappropriate use of hospital or patient resources, the Committee may take corrective action, which is specific to the problem, and may include: focused review; education or training; amended policies or procedures; provision of new equipment, facilities, or processes; or recommendations to the Medical Executive Committee for adjustment of Medical Staff privileges. Following implementation of a corrective action, follow-up studies shall be conducted until the problem has been corrected. The results of the study will be monitored by the Committee. Problems that deal with appropriateness and quality of professional services rendered will be referred to the Medical Staff Office for further review and action as indicated.

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Discharge Planning. Overall use of discharge planning, and in particular, the role of Case Management in discharge planning, shall be monitored by Case Management. The Case Management and Care Transitions Department will report as needed to the Committee regarding the current issues or barriers related to discharge planning and provide suggestions for improvement. Case Management will refer all patients awaiting placement/transfer to a lower level of care for review as determined by department policy. The Case Management Department will conduct a review for these patients, giving special attention to the level of care required and determine the necessity of continued stay for each patient and will make necessary referrals to the Executive Medical Director or his/her designee for medical necessity concerns including review for possible denial. In recognition of the fact that the initiation of discharge planning begins upon admission and actively involves the physician, nurse, patient, and family, the Committee may monitor discharge planning in the course of other reviews and make appropriate recommendations regarding its potential use to the Medical Executive Committee or members of the Medical Staff.

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8. **Review of Professional Services.** The Committee will review cases that meet the "outlier" threshold based on extraordinarily high costs, as described in 42CFR 412.80.

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E. FEDERALLY MANDATED REVIEW

1. **Admission Review.** The Nurse Case Manager, under the direction of departmental administration and the Committee, has the oversight responsibility for Traditional Medicare and Traditional Medicaid Inpatient Admission Review activities including review of patients receiving observation services. The Nurse Case Manager will be notified through web-based software work queues of all hospitalized admissions daily. Using approved criteria, the Nurse Case Manager will ascertain the medical necessity of services provided to these patients. Clinical data will be provided to all other payers including Managed Care Medicare and Managed care Medicaid per their request to allow them to assess the medical necessity of the admission and/or continued stay. Nurse Case Managers will validate the decision of the third party payer and refer cases where discrepancies occur to the attending physician and/or physician advisor (or designee) for additional review.

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2. **Relationship with Third Party Payers.** The decisions of the Committee, which involve fiscal intermediaries, Medicare Administrative Contractors (MAC), state agencies, the federally appointed quality improvement organization (QIO), or the Department of Health and Human Services, will be open to review by the involved organization. Data will be maintained in such a manner as to assure confidentiality and compliance with all applicable regulations, and to assure appropriate payment of claims.

In cases where an external entity has reviewed a case which results in a denial of care, services, or payment, the clinical care team and the attending physician will make therapeutic decisions based on the needs of the patient without regards to payment source.

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The appropriate appeals procedure, patient notification, and/or alternate care will be pursued. The proper procedures for handling these adverse determinations will be followed, as these procedures may vary by company.

3. **CONFIDENTIALITY**

Any data or information required by the members of the Committee or its designated agents, in the exercise of its duties and functions, shall be held in confidence and shall not be disclosed to any person except to the extent that it is necessary to carry out the purpose of the Utilization Management Plan, as required by applicable state and federal law.

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Approvals: Required

As Required

Date

<u>List Hospital Committee(s)</u>	
<u>Ethics Committee</u>	
<u>Medical Staff Executive Committee</u>	
<u>Administration/Operations</u>	
<u>Governing Body</u>	

Distribution: Required

<u>Policy Applies to:</u>	<u>Physicians (Y/N);</u>	<u>Nursing (Y/N);</u>
	<u>Other Clinical Staff</u>	<u>Other Staff (Specify):</u>
	<u>(Specify):</u>	
<u>Educational Plan</u>		
<u>Required Competencies</u>		
<u>Expected Implementation Date</u>	<u>08/2011</u>	

Related Forms: As applicable

Related Policies: As applicable

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_____. Date: _____
W. Stuart Smith ¶
Vice President for Clinical Operations¶
And Executive Director ¶

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Patrick Cawley, M.D., MBA, FHM, FACP¶
Executive Medical Director¶
Chairperson, Utilization Review
Committee . . . ¶

¶
UR Plan ADDENDUM¶
Physician Advisor Designee¶
Effective: April 6, 2011¶
Ending: TBD¶

¶
Effective on the above mentioned date,
Executive Health Resources is appointed
the hospital's Physician Advisor
"Designee".¶

¶
Approved
by _____
_____ Date: _____

Patrick Cawley, M.D., MBA, FHM, FACP¶
Executive Medical Director¶
Chairperson, Utilization Review
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Medical University Hospital Authority
Construction Contracts
For Reporting
August 8, 2014

NBM Construction UH Variable Exhaust Fan #2 Provide construction services for the replacement of variable exhaust fan #2.	\$453,000.00
Chastain Construction UH-Sleep Lab Provide construction services for the relocation of the Sleep Lab.	\$93,216.00
KBR Building ART-Hybrid OR (Phase 3 – OR#9) Provide construction services for Phase 3 of the Hybrid OR Project (OR #9).	\$227,504.00
B & F Mechanical Bee Street Central Energy Plant Sanitary Sewer System Emergency repair and upgrade of the sanitary sewer system.	\$80,000.00
NBM Construction UH-5 th Floor Labor & Delivery Improvements Provide construction services for renovation of waiting rooms.	\$79,700.00
Metro Electric UH-Normal Power Feeder Replacement Provide electrical services for the UH-Normal Power Feeder Replacement.	\$196,793.00
NBM Construction UH-Flash CT H397A Renovation Provide construction services for the UH-Flash CT H397A Renovation.	\$425,728.00
The Lemoine Company UH/CH Infrastructure Relocation Construction services for the UH/CH Infrastructure Relocation.	\$788,316.02
NBM Construction ART-Kitchen Hood Access Provide construction services for the ART-Kitchen Hood Access.	\$362,255.00
Chastain Construction CH-Sterile Processing Department Install infrastructure for the CH-SPD.	\$344,306.00

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REGULAR AGENDA

Board of Trustees Meeting
Friday, August 8, 2014
101 Colcock Hall

Members of the Board of Trustees

Thomas L. Stephenson, Esquire, Chairman
Dr. Stanley C. Baker, Jr.
Ms. Terri R. Barnes
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. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Mr. Charles C. Schulze
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, October 10, 2014.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of May 15, 2014.

Board Action:

Item 4. Election of Chairman and Vice Chairman of the Board of Trustees of the Medical University of South Carolina.

Statement: In accordance with the MUSC Board of Trustees Bylaws, Section 3 (B & C), election of Chairman and Vice Chairman, by secret ballot, will take place.

Board Action:

Item 5. Election of Board Secretary of the Medical University of South Carolina.

Statement: In accordance with the MUSC Board of Trustees Bylaws, Section 3 (D), election of the Board Secretary, by secret ballot, will take place.

Board Action:

Item 6. Election of Trustees Emeriti of the Medical University of South Carolina.

Statement: In accordance with the MUSC Board of Trustees Bylaws, Section 3 (F), election of the Trustees Emeriti will take place.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 7. General Informational Report of the President.

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

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

Board Action:

Item 8. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 9. General Report of the Associate Provost for Research.

Statement: Dr. Kathleen Brady will report on research activities.

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

Recommendation of Committee:

Board Action:

Item 10. 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 11. MUSC Naming Guidelines – Policies and Procedures.

Statement: Mr. Jim Fisher will present the MUSC Naming Guidelines for approval.

Recommendation of Administration: That the guidelines be approved.

Recommendation of Committee:

Board Action:

Item 12. 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 13. 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 14. Other Committee Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 15. 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 16. Development of a Branch Medical School Campus in Anderson, SC.

Statement: Dean Pisano will seek approval for the development of a branch medical school campus in Anderson, SC

Recommendation of Administration: That the development of a campus in Anderson be approved.

Recommendation of Committee:

Board Action:

Item 17. Other Committee Business.

CONSENT AGENDA ITEMS FOR APPROVAL:

Item 18. Degree Programs.

Item 19. Faculty Appointments

Item 20. Changes in Faculty Status.

Item 21. Faculty Promotions.

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

OLD BUSINESS:

NEW BUSINESS:

Item 22. MUSC Budget for Fiscal Year 14-15.

Statement: Mr. Ravi Srinivas will present the MUSC Budget for FY 2015 for approval.

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

Recommendation of Committee:

Board Action:

Item 23. MUSC Physicians Budget for Fiscal Year 14-15.

Statement: Ms. Gina Ramsey will present the MUSC Physicians Budget for FY 2015 for approval.

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

Recommendation of Committee:

Board Action

Item 24. 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 25. 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 26. Other Committee Business.

CONSENT AGENDA ITEM FOR INFORMATION:

Item 27. Financial Status Report of MUSC Foundation for Research Development.

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

OLD BUSINESS:

NEW BUSINESS:

Item 28. 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 29. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 30. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 31. Annual Compliance Update on MUSC.

Statement: Ms. Cindy Teeter will present the MUSC annual compliance update.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 32. Annual Conflict of Interest Report.

Statement: Dr. Bruce Elliott and Ms. Mary Evelyn Armstrong will present the Annual Conflict of Interest Report.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 33. 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 34. Board of Trustees Annual Self-Assessment.

Statement: Mr. Hewitt will present the board members' annual self- assessment.

Recommendation of Committee:

Board Action:

Item 35. Senior Management Incentive Compensation Plan.

Statement: Mr. Hewitt will present the Senior Management Incentive Compensation Plan.

Recommendation of Administration: That the Plan be approved.

Recommendation of Committee:

Board Action:

Item 36. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 37. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 38. Report from the Chairman.

**Board of Trustees
Medical University of South Carolina
Research and Institutional Advancement Committee
Offices of Development and Alumni Affairs
August 8, 2014**

On June 30, 2014, the Medical University of South Carolina concluded its fundraising year over goal. We received over \$59.1 million in new gifts, pledges and pledge payments. This represents a 4% increase over our goal of \$56.9 million. We are especially pleased with our results in light our transition in institutional leadership.

Highlights of the recently concluded fiscal year include:

- For the year, we received 11 gifts or pledges at the leadership-gift level of \$1 million and above.
- Our current verbal commitments exceed \$10 million. The momentum of these potential gifts has us well positioned as we begin the new fiscal year.
- Our top twenty gifts for the year accounted for \$21.5 million (36%).
- The Office of Planned Giving enjoyed another successful year raising \$15.7 million (11% over goal) in new deferred gifts placed on the books. This is especially impressive when considering we were without an Associate Director until December 1.
- We received 18,366 gifts (12% increase) from 10,417 (9% increase) donors.
- We acquired 4,576 (9% increase) new donors (first-time givers) during this fiscal year.
- We continued to give strong attention to our on-line giving efforts and the results were impressive. We realized an increase in on-line giving of 63% raising over \$382,000 in cash gifts. The median on-line gift amount was \$100.
- I am pleased to report that we successfully recruited a new Executive Director of Alumni Affairs, Ms. Sallie Hutton, and she joined us on June 2. Despite our Interim Executive Director wearing two hats (Director of the Annual Fund) for eleven months of the year, she was able to maintain a successful alumni affairs program:

- Sponsored four college reunions, fourteen board meetings/receptions, and many student and alumni seminars and receptions to ensure we continue to cultivate, promote and maintain positive relationships with MUSC alumni.
 - The MUSC Golden Grads Program continues to be valued, appreciated and well attended. We had 120 senior alumni join us at this year's Commencement exercises.
 - Across all colleges, an average of 26% of our alumni belong to their respective MUSC Alumni Association. The College of Dental Medicine is at 55% and the College of Medicine is at 35%.
 - We have increased our MUSC Alumni Facebook fans to 500.
 - Nearly 75% of all our event participants are now registering on-line for fundraising and alumni events.
-
- Through direct mail, employee campaigns, phonathons, reunions and grateful patient mailings, our Annual Giving Office raised \$4.1 million (10% over goal). Again, this effort was accomplished despite leadership from a part-time Director who started back full-time in the annual giving office in June 2014. The Yearly Employee Support (YES) Campaign also succeeded its goal by 4% raising \$313,000.
 - We hosted two very successful meetings of the MUSC Board of Visitors as evidenced by feedback received from this cadre of good-will ambassadors and advocates. Without exception, we received extremely high praise from all respondents.
 - Our Communications Office continues to excel. Among their many accomplishments:
 - We produced the Medical University's first Annual Report of Giving, which highlights the impact of giving here on our campus and in the lives of the people we serve. The constituent major gift officers are using this as a leave-behind piece for donors and new prospects alike.
 - 243 Endowment Reports went out earlier than ever this year, providing endowment fund donors with an attractive and transparent report of the year's investment performance.
 - We launched a monthly stewardship e-bulletin, *Thank-You Notes*.
 - Response has been overwhelmingly positive, with open rates of nearly 50%, compared to the industry average of 20%.

- The publication is designed to demonstrate the impact of donor gifts on our campus and in the lives of our patient population. So far this year, we have profiled 22 such stories.
- Although their purpose is not to solicit gifts, these stories have elicited nearly \$11,000 in new gifts as of May 30.
- The MUSC Office of Public Relations has begun picking up these stories and publishing them in *The Catalyst* and in their online venues, giving us added exposure and further awareness about the importance of philanthropy.
- We reintroduced an electronic version of our “Honor Roll of Donors”, which was exceedingly popular among our donors, with one of the year’s top five viewed articles via our *Thank-You Notes* e-bulletin.
- We began producing profiles of alumni on a monthly basis for the MUSC Alumni website; most of these were repurposed by each college.
- We published winter and spring editions of *Legacies*, a newsletter that profiles selected benefactors and the impact of their contributions. *Legacies* celebrates the spirit of philanthropy and the power of giving. It is mailed to members of the Society of 1824 and anyone who has contributed at least \$100 to the University in the past three years.
- Special events fundraising is critical to our Children’s Hospital Fund. Among numerous successful events held last year:
 - Nucor Steel hosted its thirteenth annual golf tournament. This year’s tournament raised over \$290,000 bringing Nucor’s cumulative giving total to the Children’s Hospital to over \$3.6 million.
 - The annual Bulls Bay Golf Challenge, sponsored by Baker Motors and Mercedes-Benz, raised the most funds ever with a total of \$431,000 (a 33% increase from the previous year). Over the past ten years, this event has raised over \$2 million. In addition to the funds raised this year, a generous donor made a commitment of \$500,000 to the new hospital.
 - The third annual Raise the Runway Luncheon and Fashion Show generated \$207,000 in unrestricted funds and represents a 38% increase from the previous year.
 - Our 2013 Children’s Miracle Network Campaign generated over \$622,000 from our corporate sponsors

- Several other areas conduct special event fundraising initiatives (Hollings Cancer Center, Institute of Psychiatry, Heart and Vascular Center). In the aggregate, we brought in \$2.6 million in special event income.
- As mentioned earlier, we had two very critically important and successful recruitments this year: Ms. Sallie Hutton joined as Executive Director of Alumni Affairs and Ms. Linda Cox joined the team as our Associate Director of Planned Gifts. Both individuals are absolutely stellar additions and will help ensure our future successes in their respective areas of responsibility.
- We began work in earnest on our fundraising campaign for the new Children's Hospital and Women's Pavilion. As the initiative identified by the Trustees as our number one fundraising priority for the foreseeable future, we will spend much of next year focused on initiating the steps required to position us to successfully raise \$50 million in new philanthropy. This will be a challenging task over the next few years, but I remain very optimistic that we'll be successful.

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

NEUROSCIENCES

- A \$1 million planned gift was received from the David J. Levidow Revocable Trust. This gift will endow a chair in Alzheimer's research.
- Mary Ellen Sutton was recognized for her recent gift which brought her lifetime giving to the Department of Neurology to \$100,000.

COLLEGE OF NURSING

- The Medical University Hospital Authority contributed \$500,000 designated for the MUSC South Carolina Nursing Collaborative.
- The Josiah Macy, Jr., Foundation granted \$397,000 for research focusing on virtual inter-professional education.
- \$100,000 was recently added to an existing planned gift for a scholarship from Ms. Rene Black, bringing the total gift pledged to \$200,000. Mrs. Black also made a \$10,000 current gift to enable a scholarship to be awarded this year.

HEART AND VASCULAR CENTER

- A local philanthropist has offered to underwrite two named Fellowships in Cardiology through a bequest of \$500,000. He has asked to remain anonymous.
- The Inaugural Ben Marino Heart Award luncheon, honoring John Chalsty, a national philanthropist, raised more than \$110,000. In addition, one of the participants agreed to make gifts of \$100,000 a year for two additional years, in addition to underwriting future Ben Marino Heart Award luncheons.

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE

- Zimmer Dental contributed nearly \$300,000 in dental implant equipment and supplies for the Division of Prosthodontics. Since 1993, Zimmer Dental has provided nearly \$1 million in cash and product donations to the college.
- Dr. and Mrs. Jeffrey B. Bayme of Charleston have included the college in their estate plan through the gifting of a \$100,000 life insurance policy. The policy will establish an endowment for a clinical student award. Dr. Bayme is a graduate of the Class of 1984. He is past-president of the Dental Alumni Association and a recipient of the 2014 Distinguished Alumnus Service Award from the Dental Alumni Association. Dr. Bayme has also served as a volunteer part-time dental clinical instructor for more than 20 years.
- Nobel Biocare donated equipment and supplies valued at more than \$30,000 to the Division of Prosthodontics. The company's total giving to the college is now valued at more than \$485,000.

CHILDREN'S HOSPITAL

- This Spring, the following Children's Miracle Network campaigns took place: Walmart raised \$186,738; Costco raised \$35,756 and Sonoco raised \$30,456.
- We received the following gifts for the new Children's Hospital and Women's Pavilion: a gift of \$42,000 from Children's Hospital Fund Advisory Board members Mary and John Greenwell; a gift of \$25,000 from Hogs for Cancer, Inc.; and a gift of \$10,000 from the C.W. and Dorothy G. Love Foundation.

STORM EYE INSTITUTE

- Sherman Financial Group made a \$200,000 gift in support of vision science scholarships at Storm Eye Institute.

- A South Carolina Lions Club member, Allan Schultz, named Storm Eye Institute the beneficiary of a \$100,000 gift annuity. The gift is designated for the South Carolina Lions' Eye Research Fund.

HOLLINGS CANCER CENTER

- Jeanelle McCain made a commitment of \$100,000 to establish the Will McCain Fund for Melanoma Research in honor of her late husband. She also spearheaded the Legislative Spring Fling in Columbia as a benefit for this fund and raised over \$40,000.
- Mrs. Frances J. Thomas made a planned gift to honor Dr. Robert K. Stuart and support the endowed chair in hematology/oncology.

COLLEGE OF MEDICINE

- Ms. Carole Pittelman, a New York City real estate developer, contributed \$60,000 to fund an Alzheimer's disease research conference organized by Dr. Joe Helpern.
- Dr. Bobby Livingston, of Newberry, pledged \$50,000 to establish a scholarship in the College of Medicine. Dr. Livingston is a graduate of the Class of 1965.

COLLEGE OF PHARMACY

- The Class of 2014 raised over \$11,000 for their class gift in support of the Building the Future of Pharmacy Campaign. The class made this gift in honor of Dr. Joe DiPiro, the college's first executive dean.

ALUMNI AFFAIRS

- Sallie Hutton joined the Advancement team on June 2nd as the executive director of alumni affairs. In her first few weeks, she has been meeting with the academic deans from each of the colleges along with their development officers. In addition to faculty and staff, Sallie and her development counterparts from the colleges have met face-to-face with many of the various alumni board presidents.
- **College of Health Professions**
 - The Division of Occupational Therapy and the Advancement Office hosted the 2nd Annual Maralynne D. Mitcham Lectureship and Alumni Luncheon on Friday, July 18.
 - The college's Alumni Association Board will host their next meeting on Friday, September 26.

- **College of Medicine**

- The College of Medicine Alumni Association board met on June 20-21 in Charleston. The board heard from staff and current students about today's medical school experience followed by an update on the college from Dean Pisano. The business of the board included a review and vote on proposed bylaw revisions. The board approved the changes thus providing updated bylaws to guide the group moving forward. Their next meeting will take place on January 9-10, 2015.

- **College of Nursing**

- An alumni reception hosted by the alumni board was held in downtown Charleston on June 26. The purpose of the event was to engage alumni living in the local area and identify potential new members for the Nursing Alumni Association Board. The Charleston reception concluded the Spring series of regional receptions for the group. The alumni board is now planning for a series of receptions for the Fall of 2014.
- The Nursing Alumni Association is sponsoring lunch during orientation for the accelerated BSN, MSN, DNP and PhD programs. During lunch, we will present one of the four scholarships given through the Alumni Association to the 2014-15 recipients from each program.

- **College of Pharmacy**

- A luncheon for MUSC alumni was held during the South Carolina Pharmacy Association's 2014 Annual Meeting in Hilton Head on June 20. Dr. Hall provided an update on College of Pharmacy news and introduced Dr. Randall Rowen as the interim dean of the South Carolina College of Pharmacy. Sallie Hutton provided an update on alumni happenings while alumni in attendance had an opportunity to provide feedback on the college's alumni newsletter.

- **Ongoing Programs**

- With the beginning of the 2014-15 fiscal year, the Alumni Affairs staff have issued dues billings to graduates from each of the colleges. Life member

payments as well as annual member payments are being received daily. The Alumni Affairs team will be exploring new opportunities to market the dues program throughout the fiscal year. Additionally, they will be reviewing the benefits available to members with a goal of enhancing what alumni receive as association members.

- Planning for 2014-15 events is underway including for:
 - College of Pharmacy Alumni Day – October 18, 2015
 - College of Nursing Homecoming Weekend – January 23-24, 2015 (will coincide with Grand Opening of renovated facility)
 - College of Dental Medicine Homecoming Weekend – February 27-28, 2015
 - College of Medicine Alumni Weekend – March 20-21, 2015
 - Golden Graduate Reunion – May 13-15, 2015 (Classes of 1965 are group of honor)
-

DRAFT

Medical University of South Carolina Naming Guidelines – Policies and Procedures

Private gifts to support the Medical University of South Carolina offer an opportunity for appropriate recognition and acknowledgement of donors (individuals, corporations or foundations). Depending upon the level of commitment, recognition may include naming opportunities for facilities (to include buildings, floors, hall, wings, rooms, labs and other specific spaces), colleges, centers, faculty, student and programmatic endowed funds, and other opportunities that may arise.

The naming of physical facilities and the permanent nature of endowments require they be established with sensitivity to the needs and goals of both the donor(s) and the Medical University of South Carolina. Any name recommended for consideration under these Naming Guidelines must bring distinction and honor to the Medical University and must be consistent with the values, mission and traditions of the University. To maintain consistent standards, the Board of Trustees of the Medical University of South Carolina have adopted the following Naming Guidelines with the understanding that specific circumstances may well call for agreements that fall outside these stipulations. All such exceptions will require prior approval by the MUSC Board of Trustees.

Providing strict adherence to the Naming Guidelines contained in this policy, naming opportunities may be offered and facilitated by the MUSC Office of Advancement.

All decisions requiring Board of Trustees approval outside of the policies defined in this document shall be brought to the Board through the Research and Institutional Advancement Committee with the endorsement of both the President of the Medical University and the Vice President for Advancement.

Naming of a College, Department, Division or Center

All naming opportunities of colleges, departments, divisions or centers which would reflect a gift in excess of \$5 million require Board of Trustees approval. Private gifts of \$5 million or less that meet the guidelines stated in this document may be approved by the President upon endorsement from the Vice President for Advancement.

Naming of Physical Facilities

- **New Facilities**

Where an individual, corporation or foundation contributes essentially 50% or more of the private philanthropy costs of construction of a project, a name suggested by such contributor for that project will be conveyed if such a name is deemed to bring distinction and honor to the Medical University of South Carolina and would be consistent with the traditions and purposes of the Medical University.

- **Areas Within a New Facility (classrooms, patient rooms, labs, etc.)**

Where an individual, corporation or foundation contributes essentially 50% of the cost of the construction of an area within a new facility, a name suggested by such contributor for that project will be conveyed if such a name is deemed to bring distinction and honor to the Medical University of South Carolina and would be consistent with the traditions and purposes of the Medical University.

- **Existing Facilities**

Where an individual, corporation or foundation seeks to name an existing facility (which requires minimal or no construction/renovation expenses) through a gift in excess of \$5 million, Board of Trustees approval is required.

- **Renovation of Existing Facility**

Where an individual, corporation or foundation contributes essentially 50% or more of the private philanthropy costs of the renovation project, a name suggested by such contributor for that project will be conveyed if such a name is deemed to bring distinction and honor to the Medical University of South Carolina and would be consistent with the traditions and purposes of the Medical University.

Naming of Programmatic Endowments

All named philanthropic endowments will be held, invested and managed by the Medical University of South Carolina Foundation in accordance with standards and guidelines as accepted and approved by its Board of Directors. The minimum gift required to establish a named endowment within the Medical University of South Carolina Foundation is \$10,000. The endowment must reach the \$50,000 requirement within five years.

At the date of approval of this Naming Guidelines – Policies and Procedures document, the following specific minimum gift criteria are in place:

Named Endowed Chair	\$1,000,000
Named Endowed Professorship	500,000
Named Endowed Fellowship	250,000
Named Visiting Professorship	100,000

Named Endowed Lectureship	50,000
Named Endowed Scholarship	50,000

Naming of Smaller Miscellaneous Items

Benches, bricks, trees and similar items consuming little, if any, square footage may carry donor names with the approval of the MUSC President's Council upon endorsement by the Vice President Advancement.

Renaming

The naming of a building or other physical space is effective for the useful life of the building or space so long as it is used for the purpose for which it was used at the time of the gift. At the end of the useful life of the building or space and/or the cessation of the use in effect at the time of the gift, the Medical University of South Carolina may rename the building or space. In the event of a renaming under these circumstances, appropriate recognition of earlier donors and honorees may be included in or adjacent to the replacement or redeveloped building or space.

In the event of unusual or compelling circumstances, the MUSC Board of Trustees reserves the right at all times to rename its facilities, endowments and programs. The University, in the sole and absolute discretion of the Board of Trustees, may exercise this option if a designated name, in its judgment, should bring discredit upon the Medical University of South Carolina.

Honorific Naming Opportunities

Recommendations for naming opportunities not associated with a donation for a naming in honor of a living or deceased faculty member, alumnus, staff member, Medical University leader, volunteer, philanthropist, or state or national leader shall be considered on a case-by-case basis only when supported by extraordinary justification for the naming. All such honorific naming opportunities require Medical University of South Carolina Presidential endorsement and Board of Trustees approval.

A proposal may be made and submitted through the Vice President for Advancement upon the earlier of the following: (1) two years after retirement or separation from the University or from elected or appointed office; or (2) two years after the person's death, if the person has not yet retired or otherwise separated from the Medical University.

Funding Requirements

Outright gifts and signed pledges for up to five years may be used to fully or partially fund a named opportunity at face value. The Vice President for Advancement has the discretion to accept extended pledge terms beyond five years

for pledges up to \$1 million. Requests for pledge term extensions for commitments exceeding \$1 million must be brought to the President for approval.

For naming opportunities, at least 50% of the commitment must be in hand prior to permanent institutional recognition of the name.

For current naming opportunities, testamentary deferred gifts (including gifts by will, trust, retirement plan or life insurance policy) may be used in combination with an outright pledge to fully or partially fund a naming opportunity as long as the testamentary portion of the total commitment does not exceed 50% of the total gift, is secured by an irrevocable pledge agreement, and the present value of the gift will meet the agreed upon gift level.

Testamentary deferred gifts may be used to fully fund naming opportunities upon the donor's demise if current naming guideline funding requirements are met through their estate gift.

Donor Recognition Standards

Upon Board of Trustees approval of this Naming Guidelines – Policies and Procedures document, the Medical University of South Carolina's Office of Advancement will establish and maintain standards for donor recognition plaques and signage to identify and celebrate the naming of Medical University space and facilities. Such standards will ensure visual effectiveness and campus-wide consistency in design and application.

Colleges, clinical departments and divisions and other Medical University areas, which may have previously implemented a recognition program will follow these new standards henceforth and are encouraged to comply with approved standards for past donors as funding will allow.

Additionally, the Office of Advancement will begin to inventory all known or identified named spaces and will maintain responsibility for an accurate and current data base of named spaces throughout the University enterprise.

August 8, 2014

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

- Realized endowment investment returns at 6/30/2014:

	1 YR	2 YR	3 YR	5 YR
MUSCF	14.1%	12.7%	8.0%	10.8%
Allocation Benchmark *	13.5%	12.2%	7.1%	9.3%

* 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 \$49 million or 10.8% for trailing 12 months at 6/30/14 to an estimated record of \$499 million.
-
- Nominated new Board members for election at August 15 meeting.
 - Col. William M. Heath
Augusta, GA
 - Ms. Susan Pearlstine
Charleston, SC
 - Mr. John Cahill
CEO Kraft Foods
Northfield, IL and Charleston, SC
 - Mr. Cleveland Christophe
Former President & Chief Financial Officer of US&S
Greenville, SC
 - Closing scheduled for sale historic properties 166 and 168 Ashley Avenue.
 - Price: \$773,000

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Twelve (12) Month Period Ended June 30, 2014

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of June 30, 2014

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Assets & Deferred Outflows				
Cash and Cash Equivalents	\$ 183,066,553	\$ 3,005,790	\$ -	\$ -
Cash and Cash Equivalents - Restricted	18,645,852	-	-	729,272
State Appropriation Receivable	2,400,320	-	-	-
Student Tuition and Fees Receivable	1,625,913	-	-	-
Student Loan Receivable	12,578,527	-	-	-
Grants and Contracts Receivable	44,768,365	402,024	-	-
Capital Improvement Bond Proceeds Receivable	605,399	-	-	-
Capital Lease Receivable	-	-	2,574,676	15,988,280
Other Receivables	1,313,275	-	7,026	-
Investments	-	-	529,168	717,438
Prepaid Items	4,491,424	-	-	1,489,852
Capital Assets, net of Accumulated Depreciation	534,482,534	-	-	-
Due from Hospital Authority	6,152,958	-	-	-
Due from Other Funds	101,885,566	-	-	-
Bond Issue Costs	696,701	-	38,088	284,758
Total Assets & Deferred Outflows	\$ 912,713,387	\$ 3,407,814	\$ 3,148,958	\$ 19,209,600
Liabilities & Deferred Inflows				
Accounts Payable	\$ 10,096,090	\$ -	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	7,041,893	15,461	-	-
Accrued Compensated Absences	28,844,732	200,016	-	-
Deferred Revenue	24,220,304	-	-	-
Retainages Payable	-	-	-	-
Long-Term Debt	162,317,707	-	3,039,000	17,442,295
Interest Payable	1,272,944	-	56,615	268,800
Deposits Held for Others	4,482,350	155,986	-	-
Due to Hospital Authority	-	1,460	-	-
Due to Other Funds	936,250	-	-	-
Federal Loan Program Liability	14,266,501	-	-	-
Other Liabilities	32,172,178	1,504	-	-
Total Liabilities & Deferred Inflows	\$ 285,650,949	\$ 374,427	\$ 3,095,615	\$ 17,711,095
Net Position	\$ 627,062,438	\$ 3,033,387	\$ 53,343	\$ 1,498,505
Total Liabilities & Deferred Inflows and Net Position	\$ 912,713,387	\$ 3,407,814	\$ 3,148,958	\$ 19,209,600

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve (12) Month Period Ending June 30, 2014

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Operating Revenues				
Student Tuition and Fees	\$ 91,111,054	\$ -	\$ -	\$ -
Federal Grants and Contracts	134,616,043	1,839,152	-	-
State Grants and Contracts	6,764,490	12,117	-	-
Local Government Grants and Contracts	15,403	-	-	-
Nongovernmental Grants and Contracts	32,196,458	895,454	-	-
Sales and Services to Hospital Authority	102,490,327	74,475	-	-
Sales and Services of Educational and Other Activities	60,841,367	2,530	-	-
Sales and Services of Auxiliary Enterprises	13,334,798	-	-	-
Interest Income	-	-	336,192	753,568
Other Operating Revenues	14,803,727	263,030	-	-
Total Operating Revenues	456,173,667	3,086,758	336,192	753,568
Operating Expenses				
Compensation and Employee Benefits	341,907,768	2,440,264	-	-
Services and Supplies	193,364,673	9,634,089	-	6,376
Utilities	13,566,816	-	-	-
Scholarships and Fellowships	17,949,782	4,350	-	-
Refunds to Grantors	302,318	-	-	-
Interest Expense	-	-	263,756	643,914
Depreciation and Amortization	40,980,825	-	16,928	183,469
Total Operating Expenses	608,072,182	12,078,703	280,684	833,759
Operating Income (Loss)	(151,898,515)	(8,991,945)	55,508	(80,191)
Nonoperating Revenues (Expenses)				
State Appropriations	58,333,595	9,630,033	-	-
State Appropriations - MUHA	27,253,707	-	-	-
Gifts and Grants Received	16,264,474	-	-	-
Investment Income	9,100,991	15	-	-
Interest Expense	(7,912,535)	-	-	-
Gain (Loss) on Disposal of Capital Assets	(3,987,129)	-	-	-
Transfers From (To) Other State Agencies	(461,111)	(1,504)	-	-
Other Nonoperating Revenues (Expenses), net	(8,491,211)	-	-	-
Net Nonoperating Revenues (Expenses)	90,100,781	9,628,544	-	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	(61,797,734)	636,599	55,508	(80,191)
Capital Appropriations	2,271,230	-	-	-
Capital Grants and Gifts	(135,982)	-	-	-
Additions to Permanent Endowments	5,953,260	-	-	-
Transfers From (To) MUSC Physicians (UMA)	64,758,613	-	-	-
Transfers From (To) AHEC	(4,323)	4,323	-	-
Transfers From (To) CHS Development	(336,372)	-	-	336,372
Transfers From (To) Facilities Corporation	36,784	-	(36,784)	-
Increase (Decrease) In Net Position	\$ 10,745,476	\$ 640,922	\$ 18,724	\$ 256,181

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget
 For the period ending June 30, 2014

	Budget	Prorated Budget (Note)	Actual	Variance	
REVENUES					
State					
State Appropriations	58,237,887	58,237,887	58,333,595	95,708	F
State Appropriations - MUHA	31,253,707	31,253,707	27,253,707	(4,000,000)	U
State Grants & Contracts	6,982,424	6,982,424	6,764,490	(217,934)	U
Total State	96,474,018	96,474,018	92,351,792	(4,122,226)	U
Federal					
Federal Grants & Contracts	102,725,201	102,725,201	103,105,642	380,441	F
Federal Grants Indirect Cost Recoveries	32,303,824	32,303,824	31,510,401	(793,423)	U
Total Federal	135,029,025	135,029,025	134,616,043	(412,982)	U
Other					
Private Grants & Contracts	23,700,418	23,700,418	27,909,655	4,209,237	F
Private Grants Indirect Cost Recoveries	4,070,766	4,070,766	4,302,207	231,441	F
Gifts	12,267,774	12,267,774	15,947,468	3,679,694	F
Tuition and Fees	86,207,825	86,207,825	91,111,054	4,903,229	F
Sales and Services of Educational Departments	55,694,554	55,694,554	60,841,367	5,146,813	F
Sales and Services of Auxiliary Enterprises	13,380,049	13,380,049	13,334,798	(45,251)	U
Interest and Investment Income	124,747	124,747	30,206	(94,541)	U
Endowment Income	798,472	798,472	2,796,766	1,998,294	F
Miscellaneous	10,271,135	10,271,135	9,509,559	(761,576)	U
Miscellaneous - Residents	4,652,943	4,652,943	4,980,421	327,478	F
Authority Revenue	67,377,588	67,377,588	58,069,041	(9,308,547)	U
Authority Revenue - Residents	40,149,609	40,149,609	50,020,635	9,871,026	F
Intra-Institutional Sales	37,142,811	37,142,811	36,900,132	(242,679)	U
Total Other	355,838,691	355,838,691	375,753,309	19,914,618	F
Total Revenues	587,341,734	587,341,734	602,721,144	15,379,410	F
EXPENDITURES					
Instruction	114,869,938	114,869,938	98,369,624	16,500,314	F
Instruction - Residents	45,932,032	45,932,032	51,056,056	(5,124,024)	U
Instruction - MUHA	18,853,707	18,853,707	18,853,707	-	F
Research	182,938,804	182,938,804	180,301,155	2,637,649	F
Public Service	46,676,189	46,676,189	72,843,122	(26,166,933)	U
Academic Support	48,810,640	48,810,640	48,427,696	382,944	F
Student Services	8,269,766	8,269,766	8,273,715	(3,949)	U
Institutional Support	68,448,398	68,448,398	57,200,731	11,247,667	F
Operation & Maintenance of Plant	65,106,403	65,106,403	71,133,328	(6,026,925)	U
Scholarships & Fellowships	2,387,602	2,387,602	2,336,613	50,989	F
Auxiliary Enterprises	11,399,494	11,399,494	10,493,521	905,973	F
Telemedicine - MUHA	12,400,000	12,400,000	8,400,000	4,000,000	F
Indirect Cost Remitted to State	140,000	140,000	461,111	(321,111)	U
Debt Service	6,839,339	6,839,339	9,860,573	(3,021,234)	U
Total Expenditures	633,072,312	633,072,312	638,010,952	(4,938,640)	U
OTHER ADDITIONS (DEDUCTIONS)					
Transfers from (to) UMA	65,148,206	65,148,206	64,758,613	(389,593)	U
Transfers from (to) Facilities Corporation	-	-	36,784	36,784	F
Transfers from (to) AHEC	(3,700)	(3,700)	(4,323)	(623)	U
Transfers from (to) CHS Development	(336,372)	(336,372)	(336,372)	-	F
Transfers from (to) Loan funds	-	-	4,236	4,236	F
Transfers from (to) Plant Funds	(23,521,006)	(23,521,006)	(28,838,387)	(5,317,381)	U
Refunds to Grantors	(9,373)	(9,373)	(302,318)	(292,945)	U
Transfers to Endowment Fund	(11,929)	(11,929)	-	11,929	F
Prior Year Fund Balance Usage	8,785,975	8,785,975	6,620,012	(2,165,963)	U
Total Other Additions (Deductions)	50,051,801	50,051,801	41,938,245	(8,113,556)	U
NET INCREASE (DECREASE) in Fund Balance	4,321,223	4,321,223	6,648,437	2,327,214	F

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

The Medical University of South Carolina

Direct Expenditures on Federal Grants and Contracts

(By Responsibility Center)

For the 12 Month Period Ending June 30, 2014

Administration	2,804,941
Centers of Excellence	6,199,348
College of Dental Medicine	2,815,494
College of Graduate Studies	1,072,545
College of Health Professions	2,422,796
College of Medicine	82,836,451
College of Nursing	3,012,096
College of Pharmacy	1,024,342
Library	916,059
Office of Sponsored Programs	1,570

\$103,105,642

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 \$103,105,642 .

In addition to this federal grant and contract revenue, the University received \$31,510,401 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts. \$31,049,290 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$461,111 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	\$103,105,642
Facilities and Administration costs	\$31,510,401
Federal operating grants and contracts	<u>\$134,616,043</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
June 30, 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	\$ 29,128,779
Land/Bldgs/Equipment/Accumulated depreciation	505,353,755
Capital Assets, Net of Accumulated Depreciation	<u>\$ 534,482,534</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	Jun 30, 2014 Balance
Microbiology & Immunology Renovations in BSB	6,290,801	277,520	(6,568,321)	-
Air Handler Replacement in BSB	4,060,123	83,205	(4,143,328)	-
Dental Medicine Classroom Renovations in BSB	2,597,460	(175,807)	(2,421,653)	-
Neurosciences 3rd Floor Renovations in CSB	1,854,666	-	(1,854,666)	-
Psychiatric Institute Data Center System	1,855,848	128,569	-	1,984,417
Thurmond-Gazes Air Handler Unit	287,929	2,127,422	-	2,415,351
Thurmond-Gazes Exhaust System	826,493	2,665,459	-	3,491,952
Exhaust & Emergency Power Impr in BSB	1,791,838	34,770	(1,826,608)	-
College of Nursing Floors 2-5	1,107,766	5,503,505	-	6,611,271
Deferred Maintenance - FY 2012	1,137,921	2,491,721	-	3,629,642
Deferred Maintenance - FY 2013	208,075	1,432,296	-	1,640,371
AHU-6 Replacement in CSB	1,073,959	-	(1,073,959)	-
CSB 9th Floor renovation	708,881	2,347,863	-	3,056,744
Others less than \$1,000,000 (ending balance)	6,450,420	4,875,846	(5,027,235)	6,299,031
Total construction in progress	<u>\$ 30,252,180</u>	<u>\$ 21,792,369</u>	<u>\$ (22,915,770)</u>	<u>\$ 29,128,779</u>

Note 6. Deferred Revenue

The University's deferred revenue consists of the following:

State appropriations	\$ -
Grants and contracts	10,725,385
Student tuition and fees	13,424,919
Other	70,000
Total Deferred Revenue	<u>\$ 24,220,304</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2014

Note 7. Long Term Liabilities

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

Obligations under capital leases	\$ 63,485,820
Higher Education Revenue bond payable	31,160,000
State Institution bonds payable	67,280,000
Premium on State Institution bonds payable	1,237,291
Energy performance note payable	-
Deferred loss on early retirement of bonds	(845,404)
Total Long Term Liabilities	<u>\$ 162,317,707</u>

Note 8. Comparison to Budget

The Comparison to Budget statement (page 3) includes only activity in the current funds.
The Statement of Revenues, Expenses, and Changes in Net 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	\$ 6,648,437	
Budgeted Prior Year Fund Balance Usage	(6,620,012)	
Plant funds:		
Capital grants and gifts - Federal	173,510	
Capital grants and gifts - State	-	
Capital grants and gifts - private	(405,207)	
Capital appropriations	2,271,230	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	95,715	
Interest and investment income	498,751	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	2,981,724	
Expended in current fund-capital costs	5,128,399	
Transfers	38,698,960	
Expensed in plant fund-depreciation	(40,980,825)	
Expensed in plant fund-interest expense	(3,275,499)	
Expensed in plant fund-other	(2,598,780)	
Gain (loss) on disposition of property	(3,987,129)	(1,399,151)
Loan funds:		
Other income		
Interest and investment income	291,002	
Expenses	(166,647)	
Transfers	(4,236)	120,119
Endowment funds:		
New endowments	5,953,260	
Income draws to operating units	(2,761,181)	
Gifts	317,005	
Endowment income (Loss)	8,486,999	
Transfers	-	11,996,083
Other		
Net increase (decrease) in Net Assets per Statement of Revenues, Expenses, and Changes in Net Assets		<u>\$ 10,745,476</u>

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

(\$\$ in thousands)

	Original Issue	Authorized Not Issued	Purpose	Outstanding & Authorized as of 30-Jun-2014
State Institution Bonds (SIB)				
2005 Refunding	\$ 19,045	\$ -	Advance refunding on SIB2000A	\$ 11,475
SI BAN 2012	30,000	-	College of Dental Medicine Building	28,000
SIB 2011D	18,950	-	Deferred maintenance projects	16,750
SIB 2012B refunding	12,645	-	Refunding SIB 2001C, 2003D, & 2003J	11,055
	<u>\$ 92,640</u>	<u>\$ -</u>		
Current SIB Debt Authorized and Issued				<u>\$ 67,280</u>
 Notes Payable - JEDA	 \$ 32,985	 \$ -	 Construction of College Health Health Profession facilities	 \$ 17,920
 Lease Revenue Bonds				
LRB 1995 A & B	\$ 13,201	\$ -	Thurmond Biomedical Center	\$ 3,039
 Higher Education Revenue Bonds				
2006	\$ 38,000	\$ -	Construction of Parking Garage	\$ 31,160
 Energy Performance Note Payable				
EPNP 11-26-08	\$ 15,387	\$ -	Energy Savings	\$ -

MUSC PHYSICIANS AND MUSC PHYSICIANS PRIMARY CARE
(A Component Unit of the Medical University of South Carolina)

Consolidated Statement of Net Position

ASSETS

	June 30, 2013	June 30, 2014
Current assets:		
Cash and cash equivalents	76,376,166	95,295,877
Investments	73,589,662	70,562,247
Receivables:		
Patient services - net of allowances for contractual adjustments of \$81,325,703 and bad debts of \$33,875,994	36,632,291	40,200,414
Due from the Medical University of South Carolina	23,181,706	19,420,494
Due from the Medical University Hospital Authority	1,043,772	1,158,933
Due from the Medical University Foundation	474,813	336,714
Due from Comprehensive Psychiatric Services		2,615
Prepaid rent - MUSC Foundation	631,355	631,355
Other current assets	4,840,208	5,079,515
Total Current Assets	216,769,974	232,688,164
Noncurrent assets:		
Receivables		
Due from Medical University Hospital Authority	191,111	-
Capital assets:		
Land	10,752,688	10,759,299
Buildings	21,991,216	21,909,468
Furniture and equipment	16,639,574	14,068,332
Leasehold improvements	54,012,871	53,864,919
Rental buildings under capital lease	13,989,600	13,989,600
Rental equipment under capital lease	2,958,000	2,958,000
Computer software	7,047,764	7,037,704
Less: accumulated depreciation and amortization	(49,108,856)	(49,374,319)
Prepaid rent - MUSC Foundation	7,710,792	7,364,843
Intangibles - net of accumulated amortization	36,553	31,842
Direct note obligations issuance costs		
- net of accumulated amortization	490,911	-
Investment in partnerships	2,310,456	669,771
Total noncurrent assets	89,022,680	83,279,458
Total Assets	305,792,654	315,967,622
Deferred outflows of resources		
Accumulated decrease in fair value of hedging derivatives	1,691,473	2,259,686
Total Assets and Deferred Outflows	307,484,127	318,227,309

MUSC PHYSICIANS AND MUSC PHYSICIANS PRIMARY CARE
(A Component Unit of the Medical University of South Carolina)

Consolidated Statement of Net Position

LIABILITIES

Current Liabilities

	June 30, 2013	June 30, 2014
Accounts payable	3,000,000	5,612,186
Accrued interest payable	-	254,834
Accrued payroll	11,158,149	14,520,670
Accrued payroll withholdings	4,935,705	3,850,657
Accrued pension contribution	2,057,039	2,074,534
Other accrued liabilities	2,228,720	3,449,776
Due to Medical University of South Carolina	-	(50,000)
Due to Medical University Hospital Authority	3,374,429	2,438,141
Accrued compensated absences	1,286,549	1,525,324
Notes payable	3,791,500	3,791,500

Total current liabilities

31,832,090 37,467,622

Noncurrent liabilities:

Accrued compensated absences	1,557,469	1,349,796
Notes payable	17,377,709	13,586,209
Variable Rate Demand Bonds	43,025,724	44,625,865
Interest rate swap liability	-	-
Deferred Cash Flows Derivative Instruments	87,149	785,824

Total noncurrent liabilities

62,048,050 60,347,694

Total liabilities

93,880,141 97,815,316

NET POSITION

Invested in capital assets, net of related debt	46,071,298	45,324,792
Restricted for:		
Debt service	-	-
Unrestricted (deficit)	167,532,688	175,087,201
Total Net Position	213,603,986	220,411,993

MEDICAL UNIVERSITY OF SOUTH CAROLINA

CONSENT AGENDA

Board of Trustees Meeting
Thursday, August 8, 2014
101 Colcock Hall

Members of the Board of Trustees

Thomas L. Stephenson, Esquire, Chairman
Dr. Stanley C. Baker, Jr.
Ms. Terri R. Barnes
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. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Mr. Charles C. Schulze
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

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

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

(APPROVAL ITEMS)

Item 18. Degree Programs.

Statement: At the request of the Dean of the College of Graduate Studies, administration presents for approval the following Degree Program Proposal, effective August 8, 2014:

Master of Science in Medical Sciences

Recommendation of Administration: That the Master of Science in Medical Science Program Proposal be approved.

Recommendation of Committee:

Board Action:

Item 19. Faculty Appointments.

Statement: At the request of the Dean of the College of Dental Medicine, administration presents for approval, the following faculty appointments:

College of Dental Medicine

Patricia L. Blanton, D.D.S., M.S., Ph.D., as volunteer Clinical Professor, in the Department of Stomatology, effective July 1, 2014

Amy B. Martin, Dr.PH., as Associate Professor, in the Department of Stomatology, effective July 1, 2014

College of Medicine

Farrah M. Hughes, Ph.D., as MUSC AHEC Associate Professor (Florence/Family Medicine), effective July 14, 2014

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 20. Changes in Faculty Status.

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

College of Dental Medicine

James A. Rivers, D.M.D., M.H.S., from Professor to Professor Emeritus, in the Department of Oral Rehabilitation, effective July 1, 2014

College of Medicine

Pierre Giglio, M.D., from Associate Professor to Adjunct Associate Professor, in the Department of Neurological Surgery, effective July 1, 2014

Rita M. Kramer, M.D., from Associate Professor to Clinical Associate Professor, in the Department of Medicine, Division of Hematology/Oncology, effective May 17, 2014

Ross B. Pollack, M.D., from Associate Professor to Clinical Associate Professor, in the Department of Dermatology and Dermatologic Surgery, effective July 1, 2014

J. Peter VanDorsten, M.D., from Distinguished University Professor to Distinguished University Professor Emeritus, in the Department of Obstetrics and Gynecology, effective July 1, 2014

Department of Library Science and Informatics

Nancy C. McKeehan, M.S.L.S., from Professor to Professor Emeritus, in the Department of Library Science and Informatics, effective July 1, 2014

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

Recommendation of Committee:

Board Action:

Item 21. Faculty Promotions.

Statement: At the request of the Dean of the College of Medicine, administration presents the following recommendations for faculty promotions:

From Associate Professor to Professor, Academic Investigator/Educator track, without tenure

Edward L. Krug, Ph.D., Department of Regenerative Medicine and Cell Biology

Suzanne E. Thomas, Ph.D., Department of Psychiatry and Behavioral Sciences; Dual: College of Health Professions

From Assistant Professor to Associate Professor, Academic Investigator track

David J. Taber, Pharm.D., Department of Surgery, Division of Transplant Surgery

From Assistant Professor to Associate Professor, Academic Clinician track

Karen J. Hartwell, M.D., Department of Psychiatry and Behavioral Sciences

From Assistant Professor to Associate Professor, Clinician Educator track

Carlee A. Clark, M.D., Department of Anesthesia and Perioperative Medicine

Daniel F. Gros, Ph.D., Department of Psychiatry and Behavioral Sciences

Christopher Hannegan, M.D., Ph.D., Department of Radiology and Radiological Science

Andrew D. Hardie, M.D., Department of Radiology and Radiological Science; Dual: Department of Urology

Brian C. Leach, M.D., Department of Dermatology and Dermatologic Surgery

Richard M. Marchell, M.D., Department of Dermatology and Dermatologic Surgery

S. David McSwain, M.D., M.P.H., Department of Pediatrics, Division of Pediatric Critical Care

William Scott Russell, M.D., Department of Pediatrics, Division of Pediatric Emergency Medicine

From Research Assistant Professor to Research Associate Professor: Modified Research track

Jeremy L. Barth, Ph.D., Research Assistant Professor, Department Regenerative Medicine and Cell Biology

William C. Griffin, III, Ph.D., Department of Psychiatry and Behavioral Sciences

From Clinical Assistant Professor to Clinical Associate Professor: Modified Clinical track

Matthew J. Nutaitis, M.D., Department of Ophthalmology

Recommendation of Administration: That these faculty promotions be approved.

Recommendation of Committee:

Board Action:

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

(INFORMATION ITEM)

Item 27. 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 30. 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
College of Graduate Studies



Proposed New Program

Master of Science in Medical Sciences

May 15, 2014

Mark S. Sothmann, Interim President and Provost
Medical University of South Carolina

Contact Information – Program Co-Directors

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Cynthia Wright, PhD
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Summary and Response to ACAP Review

This proposal seeks to establish a Master of Science for Medical Sciences program that will give students seeking acceptance into professional schools (MD, DMD, e.g.) a structured, intensive program to increase their competitiveness. It has been piloted by a successful Certificate in Biomedical Sciences program now in its third year in the College of Graduate Studies at MUSC. The certificate program has seen a dramatic increase in growth from 19 applicants in its first year to 63 applicants this year. Eight students matriculated each year of the first two years of the program with 12-13 students anticipated to matriculate for summer 2014. Student outcomes to date have been excellent with 14 of 16 students successfully completing the program, and 93% of these students being accepted to their professional school of their choice. In the table below we summarize concerns of the ACAP review of the program planning document and how the issues were addressed:

Comment Source	Concern	Program Reply
ACAP #1	Possible negative impact on other master's programs in state due to program length	<ul style="list-style-type: none"> • Current certificate program has not impacted number of applications to MUSC's multi-year research programs. • Target student demographic is different • Program has capacity of only 15-20 students/year
ACAP #2	Question rigor of program without a thesis component	<ul style="list-style-type: none"> • Rigorous coursework proposed requiring at least 33 credit hours • Follows similar models to many national programs • Not a research-based program
ACAP #3	Does coursework substitute for coursework in professional school	<ul style="list-style-type: none"> • No, this is now addressed on page p. 11
ACAP #4	Correct for USC Library Master's Program	<ul style="list-style-type: none"> • Now included in discussion on p. 7. ACAP review in June recommended removal of all programs from the table that are not health science focused
CHE #1	Provide more information on national and state employment data	<ul style="list-style-type: none"> • Discussion of employment data expanded on pp. 4-5
CHE #2	Clearly state whether a thesis is needed	<ul style="list-style-type: none"> • No, stated on p. 10
CHE #3	Clearly describe differences from other programs	<ul style="list-style-type: none"> • Discussion on p. 4 and pp. 6-8

New Program Summary
Master of Science in Medical Sciences
Medical University of South Carolina

2. Program Classification

Program Name:	Master of Science in Medical Sciences
Program Type:	New program
Academic Unit:	College of Graduate Studies
Program Concentration:	Health sciences with medical and dental school tracks
Program Level and Duration:	Master's Degree, One year (three semesters)
Date of Implementation:	Summer 2015
CIP Code:	26.0102
Site:	Medical University of South Carolina
Scholarship Information:	Graduate level - does not qualify for supplemental Palmetto Fellows Scholarship or LIFE Scholarship awards
Delivery Mode:	Face-to-face on MUSC campus with the exception of 1-2 online courses
Number of Credit Hours:	minimum of 33

3. Institutional Approval

Approved by MUSC Dean's Council: January 3, 2014
Approved by MUSC Board of Trustees: February 14, 2014

4. Purpose

The Master of Science in Medical Sciences is proposed to give students seeking acceptance into professional schools (e.g., MD and DMD) a structured, intensive program to increase their competitiveness. Each year professional schools must turn away many highly qualified students for a limited number of seats. Many of these students seek to reapply and are interested in pursuing opportunities to become better qualified, either through coursework or preparation for standardized tests. Our goals are that: 1) students successfully completing this program will be well prepared to perform in any health sciences professional program and also will be 2) academically prepared to enter industrial or academic technical positions requiring a biomedical sciences background. In addition, added coursework in clinical trials coordination and biostatistics will offer these students the opportunity to be employed as research/clinical coordinators in doctor's offices, hospital settings, and academia.

5. Justification

- a) Need for the program
1) Student demand

The Master of Science in Medical Sciences is a new program, but was piloted by the successful Certificate Program in Biomedical Sciences offered through the College of Graduate Studies. The first year the certificate program was offered we received 16 applications, all from in-state students seeking admission into medical school. The second year we received 21 applications, 19 of which were from in-state students. This year (year 3) we received 63 applications, 32 of which were from in-state students. The remaining 31 applications came from 16 other states. Therefore, we are seeing a significant increase in demand for this program as its presence becomes more widely known. In addition to a greater number of applicants, we are

seeing an increase in applications from students interested in professions other than medicine, particularly dental school. This year, the third year of the certificate program, we accepted three students interested in pursuing dental school and had applications from a total of 7 students interested in dental medicine. Due to a newly developed web site and advertising through mailings and a presence on other websites (the Association of American Medical Colleges (AAMC), for example), we have had many inquiries into the current certificate program in the past few months and anticipate that our applications will continue to increase each year for the next several years.

We recognize that evidence of demand does not necessarily constitute evidence of need. However, the AAMC lists 192 post-baccalaureate premedical programs in the U.S and Puerto Rico on its website under resources for applicants (<https://services.aamc.org/postbac/>). Of these, only two are in South Carolina (the certificate programs at USC in Columbia and MUSC), neither of which is degree granting and therefore ineligible for financial aid. Therefore, South Carolina residents wishing to attend degree-granting programs to improve their credentials for medical school must currently leave the state.

2) Employment Opportunities - National

The program will provide graduates a foundational experience and stronger credentials for applying for and being accepted into graduate medical programs (MD, DMD, etc.). We expect most graduates of this program to matriculate immediately into a healthcare professional terminal degree program. Employment projections from the Bureau of Labor Statistics for 2012-2022 predict that occupations and industries related to healthcare will add the most new jobs during this time frame (BLS News Release December 19, 2013; available at: <http://www.bls.gov/emp/#news>). Predicted job growth for dentists and physicians nationally are presented in the table below (Bureau of Labor Statistics Employment Projections).

While we expect most of our graduates to pursue further education in professional school, others may choose to seek employment. The curriculum coursework in biostatistics and clinical trials coordination will offer these students the opportunity to be employed in a variety of health-related occupations, including as technicians and clinical trial coordinators in academia or industry. The table below also lists some of these occupations and projected employment by occupation nationally.

Bureau of Labor Statistics Predicted Job Growth 2012-2022				
Type of Job	Number employed 2012	Number employed 2022	Percent change	Projected annual job openings
Dentists	125,800	146,400	+16.3	5,120
Physicians and Surgeons	691,400	814,700	+17.8	29,640
Medical and Health Service Managers	315,000	388,000	+23.2	14,999
Biological technicians	80,200	88,300	+10	3,200
Health educators	58,900	70,100	+19	2,660
Medical and clinical lab technicians	161,500	209,400	+29.7	9,020

Bureau of Labor Statistics (http://www.bls.gov/emp/ep_table_102.htm)

3) Employment Opportunities – South Carolina

South Carolina Employment Security Commission				
Type of Job	Number employed 2012	Number employed 2022	Percent change	Projected annual job openings
Dentists	2,070	2400	+16	70
Physicians and Surgeons	14,800	17,464	+18	530
Medical and Health Service Managers	5,000	6,170	+23	240
Biological technicians	430	470	+9	20
Health educators	1,110	1,380	+25	50
Medical and clinical laboratory technicians	860	1050	+22	40

Several databases were queried over the period of April 28-29, 2014 to determine job listings and postings in South Carolina for opportunities relevant to students participating in this program. The results are tabulated below:

Database	Job Title	Number of postings for available jobs in state (4/28-4/29/14)
SCWorks*	Physician	>500
SCWorks	Dentist	77
MUSC human resources**	Faculty jobs for medicine/dental medicine	27
SCWorks	Clinical Research Coordinator	10
SCWorks	Biological Technician	9
MUSC human resources	Program Coordinator I	2

*SCWorks (<https://jobs.scworks.org>)

**MUSC human resources (<http://academicdepartments.musc.edu/hr/jobs>)

The data above make it clear that there will be ample employment opportunities for our graduates whether they seek immediate employment or proceed on to a terminal degree in medicine or dental medicine.

b) Mission of MUSC

The following is a portion of the mission statement of MUSC (as stated on the website: <http://academicdepartments.musc.edu/president/mission.html>):

“The Medical University of South Carolina (MUSC) is South Carolina’s only comprehensive academic health science center. Our purpose is to preserve and optimize human life in South Carolina and beyond. MUSC provides an interprofessional environment for learning, discovery,

and healing through (1) education of health care professionals and biomedical scientists, (2) research in the health sciences, and (3) provision of comprehensive health care. As a public institution of higher learning, MUSC provides a full range of educational programs in the biomedical sciences and actively engages in community service and outreach.”

The proposed Master of Science in Medical Sciences degree complies fully with the mission of MUSC to educate health care professionals. Students participating in this program will be availed of coursework central to that required by health care professionals in addition to professional development and shadowing opportunities in health care delivery. Finally, given that students interested in medicine and dentistry will be trained together in the College of Graduate Studies, the proposed program will offer them many opportunities for interprofessional collaborations, in keeping with MUSC’s mission.

c) Relationship to other programs at MUSC

The College of Graduate Studies’ research-intensive Master of Science in Biomedical Sciences degree program has been one resource for students seeking additional preparation to apply to professional school. The existing program allows students to concentrate their studies in Microbiology and Immunology, Neurosciences, Biochemistry and Molecular Biology, Cell and Molecular Pharmacology, Pathology and Laboratory Medicine, Regenerative Medicine and Cell Biology, or Public Health Sciences. Although a number of applicants each year enter the master’s program with the goal of pursuing professional school upon graduation, the program as currently structured is not the ideal solution for these students. It entails significant research time, takes 2-3 years to finish, and does not offer the structured, intensive preparation for professional degree programs these students are seeking. The current Certificate in Biomedical Sciences program, which was established to address this issue, will no longer be offered once the Master of Science in Medical Sciences program is inaugurated. In our experience, students who will be interested in the Master of Medical Sciences program are likely to be quite different in their goals and motivation than students seeking longer research-intensive programs.

MUSC also offers a one-year Master of Science in Clinical Research (MSCR) program. The goals of this program are to train individuals to become principal investigators on grants related to clinical research. Most of the students in this program are current faculty and clinicians (with terminal degrees) who enroll part-time over a two-year period to learn grant writing and grant administration skills needed to excel as researchers in academic medicine. Thus, this program targets a different student demographic and has a different purpose than the program that we propose to offer.

d) Other South Carolina programs

The Table below outlines the current offerings in South Carolina for other master’s programs in the health sciences:

Current Master’s Programs in South Carolina	
Institution	Program
Clemson University	Multi-year research-intensive MS degrees in Biological Sciences
Clemson University	One-year MS degree in Biological Sciences and Microbiology, targets K-12 teachers, online
USC Columbia	Multi-year research-intensive MS degrees in Biological Sciences and Biomedical Sciences
USC Upstate	Proposed Master of Sciences in Health Sciences

e) Overlap with other programs – state and nationwide

1) Overlap with statewide programs

A variety of other schools in South Carolina offer MS degrees in biological/biomedical sciences, however most of these are two-to-three year degree programs requiring a thesis. Clemson University offers a one-year MS degree in Biological Sciences and Microbiology. However, this program is offered online only and is focused on improving the skills of K-12 teachers. USC Columbia offers MS degrees in Biological Sciences and Biomedical Sciences, but again, these are multi-year, research degrees with the exception of their Master of Science in Library and Information Science, which is focused in an area entirely different from our proposed program. USC Upstate has proposed a two-year Master of Science in Health Sciences degree in conjunction with the Edward Via College of Osteopathic Medicine (<http://www.che.sc.gov/MeetingsEvents/ACAPMeetingsandMaterials/ACAPProgramPlanningSummaries.aspx>). While the goals of this program partially overlap with ours (i.e., to create more competitive applicants to professional schools) the structure is different, and it requires a research experience and a thesis and therefore is more comparable to the research-intensive programs already in existence at MUSC and USC Columbia. The College of Charleston, Claflin University, The Citadel, Winthrop University and Coastal Carolina all offer MS degrees in science, but not focused on health sciences and so are not included in this review.

Thus, the proposed program would be unique to South Carolina in offering a one-year master's program with intensive course study and preparation for careers in the health professions. As mentioned above, we believe students seeking entry into the proposed program will be a different demographic from students seeking to enroll in research-intensive, longer master's programs. The co-directors of the proposed program, Drs. Wright and Kasman, in their respective roles as chairs of the College of Graduate Studies PhD and combined research master's admissions committees, counsel many students seeking entry into graduate programs. In our experience, students seeking the research-intensive programs are undecided about whether they wish to attend medical school, apply to a PhD program, or attain the research skills required to work as lab managers and research technicians in academia or industry. Students seeking the current Certificate Program in Biomedical Sciences have been definitive about their goals of attending professional school and do not desire to enroll in the research-intensive master's programs. Thus, this year even though we saw a tripling of numbers of applicants to our certificate program, there has been no reduction of applicants for our research master's program from 2013 to 2014.

2) Overlap with national programs

While a one-year master's degree offering a broad based health sciences curriculum may be unique to South Carolina, it is not unique nationally. The Association of American Medical Colleges website mentioned above (<https://services.aamc.org/postbac/>) lists 192 programs nationally offering master's or certificate programs to help increase the competitiveness of students who are seeking entry into medical school and already have a baccalaureate degree. The schools offering master's programs in the Southeast region are excerpted from this listing and presented in the Table below. In addition, the average full-time enrollment period is included in the table and demonstrates that the majority of these programs take place over two semesters to one year. Schools that are members of the Southern Regional Education Board are indicated with an asterisk.

Program	State	Private/Public	Average Enrollment Time
<u>*University of South Florida Morsani College of Medicine: Masters in Medical Science with a concentration in Interdisciplinary Medical Science (IMS)</u>	FL	Public Institution	11 months
<u>*LSU Shreveport: Master of Science in Biological Sciences with Health Sciences Concentration</u>	LA	Public Institution	12 months
<u>*University of South Florida: One-year Master of Science in Medical Sciences</u>	FL	Public Institution	12 months
<u>Tulane University School of Medicine: One-Year Masters Program in Biochemistry & Molecular Biology</u>	LA	Public Institution	12 months
<u>*Georgetown University and George Mason University: MS Biomedical Sciences with emphasis in Systems Biology</u>	VA	Public Institution	11 months
<u>Tulane University School of Medicine: One Year Masters in Pharmacology Program</u>	LA	Private Institution	11 months
<u>*Texas Tech University Health Sciences Center: Pre-Medical Sciences, M.S. in Biomedical Sciences</u>	TX	Public Institution	20 months
<u>*University of North Texas Health Science Center : Biomedical Science Graduate Program</u>	TX	Public Institution	12 months
<u>North Carolina State University : Physiology Graduate Program</u>	NC	Public Institution	24 months
<u>Tulane University School of Medicine: One-Year Masters Program in Microbiology and Immunology</u>	LA	Private Institution	12 months
<u>*University of Mississippi Medical Center: Master's of Science in Biomedical Sciences</u>	MS	Public Institution	10 months
<u>Johns Hopkins University: Master of Health Science, Biochemistry and Molecular Biology, Bloomberg School of Public Health</u>	MD	Private Institution	9 months
<u>*University of Maryland</u>	MD	Public Institution	21 months (part time)
<u>Tulane University School of Medicine: Masters degree in Human Genetics - Hayward Genetics Center</u>	LA	Private Institution	10 months
<u>Georgetown University: MS Physiology & Biophysics - Complementary & Alternative Medicine (CAM) Program</u>	DC	Private Institution	11 months
<u>Tulane University: Cell and Molecular Biology One Year Masters</u>	LA	Private Institution	10 months
<u>Eastern Virginia Medical School: Medical Masters Program</u>	VA	Public Institution	10 months
<u>Barry University: Biomedical Sciences</u>	FL	Private Institution	22 months

Therefore, there are numerous programs regionally that have very similar goals and structure as our proposed Master of Science in Medical Sciences. However, we are uniquely positioned in the coastal region encompassing North Florida to Virginia to offer a program of this type. As described above, we are seeing a great deal of interest from students seeking to apply to our current certificate program.

6. Admissions criteria

All applicants must have completed a baccalaureate degree and must submit a recent (within 2 years) test score for their target profession (MCAT/DAT/GRE), transcripts from all undergraduate institutions attended, personal statement regarding their determination to attend professional school, resume, and three letters of reference. Applicants who have previously applied to professional schools may substitute that application (e.g. AMCAS) instead.

Admissions criteria for this program are set such that an individual who successfully completes all requirements for the Master of Science in Medical Sciences will have an excellent chance of being admitted to a professional school in their field of choice. Specifically, competitive applicants to the proposed program will have obtained the following:

- Undergraduate grade point average at or above 3.0 Coursework should be consistent with that required by their professional school of choice.
- National admissions test score at or above the 40th percentile. Currently:
 - MCAT at or above 24
 - DAT at or above 17/18
 - GRE at or above 300

Applicants without these credentials are unlikely to be competitive for professional school even with an MS in Medical Sciences credential. Exceptions may be made for applicants with unusual characteristics that provide added value in their application, such as current employment as a health care provider, significant research experiences, a documented underrepresented or disadvantaged background, or fluency in two or more languages.

7. Enrollment

Assumptions for Table A- Total Projected Enrollment:

1. the program is a one year (3 semester) program
2. new students are required to start in the summer semester
3. all enrollees will be new to MUSC each year
4. all students will take a minimum of 11 credit hours per semester (minimum required)
5. there will be some attrition between the last two (fall and spring) semesters
6. half the students will take an elective (4 credits) in the fall and spring semesters

PROJECTED TOTAL ENROLLMENT						
YEAR	FALL		SPRING		SUMMER	
	Headcount	Credit hours	Headcount	Credit hours	Headcount	Credit hours
2015-16	18	234	16	208	18	198
2016-17	18	234	16	208	18	198
2017-18	18	234	16	208	18	198
2018-19	18	234	16	208	18	198
2019-20	18	234	16	208	18	198

8. Curriculum

The proposed curriculum for the Master of Science in Medical Sciences will require a minimum of 33 credit hours over three consecutive semesters and does not require a thesis. The curriculum is outlined in the following table:

Summer Semester (10 weeks)	Fall Semester (15 weeks)	Spring Semester (15 weeks)
BSC 700 Online Histology (Ogilvie/Sawyer) 4 credits	BSC 712 Biochemistry (Palanisamy) 3 credits	BSC 714 Oral Immunobiology (Westwater) 4 credits
BSC 704 Standardized test preparation (Wright/ Kasman/ student SIs) 3 credits	BSC 702 Anatomy (Bacro) 4 credits	BSC 716 Clinical Microbiology (Schmidt/Kasman) 4 credits
BSC 706 Professional Development (Wright/Kasman) 1 credit	CGS 700 Biostatistics (Martin) 4 credits	MSCR 724 Introduction to Clinical Trials (King) 3 credits
BSC 708 Grand Rounds (Halushka) 1 credit		
CCRT Core Clinical Research Training (online or classroom, offered several times per year) 2 credits	Electives	Electives
Total of 11 credits	Total of 11-15 credits	Total of 11-15 credits

With the exception of histology, all courses are taught face-to-face on the MUSC campus. The CCRT is a course offered several times per year through our South Carolina Clinical and Translational Research Institute (SCTR) and offers training in clinical trials ethics, research misconduct, and informed consent procedures. BSC courses 704, 706, 708 and 702 were developed specifically for this program and contain only the students in this program, giving them intensive time with the course instructors. BSC 704 offers tutoring and preparation for taking the MCAT and DAT. Most students in our current certificate program have raised their standardized test scores on retaking the exam, with one student increasing his MCAT score by 8 points. Professional development offers workshops on writing personal statements, stress and time management, writing CVs, and has visiting speakers who address national trends in health care, and financing the cost of professional school. In Grand Rounds students are expected to attend one grand rounds presentation per week on the MUSC campus and to write a paper describing the topic of the presentation. This provides them with practice in writing as well as

exposing them to numerous and diverse issues in contemporary medicine, including dental medicine.

BSC 712, 716 and 714 are sections of courses offered to MUSC's dental students and the Master of Science in Medical Sciences students will take the courses alongside the dental students. This offers them the unique opportunity to interact with other health professions students and to experience the coursework similarly to how it will be offered once they enter a professional school program. Students interested in dental school will be required to re-take these courses as part of the dental school curriculum if they matriculate to MUSC. The rationale for retaking the courses is to place the material in the context of the entire dental school curriculum, and to allow faculty to assess the students' progress relative to the entire class. Also, if the students did not re-take the coursework there would be a three-year gap between the coursework and their national board exams, potentially having a negative effect on the students' performance. We expect this coursework to prepare students interested in medical school to be more fully prepared for their future coursework, but the courses will not substitute (at least at MUSC) for the coursework in medical school.

The coursework for the proposed program is essentially identical to the coursework already established for the Certificate Program in Biomedical Sciences program with the exception of added coursework in clinical trials and biostatistics. These courses were added to give participating students additional employment opportunities should they not seek to enter professional school at the end of the year. In addition, this coursework is valuable to physicians and dentists in academic settings and in understanding the process of working with patients who enroll in clinical trials.

Additional elective courses are available. Suitable electives include PCOL 625 (Physiology), HAP 635 (The Language of Medicine), HAP 704 (Health Policy), PROS 901 (Introduction to Dentistry – for students entering dental programs), IP 704 (Smiles for Life), and IP 732 (History of Health Sciences), CGS 710 (Essentials of Scientific Practice), CGS 711 (Diversity in Science), and a clinical experience called A Month in the Research Nexus where students would get hands-on experience in running and developing clinical research projects.

To receive the MS in Medical Sciences degree, the student must be enrolled as a full-time student (minimum of 11 credits per session), submit a portfolio at the end of fall semester (consisting of their CV, personal statement, and two Grand Rounds reports), pass all honors-pass-fail courses, and finish with a cumulative minimum grade point average of 3.0 in the required merit graded courses.

9. Assessment

The mission of the Master of Science in Medical Sciences program is to develop students who are strong candidates for acceptance into a graduate health professions program. In addition, graduates will have advanced knowledge of foundations of human health and disease, thus preparing them for careers in health sciences should they not enter a graduate health sciences degree program. The effectiveness of the degree program will be assessed through both program outcomes and student learning outcomes, with data collected and reviewed annually, as described below.

Program Outcome: The program prepares students for a future career in health sciences

Measured by [Target % of students]

- Percent of graduates that apply that are accepted within one year of graduation into a professional health care program [80%]
- Percent of students who agree/strongly agree that they received a high quality education in the program (from exit interview) [90%]
- Percent of students who graduate within one year of program entry [95%]

Note: While we realize that there may be some attrition for our program, we have set a rigorous target of 95% of students will complete the program in one year. Reasons that students do not complete the program will be determined by exit interview, allowing us to measure and track reasons for less than ideal outcomes and perform program improvements.

Student Learning Outcome 1: Graduates will exhibit the professionalism required of medical/dental/allied healthcare students

Measured by [Target % of students]

- Organization of student portfolio contents (see below) meets or exceeds expectations, based on a standardized rubric [95%]
- Clarity of student portfolio contents meets or exceeds expectations, based on a standardized rubric [95%]
- Completeness of student portfolio contents meets or exceeds expectations, based on a standardized rubric [95%]

Note: Professionalism outcomes for each student will be evaluated through their performance portfolio that will include submission of two written evaluations of grand rounds attended, a CV, and a personal statement for application to medical / dental /allied health school. These materials will be evaluated by the program directors for organization, clarity, and completeness using a standardized scoring rubric to determine whether the portfolio meets/does not meet expectations.

Student Learning Outcome 2: Graduates will understand fundamental concepts in cell biology and disease processes

- Performance on test of histology knowledge meets or exceed expectations based on specific criteria communicated to the student at the start of the course [90%]
- Performance on test of anatomy knowledge meets or exceed expectations based on specific criteria communicated to the student at the start of the course [90%]
- Performance on test of biochemistry knowledge meets or exceed expectations based on specific criteria communicated to the student at the start of the course [90%]

Use of data to make improvements: Review of Program Outcomes and Student Learning Outcomes will be conducted annually. These results are stored centrally in MUSC's Office of Institutional Effectiveness. Results are examined annually and assessments will remain constant for at least three years to afford trend analysis. Per university policy, at least every three years, academic program faculty meet to examine trends in program outcomes and student learning outcomes to determine appropriate modifications to be made to improve outcomes.

10. Faculty

Table B: Faculty list for required courses

Rank	Highest degree earned	Field of Study	Teaching in Field (Yes/No)
Professor #1	PhD	Microbiology and Immunology	Yes
Professor #2	PhD	Education	Yes
Professor #3	PhD	Cell Biology and Anatomy	Yes
Professor #4	PhD	Developmental Biology and Anatomy	Yes
Professor #5	MD, PhD	Pharmacology and Medicine	Yes
Professor #6	PhD	Biochemistry	Yes
Associate Professor #1	PhD	Cell Biology and Anatomy	Yes
Associate Professor #2	PhD	Microbiology and Immunology	Yes
Associate Professor #3	PhD	Microbiology and Immunology	Yes
Associate Professor #4	PhD	Microbiology and Immunology	Yes/No*
Associate Professor #5	PhD	Biochemistry	Yes
Assistant Professor #1	PhD, DMD	Molecular Biochemistry and Dentistry	Yes
Assistant Professor #2	PhD	Biochemistry	Yes
Assistant Professor #3	PhD	Public Health Sciences / Biostatistics	Yes
Clinical Instructor #1	M.S.W.	Psychiatry and Behavioral Sciences	Yes

*No formal training in standardized test prep or professional development coaching.

b) Enumeration and qualifications for new faculty. No new faculty will be hired specifically for this program. All current faculty listed above and all future faculty will have been hired to full time MUSC faculty positions, hold terminal degrees in their field, and be expected to fulfill multiple responsibilities. As for all faculty positions at MUSC, the hiring process is the responsibility of individual departments, with final offers subject to approval by the Dean of each college. One part-time (25% FTE) Program Coordinator position will be added to provide office support for this program. The individual for this support staff position will be required to have entry level qualifications for an administrative assistant.

c) No anticipated new faculty positions. As stated above, all proposed faculty for this program are currently employed by MUSC. The majority of credit hours required for this program consist of courses also taught to dental students, and therefore any additional teaching load is only that associated with having 16-18 more students in a classroom that formerly had 70-80 students. Online courses (BSC 700 and Core Clinical Research Training), MSCR 724, and all electives are likewise offered regardless of enrollment of MS in Medical Science students. The pass-fail-honors courses are team taught and require only 2-3 hours annually of individual faculty time. Only BSC 700 (Biostatistics) and 702 (Anatomy) consist of classroom time exclusively for the MS in Medical Science students. However, these courses are nearly identical in content to other courses taught by the respective faculty, and therefore the additional faculty time consists

mostly of 4 hrs of classroom face-to-face time per week. Therefore, no reassignments or additional positions are anticipated for implementation of this program at MUSC.

d) Faculty development. Faculty members who are part of the MS in Medical Sciences program will have numerous excellent opportunities to learn methods of teaching instruction and teaching design at MUSC. The MUSC Center for Academic Excellence, which is directed by full-time education professionals, provides one-on-one teaching improvement consultations for lecturing, small group facilitation, or online teaching for faculty members. They also offer feedback on teaching materials including teaching for multiple learning styles and assist with syllabi development for promotion of critical thinking, active learning, and test construction. These written materials provide guidance in constructive feedback and strategies for helping students study effectively. During the academic year, education professionals from the Center for Academic Excellence provide assessment and evaluation of lectures given by faculty.

Faculty development sessions to assist faculty with improvements of their teaching are provided in two additional ways. The college of Graduate Studies offers a course called Teaching Techniques (CGS 725) that is focused on helping participants learn the foundations of pedagogy. In addition, there are sessions held by the MUSC Apple Tree Society, which hosts seminars at least monthly that are open to faculty, staff and students. During the 2010-2011 academic year, 20 sessions were offered which focused primarily on the effective use of technology in the classroom. All faculty development sessions are also recorded and posted on the Apple Tree Website for easy access by faculty who are unable to attend. Some departments also send their course directors to annual or bi-annual national and regional society meetings and workshops for educators. All course directors and instructors in the curriculum will receive student feedback on their teaching, in both numerical and narrative form. These reports are also sent to their department Chairs.

All full-time faculty members at MUSC are expected to publish in scholarly journals. Appointment and promotion in all faculty tracks require authorship contribution on a minimum number of refereed publications. Annual faculty contracts include a statement regarding percent effort protected for scholarship, the amount of which is negotiated at the department level between the faculty member and his or her Chair each year. The Deans have formalized mentoring as one of the strategic goals of the university, and all Chairs have developed mentoring plans for their departments. For a copy of each department's mentoring plan visit http://academicdepartments.musc.edu/com/faculty/dept_mentoring.htm

At the institutional level, there are a number of resources that support clinical, educational, translational, and basic science research. These are advertised on the MUSC Research and Discovery website and include the Office of Research Development which identifies funding opportunities, develops proposal concepts, networks faculty members with complementary interests, provides grant-writing consultation and workshops, offers pre-submission critiques, compiles institutional data, and prepares competitive proposals for research resources and research training. Evidence of the success of support for faculty research is the fact that MUSC set a new record in 2010-2011 for total grant support from outside sources of \$238 million.

e) The institutional definition of FTE (full-time equivalent) is a position authorized by the state reflecting a percentage of effort.

f) Table C- Unit Administration, faculty and staff support table.

UNIT ADMINISTRATION, FACULTY, AND STAFF SUPPORT						
YEAR	NEW		EXISTING		TOTAL	
Administration						
	Headcount	FTE	Headcount	FTE	Headcount	FTE
2015-16	0	0	2	0.2	2	0.2
2016-17	0	0	2	0.2	2	0.2
2017-18	0	0	2	0.2	2	0.2
2018-19	0	0	2	0.2	2	0.2
2019-20	0	0	2	0.2	2	0.2
TOTAL	0	0	2	0.2	2	0.2
Faculty						
2015-16	0	0	15	0.75*	15	0.75
2016-17	0	0	15	0.75	15	0.75
2017-18	0	0	15	0.75	15	0.75
2018-19	0	0	15	0.75	15	0.75
2019-20	0	0	15	0.75	15	0.75
TOTAL	0	0	15	0.75	15	0.75
Staff						
2015-16	1	0.25	0	0	1	0.25
2016-17	0	0	1	0.25	1	0.25
2017-18	0	0	1	0.25	1	0.25
2018-19	0	0	1	0.25	1	0.25
2019-20	0	0	1	0.25	1	0.25
TOTAL	1	0.25	0	0	1	0.25

*15 faculty at 0.05 FTE per individual = $15 \times 0.05 = 0.75$ FTE

11. Physical Plant

Annual enrollment in this program is estimated at about 18 students/year, which is small given the total annual enrollment in the College of Graduate Studies at MUSC. Current classrooms and facilities in the Basic Sciences, Library, and Bioengineering Buildings have been adequate for the Certificate Program in Biomedical Sciences and will continue to be adequate for the proposed master's program. Classrooms at MUSC are equipped with state-of-the-art computers, projection equipment, recording equipment, microphones, etc.

12. Equipment

No new equipment is anticipated for this program.

13. Library Resources

Current library resources at MUSC are adequate to support the program. The MUSC Library serves as a database and knowledge center, academic computing support unit, electronic

education center, and leader in information planning. Online resources include major biomedical databases (e.g., Scopus, CINAHL, PsycINFO, SciFinder Web, and PubMed). Resources include drug information (Lexicomp Online, the Electronic Orange Book), consumer health (Hands on Health, MedlinePlus, Health Reference Center), clinical decision support systems (DynaMed, UpToDate, DDX), Clinical Practice Guidelines, clinical trials, evidence-based practice (Cochrane, the TRIP database), government resources (Toxnet, Federal Register, Code of Federal Regulations, SC and US Statistical Abstracts), the Computational Biology Resource Center, over 30,000 electronic books (Procedures Consult, Harrison's Online, AccessMedicine) and e-journal packages with over 19,000 individual journals), statewide shared academic databases (Collegiate DISCUS, DISCUS), and other resources that provide a wealth of global 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 Library includes the Instructional Technology Lab for web-based instruction and curriculum evaluation, and the Informatics Lab with more than 180 microcomputers and peripheral equipment. In addition to off-campus remote access to collections and information, the Library maintains 250 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 and the Southeast.

14. Accreditation, Approval, Licensure, or Certification

Not applicable for this program.

15. Articulation

The proposed program leads to a master's degree and, as such, is not a terminal degree. MUSC participates in the South Carolina Transfer and Articulation (SC TRAC) program but does not offer general education courses and students rarely transfer in or out of our graduate degree programs.
(<http://www.sctrac.org/MedicalUniversityofSouthCarolina/TransferProfile/tabid/476/Default.aspx>).

16. Estimate of Costs and Sources of Financing

The proposed program costs will be similar to the current costs for the Certificate of Biomedical Sciences program. Therefore, most of the necessary faculty and staff are in place and the program will not incur any unique costs or special state appropriations. Tuition will be the primary source of funding. However, the program will incur additional costs over current costs of the certificate program to offer the Biostatistics course at approximately \$7,000 (taking into account credit hours and %FTE needed for teaching), and will need additional administrative staff to accommodate the increased student load at an estimated cost of \$9,500 for 25% effort for a Program Coordinator. This person will be responsible for advertising the program, collating applications, correspondence with applicants, orientation, registration, general paperwork, and program evaluation.

In Table D we estimate that there will be 18 students/year participating in the program and that 5 of them will be out of state (based on the number of out of state students enrolled in year 3 of the current Certificate in Biomedical Sciences Program). Tuition income is based on

2014-2015 numbers published on the MUSC web site (http://academicdepartments.musc.edu/esl/em/records/fees_14.html).

Table D- Estimated Costs by Year****						
Category	1st	2nd	3rd	4th	5th	TOTALS
Program Administration*	22,585	22,585	22,585	22,585	22,585	112,925
Faculty Salaries**	74,756	74,756	74,756	74,756	74,756	373,780
Graduate Assistants	0	0	0	0	0	0
Clerical/Support Personnel	9,500	9,500	9,500	9,500	9,500	47,500
Supplies and Materials***	1,800	1,800	1,800	1,800	1,800	9,000
Library Resources	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Other (Identify)	0	0	0	0	0	0
TOTALS	108,641	108,641	108,641	108,641	108,641	543,205
Sources of Financing by Year						
Tuition Funding	377,745	377,745	377,745	377,745	377,745	1,888,725
Program-Specific Fees	56,898	56,898	56,898	56,898	56,898	284,490
State Funding	0	0	0	0	0	0
Reallocation of Funds	0	0	0	0	0	0
Federal Funding	0	0	0	0	0	0
Other Funding (Specify)	0	0	0	0	0	0
TOTALS	434,643	434,643	434,643	434,643	434,643	2,173,215

* Program administration based on %FTE for program directors

**Faculty salaries based on number of students matriculating and credit hours for courses taught

***Supplies and materials based on costs of standardized test preparation materials for students and advertising costs

****All costs are the costs for new program elements and do not include infrastructure costs for the students

Medical University of South Carolina
COLLEGE OF DENTAL MEDICINE
ABBREVIATED CURRICULUM VITAE

Date: May 19, 2014

Name: Martin Amy Brock
 Last First Middle

Citizenship and/or Visa Status: U.S.

Office Address: _____ Telephone: 803-359-5548

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
University of South Carolina	1989-1994	B.S./1994	Psychology
University of South Carolina	1995-1997	MSPH/1997	Public Health
University of South Carolina	1999-2004	DrPH/2004	Public Health
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

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

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

Board Certification:	_____	<u>Date:</u> _____
	_____	<u>Date:</u> _____
	_____	<u>Date:</u> _____
	_____	<u>Date:</u> _____
Licensure:	_____	<u>Date:</u> _____
	_____	<u>Date:</u> _____
	_____	<u>Date:</u> _____

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2004	Adjunct Assistant Professor	University of South Carolina	Health Promotion, Education, and Behavior
2005-2012	Research Assistant Professor	University of South Carolina	Health Services Policy and Management
2012-present	Research Associate Professor	University of South Carolina	Health Services Policy and Management
2014-present	Adjunct Associate Professor	Medical University of South Carolina	Oral Health Sciences
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical University of South Carolina
COLLEGE OF DENTAL MEDICINE
ABBREVIATED CURRICULUM VITAE

Date: 21 APRIL 2014

Name: BLANTON PATRICIA LOUISE
Last First Middle

Citizenship and/or Visa Status: USA

Office Address: 173 ASHLEY AVENUE MSC 507, CHARLESTON, SC 29425- Telephone: 843-792-8723

Education: (*Baccalaureate and above*)

Institution	Years Attended	Degree/Date	Field of Study
HARDIN SIMMONS UNIVERSITY	1959-1962	BA	CHEMISTRY
BAYLOR COLLEGE OF GRADUATE STUDIES	1962-1964	MS	ANATOMY
BAYLOR COLLEGE OF GRADUATE STUDIES	1964-1967	PhD	ANATOMY
BAYLOR COLLEGE OF DENTISTRY	1970-1974	DDS	DENTISTRY

Graduate Medical Training: (*Chronological*)

Internship	Place	Dates

Residencies or Postdoctoral:	Place	Dates
PERIODONTICS	BAYLOR COLLEGE OF DENTISTRY/ VETERANS ADMINISTRATION	1974/1975

Board Certification:	AMERICAN DOARD OF ORAL MEDICINE	Date: 1983
	AMERICAN BOARD OF PERIODONTICS (BOARD ELIGIBLE)	Date:
		Date:
		Date:

Licensure:	TX	Date: 1974
	SC	Date: 2014
	COL	Date: 1974
		Date:

Faculty appointments: (*Begin with initial appointment*)

Years	Rank	Institution	Department
1998	PROFESSOR EMERITUS	BAYLOR COLLEGE OF DENTISTRY	BIOMEDICAL SCIENCES
1983-1985	PROFESSOR AND CHAIR	BAYLOR COLLEGE OF DENTISTRY	BIOMEDICAL SCIENCES
1976-1985	ASSOCIATE PROFESSOR	BAYLOR COLLEGE OF DENTISTRY	ANATOMY DEPARTMENT
1974-1976	ASSISTANT PROFESSOR	BAYLOR COLLEGE OF DENTISTRY	ANATOMY DEPARTMENT
1970-1974	CLINICAL INSTRUCTOR	BAYLOR COLLEGE OF DENTISTRY	ANATOMY DEPARTMENT
1963-1967	TEACHING ASSISTANT	BAYLOR COLLEGE OF DENTISTRY	ANATOMY DEPARTMENT

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Farrah M. Hughes, Ph.D.

Date: 7/15/2014

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>
1998	Wake Forest University	B.A., Honors	Psychology
2001	University of Tennessee - Knoxville	M.A.	Psychology
2005	University of Tennessee - Knoxville	Ph.D.	Clinical Psychology

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

South Carolina; Licensed Psychologist

Date: 2007

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
08/2005 - 08/2011	Assistant Professor	Francis Marion University	Psychology
08/2011 - Present	Associate Professor	Francis Marion University	Psychology
2014 - Present	Associate Professor	MUSC - Florence	COM Faculty From AHEC Division of Family Medicine

First Appointment to MUSC:

Rank: Associate Professor

Date: 2014

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

	<u>5/31/2014</u>	<u>5/31/2013</u>
Assets		
Cash and cash equivalents	\$843,296	\$951,686
Interest receivable	\$2,023	\$2,211
Accounts receivable - Licensees, net of allowance	\$146,397	\$184,586
Accounts receivable - Other - Long Term	\$0	\$81,208
Accounts receivable - MUSC	\$60,689	\$131,012
Prepaid expenses	\$20,988	\$55,384
Investments	\$309,873	\$319,470
Property and equipment, net	\$305	\$351
Total Assets	<u><u>\$1,383,571</u></u>	<u><u>\$1,725,907</u></u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$151,918	\$224,792
Accounts payable - MUSC	\$354,107	\$311,651
Due to UMA - accrued personnel expenses	\$27,464	\$19,618
Unearned revenue and deposits	\$100,857	\$88,112
Total Liabilities	<u>\$634,347</u>	<u>\$644,174</u>
Net Assets		
Total Net Assets	<u>\$749,224</u>	<u>\$1,081,732</u>
Total Liabilities and Net Assets	<u><u>\$1,383,571</u></u>	<u><u>\$1,725,907</u></u>

MUSC Foundation for Research Development Income Statement

	<u>Actual 5/31/2014</u>	<u>YTD Budget</u>
Revenues		
Contracts, grants and awards	\$962,500	\$962,500
License fees and royalties	\$301,692	
Distributions to MUSC, inventors, departments and labs	<u>(\$196,885)</u>	
License fees and royalties, net of distributions	\$104,807	\$114,583
Investment income	\$13,559	\$9,167
Miscellaneous income	\$53,776	\$0
Other revenues - program services	<u>\$18,300</u>	<u>\$0</u>
Total Revenues	<u>\$1,152,941</u>	<u>\$1,086,250</u>
Expenses		
Personnel	\$804,855	\$682,458
Patent prosecution costs, net of recovery	\$223,175	\$316,250
Professional fees	\$31,350	\$32,083
Administrative expenses		
IT maintenance - software and hardware	\$10,091	\$12,925
Telephone	\$9,256	\$9,808
Travel		
Travel - Non-employee	\$14,769	\$18,333
Travel - Employee	\$6,832	\$18,333
Professional development-conferences & continuing education	\$5,697	\$12,788
Office supplies, support and equipment	\$14,759	\$14,392
Real property rental	\$20,793	\$22,917
Lease payments	\$13,220	\$11,000
Insurance	\$12,545	\$13,750
Dues, memberships and subscriptions	\$4,965	\$3,667
Special activities	\$13,611	\$9,167
Depreciation expense	\$46	\$46
Bad debt expense	\$2,045	\$0
Total Administrative expenses	<u>\$128,629</u>	<u>\$147,125</u>
Other expenses - program services	<u>\$32,578</u>	<u>\$0</u>
Total Expenses	<u>\$1,220,587</u>	<u>\$1,177,917</u>
NET SURPLUS/(DEFICIT) before transfer of Residuals	<u>(\$67,646)</u>	<u>(\$91,667)</u>
Surplus Funds from FY12 to be used in FY14	\$0	\$91,667
NET SURPLUS/(DEFICIT) before transfer of Residuals	<u>(\$67,646)</u>	<u>\$0</u>
Residuals transferred to MUSC	(\$181,185)	\$0
NET SURPLUS/(DEFICIT)	<u><u>(\$248,831)</u></u>	<u><u>(\$91,667)</u></u>

**FACILITIES
ACADEMIC
NEW LICENSE AGREEMENT
FOR INFORMATION**

AUGUST 8, 2014

DESCRIPTION OF LICENSE AGREEMENT: The purpose of this license agreement is to provide space for the Institute for Applied Neurosciences which is a startup company that is licensed by the MUSC Foundation for Research Development. The Institute for Applied Neurosciences will occupy 444 square feet of office/lab space in the Clinical Sciences Building, rooms HE312D and HE405. The per square foot rate for this license agreement is \$23.75 for office space and \$35.12 for lab space. The monthly amount will be \$1,166.15 (rounded), resulting in an annual amount of \$13,993.84.

This agreement may be terminated at any time with a thirty-day written notice.

NEW LICENSE AGREEMENT X
RENEWAL LICENSE AGREEMENT

LICENSOR: Medical University of South Carolina

LICENSOR CONTACT: Rachel Jones, Leasing Manager, 792-5996

LICENSEE: The Institute for Applied Neurosciences

LICENSEE CONTACT: Mark Semler, Principal Investigator, 201-264-4871

SOURCE OF FUNDS: The Institute for Applied Neurosciences

LICENSE AGREEMENT TERMS:

TERM: One (1) year [7/1/2014-6/30/2015]
AMOUNT PER SQUARE FOOT: \$23.75 office/\$35.12 lab
ANNUALIZED AMOUNT: \$13,993.84

EXTENDED TERM: Three (3) terms, one (1) year each
TOTAL AMOUNT OF EXTENDED TERM: \$41,981.52

TOTAL AMOUNT INCLUDING EXTENDED TERMS: \$55,975.36

OPERATING COSTS:
FULL SERVICE X
NET

**FACILITIES
ACADEMIC
NEW LICENSE AGREEMENT
FOR INFORMATION**

AUGUST 8, 2014

DESCRIPTION OF LICENSE AGREEMENT: The purpose of this license agreement is to provide space for Leukogene Therapeutics, Inc. which is a startup company licensed by the MUSC Foundation for Research Development. Leukogene Therapeutics, Inc. will occupy 300 square feet of lab space in the Basic Science Building, room BS311. The per square foot rate for this license agreement is \$35.12. The monthly amount will be \$878.00, resulting in an annual amount of \$10,536.00.

This agreement may be terminated at any time with a thirty-day written notice.

NEW LICENSE AGREEMENT X

RENEWAL LICENSE AGREEMENT

LICENSOR: Medical University of South Carolina

LICENSOR CONTACT: Rachel Jones, Leasing Manager, 792-5996

LICENSEE: Leukogene Therapeutics, Inc.

LICENSEE CONTACT: Nathan Dolloff and Frank Marcoux, Principal Investigators, 215-272-5203

SOURCE OF FUNDS: Leukogene Therapeutics, Inc.

LICENSE AGREEMENT TERMS:

TERM: One (1) year [7/1/2014-6/30/2015]

AMOUNT PER SQUARE FOOT: \$35.12

ANNUALIZED AMOUNT: \$10,536.00

EXTENDED TERM: One (1) term, six (6) months [7/1/2015-12/31/2015]

TOTAL AMOUNT OF EXTENDED TERM: \$5,268.00

TOTAL AMOUNT INCLUDING EXTENDED TERMS: \$15,804.00

OPERATING COSTS:

FULL SERVICE X

NET

**FACILITIES
ACADEMIC
NEW LEASE
FOR INFORMATION**

AUGUST 8, 2014

DESCRIPTION OF LEASE: This lease is for 2,200 square feet of office space located at 1 Carriage Lane, Unit J in West Ashley. This lease will provide space for the Department of Pediatrics; MUSC Boeing Center for Children's Wellness and the South Carolina Program for Infants and Toddler Care (SC PITC). The per square foot rent rate for this lease is \$13.09 (rounded). The monthly rent shall be \$2,400.00 resulting in an annual rent of \$28,800.00. Rent shall increase 3% annually.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: Red Label Real Estate Holdings, LLC

LANDLORD CONTACT: Mustafa Ozyurt, Property Manager/Owner, 843-364-2133

TENANT NAME AND CONTACT: Suzanne Scott, Department of Pediatrics, 792-6942

SOURCE OF FUNDS: SC PITC funded by the South Carolina Department of Social Services

LEASE TERMS:

TERM: Two (2) years [8/15/2014-8/14/2016]

AMOUNT PER SQUARE FOOT: \$13.09

ANNUALIZED LEASE AMOUNT:

Year 1 \$28,800.00

Year 2 \$29,664.00

TOTAL AMOUNT OF LEASE: \$58,464.00

EXTENDED TERM: One (1) term, one (1) year [8/15/2016-8/14/2017]

TOTAL AMOUNT OF EXTENDED TERM: \$30,553.92

TOTAL AMOUNT INCLUDING EXTENDED TERMS: \$89,017.92

OPERATING COSTS:

FULL SERVICE

NET X [Taxes/Insurance Included]

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
AUGUST 8, 2014**

MUSC Indefinite Delivery Releases

ADC Engineering, Inc. \$7,500.00

Provide roofing and waterproofing consulting services to determine cause of current leaks in the Drug Discovery Building.

ADC Engineering, Inc. \$7,500.00

Provide roofing and waterproofing consulting services to determine cause of current leaks in the Bioengineering Building.

RMF Engineering, Inc. \$39,060.00

Provide mechanical engineering services relating to the Building Control Banding Rebalancing in support of the Basic Science Building East Air Handler Unit project.

MECA, Inc. \$13,100.00

Provide mechanical engineering services associated with extending the hot water systems in the College of Health Professions Building and installing replacement VAV boxes.

ADC Engineering, Inc. \$20,500.00

Provide engineering services in support of the Deferred Maintenance 2012 - Education Center/Library HVAC 3rd and 4th Floor Replacement project.

S&ME, Inc. \$1,570.00

Perform personal lead air sampling on one worker and one downwind lead air sample in support of removal of lead paint at 168 Ashley Avenue.

S&ME, Inc. \$1,280.00

Provide lead air sampling in support of renovations at 45 Bee Street.

Rosenblum Coe Architects, Inc. \$26,500.00

Prepare programming study for possible Clinical Science Building 8th Floor Renovation project at the request of the customer.

Rosenblum Coe Architects, Inc. \$23,325.00

Provide conceptual design for interior renovation of existing Fort Johnson house from offices to potential use as a retreat/conference facility.

DWG, Inc. Consulting Engineers \$12,800.00

Provide engineering and registered communication distribution designer services for establishing MUSC Communication System Standards at the request of Engineering and Facilities.

MUSC 230s

CEMS Engineering, Inc. \$1,900.00

Provide mechanical engineering services in support of the Institute of Psychiatry Fire Pump project.

Studio A, Inc. \$22,720.00

Provide architectural services in support of the Sebring Aimar House Exterior Repairs and Painting project.

Forsberg Engineering \$1,200.00

Provide civil engineering services in support of the College of Dental Medicine Drop-Off Drive project.

Studio A, Inc. \$3,480.00

Provide architectural services in support of the College of Dental Medicine Clinics Building Patient Drop Off Area project.

Palmetto Air & Water Balance \$3,750.00

Provide testing, adjustment and balancing of HVAC in support of the Bioengineering Building project.

SGA Architecture, LLC \$36,750.00

Provide additional architectural services in support of the Basic Science Building Dental Medicine Classroom Office Renovation project.

Charleston Construction Consultants \$680.00

Provide construction estimating services for the Dental Museum Exhibit project at the request of the customer.

ADC Engineering, Inc. \$3,890.00

Provide structural engineering and building envelope services for the relocation of a 450 gallon fuel storage tank from Clinical Science Building to the roof of the Institute of Psychiatry Building.

Other Contracts

SAFEbuilt Carolinas Inc. \$13,455.00

Provide special inspections in support of the Thurmond Gazes 2nd Floor Renovation project.

IDC Contracts

SGA Architecture, LLC

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 fees paid for this type of contract over a twenty-four month period cannot exceed \$150,000.00.

Studio A, Inc.

Provide architectural services under a small IDC contract on an as-needed basis throughout the campus with fees not exceeding \$50,000. Total fees paid for this type of contract over a twenty-four month period cannot exceed \$150,000.00.

Forsberg Engineering

Provide civil engineering services under a small IDC contract on an as-needed basis. No project to exceed \$50,000. Total fees paid for this type of contract over a twenty-four month period cannot exceed \$150,000.00.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
AUGUST 8, 2014**

MUSC Indefinite Delivery Releases

Huss, Inc. \$70,564.00

Installation of a liquid nitrogen tank enclosure adjacent to the Drug
Discovery Building.

Bonitz Contracting & Flooring Group \$18,396.14

Install 432 square yards of carpet tile and 840 linear feet of cove base on
the 4th Floor of the Alumni Memorial House in support of the Education and
Student Life Painting and Carpet Replacement project.

Bonitz Contracting & Flooring Group \$18,963.94

Install 440 square yards of carpet tile and 1080 linear feet of cove base
on the 3rd Floor of the Alumni Memorial House in support of the Education
and Student Life Painting and Carpet Replacement project.

Allen, H.R., Inc. \$82,147.00

Provide mechanical construction services in support of the Clinical Science
Building Children's Emergency Department Waiting Room Reheat project.

Hill Construction Services of Charleston Inc. \$123,253.00

Replace the fire water pump in support of the Institute of Psychiatry Fire
Water Pump Replacement project.

Hill Construction Services of Charleston Inc. \$203,847.00

Construct patient drop-off area at the entrance to the College of Dental
Medicine Clinics Building from Bee Street.

Hill Construction Services of Charleston Inc. \$84,754.00

Rework parking area at 165 Cannon Street in support of the Demolish Bank
Building and Create Additional Parking project.

Abate & Insulate, LLC \$1,655.00

Remove lead paint from all the pickets on the front stair rails that are
being modified by welding in support of the College of Nursing Floors 2-5
Renovation project.

Abate & Insulate, LLC \$3,361.00

Remove lead-based paint from remainder of exterior stair pickets not being welded in preparation for repair and repainting in support of the College of Nursing Floors 2-5 Renovation project.

Huss, Inc. \$33,105.00

Replace roof on the Paint Shop Building at the request of Engineering and Facilities.

Abate & Insulate, LLC \$360.00

Decontaminate the overhead deck in the Basic Science Building Auditorium in support of the Craniofacial Laboratory Renovation project.

Abate & Insulate, LLC \$1,152.00

Remove the loose and flaking lead paint and wash the front of 169 Ashley Avenue.

Huss, Inc. \$36,000.00

Make exterior wood repairs and painting at 45 Bee Street.

Bonitz Contracting & Flooring Group \$9,071.08

Install 208 square yards of carpet tile and 480 linear feet of cove base on the 4th Floor of the Alumni Memorial House at the request of the customer.

Bonitz Contracting & Flooring Group \$878.01

Install 14 square yards carpet and 120 linear feet cove base in Office EK121, 59 Bee Street, at the request of the customer.

Bonitz Contracting & Flooring Group \$1,489.81

Provide 216 square feet of vinyl tile and 100 linear feet of cove base in Room SS344 Alumni Center at the request of the customer.

Allen, H.R., Inc. \$9,327.00

Investigate and repair gas leaks in the Basic Science Building at the request of Engineering and Facilities.

Bonitz Contracting & Flooring Group \$2,229.21

Install 630 square yards of vinyl and 100 linear feet of cove base in Basic Science Room BS565 at the request of the customer.

Bonitz Contracting & Flooring Group \$12,068.01

Install flooring in Suite A103, Cyber Café and Elevators 200 & 201 of the College of Health Professions Building on Rutledge Avenue.

MSI Construction Co., Inc. \$9,009.00

Backfill Room BS309 Strom Thurmond with concrete and wire reinforcement as the request of the customer.

Bonitz Contracting & Flooring Group \$2,624.12

Install 63 square yards of carpet and 120 liner feet of cove base in Clinical Science Building Rooms HE214, HE214N1 and HE214Z1 at the request of the customer.

Abate & Insulate, LLC \$333.00

Remove, cleanup and dispose of transite siding and replace with plywood on 4th floor Harborview Parking Garage.

Bonitz Contracting & Flooring Group \$5,469.72

Provide 140 square yards of carpet and 200 linear feet of cove base in SC701I Harborview Office Tower at the request of the customer.

Bonitz Contracting & Flooring Group \$44,121.60

Install 5,238 square feet of sheet vinyl and 1,000 linear feet cove base on the 1st Floor of the Institute of Psychiatry at the request of the customer.

Bonitz Contracting & Flooring Group \$5,465.59

Install 105 square feet of carpet in the President's Suite in Colcock Hall at the request of the customer.

Bonitz Contracting & Flooring Group \$4,129.79

Install 96 square yards of carpet and 24 linear feet of cove base in Strom Thurmond Rooms BM326 through 326D at the request of the customer.

Bonitz Contracting & Flooring Group \$677.28

Install 72 square feet of sheet vinyl in Strom Thurmond Room 330 at the request of the customer.

Bonitz Contracting & Flooring Group \$7,608.31

Provide 168 square yards of carpet tile and 360 linear feet of cove base in Strom Thurmond Rooms BM149-151, 153 and 323 at the request of Engineering and Facilities.

MUSC General Construction Projects

Fenn-Vac LLC \$1,450.00

Deliver vac tanker to remove water from parking garage pressure washing operations and transport to US water recovery for disposal.

McCarter Mechanical Inc. \$164,672.00

Replace existing chiller located on the roof of the College of Nursing Building.

Huss, Inc. \$168,978.00

Perform exterior repairs to the Fort Johnson House.

Image Resource, LLC \$896.75

Supply and install large department ID dimensional letter signage in support of the Basic Science Building Microbiology and Immunology Renovations project.

Hill Construction Services of Charleston Inc. \$1,539,992.00

Complete renovation of the entire second floor of Thurmond Gazes Building to create faculty offices and staff work stations.

RTW Contracting \$9,280.00

Resurface asphalt at the College of Health Professions Building on President Street.