



AGENDA

(REGULAR AND CONSENT)

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

APRIL 7, 2006

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

REGULAR AGENDA

Board of Trustees Meeting
Friday, February 14, 2014

9:00 a.m.

101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, April 11, 2014

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of December 13, 2013.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. General Informational Report of the Interim President.

Statement: Dr. Sothmann will present a general report.

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

Board Action:

Item 5. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 6. Medical University Hospital Authority Status Report.

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

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

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

Item 8. Report on Quality and Patient Safety.

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

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

Recommendation of Committee:

Board Action:

Item 9. General Report of the Dean, COM and Vice President for Medical Affairs.

Statement: Dean Pisano will present a general update.

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

Recommendation of Committee:

Board Action:

Item 10. Update on MUSC Physicians.

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

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

Recommendation of Committee:

Board Action:

Item 11. Legislative Update.

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

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

Recommendation of Committee:

Board Action:

Item 12. Other Committee Business.

CONSENT ITEM FOR APPROVAL:

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

CONSENT ITEMS FOR INFORMATION:

Item 14. Medical Executive Committee Minutes.

Item 15. Contracts and Agreements.

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

OLD BUSINESS:

NEW BUSINESS:

Item 16. 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 17. Other Committee Business.

CONSENT ITEM FOR INFORMATION:

Item 18. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 19. Legal Update.

Statement: Ms. Annette Drachman will present an update.

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

Recommendation of Committee:

Board Action:

Item 20. Compliance Updates.

Statement: Ms. Reece Smith, MUHA Compliance Officer and Ms. Julie Acker, MUSC Physicians Compliance Officer will present compliance updates.

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

Recommendation of Committee:

Board Action:

Item 21. Report of the Office of Internal Audit.

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

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

Recommendation of Committee:

Board Action:

Item 22. Audit Committee Self-Assessment.

Statement: Mr. Hewitt will report on the Audit Committee Self-Assessment.

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

Recommendation of Committee:

Board Action:

Item 23. External Auditor Evaluation.

Statement: Mr. Hewitt will report on the evaluation of the external auditors.

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

Recommendation of Committee:

Board Action:

Item 24. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 25. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 26. New Business for the Board of Trustees.

Item 27. Report from the Chairman.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

CONSENT AGENDA

Board of Trustees Meeting
Friday, February 14, 2014
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

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

(APPROVAL ITEMS)

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

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

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

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEMS)

Item 14. Medical Executive Committee Minutes.

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

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

Recommendation of Committee:

Board Action:

Item 15. Medical Center Contracts and Agreements.

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

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

Recommendation of Committee:

Board Action:

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

(INFORMATIONAL ITEM)

Item 18. Facilities Contracts Awarded.

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

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

Recommendation of Committee:

Board Action:

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REGULAR AGENDA

Board of Trustees Meeting
Friday, February 14, 2014
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

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

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

Regular Meeting: Friday, April 11, 2014.

Item 3. **Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of December 13, 2013.**

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. **General Informational Report of the Interim President.**

Statement: Dr. Sothmann will present a general report.

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

Board Action:

Item 5. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

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

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

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

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

Item 9. General Report of the Executive Director of the MUSC Foundation for Research Development.

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

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

Recommendation of Committee:

Board Action:

Item 10. Other Committee Business.

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

OLD BUSINESS:

NEW BUSINESS:

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

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

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

Recommendation of Committee:

Board Action:

Item 12. Other Committee Business.

CONSENT AGENDA ITEMS FOR APPROVAL:

Item 13. MUSC/MUHA Industry Relations Policy.

Item 14. Degree Programs.

Item 15. Faculty Appointments.

Item 16. Changes in Faculty Status.

Item 17. Distinguished University Professor.

CONSENT AGENDA ITEM FOR INFORMATION:

Item 18. Institutional Conflict of Interest Report.

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

OLD BUSINESS:

NEW BUSINESS:

Item 19. General Report of the Executive Vice President for Finance and Operations.

Statement: Ms. Lisa Montgomery will provide a report.

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

Recommendation of Committee:

Board Action:

Item 20. 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 21. 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 22. Other Committee Business.

CONSENT AGENDA ITEM FOR INFORMATION:

Item 23. Financial Status Report of the MUSC Foundation for Research Development.

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

OLD BUSINESS:

NEW BUSINESS:

Item 24. 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 25. 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 26. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 27. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 28. Legal Update.

Statement: Ms. Annette Drachman will present an update.

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

Recommendation of Committee:

Board Action:

Item 29. Compliance Update.

Statement: Ms. Cindy Teeter, MUSC Compliance Officer, will present a compliance update.

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

Recommendation of Committee:

Board Action:

Item 30. Report of the Office of Internal Audit.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 31. Audit Committee Self-Assessment.

Statement: Mr. Hewitt will report on the Audit Committee Self-Assessment.

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

Recommendation of Committee:

Board Action:

Item 32. External Auditor Evaluation.

Statement: Mr. Hewitt will report on the evaluation of the external auditors.

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

Recommendation of Committee:

Board Action:

Item 33. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 34. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 35. New Business for the Board of Trustees.

Item 36. Report from the Chairman.

MEDICAL UNIVERSITY OF SOUTH CAROLINA

CONSENT AGENDA

Board of Trustees Meeting
Friday, February 14, 2014
101 Colcock Hall

Members of the Board of Trustees

Thomas L. Stephenson, Esquire, Chairman
Dr. James E. Wiseman, Jr., V-Chairman
The Honorable James A. Battle
Mr. William H. Bingham, Sr.
Mr. William B. Hewitt
Dr. Harold W. Jablon
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Mrs. Claudia W. Peebles
Mr. Allan E. Stalvey

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

(APPROVAL ITEMS)

Item 13. MUSC/MUHA Industry Relations Policy.

Statement: Administration present for approval the MUSC/MUHA Industry Relations Policy, effective February 14, 2014

Recommendation of Administration: That the MUSC/MUHA Industry Relations Policy be approved.

Recommendation of Committee:

Board Action:

Item 14. Degree Programs.

Statement: At the request of the Deans of the colleges of Graduate Studies and Medicine, administration presents for approval the following degree programs, effective February 14, 2014:

Master of Science in Medical Sciences Program Planning Summary
Ph.D. in Biomedical Imaging Full Proposal

Recommendation of Administration: That these degree programs be approved.

Recommendation of Committee:

Board Action:

Item 15. Faculty Appointments.

Statement: At the request of the Deans of the colleges of Dental Medicine, Medicine and Nursing the following faculty appointments:

College of Medicine

Steven L. Carroll, M.D., Ph.D., as Professor with tenure, on the Academic Clinician track, in the Department of Pathology and Laboratory Medicine, effective February 15, 2014

Dr. Carroll also will serve as Chair of the Department of Pathology and Laboratory Medicine.

Gerard T. Hardiman, Ph.D., as Professor, on the Academic Investigator track, in the Department of Medicine, Division of Nephrology, effective February 1, 2014

Dr. Hardiman also will serve as Director of the Informatics Core in the College of Medicine Center for Genomic Medicine.

Johann Herberth, M.D., Ph.D., M.P.H., as Clinical Associate Professor, in the Department of Medicine, Division of Nephrology, effective December 1, 2013

College of Nursing

Ronald E. Acierno, Ph.D., as Professor with tenure, in the Department of Nursing, effective January 2, 2014

Dr. Acierno also will hold the position of Associate Dean for Research in the College of Nursing. His secondary appointment will be housed in the Department of Psychiatry and Behavioral Sciences in the College of Medicine.

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 16. Changes in Faculty Status.

Statement: At the request of the Deans of the colleges of Health Professions and Medicine, administration presents the following requests for changes in faculty status:

College of Health Professions

David R. Graber, Ph.D., from Associate Professor to Adjunct Associate Professor, in the Department of Healthcare Leadership and Management, effective January 1, 2014

College of Medicine

Maria G. Buse, M.D., from Distinguished University Professor to Distinguished University Professor Emerita, in the Department of Medicine, Division of Endocrinology, effective February 1, 2014

Robert Mallin, M.D., from Professor to Clinical Professor, in the Department of Family Medicine, effective January 1, 2014

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

Recommendation of Committee:

Board Action:

Item 17. Distinguished University Professor.

Statement: At the request of the Dean of the College of Medicine, administration presented for approval, the following recommendation for designation as Distinguished University Professor, effective February 14, 2014:

David W. Ploth, M.D., Department of Medicine, Division of Nephrology

Recommendation of Administration: That Dr. David W. Ploth be designated as Distinguished University Professor.

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEM)

Item 18. Institutional Conflict of Interest Report.

Statement: Administration presents, as information, the Institutional Conflict of Interest Report Summary.

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

Recommendation of Committee:

Board Action:

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

(INFORMATION ITEM)

Item 23. 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 27. Facilities Contracts Awarded.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

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

Statements of Net Position	1
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MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Net Position
December 31, 2013 and June 30, 2013

Assets and Deferred Outflows	At 12/31/2013	FYE 06/30/2013 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 51,498,507	\$ 38,260,407
Cash Restricted for Capital Improvements	13,500,000	5,500,000
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$66,801,334 and \$48,500,000	170,008,839	169,293,014
Due from Third-Party Payors	11,569,011	14,664,395
Other Current Assets	55,406,923	49,795,671
Total Current Assets	301,983,280	277,513,487
Investments Held by Trustees Under Indenture Agreements	43,321,584	46,256,860
Capital Assets, Net	522,159,191	526,690,282
Deferred Borrowing Costs	4,169,406	4,267,895
Total Assets	871,633,461	854,728,524
Deferred Outflows	-	2,262,745
Total Assets and Deferred Outflows	\$ 871,633,461	\$ 856,991,269
 Liabilities and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 15,182,590	\$ 14,906,814
Current Installments of Capital Lease Obligations	263,562	261,751
Current Installments of Notes Payable	1,447,666	1,788,574
Due to Related Parties	13,926,408	5,935,676
Accounts Payable	31,158,243	45,613,804
Accrued Payroll, Withholdings and Benefits	56,716,326	51,846,839
Other Accrued Expenses	7,334,639	13,068,801
Deferred Revenue	16,169,592	5,500,000
Total Current Liabilities	142,199,026	138,922,259
Long-Term Debt	338,021,305	343,853,705
Capital Lease Obligations	221,168	353,403
Derivative Instruments	-	2,262,745
Notes Payable	11,693,586	12,300,020
Other Liabilities	2,419,872	3,629,808
Total Liabilities	494,554,957	501,321,940
Net Position:		
Invested in Capital Assets, Net of Related Debt	155,628,436	151,444,230
Restricted Under Indenture Agreements	43,321,584	46,256,860
UnRestricted	178,128,484	157,968,239
Total Net Position	377,078,504	355,669,329
Total Liabilities and Net Position	\$ 871,633,461	\$ 856,991,269

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 6 Month Periods Ending December 31 2013 and 2012

	<u>2013</u>	<u>2012</u>
Operating Revenue:		
Net Patient Service Revenue	\$ 562,856,864	\$ 527,305,214
Other Revenue	<u>9,434,882</u>	<u>10,546,863</u>
Total Operating Revenue	<u>572,291,746</u>	<u>537,852,077</u>
Operating Expenses:		
Compensation and Employee Benefits	230,661,755	233,989,715
Services and Supplies	282,867,019	265,568,216
Depreciation and Amortization	<u>25,618,447</u>	<u>28,739,345</u>
Total Operating Expenses	<u>539,147,221</u>	<u>528,297,276</u>
Operating Income (Loss)	33,144,525	9,554,801
NonOperating Revenue (Expense):		
Investment Income	(3,002,301)	8,165,503
Interest Expense	(7,307,791)	(11,729,723)
CEP Refinance Issuance Costs	<u>(1,425,258)</u>	<u>-</u>
Total NonOperating Revenue (Expense)	<u>(11,735,350)</u>	<u>(3,564,220)</u>
Change in Net Position	<u><u>\$ 21,409,175</u></u>	<u><u>\$ 5,990,581</u></u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
SRECNA - Comparative Variance Analysis
For the 6 Month Periods December 31, 2013 and 2012

	Current Month			Comparative Period		Fiscal Year To Date			Comparative Period	
	Actual	Budget	Variance	Dec 2012	Variance	Actual	Budget	Variance	July ~ Dec FY2013	Variance
Operating Revenue:										
Net Patient Service Revenue	\$ 92,183,369	\$ 90,844,734	1.47%	\$ 89,172,066	3.38%	\$ 562,856,864	\$ 545,068,404	3.26%	\$ 527,305,214	6.74%
Other Revenue	<u>1,604,213</u>	<u>1,576,944</u>	1.73%	<u>2,390,016</u>	-32.88%	<u>9,434,882</u>	<u>9,461,664</u>	-0.28%	<u>10,546,863</u>	-10.54%
Total Operating Revenue	93,787,582	92,421,678	1.48%	91,562,082	2.43%	572,291,746	554,530,068	3.20%	537,852,077	6.40%
Operating Expenses:										
Compensation and Employee Benefits	39,345,065	39,568,016	0.56%	39,061,334	-0.73%	230,661,755	237,408,098	2.84%	233,989,715	1.42%
Services and Supplies	45,972,945	44,627,310	-3.02%	43,350,386	-6.05%	282,867,019	267,763,835	-5.64%	265,568,216	-6.51%
Depreciation and Amortization	<u>4,318,503</u>	<u>4,805,765</u>	10.14%	<u>4,825,341</u>	10.50%	<u>25,618,447</u>	<u>28,834,591</u>	11.15%	<u>28,739,345</u>	10.86%
Total Operating Expenses	89,636,513	89,001,091	-0.71%	87,237,061	-2.75%	539,147,221	534,006,524	-0.96%	528,297,276	-2.05%
Operating Income (Loss)	4,151,069	3,420,587	21.36%	4,325,021	-4.02%	33,144,525	20,523,544	61.50%	9,554,801	246.89%
Operating Margin	4.43%	3.70%		4.72%		5.79%	3.70%		1.78%	
NonOperating Revenue (Expense):										
Investment Income	(552,724)	164,613	-435.77%	(171,250)	222.76%	(3,002,301)	987,677	-403.98%	8,165,503	-136.77%
Interest Expense	(1,168,741)	(1,390,761)	15.96%	(1,866,746)	37.39%	(7,307,791)	(8,344,562)	-12.42%	(11,729,723)	37.70%
CEP Refinance Issuance Costs	<u>(1,425,258)</u>	<u>-</u>	-100.00%	<u>-</u>	-100.00%	<u>(1,425,258)</u>	<u>-</u>	-100.00%	<u>-</u>	-100.00%
Total NonOperating Revenue (Expense)	<u>(3,146,723)</u>	<u>(1,226,148)</u>	-156.63%	<u>(2,037,996)</u>	-54.40%	<u>(11,735,350)</u>	<u>(7,356,885)</u>	-59.52%	<u>(3,564,220)</u>	-229.25%
Change in Net Position	<u>\$ 1,004,346</u>	<u>\$ 2,194,439</u>	-54.23%	<u>\$ 2,287,025</u>	-56.09%	<u>\$ 21,409,175</u>	<u>\$ 13,166,659</u>	62.60%	<u>\$ 5,990,581</u>	257.38%

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses
For the 6 Month Periods Ending December 31, 2013 and 2012

	2013	2012
Nursing Services:		
Administration and Education	19,156,870	\$ 14,872,201
Medical and Surgical	29,776,060	31,958,270
Pediatrics	8,085,752	8,258,344
Emergency and Trauma Units	10,120,216	10,836,143
Intensive Care Units	27,201,584	27,070,104
Coronary Care Units	1,796,956	2,035,883
Psychiatric	11,401,778	12,339,326
Operating Rooms	17,145,345	17,289,444
Recovery Rooms	2,276,148	2,287,901
Delivery and Labor Rooms	2,088,846	2,120,817
Obstetrics	3,046,443	3,008,729
Total Nursing Services	<u>\$ 132,095,998</u>	<u>\$ 132,077,162</u>
Other Professional Services:		
Laboratories and Laboratory Support	\$ 24,048,255	\$ 24,778,330
Electrocardiology	2,988,707	3,072,047
Radiology	12,697,858	13,075,499
Pharmacy	56,785,358	52,944,599
Heart Catheterization	4,791,809	5,292,767
Central Services and Supply	41,170,634	44,520,862
Anesthesiology	9,700,006	9,959,150
Nuclear Medicine	598,007	579,517
Respiratory Therapy	6,949,181	6,816,901
Physical Medicine	4,005,491	4,387,340
Dialysis	1,011,018	1,092,991
Pathology	1,788,671	2,020,542
Transplant	15,529,248	11,140,093
Other Miscellaneous Services	8,419,746	8,794,508
Medical Records and Quality Assurance	3,743,945	3,793,608
Resident Support	24,777,160	20,057,436
Total Other Professional Services	<u>\$ 219,005,094</u>	<u>\$ 212,326,190</u>
General Services:		
Dietary	\$ 7,543,716	\$ 7,837,887
Plant Ops, Maintenance, Security	28,553,216	30,817,971
Housekeeping	8,732,446	8,446,762
Total General Services	<u>\$ 44,829,378</u>	<u>\$ 47,102,620</u>
Fiscal and Administrative Services:		
Admitting	\$ 3,332,246	\$ 3,392,607
Administration	38,236,537	29,901,111
Shared Services	5,137,334	5,194,656
MUSC Support	10,681,233	8,243,194
Accounting	5,171,636	4,879,046
Hospital Patient Accounting	4,766,839	5,390,452
Marketing	3,522,126	3,624,467
Human Resources	1,275,002	1,278,373
Communications	920,027	1,027,160
Computer Services	21,117,294	20,574,811
Total Fiscal and Administrative Services	<u>\$ 94,160,274</u>	<u>\$ 83,505,877</u>
Ambulatory Care:		
Ambulatory Care	<u>\$ 23,438,030</u>	<u>\$ 24,546,082</u>
Total Ambulatory Care	<u>\$ 23,438,030</u>	<u>\$ 24,546,082</u>
Other:		
Depreciation	\$ 25,618,447	\$ 28,739,345
Interest	7,307,791	11,729,723
CEP Refinance Issuance Costs	1,425,258	-
Total Other	<u>\$ 34,351,496</u>	<u>\$ 40,469,068</u>
Total Expenses	<u>\$ 547,880,270</u>	<u>\$ 540,026,999</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 6 Month Period Ending December 31 , 2013

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable	
Operating Revenue:					
Patient Service Revenue:					
Inpatient	\$ 1,755,640,303	\$ 877,820,152	\$ 919,840,733	\$ 42,020,581	F
Outpatient	<u>1,221,324,345</u>	<u>610,662,173</u>	<u>628,709,873</u>	<u>18,047,700</u>	F
Gross Patient Service Revenue	<u>2,976,964,648</u>	<u>1,488,482,325</u>	<u>1,548,550,606</u>	<u>60,068,281</u>	F
Patient Service Revenue net of Charity Care	<u>2,976,964,648</u>	<u>1,488,482,325</u>	<u>1,512,405,088</u>	<u>23,922,763</u>	F
Additions (Deductions) To/From Patient Service Revenue:					
Contractual and Other Adjustments	(1,925,654,520)	(962,827,260)	(968,961,563)	6,134,303	U
Payment from DHHS	18,628,621	9,314,311	9,314,311	-	F
Disproportionate Share	<u>20,198,056</u>	<u>10,099,028</u>	<u>10,099,028</u>	<u>-</u>	F
Net Additions (Deductions) To/From Patient Service Revenue	<u>(1,886,827,843)</u>	<u>(943,413,921)</u>	<u>(949,548,224)</u>	<u>6,134,303</u>	U
Net Patient Service Revenue	<u>1,090,136,805</u>	<u>545,068,404</u>	<u>562,856,864</u>	<u>17,788,460</u>	F
Other Operating Revenue:					
Other and IIT Transfers	<u>18,923,328</u>	<u>9,461,664</u>	<u>9,434,882</u>	<u>26,782</u>	U
Total Other Operating Revenue	<u>18,923,328</u>	<u>9,461,664</u>	<u>9,434,882</u>	<u>26,782</u>	U
Total Operating Revenue	<u>\$ 1,109,060,133</u>	<u>\$ 554,530,068</u>	<u>\$ 572,291,746</u>	<u>\$ 17,761,678</u>	F
Operating Expenses:					
Nursing Services	\$ 265,664,105	\$ 132,832,050	\$ 132,095,998	\$ 736,052	F
Other Professional Services	423,418,284	211,709,142	219,005,094	7,295,952	U
General Services	93,293,675	46,646,838	44,829,378	1,817,460	F
Fiscal and Administrative Services	178,797,215	89,398,610	94,160,274	4,761,664	U
Ambulatory Care	49,170,586	24,585,293	23,438,030	1,147,263	F
Other Expenses	<u>57,669,182</u>	<u>28,834,591</u>	<u>25,618,447</u>	<u>3,216,144</u>	F
Total Operating Expenses	<u>1,068,013,047</u>	<u>534,006,524</u>	<u>539,147,221</u>	<u>5,140,697</u>	U
Income (Loss) from Operations	<u>41,047,086</u>	<u>20,523,544</u>	<u>33,144,525</u>	<u>12,620,981</u>	F
NonOperating Revenue (Expense):					
Interest and Investments	(14,713,770)	(7,356,885)	(10,310,092)	2,953,207	U
CEP Refinance Issuance Costs	<u>-</u>	<u>-</u>	<u>(1,425,258)</u>	<u>1,425,258</u>	U
Total NonOperating Revenue (Expense)	<u>(14,713,770)</u>	<u>(7,356,885)</u>	<u>(11,735,350)</u>	<u>4,378,465</u>	U
Change in Net Position	<u>\$ 26,333,316</u>	<u>\$ 13,166,659</u>	<u>\$ 21,409,175</u>	<u>\$ 8,242,516</u>	F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

(A Component Unit of MUSC)

Schedule of Functional Expenses - Actual versus Budget

For the 6 Month Period Ending December 31, 2013

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
Nursing Services:				
Administration and Education	\$ 29,855,509	\$ 14,927,755	\$ 19,156,870	\$ 4,229,115 U
Medical and Surgical	61,867,632	30,933,816	29,776,060	1,157,756 F
Pediatrics	16,816,833	8,408,417	8,085,752	322,665 F
Emergency and Trauma Units	21,749,847	10,874,924	10,120,216	754,708 F
Intensive Care Units	56,914,316	28,457,158	27,201,584	1,255,574 F
Coronary Care Units	4,054,173	2,027,087	1,796,956	230,131 F
Psychiatric	24,859,395	12,429,698	11,401,778	1,027,920 F
Operating Rooms	34,609,960	17,304,980	17,145,345	159,635 F
Recovery Rooms	4,596,416	2,298,208	2,276,148	22,060 F
Delivery and Labor Rooms	4,231,070	2,115,535	2,088,846	26,689 F
Obstetrics	6,108,954	3,054,477	3,046,443	8,034 F
Total Nursing Services	<u>\$ 265,664,105</u>	<u>\$ 132,832,050</u>	<u>\$ 132,095,998</u>	<u>\$ 736,052 F</u>
Other Professional Services:				
Laboratories and Laboratory Support	\$ 49,993,928	\$ 24,996,964	\$ 24,048,255	\$ 948,709 F
Electrocardiology	6,238,495	3,119,248	2,988,707	130,541 F
Radiology	26,438,520	13,219,260	12,697,858	521,402 F
Pharmacy	105,153,326	52,576,663	56,785,358	4,208,695 U
Heart Catheterization	10,527,305	5,263,653	4,791,809	471,844 F
Central Services and Supply	86,076,017	43,038,009	41,170,634	1,867,375 F
Anesthesiology	20,085,917	10,042,959	9,700,006	342,953 F
Nuclear Medicine	1,174,430	587,215	598,007	10,792 U
Respiratory Therapy	14,359,619	7,179,810	6,949,181	230,629 F
Physical Medicine	8,689,927	4,344,964	4,005,491	339,473 F
Dialysis	2,202,368	1,101,184	1,011,018	90,166 F
Pathology	4,121,201	2,060,601	1,788,671	271,930 F
Transplant	22,438,314	11,219,157	15,529,248	4,310,091 U
Other Miscellaneous Services	17,696,178	8,848,089	8,419,746	428,343 F
Medical Records and Quality Assurance	7,535,953	3,767,977	3,743,945	24,032 F
Resident Support	40,686,786	20,343,393	24,777,160	4,433,767 U
Total Other Professional Services	<u>\$ 423,418,284</u>	<u>\$ 211,709,142</u>	<u>\$ 219,005,094</u>	<u>\$ 7,295,952 U</u>
General services:				
Dietary	\$ 15,467,886	\$ 7,733,943	\$ 7,543,716	\$ 190,227 F
Plant Ops, Maintenance, Security	60,817,389	30,408,695	28,553,216	1,855,479 F
Housekeeping	17,008,400	8,504,200	8,732,446	228,246 U
Total General Services	<u>\$ 93,293,675</u>	<u>\$ 46,646,838</u>	<u>\$ 44,829,378</u>	<u>\$ 1,817,460 F</u>
Fiscal and Administrative Services:				
Admitting	\$ 6,974,073	\$ 3,487,037	\$ 3,332,246	\$ 154,791 F
Administration	66,089,645	33,044,823	38,236,537	5,191,714 U
Shared Services	10,333,809	5,166,905	5,137,334	33,727 F
MUSC Support	21,457,734	10,728,867	10,681,233	47,634 F
Accounting	9,607,660	4,803,830	5,171,636	367,806 U
Hospital Patient Accounting	10,400,756	5,200,378	4,766,839	433,539 F
Marketing	7,421,610	3,710,805	3,522,126	188,679 F
Human Resources	2,608,039	1,304,020	1,275,002	29,018 F
Communications	2,035,753	1,017,877	920,027	97,850 F
Computer Services	41,868,136	20,934,068	21,117,294	183,226 U
Total Fiscal and Administrative Services	<u>\$ 178,797,215</u>	<u>\$ 89,398,610</u>	<u>\$ 94,160,274</u>	<u>\$ 4,761,664 U</u>
Ambulatory Care:				
Ambulatory Care	<u>\$ 49,170,586</u>	<u>\$ 24,585,293</u>	<u>\$ 23,438,030</u>	<u>\$ 1,147,263 F</u>
Total Ambulatory Care	<u>\$ 49,170,586</u>	<u>\$ 24,585,293</u>	<u>\$ 23,438,030</u>	<u>\$ 1,147,263 F</u>
Other:				
Depreciation	\$ 57,669,182	\$ 28,834,591	\$ 25,618,447	\$ 3,216,144 F
Interest	16,689,123	8,344,562	7,307,791	1,036,771 F
CEP Refinance Issuance Costs	-	-	1,425,258	1,425,258 U
Total Other	<u>\$ 74,358,305</u>	<u>\$ 37,179,153</u>	<u>\$ 34,351,496</u>	<u>\$ 2,827,657 F</u>
Total Expenses	<u><u>\$ 1,084,702,170</u></u>	<u><u>\$ 542,351,086</u></u>	<u><u>\$ 547,880,270</u></u>	<u><u>\$ 5,529,184 U</u></u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Balance Sheet: At 12/31/2013 and for the year ended 6/30/2013

Assets:

Cash and cash equivalents, including cash restricted for construction and telemedicine projects, increased \$21.2 million to \$65 million from June 30th, 2013. The increase is a result of several factors from recent performance. Hospital Patient Accounting had record collections in the first six months of FY 14, \$4 million net of the provider tax for Medicaid disproportionate share uninsured program payment, and the HUD debt service payments are now approximately \$300k per month less than pre-refinancing amounts. The improvement in cash inflows was offset by a \$3 million Medicaid prior year cost settlement, and year to date Epic capital and operating expense payments of \$10,586,057.

Net patient accounts receivable has increased less than 0.5% on substantially higher volume, due to HPA collections mentioned previously. The case mix index (an indication of patient acuity) at 1.848 is up from last year's 1.7962. December's case mix decreased to 1.785 from November's 1.836. CMI for the month of December, FY '13 was 1.691.

Other Current Assets increased by \$5.6 million from 6/30/13 due to increase in prepaid maintenance contracts and insurance. Deferred outflows (and the Derivative Instruments balance in the liability section) are zero for December due to the termination of the swap as part of the central energy plant refinancing that occurred on 12/30/13.

Liabilities:

As of December, 2013 Current Installments of Long-Term Debt include \$13.3 million HUD related debt and \$1.8 million for debt related to the Central Energy Plant. Current Installments of Notes Payable relate to G E loan for the McKesson clinical systems and the note payable for the Sabin St. energy plant.

Long term debt (net of deferred issuance costs) decreased \$5,800,000. Prior to the December, 2102 refinancing, principal was paid semi-annually, under the new debt structure, principal is paid monthly. In June MUHA accessed the State's loan program to borrow \$12.9 million for the Sabin Street central energy plant project. This is shown in the long term debt section as Notes Payable.

Other Accrued Expenses decreased by \$5.7 million due to payment of the prior year Medicaid cost report.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

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

Operating Revenues:

Net patient revenue is up 6% from the same period last year. Inpatient census is up 5% over last fiscal year – driven by increases in all service areas. E R visits are flat. Operating room cases are up 6.6%. Transplant cases are down 5.5% compared to last year. MRI procedures are up 7.1% while CT procedures are up 2.6%. Outpatient visits are up 6.6%. The Medicare length of stay at 6.5 days is up three tenths of a day compared to same period last year while the Medicare CMI increased from 2.04 to 2.19.

On a volume adjusted basis (adjusted discharges) net patient revenue is up 4% at \$18,368 per case. This is a result of an increase in acuity driven by the increase in surgical cases.

Operating Expenses:

When compared to the same 6 month period last fiscal year salaries and benefits decreased \$3.3million (1.4%). Staffing has decreased by 140 fte's during this same time. The largest decreases have come in lab, radiology and the MACC and SACC service lines, while increases are seen in IT, therapeutic services and Clinical Effectiveness departments.

Services and supplies are up 6.5% compared to last year. The increase in equipment operating leases, increased Huron fees as we near the end of their project, and Epic system conversion are responsible for the increase. Total Epic related expense (salaries and other) for FY 14 are \$2,949,311.

Depreciation and Amortization is 11% below the prior year comparative period as the quarterly review of depreciable equipment was completed and the year to date adjustment booked in December, and more equipment is acquired through operating leases.

Non Operating Expense

Interest expense is down \$4.4 million (38%) based on lower long-term debt balances and interest rate reduction.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Budget Comparison:

As of December, 2013 MUHA's net income is \$8.2 million ahead of budget. The operating margin is 5.8% compared to 3.7% budget.

Net patient service revenues are up 3.3% compared to budget, due to the increased volume, while operating expenses are above budget by less than 1%.

Investment income is \$3.9 million below budget due to mark to market adjustments driven by the current interest rate environment. The underlying investments are part of the HUD special reserve and mortgage reserve accounts. The investments will be held to maturity, and redeemed at par, eliminating the loss on investments.

Unusual and non-recurring items impacting current month earnings:

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

On December 30, 2013 the Central Energy Plant debt was refinanced resulting in substantial savings in interest expense. Interest rate is fixed at 3.8% (compared to the previous rate of 5.75%) and amortization schedule was not extended. With the implementation of GASB 65 this fiscal year, issuance costs related to debt refinancing are considered current period expense. Prior to GASB 65, these costs were amortized over the remaining life of the debt. In December, issuance costs of \$1.4 million related to the CEP refinancing were booked as non-operating expense.

Board of Trustees Credentialing Subcommittee - November 2013

The Medical Executive Committee reviewed the following applicants on November 20, 2013

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

Medical Staff Initial Appointment and Privileges

Frederick Walter Funke, Jr., M.D.	Provisional Affiliate - R&F	Medicine
Zipporah Krishnasami, M.D.	Active Provisional	Medicine
Sandi McKenzie, M.D.	Active Provisional	Pediatrics
Anil Balaji Rajendra, M.D.	Provisional Affiliate - R&F	Medicine
Neil A. Rosenquist, M.D.	Active Provisional	Radiology

Medical Staff Reappointment and Change in Privileges

Calvert Clay Alpert, M.D.	Active	Anesthesiology
Athena Beldecos, M.D., M.A.	Affiliate - Refer & Follow	Medicine
Ettaleah Coplon Bluestein, M.D.	Affiliate - Refer & Follow	Ophthalmology
Steve Chin, M.D.	Active	Medicine
Richard Gregg Dwyer, M.D., Ed.D.	Active	Psychiatry
Melissa Campbell Evans, M.D.	Active	Pediatrics
Samir M Fakhry, M.D.	Active	Surgery
Christopher Scott Fields, M.D.	Active	Psychiatry
Jennifer Lynn Garvey, D.M.D.	Affiliate - Refer & Follow	Oral Surgery
Matthew Kornegay, M.D.	Affiliate - Refer & Follow	Pediatrics
Chitra Lal (Lal), M.D.	Active	Medicine
Franklin C. Lee, M.D.	Affiliate - Refer & Follow	Pediatrics
Eric J Lentsch, M.D.	Active	Otolaryngology
Philip J. McGaha, M.D.	Affiliate - Refer & Follow	Pediatrics
Frederick Thomas Moore, Jr., D.M.D.	Affiliate - Refer & Follow	Oral Surgery
Michael C. Noone, M.D.	Affiliate - Refer & Follow	Otolaryngology
Scott T. Reeves, M.D.	Active	Anesthesiology
Donna Roberts, M.D.	Active	Radiology
Jeffrey G. Schultze, M.D.	Affiliate CFC - Refer & Follow	Medicine
Mark Siegel, M.D.	Affiliate - Refer & Follow	Ophthalmology
Michael T. Smith, M.D.	Active	Pathology & Lab. Med.
Yalani L. Vanzura, M.D.	Active	Medicine
Robert Warters, M.D.	Active	Anesthesiology
Rodney B. Young, III, M.D.	Affiliate	Surgery
Michelle E. Ziegler, D.D.S.	Active Provisional	Oral Surgery

Medical Staff Change in Privileges

Leonardo F.G. Bonilha, M.D.,Ph.D.	Active	Neurosciences	Add telemedicine for stroke
Mario A. Castillo-Sang, M.D.	Active	Surgery	Addition of TAVR
Fred A. Crawford, Jr., M.D.	Active	Surgery	Addition of TAVR
John S. Ikonmidis, M.D., Ph.D.	Active	Surgery	Addition of TAVR
Eric R. Powers, M.D.	Active	Medicine	Addition of TAVR
Daniel Howard Steinberg, M.D.	Active	Medicine	Addition of TAVR

Professional Staff Initial Appointment and Privileges

Kara Elizabeth Breznak, P.A.C., M.S.	Provisional Allied Health	Medicine
Tiago Bruniera, P.A., M.M.S.	Provisional Allied Health	Surgery
Ali Linnemann Burnette, B.S.N., F.N.P.	Provisional Allied Health	Pediatrics
Julianne Christina Hellmuth, Ph.D.	Provisional Allied Health	Psychiatry
Melissa Fox Henry , C.R.N.A., D.N.P.	Provisional Allied Health	Anesthesiology
Maria Yvonne Hinton, A.P.R.N.	Provisional Allied Health	Medicine
Rebecca Patton, P.A.	Provisional Allied Health	Urology
Nicole Candy Walters, F.N.P.	Provisional Allied Health	Medicine

Professional Staff Reappointment and Privileges

Michele Marie Ballister, C.R.N.A., M.S.N.	Allied Health	Anesthesiology
Tamara Noel Bowman, A.N.P., M.S.N.	Allied Health	Medicine
Laura Arnstein Carpenter, Ph.D.	Allied Health	Pediatrics
Bresney Alyssa Dawn Crowell, N.N.P.	Provisional Allied Health	Pediatrics
Rhiannan Mize Davis, C.R.N.A.	Allied Health	Anesthesiology
Merriman L. Dowdle, P.A.C., M.P.A.	Allied Health	Medicine
Katherine Geneva Fabrizio, M.S.N., F.N.P.	Allied Health	Pediatrics
Barbara A. Haase, B.S.N., MSN, P.N.P.	Allied Health	OBGYN
Holly Joy Gardner, F.N.P., B.S.N.	Provisional Allied Health	Neurosciences
Ellen Amanda Hardin, P.N.P., D.N.P.	Provisional Allied Health	Orthopaedic Surgery
Alice Q. Libet, Ph.D.	Allied Health	Psychiatry
Carly M. McDonald, P.A.C., M.M.S.	Allied Health	Neurosciences
Nancy Morgan Miller, P.A.C., M.Sc.	Provisional Allied Health	Orthopaedic Surgery
Angela Mund, C.R.N.A., D.N.P.	Allied Health	Anesthesiology
Emily Munday, C.R.N.A.	Allied Health	Anesthesiology
Jill Neumann, M.S., P.A.C.	Allied Health	Surgery
Crispin Francis Reeves, P.A.C.	Allied Health	Medicine
Edith Barrett Willis, M.P.A.S.	Provisional Allied Health	Orthopaedic Surgery

Professional Staff Change in Privileges

Gretchen Lee Hahn, M.S.N., C.N.M., B.S.	Provisional Allied Health	OBGYN	Change in protocol and physicians
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Board of Trustees Credentialing Subcommittee - December 2013

The Medical Executive Committee reviewed the following applicants on December 18, 2013

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

Medical Staff Initial Appointment and Privileges

	Provisional Affiliate - Refer &	
Sarah Karpel Coker, M.D.	Follow	Psychiatry
John Heyl Gibson, M.D.	Active Provisional	Neurosciences
Rebecca Terban Kalhorn, M.D.	Active Provisional	Medicine
Andrew David Schreiner, M.D.	Active Provisional	Medicine

Medical Staff Reappointment and Change in Privileges

Sarah W. Book, M.D., M.S.C.R	Active	Psychiatry
Olga Brawman-Mintzer, M.D.	Active	Psychiatry
Laurence S. Blumenthal, M.D.	Affiliate - Refer & Follow	Medicine
Michael Jeffrey Caplan, M.D.	Active	Pathology & Lab. Med.
Jane M. Charles, M.D.	Active	Pediatrics
Neal Paul Christiansen, M.D.	Active	Medicine
Harry St. Clair Clarke, Jr., M.D., Ph.D.	Active	Urology
Joel B. Cochran, D.O.	Active	Pediatrics
Joel Cook, M.D.	Active	Dermatology
Deborah V. Deas, M.D.,M.P.H.	Active	Psychiatry
Howard A. Evert, M.D.	Affiliate CFC	Medicine
John R. Feussner, M.D., M.P.H	Active	Medicine
Airody K. Hebbar, M.D.	Active	Family Medicine
Antonio M. Hernandez, M.D.	Affiliate CFC - Refer & Follow	Medicine
Mary Noreen Herring, M.D.	Active	Neurosciences
Edward Mark Kantor, M.D., P.A.	Active	Psychiatry
Henry Kearse, M.D.	Active	Dermatology
Janice D. Key, M.D.	Active	Pediatrics
Michelle D. Lally, M.D.	Active	Pediatrics
Michael K. Lecholop, D.M.D.	Active Provisional	Oral & Max Surgery
R. Layton McCurdy, M.D.	Active	Psychiatry
Diana M. Mullis, M.D.	Active	Psychiatry
James C. Oates, M.D.	Active	Medicine
Ellen C. Riemer, M.D., J.D.	Active	Pathology & Lab. Med.
James R. Roberts, M.D.	Active	Pediatrics
Sally E. Self, M.D.	Active	Pathology & Lab. Med.
Nicole Petersen Shepard, M.D.	Active Provisional	Pediatrics
Renee D. Straub, M.D.	Active Provisional	Dermatology
Tamas A. Szabo, M.D., Ph.D.	Affiliate	Anesthesiology
Graham Walter Warren, M.D.,Ph.D.	Active Provisional	Radiation Oncology

Medical Staff Change in Privileges

Arthur J. Crumbley, M.D.	Active	Medicine	Addition of Outpatient Card. Transplant Mgmt
Gabriel U. Martz, M.D.	Active	Neurosciences	Addition of Telemed for Outpatient Consult
James B. Fox, M.D.	Active Provisional	Psychiatry	Addition of TMS privilege

Professional Staff Initial Appointment and Privileges

Jessica Hughes Day, M.S.N., C.N.M.	Provisional Allied Health	OBGYN
Natalie Kathleen Foster, F.N.P.	Provisional Allied Health	Neurosciences
Amy Caroline Freliche, A.P.R.N.	Provisional Allied Health	Otolaryngology
Erica Damico Gunnells, A.P.R.N.	Provisional Allied Health	Medicine
Carl Alan Howell, III, P.A.C.	Provisional Allied Health	Medicine

Professional Staff Reappointment and Privileges

Anna Goodman Bailey, M.S.W.	Allied Health	Psychiatry
Carla Bistrick, C.C.P., B.S.N., M.S.	Allied Health	Surgery
Jeffrey J. Borckardt, Ph.D.	Allied Health	Psychiatry
Denise A. Bradshaw F.N.P., M.S.N.	Provisional Allied Health	Surgery
Jennifer L. Cannon, B.S.N., M.S.N.A.	Allied Health	Anesthesiology
Patricia Marie Cavender, F.N.P.	Provisional Allied Health	Surgery
Kara Cole, A.N.P.	Allied Health	Medicine
Peter A. Dodge, Sr., P.A.C.	Allied Health	Family Medicine
Melissa Marie Dunham, N.N.P.	Allied Health	Pediatrics
Walter Huda, Ph.D.	Allied Health	Radiology
Mary Anita Johnson, P.N.P.	Allied Health	Pediatrics
Cheryl E. Kerrigan, P.N.P.	Allied Health	Pediatrics
Dean G. Kilpatrick, Ph.D.	Allied Health	Psychiatry
Amy Jo King, C.R.N.A.	Allied Health	Anesthesiology
Damon Licari, P.A.C., M.S.	Allied Health	Medicine
Kate Hansson Mack, D.N.P., F.N.P.	Allied Health	Urology
Cameron Burch Oswald, P.A.C.	Allied Health	Medicine
Brenda B. Toohey, F.N.P.	Allied Health	Surgery
Adam Scott Turk, P.A.C.	Provisional Allied Health	Medicine
Judy R. Walling, F.N.P., MSN	Allied Health	Medicine

Professional Staff Change in Privileges

Sherrill Bradsher, F.N.P., M.S.N.,	Allied Health	Anesthesiology	Switch to Dept of Anes.
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Medical Executive Committee Presiding: Dr. Gillespie Date: November 20 th 2013 Meeting Place: 628 CSB Recording: Stephanie Brown		Meeting Time: 7:30 Adjournment: 8:30am Members present: Dr. Gillespie; Dr. Basco; Dr. Cawley; Dr. Clyburn; Dr. Costello; Dr. Crumbley; Dr. Elliott; Dr. Feussner; Dr. Habib; Dr. Harvey; Dr. Hoffman; Dr. Jauch; Heather Kokko; Dr. Lewis; D McLean; Dr. Pellegrini; Dr. Reeves; Dr. Richardson;; Dr. Ryan; Dr. Sachs; S. Scarbrough; M. Schaffner; Dr. Scheurer; Dr. Streck; Dr. Warren; Dr. Yoe; C. Younker; Dr. Zwerner Members excused: Dr. Baliga; Dr. Boylan , Dr. Clarke; Dr. Cole; ; Dr. Deas; A. Drachman; Terri Ellis; Dr. Gray; L. Kindy; Dr. Lambert; D. Neff; Dr. Pisano; Dr. Powers; C. Rees; Dr. Rockey; Dr. Rublee; Dr. Salgado; Dr. Uhde; Dr. Valerio; Dr. Vandergrift; Guests: Lois Kerr, Lauren Kuckewich,	
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	2 Events reviewed	Approved	
Wins	<p>Several members of our faculty participated in a Golf Tournament Fundraiser. The fundraiser had 1.7 million in donations before the Golf Tournament began. Goal was set to get to 2 million before the end of the tournament. A miscellaneous lawyer made a 6 figure donation during the Golf Tournament Fundraiser.</p> <p>Subspecialty certification Peds. Anesthesia occurred with 100% pass rate.</p> <p>28 Nurses attended Johnson and Johnson nursing gala. Where able to submit videos for the event. 3 of 4 MUSC videos were finalist. 9 East video on “How to prevent falls” won.</p>	Accepted as Information	
Review of Minutes	MEC minutes were reviewed.	Minutes of the October 16th 2013 MEC meeting were approved.	
Credentials Committee	<p>Marilyn Schaffner reported on staff changes:</p> <p>Medical Staff Initial Appointment and Privileges: 5</p> <p>Medical Staff Reappointment and Privileges: 0</p> <p>Medical Staff Reappointment and Change in Privileges: 25</p> <p>Medical Staff Change in Privileges: 6</p> <p>Professional Staff Initial Appointment and Privileges: 8</p> <p>Professional Staff Reappointment and Privileges: 18</p> <p>Professional Staff Changes in Privileges: 1</p> <p>Dr. Harry Drabkin requested a temporary waiver for Steve Chin, MD, Assistant Professor in the Department of Medicine Division of Hematology/Oncology for the requirement of his board certification. Dr. Chin was schedule to take the board certification exam for Internal Medicine of</p>	The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for approval.	

	August 2013 and did not pass the exam during this time. A focused study plan will be put into place as well as support for additional learning and involvement in General Internal Medicine between now and the next schedule exam. The exam will be available to retake in 2 years. A proposed extension of privileges is requested during this time for Dr. Chin to engage in additional study efforts and review courses until he is able to reschedule to take the board certification exam. (Approved)	Approved	
GME Report	Dr. Clyburn provided GME update. Dr. Clyburn discussed ongoing “clear visits” which are Institutional Learning Environment visits that occur every 18 months. Looking into tapping into some of our other resources with Joint Commission. Also working on an action plan and swat analysis to see where we are.	Accepted as Information	
Hospital Update	<p>Dr. Cawley provided hospital update and overview of 2014 goals.</p> <ul style="list-style-type: none"> – Strategic Intent to rank in Top 25 Performance UHC & USN&WR. Still in TOP 25 however declined a little UHC. Currently Working on patient safety indicators. – Service – Ideal Patient Service Achieve a weighted composite score of 3.0, Thru October equals 2.15. <ul style="list-style-type: none"> • HCAHPS – Composite at or above the 75th percentile, Goal is 7 of 11, Results are 7 of 11. • CG-CAHPS – Composite Have Top Box Results at or above 75th percentile, Goal is 3 of 6, Results are 0. • Avatar – Adult Outpatient / Ancillary – Goal overall mean score of 93.87; YTD 91.50%. • Press Ganey-Pediatric Inpatient – Goal is to rank 85th percentile, results are 71. • Press Ganey-Pediatric Outpatient – Goal is to rank 75th percentile, results are 57%. • Total Goal for Service 3.0; Results 2.15 YTD – People – Increase Morehead Employee Commitment Score by .05. We are currently in the white. – Quality – Ideal Care Achieve a weighted composite score of 3.0; Results are 2.0. Hand Hygiene Audits Compliance Rate of 90% or higher; Results thru October are 90%. – Finance – Achieve cost per adjusted discharge of \$8,575, Thru August equals \$9,358; Achieve an operating margin of 3% (Year End), Thru September equals 4.2%; (To turn green over course of the year. – Growth – Achieve .5% growth in inpatient discharge (excludes observation), Results thru October are 2.4%; Achieve 3% growth in new patient visits (includes hospital based outreach and CFC), Thru October equals 11.41% <p>Note: To have few new beds when Joint Unit moves to 10th floor. 10th floor will fill in very quickly due to recruiting. Next major step - ART 7 will come online in 15 months. It requires moving physicians (6 month timeline for moving physicians). Looking at Cath Areas, Endo Areas, Admit and Discharge areas to place patients. After ART 7 opens no significant bed additions until 2020. If we kick off master plan this academic year in spring time we should be on target.</p> <ul style="list-style-type: none"> – Ideal Care Goal is 3.0; Results are 2.0: (Includes the following) 	Accepted as Information	

	<ul style="list-style-type: none"> • Mortality Rank Goal is Top 25 in UHC, Result YTD 27.(Yellow) • Readmissions Goal is 13.4 Adult 30 Day Readmissions, Result YTD 13.3(Yellow) • CLABSI Goal is ≤ 43 Infections Annually, Result YTD 60 (Red).(MUSC receiving a reward for Nationally for CLABSI) • CAUTI Goal is ≤ 7.3 Infections per 1000 Foley days, Result YTD 8.8.(Red) • Vent Days Goal is 3% Reduction in Vent Days, Result YTD 7.6.(Green) • Core Measures Goal is 96.5% received appropriate care, Result YTD 92.2% (Yellow) • Culture of Safety Goal is 62% positive responses on perception of safety, Results YTD 61.(Yellow) • Meaningful Use Goal is 95% compliance, Result YTD 90. (Yellow) <p>– Housewide Hand Hygiene compliance – Current Rate is 90.1%; Mean 89%</p> <p>Questions:</p> <p>– Are you predicting any hospital failures in our region? Answer: In the past there have been predictions of hospital closures however we are not there at this time.</p> <p>– There have been discussions of creating a special space for boarding patients - ED Psych Order. Can you comment on this discussion? Answer: We are meeting with Mental Health in December to discuss this. Tom Uhde is currently working on a plan. Will work with other hospitals to set up something regional.</p>	Accepted as Information	
Med Executive Rules and Regulations	<p>Dr. Sachs presented the Med Executive Rules and Regulations. A summary of proposed changes to Medical Staff Rules and Regulations was provided for the MEC Committee to review. The summary included:</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> • <u>Modified the definition of a Medical Record:</u> 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. • <u>Added:</u> The attending physician is specifically responsible for the completion of the medical record for each patient encounter (e.g. admission). • <u>Added Informed consent to documents that must be completed without abbreviations.</u> 	Approved	

	<ul style="list-style-type: none"> • <u>Deleted reference to medical student notes and stat dictation.</u> • <u>Added section on medical record requirements for out-patients.</u> • <u>Added medication reconciliation as a requirement for a complete record.</u> • <u>Changed timeframes for completion to :</u> 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 • <u>Redefined what elements make records delinquent and revised timeframes:</u> Includes medical record required element; Required completion time frame; Attending signatures required time frame; days deemed delinquent. • <u>Notifications Clarified:</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. • <u>Clarified Failure to Complete Medical Records:</u> 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. • <u>Clarified Medical Record temporary suspension:</u> 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) • <u>Clarified the appeal process:</u> Added CMIO to appeal process and clarified language. <p>4. Orders:</p> <ul style="list-style-type: none"> • <u>Clarified who can give orders</u> (Within scope of practice). • <u>Added language regarding POST orders:</u> 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 		
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Approved

	<p>review of the POST and conversations about the POST in the medical record.</p> <ul style="list-style-type: none"> • <u>Clarified Allow Natural Death orders</u>: 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.) • <u>Added who can take verbal orders</u>: Other disciplines as specifically approved by the Chief Medical Officer, and subsequently endorsed by the Medical Executive Committee • <u>Added</u>: that verbal orders must have immediate contact information • <u>Added</u>: the phrase certain high risk medications to language regarding when verbal orders are not allowed • <u>Added to Admission Orders</u>: Admission orders should be written and signed by the physician on service that is accepting admitted patient. <p>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.</p> <p>6. Patient Discharge: Changed from patients may only be discharged by order of the attending to only under direction of the attending.</p> <p>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).</p> <p>8. House Staff Requirements: Added: Appropriately credentialed fellows serving as attending physicians are excluded from these requirements.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> – Comment regarding the definition and who owns the electronic note. Concern that advance practice providers, medical students, and residents entering the note also own the note. It may have impact of diminishing the physician role and diluting the attending physicians. May also cause billing issue and compliance issues. – Comment on issue of not having a unified medical record. (Logging into different systems for discharge summarizes and operative notes etc.) Recommendation to use more rigorous rules once we have a unified medical record. – It was noted that the current rules and regulations are more rigorous. It states that a single delinquent record results in suspension. This is actually gentler in terms of suspension. Two notifications well now need to be provided in order for suspension to occur. The CMO will determine what actually occurs. – Note: Medical records suspension is not the same as suspension of clinical staff privileges and it not a reportable event. This is specified in the new Medical Staff Rules and Regs. 		
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Approved

Hand Hygiene Report	Dr. Scheurer presented the hand hygiene compliance. Housewide hand hygiene compliance for November 2011 – October 2013 reviewed. October 2013 Housewide rate is 90.1% mean 89%. Service line compliance rates trend from 100% to 94.5 and occupational compliance rates trend from 100% to 91%; Note: Students-other rate at 25%. Outpatient Hand Hygiene Monthly Compliance for October 2013 is above 91% for each area.	Accepted as Information	
Restraint Policy	<p>Dr. Scheurer presented on Restraint Policy. MEC Committee members received a copy of the Restraint Policy C-022 via email. We received a pretty significant Joint Commission compliant that was from a patient's family. Patient was initially a trauma who was in ICU for a couple of days then went to one of our general care floor; Patient was in restraints for approximately 10 days. We found there were significant holes in our documentation for accessing the patient on the ordering and nursing documentation side. As part of our action plan back to Joint Commission we reviewed the policy with the medical staff to see if they had any questions or concerns with the current policy. We also reviewed the current policy with Legal and Regulatory. No changes were made to the current policy however; Dr. Scheurer explained there are two different types of restraints:</p> <ol style="list-style-type: none"> 1. For the medical patient we are putting in restraints as part of their treatment plan. (Pulling lines out or of harm to themselves or others etc.) We must assure patient is initially assessed and reassessed every 24 hours by physician. Nurses must reassess every hour. 2. For behavioral side they must be assessed within 30 minutes; Orders must be renewed within 1-4 hours based on the age of patient. Kids every hour; Adults every 4 hours. <p>Note: We were cited at our last Joint Commission Survey. Questions:</p> <ul style="list-style-type: none"> – Is it possible to delegate this priority to others: i.e. Advance Practitioner? <p>Answer: The house staff, advance practitioner, or physician may take ownership of this priority. In addition to having this on paper in front of the chart, we may need to have this converted into an electronic form.</p>	Accepted as Information	
Unique Diagnoses & Procedures	<p>Dr. Scheurer presented on Unique Diagnosis and Procedures. There is a clinical data warehouse now on available through HSSC (Health Science South Carolina). They are getting data from six medical centers in South Carolina. It is now open for business via two avenues:</p> <ol style="list-style-type: none"> 1. Honest Broker Portal 2. IRV Portal <p>The HSSC would like our opinion how to deal with “Unique Diagnoses and Procedures Codes that are only at MUSC. For other organization with the “Honest Broker” portal they would like to roll up the “Unique” into the parent code. The purpose would be so no one would know exactly how many things we do (i.e. x, y, z) we do without IRV. Those individual diagnoses and procedure codes would still be available via the IRV Portal. It protects us from people identifying things we do that are very unique.</p> <p>In short: The HSSC would like our permission to roll up our “Unique Diagnoses and Procedure Codes” into the parent code for “Honest Broker” portal.</p>	Approved	

Quality Measures in Radiology	<p>Dr. Costello presented the Quality Measures in Radiology. Radiology has an electronic system called Peervue where every week each Radiologist receives 10 studies in their area of expertise from other Radiologist. We categorize our concurrence or lack of concurrence in the following categories: (Note: Our cut off is 3a-3b)</p> <ul style="list-style-type: none"> • Category 1 – concur with interpretation • Category 2 – discrepancy in interpretation/not ordinarily expected to be made (understandable miss) • Category 3a – discrepancy in interpretation should be made most of the time (unlikely to be significant) • Category 3b – discrepancy in interpretation should be made most of the time (likely to be significant) • Category 4 – discrepancy in interpretation/should be made almost every time – misinterpretation of finding <p>Only Categories 3b and 4 are considered missed. Individuals have access to their own data at any time. If their rate of Category 3b and/or 4 are at 5% or above, an internal peer review of cases for that individual will be done. Neurointerventional radiologists will monitor hematomas post catheterization and incidence of stroke complications.</p> <p>Dr. Costello and Dr. Ackerman review the reports from Radiology Attending Peer Review Data. In October 2011 – October 2012 there were a total of 13,444 cases with less than .49% in Categories 3 & 4. No individual radiologist has met anything more than 1% error rate. There are also attending final reads at 9pm. 9pm – 7:38 am the attending are not available in person so we have a senior and junior resident giving preliminary reads that go to the ED. Decisions are made on the preliminary reads however they come in the next morning and give a final interpretation. Dr. Costello and Dr. Ackerman review the reports from Radiology Resident Peer Review Data. In October 2011 – October 2012 there were a total of 11,075 cases with less than 1.39% error rate in Categories 3 & 4. Dr. Costello noted we do have a quality program in place for attending and residents and will continue to review for continuous improvement.</p>	Accepted as Information	
OR Changes in Membership	<p>Dr. Sachs presented on behalf of Dr. Baliga for the topic of OR Executive Committee changes in structure of membership. Background: There has been a leadership vacuum at the OR Executive Committee level Opportunities to improve alignment of OR strategically across the entire clinical enterprise (Surgical Departments and MUHA Leadership). The proposed new structure or OR Exec. Committee includes:</p> <ul style="list-style-type: none"> – Adding 3 Members from Chairman of Dept. or WSG Surg. member (one should be from ART) to have rotating terms every 2 years. – Meetings: Set time and open to all members of the OR voting members will be restricted to the following groups: <ul style="list-style-type: none"> • 3 Members from Chairman of Dept. or WSG Surg. member (one should be from ART) • Chair, Department of Anesthesia • Director of Nursing, MUHA • CMO of MUHA • OR Management Group 	Approved	

	<ul style="list-style-type: none"> • Medical and Surgical Director of Operating Room • Director (Administrator) or Perioperative Services • Perioperative Analytics Manager • Business manager for Surgical Services • Manager, SPD • Assoc. CMO: responsible for Capital Allocation <p>Function of OR Executive Committee: Meets monthly; Determines Strategy to align with entire Clinical Enterprise; Determine Key Performance Indicators and Reviews Performance metrics and approve action plan (monthly); Review WSG needs and quality metrics (monthly); Reviews and Approves Block Schedule (every Quarter); Reviews and approves OR resource needs and meets with Senior Leadership (? CLC) for approval (every 4 months)</p> <p>In Summary the OR Executive Committee is requesting a change in membership of group as listed above.</p>	Approved	
Data reports	<p>Reports reviewed:</p> <p>Bed Capacity Summary</p> <p>Admit Transfer Center</p> <p>Quality of H&P by Department</p> <p>Daily Admissions Reports</p> <p>Discharge Summary Reports</p>	Approved	
Subcommittee Minute Review	<p>Subcommittee reports were reviewed:</p> <p>Bed Flow Team – October 2013</p> <p>Clinical Lab Advisory Committee – October 2013</p> <p>Credentials Committee – November 2013</p> <p>Infection Control Committee – September 2013, October 2013</p> <p>Hospital Operations Committee – October 2013, November 2013</p> <p>Peer Review Committee – October 2013</p> <p>Quality Patient Safety Committee – August 2013, September 2013</p> <p>Clinical Documentation Improve Committee – October 2013</p> <p>Ethics Committee – October 2013</p> <p>Emergency Management Committee – October 2013</p>	Approved	
Polices (Consent)	<p>C – 154 Use of Sedative and Opioid Reversal Agents</p> <p>C – 164 Peer Review Policies</p> <p>C –??? Organizational Transparency</p>	Approved	
Standing Orders	<p>MUSC Childrens After Hours Care</p> <p>Childrens Standing Orders for Non-Emergent Needle Sticks</p>	Approved	
Adjourned 8:26am	The next meeting of the Medical Executive Committee will be Wednesday, December 18 th 2013 at 7:30am in 628CSB.		

David Habib, MD, Secretary of the Medical Staff

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

Medical Executive Committee Presiding: Dr. Gillespie Date: December 18 th 2013 Meeting Place: 628 CSB Recording: Stephanie Brown		Meeting Time: 7:32 Adjournment: 8:28am Members present: Dr. Gillespie; Dr. Basco; Dr. Boylan ; Dr. Cawley; Dr. Clyburn; Dr. Cole; Dr. Elliott; Dr. Feussner; Dr. Gray; Dr. Habib; Heather Kokko; Dr. Pellegrini; C. Rees; Dr. Richardson; Dr. Rublee; Dr. Ryan; Dr. Sachs; Dr. Salgado; S. Scarbrough; M. Schaffner; Dr. Scheurer; Dr. Streck; Dr. Warren; C. Younker; Dr. Zwerner Members excused: Dr. Baliga; Dr. Clarke; Dr. Costello; Dr. Crumbley; Dr. Deas; A. Drachman; Terri Ellis; Dr. Harvey; Dr. Hoffman; Dr. Jauch; L. Kindy; Dr. Lambert; Dr. Lewis; D McLean; D. Neff; Dr. Pisano; Dr. Powers; Dr. Reeves; Dr. Rockey; Dr. Uhde; Dr. Valerio; Dr. Vandergrift; Dr. Yoe; Guests: Lauren Kuckewich,	
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who
Executive Session	1 Events reviewed	Approved	
Wins	Wins: <ul style="list-style-type: none"> – Formerly Announcement the start of building The Childrens Hospital – Dr. Cawley – NICU is about to fit the 72nd patient in to the 66th gray unit – Pharmacy Resident program recognized for its 50th year of pharmacy accreditation; 1 of the first accredited in the country. – Pediatrics Residents have 100% board pass rate. – Dr. Gillespie was in Africa with various MUSC individuals from various programs (physician's assistance, nursing, pharmacy). They saw over 1300 patients in 1 week working 12 hour days. It was an amazing experience and he noted how everyone did an amazing job treating the patients. 	Accepted as Information	
Review of Minutes	MEC minutes were reviewed. Edit to minutes were made to change Dr. Gray to Marilyn Schaffner as she presented the Credentials Committee last meeting.	Minutes of the November 20 th 2013 MEC meeting were approved with minor changes.	
Credentials Committee	Dr. Gray reported on staff changes: Medical Staff Initial Appointment and Privileges: 4 Medical Staff Reappointment and Privileges: 0 Medical Staff Reappointment and Change in Privileges: 30 Medical Staff Change in Privileges: 3 Professional Staff Initial Appointment and Privileges: 5 Professional Staff Reappointment and Privileges: 20 Professional Staff Changes in Privileges: 1 Dr. Howard Evert requested a one-year extension for Dr. Antonio Hernandez Internal Medicine	The Medical Executive Committee recommends the appointments, reappointments, and delineation of clinical privileges to the Board of Trustees for	

	Board recertification requirement to allow him to complete the exam and other items leading to recertification. (Approved)	approval. Approved	
GME Report	Dr. Clyburn provided GME update. They are moving forward with Strategic Planning including one group that's headed by Ted Meyers that looking at communication. Dr. Clyburn also discussed how GME is working closely with the hospital regarding "clear visits" which are Institutional Learning Environment visits from ASGME that occur every 18 months. "Clear Visits" are usually unannounced. At some point in time in the next year we will be notified that they are coming. Exact date however is unknown. We feel good about where we are however we are stilling looking at benchmarks and looking outside the University. We are doing very well as far as communication.	Accepted as Information	
Hospital Update	<p>Dr. Cawley provided hospital update and overview of 2014 goals.</p> <ul style="list-style-type: none"> – Strategic Intent to rank in Top 25 Performance UHC & USN&WR. We won't have an update from USN&WR until May 2014 with Pediatric and July 2014 for Adult. We finished at 22; We are still in the TOP 25; – Service – Ideal Patient Service Achieve a weighted composite score of 3.0, Thru November equals 1.75. <ul style="list-style-type: none"> • HCAHPS – Composite at or above the 75th percentile, Goal is 7 of 11, Results are 5 of 11. Things to work on are: Communication w/Nurses, Communication w/Doctors, Responsiveness of Staff, Cleanliness of Hospital, and Quietness of Hospital • CG-CAHPS – Composite Have Top Box Results at or above 75th percentile, Goal is 3 of 6, Results are 1. We are starting to see some movement across several categories for the year as we learn more of what CG CAHPS is and how it is measured. • Avatar – Adult Outpatient / Ancillary – Goal overall mean score of 93.87; YTD 91.53%. • Press Ganey-Pediatric Inpatient – Goal is to rank 85th percentile, results are 66. • Press Ganey-Pediatric Outpatient – Goal is to rank 75th percentile, results are 58%. • Total Goal for Service 3.0; Results 1.75 YTD – People – Increase Morehead Employee Commitment Score by .05. We are currently in the white. (Will have these scores in March) This is a combined survey this year. – Quality – Ideal Care Achieve a weighted composite score of 3.0; Results are 2.3. Hand Hygiene Audits Compliance Rate of 90% or higher; Results thru October are 91%. – Finance – Achieve cost per adjusted discharge of \$8,575, Thru August equals \$9,122; Achieve an operating margin of 3% (Year End), Thru October equals 6.2%; – Growth – Achieve .5% growth in inpatient discharge (excludes observation), Results thru October are 1.6%; Achieve 3% growth in new patient visits (includes hospital based outreach and CFC), Thru October equals 8.8% – Ideal Care Goal is 3.0; Results are 2.3: (Includes the following) <ul style="list-style-type: none"> • Mortality Rank Goal is Top 25 in UHC, Result YTD 27.(Yellow) • Readmissions Goal is 13.4 Adult 30 Day Readmissions, Result YTD 	Accepted as Information	

	<p>13.3(Green)</p> <ul style="list-style-type: none"> • CLABSI Goal is ≤ 43 Infections Annually, Result YTD 57(Red). • CAUTI Goal is ≤ 7.3 Infections per 1000 Foley days, Result YTD 8.(Yellow) • Vent Days Goal is 3% Reduction in Vent Days, Result YTD 9.3.(Green) • Core Measures Goal is 96.5% received appropriate care, Result YTD 91.8% (Yellow) • Culture of Safety Goal is 62% positive responses on perception of safety, Results YTD 62. (Green) • Meaningful Use Goal is 95% compliance, Result YTD 90. (Yellow) <p>– Housewide Hand Hygiene compliance – Current Rate is 91.9%; Mean 89%</p> <p>Dr. Cawley noted that the operating margin is strong at the moment. We are having a very good year and will hopefully keep this up. We are about 2-3 years away from feeling more secure.</p> <p>Dr. Cawley elaborated more on Childrens Hospital opening. A feasibility study was done 2010-2011 that was taken to the Board of Trustee for support but we were not in the financial situation to go to the next step. At the December 2013 Board of trustees meeting we determined we were now ready to take the next step which is updated the feasibility study a little more in-depth to go to the “Hud Program” to borrow money. From this point forward we are looking at opening the Childrens Hospital sometime between 2020 - 2021. This 6 year time frame consist of choosing an architect and contractor at May Board Meeting. We will spend 1 year in the planning phase. We will heavily engage the pediatric specialties across the enterprise. Construction to begin in 2017 with a projected opening date of Mid 2020.</p> <p>Questions:</p> <p>– Where is the location of the new Childrens Hospital?</p> <p>Answer: The Childrens Hospital will be located where the Charleston Memorial currently stands next to ART. It will have similar look of ART and be built to have additional beds.</p>	Accepted as Information	
CAUTI	<p>Dr. Scheurer presented the CAUTI update. As of today we are now in the green. Our current CAUTI rate is 4.5. Keep up the good work. Dr. Scheurer also noted Dr. Greg Hall is physician champion in the ED that is working with a collaborative thru the SCHA regarding not putting Foleys in the ED. If anyone has any input/suggestion regarding CAUTI please feel free to contact Dr. Scheurer or Dr. Hall.</p>	Accepted as Information	
E Care Net Update	<p>Dr. Warren provides the E Care Net Update. Three Topics Dr. Warren Discussed include:</p> <ol style="list-style-type: none"> 1. General EPIC: We are currently in “crunch time” with the EPIC Enterprise Build. Integrated testing has begun; the build is essentially done; training is well underway for Super Users. We have lots of work to do however we are going in the right direction 2. Specific EPIC: There is a new technology called GWIZ that is very impressive. Canto is Epic’s handheld application for use with the Apple iPad and Haiku is Epic’s handheld application for use with the Apple iPhone or iPod touch. A pilot was done were it is now able to transcribe dictation directly into your note. It is very accurate and with little to no error rate. 3. ICD 10 executive committee –The ICD 10 implementation in EPIC is as good as a 		

	<p>program cans possible get however it will not suffice for what physicians need to know. Reasoning: EPIC can help you if you are trying to code something that is unbillable however if it's a specific code that is billable it will not help you figure out the correct code. Dr. Warren requested an endorsement for required training for ICD 10 for residents and fellows.</p> <p>Action: Dr. Warren to work with Dr. Clyburn and ICD 10 executive committee to come up with a plan to present at next MEC for vote on required training for ICD 10 for residents and fellows.</p>	Accepted as Information	
Baseline INR Order by Pharmacy	Dr. Scheurer presented the Baseline INR Order by Pharmacy. Requesting an endorsement from MEC to allow pharmacist to order INR's in cases where inpatient on warfarin. This is a national patient safety goal. We are currently 90% compliant however by doing this it will help move us towards 100% mark. MEC approved to have pharmacist order INR's in cases where inpatient are on warfarin.	Approved	
Diabetes Joint Commission Metrics	<p>Dr. Scheurer presented on Diabetes Joint Commission Certification. We just completed a certification cycle with no findings. We are required to have four performance measures to be Joint Commission certified which are:</p> <ol style="list-style-type: none"> 1. POCT BG rechecked within 30 min Hypoglycemia (No Changes) 2. Insulin Drip Calculator Documentation (No Changes) 3. Appropriate Diet Order (No Changes) 4. NSICU Glycemic Control - Changes include → <ul style="list-style-type: none"> • Drop current #4 NSICU Glycemic Control • New #4 Point of Care Testing Blood Glucose (POCT BG) results <70mg/Dl with > 20% variance when rechecked within 5 minutes <p>Requesting for MEC to endorse the change of item #4 of the performance measures.</p>	Approved	
EP3 Protocol	Dr. Sachs reported on EP3 Protocol (Emergency Patient Placement Protocol. In the event all available appropriate beds have been filled and the number of admitted patients boarding in the Emergency Departments (EDs) is negatively impacting the evaluation and treatment of incoming ED patients, the following “ <u>E</u> mergency <u>P</u> atient <u>P</u> lacement <u>P</u> rotocol” (EP3) may be initiated. The criteria and procedure to request and implement the EP3 were presented to the MEC committee for approval. Dr. Sachs noted that the EP3 Protocol will help manage patients in a way to help decompress pats. in the emergency room, post anesthesia recovery area, and critical care units. In general the EP3 will be put in place when there are no beds available in Childrens Hospital, Adult Hospital, and ICU's. Also when the Emergency Department is significantly filled with boarders and when we have patients boarding in PACU.	Accepted as Information	
Bed Capacity Summary	Dr. Sachs reported on Bed Capacity Summary. According to EP3 Protocol we will now begin tracking that go into a “surge bed”. We will track to know how long they were in overflow surge bed, their quality of care and any adverse events. As of November 2013 there were four instances where EP3 went into effect. 20 patients were involved with no adverse events, quality instances, or PSN's reported during this time. We are currently looking into other ways of managing our patients and “surge beds” such as “EAU”. EAU is an Emergency Admission Unit multidisciplinary team we put together to look at how we will implement the EP3 protocol and where we can find additional beds. There is currently construction taking place of four additional		

	beds within the next few months at ART and additional beds on 10 Easts. Note: We should be able to move patients on 10 East in January 2014.	Accepted as Information	
Vulnerable Patients	Dr. Gillespie provided an update for Vulnerable patients committee. The committee consists of 20 members. It was decided to focus on the education of staff and report back to MEC suggestions for staff education. One of the main goals is to educate staff how to recognize patterns that could lead to abuse of patients and also having a well-defined chain of command on reporting suspicion activity. Dr. Gillespie noted that background checks are done via SLED for \$35. A more involved background check may be an FBI background check \$85. The FBI is recommended for individuals that come from out of state that the SLED would not have access to.	Accepted as Information	
Quarterly Medical Staff Meeting Attendance	Dr. Gillespie request more attendance to Quarterly Medical Staff Meeting. The MEC discussed the format of the QMSM meeting from previous years and made recommendations for times, locations, voting discussion, and better ways to advertise the meeting. Dr. Kokko recommended adding the Adobe Connection option. This would allow for more attendance via offsite and for those who cannot physically attend. It was also recommended to have the meeting twice a day. Note: Voting may be an issue if the meetings are held twice a day and the bylaw requires this meeting to be quarterly. If you have any additional recommendations provide them.	Accepted as Information	
UHC Quality and Accountability Score	<p>Chris Rees (Director of Quality and Accountability) gave a Performance Update. Our current goal is to be seen as a TOP 25 Academic Medical Center. This is determined by our ranking in US News and World Report; and University Health System Consortium (UHC). We are in the TOP 25 however would like to be in the TOP 10.</p> <p>Quality and Accountability Score include: MUSC Overall Composite Performance Rating is 4 Stars.</p> <ul style="list-style-type: none"> – <u>Mortality 25%</u>: MUSC ranked 41; Aggregate and individually scored service-line mortality O/E ratios. <ul style="list-style-type: none"> • Cardiology ranked 103 out of 118 (FYTD 20th) • Neurosurgery ranked 72 out of 112 (FYTD 62nd) • Spinal Surgery ranked 75 out of 96 (FYTD 0 deaths) • General Surgery ranked 82 out of 118 (FYTD 70th) – <u>Effectiveness 25%</u>: MUSC ranked 18; 30 Day all-cause readmission rate; Core Measures composite performance for HF, AMI, PN, SCIP, SCIP-OP, IMM, and ED Measures <ul style="list-style-type: none"> • 30 Day Readmissions ranked 76 out of 100 – <u>Safety 25%</u>: MUSC ranked 53, 5 selected PSI's <ul style="list-style-type: none"> • Post Op Respiratory Failure ranked 103 out of 120 • Post Op DVT / PE ranked 94 out of 120 – <u>Equity 5%</u>: MUSC ranked 1; Differences in gender, race, and socioeconomic status in core measures composite performance – <u>Patient Centeredness 10%</u>: MUSC ranked 6; HCAHPS – 10 questions/8 categories – <u>Efficiency 10%</u>: MUSC ranked 51; LOS O/E ratio (excluding outliers and early deaths); Direct cost O/E ratio; Cases with RAC audit-focused MS-DRG codes and LOS = 1 day are excluded. <ul style="list-style-type: none"> • General Surgery ranked 84 out of 100 (FYTD 46th) • Spine Surgery ranked 88 out of 100 (FYTD 80th) 		

	<p>Enterprise Performance Goals:</p> <ul style="list-style-type: none"> – Patient Satisfaction: 7 of 11 HCAHPS Domains at or above top 75th percentile – weight of 10%; 3 of 6 CG CAHPS Domains at or above Avatar 75th percentile – weight of 10% – Faculty and Employee Satisfaction: COM/MUHA/MUSC-P to increase Mean Morehead Commitment Score by .5 – All three areas have weight of 5%; – Quality and Safety: Achieve a score of a 3 on the ideal care measure – weight of 20% – Finance: COM Achieve Clinical Operating Margin of 3% - weight of 5%; MUHA Achieve Operating Margin of 3% - weight of 10%; MUSC-P Achieve Operating Margin of 1% - weight of 5% – Growth: Achieve growth of new outpatients – weight of 20% <p>Value and Accountability:</p> <ul style="list-style-type: none"> – All Service Lines and Strategic Partners are formally reviewing 1st quarter performance with senior leadership. – Guidelines for attribution to Clinical Departments are being created for all key performance indicators. 	Accepted as Information	
Data reports	<p>Reports reviewed:</p> <p>Bed Capacity Summary</p> <p>Admit Transfer Center</p> <p>Quality of H&P by Department</p> <p>Hand Hygiene</p> <p>Dietary Definition of Malnutrition</p>	Approved	
Service Reports	<p>Daily Admissions Reports</p> <p>Discharge Summary Reports</p>	Approved	
Subcommittee Minute Review	<p>Subcommittee reports were reviewed:</p> <p>Bed Flow Team – October 2013</p> <p>Clinical Lab Advisory Committee – October 2013</p> <p>Credentials Committee – November 2013</p> <p>Infection Control Committee – September 2013, October 2013</p> <p>Hospital Operations Committee – October 2013, November 2013</p> <p>Peer Review Committee – October 2013</p> <p>Quality Patient Safety Committee – August 2013, September 2013</p> <p>Clinical Documentation Improve Committee – October 2013</p> <p>Ethics Committee – October 2013</p> <p>Emergency Management Committee – October 2013</p>	Approved	
Polices (Consent)	C – 088 Chemotherapy Prescribing and Administration - Revision	Approved	
Standing Orders	N/A		
Adjourned 8:26am	The next meeting of the Medical Executive Committee will be Wednesday, January 15 th 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 DECEMBER 2013 MEETING OF THE BOARD OF TRUSTEES**

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

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

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

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

Trident Medical Center

Affiliation Agreements –

University of New Hampshire

Shared Services Agreements –

Medical University Hospital Authority
Construction Contracts
For Reporting
February 14, 2014

NBM Construction	\$240,052.00
RT - Replace 1.5T MRI	
Provide construction and renovation services in area for the 1.5T MRI replacement	
 NBM Construction	 \$170,000.00
CH - PCICU	
Provide construction and renovation services to add 2 bays in Children's Hospital PCICU	
 Team Roofing	 \$127,100.00
NT - E & F Roof Repair	
Provide construction service for the repair of E & F roof sections of NT	
 CR Hipp	 \$118,460.00
UH - Kitchen Hood Access	
Provide construction and renovation services for the UH-Kitchen Hood grease exhaust system.	

Medical University Hospital Authority
IDC Professional Services Contracts
For Reporting
February 14, 2014

Josie Abrams Architect	\$56,000.00
Mt. Pleasant PT/OT	
Provide architectural services with interior modifications to off campus site	

**BOARD OF TRUSTEES
MEDICAL UNIVERSITY OF SOUTH CAROLINA
RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE
General Report of the Vice President for Development and Alumni Affairs
February 14, 2014**

Through January 23, 2014, we are proud to report we have received over \$39.3 million in new gifts and pledges. We have received just under \$19 million in outstanding verbal commitments, which our team is working hard to close over the upcoming few months.

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

COLLEGE OF MEDICINE

- A couple residing in Seal Beach, California, pledged \$500,000 to establish an endowment in support of the Department of Otolaryngology's Clinical Research Program.
- We received \$100,000 from a Class of 1949 alumnus from Little Rock, Arkansas, to establish a new scholarship in the College of Medicine. He has indicated that he will provide additional major support through his estate plans.
- A medical alumnus from Ashville, North Carolina, contributed \$100,000 to a scholarship established in memory of her parents.
- More than \$100,000 has been received from former residents and other physicians to endow a lectureship named in honor Dr. Dick Dobson, former chair of the MUSC Department of Dermatology.

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE

- The Estate of Harry Tetrack will provide an endowment of at least \$200,000 for the benefit of dental students. Mr. Tetrack was a maintenance supervisor at MUSC from 1960 through 1979. He is remembered by many as being extraordinarily dedicated to the success of the dental students during his tenure here.
- A practicing ophthalmologist and his wife from Simpsonville pledged \$100,000 to the Clinical Education Center Building Fund to name both pediatric recovery rooms in the Pediatric Dentistry Clinic. One room will be named in honor of Dr. Gordon Bray (Class of '74) and the other in honor of Dr. April Czarsty (Class of '04). The couple is appreciative

to Drs. Bray and Czarsty for serving as guest speakers lecturing about careers in healthcare while both of their sons were at Clemson University.

- A Class of '84 alumnus – and part-time instructor in the Department of Oral Rehabilitation and Past Dental Alumni Association President - named the MUSC Foundation as owner and beneficiary of a whole life insurance policy in the amount of \$100,000. His gift will endow an award for a clinically-gifted dental student.

COLLEGE OF HEALTH PROFESSIONS

- A local Charleston family has contributed \$1 million to the College of Health Professions – a first for the College. This generous gift established an endowed chair in stroke rehabilitation.

COLLEGE OF NURSING

- The Lettie Pate Whitehead Foundation of Atlanta provided continued scholarship support in the amount of \$52,500. Their total contributions to the MUSC College of Nursing equate to over \$1.2 million in private support. Our relationship with the Foundation began in 1990.
- Additionally, the College of Nursing received a scholarship gift of \$100,000 from the Robert Wood Johnson Foundation.

COLLEGE OF PHARMACY

- The College of Pharmacy recently announced the creation of The Ritedose Corporation Graduate Student Scholarship. The scholarship is created through a \$45,000 commitment from The Ritedose Corporation, which is based in Columbia, SC. It will be awarded annually over the next three years to graduate students on the MUSC and USC campuses working within a faculty lab of the South Carolina College of Pharmacy. This is the largest scholarship commitment given to the South Carolina College of Pharmacy with the intent to support students on both campuses.

HOLLINGS CANCER CENTER

- The MUSC Hollings Cancer Center received a pledge of \$1.2 million from a grateful patient in support an endowed chair.
- The Abney Foundation, based in Anderson, SC, made a \$250,000 gift in support of the Abney Foundation Emerging Scholars Program.
- The Hollings Cancer Center received over \$219,000 from the American Cancer Society.

- The Donaldson Charitable Trust made a gift of \$115,000 to support our cancer research efforts.
- The Athene Annuity and Life Assurance Company has provided a gift-in-kind of textiles and lithographs valued at \$114,000 to be displayed throughout the Hollings Cancer Center.

CHILDREN’S HOSPITAL FUND

- The Children’s Hospital Fund received an anonymous gift of \$550,000 for the expansion of The Boeing Center for Children’s Wellness.
- The Mercedes Benz Bulls Bay Golf Tournament, hosted by Joe and Lisa Rice, was held at the Bulls Bay Golf Club and raised more than \$400,000. Over the past ten years, this event has provided over \$2 million to the Department of Pediatrics.
- On December 2, Clear Channel hosted an “Evening with the Stars” event at the North Charleston Performing Arts Center, which provided \$70,000 for the Children’s Hospital.
- We are in the initial stages of forming a very small executive committee to help lead our efforts to raise \$50 million for the new Children and Women’s Hospital. Our plan is to secure their leadership to help ensure we are successful in raising 7- and 8-figure gifts.

NEUROSCIENCES

- The Litwin Foundation of New York made a \$195,000 gift designated for Alzheimer’s Disease research.

DEPARTMENT OF SURGERY

- The Department of Surgery secured \$70,000 in corporate support for surgical gastroenterology.

DEPARTMENT OF MEDICINE

- The Department of Medicine received a \$50,000 commitment from the Carolina Diabetes and Kidney Center (located in Sumter, SC) for continued support of the diabetic kidney disease research program in the Division of Nephrology.
- The Dialysis Clinics Inc. submitted their final payment of \$200,000 toward their \$1 million pledge in support of the Renal Disease Biomarkers SmartState Research Center.

- The Department of Medicine received several leadership gifts in the range of \$25,000 - \$100,000 towards the establishment of the Richard M. Silver, MD Rheumatology and Immunology Division Director Fund in honor of Dr. Silver.

HEART AND VASCULAR

- A current member of the MUSC Heart and Vascular Advisory Board provided a gift of \$50,000 to fund various initiatives including the Cardiovascular Health Endowment and the Tanzania Initiative.

STORM EYE INSTITUTE

- Pat and Tylee Wilson, from Jacksonville, Florida, gave a gift of \$50,000 to the Storm Eye Institute's Anna Frances Wilson Fund designated for pediatric ophthalmology research. This is the second gift towards their pledge of \$150,000 and was made in honor of their granddaughter.

ALUMNI AFFAIRS

- The College of Medicine's Homecoming is scheduled for March 1, 2014, for all medicine alumni, with special recognition for the classes ending in '4' and '9'. Events include a special morning program entitled "Medical School - 2014." This student-led initiative will provide alumni insight into the current admissions process, what the curriculum looks like for 2014, a day in the life of a student and a campus tour. The evening festivities will be held at the Gibbes Museum of Art and will feature individual class celebrations.
- The James B. Edwards College of Dental Medicine Homecoming Weekend is set for February 20-23, 2014. Festivities include: the Fourth Annual James B. Edwards College of Dental Medicine Scholars Day, the Dean's Welcome Reception, a continuing education program, a Lowcountry oyster roast and an ASDA Golf Tournament.
- The College of Nursing Alumni Association sponsored an awareness reception for upstate alumni in the Greenville area on January 30. The purpose was to engage alumni and recruit members for the College of Nursing Alumni Association Board.
- Golden Grads classes are currently planning their homecoming activities, which will take place during the week of Commencement. In addition to the general events planned for all members of the Golden Grads classes, individual parties are being planned on the Wednesday evening prior to commencement activities.

- We are currently recruiting for an executive director of Alumni Affairs. We have invited two candidates to campus and are hopeful that the position will be filled within the next three months.

e-PHILANTHROPY

- We experienced an increase of 24% in the amount of gifts and pledges generated in the month of December through our e-Philanthropy efforts – we received \$113,000.
 - It is interesting to note that December 30th and 31st were our most active online giving days of the year.
- Nearly 40% of our email recipients opened their appeals message, which is extraordinarily high for December when everyone is bombarded with electronic messages.
 - It is interesting to note here that video content is very popular. Our highest click-through rates were generated by a video highlighting the College of Pharmacy's building campaign.
- We send out monthly electronic *Thank You Notes*. In December, this stewardship message generated \$9,000 in response donations.

MUSC BOARD OF VISITORS

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

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

- Realized endowment investment at December 31, 2013 of:

	1 YR	2 YR	3 YR	5 YR
MUSCF	14.2%	12.6%	7.5%	11.5%
Allocation Benchmark *	13.9%	11.7%	6.8%	9.6%

* 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 \$55.5 million or 12.8% for trailing 12 months at 12/31/13 to a record \$488.6 million.
- Appointment of Board of Trustee members to the Foundation Board.
 - The Honorable James A. Battle, Jr.
Nichols, SC
 - The Honorable Robin M. Tallon
Florence, SC

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Six (6) Month Period Ended December 31, 2013

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

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Assets & Deferred Outflows				
Cash and Cash Equivalents	\$ 176,206,142	\$ 6,089,234	\$ -	\$ -
Cash and Cash Equivalents - Restricted	18,541,475	-	105,389	2,168,043
State Appropriation Receivable	35,861,878	4,462,679	-	-
Student Tuition and Fees Receivable	33,576,588	-	-	-
Student Loan Receivable	12,556,146	-	-	-
Grants and Contracts Receivable	43,135,404	58,784	-	-
Capital Improvement Bond Proceeds Receivable	-	-	-	-
Capital Lease Receivable	-	-	2,993,335	16,474,525
Other Receivables	1,313,275	-	7,349	-
Investments	-	-	529,168	-
Prepaid Items	10,762,999	-	-	1,568,026
Capital Assets, net of Accumulated Depreciation	540,499,859	-	-	-
Due from Hospital Authority	13,506,810	-	-	-
Due from Other Funds	94,175,290	-	-	-
Bond Issue Costs	716,824	-	46,552	298,318
Other Assets	-	-	-	-
Total Assets & Deferred Outflows	\$ 980,852,690	\$ 10,610,697	\$ 3,681,793	\$ 20,508,912
Liabilities & Deferred Inflows				
Accounts Payable	\$ 7,464,747	\$ 965,056	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	5,173,156	-	-	-
Accrued Compensated Absences	28,844,732	200,016	-	-
Deferred Revenue	78,966,403	4,815,017	-	-
Retainages Payable	-	-	-	-
Long-Term Debt	171,866,668	-	3,544,000	18,770,992
Interest Payable	1,368,560	-	66,023	289,350
Deposits Held for Others	4,276,803	170,393	-	-
Due to Hospital Authority	-	-	-	-
Due to Other Funds	5,002,725	-	-	-
Federal Loan Program Liability	14,152,398	-	-	-
Other Liabilities	36,521,523	1,504	-	-
Total Liabilities & Deferred Inflows	\$ 353,637,715	\$ 6,151,986	\$ 3,610,023	\$ 19,060,342
Net Position	\$ 627,214,975	\$ 4,458,711	\$ 71,770	\$ 1,448,570
Total Liabilities & Deferred Inflows and Net Position	\$ 980,852,690	\$ 10,610,697	\$ 3,681,793	\$ 20,508,912

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Six (6) Month Period Ending December 31, 2013

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Operating Revenues				
Student Tuition and Fees	\$ 46,227,346	\$ -	\$ -	\$ -
Federal Grants and Contracts	65,387,966	173,800	-	-
State Grants and Contracts	3,146,775	(29,081)	-	-
Local Government Grants and Contracts	8,400	-	-	-
Nongovernmental Grants and Contracts	18,176,514	745,454	-	-
Sales and Services to Hospital Authority	51,291,609	180	-	-
Sales and Services of Educational and Other Activities	29,141,374	590	-	-
Sales and Services of Auxiliary Enterprises	5,989,261	-	-	-
Interest Income	-	-	204,851	437,323
Other Operating Revenues	7,894,393	(20,393)	-	-
Total Operating Revenues	227,263,638	870,550	204,851	437,323
Operating Expenses				
Compensation and Employee Benefits	167,183,856	1,268,670	-	-
Services and Supplies	91,530,355	2,352,146	-	6,368
Utilities	7,206,806	-	-	-
Scholarships and Fellowships	8,640,513	(800)	-	-
Refunds to Grantors	90,566	-	-	-
Interest Expense	-	-	141,118	333,811
Depreciation and Amortization	19,996,023	-	8,464	91,735
Total Operating Expenses	294,648,119	3,620,016	149,582	431,914
Operating Income (Loss)	(67,384,481)	(2,749,466)	55,269	5,409
Nonoperating Revenues (Expenses)				
State Appropriations	29,163,682	4,815,017	-	-
State Appropriations - MUHA	13,626,854	-	-	-
Gifts and Grants Received	5,988,525	-	-	-
Investment Income	2,721,232	-	-	-
Interest Expense	(4,151,427)	-	-	-
Gain (Loss) on Disposal of Capital Assets	(1,704,966)	-	-	-
Transfers From (To) Other State Agencies	(232,472)	(1,504)	-	-
Other Nonoperating Revenues (Expenses), net	(4,244,942)	-	-	-
Net Nonoperating Revenues (Expenses)	41,166,486	4,813,513	-	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	(26,217,995)	2,064,047	55,269	5,409
Capital Appropriations	590,594	-	-	-
Capital Grants and Gifts	370,786	-	-	-
Additions to Permanent Endowments	5,679,112	-	-	-
Transfers From (To) MUSC Physicians (UMA)	30,660,433	-	-	-
Transfers From (To) AHEC	(2,199)	2,199	-	-
Transfers From (To) CHS Development	(200,837)	-	-	200,837
Transfers From (To) Facilities Corporation	18,118	-	(18,118)	-
Increase (Decrease) In Net Position	\$ 10,898,012	\$ 2,066,246	\$ 37,151	\$ 206,246

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

	Budget	Prorated Budget (Note)	Actual	Variance	
REVENUES					
State					
State Appropriations	58,237,887	29,118,944	29,163,682	44,738	F
State Appropriations - MUHA	31,253,707	15,626,854	13,626,854	(2,000,000)	U
State Grants & Contracts	6,982,424	3,491,212	3,146,775	(344,437)	U
Total State	96,474,018	48,237,010	45,937,311	(2,299,699)	U
Federal					
Federal Grants & Contracts	102,725,201	51,362,601	50,018,712	(1,343,889)	U
Federal Grants Indirect Cost Recoveries	32,303,824	16,151,912	15,369,253	(782,659)	U
Total Federal	135,029,025	67,514,513	65,387,966	(2,126,547)	U
Other					
Private Grants & Contracts	23,700,418	11,850,209	15,780,014	3,929,805	F
Private Grants Indirect Cost Recoveries	4,070,766	2,035,383	2,404,900	369,517	F
Gifts	12,267,774	6,133,887	5,671,520	(462,367)	U
Tuition and Fees	86,207,825	44,015,818	46,227,346	2,211,528	F
Sales and Services of Educational Departments	55,694,554	27,847,277	29,141,374	1,294,097	F
Sales and Services of Auxiliary Enterprises	13,380,049	6,690,025	5,989,261	(700,764)	U
Interest and Investment Income	124,747	62,374	3,698	(58,676)	U
Endowment Income	798,472	399,236	1,275,200	875,964	F
Miscellaneous	10,271,135	5,135,568	5,169,936	34,368	F
Miscellaneous - Residents	4,652,943	2,326,472	2,558,445	231,973	F
Authority Revenue	67,377,588	33,688,794	31,428,204	(2,260,590)	U
Authority Revenue - Residents	40,149,609	20,074,805	23,205,093	3,130,288	F
Intra-Institutional Sales	37,142,811	18,571,406	16,221,171	(2,350,235)	U
Total Other	355,838,691	178,831,254	185,076,162	6,244,908	F
Total Revenues	587,341,734	294,582,777	296,401,439	1,818,662	F
EXPENDITURES					
Instruction	114,869,938	57,434,969	47,987,985	9,446,984	F
Instruction - Residents	45,932,032	22,966,016	24,151,564	(1,185,548)	U
Instruction - MUHA	18,853,707	9,426,854	9,426,854	-	F
Research	182,938,804	91,469,402	87,696,366	3,773,036	F
Public Service	46,676,189	23,338,095	35,417,833	(12,079,738)	U
Academic Support	48,810,640	24,405,320	22,188,323	2,216,997	F
Student Services	8,269,766	4,134,883	4,138,056	(3,173)	U
Institutional Support	68,448,398	34,224,199	28,549,773	5,674,426	F
Operation & Maintenance of Plant	65,106,403	32,553,202	34,317,927	(1,764,725)	U
Scholarships & Fellowships	2,387,602	1,193,801	1,129,088	64,713	F
Auxiliary Enterprises	11,399,494	5,699,747	4,854,703	845,044	F
Telemedicine - MUHA	12,400,000	6,200,000	4,200,000	2,000,000	F
Indirect Cost Remitted to State	140,000	70,000	232,472	(162,472)	U
Debt Services	6,839,339	3,419,670	3,419,670	-	F
Total Expenditures	633,072,312	316,536,158	307,710,614	8,825,544	F
OTHER ADDITIONS (DEDUCTIONS)					
Transfers from (to) UMA	65,148,206	32,574,103	30,660,433	(1,913,670)	U
Transfers from (to) Facilities Corporation	-	-	18,118	18,118	F
Transfers from (to) AHEC	(3,700)	(1,850)	(2,199)	(349)	U
Transfers from (to) CHS Development	(336,372)	(168,186)	(200,837)	(32,651)	U
Transfers from (to) Loan funds	-	-	(147)	(147)	U
Transfers from (to) Plant Funds	(23,521,006)	(11,760,503)	(10,753,451)	1,007,052	F
Refunds to Grantors	(9,373)	(4,687)	(90,566)	(85,879)	U
Transfers to Endowment Fund	(11,929)	(5,965)	-	5,965	F
Prior Year Fund Balance Usage	8,785,975	4,392,988	4,392,988	-	F
Total Other Additions (Deductions)	50,051,801	25,025,900	24,024,339	(1,001,561)	U
NET INCREASE (DECREASE) in Fund Balance	4,321,223	3,072,519	12,715,164	9,642,645	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 6 Month Period Ending December 31, 2013

Administration	242,520
Centers of Excellence	3,064,595
College of Dental Medicine	1,507,829
College of Graduate Studies	607,581
College of Health Professions	998,654
College of Medicine	40,953,735
College of Nursing	1,447,547
College of Pharmacy	534,434
Library	661,818
	<hr/>
	\$50,018,712
	<hr/>

NOTE: The federal direct expenditures shown above were incurred by the University.

The federal grant and contract revenue earned to cover these direct expenditures.
was \$50,018,712 .

In addition to this federal grant and contract revenue, the University received
\$15,369,253 in federal monies to reimburse it for Facilities and Administration
(F+A) costs incurred to administer the above federal grants and contracts.

\$15,136,781 of the F+A recoveries received is unrestricted which means the
University can use it for any of its operating needs. The remaining \$232,472
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	\$50,018,712
Facilities and Administration costs	\$15,369,253
	<hr/>
Federal operating grants and contracts	\$65,387,966
	<hr/>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

Note 1. Basis of Presentation

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

Note 2. State Appropriations

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

Note 3. Cash and Cash Equivalents - Restricted

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

Note 4. Capital Assets, Net of Accumulated Depreciation

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

Construction in progress	\$ 38,193,745
Land/Bldgs/Equipment/Accumulated depreciation	502,306,114
Capital Assets, Net of Accumulated Depreciation	<u>\$ 540,499,859</u>

Note 5. Construction in Progress

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

	Jun 30, 2013 Balance	Fiscal Year 2014 Added	Capitalized	Dec 31, 2013 Balance
Microbiology & Immunology Renovations in BSB	6,290,801	220,195	-	6,510,996
Air Handler Replacement in BSB	4,060,123	34,316	-	4,094,439
Dental Medicine Classroom Renovations in BSB	2,597,460	-	-	2,597,460
Neurosciences 3rd Floor Renovations in CSB	1,854,666	-	-	1,854,666
Psychiatric Institute Data Center System	1,855,848	64,930	-	1,920,778
Bioengineering Building	955,122	474,505	-	1,429,627
Thurmond-Gazes Exhaust System	826,493	1,335,588	-	2,162,081
Exhaust & Emergency Power Impr in BSB	1,791,838	28,788	-	1,820,626
College of Nursing Floors 2-5	1,107,766	2,444,793	-	3,552,559
Deferred Maintenance - FY 2012	1,137,921	546,324	-	1,684,245
AHU-6 Replacement in CSB	1,073,959	-	-	1,073,959
Others less than \$1,000,000 (ending balance)	6,700,184	2,792,126	-	9,492,309
Total construction in progress	<u>\$ 30,252,180</u>	<u>\$ 7,941,565</u>	<u>\$ -</u>	<u>\$ 38,193,745</u>

Note 6. Deferred Revenue

The University's deferred revenue consists of the following:

State appropriations	\$ 29,363,681
Grants and contracts	13,225,383
Student tuition and fees	36,188,689
Other	188,650
Total Deferred Revenue	<u>\$ 78,966,403</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2013

Note 7. Long Term Liabilities

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

Obligations under capital leases	\$ 64,826,567
Higher Education Revenue bond payable	32,415,000
State Institution bonds payable	70,940,000
Premium on State Institution bonds payable	1,404,019
Energy performance note payable	3,214,751
Deferred loss on early retirement of bonds	<u>(933,669)</u>
Total Long Term Liabilities	<u>\$ 171,866,668</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	\$ 12,715,164	
Budgeted Prior Year Fund Balance Usage	(4,392,988)	
Plant funds:		
Capital grants and gifts - Federal	332,761	
Capital grants and gifts - State	-	
Capital grants and gifts - private	-	
Capital appropriations	590,594	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	38,025	
Interest and investment income	194,324	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	1,640,976	
Expended in current fund-capital costs	1,767,132	
Transfers	14,173,121	
Expensed in plant fund-depreciation	(19,996,023)	
Expensed in plant fund-interest expense	(1,682,401)	
Expensed in plant fund-other	(98,481)	
Gain (loss) on disposition of property	<u>(1,704,966)</u>	(4,744,938)
Loan funds:		
Other income		
Interest and investment income	186,993	
Expenses	(89,513)	
Transfers	<u>147</u>	97,627
Endowment funds:		
New endowments	5,679,112	
Income draws to operating units	(1,305,110)	
Gifts	317,005	
Endowment income (Loss)	2,532,140	
Transfers	<u>-</u>	7,223,147
Other		
Net increase (decrease) in Net Assets per Statement		
of Revenues, Expenses, and Changes in Net Assets	<u>\$ 10,898,012</u>	

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

(\$\$ in thousands)

	Original Issue	Authorized Not Issued	Purpose	Outstanding & Authorized as of 31-Dec-2013
State Institution Bonds (SIB)				
SIB 2003J	\$ 12,000	\$ -	Renovations of Thurmond/Gazes bldg. and subpower plant	\$ -
2005 Refunding	19,045	-	Advance refunding on SIB2000A	13,325
SI BAN 2012	30,000	-	College of Dental Medicine Building	28,000
SIB 2011D	18,950	-	Deferred maintenance projects	17,490
SIB 2012B refunding	12,645	-	Refunding SIB 2001C, 2003D, & 2003J	12,125
	<u>\$ 92,640</u>	<u>\$ -</u>		
Current SIB Debt Authorized and Issued				<u>\$ 70,940</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	<u>\$ -</u>	Construction of College Health Health Profession facilities	<u>\$ 19,290</u>
Lease Revenue Bonds				
LRB 1995 A & B	<u>\$ 13,201</u>	<u>\$ -</u>	Thurmond Biomedical Center	<u>\$ 3,544</u>
Higher Education Revenue Bonds				
2006	<u>\$ 38,000</u>	<u>\$ -</u>	Construction of Parking Garage	<u>\$ 32,415</u>
Energy Performance Note Payable				
EPNP 11-26-08	<u>\$ 15,387</u>	<u>\$ -</u>	Energy Savings	<u>\$ 3,215</u>

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

Statement of Revenues, Expenses and Changes in Net Position

	For the Six Months Ending 12/31/12	For the Six Months Ending 12/31/13
Operating Revenues		
Net clinical service revenue	130,171,103	138,364,935
Other operating revenue	1,562,371	3,164,851
Ambulatory care and MUHA revenue cycle support	3,195,496	2,697,335
Primary care support	1,600,000	1,600,000
Total operating revenues	136,528,971	145,827,121
Operating Expenses		
Departmental expenses	98,834,282	100,504,209
Corporate operating expenses	16,356,634	16,279,537
Ambulatory care and MUHA revenue cycle expenses	2,425,658	1,953,324
New Initiative expenses	4,595,477	666,927
Total expenses	122,212,052	119,403,996
Operating Income (Loss)	14,316,919	26,423,125
Nonoperating Revenues (Expenses)	3,907,990	2,476,702
Transfers from (to) Related Entities		
Nonmandatory contributions to the MUSC Foundation	(1,153,117)	(2,450,260)
Nonmandatory transfers to the MUSC	(31,459,098)	(30,660,433)
Change in Net Position Before Extraordinary Items	(14,387,306)	(4,210,866)
Extraordinary/Special Items	-	-
Transfers to Debt Service and Equity Deficits	531,274	(11,946)
Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue	(13,856,032)	(4,222,812)
Expenses Related to the DHHS Supplemental Revenue	-	-
Change in Net Position	(13,856,032)	(4,222,812)

FACILITIES
ACADEMIC/RESEARCH
PROJECT SCOPE CHANGE
FOR APPROVAL

February 14, 2014

PROJECT TITLE: Basic Science Building East Side Exhaust and Emergency Power
Improvements

PROJECT NUMBER: H51-9812

FUNDS REDIRECTED: \$ 900,000

SOURCE(S) OF FUNDS: State Institution Bonds and Institutional Capital Project Fund

JUSTIFICATION: We would like to add to this project scope the replacement of the Basic Science Building East Side Hot Water Riser System. The existing east side system is over 40 years old and is beyond its useful service life. The pipe has significant deterioration and needs to be replaced. Project H51-9812 was approved by the Board of Trustees as part of the FY11 Capital Budget. The initial project scope involved the renovation of the exhaust and emergency power systems in the east half of the Basic Science Building to allow this area to be developed into research lab space.

Due to favorable market conditions and design efficiency, we are projecting a \$900,000 favorable variance.

We are asking the Board to approve this addition to the project scope using the favorable variance to fund it.

We are asking the Board to approve a budget of \$800,000 for this project.

FACILITIES

ACADEMIC/RESEARCH

BUDGET ADJUSTMENTS

FOR APPROVAL

February 14, 2014

PROJECT TITLE: (1) Thurmond/Gazes Research Building Tower Pump & Piping Reconfiguration
(2) Waring Library HVAC System Replacement

PROJECT NUMBER: H51-9824

FUNDS RE-DIRECTED: \$ 350,000

SOURCE(S) OF FUNDS: Capital Reserve Fund and State Lottery Appropriations

JUSTIFICATION:

- 1) **Thurmond/Gazes Research Building Tower Pump & Piping Reconfiguration:** It was discovered during the design that an increased amount of piping needed to be replaced. Additionally, the bid results were higher than anticipated. A need of \$350,000 was noted in the FY13 Capital Budget. We are asking for a budget increase of \$200,000, for a total cost of \$550,000 to complete this project.
- 2) **Waring Library HVAC System Replacement:** A cost of \$200,000 was initially allocated for this work, however, during the design it was identified that the installation was more complicated than anticipated. Soffits would need to be modified, as well as the location of the air handler. We are asking for a budget increase of \$150,000, for a total cost of \$350,000 to complete this project.

Project H51-9824 was approved by the Board of Trustees as part of the FY13 Capital Budget and was made up of various deferred maintenance needs. Included in this were HVAC renovations for the 3rd & 4th floors of the Colbert Education Center/Library Building. The bid for these renovations came in significantly less than expected, so we would like to use some of the savings on the two deferred maintenance needs.

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/RESEARCH
PROJECT SCOPE CHANGES
FOR APPROVAL

February 14, 2014

PROJECT TITLE: College of Health Professions Research Building Install of VAV System with Hot Water Reheat

PROJECT NUMBER: H51-9820

FUNDS RE-DIRECTED: \$ 350,000

SOURCE(S) OF FUNDS: Capital Reserve Funds

JUSTIFICATION: This deferred maintenance project in the College of Health Professions Research Building is to install a VAV System with Hot Water Reheat. The system within the building is approximately 35 years old and is the original one. It is very inefficient with electric reheat, requiring a significant amount of maintenance. A new system will be more energy efficient with less upkeep. The cost is \$350,000.

Project H51-9820 was approved by the Board of Trustees as part of the FY12 Capital Budget and was made up of various deferred maintenance needs. Included in this was the replacement of the Clinical Sciences chillers #2 and #3. The bid for this work came in significantly less than originally estimated, so we would like to use some of the savings on the installation of the VAV System.

In closing, we are asking the Board to approve this additional deferred maintenance need that is part of the current approved project budget.

Policy Name: MUSC/MUHA- Industry Relations Policy			
Approved- Board of Trustees			Date:
Effective Date:	Page 1 of 12	Section: General (Miscellaneous)	Policy Number: N/A
Replaces Policy: N/A			Dated: N/A

POLICY INDEX

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18. Office Responsible for this Policy

1. Purpose and Scope

MUSC recognizes the value of its relationships with the healthcare industry (“Industry”). The University also believes that such relationships must be entered into on the basis of a partnership that advances the benefits of biomedical research, education and clinical care in pursuit of improving human health. Importantly, these activities must avoid either the existence or impression of professional impropriety by University or MUSC individuals who are entrusted with the integrity of the institution’s educational, clinical or research programs.

The purpose of this policy is to establish straightforward, effective and principled guidelines for University-Industry relationships to ensure that individuals who work for MUSC interact with Industry knowing the rules of the University and State that govern such interactions. This is critical to protect the interests of the individual, the University and our patients as we undertake these activities to achieve our ultimate goals of promoting scientific research, evidence based clinical care, and educating trainees. The University recognizes the importance of mutually beneficial relationships with Industry as long as those relationships do not compromise the integrity of our missions. Rather, one of the overarching aims of the policy is for full disclosure of consulting and educational activities by MUSC personnel to help ensure that these activities meet the guidelines set forth in this policy.

2. Covered Persons

This policy applies to all Trustees, Officers, Faculty, Administrators and Staff including all full-time, part-time, temporary and contract employees of the Medical University of South Carolina. The Medical University Hospital Authority and affiliates of the University (including but not limited to University Medical Associates of the Medical University of South Carolina, the MUSC Foundation and the Foundation for Research Development), which derive their not for profit status from MUSC, shall develop and implement policies and procedures substantially similar to and consistent with this policy.

3. Definitions

For purposes of this policy:

Industry refers to any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, trust, enterprise, or other legal entity, including for profit and not for profit entities that are engaged in 1) the manufacture, distribution or sale of diagnostic or therapeutic drugs, medical/dental devices or equipment, supplies, or information technology, 2) medical testing, or 3) providing services for clinical care, research, or education. Industry also refers to entities that provide services to MUSC in the areas of physical plant, university and hospital administration, human resources, project management, clinical services and regulatory services. The term industry does not include professional associations and societies, not for profit foundations, law offices, not for profit volunteer health organizations, academic institutions or not for profit hospitals that provide medical research/education-related products and services.

Conflict of Interest is defined as the circumstance that arises when an individual has an opportunity to influence patient care, research and education of trainees regarding the purchase or use of products or services of an industry with which he/she has a secondary interest (financial relationship, or research support, or personal benefit).

Consulting (Consulting Services, Consultant, etc.) is defined as all activities where the external entity furnishes a Personal Financial Benefit or Economic Benefit and/or other Personal Benefit such as reimbursement/compensation for the exchange of clinical, educational, professional and/or scientific information or activities by MUSC employees.

Personal Financial Benefit or Economic Benefit is defined as anything of monetary value - including salary, commissions, fees, honoraria, gifts, equity interests (which include any stock, stock option, or other ownership interest), interests in real or personal property, dividends, royalty, rent, capital gains, intellectual property rights, loans, and forgiveness of debt. The term “personal” also includes the employee’s immediate family, including the employee’s parents, spouse, siblings, children, stepchildren and grandchildren.

Other Personal Benefit is defined as a non-financial benefit to a MUSC employee; for example, promise of a job promotion, future grant, research publication, clinical trial or authorship, etc. The term “personal” includes the employee’s immediate family, defined as the employee’s parents, spouse, siblings, children, stepchildren and grandchildren.

Personal Leave is defined as that time away from work taken as vacation, or any part of a 24-hour period when there are no MUSC assigned responsibilities (e.g., weekends or after hours when there are no MUSC assigned responsibilities).

Professional Leave includes time away from MUSC to conduct MUSC approved professional activities, while receiving compensation from MUSC. A request for this leave must be approved by the MUSC employee’s supervisor.

4. Consulting and Educational Programming

a) Consulting

Purpose

Consulting interactions can facilitate the advancement of innovative ideas and discoveries, both of which ultimately benefit the general public through the transfer of scientific discovery. This section of the policy clarifies the terms of interactions with Industry where the primary goal is scientific exchange.

Policy Statement

Consulting refers to all activities where the external entity furnishes a Personal Financial Benefit or an Economic Benefit and/or other Personal Benefit as reimbursement/compensation for the exchange of clinical, educational, professional and/or scientific information or activities by MUSC employees (see also above).

The provision of bona fide Consulting Services by MUSC personnel to external entities is consistent with MUSC's mission when those activities:

- (a) involve a two-way exchange of ideas in which each party benefits from the interchange;
- (b) are relevant to and enrich the consultant's research, education or other professional responsibilities;
- (c) do not interfere with the consultant's responsibilities to patients or the institution;
- (d) do not adversely affect the consultant's intellectual independence or the integrity of the institution;
- (e) are confined to the exchange of clinical, educational, professional and/or scientific information.

i. Approved consulting activities include but are not limited to the following:

- Serving on advisory boards, expert panels, leadership groups, data safety monitoring boards, and/or similar groups.
- Providing expert witness testimony. (*See MUSC Faculty Handbook.*)
- Providing scientific or medical presentations or expertise to industry scientists, research and development staff, and/or their staff.
- Providing product review, product evaluation, and product feedback for Industry.
- Demonstrating an Industry product for medical or research professionals in the context of medical or scientific education.
- Providing consultation to venture capital firms, and serving as a scientific or medical advisor to Industry for purposes of MUSC intellectual property development.

ii. Prohibited consulting activities include but are not limited to the following:

- Consulting activities requiring or appearing to require MUSC staff to endorse or appear to endorse a particular product, drug, device, or service (either orally or in writing). This includes demonstrating an Industry product for promotional or sales purposes; and appearing (or being quoted) in a video, television, radio, internet-broadcast, web site, or in other publicly-broadcasted or distributed materials for promotional or sales purposes without proper authority or approval.
- Participating in ghostwriting, which is defined as Industry sponsorship for (i) making a major contribution towards the writing and/or research of scientific and medical publications without receiving authorship; or (ii) accepting authorship for a scientific or medical publication without making a major contribution towards the writing and/or the research.
- Serving as an Industry sponsored "named reference" for a product recommendation.
- Providing MUSC slides, videos, pamphlets or any other MUSC logo or copyrighted materials to Industry for marketing or promotional use. Such use must be approved in accordance with MUSC/MUHA policy or procedure.
- Providing services that conflict or appear to conflict with SEC rules and regulations for stock brokers, investment houses, equity management companies, banks, and/or financial institutions.

- Providing services to an Industry that is in a known legal dispute with MUSC.
- Speaking to investors on behalf of a company, except when the company is an MUSC sanctioned and supported faculty start-up company.

The lists of approved and prohibited consulting activities are the same whether consulting is done on personal or professional time. All MUSC personnel who participate in consulting activities are subject to the approval procedures outlined in section 4g of this policy.

b) Educational Programming

Purpose

MUSC recognizes the value to the institution and the employee in having such opinion leaders present educational material before professional and lay groups. As noted in the *MUSC Faculty Handbook*, activities such as presentations to professional groups such as other universities, health systems, and professional societies are considered to be within the scope of the employee's work. Education provided by MUSC employees shall be in the best interest of the public, independent from commercial interest, and refrain from product promotion. Additionally, MUSC recognizes the benefits that employees obtain by attending educational programs.

Policy Statement

This policy applies to all medical, healthcare and scientific speaking engagements or educational presentations, with or without professional continuing education credit, where Industry furnishes a Personal Financial Benefit or an Economic Benefit and/or other Personal Benefit as reimbursement/compensation for the provision of those presentations by MUSC employees. The policy also applies to MUSC employees who attend such educational meetings.

i. *Approved educational speaker activities include but are not limited to the following:*

Providing continuing education (CE) services, scientific or medical presentations or expertise at academic meetings and professional societies, at other universities or research institutions, and at lay organization meetings as long as the following conditions are met:

- These activities are designed to promote evidence-based clinical care and/or advance scientific research;
- The presentation is made in accordance with professional accreditation standards such as the ACCME's *Standards for Commercial Support*¹ or the ADA CERP *Continuing Education Recognition Program*, i.e., the educational content, including handouts and visual-aids, must be determined entirely by the speaker; and
- The financial support of industry, if provided, is clearly disclosed. Payments to MUSC employees for speaking and for travel costs for these approved

¹ Accreditation Council for Continuing Medical Education, *Standards to Ensure the Independence of CME Activities* (2007)

educational activities are permitted for approved speaker activities (see section C for rules about payments).

ii. *Prohibited educational speaker activities include but are not limited to the following:*

- Speaking at any educational meeting where the content of the presentation, including handouts and visual-aids, is not determined entirely by the MUSC employee.
- Participating in any speaker's bureau activities, regardless of the source of the presentation content.
- Providing industry sponsored continuing education (CE) services or scientific or medical training to an audience consisting only of MUSC employees.

iii. *Attendance at educational meetings sponsored by Industry*

MUSC employees may attend any educational meeting sponsored by industry but may not undertake the following:

- Receive gifts, other compensation, or travel costs for attendance;
- Participate in industry sponsored food, beverages or entertainment events if the audience is restricted to MUSC personnel only (i.e., MUSC personnel can only accept industry sponsored meals, beverages and entertainment events if the audience is not restricted to MUSC personnel only).

The lists of approved and prohibited educational activities are the same whether these activities are done on personal or professional time. All MUSC personnel who participate as speakers in Educational Programs are subject to the approval procedures outlined in section 4g of this policy.

c) Payments for Consulting and Educational Programming

Payments for consulting and educational services should be at a level commensurate with effort. If done on professional time, the distribution of payment to either the individual or the institution will be at the discretion of each college or department. For all outside activities, the employee should coordinate with the Conflict of Interest Office to determine reporting requirements for any industry relationship.

d) Leave Status Requirements for Consulting and Educational Programming Activities

Consulting and Educational Programming activities may occur on either *Personal Leave (time)* or *Professional Leave*. Please refer to section 3 of this policy for specific definitions.

Consulting or Educational Programming Conducted on Personal Leave

- MUSC resources (e.g., secretarial assistance, office space, etc.) are not allowed to be used while providing consulting services or educational programming activities performed on personal time.

- Employees considering to undertake consulting or educational programming activities with a company with whom they are performing concurrent research should consult with the Conflict of Interest Office.
- MUSC employees who Consult or conduct educational programming while on Personal Leave may retain 100 percent of the fee; this fee must be paid directly to the MUSC employee from the external entity. The employee is responsible for securing payment for these consulting or educational activities, tax liability, and any financial concerns associated with such payments.
- MUSC does not provide liability insurance coverage for employees performing consulting OR educational programming activities on personal leave.
- MUSC employees may provide consulting or educational services on personal leave in conjunction with MUSC approved travel. Additional travel expenses incurred by the consulting or educational activities (e.g., additional hotel night/s, per diem, transportation, miscellaneous) will be the responsibility of the employee.
- Employees should be aware that payments received from medical device, pharmaceutical manufacturers and biomedical suppliers are subject to the **Physician Payment Sunshine Act** and **will be made publicly accessible via a Centers for Medicare and Medicaid Services website.**

Consulting or Educational Programming Conducted on Professional Leave

- MUSC resources may be utilized to conduct consulting or educational programming on professional leave.
- Employees considering to undertake consulting or educational programming activities with a company with whom they are performing concurrent research should consult with the Conflict of Interest Office.
- If the consulting or educational programming is completed on MUSC time while on professional leave, payment must be made to MUSC and allocated to an account within the college, department or division. Each college, department or division will be responsible for the disbursement of funds.
- Consulting or educational programming conducted on professional leave requires a contract or agreement, please see section 6 of this policy.
- MUSC provides liability insurance coverage for employees performing consulting activities or educational programming on professional leave.

e) Consulting or Educational Programming Conducted with Concurrent Research

For consulting or educational activities that occur with concurrent research with the same company, the individual employee should consult with the Conflict of Interest Office.

f) Consulting or Educational Programming Contracts

Professional Leave Status:

All formal consulting and educational programming relationships approved for MUSC

employees that are conducted while on **Professional Leave** must be formalized in a fully executed contract. All such agreements must be channeled through the appropriate contract approval process.

- All agreements must clearly describe the services and deliverables to be furnished by the consultant or speaker, including the time required for such services or method of calculating compensation, a description of the compensation due under the agreement, a declaration regarding disposition of intellectual property rights if applicable, and a provision to protect the use of the MUSC name if appropriate. The agreement should be consistent with MUSC policies and eliminate unauthorized transfer of MUSC intellectual property.
- An agreement must be signed and dated by all parties prior to the commencement of any of the consulting or educational programming activities. All agreements must be consistent with MUSC's policies, mission and duties to its stakeholders.
- The consultant or speaker is expected to maintain records of the consulting or educational programming activities for 6 years after the termination of the contract.

Personal Leave Status:

Employees who consult or provide educational programming on **Personal Leave** are acting as independent contractors. Employees may not bind or obligate MUSC in any way. Contracts entered into by MUSC employees acting as independent contractors should not contain any references to MUSC or its Affiliates; this includes an individual title (i.e., Professor, Director etc.) or work addresses.

g) Approval Process for Consulting and Educational Programming

All consulting and educational programming whether occurring on Personal Leave or Professional Leave must not impact negatively on MUSC or MUSC's research, educational or clinical missions. For all outside activities, the employee should coordinate with the Conflict Of Interest Office to determine reporting requirements for any industry relationship. Requests for consulting and educational programming occurring on Professional Leave must be approved by the department chair or appropriate supervisor, during the university's contract approval process. It is recommended that employees notify their department chair or supervisor of any consulting or educational programming occurring on Personal Leave, as individual departments and/or colleges may have additional requirements.

5. Gifts

MUSC employees and their immediate family members may not accept gifts of value exceeding \$10 from vendors or other representatives of industry. Examples of gifts include, but are not necessarily limited to, travel and lodging expenses; membership dues; admission fees; preferential terms on a loan, goods or services; or the use of real property; for this section, "gifts" does not include food and beverages which is a subject handled in Section 6 below.

Acceptance of travel funds to participate in meetings or training directly related to ongoing sponsored research, is not considered a gift and is allowable.

Faculty members, staff, students and trainees may accept travel funds from scientific or professional societies that are funded by industry, as long as the society controls the selection of the recipient. Students and trainees may not accept travel funds directly from industry but travel support from industry funds provided to MUSC is allowed.

6. Food, Beverages and General Hospitality

Except as noted below, MUSC employees should not accept food and beverages, support for social events, or other hospitality offered directly by Industry to the employee. Industry support for food and beverages for college, department or division meetings or retreats is prohibited.

MUSC employees attending an educational meeting or conference may participate in food, beverages and social receptions sponsored by Industry as long as invitation to these events is open to non-MUSC attendees as well.

An MUSC employee engaged in off-site consulting may accept food and beverages as a part of a reasonable compensation package for consulting services.

MUSC employees cannot participate in industry sponsored food, beverages and/or entertainment events that are provided only for a select invited individual or group of individuals if the primary purpose of the event is for marketing and promotional purposes. However, this restriction does not preclude allowable activities, such as site visits and meetings with potential vendors, which may occur when obtaining contracted goods and services; these activities are governed by state and MUSC and/or MUHA procurement guidelines. Employees should recognize that attendance at an industry supported event may cause their name and institutional affiliation to be reported as required by federal regulation. This can be avoided by paying for one's own meal at such events, and removing one's name from the attendance list.

7. Industry Supported Continuing Education Programs

- Continuing Education (CE) programs supported by Industry are permitted provided the following criteria are met:
 - Industry sponsored programs offering continuing education (CE) credit must be processed through the Office of Continuing Medical Education if appropriate and adhere to the standards for commercial support established by the Accreditation Council for Continuing Medical Education, or other such accrediting or licensing body if available.
 - Industry provided food and beverages are prohibited at educational programs in which the only attendees are MUSC employees both on campus and off campus.
 - Students or trainees may participate in the continuing education programs as long as the programs are structured group settings that are supervised by faculty.
 - Appropriate disclosure statements are made in any pre-meeting announcement and by the speaker prior to beginning the program.
 - Companies seeking to provide support for CE programs may do so through unrestricted educational grants.

8. Educational Materials and Equipment

Donations of educational materials and equipment may be accepted. Such donations are expected to be used by faculty, staff, students and trainees and are not expected to be used by a single employee. Donations are expected to be donated directly to an appropriate college or departmental official within the University or a University affiliate, and documentation of the donation, including the value of the equipment donated and the date of the donation, should be retained. Donations of capital equipment require approval of the Vice President for Academic Affairs and Provost, except in cases of sponsored research, in which equipment donations are managed by the Office of Research and Sponsored Programs.

9. Scholarships and other Educational Funding for Students and Residents

Industry support for student scholarships, residents and fellows should be made in cooperation with the appropriate MUSC entity or University official. This may include the MUSC Foundation or the MUSC Foundation for Research Development, the Development Office, the Office of Research and Sponsored Programs or senior leadership according to the Institution's policies and procedures. MUSC employees may not independently solicit Industry for these purposes. The evaluation and selection of recipients of such funds and use of such funds must be at the sole discretion of the University, college, or department. All potential industry sponsors should be given the opportunity to contribute.

10. Charitable Contributions

Charitable contributions from industry for the benefit of the University or any of its affiliates must be made through the appropriate University channels. This may include the Development Office, MUSC Foundation or University leadership. The distribution of charitable contributions for their intended purposes will be the responsibility of the department, division director, college deans, and administration. Industry funding for sponsored projects (funding provided which is subject to terms and conditions) is accepted and managed on behalf of MUSC by the Office of Research and Sponsored Programs (ORSP).

11. Pharmaceutical Samples

Drug samples that are provided for distribution to patients will be handled in accordance with MUHA Policy C-26, Medication Samples.

12. Site Access

The MUSC Medical Center recognizes the value of information provided by various industry representatives but intends to limit access to its personnel and facilities to prevent interference with patient care activities. All vendors are expected to adhere to policy A-15, Account/Vendor Representatives <https://www.musc.edu/medcenter/policy/Med/A015.pdf> or any applicable contract with the vendor.

13. Use of Confidential Information

Unauthorized use of confidential, privileged or proprietary information by MUSC employees or their family members is prohibited. This includes but is not limited to, disclosure of such information to commercial entities without authorization; unauthorized use of such information to engage in a relationship with a commercial entity that leads to a Personal Financial Benefit or Economic Benefit for the employee or their family member.

14. Purchasing

Covered persons with any financial interest in any particular manufacturer of pharmaceuticals, devices or equipment or any provider of goods or services, must disclose such interests and recuse themselves from purchasing decisions relevant to the conflicting interests. Any covered person whose expertise is necessary to evaluate any product must disclose his/her financial ties to any manufacturer of that or any related product to those charged with the responsibility of making the purchasing decision.

15. Exceptions

The University Conflict of Interest Committee will review/consider requests for exceptions to this policy. Request for exceptions must be submitted in writing to the Conflict of Interest Office. Resolution of such requests will be documented in the minutes of the University Conflict of Interest Committee and reported back to the requestor and their supervisor. If additional recourse is desired after review and action by the University Conflict of Interest Committee, an employee may submit their request in writing to the MUSC Vice President for Academic Affairs & Provost for appeal.

16. Disclosure and Notification

Employees shall disclose all relationships with commercial entities as described in the MUSC/MUHA Board of Trustees Conflict of Interest Policy. This policy can be found at www.musc.edu/coi.

If there is a question about appropriate interaction with a commercial entity or the potential for a Conflict of Interest, the employee should consult with individuals within their chain of command, the MUSC Conflict of Interest Office, MUSC, MUHA or UMA Office of Compliance, or the MUSC General Counsel's Office for guidance.

17. Sanctions for Violations

Violations of this Policy, including the failure to avoid a prohibited activity or disclose relationships with commercial entities will be dealt with in accordance with applicable policies and procedures that may include disciplinary action up to and including termination of employment or medical staff privileges. Sanctions may include suspension or dismissal, non-renewal of appointment, denial of eligibility to engage in research funded through MUSC, denial of merit pay, or other appropriate penalties. Such sanctions may require giving notice of relevant information to funding agencies, professional bodies or journals, or the public. Termination of

medical staff privileges or denial of medical staff privileges under this policy will not be based upon a physician's individual competence, quality of care, or professional conduct. Therefore, the revocation or denial of appointment or reappointment will not be reportable to any agency or databank.

The Vice President for Academic Affairs and Provost will determine the methods of resolving non-compliance with this policy and applying sanctions. The Provost may refer the matter to the appropriate College Dean or in the case of affiliate employees to the senior administrative officer of that affiliate, take action on his or her own, or initiate MUSC procedures governing such discipline.

The Board of Trustees, as the ultimate governing body, or its designee, retains authority to make a final determination of any matter covered by this policy.

18. Office Responsible for this Policy

University Conflict of Interest Office

Program Planning Summary
Medical University of South Carolina, College of Graduate Studies
Master of Science in Medical Sciences
February 15, 2014

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

Contact Information – Program Co-Directors

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**Program Planning Summary
Master of Science in Medical Sciences
Medical University of South Carolina**

Program Classification

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

Justification

The Master of Science in Medical Sciences is proposed to give students seeking acceptance into professional schools (MD, DMD, e.g.) a structured, intensive program to increase their competitiveness. Each year professional schools must turn away many highly qualified students for a limited number of seats. Many of these students seek to reapply and are interested in pursuing opportunities to become better qualified, either through coursework or preparation for standardized tests. The Master of Science in Medical Sciences is a new program, but was piloted by the successful Certificate Program in Biomedical Sciences offered through the College of Graduate Studies. In its first two years the certificate program had 8 students matriculate per year and all students successfully completed the program the first year it was offered. Seven of the students in the first matriculating class were accepted into medical school and all are currently first year medical students at MUSC. At this point we seek to offer a master's program that will accomplish many of the same goals, but will lessen the financial burden on the students by allowing them to be considered for financial aid. In addition, we propose adding additional coursework that will further prepare the students for the rigors of the academic programs they will be entering. Students successfully completing this program should be well prepared to perform in any health sciences professional program and also will be academically prepared to enter industrial or academic technical positions requiring a biomedical sciences background. In addition, added coursework in clinical trials coordination will offer these students the opportunity to be employed as research/clinical coordinators in doctor's offices and hospital settings.

Curriculum

The proposed curriculum for the Master of Science in Medical Sciences will require a minimum of 33 credit hours over three consecutive semesters. The curriculum is outlined in the following table:

Summer Semester (10 weeks)	Fall Semester (15 weeks)	Spring Semester (15 weeks)
BSC 700 Online Histology 4 credits (Ogilvie/Sawyer)	BSC 712 Biochemistry 3 credits (Palanisamy)	BSC 714 Oral Immunobiology (Westwater) 4 credits

BSC 704 standardized test preparation 3 credits (Wright/ Kasman/ student SIs)	BSC 702 Anatomy (Bacro) 4 credits	BSC 716 Medical Microbiology (Schmidt/Kasman) 4 credits
BSC 706 Professional Development (Wright/Kasman) 1 credit	CGS 700 Biostatistics (Martin) 4 credits	MSCR 724 Introduction to Clinical Trials (King) 3 credits
BSC 708 Grand Rounds (Halushka) 1 credit		
CCRT Core Clinical Research Training (online or classroom, offered several times per year) 2 credits	Electives	Electives
Total of 11 credits	Total of 11-15 credits	Total of 11-15 credits

With the exception of histology, all courses are taught face-to-face on the MUSC campus. The CCRT is a course offered several times per year through our South Carolina Clinical and Translational Research Institute (SCTR) and offers training in clinical trials ethics, research misconduct, and informed consent procedures. BSC courses 704, 706, 708 and 702 were developed specifically for this program and contain only the students in this program, giving them intensive time with the course instructors. BSC 712, 716 and 714 are sections of courses offered to MUSC's dental students and the Master of Science in Medical Sciences students will take the courses alongside the dental students. This offers them the unique opportunity to interact with other health professions students and to experience the coursework similarly to how it will be offered once they enter a professional school program. Additionally, elective courses are available. Suitable electives include PCOL 625 (Physiology), HAP 635 (The Language of Medicine), HAP 704 (Health Policy), PROS 901 (Introduction to Dentistry – for students entering dental programs), IP 704 (Smiles for Life), and IP 732 (History of Health Sciences), CGS 710 (Essentials of Scientific Practice), CGS 711 (Diversity in Science), and a clinical experience called A Month in the Research Nexus where students would get hands-on experience in running and developing clinical research projects.

Overlap with current MUSC programs

The College of Graduate Studies offers research-intensive, departmentally based master's programs that have been one resource for students seeking additional preparation. A number of applicants each year enter the master's programs with the goal of pursuing professional school upon graduation. However, the master's programs as currently structured are not the ideal solution for these students. Most of the programs entail significant research time and a limited amount of coursework and take 2-3 years to finish. Thus, they do not offer the structured, intensive preparation these students are seeking. The current Certificate in Biomedical Sciences program, which was established to address this issue, will no longer be offered once the Master of Science in Medical Sciences program is inaugurated.

Overlap with other programs in the state

A variety of other schools in South Carolina offer MS degrees in biological/biomedical sciences, however most of these are two year degrees requiring a thesis. Clemson University does offer a one-year MS degree in Biological Sciences and Microbiology. However, this program is offered

online only and is focused on improving the skills of K-12 teachers. The College of Charleston offers MS degrees focused on environmental studies, teaching and education, and the arts and so our proposed program does not duplicate these efforts. USC Columbia offers MS degrees in Biological Sciences and Biomedical Sciences, but again, these are multi-year, research degrees. Claflin University offers a MS in Biotechnology, which is focused in forensics, plant biotechnology and biostatistics and so is not similar at all to our proposed program. The Citadel offers MS programs in computer science and sports science so our program is again very distinct from this. Winthrop University offers MS degrees in Biology, Psychology and Nutrition, which do not have the health sciences focus of our program. Finally, Coastal Carolina offers a MS degree, but it is focused in marine and environmental studies.

Anticipated Enrollment and Productivity

We have now had two years of enrollment experience with our Certificate in Biomedical Sciences program, which we anticipate has much the same applicant pool as the proposed Master of Science in Medical Sciences. Without officially advertising the program we had 16 applicants the first year and 21 applicants the second year. We have now developed a web site and begun to advertise through mailings and a presence on other websites (AAMC for example). We have had many inquiries into the program in the past few months and anticipate that our applications will continue to increase each year. Considering instructor load and class size, we can accommodate 15-20 students per year in the program. All students who matriculated in our first year successfully completed the program and 7/8 are current first year students in medical school. Therefore, at capacity we anticipate that the program will graduate 15-20 students annually.

Employment Opportunities for Graduates

The program will provide graduates a foundational experience and stronger credentials for applying for and being accepted into graduate medical programs (MD, DMD, etc.). It would also provide foundational coursework for students applying to PhD programs in biomedical sciences in the context of a student who also had research experience. The curriculum additions in clinical trials coordination will offer these students the opportunity to be employed as research/clinical assistants in doctor's offices and hospital settings in lieu of attending a medical program. The Bureau of Labor Statistics does not benchmark clinical research associate jobs, however they predict that clinical laboratory technician jobs (which are considered similar) are expected to rise 14% between 2008 and 2018. Clinical research associate jobs were ranked as a top 100 job by CNN Money with a projected 10-year growth of 12%:

(<http://money.cnn.com/magazines/moneymag/bestjobs/2010/snapshots/57.html>). At MUSC an appropriate job position would be as a Program Coordinator I, which requires a BS degree and one year of experience/additional education.

Estimate of Costs

The proposed program costs will be similar to the current costs for the Certificate of Biomedical Sciences program. Therefore, most of the necessary faculty and staff are in place. However, the program will incur additional costs to offer the Biostatistics course at approximately \$7,000, and will need additional administrative staff to accommodate the increased student load at an estimated cost of \$9,500 for 25% effort for a Program Coordinator. This person will be responsible for advertising the program, collating applications, correspondence with applicants, orientation, registration, general paperwork, and program evaluation. Therefore, total additional expenses are estimated at \$16,500.

Medical University of South Carolina

College of Graduate Studies &
Center for Biomedical Imaging



Proposed New Program

Ph.D. in Biomedical Imaging

Submitted January 15th, 2014

A handwritten signature in black ink, appearing to read "Mark Sothmann", is positioned above a horizontal line.

Mark Sothmann, Ph.D.
Interim President
Medical University of South Carolina

1/8/2014

Date

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New Program Proposal: Ph.D. in Biomedical Imaging

Program title:	Ph.D. in Biomedical Imaging
Concentrations, options, and tracks:	Post-Baccalaureate
Academic Unit:	College of Graduate Studies
Designation, type, and level of degree:	Entry-level doctoral degree
Proposed date of implementation:	Fall 2015
CIP code:	26.1103
Site:	Medical University of South Carolina (MUSC)
Qualifies for Palmetto Fellows or Life Scholarship awards:	No
Delivery mode:	Traditional

INSTITUTIONAL APPROVAL

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

College of Graduate Studies (CGS) Graduate Council – August 30th, 2013

MUSC Dean's Council –September 16th, 2013

MUSC Board of Trustees –will be presented to the BOT at its meeting in Feb. ,2014

PURPOSE

Mission

The **MUSC Biomedical Imaging Ph.D. Program** proposes to provide a comprehensive and integrated graduate training program with a curriculum covering imaging science and biomedical applications leading to a Ph.D. in Biomedical Imaging. Our faculty has identified a basic core of knowledge and skills which will prepare our graduates to become leaders in basic and/or clinical research in biomedical imaging and its applications. This core consists of a strong foundation in the fundamentals of image acquisition technologies and data analysis methods. The students will also receive training in research practice, experimental design, and the application of specific imaging modalities through a series of individual electives in their chosen area of interest.

Although many biomedical imaging-related doctoral programs train students to be experts in specific techniques, there is a growing need for expertise in the application of these imaging technologies to solve important biomedical problems. The Bureau of Labor Statistics estimates that nationally, “Employment of biomedical engineers is projected to grow by 62% from 2010 to 2020, much faster than the average for all occupations” (<http://www.bls.gov/ooh/architecture-and-engineering/biomedical-engineers.htm>). Further, the South Carolina Department of Employment and

Workforces estimates that by 2020 employment of biomedical engineers will grow in South Carolina by 75%. (<http://lmi.dew.sc.gov/lmi%20site/Documents/CommunityProfiles/o1000000.pdf>) These employment opportunities will create demand for a wide variety of engineering skills including digital imaging, an increasing component of all aspects of modern technology. Thus, as healthcare, biomedical research, and biotechnology industries become increasingly invested in using imaging technologies, the demand for individuals with expertise in the appropriate applications of these tools and skills to develop their novel use will necessarily grow.

No university in South Carolina offers a graduate degree in Biomedical Imaging at either the M.S. or Ph.D. level. Although both M.S. and Ph.D. programs are ultimately needed, we propose to initially establish a new program for a Ph.D. in Biomedical imaging and will independently address the need for an M.S. degree in Biomedical Imaging in the future. While both degrees would enable a graduate to work in industry and academia at advanced levels, the Ph.D. is specifically designed to establish its graduates as independent, creative scientists able to drive innovation in the field. Establishing this program falls within the mission of MUSC to “educate students to become creative biomedical scientists” and addresses its strategic initiative area of innovation.

The objectives of the program are to:

1. Provide a broad-based educational program for our students with both didactic and practical research experience with sufficient instruction in advanced technology, and analysis methods to enable them to become independent research scientists, application innovators, and bioimaging experts.
2. Prepare students with the skills and expertise to meet the increasing need for individuals in biomedical imaging that have a broad background in both theory and application.
3. Prepare our graduates for productive and successful careers in the imaging related aspects of biomedical research and development by developing their independent research skills.
4. Provide appropriate employment opportunities for our graduates by developing industrial and academic connections to organizations using imaging in their products and research. We expect that our graduates will have the education and skills to assume leadership roles in their future employment.

JUSTIFICATION

Program Description

The **MUSC Biomedical Imaging Ph.D. Program** will provide a comprehensive and integrated graduate training program combining biomedical sciences through the College of Medicine's core curriculum, with a strong emphasis on imaging science and its biomedical applications leading to a Ph.D. in Biomedical Sciences with a concentration in Biomedical Imaging. This degree will provide students with the education and training needed to pursue careers applying cutting edge developments in biomedical imaging to solving scientific and healthcare problems within academia or industry. It is intended for students with Bachelor's degrees or advanced pre-doctoral students who wish to master biomedical imaging and research methods to enhance or broaden their application-oriented investigations.

The core curriculum is designed to provide a strong foundation in the fundamentals of imaging acquisition technologies, data analysis methods, and research design, all within the context of applying these techniques in clinical and basic research projects in academic and industrial medical and research settings. Through this program, students will be able to gain hands-on experience with advanced imaging systems dedicated to both preclinical (bioluminescence, fluorescence, Micro-CT/PET, 7T MRI) and human (3T MRI) research. The students will have opportunities to rotate as research assistants in laboratories of professors who actively conduct research within many departments throughout the university, such as Neurosciences, Psychiatry, Radiology, Rehabilitation, Cardiology, Pediatrics, Surgery, and Oncology. The students will be required to demonstrate scientific proficiency in the area of biomedical sciences, with an emphasis on biomedical imaging through the completion of a qualifying examination and an individual doctoral dissertation.

Upon the completion of this degree, graduates will have the foundation on which they can build careers as independent investigators or key collaborators who possess a unique combination of skills: a fund of technical knowledge of imaging sciences and its most critical innovations as well as a distinct perspective that is focused on applying these advances in biomedical imaging to a breadth of preclinical and human research areas, from basic physiological processes to phenotypically complex diseases.

Need for the Proposed Program

Biomedical imaging is an inherently multidisciplinary field requiring the expertise of clinicians, medical physicists, computer scientists, biomedical engineers, chemists, pharmacologists, and biologists. This interdisciplinary group has and will continue to

revolutionize healthcare by develop new technological tools and techniques to use in the detection, diagnosis, and treatment of human disease (1).

The utilization of imaging across multiple biomedical disciplines will drive the development of a well-educated and highly trained work force using new biomedical imaging tools and techniques. This growing work force will apply these tools and techniques in different applications from the organ level to the cellular level in manufacturing, laboratory, and clinical domains. MUSC recognized the need to strengthen the biomedical imaging research community at MUSC and in 2011 the Board of Trustees established the Center for Biomedical Imaging (CBI). The mission of the CBI is to provide state-of-the art imaging resources, train and mentor young investigators, and provide opportunities for basic and clinical scientists to collaborate on new biomedical imaging discoveries (3).

The primary rationale for the development of a Ph.D. program in Biomedical Imaging at MUSC is to develop a structured group of faculty, graduate students, post-docs and research staff who will focus on the application of biomedical imaging tools in laboratory and/or clinical settings in Neuroscience, Radiology, Pathology, and Psychology. MUSC has active clinical and basic science research programs in these departments so advanced image acquisition and image analysis skills will provide a strong complementary component to the MUSC research and educational mission. . With graduate students, medical students, faculty and staff trained in biomedical imaging tools and techniques and exposed to industrial and other academic research institutional partners, the biomedical imaging-based laboratories at MUSC will have a pool of talented individuals that will lead in the development of novel biomedical imaging tools and techniques. A formal Ph.D. program will strengthen the research competitiveness of MUSC across these disciplines and lead to more technological innovation in the State ultimately contributing to the creation of more knowledge-based companies and employment opportunities in South Carolina.

The multidisciplinary nature of biomedical imaging results in a variety of career path options for holders of these degrees. While many will seek employment as medical scientists, biomedical engineers, biophysicists, medical physicists, or biochemists in academia, government, or industry, there are also many biomedical imaging Ph.D.s who will work in industry or manufacturing in product development, venture capital, and marketing; as well as in legal fields such as regulatory, technology transfer, and patent law. According to the Bureau of Labor Statistics 2012-2013 Occupational Outlook Handbook these are professions that can expect better than average increases in employment through 2020 across the nation (2).

Centrality of the Program to the Institutional Mission

The proposed **MUSC Biomedical Imaging Ph.D. Program** supports the mission of MUSC in several ways: 1) fostering an inter-professional educational experience; 2) advancing economic development through the introduction of new biomedical imaging technology; and 3) building collaborations with industry and other academic institutions (4).

The **Biomedical Imaging Ph.D. Program** will be offered through the MUSC College of Graduate Studies and will include the core coursework of the Biomedical Sciences Program. The core classes will expose these students to the scientific skills necessary to function in laboratory settings. The mathematical and statistical classes contained in the program's curriculum will expose students to the fundamentals of image formation, acquisition, and analysis techniques and a multiplicity of clinical and laboratory based applications. Together these skill sets will create well-rounded graduate students uniquely prepared to apply state-of-the-art, cutting-edge imaging and analysis techniques to important biomedical questions.

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

The proposed **MUSC Biomedical Imaging Ph.D. Program** will unite faculty in the Departments of Radiology, Neuroscience, Psychiatry, Pediatrics, Surgery, and Pathology and Laboratory Science, many of whom are faculty in the Center of Biomedical Imaging. The Departments of Radiology and Psychiatry currently have only residency training programs for MDs, but no graduate student programs. The Departments of Neuroscience and Pathology have residency training programs for MDs and well-established M.S. and Ph.D. programs for graduate students through the MUSC College of Graduate Studies. Students graduating through this program receive their doctorates in Biomedical Sciences with Departmental specializations. All doctorate programs in the Biomedical Sciences require a common first year curriculum focused on providing a foundation across all Biomedical Sciences areas on campus including, fundamental coverage of Neuroscience, Cell and Molecular Pharmacology, Pathology and Laboratory Medicine, Microbiology and Immunology, Department of Public Health Sciences, Drug Discovery, Molecular and Cellular Biology, Pathobiology, and Bioengineering. In addition to a common first year curriculum, these students are required to participate in laboratory rotations in order to broaden students' scientific training and to assist the students in identifying an appropriate Ph.D. track and Ph.D. mentor. Students pursuing a Ph.D. in Biomedical Imaging would take the first semester core curriculum from the College of Graduate Studies to provide appropriate biomedical background. Further specific didactic course work, laboratory experience with Biomedical Imaging faculty, and an approved dissertation would complete their program of study.

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

There are currently no Biomedical Imaging Ph.D. programs in South Carolina. Nationally, there are 25 biomedical imaging tracks associated with Biomedical Engineering Ph.D. programs but no programs solely offering a Biomedical Imaging Ph.D. (5).

The University of South Carolina (USC) offers a Biomedical Engineering Ph.D. but does not have a specialization in biomedical imaging. Likewise, Clemson University offers a Ph.D. in Bioengineering, but also has a strong focus in the area of biomaterials and not imaging. Currently, Clemson and MUSC have a Cooperative Agreement which permits MUSC dental and medical students to pursue joint degree programs, DMD or MD respectively, with a Ph.D. in Bioengineering from Clemson. The courses in this program will be open to students in the joint program. If there is sufficient interest from Clemson students we will also arrange for remote classes at Clemson for the courses.

There are no other regional Biomedical Imaging Ph.D. programs with the training emphasis described in this proposal. There are specialized biomedical imaging training specializations imbedded within various Biomedical Engineering programs within adjacent states. In North Carolina, there are two Ph.D. programs in Biomedical Engineering with a biomedical imaging track at 1) Duke University and 2) a joint program between the University of North Carolina at Chapel Hill and North Carolina State. In Georgia, there is a joint Biomedical Engineering program between the Georgia Institute of Technology and Emory University.

References

1. Sun Z, Ng KH, Ramli N. Biomedical imaging research: A fast-emerging area for interdisciplinary collaboration. *Biomed Imaging Interv J*. 2011 Jul-Sep;7(3):e21.
2. Occupational outlook handbook - healthcare occupations [Internet].; 2012. Available from: <http://www.bls.gov/ooh/healthcare/home.htm>.
3. Center for biomedical imaging [Internet].; 2013. Available from: <http://academicdepartments.musc.edu/cbi/>.
4. MUSC strategic plan 2010-2015 [Internet].; 2010. Available from: <http://etl2.library.musc.edu/strategicplan/>.
5. Biomedical imaging graduation programs imaging curricula and imaging courses [Internet]. Available from: <http://www.bmesphotos.org/WhitakerArchives/academic/ferrara.pdf>.

ADMISSION CRITERIA

Individual applicants will be evaluated on undergraduate/graduate records, GRE scores and letters of recommendation. In addition, the department will consider current project, lab, and research area availability when evaluating applicants. Previous research experience or employment in areas relevant to bioengineering will carry significant weight.

Generally, applicants will require:

- an undergraduate GPA of 3.3/4.0 or higher
- GRE verbal score: 70th percentile or higher
- GRE quantitative score: 70th percentile or higher
- GRE analytical writing score: 70th percentile or higher
- Either TOEFL score: 100 or higher OR IELTS of 7.0 or higher (international students only)

Specific Biomedical Imaging Entrance Requirements

The basic requirement for admission to the **MUSC Biomedical Imaging Ph.D. Program** is a Bachelor's degree from an accredited undergraduate science program. Students will most commonly be trained in engineering, physics, or life sciences. However, due to the interdisciplinary nature of biomedical imaging, it is to be expected that some students may need to take additional courses to supplement their first year of graduate work. It is expected that all Biomedical Imaging Ph.D. students will have adequate prerequisites for acquiring additional knowledge in biochemistry, physiology and statistics.

Students can enter the program prior to meeting all the prerequisites if approved by the admissions committee. These students must plan to complete the prerequisites during their enrollment in addition to the requirements stipulated for the Ph.D. Credits from prerequisites are not applied toward a graduate degree, and students can be restricted to a minimum assistantship until undergraduate prerequisites are completed. Under special circumstances, a petition to the Biomedical Imaging Ph.D. program director may allow certain of these prerequisites to be waived.

ENROLLMENT

The **MUSC Biomedical Imaging Ph.D. Program** is proposed to start in the Fall semester of 2015. The program will recruit U.S. and international students who have STEM undergraduate degrees. However, due to proximity, the program will primarily

recruit students from 4-year institutions in South Carolina. Students will be a part of the incoming graduate class and have a minimum of a Bachelor's degree and meet the requirements for admission described in the previous section. It is expected that some students may transfer from existing programs at MUSC. New students will start in the Fall semester each year.

It is estimated that 3-4 students will enroll in the first year. The number of new students is expected to increase during the first few years of the program. It is assumed that all students will take a full academic load of five 3-credit courses or 15 credits per semester and that all Ph.D. students will conduct full-time research during the summer. The typical student will complete the Ph.D. program in approximately 5 years. After 5 years, the anticipated average total enrollment will be 20 students although the long term steady state will be 25 students (5/yr x 5 years). (see Table A).

Table A – Projected Total Enrollment

Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2014-2015	3	45	3	45	3	45
2015-2016	6	90	6	90	6	90
2016-2017	10	150	10	150	10	150
2017-2018	15	225	15	225	15	225
2018-2019	20	240	20	240	20	240

Assumptions:

1. Students will take a full academic load (5 courses/15 credits per semester).
2. Students will complete the Ph.D. program in an average of 5 years.
3. All students will take summer courses (i.e. research credit).
4. New students will enter in the fall semester.

CURRICULUM

The course requirements and program structure are designed to provide the needed foundational knowledge, primarily during the first two years of didactic courses. These are listed below. This course work is followed by a qualifying exam in the early summer semester of the second year and the completion of 6 more credit hours of electives and a doctoral dissertation.

The 8 new required courses to be taken during the student's first two years of study are listed below together with their scheduling. A total of 15 credit hours per semester is

required so that the student will have taken 60 hours of didactic study before taking their qualifying exam and formally starting their dissertation which must be approved by a 5 member dissertation review committee chaired by a member of the Biomedical Imaging faculty other than their advisor.

New Required Courses

Year One

First Semester

None – Standard first year first semester Graduate School requirements

Second Semester

Quantitative Physiology with imaging specific examples

Mathematical Methods

Introduction to Biomedical Imaging Modalities

Laboratory Rotations

Year Two

First Semester

Probability and Statistics

Methods in Molecular Imaging

Research

Second Semester

Methods in MRI

Signal processing/Image analysis

Research

Summer Semester

Qualifying exam for Ph.D. candidates

Year Three plus (Two electives must be taken before graduation)

First Semester

Elective

Research

Second Semester

Elective

Research

A typical Course of Study

	Year 1	Year 2	Year 3 +
Fall Semester	<ul style="list-style-type: none"> Foundations of Biomedical Sciences (10) Essential Scientific Practices (1) Diversity in Science (1) 	<ul style="list-style-type: none"> Methods of Molecular Imaging (3) Probability and 	<ul style="list-style-type: none"> Research (10) Elective as needed (3) Seminar (1)

	<ul style="list-style-type: none"> • Important Unanswered Questions(1) • Laboratory Rotation (2) 	<ul style="list-style-type: none"> • Statistics (3) • Seminar (1) • Journal Club (1) • Research (7) 	<ul style="list-style-type: none"> • Journal Club (1)
Spring Semester	<ul style="list-style-type: none"> • Quantitative Physiology using Imaging (3) • Mathematical Methods (3) • Intro to Biomedical Imaging methods (3) • Elective (3) • Laboratory Rotations (2) • Important Unanswered Questions (1) 	<ul style="list-style-type: none"> • Methods of MRI (3) • Signal & Image Processing (3) • Seminar (1) • Journal Club (1) • Research (7) 	<ul style="list-style-type: none"> • Research (10) • Elective as needed (3) • Seminar (1) • Journal Club (1)
Summer Semester	<ul style="list-style-type: none"> • Research (13) • Essential Scientific Practices III (2) 	<ul style="list-style-type: none"> • Qualifying Exam (5) • Research (10) 	<ul style="list-style-type: none"> • Research (15)

In addition to the core course requirements described above several new imaging related electives are being designed to emphasize the practical applications of imaging to biomedical research and will be fully developed during the first years of the program

Functional neuroimaging

Techniques for observing regional neural activity, e.g. functional MRI, PET

Cancer imaging

Techniques for imaging tumors, particularly with molecular probes

Cardiovascular imaging

Specific techniques for cardiovascular imaging using CT, MRI, PET

Two-photon imaging

Non-linear optical methods to probe neural activity at the cellular level

Chemical shift imaging of the brain

Metabolic studies of *in vivo* brain metabolism using spectroscopy

Brain stimulation

Methods of direct neural stimulation, e.g. transcranial magnetic or electric stimulation

Computational neuroscience

Mathematical models of neural systems at multiple scales

Medical imaging device development and bioscience

entrepreneurship

Case studies of new instrumentation development and commercialization

Advanced clinical imaging

How new technical developments move into clinical practice

ASSESSMENT

The **MUSC Biomedical Imaging Ph.D. Program** will prepare students for careers in academic research and in the healthcare industry. The students will develop the skills needed to become leaders in both basic and clinical biomedical imaging research. Core concepts to be taught include biomedical imaging technology, applications of biomedical imaging, data analysis and research design. Concepts presented in the course curriculum are reinforced and applied in students' original dissertation research projects. The program will assess both program outcomes and student learning outcomes.

Program Outcomes

Assessment of program outcomes will consist of both metrics to measure student perceptions of program quality and objective measures of success of our graduates. The following metrics will be monitored:

1. Percent of students who graduate on time.
2. Percent of graduating students who agreed that they made the right choice in selecting MUSC for their education.
3. Percent of graduating students who agreed that they would recommend the program to other prospective students.
4. Percent of graduating students who rated the quality of their education as satisfactory to excellent.
5. Percent of employers who indicated graduates have demonstrated competency.
6. Percent of students who obtain full-time employment in a biomedical imaging field within one year of graduating.
7. Percent of students who obtain tenure-track faculty positions within 7 years of graduating.
8. Number of publications while students are attending MUSC.
9. Percent of graduates who successfully obtain a grant within 7 years of graduating.

Data for these measures will be collected through surveys conducted by the University at time of program completion.

Student Competencies

Specific measures of the competencies related to the program objectives will be developed by the program faculty. Achievement of these competencies will be assessed using a combination of the following metrics:

1. Student self-assessments performed at the beginning of the program and at the end of the program. This will demonstrate the students' perception of their progress through the program.
2. Faculty evaluation of satisfactory demonstration of competencies for each individual core curriculum course.
3. Evaluation by faculty of the key competencies demonstrated by students during their written and oral qualifying exams.
4. Annual evaluation by faculty mentors of the student mentees' performance during their dissertation research.
5. Reports from thesis committees of the quality of final dissertations.

Program faculty will establish target values for all measures of program outcomes and student competencies. All program outcomes and summaries of student competency achievement will be presented to the program faculty annually. The faculty will review the measures and make recommendations to program administration for adjustments in program content and delivery where indicated.

FACULTY

The program faculty are predominantly members of the Center for Biomedical Imaging, a new MUSC-wide Center established by the Board of Trustees in 2011. The remainder of the faculty are recruited from the Departments of Radiology, Neuroscience, Psychiatry, Pediatrics, Surgery, Medicine and the College of Health Professions with projects in the application of imaging techniques to their research activities (see Table B). New faculty hires are not anticipated as the teaching requirements of the new program will be fulfilled by existing faculty.

Table B– Faculty List

Rank	Highest Degree Earned	Field of Study	Teaching in Field (Yes/No)
Professor #1	Ph.D.	Physics	YES
Professor #2	Ph.D.	Physics	YES
Professor #3	Ph.D.	Physics	YES

Associate Professor #1	Ph.D.	Biomedical Engineering	YES
Associate Professor #2	Ph.D.	Psychology	YES
Associate Professor #3	Ph.D.	Psychology	YES
Assistant Professor #1	Ph.D.	Electrical Engineering	YES
Assistant Professor #2	Ph.D.	Psychology	YES
Assistant Professor #3	Ph.D.	Physics	YES
Assistant Professor #4	Ph.D.	Biomedical Engineering	YES

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

Table C – Unit Administration, Faculty & Staff Support

UNIT ADMINISTRATION, FACULTY, AND STAFF SUPPORT						
YEAR	NEW		EXISTING		TOTAL	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Administration						
2017 – 18			1	0.05	1	0.05
Faculty						
2014 – 2018			9	1.8	9	1.8
Staff						
2014 – 2018			1	0.1	1	0.1

PHYSICAL PLANT

Given that anticipated annual enrollment in this program is small relative to the total annual enrollment in the College of Graduate Studies at MUSC, 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 the basic science building, bioengineering building, and 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.

EQUIPMENT

It is not anticipated that additional equipment will be necessary. The current audiovisual equipment and imaging equipment will be updated and replaced using the normal acquisition process.

LIBRARY RESOURCES

The proposed program modification will require library resources pertinent to both the ***biomedical*** and ***imaging*** sciences.

In the ***biomedical sciences***, current library resources are adequate to support the proposed program. The MUSC Library serves as 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 databases (e.g., MEDLINE, CINAHL, PsycINFO, SciFinder, and PubMed). A wealth of worldwide information is provided, including online catalogs of other libraries, drug information (MicroMedex, Mosby's Drug Consult), consumer health (Hands on Health, MEDLINEPLUS, Health Reference Center), clinical decision support systems (eMedicine, UpToDate, InfoPOEMS), Clinical Practice Guidelines and alerts, reviews of clinical trials, evidence-based practice (Cochrane database, INFOPOEMS), government resources (Toxnet, Federal Register, Code of Federal Regulations), electronic books (MD Consult, Harrison's Online, Access Medicine) and e-journal packages with literature search capabilities (ScienceDirect, ejournals@MUSC, Journals@Ovid, American Chemical Society), and statewide shared academic databases (Collegiate DISCUS, DISCUS)

In the ***imaging sciences***, consultation with Dr. Thomas Basler, Director of Libraries and Learning Resource Centers, has shown that any additional resources needed (the engineering, physics and mathematics references and electronic journals) are available through Inter-library loan and the existing MUSC Clemson Joint Bioengineering program.

ACCREDITATION, APPROVAL, LICENSURE, or CERTIFICATION

Not applicable for this program.

ARTICULATION

The proposed Ph.D. program is a terminal degree and, as stated elsewhere, it is the only program of its kind in South Carolina. MUSC does not generally participate in the South Carolina Transfer and Articulation (SC TRAC) program and is not a receiving school for transfer students (see: <http://www.sctrac.org/MedicalUniversityofSouthCarolina-/Transfer-Profile/tabid/476/Default.aspx>), as MUSC does not offer general undergraduate education coursework. However, with permission, individuals from other in and out of state intuitions will be allowed to register for courses on a non-degree basis.

In 2003 MUSC and Clemson University established an active collaborative relationship in bioengineering. The CU-MUSC Bioengineering Program is on the MUSC campus in Charleston. Faculty from Clemson University and their staff have laboratories and office space on the MUSC campus. Students from Clemson, with the approval of their institution, will be allowed and encouraged to take courses offered in MUSC's Biomedical Imaging program. In the future, we will work closely with other area universities and colleges to provide similar access to courses offered through the Biomedical Imaging Ph.D. program.

ESTIMATED COSTS AND SOURCES OF FINANCING

The 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 along with the anticipated typical funding the College of Graduate Studies receives from state appropriations provided to MUSC. It is anticipated that this proposal will result in a total of \$50,000 of expenses for course instruction and staff support.

The percentage of in-state students who matriculated into the MUSC College of Graduate Studies varied from 50% to 60% over the last three years. It is expected that the cohort of students matriculated into the Ph.D. program will follow a similar profile. However, if the number of national programs offering a similar degree is still limited at the time of implementation of this proposed program, the percent of out-state applicants may be higher.

This program will be a new addition to the College of Graduate Studies' existing doctoral programs in biomedical sciences so the program will be administered through the same general process. The total costs of the program will depend on the number of students accepted and are expected to be approximately the same per student as in other

programs. Much of the necessary infrastructure is pre-existing, so there will be few new costs directly associated with the program administration (see Table D). Faculty for the program (primarily from MUSC's Center for Biomedical Imaging, see <http://academicdepartments.musc.edu/cbi/>), are supported by research grants that will also support projects that the Biomedical Imaging Ph.D. students will engage in as part of their independent research and experiential learning.

Table D – Estimated Costs and Sources of Financing by Year

ESTIMATED COSTS BY YEAR						
CATEGORY	1 st	2 nd	3 rd	4 th	5 th	TOTALS
Program Administration	0	0	0	2000	2000	4000
Faculty Salaries	0	0	0	0	0	0
Graduate Assistants	0	0	0	0	0	0
Clerical/Support Personnel	1000	1000	1000	2000	3000	8000
Supplies and Materials	1000	1000	1000	1000	1000	5000
Library Resources	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Other (Identify)	0	0	0	0	0	0
TOTALS	2000	2000	2000	5000	6000	17000
SOURCES OF FINANCING BY YEAR						
Tuition Funding	0	0	0	0	0	0
Program-Specific Fees	0	0	0	0	0	0
State Funding	0	0	0	0	0	0
Reallocation of Existing Funds	2000	2000	2000	5000	6000	17000
Federal Funding	0	0	0	0	0	0

Other Funding (Specify)	0	0	0	0	0	0
TOTALS	2000	2000	2000	5000	6000	17000

**PROGRAMS FOR TEACHERS AND OTHER SCHOOL PROFESSIONALS
(ONLY)**

Not applicable to this program

Medical University of South Carolina
College Of Medicine
ABBREVIATED CURRICULUM VITAE

Name: Steven L. Carroll, M.D., Ph.D.

Date: 12/19/2013

Citizenship and/or Visa Status: United States

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1981	Memphis State University	B.S.	
1986	Baylor College of Medicine	Ph.D.	
1988	Baylor College of Medicine	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Anatomic Pathology Resident	Department of Pathology, Washington University School of Medicine	07/1988 - 06/1994
Neuropathology Fellow	Department of Pathology, Washington University School of Medicine	07/1989 - 06/1991
Postdoctoral Research Fellow	Department of Pathology, Washington University School of Medicine	07/1990 - 06/1993

Board Certification:

American Board of Pathology - Certified in Anatomic Pathology	Date: 05/1995
American Board of Pathology - Special Qualification in Neuropathology	Date: 05/1995

Licensure:

Missouri Medical License	Date: 03/1994
Alabama Medical License	Date: 07/1997

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1992 - 1994	Instructor	Washington University School of Medicine	Pathology
1994 - 1997	Graduate Faculty	University of Alabama at Birmingham	Division of Biology and Biomedical Sciences
1994 - 1997	Assistant Professor	Washington University School of Medicine	Pathology
1997 - 2001	Assistant Professor	University of Alabama at Birmingham	Pathology
1997 - 2008	Graduate Faculty	University of Alabama at Birmingham	Molecular and Cellular Pathology Graduate Program
1997 - 2008	Graduate Faculty	University of Alabama at Birmingham	Neuroscience Graduate Program
1997	Graduate Faculty	University of Alabama at Birmingham	Medical Scientist Training Program
1998 - 2001	Assistant Professor	University of Alabama at Birmingham	Neurobiology
1998 - 2001	Assistant Professor	University of Alabama at Birmingham	Cell Biology
2001 - 2008	Associate Professor	University of Alabama at Birmingham	Neurobiology
2001 - 2008	Associate Professor with tenure	University of Alabama at Birmingham	Pathology
2001 - 2008	Associate Professor	University of Alabama at Birmingham	Cell Biology
2006 - 2008	Graduate Faculty	University of Alabama at Birmingham	Interdisciplinary Genetics Graduate Program
2006 - 2014	Faculty Member	University of Alabama at Birmingham	Comprehensive Neuroscience Center
2008 - 2012	Professor	University of Alabama at Birmingham	Cell Biology
2008 - 2014	Professor	University of Alabama at Birmingham	Neurobiology
2008 - 2014	Professor	University of Alabama at Birmingham	Pathology
2008 - 2014	Graduate Faculty	University of Alabama at Birmingham	Graduate Biomedical Sciences, Cancer Biology
2008 - 2014	Graduate Faculty	University of Alabama at Birmingham	Graduate Biomedical Sciences, Neuroscience
2008 - 2014	Graduate Faculty	University of Alabama at Birmingham	Graduate Biomedical Sciences, Pathobiology & Molecular Medicine
2012 - 2014	Professor	University of Alabama at Birmingham	Developmental and Integrative Biology

First Appointment to MUSC: Rank : Professor

Date : 2014

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Gerard T. (Gary) Hardiman, Ph.D.

Date: 12/30/2013

Citizenship and/or Visa Status: USA/Ireland (Dual)

Office Address: TBD

Telephone: TBD

Office Address: TBD

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1989	National University of Ireland	B.Sc. (Hons.)	Microbiology
1993	National University of Ireland	Ph.D.	Microbiology

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Research Fellow, Molecular Biology	DNAX Research Institute, Palo Alto, CA	1993 - 1998

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2003 - 2009	Assistant Professor	University of California, San Diego	Medicine
2009 - Present	Associate Professor	University of California, San Diego	Medicine
2009 - 2012	Adjunct Associate Professor	San Diego State University	Bioinformatics & Medical Informatics
2013 - Present	Adjunct Professor	San Diego State University	Bioinformatics & Medical Informatics

First Appointment to MUSC:

Rank : Professor

Date : 2014

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Johann Herberth, M.D., Ph.D.

Date: 1/8/2014

Citizenship and/or Visa Status:

Office Address: RH Johnson VAMC Charleston, 109 Bee Street, Charleston, SC, 29401 Telephone: 843-789-7304

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1999	Friedrich-Alexander-University	M.D.,Ph.D.	Human Medical Sciences
2008	University of Kentucky, Lexington	M.P.H.	Public Health

Graduate Medical Training:(*Chronological*)

Board Certification:

American Board of Internal Medicine	Date: 2003-present
American Board of Internal Medicine, Nephrology	Date: 2005-present
International Society of Clinical Densitometry	Date: 2006-2011

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
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First Appointment to MUSC:

Rank : Clinical Associate Professor

Date : 2013

Medical University of South Carolina

College Of Nursing

ABBREVIATED CURRICULUM VITAE

Name: Ronald E. Acierno, Ph.D.

Date: 1/24/2014

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>
1989	University of Virginia	B.A.	Psychology
1993	Nova Southeastern University	M.S.	Clinical Psychology
1996	Nova Southeastern University	Ph.D.	Clinical Psychology

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

State of South Carolina #693

Date: 1997

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1996 - 1998	Research Associate	Medical University of South Carolina	Psychiatry and Behavioral Sciences
1998 - 1999	Instructor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
1999 - 2002	Assistant Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2002 - 2009	Associate Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2009 - 2014	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2012 - Present	Associate Member	Medical University of South Carolina	Graduate Studies
2014 - Present	Professor	Medical University of South Carolina	Nursing
2014 - Present	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences

First Appointment to MUSC:

Rank : Research Associate

Date : 1996

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: David W. Ploth, M.D.

Date: 11/22/2013

Citizenship and/or Visa Status:

Office Address: 96 Jonathan Lucas Street, MSC 629, CSB 829, Charleston, SC, 29425, USA Telephone: 843-792-4123

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1962	Creighton University	B.S.	
1967	University of Iowa	M.D.	

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Medical Intern	University of Chicago Hospitals	1967 - 1968

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Medical Residents	University of Iowa Hospitals	1968 - 1969
Medical Resident	University of Iowa Hospitals	1971 - 1972
Nephrology Fellow	University of Iowa Hospitals	1972 - 1974

Board Certification:

American Board of Internal Medicine	Date: 1972
American Board of Internal Medicine: Nephrology	Date: 1978

Licensure:

Iowa State Board of Medical Examiners	
Virginia State Board of Medical Examiners	
Alabama State Board of Medical Examiners	
South Carolina Board of Medical Examiners	Date: 1987

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1972 - 1974	Instructor	University of Iowa	Department of Medicine
1974 - 1975	Research Associate	Universitat Munchen, Munich, Germany	Physiologisches Institut
1975 - 1981	Assistant Professor	University of Alabama at Birmingham	Department of Medicine Division of Division of Nephrology
1981 - 1985	Associate Professor	University of Alabama at Birmingham	Department of Medicine Division of Division of Nephrology
1985 - 1987	Professor	University of Alabama at Birmingham	Department of Medicine Division of Division of Nephrology
1987 - Present	Professor	Medical University of South Carolina	Medicine Division of Nephrology
1991 - Present	Full Member	Medical University of South Carolina	Graduate Studies

First Appointment to MUSC: Rank : Professor

Date : 1987

INSTITUTIONAL CONFLICT OF INTEREST FY2013 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 or research activities and no issues have been referred to the Conflict of Interest Office in relation to purchasing or contract activities.

Institutional Interests

Summary of Reporting

The Medical University of South Carolina (MUSC), Medical University Hospital Authority (MUHA), University Medical Associates (UMA/“MUSC Physicians”), Foundation for Research Development (FRD) and the MUSC Foundation submitted required annual reporting to the Conflict of Interest Office. Equity, ownership and investment interests, gifts and royalties were reviewed across the MUSC enterprise. There were no identified conflicts between Institutional financial interests and any area of Institutional operations.

The Institutional Conflict of Interest Committee, appointed by the Vice President for Academic Affairs and Provost, reviewed and approved the annual report.

MUSC Foundation for Research Development

Statements of Financial Position

	<u>11/30/2013</u>	<u>11/30/2012</u>
Assets		
Cash and cash equivalents	\$655,706	\$939,367
Interest receivable	\$2,048	\$1,764
Accounts receivable - Licensees, net of allowance	\$223,218	\$300,758
Accounts receivable - Other	\$81,208	\$81,208
Accounts receivable - MUSC	\$44,001	\$167,863
Prepaid expenses	\$17,280	\$51,986
Investments	\$312,691	\$279,201
Property and equipment, net	\$305	\$1,193
Total Assets	<u><u>\$1,336,457</u></u>	<u><u>\$1,823,338</u></u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$197,392	\$128,850
Accounts payable - MUSC	\$311,620	\$363,870
Due to UMA - accrued personnel expenses	\$27,464	\$19,618
Unearned revenue and deposits	\$6,395	\$127,566
Total Liabilities	<u><u>\$542,872</u></u>	<u><u>\$639,904</u></u>
Net Assets		
Total Net Assets	<u><u>\$793,585</u></u>	<u><u>\$1,183,434</u></u>
Total Liabilities and Net Assets	<u><u>\$1,336,457</u></u>	<u><u>\$1,823,338</u></u>

MUSC Foundation for Research Development
Income Statement
For the five months ended November 30, 2013

	<u>Actual</u>	<u>YTD Budget</u>
Revenues		
Contracts, grants and awards	\$437,500	\$437,500
License fees and royalties, net of distributions	\$32,686	\$52,083
Investment income	\$9,405	\$4,167
Other revenues - program services	\$5,660	\$0
Total Revenues	<u>\$485,251</u>	<u>\$493,750</u>
Expenses		
Personnel	\$284,411	\$310,208
Patent prosecution costs, net of recovery	\$129,675	\$143,750
Professional fees	\$30,332	\$14,583
Other administrative expenses		
IT maintenance - software and hardware	\$4,587	\$5,875
Telephone	\$4,002	\$4,458
Travel		
Travel - Non-employee	\$8,405	\$8,333
Travel - Employee	\$1,262	\$8,333
Professional development-conferences & continuing education	\$1,593	\$5,813
Office supplies, support and equipment	\$8,074	\$6,542
Real property rental	\$10,268	\$10,417
Lease payments	\$5,816	\$5,000
Insurance	\$5,851	\$6,250
Dues, memberships and subscriptions	\$1,520	\$1,667
Special activities	\$8,414	\$4,167
Depreciation expense	\$46	\$21
Total Other administrative expenses	<u>\$59,837</u>	<u>\$66,875</u>
Other expenses - program services	\$4,280	\$0
Total Expenses	<u>\$508,535</u>	<u>\$535,416</u>
NET SURPLUS/(DEFICIT) before transfer of Residuals	<u>(\$23,284)</u>	<u>(\$41,666)</u>
Surplus Funds from FY12 to be used in FY14	\$0	\$41,667
NET SURPLUS/(DEFICIT) before transfer of Residuals	<u>(\$23,284)</u>	<u>\$0</u>
Residuals transferred to MUSC	<u>(\$181,185)</u>	<u>\$0</u>
NET SURPLUS/(DEFICIT)	<u><u>(\$204,469)</u></u>	<u><u>\$0</u></u>

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
FEBRUARY 14, 2014**

MUSC Indefinite Delivery Releases

S&ME, Inc. \$475.00

Provide lead paint testing in support of the Clinical Sciences Building 9th Floor Renovation project.

RMF Engineering, Inc. \$17,580.00

Provide mechanical engineering services for the replacement of the existing AHU-3 and AHU-4 serving the Hollings Vivarium located on the 4th floor.

RMF Engineering, Inc. \$19,600.00

Provide mechanical engineering services in support of the Maintenance Needs - Basic Science Building West Side Heating Water Riser Replacement project.

S&ME, Inc. \$3,200.00

Provide limited asbestos assessment of areas on the second floor Thurmond Gazes Research Building.

Compass 5 Partners, LLC \$20,000.00

Provide schematic design services to renovate laboratories on 2nd floor of Thurmond Gazes into medical offices.

S&ME, Inc. \$4,090.00

Provide mold consulting services in support of the Sebring Aimar Interior Renovations project.

S&ME, Inc. \$170.00

Provide asbestos bulk sample analysis in Quad E Building Suite 123 at the request of Engineering and Facilities.

S&ME, Inc. \$390.00

Provide asbestos bulk sample analysis in Quad E Building Room 123.

MUSC 230s

Byers Design Group, LLC \$620.00

Provide architectural services in support of Phase II of Student Wellness Center Front Entry Renovation project.

Building Art LLC \$12,000.00

Provide architectural consulting services to assess, document and design new structure replacing the 141 Ashley Avenue.

Kimley-Horn & Associates, Inc. \$10,200.00

Provide consulting services related to the vehicular circulation in the garage at the corner of Bee Street and Courtenay Drive at the request of the customer.

Other Contracts

Soil Consultants, Inc. \$10,505.00

Provide special inspections and construction materials testing in support of the College of Health Professions Research Building ADA Ramp.

SAFEbuilt Carolinas Inc. \$29,845.00

Provide inspection services in support of the Clinical Sciences Building 9th Floor Renovation project.

Soil Consultants, Inc. \$345.00

Provide construction materials testing in support of the Harborview Office Tower Garage Expansion Joint project.

SAFEbuilt Carolinas Inc. \$1,340.00

Provide special inspection services in support of the Wellness Center AHU #1-#5 Replacement project.

SAFEbuilt Carolinas Inc. \$1,340.00

Provide special inspection services in support of the Wellness Center Chiller #1 Replacement project.

Soil Consultants, Inc. \$780.00

Provide masonry special inspections in support of the Sebring-Aimar House Interior Renovations project.

IDC Contracts

Byers Design Group, LLC

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

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
FEBRUARY 14, 2014**

MUSC Indefinite Delivery Releases

Huss, Inc. \$56,584.00

Remove existing striping and restripe the Rutledge Tower Parking Garage.

Abate & Insulate, LLC \$636.00

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

Bonitz Contracting & Flooring Group \$80,187.41

Provide carpet and flooring installation on the 3rd floor of 135 Cannon Street.

Allen, H.R., Inc. \$24,457.00

Investigate and repair broken exterior sewer line at 135 Cannon Street.

Huss, Inc. \$65,600.00

Paint 3rd floor of 135 Cannon Street for College of Medicine.

Huss, Inc. \$41,986.00

Install elevator enclosure on the 8th floor of the Bee Street Parking Garage.

Bonitz Contracting & Flooring Group \$4,418.70

Provide and install carpet tile and cove base in Room BS403 Basic Science Building.

Abate & Insulate, LLC \$462.00

Remove and dispose of asbestos-containing drywall Clinical Science Building Room HA426 at the request of Engineering and Facilities.

Abate & Insulate, LLC \$1,673.00

Remove and dispose of asbestos containing floor tile and carpet in Room HE428M of the Clinical Science Building.

Bonitz Contracting & Flooring Group \$2,064.55

Provide and install carpet and cove base in Room HE428M of the Clinical Science Building.

MUSC General Construction Projects

Allied Contracting Services \$211,440.00

Demolition of existing stairs and construction of a new ADA accessible ramp at 77 President Street, College of Health Professions Building.

Identity Graphics \$85.60

Provide small garden stake signs in support of the Bioengineering Building Project.

Otis Elevator \$1,089.10

Furnish and install threshold rods and bolts for pipe hanger installation associated with the new roof tower in support of the Clinical Science Building Chiller 2 and 3 project.

Kahn, M.B., Construction Company, Inc. \$6,971,696.00

Demolition and renovation of the 9th floor of Clinical Science Building into an interdisciplinary open lab.

Sack, H.A., Company Inc. \$2,230,000.00

Replace mechanical system components on the 3rd and 4th floor, air handlers, exhaust fan and dedicated outside air units in the Library Building.

Hill Construction Services of Charleston Inc. \$58,238.00

Demolition of the five story building located at 165 Cannon Street.