



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
December 12, 2014
101 Colcock Hall

Members of the Board of Trustees

Dr. Donald R. Johnson II, Chairman
Mr. William H. Bingham, Sr., Vice-Chairman
Dr. Stanley C. Baker, Jr.
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle
Dr. Harold W. Jablon
Ms. Barbara Johnson-Williams

Dr. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Dr. G. Murrell Smith, Sr.
Mr. Charles C. Schulze
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Cotesworth P. Fishburne, Jr.
Mrs. Claudia W. Peebles
Dr. Thomas C. Rowland, Jr.
Mr. Allan E. Stalvey
Dr. James E. Wiseman, Jr.

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, February 13, 2015.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of October 10, 2014.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. 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 5. Other Business.

OPERATIONS, QUALITY and FINANCE COMMITTEE. CHAIRMAN: DR. STANLEY C. BAKER, JR.

OLD BUSINESS:

NEW BUSINESS:

Item 6. Medical University Hospital Authority Status Report.

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

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

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

Item 8. North Charleston Infusion Center Certificate of Need (CON).

Statement: Dr. Pat Cawley will request approval to submit a Certificate of Need application for a Linear Accelerator to be housed in the North Charleston Infusion Center as part of a long-term strategy to build MUSC's cancer presence in the North area.

Recommendation of Administration: That the request be approved.

Recommendation of Committee:

Board Action:

Item 9. Report on Quality and Patient Safety.

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

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

Recommendation of Committee:

Board Action:

Item 10. Update 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 11. 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 12. Other Committee Business.

CONSENT ITEMS FOR APPROVAL:

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

Item 14. Revisions to Medical Staff Bylaws.

Item 15. Revisions to Medical Staff Rules and Regulations.

Item 16. Revisions to Medical Staff Credentials Manual.

CONSENT ITEMS FOR INFORMATION:

Item 17. Medical Executive Committee Minutes.

Item 18. Contracts and Agreements.

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

OLD BUSINESS:

NEW BUSINESS:

Item 19. 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 20. 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 21. Other Committee Business.

CONSENT ITEMS FOR INFORMATION:

Item 22. Facilities Contracts Awarded.

CHILDREN'S HOSPITAL COMMITTEE. CHAIRMAN: DR. DONALD R. JOHNSON II

OLD BUSINESS:

NEW BUSINESS:

Item 23. Operations and Facilities Report.

Statement: Dr. Pat Cawley and Mr. Matt Wain will present a report on the operations and facilities of the Children's Hospital.

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

Recommendation of Committee:

Board Action:

Item 24. Women's Services Update.

Statement: Dr. Jill Mauldin and Ms. Robin Mutz will present an update on Women's Services.

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

Recommendation of Committee:

Board Action:

Item 25. Clinical Overview.

Statement: Dr. Mark Scheurer will present a clinical report on the Children's Hospital.

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

Recommendation of Committee:

Board Action:

Item 26. Children's Hospital Financial Report.

Statement: Mr. Steve Hargett will present the financial report for the Children's Hospital.

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

Recommendation of Committee:

Board Action:

Item 27. Development Activity Report.

Statement: Mr. Jim Fisher will report on development activities for the Children's Hospital.

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

Recommendation of Committee:

Board Action:

Item 28. Other Committee Business.

AUDIT COMMITTEE. CHAIRMAN: THOMAS L. STEPHENSON, ESQ.

OLD BUSINESS:

NEW BUSINESS:

Item 29. External Auditor Exit Conference for FY2014 Audit.

Statement: Ms. Jennifer Hall, Senior Audit Manager with KPMG, will present the results of the External Audit.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 30. Legal Office Annual Report.

Statement: Ms. Annette Drachman will provide a report.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 31. Information Security (IS) Update.

Statement: Dr. Frank Clark will provide an information security update.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 32. 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 33. Other Committee Business.

CONSENT ITEMS FOR INFORMATION:

Item 34. Biennial Review of Audit Committee Charter.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 35. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 36. New Business for the Board of Trustees.

Item 37. Report from the Chairman.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Interim Financial Statements
October 31, 2014

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MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Net Position
October 31, 2014 and June 30, 2014

Assets and Deferred Outflows	At 10/31/2014	FYE 06/30/2014 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 60,776,284	\$ 65,306,824
Cash Restricted for Capital Improvements and Other Programs	18,598,188	14,240,889
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$90,039,000 and \$91,800,000	195,034,826	185,967,616
Due from Third-Party Payors	9,273,302	7,736,020
Other Current Assets	54,015,075	52,731,797
Total Current Assets	337,697,675	325,983,146
Investments Held by Trustees Under Indenture Agreements	46,068,758	44,526,123
Capital Assets, Net	515,713,729	529,810,043
Total Assets	899,480,162	900,319,312
Deferred Outflows	39,707,516	40,905,223
Total Assets and Deferred Outflows	\$ 939,187,678	\$ 941,224,535
 Liabilities and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 15,733,817	\$ 15,574,678
Current Installments of Capital Lease Obligations	535,702	265,386
Current Installments of Notes Payable	1,234,176	1,223,471
Due to Related Parties	6,888,072	7,027,911
Accounts Payable	45,459,907	57,285,376
Accrued Payroll, Withholdings and Benefits	55,198,017	57,017,997
Other Accrued Expenses	7,129,867	9,816,097
Unearned Revenue	2,782,433	-
Total Current Liabilities	134,961,991	148,210,916
Long-Term Debt	367,497,865	372,795,880
Capital Lease Obligations	1,892,410	88,018
Notes Payable	10,763,905	11,076,549
Other Liabilities	403,312	1,411,592
Total Liabilities	515,519,483	533,582,955
Net Position:		
Invested in Capital Assets, Net of Related Debt Restricted	154,940,186	165,859,820
Under Indenture Agreements Expendable for	46,068,758	44,526,123
Capital projects	3,445,253	3,357,463
Telemedicine Program	15,152,935	10,883,426
UnRestricted	204,061,063	183,014,748
Total Net Position	423,668,195	407,641,580
Total Liabilities and Net Position	\$ 939,187,678	\$ 941,224,535

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 4 Month Period Ending October 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Operating Revenue:		
Net Patient Service Revenue	\$ 406,979,294	\$ 376,527,772
Other Revenue	<u>8,083,824</u>	<u>5,824,865</u>
Total Operating Revenue	<u>415,063,118</u>	<u>382,352,637</u>
Operating Expenses:		
Compensation and Employee Benefits	172,390,628	153,955,897
Services and Supplies	204,622,983	187,589,735
Depreciation and Amortization	<u>20,200,632</u>	<u>17,178,345</u>
Total Operating Expenses	<u>397,214,243</u>	<u>358,723,977</u>
Operating Income (Loss)	17,848,875	23,628,660
NonOperating Revenue (Expense):		
State Appropriation	5,666,667	-
Investment Income	1,324,495	(1,331,967)
Interest Expense	(5,226,803)	(4,926,523)
Loss on Disposal of Capital Assets	<u>(3,586,621)</u>	<u>-</u>
Total NonOperating Revenue (Expense)	<u>(1,822,262)</u>	<u>(6,258,490)</u>
Change in Net Position	<u>\$ 16,026,613</u>	<u>\$ 17,370,170</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
SRECNA - Comparative Variance Analysis
For the 4 Month Period Ending October 31, 2014 and 2013

	Current Month			Comparative Period		Fiscal Year To Date			Comparative Period	
	Actual	Budget	Variance	Oct 2013	Variance	Actual	Budget	Variance	Oct FY2014	Variance
Operating Revenue:										
Net Patient Service Revenue	\$ 111,294,560	\$ 99,131,261	12.27%	\$ 99,656,409	11.68%	\$ 406,979,294	\$ 396,525,041	2.64%	\$ 376,527,772	8.09%
Other Revenue	2,302,623	2,010,480	14.53%	1,758,968	30.91%	8,083,824	8,041,918	0.52%	5,824,865	38.78%
Total Operating Revenue	113,597,183	101,141,741	12.31%	101,415,377	12.01%	415,063,118	404,566,959	2.59%	382,352,637	8.56%
Operating Expenses:										
Compensation and Employee Benefits	42,402,451	43,072,864	1.56%	39,476,624	-7.41%	172,390,628	172,291,455	-0.06%	153,955,897	-11.97%
Services and Supplies	56,213,491	48,439,033	-16.05%	51,060,224	-10.09%	204,622,983	193,756,117	-5.61%	187,589,735	-9.08%
Depreciation and Amortization	4,289,507	4,637,908	7.51%	2,761,201	-55.35%	20,200,632	18,551,632	-8.89%	17,178,345	-17.59%
Total Operating Expenses	102,905,449	96,149,805	-7.03%	93,298,049	-10.30%	397,214,243	384,599,204	-3.28%	358,723,977	-10.73%
Operating Income (Loss)	10,691,734	4,991,936	114.18%	8,117,328	31.71%	17,848,875	19,967,755	-10.61%	23,628,660	-24.46%
Operating Margin	9.41%	4.94%		8.00%		4.30%	4.94%		6.18%	
NonOperating Revenue (Expense):										
State Appropriation	4,666,667	-		-		5,666,667	-		-	
Investment Income	833,965	89,273	834.17%	331,987	151.20%	1,324,495	357,093	270.91%	(1,331,967)	199.44%
Interest Expense	(1,342,587)	(1,370,328)	2.02%	(1,205,966)	-11.33%	(5,226,803)	(5,481,311)	4.64%	(4,926,523)	-6.10%
Loss on Disposal of Capital Assets	(353,276)	-		-		(3,586,621)	-		-	
Total NonOperating Revenue (Expense)	3,804,769	(1,281,055)	397.00%	(873,979)	535.34%	(1,822,262)	(5,124,218)	64.44%	(6,258,490)	70.88%
Change in Net Position	\$ 14,496,503	\$ 3,710,881	290.65%	\$ 7,243,349	100.14%	\$ 16,026,613	\$ 14,843,537	7.97%	\$ 17,370,170	-7.73%

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses
For the 4 Month Period Ending October 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Nursing Services:		
Administration and Education	16,034,682	12,571,089
Medical and Surgical	21,680,140	20,073,672
Pediatrics	5,871,969	5,478,575
Emergency and Trauma Units	6,797,217	7,071,436
Intensive Care Units	19,585,824	17,942,521
Coronary Care Units	1,344,631	1,245,668
Psychiatric	7,821,506	7,795,019
Operating Rooms	13,421,074	11,499,555
Recovery Rooms	1,658,293	1,511,783
Delivery and Labor Rooms	1,649,530	1,360,698
Obstetrics	2,362,417	2,059,875
Total Nursing Services	<u>\$ 98,227,283</u>	<u>\$ 88,609,891</u>
Other Professional Services:		
Laboratories and Laboratory Support	\$ 16,479,843	\$ 16,284,948
Electrocardiology	2,321,832	2,016,839
Radiology	9,128,628	8,451,797
Pharmacy	49,850,161	36,842,706
Heart Catheterization	3,638,552	3,324,716
Central Services and Supply	31,412,545	27,679,473
Anesthesiology	7,523,945	6,367,530
Nuclear Medicine	397,350	396,985
Respiratory Therapy	4,369,726	4,595,421
Physical Medicine	3,056,524	2,700,644
Dialysis	660,027	730,303
Pathology	1,159,941	1,137,568
Transplant	7,969,969	9,227,761
Other Miscellaneous Services	6,265,003	5,637,167
Medical Records and Quality Assurance	2,732,683	2,443,657
Resident Support	16,924,648	16,628,388
Total Other Professional Services	<u>\$ 163,891,377</u>	<u>\$ 144,465,903</u>
General Services:		
Dietary	\$ 4,005,871	\$ 5,032,845
Plant Ops, Maintenance, Security	21,299,260	20,197,677
Housekeeping	6,091,210	5,741,589
Total General Services	<u>\$ 31,396,341</u>	<u>\$ 30,972,111</u>
Fiscal and Administrative Services:		
Admitting	\$ 2,158,363	\$ 2,194,012
Administration	22,319,496	25,995,232
Shared Services	3,578,368	3,418,430
MUSC Support	4,799,519	5,833,725
Accounting	2,869,905	3,386,307
Hospital Patient Accounting	4,705,513	2,931,314
Marketing	3,173,941	2,388,164
Human Resources	962,456	870,196
Communications	556,851	591,086
Computer Services	22,134,465	14,096,625
Total Fiscal and Administrative Services	<u>\$ 67,258,877</u>	<u>\$ 61,705,091</u>
Ambulatory Care:		
Ambulatory Care	\$ 16,239,733	\$ 15,792,636
Total Ambulatory Care	<u>\$ 16,239,733</u>	<u>\$ 15,792,636</u>
Other:		
Depreciation	\$ 20,200,632	\$ 17,178,345
Interest	5,226,803	4,926,523
Loss on Disposal of Capital Assets	3,586,621	-
Total Other	<u>\$ 29,014,056</u>	<u>\$ 22,104,868</u>
Total Expenses	<u>\$ 406,027,667</u>	<u>\$ 363,650,500</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 4 Month Period Ending October 31, 2014

	<u>Approved Budget</u>	<u>Budget</u>	<u>Year To Date Actual</u>	<u>Variance Favorable/ Unfavorable</u>	
Operating Revenue:					
Patient Service Revenue:					
Inpatient	\$ 2,000,154,465	\$ 666,718,155	\$ 649,223,673	\$ 17,494,482	U
Outpatient	<u>1,349,521,262</u>	<u>449,840,421</u>	<u>475,157,217</u>	<u>25,316,796</u>	F
Gross Patient Service Revenue	<u>3,349,675,727</u>	<u>1,116,558,576</u>	<u>1,124,380,890</u>	<u>7,822,314</u>	F
Patient Service Revenue net of Charity Care	<u>3,349,675,727</u>	<u>1,116,558,576</u>	<u>1,100,421,152</u>	<u>16,137,424</u>	U
Additions (Deductions) To/From Patient Service Revenue:					
Contractual and Other Adjustments	(2,203,487,824)	(734,495,941)	(710,218,593)	24,277,348	F
Payment from DHHS	18,628,621	6,209,540	6,209,540	-	F
Disproportionate Share	<u>24,758,598</u>	<u>8,252,866</u>	<u>10,567,195</u>	<u>2,314,329</u>	F
Net Additions (Deductions) To/From Patient Service Revenue	<u>(2,160,100,605)</u>	<u>(720,033,535)</u>	<u>(693,441,858)</u>	<u>26,591,677</u>	F
Net Patient Service Revenue	<u>1,189,575,122</u>	<u>396,525,041</u>	<u>406,979,294</u>	<u>10,454,253</u>	F
Other Operating Revenue:					
Other and IIT Transfers	<u>24,125,754</u>	<u>8,041,918</u>	<u>8,083,824</u>	<u>41,906</u>	F
Total Other Operating Revenue	<u>24,125,754</u>	<u>8,041,918</u>	<u>8,083,824</u>	<u>41,906</u>	F
Total Operating Revenue	<u>\$ 1,213,700,876</u>	<u>\$ 404,566,959</u>	<u>\$ 415,063,118</u>	<u>\$ 10,496,159</u>	F
Operating Expenses:					
Nursing Services	\$ 298,889,996	\$ 99,630,000	\$ 98,227,283	\$ 1,402,717	F
Other Professional Services	477,499,374	159,166,456	163,891,377	4,724,921	U
General Services	91,378,182	30,459,395	31,396,341	936,946	U
Fiscal and Administrative Services	180,581,113	60,193,702	67,258,877	7,065,175	U
Ambulatory Care	49,794,058	16,598,019	16,239,733	358,286	F
Other Expenses	<u>55,654,895</u>	<u>18,551,632</u>	<u>20,200,632</u>	<u>1,649,000</u>	U
Total Operating Expenses	<u>1,153,797,618</u>	<u>384,599,204</u>	<u>397,214,243</u>	<u>12,615,039</u>	U
Income (Loss) from Operations	<u>59,903,258</u>	<u>19,967,755</u>	<u>17,848,875</u>	<u>2,118,880</u>	U
NonOperating Revenue (Expense):					
State Appropriation	-	-	5,666,667	5,666,667	F
Interest and Investments	(15,372,655)	(5,124,218)	(3,902,308)	1,221,910	F
Loss on Disposal of Capital Assets	-	-	<u>(3,586,621)</u>	<u>3,586,621</u>	U
Total NonOperating Revenue (Expense)	<u>(15,372,655)</u>	<u>(5,124,218)</u>	<u>(1,822,262)</u>	<u>10,475,198</u>	F
Change in Net Position	<u>\$ 44,530,603</u>	<u>\$ 14,843,537</u>	<u>\$ 16,026,613</u>	<u>\$ 1,183,076</u>	F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses - Actual versus Budget
For the 4 Month Period Ending October 31, 2014

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
Nursing Services:				
Administration and Education	\$ 53,368,775	\$ 17,789,592	\$ 16,034,682	\$ 1,754,910 F
Medical and Surgical	65,000,742	21,666,914	21,680,140	13,226 U
Pediatrics	16,756,200	5,585,400	5,871,969	286,569 U
Emergency and Trauma Units	21,293,870	7,097,957	6,797,217	300,740 F
Intensive Care Units	58,614,492	19,538,164	19,585,824	47,660 U
Coronary Care Units	3,837,890	1,279,297	1,344,631	65,334 U
Psychiatric	23,555,851	7,851,950	7,821,506	30,444 F
Operating Rooms	40,233,909	13,411,303	13,421,074	9,771 U
Recovery Rooms	4,972,895	1,657,632	1,658,293	661 U
Delivery and Labor Rooms	4,918,427	1,639,476	1,649,530	10,054 U
Obstetrics	6,336,945	2,112,315	2,362,417	250,102 U
Total Nursing Services	<u>\$ 298,889,996</u>	<u>\$ 99,630,000</u>	<u>\$ 98,227,283</u>	<u>\$ 1,402,717 F</u>
Other Professional Services:				
Laboratories and Laboratory Support	\$ 49,958,528	\$ 16,652,843	\$ 16,479,843	\$ 173,000 F
Electrocardiology	6,951,865	2,317,288	2,321,832	4,544 U
Radiology	25,672,553	8,557,518	9,128,628	571,110 U
Pharmacy	130,917,604	43,639,201	49,850,161	6,210,960 U
Heart Catheterization	10,470,565	3,490,188	3,638,552	148,364 U
Central Services and Supply	81,957,778	27,319,259	31,412,545	4,093,286 U
Anesthesiology	26,920,995	8,973,665	7,523,945	1,449,720 F
Nuclear Medicine	1,224,594	408,198	397,350	10,848 F
Respiratory Therapy	14,774,662	4,924,887	4,369,726	555,161 F
Physical Medicine	10,289,997	3,429,999	3,056,524	373,475 F
Dialysis	2,157,765	719,255	660,027	59,228 F
Pathology	3,517,050	1,172,350	1,159,941	12,409 F
Transplant	32,764,660	10,921,553	7,969,969	2,951,584 F
Other Miscellaneous Services	18,534,039	6,178,013	6,265,003	86,990 U
Medical Records and Quality Assurance	8,832,400	2,944,133	2,732,683	211,450 F
Resident Support	52,554,319	17,518,106	16,924,648	593,458 F
Total Other Professional Services	<u>\$ 477,499,374</u>	<u>\$ 159,166,456</u>	<u>\$ 163,891,377</u>	<u>\$ 4,724,921 U</u>
General services:				
Dietary	\$ 13,975,070	\$ 4,658,357	\$ 4,005,871	\$ 652,486 F
Plant Ops, Maintenance, Security	59,406,164	19,802,055	21,299,260	1,497,205 U
Housekeeping	17,996,948	5,998,983	6,091,210	92,227 U
Total General Services	<u>\$ 91,378,182</u>	<u>\$ 30,459,395</u>	<u>\$ 31,396,341</u>	<u>\$ 936,946 U</u>
Fiscal and Administrative Services:				
Admitting	\$ 6,061,849	\$ 2,020,616	\$ 2,158,363	\$ 137,747 U
Administration	62,494,233	20,831,410	22,319,496	1,488,086 U
Shared Services	9,674,668	3,224,889	3,578,368	353,479 U
MUSC Support	7,851,996	2,617,332	4,799,519	2,182,187 U
Accounting	11,945,121	3,981,707	2,869,905	1,111,802 F
Hospital Patient Accounting	11,482,369	3,827,456	4,705,513	878,057 U
Marketing	9,338,539	3,112,846	3,173,941	61,095 U
Human Resources	2,947,868	982,623	962,456	20,167 F
Communications	2,253,402	751,134	556,851	194,283 F
Computer Services	56,531,068	18,843,689	22,134,465	3,290,776 U
Total Fiscal and Administrative Services	<u>\$ 180,581,113</u>	<u>\$ 60,193,702</u>	<u>\$ 67,258,877</u>	<u>\$ 7,065,175 U</u>
Ambulatory Care:				
Ambulatory Care	\$ 49,794,058	\$ 16,598,019	\$ 16,239,733	\$ 358,286 F
Total Ambulatory Care	<u>\$ 49,794,058</u>	<u>\$ 16,598,019</u>	<u>\$ 16,239,733</u>	<u>\$ 358,286 F</u>
Other:				
Depreciation	\$ 55,654,895	\$ 18,551,632	\$ 20,200,632	\$ 1,649,000 U
Interest	16,443,934	5,481,311	5,226,803	254,508 F
Loss on Disposal of Capital Assets	-	-	3,586,621	3,586,621 U
Total Other	<u>\$ 72,098,829</u>	<u>\$ 24,032,943</u>	<u>\$ 29,014,056</u>	<u>\$ 4,981,113 U</u>
Total Expenses	<u>\$ 1,170,241,552</u>	<u>\$ 390,080,515</u>	<u>\$ 406,027,667</u>	<u>\$ 15,947,152 U</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Balance Sheet: As of 10/31/14 and 6/30/14

Assets:

Cash and cash equivalents, including cash restricted for construction and telemedicine projects, decreased \$173,000 to \$79.3 million from June 30th, 2014. Much of the deterioration in the cash position is temporary and can be attributed to the Epic conversion and 3 pay periods in October. Cash collections for the first 4 months of FY 15 are up about \$2 million from the same period in 14, while volumes are up in most clinical areas.

Net patient accounts receivable are up \$9 million resulting from slightly higher collections and record revenues this year. Now that we have 4 months of Epic experience, the reserve model is becoming more reliable. The collection percent has decreased from 36.9 to 36.2 during this same period. Year to date case mix index (an indication of patient acuity) at 1.8713 is up from last year's 1.8619. October's case mix increased to 1.88 from September's CMI of 1.84. Case mix index for the month of October, 2013 was 1.84.

Other Current Assets increased by \$1.3 million from 6/30/14. Prepaid maintenance contracts and payroll insurance increased by \$9million and this was offset by receipt of FY 14 Medicaid graduate medical education and Medicaid uninsured payments.

Liabilities:

As of October, 2014 Current Installments of Long-Term Debt relates to HUD debt for ART and 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 \$5.3 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.

Other Accrued Expenses decreased by \$1.5 million due to payment of liabilities for capital project related major equipment and VA resident FICA liability.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: For the four months ended October 31, 2014 and 2013

Operating Revenues:

Net patient revenue is up 8.1% from the same period last year. Inpatient census is up 3.2% over last fiscal year – driven by increases in all service areas. E R visits are up 3.6%. Inpatient surgical cases are up 3.2%, while ambulatory cases are up 13%. Transplant cases are down 3% compared to last year. On a volume adjusted basis (adjusted discharges) net patient revenue is down 1% at \$18,294 per case.

Operating Expenses:

When compared to last fiscal year, salaries and benefits increased \$18.4 million (12%). In preparation for Epic, staffing increased substantially in the last two months of last fiscal year and beginning July 1st previously capitalized salary costs related to Epic is now being expensed. Volume increases discussed above are also driving increased compensations costs.

Services and supplies are up 9% compared to last year. The increase in equipment operating leases, pharmaceuticals related to the new 340b program and Epic system conversion costs are responsible for the increase. Total Epic related expense (salaries and other) for FY 15 are \$11.9 million.

Depreciation and Amortization is 17.6% above the prior year comparative period due to start of depreciation of Epic costs (5 year life).

Non-Operating Expense

Interest expense is up \$300,000 (6%). The Sabin Street energy plant came on-line in February, 2014 and interest began to be expensed instead of capitalized. The adoption of GASB 65 also had impact on interest related to HUD refinancings.

Budget Comparison:

As of October, 2014 MUHA's net income is \$1.2 million ahead of budget. The operating margin is 4.30% compared to 4.94% budget.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Net patient service revenues are up 2.6% compared to budget, due to increased volumes and higher case mix index, while operating expenses driven by Epic conversion costs and higher pharmaceutical expenses are above budget by 3%.

Investment income is \$967k above 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:

With the conversion to Epic inpatient electronic health record, the old McKesson CPOE system was abandoned (turned off). The unamortized balance of the investment in the McKesson product is \$3,233,345 and this balance was written off as a non-operating loss on disposal in September.

The State appropriation for telemedicine has been recorded as non-operating revenue and restricted cash.

**FACILITIES
HOSPITAL AUTHORITY
NEW LEASE
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease is for 17,650 square feet of office space located on the 2nd floor at South Park Plaza, 3 South Park Circle in West Ashley. The purpose of this lease is to provide space for the EPIC/OCIO that is currently located at Charleston Memorial Hospital and Cannon Park Place. This lease is necessary to consolidate for the decanting of CMH and to accommodate Nursing Informatics relocation to Cannon Park Place. The per square foot rent rate for this lease is \$18.00 which consists of \$10.66 base rent and \$7.34 operating cost. The monthly rent shall be \$26,475.00 resulting in an annual rent of \$317,770.00. Base rent shall increase annually in accordance with the Consumer Price Index, not to exceed 2% and operating costs shall be adjusted annually based on actual operating expenses.

The landlord will provide \$441,250.00 towards renovations and MUHA shall be responsible for any overage which will be amortized over the initial lease term. The exact square footage shall be determined once design is complete.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: CBRE, CB Richard Ellis

LANDLORD CONTACT: Charles Carmody, Senior Vice President, 577-0702

TENANT NAME AND CONTACT: Dennis Frazier, Administrator, 792-7727

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Seven (7) Years [3/1/2015-2/28/2022]

AMOUNT PER SQUARE FOOT: \$18.00

ANNUALIZED LEASE AMOUNT:

Year 1	\$317,700.00	Year 6	\$337,291.50
Year 2	\$321,406.50	Year 7	\$341,351.00
Year 3	\$325,289.50		
Year 4	\$329,172.50		
Year 5	\$333,232.00		

TOTAL AMOUNT OF INITIAL TERM: \$2,305,443.00

EXTENDED TERM(S): Two (2) terms, five (5) years each

Year 8	\$345,587.00	Year 13	\$367,826.00
Year 9	\$349,823.00	Year 14	\$372,591.50
Year 10	\$354,235.50	Year 15	\$377,533.50
Year 11	\$358,648.00	Year 16	\$382,475.50
Year 12	\$363,237.00	Year 17	\$387,594.00

TOTAL AMOUNT INCLUDING EXTENDED TERM(S): \$5,964,994.00

OPERATING COSTS:

FULL SERVICE X [excludes operating cost increase]

NET

**FACILITIES
HOSPITAL AUTHORITY
NEW LEASE
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease is for 10,588 square feet of office space located on the 2nd floor at South Park Plaza, 1 South Park Circle in West Ashely. The purpose of this lease is to provide space for Health Information Services currently located at University Hospital. This lease is necessary for the decanting of 2nd floor space in the University Hospital in preparation for the new Telemedicine Program. The per square foot rent rate for this lease is \$24.00 which consists of \$16.66 base rent and \$7.34 operating cost. The monthly rent shall be \$21,176.00 resulting in an annual rent of \$254,112.00. Base rent shall increase annually in accordance with the Consumer Price Index, not to exceed 2% and operating costs shall be adjusted annually based on actual operating expenses.

The landlord will provide \$297,180.00 towards renovations and MUHA shall be responsible for any overage which will be amortized over the initial lease term. The exact square footage shall be determined once design is complete.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: CBRE, CB Richard Ellis

LANDLORD CONTACT: Charles Carmody, Senior Vice President, 577-0702

TENANT NAME AND CONTACT: Dennis Frazier, Administrator, 792-7727

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Seven (7) Years [3/1/2015-2/28/2022]

AMOUNT PER SQUARE FOOT: \$24.00

ANNUALIZED LEASE AMOUNT:

Year 1 \$254,112.00	Year 6 \$272,429.24
Year 2 \$257,606.04	Year 7 \$276,346.80
Year 3 \$261,205.96	
Year 4 \$264,991.76	
Year 5 \$268,617.56	

TOTAL AMOUNT OF INITIAL TERM: \$1,855,309.36

EXTENDED TERM(S): Two (2) terms, five (5) years each

Year 8 \$281,852.56	Year 13 \$311,075.44
Year 9 \$287,464.20	Year 14 \$317,322.36
Year 10 \$293,181.72	Year 15 \$323,675.16
Year 11 \$299,005.12	Year 16 \$330,133.84
Year 12 \$304,934.40	Year 17 \$336,698.40

TOTAL AMOUNT INCLUDING EXTENDED TERM(S): \$4,940,652.56

OPERATING COSTS:

FULL SERVICE X [excludes operating cost increase]

NET

**FACILITIES
HOSPITAL AUTHORITY
NEW LEASE
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease is for 9,940 square feet of office space located on the 2nd floor of Cannon Park Place, 261 Calhoun Street. The purpose of this lease is to provide space for Supply Chain Services that is currently located at Charleston Memorial Hospital. This lease is necessary for the decanting of Charleston Memorial Hospital in preparation for the Phase Two Hospital project. MUHA will sublease 2,033 square feet of office space to MUSC for the College of Medicine. The per square foot rent rate for this lease is \$25.75. The monthly rent shall be \$21,329.58 (rounded) resulting in an annual rent of \$255,955.00. Rent shall increase annually 2.5%.

The landlord will provide \$99,400.00 towards renovations and one month rent abatement in the amount of \$21,329.58. MUHA has been in this space under a UMA sublease agreement since February 2012.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: Healthcare Trust of America, Inc.

LANDLORD CONTACT: Jim Coman, Regional Leasing Manager, 628-3754

TENANT NAME AND CONTACT: Dennis Frazier, Administrator, 792-7727

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Five (5) Years [4/1/2015-3/30/2020]

AMOUNT PER SQUARE FOOT: \$25.75

ANNUALIZED LEASE AMOUNT:

Year 1 \$255,954.00

Year 2 \$262,316.60

Year 3 \$268,877.00

Year 4 \$275,636.20

Year 5 \$282,494.80

TOTAL AMOUNT OF LEASE TERM: \$1,345,279.60

EXTENDED TERM(S): Two (2) terms, five (5) years each, rate to be negotiated.

OPERATING COSTS:

FULL SERVICE X [excludes operating cost increase]

NET

**FACILITIES
HOSPITAL AUTHORITY
NEW LEASE
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease is for 1,220 square feet of clinical space located at 2125 Charlie Hall Boulevard. The purpose of this lease is to provide space for Physical and Occupational Therapeutic Services. The per square foot rent rate for this lease is \$22.00 (rounded). The monthly rent shall be \$2,235.75 resulting in an annual rent of \$26,829.00. Rent shall increase annually in accordance with the Consumer Price Index, not to exceed 3%.

The University Medical Associates holds the master lease for this property.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: University Medical Associates

LANDLORD CONTACT: Stephen A. Valerio, CEO, 792-9600

TENANT NAME AND CONTACT: Dennis Frazier, Administrator, 792-7727

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Two (2) Years, Ten (10) Months [1/1/2015-10/31/2017]

AMOUNT PER SQUARE FOOT: \$22.00

ANNUALIZED LEASE AMOUNT:

Year 1 \$26,829.00

Year 2 \$27,633.87

Months 10 \$23,718.30

TOTAL AMOUNT OF LEASE TERM: \$78,181.17

EXTENDED TERM(S): To be negotiated.

OPERATING COSTS:

FULL SERVICE

NET X

**FACILITIES
HOSPITAL AUTHORITY
LEASE RENEWAL
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease renewal is for 4,274 square feet of clinical space located on the 1st floor of 735 Johnnie Dodds Boulevard. The purpose of this lease renewal is to continue to provide space for the East Cooper Ambulatory Procedure Center. The per square foot rent rate for this lease is \$29.59. The monthly rent shall be \$10,538.84 resulting in an annual rent of \$126,466.06. Rent shall increase annually 3%.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: 735 JBD, LLC

LANDLORD CONTACT: Carla Fix, Lee & Associates Charleston, 747-1200

TENANT NAME AND CONTACT: Dennis Frazier, Administrator, 792-7727

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Two (2) Years [4/1/2015-3/31/2017]

AMOUNT PER SQUARE FOOT: \$29.59

ANNUALIZED LEASE AMOUNT:

Year 1 \$126,466.06

Year 2 \$130,260.04

TOTAL AMOUNT OF LEASE TERM: \$256,726.10

EXTENDED TERM(S): To be negotiated.

OPERATING COSTS:

FULL SERVICE X

NET _____

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

CONSENT AGENDA

Board of Trustees Meeting
December 12, 2014
101 Colcock Hall

Members of the Board of Trustees

Dr. Donald R. Johnson II, Chairman
Mr. William H. Bingham, Sr., Vice-Chairman
Dr. Stanley C. Baker, Jr.
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle
Dr. Harold W. Jablon
Ms. Barbara Johnson-Williams

Dr. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Dr. G. Murrell Smith, Sr.
Mr. Charles C. Schulze
Mr. Michael E. Stavrakis
Thomas L. Stephenson, Esq.
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Cotesworth P. Fishburne, Jr.
Mrs. Claudia W. Peebles
Dr. Thomas C. Rowland, Jr.
Mr. Allan E. Stalvey
Dr. James E. Wiseman, Jr.

**OPERATIONS, QUALITY and FINANCE COMMITTEE
CHAIRMAN: DR. STANLEY C. BAKER, JR.**

(APPROVAL ITEMS)

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

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

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

Recommendation of Committee:

Board Action:

Item 14. Revisions to Medical Staff Bylaws.

Statement: Approval will be sought for revisions to the Medical Staff Bylaws.

Recommendation of Administration: That the revisions be approved.

Recommendation of Committee:

Board Action:

Item 15. Revisions to Medical Staff Rules and Regulations.

Statement: Approval will be sought for the revisions to the Medical Staff Rules and Regulations.

Recommendation of Administration: That the revisions be approved.

Recommendation of Committee:

Board Action:

Item 16. Revisions to Medical Staff Credentials Manual.

Statement: Approval will be sought for the revisions to the Medical Staff Credentials Manual.

Recommendation of Administration: That the revisions 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:

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

(INFORMATIONAL ITEM)

Item 22. 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:

**AUDIT COMMITTEE
CHAIRMAN: THOMAS L. STEPHENSON, ESQ.**

(INFORMATIONAL ITEM)

Item 34. Biennial Review of Audit Committee Charter.

Statement: The Biennial Review of the Audit Committee Charter was presented for information.

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

Recommendation of Committee:

Board Action:

Medical Executive Committee -September 17, 2014
The Credentials Committee reviewed the following applicants on September 10, 2014
and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Marc Thomas Bartman, M.D.	Active Provisional	Medicine
Kimberly L. Beavers, M.D., M.P.H	Active Provisional	Medicine
William Bigelow, M.D.	Prov. Aff. CFC - R&F	Medicine
Rebecca Michelle Cafiero, M.D.	Active Provisional	Pediatrics
Gregory D. Cain, M.D.	Prov. Aff. CFC - R&F	Family Medicine
Heather Marie Cook, M.D.	Provisional Affiliate	Obstetrics & Gynecology
Matthew A. Dow, M.D.	Active Provisional	Orthopaedics
Melissa Rose Ellis-Yarian, D.O.	Prov. Aff. CFC - R&F	Family Medicine
Theresa Sullivan Gonzales, D.M.D., M.S., M.S.	Active Provisional	Oral & Maxillofacial Surgery
Emad Kishi, M.D.*	Active Provisional	Surgery
Thomas Kenneth Koch, M.D.	Active Provisional	Pediatrics
Akshay Premchand Kumar, M.B.B.S.*	Active Provisional	Surgery
Meenakshi Munshi, M.D.	Active Provisional	Neurology & Neurosurgery
David Michael Neskey, M.D.	Active Provisional	Otolaryngology
Edward C. O'Bryan, III, M.D.	Active Provisional	Medicine

Medical Staff Reappointment and Clinical Privileges

Bradley S. Amerson, M.D.	Provisional Affiliate - R&F	Radiology
John M Arthur, M.D., Ph.D.	Active	Medicine
Jan N. Basile, M.D.	Active	Medicine
Jeffrey P. Blice, M.D.	Active Provisional	Ophthalmology
Alice M. Boylan, M.D.	Active	Medicine
Thomas Edward Brouette, M.D.	Active Provisional	Psychiatry
Matthew P. Davis, M.D., M.S.C.R	Affiliate - Refer & Follow	Pediatrics
Alexander DiBona, M.D.	Provisional Affiliate - R&F	Radiology
Angie Duong, M.D.	Active Provisional	Pathology & Lab. Med.
Evert Eriksson, M.D.	Active	Surgery
David Manning French, M.D.	Active Provisional	Medicine
Aimee A. Goedecke, M.D.	Affiliate - Refer & Follow	Pediatrics
Karen J. Hartwell, M.D.	Active	Psychiatry
Gary F. Headden, M.D.	Active	Medicine
Beatrice Janulyte Hull, M.D.	Active	Medicine
Maryellen Sullivan Kyle, M.D.	Affiliate CFC - R&F	Medicine
Thomas Rogers Kyle, III, M.D.	Active	Medicine
Henry M. Lemon, M.D.	Active	Pediatrics
Dino Peter Massoglia, M.D., Ph.D., M.S.	Provisional Affiliate - R&F	Radiology
Darryl Randolph Pauls, M.D., M.H.A.	Provisional Affiliate - R&F	Radiology
Charles S. Rittenberg, M.D., M.H.A.	Active	Obstetrics & Gynecology
Rita Marie Ryan, M.D.	Active	Pediatrics
Judith Marie Skoner, M.S., M.D.	Active	Otolaryngology
Jerry E. Squires, M.D., M. Phil., Ph.D.	Active	Pathology & Lab. Med.
Istvan Takacs, M.D.*	Active	Neurology & Neurosurgery
Jason M. Taylor, M.D.	Active	Anesthesiology
Mary Hardy Tillman, M.D.	Affiliate - Refer & Follow	Pediatrics

Medical Staff Reappointment and Clinical Privileges (cont)

James H. Tolley, Jr., M.D., M.A.T.	Active	Medicine
Juan Carlos Q. Velez, M.D.	Active	Medicine
Mary Jean A. Vogt, M.D.	Active	Medicine
Edgar J. Weiss, B.Sc., M.D.	Active	Psychiatry

Medical Staff Reappointment and Change in Privileges

Charles F. Bratton, M.D.	Active	Surgery	Add telemedicine
Richard Quan, M.D.	Active Provisional	Pediatrics	Add telemedicine
David R. White, M.D.	Active	Otolaryngology	Add telemedicine

Medical Staff Change in Privileges

Christine Anne Carter-Kent, M.D.	Active	Pediatrics	Add telemedicine
Brent Michael Jewett, M.D.	Active Provisional	Surgery	Add moderate sedation and robotic assist
Johanna Palmadottir, M.D.	Active Provisional	Pediatrics	Add telemedicine
J. Antonio Quiros, M.D.	Active	Pediatrics	Add telemedicine

Professional Staff Initial Appointment and Privileges

Gulanna Bryant, C.R.N.A.	Provisional Allied Health	Anesthesiology
Elizabeth Lawton Grantham Hirsch, C.R.N.A.	Provisional Allied Health	Anesthesiology
Leslie A. Lane, M.S.N., A.P.R.N.	Provisional Allied Health	Pediatrics
Melissa E. Milanak, Ph.D.	Provisional Allied Health	Psychiatry
Elston Russell Ritenour, Ph.D.	Provisional Allied Health	Radiology

Professional Staff Reappointment and Privileges

Wendy E. Balliet, Ph.D.	Allied Health	Psychiatry
Karin kay Bierling-Slowey, C.R.N.A., MSN	Allied Health	Anesthesiology
Carol L Blessing-Feussner, P.A.	Allied Health	Medicine
Gladney Powers Brooks, F.N.P., MSN, B.S.N.	Allied Health	Surgery
Jill davis Carmichael, C.R.N.A., B.S.N., M.H.S.	Allied Health	Anesthesiology
Alyssa Cleveland, C.R.N.A.	Allied Health	Anesthesiology
Deborah A. Disco, P.N.P., MSN	Allied Health	Pediatrics
Natalie Brown Dixon, P.A.C.	Allied Health	Pediatrics
George Donald Frey, Ph.D.	Allied Health	Radiology
Megan Ellen Fulton, P.A.C.	Allied Health	Neurology & Neurosurgery
Sarah K. Galloway, Ph.D.	Allied Health	Psychiatry
Tiffany K. Garriss, D.N.P., BSN	Provisional Allied Health	Otolaryngology
Anouk L. Grubaugh, Ph.D.	Allied Health	Psychiatry
Tracy Williams Halasz, P.N.P.	Allied Health	Pediatrics
Kasey Hamlin-Smith, Ph.D.	Allied Health	Pediatrics
Karen R. Karpick, P.A.C.	Provisional Allied Health	Surgery
Lester J. Kitten, C.R.N.A., M.H.S., B.S.N.	Allied Health	Anesthesiology
Nicholas C. Koch, M.S., Ph.D.	Allied Health	Radiation Oncology
Heather L. Lane, P.N.P., D.N.P.	Provisional Allied Health	Pediatrics
Jenna L. McCauley, Ph.D.	Allied Health	Psychiatry
Dennis J. McKenna, C.R.N.A., A.P.R.N., M.H.S.	Allied Health	Anesthesiology
Michael Craig Mostoller, P.A.C.	Allied Health	Surgery
Nancy A. Nessmith-Kitten, C.R.N.A., M.H.S.	Allied Health	Anesthesiology
B. Ulrika O'Neil, MSN, C.R.N.A.	Allied Health	Anesthesiology
Melissa A. Paladino, C.R.N.A., B.S.N., MSN	Allied Health	Anesthesiology

Professional Staff Reappointment and Privileges (cont)

Amy Hardin Patton, F.N.P.	Allied Health	Medicine
Heidi S. Resnick, Ph.D.	Allied Health	Psychiatry
Amelia K. Rowland, C.N.M., MSN	Allied Health	Obstetrics & Gynecology
Misty Leigh Seawright, D.N.P., N.P.	Provisional Affiliate CFC - Refer & Follow	Medicine
Carrie Elizabeth Smith, M.P.A., P.A.C.	Allied Health	Neurology & Neurosurgery
David Patrick Tobin, C.R.N.A., M.H.S.	Allied Health	Anesthesiology
Carrie Thompson, P.A.C., M.S.	Provisional Allied Health	Neurology & Neurosurgery
Karen S. Wendorf, C.R.N.A., B.G.S.	Allied Health	Anesthesiology
Frances K. Woodard, P.N.P.	Allied Health	Pediatrics

Professional Staff Reappointment and Change in Privileges

Blair Buck Turnage, P.A.C.	Allied Health	Medicine	Additional scope of practice
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Professional Staff Change in Privileges

Sara Bakhtiarnejad, M.M.Sc, P.A.C.	Provisional Allied Health	Medicine	Additional scope of practice
Kelly Hylton, F.N.P., MSN	Allied Health	Radiology	New scope of practice due to new job
Douglas P. Schutz, P.A.C., B.Sc.	Allied Health	Medicine	Additional scope of practice

Medical Executive Committee -October 15, 2014
The Credentials Committee reviewed the following applicants on October 8, 2014
and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Douglas Vinton Clarke, Jr., M.D.	Active Provisional	Medicine
Nicole T. Chao, M.D.	Active Provisional	Pediatrics
Nancy DeMore, M.D.	Active Provisional	Surgery
Elizabeth H. Mack, M.D., M.S.	Active Provisional	Pediatrics
Cheryl Neal, D.O.	Active Provisional	Medicine
George Burke Whitener, M.D.	Active Provisional	Anesthesiology
Eric Stafford Zollars, M.D., Ph.D.	Active Provisional	Medicine

Medical Staff Reappointment and Clinical Privileges

David B. Adams, M.D.	Active	Surgery
Ana Isabel Arias-Pandey, M.D., B.Sc.	Active	Pediatrics
Milton Byran Armstrong, M.D.	Active	Surgery
Prabhakar K. Baliga, M.D.	Active	Surgery
Christina Lynn Bourne, M.D.	Active	Medicine
R Bryan Butler, M.D.	Active Provisional	Orthopaedics
Christine M. Carr, M.D.	Active	Medicine
Mary Hart Craig, M.D.	Active	Psychiatry
Sandra L. Fowler, M.D., M.Sc.	Active	Pediatrics
David R. Garr, M.D.	Active	Family Medicine
Charles S. Gilman, M.D.	Active	Medicine
Kristina K. Gustafson, M.D., M.S.C.R.	Active	Pediatrics
Matthew F. Kohler, M.D.	Active	Obstetrics & Gynecology
Cheryl P. Lynch, M.D., M.P.H*	Active	Medicine
Albert Anthony Maniscalco, M.D.	Affiliate	Medicine
Holly C. Mitchell, M.D.	Active	Medicine
Cynthia L. Murphy, M.D.	Active	Pediatrics
Tue H. Ngo, M.D., M.P.H	Active	Medicine
Vincent Domenic Pellegrini, Jr., M.D.	Active	Orthopaedics
Braxton B. Wannamaker, B.S., M.D.	Active	Neurology & Neurosurgery

Medical Staff Reappointment and Change in Privileges

Fred A. Crawford, Jr., M.D.	Active	Surgery	Switching to surgical first assist
Kenton R. Holden, M.D.	Active	Neurology & Neurosurgery	Switching to Refer and Follow
Lynn M. Schnapp, M.D.	Active Provisional	Medicine	Add Telemedicine
John Scott Walton, B.S., M.D.	Active	Anesthesiology	Relinquishing TEE
Craig Scott Woodard, M.D., Ph.D.	Active Provisional	Neurology & Neurosurgery	Adding EMG

Medical Staff Change in Privileges

Aaron Payne Leshner, M.D.	Active Provisional	Surgery	Adding Pediatric Surgery
Gonzalo Javier Revuelta, D.O.	Active	Neurology & Neurosurgery	Adding Telemedicine

Professional Staff Initial Appointment and Privileges

Leslie Bunting, N.P.	Provisional Allied Health	Medicine
Tracy Caldwell, N.P.	Provisional Allied Health	Family Medicine
Emmy Lou Olivia Dickinson, P.A.C.	Provisional Allied Health	Neurology & Neurosurgery
Carolyn Ann Gentles, NP	Provisional Allied Health	Medicine
Kathryn Anne Gonzalez, P.A.C.	Provisional Allied Health	Surgery
Susan Claire Nease, N.P.	Provisional Allied Health	Neurology & Neurosurgery

Professional Staff Reappointment and Privileges

Michael S. Ashenafi	Allied Health	Radiation Oncology
Ellen Jill Baldino, P.A.C., M.Ed., B.S.	Allied Health	Medicine
Sherrill Grover Bradsher, F.N.P.	Allied Health	Anesthesiology
Deborah H. Brooks, A.N.P.	Allied Health	Medicine
Margaret K. Brothers, F.N.P.	Allied Health	Neurology & Neurosurgery
Joshua Brown, Ph.D.	Allied Health	Psychiatry
Mary Ryan Crittenden, A.P.R.N.	Provisional Allied Health	Anesthesiology
Kelley Noel Davis-Villegas, F.N.P.	Allied Health	Medicine
Elizabeth T. Dowden, C.R.N.A.	Provisional Allied Health	Anesthesiology
Holly Edmunds, F.N.P.	Allied Health	Medicine
Marianne Fiutem, C.R.N.A.	Allied Health	Anesthesiology
Beth Allison Griffin, P.A.C., M.S.,	Allied Health	Neurology & Neurosurgery
Dawn Heyward, A.P.R.N.,	Allied Health	Medicine
Carissa Carie Howle, P.N.P.	Allied Health	Otolaryngology
Racheal A. Jernigan, F.N.P.	Allied Health	Medicine
Kimberly Ann Kirby, C.R.N.A., BSN	Allied Health	Anesthesiology
Kymberley L Kittle, P.A.C.	Allied Health	Interdisciplinary Hospital Staff
Lynn Catherine Mathewes, A.P.R.N.,	Provisional Allied Health	Anesthesiology
Donald R Pagley, Jr., C.R.N.A.,	Allied Health	Anesthesiology
James Joseph Prisciandaro, Ph.D.	Allied Health	Psychiatry
Alanna B. Shiflett, N.N.P.	Provisional Allied Health	Pediatrics
Valerie J. Sutton, MSN, F.N.P.	Allied Health	Interdisciplinary Hospital Staff
Shannan Toole Dufault, P.N.P.	Provisional Allied Health	Pediatrics
Megan Lynne Walters, P.A.C.,	Provisional Allied Health	Surgery
Raymon Maurice White, III, M.S.N.A	Allied Health	Anesthesiology
Alison E. Wynne, A.P.R.N., A.C.N.P	Allied Health	Medicine

* Not Board Certified



Medical Staff By-Laws Proposed Revisions

- Revised Membership: Added Chief Operating Officer, Chief Medical Information Officer; Corrected titles of other members
- Added provision required by Joint Commission standards: The organized medical staff has the ability to adopt medical staff by-laws, rules and regulations, and policies, and amendments thereto, and to propose them directly to the governing body after communicating the proposed changes to the Medical Executive Committee.
- Joint Commission and CMS requirements: Updated “History and Physical” to include “re-examination of the patient must take place as a part of the history and physical update within 24 hours of admission” (must include the word “RE-EXAMINED” in the update).



Medical University of South Carolina
Medical Center

Medical Staff Bylaws

~~December~~ August September ~~2011~~ 2013

Proposed changes August 2013 September 2013

MUSC Medical Center - Medical Staff Bylaws

Adopted December 2011

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Article I. PURPOSE AND RESPONSIBILITIES

Section 1.01 The purpose of the organized Medical Staff of the MUSC Medical Center is to bring the professionals, who practice at the Medical Center together into a self governing cohesive body to:

- (a) Provide oversight of quality of care, treatment and services to patients of the MUSC Medical Center.
- (b) Determine the mechanism for establishing and enforcing criteria and standards for Medical Staff membership.
- (c) Determine the mechanism for establishing and enforcing criteria for delegating oversight responsibilities for non-member practitioners with independent privileges.
- (d) Review new and on-going privileges of members and non-member practitioners with independent privileges.
- (e) Approve and amend medical staff bylaws, and rules and regulations.
- (f) Provide a mechanism to create a uniform standard of care, treatment, and service.
- (g) Evaluate and assist in improving the work done by the staff, provide education, and offer advice to the Vice President for Clinical Operations/Executive Director of the MUSC Medical Center.

Section 1.02 The organized medical staff is also responsible for:

- (a) Ongoing evaluation of the competency of practitioners who are privileged.
- (b) Delineating the scope of privileges that will be granted to practitioners.
- (c) Providing leadership in performance improvement activities within the organization.
- (d) Assuring that practitioners practice only within the scope of their privileges.
- (e) Selecting and removing medical staff officers.

Section 1.03 The Medical University Hospital Authority, that includes the Medical University hospitals, clinics, and other health care related facilities, shall hereinafter be referred to in the body of this document as the Medical University of South Carolina Medical Center (MUSC Medical Center).

Article II. BILL OF RIGHTS

Section 2.01 Members of the Medical Staff are afforded the following rights:

- (a) Right of Notification- Any matter of performance or conduct that could result in denial, suspension, or reduction of privileges will cause the Department Chairperson to notify the affected member before formal activity commences.
- (b) Access to Committees - Members of the Medical Staff are entitled to be present at a committee meeting except during peer review proceedings. Members present for a specific agenda item shall be recognized by the Chairperson as time permits. Members can petition the Medical Executive Committee (MEC) for a specific agenda item or issue.
- (c) Right of Information - Activities of the various committees (with the exception of peer review proceedings) may be reviewed by the Medical Staff members in the Medical Staff office. The MEC will provide to the active membership all changes to the Rules & Regulations, Credentials Policy Manual, and the Fair Hearing Plan.
- (d) Fair Hearing - Members are entitled to a fair hearing as described in the Fair Hearing Plan.
- (e) Access to Credentials File - Each member shall be afforded an opportunity to review his/her own credentials file before submission for approval. This review will occur at the time of initial appointment and at the time of reappointment as specified in the Credentials Policy Manual.
- (f) Physician Health and Well-Being - Any member may call upon the resources of the Medical Staff in personal, professional, and peer matters to seek help and improvement.
- (g) Confidentiality - Matters discussed in committee and otherwise undertaken in the performance of Medical Staff duties and privileges are strictly confidential. Violation of this provision is grounds for expulsion from the Medical Staff.

Article III. MEDICAL STAFF MEMBERSHIP & STRUCTURE

*Section 3.01 MEDICAL STAFF APPOINTMENT -
Appointment to the Medical Staff of the MUSC Medical Center is a privilege that shall be extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and associated policies of the Medical Staff and MUSC Medical Center.*

Section 3.02 QUALIFICATIONS FOR MEMBERSHIP

- (a) Only physicians with Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degrees, or Dentists or podiatrists holding a current, valid unrestricted license to practice in the State of South Carolina shall be qualified for appointment to the Medical Staff. Additional requirements include:
 - (i) documentation of background, experience, training, judgment, individual character and demonstrated competence, and physical and mental capabilities, with sufficient adequacy to assure the Medical Staff and Board of Trustees that any patient treated by them in the hospitals will be given a high quality of patient care,
 - (ii) Demonstrated adherence to the ethics of his/her profession, and ability to work with others
- (b) No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges at the MUSC Medical Center merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another Medical Center.
- (c) Must be free from government sanctions and bans as outlined by Medicare and the Department of Health and Human Services - Office of the Inspector General (DHHS-OIG).
- (d) Must meet appointment requirements as specified in the Credentials Policy Manual.
- (e) An MD, DO or Dentist member, appointed after December 11, 1992, shall be eligible for or have obtained board certification and comply with individual board requirements in his/her respective medical or dental specialty board. This Board must have been approved by the American Medical Association, the American Osteopathic Association, or the American Board of Medical Specialties. A five (5) year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. Newly hired physicians who are not board certified or are more than 5 years out from initial eligibility are required to attain Board Certification within two (2) years, or reappointment will not be granted. In special cases where a need exists, an exception to these qualifications can be made, only after the applicant has demonstrated competency to the satisfaction of the Department Chairperson in the department in which they are assigned and the Department Chairperson has attested either in a written or oral format to the MEC for approval. Waiver of board certification requirement can be granted when no board specialty exists and the Department Chairperson attests (in written and oral format) to adequacy of training and competency. Should the practitioner become eligible for board certification, s/he will be required to attain Board Certification within two (2) years, or reappointment will not be granted. Foreign Board Certification may be an appropriate substitute for United States Board approval. The delegated committee (Credentials Committee) may choose to accept or reject such certification. In the event the certification is rejected by the Credentials Committee, the Department Chairperson may petition the MEC for approval.
- (f) A member of the Medical Staff must be a member of the faculty of the Medical University of South Carolina.
- (g) Maintain malpractice insurance as specified by the MEC, MUSC Medical Center and Board of Trustees.
- (h) Follow the associated details for qualifications for Medical Staff membership outlined in the Credentials Manual.

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Section 3.03 NON-DISCRIMINATION - The MUSC Medical Center will not discriminate in granting staff appointment and/or clinical privileges on the basis of age, sex, race, creed, color, nationality, gender, sexual orientation, or type of procedure or patient population in which the practitioner specializes.

Section 3.04 CONDITIONS AND DURATION OF APPOINTMENT

- (a) Initial appointments and reappointments to the Medical Staff shall be made by the Board of Trustees.
- (b) The Board of Trustees shall act on appointments and reappointments only after there has been a recommendation from the Credentials Committee and MEC as outlined with associated details in the Credentials Manual.
- (c) All initial appointments shall be for a provisional period of one year.
- (d) Appointments to the staff will be for no more than 24 calendar months.
- (e) Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.
- (f) Only those practitioners assigned to the Active Medical Staff have general Medical Staff voting privileges.
- (g) Medical Staff membership, clinical privileges and prerogatives will be terminated immediately if the practitioner is under government sanctions as listed by the Department of Health and Human Services – Office of the Inspector General.

Section 3.05 PRIVILEGES AND PRACTICE EVALUATION - The privileging process is described as a series of activities designed to collect verify, and evaluate data relevant to a practitioner's professional performance and focuses on objective, evidence-based decisions regarding appointment and reappointment.

- (a) Initial requests for privileges are made simultaneously with the filing of the application for Medical Staff membership. Following procedures and the associated details stated in the Credentials Policy Manual, and with a recommendation of the appropriate Department Chairperson, the Medical Staff organization will evaluate and make recommendations to the Board. Privileges will only be granted or renewed, after applicant meets the criteria related to current licensure, relevant education, training and experience, demonstrated current competence, physical ability and the clinical ability to perform the requested privileges. For new procedures and at the time of reappointment, members' requests for privileges will be subject again to the procedures and associated details outlined in the Credentials Policy Manual.
- (b) When considering privileges for a new practitioner, current data should be collected during the provisional time period for those privileges selected by the Department Chairperson
- (c) Prior to the granting of a privilege, the Department Chairperson determines the resources needed for each requested privileges and must assure the resources necessary to support the requested privilege are currently available or define the timeframe for availability. These resources include sufficient space, equipment, staffing, and financial. The Chairperson will work with hospital to ensure resources are available

- (d) At the time of appointment and reappointment each candidate applying for privileges will be evaluated using the following six areas of general competence as a reference:
 - (i) Patient Care
 - (ii) Medical/Clinical Knowledge
 - (iii) Practice-based learning and improvement
 - (iv) Interpersonal and communication skills
 - (v) Professionalism
 - (vi) System-based practices

- (e) A Focused Professional Practice Evaluation (FPPE) allows the medical staff to focus on specific aspects of a practitioner's performance. This evaluation is used when:
 - (i) A practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organizations' setting.
 - (ii) Questions arise regarding a practitioner's professional practice during the course of the Ongoing Professional Practice Evaluation
 - (iii) For all initially requested privileges (Effective January 2008)

- (f) Ongoing Professional Practice Evaluation (OPPE) is designed to continuously evaluate a practitioner's professional performance. It allows potential problems to be identified and also fosters a more efficient, evidence-based privilege renewal process. The type of data to be collected is approved by the organized medical staff but is determined by individual departments and is uniformly applied to all members within the department. The frequency of data collection is determined by the organized Medical Staff in collaboration with the Executive Medical Director and the Center for Clinical Effectiveness and Patient Safety. Information from ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privileges.

Section 3.06 TEMPORARY and DISASTER PRIVILEGES

- (a) Temporary Privileges - Temporary privileges may be granted by the Executive Director of the Medical Center or his/her designee for a stated limited time upon the recommendation of the applicable Department Chairperson or the President of the Medical Staff, in all other circumstances, as detailed in the Credentials Policy Manual.

- (b) Disaster Privileges - Disaster privileges may be granted by the Executive Director of the Medical Center or the President of the Medical Staff or the Executive Medical Director of the Medical Center, according to Medical Center Policy C-35 "Disaster Privileges for Licensed Independent Practitioners, when the Emergency Management Plan for the Medical Center has been activated and when the Medical Center cannot handle the needs of patients with just the available credentialed staff. The Department Chairperson will be responsible for monitoring the professional performance of volunteer practitioners with disaster privileges. This monitoring will be accomplished through direct observation, staff feedback, and when appropriate, medical record review. The Department Chairperson is responsible for reviewing the continuation of disaster privileges within 72 hours of granting the disaster privileges.

Section 3.07 LEAVE OF ABSENCE - Any member may apply to the Credentials Committee for a leave of absence not to exceed one (1) year. Reinstatement of privileges may be requested from the Credentials Committee without formal re-application. Absence for a period longer than one (1) year will require formal re-application. In some special cases, (i.e., military service) a Department Chairperson through the Credentials Committee can recommend to the MEC that a

leave of absence be extended beyond a year without the necessity for formal reappointment. At no time can a special circumstance leave of absence extend beyond a two year re-appointment cycle.

Section 3.08 RESPONSIBILITIES OF MEMBERSHIP - Each staff member will:

- (a) Provide timely, appropriate and continuous care/treatment/services for his/her patients and supervise the work of any allied health professional or trainee under his/her direction when appropriate.
- (b) Assist the MUSC Medical Center in fulfilling its responsibilities by participating in the on-call coverage of the emergency room and other coverage as determined by the MEC.
- (c) Assist other practitioners in the care of his/her patients when asked.
- (d) Act in an ethical and professional manner.
- (e) Treat employees, patients, visitors, and other physicians in a dignified and courteous manner.
- (f) Actively participate in the measurement, assessment, and improvement of patient care processes.
- (g) Participate in peer review as appropriate.
- (h) Abide by the bylaws, rules and regulations, department rules, and other policies and procedures of the MUSC Medical Center.
- (i) Abide by all standards from regulatory bodies. Example – Joint Commission National patient Safety Goals
- (j) Participate in continuing education as directed by state licensure and the MEC.
- (k) Speak as soon as possible with hospitalized patients who wish to contact the attending about his/her medical care in accordance with the South Carolina Lewis Blackman Hospital Patient Safety Act.
- (l) When required as a part of the practitioner well being program, comply with recommended actions.
- (m) Manage and coordinate his/her patients care, treatment, and services.

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Article IV. CATEGORIES OF THE MEDICAL STAFF

Section 4.01 THE ACTIVE CATEGORY

(a) Qualifications - Appointee to this category must:

- (i) Be involved on a regular basis in patient care delivery at the MUSC Medical Center hospitals and clinics and annually providing the majority of his/her services/activities within the MUSC Medical Center.
- (ii) Have completed at least one (1) year of satisfactory performance on the Medical Staff. (See Provisional Status MUSC Credentials Policy Manual)

(b) Prerogatives - Appointee to this category may:

- (i) Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
- (ii) Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he is appointed.
- (iii) Hold office, sit on or be chairperson of any committee, unless otherwise specified elsewhere in these Bylaws.
- (iv) Admit patients to the MUSC Medical Center.

(c) Responsibilities - Appointee to this category must:

- (i) Contribute to the organizational and administrative affairs of the Medical Staff.
 - (ii) Actively participate in recognized functions of staff appointment, including performance improvement and other monitoring activities, monitoring initial appointees during his/her provisional period, and in discharging other staff functions as may be required from time to time.
 - (iii) Accept his/her individual responsibilities in the supervision and training of students and House Staff members as assigned by his/her respective department, division or section head and according to Medical Center Policy C-74 "Resident Supervision".
 - (iv) Participate in the emergency room and other specialty coverage programs as scheduled or as required by the MEC or Department Chairperson.
- (d) Removal - Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to Affiliate Category.

Section 4.02 AFFILIATE CATEGORY

(a) Qualifications - Appointee to this category must:

- (i) Participate in the clinical affairs of the MUSC Medical Center.

- (ii) Be involved in the care or treatment of at least six (6) patients of the MUSC Medical Center hospitals or clinics during his/her appointment period, or
 - (iii) Refer patients to other physicians on staff of the MUSC Medical Center or those who order diagnostic or therapeutic services at the MUSC Medical Center
- (b) Prerogatives - Appointee to this category may
- (i) Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
 - (ii) Attend meetings of the Staff and Department to which she is appointed and any staff or MUSC Medical Center education programs.
 - (iii) Request admitting privileges.
- (c) Limitations - Appointee to the Affiliate Category do not have general Medical Staff voting privileges.

Section 4.03 HONORARY / ADMINISTRATIVE CATEGORY - This category is restricted to those individuals the Medical Staff wishes to honor or to those physicians who have only administrative positions and no clinical privileges.

- (a) Such staff appointees are not eligible to admit patients to the MUSC Medical Center, vote, or exercise clinical privileges. They may, however, attend Medical Staff and department meetings. This category is exempt from the malpractice insurance requirements and Board Certification requirements, unless required within his/her position description.
- (b) Physicians with the MUSC Medical Center whose duties include both administrative and clinical activities must be members of the Medical Staff, and must obtain clinical privileges in the same manner as any other Medical Staff member. When a contract exists, the contract of the physician who has both administrative and clinical duties shall clearly define the relationship between termination of the contract by the MUSC Medical Center and reduction or termination in privileges.

Section 4.04 REFER and FOLLOW CATEGORY – This category consists of individuals who do not plan to admit or treat patients at MUSC Medical Center but wish to monitor their patients while they are in the hospital and access the patient's medical record.

- (a) Refer and Follow Medical Staff of this category may subsequently apply for membership and clinical privileges in another Medical Staff category at any time.
- (b) Refer and Follow Medical Staff do not have clinical privileges to admit, consult, or treat patients at MUSC Medical Center. In addition, members of this category shall not provide emergency call or back-up call coverage. Refer and Follow members shall not vote or hold office. Member of this category shall not electronically enter orders or give verbal orders or otherwise document in the medical record and shall not perform any procedures or provide any treatment.
- (c) Refer and Follow Medical Staff may attend Medical Staff, Department and Committee meetings. In addition, members of this medical staff category may visit and follow his/her referred hospitalized patients and may access

the electronic medical record both remotely and at the hospital. No meeting attendance or minimum number of patient contacts is required to maintain Refer and Follow status.

Section 4.05 OTHER / NON-MEDICAL STAFF MEMBERS

- (a) House Staff - The House Staff consists of those practitioners, who by virtue of a contract, are in the postgraduate training program at the Medical University of South Carolina.
 - (i) They are not eligible to hold a Medical Staff office and are not eligible to vote unless otherwise indicated in these Bylaws.
 - (ii) Only practitioners who are graduates of an approved, recognized medical, osteopathic or dental school, who are legally licensed to practice in the State of South Carolina and who, continue to perform and develop appropriately in his/her training are qualified for assignment to the House Staff.
 - (iii) The Chairperson of the House Staff member's department and Associate Dean for Graduate Medical Education will be responsible for monitoring performance and will notify the Chairperson of the Executive Committee of any status changes.
- (b) Allied (affiliated) Health Professionals - Allied (affiliated) Health Professionals are those health practitioners, not a licensed MD, DO or Dentist, who, although not members of the Medical Staff are credentialed through the Medical Staff process as described in the Credentials Policy Manual.

Section 4.06 CONTRACT SERVICES - The clinical privileges of any practitioner who has a contractual relationship with an entity that has a contractual relationship with MUSC Medical Center to provide professional services to patients shall be subject to those provisions contained in said contract with regard to the termination of Medical Staff membership and privileges upon the expiration, lapse, cancellation, or termination of the contract. If no provisions for termination of membership or privileges are contained in the contract, the affected practitioners' membership and clinical privileges will be terminated at the time of the contract termination, lapse, expiration or cancellation date. The affected practitioners shall have no right to a hearing regarding termination of Medical Staff membership or privileges.

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Article V. OFFICERS

Section 5.01 OFFICERS OF THE MEDICAL STAFF - The officers of the Medical Staff shall be:

- (a) President
- (b) Vice President
- (c) Secretary

Section 5.02 QUALIFICATIONS OF OFFICERS - Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during his/her terms of office. Officers should possess some Medical Staff administrative experience. In addition, Medical Staff officers must be committed to put in the required time to assist the functioning of the organized Medical Staff.

Section 5.03 SELECTION OF OFFICERS - A nominating committee shall be appointed by the Medical Staff president at the meeting prior to biennial elections.

- (a) This committee shall present a slate of officers to the Medical Staff at its annual meeting.
- (b) Medical Staff members may submit names for consideration to members of the nominating committee.
- (c) Only Active Staff shall be eligible to vote. A plurality vote of those Active Staff present at the annual meeting is required.

Section 5.04 TERM OF OFFICE - All officers shall take office on the first day of the calendar year and serve a term of two years.

Section 5.05 VACANCIES IN OFFICE - Vacancies in office during the Medical Staff year, except the Office of President, shall be filled by the MEC of the Medical Staff. If there is a vacancy in the Office of the President, the Vice President shall serve the remainder of the term.

Section 5.06 DUTIES OF OFFICERS

- (a) President -The President shall serve as the chief administrative officer of the Medical Staff and will fulfill those duties as specified in the organization and functions manual.
- (b) Vice President - In the absence of the President, Vice President shall assume all the duties and have the authority of the President. He/she shall perform such further duties to assist the President as the President may, from time to time request, including the review and revision of bylaws as necessary, supervision of the Medical Center's quality, patient safety, and resource utilization programs, and the MEC liaison for medical staff peer review activities The Vice President will serve as the President-Elect.

- (c) Secretary -The secretary shall ensure that the recording, transcription, and communication processes produce accurate and complete minutes of all Medical Staff meetings. The secretary serves as the MEC liaison to the housestaff peer review committee.

Section 5.07 REMOVAL FROM OFFICE

- (a) The Medical Staff and/or Board of Trustees may remove any Medical Staff officer for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC
- (b) Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.
- (c) Elected officers may be removed by 2/3 majority vote of the Medical Staff for the reasons stated in VII-A5.07 (a) & (b) above.
- (d) Removal from elected office shall not entitle the practitioner to procedural rights.
- (e) Any Medical Staff member has the right to initiate a recall election of a Medical Staff Officer. A petition to recall must be signed by at least 25% of the members of the active staff and presented to the MEC. Upon presentation, the MEC will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote.

Article VI. DEPARTMENTS

Section 6.01 ORGANIZATION OF DEPARTMENTS - The Medical Staff shall be organized into departments, divisions, and or sections, in a manner as to best assure:

- (a) the supervision of clinical practices within the Hospital;
- (b) the conduct of teaching and training programs for students and House Staff;
- (c) the discovery of new knowledge;
- (d) the dissemination of new knowledge;
- (e) the appropriate administrative activities of the Medical Staff; and an integrated quality management program to monitor objectively and systematically evaluate the quality and appropriateness of patient care, objectively establish and monitor criteria for the effective utilization of hospital and physician services, and pursue opportunities to improve patient care and resolve identified problems.
- (f) the active involvement in the measurement, assessment and improvement of patient care processes.

Section 6.02 QUALIFICATIONS AND SELECTION OF DEPARTMENT CHAIRPERSON

- (a) Each Chairperson shall be a member of the Active Category of the Medical Staff and be well qualified by training and experience and demonstrated ability for the position. The Chairperson must be certified in an appropriate specialty board, or have comparable competence that has been affirmatively established through the credentialing process.
- (b) The appointment and removal of Department Chairpersons shall be the responsibility of the Dean of the appropriate College, in accordance with the Board of Trustees approved Rules and Regulations of the Faculty of the Medical University of South Carolina (Faculty Handbook). Such appointment must then be submitted to the Board of Trustees for approval.

Section 6.03 FUNCTIONS OF DEPARTMENT - Through the department Chairperson each department shall:

- (a) Recommend to the Medical Staff the objective and evidenced based criteria consistent with the policies of the Medical Staff and the Board of Trustees for the granting and renewal of clinical privileges related to patient care provided within the department.
- (b) Recommend clinical privileges for each member of the Department.
- (c) Develop and uniformly apply criteria for a focused time limited professional practice evaluation for all initially requested privileges of independent practitioners within his/her department.
- (d) Develop and uniformly apply criteria for the on-going professional evaluation of all independent practitioners within his/her department.
- (e) Assure the decision to deny a privilege(s) is objective and evidenced based.

- (f) Establish policies and procedures and scope of practice for House Staff supervision. The character of supervision will depend upon the level of training and demonstrated competence of each House Staff member.
- (g) Each department shall participate in a medical care evaluation program and/or quality improvement program as required by accrediting bodies, federal regulations and state statutes. This plan shall include a process that assures active participation in the ongoing measurement, assessment and improvement of the quality of care and treatment and include quality control processes as appropriate.
- (h) Shall establish standards and a recording methodology for the orientation and continuing education of its members. Participation in the roles of both students and teachers is recognized as the means of continuously improving the services rendered by the Medical Staff. Such continuing education should:
 - (i) Represent a balance between intra-institutional and outside activities.
 - (ii) Be based, when applicable, on the findings of the quality improvement effort.
 - (iii) Be appropriate to the practitioner's privileges and will be considered as part of the reappointment process.
- (i) Coordinate clinical activities of the department and integrate all patient care and clinical activities with MUSC Medical Center.
- (j) Monitor on a continuing basis, departmental activities and compliance with Medical Staff Bylaws or other accrediting bodies.
- (k) Define the circumstances and implement the process of focused peer review activities within the department.
- (l) Assess and recommend off-site sources for needed patient care, treatment and service when not provided by the department.
- (m) Conduct administrative duties of the department when not otherwise provided by the hospital.
- (n) Coordinate and integrate all inter and intra departmental services.
- (o) Develop and implement department policies and procedures that guide and support the provision of safe quality care, treatment, and services.
- (p) Recommend sufficient qualified and competent staff to provide care within the department and with Clinical Services and MUSC Medical Center leaders determine the qualifications and competencies of non LIP's within the department who provide patient care, treatment, and services.
- (q) Recommend space and resource needs of the department.
- (r) Ensure the timely and appropriate completion of MUSC Medical Center administrative responsibilities assigned to departmental physicians.
- (s) Supervise the completion of the assigned responsibilities of departmental members who serve as MUSC Medical Center Medical Directors.
- (t) Assess and improve on a continuing basis the quality of care, treatment, and services provided in the department.

Section 6.04 ASSIGNMENT TO DEPARTMENTS - All members of the Medical Staff shall be assigned to a department as part of the appointment process.

Article VII. COMMITTEES AND FUNCTIONS

Section 7.01 MEDICAL EXECUTIVE COMMITTEE (MEC)

- (a) Composition: The Medical Executive Committee (MEC) is the executive committee of the organized Medical Staff. The majority of members are physicians. Other hospital and University leaders shall have membership in order to allow the committee to have an integrated leadership role within MUSC Medical Center. The MEC shall include:

- 1) the elected officers of the Medical Staff,
- 2) Past President of the Medical Staff,
- 3) Vice President for Clinical Operations/Executive Director of MUSC Medical Center,

- 4) Executive Senior Associate Dean for Clinical Affairs,
- 6) Executive Medical Director (Chief Medical Officer),
- 5) 7) Chief Operating Officer,
- 6) 8) Associate Executive Medical Directors,
- 7) 9) Administrator of Clinical Services/Chief Nursing Executive,
- 8) 10) Department of Medicine Chairperson,
- 9) 11) Department of Surgery Chairperson,
- 4) 12) Director of Quality and Chief Quality Officer,
- 13) Chief Strategy Officer,
- Director of Analytics,
- 4) 14) Chief Medical Information Officer, Director of Strategic Planning,
- 4) 15) Director of Pharmacy,
- 4) 16) Administrator of Ambulatory Care,
- 4) 17) Vice President for Medical Affairs,
- 4) 18) CEO and CMO of UMA,
- 4) 19) Member as elected by the House Staff (voting),
- 4) 20) Chairperson of Credentials Committee,
- 4) 21) Physician Director of Children's Health Services,
- 4) 22) Senior Associate Dean for Medical Education,
- 20) 23) Director for Graduate Medical Education,

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- ~~21)~~24) President of UMA,
- ~~22)~~25) Division Chief of Emergency Medicine,
- ~~23)~~26) Chairpersons (or designee) of the Departments of Laboratory Medicine & Pathology, Anesthesiology and Perioperative Medicine, and Radiology,
- ~~24)~~27) Three (3) elected Medical Staff representatives: one (1) each to represent the Institute of Psychiatry, primary care and surgical specialties to be elected by the Medical Staff members of those represented departments,
- ~~25)~~28) Three elected Medical Directors from service lines,
- ~~26)~~29) Two (2) Department Chairpersons not already assigned
- 30) Accreditation representative

~~27)~~

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- (b) Membership for elected members and unassigned Department Chairpersons will be for a two year period.
- (c) The MEC will be chaired by the Vice President for Medical Affairs (or his/her designee) and co-chaired by the Medical Staff President.
- (d) All members will have voting rights.
- (e) Duties - The duties of the MEC shall be to:
 - (i) Ensure high quality cost-effective patient care across the continuum of the MUSC Medical Center
 - (ii) Represent and to act on behalf of the Medical Staff
 - (iii) Coordinate the activities and general policies of the Medical Staff;
 - (iv) Determine and monitor committee structure of the Medical Staff;
 - (v) Receive and act upon reports and recommendations from departments, committees, and officers of the Medical Staff;
 - (vi) Implement Medical Staff policies not otherwise the responsibility of the departments;
 - (vii) Provide a liaison between the Medical Staff and the Executive Director of the MUSC Medical Center;
 - (viii) Recommend action to the Executive Director of the MUSC Medical Center on medico-administrative matters;
 - (ix) Make recommendations to the Board of Trustees regarding: the Medical Staff structure, membership, delineated clinical privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities;
 - (x) Ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the MUSC Medical Center
 - (xi) Fulfill the Medical Staff organization's accountability to the Board of Trustees for the medical care of patients in the MUSC Medical Center;
 - (xii) Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges;
 - (xiii) Conduct such other functions as are necessary for effective operation of the Medical Staff;
 - (xiv) Report at each general staff meeting; and
 - (xv) Ensure that Medical Staff is involved in performance improvement and peer review activities.
- (f) Delegated Authority-
 - (i) The Medical Staff delegates the authority to the MEC the ability to act on its behalf in between organized meetings of the medical staff.

(ii) The Medical Staff delegates authority to the MEC to make amendments and submit directly to the Board of Trustees for adoption those associated details of processes defined in these bylaws that reside in the Credentials Manual of the Medical Staff, the Rules and Regulations of the Medical Staff, and the Fair Hearing Plan of the Medical Staff or other Medical Staff policies. Such detail changes/amendments shall not require Medical Staff approval prior to submission to the Board. The MEC shall however notify the Medical Staff of said changes prior to Board of Trustees submission. The associated details are defined as those details for the processes of qualifications of the Medical Staff, appointment and re-appointment to the Medical Staff, credentialing/privileging and re-credentialing/ re-privileging of licensed independent practitioners and other practitioners credentialed by the Medical Staff, the processes and indications for automatic and or summary suspension of medical staff membership or privileges, the processes or indications for recommending termination or suspension of a medical staff membership and/or termination, suspension or reduction of clinical privileges and other processes contained in these bylaws where the details reside either in The Rules and Regulations of the Medical Staff, the Credentials Manual of the Medical Staff, the Fair Hearing Plan, or other Medical staff policies. The Medical Staff, after notification to the MEC and the Board, by a two thirds vote of voting members shall have the ability to remove this delegated authority of the MEC.

Comment [LK1]: Please note that we could notify the medical staff in their Oct meeting of changes to the rules and regs. We do not need approval only MEC. Bylaws must have approval however.

The organized medical staff has the ability to adopt medical staff bylaws, rules and regulations, and policies, and amendments thereto , and to propose them directly to the governing body after communicating the proposed changes to the Medical Executive Committee.

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- (iii) The authority to amend these bylaws cannot be delegated.
- (g) Meetings - The MEC shall meet at least six (6) times a year or as often as necessary to fulfill its responsibility and maintain a permanent record of its proceedings and actions. Special meetings of the MEC may be called at any time by the Chairperson.
- (h) Removal from MEC - The Medical Staff and/or the Board of Trustees may remove any member of the MEC for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the committee. Any Medical Staff member has the right to initiate a recall of a MEC member. A petition to recall must be signed by at least 25% of the members of the Active staff and presented to the MEC or to the Board of Trustees if the recall is for the majority or all of the MEC members. Upon presentation, the MEC or Board of Trustees will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote. Removal of an MEC member shall require a 2/3 majority vote of voting members. Removal from the MEC shall not entitle the practitioner to procedural rights.

Section 7.02 OTHER MEDICAL STAFF FUNCTIONS

- (a) Peer Review - All members of the MUSC Medical Center Medical Staff, House Staff, and Allied Health Professional Staff will be included in the Medical Staff's peer review process.
 - (i) Peer Review is initiated as outlined in the Medical Center Policy Peer Review Policy. A peer review committee for the Medical Staff will be maintained by the MEC. This committee will be chaired by the Vice President of the Medical Staff, as will a subcommittee for Professional Staff peer review. A subcommittee for House Staff peer review will be chaired by the Secretary of the Medical Staff. Members of each of these committees will be appointed by the MEC.
 - (ii) All peer review activities whether conducted as a part of a department quality plan or as a part of a medical staff committee will be considered medical staff quality activities and fall under the protection of SC Code Section 40-71-10 and 40-71-20.
- (b) Other Functions - The accomplishment of the following functions may or may not require the existence of separate, established committees. The functions consist of collection of relevant information (monitoring), and presentation to the appropriate Clinical Departments, discussion, and action (evaluation and problem solving). Evidence that these functions are being effectively accomplished at the departmental level is included in departmental reports to the MEC, and in MEC reports to the Board. These functions can be carried out by a Medical Staff Committee, a MUSC Medical Center interdisciplinary committee, a responsible group, or individual. These functions include, but are not limited to:

- (i) Conduct or coordinate quality, appropriateness, and improvement activities, including but not limited to operative, invasive, and high risk procedures review, tissue review, blood usage review, drug usage review, medical record review, mortality and morbidity review, autopsy review, sentinel event and other reviews;
- (ii) Conduct or coordinate utilization activities;
- (iii) Conduct or coordinate credentials investigations for staff membership and granting of clinical privileges;
- (iv) Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the-art developments, and other perceived needs;
- (v) Develop and maintain surveillance over drug utilization policies and practices;
- (vi) Investigate and control nosocomial infections and monitor the MUSC Medical Center infection control program;
- (vii) Plan for response to fire and other disasters;
- (viii) Direct staff organizational activities, including staff Bylaws, review and revision, Staff officer and committee nominations, liaison with the Board of Trustees and MUSC Medical Center administration, and review and maintenance of MUSC Medical Center accreditation

Article VIII. HISTORY AND PHYSICAL REQUIREMENTS

Section 8.01 Comprehensive History and Physical - A comprehensive history and physical (H&Ps) shall be completed no later than twenty-four (24) hours after admission (includes inpatient or observation status) or at the initial visit to an ambulatory clinic, or prior to any operative, invasive, high risk diagnostic or therapeutic procedure, or procedures requiring deep sedation or anesthesia regardless of setting.

- (a) A complete H&P (except in circumstances allowing a focused H&P) must include (as information is available):
 - (i) chief complaint,
 - (ii) details of present illness (history),
 - (iii) past history (relevant - includes illnesses, injuries, and operations),
 - (iv) social history,
 - (v) allergies and current medications,
 - (vi) family history,
 - (vii) review of systems pertinent to the diagnosis,
 - (viii) physical examination pertinent to the diagnosis,
 - (ix) pertinent normal and abnormal findings,
 - (x) conclusion or a planned course of action.

Section 8.02 Focused History and Physical - For other non-inpatients procedures, a focused history and physical may be completed based on the presenting problem. A focused H&P must include at a minimum:

- (a) present illness,
- (b) past medical/surgical history,
- (c) medications,
- (d) allergies,
- (e) focused physical exam to include the presenting problem and mental status.
- (f) impression and plan including the reason for the procedure.

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Section 8.03 Primary Care Clinics - H&Ps are required in all primary care clinics. On subsequent primary care visits and in specialty clinics, the H&P can be focused, based on the presenting problem(s). The focused H&P must meet the requirements for a focused H&P.

Section 8.04 H&P Not Present - When the H&P examination is not on the chart prior to the surgery or high risk diagnostic or therapeutic procedure, the said procedure shall be delayed until the H&P is completed unless it is an emergency.

Section 8.05 Updating an H&P - When using an H&P that was performed within 30 days prior to admission or a procedure, and that H&P is in the patient's medical record, a re-examination of the patient must take place as a part of the history and physical ~~update~~ update to the H&P must be completed within 24 hours of admission for inpatients or prior to the procedure whichever comes first. This includes intra campus admissions from the Medical Center (i.e., TCU, IOP). For all surgeries and other procedures requiring an H&P, this update may be completed in combination with the preanesthesia assessment.

Section 8.06 H&P Responsibility:

- (a) Dentists are responsible for the part of his/her patient's H&P that relates to dentistry.
- (b) Oral and maxillofacial surgeons may perform a medical H&P examination in order to assess the status and risk of the proposed surgery or procedures.
- (c) Podiatrists are responsible for the part of his/her patient's H&P that relates to podiatry.
- (d) Optometrists are responsible for the part of his/her patient's H&P that relates to optometry.

Section 8.07 The attending physician is responsible for the complete H&P.

- (a) Residents, advanced nurse practitioners and in some cases physicians assistants, appropriately privileged, may complete the H&P with the attending physician's counter signature.
- (b) In lieu of a signature, the attending physician may complete an additional attestation sheet to confirm or change the initial history and physical.
- (c) The co-signature by the attending or the attestation must be completed by the attending within 48 hours of admission or prior to any procedure requiring H&P's.

Comment [LK2]: Is 48 hours too long given the changes we are making in rules and regs?

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Article IX. MEDICAL STAFF MEETINGS

Section 9.01 REGULAR MEETINGS

- (a) The Medical Staff shall meet at least quarterly or more often, as needed. Appropriate action will be taken as indicated.
- (b) An annual Medical Staff Meeting shall be held during the last quarter of each year. Written notice of the meeting shall be sent to all Medical Staff members.
- (c) The primary objective of the meetings shall be to report on the activities of the staff, elect officers if necessary, and conduct other business as may be on the agenda. Written minutes of all meetings shall be prepared and recorded.

Section 9.02 SPECIAL MEETINGS - The President of the Medical Staff, the Executive Medical Director, the Dean of the College of Medicine, or the MEC may call a special meeting after receipt of a written request for same signed by not less than five (5) members of the Active and Affiliate Staff and stating the purpose for such meeting. The President of the Medical Staff shall designate the time and place of any special meeting. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally or by mail, including electronic mail, to each member of the Active Category of the Medical Staff not less than 48 hours before the date of such meeting, by or at the direction of the President of the Medical Staff. If mailed, the notice of the meeting shall be deemed delivered when deposited in the Campus Mail addressed to each Staff member at his/her address as it appears on the records of the Hospital. Notice may also be sent to members in other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

Section 9.03 QUORUM - The quorum requirements for all meetings shall be those present and voting, unless otherwise indicated in these Bylaws.

Section 9.04 ATTENDANCE REQUIREMENTS

- (a) Although attendance at regular Medical Staff meetings is encouraged, Medical Staff members are not required to attend general staff meetings. Medical staff meeting attendance will not be used as a reappointment measurement.
- (b) Attendance requirements for department meetings are at the discretion of the Department Chairpersons.
- (c) Members of the MEC and Credentials Committee are required to attend fifty percent (50%) of the committee meetings during each year unless otherwise excused.

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Section 9.05 PARTICIPATION BY EXECUTIVE DIRECTOR OF THE MUSC MEDICAL CENTER - The Executive Director of the MUSC Medical Center or his/her designee may attend any Committee, Department, or Section meeting of the Medical Staff.

Section 9.06 ROBERT'S RULES OF ORDER - The latest edition of ROBERT'S RULES OF ORDER shall prevail at all meetings of the General Staff, MEC, and Department Meetings unless waived by the Chairperson.

Section 9.07 NOTICE OF MEETINGS - Written notice stating the place, day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be delivered or sent to each member of the committee or department not less than three (3) days before the time of such meeting by the person or persons calling the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

Section 9.08 ACTION OF COMMITTEE/DEPARTMENT - The action of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee or department.

Section 9.09 MINUTES - Minutes of each regular and special meeting of a Committee or Department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes from the Departments and Credentials Committee Meetings shall be signed, electronically or physically, by the presiding officer and copies thereof submitted to the MEC. The minutes from other committee meetings shall be signed by the presiding officer and copies thereof submitted to the appropriate departments.

Article X. TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES

Section 10.01 SUSPENSION - In the event that an individual practitioner's action may pose a danger to patients, other Medical Staff members, or the Hospital or its personnel, then either the President of the Medical Staff, Executive Medical Director or the Chairperson of the clinical department to which the practitioner is a member, shall each have the authority, as independent action, to suspend all or any portion of the Clinical Privileges of the Medical Staff member in question.

- (a) Such precautionary suspension does not imply final findings of fact or responsibility for the situation that caused the suspension.
- (b) Such precautionary suspension is immediately effective, is immediately reported to all the individuals named above, and the Medical Staff Office, and remains in effect until a remedy is effected following the provision of this Article of the Medical Staff Bylaws.
- (c) Immediately upon the imposition of a suspension, the appropriate Department Chairperson or the Chief of Service assigns to another Medical Staff member the responsibility for care of any hospitalized patients of the suspended individual.
- (d) As soon as practical, but in no event later than three (3) days after a precautionary suspension, the MEC shall convene to review the action. The affected practitioner may request to be present at this meeting, which is not a hearing and is not to be construed as such. The MEC may continue the suspension, or take another action pursuant to this Article. If the action taken entitles the affected practitioner to a hearing, then the Hearing and Appeals Procedure Fair Hearing Plan shall apply

*Section 10.02 EFFECT OF OTHER ACTIONS
ON MEDICAL STAFF MEMBERSHIP AND CLINICAL
PRIVILEGES*

- (a) Failure to Complete Medical Records - All portions of each patient's medical record shall be completed within the time period after the patient's discharge as stated in Medical Staff Rules and Regulations.

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Failure to do so (unless there are acceptable extenuating circumstances) automatically results in the record being defined as delinquent and notification of the practitioner.

- (i) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the medical records are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records
 - (ii) Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).
- (b) Failure to Complete Education Requirements – The Medical Staff recognizes the need to mandate certain education requirements for all Medical Staff in order to ensure ongoing success of quality improvement.
 - (i) The MEC will regularly review and approve the education requirements, including time periods, for Medical Staff members. All education requirements for Medical Staff members shall be completed within the time period. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in an education delinquency and notification to the practitioner of temporary suspension.
 - (ii) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the education requirements are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such education requirement within a seven (7) day period after delivery of such warning to him/her either orally or in writing.
 - (iii) Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent education requirements.
- (c) Failure to Perform Appropriate Hand Hygiene – The Medical Staff recognizes the need to ensure a high level of hand hygiene compliance for all Medical Staff in order to ensure ongoing success of the infection control and prevention plan of the Medical Center
 - (i) Understanding that noncompliance with hand hygiene is often the result of distraction or simple forgetfulness, rather than a blatant disregard for patient safety, medical staff will be reminded in a positive manner when not compliant with the hand hygiene policy. Medical staff are expected to readily respond in a positive manner to a reminder and adjust their actions accordingly.
 - (ii) Medical staff who fail to respond in a positive manner to a reminder are subject to the medical staff Peer Review Process.
 - (iii) Medical staff who have recurrent hand hygiene noncompliance will be subject to an MEC approved progressive education and discipline process.
 - (iv) Medical staff having four (4) hand hygiene noncompliance events in one (1) consecutive 12 month period will be reason for suspension from the Medical Staff. Re-application for reinstatement is allowed immediately upon completion of a MEC approved process.
 - (v) Medical staff having two (2) suspensions in a consecutive 12 month period will result in removal of Medical Staff membership and clinical privileges.

- (vi) Medical staff may formally respond to each noncompliance event with subsequent adjudication by the peer review committee

- (d) Actions Affecting State License to Practice - If a practitioner's state license to practice or DEA registration is revoked, suspended, limited for disciplinary reasons, not renewed by the relevant agency, or voluntarily relinquished by the individual, then staff membership and privileges are automatically revoked, suspended, or limited to at least the same extent, subject to re-application by the practitioner when or if his/her license or DEA registration is reinstated, or limitations are removed, whatever is the case.
- (e) Lapse of Malpractice Coverage - If the MEC and Board of Trustees have established a requirement for liability coverage for practitioners with clinical privileges, and if a staff member's malpractice coverage lapses without renewal, then the practitioner's clinical privileges are automatically suspended until the effective date of his/her new malpractice coverage, unless otherwise determined by the Board.
- (f) Governmental Sanction or Ban - Imposition of governmental sanction or ban as outlined by Medicare and the DHHS -Office of the Inspector General is cause for immediate loss of all clinical privileges.
- (g) Felony Conviction - conviction of a felony offense is cause for immediate loss of all clinical privileges.
- (h) Loss of Faculty Appointment - Loss of faculty appointment shall result in immediate revocation of clinical privileges and appointment to the Medical Staff.
- (i) Failure to Meet Application Requirements - Failure to comply with deadlines or other application requirements will result in loss of appointment and privileges as outlined in the Credentials Policy Manual.

Section 10.03 FAIR HEARING PLAN - Any physician has a right to a hearing/appeal pursuant to the institution's Fair Hearing Plan in the event any of the following actions are taken or recommended:

- (i) Denial of initial staff appointment,
- (ii) Denial of reappointment,
- (iii) Revocation of staff appointment,
- (iv) Denial or restriction of requested clinical privileges,
- (v) Reduction in clinical privileges,
- (vi) Revocation of clinical privileges,
- (vii) Individual application of, or individual changes in, the mandatory consultation requirement, and
- (viii) Suspension of staff appointment or clinical privileges if such suspension is for more than 14 days.

(b) PROFESSIONAL REVIEW ACTION

(i) DEFINITIONS

- 1) The term "professional review action" means an action or recommendation of the professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual practitioner which affects (or could affect) adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the clinical privileges of the practitioner or the practitioner's membership. Such term includes a formal

decision of the professional review body not to take an action or make a recommendation described in the previous sentence and also includes professional review activities relating to professional review action.

- 2) An action not considered to be based on the competence or professional conduct of a practitioner if the action taken is primarily based on:

- (i) The practitioner's association or lack of association with a professional society or association;
- (ii) The practitioner's fees or the practitioner's advertising or engaging in other competition acts intended to solicit or retain business;
- (iii) The practitioner's participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;
- (iv) A practitioner's association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with a member of members of a particular class of health care practitioner or professional; or
- (v) Any other matter that does not related to the competence or professional conduct of a practitioner.

- 3) The term "professional review activity" means an activity of the Hospital with respect to an individual practitioner.

- (i) To determine whether the practitioner may have clinical privileges with respect to or membership;
- (ii) To determine the scope or conditions of such clinical privileges or membership; or
- (iii) To change or modify such clinical privileges or membership.

- 4) The term "Professional Review Body" means the Hospital and the Hospital's governing body or the committee of the Hospital which conducts the professional review activity and includes any committee of the Medical Staff of the Hospital when assisting the governing body of the Hospital in a professional review activity.

- 5) The term "adversely affecting" includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership.

- 6) The term "Board of Medical Examiners", "Board of Dental Examiners", and Board of Nursing are those bodies established by law with the responsibility for the licensing of physicians, dentists, and Affiliated Health Care Professionals respectively.

- 7) The term "clinical privileges" includes privileges, membership, and the other circumstances pertaining to the furnishing of medical care under which a practitioner is permitted to furnish such care in the Hospital.

- 8) The term "medical malpractice action or claim" means a written claim of demand for payment based on a health care provider's furnishing (or failure to furnish) health care services including the filing of a cause of action, based on the law of tort, brought in any court of the State or the United States seeking monetary damages.

(c) STANDARDS FOR PROFESSIONAL REVIEW ACTIONS

- (i) For the purposes of the protection provided by Section 411(a) of the Health Care Quality Improvement Act of 1986 and in order to improve the quality of medical care, a professional review action shall be taken:

- 1) In the reasonable belief that the action was in the furtherance of quality health care;

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- 2) After a reasonable effort to obtain the facts of the matter;
 - 3) After adequate notice and hearing procedures are afforded to the practitioner involved or after such other procedures are fair to the practitioner under the circumstances; and
 - 4) In the belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after adequate notice and hearing procedures are afforded.
- (ii) A professional review action shall be presumed to have met the preceding standards unless the presumption is rebutted by a preponderance of evidence.
- (iii) Impaired Practitioners: The MUSC Medical Center subscribes to and supports the South Carolina Medical association's policies and procedures on impaired practitioners. The staff will support and follow procedures of the South Carolina Medical Association Impaired Physician Committee in dealing with any practitioner who has an addiction to drugs and/or alcohol which impairs his/her ability to function or otherwise disables him from the practice of medicine.

(d) ADEQUATE NOTICE AND RIGHT TO HEARING

- 1) Notice of Proposed Action – the practitioner shall be given a notice stating: that a professional review action has been proposed to be taken against the practitioner; the reasons for the proposed action; that the practitioner has a right to request a hearing on the proposed action; and that the practitioner has thirty (30) days within which to request such hearing;
- 2) The Notice of Right to Hearing to the practitioner shall also state that the request for hearing shall be delivered to the Chair of the Executive Committee personally or by certified, registered mail, restricted delivery.
- 3) The Notice of Right to Hearing shall additionally state that a failure on the part of the practitioner to make a written request for hearing within the thirty (30) day time period shall constitute a waiver of the practitioner's right to hearing and to any further appellate review on the issue.
- 4) The Executive Medical Director shall be responsible for giving the prompt written notice to the practitioner or any affected party who shall be entitled to participate in the hearing.
- 5) The Notice shall also state that, upon the receipt of Request for Hearing, the practitioner shall be notified of the date, time, and place and shall be provided with written charges against him or the grounds upon which the proposed adverse action is based.

- (e) NOTICE AND REQUEST FOR HEARING - If a hearing is requested on a timely basis, the practitioner involved shall be given additional notice state:
- (i) The time, place and date of a pre-hearing conference in order to review or clarify procedures that will be utilized;
 - (ii) The place, time and date of hearing, which date shall not be less than thirty (30) days after the date of the notice;
 - (iii) A list of witnesses (if any) expected to testify at the hearing on behalf of the Professional Review Body;
 - (iv) A statement of the time, place and nature of the hearing;
 - (v) A statement of the authority under which the hearing is to be held;
 - (vi) Reference to any rules, regulations or statutes in issue; and
 - (vii) A short and plain statement of the charges involved and the matters to be asserted.
- (f) CONDUCT OF HEARING AND NOTICE
- (i) If a hearing is requested on a timely basis, the hearing shall be held as determined by the Executive Medical Director of the Hospital:
 - 1) Before an Arbitrator mutually acceptable to the practitioner and the Hospital;
 - 2) Before a Hearing Officer who is appointed by the Executive Medical Director of the Hospital and who is not in direct economic competition with the practitioner involved; or
 - 3) Before an ad hoc Hearing Committee of not less than five (5) MEMBERS OF THE Medical Staff appointed by the Chair of the Hospital Executive Committee. One of the members so appointed shall be designated as chair. No Medical Staff member who has actively participated in the consideration of any adverse recommendation or action shall be appointed a member of this committee.
 - (ii) The Hearing Committee, the Arbitrator, or the Hearing Office may issue subpoenas for the attendance and testimony of witnesses and the production and examination of books, papers, and records on its own behalf or upon the request of any other party to the case. Failure to honor an authorized subpoena may be grounds for disciplinary action against the subpoenaed party including, but not limited to, a written reprimand, suspension, or termination.
 - (iii) The personal presence of the affected party shall be required by the Arbitrator, Hearing Officer, or Committee. Any party who fails, without good cause, to appear and proceed at the hearing shall be deemed to have waived his/her rights to the hearing and to have accepted the adverse action, recommendations, or decision or matter in issue, which shall then remain in full force and effect.
 - (iv) Postponement of hearing shall be made only with the approval of the Arbitrator, Hearing Officer, or ad hoc Hearing Committee. Granting of such postponement shall be only for good cause shown and shall be at the sole discretion of the decision maker.
 - (v) The right to the hearing shall be forfeited if the practitioner fails, without good cause, to appear.

(g) RIGHTS OF THE PARTIES - In the hearing, the practitioner involved has the right:

- (i) To representation by an attorney or any other person of the practitioner's choice;
- (ii) To have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges associated with the preparation thereof;
- (iii) To call, examine, and cross-examine witnesses;
- (iv) To present evidence determined to be relevant by the Arbitrator, Hearing Officer, or Committee regardless of its admissibility in a court of law;
- (v) To submit a written statement at the closing of the hearing.
- (vi) The hearing and all proceedings shall be considered confidential and all proceedings shall be in closed session unless requested otherwise by the affected practitioner. Witnesses and parties to the hearing shall not discuss the case except with the designated parties' attorneys or other authorized individuals and shall not discuss the issue outside of the proceedings.

(h) COMPLETION OF HEARING - Upon completion of the hearing, the practitioner involved shall the right:

- (i) To receive the written recommendations of the Arbitrator, Officer or ad hoc Hearing Committee, including a statement of the basis for the recommendation, including findings of the fact and conclusions of law; and
- (ii) To receive a written decision of the Hospital, including a statement of the basis for that decision.

(i) CONDUCT OF HEARING

- (i) If the Hospital, in its sole discretion, chooses to utilize an ad hoc Hearing Committee, a majority of the Hearing Committee must be present throughout the hearing and deliberations. If a Committee member is absent from any part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.
- (ii) The Chair of the Hearing Committee, or his/her designee, shall preside over the hearing to determine the order of procedure during the hearing to assure that all participants in the hearing have a reasonable opportunity to present and respond to relevant oral and documentary evidence and to present arguments on all issues involved.
- (iii) The Hearing Committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the Hearing Committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties.
- (iv) A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgment to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The Hearing Committee may select the method to be used for making the record, such as the court reporter, electronic recording unit, detailed transcription or minutes of the proceedings. The minutes shall be transcribed at the request of any party.
- (v) All oral evidence shall be taken only after an Oath of Affirmation.

(j) EVIDENTIARY MATTERS IN CONTESTED CASES

- (i) Evidence determined to be relevant by the Hearing Officer, Arbitrator, or ad hoc Hearing Committee, regardless of its admissibility in a court of law, shall not be excluded.
- (ii) Documentary evidence may be received in the form of copies or excerpts, if the original is not readily available. Upon request, parties shall be given an opportunity to compare the copy with the original.
- (iii) Notice may be taken of judicially cognizable facts. In addition, the Hearing Officer, Arbitrator or ad hoc Hearing Committee may taken notice of generally recognized technical or scientific facts within the Committee's specialized knowledge. Parties shall be notified either before or during the hearing of the material noticed, including any staff memoranda or data, and they shall be afforded an opportunity to contest the material noticed. The Committee's experience, technical competence and specialized knowledge shall be utilized in the evaluation of the evidence.
- (k) BURDEN OF PROOF - The practitioner who requested the hearing shall have the burden of proving, by clear and convincing evidence, that the adverse recommendation or action lacks any substantial factual basis or that such basis or the conclusions drawn therefore are either arbitrary, unreasonable, or capricious, when a hearing relates to the following:
 - (i) Denial of staff appointment;
 - (ii) Denial of requested advancement in staff category;
 - (iii) Denial of department, service, or section affiliation; or
 - (iv) Denial of requested clinical privileges.

(l) REPORT AND FURTHER ACTION - At the conclusion of the final hearing, the Arbitrator, Hearing Officer or the ad hoc Hearing Committee shall:

- (i) Make a written report of the conclusions and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the Chair of the Executive Committee. All findings and recommendations by the Arbitrator, Hearing Officer or ad hoc Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it; and
- (ii) After receipt of the report, conclusions and recommendations of the Arbitrator, Hearing Officer or ad hoc Hearing Committee, the Executive Committee shall consider the report, conclusions and recommendations and shall issue a decision affirming, modifying or reversing those recommendations received.

(m) NOTICE OF DECISION

- (i) The Chair of the Executive Committee shall promptly send a copy of the decision by written notice to the practitioner, the practitioner's chair, the Vice President for Academic Affairs, the Vice President for Medical Affairs, the Vice President for Clinical Operations and CEO and the President of the University.
- (ii) This notice shall inform the practitioner of his/her right to request an appellate review by the Board of Trustees.

(n) NOTICE OF APPEAL

- (i) Within ten (10) days after receipt of notice by a practitioner or an affected party of an adverse decision, the practitioner or affected party may, by written notice to the Executive Medical Director (by personal service or certified mail, return receipt requested), request an appellate review by the Board of Trustees. The Notice of Appeal and Request for Review, with or without consent, shall be presented to the Board of Trustees at its next regular meeting. Such notices requesting an appellate review shall be based only on documented record unless the Board of Trustees, within its sole discretion, decides to permit oral arguments.
- (ii) If such appellate reviews not requested within ten (10) days, the affected practitioner shall have deemed to have waived his/her right to appellate review and the decision an issue shall become final.

(o) APPELLATE REVIEW PROCEDURE

- (i) Within five (5) days after receipt of Notice of Appeal and Request for Appellate Review, the Board of Trustees shall, through the Executive Committee, notify the practitioner, and other affected parties in writing by certified mail, return receipt requested, or by personal service, of the date of such review, and shall also notify them whether oral arguments will be permitted.
- (ii) The Board of Trustees, or its appointed Review Committee, shall act as an appellate body. It shall review the records created in the proceedings.
- 1) If an oral argument is utilized as part of the review procedure, the affected party shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision, and shall answer questions put to him by any member of the Appellate Review Body.

- 2) If oral argument is utilized, the Executive Committee and other affected parties shall also be represented and shall be permitted to speak concerning the recommendation or decision and shall answer questions put to them by any member of the Appellate Review Body.
- (iii) New or additional matters not raised during the original hearings and/or reports and not otherwise reflected in the record shall only be considered during the appellate review upon satisfactory showing by the affected practitioner or party that substantial justice cannot be done without consideration of these new issues and further giving satisfactory reasons why the issues were not previously raised. The Appellate Review Body shall be the sole determinant as to whether such new information shall be accepted.
- (iv) The Board of Trustees may affirm, modify, or reverse the decision in issue or, in its discretion, may refer the matter back to the Executive Committee for further review or consideration of additional evidence. Such referral may include a request that the Executive Committee arrange for further hearing to resolve specified disputed issues.
- (v) If the appellate review is conducted by a committee of the Board of Trustees, such committee shall:
 - 1) Make a written report recommending that the Board of Trustees affirm, modify, or reverse the Decision in issue, or
 - 2) Refer the matter back to the Executive Committee for further review and recommendations. Such referral may include a request for a hearing to resolve the disputed issues.
- (p) FINAL DECISION BY THE BOARD OF TRUSTEES - After the Board of Trustees makes its final decision, it shall send notice to the President of the Medical University, the Executive Committee, the Executive Medical Director, and to the affected practitioner and other affected parties, by personal service or by certified mail, return receipt requested. This decision shall be immediately effective and final.
- (q) ADEQUATE PROCEDURES IN INVESTIGATIONS OR HEALTH EMERGENCIES - Nothing in this section shall be construed as:
 - (i) Requiring the procedures under this section where there is no adverse professional review action taken;
 - (ii) In the case of a suspension or restriction of clinical privileges for a period of not longer than fourteen (14) days during which an investigation is being conducted to determine the need for professional review action; or
 - (iii) Precluding an immediate suspension or restriction of clinical privileges, subject to subsequent notice and hearing or other adequate procedures, where the failure to take such an action may result in an imminent danger to the health of any individual.
- (r) REPORTING OF CERTAIN PROFESSIONAL REVIEW ACTIONS TAKEN BY HOSPITALS
In the event the Hospital:

- (i) Takes a professional review action that adversely affects the clinical privileges of a practitioner for a period of longer than thirty (30) days;
- (ii) Accepts the surrender of clinical privileges of a practitioner:
 - 1) While the practitioner is under investigation by the Hospital relating to possible incompetence or improper professional conduct; or
 - 2) In return for not conducting such an investigation or proceeding; or
- (iii) In the case where action is taken by the Hospital adversely affecting the membership of the practitioner, it is agreed and understood that the Hospital shall report to the appropriate State Board the following information:
 - 1) The name of the practitioner involved;
 - 2) A description of the acts or omissions or other reasons for the action or, if known, for the surrender of the privileges; and
 - 3) Such other information respecting the circumstances of the action or surrender as deemed appropriate.

Article XI. CONFLICT MANAGEMENT AND RESOLUTION

Section 11.01 MEC and Medical Staff - If a conflict arises between the MEC and the voting members of the Medical Staff regarding issues pertaining to the Medical Staff including but not limited to proposals for adoption or amendment of bylaws, rules and regulations, or medical staff policies and when MUSC Medical Center Policy A-115 Conflict Management does not apply, the voting members of the medical staff by a 2/3rds vote may appoint a Conflict Management Team consisting of six (6) active members of the staff who are not on the MEC. In such an event, the action or recommendation of the MEC at issue shall not go into effect until thirty (30) days after the appointment of the Conflict Management Team, during which time the MEC and the Conflict Management Team shall

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use their best efforts to resolve or manage the conflict. If the conflict is not resolved, the Medical Staff, by a two-thirds (2/3) vote of the Active members may make a recommendation directly to the Board of Trustees for action.

Section 11.02 MEC and BOARD of TRUSTEES - If a conflict arises between the MEC and the Board of Trustees regarding a matter pertaining to the quality or safety of care or to the adoption or amendment of Medical Staff Bylaws, Rules and Regulations, or Medical Staff Policies and when MUSC Medical Center Policy A-115 Conflict Management does not apply, the Executive Director may convene an ad-hoc committee of MUSC Medical Center, Board of Trustees and Medical Staff leadership to manage or resolve the conflict. This committee shall meet as early as possible and within 30 days of its appointment shall report its work and report to the MEC and the Board of Trustees its recommendations for resolution or management of the conflict.

Article XII. OFFICIAL MEDICAL STAFF DOCUMENTS

The official governing documents of the Medical Staff shall be these Bylaws, the Rules and Regulations of the Medical Staff, the Medical Staff Credentials Manual, the Fair Hearing Plan, and other Medical Staff policies pursuant to these bylaws. Adoption and amendment of these documents shall be as provided below.

Section 12.01 BYLAWS - The Medical Staff shall have the responsibility to formulate, review, adopt, and recommend to the Board, Medical Staff Bylaws and Amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner. Neither the Medical Staff nor the Board of Trustees may unilaterally amend these bylaws and the authority to adopt or amend them may not be delegated to any group. If a conflict exists between the Bylaws and other documents as outlined in this section, the Bylaws will supersede.

- (a) Methods Of Adoption And Amendment- Amendments to these bylaws may be on recommendation from the MEC approved by the voting members of the Medical Staff or after notification to the MEC on a proposal directly from a two thirds (2/3) majority of voting Medical Staff to the Board of Trustees, The Bylaws may be amended or revised after submission of the proposed amendment at any regular or special meeting of the Medical Staff or by email or US mail submission to all Active Medical Staff members. To be adopted, an amendment or revisions shall require a majority vote of the Active members. Voting can be completed either in person at a Medical Staff meeting or by electronic ballot vote of those who are eligible to vote on the Bylaws. Amendments so made shall be effective only when approved by the Board of Trustees.
- (b) The Executive Committee is authorized to make minor changes/corrections when necessary due to spelling, punctuation and/or grammar.

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- (c) These Bylaws shall be reviewed at least every two (2) years by the Officers of the Medical Staff. Findings shall be reported at a regular meeting of the Medical Staff or at a special meeting called for such purpose or by email to active Staff members. Any recommended changes shall be amended in accordance with these Bylaws.

Section 12.02 Rules and Regulations and
Other Related Documents - The MEC will provide to
the Board of Trustees a set of Medical Staff Rules
and Regulations, a Credentials Policy Manual, and a
Fair Hearing Plan that further defines the general
policies contained in these Bylaws.

- (a) These manuals will be incorporated by reference and become part of these Medical Staff Bylaws. The MEC has the delegated authority to make amendments to the Rules and Regulations of the Medical Staff, the Credentials Manual of the Medical Staff, the Fair Hearing Plan and other Medical Staff policies
- (b) Alternatively the Medical Staff may propose an amendment to the Rules and Regulations and other afore mentioned associated documents directly to the Board of Trustees. Such a proposal shall require a two-thirds (2/3) majority vote of the Active Medical Staff and shall require notification to the MEC.
- (c) When there is a documented need for an urgent amendment to the Rules and Regulations to comply with the a law or regulation, the voting members of the organized medical staff delegate the authority to the MEC who by a majority vote of the MEC members provisionally adopt such amendments and seek provisional Board of Trustees approval without prior notification to the medical staff. The MEC will immediately notify the Medical Staff of such provisional approval by the Board. The Medical Staff at its next meeting, at a called meeting, or through electronic communication will retrospectively review the provisional amendment. If there is no conflict between the organized medical staff and the MEC regarding the amendment, the provisional amendment stands. If there is a conflict over the provisional amendment(s) the Conflict Management process as outlined in these bylaws will be implemented.
- (d) If necessary, a revised amendment is then submitted to the Board of Trustees for action.
- (e) The Rules and Regulations of the Medical Staff, the Credentials Manual, the Fair Hearing Plan and the Policies of the Medical Staff are intended to provide the associated details necessary to implement these Bylaws of the MUSC Medical Staff,

Section 12.03 **RULE CHALLENGE**

Any practitioner may raise a challenge to any rule or policy established by the MEC. In the event that a rule, regulation or policy is felt to be inappropriate, any physician may submit a petition signed by 25% of the members of the Active Staff. When such petition has been received by the MEC, it will either:

- (a) Provide the petitions with information clarifying the intent of such rule, regulation, or policy and/or
- (b) Schedule a meeting with the petitioners to discuss the issue.

Approved by the Medical Executive Committee on November 16, 2011. Approved by Medical Staff on October 23, 2012.

Revisions approved by the Board of Trustees in December 2011.

Summary of Proposed Changes to Medical Staff
Rules and Regulations
November 2013

1. Definitions: Added definition of CMIO and CMO. Modified definition of Authentication: refers to the **full name signature, date, time and credentials**. Other grammatical edits.
2. Admissions: Changed admitting physician to attending physician responsible for admission. (Typo from last revision)
3. Medical Records:
 - Modified the definition of a Medical Record:
The “legal medical record” consists of all authenticated (signed) documentation, handwritten or electronically generated related to the care of an individual patient and **any related communication between a physician and a patient specific to the patient’s care or treatment**.
 - Added: The attending physician is specifically responsible for the completion of the medical record for each **patient encounter** (e.g. admission).
 - Added Informed consent to documents that must be completed without abbreviations.
 - Deleted reference to medical student notes and stat dictation.
 - Added section on medical record requirements for out-patients.
 - Added medication reconciliation as a requirement for a complete record.
 - Changed timeframes for completion to :
 History and physical- 24 hours after admission or prior to invasive or operative procedure whichever comes first
 Consultation report- within 24 hours of request
 Labor and Delivery summary- within 24 hours of delivery
 Operative and procedure reports – within 24 hours of procedure
 Discharge summary- within 24 hours of discharge for preliminary and within 3 days of discharge for official
 Diagnostic study- within 24 hours after completion of the study
 Transfer Summary- within 24 hours of discharge
 ED procedure notes- within 24 hours
 Verbal Orders- within 14 days after discharge
 - Redefined what elements make records delinquent and revised timeframes:

Medical Record Element	Required Completion time within:	Attending’s Signature required within:	Deemed Delinquent at:
Admission H&Ps	24 hours	3 days	4 days
Inpatient and ED consultations	24 hours	3 days	4 days
Discharge Summaries	Preliminary version in 24 hours). Official within 3 days	3 days	4 days
ED Attending Notes	24 hours	3 days	4 days
Operative/Procedure reports	24 hours	3 days	4 days
Outpatient visit notes	7 days	14 days	14 days

- Notifications Clarified: **Physicians will receive two (2) notifications from the Health Information Department during the 14 day period post patient discharge regarding missing medical record elements including signatures. Suspension notification will be sent on day 14.**

- Clarified Failure to Complete Medical Records: **All significant portions of the medical record of each patient's medical record shall be completed within the time period after the patient's discharge as stated in the Delinquency Table within the Medical Staff Rules and Regulations. Failure to do so automatically results in the record being defined as delinquent and notification of the practitioner of the delinquency.**
 - Clarified Medical Record temporary suspension: **Temporary suspension is automatically instituted 3 days following the determination that the provider has three or more simultaneous total medical record delinquencies (from one or more of the above six record types)**
 - Clarified the appeal process: **Added CMIO to appeal process and clarified language.**
4. Orders:
- Clarified who can give orders (Within scope of practice).
 - Added language regarding POST orders: **A validly completed and executed South Carolina Physician Orders for Scope of Treatment ("POST") form may be accepted in any emergency situation as a valid expression of patient wishes until the contents are reviewed with the patient or the legally authorized representative at the earliest possible opportunity. The attending physician should document review of the POST and conversations about the POST in the medical record.**
 - Clarified Allow Natural Death orders: **Allow Natural Death (AND) order should be followed according to Medical Center Policy #C-023. When a patient or family presents a signed AND Advanced Directive, discussion must occur between treating physician and patient (or surrogate.)**
 - Added who can take verbal orders: **Other disciplines as specifically approved by the Chief Medical Officer, and subsequently endorsed by the Medical Executive Committee**
 - Added: that verbal orders must have **immediate contact information**
 - Added: the phrase **certain high risk medications** to language regarding when verbal orders are not allowed
 - Added to Admission Orders: **Admission orders should be written and signed by the physician on service that is accepting admitted patient.**
5. Substance Abuse/Psychiatric Patients: Deleted the phrase: **"only after consultation with the Executive Medical Director or his designee and the assigned Medical Director of the relevant service."** regarding admission of IOP patients to other units in the hospital. Deleted that all substance abuse patients require a psych consult.
6. Patient Discharge: Changed from patients may only be discharged by order of the attending to **only under direction of the attending.**
7. Hospital Admission Census: Added **In situations where the hospital bed occupancy is full, the Medical Center may reference and implement the Emergency Patient Placement Policy (EP3 Policy).**
8. House Staff Requirements: Added: **Appropriately credentialed fellows serving as attending physicians are excluded from these requirements.**



***Medical University of South Carolina
Medical Center***

***Medical Staff
Rules and Regulations***

September-August 20122013
November 2013

DEFINITIONS:

1. **Medical Staff** - all persons who are privileged to engage in the evaluation, diagnosis and treatment of patients admitted to the MUSC Medical Center, and includes medical physicians, osteopathic physicians, oral ~~surgeons and surgeons~~ and dentists.
2. **Board of Trustees** - the Board of Trustees of the Medical University of South Carolina, which also functions as the Board of Trustees for the MUSC Medical Center.
3. **University Executive Administration** - refers to the President of the Medical University of South Carolina and such Vice Presidents and Administrators as the Board directs to act responsibly for the Hospital.
4. **Dean** - the Dean of the appropriate College of the Medical University of South Carolina.
5. **VP for Clinical Operations/ Executive Director, Medical Center** - the individual who is responsible for the overall management of the Hospital.
6. **Executive Medical Director/Chief Medical Officer** - the individual who is responsible for the overall management of medical staff functions.
7. **Practitioner** - an appropriately licensed medical physician, osteopathic physician, oral surgeon, dentist, or any other individual who exercises independent judgment within areas of his professional judgment and applicable state practice.
8. **Chief Medical Information Officer** - the individual with the strategic and operational responsibilities of optimizing the collection, appropriate use and protection of patient health information for best care and research.
9. ~~Executive Committee~~ the Executive Committee of the Hospital. The Medical Executive Committee of the Medical Staff.
- ~~10-9.~~ **House Staff** - any post graduate physician practitioner in specialty or sub-specialty training.
- ~~11-10.~~ **Allied Health Professional** - any health professional who is not a licensed medical physician, osteopathic physician, oral surgeon, or dentist; subject to licensure requirements or other legal limitations; with delineated clinical privileges; exercises independent judgment within areas of his professional competence and, is qualified to render direct or indirect care.
- ~~12-11.~~ **Medical Record** any/all information, paper and/or computer (consents, OR notes, path, lab & imaging reports, consultations, D/C summary), concerning a single patient that describes the course of the evaluation, treatment and change in condition during a hospital stay, an ambulatory or emergency visit. It is the legal record of care.
- ~~13-12.~~ **Authentication** - refers to the full name signature, date, time and signature credentials by the author of the entry in the medical record; signature is to include full name and the individual's credentials. The signature may be handwritten, by rubber stamp, or by

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computer key.

14.13. Whereas herein the word "**Hospital**" is used it refers to the MUSC Medical Center and its component hospitals and outpatient activities.

15.14. Since the English language contains no singular pronoun which includes both sexes, wherever the word "**he**" appears in this document, it signifies he/she.

MEDICAL STAFF RULES AND REGULATIONS

I INTRODUCTION

It is the duty and responsibility of each member of the medical staff to abide by the Rules and Regulations set forth here within this document. These rules and regulations shall be made a part of the MUSC Medical Staff Bylaws. Such amendments shall become effective when approved by the Board.

II ADMISSIONS

Who May Admit Patients

A patient may be admitted to the Medical Center only by a medical staff member who has been appointed to the staff and who has privileges to do so. Patients shall be admitted for the treatment of any and all conditions and diseases for which the Medical Center has facilities and personnel. ~~When the Medical Center does not provide the services required by a patient or a person seeking necessary medical care, or for any reason cannot be admitted to the Medical Center, the Medical Center or attending physician, or both, shall assist the patient in making arrangements for care in an alternate facility so as not to jeopardize the health and safety of the patient.~~ Except in an emergency, no patient shall be admitted to the Medical Center unless a provisional diagnosis has been stated. In emergency cases, the provisional diagnosis shall be stated as soon after admission as possible.

Admitting-Attending Physician Responsibilities

Each patient shall be the responsibility of a designated attending physician of the medical staff. Such attendings shall be responsible for the

- initial evaluation and assessment of the admitted patient. Such an evaluation must be completed within 24 hours of admission.
- management and coordination of the care, treatment, and services for the patient including direct daily assessment, evaluation and documentation in the medical record by the attending or the designated credentialed provider
- for the prompt completeness and accuracy of the medical record,
- for necessary special instructions, and
- for transmitting reports of the condition of the patient to the referring physician or agency. Whenever these responsibilities are transferred to another medical staff member and service, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.

The admitting practitioner shall be responsible for providing the Medical Center with such information concerning the patient as may be necessary to protect the patient,

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other patients, or Medical Center personnel from infection, disease, or other harm, and to protect the patient from self-harm.

Alternate Coverage

Each medical staff appointee shall provide assurance of immediate availability of adequate professional care for his patients in the Medical Center by being available or having available, an alternate medical staff appointee with whom prior arrangements have been made and who has clinical privileges at the Medical Center sufficient to care for the patient. Residents may provide coverage only under the direct supervision of an attending physician.

Emergency Admissions

The history and physical examination must clearly justify any admission on an emergency basis and must be recorded on the patient's chart no later than 24 hours after admission. In the case of emergency admission, patients who do not already have a personal admitting physician will be assigned to a medical staff appointee with privileges in the clinical department appropriate to the admitting diagnosis.

III MEDICAL RECORDS

General Guidelines

- a) The "legal medical record" consists of all authenticated (signed) documentation, handwritten or electronically generated related to the care of an individual patient and any related communication between a physician and a patient specific to the patient's care or treatment -regardless of storage site or media. Included are all inpatient records from the Medical Center, TOP Institute of Psychiatry, Children's Hospital, and their outpatient, provider-based clinics and associated aspects of care documentation of patients participating in research projects. Each element of the medical record, including all notes and orders, must unambiguously identify the patient with information to include name and medical record number and be authenticated, inclusive of date/time, and (electronic) signature with credentials of the authorized author of the entry.
- b) All records are the property of MUSC and shall not be removed except as pursuant to provision of law. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information.

~~c) Medical Staff members shall not remove any part of the medical record for any reason. Any physician/practitioner governed by these Rules and Regulations who purposely removes any document from a medical record will be suspended and/or lose Medical Staff Membership.~~ Medical Staff and other practitioners shall not remove or destroy any part or authenticated entry of information in the medical record for any reason. Identification and correction of errors in the record is governed by separate policy. Any member of the medical staff or privileged practitioner who purposely removes any document from a medical record will be suspended and/or lose Medical Staff Membership and or privileges.

d. The attending Physician is specifically responsible for the completion of the medical record for each patient encounter (e.g. admission).

- e) Diagnostic and therapeutic orders given by medical staff members shall be authenticated by the responsible practitioner.
- f) Symbols and abbreviations may be used only when approved by the Medical Staff. _____ The use of unapproved abbreviations as specified in Medical Center Policy #C-21 "Use of Abbreviations" is prohibited. All final diagnosis, complications, or procedures and informed consent must be recorded without abbreviations.
- g) Electronic signatures may only be utilized in accord with governing regulation/law and institutional policy and procedures; sharing electronic keys/passwords is fraudulent and grounds for Medical Staff suspension.
- h) Progress notes are to be documented daily by the designated attending or his _____ designated credentialed provider for all inpatient and observation patients.
- i) The patient's medical record requires the progress notes, final diagnosis, and _____ discharge summary or final visit note to be completed with authenticated dates and signatures. All final diagnosis, complications, or procedures must be recorded without abbreviations.

1.

~~Patient progress note entered into the Medical Record by Medical students must be _____ co-signed by either a resident or an attending physician.~~

~~Stat dictation shall be limited to urgent situations such as when a patient transfer is _____ pending.~~

Informed Consent Requirements

It is the responsibility of the attending physician to assure appropriate informed consent. Is obtained and documented in the medical record and when appropriate, also document the discussion in a progress note. Nursing staff and other personnel may witness patient signature but may not consent the patient.

Informed consent is required for all invasive procedures, for the use of anesthesia including moderate and deep sedation and for the use of blood and blood products.

Appropriate informed consent shall include at a minimum:

- patient identity,
- date,
- procedure or treatment to be performed,
- name of person performing the procedure or treatment,
- authorization for the proposed procedure
- authorization for anesthesia or moderate sedation if indicated.
- indication that alternate means, risk and complications of the planned procedure and recuperation, and anesthesia have been explained,
- authorization for disposition of any tissue or body parts as indicated,
- risks and complications of blood or blood product usage (if appropriate),
- witnessed signature of the patient or other empowered individual authorizing informed consent, and
- signature, name/identity and pager # of the physician who obtained the consent, (verbal consent may be witnessed by the nurse and indicated on the consent form).
- physician documentation of the consent process in a progress note or on the consent form.

Physician documentation of the consent process and discussion may be accomplished with either an out-patient or in-patient note in the record.

Operative and Other Procedure Documentation Requirements

Operative Procedure Note:

Immediately after the operation/procedure a progress note will be written and promptly signed by the primary physician/surgeon (this applies to both inpatients and outpatients). This progress note is considered an abbreviated report and will include the pre-operative procedure/diagnosis, the name of the primary physician/surgeon and assistants, findings, procedure performed and a description of the procedure, estimated blood loss, as indicated any specimens/tissues removed, and the postoperative/procedure diagnosis.

Operative/Procedure Report:

For all patients (both inpatient and outpatient) the full operative/procedure report shall be written or dictated ~~and signed by the primary physician/surgeon~~ and entered into the medical record no later than ~~seventy two (72)~~ twenty four (24) hours from the completion of operation/procedure. The signature of the primary physician/surgeon is required within 3-7 days of the procedure unless the operative report was completed by the primary surgeon in which case the signature is required with the completion of the report. (within 24 hours.) -

Operative/ procedure reports may be completed by residents with supervision by the attending as evidenced by the attending's counter signature authenticating the report. These documentation requirements apply to all procedures billed as such according to a CPT code.

Discharge Summary Requirements

For all inpatient and observation stays, a preliminary discharge summary must be completed within ~~72-24~~ hours of discharge with an official discharge summary and signature within ~~7-3~~ days of discharge. The discharge summary must include reasons for hospitalization, significant findings, procedures performed, treatment given, condition of the patient upon discharge, specific instructions given to patient and/or patient's family in regard to activity, discharge, medications, diet, and follow-up instructions. Residents may

complete the discharge summary with attending supervision as evidenced by the attending's counter signature on the report.

For inpatient and observation stays less than 24 hours, in order to facilitate continuity and patient safety, an abbreviated discharge summary may be completed, but it must include the same elements as the previous paragraph.

Complete Medical Records

The attending physician is responsible for supervising the preparation of a complete medical record for each patient.

- a. Specific record requirements for physicians shall include:
 - identification date, name, address, birth date, next of kin, patient history number, legal status (for behavioral health patients)
 - initial diagnosis
 - history and physical
 - medication reconciliation
 - orders
 - clinical observation, progress note, consultations
 - reports of procedures, tests, and results
 - operative/procedure reports including labor and delivery summaries
 - reports of consultations
 - discharge summary
 - all final diagnoses, complications, or procedures
 - AJCC staging for diagnosed cancer patients

F. Outpatient Care Documentation Requirements

- a) ED Attending Notes. ED Attending and ED consultation notes must be completed and authenticated in the medical record within 24 hours.
- b) MUSC Medical Center Outpatient visits. This is inclusive of MUSC Medical Center outpatient visits at any location and MUSC Medical Center "e-visits" where the patient is "arrived" within the MUSC Medical Center system; documentation must be complete within 7 days.
- c) Patient/family communications. All direct communications in any media (e.g. phone, email) with patients or family or other representative by a medical staff member should be documented and authenticated in the medical record within 24 hours.
- d) Telehealth Consultation Requirements. Telehealth consultations are consultations requested by non-MUSC Medical Center providers to assist them in the care of their patients in other (non-MUSC Medical Center) healthcare facilities. In this circumstance, primary documentation of the consult will be in the other facility's medical record, and that record provided in a timely way. HOWEVER, by agreement, such patients should have an MUSC medical record number, and an official copy of the consult maintained as part of the MUSC medical record.
- e) Other documentation. Other events pertinent to the patient's care, such as care coordination and medical decision making between patient contacts, should be documented and authenticated in the medical record as soon as possible after their occurrence.

G. Medical Records Preparation and Completion

Completion Requirements:

Important elements in the medical record must be completed within the following timeframes:

- History and physical- 24 hours after admission or prior to invasive or operative procedure whichever comes first
- Consultation report- within 24 hours of request
- Labor and Delivery summary- within 24 hours of delivery
- Operative and procedure reports – within 24 hours of procedure
- Discharge summary- within 24 hours of discharge for preliminary and within 3 days of discharge for official
- Diagnostic study- within 24 hours after completion of the study
- Transfer Summary- within 24 hours of discharge
- ED procedure notes- within 24 hours
- Verbal Orders- within 14 days after discharge

Delinquent Records:

A medical record of a patient is delinquent if specific significant elements of the record are not completed by the due date specified in these Rules and Regulations and not authenticated by the responsible attending physician 3 days following the completion due date. (The exception is outpatient visit notes when the attending physician's signature is not required until 14 days after completion of the note.) For the purposes of this rule, medical record delinquencies are individually identified by patient and encounter and are only for: (1) admission H&Ps; (2) inpatient and ED consultations; (3) discharge summaries; (4) ED attending notes; (5) inpatient and outpatient operative/procedure reports; and (6) outpatient visit notes. The Delinquency Summary table details this rule.

Delinquency Summary:

<u>Medical Record Required Element</u>	<u>Required Completion time within:</u>	<u>Attending's Signature required within:</u>	<u>Deemed Delinquent at:</u>
<u>Admission H&Ps</u>	<u>24 hours</u>	<u>3 days</u>	<u>4 days</u>
<u>Inpatient and ED consultations</u>	<u>24 hours</u>	<u>3 days</u>	<u>4 days</u>
<u>Discharge Summaries</u>	<u>Preliminary version in 24 hours).</u> <u>Official within 3 days</u>	<u>3 days</u>	<u>4 days</u>
<u>ED Attending Notes</u>	<u>24 hours</u>	<u>3 days</u>	<u>4 days</u>
<u>Operative/Procedure reports</u>	<u>24 hours</u>	<u>3 days</u>	<u>4 days</u>
<u>Outpatient visit notes</u>	<u>7 days</u>	<u>14 days</u>	<u>14 days</u>

Physicians will receive two (2) notifications from the Health Information Department during the 14 day period post patient discharge regarding missing medical record elements including signatures. Suspension notification will be sent on day 14.

Failure to Complete Medical Records - All significant portions of the medical record of each patient's medical record shall be completed within the time period after the patient's discharge as stated in the Delinquency Table within the Medical Staff Rules and Regulations. Failure to do so automatically results in the record being defined as delinquent and notification of the practitioner of the delinquency. Physicians will receive two (2) notifications from the Health

Information Department during the 14 day period post patient discharge regarding missing medical record elements including signatures. Suspension notifications will be sent on day 14.

A medical record temporary suspension is noted in a provider's internal credentials file, but is not otherwise reportable. Unless specifically exempted by the Chief Medical Officer to meet urgent patient care needs a temporary suspension means withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the medical records are complete. This temporary suspension shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records. The temporarily suspended physician can continue to provide care for those patients directly under his/her care prior to the suspension. Once records are complete the temporary suspension will end. Temporary suspensions can be set aside by the Chief Medical Officer. A temporary medical record suspension is NOT a suspension from the medical staff.

A medical record temporary suspension of a member of the medical staff is automatically instituted 3 days following the determination that the provider has three or more simultaneous total medical record delinquencies (from one or more of the above six record types), provided:

- (a) The HIM Department has notified the provider as above that each record was delinquent; and
- (b) The HIM Department has notified the provider in writing of the impending medical record suspension one day before its occurrence.
- (c) The provider still has three or more delinquent records at the date and time the medical record suspension would otherwise become effective.
- (d) The (pending) suspension has not been appealed. Appeals may originate with the provider, but in any event must be endorsed by a supervising physician (e.g. Division Chief, Department Chair, Chief Medical Officer). Appeals must be written, and include (1) an acknowledgement of the delinquent records; (2) an explanation of the delay in completion; and (3) a specific date by when ALL delinquent records will be completed. Appeals are considered by the Chief Medical Information Officer but if rejected, may be escalated to the CMO, whose decision is final. If the appeal is rejected, the provider is immediately placed on medical record suspension. When the explicit timeframe of an approved appeal expires, the provider is again immediately liable for medical record suspension, if 3 or more records remain delinquent.

The history and physical, consults, and orders as well as authentications of such will be completed in the time frame specified in these Rules and Regulations. All diagnostic study reports must be dictated and on the medical record within 72 hours of the completion of the study.

The records of all discharged patients (inpatients and ambulatory) not fully completed within fourteen (14) days of discharge will be considered delinquent

a. Five days after discharge, if a patient's medical record is not completed the attending physician will receive notification that the chart is incomplete.

a-b. The physician will receive a suspension warning if the chart remains incomplete after ten (10) days post discharge in writing by fax, email, or letter or orally by direct

phone call or pager.

i. If the record remains incomplete at thirteen (13) days the physician. Notice will receive
notice one day prior to suspension of privileges orally by direct phone call or pager.

b-c. The suspended physician cannot admit new patients to his or her care.

e-d. The suspended physician can continue to provide care for those patients directly under his/her care prior to the suspension.

e. Three (3) such suspensions in a twelve (12) month period will result in a loss of Medical Staff Membership, according to the MUSC Medical Staff Bylaws. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).

IV. ORDERS

General Requirements

- a. All orders must be written clearly, legibly, and completely and must include date, time written, legible authentication, and the ordering practitioner's pager ID. Orders which are illegible or improperly written will not be carried out until they are clarified, rewritten, and are understood. Orders can not be written with abbreviations listed on the prohibited abbreviation list. Scientifically approved chemical symbols for certain drugs are acceptable (i.e., KCL for potassium chloride).
- b. When a practitioner uses a rubber stamp signature, he/she is the only one who uses it and must sign a statement to that effect. It is the responsibility of each practitioner to forward a copy of this statement to the Medical Staff Office. When a practitioner uses an electronic signature, he/she must ensure it is only used in accordance with departmental policies and related regulatory guidelines.
- c. When a patient returns to a patient care unit from the OR all orders must be totally rewritten with the exception of minor procedures as defined by a procedure that could also be performed in a non-OR setting. In that case, the pre-procedure orders are adjusted by the physician postoperatively according to patient condition. When the physician review is completed, a note is entered on the order form which states that the orders have been reviewed and all orders are current.

Patients transferred into or out of an intensive care unit from or to a non intensive care area must have all orders rewritten.
- d. Orders will be rewritten when a patient is transferred between levels of care (i.e. from an intensive care unit to the floor or vice versa.) A reorder for medication or treatment is to be written after an automatic stop order has been employed.

- e. Explicit orders must be written for each action to be taken.
- f. Medications should be ordered within the MUSC formulary.
- g. Blanket orders such as resume pre-op medications as outlined above in c or resume home medications are prohibited.
- h. Illegible Orders. Admitting privileges and surgical or procedures privileges can also be suspended for illegible orders. Illegible is defined as orders that three (3) other individuals cannot read. Suspension will occur after the physician has been notified, either orally or in writing, on three (3) separate occasions regarding legibility.
- i. All medication orders must be written according to Medical Center Policy #C-78 "Medication Orders".

Who May Write Orders

Orders may be written by members of the medical staff and allied health professionals (advanced nurse practitioners, PA's, residents, social workers, psychologists) within the scope of their practice, delineated clinical privileges, and approved protocols. All orders must be written clearly, legibly, and completely and must include date, time written, legible authentication, and the ordering practitioner's pager ID. Authenticated electronic signatures for orders are acceptable when available.

Orders for Specific Procedures/Circumstances

- a. All requests for tests such as imaging and labs, etc shall contain a statement of the reason for the examination.
- b. All orders for therapy shall be entered in the patient's record and signed by the ordering practitioner.
- c. Therapeutic diets shall be prescribed by the attending physician in written orders on the patient's chart. Orders for diet must be specific as in the case of limited sodium diets where the desired sodium content must be stated in either milligrams or grams.
- d. All orders for *restraints* shall include the type of restraint, the reason for the restraint, the length of time (not to exceed 24 hours), and alternatives attempted. Restraints can be ordered by a physician, or an advanced nurse practitioner or psychologist within the scope of their duties. Such orders must be signed and dated by the ordering practitioner at the time restraints are ordered. Emergency verbal orders must be secured within one hour of the nurse initiating restraints. Verbal orders for restraints must be signed by the ordering practitioner within twenty-four (24) hours. PRN orders are not acceptable.
- e. When restraints are used for behavioral reasons, the patient must be seen by an MD within one hour of initiation.
- f. Do Not Resuscitate (DNR) orders may be accepted as a verbal order only when the

patient has executed an advance directive and that directive is included in the patient's record. A no-code (DNR) must be written by the attending physician with the progress notes reflecting the patient's mental status, the reasons for the DNR, diagnosis and prognosis, and a statement of the patient's wishes. Medical staff are to follow Medical Center Policy #C-13 "Resuscitation Orders". In all cases the patient has the right to refuse resuscitation verbally or as by written advanced directive.

g. Allow Natural Death (AND) order should be followed according to Medical Center Policy #C-023. When a patient or family presents a signed AND Advanced Directive, discussion must occur between treating physician and patient (or surrogate .)

h. A validly completed and executed South Carolina Physician Orders for Scope of Treatment ("POST") form may be accepted in any emergency situation as a valid expression of patient wishes until the contents are reviewed with the patient or the legally authorized representative at the earliest possible opportunity. The attending physician should document review of the POST and conversations about the POST in the medical record.

Verbal Orders

A verbal order is defined as an urgent or emergent order that has not been written and is relayed verbally from the physician or dentist. The request for and use of verbal orders should be limited to urgent or emergent situations. In all cases a telephone or verbal order will not be considered complete until the individual receiving the order, reads back and verifies the content of the order

- a. The following disciplines may request and accept a verbal order within the scope of their practice when the need for such an order is urgent:
 - Registered Nurse
 - Licensed Practical Nurse (in ambulatory clinics only)
 - Certified Medical Assistant or Certified ophthalmic personnel (in ambulatory clinics only)
 - Licensed Physicians Assistant
 - Registered Pharmacist
 - Certified Respiratory Care Practitioner
 - Emergency Medical Technician
 - Licensed Physical Therapist
 - Licensed Occupational Therapist
 - Registered Dietician
 - Board Registered or Licensed Nuclear Medicine Technologist
 - Board Registered or Licensed Radiologic Technologist
 - Dental Hygienist
 - Licensed speech language pathologist
 - Organ Procurement Coordinators (transplant program only)
 - Other disciplines as specifically approved by the Chief Medical Officer, and subsequently endorsed by the Medical Executive Committee
- b. Verbal orders must be signed with credentials, dated and timed, read back and verified, and flagged for signature by the person accepting the order.
- c. The name and pager ID/immediate contact information of the practitioner who

dictated the order must be documented.

- d. All verbal orders (with the exception of verbal orders for restraint or seclusion or verbal orders for controlled substances) must be signed, timed, and dated by the practitioner, or designee (a physician member of the service team) who issued the order within fourteen (14) days after patient is discharged.
- e. Verbal orders for Schedule II Controlled Substances must be signed, timed and dated **only by the practitioner** who issued the order within 48 hours. (SC Code Ann.Reg 61-4.908 and 909)
- f. Unsigned verbal orders for controlled substances must be discontinued after forty-eight (48) hours.
 - The responsible physician or dentist must be notified by a nurse of the discontinuation.
 - Documentation of notification of the physician or dentist must occur in the medical record.
- g. Verbal orders must not be accepted for certain high risk medications including chemotherapy agents and investigational drugs. ~~or Do Not Resuscitate Orders.~~ Immunosuppressants may not be initiated with verbal orders, however a verbal order for subsequent dose modifications may be accepted.
- h. Non-licensed/certified personnel (i.e., unit secretaries, pharmacy technicians) may not give or accept verbal orders from either physicians or dentists under any circumstances.
- i. The above applies to both paper and electronic medical record verbal order entry.
- j. When using the electronic system, the appropriate physician must select the verbal order within the sign tab and then submit the order.
 - a. Another practitioner responsible for the patient's care and authorized by hospital policy to write orders may authenticate the verbal order in the absence of the practitioner originating the order.

V CONSULTATIONS

Who May Give Consultations

Any qualified practitioner with clinical privileges in the Medical Center can be asked for consultation within his area of expertise. In circumstances of grave urgency, or where consultation is required by the rules of the medical staff as stated below, the President of the Medical Staff, or the appropriate department chair, or the designee of either of the above, shall at all times have the right to call in a consultant or consultants.

- i. Admission orders should be written and signed by the physician on service that is accepting the admitted patient.

Required Consultations

- a. Consultation shall be required in all non-emergency cases whenever requested by

the patient or the patient's personal representative if the patient is incompetent. Consultations are also required in all cases in which, in the judgment of the attending physician:

1. the diagnosis is obscure after ordinary diagnostic procedures have been completed,
2. there is doubt as to the choice of therapeutic measures to be utilized,
3. unusually complicated situations are present that may require specific skills of other practitioners,
4. the patient exhibits severe symptoms of mental illness or psychosis.

b. The attending practitioner is responsible for requesting consultation when indicated, ~~and for calling in a qualified consultant.~~

e.b. It shall be the responsibility of all individuals exercising clinical privileges, to obtain any required consultations, and requests for a consultation shall be entered on an appropriate form in the medical record. If the history and physical are not on the chart and the consultation form has not been completed, it shall be the responsibility of the practitioner requesting the consultation to provide this information to the consultant.

d.c. It is the duty of the Credentials Committee, the Department Chair, and the Medical Executive Committee, to make certain that appointees to the staff request consultations when needed.

Contents of Consultation Report

Consultations will be completed within 24 hours for inpatients. Each consultation report should contain a written opinion and recommendations by the consultant that reflects, when appropriate, an actual examination of the patient and the patient's medical record. This report shall be made a part of the patient's record within 24 hours of completion of the consultation. While the consultant may acknowledge data gathered by a member of the house staff, a limited statement, such as "I concur" alone does not constitute an acceptable consultation report. When operative or invasive procedures are involved, the consultation note shall be recorded prior to the operation, except in emergency situations so verified on the record. The consultation report shall contain the date and time of the consultation and the signature of the consultant.

Emergency Department Consultations

Specialists who are requested as consultants to the Emergency Department (ED) must respond in a timely fashion as per reference to Medical Center Policy #C – 190-~~(replacing #C—040)~~. In addition, any specialist who provides a consultation in the ED for a patient with an urgent condition is responsible for providing or arranging follow-up care. It is the policy of the ED that all patients are seen by an attending physician physically present in the ED. House staff evaluating patients in the ED for the purpose of consultation will confer with the responsible attending within their given specialty who is physically present in the ED. When such an attending is not physically present, the attending physician responsible for overseeing the patient's care will default to the ED attending physician while in the ED.

VI SUBSTANCE ABUSE/PSYCHIATRIC PATIENTS

Any patient known to be suicidal in intent or with a primary diagnosis of substance abuse or psychiatric disorder shall be admitted to the appropriate psychiatric unit. If there are no accommodations available in this area, the patient shall be referred to another institution where suitable facilities are available. In the event that the patient has a non-psychiatric condition which requires treatment at the Medical Center and no accommodations are available in the Institute of Psychiatry, the patient may be admitted to another unit of the Medical Center. ~~only after consultation with the Executive Medical Director or his designee and the assigned Medical Director of the relevant service.~~ Explicit orders regarding precautionary measures are required.

Any patient known or suspected to be suicidal or with a primary diagnosis ~~or substance abuse or of a~~ psychiatric disorder who is admitted to a non-psychiatric unit must have consultation by a Medical Staff member of the psychiatric staff.

All patients admitted to a non-psychiatric unit while awaiting transfer will be medically assessed and stabilized before transfer. The care of such patients will remain with the attending MD until transfer or discharge.

Patients exhibiting symptoms of a psychiatric disorder or substance abuse while hospitalized with a medical/surgical diagnosis will have a consultation by a physician or a member of the Department of Psychiatry.

VII MODERATE AND DEEP SEDATION

Moderate sedation will be administered under the immediate direct supervision of a physician, dentist, or other practitioner who is clinically privileged to perform moderate sedation. Moderate sedation will be administered ONLY in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to Medical Center Policy #C-44 "Moderate Sedation/Analgesia"

Deep sedation/analgesia will be administered only by an anesthesiologist, CRNA or a physician holding appropriate clinical privileges. Deep sedation will be administered ONLY in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to Medical Center Policy #C-44 "Moderate Sedation/ Analgesia".

VIII PATIENT DISCHARGE

Who May Discharge

Patients shall be discharged only ~~on the order under the direction~~ of the attending/covering physician. Should a patient leave the Medical Center against the advice of the attending physician or without proper discharge, a notation of the incident shall be made in the patient's medical record and the patient will be asked to sign the Medical Center's hospital release form.

Discharge of Minors and Other Incompetent Patients

Any individual who cannot legally consent to his own care shall be discharged only to the custody of parents, legal guardian, person standing in loco parentis or another responsible party unless otherwise directed by the parent, guardian, or court order. If the parent or

guardian directs that discharge be made otherwise, that individual shall so state in writing and the statement shall become a part of the permanent medical record of the patient.

Transfer of Patient

Patients may be transferred to another medical care facility after arrangements for transfer and admission to the facility have been made. Clinical records of sufficient content to ensure continuity of care shall accompany the patient.

Death of Patient

Should a patient die while being treated at the Medical Center, the attending physician ~~should~~ shall be notified immediately. A practitioner will pronounce the patient dead, notify the family ASAP, and request and document permission to perform an autopsy, when applicable.

Methods for Obtaining an Autopsy

Methods for obtaining an autopsy shall include:

- a. The family requests an autopsy
- b. The death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County
 - The attending physician requests an autopsy based on the College of American Pathologists criteria and Medical Center #C-16 "Decedent Care Program".
- c. No autopsy shall be performed without written consent of a responsible relative or authorized person unless ordered by the Coroner/Medical Examiner of Charleston County.

Duties of the Physician for Obtaining an Autopsy

- a. Determine whether the death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County. (Refer to "A Guide to the Autopsy for Physicians and Nurses.")
- b. Obtain permits for organ donation when applicable according to the Organ Procurement, Medical Center Policy #C-17 "Organ/Tissue Donation".
- c. Documentation of request for autopsy must be completed, authenticated, and placed in the medical record.

Scope of Autopsy

- a. The scope of the autopsy should be sufficiently completed in order to answer all questions posed by the attending physician and by the pathologist, upon review of the clinical database.
- b. The autopsy report should include: a summary of the clinical history, diagnoses, gross descriptions, microscopic descriptions, and a final summary that includes a clinicopathologic correlation.
- c. The autopsy findings should be promptly communicated to the attending physician along with all additional information the pathologist considers relevant to the case

- d. The results of autopsies will be monitored as a part of performance improvement.

IX HOSPITAL ADMISSION CENSUS

In situations where the hospital bed occupancy is full, the Medical Center may reference and implement the Emergency Patient Placement Policy (EP3 Policy).

X MAYDAY PROCEDURE

In the event that a clinical emergency situation arises within the Medical Center or within any University area designated in the Medical Center Policy #C-14 "Medical Emergency Response". Medical Staff are to follow specific duties as outlined in the policy.

IXI EMERGENCY MEDICAL SCREENING

Any individual who presents in the Emergency Department or other department of the Medical Center either by him or herself, or by way of an accompanied party, and requests an examination for treatment of a medical condition must be screened by an appropriate practitioner to determine whether or not an emergency medical condition exists. Individuals qualified to provide this medical screen include attending physicians, house staff, nurse practitioners, and physician assistants.

XII PATIENT SAFETY INITIATIVES

All members of the medical staff are required to follow all guidelines/policies related the National Patient Safety Goals and other patient safety initiatives. These policies include but are not limited to:

- Patient Safety C-76
- Verbal Orders - C-56
- Notification of Critical Values - C-80
- Time Out-Universal Protocol (Wrong Site, Wrong Procedure, Wrong Person Surgery/Procedure) C-25
- Use of Abbreviations C-21
- Sentinel Events C-49
- Patient Identification C-58
- Hand Hygiene IC-27
- Medication Reconciliation C-146

XIII HOUSE STAFF/RESIDENT PHYSICIANS

House staff (post graduate physician practitioners in specialty or sub-specialty training) at the MUSC Medical Center shall not be eligible to become appointees of the active medical staff and shall not be eligible to admit patients. They are authorized to carry out those duties and functions normally engaged in by house staff according to their defined job descriptions and/or scope of practice under the supervision of an appointee of the active medical staff. Supervision of residents is required. Supervision includes but is not limited

to counter signature in the medical record by the attending, participation by the resident in rounds, one on one conference between the resident and attending, and the attending physician's observation of care being delivered by the resident. Active medical staff members are required to supervise students as specified in Medical Center policy C-74, Resident Supervision. Appropriately credentialed fellows while serving as attending physicians are excluded from these requirements.

XIV. PEER REVIEW

All members of the MUSC Medical Center Medical Staff, House Staff, and Professional Staff will be included in the Medical Staff's peer review process.



Credentials Manual Proposed Revisions

- Revised membership tenure of Credentials Committee
Chairperson: The appointment for Chairperson shall be for a three (3) year term with eligibility for reappointment for two (2) additional terms (changed from 1 term to 2).
- Revised communication timeframes in accordance with NCQA requirements: after Board of Trustees' decisions on appointment and reappointment, the timeframe for notification to the practitioner changed from thirty (30) days to ten (10) days.



MUSC Medical Center

**Credentialing
Policy and Procedure Manual**

Revised: ~~May 2009~~October 2013
~~Reviewed: February 2011~~

I. Credentialing Process

The credentialing process involves the following: 1) assessment of the professional and personal background of each practitioner seeking privileges; 2) assignment of privileges appropriate for the clinician's training and experience; 3) ongoing monitoring of the professional activities of each staff member; and 4) periodic reappointment to the medical or professional staff on the basis of objectively measured performance.

A. Purpose

To define the policies and procedures used in the appointment, reappointment, and privileging of all licensed independent practitioners or allied health practitioners who provide patient care services at MUSC Medical Center and other designated clinical facilities. Credentialing is the process of determining whether an applicant for appointment is qualified for membership and/or clinical privileges based on established professional criteria. Credentialing involves a series of activities designed to verify and evaluate data relevant to a practitioner's professional performance. These activities serve as the foundation for objective, evidence-based decisions regarding appointment to membership on the medical or professional staff, and /or recommendations to grant or deny initial or renewed privileges.

B. Scope

Although appointment or reappointment and the granting or renewal of clinical privileges generally happens at the same time, they are two different activities of the credentials process. Applicants to some categories of the Medical Staff may not necessarily request or be granted privileges, and applicants for privileges need not necessarily be members of the Medical Staff. Therefore, the MUSC Medical Center Credentialing Policy and Procedure Manual applies to all Medical Staff members with or without delineated clinical privileges as well as other licensed independent practitioners and allied health professionals, who while not Medical Staff members, are considered professional staff appointees and are credentialed through the organized Medical Staff credentials process.

C. Credentials Committee

1. Purpose

To review requests for initial appointments and reappointments to the Medical and Professional Staffs and to review all requests for initial or renewed clinical privileges. The Credentials Committee reviews completed applications for appointment and reappointment and for any clinical privilege request after approval by the appropriate Department Chairperson. The Credentials Committee may make recommendations to approve/deny or delay appointments, reappointments and/or privileges.

2. Membership

The Chairperson of the Credentials Committee is appointed by the Vice President for Medical Affairs (or his/her designee) as recommended by the Executive Medical Director of MUSC Medical Center. The appointment for Chairperson shall be for a three (3) year term with eligibility for reappointment for ~~one (1)~~two additional year terms. Members of the Credentials Committee are recommended by Department Chairpersons at the request of the President of the Medical Staff and /or the Executive Medical Director of MUSC Medical Center. Appointment for members shall be a three (3) year term, with eligibility for reappointment for an additional three (3) year term.

3. Reporting Channels

The Credentials Committee reports to and makes credentials recommendations directly to the Medical Executive Committee.

4. Meetings

The Credentials Committee meets monthly or at the request of the Chairperson.

5. Minutes

The Credentials Committee shall document meetings with minutes. Minutes of the meeting are reported to the Medical Executive Committee.

D. Confidentiality

All credentials files will be kept in cabinets in secured offices within the MSO. Access to credentials files is limited to the following: appropriate MSO staff, members of the Credentials Committee, members of the Medical Executive Committee, MUSC legal counsel, Medical Center Risk Management, Department/Division Chairpersons of physician's specialty, the President of the Medical Staff, the Executive Director, the Executive Medical Director and others who may be otherwise authorized. These files shall be privileged pursuant to Medical Staff credentials files are the property of the MUSC Medical Center.

II. CLASSIFICATION OF APPOINTED PRACTITIONERS

A. Conditions and Requirements for Appointment to the Medical Staff

Appointment to the Medical Staff of MUSC Medical Center is a prerogative that shall be extended only to competent professionals, who continuously meet the qualifications,

standards, and requirements set forth in the Bylaws, the Credentialing Manual and associated policies of the MUSC Medical Staff.

B. Qualifications for Medical Staff Membership

Only practitioners with Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), or Doctor of Dental Medicine (DMD) degrees holding a current, valid license to practice in the State of South Carolina shall be qualified for clinical privileges and appointment to the Medical Staff. To be considered for appointment and clinical privileges at MUSC Medical Center, an applicant must meet all of the following criteria:

- Have a valid and unrestricted medical/dental license to practice in the State of South Carolina;
- Be board certified or eligible to obtain board certification in his/her respective specialty (AMNAONABMS APPROVED) unless the Department Chairperson requests otherwise based on demonstrated equivalent competency. A five year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. Newly hired practitioners who are not board certified or are more than five years out from initial eligibility are required to attain board certification within 2 years. The exception to this is any medical staff member appointed before December 12, 1992;
- Maintain a Federal DEA number and State DHEC License/Certification where applicable;
- Be a faculty member of the Medical University of South Carolina;
- Provide satisfactory evidence of appropriate training, education, and competency in the designated specialty;
- Hold current professional malpractice insurance at levels acceptable to MUSC Medical Center.

C. Medical Staff Appointment with Privileges

1. Active Medical Staff

The Active Medical Staff shall consist of full-time and part-time practitioners with Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), or Doctor of Dental Medicine (DMD) degrees who are professionally responsible for specific patient care and/or education and/or research activities in the healthcare system and who assume all the functions and responsibilities of membership on the active staff. Fellows who practice as attendings must be appointed to the Medical Staff and granted privileges through the credentials process for the services they provide as attendings.

Prerogatives: Members of the active medical staff shall be appointed to a specific

department or service line with the following prerogatives:

- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentials Manual of the Medical Staff or by specific privilege restriction.
- Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he/she is appointed.
- Hold office, sit on or be Chairperson of any committee, unless otherwise specified elsewhere in Medical Staff Bylaws.
- May request admitting privileges. Dentists are not eligible for admitting privileges.

Responsibilities: Appointees to this category must:

- Contribute to the organizational and administrative affairs of the Medical Staff.
- Actively participate in recognized functions of staff appointment, including professional practice evaluation, performance improvement and other monitoring activities.
- Monitor practitioners with new privileges during a focused review period.
- Accept individual responsibilities in the supervision and training of students and House Staff members as assigned by their respective department, division or section head and according to Medical Center Policy C-74 "Resident Supervision".
- Participate in the emergency room and other specialty coverage programs as scheduled or as required by the Executive Medical Director, Medical Executive Committee or Department Chairperson.

Removal: Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to Affiliate Category. The practitioner shall have the rights afforded by Article IX of the Medical Staff Bylaws.

2. Affiliate Medical Staff

The Affiliate Medical Staff shall consist of physicians and dentists, who are responsible for supplementing the practice of members of the active staff in their roles in education, patient care and/or research. Affiliate staff members may refer a patient to an active staff member, refer and follow a patient when appropriately privileged, or admit and attend to patients when appropriately privileged. Only those Affiliate Staff who admit or attend to patients shall be required to participate in professional practice evaluation including ongoing and focused review.

Prerogatives: Affiliate Medical Staff will be appointed to a specific department or service line with the following prerogatives:

- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentialing Manual of the Medical Staff or by specific privilege restriction.
- Attend meetings of the Staff and Department to which he/she is appointed and any staff or MUSC Medical Center education programs.
- May request admitting privileges. Dentists are not eligible for admitting privileges.

Restrictions: Appointees to the Affiliate Category do not have general Medical Staff voting privileges.

D. Medical Staff Appointment Without Privileges

1. Honorary/Administrative Members

Honorary or administrative members are in administrative positions and have no clinical privileges. This category is restricted to those individuals the Medical Staff wishes to honor or to those physicians who have only administrative positions and no clinical privileges. Such staff appointees are not eligible to admit patients to the MUSC Medical Center, to vote, or to exercise clinical privileges in the MUSC Medical Center. They may, however, attend Medical Staff and department meetings. This category is exempt from the malpractice insurance requirements, Board Certification requirements, and routine clinical quality requirements unless required within their position description.

E. Professional Staff Appointment with Privileges

1. Allied Health Practitioners

Allied Health Practitioners are those health professionals who:

- Are licensed in the state with a doctorate in psychology, or are licensed as advanced practice nurses, physician assistants, optometrists, podiatrists, or acupuncturists;
- Are others who are appropriately licensed or certified and are designated as Allied Health Practitioners by the Governing Board;
- Are subject to licensure requirements or other legal limitations, exercise independent judgment within areas of their professional competence; and
- Are qualified to render direct or indirect care as delineated in their respective scopes of practice, job descriptions, or privileging forms.

All matters relating to delineated clinical privileges/protocols and responsibilities of these individuals shall be in accordance with information in this manual.

2. Physician Extenders (Allied Health External)

This category of practitioners shall consist of physician assistants, advanced practice nurses and or clinical technologists, who are employees of a Medical Staff Member. These physician extenders must be privileged through the Medical Staff credentials process. These physician extenders are qualified to render direct or indirect care only as

delineated in their respective scopes of practice, job descriptions, or privileging forms.

III. Initial Appointment Application

A. Pre-application Request Form

A written pre-application form furnished by the Medical Staff Office or the Credentials Verification Organization (CVO) must be completed and signed by the applicant and approved by the appropriate Department Chairperson for either Medical Staff or Professional Staff appointment and/or request for initial privileges. The applicant must be deemed qualified for membership and/or privileges as outlined in the MUSC Medical Staff Bylaws and Credentialing Manual before an application is given to the applicant.

B. Nature of the Application

Each applicant shall complete the online application provided by the Medical Staff Office via the CVO.

C. Application Requirements

The initial application shall include:

- Information pertaining to professional licensure including a request for information regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following license or registration has ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:
 - Board certification
 - License to practice
 - State DHEC and federal DEA license or certification;
- State DHEC and federal DEA license or certification, if applicable;
- Specialty board certification/eligibility;
- Professional education, training, and experience;
- Information pertaining to malpractice coverage and claims history including current and past liability insurance coverage in amounts that may be determined from time to time and at any time by the Board with relevant Medical Executive Committee input, and about current and past liability malpractice judgments, suits, claims, settlements and any pending liability action as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- Statement of current health status by the applicant that includes the ability to perform the requested privileges, any history of alcohol or substance abuse or conviction for DUI, and a current PPD;
- Information regarding any negative action by a governmental agency or conviction of a felony or a crime involving moral turpitude;

- Information about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions Information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institution;
- Membership in professional societies;
- Documentation of faculty appointment (applicants for medical staff appointment only);
- Peer recommendations: Names and complete addresses of three (3) professional references from colleagues who have knowledge of current clinical abilities;
- Practice history: Any gaps exceeding 6 months will be reviewed and clarified either verbally or in writing. Lapses in service greater than 60 days may prompt review and request for additional information;
- Request for Medical Staff or Professional Staff membership category and/or clinical privileges;
- Release form; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

D. Applicant's Responsibility for Producing Information:

The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, ability to work with other professionals and non-professionals in the Medical Center, and other qualifications, and for resolving any doubts about such qualifications. This could include:

- Current copy of South Carolina license and DEA certificate;
- Copies of certificates showing evidence of completion of education and training, if available;
- Copy of Board Certification certificate, if applicable;
- Current and dated curriculum vitae (month/year format) outlining education and practice history with written explanations of gaps greater than thirty (30) days;
- Copy of certificate evidencing professional liability insurance coverage;
- A valid state identification card, drivers license, or passport photograph of self;
- Any additional information required in response to questions on the application form; and
- A statement as to the correctness and completeness of the application and a signed attestation of the penalty for misrepresenting, falsifying or concealing information.

E. Applicant's Agreement

The following is required of all applicants for appointment and/or initial privileges, for reappointment and/or renewal of privileges and when requesting an increase in privileges:

- That he/she has received, has read, and agrees to be bound by the MUSC Medical Staff bylaws, rules and regulations, Credentials manual and related policies;
- That he/she is willing to appear for an interview as part of the application process;
- That he/she is responsible for truth, accuracy and completeness of information provided;
- That he/she is responsible for conducting adequate medical/professional activity as determined by each Medical Staff Department to allow for evaluation by the Medical Executive Committee;
- That he/she is bound to the continuous care of patients under his/her care;
- That he/she will attest to their qualifications to perform the clinical privileges requested;
- That he/she will not practice outside the scope of his/her granted privileges including the settings in which such privileges may be practiced;
- That he/she will provide supervision and oversight of house staff and others for whom he/she has responsibility;
- That he/she will adhere to all MUSC Medical Center's policies and procedures that govern clinical practice; and
- That he/ she will adhere to the MUSC Standards of Behavior.

Release: In connection with the application, applicants agree to release from liability the Medical University of South Carolina, its employees, agents, Trustees, Medical Staff, and their representatives, for their acts performed in good faith and without malice, in connection with evaluating and making recommendations and decisions based upon their application, credentials, and qualifications for staff membership and clinical privileges. In addition, the applicant shall:

- Consent to inspection by MUSC Medical Center of all records and documents it may deem material to the evaluation of his/her qualifications and competence to carry out the privileges he/she is seeking, physical and mental health status, and professional and ethical qualifications;
- Release from any liability all authorized individuals and organizations who provide requested information to MUSC Medical Center or its representative concerning his/her competence, professional ethics, character, physical and mental health, quality of care, and other qualifications for appointment and/or privileges; and
- Authorize and consent to MUSC Medical Center representatives providing other authorized organizations, including managed care organizations, surveyors, and auditors, information concerning his/her professional competence, ethics, character and other qualifications, only as necessary to complete accreditation, contracting, and/or utilization reviews or as otherwise required by law. Such organizations will be required to hold the information as privileged and confidential (as defined in SC State Law) and such information may not be further released or utilized in any other manner.

F. Applicant's Rights Regarding Information:

The applicant for membership and/or privileges has the following rights:

- The right to review any information he/she submitted with the application for appointment, reappointment, or clinical privileges. If requested, the practitioner may be provided a summary of information gathered in the credentialing process without

identifying the source unless required to be released by law. Information may only be viewed in the Medical Staff Office under the supervision of an authorized representative of the MSO staff;

- The right to correct erroneous information;
- The right, upon request, to be informed of the status of his/her credentialing application.

G. Verification Process:

After receipt of the completed application for membership, the Medical Staff Office via the CVO will collect and verify the references, licensure and other qualification evidence submitted. Primary source verification will be conducted regarding current licensure, relevant training, and current competence. When collection and verification is completed, the CVO will promptly transmit the application and supporting material to the department in which the applicant seeks clinical privileges.

Verification will include the following:

- Verification of South Carolina license directly with the State Licensing Board, and other state licenses by receipt of information from either the appropriate State Licensing Board or the Federation of State Medical Boards;
- Verification of graduation from medical school (for Medical Staff appointees only);
- Verification of postgraduate professional training;
- Verification of board certification through the use of the Directory of the American Board of Medical Specialties, directly with the appropriate specialty board or via internet, where applicable (for Medical Staff appointees, only);
- Verification and status of past and current hospital affiliations;
- Group practice affiliations during the past seven years, if applicable;
- Current and past malpractice insurance information from malpractice carriers concerning coverage, claims, suits, and settlements during the past five years;
- Information from the National Practitioner Data Bank;
- Evidence of Medicare/Medicaid sanctions or investigations from websites of the Office of the Inspector General and Excluded Parties Listing System;
- Three peer references that are able to provide information about the applicant's current clinical competence, relationship with colleagues, and conduct. Professional references will include an assessment of medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. Reference letters of an ambiguous or noncommittal nature may be acceptable grounds for refusal to grant Medical or Professional Staff membership or clinical privileges;
- Relevant practitioner specific data compared to aggregate when available including mortality and morbidity data; and,
- Any other relevant information requested from any person, organization, or society that has knowledge of the applicant's clinical ability, ethical character, and ability to work with others.

H. Inability to Obtain Information:

The practitioner has the burden of producing any information requested by the Medical Center or its authorized representatives that is reasonably necessary, in the sole discretion of the Medical Center, to evaluate whether or not the practitioner meets the criteria for Medical or Professional Staff membership or privileges.

If there is delay in obtaining such required information, or if the Medical Center requires clarification of such information, the MSO or CVO will request the applicant's assistance. Under these circumstances, the medical staff may modify its usual and customary time periods for processing the application or reapplication. The Medical Center has sole discretion for determining what constitutes an adequate response.

If, during the process of initial application or reapplication, the applicant fails to respond adequately within 15 days to a request for information or assistance, the Medical Center will deem the application or reapplication as being withdrawn voluntarily. The result of the withdrawal is automatic termination of the application or reapplication process. The Medical Center will not consider the termination an adverse action. Therefore, the applicant or re-applicant is not entitled to a fair hearing or appeal consistent with the Medical Staff's fair hearing plan. The Medical Center will not report the action to any external agency. The applicant shall be notified in writing that the application has been deemed a voluntary withdrawal.

When trying to verify the information supplied by the applicant, if a particular entry has closed or ceased to operate and information cannot be verified because the source no longer exists, and after all avenues have been thoroughly tried, the verification will be deemed complete. Due diligence is defined as the Medical Staff Office and/or the CVO attempting to obtain the verification at least three times. The file will be presented to the Department Chairperson for review and approval with the unverified item noted.

IV. Initial Appointment and Privileging Process

A. Review/Approval Process

All initial appointments and requests for initial privileges will be reviewed as outlined below. Final approval rests with the Governing Body of MUSC Medical Center. The time from the date of application attestation to final Board decision, including all the steps outlined in the appointment or privileging process, cannot exceed 180 days.

B. Departmental Chairperson Review

Once all required application documentation has been received and processed by the Medical Staff Office and/or the CVO, and all verifications and references confirmed, the Chairperson of the applicable Department or Division Chief, if appropriate, shall then review the application, and, at his/her discretion, conduct a personal interview. Upon completion of this review, the Chairperson shall make a recommendation as to the extent of clinical privileges and the proposed category of the Medical Staff or Professional Staff.

The application with his/her recommendation shall then be returned to the Medical Staff Office or CVO for transmission to the Credentials Committee.

C. Credentials Committee Review

Following review by the appropriate Department Chairperson, the Credentials Committee shall review the application and supporting documentation, including all written documentation, along with the recommendations made to the Credentials Committee by the Department Chairperson. The Credentials Committee then either defers action or prepares a written report for the Medical Executive Committee for consideration at its next regularly scheduled meeting. The written report will contain recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, clinical service affiliation, and/or scope of clinical privileges. If the Credentials Committee requires further information about an applicant, it may request the applicant to appear before the committee. Notification by the Credentials Committee Chairperson or the Executive Medical Director through the Medical Staff Office shall be promptly given to the applicant if the Credentials Committee requires further information about the applicant.

D. Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chairperson and Credentials Committee, and any other relevant information available to it. The Medical Executive Committee defers action on the application or prepares a written report with recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, departmental affiliation, and/or scope of clinical privileges.

Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up in a timely manner with subsequent recommendations as to approval or denial of, or any special limitations on Staff appointment, category of Staff membership and prerogatives, department affiliation, and scope and setting of clinical privileges. The Executive Director or the Executive Medical Director through the Medical Staff Office promptly sends the applicant written notice of an action to defer.

2. Recommendation for Approval

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board for review at the next scheduled Board Meeting.

3. Adverse Recommendation

When the Medical Executive Committee's recommendation to the Board is adverse to the applicant, the Executive Director or the Executive Medical Director or their designee through the Medical Staff Office, so informs the applicant within 30 days by special notice with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny, in full or in part, appointment, membership, requested staff category, requested departmental assignment, and/or requested clinical privileges. No such adverse recommendation needs to be forwarded to the Board until after the practitioner has exercised his procedural rights or has been deemed to have waived his/her right to a hearing as provided in the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

E. Board Action

The Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee.

Effect of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made, and may include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ~~thirty (30)~~ten (10) days after receipt of such subsequent recommendation and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

When the Board has reached a favorable decision, the Executive Director or the Executive Medical Director or their designee through the Medical Staff Office, by written notice, will inform the applicant of that decision within ~~30~~10 days. Notice of the Board's decision is also given through the Medical Staff Office to the Medical Executive Committee, and to the Chairperson of the respective department.

A decision and notice to appoint includes:

- a) The Staff category to which the applicant is appointed (if applicable);
- b) The clinical department to which he is assigned;
- c) The clinical privileges he may exercise; and
- d) Any special conditions attached to the appointment.

3. Adverse Action

“Adverse action” by the Board means action to deny, in full or in part, appointment, membership, requested staff category, requested departmental assignment, and/or requested clinical privileges.

If the Board's decision is adverse to the applicant, the Chief Executive Office or the Executive Medical Director or their designee through the Medical Staff Office, within ~~30~~10 days so informs the applicant by special notice, with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

Report of adverse Board action shall be given by the Executive Director or the Executive Medical Director through the Medical Staff Office to the National Practitioner Data Bank.

4. Expedited Action

To expedite appointment, reappointment, or renewal or modification of clinical privileges, the governing body may delegate the authority to render those decisions to an ad hoc committee consisting of at least two governing body members.

Following a recommendation for approval from the Medical Executive Committee on an application, the committee of the governing body shall review and evaluate the qualifications and competency of the practitioner applying for appointment, reappointment, or renewal or modification of clinical privileges and render its decision. An approval by the committee will result in the status or privileges requested. The committee shall meet as often as necessary as determined by its Chairperson. The full governing body shall consider and, if appropriate, ratify all committee approvals at its next regularly scheduled meeting. If the committee's decision is adverse to an applicant, the matter is referred back to the Medical Executive Committee for further evaluation.

An applicant will be ineligible for the expedited process if at the time of appointment or reappointment, any of the following have occurred:

- The applicant submits an incomplete application;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at another organization;

- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- When there has been an unusual pattern or excessive number of professional liability actions resulting in a final judgment against the applicant.

F. Provisional Appointment and Initial Privileges

Each initial appointment of an applicant for Active or Affiliate Medical Staff Membership or for appointment to the Professional Staff shall be a provisional appointment for (1) year. For all privileged practitioners this provisional period shall include an initial period of focused professional practice evaluation. Criteria for the focused evaluation of all practitioners requesting new privileges shall be determined by the Department Chairperson and/or the Division Director or their designee. The focused evaluation will include a monitoring plan specific to the requested privileges, the duration of the monitoring plan, and circumstances under which monitoring by an external source is required. Focused evaluation may be conducted by using chart review, direct observation, monitoring of diagnostic or treatment techniques, feedback from other professionals involved in patient care or other methodology determined by the Department. All new appointees must complete a focused evaluation during the provisional year; however, the focused evaluation period will be for a time frame determined by the Department Chairperson and/or the Division Director or their designee. Upon satisfactory completion of a focused professional practice evaluation, appointees will be required to follow the reappointment process. If at the end of the focused evaluation period a decision is made to deny privileges to the practitioner, the practitioner is afforded the rights outlined in the Fair Hearing Plan of the MUSC Medical Staff Bylaws.

V. Reappointment/Renewal of Privileges Application

A. Nature of the Application

Each applicant for reappointment and/or renewal of privileges shall complete and electronically sign the online application provided by the Medical Staff Office via the CVO.

B. Review/Approval Process

Reappointments to the Medical and Professional Staffs shall be for a period not to exceed two years. Reappointments and/or the renewal of privileges are not automatic and shall be based on information concerning the individual's performance, ability to work with other professionals at MUSC Medical Center, judgment, quality of care, and clinical skills. The reappointment/renewal process from time of application attestation to final Board decision cannot exceed 180 days.

C. Application for Reappointment Requirements

The application for reappointment is completed online and electronically signed. The application and supporting information will include:

- Current copy of license and, if applicable, State DHEC and Federal DEA certificate or license;
- Certificate of professional liability coverage;
- Request for clinical privileges;
- Information pertaining to malpractice claims activity including malpractice claims pending, or judgments or settlements made, as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- CME: In accordance with South Carolina Medical Board guidelines (40 hours every 2 years are required for renewal of South Carolina Medical License). The predominant number of hours must be related to the clinician's specialty. Professional staff will be required to complete the number of hours dictated by their respective license;
- Peer Recommendations: Medical staff are required to submit two (2) peer references from practitioners in the applicant's field with knowledge of their clinical abilities. These recommendations must include an assessment of current competence, health status and any relevant training or experience as well as the six general competencies. Professional staff are required to submit three (3) references: two (2) from current peers and one (1) from the current supervising physician (as applicable);
- Health status relative to ability to perform the clinical privileges requested;
- Current PPD;
- Chairperson Recommendation: Evaluation form electronically completed by Chairperson/Chairperson designee recommending privileges including documentation of health status or the ability to perform the requested privileges;
- Information from the National Practitioner Data Bank and HIPDB;
- Hospital Affiliations: Evaluation of clinical activities from other hospital affiliations;
- Current board certification or eligibility as outlined in the Medical Staff Bylaws;
- Information since initial appointment or previous appointment that includes:
- Details regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following licenses or registrations have been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:
 - Board certification
 - License to practice
 - State DHEC and/or federal DEA license or certification;
- Details about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions, information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institutions, and voluntary or involuntary changes in membership, privileges, or status at other healthcare organizations;
- The results of Ongoing Professional Practice Evaluation and the results of any Focused Professional Practice Evaluations;
- Any additional practitioner specific data as compared to aggregate data, when available;
- Morbidity and mortality data, when available;

- Release of information; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

D. Continuing Duties of Medical Staff and Professional Staff Members

It shall be a continuing duty of all Medical Staff and Professional Staff members to promptly update credentials information on an ongoing basis. This information shall include but not be limited to the following:

- Voluntary or involuntary termination of appointment, limitation or reduction or loss of privileges at any hospital, healthcare organization, or managed care organization, or any restriction of practice or severance from employment by a medical practice;
- Any investigations, charges, limitations or revocation of professional license in the State of South Carolina or any other state;
- Any investigations, charges, limitations, or corrective action by any professional organization;
- Changes in physical or mental health which effect ability to practice medicine;
- Change of address;
- Name changes;
- Any investigations, convictions, arrests, or charges related to any crime (other than minor traffic violations), including crimes involving child abuse;
- Any "quality query" from any qualified peer review organization, or its equivalent;
- Any investigations regarding reimbursement or billing practices;
- Any professional investigations or sanctions including but not limited to Medicare or Medicaid sanctions;
- Notification of cancellation or proposed cancellation of professional liability insurance;
- Disclosure and updates of malpractice claims or other actions initiated or made known subsequent to appointment; and,
- Any information reasonably required by the Medical Executive Committee or Board to adequately evaluate the staff members.

E. Ongoing Professional Practice Evaluation

During the appointment cycle, each practitioner with clinical privileges will be reviewed on an ongoing basis. Ongoing Professional Practice Evaluation (OPPE) is an evidenced based evaluation system designed to evaluate a practitioner's professional performance. The Department Chairperson is responsible for conducting OPPE for all practitioners with clinical privileges within their Department and for insuring that OPPE is uniformly applied to all members within the department. The type of data to be collected is approved by the Medical Executive Committee but is determined by individual departments and is uniformly applied. The frequency of data collection must be more often than yearly with specific

timeframes determined by the Medical Executive Committee in collaboration with the Executive ~~Executive~~ Medical Director. Information from ongoing professional practice evaluation will be used to determine whether to continue, limit, or revoke any existing privileges. It may also be used to trigger a Focused Professional Practice Evaluation (FPPE).

F. Insufficient Activity for Evaluation

Reappointment and reappraisal of clinical privileges focuses on a member's clinical activity and demonstrated clinical competence as it relates to Medical and Professional Staff quality monitoring and evaluation activity. Therefore, a practitioner (except those appointed to categories of the Medical Staff without privileges) who has not utilized the Medical Center and/or participated in Medical Center clinical activities for a continuous period of six (6) months, or has ceased to maintain an active professional practice within the service area of the Medical Center, and does not initiate leave of absence as provided in the Bylaws, or initiate an application in change of status, may have his/her membership on the Medical Staff terminated or reduced to a category commensurate with his/her current practice.

The Credentials Committee shall, upon request from the Department Chairperson, the Medical Executive Committee, or the Executive Medical Director, or upon its own initiative, investigate any circumstances which would authorize termination or reduction of membership or category under this paragraph and shall recommend to the Medical Executive Committee such action as it considers appropriate. Prior to making a recommendation, however, it shall notify the affected member of its investigation and request information as to the current status and intentions of the members. Said notice and request shall be in writing, fax, or e-mail and directed to the affected member. Practitioners who can document admission(s), consultations, or cross coverage activity may be considered for reappointment. In such instances, objective reports of clinical activity at their primary practice site must be submitted to allow an appropriate evaluation of the practitioner's request for clinical privileges.

Failure of the member to respond within thirty (30) days of correspondence of said notice shall constitute sufficient basis for termination of membership or reduction of staff category. Failure to be reappointed as outlined in this section constitutes an administrative action that shall not require reporting to the National Practitioner Data Bank. In addition, it shall constitute a waiver of procedural rights as defined in the MUSC Medical Staff Bylaws Article IX from action taken pursuant to the provision of this paragraph.

G. Failure to Complete the Reappointment Application

Failure to complete the application for reappointment by the time the reappointment is scheduled for the first step in the review process (i.e. Department review) shall be deemed a voluntary resignation from the Medical Staff or the Professional Staff and the practitioner's membership and/or privileges shall lapse at the end of his/her current term. The Practitioner shall be notified prior to final action by the Board through the Executive Director or the

Executive Medical Director. This non-renewal shall constitute an administrative action that shall not require reporting to the National Practitioner Data Bank and shall not entitle the practitioner to the procedural rights afforded by the MUSC Medical Center Medical Bylaws. Termination of an appointment in this way does not preclude the submission of a reapplication for initial privileges or membership.

H. Reappointment Verification Process

Upon receipt of a completed (signed and dated) application, the Medical Staff Office via the CVO will collect and verify through accepted sources the references, licensure and other qualification evidence submitted. The CVO will promptly notify the applicant of any problems in obtaining the information required and it shall be the applicant's obligation to obtain the required information. The CVO will also notify the practitioner about any information obtained during the credentialing process that varies substantially from the information provided by the practitioner. Failure of the applicant to furnish information within fifteen (15) days of a request shall be deemed a withdrawal of such application. When collection and verification is completed, the CVO will promptly transmit the application and supporting material to the department in which the applicant seeks clinical privileges. The CVO will verify the contents of the application by collecting the following information:

- Primary source verification of current South Carolina licensure;
- Primary source verification of any training necessary for increase of privileges;
- Status of current DEA;
- Specialty Board status;
- Status of affiliations with other hospitals or healthcare organizations;
- Status of group affiliations;
- Status of malpractice claims history for the past five years;
- Peer recommendations;
- Information from the National Practitioner Data Bank; and
- Medicare/Medicaid sanctions and investigations from websites of the Office of Inspector General and the Excluded Parties Listing System.

VI. Reappointment/Privilege Renewal Review Process

A. Department Chairperson Review

The Department Chairperson evaluation of the applicants request for reappointment or privilege renewal shall be based upon the applicant's education, demonstrated clinical/clinical competencies including clinical judgment, technical skills and ability, and utilization patterns and other relevant information. Once all required documentation has been received and processed by the Medical Staff Office and/or the CVO, and all verifications and references confirmed, the Chairperson of the applicable Department or Division Chief, if appropriate, shall then review the application. Upon completion of this review, the Chairperson shall make a recommendation as to the reappointment and/or the extent of clinical privileges. The application with his/her recommendation as well as results

of ongoing professional practice evaluation and focused professional practice evaluation shall then be submitted for transmission to the Credentials Committee.

If prior to reappointment of a member to the Medical Staff, the Department Chairperson anticipates recommending an involuntary reduction or total denial of previously granted privileges at MUSC Medical Center, the Department Chairperson is required to notify in writing the affected member of the specific deficiencies, failure to meet specific deficiencies, failure to meet specific criteria, and/or other documentation supporting the reduction or denial of privileges. Notice shall also be sent to the Executive Medical Director, President of the Medical Staff and the Executive Director. Such notification will include adequate supporting documentation of the basis for reduction or non-renewal of privileges. This notice will be given in writing to the practitioner at least thirty (30) days before his/her reappointment date, unless there is a delay caused by the actions or inactions of the applicant, such as failing to file the credentialing application and information in a timely manner. This notification by the Department Chairperson shall trigger a review of the information and circumstances by the Executive Medical Director and the President of the Medical Staff. In the event of non-resolution, the Department Chairperson's recommendations shall be forwarded to the Credentials Committee with the supporting documentation. The decision, if adverse to the member may be appealed by the practitioner as outlined in the Fair Hearing Plan of the MUSC Medical Staff Bylaws (Article IX).

At the time of reappointment a Department Chairperson may request, based on physician specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Credentials Committee and the Medical Executive Committee, that a practitioner within his/her department be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the Department Chairperson with approval by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

B. Credentials Committee Review

After approval of completed reappointment application with all attachments by the Department Chairperson/Chairperson Designee, the application is presented at the next regularly scheduled Credentials Committee meeting. The Credentials Committee members shall review the completed application and make a recommendation to approve, deny, or defer pending further evaluation/information. If the recommendation is to deny or defer pending additional information, the applicant and Chairperson must be informed in writing within seven (7) days after the meeting. If the recommendation is to approve, the applicants are presented at the next regularly scheduled Medical Executive Committee meeting. At the time of reappointment, the Credentials Committee may request based on practitioner specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Medical Executive Committee, that a practitioner be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

C. Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chairperson and Credentials Committee, and any other relevant information available to it. The Medical Executive Committee defers action on the application or prepares a written report with recommendations as to approval or denial, or any special limitations on staff reappointment, category of staff membership and prerogatives, and/or scope of clinical privileges.

Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up in a timely manner with subsequent recommendations as to approval or denial, or any special limitations on staff reappointment, category of staff membership and prerogatives, and scope and setting of clinical privileges. The Executive Director or the Executive Medical Director through the Medical Staff Office promptly sends the applicant written notice of an action to defer.

2. Recommendation for Approval

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board for review at the next scheduled Board Meeting.

3. Adverse Recommendation

When the Medical Executive Committee's recommendation to the Board is adverse to the applicant, the Executive Director or the Executive Medical Director or their designee through the Medical Staff Office, so informs the applicant within 30 days by special notice with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny, in full or in part, reappointment, requested staff category, and/or requested clinical privileges. No such adverse recommendation needs to be forwarded to the Board until after the practitioner has exercised his procedural rights or has been deemed to have waived his/her right to a hearing as provided in the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

At the time of reappointment the Medical Executive Committee may request, based on physician specific quality information including technical skills, clinical judgment and behavior with supporting documentation, that a practitioner be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the Medical Executive Committee and the Executive Medical Director but may not exceed one year.

D. Board's Action

The Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee.

Effects of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made, and may include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ~~thirty (30)~~ ten (10) days after receipt of such subsequent recommendation, and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

When the Board has reached a favorable decision, the Executive Director or the Executive Medical Director or their designee through the Medical Staff Office, by written notice, inform the applicant of that decision within ~~30~~ 10 days. Notice of the Board's decision is also given through the Medical Staff Office to the Medical Executive Committee, and to the Chairperson of the respective department. A decision and notice to reappoint includes:

- a) The staff category to which the applicant is reappointed (if applicable);
- b) The clinical privileges he/she may exercise; and
- c) Any special conditions attached to the reappointment.

3. Adverse Action

"Adverse action" by the Board means action to deny, in full or in part, reappointment, requested staff category, or requested clinical privileges.

If the Board's decision is adverse to the applicant, the Chief Executive Office or the Executive Medical Director or their designee through the Medical Staff Office, within ~~30~~ 10 days so informs the applicant by special notice, with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

Report of adverse Board action shall be given by the Executive Director or the Executive Medical Director through the Medical Staff Office to the National Practitioner Data Bank.

4. Expedited Action

To expedite, reappointment, or renewal or modification of clinical privileges, the governing body may delegate the authority to render those decisions to an ad hoc

committee consisting of at least two governing body members.

Following a recommendation for approval from the Medical Executive Committee on an application, the committee of the governing body shall review and evaluate the qualifications and competency of the practitioner applying for reappointment, or renewal or modification of clinical privileges and render its decision. Approval by the committee will result in the status or privileges requested. The committee shall meet as often as necessary as determined by its Chairperson. The full governing body shall consider and, if appropriate, ratify all committee approvals -at its next regularly scheduled meeting. If the committee's decision is adverse to an applicant, the matter is referred back to the Medical Executive Committee for further evaluation.

An applicant will be ineligible for the expedited process if since the last appointment or reappointment, any of the following have occurred:

- The applicant submits an incomplete application;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- When there has been an unusual pattern or excessive number of professional liability actions resulting in a final judgment against the applicant.

VII. Privileges

A. Granting of Privileges

Evaluation of applicants for the privileges requested shall be based upon the applicant's education, training, experience, references, demonstrated clinical competencies including clinical judgment, technical skills and ability, and utilization patterns and other relevant information. This information is used to determine the types of care, treatment, and services or procedures that a practitioner will be authorized to perform.

Privileges may only be granted when sufficient space, equipment, staffing, and financial resources are in place and available or will be available in a specific timeframe to support the requested privilege.

It is the responsibility of the Department Chairperson, Credentials Committee, and the Medical Executive Committee to insure that privileges for all privileged practitioners are current and accurate. Privilege sets are maintained by the MSO office. These privileges sets may be either paper or electronic. It is the responsibility of the MSO to communicate

privilege lists to Medical Center staff in order to insure that privileged practitioners practice within the scope of their respective granted privileges.

Renewal of privileges and the increase or curtailment of the same, shall be based upon direct observation, review of the records, or any portion thereof, of patients treated in this or other hospitals, and review of the records of the practitioner which may document the member's participation in Medical Staff or Professional Staff responsibilities. Ongoing professional practice evaluations and the results of any focused professional practice evaluation will be considered as well as both physical and mental capabilities. The foundation for the renewal of privileges and the increase or curtailment of the same are the core competencies of patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems based practice. The nonuse of any privilege as well as the emergence of new technologies will also be considered.

Practitioners may request an increase of privileges at any time during the appointment period by completing a change in privileging form included with the reappointment application, or if not during reappointment by requesting a change in privileges form from the Medical Staff Office. When a request is received in the Medical Staff Office with appropriate documentation, including the Department Chairperson's recommendation, the request will be forwarded to the Credentials Committee for review as a part of the reappointment process. If a change is requested at another time during the appointment cycle, the Medical Staff Office via the CVO will verify the following prior to submitting the request to the Credentials Committee:

- Current license and challenges to any licensure or registration
- Voluntary or involuntary relinquishment of any license or registration, or medical staff membership
- Voluntary or involuntary limitation, reduction, or loss of clinical privileges
- Involvement in a professional liability action including any final judgment or settlement
- Documentation of health status
- Practitioner specific quality information including mortality and morbidity data, if available
- Peer recommendations, and
- National Practitioner Data Bank Healthcare Integrity Data Bank Query

Practitioners who have had their clinical privileges withdrawn or curtailed for alleged lack of competency in accordance with the procedures outlined in the Medical Staff Bylaws shall not have them reinstated until the following requirements have been met:

- Active participation in a training program approved by the Department Chairperson with written approval of the Credentials Committee;
- Successful completion of Focused Professional Practice Evaluation to allow demonstration of such competency to their specific Department, Credentials Committee, and the Medical Executive Committee; and
- If executed, the practitioner's submission of a fair hearing plea in accordance with the

Medical Staff Bylaws has been resolved.

B. Medical Staff Temporary Privileges

Circumstances: There are two circumstances in which temporary privileges may be granted. Each circumstance has different criteria for granting privileges. The circumstances for which the granting of temporary privileges is acceptable include the following:

- To fulfill an important patient care, treatment, and service need; or
- When a new applicant with a complete application that raises no concerns is awaiting review and approval of the Medical Executive Committee and Board.

Therefore, temporary privileges will be granted in the following circumstances:

1. Care of Specific Patients

Upon written concurrence of the Chairperson of the Department where the privileges will be exercised, an appropriately licensed practitioner who is not an applicant for staff membership but who has specific expertise in a desired field, may request temporary privileges for the care of one or more specific patients.

Application forms for this request are available in the Medical Staff Office. Before granting temporary privileges, the practitioner's current license and current competency are verified. Such privileges cannot exceed 120 days. These privileges are only available one time during the 120 day time period.

2. New Applicants

Temporary privileges for new applicants may be granted while awaiting review and approval by the Medical Executive Committee and Board. These "interim" temporary privileges may only be granted for 120 days and only upon verification of the following:

- Current licensure
- Relevant training or experience
- Current competence
- Ability to perform the privileges requested
- Other criteria required by the organized Medical Staff Bylaws
- A query and evaluation of the NPDB information
- A complete application
- No current or previously successful challenge to licensure or registration
- No subjection to involuntary termination of medical staff membership at another organization
- No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges

Granting of Temporary Privileges: The Executive Director or his designee and/or the Executive Medical Director may grant temporary privileges when the available information reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability, and judgment to exercise the privileges requested. The Department Chairperson or his designee will be responsible for the supervision of the applicant for temporary privileges.

Temporary privileges will not be granted unless the practitioner has attested to abide by the Bylaws and the Rules and Regulations of the Medical Staff of the MUSC Medical Center in all matters relating to his temporary privileges. Whether or not such written agreement is obtained, said Bylaws and Rules and Regulations control in all matters relating to the exercise of temporary privileges.

Termination of Temporary Privileges: The Executive Medical Director or his/her designee and/or the Executive Director, after consultation with the appropriate Department Chairperson or designee may terminate a practitioner's temporary privileges at any time, and must terminate a practitioner's temporary privileges upon the discovery of information or the occurrence of an event that raises questions about the practitioner's professional qualifications or ability to exercise any or all of his/her temporary privileges. If it is determined that the practitioner is endangering the life or well-being of a patient, any person who has the authority to impose summary suspension may terminate the practitioner's temporary privileges.

If the Medical Center terminates a practitioner's temporary privileges, the Department Chairperson who is responsible for supervising the practitioner will assign all of the practitioner's patients who are in the Medical Center to another practitioner. When feasible, the Department Chairperson will consider the patients' wishes in choosing a substitute practitioner.

Rights of the Practitioner Who Has Temporary Privileges: In the following cases, a practitioner is not entitled to the procedural rights afforded by the hearing and appeal procedures outlined in the Medical Staff Bylaws:

- When his/her request for temporary privileges is refused; or
- When all or any part of his/her temporary privileges are terminated or suspended.

C. Disaster Privileges

During disaster(s) in which the disaster plan has been activated, the Executive Director of the Medical Center, the Executive Medical Director, or the President of the Medical Staff or their designee(s) may, if the Medical Center is unable to handle immediate and emergent patient needs, grant disaster privileges to individuals deemed qualified and competent, for the duration of the disaster situation according to the Medical Staff Bylaws and Clinical Policy C-35 Disaster Privileges for Licensed Independent Practitioners. Granting of these

privileges will be handled on a case by case basis and is not a "right" of the requesting provider.

D. Emergency Privileges

For the purpose of this section, an "emergency" is defined as a condition in which serious and permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

In the case of an emergency any practitioner, to the degree permitted by his license and regardless of Staff status or lack of it, shall be permitted and assigned to do everything possible to prevent serious and permanent harm or to save the life of a patient, using every facility of the Medical Center necessary, including calling for any consultation necessary or desirable. When an emergency situation no longer exists, the practitioner must request the privileges to continue to treat the patient. In the event such privileges are denied or he does not wish to request such privileges, the patient shall be assigned to a member of the Medical Staff by the appropriate Department Chairperson.

Under conditions of extreme patient risk, the President of the Medical Staff, the Executive Medical Director the appropriate Department Chairperson, Credentials Committee Chairperson, or the Executive Director (or his/her designee) may grant emergency privileges for that patient alone. These conditions would apply if the physician in question was the only one capable of rendering appropriate professional services (i.e. no qualified staff members were available). Such privileges shall be based on the information then available which may reasonably be relied upon to affirm the competency, ethical standing and licensure of the physician who desires such emergency privileges. In the exercise of such privileges, such physician shall act under the direct supervision of the Department Chairperson to which he/she is assigned, or under the direct supervision of a member of that Department selected by the Department Chairperson.

Revised 05/2009

Reviewed 11/2011

Revised 10/2013

Medical Executive Committee Presiding: Dr. Boyd Gillespie Date: September 17, 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. Boylan, Dr. Carroll, Dr. Cawley, Dr. Clyburn, Dr. Easterling, Dr. Elliott, , Dr. Gray, Dr. Handel, Dr. Lewis, David McLean, Chris Rees, Dr. Rocky, Dr. Russell, Dr. Ryan, Dr. Salgado, Sheila Scarbrough, Dr. D. Scheurer, Dr. Thiers, Dr. Wray, Carol Younker, Members excused: Dr. Adams, Sarah Bacik, Dr. Baliga, Dr. Basco, Dr. Clarke, Dr. Costello, Dr. Deas, Annette Drachman, Terri Ellis, Dr. Feussner, Dr. Harvey, Dr. Jauch, Lisa Kindy, Dr. Lambert, Dr. Pellegrini, Dr. Pisano, Dr. Powers, Chris Rees, Dr. Reeves, Dr. Richardson, Dr. Rocky, Steve Rublee, Dr. Sachs, Dr. Schaffner, Dr. M. Scheurer, Dr. Streck, Dr. Uhde, Steve Valerio, Matt Wain, Dr. Warren, Dr. Yoe, Carol Younker, Dr. Zwerner Guests: Kathryn Holt, Martin Steed, MD		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who	
Executive Session	N/A			
Wins	<ul style="list-style-type: none">Dr. Ryan shared that Dr. Paul Thacker, an MUSC pediatric radiologist, did the first MRI guided non-brain biopsy in the U.S. on a 15-month old child and everything went well.Dr. Clyburn reported that ENT residency was named in the top 10 programs in the US through <i>US News & World Report</i>.	Accepted as information		
Review of Minutes	The August 20, 2014, meeting minutes were reviewed and approved.	Approved		
Credentials Committee	<p>Dr. Gray reported on the following:</p> <p>Medical Staff Initial Appointment and Privileges: 15 Medical Staff Reappointment and Clinical Privileges: 31 Medical Staff Reappointment and Change in Privileges: 3 Medical Staff Change in Privileges: 4 Professional Staff Initial Appointment and Privileges: 5 Professional Staff Reappointment and Privileges: 34 Professional Staff Reappointment and Change in Privileges: 1 Professional Staff Changes in Privileges: 3</p> <p>The following board certification waiver exemptions were granted:</p> <ul style="list-style-type: none">Dr. Emad Kishi – Transplant SurgeryDr. Akshay Kumar – Pediatric Cardiothoracic SurveyDr. Steve Takas – Neurosurgery	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.		
CAUTI Report	<p>Dr. Scheurer gave an update on CAUTI rates. For the month of July there were a total of six CAUTI cases. Dr. Scheurer reported that the July CAUTI rate was 6.2 and August was 4.8, so we are seeing a downward trend. Dr. Scheurer reminded the committee that the goal is 0 and the benchmark is 2, based on CDC guidelines, so there is still work to do. Dr. Scheurer also reported on efforts to improve CAUTI rates in the areas of insertion, maintenance and removal. Under insertion, the number of ED catheter insertions on admitted patients coming from the ED has decreased from 8% to 5%. Dr. Scheurer commended the OR efforts in the areas of GI Surgery, ENT and pediatrics for reducing their rate of patients leaving the PACU with a foley over the last year by 20-30%. Another effort is reducing those “allowed” to insert and also rewards and accountability. Under maintenance, especially in the ICUs, there are twice a day peri-care reports being pulled from Epic</p>	Accepted as information.		

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	and also in-person random audits of foley maintenance. Under removal, there are monthly foley day reports that are run by unit and by indication for foley and we are also building a BPA that will fire off at intervals to ask whether the foley is still needed and what is the current indication? Dr. Scheurer managed up the STICU for taking on a very aggressive goal for being "foley free" for an entire one month.		
GME Report	Dr. Clyburn gave the GME report. Dr. Clyburn reported that this is the first time he has seen such a broad ranking of residency programs which came out last week and in looking through methodology, there doesn't seem to be a lot of objective data in the rankings; lot of opinion through Doximity. In most of the top disciplines, it ended up kind of being the "who's who" of reputation. Dr. Clyburn commented that in the last five years, he has the opportunity of being involved in the review of every medicine program in the U.S. in some way shape or form and the rankings that came out in <i>US News and World Report</i> virtually have nothing to do with what is happening on the ground, and in many ways not even close but we should still look at this and vote if possible as candidates will look at this data. Dr. Rocky asked if there have been updates on the reliability of Doximity. Dr. Cawley mentioned one way to have more accurate information within Doximity is that each physician be responsible for updating their information but to get 750 physicians to do this is a challenge. More recently at the Marketing Advisory Council, Chris Murray reported that Doximity is giving AMCs the option to manager their own medical staff centrally. We are going to look into this and see if the cost is reasonable.	Accepted as information	
Hospital Report	Dr. Cawley reviewed the finalized 2015 Organizational Goals: <ul style="list-style-type: none"> • Service: Ideal Patient Service-achieve a weighted composite score of 3.0 • People: <ul style="list-style-type: none"> - Increase Employee Commitment Score by .05 - Increase Physician Commitment Score by .05 - Achieve overall teamwork composite of 3.0 • Quality: <ul style="list-style-type: none"> - Ideal Care-achieve composite score of 3.0 - Culture of Safety – increase absolute % of positive responses on overall perception of safety by 1 • Finance: <ul style="list-style-type: none"> - Achieve total cash at fiscal year-end of \$100 million - Achieve an operation margin of 3.5% - Reduce cost per adjusted discharge by 2% as compared to FY14. • Growth <ul style="list-style-type: none"> - Strategically grow telehealth: achieve a weighted composite score of 3.0 - Bed Flow Goal – Decrease average length of stay by 0.1 of a day Dr. Cawley shared an organizational chart of the individuals/positions that report directly to him and briefly describe the roles of each position/individual.	Accepted as Information	
Medical Staff Officer Nominations	Dr. Handel and Dr. Gillespie asked for nominations for the 2015-2016 Medical Staff Officers. Members were asked to submit their nominations by completing the ballot that was handed out at the September MEC meeting or by submitting prior to the next MEC meeting. Dr. Handel stated that the slate of candidates will be presented on December 4 th which is the physician leader meeting but	Accepted as information	Candidates will be presented at October MEC.

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	will also be designated as the Annual Medical Staff meeting. Dr. Brenda Hoffman is running for President and Dr. Habib for Vice President. Nominations for Secretary are open.			
Policies (Consent)	<ul style="list-style-type: none"> • Medical Center C003 - Patient Confidentiality • Medical Center C065 – Patient and Family Education • Medical Center C159 - Continuous Infusion 			Approved
Data Reports (Consent)	Data reports reviewed: <ul style="list-style-type: none"> - Bed Capacity Summary - Quality of H&P by Department 			Approved
Service Reports (Consent)	Service reports reviewed: <ul style="list-style-type: none"> - Discharge Summary 			Approved
Subcommittee Minutes (Consent)	<ul style="list-style-type: none"> - Bed Flow Aug. 2014 - Clin. Documentation Improve Aug. 2014 - Clinical Lab Advisory Aug. 2014 - Credentials Sept. 2014 - Emergency Management Aug. 2014 - Ethics July & Aug. 2014 - Health Information Management Aug. 2014 - Infection Control Aug. 2014 - Peer Review Aug. 2014 - Pharmacy & Therapeutics July 2014 - Quality Operations Aug. 2014 & Sept. 2014 - Quality & Safety Oversight July 2014 			Approved
Adjournment 8:17 am	The next meeting of the Medical Executive Committee will be Wednesday, October 15, 2014 at 7:30am in 628CSB.			



David Habib, MD, Secretary of the Medical Staff

Medical Executive Committee Presiding: Dr. Boyd Gillespie Date: October 15, 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. Adams, Dr. Basco, Dr. Boylan, Dr. Carroll, Dr. Clyburn, Dr. Easterling, Dr. Elliott, Dr. Gray, Dr. Handel, Dr. Harvey, Dr. Lewis, Dr. Reeves, Dr. Ryan, Dr. Salgado, Sheila Scarbrough, Dr. Schaffner, Dr. D. Scheurer, Dr. Streck, Dr. Thiers, Dr. Warren, Carol Younker Members excused: Dr. Baliga, Dr. Clarke, Dr. Costello, Dr. Deas, Annette Drachman, Terri Ellis, Dr. Feussner, Dr. Jauch, Lisa Kindy, Dr. Lambert, David McLean, Dr. Pellegrini, Dr. Powers, Chris Rees, Dr. Richardson, Dr. Rockey, Steve Rublee, Dr. Russell, Dr. Sachs, Dr. M. Scheurer, Dr. Uhde, Steve Valerio, Matt Wain, Dr. Yoe, Dr. Zwerner Guests: Lois Kerr, Dr. Kelly Covert (Resident)	
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	N/A		
Wins	<ul style="list-style-type: none"> Dr. Easterling announced that the Pharmacy resident program just completed their accreditation survey with ASHP and while there some areas with partial compliance there were many areas with positive compliance and no areas of non-compliance. Follow-up on the partial compliant issues will be done in the next 90 days. Dr. Elliott commented that we should celebrate that MUSC's new President is a clinician. Dr. Elliott reported the MUSC Board of Trustees approved at their last meeting a formal affiliation with Beaufort Memorial Hospital and with Georgetown Radiation Therapy. 	Accepted as information	
Review of Minutes	The September 17, 2014, meeting minutes were reviewed and approved.	Approved	
Credentials Committee	Dr. Gray reported on the following: Medical Staff Initial Appointment and Privileges: 7 Medical Staff Reappointment and Clinical Privileges: 20 Medical Staff Reappointment and Change in Privileges: 5 Medical Staff Change in Privileges: 2 Professional Staff Initial Appointment and Privileges: 6 Professional Staff Reappointment and Privileges: 26 Professional Staff Reappointment and Change in Privileges: 0 Professional Staff Changes in Privileges: 0 The following board certification temporary waiver exemption was granted: <ul style="list-style-type: none"> Dr. Cheryl P. Lynch – General Internal Medicine 	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.	
GME Report	Dr. Clyburn reported that he presented the Institutional Residency survey results to the Clinical Chairs yesterday and our major liability is in the service versus education domain. The survey results were reviewed with the chief residents this morning and resulted in a few action items that be looked into further. Dr. Clyburn commented that it may just be a matter sitting down and discussing the issues with the group to determine what they perceive as service and education balances. Dr. Clyburn stated that he will be forwarding the resident salary recommendations to	Accepted as information	

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<p>Hospital Report</p>	<p>Dr. Handel. Historically, MUSC has committed to be at the 50th percentile for the region and since we didn't do increases for 2 or 3 years, we have fallen significantly behind. The problem is that Charleston has the second highest cost of living in the region and salaries are next to last in the region. Dr. Gillespie asked what it would cost to get MUSC caught back up. Dr. Clyburn stated that it would take about two thousand per resident per year and since have only been going up about one thousand the past couple of years, it makes it harder to catch up.</p> <p>Dr. Scheurer gave an update on MUSC's Ebola preparations. Dr. Scheurer reported that points of entry have been a lot of the emphasis for screening for possible Ebola cases. Every clinic has been asked to pre-designate an area for isolating suspected Ebola patients. Every clinic will be provided an "Ebola kit" that should be arriving Thursday.</p> <p>The communication grid for a possible Ebola diagnosis is for the on-call communication coordinator and Infection control person to be contacted then communication is cascaded on from there. No matter where the point of entry is, Meducare will pick up the patient in an "iso-pod" which is a negative pressure self-contained unit to enable the care for the patient without contamination. The patient will then be transferred to the destination unit which is currently the "little" STICU. For long-term care of Ebola patients, we are looking to convert 6C to a biohazard unit.</p> <p>The CDC is currently looking for regionalization plan for each state and we expect that MUSC may be asked to be the one of hospitals to be designated as a regional care center; however, our current plan is to care for patients that come in through MUSC or otherwise patients that would normally be transferred to MUSC for ICU care.</p> <p>Dr. Scheurer reported that we are getting volunteer-staffing set up. The CDC recommendations are for one specialized medical physician and two ICU nurses. CDC recommendations also include the use of the "buddy system" in order to have staff members observe each other to ensure they are putting on and taking off their gear properly.</p> <p>Dr. Scheurer discussed how other services would be handled if a patient was pregnant or needed dialysis, etc. The plan if this comes up is for the primary care physician to handle all aspects of patient care with some form of communication, such as Skype, done with a subject matter expert. All lab testing will be handled through point of care testing in the ante room. Confirmation of Ebola from CDC has a 48 – 72 hour turnaround time. We are looking at equipment we have on site that has the capability to test for Ebola. If possible, it will shrink our window of time significantly from suspected to confirmed.</p> <p>The other issue is waste management. The amount of waste generated by an Ebola patient can amount to approximately five 55-gallon containers per day. There is a work group looking at the</p>
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	<p>issue of waste management and waste water. There are vendors who handle this type of waste management which we have been in discussion with. Terminal cleaning will also be outsourced to a company that uses vaporized hydrogen peroxide that does not affect equipment.</p> <p>Dr. Reeves thanked Dr. Scheurer and the others involved for their hard work in the Ebola preparations and communication efforts. Dr. Reeves also asked that if the CDC calls for a regionalization that MUSC consider not being a designated center with Emory already equipped to take care of Ebola patients. In response to Dr. Reeves' question, Dr. Scheurer responded that that if the CDC calls for regionalization, MUSC will need to make a decision. Dr. Scheurer commented that the Emory unit is only a three-bed unit with a possible expansion to an 11-bed unit. MUSC's current plan is move forward with care for the patients that come in through the MUSC point of entry.</p> <p>Dr. Salgado commented on the current three ways of treatment, blood transfusion which needs matching blood types, the other is medication that was previously used and is no longer available until more is manufactured and the other is an anti-viral communication that may or may not work.</p> <p>In closing, Dr. Scheurer shared that there is a web page on the Medial Center Intranet that is contains a lot of information regarding Ebola ranging from screening procedures to communications and training information.</p>		
Revision to the Medical Staff Bylaws	<p>Dr. Handel presented the proposed revisions to the Medical Staff Bylaws. Dr. Handel thanked Lois Kerr for her work ensure for compliance with regulatory requirements. Dr. Handel reported that the impedance behind these changes was to change from a quarterly medical staff meeting to an annual medical staff meeting. Page nine of the MEC handout contains a summary of the proposed changes to the bylaws.</p> <p>MEC Committee Structure:</p> <ul style="list-style-type: none"> • Reduced the size of the MEC • Increased physician involvement while eliminating non-physician members • Created ex-officio category (non-voting) • Two-year terms - no rotation • Service Line Medical Directors are appointed versus elected • MEC to be co-chaired by MUHA Chief Medical Officer and Medical Staff President • Added responsibility of communication <p>Officers:</p> <ul style="list-style-type: none"> • Added that Secretary moves up to Vice President. (Vice President to President already stated in current bylaws) 	Approved with changes	

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	<ul style="list-style-type: none"> Only the Secretary position is up for nomination bi-annually <p>Categories:</p> <ul style="list-style-type: none"> Eliminated "Refer and Follow" category Expanded who can have an Administrative/Honorary appointment <p>Medical staff meetings:</p> <ul style="list-style-type: none"> Changed from quarterly to annually Created a new mechanism for voting and communication in lieu of meetings <p>The following additional changes were proposed:</p> <ul style="list-style-type: none"> Special meetings may be called by Medical Staff president or CMO Add a new mechanism for the MEC Executive Committee to initiate an emergency action for voting and communication in lieu of meetings. Any actions from the "virtual" meeting will be validated at the next scheduled MEC meeting. <p>Dr. Gillespie commented that with the change to an annual meeting that the hope is to get better turnout and also to have a more meaningful meeting. There was also discussion about the possibility of having a presentation that would allow for CME credits. Dr. Ryan asked if a letter was being sent to all the current "refer and follow" people explaining the change in policy. Carol Younker will share a copy of the letter with Dr. Ryan since a large number are from Pediatrics.</p>		
Medical Staff Officer Nominations Follow-Up	<p>Dr. Gillespie announced that the following officer nominations will be presented at the December 4, 2014, Annual Meeting of the Medical Staff:</p> <p>President – Dr. Brenda Hoffman</p> <p>Vice President – Dr. David Habib</p> <p>Secretary – Dr. Alice Boylan, Dr. Ramsey Camp, Dr. Mary Richardson, Dr. Steven Savage</p>	Approved	Slate of Officers to be presented at December 4, 2014, Annual Medical Staff Meeting
MyChart Announcement	<p>Dr. Warren made the MyChart announcement that effective October 16, 2014, due to multiple changes in CMS regulations, all MUSCHealth lab reports will be released to MyChart after 24 hours of final results. The first exception is during an admission which are released 24 hours after discharge. The second exception is for tests such as HIV or genetic lab results, are expressly forbidden to deny the results and will be released within two weeks of final results. Dr. Warren stated that we will follow the same results with radiology reports with the exception of fetal ultrasounds which will not be released and are not covered by CMS regulations. Dr. Warren did comment that current hospital policy is that if a patient shows up in person at Medical records to request a copy of their complete medical record, Medical Records staff will attempt to give them all requested information. Dr. Kim Davis will be giving a report at next month's MEC regarding Epic Inbox requirements.</p>	Accepted as information	

(Consent) Hollings Cancer Center	<ul style="list-style-type: none"> • MUSC/Hollings Cancer Center Cancer Program Status Report • Cancer Program Committee 2014 By-laws 	Approved	
(Consent) Policies	<ul style="list-style-type: none"> • Medical Center C003 - Patient Confidentiality • Medical Center C065 -- Patient and Family Education • Medical Center C159 - Continuous Infusion 	Approved	
(Consent) Data Reports	Data reports reviewed: - Bed Capacity Summary - Quality of H&P by Department	Approved	
(Consent) Service Reports	Service reports reviewed: - Discharge Summary	Approved	
Subcommittee Minutes (Consent)	<ul style="list-style-type: none"> • Bed Flow Sept. 2014 • Clinical Documentation Improve Sept. 2014 • Credentials Oct. 2014 • Emergency Management September 2014 • Graduate Medical Education Sept. 2014 • Infection Control Sept. 2014 • Organ & Tissue Donation Sept. 2014 • Peer Review Sept. 2014 • Pharmacy & Therapeutics Sept. 2014 • Quality Operations Sept. 2014 • Sedation Aug. 2014 	Approved	
Adjournment 8:17 am	The next meeting of the Medical Executive Committee will be Wednesday, November 19, 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 OCTOBER 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
BlueChoice
Wellcare
Cigna

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:

Roper St. Francis Mt. Pleasant Hospital

Affiliation Agreements –

Greenville Technical College

Shared Services Agreements –

Medical University Hospital Authority
Construction Contracts - For Reporting
December 12, 2014

Metro Electric Rutledge Tower Emergency Power System Replacement Change Order #1 to provide additional seismic structural supports and mechanical changes.	\$120,000.00
Gatch Electrical E-Power Branch Separation Provide electrical services for the continuation of planned sequence to replace old infrastructure.	\$156,450.00
Chastain Construction CH Sterile Processing Department Change order #2 to provide additional construction services for mechanical room, seismic for equipment, epoxy flooring and other modifications.	\$ 55,135.00
B & F Mechanical UH-Shelter in Place Execute kitchen upgrades per DHEC shelter in place requirements.	\$145,999.00
B & F Mechanical CH-Heating Hot Water Exchanger Replacement Provide and install HX1 complete package, electrical and controls and supervise HHW outage.	\$ 70,281.00
Tile Restoration UH-7W Restrooms Provide and install epoxy flooring.	\$ 59,670.00
Stenstrom & Associates RT 10 th Floor Renovation for Head & Neck Oncology Provide construction services for the renovation.	\$688,984.00

Medical University Hospital Authority
Professional Services Contracts - For Reporting

Perkins + Will Phase Two-MUSC Children's Hospital and Women's Pavilion Provide professional services for programming & planning for Phase Two.	\$350,000.00
Design Strategies ART 7 th Floor Renovation Change order #4 to provide professional services for the redesign of the infusion suite.	\$ 66,100.00
S & ME, Inc. Multiple Buildings Asbestos Survey Provide asbestos survey for multiple MUHA owned buildings on campus.	\$ 85,856.00

Medical University Hospital Authority
IDC Professional Services Contracts - For Reporting

Compass 5 Partners CMH/Charleston Center Renovations for Departmental Relocations Provide architectural, engineering and design services for departmental relocations.	\$ 83,800.00
Compass 5 Partners 295 Calhoun Street Renovation Provide architectural, engineering and design services for departmental relocations.	\$102,430.00
GWA, Inc. IEEE (Institute of Electrical & Electronic Engineers) Electrical Reliability Study Provide IEEE electrical study to determine the overall reliability of the Emergency Power Standby System.	\$ 70,600.00

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
BOARD OF TRUSTEES
POLICIES AND PROCEDURES MANUAL**

		POLICY ID:	AC-2012-12
TITLE:	AUDIT COMMITTEE CHARTER		
ORIGINATOR:		DATE:	
REVIEWED/APPROVED:	DATE:	SIGNATURES:	
DEANS' COUNCIL			
PRESIDENT'S COUNCIL			
BOARD OF TRUSTEES	DECEMBER 12, 2014	AUDIT COMMITTEE	
IMPLEMENTATION:		DATE:	APRIL 9, 2010
DISTRIBUTION:			

PURPOSE

The Audit Committee (the "Committee") shall concern itself with assisting the Board of Trustees in discharging its fiduciary and stewardship obligations relative to the reliability and integrity of systems of internal control, accounting practices, annual reporting, internal and external audit processes, management of business exposures, and compliance with legal, regulatory, and ethical requirements, and with institutional policies and procedures. The Committee is responsible for assuring that the organizational culture, capabilities, systems, processes and controls are appropriate to protect the financial health and reputation of the Medical University of South Carolina (MUSC) and the Medical University Hospital Authority (MUHA) (collectively referred to as "the entities") in audit related matters.

The Committee assists the Board of Trustees by:

- 1) Overseeing the integrity of the financial statements of the entities;
- 2) Overseeing the entities' compliance with legal, regulatory, and ethical requirements and policies and procedures;
- 3) Coordinating with the independent, external auditors on the annual audit of the financial statements;
- 4) Reviewing the external auditors' qualifications, performance, and independence;
- 5) Overseeing the accounting and financial reporting processes of the entities;
- 6) Overseeing the performance and independence of the internal audit function; and
- 7) Overseeing the internal control structure and management practices of the entities, including the management of business exposures.

The full Board will continue to have complete access to management and the Internal Audit department and may continue to request the Internal Audit department to review areas of concern to them. The role of the Committee is oversight. It is not the duty of the Committee to prepare financial statements or to conduct audits to independently verify management's representations or to determine that the financial statements are complete and fairly present the financial condition of MUSC and its affiliates. These are the responsibilities of management and the external auditors. Management is responsible for maintaining the accounting and financial records in accordance with appropriate principles and standards. Management is responsible for putting sufficient internal controls in place to ensure efficient and effective operations, reliable financial reporting, and compliance with laws and regulations. The Committee will set the appropriate tone in communicating the importance of internal control and direct management to establish appropriate internal controls.

POLICY NAME:	AUDIT COMMITTEE CHARTER	
POLICY ID:	AC-2012-12	PAGE 2 OF 5

The Management Development and Compensation Sub-Committee (the "Sub-Committee") of the Audit Committee reports to the Board through the Audit Committee. The mission of the Sub-Committee is to ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The Board of Trustees finds that good governance includes insuring that compensation decisions are made in a fiscally prudent manner.

AUTHORITY

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

MEMBERSHIP

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

As with other standing committees, members of the Management Development and Compensation Sub-Committee will be appointed by the Chairman of the Board of Trustees and is not limited to members of the Audit Committee. The Chairman of the Audit Committee will serve as chairman of this Sub-Committee.

MEETINGS

The Audit Committee shall meet at least two times per year. Internal Audit will coordinate the Committee's agenda in consultation with the Committee Chair and the Secretary of the Board of Trustees. The Management Development and Compensation Sub-Committee shall meet as needed. All Board members are encouraged to attend and participate in the Audit Committee and Sub-Committee meetings.

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

DUTIES

The Committee shall advise the Board in connection with the Board's responsibilities relating to the quality and integrity of the University's financial reporting, compliance with laws and regulations, and overall systems of internal control and risk mitigation. The Committee will make regular reports to the Board of the Committee's activities and relevant issues; each member of the Committee may suggest topics for reporting to the Board.

A strong system of internal controls is essential to protect the financial health and reputation of MUSC and MUHA. As such, the Committee is responsible for assuring that management is setting the appropriate tone in

POLICY NAME:	AUDIT COMMITTEE CHARTER	
POLICY ID:	AC-2012-12	PAGE 3 OF 5

communicating the importance of internal controls that roles and responsibilities are clearly understood, and that policies, procedures, and systems are in place to maintain the appropriate internal control environment. Additionally, the Committee should determine whether management has implemented internal control recommendations made by internal or external auditors. The Board will receive reports of all internal audits along with the status of corrective actions. Management and the internal and external auditors shall to keep the Committee informed about fraud, illegal or unethical acts; deficiencies in internal control; and other audit-related matters.

The Committee will review the institution's Code of Conduct and ensure that it is easily accessible, widely communicated, understandable, includes a confidential reporting mechanism, and is enforced. It will also ensure that the institution's Conflict of Interest policy is comprehensive, requires an annual signoff, clearly defines the term "conflict of interest," and contains procedures for adequately managing/resolving and documenting potential conflicts.

The Committee will advise the Board on appropriate ethical standards for the management of the organization.

Internal Audit is accountable to the Board and shall report to the Board. Internal Audit shall also work with the Audit Committee and meet and make reports to the Committee as required. The Committee will:

- 1) Ensure that the internal audit department has direct and unrestricted access to the chairman and other committee members.
- 2) Oversee the scope of Internal Audit services and have access to the internal audit function without management presence.
- 3) Review the charter, activities, staffing, budget and organizational structure of the internal audit function with the Director of Internal Audit to ensure appropriate structure and capability to effectively carry out responsibilities.
- 4) Consult and concur with the Board, who will continue to have ultimate responsibility, in the appointment, compensation, evaluation, replacement, reassignment, or dismissal of the Director of Internal Audit.
- 5) Review Internal Audit's annual risk assessment and audit plan, including any subsequent significant modifications to the audit plan, such as special requests by the Board or management.
- 6) Provide an effective reporting line and maintain the independence and objectivity of the internal audit function
- 7) Ensure that Internal Audit has the right to seek information and explanations from MUSC and its affiliated organizations. No unjustified restrictions or limitations shall be placed on Internal Audit, which shall have all necessary access to management and all employees and records of MUSC and its affiliated organizations to the extent necessary to perform its duties.
- 8) Meet with Internal Audit at each meeting of the Audit Committee to discuss any necessary matters; to provide a forum for private comments including discussion of any restrictions on audit scope or access to required information, resources, or personnel; and to communicate the Committee's expectations.
- 9) Review and consider the implications of all significant comments and suggestions noted by Internal Audit in its reports. Evaluate management's responsiveness to Internal Audit's comments and suggestions to ensure that significant comments and suggestions are received, discussed, and acted upon in an appropriate and timely manner.
- 10) Work with Internal Audit to offer assistance in matters where the department has requested such advice.

The external auditor is ultimately accountable to the Board and shall report directly to the Audit Committee. The Committee will review and pre-approve, as appropriate, any engagement of an external audit firm for audit, audit-related, and non-audit services. The Committee will identify and prioritize the selection criteria for external audit services, appoint, terminate, compensate, oversee the performance of, and pre-approve any changes in scope or additional work and the related changes in fees. The Committee will review and confirm the external auditor's

POLICY NAME:	AUDIT COMMITTEE CHARTER	
POLICY ID:	AC-2012-12	PAGE 4 OF 5

assertion of independence in accordance with professional standards, and consider how the performance of non-audit services may affect the external auditor's independence. At least every five years, the Committee will undertake a Request for Proposal for external auditing services.

The Committee will meet with the external auditor in an entrance conference to review the audit plan for the annual financial statement audit before work begins. Invite the external auditors of each of the affiliated organizations to attend for the purposes of coordinating audit effort, deadlines, the transfer of information, etc.

The Committee will meet with the external auditor in an exit conference to examine and discuss audit results and consider the implications of external audit findings. The Committee should meet with the external auditor without management present to discuss the audit outcomes. The Committee will review with the external auditors any booked or waived audit adjustments and any audit problems or difficulties encountered in the course of the audit work, including any restrictions on the scope of external audit activities or on access to requested information, and any significant disagreements with management, as well as management's response thereto. The Committee will monitor and examine management's response to the external auditor's findings and recommendations to ensure that significant findings and recommendations are received, discussed, and acted upon in an appropriate and timely manner. Further, the affiliated organizations and their auditors shall share their audit results (financial statements, audit findings, etc.) with the Committee. Annually, the Committee will evaluate the performance of the external auditors.

The Committee shall review the audited financial statements and external auditor's management letter, annual A-133 audit report, and other materials, including the Comprehensive Annual Financial Report (CAFR), as deemed appropriate. The Committee will ascertain that the audited financial statements have been prepared in accordance with generally accepted accounting procedures and that there are no unresolved adjustments or other significant related issues. The Committee will then recommend approval of the annual financial statements to the Board.

The Compliance Officers of MUSC and MUHA are accountable to the Board and shall report to the Board. The Committee will receive bi-annual reports for all entities regarding the activities of the Compliance Offices. It will also receive reports on and monitor responses to complaints received by the institution or confidential anonymous submissions by employees (via the hotline or other avenues) regarding accounting, internal controls, general ethical conduct, fraud, inefficiencies, or unlawful activity. The Committee will review procedures for the receipt, retention, and treatment of such information.

The Committee will review and discuss with Legal Counsel significant legal, environmental, and regulatory issues.

Other Committee duties include:

- Reviewing, as needed or requested, the results of the various audits or investigations performed by all areas that perform oversight or review functions.
- Receiving and reviewing all outside audits, including the findings of any significant examinations by regulatory agencies or the results of significant consulting engagements not reported to another standing committee.
- Reviewing, as requested, property and casualty insurance coverage including coverage of clinical and environmental risks. Consider the claims to which the organization may be liable in the conduct of its activities, the potential losses associated with such liability, and the manner in which protection is afforded through either purchased or self-insured programs, or a combination thereof.

POLICY NAME:	AUDIT COMMITTEE CHARTER	
POLICY ID:	AC-2012-12	PAGE 5 OF 5

- Conducting in the manner the Committee deems appropriate, a self-evaluation, comparing performance with the requirements set forth in the bylaws in order to increase the effectiveness of the Committee as a whole.
- Performing any other oversight functions as requested by the Board or deemed necessary in accordance with the bylaws.
- Reviewing the Board Bylaws governing the Committee at least biennially and recommend to the Board the formal adoption of any revisions for future operations of the Committee.
- Reporting to the Board on all financial matters in its area of concern.

The Management Development and Compensation Sub-Committee shall:

- Ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The Sub-Committee will review all policy matters related to evaluation and compensation of the President, the Vice Presidents, the Deans, the Secretary of the Board (collectively "Executive Management"), and any other positions the Sub-Committee may decide. The Sub-Committee will make recommendations to the Board via the Audit Committee regarding these matters. The Sub-Committee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Management.
- Review, at least annually, MUSC's assessment of potential candidates for promotion (Key Employees) to, at a minimum, the positions of Vice President, Dean, and other senior executives designated by the Board. The assessment should identify candidates potential for promotion, professional development needed to address perceived deficiencies in a candidate's preparedness for promotion, or other actions to develop a "deep bench" of potential MUSC leaders. The Sub-Committee shall assist the President in determining appropriate professional development assistance for the MUSC Key Employees and in determining the best approaches to providing that assistance. The Sub-Committee shall review, at least annually, the Management Development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.

No offer of compensation, whether written or oral, subject to the review of the Management Development and Compensation Sub-Committee shall be effective as binding on the entities without the required approval(s).

EDUCATION

The University's senior management and Internal Audit department are responsible for providing the Committee with educational resources related to accounting principles, internal controls, applicable policies, and other information that may be requested by the Committee to maintain appropriate financial and compliance literacy.

BIENNIAL REVIEW AND AMENDMENT

The Audit Committee will review its charter as needed but at least once during every even numbered year. Any amendment or other modification of this charter shall be made and approved by the Board of Trustees.

Review and Revisions: April 9, 2010; December 14, 2012; December 12, 2014

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REGULAR AGENDA

Board of Trustees Meeting
December 12, 2014
101 Colcock Hall

Members of the Board of Trustees

Dr. Donald R. Johnson II, Chairman
Mr. William H. Bingham, Sr., Vice-Chairman
Dr. Stanley C. Baker, Jr.
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle
Dr. Harold W. Jablon
Ms. Barbara Johnson-Williams

Dr. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Dr. G. Murrell Smith, Sr.
Mr. Charles C. Schulze
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Cotesworth P. Fishburne, Jr.
Mrs. Claudia W. Peeples
Dr. Thomas C. Rowland, Jr.
Mr. Allan E. Stalvey
Dr. James E. Wiseman, Jr.

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

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

Regular Meeting: Friday, February 13, 2015.

Item 3. **Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of October 10, 2014.**

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. **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 5. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 6. General Report of the Interim 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 7. General Report of the Vice President for Development.

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

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

Recommendation of Committee:

Board Action:

Item 8. Appointments for MUSC Board of Visitors 2015-2016.

Statement: Mr. Jim Fisher will present the MUSC Board of Visitors appointments for approval.

Recommendation of Administration: That the appointments be approved.

Recommendation of Committee:

Board Action:

Item 9. 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 10. 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 11. Other Committee Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 12. 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 13. Report from the Interim Dean, College of Medicine.

Statement: Dr. Deborah Deas will provide a report.

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

Recommendation of Committee:

Board Action:

Item 14. Graduate Medical Education (GME) Update and Letter of Commitment.

Statement: Dr. Ben Clyburn will present a GME update and the Letter of Commitment.

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

Recommendation of Committee:

Board Action:

Item 15. Other Committee Business.

CONSENT AGENDA ITEMS FOR APPROVAL:

Item 16. Conferring of Degrees.

Item 17. Revised Out-of-State Tuition Rate for Masters in Health Informatics Program.

Item 18. Academic Charges and Fees for Masters in Medical Sciences.

Item 19. Degree Programs.

Item 20. Program Modification.

Item 21. Institutional Commitment to Graduate Medical Education.

Item 22. Faculty Appointments.

Item 23. Faculty Promotions.

Item 24. Changes in Faculty Status.

Item 25. Endowed Chairs.

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

OLD BUSINESS:

NEW BUSINESS:

Item 26. Diversity and Inclusion Update.

Statement: Ms. Lisa Montgomery will present a Diversity and Inclusion Update.

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

Recommendation of Committee:

Board Action:

Item 27. 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 28. 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 29. Other Committee Business.

CONSENT AGENDA ITEM FOR APPROVAL:

Item 30. Reaffirmation of Commitment to Equal Opportunity.

CONSENT AGENDA ITEM FOR INFORMATION:

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

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

OLD BUSINESS:

NEW BUSINESS:

Item 32. Facilities Procurements/Contracts Proposed.

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

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

Recommendation of Committee:

Board Action:

Item 33. Update on Projects.

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

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

Recommendation of Committee:

Board Action:

Item 34. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 35. Facilities Contracts Awarded.

AUDIT COMMITTEE, CHAIRMAN: THOMAS L. STEPHENSON, ESQ.

OLD BUSINESS:

NEW BUSINESS:

Item 36. External Auditor Exit Conference for FY2014 Audit.

Statement: Ms. Jennifer Hall, Senior Audit Manager with KPMG, will present the results of the External Audit.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 37. Legal Office Annual Report.

Statement: Ms. Annette Drachman will provide a report.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 38. Information Security (IS) Update.

Statement: Dr. Frank Clark will provide an information security update.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 39. 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 40. Other Committee Business.

CONSENT ITEMS FOR INFORMATION:

Item 41. Biennial Review of Audit Committee Charter.

Item 42. Institutional Conflict of Interest Annual Report.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 43. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 44. New Business for the Board of Trustees.

Item 45. Report from the Chairman.

MEDICAL UNIVERSITY OF SOUTH CAROLINA
Board of Trustees
General Report of the Vice President for Development and Alumni Affairs
December 12, 2014

Through November 10, 2014, the Medical University of South Carolina's Office of Development is very pleased to report that we have successfully secured \$10.5 in new gifts and pledges. Our pace is about 5% ahead of where we were this time last year. We continue to focus a great deal of attention and energy on the fundraising campaign for the new Children's Hospital and Women's Pavilion.

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

HEART AND VASCULAR CENTER

- Mr. and Mrs. John Chalsty made an additional pledge of \$200,000, to be paid in 2015 and 2016, to support Docs Adopt, an initiative to promote good health in public schools. Jill serves as chair of the Heart and Vascular Center Advisory Board and John serves on our Hollings Cancer Center Advisory Board.
- A grateful patient has given the hospital \$25,000 to be used by the MICU nurses to upgrade a conference and break room and to provide funds for educational opportunities otherwise unaffordable.

CHILDREN'S HOSPITAL

- We have received a total of \$1,225,000 from four members of the Children's Hospital Fund Advisory Board Executive Committee. These members also serve on the Executive Steering Committee for the Campaign.
- We also received the following gifts for the Children's Hospital and Women's Pavilion:
 - \$100,000 from an anonymous first-time donor
 - \$50,000 from Select Health of South Carolina
 - \$20,000 from the Dunkin' Donuts & Baskin-Robbins Foundation

NEUROSCIENCES

- The Zucker Family pledge payment of \$1 million was received in October for their ongoing support of the Institute for Applied Neurosciences (IAN).

- A gift of \$50,000 to Parkinson's research was received in October from a grateful patient who wishes to remain anonymous.
- Two fall cultivation and stewardship events focusing on Alzheimer's disease and Parkinson's disease brought out a total of over 120 friends of the university both in Charleston and Columbia.

HOLLINGS CANCER CENTER

- The 19th Annual Hollings Cancer Center Golf Tournament was held on September 15, 2014, at Turtle Point on Kiawah Island. The tournament raised \$103,500 in support of the Hollings Cancer Center.
- An anonymous gift of \$60,000 was made in support of the Jenny Sullivan Sanford Melanoma and Skin Cancer Program at Hollings Cancer Center.
- Mr. and Mrs. Thomas Bunn made a gift of \$25,000 in support of the Hollings Cancer Center Research Fund in honor of Dr. Robert K. Stuart.
- My Little Salesman made a gift of \$18,700 in support of Hollings Cancer Center.
- The 7th Annual Patrick Beale Memorial Golf Tournament was held on September 1, 2014, at Coosaw Creek Country Club and raised \$13,000 in support of Hollings Cancer Center's Neuro-Oncology Department.
- Belk, Inc. made a gift of \$5,000 in support of Hollings Cancer Center.
- Hollings Cancer Center's signature fundraising event, Gourmet and Grapes, will be held February 6-8, 2014, at The Sanctuary on Kiawah Island Golf Resort. The weekend festivities will feature award-winning, local and regional chefs and international winemakers. Tickets are on sale now and are available at www.gourmetandgrapes.com

DEPARTMENT OF SURGERY

- A recent gift of \$25,000 was made by Julie and Dan Allen with the Patterson Barclay Memorial Foundation. The gift is designated to support the Living Donor Institute in Transplant Surgery.
- Tommy and Margaret Anne Rose, son and widow of Dr. McKoy Rose who established the McKoy Rose Endowed Chair, gave a gift of \$10,000 to the Surgical Oncology Innovation Fund.

DEPARTMENT OF MEDICINE

- The department was the beneficiary of a successful recent fundraising event, “A Tribute to Kitty Trask Holt: Promoting Awareness and Finding a Cure”. This event raised over \$80,000 for the Division of Rheumatology’s Kitty Holt Fund for Scleroderma research.
- Thanks to the generous support of Dr. and Mrs. Norman H. Bell, the Department of Medicine hosted the inaugural Norman H. Bell, MD, Endowed Lecture on Tuesday, November 11, 2014.
- The Department has recently launched a \$1 million fundraising campaign to establish the Richard M. Silver Rheumatology and Immunology Division Director Fund in honor of Dr. Rick Silver. To date, more than \$200,000 has been received in gifts and pledges.

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE

- Mr. and Mrs. Richard Carlisle of Rock Hill pledged \$50,000 through their Wateree Dreams Foundation to establish the Carlisle Family Community Outreach Endowment Fund in honor of their son, Matt, who is a graduate of the College of Dental Medicine’s Class of 2014. The family also verbally committed to contribute an additional \$50,000 to their new family endowment. The endowment will provide funding for transportation, housing, and supplies for dental students visiting school-approved outreach locations such as the Greenville Free Clinic, Our Sisters of Mercy Clinic and the East Cooper Community Outreach. This work is a required part of the dental curriculum.
- Dr. and Mrs. Anthony P. Johnson of Simpsonville contributed an additional \$10,000 to the James B. Edwards Building Fund in honor of Dr. Gordon Bray (Dental Class of ’74) and Dr. April Czarsty (Dental Class of ’04).

COLLEGE OF MEDICINE

- The Medical Society of South Carolina pledged \$285,000 to provide crucial scholarships to three students in the College of Medicine Class of 2018.
- The Mark and Evelyn Trammell Foundation of Atlanta contributed \$100,000 to the Trammell Endowed Chair Fund in Otolaryngology.
- An anonymous donor contributed \$50,000 in support of the Center for Drug and Alcohol Programs.

COLLEGE OF HEALTH PROFESSIONS

- On November 6, the College of Health Professions hosted an open house event, attracting more than 150 guests to raise awareness for the Center for Rehabilitation Research in Neurological Conditions, the South Carolina Center for the Recovery from Stroke and the Christie Family Endowed Chair in Stroke Rehabilitation.

- Under the leadership of Dean Saladin, the college held the inaugural meeting of its advancement council on November 7. The purpose of this council is to help advance the philanthropic programs of the college.

COLLEGE OF NURSING

- The following gifts were designated for the College of Nursing's new building:
 - \$50,000 from Kay and Charlie Chitty (Kay serves on the MUSC Foundation Board)
 - \$50,000 from the Izant Family Foundation
 - \$10,000 from the Harry Frank Guggenheim Foundation
 - \$5,000 from Dr. and Mrs. Ann Edwards
 - \$5,000 from Mrs. Susan Payne
- The College of Nursing's \$10 million renovation is nearly complete. On December 11th at 2:00 pm, there will be a ribbon cutting ceremony with the grand opening to be held on January 24, 2015, which will coincide with the College of Nursing's Alumni Homecoming Weekend.

COLLEGE OF PHARMACY

- Currently, the "Building the Future of Pharmacy Campaign" has raised \$7.3 million in gifts and pledges.
- Tim and Kathryn Dunmyer have committed a \$50,000 gift to endow a scholarship in memory of their son, Christopher Dunmyer, who was a member of the class of 2006.
- The College received an anonymous bequest commitment of \$25,000 to support the Barbara G. Platt '80 Scholarship Endowment.

ALUMNI AFFAIRS

Since the October Board of Trustees meeting, the following alumni activities have taken place:

A reception for MUSC alumni from the colleges of Dental Medicine, Graduate Studies, Health Professions, Medicine, and Pharmacy was held at the Spartanburg Marriott on October 16. Over 50 alumni were in attendance.

The Artz Surgical Society hosted an alumni reception on October 27 in conjunction with the American College of Surgeons Clinical Congress held in San Francisco, CA. The Society will

also be hosting an alumni breakfast on December 1st during the Southern Surgical Society Meeting in Palm Beach, FL.

College of Health Professions

- On October 14, the college hosted a reception for MUSC Physician's Assistant alumni during the SCAPA conference at the Wild Dunes Resort on Isle of Palms, SC. Over 30 alumni attended.
- The 17th annual Healthcare Leadership Conference was held October 17 at the Charleston Marriott. Over 100 attendees including a number of alumni attended.
- The first meeting of a planning committee for the College of Health Profession's 50th anniversary celebration was held on November 5. The college will celebrate its 50th anniversary in 2016.

College of Medicine

- The College of Medicine Alumni Association and the Medical Student Alumni Council hosted an inaugural alumni/student social at Halo on November 7. Plans are to host these socials the first Friday of each month at a local Charleston establishment.

College of Nursing

- College of Nursing alumni receptions were held in Greenville and Florence. Dr. Stuart attended the October 22 reception in Greenville and provided an update on the renovations of the building.

College of Pharmacy

- On October 18, Pharmacy Appreciation Day took place. The schedule of events included continuing education seminars featuring Dr. Wayne Weart and Dr. Rick Schnatz in the morning. Following the seminars, alumni enjoyed a boxed lunch with Dean Philip Hall. The day was capped off with an oyster roast and barbecue dinner at Bowen's Island with over 220 alumni, students and community pharmacists in attendance with nearly 60 alumni attending the morning's CE session.

Additionally, planning continues to be underway for the following upcoming events:

- 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 21, 2015
- Golden Graduate Reunion – May 13-15, 2015 (Classes of 1965 are group of honor)

MUSC BOARD OF VISITORS

- We have received your nominations for the 2015 – 2016 Class of the MUSC Board of Visitors and they are tabbed in your Agenda. This is an action item requiring your approval.

CONSTITUENT ADVISORY BOARD BYLAWS

- At the request of the Chairman, Susan Barnhart and Jim Fisher developed a bylaws template to be adopted and used by all advisory boards. The template emphasizes that the boards function solely in an advisory and consultative capacity to support the advancement efforts of the University. The advisory boards have no programmatic, administrative or legislative authority and operate under the governance of the University administration and ultimately the Board of Trustees. The template will ensure consistency among each of our distinct advisory boards. We request Board approval of the template.

Board of Visitors Appointments 2015-2016– 11/19/14

Board of Trustees Member	Nominee	Nominee
Dr. Stanley Baker	Dr. Richard M. Christian, Jr.	Mr. Andrew Hartung
Ms. Terri Barnes	Mr. Charles Barnes, Jr.	Mr. John D. Reynolds
Mr. James Battle	Ms. Mildred D. Kitchell	****
Mr. William Bingham, Sr.	Ms. Jennie Bingham	Ms. Amy Quinn
Dr. Harold Jablon	Mr. Edwin “Ned” Johnson	****
Dr. Donald Johnson	Mr. Sam Elkins	Mr. Elliott Summey
Ms. Barbara Johnson- Williams	Dr. Donald Anadu	Dr. Maurice A. Lee
Dr. James Lemon	Dr. J. Won Park	Dr. Sonee K. Park
Dr. Ragin C. Monteith	Dr. Tanya Dillihay	Dr. Laura Rickenmann
Dr. E. Conyers O’Bryan	Dr. Tom Barnett	Dr. Edward C. O’Bryan III
Mr. Charles Schulze	Dr. Joseph Beaudrot	Mr. W.M “Bubba” Self
Dr. G. Murrell Smith, Sr.	Mr. Steven B. Johnson	Dr. Barney L. Williams
Mr. Michael Stavarinakis	Mrs. Joan Berlinsky	Ms. Jennifer McCoy
Mr. Thomas Stephenson		
Dr. Charles Thomas		
Mrs. Margaret Addison (Emeritus)	Mr. Thomas O. Hutto	****
Dr. Coty Fishburne (Emeritus)	Dr. Nelson Eddy	****
Mrs. Claudia Peeples (Emeritus)	Mrs. Lee F. Early	****
Dr. Tommy Rowland (Emeritus)	Dr. Jack Morve Smith	****
Mr. Allan Stalvey (Emeritus)		****
Dr. James Wiseman (Emeritus)	No Appointment	****

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

- Realized endowment investment at October 31, 2014 of:

	1 YR	3 YR	5 YR
MUSCF	7.5%	9.6%	8.6%
Allocation Benchmark *	5.7%	8.4%	7.4%

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

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

- Increased total assets by \$30 million or 6.4% for trailing 12 months at 9/30/14 to a record \$495.9 million.
- Closed on purchase of 382 Spring Street, Crosby's Seafood, at the corner of Spring Street and Lockwood Boulevard, as final assemblage of MUSC Foundation land for Horizon Project.
 - Price: \$772,000
- Received six (6) proposals from banks in response to RFP to finance the purchase of MUSC and Crosby's Seafood properties in Horizon. South State Bank was selected with a 10-year fixed interest rate of 2.95%.
 - Amount: \$10,200,000
- Renegotiated interest rates from 2.9875% maturing in 2021 to 2.73% for 15 years, fully-amortized at 2029 on non-recourse, tax exempt loans on facilities leased to MUSC:
 - Facilities:
 - 135 Cannon Street
 - Courtenay Parking Garage
 - 55 Bee Street
 - Loan Balances:
 - \$33.8 million
 - Net Present Value Savings:
 - \$1.5 million
- Received Unqualified Opinion with no material weaknesses cited on independent audit report at FYE June 30, 2014.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Four (4) Month Period Ended October 31, 2014

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of October 31, 2014

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Assets & Deferred Outflows				
Cash and Cash Equivalents	\$ 189,628,150	\$ 6,484,250	\$ -	\$ -
Cash and Cash Equivalents - Restricted	23,609,892	-	17,139	479,428
State Appropriation Receivable	39,504,227	5,689,451	-	-
Student Tuition and Fees Receivable	350,704	-	-	-
Student Loan Receivable	12,864,245	-	-	-
Grants and Contracts Receivable	44,551,642	-	-	-
Capital Improvement Bond Proceeds Receivable	531	-	-	-
Capital Lease Receivable	-	-	2,226,090	15,592,881
Other Receivables	1,448,780	-	7,026	-
Investments	-	-	318,389	1,301,020
Prepaid Items	6,049,540	-	-	1,437,736
Capital Assets, net of Accumulated Depreciation	529,418,064	-	-	-
Due from Hospital Authority	7,065,744	-	-	-
Due from Other Funds	104,303,474	-	-	-
Deferred loss on Debt Refinancing	790,477	-	-	448,779
Total Assets & Deferred Outflows	\$ 959,585,470	\$ 12,173,701	\$ 2,568,644	\$ 19,259,844
Liabilities & Deferred Inflows				
Accounts Payable	\$ 6,536,632	\$ 698,588	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	5,665,016	-	-	-
Accrued Compensated Absences	28,625,853	184,652	-	-
Deferred Revenue	70,811,483	6,639,791	-	-
Retainages Payable	733,308	-	-	-
Long-Term Debt	162,042,392	-	2,514,000	17,920,000
Interest Payable	781,600	-	15,612	141,867
Deposits Held for Others	4,680,161	157,454	-	-
Due to Hospital Authority	-	-	-	-
Due to Other Funds	13,598,499	-	-	-
Federal Loan Program Liability	14,392,681	-	-	-
Other Liabilities	22,035,624	-	-	-
Total Liabilities & Deferred Inflows	\$ 329,903,249	\$ 7,680,485	\$ 2,529,612	\$ 18,061,867
Net Position	629,682,221	4,493,216	39,032	1,197,977
Total Liabilities & Deferred Inflows and Net Position	\$ 959,585,470	\$ 12,173,701	\$ 2,568,644	\$ 19,259,844

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Four (4) Month Period Ending October 31, 2014

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Operating Revenues				
Student Tuition and Fees	\$ 31,085,205	\$ -	\$ -	\$ -
Federal Grants and Contracts	41,323,604	114,901	-	-
State Grants and Contracts	2,079,687	12,117	-	-
Local Government Grants and Contracts	47,100	-	-	-
Nongovernmental Grants and Contracts	11,847,251	233,978	-	-
Sales and Services to Hospital Authority	34,086,368	-	-	-
Sales and Services of Educational and Other Activities	21,025,814	1,210	-	-
Sales and Services of Auxiliary Enterprises	4,515,508	-	-	-
Interest Income	-	-	96,005	215,530
Other Operating Revenues	5,187,547	44,020	-	-
Total Operating Revenues	151,198,084	406,226	96,005	215,530
Operating Expenses				
Compensation and Employee Benefits	116,279,339	807,833	-	-
Services and Supplies	60,936,197	1,432,853	-	18,218
Utilities	5,812,122	-	-	-
Scholarships and Fellowships	5,938,793	-	-	-
Refunds to Grantors	73,841	-	-	-
Interest Expense	-	-	72,227	170,793
Depreciation and Amortization	12,890,461	-	-	52,116
Total Operating Expenses	201,930,753	2,240,686	72,227	241,127
Operating Income (Loss)	(50,732,669)	(1,834,460)	23,778	(25,597)
Nonoperating Revenues (Expenses)				
State Appropriations	20,030,707	3,319,895	-	-
State Appropriations - MUHA	12,617,902	-	-	-
Gifts and Grants Received	2,919,847	-	-	-
Investment Income	(595,801)	8	-	-
Interest Expense	(2,519,328)	-	-	-
Gain (Loss) on Disposal of Capital Assets	736,403	-	-	-
Transfers From (To) Other State Agencies	(184,441)	-	-	-
Other Nonoperating Revenues (Expenses), net	(6,337,778)	-	-	-
Net Nonoperating Revenues (Expenses)	26,667,511	3,319,903	-	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	(24,065,158)	1,485,443	23,778	(25,597)
Capital Appropriations	161,362	-	-	-
Capital Grants and Gifts	10,269	-	-	-
Additions to Permanent Endowments	1,349,128	-	-	-
Transfers From (To) MUSC Physicians (UMA)	23,181,378	-	-	-
Transfers From (To) AHEC	(1,091)	1,091	-	-
Transfers From (To) CHS Development	(9,827)	-	-	9,827
Transfers From (To) Facilities Corporation	-	-	-	-
Increase (Decrease) In Net Position	\$ 626,061	\$ 1,486,534	\$ 23,778	\$ (15,770)

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending October 31, 2014

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
State Appropriations	\$ 59,993,281	\$ 19,997,760	\$ 20,030,707	\$ 32,947	F
State Appropriations - MUHA	37,853,707	12,617,902	12,617,902	-	F
State Grants & Contracts	7,504,672	2,501,557	2,079,687	(421,870)	U
Total State	105,351,660	35,117,219	34,728,296	(388,923)	U
Federal Grants & Contracts	103,341,998	34,447,333	31,370,612	(3,076,721)	U
Federal Grants Indirect Cost Recoveries	30,698,912	10,232,971	9,952,992	(279,979)	U
Total Federal	134,040,910	44,680,304	41,323,604	(3,356,700)	U
Private Grants & Contracts	24,804,446	8,268,149	10,407,667	2,139,518	F
Private Grants Indirect Cost Recoveries	3,907,996	1,302,665	1,486,684	184,019	F
Gifts	13,214,815	4,404,938	2,786,061	(1,618,877)	U
Tuition and Fees	91,951,512	30,860,810	31,085,205	224,395	F
Sales and Services of Educational Departments	52,431,968	17,477,323	21,025,814	3,548,491	F
Sales and Services of Auxiliary Enterprises	13,552,726	4,517,575	4,515,508	(2,067)	U
Interest and Investment Income	50,761	16,920	286	(16,634)	U
Endowment Income	2,410,472	803,491	241,451	(562,040)	U
Miscellaneous	9,868,483	3,289,494	3,429,193	139,699	F
Miscellaneous - Residents	4,908,298	1,636,099	1,660,968	24,869	F
Authority Revenue	63,249,367	21,083,122	19,489,087	(1,594,035)	U
Authority Revenue - Residents	50,723,321	16,907,774	16,840,924	(66,850)	U
Intra-Institutional Sales	34,328,037	11,442,679	10,292,453	(1,150,226)	U
Total Other	365,402,202	122,011,039	123,261,301	1,250,262	F
Total Revenues	604,794,772	201,808,562	199,313,201	(2,495,361)	U
Expenditures					
Salaries	\$ 269,776,781	\$ 89,925,594	\$ 87,134,427	\$ 2,791,167	F
Overtime	803,350	267,783	311,746	(43,963)	U
Differential Pay / On - Call Pay	338,832	112,944	106,688	6,256	F
Termination Pay	1,562,989	520,996	1,041,907	(520,911)	U
Dual Employment	294,726	98,242	103,994	(5,752)	U
Employee Suggestion Award Program	576,070	192,023	338,823	(146,800)	U
Tuition Assistance - Employee	37,500	12,500	13,700	(1,200)	U
Fringe Benefits	82,654,225	27,551,408	27,228,054	323,354	F
Total Personnel Expenditures	\$ 356,044,473	\$ 118,681,490	\$ 116,279,339	\$ 2,402,151	F
Contractual Services	\$ 139,716,077	\$ 46,572,026	\$ 48,008,598	\$ (1,436,572)	U
Contractual Services - MUHA dispro	18,853,707	6,284,569	6,284,569	-	F
Supplies	37,586,271	12,528,757	10,522,471	2,006,286	F
Fixed Charges	34,941,834	11,647,278	11,351,472	295,806	F
Equipment	10,367,438	3,455,813	1,939,040	1,516,773	F
Land and Building	-	-	-	-	F
Travel	4,052,329	1,350,776	1,089,699	261,077	F
Trainee / Scholarships	20,297,264	6,765,755	7,320,535	(554,780)	U
Other Expenses	3,246,928	1,082,309	830,393	251,916	F
Total Operating Expenditures	\$ 269,061,848	\$ 89,687,283	\$ 87,346,777	\$ 2,340,506	F
Telemedicine - MUHA	\$ 19,000,000	\$ 6,333,333	\$ 6,333,333	\$ -	F
Indirect Costs Remitted to State	140,000	46,667	184,441	(137,774)	U
Debt Service	7,591,067	2,530,356	2,530,356	-	F
Total Non-Operating Expenditures	\$ 26,731,067	\$ 8,910,356	\$ 9,048,130	\$ (137,774)	U
Total Expenditures	\$ 651,837,388	\$ 217,279,129	\$ 212,674,246	\$ 4,604,883	F
Other Additions (Deductions)					
Transfers from (to) MUSC Physicians	69,688,234	23,229,411	23,181,378	(48,033)	U
Transfers from(to) Facilities Corporation	-	-	-	-	F
Transfers from (to) AHEC	(4,200)	(1,400)	(1,091)	309	F
Transfers from(to) CHS Development	(326,712)	(108,904)	(9,827)	99,077	F
Transfers from(to) Loan Funds	-	-	-	-	F
Transfers from(to) Plant Funds	(22,142,826)	(7,380,942)	(6,330,296)	1,050,646	F
Refunds to Grantors	(159,951)	(53,317)	(73,841)	(20,524)	U
Transfers to Endowment Fund	(11,929)	(3,976)	-	3,976	F
Prior Year Fund Balance Usage	7,856,285	2,618,762	2,196,864	(421,898)	U
Total Other Additions (Deductions)	\$ 54,898,901	\$ 18,299,634	\$ 18,963,187	\$ 663,553	F
NET INCREASE (DECREASE) in Fund Balance	\$ 7,856,285	\$ 2,829,067	\$ 5,602,142	\$ 2,773,075	F

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

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Function)
 For the period ending October 31, 2014

	Budget	Prorated Budget (Note)	Actual	Variance	
REVENUES					
State					
State Appropriations	59,993,281	19,997,760	20,030,707	32,947	F
State Appropriations - MUHA	37,853,707	12,617,902	12,617,902	-	F
State Grants & Contracts	7,504,672	2,501,557	2,079,687	(421,870)	U
Total State	105,351,660	35,117,219	34,728,296	(388,923)	U
Federal					
Federal Grants & Contracts	103,341,998	34,447,333	31,370,612	(3,076,721)	U
Federal Grants Indirect Cost Recoveries	30,698,912	10,232,971	9,952,992	(279,979)	U
Total Federal	134,040,910	44,680,304	41,323,604	(3,356,700)	U
Other					
Private Grants & Contracts	24,804,446	8,268,149	10,407,667	2,139,518	F
Private Grants Indirect Cost Recoveries	3,907,996	1,302,665	1,486,684	184,019	F
Gifts	13,214,815	4,404,938	2,786,061	(1,618,877)	U
Tuition and Fees	91,951,512	30,860,810	31,085,205	224,395	F
Sales and Services of Educational Departments	52,431,968	17,477,323	21,025,814	3,548,491	F
Sales and Services of Auxiliary Enterprises	13,552,726	4,517,575	4,515,508	(2,067)	U
Interest and Investment Income	50,761	16,920	286	(16,634)	U
Endowment Income	2,410,472	803,491	241,451	(562,040)	U
Miscellaneous	9,868,483	3,289,494	3,429,193	139,699	F
Miscellaneous - Residents	4,908,298	1,636,099	1,660,968	24,869	F
Authority Revenue	63,249,367	21,083,122	19,489,087	(1,594,035)	U
Authority Revenue - Residents	50,723,321	16,907,774	16,840,924	(66,850)	U
Intra-Institutional Sales	34,328,037	11,442,679	10,292,453	(1,150,226)	U
Total Other	365,402,202	122,011,039	123,261,301	1,250,262	F
Total Revenues	604,794,772	201,808,562	199,313,201	(2,495,361)	U
EXPENDITURES					
Instruction	96,391,225	32,130,408	32,713,395	(582,987)	U
Instruction - Residents	52,143,217	17,381,072	16,407,825	973,247	F
Instruction - MUHA	18,853,707	6,284,569	6,284,569	-	F
Research	175,299,003	58,433,001	57,575,612	857,389	F
Public Service	76,129,645	25,376,548	24,334,700	1,041,848	F
Academic Support	54,859,443	18,286,481	17,255,740	1,030,741	F
Student Services	8,364,671	2,788,224	3,127,018	(338,794)	U
Institutional Support	62,837,759	20,945,920	19,978,362	967,558	F
Operation & Maintenance of Plant	66,242,186	22,080,729	21,794,117	286,612	F
Scholarships & Fellowships	2,155,147	718,382	956,427	(238,045)	U
Auxiliary Enterprises	11,830,318	3,943,439	3,198,351	745,088	F
Telemedicine - MUHA	19,000,000	6,333,333	6,333,333	-	F
Indirect Cost Remitted to State	140,000	46,667	184,441	(137,774)	U
Debt Service	7,591,067	2,530,356	2,530,356	-	F
Total Expenditures	651,837,388	217,279,129	212,674,246	4,604,883	F
OTHER ADDITIONS (DEDUCTIONS)					
Transfers from (to) MUSC Physicians	69,688,234	23,229,411	23,181,378	(48,033)	U
Transfers from (to) Facilities Corporation	-	-	-	-	F
Transfers from (to) AHEC	(4,200)	(1,400)	(1,091)	309	F
Transfers from (to) CHS Development	(326,712)	(108,904)	(9,827)	99,077	F
Transfers from (to) Loan funds	-	-	-	-	F
Transfers from (to) Plant Funds	(22,142,826)	(7,380,942)	(6,330,296)	1,050,646	F
Refunds to Grantors	(159,951)	(53,317)	(73,841)	(20,524)	U
Transfers to Endowment Fund	(11,929)	(3,976)	-	3,976	F
Prior Year Fund Balance Usage	7,856,285	2,618,762	2,196,864	(421,898)	U
Total Other Additions (Deductions)	54,898,901	18,299,634	18,963,187	663,553	F
NET INCREASE (DECREASE) in Fund Balance	7,856,285	2,829,067	5,602,142	2,773,075	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 4 Month Period Ending October 31, 2014

Administration	162,792
Centers of Excellence	1,675,910
College of Dental Medicine	849,924
College of Graduate Studies	410,147
College of Health Professions	1,355,550
College of Medicine	25,083,541
College of Nursing	1,291,496
College of Pharmacy	351,671
Library	189,582
	<hr/>
	\$31,370,612

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 \$31,370,612 .

In addition to this federal grant and contract revenue, the University received
\$9,952,991 in federal monies to reimburse it for Facilities and Administration
(F+A) costs incurred to administer the above federal grants and contracts.
\$9,768,550 of the F+A recoveries received is unrestricted which means the
University can use it for any of its operating needs. The remaining \$184,441
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	\$31,370,612
Facilities and Administration costs	\$9,952,991
Federal operating grants and contracts	<hr/>
	\$41,323,604

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
October 31, 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	\$ 38,684,765
Land/Bldgs/Equipment/Accumulated depreciation	<u>490,733,299</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 529,418,064</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, 2014 Balance	Fiscal Year 2015 Added	Capitalized	Oct 31, 2014 Balance
BSB Craniofacial Research Renovation	\$ 1,236,322	\$ 511,435	\$ -	\$ 1,747,757
Psychiatric Institute Data Center System	1,984,416	2,815	-	1,987,231
Thurmond-Gazes Air Handler Unit	2,596,731	140,108	-	2,736,839
Thurmond-Gazes Exhaust System	3,748,240	148,556	-	3,896,796
College of Nursing Floors 2-5	7,252,948	798,780	-	8,051,728
Deferred Maintenance - FY 2012	3,714,775	113,462	-	3,828,237
Deferred Maintenance - FY 2013	2,257,446	309,598	-	2,567,044
CSB 9th Floor renovation	4,838,683	2,173,970	-	7,012,653
Others less than \$1,000,000 (ending balance)	5,774,239	1,082,241	-	6,856,480
Total construction in progress	<u>\$ 33,403,800</u>	<u>\$ 5,280,965</u>	<u>\$ -</u>	<u>\$ 38,684,765</u>

Note 6. Deferred Revenue

The University's deferred revenue consists of the following:

State appropriations	\$ 40,061,414
Grants and contracts	14,481,738
Student tuition and fees	16,198,331
Other	<u>70,000</u>
Total Deferred Revenue	<u>\$ 70,811,483</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
October 31, 2014

Note 7. Long Term Liabilities

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

Obligations under capital leases	\$ 62,465,541
Higher Education Revenue bond payable	31,160,000
State Institution bonds payable	67,280,000
Premium on State Institution bonds payable	<u>1,136,851</u>
Total Long Term Liabilities	<u>\$ 162,042,392</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	\$ 5,602,142	
Budgeted Prior Year Fund Balance Usage	(2,196,864)	
Plant funds:		
Capital grants and gifts - Federal	10,269	
Capital grants and gifts - State	-	
Capital grants and gifts - private	-	
Capital appropriations	161,362	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	-	
Interest and investment income	97,431	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	1,031,043	
Expended in current fund-capital costs	-	
Transfers	8,860,652	
Expensed in plant fund-depreciation	(12,890,461)	
Expensed in plant fund-interest expense	(990,126)	
Expensed in plant fund-other	(383,445)	
Gain (loss) on disposition of property	<u>736,403</u>	(3,366,872)
Loan funds:		
Other income		
Interest and investment income	108,308	
Expenses	(57,676)	
Transfers	<u>-</u>	50,632
Endowment funds:		
New endowments	1,349,128	
Income draws to operating units	(229,962)	
State grants/gifts	133,786	
Endowment income (Loss)	(715,929)	
Transfers	<u>-</u>	537,023
Other		
Net increase (decrease) in Net Assets per Statement		
of Revenues, Expenses, and Changes in Net Assets	<u>\$ 626,061</u>	

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

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 31-Oct-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>		
Current SIB Debt Authorized and Issued			<u>\$ 67,280</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ 17,920</u>
Lease Revenue Bonds			
LRB 1995 A & B	<u>\$ 13,201</u>	Thurmond Biomedical Center	<u>\$ 2,514</u>
Higher Education Revenue Bonds			
2006	<u>\$ 38,000</u>	Construction of Parking Garage	<u>\$ 31,160</u>

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

Statement of Revenues, Expenses and Changes in Net Position

	For the Four Months Ending October 31, 2013	For the Four Months Ending October 31, 2014
Operating Revenues		
Net clinical service revenue	94,740,819	96,884,171
Other operating revenue	1,843,426	1,887,843
Ambulatory care and MUHA revenue cycle support	1,788,119	1,952,512
Primary care support	1,066,667	1,066,667
Total operating revenues	99,439,031	101,791,192
Operating Expenses		
Departmental expenses	67,730,806	71,935,312
Corporate operating expenses	10,631,364	12,913,518
Ambulatory care and MUHA revenue cycle expenses	1,319,819	1,500,990
New Initiative expenses	348,838	855,042
Total expenses	80,030,827	87,204,862
Operating Income (Loss)	19,408,204	14,586,331
Nonoperating Revenues (Expenses)	1,791,216	17,113
Transfers from (to) Related Entities		
Nonmandatory contributions to the MUSC Foundation	(231,760)	(1,135,500)
Nonmandatory transfers to the MUSC	(17,009,425)	(22,902,505)
Change in Net Position Before Extraordinary Items	3,958,234	(9,434,562)
Extraordinary/Special Items	-	-
Transfers to Debt Service and Equity Deficits	(377,818)	2,869,262
Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue	3,580,416	(6,565,299)
Expenses Related to the DHHS Supplemental Revenue	-	-
Change in Net Position	3,580,416	(6,565,299)

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

Consolidated Statement of Net Position

ASSETS

	October 31, 2013	October 31, 2014
Current assets:		
Cash and cash equivalents	84,711,996	85,387,627
Investments	74,994,884	69,749,942
Receivables:		
Patient services - net of allowances for contractual adjustments of \$94,969,152 and bad debts of \$37,317,998	36,421,547	37,777,734
Due from the Medical University of South Carolina	9,015,357	13,758,867
Due from the Medical University Hospital Authority	751,868	697,408
Due from the Medical University Foundation	252,919	362,051
Due from Comprehensive Psychiatric Services	-	126,455
Prepaid rent - MUSC Foundation	631,355	631,355
Other current assets	2,976,363	4,263,786
Total Current Assets	209,756,290	212,755,225
Noncurrent assets:		
Capital assets:		
Land	10,759,299	10,759,299
Buildings	21,991,216	21,909,468
Furniture and equipment	14,119,381	14,494,525
Leasehold improvements	51,727,933	50,265,421
Rental buildings under capital lease	13,989,600	13,989,600
Rental equipment under capital lease	2,958,000	2,958,000
Computer software	7,037,704	13,484,952
Less: accumulated depreciation and amortization	(45,649,814)	(51,825,593)
Prepaid rent - MUSC Foundation	7,588,332	7,218,163
Intangibles - net of accumulated amortization	34,597	997
Direct note obligations issuance costs		
- net of accumulated amortization	472,154	-
Investment in partnerships	2,447,438	1,706,195
Total noncurrent assets	87,475,839	84,961,026
Total Assets	297,232,129	297,716,251
Deferred outflows of resources		
Deferred refunding cost	18,522,566	16,911,191
Accumulated decrease in fair value of hedging derivatives	1,691,473	2,259,686
Total deferred outflows	20,214,039	19,170,877
Total Assets and Deferred Outflows	317,446,168	316,887,128

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

Consolidated Statement of Net Position

LIABILITIES

	October 31, 2013	October 31, 2014
Current Liabilities		
Accounts payable	-	1,579,598
Accrued payroll	530,473	557,787
Accrued payroll withholdings	5,356,226	5,983,908
Accrued pension contribution	3,040,847	3,333,731
Other accrued liabilities	2,171,712	1,385,681
Due to Medical University of South Carolina	116,698	-
Due to Medical University Hospital Authority	2,213,891	2,150,228
Accrued compensated absences	1,512,649	1,513,541
Notes payable	3,791,500	3,791,500
Total current liabilities	18,733,996	20,295,973
Noncurrent liabilities:		
Accrued compensated absences	1,349,796	1,373,098
Notes payable	16,113,875	12,322,375
Variable Rate Demand Bonds	62,085,000	62,085,000
Deferred Cash Flows Derivative Instruments	152,379	785,824
Total noncurrent liabilities	79,701,051	76,566,297
Total liabilities	98,435,047	96,862,270

NET POSITION

Invested in capital assets, net of related debt	45,324,792	45,656,765
Unrestricted (deficit)	173,686,329	174,368,093
Total Net Position	219,011,121	220,024,858

**FACILITIES
ACADEMIC
NEW LEASE
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease is for 2,033 square feet of office space located on the 2nd floor of Cannon Park Place, 261 Calhoun Street. This lease will provide space for the College of Medicine and Office for Development. The per square foot rent rate for this lease is \$25.75 (rounded). The monthly rent shall be \$4,361.90 resulting in an annual rent of \$52,342.80.

The College of Medicine has occupied this space since 2012 through a UMA sublease agreement which will be transferred to MUHA in April 2015.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: Medical University Hospital Authority

LANDLORD CONTACT: Dennis Frazier, Administrator, 792-7727

TENANT NAME AND CONTACT: Jan Buffington, Director of Space Utilization, 513-0251
Lauren Magaldi, Administrative Manager, 792-3954

SOURCE OF FUNDS: College of Medicine

LEASE TERMS:

TERM: One (1) year [4/1/2015-3/31/2016]
AMOUNT PER SQUARE FOOT: \$25.75
ANNUALIZED LEASE AMOUNT: \$52,342.80

TOTAL AMOUNT OF LEASE TERM: \$52,342.80

EXTENDED TERM(S): Four (4) terms, one (1) year [4/1/2016-3/31/2020]

TOTAL AMOUNT OF EXTENDED TERM(S):

Year 2 \$53,643.75
Year 3 \$54,985.33
Year 4 \$56,367.59
Year 5 \$57,770.18

TOTAL AMOUNT INCLUDING EXTENDED TERM(S): \$275,109.65

OPERATING COSTS:

FULL SERVICE X [excludes operating cost increase]
NET

**FACILITIES
ACADEMIC
NEW LEASE
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease is for 3,367 square feet of office space located on the 3rd floor of Cannon Park Place, 261 Calhoun Street. The purpose of this lease is to provide office space for College of Medicine Clinicians who primarily see patients at Rutledge Tower. The College of Medicine will occupy this space in January 2015 under a sublease with the University Medical Associates. The per square foot rent rate for this lease is \$25.75. The monthly rent shall be \$7,225.02 resulting in an annual rent of \$86,700.25. Rent shall increase annually 2.5%.

The landlord will provide \$20,202.00 towards renovations in January 2015.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: Healthcare Trust of America, Inc.

LANDLORD CONTACT: Jim Coman, Regional Leasing Manager, 628-3754

TENANT NAME AND CONTACT: Jan Buffington, Director of Space Utilization, 513-0251
Lauren Magaldi, Administrative Manager, 792-3954

SOURCE OF FUNDS: College of Medicine

LEASE TERMS:

TERM: Two (2) Years [11/1/2015-10/31/2017]

AMOUNT PER SQUARE FOOT: \$27.00

ANNUALIZED LEASE AMOUNT:

Year 1 \$86,700.25

Year 2 \$88,855.13

TOTAL AMOUNT OF LEASE TERM: \$175,555.38

EXTENDED TERM(S): To be negotiated.

OPERATING COSTS:

FULL SERVICE X [excludes operating cost increase]

NET

**FACILITIES
ACADEMIC
LEASE RENEWAL
FOR APPROVAL**

DECEMBER 12, 2014

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for the first floor space at 30 Bee Street comprised of 9,988 square feet. The occupants of this space are comprised of Student Health, the Counseling and Psychological Services (CAPS) program, some College of Dental Medicine department offices and the Center for Biomedical Imaging. The per square foot rate for this renewal is \$11.51 (rounded). The monthly rental rate will be \$9,579.06, resulting in an annual rent amount of \$114,948.72.

This building is owned by the MUSC Foundation and is leased to the University Medical Associates in its entirety. The 9,988 square feet of space is being further subleased to the Medical University.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: University Medical Associates

LANDLORD CONTACT: Marty Phillips, 852-3109

TENANT NAME AND CONTACT: CAPS and Student Health, Wendy Littlejohn, 792-2532; College of Dental Medicine, Joe Thompson, 792-9738; Center for Biomedical Imaging, Kristen Sykes, 876-2480

SOURCE OF FUNDS: General Institution Funds

LEASE TERMS:

RENEWAL TERM: Three (3) years [4/1/2015-3/31/2018]
AMOUNT PER SQUARE FOOT: \$11.51
ANNUALIZED LEASE AMOUNT: \$114,948.72

TOTAL AMOUNT OF LEASE TERM: \$344,846.16

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:
FULL SERVICE _____
NET X

FACILITIES
ACADEMIC/RESEARCH
BUDGET ADJUSTMENT
FOR APPROVAL

December 12, 2014

PROJECT TITLE: Hollings Cancer Center AHU #3 AND #4 Replacement

PROJECT NUMBER: H51-9826

FUNDS RE-DIRECTED: \$400,000

SOURCE(S) OF FUNDS: Indirect Cost Recovery and State Lottery Appropriations

JUSTIFICATION: Project H51-9826 was approved by the Board of Trustees as part of the FY14 Capital Budget and was made up of various deferred maintenance needs. Replacement of the Basic Science Building West Side Hot Water Riser System was included in this overall project. The bid for the piping replacement came in significantly less than expected, so we would like to use the savings from this sub-project on the following deferred maintenance need:

- 1) **Hollings Cancer Center AHU #3 and #4 Replacement** – The original estimate for this sub-project was \$750,000. During design it became evident that the replacement of these two air handler units that serve the animal area in the old part of Hollings Cancer Center was significantly more complicated than originally estimated. We are requesting a budget increase of \$400,000, for a total cost of \$1,150,000 to complete this project.

In closing, we are asking the Board to approve these cost adjustments for deferred maintenance needs that are part of the current approved project budget.

FACILITIES
ACADEMIC
ESTABLISH PROJECT
FOR APPROVAL

December 12, 2014

PROJECT TITLE: Sebring Aimar, Anderson and Pink Houses Exterior Repairs/
Painting

PROJECT NUMBER: To Be Determined

TOTAL ESTIMATED BUDGET: \$850,000

SOURCE(S) OF FUNDS: Tuition

JUSTIFICATION: The project will renovate the Sebring Aimar House, Anderson House and the Pink House. All three houses are located on the campus corner of Calhoun Street and Ashley Avenue and listed on the National Register of Historic Places. The Sebring Aimar House's interior was recently renovated and is occupied by the Office of Development and Alumni Affairs. The Anderson House was renovated in 2007 and is occupied currently by the Office of the General Counsel. No significant renovations have occurred recently at the Pink House. There are significant exterior deterioration at all three houses including rotten wood siding, flaking paint, broken shutters, etc. All three houses need immediate repairs and repainting to the exterior envelope.

Total repairs are estimated to cost \$850,000, approximately \$375,000 each for the Sebring Aimar and Anderson Houses and \$100,000 for the Pink House.

In closing, we are requesting the Board's approval to create a new project to address the exterior envelope issues associated with these three houses.

FACILITIES
ACADEMIC
PROPERTY NEGOTIATION
FOR APPROVAL

December 12, 2014

PROJECT TITLE: Intent to Negotiate Harborview Office Tower Property Sale

PROJECT NUMBER: N/A

ESTIMATED SALE PRICE: Pending Appraisal

BUYER: MUSC Foundation

JUSTIFICATION: The Medical University of SC, City of Charleston, and the Horizon Project have been collaborating the past few years to create a research-focused, mixed-use development in the Upper Lockwood area. This will be a multi-phased economic development project.

Harborview Office tower currently housed MUSC personnel and has a substantial deferred maintenance need. This property is a development opportunity and may have more value being liquidated than refurbished.

Sale of the property would not include the adjacent garage, although some spaces may need to be leased to the potential buyer. Existing tenants would need to be relocated.

We are requesting the approval to negotiate the sale of Harborview Office Tower to MUSC Foundation at the appraised market value contingent upon the future approval of the Board of Trustees and the Budget Control Board.

MEDICAL UNIVERSITY OF SOUTH CAROLINA

CONSENT AGENDA

Board of Trustees Meeting
October 10, 2014
101 Colcock Hall

Members of the Board of Trustees

Dr. Donald R. Johnson II, Chairman
Mr. William H. Bingham, Sr., Vice-Chairman
Dr. Stanley C. Baker, Jr.
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle
Dr. Harold W. Jablon
Ms. Barbara Johnson-Williams

Dr. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Dr. G. Murrell Smith, Sr.
Mr. Charles C. Schulze
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.
Dr. Charles B. Thomas, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Cotesworth P. Fishburne, Jr.
Mrs. Claudia W. Peeples
Dr. Thomas C. Rowland, Jr.
Mr. Allan E. Stalvey
Dr. James E. Wiseman, Jr.

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

(APPROVAL ITEMS)

Item 16. Conferring of Degrees.

Statement: Approval is requested to confer degrees upon those candidates who, pending successful completion of all requirements for their degrees by the conclusion of the fall semester, have the recommendation of their college dean and faculty.

Recommendation of Administration: That the conferring of degrees be approved.

Recommendation of Committee:

Board Action:

Item 17. Revised Out-of-State Tuition Rate for Masters in Health Informatics Program

Statement: At the request of the Dean of the College of Health Professions, administration presents for approval a revised out-of-state tuition rate for the Masters in Health Informatics Program.

Recommendation of Administration: That the revised out-of-state tuition rate for the Masters in Health Informatics Program be approved.

Recommendation of Committee:

Board Action:

Item 18. Academic Charges and Fees for Masters in Medical Sciences

Statement: At the request of the Dean of the College of Graduate Studies, administration presents for approval academic charges and fees for the new Masters in Health Sciences Program.

Recommendation of Administration: That the tuition and fees for the Masters in Health Sciences Program be approved.

Recommendation of Committee:

Board Action:

Item 19. Degree Programs

Statement: At the request of the Dean of the College of Medicine, administration presents for approval the following degree program proposals:

College of Medicine Clinical Training Program at AnMed Health
Master of Public Health in Epidemiology
Master of Public Health in Biostatistics
Master of Public Health in Health Behavior and Health Promotion

Recommendation of Administration: That these degree program proposals be approved.

Recommendation of Committee:

Board Action:

Item 20. Program Modification.

Statement: At the request of the Dean of the College of Nursing, administration presents for approval the addition of an Executive Leadership & Innovations Track to the Doctorate of Nursing Practice Program.

Recommendation of Administration: That the Program Modification be approved.

Recommendation of Committee:

Board Action:

Item 21. Institutional Commitment to Graduate Medical Education.

Statement: At the request of the ACGME Designated Institutional Official for GME, administration presents for approval, the Institutional Commitment to Graduate Medical Education, effective December 12, 2014

Recommendation of Administration: That the Institutional Commitment to Graduate Medical education be approved.

Recommendation of Committee:

Board Action:

Item 22. Faculty Appointments.

Statement: At the request of the Dean of the College of Health Professions, administration presents the following faculty appointments:

College of Health Professions

Robert J. Steele, Ph.D., as Professor in the Department of Healthcare Leadership and Management, effective October 20, 2014

Aiko K. Thompson, Ph.D., as Associate Professor in the Department of Health Sciences and Research, effective January 5, 2015

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 23. Faculty Promotions.

Statement: At the request of the Dean of the College of Nursing, administration presents for approval the following request for faculty promotion, effective January 1, 2015:

from Research Assistant Professor to Research Associate Professor

Janelle L. Wagner, Ph.D., Department of Nursing

Item 24. Changes in Faculty Status.

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

College of Dental Medicine and Medicine

Erika A. Bullesbach, Ph.D., from Associate Professor to Research Associate Professor (Volunteer) in the Department of Biochemistry and Molecular Biology, effective September 14, 2014

College of Medicine

G. Donald Frey, Ph.D., from Professor to Professor Emeritus in the Department of Radiology and Radiological Science, effective November 1, 2014

Department of Library Science and Informatics

J. Herman Blake, Ph.D., from Professor to Professor Emeritus, effective December 30, 2014

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

Recommendation of Committee:

Board Action:

Item 25. Endowed Chairs

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

Nancy K. DeMore, M.D., as the BMW SmartState Endowed Chair in Cancer Research, effective October 1, 2014

Joseph A. Helpern, Ph.D., as the Lula P. and Asa Levidow and David J. Levidow Distinguished Endowed Chair in Neurodegenerative Disease Research, effective December 12, 2014

Recommendation of Administration: That the appointments of Dr. Nancy DeMore as the BMW SmartState Endowed Chair in Cancer Research, and Dr. Joseph Helpern as the Lula P. and Asa Levidow and David J. Levidow Distinguished Endowed Chair in Neurodegenerative Disease Research, be approved

Recommendation of Committee:

Board Action:

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

(APPROVAL ITEM)

Item 30. Reaffirmation of Commitment to Equal Opportunity.

Statement: Ms. Lisa Montgomery will present the Reaffirmation of Commitment to Equal Opportunity.

Recommendation of Administration: That the Reaffirmation be approved.

Recommendation of Committee:

Board Action:

(INFORMATION ITEM)

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

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

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

Recommendation of Committee:

Board Action:

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

(INFORMATION ITEM)

Item 35. Facilities Contracts Awarded.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

**AUDIT COMMITTEE
CHAIRMAN: THOMAS L. STEPHENSON, ESQ.**

(INFORMATION ITEMS)

Item 42. Biennial Review of Audit Committee Charter.

Statement: The Biennial Review of the Audit Committee Charter was presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 43. Institutional Conflict of Interest Annual Report.

Statement: The Institutional Conflict of Interest Annual Report was presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

**Medical University of South Carolina
December 2014 Graduates**

Bachelor of Science in Cardiovascular Perfusion

Melody Akaraskul
Kathryn Marie Balbierz
Jennifer Irene Barrett
Kristen Rachelle Baum
Marlee McKenzie Bodle
Allan Bulkley
Jamie Marie Cobb
Jamie L. Hanagan
Laura Elizabeth Hoffman
Seth Tyler House
Michael Patrick Jacobbe
Brett Michael Maag
James Harold Mahaffee

Derek Howard Martindale
Eleanor Jackson Perkins
Hilliary Goode Rizzetto
Marianne Polito Ross
Benjamin Noah Sokol
Ashley Ellen-Elizabeth Vosh
Emily Ruth Wade
Jenna Brynne Walquist
Aaron Dean Waters
Kristy Lyn Wilkerson
Lucas Reid Willoughby
Tassi Michelle Womack
Emily Wright

Bachelor of Science in Nursing

Lara Janelle Alicea
Marie Christine Beck
Elizabeth Katherine Bruce
Taylor Nicole Burgess
Baylie Hope Coldsmith
Joshua Blake Cox
Alexandra D'Angelo
Brian Philip Daigle
Sekou Dakarai
Kelly Allison DeGraffenried
Sarah Michlle Denney
Ryan Stuart Dennis
Katherine Ann Dorr
Susan Ellen Dunbar
Kara Anne Ellison
Cydney Carson Epps
Christina Michelle Evangelista
Nicholas Michael Ferretti
Sally LeAnne Gallman
Stefanie Ann Goodrich
Kenneth Gordon, Jr.
Dominique Olivia Gravett
Sarah Mason Harlan
Sharon Ann Hudson
Zachary Andrew Johnson
Amber Snelson Kelly
Bary Freeman Kemble
Erin Healan Kendall
Rena Hasegawa Kim
Anh Thu Lee

Sean Patrick Masse
Hannah Lavett McClary
Dannen Marie O'Keefe
Ashley Elizabeth O'Kelly
Morgan Michelle Parrish
Lauren Elizabeth Pennartz
Alicia Ann Pirrallo
Danielle Marie Ramos
Mary Hannah Kathryn Rion
Rebecca Anna Rock
Sarah Florence Rogers
Amanda Claire Rosenberg
David Laurence Saari Jr.
Lyndsey Simmons Schaefer
Marjorie Schondelmaier
Jillian Marie Sealy
Carin Elizabeth Shuler
Hannah Chloe Slavitt
Denise Green Smalls
Louise Alsbroook Smunk
Christina Anne Tebben
Tamara Mast Trainor
Eveline Mackreth Treiber
Morgan Victoria Turner
Holly Rachlle Tyrpak
Lauren Nickels Walden
Heather Dawn Wall
Melinda Ann Walters
Robert Palmer Wolfrom

Master in Health Administration

Sharon E. Ashburn
Steven Brian Shapiro

Miriam Wallace Stanley

Master of Science in Biomedical Sciences

Alex Steven Woodell

Master of Science in Clinical Research

Rickey L. Miller Jr.

Master of Science in Occupational Therapy

Lisa Beth Price

Master of Science in Physician Assistant Studies

Earleisha Camille Felder
Carey Marion Hynds

Chelsea N. Riddle

Doctor of Health Administration

Andrea La Velle Abercrombie
Jude J. Ade
Lettie Michelle Logan-Owens

John S. Pearson
Lisa M. Walters-Zucco

Doctor of Nursing Practice

Amy Michelle Black
Margaret Conway-Orgel
Carrie Larsen Cormack
Hanna Marie Epstein
Charlotte Hunt Grecco
Patricia Anne Handley

Micki Bradshaw Schurlknight
Amy Allen Williams
Emily Laura Young
Cynthia Chinenye Akpaka
Nicole Lynn Devitto
Jolene Dee Osorio

Doctor of Philosophy

Amber Thompson Bradley
Zackary Adam Cope

Robyn Grayson Lottes
John Christian Givhan Spainhour

Doctor of Philosophy - Nursing

Diane Mary Allen
Sarah Martin Gilbert
Julie I. McCulloh Nair
James Peter Pelletier

Lisa Ellen Rasbach
Jonathan D. Riddle
Kathryn Anne VanRavenstein

Doctor of Philosophy - Pharmacy

Sean Robert Jesinkey

Doctor of Philosophy - Rehabilitation Sciences

Kendra L. Focht
Victor Manuel Fresco

Emily Eades Johnson
Katlyn Elizabeth McGrattan



Lisa K. Saladin, PT, PhD
Dean
Professor


lsaladin@musc.edu

College of Health Professions
Medical University of SC

151-A Rutledge Avenue
3rd Floor, MSC 960
Charleston SC 29425
Tel 843 792 3328
Fax 843 792 3322

MEMORANDUM

TO: Mark S. Sothmann, PhD
Vice President for Academic Affairs and Provost

FROM:  Lisa K. Saladin, PT, PhD, FASAHP
Dean and Professor, College of Health Professions

DATE: November 14, 2014

SUBJECT: College of Health Professions' Masters in Health Informatics Tuition

The College of Health Professions would like to request that the out-of-state tuition rates for the new Masters in Health Informatics (MHI) program be corrected. When we submitted our request for tuition for this program in the spring so that we could begin recruiting students this summer we made an error in our request for out-of-state rates. As of now, the MUSC web site lists the out-of-state tuition at \$11,397 for the MHI program. The out-of-state tuition rate should be \$8,602 per semester instead of \$11,397. We are currently recruiting our first class of students who will begin in the Fall of 2015 and the current posted rate which is erroneously high will impede our ability to fill this first class. I have attached information reflecting the current posted tuition as well as the correct academic charges.

I respectfully request that this tuition rate be corrected and approved at the December Board of Trustee's meeting so that we can post the correct rate as soon as possible to facilitate recruitment. Please let me know if you have questions or concerns.

cc: Karen Wager, Associate Dean for Student Affairs
Julie Parrish, Executive Director of Finance and Administration
Jim Zoller, Chair, Department of Healthcare Leadership and Management
Paula Butler, College Finance Manager

Medical University of South Carolina Current Academic Charges (FY15) and Proposed Academic Charges (FY15) College of Health Professions				
	CURRENT ACADEMIC CHARGE		CORRECTED ACADEMIC CHARGE	
	In-State	Out-of-State	In-State	Out-of-State
Full-Time (Each Term)				
<i>Masters in Health Informatics</i>				
Semester	\$	7,802 \$	11,397 \$	7,802 \$
Summer	\$	7,802 \$	11,397 \$	7,802 \$

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

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE	
	In-State	Out-of-State	In-State	Out-of-State
Full-Time (Each Term)				
<i>Master in Medical Sciences - NEW</i>				
Semester			\$ 6,490	\$ 10,128
Summer			5,220	7,973
Part-Time (Per Semester Hour)				
<i>Master in Medical Sciences - NEW</i>				
Semester			\$ 546	\$ 838
Summer			546	838

**Medical University of South Carolina
Proposed (FY15) Schedule of Fees
(IN DOLLARS)**

**PROPOSED
(FY15)**

COLLEGE OF GRADUATE STUDIES

Master in Medical Sciences

Histology Fee (In-State, annual)

\$ 1,746

Histology Fee (Out-of-State, annual)

4,698

Anatomy Fee (Annual)

200

APPENDIX B: PROGRAM MODIFICATION PROPOSAL

Name of Institution

Medical University of South Carolina

Name of Program (include concentrations, options, and tracks)

College of Medicine Clinical Training Program at AnMed Health

Program Designation

- ☐ Associate's Degree ☐ Master's Degree
☐ Bachelor's Degree: 4 Year ☐ Specialist
☐ Bachelor's Degree: 5 Year ☐ Doctoral Degree: Research/Scholarship (e.g., Ph.D., DMA)
☒ Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., PharmD., M.D.)

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes
☒ No

Proposed Date of Implementation

July 6, 2015

CIP Code

51.1201

Delivery Site(s)

AnMed Health, Anderson, SC

Delivery Mode

- ☒ Traditional/face-to-face*
*select if less than 50% online
☐ Distance Education
☐ 100% online
☐ Blended (more than 50% online)
☐ Other distance education

Program Contact Information (name, title, telephone number, and email address)

Deborah Deas, MD, MPH - Interim Dean, College of Medicine
Senior Associate Dean for Medical Education; Professor of Psychiatry
96 Jonathan Lucas Street - CSB 601
Charleston, South Carolina 29425
deasd@musc.edu
843-792-5214

Institutional Approvals and Dates of Approval

College of Medicine Undergraduate Curriculum Committee: October 17, 2014
Medical University of South Carolina Board of Trustees: August 8, 2014 and _____
MUSC Dean's Council: _____
MUSC Senior Leadership Council: November 18, 2014
Liaison Committee on Medical Education: In the initial phase of this program MUSC will conduct a pilot to obtain program outcome data sufficient to permit evaluation of the success of the program. LCME does not require approval to conduct pilot projects. Based on the success of these findings, the College of Medicine will seek LCME approval to make the AnMed Health clinical training site a permanent program offering.

Background Information

Provide a detailed description of the proposed modification, including its nature and purpose and centrality to institutional mission. (1500 characters)

The Medical University of South Carolina College of Medicine proposes a modified program of study in order to provide comprehensive clinical training for third and fourth year medical students in Anderson, SC. The College of Medicine has collaborated with AnMed Health for over 30 years to provide medical students with community-based family medicine clinical rotations and elective rotations through the South Carolina AHEC system. Over the past decade AnMed Health has expanded its educational offerings to MUSC medical students to include rotations in hospice and palliative care, global health, rural primary care, obstetrics and gynecology, and sports medicine, in addition to family medicine and internal medicine acting internships. In November 2012 AnMed Health renewed its longstanding affiliation agreement with MUSC with a commitment to continue to provide high quality clinical education for MUSC students.

The pilot program would initially place six medical students at AnMed Health for their third and fourth year of the MD program. In the third year, students would complete all seven of the required clinical clerkships, in addition to 3 selectives chosen from a list of selective offerings for career exploration. In the fourth year, students would complete their required rotations at AnMed Health in addition to 5 clinical electives. Data will be gathered over a two-year period and evaluated to determine if the program meets required, established program outcome expectations of the college, the university, and LCME. Based on the success of these findings, the clinical training program at AnMed Health could be expanded to a maximum intended capacity of 12 third-year students and 12 fourth-year students.

List the objectives of the modified program. (1500 characters)

Modified Program Objectives:

1. Provide expanded, community-based clinical education for students who express an interest in a primary care specialty.
2. Increase student understanding of challenges and rewards in caring for medically underserved populations.
3. Foster community engagement that may increase in-state retention of students in residency training and practice.

The medical student curriculum at AnMed Health will meet all of the College of Medicine Institutional Learning Objectives in the following 6 domains:

1. Medical Knowledge: Students must demonstrate knowledge about established and evolving basic, clinical, and cognate (i.e., epidemiological and social-behavioral) sciences and the application of this knowledge to the practice of medicine.
2. Patient Care: Students must be prepared to provide patient care that is compassionate, appropriate, safe and effective.
3. Interpersonal and Communication Skills: Students must demonstrate interpersonal and communication skills that facilitate effective interactions with patients, their families and other health professionals.
4. Professionalism: Students must demonstrate a commitment to professional and personal excellence in all settings, including adherence to ethical principles and sensitivity to a diverse patient population.
5. Practice-based and Lifelong Learning: Students must investigate and assess their academic and clinical performance, develop skills for lifelong learning and personal improvement in order to improve patient care.
6. System-based Learning: Students must demonstrate an awareness of and responsiveness to the larger context and systems of health care, including barriers and drivers of health and health care access.

Assessment of Need

Provide an assessment of the need for the program modification for the institution, the state, the region, and beyond, if applicable. (1500 characters)

Medical education studies have shown that learning environments in tertiary care, academic health centers may overtly and covertly dissuade student interest in primary care.¹ Community-based clinical education provides an immersive experience that allows students to see the critical, well-respected role that primary care physicians play in caring for individuals and patient populations. The literature demonstrates that regional hospital collaboration with an academic health center can enhance the hospital's standing as academic centers, improve recruitment and retention of health care providers, and positively impact the quality of patient care.^{2,3} This program would provide interested students with relevant and meaningful community-based, longitudinal opportunities for clinical training that is designed to prepare them to practice quality patient care in similar settings. Because much of Anderson County and portions of the City of Anderson are designated as a Medically Underserved Area, a Health Professions Shortage Area, or both, this setting provides distinct opportunities for students to acquire competency in population health, public health, and service-learning.

AnMed Health administration and faculty members have expressed a strong interest in providing longitudinal, clinical training for MUSC medical students, and have demonstrated many decades of experience in undergraduate and graduate medical education. Between 1998 and 2013, over 150 medical students from MUSC have completed a community-based family medicine clerkship at AnMed Health clinical sites. Students expressed a high degree of satisfaction with the teaching, the learning environment, and the resources provided.

1. Erikson CE, Danish S, Jones KC, Sandberg SF, Carle AC. The Role of Medical School Culture in Primary Care Career Choice. *Acad Med*. 2013; 88: 1919-1926.
2. Hanlon N, Ryser L, Crain J, Halseth G, Snadden D. Establishing a distributed campus: making sense of disruptions to a doctor community. *Med Educ* 44: 256-62.
3. Lovato C1, Bates J, Hanlon N, Snadden D. Evaluating distributed medical education: what are the community's expectations? *Med Educ* 43: 457-61.

Will the proposed modification impact any existing programs and services at the institution?

- ☐ Yes
☒ No

If yes, explain. (1000 characters)

List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences

Description of the Program

Projected New Enrollment						
Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2015	6	32	6	24	6	11
2016	12	32	12	24	12	11
2017	12	32	12	24	12	11
2018	12	32	12	24	12	11
2019	12	32	12	24	12	11

Curriculum

Attach a curriculum sheet identifying the courses required for the program.

Curriculum Changes

Note: Complete this table only if there are changes to the curriculum.

[illegible]

Faculty

Provide a brief explanation of any additional institutional changes in faculty and/or administrative assignment that may result from implementing the proposed program modification. (1000 characters)

The MUSC College of Medicine has approved an Associate Dean for Medical Student Education to oversee medical student education in Anderson. He is a faculty member of the MUSC COM and a practicing physician at AnMed Health who has extensive experience in undergraduate and graduate medical education. An additional faculty member will be hired to oversee student affairs and student services at AnMed Health. Roughly 35 AnMed Health physicians from various specialties will be hired and appointed as MUSC clinical teaching faculty members in their respective departments. These physicians are either employed by AnMed Health or are in clinical practices affiliated with AnMed Health. Additional funding will be provided to clinical faculty who serve as directors for the required clinical core clerkships. All faculty members will participate in faculty development offerings that address pedagogical strategies, course objectives, learner assessment, and learning environment.

Resources

Identify any new library/learning resources, new instructional equipment, and new facilities or modifications to existing facilities needed to support the modified program. (2000 characters)

Currently, no new equipment or facilities are needed to support this program. AnMed Health has initiated a partnership with Anderson University to utilize their simulation center full-patient simulation trainers, simulation software and audio/video capture equipment in order to create fully comparable simulation education experiences for the medical students.

The AnMed physical plant provides roughly 2400 square feet of space for student study and lounge space, computer stations with internet access. Adequate conference room space for teaching is provided. Students have free access to a fitness center on the AnMed Health campus. Students and faculty members in Anderson will have the same web-based access to MUSC Library electronic information resources that campus students and faculty have. In addition, AnMed Health has a library and a full-time librarian with health informatics training who can assist students in accessing relevant, credible information resources.

Financial Support

Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration	\$78,080	\$115,280	\$134,880	\$172,280	\$199,880	\$700,400
Faculty and Staff Salaries	\$668,404	\$1,014,004	\$1,018,054	\$1,018,054	\$1,018,054	\$4,736,571
Graduate Assistants						
Equipment						
Facilities						
Supplies and Materials	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000
Library Resources						
Other*						
Total	\$766,484	\$1,149,284	\$1,172,934	\$1,210,334	\$1,237,934	\$5,536,971
Sources of Financing						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	\$213,009	\$470,884	\$548,974	\$732,895	\$858,513	\$2,824,276
Program-Specific Fees						
State Funding (i.e., Special State Appropriation)*						
Reallocation of Existing Funds*						
Federal Funding*						
Other Funding*	\$440,380	\$673,180	\$696,830	\$583,430	\$461,030	\$2,854,850
Total	\$653,389	\$1,144,064	\$1,245,804	\$1,316,325	\$1,319,543	\$5,679,126
Net Total (i.e., Estimated New Costs Minus Sources of Financing)	\$(113,095)	\$(5,220)	\$72,870	\$105,991	\$81,609	\$142,155

*Provide an explanation for these costs and sources of financing in the budget justification.

Budget Justification

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table. (1000 characters)

Note: Only provide this budget justification if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.

New costs include the following Program Administration costs:

- MUSC faculty travel to AnMed Health for development of educational offerings
- AnMed faculty travel to MUSC for planning meetings and retreats
- Clinical skills standardized testing for AnMed students at MUSC
- AnMed teaching stipends for community preceptors
- AnMed global health elective scholarships for medical students
- AnMed faculty development for medical student teaching and teaching awards

Faculty and Staff Salary costs include the following:

- AnMed faculty/staff salaries - effort for the Associate Dean for Medical Student education, AnMed clerkship directors, new teaching faculty and support staff
- MUSC faculty/staff salaries – additional effort for MUSC clerkship directors and an educational technology coordinator

Additional costs include AnMed medical education material and office supplies.

MUSC revenues generated from medical student tuition will be passed through to AnMed to fund this program. AnMed Health will contribute additional support to the program from hospital revenues.

Evaluation and Assessment

Will any the proposed modification impact the way the program is evaluated and assessed?

- ☐ Yes
☒ No

If yes, explain. (1000 characters)

Will the proposed modification affect or result in program-specific accreditation?

☒ Yes

☐ No

If yes, explain; if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

The COM has recently obtained a full 8-year accreditation from the Liaison Committee on Medical Education (LCME) until 2021. The LCME does not require approval to conduct a program pilot. MUSC will consult with LCME in every phase to evaluate the pilot and demonstrate comparability of the educational experience. MUSC will then submit a full application to LCME for accreditation of this program (anticipated application date of December 1, 2017). Students completing their clinical education in Anderson will receive their degree from MUSC and be eligible for medical licensure.

Will the proposed modification affect or lead to licensure or certification?

☒ Yes

☐ No

If yes, explain how the program will prepare students for licensure or certification. (500 characters)

Medical students completing their clinical training at AnMed Health will take the same United States Medical Licensing Examination (USMLE) Step 2 CK and Step 2 CS that MUSC campus year 4 medical students take. The courses in year 3 are each designed to prepare students to pass the licensing examinations. Students will participate in the same NBME/national exams, objectives structured clinical exams (OSCEs), and Clinical Practice Exam (CPX3) that campus medical students take in preparation for the national licensing exams.

Teacher or School Professional Preparation Programs

Is the proposed modified program a teacher or school professional preparation program?

☐ Yes

☒ No

If yes, complete the following components.

Area of Certification

Attach a document addressing the South Carolina Department of Education Requirements and SPA or Other National Specialized and/or Professional Association Standards.

Curriculum Attachment for MUSC COM CHE Program Modification_ Appendix B

The LCME accreditation standards explicitly require that (1) training at off-campus clinical sites be comparable to training received on the main campus, and (2) all educational activities and assessments be directly tied to the institutional learning objectives. Therefore, students at AnMed Health will be required to complete the same required clinical clerkships, required longitudinal educational activities, and equivalent numbers of selective/elective experiences. Students at AnMed will be required to see patients with the same medical conditions, and complete the same required list of procedures as students on campus. For some of the large and small group didactics, students will connect to campus via video conferencing. For other activities, like simulation-based sessions, trained AnMed faculty will facilitate the didactics using a standardized curriculum (teaching materials, feedback tools, debriefing tools, etc.).

Clinical selectives in year 3 and electives in year 4 will be developed at AnMed to mirror those offered on campus. Selectives provide students with early career exploration opportunities, while electives permit students to choose educational offerings that complement and enrich their learning. In year 4 electives will be developed that mirror many of the offerings at MUSC. In addition, students will have the same opportunity that MUSC campus students have to take electives at any of the LCME-accredited programs that offer elective opportunities.

Year 3

MDCOR-705. Fundamentals of Patient Care (FPC) 3A - 3B. This theme addresses medical delivery systems and public health objectives essential for medical student competency. The course also allows clinical students to apply key medical ethics concepts learned in the preclinical years to real clinical scenarios that they identify. Students continue their collaboration with geriatric senior mentors in the community in falls risk assessment and depression screening. Career planning utilizing the Careers in Medicine program is focused on career exploration and residency decision-making. Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

FAMMD-861. Family Medicine Rural Clerkship. The Family Medicine Rural Clerkship fosters student development of a strong understanding of the clinical issues and professional role of a primary care physician and to further broaden the focus of student learning from providing care to individual patients to improving the health of defined population health perspective. The perspective “encompasses the ability to assess the health needs of a specific population; implement and evaluate interventions to improve the health of the population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member.” (Population Health Perspective Panel Report, Academic Medicine.1999;74:138). Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

MED-801. Internal Medicine Core Clerkship. This core clerkship introduces the student to the care of the hospitalized adult patient. Through experiential learning by working alongside patient care teams on the General Internal Medicine inpatient ward services at the Medical University Hospital (MUH), Ashley River Tower (ART) and the Veterans Hospital, students will learn first-hand about caring for the hospitalized adult patient. Students will be expected to learn the role of the patients’ primary hospitalist and should take an active role in the documentation of the patient’s hospital stay. Emphasis is placed on performing, documenting and presenting verbally histories and physical examinations of patients, developing differential diagnoses, assessment and treatment plans, participating actively in the care of patients, and understanding the impact of illness on the patient and family. A computer-based series of

learning modules covering the most common inpatient medical problems is a required exercise of this rotation. Experiences are supplemented by lectures, conferences and small group discussion. Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

OBGYN-801. Obstetrics and Gynecology Core Clerkship. Introduces the basic knowledge and clinical problems as encountered in the field of obstetrics and gynecology. Students are taught to acquire and develop their clinical skills in the care of patients. Emphasis is placed on obtaining experiences in routine obstetrics delivery, outpatient gynecologic management, and common gynecologic surgery. Presentation: didactic lectures, morning conferences, and ward rounds. Under supervision, students take histories and perform physical examinations. Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

PEDS-801. Pediatrics Core Clerkship. Introduces common and unique pediatric pathologic processes; further develops clinical skills and experience in handling and managing both healthy and ill infants, children and adolescents, and their families, and encouraging application of basic science knowledge to patient care. Approximately half of the rotation is devoted to inpatient care with experiences both in acute, undiagnosed illnesses and chronic illnesses (subspecialty care). A portion is devoted to the newborn nursery and the remainder to ambulatory care (general clinics, specialty clinics, acute care clinics, and community resources). Presentation: direct patient/parent contact with house staff and faculty supervision. Experiences are supplemented with conferences and lectures. Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

PSYCH-801. Psychiatry Core Clerkship. Introduces the student to the care of psychiatric patients. Learning objectives are to increase the students' ability to recognize psychopathology, use interview techniques, correctly diagnose psychiatric disorders, appropriately use psychopharmacological agents, establish a supportive therapeutic relationship with patients, document and present verbally a psychiatric history and mental status examination, and work with health care personnel. Presentation: direct patient responsibility with close supervision from house staff and faculty. Experiences are supplemented with conferences and lectures. Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

SURG-801. Surgery Core Clerkship. Introduces the students to the care of surgical patients. Emphasis is placed on establishing the diagnosis, learning the pathophysiology of surgical diseases, participating in the treatment of surgical patients, understanding the means to support patients before, during, and after surgery, and understanding the impact of surgical illness on the patient and family. Presentation: direct patient contact with house staff and faculty supervision. Experiences are supplemented with learning materials, conferences and small group discussions. Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

NSCS-801 Neurology and Rehabilitation Medicine. Introduces the students to the care of patients with neurological disorders and conditions, as well as the role of rehabilitation medicine in improving patients' functional status and quality of life. Emphasis is placed on performing, documenting and presenting verbally histories and physical examinations of patients with neurological diseases, developing a differential diagnosis, assessment and treatment plan, participating in the treatment of neurology patients, and understanding the impact of neurological illness on the patient and family. Presentation: direct patient contact with house staff and faculty supervision. Experiences are supplemented with lectures, workshops, and small group discussions. Prerequisite: successful completion of second year courses and a passing score on USMLE Step 1.

Third Year Selectives. Students must complete 3 selectives (3-week rotations) from the catalogue offerings.

Year 4

MDCOR-706. Fundamentals of Patient Care (FPC) 4A - 4B. This theme addresses key public health objectives essential for medical student competency. The course also allows clinical students to apply key medical ethics concepts learned in the preclinical years to real clinical scenarios that they identify. Students continue their collaboration with geriatric senior mentors in the community as they practice discussing end of life planning. Career planning utilizing the Careers in Medicine program is focused on the final stages of residency decision-making and application process.

MED-891 Senior Medicine Core. During the Senior Medicine Requirement, students will acquire patient care skills, professional behaviors, medical knowledge, interpersonal and communication skills, practice-based lifelong learning and system-based practice skills that are necessary to evaluate and deliver safe, quality and evidence-based care for adult patients in the role of a consultant under the consistent supervision of residents and attending physicians. Students are assigned to one of ten consultant settings. Students complete an entrustable professional activity with significant supervision: perform and present an initial internal medicine consultation on a patient the inpatient and outpatient setting. The palliative care curriculum includes a workshop and complementary online curriculum that provides requisite knowledge and objectives related to palliation. Although the curriculum is designed to address patients with cancer diagnoses, attitudes, knowledge and skills taught are applicable to patients with palliative care needs as a whole. The curriculum provides an overview and hands-on practice of patient handoffs.

Advanced Surgery Elective. Students must complete 1 advanced surgery elective from the offering in the course catalogue.

Clinical Externship. Students must complete 1 externship from the offerings in the course catalogue.

Fourth Year Electives. Students must complete a total of 5 electives (4-week rotations) from the catalogue offerings.

Internship 101. Students participate in this capstone course that focuses on preparation of medical students for internship responsibilities. The course utilizes large and small group didactics with hands-on workshops and simulations to teach patient care, team care, procedures, pain management, and health record documentation. Students are scheduled for educational tracks based on their intended specialty.

NEW PROGRAM PROPOSAL

Name of Institution

Medical University of South Carolina

Name of Program (include concentrations, options, and tracks)

Master of Public Health in Epidemiology

Program Designation

- ☐ Associate's Degree ☒ Master's Degree
☐ Bachelor's Degree: 4 Year ☐ Specialist
☐ Bachelor's Degree: 5 Year ☐ Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)
☐ Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., PharmD., and M.D.)

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes
☒ No

Proposed Date of Implementation

Fall 2015

CIP Code

26.1309

Delivery Site(s)

Medical University of South Carolina

Delivery Mode

- ☒ Traditional/face-to-face*
*select if less than 50% online
☐ Distance Education
☐ 100% online
☐ Blended (more than 50% online)
☐ Other distance education

Program Contact Information (name, title, telephone number, and email address)

Dr. John Vena
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Institutional Approvals and Dates of Approval

Department of Public Health Sciences MPH Curriculum Committee – 09/05/2014
Department of Public Health Sciences – 10/06/2014
College of Medicine Public Health Committee – 10/14/2014
Deans Council – 10/20/2014
Senior Leadership Council -- expected November 2014
MUSC Board of Trustees – December 2014

NEW PROGRAM PROPOSAL

Background Information

State the nature and purpose of the proposed program, including target audience and centrality to institutional mission. (1500 characters)

MUSC proposes an MPH program in Epidemiology. This program is consistent with MUSC's mission as an academic health science center to preserve and optimize human life. The nation's transition to a new healthcare delivery model means that professionals with expertise in prevention and community-based research will be critical to ensuring adequately available healthcare for all and for improving the health of the nation. For MUSC to retain its standing as a premier academic health science center, it must develop expertise, research presence, and practice opportunities in population health and prevention. The proposed MPH in Epidemiology degree program will prepare the next generation of public health scientists and will support MUSC's development in this area.

Students in the MPH Epidemiology program will learn how to evaluate the status of the health of diverse populations and to develop sound plans and strategies to implement them to improve population health.

MUSC is uniquely positioned to deliver this degree program, as it is expected that a substantial portion of the students in this program will be current healthcare providers interested in expanding their knowledge in public health.

In compliance with professional accreditation standards, the curriculum includes core courses (relevant for all MPH degrees) and required and elective courses specifically in Epidemiology.

List the program objectives. (2000 characters)

The following Core Competencies/Objectives are driven by the Association of Schools of Public Health core competency guidelines. (2006)*

- +Identify key sources of data for epidemiologic purposes.
- +Identify the principles and limitations of public health screening programs.
- +Describe a public health problem in terms of magnitude, person, time and place.
- +Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.
- +Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.
- +Apply the basic terminology and definitions of epidemiology.
- +Calculate basic epidemiologic measures.
- +Communicate epidemiologic information to lay and professional audiences.
- +Draw appropriate inferences from epidemiologic data.
- +Evaluate the strengths and limitations of epidemiologic reports.

Another objective is to help fill a growing need for qualified public health professionals to ensure adequate availability of healthcare for all as the nation transitions to a new healthcare delivery model.

Lastly, the program will provide graduates marketable skills for careers in public health in a wide range of settings, including public health agencies, local and regional health departments, hospitals and other healthcare organizations, government regulatory agencies, not-for-profit agencies, academic institutions, and industry (specifically health services and pharmaceutical industries, both of which are growth industries). Graduates with MPH training are equipped to enter careers in current and projected growth areas.

*ASPH Education Committee. (August 2006). *Master's Degree in Public Health Core Competency Development Project*. <http://www.aspph.org/educate/models/mph-competency-model/>

NEW PROGRAM PROPOSAL

Assessment of Need

Provide an assessment of the need for the program for the institution, the state, the region, and beyond, if applicable. (1500 characters)

MPH Epidemiology graduates are specifically trained in prevention techniques, as compared to a medical model of care, which focuses primarily on treatment. The MPH in Epidemiology degree program aligns with MUSC's mission and its interest in disease prevention, wellness, and population health.

The proposed MPH in Epidemiology will help fill a growing need for qualified public health professionals in the state and the nation, as shown in the following table. There is an expansion of college students with an interest in public health, as evidenced by the expansion of students in majors related to public health. For example, the College of Charleston developed a BS and BA degree in Public Health in 2012, and it already has 250 students enrolled with these declared majors. Finally, MPH programs at medical schools typically enroll a significant number of students from health professionals employed at their institution (e.g., physicians, nurses, allied health providers), as they appreciate that the next era of health care will place greater emphasis on wellness and population health.

USC's Arnold School of Public Health offers an MPH degree in Epidemiology. We address concerns about the potential for duplication in the attached supporting documentation.

Employment Opportunities

Is specific employment/workforce data available to support the proposed program?

☒ Yes

☐ No

If yes, complete the table and the component that follows the table on page 4. If no, complete the single narrative response component on page 5 beginning with "Provide supporting evidence."

NEW PROGRAM PROPOSAL

Employment Opportunities			
Occupation	Expected Number of Jobs	Employment Projection	Data Source
US: Community Health Workers	2012:40,500/ 2022:50,700	2,080 annual openings	Bureau of Labor Statistics
US: Environmental Scientists & Specialists, Including Health	2012:90,000/ 2022:103,000	3,970 annual openings	Bureau of Labor Statistics
US: Epidemiologists US: Social & Community Service Managers	2012:5,100/ 2022:5,700 2012:132,900/ 2022:160,600	160 annual openings 5,510 annual openings	Bureau of Labor Statistics Bureau of Labor Statistics
SC: Community Health Workers	2012:460/2022:580	20 annual openings	SC Emp. Sec. Commission
SC: Environmental Scientists & Specialists, Including Health	2012:610 / 2022:750	30 annual openings	SC Emp. Sec. Commission
SC: Epidemiologists SC: Social & Community Service Managers	2012:40 / 2022:50 2012:1,570/ 2022:1,980	10 annual openings 80 annual openings	SC Emp. Sec. Commission SC Emp. Sec. Commission

Provide additional information regarding anticipated employment opportunities for graduates.
(1000 characters)

The proposed MPH in Epidemiology is a broad professional degree that will provide graduates marketable skills for careers in public health in a wide range of settings, including public health agencies, local and regional health departments, hospitals and other healthcare organizations, government regulatory agencies, not-for-profit agencies, academic institutions, and industry (specifically health services and pharmaceutical industries, both of which are growth industries). Graduates with MPH training are equipped to enter careers in current and projected growth areas.

MPH programs at medical schools typically enroll a significant number of students from health professionals employed at their institution (e.g., physicians, nurses, allied health professionals, dentists, and pharmacists). We believe there will be considerable demand from these professionals for additional training and credentials in public health so that they can enhance their understanding of how their practice can best meet the public health needs in the future. There is particularly high demand for public health physicians (MD/MPH) to fill executive positions in healthcare enterprise (Training Physicians for Public Health Careers. 2007. The National Academies Press). The fact that the program is located at MUSC, their place of employment, removes one of the primary barriers for enrollment.

NEW PROGRAM PROPOSAL

Provide supporting evidence of anticipated employment opportunities for graduates, including a statement that clearly articulates what the program prepares graduates to do, any documented citations that suggests a correlation between this program and future employment, and other relevant information. Please cite specific resources, as appropriate. (3000 characters)

Note: Only complete this component if you did not complete the Employment Opportunities table and the component that follows the table on page 4.

NEW PROGRAM PROPOSAL

Will the proposed program impact any existing degree programs and services at the institution (e.g., course offerings or enrollment)?

☐ Yes

☒ No

If yes, explain. (500 characters)

The proposed MPH provides a natural extension to graduates of public health undergraduate programs in the vicinity (e.g. CofC). Moreover, once an MPH program is developed at MUSC, dual degree programs could be developed such as BS/MPH (with CofC, for example), MD/MPH, PharmD/MPH, DPT/MPH (with other colleges at MUSC), etc. In addition, there is a need for medical graduate training opportunities for residents (n=700) and fellows especially in infectious disease, cardiology, and pediatrics.

MUSC has an MS in Epidemiology that will remain and the proposed MPH has a different focus in application of epidemiology in public health. Therefore, the MPH will have no expected impact on the MS degree.

NEW PROGRAM PROPOSAL

List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences
MPH in Epidemiology	Arnold School of Public Health - USC	Core coursework	Electives, student mix likely to include more health professionals

NEW PROGRAM PROPOSAL

Description of the Program

Projected Enrollment						
Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2015-16	10	90	10	90	10	90
2016-17	24	216	24	216	14	126
2017-18	29	261	29	261	15	135
2018-19	30	270	30	270	15	135
2019-20	30	270	30	270	15	135

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program?

☒ Yes

☐ No

If yes, explain. (1000 characters)

Applicants must possess a Bachelor's degree from an accredited institution and have a strong academic record (it is expected that a GPA of 3.0 on a 4.0 scale will be necessary to be competitive). The applicant will be required to provide official transcripts. Applicants may have a background in public health, social sciences, basic sciences, or physical sciences including computing, mathematics, and engineering. Applicants must submit scores on the quantitative and verbal portions of the GRE or MCAT. Three letters of recommendation from instructors or supervisors who have had close contact with the applicant during their undergraduate, graduate, clinical, or research training will be required. Applicants will include a personal statement describing their interest in pursuing a career in public health and a discussion of their interest in epidemiology.

NEW PROGRAM PROPOSAL

Are there any special articulation agreements for the proposed program?

☐ Yes

☒ No

If yes, identify. (1000 characters)

Although no formalized articulation agreements have been signed, initial discussions with the College of Charleston and USC have identified several potential avenues for collaboration. For example, it may be possible for College of Charleston students to take courses during their undergraduate training so that they can more expeditiously earn an MPH degree in Epidemiology. Drs. Vena and Ramakrishnan (MUSC) met with Dr. Lynne Ford (College of Charleston) in the Fall of 2014 to discuss these opportunities.

Please see appendix for additional information regarding response to CHE review comments and articulation agreements.

NEW PROGRAM PROPOSAL

Curriculum

Select one of the following charts to complete: Curriculum by Year or Curriculum by Category

Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Year 1					
Fall		Spring		Summer	
Biostatistics Methods I	3	Biostatistic Methods II	3	Design & Cond. Field Epi	3
Introduction to Public Health	2	Principles of Epidemiology II	3	Environ. Health Sciences	3
Principles of Epidemiology I	3	Social and Behavioral Sciences	3	Elective Coursework	3
Statistical Computing I	1	Statistical Computing II	1		
Total Semester Hours	9	Total Semester Hours	10	Total Semester Hours	9
Year 2					
Fall		Spring		Summer	
Intro. to Health Systems & Policy	3	Internship	6		
Public Health Seminar	1	Capstone Project	3		
Elective Coursework	4				
Total Semester Hours	8	Total Semester Hours	9	Total Semester Hours	
Year 3					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 4					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	

NEW PROGRAM PROPOSAL

Course Name		Curriculum by Year			Credit Hours	
		Course Name	Year 5		Credit Hours	Credit Hours
Fall		Spring		Summer		
Total Semester Hours		Total Semester Hours		Total Semester Hours		

NEW PROGRAM PROPOSAL

[illegible]

* Add category titles to the table (e.g., major, core, general education, concentration, electives, etc.)

NEW PROGRAM PROPOSAL

Total Credit Hours Required

Course Descriptions for New Courses

Course Name	Description
BEHH 700 Social and Behavioral Health Sciences: Principles of Health Behavior and Health Promotion	This course introduces MPH students to the principles and practices of the social and behavioral sciences in public health.
BEHH 701 Introduction to Health Systems and Policy	Identify the main components and issues of the organization, financing, and delivery of health sciences within the various domains of public health in the US.
BIOS722 Analysis of Survival Data	This is an introductory course in theory and application of analytic methods for time-to-event data.
BIOS725 Statistical Computing I	Students learn to use the primary statistical software packages for data manipulation and analysis corresponding to topics covered in Biostatistics Methods I.
BIOS726 Statistical Computing II	Students learn to use the primary statistical software packages for data manipulation and analysis corresponding to topics covered in Biostatistics Methods II.
EPID/GH703 Global Health Epidemiology	This course provides essential methodological skills and strategies of interventions based on epidemiological principles in a global setting.
PHS703 Field Placement in Public Health	MPH students complete a field placement in an appropriate public health setting .
PHS704 Capstone Project	All MPH students will participate in a culminating experience which is required for graduation from the program.

NEW PROGRAM PROPOSAL

Faculty

Faculty and Administrative Personnel				
Rank	Full- or Part-time	Courses Taught or To be Taught, Including Term, Course Number & Title, Credit Hours	Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major	Other Qualifications and Comments (i.e., explain role and/or changes in assignment)
Associate Professor 1 Associate Professor 2	Full-Time Full-Time	Fall Yr 1: EPID700(3) Princ.of Epi. I; Fall Yr 1: BIOS700(3) Bios. Methods I	PhD, UNC, Epid PhD, MUSC, Biostat	
Professor 1	Full-Time	Fall Yr 1: EPID789-05(2) Intro. to Pub. Health	PhD, Johns Hopkins, Biostat	
Professor 2 Associate Professor 3	Full-Time Full-Time	Fall Yr 1: BIOS725(1) Stat. Comp. I; Spr. Yr 1: BIOS701 (3) Bios. Meth. II	DrPH, USC, Epid & Biostat PhD, MUSC, Biostat	
Associate Professor 4 Assistant Professor 1	Full-Time Full-Time	Spr. Yr 1: EPID701(3) Princ. of Epi. II; Spr. Yr 1: BEHH 700(3) Soc. & Behav. Health	PhD, MUSC, Biostat PhD, Johns Hopkins, Biostat	
Professor 3 Assistant Professor 2	Full-Time Full-Time	Spr. Yr 1: BIOS726(1) Stat. Comp. II; Sum. Yr 1: ENVH 700(3) Env. Health Sci.	PhD, UNC, Behav. Health PhD, Monash, Env. Health	
Professor 4	Full-Time	Sum. Yr 1: EPID 738(3) Design & Conduct, Field Epi.	PhD, Johns Hopkins, Epid	
Assistant Professor 3	Full-Time	Summer Yr 1: EPID712(3) Cancer Epidemiology	PhD, Dartmouth, Epid	
Associate Professor 5	Full-Time	Fall Yr 2: BEHH701(3) Intro to Health Systems & Policy	PhD, UNC, Med. Geog.	
Professor 5 Assist./Assoc./Prof.	Full-Time Full-Time	Fall Yr 2: DPHS789-03(1) Pub. Health Sem.; Fall Yr 2: Elective Coursework(4)	PhD, Suny Buffalo, Epid Varies by elective taken	

Note: Individuals should be listed with program supervisor positions listed first. Identify any new faculty with an asterisk next to their rank.

NEW PROGRAM PROPOSAL

Total FTE needed to support the proposed program (i.e., the total FTE devoted just to the new program for all faculty, staff, and program administrators):

Faculty

1.4

Staff

0.2

Administration

0.0

Faculty /Administrative Personnel Changes

Provide a brief explanation of any additional institutional changes in faculty and/or administrative assignment that may result from implementing the proposed program. (1000 characters)

Ten percent of faculty FTE per course will be shifted from research and dedicated to teaching and mentoring students. A program administrator will be hired at 0.2 FTE.

Library and Learning Resources

Identify current library/learning collections, resources, and services necessary to support the proposed program and any additional library resources needed. (1000 characters)

Current library resources are adequate to support the proposed program. The MUSC Library is a database and knowledge center, academic computing support unit, electronic education center, and leader in information planning. Pertinent online resources include the full catalog as well as major biomedical and health-related databases (e.g., MEDLINE, CINAHL, PsycINFO, SciFinder, and PubMed). The library employs over 20 staff, including more than 10 librarians, all with appropriate credentials to assist students, and each college at MUSC has a specific librarian assigned to serve its students.

NEW PROGRAM PROPOSAL

Student Support Services

Identify academic support services needed for the proposed program and any additional estimated costs associated with these services. (500 characters)

Students in the proposed program will receive the same student support services as all other MUSC students. These include academic support services (including a Writing Center and the Center for Academic Excellence), health and wellness services; enrollment management services; and extracurricular student programs. There are no additional costs associated with these services.

Physical Resources

Identify any new instructional equipment needed for the proposed program. (500 characters)

It is not anticipated that additional equipment will be necessary. The current computing and data storage equipment will be updated and replaced using the normal acquisition process. DPHS has Full time Information Technology (IT) Support personnel for support staff, faculty and student systems and software. DPHS provides Network access to internet resources, shared department network storage and services as well as access to High Performance Compute Clustering. DPHS IT staff provide software

Will any extraordinary physical facilities be needed to support the proposed program?

☐ Yes

☒ No

Identify the physical facilities needed to support the program and the institution's plan for meeting the requirements, including new facilities or modifications to existing facilities. (1000 characters)

Given that anticipated annual enrollment in this program is relatively small, the current physical plant will be adequate to meet the educational needs of the students. The core classes taught to students in this program will be conducted in existing classrooms in Cannon Place, the Bioengineering building, and the Drug Discovery building as needed. These classrooms are all equipped with SmartBoard technology, high definition cameras, high-fidelity projection systems, and all necessary audiovisual equipment.

NEW PROGRAM PROPOSAL

Financial Support

Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration	7,357	7,578	7,805	8,039	8,281	39,060
Faculty and Staff Salaries	0	0	0	0	0	0
Graduate Assistants	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Supplies and Materials	750	773	796	820	844	3,982
Library Resources	0	0	0	0	0	0
Other*	13,875	8,935	9,203	9,479	9,764	51,257
Total	21,982	17,286	17,804	18,338	18,889	94,299
Sources of Financing						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	234,060	498,294	604,294	639,450	658,650	2,634,748
Program-Specific Fees	14,850	30,690	36,135	37,125	37,125	155,925
State Funding (i.e., Special State Appropriation)*	0	0	0	0	0	0
Reallocation of Existing Funds*	0	0	0	0	0	0
Federal Funding*	0	0	0	0	0	0
Other Funding*	0	0	0	0	0	0
Total	248,910	528,984	640,429	676,575	695,775	2,790,673
Net Total (i.e., Estimated New Costs Minus Sources of Financing)	226,928	511,698	622,625	658,237	676,886	2,696,374

*Provide an explanation for these costs and sources of financing in the budget justification.

NEW PROGRAM PROPOSAL

Budget Justification

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table. (1000 characters)

Note: Only provide this budget justification if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.

Implementation of this program will not incur any unique costs or special state appropriations. Tuition and research grants to the faculty will be the primary source of funding. It is anticipated that this proposal will result in a total of \$22,000 of new expenses in year 1 for staff support, supplies and including \$14,000 in other expenses for recruitment and accreditation fees, with the necessary adjustments each year. Faculty salary costs are estimated to be approximately \$116,000 in year 1, \$168,000 in year 2, \$172,000 in year 3, \$177,000 in year 4, and \$183,000 in year 5. (10% FTE per course shifted from research to teaching).

Sources of financing are based on the assumption the mix of in-state to out-of-state students will be approximately 50/50, as has been the case in the College of Graduate Studies over the last three years.

Most of the necessary infrastructure exists now, so there will be few new costs directly associated with the program administration.

NEW PROGRAM PROPOSAL

Evaluation and Assessment

Programmatic Assessment: Provide an outline of how the proposed program will be evaluated, including any plans to track employment. Identify assessment tools or software used in the evaluation. Explain how assessment data will be used. (3000 characters)

Per university policy, each academic degree program engages in continuous quality improvement through annual self-assessment of performance on program outcomes (PO) and student learning outcomes (SLO). At least every three years, these data drive comprehensive plans for improvement.

PO1: The program performs well on dashboard indices of quality.

Measure 1: The proportion of students who complete the program in 5 semesters.

Target: 75%

Source: Office of Enrollment Management records

Measure 2: Percent of students who obtain full-time employment in a relevant field within one year of graduating.

Target: 90%

Measure 3: The rate of first-time pass on the MPH certification exam

Target: Meet or exceed the National Rate.

Source: National certification office report of results

PO 2: The program performs well on dashboard indices of satisfaction.

Measure 1: Percent of graduating students who agreed that they would recommend the program to other prospective students.

Target: 90%

Source: Graduating student exit survey

Measure 2: Percent of graduating students who agreed that the program met their expectation.

Target: 90%

Source: Graduating student exit survey

NEW PROGRAM PROPOSAL

Student Learning Assessment

Expected Student Learning Outcomes	Methods of/Criteria for Assessment
Demonstrate a mastery of fundamentals of epidemiology	Measure 1: Percent of students demonstrating a mastery of the fundamentals of epidemiology by meeting or exceeding expectations for that portion of the Master's Comprehensive Exam grading rubric.
	Measure 2: Percent of students demonstrating a mastery of the fundamentals of epidemiology by meeting or exceeding the portion of the capstone grading rubric.
Demonstrate an understanding of core public health areas	Measure 1: Percent of students demonstrating a comprehensive knowledge of core public health areas by meeting or exceeding that portion of the Master's comprehensive exam grading rubric .
	Measure 2: Percent of students demonstrating a mastery of the core concepts in areas of public health by meeting or exceeding that portion of the capstone grading rubric.
Demonstrate competency in application of epidemiology concepts and analytic approaches	Measure 1: Percentage of students demonstrating the ability to design studies, manage data, and apply analytic software by meeting or exceeding that portion of the Master's comprehensive exam grading rubric.
	Measure 2: Percent of students demonstrating the ability to independently and correctly obtain and analyze data relating to their capstone project by meeting or exceeding that portion of the capstone grading rubric.

NEW PROGRAM PROPOSAL

Will the proposed program seek program-specific accreditation?

☒ Yes

☐ No

If yes, provide the institution's plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

<http://ceph.org/constituents/schools/considering/>

The review process for first-time public health program accreditation is approximately three years from the date of the application's acceptance to the date of the Council's official decision, though it may be abbreviated, in consultation with CEPH staff, if special circumstances exist. An accreditation unit that is not accredited by CEPH begins the accreditation review process by submitting an application. We plan to submit an application for review at the June 11-13, 2015 Council meeting. April 28, 2015: All materials due for the June 2015 Council on Education in Public Health meeting. A preliminary self-study would be due by June 2017 followed by a site visit estimated to be in Fall 2017 with anticipated accreditation decision in Spring 2018.

Will the proposed program lead to licensure or certification?

☐ Yes

☒ No

If yes, explain how the program will prepare students for licensure or certification. (500 characters)

The MPH degree is required to take the certification exam, which is optional. We will encourage and support graduates to take the exam.

NEW PROGRAM PROPOSAL

Teacher or School Professional Preparation Programs

Is the proposed program a teacher or school professional preparation program?

☐ Yes

☒ No

If yes, complete the following components.

Area of Certification

--

Attach a document addressing the South Carolina Department of Education Requirements and SPA or Other National Specialized and/or Professional Association Standards.

NEW PROGRAM PROPOSAL

Name of Institution

Medical University of South Carolina

Name of Program (include concentrations, options, and tracks)

Master of Public Health in Biostatistics

Program Designation

- ☐ Associate's Degree ☒ Master's Degree
☐ Bachelor's Degree: 4 Year ☐ Specialist
☐ Bachelor's Degree: 5 Year ☐ Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)
☐ Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., PharmD., and M.D.)

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes
☒ No

Proposed Date of Implementation

Fall 2015

CIP Code

26.1102

Delivery Site(s)

Medical University of South Carolina

Delivery Mode

- ☒ Traditional/face-to-face*
*select if less than 50% online
☐ Distance Education
☐ 100% online
☐ Blended (more than 50% online)
☐ Other distance education

Program Contact Information (name, title, telephone number, and email address)

Dr. John Vena
Professor and Founding Chair, Department of Public Health Sciences
843-876-8687
vena@musc.edu

Institutional Approvals and Dates of Approval

Department of Public Health Sciences MPH Curriculum Committee – 09/05/2014
Department of Public Health Sciences – 10/06/2014
College of Medicine Public Health Committee – 10/14/2014
Deans Council – 10/20/2014
Senior Leadership Council -- expected November 2014
MUSC Board of Trustees – December 2014

NEW PROGRAM PROPOSAL

Background Information

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MUSC proposes an MPH program in Biostatistics. This program is consistent with MUSC's mission as an academic health science center to preserve and optimize human life. The nation's transition to a new healthcare delivery model means that professionals with expertise in prevention and community-based research will be critical to ensuring adequately available healthcare for all and for improving the health of the nation. For MUSC to retain its standing as a premier academic health science center, it must develop expertise, research presence, and practice opportunities in population health and prevention. The proposed MPH in Biostatistics degree program will prepare the next generation of public health scientists and will support MUSC's development in this area.

Students in the MPH Biostatistics program will learn how to evaluate the status of the health of diverse populations and to develop sound plans and strategies to implement them to improve population health.

MUSC is uniquely positioned to deliver this degree program, as it is expected that a substantial portion of the students in this program will be current healthcare providers interested in expanding their knowledge in public health.

In compliance with professional accreditation standards, the curriculum includes core courses (relevant for all MPH degrees) and required and elective courses specifically in Biostatistics.

List the program objectives. (2000 characters)

The following Core Competencies/Objectives are driven by the Association of Schools of Public Health core competency guidelines. *

- +Describe the roles biostatistics serves in the discipline of public health.
- +Describe the basic concepts of probability, random variation and commonly used statistical probability distributions.
- +Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.
- +Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.
- +Apply descriptive techniques commonly used to summarize public health data.
- +Apply common statistical methods for inference.
- +Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.
- +Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.
- +Interpret results of statistical analyses found in public health studies.
- +Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.

Another objective is to help fill a growing need for qualified public health professionals to ensure adequate availability of healthcare for all as the nation transitions to a new healthcare delivery model.

Lastly, the program will provide graduates marketable skills for careers in public health in a wide range of settings, including public health agencies, local and regional health departments, hospitals and other healthcare organizations, government regulatory agencies, not-for-profit agencies, academic institutions, and industry (specifically health services and pharmaceutical industries, both of which are growth industries). Graduates with MPH training are equipped to enter careers in current and projected growth areas.

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NEW PROGRAM PROPOSAL

Assessment of Need

Provide an assessment of the need for the program for the institution, the state, the region, and beyond, if applicable. (1500 characters)

MPH Biostatistics graduates are specifically trained in prevention techniques, as compared to a medical model of care, which focuses primarily on treatment. The MPH in Biostatistics degree program aligns with MUSC's mission and its interest in disease prevention, wellness, and population health.

The proposed MPH in Biostatistics will help fill a growing need for qualified public health professionals in the state and the nation, as shown in the following table. There is an expansion of college students with an interest in public health, as evidenced by the expansion of students in majors related to public health. For example, the College of Charleston developed a BS and BA degree in Public Health in 2012, and it already has 250 students enrolled with these declared majors. Finally, MPH programs at medical schools typically enroll a significant number of students from health professionals employed at their institution (e.g., physicians, nurses, allied health providers), as they appreciate that the next era of health care will place greater emphasis on wellness and population health.

USC's Arnold School of Public Health offers an MPH degree in Biostatistics. We address concerns about the potential for duplication in the attached supporting documentation.

Employment Opportunities

Is specific employment/workforce data available to support the proposed program?

☒ Yes

☐ No

If yes, complete the table and the component that follows the table on page 4. If no, complete the single narrative response component on page 5 beginning with "Provide supporting evidence."

NEW PROGRAM PROPOSAL

Employment Opportunities			
Occupation	Expected Number of Jobs	Employment Projection	Data Source
US: Statisticians	2012: 27,600/2022: 34,900	1,610 annual openings	Bureau of Labor Statistics
US: Health Technologists and Technicians, All Other	2012: 90,000/2022: 114,600	3,310 annual openings	Bureau of Labor Statistics
US: Medical Scientists, Except Epidemiologists	2012: 103,100/2022: 116,800	3,550 annual openings	Bureau of Labor Statistics
SC: Statisticians	2012: 270/2022: 310	20 annual openings	SC Emp. Sec. Commission
SC: Health Technologists and Technicians, All Other	2012: 860/2022: 1,050	40 annual openings	SC Emp. Sec. Commission
SC: Medical Scientists, Except Epidemiologists	2012: 160/2022: 240	10 annual openings	SC Emp. Sec. Commission

Provide additional information regarding anticipated employment opportunities for graduates.
(1000 characters)

The proposed MPH in Biostatistics is a broad professional degree that will provide graduates marketable skills for careers in public health in a wide range of settings, including public health agencies, local and regional health departments, hospitals and other healthcare organizations, government regulatory agencies, not-for-profit agencies, academic institutions, and industry (specifically health services and pharmaceutical industries, both of which are growth industries). Graduates with MPH training are equipped to enter careers in current and projected growth areas.

MPH programs at medical schools typically enroll a significant number of students from health professionals employed at their institution (e.g., physicians, nurses, allied health professionals, dentists, and pharmacists). We believe there will be considerable demand from these professionals for additional training and credentials in public health so that they can enhance their understanding of how their practice can best meet the public health needs in the future. There is particularly high demand for public health physicians (MD/MPH) to fill executive positions in healthcare enterprise (Training Physicians for Public Health Careers. 2007. The National Academies Press). The fact that the program is located at MUSC, their place of employment, removes one of the primary barriers for enrollment.

NEW PROGRAM PROPOSAL

Provide supporting evidence of anticipated employment opportunities for graduates, including a statement that clearly articulates what the program prepares graduates to do, any documented citations that suggests a correlation between this program and future employment, and other relevant information. Please cite specific resources, as appropriate. (3000 characters)

Note: Only complete this component if you did not complete the Employment Opportunities table and the component that follows the table on page 4.

NEW PROGRAM PROPOSAL

Will the proposed program impact any existing degree programs and services at the institution (e.g., course offerings or enrollment)?

☐ Yes

☒ No

If yes, explain. (500 characters)

The proposed MPH provides a natural extension to graduates of public health undergraduate programs in the vicinity (e.g. CofC). Moreover, once an MPH program is developed at MUSC, dual degree programs could be developed such as BS/MPH (with CofC, for example), MD/MPH, PharmD/MPH, DPT/MPH (with other colleges at MUSC), etc. In addition, there is a need for medical graduate training opportunities for residents (n=700) and fellows especially in infectious disease, cardiology, and pediatrics.

MUSC has an MS in Biostatistics that will remain and the proposed MPH has a different focus in application of biostatistics in public health. Therefore, the MPH will have no expected impact on the MS degree.

NEW PROGRAM PROPOSAL

List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences
MPH in Biostatistics	Arnold School of Public Health - USC	Core coursework	Electives, different student pool, targeted undergrads from the Lowcountry

NEW PROGRAM PROPOSAL

Description of the Program

Projected Enrollment						
Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2015-16	5	45	5	45	5	45
2016-17	12	108	12	108	7	63
2017-18	14	126	14	126	7	63
2018-19	14	126	14	126	7	63
2019-20	14	126	14	126	7	63

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program?

☒ Yes

☐ No

If yes, explain. (1000 characters)

Applicants must possess a Bachelor's degree from an accredited institution and have a strong academic record (it is expected that a GPA of 3.0 on a 4.0 scale will be necessary to be competitive). The applicant will be required to provide official transcripts. Applicants may have a background in public health, social sciences, basic sciences, or physical sciences including computing, mathematics, and engineering. Applicants must submit scores on the quantitative and verbal portions of the GRE or MCAT. Three letters of recommendation from instructors or supervisors who have had close contact with the applicant during their undergraduate, graduate, clinical, or research training will be required. Applicants will include a personal statement describing their interest in pursuing a career in public health and a discussion of their interest in biostatistics.

NEW PROGRAM PROPOSAL

Are there any special articulation agreements for the proposed program?

☐ Yes

☒ No

If yes, identify. (1000 characters)

Although no formalized articulation agreements have been signed, initial discussions with the College of Charleston and USC have identified several potential avenues for collaboration. For example, it may be possible for College of Charleston students to take courses during their undergraduate training so that they can more expeditiously earn an MPH degree in Biostatistics. Drs. Vena and Ramakrishnan (MUSC) met with Dr. Lynne Ford (College of Charleston) in the Fall of 2014 to discuss these opportunities.

Please see appendix for additional information regarding response to CHE review comments and articulation agreements.

NEW PROGRAM PROPOSAL

Curriculum

Select one of the following charts to complete: Curriculum by Year or Curriculum by Category

Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Year 1					
Fall		Spring		Summer	
Biostatistics Methods I	3	Biostatistic Methods II	3	Intro. to Health Systems and Policy	3
Theoretical Foundations of Stat. I	3	Principles of Epidemiology II	3	Intro. to Biomedical Infor.	3
Principles of Epidemiology I	3	Environmental Health Sciences	3	Spec. Topics in Categoric	3
Statistical Computing I	1	Statistical Computing II	1	and Correlated Data Ana	3
Total Semester Hours	10	Total Semester Hours	10	Total Semester Hours	9
Year 2					
Fall		Spring		Summer	
Social and Behavioral Sciences	3	Internship	6		
Public Health Seminar	1	Capstone Project	3		
Elective Coursework	3				
Total Semester Hours	7	Total Semester Hours	9	Total Semester Hours	
Year 3					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 4					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 5					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	

NEW PROGRAM PROPOSAL

Course Name		Credit Hours		Curriculum by Year			Course Name		Credit Hours		Course Name		Credit Hours	
				Year 5										
Fall				Spring							Summer			
Total Semester Hours				Total Semester Hours							Total Semester Hours			

NEW PROGRAM PROPOSAL

[illegible]

* Add category titles to the table (e.g., major, core, general education, concentration, electives, etc.)

NEW PROGRAM PROPOSAL

Total Credit Hours Required

Course Descriptions for New Courses

Course Name	Description
BEHH 700 Social and Behavioral Health Sciences: Principles of Health Behavior and Health Promotion	This course introduces MPH students to the principles and practices of the social and behavioral sciences in public health.
BEHH 701 Introduction to Health Systems and Policy	Identify the main components and issues of the organization, financing, and delivery of health sciences within the various domains of public health in the US.
BIOS725 Statistical Computing I	Students learn to use the primary statistical software packages for data manipulation and analysis corresponding to topics covered in Biostatistics Methods I.
BIOS726 Statistical Computing II	Students learn to use the primary statistical software packages for data manipulation and analysis corresponding to topics covered in Biostatistics Methods II.
BIOS 728 Introduction to Biomedical Informatics	Expose students to high performance computing and communications, issues of copyright and database protection word-wide, principles of database design, genetic databases.
BIOS 729 Design and Analysis of Survey Data	Fundamental principles and methods of sampling populations, with primary attention given to simple random sampling, stratified sampling, and cluster sampling.
BIOS 789 Special Topics in categorical and correlated data analysis	Review of binary logistic and probit regression models; conditional and ordinal, multinomial response regression models.
PHS703 Field Placement in Public Health	MPH students complete a field placement in an appropriate public health setting .
PHS704 Capstone Project	All MPH students will participate in a culminating experience which is required for graduation from the program.

NEW PROGRAM PROPOSAL

Faculty

Faculty and Administrative Personnel				
Rank	Full- or Part-time	Courses Taught or To be Taught, Including Term, Course Number & Title, Credit Hours	Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major	Other Qualifications and Comments (i.e., explain role and/or changes in assignment)
Associate Professor 1 Professor 1	Full-Time Full-Time	Fall Yr 1: BIOS700(3), Bios. Meth. I; Fall Yr 1: BIOS706 (3), Theor. Found. of Stat. I	PhD, UNC, Epid PhD, Johns Hopkins, Biostat	
Associate Professor 2 Professor 2	Full-Time Full-Time	Fall Yr 1: EPID700(3), Princ. of Epi. I; Fall Yr 1: BIOS725 (4), Stat. Comp. I	PhD, UNC, Epid PhD, Johns Hopkins, Biostat	
Associate Professor 3 Assistant Professor 1	Full-Time Full-Time	Spring Yr 1: BIOS701(3), Bios. Meth. II; Spring Yr 1: EPID701 (3), Princ. of Epi. II	PhD, UNC, Epid PhD, Johns Hopkins, Biostat	
Assistant Professor 2	Full-Time	Spring Yr 1: ENVH700(3), Environmental Health	PhD, Monash, Environmental Health	
Professor 3	Full-Time	Spring Yr 1: BIOS726(1), Statistical Computing II	PhD, Johns Hopkins, Biostat	
Associate Professor 4	Full-Time	Summer Yr 1: BEHH701(3), Intro to Health Sys. & Policy	PhD, UNC, Med. Geography	
Associate Professor 5	Full-Time	Summer Yr 1: BIOS728(3), Intro to Biomed. Informatics	PhD, Vanderbilt, Computer Science	
Professor 4 Assistant Professor 3	Full-Time Full-Time	Fall Yr 2: BIOS719(3), Bay. Bios.; Fall Yr 2: BEHH700 (3), Social & Behav. Sci.	PhD, Univ of St. Andrews, Statistics	
Professor 5	Full-Time	Fall Yr 2: DPHS789-03(1), Public Health Seminar	PhD, Suny Buffalo, Epid	

Note: Individuals should be listed with program supervisor positions listed first. Identify any new faculty with an asterisk next to their rank.

NEW PROGRAM PROPOSAL

Total FTE needed to support the proposed program (i.e., the total FTE devoted just to the new program for all faculty, staff, and program administrators):

Faculty Staff Administration

Faculty /Administrative Personnel Changes

Provide a brief explanation of any additional institutional changes in faculty and/or administrative assignment that may result from implementing the proposed program. (1000 characters)

Ten percent of faculty FTE per course will be shifted from research and dedicated to teaching and mentoring students. A program administrator will be hired at 0.2 FTE.

Library and Learning Resources

Identify current library/learning collections, resources, and services necessary to support the proposed program and any additional library resources needed. (1000 characters)

Current library resources are adequate to support the proposed program. The MUSC Library is a database and knowledge center, academic computing support unit, electronic education center, and leader in information planning. Pertinent online resources include the full catalog as well as major biomedical and health-related databases (e.g., MEDLINE, CINAHL, PsycINFO, SciFinder, and PubMed). The library employs over 20 staff, including more than 10 librarians, all with appropriate credentials to assist students, and each college at MUSC has a specific librarian assigned to serve its students.

NEW PROGRAM PROPOSAL

Student Support Services

Identify academic support services needed for the proposed program and any additional estimated costs associated with these services. (500 characters)

Students in the proposed program will receive the same student support services as all other MUSC students. These include academic support services (including a Writing Center and the Center for Academic Excellence), health and wellness services; enrollment management services; and extracurricular student programs. There are no additional costs associated with these services.

Physical Resources

Identify any new instructional equipment needed for the proposed program. (500 characters)

It is not anticipated that additional equipment will be necessary. The current computing and data storage equipment will be updated and replaced using the normal acquisition process. DPHS has Full time Information Technology (IT) Support personnel for support staff, faculty and student systems and software. DPHS provides Network access to internet resources, shared department network storage and services as well as access to High Performance Compute Clustering. DPHS IT staff provide software

Will any extraordinary physical facilities be needed to support the proposed program?

☐ Yes

☒ No

Identify the physical facilities needed to support the program and the institution's plan for meeting the requirements, including new facilities or modifications to existing facilities. (1000 characters)

Given that anticipated annual enrollment in this program is relatively small, the current physical plant will be adequate to meet the educational needs of the students. The core classes taught to students in this program will be conducted in existing classrooms in Cannon Place, the Bioengineering building, and the Drug Discovery building as needed. These classrooms are all equipped with SmartBoard technology, high definition cameras, high-fidelity projection systems, and all necessary audiovisual equipment.

NEW PROGRAM PROPOSAL

Financial Support

Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration	7,357	7,578	7,805	8,039	8,281	39,060
Faculty and Staff Salaries	0	0	0	0	0	0
Graduate Assistants	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Supplies and Materials	750	773	796	820	844	3,982
Library Resources	0	0	0	0	0	0
Other*	13,875	8,935	9,203	9,479	9,764	51,257
Total	21,982	17,286	17,804	18,338	18,889	94,299
Sources of Financing						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	117,030	249,147	289,730	298,410	307,370	1,261,687
Program-Specific Fees	7,425	15,345	17,325	17,325	17,325	74,745
State Funding (i.e., Special State Appropriation)*	0	0	0	0	0	0
Reallocation of Existing Funds*	0	0	0	0	0	0
Federal Funding*	0	0	0	0	0	0
Other Funding*	0	0	0	0	0	0
Total	124,455	264,492	307,055	315,735	324,695	1,336,432
Net Total (i.e., Estimated New Costs Minus Sources of Financing)	102,473	247,206	289,251	297,397	305,806	1,242,133

*Provide an explanation for these costs and sources of financing in the budget justification.

NEW PROGRAM PROPOSAL

Budget Justification

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table. (1000 characters)

Note: Only provide this budget justification if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.

Implementation of this program will not incur any unique costs or special state appropriations. Tuition and research grants to the faculty will be the primary source of funding. It is anticipated that this proposal will result in a total of \$22,000 of new expenses in year 1 for staff support, supplies and including \$14,000 in other expenses for recruitment and accreditation fees, with the necessary adjustments each year. Faculty salary costs are estimated to be approximately \$116,000 in year 1, \$168,000 in year 2, \$172,000 in year 3, \$177,000 in year 4, and \$183,000 in year 5. (10% FTE per course shifted from research to teaching).

Sources of financing are based on the assumption the mix of in-state to out-of-state students will be approximately 50/50, as has been the case in the College of Graduate Studies over the last three years.

Most of the necessary infrastructure exists now, so there will be few new costs directly associated with the program administration.

NEW PROGRAM PROPOSAL

Evaluation and Assessment

Programmatic Assessment: Provide an outline of how the proposed program will be evaluated, including any plans to track employment. Identify assessment tools or software used in the evaluation. Explain how assessment data will be used. (3000 characters)

Per university policy, each academic degree program engages in continuous quality improvement through annual self-assessment of performance on program outcomes (PO) and student learning outcomes (SLO). At least every three years, these data drive comprehensive plans for improvement.

PO 1: The program performs well on dashboard indices of quality

Measure 1: Percent of students who graduate within 5 semesters

Description of Measure: The proportion of students who complete the program in 5 semesters.

Criterion/Target: 75%

Measure 2: Percent of students who obtain full-time employment in a relevant field within one year of graduating.

Criterion/Target: 90 %

Individual responsible for reporting data: DPHS

Measure 3: The rate of first-time pass on the MPH certification exam and the biostatistics section of the MPH certification exam.

Criterion/Target: Meet or exceed the National Rate.

PO 2: The program performs well on dashboard indices of satisfaction.

Measure 1: Percent of graduating students who agreed that they would recommend the program to other prospective students.

Criterion/Target: 90 %

Individual responsible for reporting data: DPHS

Measure 2: Percent of graduating students who agreed that the program met their expectation.

Criterion/Target: 90 %

Individual responsible for reporting data: DPHS

NEW PROGRAM PROPOSAL

Student Learning Assessment

Expected Student Learning Outcomes	Methods of/Criteria for Assessment
Demonstrate a mastery of fundamentals of biostatistics	<p>Measure 1: Percent of students demonstrating comprehensive knowledge by meeting or exceeding the portion of the Master's comprehensive exam grading rubric related to the learning outcome.</p> <p>Measure 2: Percent of students demonstrating a mastery of the basic concepts of statistics by meeting or exceeding the portion of the capstone grading rubric for biostatistics.</p>
Demonstrate an understanding of core public health areas	<p>Measure 1: Percent of students demonstrating comprehensive knowledge by meeting or exceeding the portion of the Master's comprehensive exam grading rubric related to the learning outcome.</p> <p>Measure 2: Percent of students demonstrating a mastery of the core concepts in areas of public health by meeting or exceeding the portion of the capstone grading rubric for public health.</p>
Demonstrate competency in application of statistical software packages	<p>Measure 1: Percent of students demonstrating software proficiency by meeting or exceeding the portion of the Master's comprehensive exam grading rubric related to the learning outcome.</p> <p>Measure 2: Percent of students demonstrating a proficiency in statistical software by meeting or exceeding that portion of the capstone grading rubric.</p>

NEW PROGRAM PROPOSAL

Will the proposed program seek program-specific accreditation?

☒ Yes

☐ No

If yes, provide the institution's plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

<http://ceph.org/constituents/schools/considering/>

The review process for first-time public health program accreditation is approximately three years from the date of the application's acceptance to the date of the Council's official decision, though it may be abbreviated, in consultation with CEPH staff, if special circumstances exist. An accreditation unit that is not accredited by CEPH begins the accreditation review process by submitting an application. We plan to submit an application for review at the June 11-13, 2015 Council meeting. April 28, 2015: All materials due for the June 2015 Council on Education in Public Health meeting. A preliminary self-study would be due by June 2017 followed by a site visit estimated to be in Fall 2017 with anticipated accreditation decision in Spring 2018.

Will the proposed program lead to licensure or certification?

☐ Yes

☒ No

If yes, explain how the program will prepare students for licensure or certification. (500 characters)

The MPH degree is required to take the certification exam, which is optional. We will encourage and support graduates to take the exam.

NEW PROGRAM PROPOSAL

Teacher or School Professional Preparation Programs

Is the proposed program a teacher or school professional preparation program?

☐ Yes

☒ No

If yes, complete the following components.

Area of Certification

--

Attach a document addressing the South Carolina Department of Education Requirements and SPA or Other National Specialized and/or Professional Association Standards.

NEW PROGRAM PROPOSAL

Name of Institution

Medical University of South Carolina

Name of Program (include concentrations, options, and tracks)

Master of Public Health in Health Behavior and Health Promotion

Program Designation

- ☐ Associate's Degree ☒ Master's Degree
☐ Bachelor's Degree: 4 Year ☐ Specialist
☐ Bachelor's Degree: 5 Year ☐ Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)
☐ Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., PharmD., and M.D.)

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes
☒ No

Proposed Date of Implementation

Fall 2015

CIP Code

51.2207

Delivery Site(s)

Medical University of South Carolina

Delivery Mode

- ☒ Traditional/face-to-face*
*select if less than 50% online
☐ Distance Education
☐ 100% online
☐ Blended (more than 50% online)
☐ Other distance education

Program Contact Information (name, title, telephone number, and email address)

Dr. John Vena
Professor and Founding Chair, Department of Public Health Sciences
843-876-8687
vena@musc.edu

Institutional Approvals and Dates of Approval

Department of Public Health Sciences MPH Curriculum Committee – 09/05/2014
Department of Public Health Sciences – 10/06/2014
College of Medicine Public Health Committee – 10/14/2014
Deans Council – 10/20/2014
Senior Leadership Council -- expected November 2014
MUSC Board of Trustees – December 2014

NEW PROGRAM PROPOSAL

Background Information

State the nature and purpose of the proposed program, including target audience and centrality to institutional mission. (1500 characters)

MUSC proposes an MPH program in Health Behavior and Health Promotion. This program is consistent with MUSC's mission as an academic health science center to preserve and optimize human life. The nation's transition to a new healthcare delivery model means that professionals with expertise in prevention and community-based research will be critical to ensuring adequately available healthcare for all and for improving the health of the nation. For MUSC to retain its standing as a premier academic health science center, it must develop expertise, research presence, and practice opportunities in population health and prevention. The proposed MPH in Health Behavior and Health Promotion degree program will prepare the next generation of public health scientists and will support MUSC's development in this area.

Students in the MPH Health Behavior and Health Promotion program will learn how to evaluate the status of the health of diverse populations and to develop sound plans and strategies to implement them to improve population health.

MUSC is uniquely positioned to deliver this degree program, as it is expected that a substantial portion of the students in this program will be current healthcare providers interested in expanding their knowledge in public health.

In compliance with professional accreditation standards, the curriculum includes core courses (relevant for all MPH degrees) and required and elective courses specifically in Health Behavior and Health.

List the program objectives. (2000 characters)

The following Core Competencies/Objectives are driven by the Association of Schools of Public Health core competency guidelines.(2006)*

- +Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
- +Identify the causes of social and behavioral factors that affect health of individuals and populations.
- +Identify individual, organizational and community concerns, assets resources and deficits for social and behavioral science interventions.
- +Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.
- +Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
- +Describe the role of social and community factors in both the onset and solution of public health problems.
- +Describe the merits of social and behavioral science interventions and policies.
- +Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
- +Apply ethical principles to public health program planning, implementation and evaluation.
- +Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.

Another objective is to help fill a growing need for qualified public health professionals to ensure adequate availability of healthcare for all as the nation transitions to a new healthcare delivery model. Lastly, the program will provide graduates marketable skills for careers in public health in a wide range of settings, including public health agencies, local and regional health departments, hospitals and other healthcare organizations, government regulatory agencies, not-for-profit agencies, academic institutions, and industry (specifically health services and pharmaceutical industries, both of which are growth industries). Graduates with MPH training are equipped to enter careers in current and projected growth areas.

*ASPH Education Committee. (August 2006). *Master's Degree in Public Health Core Competency Development Project*. <http://www.aspph.org/educate/models/mph-competency-model/>

NEW PROGRAM PROPOSAL

Assessment of Need

Provide an assessment of the need for the program for the institution, the state, the region, and beyond, if applicable. (1500 characters)

MPH Health Behavior and Health Promotion graduates are specifically trained in prevention techniques, as compared to a medical model of care, which focuses primarily on treatment. The MPH in Health Behavior and Health Promotion degree program aligns with MUSC's mission and its interest in disease prevention, wellness, and population health.

The proposed MPH in Health Behavior and Health Promotion will help fill a growing need for qualified public health professionals in the state and the nation, as shown in the following table. There is an expansion of college students with an interest in public health, as evidenced by the expansion of students in majors related to public health. For example, the College of Charleston developed a BS and BA degree in Public Health in 2012, and it already has 250 students enrolled with these declared majors. Finally, MPH programs at medical schools typically enroll a significant number of students from health professionals employed at their institution (e.g., physicians, nurses, allied health providers), as they appreciate that the next era of health care will place greater emphasis on wellness and population health.

USC's Arnold School of Public Health offers an MPH degree in Health Behavior and Health Promotion. We address concerns about the potential for duplication in the attached supporting documentation.

Employment Opportunities

Is specific employment/workforce data available to support the proposed program?

☒ Yes

☐ No

If yes, complete the table and the component that follows the table on page 4. If no, complete the single narrative response component on page 5 beginning with "Provide supporting evidence."

NEW PROGRAM PROPOSAL

Employment Opportunities			
Occupation	Expected Number of Jobs	Employment Projection	Data Source
US: Medical and Health Services Managers	2012: 315,500/2022: 388,800	14,990 annual openings	Bureau of Labor Statistics
US: Healthcare Support Workers, All Other	2012: 107,000/2012: 124,600	3,770 annual openings	Bureau of Labor Statistics
US: Health Educators US: Community Health Workers	2012: 58,900/2022: 70,100 2012: 40,500/2022: 50,700	2,080 annual openings 2,600 annual openings	Bureau of Labor Statistics Bureau of Labor Statistics
SC: Medical and Health Services Managers	2012: 5,000/2022: 6,170	240 annual openings	SC Emp. Sec. Commission
SC: Healthcare Support Workers, All Other	2012: 1,820/2022: 2,110	60 annual openings	SC Emp. Sec. Commission
SC: Health Educators SC: Community Health Workers	2012: 1,110/2022: 1,380 2012: 460/2022: 580	50 annual openings 20 annual openings	SC Emp. Sec. Commission SC Emp. Sec. Commission

Provide additional information regarding anticipated employment opportunities for graduates.
(1000 characters)

The proposed MPH in Health Behavior and Health Promotion is a broad professional degree that will provide graduates marketable skills for careers in public health in a wide range of settings, including public health agencies, local and regional health departments, hospitals and other healthcare organizations, government regulatory agencies, not-for-profit agencies, academic institutions, and industry (specifically health services and pharmaceutical industries, both of which are growth industries). Graduates with MPH training are equipped to enter careers in current and projected growth areas.

MPH programs at medical schools typically enroll a significant number of students from health professionals employed at their institution (e.g., physicians, nurses, allied health professionals, dentists, and pharmacists). We believe there will be considerable demand from these professionals for additional training and credentials in public health so that they can enhance their understanding of how their practice can best meet the public health needs in the future. There is particularly high demand for public health physicians (MD/MPH) to fill executive positions in healthcare enterprise (Training Physicians for Public Health Careers. 2007. The National Academies Press). The fact that the program is located at MUSC, their place of employment, removes one of the primary barriers for enrollment.

NEW PROGRAM PROPOSAL

Provide supporting evidence of anticipated employment opportunities for graduates, including a statement that clearly articulates what the program prepares graduates to do, any documented citations that suggests a correlation between this program and future employment, and other relevant information. Please cite specific resources, as appropriate. (3000 characters)

Note: Only complete this component if you did not complete the Employment Opportunities table and the component that follows the table on page 4.

NEW PROGRAM PROPOSAL

Will the proposed program impact any existing degree programs and services at the institution (e.g., course offerings or enrollment)?

☐ Yes

☒ No

If yes, explain. (500 characters)

The proposed MPH provides a natural extension to graduates of public health undergraduate programs in the vicinity (e.g. CofC). Moreover, once an MPH program is developed at MUSC, dual degree programs could be developed such as BS/MPH (with CofC, for example), MD/MPH, PharmD/MPH, DPT/MPH (with other colleges at MUSC), etc. In addition, there is a need for medical graduate training opportunities for residents (n=700) and fellows especially in infectious disease, cardiology, and pediatrics.

NEW PROGRAM PROPOSAL

List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences
MPH in Health Behavior and Health Promotion	Arnold School of Public Health - USC	Core coursework	Electives, different student pool, targeted undergrads from the Lowcountry

NEW PROGRAM PROPOSAL

Description of the Program

Projected Enrollment						
Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2015-16	10	90	10	90	10	90
2016-17	24	216	24	216	14	126
2017-18	29	261	29	261	15	135
2018-19	30	270	30	270	15	135
2019-20	30	270	30	270	15	135

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program?

☒ Yes

☐ No

If yes, explain. (1000 characters)

Applicants must possess a Bachelor's degree from an accredited institution and have a strong academic record (it is expected that a GPA of 3.0 on a 4.0 scale will be necessary to be competitive). The applicant will be required to provide official transcripts. Applicants may have a background in public health, social sciences, basic sciences, or physical sciences including computing, mathematics, and engineering. Applicants must submit scores on the quantitative and verbal portions of the GRE or MCAT. Three letters of recommendation from instructors or supervisors who have had close contact with the applicant during their undergraduate, graduate, clinical, or research training will be required. Applicants will include a personal statement describing their interest in pursuing a career in public health and a discussion of their interest in health behavior and health promotion.

NEW PROGRAM PROPOSAL

Are there any special articulation agreements for the proposed program?

☐ Yes

☒ No

If yes, identify. (1000 characters)

Although no formalized articulation agreements have been signed, initial discussions with the College of Charleston and USC have identified several potential avenues for collaboration. For example, it may be possible for College of Charleston students to take courses during their undergraduate training so that they can more expeditiously earn an MPH degree in Health Behavior and Health Promotion. Drs. Vena and Ramakrishnan (MUSC) met with Dr. Lynne Ford (College of Charleston) in the Fall of 2014 to discuss these opportunities.

Please see appendix for additional information regarding response to CHE review comments and articulation agreements.

Curriculum

Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Year 1					
Fall		Spring		Summer	
Biostatistics Methods I	3	Environmental Health Sciences	3	Design & Cond. Field Epi	3
Introduction to Public Health	2	Principles of Epidemiology II	3	Intro to Health Systems	
Principles of Epidemiology I	3	Social and Behavioral Sciences	3	and Policy	3
Public Health Seminar	1			Elective Coursework	3
Total Semester Hours	9	Total Semester Hours	9	Total Semester Hours	9
Year 2					
Fall		Spring		Summer	
Introto Health Behavior Theory	3	Internship	6		
Elective Coursework	6	Capstone Project	3		
Total Semester Hours	9	Total Semester Hours	9	Total Semester Hours	
Year 3					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 4					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 5					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	

NEW PROGRAM PROPOSAL

Curriculum by Year						
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours	Credit Hours
Year 5						
Fall		Spring		Summer		
Total Semester Hours		Total Semester Hours		Total Semester Hours		

NEW PROGRAM PROPOSAL

[illegible]

* Add category titles to the table (e.g., major, core, general education, concentration, electives, etc.)

NEW PROGRAM PROPOSAL

Total Credit Hours Required

Course Descriptions for New Courses

Course Name	Description
BEHH 700 Social and Behavioral Health Sciences: Principles of Health Behavior and Health Promotion	This course introduces MPH students to the principles and practices of the social and behavioral sciences in public health.
BEHH 701 Introduction to Health Systems and Policy	Identify the main components and issues of the organization, financing, and delivery of health sciences within the various domains of public health in the US.
BEHH702 Introduction to Health Behavior Theory	This course will enable the student to describe the role of social and community factors in both the onset and solution of public health problems.
BEHH 703 Health Promotion Intervention Planning	Critically examine models and processes for the systematic planning of public health interventions in a variety of settings.
PHS703 Field Placement in Public Health	MPH students complete a field placement in an appropriate public health setting .
PHS704 Capstone Project	All MPH students will participate in a culminating experience which is required for graduation from the program.

NEW PROGRAM PROPOSAL

Faculty

Faculty and Administrative Personnel				
Rank	Full- or Part-time	Courses Taught or To be Taught, Including Term, Course Number & Title, Credit Hours	Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major	Other Qualifications and Comments (i.e., explain role and/or changes in assignment)
Associate Professor 1 Associate Professor 2	Full-Time Full-Time	Fall Yr 1: EPID700(3) Princ. of Epi. I; Fall Yr 1: BIOS700 (3) Biostatistics Methods I	PhD, Monash, Env. Health PhD, UNC, Epid	
Associate Professor 3	Full-Time	Fall Yr 1: EPID789-05(2) Intro. to Pub. Health	PhD, Monash, Env. Health PhD, UNC, Epid	
Professor 1 Associate Professor 4	Full-Time Full-Time	Fall Yr 1: DPHS789-03(1) Pub. Health Sem.; Spr. Yr 1: EPID701(3) Princ. of Epi. II	PhD, Monash, Env. Health PhD, UNC, Epid	
Associate Professor 5	Full-Time	Spr. Yr 1: ENVH 700(3) Env. Health Sci.	PhD, Monash, Env. Health	
Assistant Professor 1	Full-Time	Spr. Yr 1: BEHH 700(3) Soc. & Behav. Sci.	PhD, UNC, Behav. Health	
Professor 2	Full-Time	Summer Yr 1: EPID 738(3) Design & Conduct, Field Epi.	PhD, Johns Hopkins, Epid	
Associate Professor 6	Full-Time	Summer Yr 1: BEHH701(3) Intro to Health Syst. & Pol.	PhD, UNC, Med. Geography	
Professor 3	Full-Time	Summer Yr 1: BEHH703(3) Health Promo. Interv. Plan.	PhD, Harvard, Public Health	
Professor 4 Assist./Assoc./Prof.	Full-Time Full-Time	Fall Yr 2: BEHH702(3), Intro to Health Behavior Theory; Fall Yr 2: Elec. Course (6)	PhD, N. MI, Social Work & Psych. Varies by elective taken	

Note: Individuals should be listed with program supervisor positions listed first. Identify any new faculty with an asterisk next to their rank.

NEW PROGRAM PROPOSAL

Total FTE needed to support the proposed program (i.e., the total FTE devoted just to the new program for all faculty, staff, and program administrators):

Faculty

1.4

Staff

0.2

Administration

0.0

Faculty /Administrative Personnel Changes

Provide a brief explanation of any additional institutional changes in faculty and/or administrative assignment that may result from implementing the proposed program. (1000 characters)

Ten percent of faculty FTE per course will be shifted from research and dedicated to teaching and mentoring students. A program administrator will be hired at 0.2 FTE.

Library and Learning Resources

Identify current library/learning collections, resources, and services necessary to support the proposed program and any additional library resources needed. (1000 characters)

Current library resources are adequate to support the proposed program. The MUSC Library is a database and knowledge center, academic computing support unit, electronic education center, and leader in information planning. Pertinent online resources include the full catalog as well as major biomedical and health-related databases (e.g., MEDLINE, CINAHL, PsycINFO, SciFinder, and PubMed). The library employs over 20 staff, including more than 10 librarians, all with appropriate credentials to assist students, and each college at MUSC has a specific librarian assigned to serve its students.

NEW PROGRAM PROPOSAL

Student Support Services

Identify academic support services needed for the proposed program and any additional estimated costs associated with these services. (500 characters)

Students in the proposed program will receive the same student support services as all other MUSC students. These include academic support services (including a Writing Center and the Center for Academic Excellence), health and wellness services; enrollment management services; and extracurricular student programs. There are no additional costs associated with these services.

Physical Resources

Identify any new instructional equipment needed for the proposed program. (500 characters)

It is not anticipated that additional equipment will be necessary. The current computing and data storage equipment will be updated and replaced using the normal acquisition process. DPHS has Full time Information Technology (IT) Support personnel for support staff, faculty and student systems and software. DPHS provides Network access to internet resources, shared department network storage and services as well as access to High Performance Compute Clustering. DPHS IT staff provide software

Will any extraordinary physical facilities be needed to support the proposed program?

☐ Yes

☒ No

Identify the physical facilities needed to support the program and the institution's plan for meeting the requirements, including new facilities or modifications to existing facilities. (1000 characters)

Given that anticipated annual enrollment in this program is relatively small, the current physical plant will be adequate to meet the educational needs of the students. The core classes taught to students in this program will be conducted in existing classrooms in Cannon Place, the Bioengineering building, and the Drug Discovery building as needed. These classrooms are all equipped with SmartBoard technology, high definition cameras, high-fidelity projection systems, and all necessary audiovisual equipment.

NEW PROGRAM PROPOSAL

Financial Support

Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration	7,357	7,578	7,805	8,039	8,281	39,060
Faculty and Staff Salaries	0	0	0	0	0	0
Graduate Assistants	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Supplies and Materials	750	773	796	820	844	3,982
Library Resources	0	0	0	0	0	0
Other*	13,875	8,935	9,203	9,479	9,764	51,257
Total	21,982	17,286	17,804	18,338	18,889	94,299
Sources of Financing						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	234,060	498,294	604,294	639,450	658,650	2,634,748
Program-Specific Fees	14,850	30,690	36,135	37,125	37,125	155,925
State Funding (i.e., Special State Appropriation)*	0	0	0	0	0	0
Reallocation of Existing Funds*	0	0	0	0	0	0
Federal Funding*	0	0	0	0	0	0
Other Funding*	0	0	0	0	0	0
Total	248,910	528,984	640,429	676,575	695,775	2,790,673
Net Total (i.e., Estimated New Costs Minus Sources of Financing)	226,928	511,698	622,625	658,237	676,886	2,696,374

*Provide an explanation for these costs and sources of financing in the budget justification.

NEW PROGRAM PROPOSAL

Budget Justification

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table. (1000 characters)

Note: Only provide this budget justification if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.

Implementation of this program will not incur any unique costs or special state appropriations. Tuition and research grants to the faculty will be the primary source of funding. It is anticipated that this proposal will result in a total of \$22,000 of new expenses in year 1 for staff support, supplies and including \$14,000 in other expenses for recruitment and accreditation fees, with the necessary adjustments each year. Faculty salary costs are estimated to be approximately \$116,000 in year 1, \$168,000 in year 2, \$172,000 in year 3, \$177,000 in year 4, and \$183,000 in year 5. (10% FTE per course shifted from research to teaching).

Sources of financing are based on the assumption the mix of in-state to out-of-state students will be approximately 50/50, as has been the case in the College of Graduate Studies over the last three years.

Most of the necessary infrastructure exists now, so there will be few new costs directly associated with the program administration.

NEW PROGRAM PROPOSAL

Evaluation and Assessment

Programmatic Assessment: Provide an outline of how the proposed program will be evaluated, including any plans to track employment. Identify assessment tools or software used in the evaluation. Explain how assessment data will be used. (3000 characters)

Per university policy, each academic degree program engages in continuous quality improvement through annual self-assessment of performance on program outcomes (PO) and student learning outcomes (SLO). At least every three years, these data drive comprehensive plans for improvement.

PO 1: The program performs well on dashboard indices of quality

Measure 1: Percent of students who graduate within 5 semesters

Criterion/Target: 75%

Individual responsible for reporting data: DPHS

Measure 2: Percent of students who obtain full-time employment in a relevant field within one year of graduating.

Criterion/Target: 90 %

Individual responsible for reporting data: DPHS

Measure 3: The rate of first-time pass on the MPH certification exam

Criterion/Target: Meet or exceed the National Rate.

Individual responsible for reporting data: DPHS

Measure 4: First-time pass rate on the behavioral science and health promotion section of the MPH certification exam

Criterion/Target: Meet or exceed the National Rate.

Individual responsible for reporting data: DPHS

PO 2: The program performs well on dashboard indices of satisfaction.

Measure 1: Percent of graduating students who agreed that they would recommend the program to other prospective students.

Criterion/Target: 90 %

Individual responsible for reporting data: DPHS

Measure 2: Percent of graduating students who agreed that the program met their expectation.

Criterion/Target: 90 %

Individual responsible for reporting data: DPHS

NEW PROGRAM PROPOSAL

Student Learning Assessment

Expected Student Learning Outcomes	Methods of/Criteria for Assessment
Demonstrate a mastery of fundamentals of behavioral science and health promotion	<p>Measure 1: Percent of students demonstrating a comprehensive knowledge of behavioral science and health promotion by meeting or exceeding expectations for that portion of the Master's Comprehensive Exam grading rubric.</p> <p>Measure 2: Percent of students demonstrating a mastery of the fundamentals of behavioral science and health promotion by meeting or exceeding that portion of the capstone grading rubric.</p>
Demonstrate an understanding of core public health areas	<p>Measure 1: Percent of students demonstrating a comprehensive knowledge of core public health areas by meeting or exceeding that portion of the Master's comprehensive exam grading rubric.</p> <p>Measure 2: Percent of students demonstrating a mastery of the core concepts in areas of public health by meeting or exceeding that portion of the capstone grading rubric.</p>
Demonstrate competency in application of behavioral and promotional concepts and analytic approaches	<p>Measure 1: Percentage of students demonstrating the ability to design studies, manage data, and apply analytic software by meeting or exceeding that portion of the Master's comprehensive exam grading rubric.</p> <p>Measure 2: Percent of students demonstrating the ability to independently and correctly obtain and analyze data relating to their capstone project by meeting or exceeding that portion of the capstone grading rubric.</p>

NEW PROGRAM PROPOSAL

Will the proposed program seek program-specific accreditation?

☒ Yes

☐ No

If yes, provide the institution's plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

<http://ceph.org/constituents/schools/considering/>

The review process for first-time public health program accreditation is approximately three years from the date of the application's acceptance to the date of the Council's official decision, though it may be abbreviated, in consultation with CEPH staff, if special circumstances exist. An accreditation unit that is not accredited by CEPH begins the accreditation review process by submitting an application. We plan to submit an application for review at the June 11-13, 2015 Council meeting. April 28, 2015: All materials due for the June 2015 Council on Education in Public Health meeting. A preliminary self-study would be due by June 2017 followed by a site visit estimated to be in Fall 2017 with anticipated accreditation decision in Spring 2018.

Will the proposed program lead to licensure or certification?

☐ Yes

☒ No

If yes, explain how the program will prepare students for licensure or certification. (500 characters)

The MPH degree is required to take the certification exam, which is optional. We will encourage and support graduates to take the exam.

NEW PROGRAM PROPOSAL

Teacher or School Professional Preparation Programs

Is the proposed program a teacher or school professional preparation program?

☐ Yes

☒ No

If yes, complete the following components.

Area of Certification

--

Attach a document addressing the South Carolina Department of Education Requirements and SPA or Other National Specialized and/or Professional Association Standards.

MEDICAL UNIVERSITY OF SOUTH CAROLINA

COLLEGE OF NURSING

PROGRAM MODIFICATION

**ADDITION OF AN EXECUTIVE LEADERSHIP & INNOVATIONS TRACK
TO THE DOCTORATE OF NURSING PRACTICE PROGRAM**

Mark S. Sothmann, PhD
Vice President of Academic Affairs and Provost

Program Contact:

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Name of Institution: Medical University of South Carolina

Name of Program: Executive Leadership and Innovations track, Doctorate of Nursing Practice

Program Designation: Doctoral Degree: Professional Practice

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

No

Proposed date of implementation: August 2015

CIP Code: 51.3801

Delivery Mode: Distance education: 100% online, asynchronous

Institutional Approvals and Dates of Approval:

1. College of Nursing Faculty Assembly: September 15, 2014
2. Deans Council: October 20, 2014

Background Information

Provide a detailed description of the proposed modification, including its nature and purpose and centrality to institutional mission (1500 characters).

MUSC College of Nursing's (CON) Doctorate of Nursing Practice (DNP) program was originally approved by the CHE on October 6, 2008. Research and health care reform recommendations recognize the expansion of nursing roles and responsibilities (IOM, 2011). The proposed Nurse Executive Leadership and Innovations program meets the current recommendations of the American Organization of Nurse Executives (AONE), American Association of Colleges of Nursing (AACN), and the Institute of Medicine's (IOM) for preparing executive nurse leaders to transform health care (AONE, 2011; IOM, 2011). The program will focus on providing nurses the knowledge and skills to be executive leaders who are competent, entrepreneurial and can transform health care and outcomes in an ever-changing healthcare system. The core competencies for the nurse executive have been threaded throughout the proposed curriculum and include: knowledge of the health care delivery system and organizational environment: health care finance, policy, and management; communication and relationship management; and diversity and professionalism (AONE, 2011). The didactic portion of the coursework will provide the knowledge and skills nurse executives require to be successful. The executive clinical experiences will allow the nurse to refine the specialized skills, behaviors and attitudes in preparation for the advanced nurse executive role. Currently, nurses are admitted to the DNP program at two entry points, post-BSN or post-MSN. The BSN will be required for the current track, but the masters degree may be an MSN, MHA, or MBA, as these degrees address the administrative role graduates of the program will be prepared to assume.

List the objectives of the modified program (1500 characters).

1. Demonstrate expertise in advanced executive nursing practice role based on mastery of a specialized area of knowledge derived from a strong scientific foundation.
2. Use clinical scholarship and analytical methods to improve quality and safety in health care systems through organizational leadership, systems thinking, and practice management acumen.
3. Implement continuous quality improvement in patient care and provide leadership in practice and clinical decision-making through use of information systems and technology resources.
4. Foster interprofessional collaboration and teamwork in the improvement of population health outcomes.
5. Influence health care policy that determines the financing, regulation, access, and delivery of care.
6. Promote health equity in the provision of care to eliminate health disparities.

Assessment of need

Provide an assessment of the need of the program modification for the institution, the state, the region, and beyond, if applicable (1500 characters).

The MUSC CON continues to provide and refine programs of nursing education that support the University Mission to “preserve and optimize human life in South Carolina and beyond” through an “interprofessional environment” (MUSC, 2014). The US Nursing Workforce report identified only 0.4% of all nurses are doctorally prepared and the estimated growth for executive nurses was 85.9% from 2000 through 2010 (2013). Historically nurses specialized in the practice of administration but it is recognized nurses must be prepared as advanced executives with the terminal DNP degree (Swanson & Stanton, 2013; AONE, 2011) to transform health care to achieve safe, high quality care that is equitable and patient centered (AONE, 2012; IOM, 2011). In the US there are over 5000 nurses in executive positions with the responsibility to obtain best health care outcomes and innovations in care delivery (Frederickson & Nickitas, 2011). The AONE recognized DNP nurse executives must have core competencies identified above (AONE, 2011). Various organizations have identified nurse executives as increasing quality, efficiency and transparency using collaboration, informatics, quality improvement, and evidence based practices (ACHE, 2014; AONE, 2010; 2012; IOM, 2011). The DNP nurse executive is the bridge between the patient/family, community, interdisciplinary team, and administration. As RNs obtaining advanced education based on core competencies, the nurse executive will be visionary and innovative. The proposed asynchronous online program will be completed in 2 years (7 semesters) and is the only one available in South Carolina. The flexibility of online education allows students to continue working while obtaining graduate education.

Will the proposed modification impact any existing programs and services at the institution?

Yes.

If yes, explain (1000 characters).

Currently, nurses seeking a doctoral degree in health administration and leadership at MUSC may enroll in MUSC's Doctorate of Health Administration (DHA) program. This program is a generalist leadership program in health administration; it is not tailored to nurses. The addition of the Nurse Executive in Leadership and Innovations track of the DNP allows licensed nurses to be educated specifically as nurse executives. It is anticipated that initially, the introduction of this track to the DNP program may reduce the number of nurses who apply to the DHA program, but because of the large non-nursing applicant pool to the DHA program, we expect the DHA program will fill those slots with well-qualified non-nurse candidates who are interested in health administration. In addition, some licensed nurses may still elect to pursue the DHA. The addition of the DNP Leadership and Innovations track provides licensed nurses the ability to tailor their education to their career aspirations.

List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences
Nurse Administration	Clemson University	Administrative focus	MSN degree; Traditional Program (not online)
Nurse Executive	USC – Columbia	DNP Nurse Executive, Proposed opening 2015 per newsletter	Traditional Program (not online)

Description of the Program

Projected Enrollment

Year	Fall		Spring		Summer	
	Headcount	Credit Hrs	Headcount	Credit Hrs	Headcount	Credit Hrs
2015	10	10	10	12	10	6
2016	15	10	15	12	15	6
2017	20	10	10	12	10	6
2018	15	10	10	12	10	6
2019	15	10	10	12	10	6

Curriculum

Executive Leadership and Innovations DNP

Post-BSN Full Time Plan of Study

Year 1, Fall Semester				
NRDNP	854	Scientific Underpinning for Practice	3 sh	(3,0,0)
NRDNP	858	Evidence-Based Practice, Quality and Safety	3 sh	(3,0,0)
NRDNP	860	Applied Epidemiology and Biostatistics in Health Care	4 sh	(4,0,0)
Year 1, Spring Semester				
NRDNP	846	Frameworks for Leadership & Interprofessional Collaboration	3 sh	(3,0,0)
NRDNP	EL5	Executive Role Practicum (135 hours – approx. 9 hrs/wk)	3 sh	(0,0,3)
NRDNP	830	Applied Health Care Economics and Finance	3 sh	(3,0,0)
NRDNP	708	Advanced Health Policy and Advocacy	3 sh	(3,0,0)

Year 1, Summer Semester				
NRDNP	836	Informatics in Health Care Delivery	3 sh	(3,0,0)
NRDNP	EL1	Delivery Systems Supporting Health Improvement Strategies	2 sh	(2,0,0)
NRDNP	890	Residency (45 clinical hours- approx. 3 hrs/wk)	1 sh	(0,0,2)
Year 2, Fall Semester				
NRDNP	EL2	Advanced Financial Management	3 sh	(3,0,0)
NRDNP	850	Organizational Theory and Health Care Systems	3 sh	(3,0,0)
NRDNP	862	Practice Inquiry and IRB	3 sh	(3,0,0)
NRDNP	890	Residency (90 clinical hours- approx. 6 hrs/wk)	2 sh	(0,0,2)
Year 2, Spring Semester				
NRDNP	EL3	Legal/Risk Management, Negotiation and Mediation	3 sh	(3,0,0)
NRDNP	EL4	Strategic Leadership, Innovations and Entrepreneurship	3 sh	(3,0,0)
NRDNP	890	Residency (135 clinical hours- approx. 9 hrs/wk)	3 sh	(0,0,3)
Year 2, Summer Semester				
NRDNP	890	Residency (270 clinical hours- approx. 18 hrs/wk)	6 sh	(0,0,7)
Year 3, Fall Semester				
NRDNP	890	Residency (225 clinical hours- approx. 16 hrs/wk)	5 sh	(0,0,3)
Minimum DNP course work			59 sh	(39,0,20)

Curriculum Changes

Note: Complete this table only if there are changes to the curriculum

Courses Eliminated from the Program	Courses Added to the Program
The courses below are eliminated from this track's requirement, not from the program	NRDNP EL1 Delivery Systems Supporting Health Improvement Strategies
NRDNP 838 Advanced Pathophysiology	NRDNP EL2 Advanced Financial Management
NRDNP 856 Advanced Clinical Assessment and Reasoning	NRDNP EL3 Legal/Risk Management, Negotiation and Mediation
NRDNP 842 Advanced Pharmacotherapeutics	NRDNP EL4 Strategic Leadership, Innovations and Entrepreneurship
NRDNP 864/865/866 Advanced Care Management I/II/III	NRDNP EL5 Executive Role Practicum
NRDNP 848B Role Practicum	

Faculty

Provide a brief explanation of any additional institutional changes in faculty and/or administrative assignment that may result from implementing the proposed program modification (1000 characters).

To meet the demands of this modified program the CON will need 1 new FTE to begin the program in and workload will be monitored to determine if additional effort is needed as the program grows. In addition, the Director of the DNP program will need .05 FTE increase to oversee this program. The current number of faculty and current FTE devoted to the DNP program are shown below. The faculty members to be hired will have experience in the RN role, administrative role and be masters-prepared with a doctorate preferred. Experience in teaching will be critical.

Faculty devoted to the DNP Degree Program			
	Full-Time	Part-Time	Total

N faculty	19	6	25
FTE	10.05	2.2	12.25

Almost all regular, tenure track faculty members (87%) are either doctorally prepared (PhD, ScD, DrPH, DNP) or currently enrolled (9%) in a doctoral program (PhD, EdD or DNP). No faculty member holds less than a master's degree, and 65% are nationally certified, including 100% of Nurse Practitioner faculty. The number of educator-researchers (21) is sufficient to further the research mission of the College, and the number of doctorally prepared faculty (41) is adequate to support doctoral programs within the College.

Resources

Identify any new library/learning resources, new instructional equipment, and new facilities or modifications to existing facilities to existing facilities needed to support the modified program (2000 characters).

The proposed program modification will not affect the physical plant's ability to support this modification in the program. The new physical plant was designed and built with the goal of increasing enrollment and adding programs over time. The Nursing Technology Center (NTC) continues to provide optimal information technology equipment and resources to support the College's faculty, staff and students. The College of Nursing web page is viewed as the portal for students and potential faculty. It is reviewed and updated on an ongoing basis. The NTC also began developing videos to assist with ongoing College of Nursing training needs.

All didactic courses will be conducted online using a learning management system (Moodle). Other online resources such as videoconferencing, Skype, Fuze, Wikis, Tegrity (course content capture system), podcast, and vodcast (video on demand clips) will be used in many of the courses. These resources facilitate and assist students in an asynchronous learning environment to gain the necessary knowledge and skills required for the DNP degree. The CON currently utilizes all these programs so no new programs or software will be needed. The library resources remain unchanged and this modification will not affect the library's ability to support the program. The library continues to serve as a major health science library for MUSC, the state of South Carolina, and the Southeast, and no new acquisitions will be needed to accommodate the additional students for the PhD degree due to this modification. Students and faculty have access to a vast amount of resources online, and preceptors are also granted access upon request. This supports online education as well as those who live locally. Net IDs and passwords are utilized so that library resources can be accessed from anywhere in the world. Alumni of the program can continue to have access if they visit the library.

Financial Support

ESTIMATED NEW

CATEGORY	1 st Yr	2 nd Yr	3 rd Yr	4 th Yr	5 th Yr	TOTALS
Program Administration	\$6,370	\$6,497	\$6,627	\$6,760	\$6,895	\$33,149
Faculty and Staff Salaries	\$124,165	\$136,849	\$139,585	\$142,377	\$145,224	\$688,200
Graduate Assistants						
Equipment						
Facilities	\$6,240	\$6,365	\$6,492	\$6,622	\$6,754	\$32,473
Supplies and Materials	\$10,000					\$10,000
Library Resources						
Other:						
TOTALS	\$146,775	\$149,711	\$152,705	\$155,759	\$158,873	\$763,823
SOURCES OF FINANCING BY YEAR						
Tuition Funding	\$128,925	\$131,504	\$134,134	\$136,816	\$139,553	\$670,931
Program-Specific Fees	\$17,850	\$18,207	\$18,571	\$18,943	\$19,321	\$92,892
State Funding*						
Reallocation of Existing Funds**						
Federal Funding						
Other Funding (Specify)						
TOTALS	\$146,775	\$149,711	\$152,705	\$155,759	\$158,874	\$763,823

Budget Justification

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table (1000 characters).

Note: Only provide this budget justification if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support Table.

Costs are 100% funded through the CON. Tuition listed above assumes the following: Annual enrollment of 15 students, 70% in-state and 30% out of state. Tuition totals are based on the

FY15 MUSC tuition for full time enrollment including fees. Tuition increases of 2% per year were estimated.

Program Administration:

.05 FTE of the Director of the DNP program. Effort includes program oversight, review of program faculty, program outcomes, and program matriculation.

Faculty and Staff Salaries:

Faculty members will be hired on a part time basis to complement expertise already available in the current CON faculty. This effort, including fringe benefits, totals approximately 1 FTE and .05 FTE of an existing staff member is included. Effort will include review of applications, administration of grades, surveys, and course evaluation.

Supplies and Materials:

Two computers will be purchased to support faculty and staff assigned to the program.

Facilities:

The College is assessed \$26/square foot for space maintenance by the University. This line item will cover the three faculty/staff assigned to the program.

Evaluation and Assessment

Will the proposed modification impact the way the program is evaluated and assessed?

No.

If yes, explain (1000 characters).

Will the proposed modification affect or result in program-specific accreditation?

Yes.

If yes, explain if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline for accreditation (500 characters).

The Commission on Collegiate Nursing Education (CCNE) accredited the current DNP program on 10/18/10. CCNE accredits at the degree level. The CON has incorporated the 2006 *DNP Essentials* into the Nurse Executive in Innovations and Leadership DNP, and will submit a CCNE substantive change once approval is received from SC CHE. The CON is preparing for a CCNE accreditation visit on 09/28-30/15. Since this is an additional DNP track there is no approval required from SACSCOC. The state board of nursing does not require notification since they only regulate pre-licensure programs.

Will the proposed modification affect or lead to licensure or certification?

Yes.

If yes, explain how the program will prepare students for licensure or certification (500 characters).

Students enrolled in the DNP in Nurse Executive in Leadership and Innovations will already be licensed registered nurses. The plan of study will prepare students as nurse executives eligible to obtain certification in Executive Nursing Practice through the American Organization of Nurse Executives (AONE). The program is based on the AONE Competencies (AONE, 2011; 2014) and the American Colleges of Health Care Executives Competencies (ACHE, 2014).

References

- ACHE. (2014). *American Colleges of Health Care Executives competencies assessment tool*. Available at: https://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf
- AONE. (2011). The AONE nurse executive competencies. *Nurse Leader*, February, 1-11.
- American Organization of Nurse Executives and American Association of Colleges of Nursing. (2010). *AONE Guiding Principles: For Future Patient Care Delivery*. AONE: Washington DC.
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- AONE. (2014). *AONE position statement on the educational preparation of nurse leaders*. Available at: <http://www.aone.org/resources/leadership%20tools/policystmnts.shtml>
- Frederickson, K. & Nickitas, D. (2011). Chief nursing officer executive development: A crisis or a challenge. *Nursing Administration Quarterly*, 35(4), 344-353.
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- IOM (Institute of Medicine). (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- Medical University of South Carolina. (2014). *Mission Statement*. Available at: <http://academicdepartments.musc.edu/president/mission.html>

MEDICAL UNIVERSITY OF SOUTH CAROLINA
Medical University Hospital Authority
College of Medicine

Institutional Commitment to Graduate Medical Education

Medical education is a major component of the mission of the Medical University of South Carolina, the Medical University Hospital Authority and the College of Medicine. The Board of Trustees, the President of MUSC and the administrators, faculty and staff are committed to provide graduate medical education using the financial, educational and personnel resources necessary to ensure the highest quality programs. These graduate medical education programs will further our mission of educating future physicians for the State of South Carolina while providing the highest quality care for our patients to include:

- Patient Safety – including opportunities for residents to report errors, unsafe conditions and near misses, and to participate in inter-professional teams to promote and enhance safe care.
- Quality Improvement – including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.
- Transitions in Care – including how sponsoring institutions demonstrate effective standardization and oversight of transitions in care.
- Supervision – including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.
- Duty Hours Oversight, Fatigue Management and Mitigation – including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition and fatigue mitigation.
- Professionalism – with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

We pledge to emphasize coordinated care with community physicians and to take advantage of cooperative opportunities to work with other institutions to fulfill mutual educational objectives.


We commit ourselves to provide graduate medical education programs that enable physicians in training to develop personal, clinical and professional competence under the guidance and supervision of the faculty and staff. The program directors will assure that patients receive safe, appropriate and humane care by resident physicians who will gradually assume responsibility for patient care based upon each trainee's demonstrated clinical competence. We further commit to conduct these programs in compliance with the institutional and specific requirements of the ACGME, the JCAHO and in accordance with all applicable federal and state laws and regulations. As a major research institution, MUSC will encourage residents to participate in a wide range of scholarly activities including research and publications.



President, MUSC



CEO, Medical University Hospital Authority



Dean, MUSC College of Medicine



Associate Dean for GME
ACGME Designated Institutional Official for GME

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

Date: 3rd June 2014

Name: Steele Robert James
Last First Middle

Citizenship and/or Visa Status: Australian

Office Address: _____ Telephone: _____

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
University of Adelaide	1991-1994	BSc, 1994	Maths & Computer Science
University of Adelaide	1995	BSc (Honours), 1995	Computer Science
Flinders University of South Australia	1995-1999	PhD, 2000	Computer Science

Graduate Medical Training: (*Chronological*)

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

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

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

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2000-2001	Lecturer	Macquarie University	School of Computing
2001-2003	Lecturer	University of Technology, Sydney	Department of Computer Systems
2003-2005	Senior Lecturer	University of Technology, Sydney	Department of Computer Systems
2005-2008	Associate Professor	University of Technology, Sydney	Department of Computer Systems
2008-2014	Professor, Chair and Head of Discipline	The University of Sydney	Discipline of Health Informatics
2014	Deputy Dean Research, Professor	CQUniversity, Sydney	Schol of Engineering and Technoogy

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

Date: 08/07/2014

Name: Thompson Last Aiko First Kido Middle

Citizenship and/or Visa Status: Japanese / US permanent resident

Office Address: Telephone:

Education: (Baccalaureate and above)

Institution	Years Attended	Degree/Date	Field of Study
Nara Women's University, Nara, Japan	1993-1997	BA	Kinesiology/Phys. Ed.
Nara Women's University, Nara, Japan	1997-1999	MA	Kinesiology/Phys. Ed.
University of Alberta, Edmonton, AB, Canada	2000-2004	Ph.D.	Neuroscience

Graduate Medical Training: (Chronological)

	Place	Dates
Internship		

	Place	Dates
Residencies or Postdoctoral:		
Wadsworth Center, Albany, NY, USA		02/2005-10/2007

Board Certification:	Date:
	Date:
Licensure:	Date:
	Date:

Faculty appointments: (Begin with initial appointment)

Years	Rank	Institution	Department
2007-present	Research Scientist	Helen Hayes Hospital, New York State Department of Health, West Haverstraw, NY	Translational Neurological Research Program
2007-present	Research Scientist	Wadsworth Center, New York State Department of Health, Albany, NY	Laboratory of Neural Injury and Repair
2010-present	Assistant Professor of Neuroscience	Columbia University, New York, NY	Department of Neurology, Neurological Institute,
2011-present	Associate Professor of Neuroscience	State University of New York at Albany, Albany, NY	Department of Biomedical Sciences

First Appointment to MUSC: Rank Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Nancy K. DeMore, M.D.

Date: 9/26/2014

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>
1987	Wheaton College	B.A.	Biology
1991	University of Health Sciences, Chicago	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
General Surgery Internship and Residency	Boston University Medical Center, Boston, MA	07/1991 - 06/1993
Surgical Research Fellowship	Children's Hospital, Harvard Medical School, Boston, MA	1993 - 1996
General Surgery Residency	Boston University Medical Center, Boston, MA	1996 - 1999
Surgical Oncology Fellowship	Memorial Sloan-Kettering Cancer Center and Cornell University Medical Center, New York, NY	1999 - 2001

Board Certification:

National Board of Medical Examiners, Diplomate Date: 1992

American Board of Surgery, Diplomate Date: 2000

American Board of Surgery, recertification Date: 2009

Licensure:

Massachusetts Date: 1993

New York Date: 1999

North Carolina Date: 2001

South Carolina Date: Pending

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2001 - 2008	Assistant Professor	University of North Carolina School of Medicine	Surgery
2008 - 2013	Associate Professor	University of North Carolina School of Medicine	Surgery
2013 - Present	Professor	University of North Carolina School of Medicine	Surgery

First Appointment to MUSC:

Rank: Professor

Date: 2014

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Joseph A. Helpert, Ph.D.

Date: 10/31/2014

Citizenship and/or Visa Status:

Office Address: 96 Jonathan Lucas Street, Charleston, SC, 29425, USA

Telephone: (843) 876-2460

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1977	Case Western Reserve University	B.A.	Chemistry
1979	University of North Carolina	M.A.	Chemistry
1988	Oakland University	Ph.D.	Medical Physics

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1988 - 1993	Adjunct Assistant Professor	Oakland University	Physics
1988 - 1994	Lecturer	Oakland University	Chemistry
1993 - 1994	Adjunct Associate Professor	Oakland University	Physics
1994 - 2001	Research Professor	New York University School of Medicine	Psychiatry & Radiology
1998 - 2001	Research Professor	New York University School of Medicine	Physiology & Neuroscience
2001 - 2010	Professor (tenured)	New York University School of Medicine	Radiology, Psychiatry, Physiology & Neuroscience
2010 - Present	Professor	Medical University of South Carolina	Radiology and Radiological Science
2011 - Present	Professor	Medical University of South Carolina	Neurosciences
2011 - Present	Full Member	Medical University of South Carolina	Division of Neuroscience Research
			College of Graduate Studies

First Appointment to MUSC:

Rank: Professor

Date: 2010

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
BOARD OF TRUSTEES
POLICIES AND PROCEDURES MANUAL**

		POLICY ID:	
TITLE:	Reaffirmation of Commitment to Equal Opportunity		
ORIGINATOR:	David J. Cole, MD, FACS	DATE:	
REVIEWED/APPROVED	DATE	SIGNATURES	
DEANS' COUNCIL			
PRESIDENT			
BOARD OF TRUSTEES		SEE MINUTES OF THE BOARD OF TRUSTEES DATED _____	
IMPLEMENTATION:		DATE:	
DISTRIBUTION:			

The Board of Trustees of the Medical University of South Carolina reaffirms the institution's commitment to Equal Opportunity.

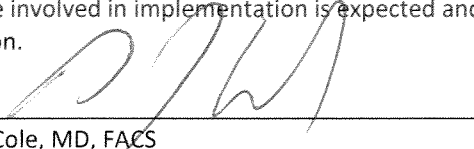
**POLICY STATEMENT
Medical University of South Carolina
Commitment to Equal Opportunity**

It has been, and will continue to be, the policy of the Medical University of South Carolina (MUSC) to recruit, hire, train, and promote into all job levels the most qualified persons without regard to race, color, religion, sex, age, national origin, disability, veteran status, genetic information, sexual orientation or gender identity except where sex is a bona fide occupational qualification. All employment and promotional decisions are based upon job-related requirements, and must comply with the principles of equal employment opportunity.

Similarly, all related personnel matters such as compensation, benefits, transfers, reassignments, layoffs, returns from layoff, terminations, University-sponsored training, education, tuition assistance, social and recreation programs will be administered in accordance with this equal opportunity policy.

To advance these ends, MUSC has developed an Affirmative Action Program (AAP), supported by the President of the University, with specific and results-oriented procedures to ensure equal employment opportunity. This AAP as written is not to be considered a permanent document. The AAP will be evaluated on an ongoing basis through a defined audit and reporting system in order to assess progress and detect potential problems. This program shall also be evaluated, and updated on an annual basis and modified or revised at other times as appropriate.

Overall responsibility and accountability for the implementation of the AAP is assigned to the Director, of the Office of Equal Employment Opportunity and Affirmative Action Compliance, who will monitor the affirmative action compliance function for MUSC. The day-to-day responsibility for administration and implementation of the AAP is assigned to the Human Resources Division. Administrators, directors, managers, and supervisors are individually and collectively accountable for implementing this program. The cooperation and diligence of everyone involved in implementation is expected and is included as a component of their individual performance evaluation.


David J. Cole, MD, FACS
President

MUSC Foundation for Research Development
Statements of Financial Position

	<u>10/31/2014</u>	<u>10/31/2013</u>
Assets		
Cash and cash equivalents	\$941,790	\$583,475
Interest receivable	\$2,227	\$2,530
Accounts receivable - Licensees, net of allowance	\$166,669	\$188,690
Accounts receivable - Other - Long Term	\$0	\$81,208
Accounts receivable - MUSC	\$301,009	\$195,812
Prepaid expenses	\$13,924	\$18,994
Investments	\$327,816	\$313,898
Property and equipment, net	\$305	\$305
Total Assets	<u>\$1,753,740</u>	<u>\$1,384,912</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$113,287	\$146,124
Accounts payable - MUSC	\$353,945	\$311,620
Due to MUSCP (UMA) - accrued personnel expenses	\$232,256	\$134,362
Unearned revenue and deposits	\$101,581	\$6,395
Total Liabilities	<u>\$801,069</u>	<u>\$598,501</u>
Net Assets		
Total Net Assets	<u>\$952,671</u>	<u>\$786,411</u>
Total Liabilities and Net Assets	<u>\$1,753,740</u>	<u>\$1,384,912</u>

MUSC Foundation for Research Development

Income Statement

For the Four Months Ended October 31, 2014

	<u>Actual 10/31/2014</u>	<u>YTD Budget</u>
Revenues		
Contracts, grants and awards	\$472,520	\$450,000
License fees and royalties	\$112,631	\$153,000
Investment income	(\$2,912)	\$4,000
Miscellaneous income	\$92,677	\$0
Other revenues - program services	\$1,200	\$0
Total Revenues	<u>\$676,116</u>	<u>\$607,000</u>
Expenses		
License fees and royalties distribution	\$73,376	\$107,000
Personnel	\$232,685	\$310,650
Patent prosecution costs, net of recovery	\$73,684	\$136,667
Professional fees	\$21,250	\$13,333
Administrative expenses		
IT maintenance - software and hardware	\$5,020	\$5,000
Telephone	\$4,068	\$3,667
Travel - Non-employee	\$11,597	\$5,000
Travel - Employee	\$4,133	\$8,333
Professional development-conferences & continuing education	\$3,047	\$4,667
Office supplies, support and equipment	\$8,264	\$5,333
Real property rental	\$7,187	\$8,333
Lease payments	\$4,716	\$4,333
Insurance	\$4,607	\$5,000
Dues, memberships and subscriptions	\$1,290	\$1,333
Special activities	\$9,507	\$5,000
Depreciation expense	\$0	\$17
Bad debt expense	\$49	\$0
Total Administrative expenses	\$63,485	\$56,016
Other expenses - program services	\$5,532	\$0
Total Expenses	<u>\$470,012</u>	<u>\$623,666</u>
 NET SURPLUS/(DEFICIT)	 <u><u>\$206,104</u></u>	 <u><u>(\$16,666)</u></u>
 Surplus Funds from FY12 to be used in current year	 <u><u>\$0</u></u>	 <u><u>\$16,667</u></u>
 NET SURPLUS/(DEFICIT)	 <u><u>\$206,104</u></u>	 <u><u>\$0</u></u>

**FACILITIES
ACADEMIC
NEW LEASE
FOR INFORMATION**

DECEMBER 12, 2014

DESCRIPTION OF LEASE: This lease is for 3,367 square feet of office space located on the 3rd floor of Cannon Park Place, 261 Calhoun Street. The purpose of this lease is to provide office space for College of Medicine Clinicians who primarily see patients at Rutledge Tower. The per square foot rent rate for this lease is \$18.00. The monthly rent shall be \$5,302.23 resulting in an annual rent of \$63,626.76.

The University Medical Associates holds the master lease for this space until April 2015. The property owner, Healthcare Trust of America, Inc., will provide \$20,202.00 towards renovations for this space in January 2015.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: University Medical Associates

LANDLORD CONTACT: Stephen A. Valerio, CEO, 792-9600

TENANT NAME AND CONTACT: Jan Buffington, Director of Space Utilization, 513-0251
Lauren Magaldi, Administrative Manager, 792-3954

SOURCE OF FUNDS: College of Medicine

LEASE TERMS:

TERM: Ten (10) Months [1/1/2015-10/31/2015]

AMOUNT PER SQUARE FOOT: \$18.00

TOTAL AMOUNT OF LEASE TERM: \$53,022.30

EXTENDED TERM(S): To be negotiated.

OPERATING COSTS:

FULL SERVICE

NET X

**FACILITIES
ACADEMIC
LICENSE AGREEMENT RENEWAL
FOR INFORMATION**

DECEMBER 12, 2014

DESCRIPTION OF LICENSE AGREEMENT RENEWAL: Mr. Heyward H. Coleman's company SimTunes, LLC is a startup company based upon MUSC generated simulation software/curriculum licensed from the MUSC Foundation for Research Development. The SimTunes, LLC is located in 116 square feet of office space, room SC705D6, in Harborview Office Tower. The purpose of this license agreement renewal is to continue to provide space for SimTunes, LLC. The per square foot rate for this license agreement is \$23.75. The monthly amount will be \$229.58 (rounded), resulting in an annual amount of \$2,755.00

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

NEW LICENSE AGREEMENT _____
RENEWAL LICENSE AGREEMENT X

LICENSOR: Medical University of South Carolina

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

LICENSEE: Sim Tunes, LLC

LICENSEE CONTACT: Heyward H. Coleman, Managing Member, 860-6553

SOURCE OF FUNDS: SimTunes, LLC

LICENSE AGREEMENT TERMS:

TERM: Six (6) months [11/1/2014 - 4/30/2015]

AMOUNT PER SQUARE FOOT: \$23.75

ANNUALIZED AMOUNT: \$2,755.00

TOTAL AMOUNT OF TERM: \$1,377.50

EXTENDED TERM(S): Two (2) terms, six (6) months [5/1/2015-4/30/2016]

TOTAL AMOUNT OF EXTENDED TERM(S): \$2,755.00

TOTAL AMOUNT INCLUDING EXTENDED TERMS: \$4,132.50

OPERATING COSTS:

FULL SERVICE X

NET

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
DECEMBER 12, 2014**

MUSC Indefinite Delivery Releases

Huss, Inc. \$30,800.00

Repair and paint wood fence and gate in support of Sebring Aimar Exterior Repairs and Painting project.

Allen, H.R., Inc. \$107,683.00

Remove and replace AHU #4 and #5 in support of the Wellness Center HVAC Units #4 and #5 Replacement project.

Abate & Insulate, LLC \$15,594.00

Remove and dispose of asbestos-containing duct insulation in College of Health Professions in support of the Deferred Maintenance HVAC project.

Hill Construction Services of Charleston Inc. \$56,869.00

Provide all labor and material to construct a coffee kiosk in the Colbert Library at the request of the customer.

Bonitz Contracting & Flooring Group \$4,362.02

Install 102 square yards of carpet and 300 linear feet of cove base in Harborview Office Tower Rooms SC705 and 705C at the request of the customer.

Bonitz Contracting & Flooring Group \$5,714.04

Install 140 square yards of carpet and 300 linear feet of cove base in Harborview Office Tower Rooms SC704, 704B and 702B2 at the request of the customer.

Abate & Insulate, LLC \$5,604.00

Remove and dispose of asbestos-containing double-layered floor tile and mastic in Harborview Office Tower Suite 503 at the request of the customer.

Hill Construction Services of Charleston Inc. \$95,120.00

Re-grout restrooms in the student areas of Colbert Library Building, Basic Science Building and Childrens Research Institute at the request of Engineering and Facilities.

Abate & Insulate, LLC \$379.00

Remove and dispose of duct insulation in Storm Eye Institute Exam Room HA423 at the request of Occupational Safety.

MUSC General Construction Projects

Industrial Repair, Inc. \$2,900.00

Provide safety system to help prevent slipping on ramp in support of College of Health Professions Handicap Ramp project.

Industrial Repair, Inc. \$3,400.00

Provide safety system to help prevent slipping on steps in support of the College of Health Professions Handicap Ramp project.

Network Cabling Infrastructure \$5,041.09

Provide CAT6 wiring in support of the Thurmond 6th Floor Vascular project.

Triad Mechanical Contractors, Inc. \$1,887,048.00

Provide additional cooling system in support of the Psychiatric Institute Data Center Update project.

NBM Construction \$5,046,090.00

Perform renovations and modifications to building envelope, including fenestrations and related structural elements in support of the Thurmond Envelope and Exhaust Renovation project.

McCarter Mechanical Inc. \$2,679,157.00

Replace the internal components in existing AHU #2 and #3 of the Basic Science Building in support of the 2013-14 Maintenance Needs project.

Rivers Plumbing and Electric Inc. \$210,220.00

Replace the vertical HVAC heating water risers on the east and west sides of the Basic Science Building in support of the Basic Science Building Exhaust and Emergency Power project.

Huss, Inc. \$4,500.00

Remove and reapply sealant to prevent leaks in Parking Garage II at the request of the customer.

Rivers Plumbing and Electric Inc. \$3,710.00

Install bypass on RO water in Bioengineering at the request of the customer.

MUSC Indefinite Delivery Contracts

Hill Construction Services of Charleston Inc.

Provide general construction services campus-wide over a two year period on an as-needed basis. Total contract not to exceed \$1,000,000 with individual releases not to exceed \$250,000.00.

Huss, Inc.

Provide general construction services campus-wide over a two year period on an as-needed basis. Total contract not to exceed \$1,000,000 with individual releases not to exceed \$250,000.00.

NBM Construction

Provide general construction services campus-wide over a two year period on an as-needed basis. Total contract not to exceed \$1,000,000 with individual releases not to exceed \$250,000.00.

Stenstrom & Associates

Provide general construction services campus-wide over a two year period on an as-needed basis. Total contract not to exceed \$1,000,000 with individual releases not to exceed \$250,000.00.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
DECEMBER 12, 2014**

MUSC Indefinite Delivery Releases

S&ME, Inc. \$3,440.00

Provide limited asbestos assessment of College of Health Professions Floors 1-3 in support of the Deferred Maintenance projects.

Stafford Consulting Engineers \$2,000.00

Provide a final inspection of the Paint Shop Roof in support of the Deferred Maintenance projects.

RMF Engineering, Inc. \$14,150.00

Provide engineering and architectural services in support of the Basic Science Building 7th Floor Electron Microscope Core Facility project.

ADC Engineering, Inc. \$42,900.00

Provide roof consulting services for in support of the Clinical Sciences Building Roof Replacement project.

ECHO Engineering LLC \$13,850.00

Provide mechanical engineering services in support of the Thurmond Gazes Air Compressor and Vacuum Pumps Replacement project.

ECHO Engineering LLC \$13,000.00

Provide mechanical engineering services in support of the Anderson House HVAC Piping Installation System project.

MUSC 230s

Clancy Wells Architects \$24,500.00

Provide architectural services in support of the Institute of Psychiatry 1st Floor Senior Care Renovations project.

Davis & Floyd, Inc. \$14,060.00

Provide civil and landscape architectural services for the parking lot located at 165 Cannon Street and the southeast corner of the intersection of Courtenay and Cannon Street in support of the Bank Building Demolition project.

SGA Architecture, LLC \$5,500.00

Provide architectural services to upgrade corridor finishes on the fourth floor Basic Science Building at the request of the customer.

Kimley-Horn & Associates, Inc.

\$39,000.00

Provide parking consulting services related to installing a parking guidance system within the Courtney Street Garage at the request of the customer.

Other Contracts

Soil Consultants, Inc.

\$9,930.00

Provide special inspections and construction materials testing in support of the Psychiatric Institute Data Center Systems Update project.

IDC Contracts

Clancy Wells Architects

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

Davis & Floyd, Inc.

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

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
BOARD OF TRUSTEES
POLICIES AND PROCEDURES MANUAL**

		POLICY ID:	AC-2012-12
TITLE:	AUDIT COMMITTEE CHARTER		
ORIGINATOR:		DATE:	
REVIEWED/APPROVED:	DATE:	SIGNATURES:	
DEANS' COUNCIL			
PRESIDENT'S COUNCIL			
BOARD OF TRUSTEES	DECEMBER 12, 2014	AUDIT COMMITTEE	
IMPLEMENTATION:		DATE:	APRIL 9, 2010
DISTRIBUTION:			

PURPOSE

The Audit Committee (the "Committee") shall concern itself with assisting the Board of Trustees in discharging its fiduciary and stewardship obligations relative to the reliability and integrity of systems of internal control, accounting practices, annual reporting, internal and external audit processes, management of business exposures, and compliance with legal, regulatory, and ethical requirements, and with institutional policies and procedures. The Committee is responsible for assuring that the organizational culture, capabilities, systems, processes and controls are appropriate to protect the financial health and reputation of the Medical University of South Carolina (MUSC) and the Medical University Hospital Authority (MUHA) (collectively referred to as "the entities") in audit related matters.

The Committee assists the Board of Trustees by:

- 1) Overseeing the integrity of the financial statements of the entities;
- 2) Overseeing the entities' compliance with legal, regulatory, and ethical requirements and policies and procedures;
- 3) Coordinating with the independent, external auditors on the annual audit of the financial statements;
- 4) Reviewing the external auditors' qualifications, performance, and independence;
- 5) Overseeing the accounting and financial reporting processes of the entities;
- 6) Overseeing the performance and independence of the internal audit function; and
- 7) Overseeing the internal control structure and management practices of the entities, including the management of business exposures.

The full Board will continue to have complete access to management and the Internal Audit department and may continue to request the Internal Audit department to review areas of concern to them. The role of the Committee is oversight. It is not the duty of the Committee to prepare financial statements or to conduct audits to independently verify management's representations or to determine that the financial statements are complete and fairly present the financial condition of MUSC and its affiliates. These are the responsibilities of management and the external auditors. Management is responsible for maintaining the accounting and financial records in accordance with appropriate principles and standards. Management is responsible for putting sufficient internal controls in place to ensure efficient and effective operations, reliable financial reporting, and compliance with laws and regulations. The Committee will set the appropriate tone in communicating the importance of internal control and direct management to establish appropriate internal controls.

POLICY NAME:	AUDIT COMMITTEE CHARTER	
POLICY ID:	AC-2012-12	PAGE 2 OF 5

The Management Development and Compensation Sub-Committee (the “Sub-Committee”) of the Audit Committee reports to the Board through the Audit Committee. The mission of the Sub-Committee is to ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities’ strategic objectives, and is relevant to the individual’s annual job performance while being sensitive to funding availability and longer term budget goals. The Board of Trustees finds that good governance includes insuring that compensation decisions are made in a fiscally prudent manner.

AUTHORITY

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

MEMBERSHIP

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

As with other standing committees, members of the Management Development and Compensation Sub-Committee will be appointed by the Chairman of the Board of Trustees and is not limited to members of the Audit Committee. The Chairman of the Audit Committee will serve as chairman of this Sub-Committee.

MEETINGS

The Audit Committee shall meet at least two times per year. Internal Audit will coordinate the Committee’s agenda in consultation with the Committee Chair and the Secretary of the Board of Trustees. The Management Development and Compensation Sub-Committee shall meet as needed. All Board members are encouraged to attend and participate in the Audit Committee and Sub-Committee meetings.

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

DUTIES

The Committee shall advise the Board in connection with the Board’s responsibilities relating to the quality and integrity of the University’s financial reporting, compliance with laws and regulations, and overall systems of internal control and risk mitigation. The Committee will make regular reports to the Board of the Committee’s activities and relevant issues; each member of the Committee may suggest topics for reporting to the Board.

A strong system of internal controls is essential to protect the financial health and reputation of MUSC and MUHA. As such, the Committee is responsible for assuring that management is setting the appropriate tone in

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communicating the importance of internal controls that roles and responsibilities are clearly understood, and that policies, procedures, and systems are in place to maintain the appropriate internal control environment. Additionally, the Committee should determine whether management has implemented internal control recommendations made by internal or external auditors. The Board will receive reports of all internal audits along with the status of corrective actions. Management and the internal and external auditors shall to keep the Committee informed about fraud, illegal or unethical acts; deficiencies in internal control; and other audit-related matters.

The Committee will review the institution's Code of Conduct and ensure that it is easily accessible, widely communicated, understandable, includes a confidential reporting mechanism, and is enforced. It will also ensure that the institution's Conflict of Interest policy is comprehensive, requires an annual signoff, clearly defines the term "conflict of interest," and contains procedures for adequately managing/resolving and documenting potential conflicts.

The Committee will advise the Board on appropriate ethical standards for the management of the organization.

Internal Audit is accountable to the Board and shall report to the Board. Internal Audit shall also work with the Audit Committee and meet and make reports to the Committee as required. The Committee will:

- 1) Ensure that the internal audit department has direct and unrestricted access to the chairman and other committee members.
- 2) Oversee the scope of Internal Audit services and have access to the internal audit function without management presence.
- 3) Review the charter, activities, staffing, budget and organizational structure of the internal audit function with the Director of Internal Audit to ensure appropriate structure and capability to effectively carry out responsibilities.
- 4) Consult and concur with the Board, who will continue to have ultimate responsibility, in the appointment, compensation, evaluation, replacement, reassignment, or dismissal of the Director of Internal Audit.
- 5) Review Internal Audit's annual risk assessment and audit plan, including any subsequent significant modifications to the audit plan, such as special requests by the Board or management.
- 6) Provide an effective reporting line and maintain the independence and objectivity of the internal audit function
- 7) Ensure that Internal Audit has the right to seek information and explanations from MUSC and its affiliated organizations. No unjustified restrictions or limitations shall be placed on Internal Audit, which shall have all necessary access to management and all employees and records of MUSC and its affiliated organizations to the extent necessary to perform its duties.
- 8) Meet with Internal Audit at each meeting of the Audit Committee to discuss any necessary matters; to provide a forum for private comments including discussion of any restrictions on audit scope or access to required information, resources, or personnel; and to communicate the Committee's expectations.
- 9) Review and consider the implications of all significant comments and suggestions noted by Internal Audit in its reports. Evaluate management's responsiveness to Internal Audit's comments and suggestions to ensure that significant comments and suggestions are received, discussed, and acted upon in an appropriate and timely manner.
- 10) Work with Internal Audit to offer assistance in matters where the department has requested such advice.

The external auditor is ultimately accountable to the Board and shall report directly to the Audit Committee. The Committee will review and pre-approve, as appropriate, any engagement of an external audit firm for audit, audit-related, and non-audit services. The Committee will identify and prioritize the selection criteria for external audit services, appoint, terminate, compensate, oversee the performance of, and pre-approve any changes in scope or additional work and the related changes in fees. The Committee will review and confirm the external auditor's

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assertion of independence in accordance with professional standards, and consider how the performance of non-audit services may affect the external auditor's independence. At least every five years, the Committee will undertake a Request for Proposal for external auditing services.

The Committee will meet with the external auditor in an entrance conference to review the audit plan for the annual financial statement audit before work begins. Invite the external auditors of each of the affiliated organizations to attend for the purposes of coordinating audit effort, deadlines, the transfer of information, etc.

The Committee will meet with the external auditor in an exit conference to examine and discuss audit results and consider the implications of external audit findings. The Committee should meet with the external auditor without management present to discuss the audit outcomes. The Committee will review with the external auditors any booked or waived audit adjustments and any audit problems or difficulties encountered in the course of the audit work, including any restrictions on the scope of external audit activities or on access to requested information, and any significant disagreements with management, as well as management's response thereto. The Committee will monitor and examine management's response to the external auditor's findings and recommendations to ensure that significant findings and recommendations are received, discussed, and acted upon in an appropriate and timely manner. Further, the affiliated organizations and their auditors shall share their audit results (financial statements, audit findings, etc.) with the Committee. Annually, the Committee will evaluate the performance of the external auditors.

The Committee shall review the audited financial statements and external auditor's management letter, annual A-133 audit report, and other materials, including the Comprehensive Annual Financial Report (CAFR), as deemed appropriate. The Committee will ascertain that the audited financial statements have been prepared in accordance with generally accepted accounting procedures and that there are no unresolved adjustments or other significant related issues. The Committee will then recommend approval of the annual financial statements to the Board.

The Compliance Officers of MUSC and MUHA are accountable to the Board and shall report to the Board. The Committee will receive bi-annual reports for all entities regarding the activities of the Compliance Offices. It will also receive reports on and monitor responses to complaints received by the institution or confidential anonymous submissions by employees (via the hotline or other avenues) regarding accounting, internal controls, general ethical conduct, fraud, inefficiencies, or unlawful activity. The Committee will review procedures for the receipt, retention, and treatment of such information.

The Committee will review and discuss with Legal Counsel significant legal, environmental, and regulatory issues.

Other Committee duties include:

- Reviewing, as needed or requested, the results of the various audits or investigations performed by all areas that perform oversight or review functions.
- Receiving and reviewing all outside audits, including the findings of any significant examinations by regulatory agencies or the results of significant consulting engagements not reported to another standing committee.
- Reviewing, as requested, property and casualty insurance coverage including coverage of clinical and environmental risks. Consider the claims to which the organization may be liable in the conduct of its activities, the potential losses associated with such liability, and the manner in which protection is afforded through either purchased or self-insured programs, or a combination thereof.

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- Conducting in the manner the Committee deems appropriate, a self-evaluation, comparing performance with the requirements set forth in the bylaws in order to increase the effectiveness of the Committee as a whole.
- Performing any other oversight functions as requested by the Board or deemed necessary in accordance with the bylaws.
- Reviewing the Board Bylaws governing the Committee at least biennially and recommend to the Board the formal adoption of any revisions for future operations of the Committee.
- Reporting to the Board on all financial matters in its area of concern.

The Management Development and Compensation Sub-Committee shall:

- Ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer term budget goals. The Sub-Committee will review all policy matters related to evaluation and compensation of the President, the Vice Presidents, the Deans, the Secretary of the Board (collectively "Executive Management"), and any other positions the Sub-Committee may decide. The Sub-Committee will make recommendations to the Board via the Audit Committee regarding these matters. The Sub-Committee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Management.
- Review, at least annually, MUSC's assessment of potential candidates for promotion (Key Employees) to, at a minimum, the positions of Vice President, Dean, and other senior executives designated by the Board. The assessment should identify candidates potential for promotion, professional development needed to address perceived deficiencies in a candidate's preparedness for promotion, or other actions to develop a "deep bench" of potential MUSC leaders. The Sub-Committee shall assist the President in determining appropriate professional development assistance for the MUSC Key Employees and in determining the best approaches to providing that assistance. The Sub-Committee shall review, at least annually, the Management Development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.

No offer of compensation, whether written or oral, subject to the review of the Management Development and Compensation Sub-Committee shall be effective as binding on the entities without the required approval(s).

EDUCATION

The University's senior management and Internal Audit department are responsible for providing the Committee with educational resources related to accounting principles, internal controls, applicable policies, and other information that may be requested by the Committee to maintain appropriate financial and compliance literacy.

BIENNIAL REVIEW AND AMENDMENT

The Audit Committee will review its charter as needed but at least once during every even numbered year. Any amendment or other modification of this charter shall be made and approved by the Board of Trustees.

Review and Revisions: April 9, 2010; December 14, 2012; December 12, 2014

INSTITUTIONAL CONFLICT OF INTEREST FY2014 ANNUAL REPORT

Institutional Officials

Summary of Reporting

Annual disclosures were collected and individually reviewed for all Institutional Officials. To date, no institutional conflicts of interest related to Institutional Officials have been identified in relation to clinical, research, purchasing or contract activities.

Institutional Interests

Summary of Reporting

MUSC affiliates including MUSC Physicians (MUSC-P), the Foundation for Research Development (FRD), the MUSC Foundation, and the Institute for Applied Neurosciences (IAN) submitted required annual reporting to the Conflict of Interest Office. FY14 equity, ownership and investment interests, gifts, royalties and other payments were reviewed across the MUSC enterprise. There were no identified conflicts between Institutional financial interests and Institutional operations.

The Institutional Conflict of Interest Committee, appointed by the Vice President for Academic Affairs and Provost, reviewed and approved the annual report.