



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

Thursday, May 15, 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, August 8, 2014

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of April 11, 2014.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. General Informational Report of the Interim President.

Statement: Dr. Sothmann will present a general report.

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

Board Action:

Item 5. Other Business.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY OPERATIONS, 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. Daniel Handel 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.

Item 14. Revised Medical Center Policy C-13 Resuscitation Orders.

Item 15. Revised Medical Center Policy C-23 Withholding/Withdrawing Life-sustaining Treatment.

CONSENT ITEMS FOR INFORMATION:

Item 16. Medical Executive Committee Minutes.

Item 17. Contracts and Agreements.

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

OLD BUSINESS:

NEW BUSINESS:

Item 18. 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 19. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 20. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 21. New Business for the Board of Trustees.

Item 22. Report from the Chairman.

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

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MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Net Position
March 31, 2014 and June 30, 2013

Assets and Deferred Outflows	At 3/31/2014	FYE 06/30/2013 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 66,467,827	\$ 38,260,407
Cash Restricted for Capital Improvements	13,450,000	5,500,000
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$84,500,000 and \$48,500,000	181,987,203	169,293,014
Due from Third-Party Payors	12,830,221	14,664,395
Other Current Assets	58,710,377	49,795,671
Total Current Assets	333,445,628	277,513,487
Investments Held by Trustees Under Indenture Agreements	41,565,210	46,256,860
Capital Assets, Net	516,078,471	526,690,282
Deferred Borrowing Costs	-	4,267,895
Total Assets	891,089,309	854,728,524
Deferred Outflows	-	2,262,745
Total Assets and Deferred Outflows	\$ 891,089,309	\$ 856,991,269
Liabilities and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 15,459,707	\$ 14,906,814
Current Installments of Capital Lease Obligations	264,472	261,751
Current Installments of Notes Payable	1,274,510	1,788,574
Due to Related Parties	14,831,554	5,935,676
Accounts Payable	42,154,464	45,613,804
Accrued Payroll, Withholdings and Benefits	64,946,104	51,846,839
Other Accrued Expenses	9,455,876	13,068,801
Deferred Revenue	3,691,852	5,500,000
Total Current Liabilities	152,078,539	138,922,259
Long-Term Debt	334,755,872	343,853,705
Capital Lease Obligations	154,708	353,403
Derivative Instruments	-	2,262,745
Notes Payable	11,386,254	12,300,020
Other Liabilities	2,016,560	3,629,808
Total Liabilities	500,391,933	501,321,940
Net Position:		
Invested in Capital Assets, Net of Related Debt Restricted	148,548,172	151,444,230
Under Indenture Agreements Expendable for	26,215,210	46,256,860
Capital projects	4,000,000	-
Telemedicine Program	11,350,000	-
UnRestricted	200,583,994	157,968,239
Total Net Position	390,697,376	355,669,329
Total Liabilities and Net Position	\$ 891,089,309	\$ 856,991,269

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 9 Month Periods Ending March 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Operating Revenue:		
Net Patient Service Revenue	\$ 844,620,132	\$ 792,767,945
Other Revenue	20,000,940	15,824,668
Total Operating Revenue	<u>864,621,072</u>	<u>808,592,613</u>
Operating Expenses:		
Compensation and Employee Benefits	346,185,103	349,450,673
Services and Supplies	438,110,638	398,072,655
Depreciation and Amortization	44,091,097	42,430,998
Total Operating Expenses	<u>828,386,838</u>	<u>789,954,326</u>
Operating Income (Loss)	36,234,234	18,638,287
NonOperating Revenue (Expense):		
State Appropriation	17,900,000	-
Gifts and Grants	1,949,043	-
Investment Income	(1,498,564)	8,042,009
Interest Expense	(11,831,876)	(15,239,939)
CEP Refinance Issuance Costs	(1,254,064)	-
Total NonOperating Revenue (Expense)	<u>5,264,539</u>	<u>(7,197,930)</u>
Change in Net Position	<u>\$ 41,498,773</u>	<u>\$ 11,440,357</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

(A Component Unit of MUSC)

SRECNA - Comparative Variance Analysis

For the 9 Month Periods March 31, 2014 and 2013

	Current Month		Variance	Comparative Period		Variance	Fiscal Year To Date		Variance	Comparative Period		Variance
	Actual	Budget		Mar 2013	Mar 2013		Actual	Budget		July - Mar FY2013	July - Mar FY2013	
Operating Revenue:												
Net Patient Service Revenue	\$ 92,332,286	\$ 90,844,734	1.64%	\$ 90,535,011	1.99%		\$ 844,620,132	\$ 817,602,604	3.30%	\$ 792,767,945	6.54%	
Other Revenue	1,897,517	1,576,944	20.33%	666,146	184.85%		20,000,940	14,192,496	40.93%	15,824,668	26.39%	
Total Operating Revenue	94,229,803	92,421,678	1.96%	91,201,157	3.32%		864,621,072	831,795,100	3.95%	808,592,613	6.93%	
Operating Expenses:												
Compensation and Employee Benefits	41,467,051	39,568,016	-4.80%	39,358,875	-5.36%		346,185,103	356,112,146	2.79%	349,450,673	0.93%	
Services and Supplies	51,601,995	44,627,310	-15.63%	43,459,093	-18.74%		438,110,638	401,645,753	-9.08%	398,072,655	-10.06%	
Depreciation and Amortization	9,525,788	4,805,765	-98.22%	4,467,106	-113.24%		44,091,097	43,251,887	-1.94%	42,430,998	-3.91%	
Total Operating Expenses	102,594,834	89,001,091	-15.27%	87,285,074	-17.54%		828,386,838	801,009,786	-3.42%	789,954,326	-4.87%	
Operating Income (Loss)	(8,365,031)	3,420,587	-344.55%	3,916,083	-313.61%		36,234,234	30,785,314	17.70%	18,638,287	94.41%	
Operating Margin	-8.88%	3.70%		4.29%			4.19%	3.70%		2.31%		
NonOperating Revenue (Expense):												
State Appropriation	17,900,000	-		-			17,900,000	-		-		
Gifts and Grants	1,949,043	-		-			1,949,043	-		-		
Investment Income	(115,206)	164,613	-169.99%	(154,164)	25.27%		(1,498,564)	1,481,515	-201.15%	8,042,009	-118.63%	
Interest Expense	(1,238,159)	(1,390,761)	10.97%	(1,254,655)	1.31%		(11,831,876)	(12,516,842)	5.47%	(15,239,939)	22.36%	
CEP Refinance Issuance Costs	-	-		-			(1,254,064)	-		-		
Total NonOperating Revenue (Expense)	18,495,678	(1,226,148)	1608.44%	(1,408,819)	1412.85%		5,264,539	(11,035,327)	147.71%	(7,197,930)	173.14%	
Change in Net Position	\$ 10,130,647	\$ 2,194,439	361.65%	\$ 2,507,264	304.05%		\$ 41,498,773	\$ 19,749,987	110.12%	\$ 11,440,357	262.74%	

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses
For the 9 Month Periods Ending March 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Nursing Services:		
Administration and Education	28,215,293	22,095,642
Medical and Surgical	44,777,436	45,519,151
Pediatrics	12,015,617	12,368,353
Emergency and Trauma Units	15,039,363	16,093,895
Intensive Care Units	41,477,479	41,902,239
Coronary Care Units	2,723,130	2,989,248
Psychiatric	16,994,277	18,351,372
Operating Rooms	28,102,135	25,540,874
Recovery Rooms	3,403,420	3,381,792
Delivery and Labor Rooms	3,274,498	3,111,339
Obstetrics	4,648,145	4,490,740
Total Nursing Services	<u>\$ 200,670,793</u>	<u>\$ 195,844,645</u>
Other Professional Services:		
Laboratories and Laboratory Support	\$ 36,292,154	\$ 37,204,495
Electrocardiology	4,407,961	4,585,275
Radiology	20,010,985	19,518,736
Pharmacy	90,866,498	78,432,526
Heart Catheterization	7,187,702	7,769,243
Central Services and Supply	63,144,739	64,498,028
Anesthesiology	14,450,577	14,782,781
Nuclear Medicine	889,002	863,403
Respiratory Therapy	10,243,503	10,585,186
Physical Medicine	6,061,293	6,391,434
Dialysis	1,524,641	1,625,785
Pathology	2,617,745	3,047,302
Transplant	21,213,087	16,729,778
Other Miscellaneous Services	12,773,426	13,069,321
Medical Records and Quality Assurance	5,684,598	5,550,722
Resident Support	37,497,235	30,515,089
Total Other Professional Services	<u>\$ 334,865,146</u>	<u>\$ 315,169,104</u>
General Services:		
Dietary	\$ 11,109,623	\$ 11,592,487
Plant Ops, Maintenance, Security	44,856,786	45,335,135
Housekeeping	12,945,461	12,734,116
Total General Services	<u>\$ 68,911,870</u>	<u>\$ 69,661,738</u>
Fiscal and Administrative Services:		
Admitting	\$ 4,951,055	\$ 5,151,993
Administration	59,952,923	48,842,858
Shared Services	7,481,045	7,750,357
MUSC Support	17,926,709	13,468,301
Accounting	7,448,468	7,125,273
Hospital Patient Accounting	7,214,764	7,718,040
Marketing	5,632,136	5,506,265
Human Resources	1,966,922	1,923,053
Communications	1,324,064	1,502,630
Computer Services	31,017,352	31,501,127
Total Fiscal and Administrative Services	<u>\$ 144,915,438</u>	<u>\$ 130,489,897</u>
Ambulatory Care:		
Ambulatory Care	<u>\$ 34,932,494</u>	<u>\$ 36,357,944</u>
Total Ambulatory Care	<u>\$ 34,932,494</u>	<u>\$ 36,357,944</u>
Other:		
Depreciation	\$ 44,091,097	\$ 42,430,998
Interest	11,831,876	15,239,939
CEP Refinance Issuance Costs	1,254,064	-
Total Other	<u>\$ 57,177,037</u>	<u>\$ 57,670,937</u>
Total Expenses	<u>\$ 841,472,778</u>	<u>\$ 805,194,265</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 9 Month Period Ending March 31 , 2014

	<u>Approved Budget</u>	<u>Year To Date Budget</u>	<u>Actual</u>	<u>Variance Favorable/ Unfavorable</u>	
Operating Revenue:					
Patient Service Revenue:					
Inpatient	\$ 1,755,640,303	\$ 1,316,730,227	\$ 1,365,246,609	\$ 48,516,382	F
Outpatient	<u>1,221,324,345</u>	<u>915,993,259</u>	<u>945,243,911</u>	<u>29,250,652</u>	F
Gross Patient Service Revenue	<u>2,976,964,648</u>	<u>2,232,723,486</u>	<u>2,310,490,520</u>	<u>77,767,034</u>	F
Patient Service Revenue net of Charity Care	<u>2,976,964,648</u>	<u>2,232,723,486</u>	<u>2,255,069,557</u>	<u>22,346,071</u>	F
Additions (Deductions) To/From Patient Service Revenue:					
Contractual and Other Adjustments	(1,925,654,520)	(1,444,240,890)	(1,439,569,433)	4,671,457	F
Payment from DHHS	18,628,621	13,971,466	13,971,466	-	F
Disproportionate Share	<u>20,198,056</u>	<u>15,148,542</u>	<u>15,148,542</u>	<u>-</u>	F
Net Additions (Deductions) To/From Patient Service Revenue	<u>(1,886,827,843)</u>	<u>(1,415,120,882)</u>	<u>(1,410,449,425)</u>	<u>4,671,457</u>	F
Net Patient Service Revenue	<u>1,090,136,805</u>	<u>817,602,604</u>	<u>844,620,132</u>	<u>27,017,528</u>	F
Other Operating Revenue:					
Other and IIT Transfers	<u>18,923,328</u>	<u>14,192,496</u>	<u>20,000,940</u>	<u>5,808,444</u>	F
Total Other Operating Revenue	<u>18,923,328</u>	<u>14,192,496</u>	<u>20,000,940</u>	<u>5,808,444</u>	F
Total Operating Revenue	<u>\$ 1,109,060,133</u>	<u>\$ 831,795,100</u>	<u>\$ 864,621,072</u>	<u>\$ 32,825,972</u>	F
Operating Expenses:					
Nursing Services	\$ 265,664,105	\$ 199,248,080	\$ 200,670,793	\$ 1,422,713	U
Other Professional Services	423,418,284	317,563,716	334,865,146	17,301,430	U
General Services	93,293,675	69,970,257	68,911,870	1,058,387	F
Fiscal and Administrative Services	178,797,215	134,097,906	144,915,438	10,817,532	U
Ambulatory Care	49,170,586	36,877,940	34,932,494	1,945,446	F
Other Expenses	<u>57,669,182</u>	<u>43,251,887</u>	<u>44,091,097</u>	<u>839,210</u>	U
Total Operating Expenses	<u>1,068,013,047</u>	<u>801,009,786</u>	<u>828,386,838</u>	<u>27,377,052</u>	U
Income (Loss) from Operations	<u>41,047,086</u>	<u>30,785,314</u>	<u>36,234,234</u>	<u>5,448,920</u>	F
NonOperating Revenue (Expense):					
State Appropriation	-	-	17,900,000	17,900,000	F
Gifts and Grants	-	-	1,949,043	1,949,043	F
Interest and Investments	(14,713,770)	(11,035,327)	(13,330,440)	2,295,113	U
CEP Refinance Issuance Costs	<u>-</u>	<u>-</u>	<u>(1,254,064)</u>	<u>1,254,064</u>	U
Total NonOperating Revenue (Expense)	<u>(14,713,770)</u>	<u>(11,035,327)</u>	<u>5,264,539</u>	<u>23,398,220</u>	F
Change in Net Position	<u>\$ 26,333,316</u>	<u>\$ 19,749,987</u>	<u>\$ 41,498,773</u>	<u>\$ 21,748,786</u>	F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses - Actual versus Budget
For the 9 Month Period Ending March 31, 2014

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
Nursing Services:				
Administration and Education	\$ 29,855,509	\$ 22,391,632	\$ 28,215,293	\$ 5,823,661 U
Medical and Surgical	61,867,632	46,400,724	44,777,436	1,623,288 F
Pediatrics	16,816,833	12,612,625	12,015,617	597,008 F
Emergency and Trauma Units	21,749,847	16,312,385	15,039,363	1,273,022 F
Intensive Care Units	56,914,316	42,685,737	41,477,479	1,208,258 F
Coronary Care Units	4,054,173	3,040,630	2,723,130	317,500 F
Psychiatric	24,859,395	18,644,546	16,994,277	1,650,269 F
Operating Rooms	34,609,960	25,957,470	28,102,135	2,144,665 U
Recovery Rooms	4,596,416	3,447,312	3,403,420	43,892 F
Delivery and Labor Rooms	4,231,070	3,173,303	3,274,498	101,195 U
Obstetrics	6,108,954	4,581,716	4,648,145	66,429 U
Total Nursing Services	<u>\$ 265,664,105</u>	<u>\$ 199,248,080</u>	<u>\$ 200,670,793</u>	<u>\$ 1,422,713 U</u>
Other Professional Services:				
Laboratories and Laboratory Support	\$ 49,993,928	\$ 37,495,446	\$ 36,292,154	\$ 1,203,292 F
Electrocardiology	6,238,495	4,678,871	4,407,961	270,910 F
Radiology	26,438,520	19,828,890	20,010,985	182,095 U
Pharmacy	105,153,326	78,864,995	90,866,498	12,001,503 U
Heart Catheterization	10,527,305	7,895,479	7,187,702	707,777 F
Central Services and Supply	86,076,017	64,557,013	63,144,739	1,412,274 F
Anesthesiology	20,085,917	15,064,438	14,450,577	613,861 F
Nuclear Medicine	1,174,430	880,823	889,002	8,179 U
Respiratory Therapy	14,359,619	10,769,714	10,243,503	526,211 F
Physical Medicine	8,689,927	6,517,445	6,061,293	456,152 F
Dialysis	2,202,368	1,651,776	1,524,641	127,135 F
Pathology	4,121,201	3,090,901	2,617,745	473,156 F
Transplant	22,438,314	16,828,736	21,213,087	4,384,351 U
Other Miscellaneous Services	17,696,178	13,272,134	12,773,426	498,708 F
Medical Records and Quality Assurance	7,535,953	5,651,965	5,684,598	32,633 U
Resident Support	40,686,786	30,515,090	37,497,235	6,982,145 U
Total Other Professional Services	<u>\$ 423,418,284</u>	<u>\$ 317,563,716</u>	<u>\$ 334,865,146</u>	<u>\$ 17,301,430 U</u>
General services:				
Dietary	\$ 15,467,886	\$ 11,600,915	\$ 11,109,623	\$ 491,292 F
Plant Ops, Maintenance, Security	60,817,389	45,613,042	44,856,786	756,256 F
Housekeeping	17,008,400	12,756,300	12,945,461	189,161 U
Total General Services	<u>\$ 93,293,675</u>	<u>\$ 69,970,257</u>	<u>\$ 68,911,870</u>	<u>\$ 1,058,387 F</u>
Fiscal and Administrative Services:				
Admitting	\$ 6,974,073	\$ 5,230,555	\$ 4,951,055	\$ 279,500 F
Administration	66,089,645	49,567,227	59,952,923	10,385,696 U
Shared Services	10,333,809	7,750,357	7,481,045	273,468 F
MUSC Support	21,457,734	16,093,301	17,926,709	1,833,408 U
Accounting	9,607,660	7,205,745	7,448,468	242,723 U
Hospital Patient Accounting	10,400,756	7,800,567	7,214,764	585,803 F
Marketing	7,421,610	5,566,208	5,632,136	65,928 U
Human Resources	2,608,039	1,956,029	1,966,922	10,893 U
Communications	2,035,753	1,526,815	1,324,064	202,751 F
Computer Services	41,868,136	31,401,102	31,017,352	383,750 F
Total Fiscal and Administrative Services	<u>\$ 178,797,215</u>	<u>\$ 134,097,906</u>	<u>\$ 144,915,438</u>	<u>\$ 10,817,532 U</u>
Ambulatory Care:				
Ambulatory Care	\$ 49,170,586	\$ 36,877,940	\$ 34,932,494	\$ 1,945,446 F
Total Ambulatory Care	<u>\$ 49,170,586</u>	<u>\$ 36,877,940</u>	<u>\$ 34,932,494</u>	<u>\$ 1,945,446 F</u>
Other:				
Depreciation	\$ 57,669,182	\$ 43,251,887	\$ 44,091,097	\$ 839,210 U
Interest	16,689,123	12,516,842	11,831,876	684,966 F
CEP Refinance Issuance Costs	-	-	1,254,064	1,254,064 U
Total Other	<u>\$ 74,358,305</u>	<u>\$ 55,768,729</u>	<u>\$ 57,177,037</u>	<u>\$ 1,408,308 U</u>
Total Expenses	<u>\$ 1,084,702,170</u>	<u>\$ 813,526,628</u>	<u>\$ 841,472,778</u>	<u>\$ 27,946,150 U</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Balance Sheet: At 03/31/2014 and for the year ended 6/30/2013

Assets:

Cash and cash equivalents, including cash restricted for construction and telemedicine projects, increased \$36 million to \$79.9 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 nine months of FY 14 (\$3.5 million per month more than same period last year), \$4 million net of the provider tax for Medicaid disproportionate share uninsured program payment, \$8.4 million in appropriations for telemedicine, 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 \$16.2 million.

Net patient accounts receivable has increased 7.5% on substantially higher volume. The collection percent has decreased from 38.1 to 36.6 during this same period. Case mix index (an indication of patient acuity) at 1.857 is up from last year's 1.7952. March's case mix increased to 1.87 from February's 1.86. CMI for the month of March FY '13 was 1.79.

Other Current Assets increased by \$8.9 million from 6/30/13 due to a number of factors including prepaid maintenance contracts, general and payroll related insurance. Deferred outflows (and the Derivative Instruments balance in the liability section) are zero due to the termination of the swap as part of the central energy plant refinancing that occurred on 12/30/13.

Liabilities:

As of March, 2014 Current Installments of Long-Term Debt include \$13.5 million HUD related debt and \$1.9 million for debt related to the Central Energy Plant. Current Installments of Notes Payable relate to G E loan for the McKesson clinical systems and the note payable for the Sabin St. energy plant. The G E loan will be paid in full in April.

Long term debt (net of deferred issuance costs) decreased \$9.1 million. Prior to the December, 2012 refinancing, principal was paid semi-annually, under the new debt structure, principal is paid monthly. In June MUHA accessed the State's loan program to borrow \$12.9 million for the Sabin Street central energy plant project. This is shown in the long term debt section as Notes Payable.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Other Accrued Expenses decreased by \$3.6 million due to payment of the prior year Medicaid cost report offset by the accrual for Epic license fees. The deferred revenue is for uninsured/disproportionate share.

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

Operating Revenues:

Net patient revenue is up 6.5% from the same period last year. Inpatient census is up 4.5% over last fiscal year – driven by increases in all service areas. E R visits are down 4.2%. Operating room cases are up 4.2%. Transplant cases are down 11.2% compared to last year. MRI procedures are up 4.7% while CT procedures are up 2.8%. Outpatient visits are up 3.7%. 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 2.18.

On a volume adjusted basis (adjusted discharges) net patient revenue is up 6.1% at \$18,550 per case. This is a result of an increase in acuity driven by the increase in surgical cases.

Operating Expenses:

When compared to the same 9 month period last fiscal year salaries and benefits decreased \$3.3million (1%). Staffing has decreased by 97 fte's during this same time. The largest decreases have come in lab, radiology and the neurosciences and psychiatry service lines, while increases are seen in IT, therapeutic services and Clinical Effectiveness departments.

Services and supplies are up 10% compared to last year. The increase in equipment operating leases, Huron fees, and Epic system conversion are responsible for the increase. Total Epic related expense (salaries and other) for FY 14 are \$4.15 million.

Depreciation and Amortization is 4% above the prior year comparative period due to recording of catch up depreciation of \$4.5 million.

Non Operating Expense

Interest expense is down \$3.4 million (22%) 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 March, 2014 MUHA's net income is \$21.7 million ahead of budget. The operating margin is 4.2% 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 3.4%.

Investment income is \$3 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 principal. Interest rate is fixed at 2.94% and amortization schedule was not extended.

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

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

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

CONSENT AGENDA

Board of Trustees Meeting
Thursday, May 15, 2014
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

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

(APPROVAL ITEMS)

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

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

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

Recommendation of Committee:

Board Action:

Item 14. Revised Medical Center Policy C-13 Resuscitation Orders.

Statement: Approval will be sought for the revisions to Medical Center Policy C-13 Resuscitation Orders.

Recommendation of Administration: That revisions to Medical Center Policy C-13 Resuscitation Orders be approved.

Recommendation of Committee:

Board Action:

Item 15. Revised Medical Center Policy C-23 Withholding/Withdrawing Life-sustaining Treatment.

Statement: Approval will be sought for the revisions to Medical Center Policy C-23 Withholding/Withdrawing Life-sustaining Treatment.

Recommendation of Administration: That the revisions to Medical Center Policy C-23 Withholding/Withdrawing Life-sustaining Treatment be approved.

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEMS)

Item 16. 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 17. 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:

Medical Executive Committee - March 19, 2014
The Credentials Committee reviewed the following applicants on March 12, 2014
and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Steven L. Carroll, M.D., Ph.D.	Active Provisional	Pathology & Lab. Med.
Daniel A. Handel, M.D., M.P.H.	Active Provisional	Medicine
Jill Marie Peterson, M.D.	Prov. Aff. CFC - R&F	Family Medicine

Medical Staff Reappointment and Clinical Privileges

Anand Achanti, M.D.	Active	Medicine
Anne Lintzenich Andrews, M.D.,	Active	Pediatrics
David L. Bachman, M.D.	Active	Neurosciences
Theresa Margaret Cuoco, M.D.	Active	Medicine
Mary Margaret Dugan, M.D.	Active	Pediatrics
Alan Finley, M.D.	Active	Anesthesiology
John W. Gnann, Jr., M.D.	Active Provisional	Medicine
Kathryn Meghan Hewett, M.D.	Active Provisional	Pediatrics
Prat Ittharat, M.D.	Affiliate	Ophthalmology
Donald R. Johnson, II, M.D.	Affiliate - Refer & Follow	Orthopaedic Surgery
Evgenia Kagan, M.D.	Active	Medicine
Paula J. Keslar, M.D., B.S.	Active	Radiology
Edward J. Kosnik, M.D.	Active Provisional	Neurosciences
Brian Leach, M.D.	Active	Dermatology
Kirk Allen Meekins, M.D.	Active	Psychiatry
William W Merrill, M.D.	Active	Medicine
Eric W Nelson, D.O.	Active	Anesthesiology
Fletcher Thompson Penney, M.D.	Active	Medicine
Howard V. Peskin, D.D.S., M.S.D.	Affiliate - Refer & Follow	Oral & Max. Surgery
John Vaden Quinn, M.D.	Affiliate - Refer & Follow	Pediatrics
Richard W. Rissmiller, Jr., M.D.	Active Provisional	Medicine
Peter John Salerno, Sr., M.D., B.S.	Affiliate - Refer & Follow	Pediatrics
Michael John Slowey, M.D.	Affiliate	OB/GYN Services
Catherine Dawson Tobin, M.D.	Active	Anesthesiology
Michael E. Ullian, A.B., M.D.	Active	Medicine
Adrian B. Van Bakel, M.D., Ph.D.	Active	Medicine

Medical Staff Change in Privileges

James B. Fox, MD	Active Provisional	Psychiatry	Administration of Low-dose ketamine
Suzanne E. Kerns, MBBS	Active Provisional	Psychiatry	Administration of Low-dose ketamine
Mark S. George, MD	Active	Psychiatry	Administration of Low-dose ketamine
Edward Baron Short, MD	Active	Psychiatry	Administration of Low-dose ketamine

Professional Staff Initial Appointment and Privileges

Penelope Jean Bowman, A.P.R.N.	Prov. Allied Health	OB/GYN Services
Ashley Easler Wing, F.N.P.	Prov. AH CFC - R&F	Family Medicine

Professional Staff Reappointment and Privileges

Robin Buchanan, C.R.N.A.	Allied Health	Anesthesiology
Susan Cox Craven, C.R.N.A.	Allied Health	Anesthesiology
Kelley E. Deaton, P.N.P.	Provisional Allied Health	Pediatrics
Michael R. McCart, Ph.D.	Provisional Allied Health	Psychiatry
Kathryn F. Meltzer, B.S., P.A.C.	Provisional Allied Health	Neurosciences
Karen B. Menendez, F.N.P., MSN	Allied Health	Interdis. Hosp. Staff
Laura Lee Milligan, F.N.P., MSN	Allied Health	Medicine
Angela Moreland, Ph.D.	Provisional Allied Health	Psychiatry
Jennifer Peltier, B.S., M.S.	Allied Health	Orthopaedic Surgery
Angela Sczypta, P.A., M.P.A.S.	Provisional Allied Health	Pediatrics



MUSC Medical Center Policy Manual

Section	No	Title	
PC-18	C-013	Resuscitation Orders	
Owner:		Quality Department	
Location/File:		I:\EllisT\Data\Word\MUHA Clinical Policies\C-13.Resuscitation	
Date Originated:	Reviewed:	Revised:	Legal Review:
06/97	10/02, 09/05, <u>9/12</u>	08/00, 10/07, 09/09, 11/10, <u>9/12</u>	<u>9/12</u>

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Definitions:

Appropriate Medical Treatment: Treatment that has a reasonable expectation of meeting goals of the patient or patient's surrogate for medical intervention by ameliorating, improving, restoring, or maintaining a quality of life satisfactory to the patient.

Allow Natural Death (AND) Order: This order should be used when the physician and the patient or the patient's surrogate decision-maker recognizes that the patient is dying and that the patient should be allowed to die a natural death in the event of a Cardiac or Pulmonary Arrest.

Limited Resuscitation Order (LRO): This order may be used when the patient is already receiving some form(s) of life sustaining treatment.

Policy:

Appropriate Medical Treatment will be provided to every MUHA patient unless the responsible attending physician, or resident physician in consultation with the attending physician, has signed and dated a specific Allow Natural Death Order to the contrary. This decision must be made in accordance with the Informed Consent Policy. See Policy C-02 Consents.

Procedure:

- A. Trained staff will provide Appropriate Medical Treatment to any patient who suffers a cardiac or respiratory arrest unless the patient's medical record contains a current Allow Natural Death/Limited Resuscitation Order. If no such order is present, resuscitation efforts should be in accordance with the guidelines on Advanced Cardiac Life Support of the American Heart Association.
- B. An Allow Natural Death (AND) Order may be appropriate in the following circumstances:
 1. Refusal of Resuscitation by Competent Adult Patient. See Policy C-02 Consents.
 2. Based upon a written Advance Directive (e.g. Living Will or a Health Care Power of Attorney), signed by a competent adult patient.

3. Based upon an oral declaration by a competent adult patient if made in the presence of a physician and one witness and noted in the medical record.
4. Refusal of Resuscitation by a Surrogate Decision Maker. See Policy C-02 Consents.
5. Incapacitated patients, who made clear, explicit statements of their treatment wishes, including resuscitation, while still a capable decision maker, shall have those statements given priority over any conflicting opinions or desires of family members and must be honored.

C. Discussing Resuscitation with the Patient or Surrogate:

1. The attending physician, or resident physician in consultation with the attending physician, is responsible for ensuring that Allow Natural Death decisions are discussed with patients and or patients' surrogates and documented in the medical record on an approved form.
 - a. An attending physician may issue an AND Order in accordance with the patient's or surrogate's wishes.
 - b. Resident physicians may enter an AND Order **ONLY** after discussion with the patient's attending physician has been documented. AND Orders entered by a resident physician must be co-signed by an attending physician within 24 hours.

D. A patient with an AND Order shall receive Appropriate Medical Treatment.

E. An AND Order does not expire until the patient is discharged from the Hospital, but may be revoked.

F. Mandatory Reassessment of an Allow Natural Death or Limited Resuscitation Order (AND/LRO) Before Anesthesia, Surgery, or Other Invasive Procedures:

1. For patients with an AND/LRO who will be going into procedural areas or any of the operating rooms, the procedural attending physician, in conjunction with the patient's attending physician should when appropriate discuss with the patient, surrogate, or legal guardian whether to rewrite or modify the AND/LRO.
2. If the patient is unable for any reason to participate in this discussion, or surrogate decision makers are not available, including the parent or legal guardian of a pediatric patient, the involved physician shall use his or her discretion about participating in the administration of an anesthetic or performance of a procedure which is not an emergency.
3. In procedural areas or any of the operating rooms, if the patient elects to have the AND/LRO remain in effect, any care provider has the option of declining to participate in that facet of care of the patient. The physician should make reasonable efforts to find a physician with similar training and expertise who is willing to treat the patient.

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Comment [MUSC1]: Forms will be in EPIC

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Comment [ARD2]: Joe Good had concerns about this section.

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Related Policies:

- C-2 Informed Consent/Refusal (<http://www.musc.edu/medcenter/policy/Med/C002.pdf>)

- C-8 Ethics Consultation (<http://www.musc.edu/medcenter/policy/Med/C008.pdf>)
- C-12 Advance Directive (<http://www.musc.edu/medcenter/policy/Med/C012.pdf>)
- C-23 Withholding/Withdrawing Life-Sustaining Treatment (<http://www.musc.edu/medcenter/policy/Med/C023.pdf>)
- C-50 Care at the End of Life (<http://www.musc.edu/medcenter/policy/Med/C050.pdf>)
- C-118 Handoff Communication During Patient Transfers (<https://www.musc.edu/medcenter/policy/Med/C118.pdf>)
- C-85 Transfer of Patients within MUSC Complex (<https://www.musc.edu/medcenter/policy/Med/C085.pdf>)

Appendices:

Approvals:

As Required	Date
List Hospital Committee(s)	
Ethics Committee	June 2013
Medical Staff Executive Committee	
Administration/Operations	
Governing Body	

Distribution:

Policy Applies to:	Physicians (Y/N): Y	Nursing (Y/N): Y
	Other Clinical Staff (Specify): Y	Other Staff (Specify):
Educational Plan	Roll Out Committee	
Required Competencies		
Expected Implementation Date	October 11, 2012	

Comment [MUSC3]: AND / Limited Resuscitation Orders & AND/LRO progress note will be in EPIC

Deleted: Below are links to Physician Order Forms¶

¶ http://www.musc.edu/cce/ORDFRMS/pdf/all_all_orders_dnrorder.pdf¶

ALLOW NATURAL DEATH OR LIMITED RESUSCITATION order¶

¶

¶ http://www.musc.edu/cce/ORDFRMS/pdf/all_all_docu_dnrprog.pdf¶

ALLOW NATURAL DEATH OR LIMITED RESUSCITATION progress note

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MUSC Medical Center Policy Manual

Section	No	Title		
PC-25	C-023	Withholding/Withdrawing Life-Sustaining Treatment		
Owner:		Quality Department		
Location/File:		I:\EllisT\Data\Word\MUHA Clinical Policies\C-23.Withdraw Life Support		
Date Originated:	Reviewed:	Revised:	Legal Review:	
06/97	08/02, 10/06	08/00, 10/07, 10/10	10/10	

Definitions:

Appropriate Medical Treatment: Treatment that has a reasonable expectation of meeting goals of the patient or patient's surrogate for medical intervention by ameliorating, improving, restoring, or maintaining a quality of life satisfactory to the patient.

Life-sustaining Treatment: Any medical intervention, technology, procedure, or medication that forestalls impending death, whether or not the treatment affects the underlying disease process.

Policy:

Appropriate medical treatment including life-sustaining treatment should be provided in conformity with current medical, ethical, and legal standards of care. In providing or withdrawing Life-sustaining treatment, clinicians should consider potential harm to patients including but not limited to physical problems (i.e., pain), psychological, social, and economic consequences for the patient.

Experts in organ donation should be contacted following decisions on withholding or withdrawing life-sustaining treatments for a patient who is a potential organ donor. See C-17 Organ / Tissue Donation.

Procedure:

A. Reasons for Considering Withholding/Withdrawing Life-Sustaining Treatment:

1. Refusal of Resuscitation by Competent Adult Patient. See Policy C-02 Consents.
2. Based upon a written Advance Directive signed by a competent adult patient.
3. Based upon an oral declaration by a competent adult patient if made in the presence of a physician and one witness.

Deleted: Treatment that can meet goals of the patient or patient's surrogate for medical intervention by ameliorating, improving, restoring, or maintaining a quality of life satisfactory to the patient. Treatment that cannot meet the patient's goals is not considered "Appropriate Medical Treatment" and may be withheld.

Comment [DWF1]: I don't see the need to list all these.

Deleted: This includes but is not limited to:
• Mechanical ventilation (invasive or noninvasive)
• Vasopressors
• Transfusions
• Nutrition and hydration provided by invasive means
• Dialysis
• Antibiotics
• Cardiopulmonary resuscitation
• Laboratory procedures
• Invasive and noninvasive monitoring

Comment [DWF2]: Group: I recommend this text be deleted. I don't actually agree with some of the definitions and I don't think it's necessary to include any definition other than Life Sustaining Treatment since that's what the policy is about.

Deleted: **Living Will:** A patient's instruction for a physician to withhold or withdraw certain treatments, including Resuscitative Measures when the patient is in a Terminal Illness as defined below or persistent vegetative state.

Potential Organ Donor: Patient who:
• has severe, irreversible acute brain injury,
• is being mechanically ventilated, and

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Comment [DWF3]: I tweaked this somewhat – it's not considered appropriate for the treating clinician to also ask about organ donation – raises

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2. . Refusal of Life-Sustaining Treatment Through an Advance

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4. Refusal by a Surrogate Decision Maker. See Policy C-02 Consents. The surrogate should base his/her decision on the patient's basic values and beliefs and any preferences regarding treatment previously expressed to the extent they are known, and if unknown or unclear, on the patient's best interests.

5. If the patient is an unemancipated minor, the parent or legal guardian must be consulted in working toward a decision in the best interests of the child.
1. A minor should be involved in these decisions to the extent of his/her developmental capacity and the wishes of the minor, particularly mature minors, should be given great weight in determining what is in the minor's best interests.
 2. If a minor is married, enlisted in the armed services, or has a valid declaration of emancipation, he or she has the authority to make decisions about Life-sustaining Treatment.

B. Guidelines for Decision Making:

1. Every adult who is able to consent as more fully defined in Policy C-02 is legally and ethically entitled to make health care decisions for themselves. The attending physician, or designee, is responsible for providing the patient or surrogate with adequate information about applicable therapeutic and diagnostic options.
2. The physician should provide advice about the treatment choices and should make recommendations for treatment based on the patient's circumstances and should give reasons, based on medical, experiential, or ethical factors, for such recommendations.
4. In all cases in which this policy applies, an Allow Natural Death / Limited Resuscitation Progress Note will be entered in the patient's medical record documenting the process by which the decision to withhold/ withdraw life sustaining treatment was arrived. See Allow Natural Death or Limited Resuscitation Progress Note (https://www.musc.edu/cce/ORDFRMS/pdf/all_all_docu_dnrprog.pdf).
5. A written Allow Natural Death / Limited Resuscitation Progress Note should precede orders to withhold or withdraw life-sustaining treatment.

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Deleted: <#>A patient is able to consent as more fully defined in Policy C-02 may explicitly refuse Life-sustaining treatment by presenting a Living Will. Patients who are Unable to Consent, who made credible and explicit statements of their treatment wishes while still capable decision makers, should have those statements honored over any conflicting opinions or desires of family members. ¶

¶ <#>b. An adult patient with a Health Care Power of Attorney has legally named an adult as his/her agent for making health care decisions in the event the patient is Unable to Consent for medical treatment. The agent may refuse Life-sustaining Treatment unless contradicted by a Living Will. If the agent's decision conflicts with the patient's expressed wishes or if there is reason to believe that the agent inadequately represent

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Comment [MUSC4]: Is this necessary?

Comment [WEL5]: Consider within B-2

Comment [DWF6]: I agree with cutting this o

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6. Once the decision is made to withhold/withdraw Life-sustaining Treatment, a plan of palliative care only should be established with the primary objective being relief of suffering.

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¶
78. . The patient's condition periodically should be reassessed to ensure the order(s) to withhold/ withdraw Life-sustaining Treatment continue to reflect the patient's current medical status, the physician's recommendations, and the preferences of the patient or patient's surrogate decision maker.

Deleted: 9. . Refer to Clinical policy C-13, Procedures F & G. Reconsideration of Allow Natural Death/Limited Resuscitation Orders in the event of patient transfer of service or unit - , patient condition changes - patient or surrogate decides to revoke the resuscitation order - or patient becomes a candidate for anesthesia, surgery, or other procedures intended to facilitate care, or to provide for the relief of pain.

Deleted: 1089. . The Ethics Consultation Service is available 24 hours a day to help clarify ethical issues in clinical situations and to help resolve conflicts and disagreements (e.g., among families, among staff, or between patients and their family/surrogates and staff) regarding decisions about withholding/ withdrawing life-sustaining treatment.¶

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Deleted: . including consideration of the patient's Living Will or other written advance directives, personal values, personality, prior statements, and relevant philosophical, religious and ethical values;

Comment [MUSC9]: Define BURDEN?

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Comment [WL10]: RMS

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Comment [WL11]: RMS

C. Physician & Patient/Surrogate Disagreements Regarding Withholding or Withdrawing Life-Sustaining Treatment:

1. A physician or other clinician is not compelled by the demand of a patient or surrogate to provide treatment that, in the professional judgment of that physician or clinician, is not considered Appropriate Medical Treatment as defined above.
2. Factors to be considered during discussions regarding withholding or withdrawing Life-sustaining Treatment should include:
 - a. The patient's wishes.
 - b. The benefits and burdens associated with the treatment options.
 - c. The patient's life expectancy, prognosis, and level of functioning with and without the treatment.
3. If a patient, either directly or through an advance directive, or the patient's surrogate requests treatment that the attending physician determines is not Appropriate Medical Treatment as defined above, the attending physician shall discuss fully with the patient or surrogate the medical reasons why the treatment cannot meet the patient's goals.
4. If the patient or surrogate decision maker continues to demand treatment that is not considered Appropriate Medical Treatment after this explanation, the attending physician shall involve the following additional team members in communication with patients. More specifically, the attending physician may involve the following as appropriate:
 - a. Patient & Family Centered Care Group;
 - b. Ethics Consultation Service;
 - c. Social Services consultation;
 - d. Case Management consultation;
 - e. Psychiatric & Behavioral Services consultation;
 - f. Pastoral Care consultation;
 - g. Palliative Care Service consultation;
 - h. Other services deemed appropriate
5. If patient or surrogate decision maker continues to demand treatment that is not considered Appropriate Medical Treatment after involvement of additional support services, the attending physician shall obtain a consultation with a second appropriately qualified, licensed physician to provide an independent assessment of whether the requested treatment meets the criteria of Appropriate Medical Treatment.
 - a. If the second physician believes that the requested treatment meets criteria for appropriate medical treatment, a willing physician should provide the requested treatment; however, if the second physician concurs that the requested treatment does not meet the criteria of Appropriate Medical Treatment, and

- disagreement between the attending physician and the patient or surrogate persists, the attending will discuss the situation with the Chief Medical Officer
- b. If all efforts to resolve the dispute continue to be unsuccessful, the family may be asked to arrange transfer of the patient to another physician or medical facility that is willing to abide by the patient's or surrogate's request. The attending physician and hospital staff will provide the family with reasonable assistance in identifying a willing physician and facility.

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6. If alternative care for the patient cannot be arranged within ten (10) days, the Chief Medical Officer, upon request of the attending physician, may convene an Ad Hoc Committee (the Committee) to seek additional input into resolution of the conflict. The Committee's membership comprises individuals who are broadly representative of constituencies such as the medical staff, bioethics services, hospital administration, nursing services, pastoral care, and social services. The Executive Medical Director will appoint the members of the committee and the chairperson of the Committee.

Comment [DWF12]: Why seven? This seems like too many to get anything done. Why not just five? Better yet, why not avoid locking the policy into a pre set number?

Deleted: at minimum seven (7)

Deleted: , and the community at large

7. Within two (2) working days after appointment of the Committee, the Chief Medical Officer will meet with the patient and or surrogate decision maker and notify them that this administrative process has begun. The Chief Medical Officer shall provide a description of this process to the patient or surrogate decision maker. The Committee may review all relevant documents and may interview any person or persons who have or may have information related to the issue in question. The Committee chairperson must convene a hearing when all appointed members can attend. The Committee chairperson shall invite the attending physician, consulting physicians, the patient or surrogate decision maker, family members, and other parties who are directly affected by the situation. The hospital will offer the patient or surrogate decision maker the services of a patient liaison to guide them through the process.

8. During the hearing, formal legal rules of evidence do not apply, but the chair may exclude testimony that is not relevant. If the patient or surrogate chooses to have legal counsel present, counsel may advise his/her client, but may not speak directly to the Committee. The Committee chair may control any disruptive behavior as necessary.

Comment [DWF13]: Do we really want this in the policy? Why not take it on a case-by-case basis?

9. At the conclusion of the hearing, the Committee shall discuss the facts and issues presented in executive session and shall render a decision based upon the consensus of the members as to whether the treatment requested in this case meets the criteria of Appropriate Medical Treatment. The Committee will report its findings and recommendations to the Chief Medical Officer, who shall distribute the decision to affected parties, including the attending physician and the patient or surrogate decision maker.

Deleted: is the requested treatment

10. If the Committee does not concur with the attending physician's determination that the requested treatment does not meet the criteria of Appropriate Medical Treatment, the requested treatment will not be withheld without the patient's or surrogate's agreement. If necessary, an alternative attending physician may be sought.

11. If the Committee affirms a finding that the requested treatment does not meet the criteria of Appropriate Medical Treatment, the Chief Medical Officer or designee shall convene a meeting of the medical team and the patient or patient's surrogate decision maker with the palliative care service to discuss that the requested treatment does not meet the criteria of Appropriate Medical Treatment, and to make treatment plans

primarily addressing comfort care and preservation of the patient's dignity. All MUSC patients have the right to considerate, respectful care recognizing their personal autonomy (policy C-001, Patient's Rights), but standard of care avoids **TREATMENT** that **does** not meet the **criteria of Appropriate Medical Treatment**.

12. If the patient or surrogate decision maker continues to demand care that is not considered Appropriate Medical Treatment, the Hospital or physician(s) **may** take such other steps as may be available to resolve the issue, including application to a court of competent jurisdiction to resolve the issue.
13. Patients should not be abandoned when Committee review affirms a finding that the requested treatment does not meet the criteria of Appropriate Medical Treatment. Patients **should** continue to receive emotional **support, symptom control**, and good communication (AMA opinions E-2.21 & E-2.211).

D. ☐

Related Policies:

C-001 Patient's Rights and Responsibilities (<http://www.musc.edu/medcenter/policy/Med/C001.pdf>)

C-012 Advance Directives (<http://www.musc.edu/medcenter/policy/Med/C012.pdf>)

C-013 Resuscitation Orders (<http://www.musc.edu/medcenter/policy/Med/C013.pdf>)

C-015 Guidelines for the Determination of Death
(<http://www.musc.edu/medcenter/policy/Med/C015.pdf>)

C-016 Decedent Care Program (<http://www.musc.edu/medcenter/policy/Med/C016.pdf>)

C-017 Organ/Tissue Donation (<http://www.musc.edu/medcenter/policy/Med/C017.pdf>)

C-050 Care at the End of Life (<http://www.musc.edu/medcenter/policy/Med/C050.pdf>)

C-125 Organ Donation after Cardiopulmonary Death (DCD)
(<https://www.musc.edu/medcenter/policy/Med/C125.pdf>)

Approvals:

As Required	Date
List Hospital Committee(s)	
Ethics Committee	
Medical Staff Executive Committee	
Administration/Operations	
Governing Body	

Distribution: Required

Policy Applies to:	Physicians (Y/N): Y	Nursing (Y/N): Y
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Comment [WEL14]: C-169 ideally would preclude ever going this far, but I believe this statement is an important inclusion, addressing the level of medical team frustration when dealing with cases which MAY not otherwise be resolved: original gave decision to pursue to the Executive Director/VP of Clinical Affairs institution: "However, if the patient or surrogate continues to demand the [medically inappropriate] treatment, the institution MAY request a court of competent jurisdiction to authorize an order to withhold or withdraw the demanded medically [inappropriate] treatment. The final decision to petition the court will be made by the Executive Director / Vice President of Clinical Affairs"

Comment [MUSC15]: Practical outcome: no escalation of treatment offered

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Deleted: The medical team should grant the patient or surrogate control of their own decisions regarding end-of-life events, with the medical team listening to concerns but encouraging appropriate transition to palliative care.

Comment [WL16]: Deleted: , of medical inability to meet patient goals (.)

Deleted: near the end of life must

Deleted: support, comfort care, adequate pain control

Deleted: respect for patient autonomy

Comment [ARD17]: Is this necessary? **YES-WL**

Comment [RMS18]: I prefer the original language, as it is, in my opinion, clearer than the new language.(new removed)

Comment [ARD19]: Is this accurate? **YES - WL, minor revisions**

Comment [RMS20]: Delete this. Eligibility is determined later. **Deleted "eligible"**

Comment [DWF21]: I know we need to keep the need to call lifePoint on the agenda for withdrawal of life support but is this redundant with other policies? Does referring to it at the start of the document obviate the need for this content here?

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Deleted: Organ Donation Procedure:

Discussion of the benefits of organ donation and the option to donate should follow surrogate decisions on withholding / withdrawing life-sustaining treatments for a patient who is a potential organ donor organ [42 CFR § 482.45(a)(1)]. The following procedures are in chronological order:¶
¶
1. . . Call LifePoint Communication Center (LCC) (1-800-269-9777) when the attending physician has determined that a patient has a severe, irreversible acute brain injury, is being mechanically ventilated, is located in an intensive care unit or emergency department, and withholding/withdrawing of life support is being considered, so that a designated requester may be present if the ...

	Other Clinical Staff (Specify): All	Other Staff (Specify): All
Educational Plan	Rollout Committee	
Required Competencies		
Expected Implementation Date		

Deleted: ¶

Medical Executive Committee Presiding: Dr. Boyd Gillespie Date: March 19, 2014 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 Adjournment: 8:32 am		Members present: Dr. Gillespie, Dr. Hoffman, Dr. Habib, Dr. Basco, Dr. Boylan, Dr. Carroll, Dr. Cawley, Dr. Clyburn, Dr. Connelly, Dr. Easterling, Dr. Elliott, Dr. Floroff, Linda Formby, Dr. Gray, Dr. Handel, Lauren Kuckewich, Dr. Lewis, Dr. Pellegrini, Steve Rublee, Dr. Ryan, Dr. Sachs, Dr. Salgado, Sheila Scarbrough, Dr. Schaffner, Dr. Scheurer, Dr. Streck, Matt Wain, Dr. Warren, Dr. Wray, Carol Younker Members excused: Dr. Baliga, Dr. Bundy, Dr. Clarke, Dr. Cole, Dr. Costello, Dr. Deas, Terri Ellis, Dr. Feussner, Dr. Harvey, Dr. Jauch, Ms. Kindy, Dr. Lambert, David McLean, Dave Neff, Dr. Pisano, Dr. Powers, Chris Rees, Dr. Reeves, Dr. Rokey, Dr. Thiers, Dr. Yoe, Dr. Zwerner Guests: Lauren Kuckewich, Dr. Geoff Hayden		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who	
Executive Session	N/A			
Wins	Dr. Dan Handel came on board March 3, 2014, as the Medical Center's Chief Medical Officer and Executive Medical Director.	Accepted as Information		
Review of Minutes	The February 19, 2014, MEC meeting minutes were reviewed and approved.	Approved		
Credentials Committee	Dr. Gray reported on staff changes: Medical Staff Initial Appointment and Privileges: 3 Medical Staff Reappointment and Clinical Privileges: 26 Medical Staff Reappointment and Change in Privileges: 0 Medical Staff Change in Privileges 4: Professional Staff Initial Appointment and Privileges: 2 Professional Staff Reappointment and Privileges: 10 Professional Staff Changes in Privileges: 0	MEC recommends the appointments, and delineation of clinical privileges for Board of Trustees approval.		
GME Report	Dr. Clyburn gave the GME report. Friday, March 21 st is Match Day. Dr. Clyburn stated that orientation is becoming more complex with the additional required training. Dr. Clyburn reported that an issue that came to the ACGME level is that some states prohibited offering health insurance to state employees for the first three months of employment so residents in those states were not offered insurance until after ninety days into their residency. As a result, ACGME now requires that residents be offered insurance coverage on their first day of their residency. Dr. Clyburn stated that HR is working an option for residents to purchase insurance for the 1-2 week gap until the state insurance coverage starts. Dr. Clyburn also reported that residents are now being paid for 4 full days of orientation. Dr. Cawley also asked that Dr. Clyburn discuss with HR the possible pay implications with the resident orientation. Dr. Rita Ryan commented there are only 23 open pediatric slots nationwide. Dr. Clyburn reported after Match day last year, there were 528 US allopathic grads that never got a residency spot and those went back into the match this year. Dr. Clyburn commented that this problem is going to continue to get worse. Dr. Cawley told the committee that our message to state legislators regarding GME is the need to expand the number of slots to keep physicians in South Carolina.	Accepted as Information		

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Hospital Update	<p>Dr. Pat Cawley reported on 2014 goals progress.</p> <ul style="list-style-type: none"> Service – Ideal Patient Service goal is to achieve a weighted composite score of 3.0, results thru February = 2.1 (red) <ul style="list-style-type: none"> HCAHPS – Adult Inpatient – 7 of 11 composites at or above 75th percentile; YTD result is 5 of 11 (yellow). CG-CAHPS – Adult Outpatient Clinics - 3 of 6 composites at or above 75th percentile; YTD result is 2 (yellow). Avatar – Adult Outpatient / Ancillary – Goal is overall mean score of 93.87; YTD result is 91.63% (yellow). Press Ganey-Pediatric Inpatient – Goal is to rank 85th percentile, YTD result is 87th percentile (green). Press Ganey-Pediatric Outpatient & AHC – Goal is 75th percentile, YTD result is 52nd percentile (red). Press Ganey – Peds ED – Goal is 75th percentile, YTD result is 89th percentile (green). People <ul style="list-style-type: none"> Increase Morehead Employee Commitment Score by .05. No current results (no Data). Increase Morehead Physician Commitment Score by .05. No current results (no Data). Quality <ul style="list-style-type: none"> Ideal Care – Goal is to achieve a weighted composite score of 3.0; YTD result is 2.1 (red) which includes the following components: <ul style="list-style-type: none"> Mortality Rank Goal is Top 25 UHC, YTD result is 46 (yellow). Readmissions Goal is reduce % of 30-day readmissions by 3%, YTD result is 0.1 (yellow). CLABSI Goal is ≤43 Infections Annually; YTD result is 66 (red). CAUTI Goal is ≤7.3 Infections per 1000 Foley days; YTD result is 8 (yellow) Vent Goal is 3% Reduction in Vent Days, YTD result is 16.2.(Red) Core Measures Goal is 96.5% received appropriate care; YTD result is 97.6% (Green) Culture of Safety Goal is 62% positive responses on perception of safety; YTD result is 62. (Green) Meaningful Use Goal is 95% compliance; YTD result is 95 (Green). House wide Hand Hygiene Compliance Goal is Achieve average compliance of 90%; current result is 90%; Finance - Achieve cost per adjusted discharge of \$8,575; YTD result is \$9,352 (red). Achieve an operating margin of 3% at FY year end; YTD result is 5.99%; (Green). Growth <ul style="list-style-type: none"> Achieve .5% growth in inpatient discharge (excludes observation); YTD result is 1.0% (green). Achieve 3% growth in new patient visits (includes hospital based outreach and CFC), YTD result is 5.9% (green). <th data-bbox="152 113 1354 617">Accepted as Information</th>	Accepted as Information
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 “...discovery, subpoena, or introduction into evidence in any civil action...”***

Hand Hygiene	Dr. Salgado presented the hand hygiene compliance report. House wide hand hygiene compliance for the period of March 2012 through February 2014 is 86.8%. Service line compliance rates range from eighty percent to one hundred percent; occupational compliance rates range from eighty-six percent to one hundred percent. Salgado mentioned that ART 6 West will be participating in a pilot with the Proventix hand hygiene monitoring system sponsored by the SCHA.	Accepted as Information	
Policy C-049 Event Investigation & Analysis	Dr. Scheurer presented the revised policy. Changes to the policy include the involvement of patient and families into the sentinel event investigations.	Accepted as Information	
IC Policy 5-002 Revision	Dr. Scheurer presented the revised policy. Dr. Scheurer reported that in 2012, we were cited for infection control breaches in non-OR procedural areas. As a result, an action plan was initiated to include intermittent re-education of physicians; a task force formed and the current policy was overhauled. We now have "secret shopper" comprehensive audit tool in place to monitor compliance. This is relevant for all procedural and surgical areas.	Accepted as Information	
Medical Director Goals Compliance Report	Dr. Handel reported Dr. Bart Sachs has been working with many of the MEC members over the last couple of months reviewing existing medical director contracts. Things reviewed included work efforts, performance activities, work hours expected for MUHA and what would be considered a standard stipend for this type of hourly work. As a result, a standard methodology has been developed so when departments are requesting a new medical directorship there will be a standard template to use. Benchmarks have also been established using MGMA guidelines for expected work hours and standardization of stipend salary payments. During FY14 a reporting methodology was piloted where a representative week was reported for each month. As a result of, changes for FY15 will include: all medical directors will be required to report medical director worked hours; medical directorships will be removed from clinical service contracts and a standardized process for establishing new medical directorships and new positions will be reviewed by the FTE committee.	Accepted as Information	
% of Admin Order within 2 Hours of Admit Request	Dr. Geoff Hayden presented on Admit Orders in the Emergency Department based on QMR162 – Management of Boarder Patients. Dr. Hayden reported there is an average of 13 boarders each day in the ED and unfortunately as a result, sentinel events have occurred. A survey was conducted with the ED staff asking them to estimate how often admit orders were placed after two hours had lapsed. Staff perception was only ten percent admit orders were placed within 2 hours. Real data for the same period of time revealed that 72% of the orders are placed within 2 hours. Data broken down by service over the last eleven months average in the low 70s. The proposal is for basic orders should be entered on every ED patient within 2 hours of admit order. Compliance goal should be one hundred percent within 2 hours. Monthly data may guide discussion with specific services. After lengthy discussion, it was agreed that more work is needed regarding this policy proposal and will be brought back to MEC for further discussion.	Accepted as Information	
Quarterly Medical Staff Meeting Cancellation	Dr. Gillespie recommended a revision to the Medical Staff bylaws to change the Quarterly Medical Staff to an annual meeting. Recommendations also include making it a more meaningful meeting by having senior leadership from across the MUSC entities provide updates at the meeting and also making it eligible for Continuing Medical Education (CME) credits. Dr. Warren also recommended that a requirement be added that medical staff be required to attend at least 2 meetings within 3 years.	Approved	

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

Data reports	Reports reviewed: - Bed Capacity Summary - Admit Transfer Center Reports reviewed: - Daily Admissions Reports - Discharge Summary Reports Subcommittee reports reviewed: - Bed Flow - February 2014 - Credentials - March 2014 - GME - February 2014 C-49 Event Investigation & Analysis	- Quality of H&P by Department - Hand Hygiene Report	Approved	
Service Reports			Approved	
Subcommittee Minute Review			Approved	
Polices (Consent) Standing Orders	Adolescent Med Standing Orders Adolescent Med Standing Orders – B Peds Cardiology Standing Orders Peds Endo Standing Orders Peds Endocrine Standing Orders Peds GI Standing Orders Peds Hemonc Standing Orders Peds Nephrology Standing Orders Peds Primary Care Immunizations Standing Orders	Peds Primary Care Standing Orders Peds Pulmonary Standing Orders Peds Pulmonary Standing Order Peds Pulmonary 2 Standing Orders Peds Rheumatology Standing Orders Peds Sickle Cell Standing Orders Peds Surgery Standing Orders Peds Urology Standing Orders	Approved	
Adjournment 8:32 am	The next meeting of the Medical Executive Committee will be Wednesday, April 16, 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 APRIL 2014 MEETING OF THE BOARD OF TRUSTEES**

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

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

Coastal Pediatric Associates
Charleston Pediatrics
Oakbrook Pediatrics
Palmetto Pediatrics
Parkwood Pediatric Group
Seacoast Pediatrics
Sweetgrass Pediatrics
Mt. Pleasant Pediatrics
Advicare

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

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

Affiliation Agreements –

Simmons College
Grand Canyon University
University of Phoenix

Shared Services Agreements –

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REGULAR AGENDA

Board of Trustees Meeting
Thursday, May 15, 2014
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Friday, August 8, 2014.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of April 11, 2014 and the Special Called Meeting on April 17, 2014.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. General Informational Report of the Interim President.

Statement: Dr. Sothmann will present a general report.

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

Board Action:

Item 5. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

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

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

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

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

Item 8. Other Committee Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 9. 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 10. Other Committee Business.

CONSENT AGENDA ITEMS FOR APPROVAL:

Item 11. Conferring of Degrees.

Item 12. Degree Programs.

Item 13. Academic Charge for RN to BSN Program.

Item 14. Restructuring of the College of Medicine Department of Neurosciences.

Item 15. Faculty Appointments.

Item 16. Changes in Faculty Status.

Item 17. Endowed Chairs.

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

OLD BUSINESS:

NEW BUSINESS:

Item 18. FY15 Budget Update.

Statement: Ms. Lisa Montgomery will provide an update on the FY15 Budget.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 19. 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 20. 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 21. Other Committee Business.

CONSENT AGENDA ITEM FOR INFORMATION:

Item 22. 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 23. Facilities Procurements/Projects.

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

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

Recommendation of Committee:

Board Action:

Item 24. 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 25. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 26. Facilities Contracts Awarded.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 27. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 28. New Business for the Board of Trustees.

Item 29. Report from the Chairman.

**BOARD OF TRUSTEES
MEDICAL UNIVERSITY OF SOUTH CAROLINA
RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE
General Report of the Vice President for Development and Alumni Affairs
May 15, 2014**

Through April 25, 2014, we are proud to report we have received over \$46.2 million in new gifts and pledges. We have received \$16.7 million in outstanding verbal commitments, which our team is working hard to close over the next two months.

The following highlights reflect some of the key accomplishments that have transpired since the April 2014 Board of Trustees meeting:

HEART AND VASCULAR

- Zeus Industrial Products has completed their commitment to the Frank P. Tourville, Sr., Cardiac Arrhythmia Center, establishing a \$3.2 million fund to promote research at the Gazes Cardiac Research Institute.
- Thomas Motamed of Philadelphia and Kiawah Island pledged \$1 million to the Heart and Vascular Center. Mr. Motamed is the CEO of CNA Insurance in Pennsylvania.

CHILDREN'S HOSPITAL

- Nucor Steel held the 14th Annual Nucor Steel Golf Tournament on April 26th. This year's tournament is expected to raise between \$200,000 - \$300,000. Nucor's aggregate support to the Children's Hospital exceeds \$3 million.
- On March 18th, the "Raise the Runway Fashion Show and Luncheon" successfully raised over \$180,000 to benefit the Department of Pediatrics.

HOLLINGS CANCER CENTER

- The Hayne Hipp Foundation fulfilled a \$150,000 pledge to the Hollings Cancer Center of Economic Excellence in Lipidomics, Pathobiology and Therapy.
- Ms. Russell Holliday provided a generous planned gift of \$100,000 in support of the Hollings Cancer Center. Ms. Holliday serves on the Hollings Cancer Center Advisory Board.

NEUROSCIENCES

- Mr. and Mrs. Charles Barmore, members of the Medical University's Neurosciences Advisory Board, contributed \$150,000 to support both Parkinson's disease research and brain tumor research.
- The Neurosciences Advisory Board recently welcomed three new members. They include Susu Ravenel (local artist, philanthropist and longtime Charleston resident who was also a founder of Spoleto Festival USA), Liz Oates (Client Development Director for Elliott Davis, LLC) and Mayor John Rhodes of Myrtle Beach (aneurysm survivor and grateful patient).

STORM EYE INSTITUTE

- At the recent South Carolina Lions State Convention, the Storm Eye Institute announced that the cumulative club and individual giving surpassed \$43,000 for the year, with additional planned gifts exceeding \$100,000.

COLLEGE OF NURSING

- A total of \$100,000 in new planned gifts was recently pledged to support MUSC College of Nursing scholarships.

COLLEGE OF MEDICINE

- The College of Medicine received \$100,000 from the Walter and Lucille Rubin Foundation of Boca Raton, Florida, earmarked for depression research.

COLLEGE OF PHARMACY

- The College of Pharmacy has received documentation of being named a beneficiary of a charitable remainder trust. The donor has requested to remain anonymous and the value is still to be determined. This commitment will support the Building the Future of Pharmacy Campaign.

ALUMNI AFFAIRS

- College of Dental Medicine alumni will meet on May 2nd in Myrtle Beach for their annual luncheon during the South Carolina Dental Association convention. The MUSC Alumni Affairs Office coordinates this meeting which is held in conjunction with the American College of Dentists (ACD), International College of Dentists (ICD) and the Pierre Fauchard Academy. Dean Jack Sanders will provide a State of the College update and present alumni association awards to:
 - Student Leadership Award – Brandon Cain
 - Distinguished Alumnus Service Award – Dr. Jeffrey Bayme (Class of '84)

- Alumni Award of Honor – Dr. W. Eugene Atkinson, II (Class of '73)
- The MUSC College of Nursing Alumni Association is sponsoring a reception for Columbia-area alumni on May 29th. The goal of the reception is to engage alumni and recruit members for the College of Nursing Alumni Association Board.
- Golden Grads' classes are planning for their homecoming during the week of Commencement, May 15-16, 2014. In addition to events planned with Golden Grads, which include a luncheon, dinner and commencement activities, representatives from the Office of Planned Giving have been invited to participate in Golden Grads activities as well as development officers and deans from their respective colleges.
- Our newly recruited Executive Director of Alumni Affairs, Ms. Sallie Hutton, will begin work on June 2nd.

MUSC BOARD OF VISITORS

- The MUSC Board of Visitors will hold their Spring Meeting on May 2nd.
 - Their agenda follows:
 - Affordable Care Act (*Dr. Pat Cawley*)
 - Quality Management and Patient Safety (*Dr. Danielle Scheurer*)
 - Department of Urology Update (*Dr. Tom Keane, Dr. Sandip Prasad*)
 - Biomedical Research/CTSA (*Dr. Kathleen Brady*)
 - New Children's Hospital (*Mr. Matt Wain*)
 - Tour of Children's Hospital
 - Their next meeting will be held coincidental with the Board of Trustees meeting on December 12th.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Nine (9) Month Period Ended March 31, 2014

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

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Assets & Deferred Outflows				
Cash and Cash Equivalents	\$ 163,079,537	\$ 6,718,570	\$ -	\$ -
Cash and Cash Equivalents - Restricted	20,881,669	-	-	426,032
State Appropriation Receivable	20,345,497	1,336,072	-	-
Student Tuition and Fees Receivable	185,664	-	-	-
Student Loan Receivable	12,708,258	-	-	-
Grants and Contracts Receivable	63,851,226	321,336	-	-
Capital Improvement Bond Proceeds Receivable	393,802	-	-	-
Capital Lease Receivable	-	-	2,824,032	16,281,085
Other Receivables	1,313,275	-	7,349	-
Investments	-	-	868,712	449,773
Prepaid Items	7,722,983	-	-	1,528,939
Capital Assets, net of Accumulated Depreciation	537,979,259	-	-	-
Due from Hospital Authority	8,873,662	-	-	-
Due from Other Funds	100,961,977	-	-	-
Bond Issue Costs	707,882	-	42,320	291,538
Other Assets	-	-	-	-
Total Assets & Deferred Outflows	\$ 939,004,691	\$ 8,375,978	\$ 3,742,413	\$ 18,977,367
Liabilities & Deferred Inflows				
Accounts Payable	\$ 7,755,519	\$ 131,165	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	5,414,228	-	-	-
Accrued Compensated Absences	28,844,732	200,016	-	-
Deferred Revenue	40,218,548	2,407,508	-	-
Retainages Payable	-	-	-	-
Long-Term Debt	168,665,312	-	3,544,000	17,420,854
Interest Payable	1,579,628	-	132,047	134,400
Deposits Held for Others	4,620,950	160,441	-	-
Due to Hospital Authority	-	150	-	-
Due to Other Funds	5,633,515	-	-	-
Federal Loan Program Liability	14,152,398	-	-	-
Other Liabilities	34,158,108	1,504	-	-
Total Liabilities & Deferred Inflows	\$ 311,042,938	\$ 2,900,784	\$ 3,676,047	\$ 17,555,254
Net Position	\$ 627,961,753	\$ 5,475,194	\$ 66,366	\$ 1,422,113
Total Liabilities & Deferred Inflows and Net Position	\$ 939,004,691	\$ 8,375,978	\$ 3,742,413	\$ 18,977,367

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Nine (9) Month Period Ending March 31, 2014

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Operating Revenues				
Student Tuition and Fees	\$ 70,870,895	\$ -	\$ -	\$ -
Federal Grants and Contracts	97,303,116	302,509	-	-
State Grants and Contracts	4,719,586	202,873	-	-
Local Government Grants and Contracts	11,650	-	-	-
Nongovernmental Grants and Contracts	25,879,007	895,454	-	-
Sales and Services to Hospital Authority	72,082,426	74,475	-	-
Sales and Services of Educational and Other Activities	44,316,257	1,525	-	-
Sales and Services of Auxiliary Enterprises	9,500,155	-	-	-
Interest Income	-	-	269,703	556,789
Other Operating Revenues	11,164,219	(6,676)	-	-
Total Operating Revenues	335,847,311	1,470,160	269,703	556,789
Operating Expenses				
Compensation and Employee Benefits	252,301,344	1,828,241	-	-
Services and Supplies	137,484,787	3,784,228	-	6,376
Utilities	10,131,284	-	-	-
Scholarships and Fellowships	13,645,582	(800)	-	-
Refunds to Grantors	103,218	-	-	-
Interest Expense	-	-	207,142	488,073
Depreciation and Amortization	29,973,019	-	12,696	137,602
Total Operating Expenses	443,639,234	5,611,669	219,838	632,051
Operating Income (Loss)	(107,791,923)	(4,141,509)	49,865	(75,262)
Nonoperating Revenues (Expenses)				
State Appropriations	43,745,523	7,222,525	-	-
State Appropriations - MUHA	20,440,280	-	-	-
Gifts and Grants Received	9,834,226	-	-	-
Investment Income	7,136,692	-	-	-
Interest Expense	(6,019,929)	-	-	-
Gain (Loss) on Disposal of Capital Assets	(2,112,857)	-	-	-
Transfers From (To) Other State Agencies	(334,877)	(1,504)	-	-
Other Nonoperating Revenues (Expenses), net	(6,380,055)	-	-	-
Net Nonoperating Revenues (Expenses)	66,309,003	7,221,021	-	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	(41,482,920)	3,079,512	49,865	(75,262)
Capital Appropriations	1,399,196	-	-	-
Capital Grants and Gifts	62,131	-	-	-
Additions to Permanent Endowments	5,953,260	-	-	-
Transfers From (To) MUSC Physicians (UMA)	45,953,273	-	-	-
Transfers From (To) AHEC	(3,217)	3,217	-	-
Transfers From (To) CHS Development	(255,051)	-	-	255,051
Transfers From (To) Facilities Corporation	18,118	-	(18,118)	-
Increase (Decrease) In Net Position	\$ 11,644,790	\$ 3,082,729	\$ 31,747	\$ 179,789

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget
 For the period ending March 31, 2014

	Budget	Prorated Budget (Note)	Actual	Variance	
REVENUES					
State					
State Appropriations	58,237,887	43,678,415	43,745,523	67,108	F
State Appropriations - MUHA	31,253,707	23,440,280	20,440,280	(3,000,000)	U
State Grants & Contracts	6,982,424	5,236,818	4,719,586	(517,232)	U
Total State	96,474,018	72,355,513	68,905,389	(3,450,124)	U
Federal					
Federal Grants & Contracts	102,725,201	77,043,901	73,992,569	(3,051,332)	U
Federal Grants Indirect Cost Recoveries	32,303,824	24,227,868	23,310,547	(917,321)	U
Total Federal	135,029,025	101,271,769	97,303,116	(3,968,653)	U
Other					
Private Grants & Contracts	23,700,418	17,775,314	22,472,468	4,697,154	F
Private Grants Indirect Cost Recoveries	4,070,766	3,053,075	3,418,189	365,114	F
Gifts	12,267,774	9,200,831	9,517,220	316,389	F
Tuition and Fees	86,207,825	67,246,067	70,870,895	3,624,828	F
Sales and Services of Educational Departments	55,694,554	41,770,916	44,316,257	2,545,341	F
Sales and Services of Auxiliary Enterprises	13,380,049	10,035,037	9,500,155	(534,882)	U
Interest and Investment Income	124,747	93,560	18,101	(75,459)	U
Endowment Income	798,472	598,854	1,548,166	949,312	F
Miscellaneous	10,271,135	7,703,351	7,174,536	(528,815)	U
Miscellaneous - Residents	4,652,943	3,489,707	3,748,898	259,191	F
Authority Revenue	67,377,588	50,533,191	42,006,349	(8,526,842)	U
Authority Revenue - Residents	40,149,609	30,112,207	34,707,629	4,595,422	F
Intra-Institutional Sales	37,142,811	27,857,108	26,249,842	(1,607,266)	U
Total Other	355,838,691	269,469,218	275,548,705	6,079,487	F
Total Revenues	587,341,734	443,096,500	441,757,210	(1,339,290)	U
EXPENDITURES					
Instruction	114,869,938	86,152,454	73,068,996	13,083,458	F
Instruction - Residents	45,932,032	34,449,024	38,624,981	(4,175,957)	U
Instruction - MUHA	18,853,707	14,140,280	14,140,280	-	F
Research	182,938,804	137,204,103	130,248,100	6,956,003	F
Public Service	46,676,189	35,007,142	53,617,765	(18,610,623)	U
Academic Support	48,810,640	36,607,980	34,424,109	2,183,871	F
Student Services	8,269,766	6,202,325	6,076,760	125,565	F
Institutional Support	68,448,398	51,336,299	42,403,273	8,933,026	F
Operation & Maintenance of Plant	65,106,403	48,829,802	50,982,045	(2,152,243)	U
Scholarships & Fellowships	2,387,602	1,790,702	1,764,380	26,322	F
Auxiliary Enterprises	11,399,494	8,549,621	7,168,767	1,380,854	F
Telemedicine - MUHA	12,400,000	9,300,000	6,300,000	3,000,000	F
Indirect Cost Remitted to State	140,000	105,000	334,877	(229,877)	U
Debt Services	6,839,339	5,129,504	5,129,504	-	F
Total Expenditures	633,072,312	474,804,236	464,283,837	10,520,399	F
OTHER ADDITIONS (DEDUCTIONS)					
Transfers from (to) UMA	65,148,206	48,861,155	45,953,273	(2,907,882)	U
Transfers from (to) Facilities Corporation	-	-	18,118	18,118	F
Transfers from (to) AHEC	(3,700)	(2,775)	(3,217)	(442)	U
Transfers from (to) CHS Development	(336,372)	(252,279)	(255,051)	(2,772)	U
Transfers from (to) Loan funds	-	-	(147)	(147)	U
Transfers from (to) Plant Funds	(23,521,006)	(17,640,755)	(12,868,000)	4,772,755	F
Refunds to Grantors	(9,373)	(7,030)	(103,218)	(96,188)	U
Transfers to Endowment Fund	(11,929)	(8,947)	-	8,947	F
Prior Year Fund Balance Usage	8,785,975	6,589,481	3,821,820	(2,767,661)	U
Total Other Additions (Deductions)	50,051,801	37,538,850	36,563,578	(975,272)	U
NET INCREASE (DECREASE) in Fund Balance	4,321,223	5,831,114	14,036,951	8,205,837	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 9 Month Period Ending March 31, 2014

Administration	313,018
Centers of Excellence	4,718,022
College of Dental Medicine	2,156,779
College of Graduate Studies	783,304
College of Health Professions	1,624,943
College of Medicine	60,747,317
College of Nursing	2,103,343
College of Pharmacy	784,406
Library	761,437
	<hr/>
	\$73,992,569
	<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 \$73,992,569 .

In addition to this federal grant and contract revenue, the University received
\$23,310,547 in federal monies to reimburse it for Facilities and Administration
(F+A) costs incurred to administer the above federal grants and contracts.
\$22,975,670 of the F+A recoveries received is unrestricted which means the
University can use it for any of its operating needs. The remaining \$334,877
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	\$73,992,569
Facilities and Administration costs	\$23,310,547
	<hr/>
Federal operating grants and contracts	\$97,303,116
	<hr/>

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

Note 1. Basis of Presentation

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

Note 2. State Appropriations

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

Note 3. Cash and Cash Equivalents - Restricted

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

Note 4. Capital Assets, Net of Accumulated Depreciation

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

Construction in progress	\$ 44,514,450
Land/Bldgs/Equipment/Accumulated depreciation	<u>493,464,809</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 537,979,259</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	Fiscal Year 2014		Mar 31, 2014
	Balance	Added	Capitalized	Balance
Microbiology & Immunology Renovations in BSB	6,290,801	259,878	-	6,550,679
Air Handler Replacement in BSB	4,060,123	62,380	-	4,122,503
Dental Medicine Classroom Renovations in BSB	2,597,460	(2,542)	-	2,594,919
Neurosciences 3rd Floor Renovations in CSB	1,854,666	-	-	1,854,666
Psychiatric Institute Data Center System	1,855,848	91,111	-	1,946,959
Bioengineering Building	955,122	686,091	-	1,641,213
Thurmond Research Bldg Air Unit	287,929	1,507,994	-	1,795,923
Thurmond-Gazes Exhaust System	826,493	1,923,770	-	2,750,264
Exhaust & Emergency Power Impr in BSB	1,791,838	30,531	-	1,822,369
College of Nursing Floors 2-5	1,107,766	4,189,032	-	5,296,798
Deferred Maintenance - FY 2012	1,137,921	1,592,345	-	2,730,266
AHU-6 Replacement in CSB	1,073,959	-	-	1,073,959
Others less than \$1,000,000 (ending balance)	6,412,255	3,921,679	-	10,333,934
Total construction in progress	\$ 30,252,180	\$ 14,262,270	\$ -	\$ 44,514,450

Note 6. Deferred Revenue

The University's deferred revenue consists of the following:

State appropriations	\$ 16,681,841
Grants and contracts	11,975,382
Student tuition and fees	11,372,675
Other	<u>188,650</u>
Total Deferred Revenue	<u>\$ 40,218,548</u>

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

Note 7. *Long Term Liabilities*

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

Obligations under capital leases	\$ 64,254,443
Higher Education Revenue bond payable	32,415,000
State Institution bonds payable	68,350,000
Premium on State Institution bonds payable	1,320,655
Energy performance note payable	3,214,751
Deferred loss on early retirement of bonds	(889,537)
Total Long Term Liabilities	<u>\$ 168,665,312</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	\$ 14,036,951	
Budgeted Prior Year Fund Balance Usage	(3,821,820)	
Plant funds:		
Capital grants and gifts - Federal	387,546	
Capital grants and gifts - State	-	
Capital grants and gifts - private	(405,207)	
Capital appropriations	1,399,196	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	79,792	
Interest and investment income	341,972	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	2,213,101	
Expended in current fund-capital costs	3,274,985	
Transfers	17,997,504	
Expended in plant fund-depreciation	(29,973,019)	
Expended in plant fund-interest expense	(2,503,575)	
Expended in plant fund-other	(893,586)	
Gain (loss) on disposition of property	(2,112,857)	(10,194,148)
Loan funds:		
Other income		
Interest and investment income	275,065	
Expenses	(115,843)	
Transfers	147	159,369
Endowment funds:		
New endowments	5,953,260	
Income draws to operating units	(1,569,788)	
Gifts	317,005	
Endowment income (Loss)	6,763,961	
Transfers	-	11,464,438
Other		
Net increase (decrease) in Net Assets per Statement		
of Revenues, Expenses, and Changes in Net Assets	<u>\$ 11,644,790</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-Mar-2014
State Institution Bonds (SIB)				
2005 Refunding	\$ 19,045	\$ -	Advance refunding on SIB2000A	\$ 11,475
SI BAN 2012	30,000	-	College of Dental Medicine Building	28,000
SIB 2011D	18,950	-	Deferred maintenance projects	16,750
SIB 2012B refunding	12,645	-	Refunding SIB 2001C, 2003D, & 2003J	12,125
	<u>\$ 92,640</u>	<u>\$ -</u>		
Current SIB Debt Authorized and Issued				<u>\$ 68,350</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	<u>\$ -</u>	Construction of College Health Health Profession facilities	<u>\$ 17,920</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)

Consolidated Statement of Net Position

ASSETS

Current assets:

	March 31, 2013	March 31, 2014
Cash and cash equivalents	67,696,128	79,637,748
Investments	69,527,611	63,485,458
Receivables:		
Patient services - net of allowances for contractual adjustments of \$82,581,453 and bad debts of \$30,465,832	35,643,153	39,147,475
Due from the Medical University of South Carolina	9,597,789	5,197,569
Due from the Medical University Hospital Authority	1,269,489	696,043
Due from the Medical University Foundation	232,134	79,382
Due from Comprehensive Psychiatric Services		1,313
Prepaid rent - MUSC Foundation	631,355	631,355
Other current assets	5,972,664	6,666,428
Total Current Assets	190,570,323	195,542,770

Noncurrent assets:

Receivables		
Due from Medical University Hospital Authority	191,111	-
Capital assets:		
Land	10,754,780	10,759,299
Buildings	21,984,416	21,991,216
Furniture and equipment	16,478,358	14,528,699
Leasehold improvements	53,773,756	53,990,133
Rental buildings under capital lease	13,989,600	13,989,600
Rental equipment under capital lease	2,958,000	2,958,000
Computer software	6,895,444	7,123,204
Less: accumulated depreciation and amortization	(47,528,272)	(48,417,841)
Prepaid rent - MUSC Foundation	7,724,617	7,447,404
Intangibles - net of accumulated amortization	37,298	32,875
Direct note obligations issuance costs		
- net of accumulated amortization	504,980	-
Investment in partnerships	2,299,432	662,674
Total noncurrent assets	90,063,519	85,065,262
Total Assets	280,633,842	280,608,032

Deferred outflows of resources

Accumulated decrease in fair value of hedging derivatives	7,356,296	1,691,473
Total Assets and Deferred Outflows	287,990,138	282,299,505

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

Consolidated Statement of Net Position

LIABILITIES

	March 31, 2013	March 31, 2014
Current Liabilities		
Accounts payable	-	817,189
Accrued payroll	636,327	530,473
Accrued payroll withholdings	4,983,895	4,290,265
Accrued pension contribution	2,372,914	2,395,829
Other accrued liabilities	7,713,813	2,032,100
Due to Medical University of South Carolina	-	(50,273)
Due to Medical University Hospital Authority	3,285,501	2,321,751
Accrued compensated absences	1,733,302	1,521,523
Notes payable	3,791,500	3,791,500
Total current liabilities	24,517,253	17,650,357
Noncurrent liabilities:		
Accrued compensated absences	1,557,469	1,349,796
Notes payable	18,325,584	14,534,084
Variable Rate Demand Bonds	42,614,772	44,247,353
Deferred Cash Flows Derivative Instruments	5,751,972	152,379
Total noncurrent liabilities	68,249,796	60,283,612
Total liabilities	92,767,050	77,933,969

NET POSITION

Invested in capital assets, net of related debt	46,071,298	45,324,792
Restricted for:		
Debt service	-	-
Unrestricted (deficit)	149,151,790	159,040,744
Total Net Position	195,223,088	204,365,536

FACILITIES
ACADEMIC/RESEARCH
BUDGET ADJUSTMENT
FOR APPROVAL
May 15, 2014

PROJECT TITLE: CSB 7th Floor Orthopedic Surgery Office Renovation Phase 2

PROJECT NUMBER: 50014

PREVIOUSLY APPROVED BUDGET: \$490,000

REVISED REQUESTED BUDGET: \$690,000

SOURCE(S) OF FUNDS: College of Medicine Clinical Revenue

JUSTIFICATION: This project was approved by the Board of Trustees as part of the FY14 Capital Budget and was based on a feasibility study that is dated and did not foresee recent changes to program scope. A new chair for Orthopedic Surgery arrived in September 2013 and since then, has increased the program to accommodate a fast growing clinical faculty. During the design phase, these additions to the original scope of work were requested. Approximately 500 square feet was added to the overall renovation scope, plus a new housekeeping closet was required. Some initial assumptions to reuse existing infrastructure have changed. Seventeen new doors will be installed to improve aesthetics of the overall space. Four existing fan coil units have been determined to need replacement. Additional sound insulation will be installed in walls and ceilings, contiguous to the existing mechanical space, in order to reduce noise carryover associated with adjacent mechanical equipment. Lastly, due to the increased number of faculty, relocation costs are higher than originally anticipated. To accommodate these changes, we are requesting a budget increase of \$200,000, for a total cost of \$690,000 to complete this project.

In closing, we are asking the Board to approve this cost adjustment in support of the new Orthopedic Surgery Program.

MEDICAL UNIVERSITY OF SOUTH CAROLINA

CONSENT AGENDA

Board of Trustees Meeting
Thursday May 15, 2014
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

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

(APPROVAL ITEMS)

Item 11. Conferring of Degrees.

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

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

Recommendation of Committee:

Board Action:

Item 12. Degree Programs.

Statement: At the request of the Dean of the College of Medicine, administration presents the following Degree Program Planning Summaries, effective May 15, 2014:

MPH in Biostatistics
MPH in Epidemiology
MPH in Health Behavior and Health Promotion
MS in Integrated Preclinical Medicine

Recommendation of Administration: That these Degree Program Planning Summaries be approved.

Recommendation of Committee:

Board Action:

Item 13. Academic Charge for RN to BSN Program.

Statement: At the request of the Dean of the College of Nursing, administration presents for approval the proposed Academic Charge for the RN to BSN Program, effective May 15, 2014.

Recommendation of Administration: That the Academic Charge for the RN to BSN Program be approved.

Recommendation of Committee:

Board Action:

Item 14. Restructuring of the College of Medicine Department of Neurosciences.

Statement: At the request of the Dean of the College of Medicine, administration presents for approval the restructuring of the Department of Neurosciences (currently comprised of Neurosciences, Neurology, and Neurosurgery). The Neurosciences research unit will become a freestanding Department of Neurosciences under the leadership of Dr. Peter Kalivas effective July 1, 2014, separate from the clinical units of Neurology and Neurosurgery. Once this transition has been accomplished, the College of Medicine intends to seek formal approval to separate Neurology and Neurosurgery into two freestanding departments.

Recommendation of Administration: That the restructuring of the Department of Neurosciences be approved.

Recommendation of Committee:

Board Action:

Item 15. Faculty Appointments.

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

College of Medicine

David G. Clark, M.D., as Associate Professor, on the Academic Clinician track, in the Department of Neurosciences, Division of Neurology, effective July 1, 2014

Gregory A. Cote, M.D., M.S., as Associate Professor, on the Academic Clinician track, in the Department of Medicine, Division of Gastroenterology and Hepatology, effective July 1, 2014

John Alan Diehl, Ph.D., as Professor with tenure, on the Academic Investigator track, in the Department of Biochemistry and Molecular Biology, effective July 1, 2014

B. Joseph Elmunzer, M.D., M.Sc., as Adjunct Associate Professor in the Department of Medicine, Division of Gastroenterology and Hepatology, effective June 1, 2014

Bruce Ovbiagele, M.D., (dual appointment) as Professor, in the Department of Public Health Sciences, effective May 1, 2014. Dr. Ovbiagele's primary appointment rests in the Department of Neurosciences, Division of Neuroscience Neurology.

Cheves M. Smythe, M.D., as Clinical Professor, in the Department of Medicine, Division of General Internal Medicine, effective March 1, 2014

College of Nursing

Kenneth J. Ruggiero, Ph.D., (dual appointment) as Professor, on the Educator/Researcher track, Department of Nursing, effective April 1, 2014. Dr. Ruggiero's secondary appointment will be in the Department of Psychiatry and Behavioral Sciences.

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 Medicine and Dental Medicine, administration presents the following changes in faculty status:

College of Medicine

B. Joseph Elmunzer, M.D., M.Sc., from Adjunct Associate Professor to Associate Professor, on the Academic Clinician track, in the Department of Medicine, Division of Gastroenterology and Hepatology, effective July 1, 2014

Daniel J. Fernandes, Ph.D., from Professor to Professor Emeritus, in the Department of Biochemistry and Molecular Biology, effective July 1, 2014

Tatyana I. Gudz, Ph.D., from Research Associate Professor to Associate Professor, on the Academic Investigator track, in the Department of Neurosciences, Division of Neuroscience research, effective May 1, 2014

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

Recommendation of Committee:

Board Action:

Item 17. Endowed Chairs.

Statement: At the request of the Dean of the College of Medicine, administration presents the following recommendations for endowed chairs:

John Alan Diehl, Ph.D., as the SmartState Endowed Chair in Lipidomics and Pathobiology, effective July 1, 2014

B. Joseph Elmunzer, M.D., M.Sc., as the Peter Cotton Endowed Chair for Endoscopic Innovation, effective July 1, 2014

Recommendation of Administration: That these endowed chair appointments be approved.

Recommendation of Committee:

Board Action:

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

(INFORMATION ITEM)

Item 22. 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 26. Facilities Contracts Awarded.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

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

Bachelor of Science in Cardiovascular Perfusion

Jennifar Gomes Allred
Christopher Bryant Carter
David Charlton Cass
John Mark Coblentz
Gabriel L. Compton
Amanda Deyo

Caroline Herman Gavin
Geoffrey Jacob Hall
Tony Glen Hamon Jr.
Yana Ivasko
Tyler Jennings Shealy
Kiley Alexis Thompson

Bachelor of Science in Nursing

Jamie Grimaud Andrews
Christie Lynn Axford
Barbora Bajova
Jessica Baskett
Hannah Lauren Bradley
Sarah Katherine Bradley
Sadie Hatcher Burke
Marian Joanna Carr
Jacqueline Anne Cerasaro
Amy Marie Crandall
Robert John Egbert
Victoria Kathleen Emde
Nicholas Michael Ferretti
Jacob John Schueler Fountain
Alicia Marie Garland
Sarah Katherine Gilreath
Alana Danusia Guziewicz
Kelly Noel Hampton
Stephanie Noel Helwig
Kasey Lila Henderson
Tiffany Renee Jamerson
Liliana Alexandru Kim
Valerie Marie Kneece
Shyrona Annette Knotts
Christopher John Kopeck
Brandon Jeffrey Lewis
Kimbi Glenn Marenakos
Adrianna Elyzabeth Matusiak

Erin Alexandra May
Kathryn Dolores McDevitt
Allyson Townsend McGuiness
Madison McMackin
Alexa Lee Meany
Chantal He/le\ne North-Coombes
Brittany Phillips
Sarah-Louise Stevenson Phillips
Carrie Amelia Prescott
Lindsey Ruth Reeves
Kaitlin Elizabeth Reiss
Taylor Burton Roberts
Eric Wayne Robertson
Michelle Lee Rogers
Diane Marie Rosamilia
Lauren Danielle St. Armand
Stephen Leon Schwade
Daisy Whitney Smith
Megan Nicole Spradlin
Norma June Taveras
Megan Rebecca Thompson
Joseph Michael Tkach
Tina Marie Wagner
Kristin Joye Weir
Bailee Hellwig Weldon
Toya Laneice Williams
Lindsey Paige Wilzbach

Master in Health Administration

Ashla Wren Anderson

Bradley Scott Baker

Morgan Lindsay Best
Christopher Hannibal Boone
Dillon Edward Brady
Michael Joseph Buckingham
Robert Ridley Cardell IV
Jacob Thomas Charlson
Julia Marie Classen
Daniel Ryan Cook
John Holden Cribb
Kyle Barton Duffy
Chesley Kent Elliott
Bryce Coldiron Ferry
Monica Martha Firth
Benjamin Daniel Frank
Susanna Jolene Goude
Sarah Caitlin Guberman
Meghan McQueeney Hatfield
Haley Sims Henderson
William Ashley Hindman
Sara Ellen Jenks
Ashley Filling Johnston
Amber Williams Khalil
Karina Louise Labossiere
Lauren Payne Lanford
Taylor Ann Lawrence
Taylor Carlton Lesley
Dana H. Long
K. Adam Mattox

Amanda McGarrigle
Britt Jenrich Mickey
Tyler Garwood Mikell
Kendrick Adam Miller
Lane Nelson
Cameron Bryn O'Banion
Molly Beach O'Quinn
Alexander McLeod Odom
Sandy James Ogden II
Cody L. Palmer
Sweta Jagdishchandra Patel
Montague Alonza Peace III
Lauren Rebecca Perkins
Mitchell William Frame Plyler
Lee Bryson Putney
Abigail Elizabeth Rohde
Brandon Russell Shoffner
Helen Adeline Shuman
Jason W. Smith
Robert O'Neill Smith
Matthew Lucas Stufflebean
Chadwick Ray Swiler
Deidre D. Tindal
Tara Leigh Turbeville
Christopher Daniel von Lehe
Megan Shirley Wheelus
Mark Andree Wiersma
Anne Busche/ Wilkinson

Master of Science in Nursing

Amanda Jenkins Gerrald
Rachel Werth McDowell

Barbara Ann Renchen

Master of Science in Biomedical Sciences

Mary J. Dooley

Kristoffer N. Rodriguez

Master of Science in Clinical Research

Aiping Bai
Carrie Elizabeth Busch
Shahryar Majeed Chowdhury
Thomas Do

Joannie Lynn Hayes
Lanier Burns Jackson
Lee Rodney Leddy
Laura Piazza Parks

Master of Science in Dentistry

Elizabeth Fulmer Eakes
Zachary Presson Evans
Leonard Brandon Fiume

Brian Paul Mantor
Francesca Seta

Doctor of Health Administration

Ronald Lee Boring
Dorothy Boulrick
Merritt M. Brockman
Melba Alexandra Hernandez Tejada
Adrienne Tene/ Hunter

Felicia Mullins Pickering
Courtney Brandon Ross
Courtney Joy Schoessow
Patricia M. Stimac
Rebecca Sue Troyer

Doctor of Physical Therapy

Brittany Ellen Ambur
Tracey Lynn Bailey
Kelli Renee Ball
Elizabeth Grace Barnett
Sara Erika Berglands
Michael Gerard Brophy
Stephanie Kara Buffo
Jonathan Scott Busbee
Denae Alissa Buzzell
Hannah Leigh Cameron
Jennifer Kay Champ
Mia WenHsuan Chen
Eugenia Margaret Davis
Kristen Long Davis
Lindsey R. Davis
Melissa Ikerd Dimock
Harry B. Dinwiddie Jr.
Garrett Michael Egan
Matthew Thomas Essman
Allison Jean Foster
Brittany Ann Gantt
Kathleen Elizabeth Gordon
Cortlan Robert Greenhalgh
Mary Elizabeth Hanna
Thomas Kirk Harmon
Wade Thomas Harrell
Alexandra Nickole Hellams
Emily Monteith Hill
Kelly Anne Hinson
Christine Denise Hollingworth
Kevin Huff

Kelsey Renee Jones
Laura Ann Keys
Jacob Shane Kingston
Samantha N. Kubinski
Devika Ramesh Kumar
Emily Michelle Lafleur
Jared Kyle Lethco
Jessica Michelle Loudermilk
Nathaniel McCartney Mansell
John Hedrick McGinniss
Christina Ann Dillon Palma McQueen
Margaret Rachel Morrison
Michelle Morse
Rena Murakoshi
J. Paul Murphy
Jamie Lancaster Peele
Lia Alyssa Poynor
Bradford Leavitt Rankin
Chelsea Roland
Caitlin Siobhan Savage
Sarah Elizabeth Savage
Jeni Lee Schatzlein
Keir Alexander Sittloh
Emily Katherine Smoot
Kaylee Brooke Soileau
Cassie White Storholt
Kayla Anne Talbert
Stephen Bradley Tucker
Dorothy Marie Whitley
Melissa Miranda Willis
Aliece Kathryn Wilson

Doctor of Nursing Practice

Heidi K. Alterson
Valorie Kern Wainscott Barrett
Pia Veniegas Biason-Webb
Kimberly Ann Bova
Lauren Elaine Bowers
Mary Elizabeth Jordan Byrd
Kera Millicent Cosper
Tanya Marie Crabtree
Mari Dixon
Rachel Alexandria Dyches
Jennifer Lauren Elrod
Ana Katrina Endaya
Lavon Fenderson
Katharine Atkins Few
Martha Maguire Fletcher
Jessica Ellis Fralick
Hannah Catherine French
Alyssa Ashley Gitter
Christina R. Gooding
Anne Porcher Chalmers Goforth
Naomi Beth Griffin

Journey Lucian Henderson
Emily Brooke Jackson
Kelley Wallace Jacobs
Scott Ray Jorgensen
Aimee J. Kendall
Lisa Marie Klasek
Lori Anne Lee
Tasha Marie Lee
Katie Koby Lichty
Lindsey Michelle Mace
Valerie Candice Martinez
Emily Nicole Mayer
Verushcka G. Moya
Amy C. Osguthorpe
Suzanne Elizabeth Poole
Lauren Monroe Powell
Margaret Jamerson Selph
Diana Lynn Taylor
Juna Thao
Kari Lee White

Doctor of Pharmacy

Arash Abdi
Cathy Alvarez
Kristen Louise Johnson Archambeau
Megan Chara Arthur
Brandon Leon Barrett
Nicholas Joel Bauer
Catlin Elizabeth Beaucage
Rachel Jacqueline Ah Borst
Emily Airy Bowman
Melina Anastasia Braly
Justin Franklin Brown
Gunter Dell Bullock
Hannah Morgan Caplan
Allison Collins Carter
Michelle Lee Cheslek
Justin Collier
Jennifer Brown Corvino
Charles A. Crickman
Marguerite Suzanne de Haseth

Matthew Burriss Dorn
Megan Elizabeth Flynn
Bethanie Jo Gamble
Joseph Elliott Taylor Gandy
Valerie Nicole Garilas
Emily Lane Garriott
Charles Michael Granade
Nina Jinxia Guo
Michael Jordan Guthrie
Corbyn Randol Harris
Elizabeth Caitlyn Hill
Kathryn Marie Holt
David Clark Hughes
Saswat Kumar Kabisatpathy
Meredith Kaywood
Jameson Andrew Korb
Laura Ann Leathers
Shandi Nicole Lee
Marley Anne Linder

Ryan Patrick Linton
Shayla Nicole Lites
Ashley Victoria Mack
Patrick Chase Mapile
Meghan Ellinger May
Jesse Jordan McClure
Jessica Leigh Michaud
Brianna Drew Morabito
Matthew Joseph Morrisette
Derek Neal Murdaugh
Thomas Michael O'Donnell
Bhavina Atul Patel
Charles William Peacock
Kaitlin Marie Pell
Emily Elizabeth Poston
Jacqueline Helen Pratt
Matthew Warren Pruitt
Jessica Ray Reihl
Stephanie Michelle Saja
Stefanie Culbertson Sarratt

Crista Brittany Schultz
Carrie Elizabeth Senn
Brooke Elizabeth Shaner
Kristin Lee Sheehan
Ashley Ricker Shuford
Kyle Patrick Smith
Tonya Che/rie Smith
Virginia Spence
Lindsay Michael Stang
Gideon Andrew Stitt
Sara Elizabeth Strout
Lauren McLeod Thornton
Gina Marie Tong
Trinh Phuong Tran
Kaitlynn Turner
Stephanie Chayce Vance
Tiffany Renee VanMaanen
Amanda Rose Warstler
Wesley P. Welch
Kwasi Sarfo Wiredu

Doctor of Dental Medicine

Andrew William Ambrose
Matthew Lee Andrews
Andrew Patrick Bellebaum
Geoffrey Ian Bloomquist
William John Brim
Whitney Meek Buechel
Blake Hunter Burnett
Brandon Mack Cain
Matthew Richard Carlisle
Kathryn Camille Carnes
Meghan Brooke Carter
Christopher Lafayette Cerasaro
Tomasz Artur Charowski
Joanna Hanlon Cornelius
Silas Bryson Crisp
Nicholas Ford Crossland
Catherine Eowyn Crilly Daniel
Mary Melody Dawson
Steven Rhett Deaton
Kerri Lynne Devita
Benjamin Gregory Dunlap
Christopher James Filler
Lawrence Robert Fischer Jr.

Joshua Daniel Gonzalez
Michelle Ashley Gray
Peter Thomas Green
Ryan Thomas Griffith
Veronica Michaelle Guy
Hee Jo Han
Adam Lackey Hardin
Rebecca Louise Harper
Jamie Doss Harvey
Darrell Emmanuel Hayes
John Lawrence Holliday
Rebecca Hughes Holmes
Maggie Joyce Horton
Daniel Jaye Knause
Rosalia A. Kolokithas
Yianne George Kritzas
Anastacia Joene Lane
Madison Wingo Lanford
Thao Trang Ngoc Latham
Martha Manning Lloyd
Tiffany Lee Lovelace
Richard Adam McKinney
Charles Lawrence Moore

Nicholas Morenz
Bryan Robert Mullen
Marshall Frederick Newman
Stephen James Oblad
Neal Patel
Joshua Marc Peyser
Amy McConnell Pierce
Thomas Edgar Player, III
Ashley Elizabeth Price
Caitlin Mackenzie Pyle
Gabriel Nathan Ross

Cory MacKenzie Rush
Siddarth Sehgal
Eugene Jay Sibal
Elizabeth Cheri Anne Smith
Allison Marie Steele
Jessie Kathleen Suggs
Candice Marie Vinson
Danny M. Vo
Winny Weiling Wang
Bin Wellman
Jason McDuffy Wood

Doctor of Medicine

Mary Elizabeth Abel
Joseph Anwar Abro
Briggs Mason Ahearn
Carley McCall Anderson
Bryan Ellis Ashley
Chelsey Kayla Baldwin
Donald Campbell Barr
Jason Jamier Bethea
Peter Aris Billas
William Harold Bingham, III
Erika Rachel Bishop
Paul Anton Bomar
Shenikqua Bouges
Jessie Nicole Bowers
Satara Alexis Brown
Simon Aaron Brown
Robert Cecil Bryant
Stephen Michael Carek
Jae Hee Cho
Shana Neelu Coshal
Jane Rose Cowan
Clay Martin Crosby
Margaret Claire Crosby
Mark Richard Curry
Alexander Thomas Damron
Adam Tyler Davie
Charles Henry Davis III
Christopher Ashby MacLeod Davis
Tabatha Brittany Davis
Sarah Marie Derrington
Shivam Janak Desai
Jacob Cooper Deweerth

Luke Dong
Joshua Edmond Dowd
Chisom Ezenekwe
Crystal Elizabeth Fancher
Alexandria Bahan Farish
Adam Fox
Nyssa Fleming Fox
Alexandra Leigh Franklin
Leah Danielle Fryml
Jordan Fuson Garriss
Carlton Isaiah Glover
Elena Idell Gore
Ashley Elizabeth Milligan Hanlon
Evan Lexworth Hanna
Stephen Mark Harden
Lindsey Elizabeth Harward
Lauren Elizabeth Hayes
Steve Michael Hill
Cane Franklin Hoffman
Joshua Brady Holmes
Christopher Alan Houck
Matthew David Huckaby
Gini Biko Ikwuezunma
Arun Muthukrishna Iyer
Aisha Abeo Jackson
Shauna Elyse Jenkins
Benton Lake Johnson
Lindsey Nicole Johnson
Erica Morgan Jones
Alisha Jeannette Joyner
Natasha Sandhir Juneja
Timothy Carl Kallgren

Philip Thomas Kirn
Andrew Kiser
Sean Tyler Kitch
Eric Farquis Knapp
David Phillip LeBel II
Charles Derek Leiner
Clay Kingsley Lifton
Rahul Sunder Loungani
Jeanne Bennett Lumpkin
Olivia Penn MaDan
Meaghan Anne Neill Magarik
Mithunan Maheswaranathan
Wesley Reid McIlwain
Virginia Elizabeth McLean
Stephanie Alicia McNeill
Thomas Jerome Melton
Christopher Paul Menzel
Meena Mirdamadi
Amber Michele Mittendorf
Danielle Hansen Morriss
Laura Elizabeth Murray
Okwuchukwu G. Obi
Aniruddh Anil Patel
Rachel Lauren Pemberton
Morganne Marise Phillips
Lauren Jamison Pinckney
Kristen DeYoung Pitts
Harrison Lanier Plunkett
Sarah Elizabeth Plyler
Kathryn Anne Mooneyham Potter
Ryan Kelburne Preston
Austin Neal Rampey
Viran J. Ranasinghe
Ruwan Prasanna Ratnayake
Jordan Whitney Rawl
Jamaeka Nicole Reid
Joseph Chandler Ritchie
Sara Hampton Ritchie
Charlotte Ivey Rivers
William Thomas Rivers
Christine Nabil Riyad
Thomas Albert Ross
Jacqueline Alexis Savage
Bradley James Saylor
Aaron Michael Schott

Jennifer Anne Schroeder
Lauren Gabrielle Scovel
Nelson Edings Seabrook
Elisheva Douglas Shanes
Robert Allan Sharpe
Flora Marie Simmons
Elizabeth Verna Smith
Peter Gaillard Smith
Sara Catherine Smith
Korey Kathleen Springman
Saint Julien Lachicotte Springs II
William Alvo Stokes III
William David Strickland
Veronica Sue
Neil Chandrakant Tailor
Elizabeth McLeod Steadman Talley
Mia Vatrice Taylor Chandler
Julie Marsha Teuber
Danna Hall Thompson
Xue Tian
Abraham Lawrence Tiffany
Pritesh S. Topiwala
Michael Andrew Toussaint
Anna H. Tucker
J. Michael Tucker
Omici Nigeria Uwagbai
Roopa Varadarajan
Lucero Jacqueline Vivar
Danielle Nichole Volandt
Ryan Todd Voskuil
Ryan Christopher Wade
Ashley Arana Waring
Catherine Haar Watson
Jason Lucious Williams
Karla Elizabeth Williams
Patrick Reid Williams
Sara Pennington Wilson
Rhonda Jane Winchester
Sara Elaine Winn
Jon Steven Woods
Allen Moffatt Wylie
Golsa Mirmiran Yazdy
Michael Nessim Youssef
Wenxia Zhao
Wenjun Zhou

Doctor of Philosophy

Codruta Carmela Chiuzan
Caitlin Ann Czajka
Keerthi Harikrishnan
Youxuan Li
Lindsay Theresa McDonald

Kristin Smith Midgett
Jessica Shavonne Ross
Julia Kim Smith
Philip Michael Sobolesky

Doctor of Medicine & Doctor of Philosophy

Joseph C. Cheng
Anna-Maria Alicia De Costa
George Daniel Grass
David Mark Perry

Sahar Saddoughi
Lee Emerson Wheless
Armina Tarlough Wiggins-Omole

Medical University of South Carolina
Department of Public Health Sciences



Program Planning Summary

MPH in Biostatistics

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

Date

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

Date

Contact Information:

John Vena, PhD
Professor and Founding Chair
Department of Public Health Sciences
Medical University of South Carolina
135 Cannon St., MSC 835
Charleston SC 29455
Tel 843 876 8687
Cell 803 479 3376
Email: vena@musc.edu

Program Planning Summary

New Program

Institution: Medical University of South Carolina

Academic Unit: College of Medicine

Name of Program: Master of Public Health in Biostatistics (MPH-Biostatistics)

CIP Code: 26.1102

Proposed Date of Implementation: Fall 2015

Qualification for Palmetto Fellows Scholarship or LIFE Scholarship: No

Delivery mode: Traditional

Justification of Need for the Program

With the widespread adoption of electronic health records and the expected growth in the healthcare industry, midlevel professionals trained in the field of biostatistics, who are able to analyze and interpret “big data” will become increasingly in demand. Graduates of the proposed MPH in Biostatistics program will be 1) exposed to all focus areas of public health sciences (namely, epidemiology; health education and promotion; health policy; health services administration; and environmental health), 2) proficient in theory and methods in biostatistics, 3) proficient in programming in computational software packages such as SAS, R, etc., and 4) trained to work collaboratively with clinicians and other public health workers through a capstone project. The US Bureau of Labor Statistics as well as the South Carolina Employment Security Commission project that occupations related to an MPH degree in Biostatistics are expected to grow 16-47% in the coming decade with projected annual job openings in the state of South Carolina to exceed the number of graduates produced (see Table and references on following page).

Impact of proposed degree on other graduate degrees or programs in the university:

The proposed MPH in Biostatistics, to be housed in Department of Public Health Sciences (DPHS) at MUSC, complements programs in the College of Graduate Studies (CGS) and the College of Medicine (COM) at MUSC by emphasizing breadth of knowledge and experience across the various disciplines of public health, while providing rigor in biostatistics. This degree program will also augment other professional clinical degree programs available at MUSC, such as DMD, Physician Assistants, and Nursing programs, affording students the opportunity to gain important insight and knowledge as they train to become healthcare providers.

The epidemiology and biostatistics program currently offered at MUSC through the College of Graduate Studies (CGS) has a long history, graduating over 80 Master of Science and PhD students since its inception. The program covers a broad spectrum of applied and theoretical coursework focused largely on building skills applicable to basic sciences and clinical trials. The proposed MPH would build from many of these established courses. In contrast to MS or PhD degrees, an MPH in Biostatistics is a professional Master's degree and prepares students for professional roles in biostatistics in all the public health sectors. Currently, no MPH degree programs exist at MUSC. MUSC's Research Strategic Plan identified public health and population sciences as critical areas for further investment. The founding chair of the Department of Public Health Sciences (DPHS) has experience building public health programs. With 21 faculty and extensive extramural funding, DPHS will provide a rich learning environment for students.

Relationship with Existing Programs at Other Institutions: The only other MPH program in the state is offered by the University of South Carolina (USC) Arnold School of Public Health. Due to the increasing workforce demand for public health professionals and the recent expansion of undergraduate programs to include degrees in public health, there is a growing need for additional graduate training programs in Public Health. For example, in 2012 the College of Charleston received approval to offer BS and BA

degrees in Public Health. These baccalaureate programs have grown quickly, and currently there are over 250 enrolled students with a declared major in Public Health. The proposed MPH in Biostatistics at MUSC provides a natural extension of the undergraduate program offered at the College of Charleston. Moreover, once an MPH program is developed at MUSC, dual degree programs could be developed including BS/MPH (with the College of Charleston), MD/MPH, PhD/MPH, DMD/MPH and DPT/MPH.

Program Demand and Productivity

The anticipated student pool includes physicians, nurses, academic staff, and students in healthcare training programs at MUSC, employees from health- and environment-related organizations, and new graduates from undergraduate programs in Public Health. We anticipate recruiting 10-15 students in the first year of the program and 20-25 students admitted annually in five years.

Employment Opportunities for Graduates

The proposed MPH in Biostatistics will train graduates for careers in epidemiology and biostatistics; health education and promotion, and health policy. They would be recruited for employment in a host of settings, including government regulatory agencies; health services administration; environmental health agencies; health services and pharmaceutical industries. Based on national and state-specific statistics, example areas of employment in the table below show that these positions are expected to grow over the coming decade.

United States	Employment		Percent Change	Projected annual job openings
	2012	2022		
Statisticians	27,600	34,900	+27%	1,610
Health Technologists and Technicians, All Other	90,000	114,600	+27%	3,310
Medical Scientists, Except Epidemiologists	103,100	116,800	+13%	3,550

South Carolina	Employment		Percent Change	Projected annual job openings
	2010	2020		
Statisticians	270	310	+16%	20
Health Technologists and Technicians, All Other	860	1,050	+22%	40
Medical Scientists, Except Epidemiologists	160	240	+47%	10

National Data Source: Bureau of Labor Statistics

State Data Source: SC Employment Security Commission

Course Content and Administration

The MPH degree in biostatistics will require students to take 45 hours of course work, including fifteen credit hours in five core courses required by the field's professional accreditation agency (biostatistics, epidemiology, environmental health science, health services administration, and social and behavioral sciences). During their second year, students will complete an internship (for 6 credit hours) and demonstrate their knowledge in a capstone project (3 credit hours).

Year 1 – *Denotes required core public health coursework	Year 2
<i>Fall Semester, Year 1</i> <ul style="list-style-type: none"> • Principles of Epidemiology I (3)* • Biostatistics Methods I (3)* • Social and Behavioral Sciences (3)* <i>Spring Semester, Year 1</i> <ul style="list-style-type: none"> • Principles of Epidemiology II (3) • Biostatistics Methods II (3) • Environmental Health Sciences (3)* <i>Summer Semester, Year 1</i> <ul style="list-style-type: none"> • Public Health Policy and Health Services Research* (3) • Analysis of Biomedical Data (3) • Computing for Biostatistics (2) • Elective Coursework (3) 	<i>Fall Semester, Year 2</i> <ul style="list-style-type: none"> • Elective Coursework (6) • Design and Analysis of Survey Data (3) • Public Health Seminar (1) <i>Spring Semester, Year 2</i> <ul style="list-style-type: none"> • Internship (6) • Capstone Project (3)

Articulation and Inter-institutional Cooperation

MUSC seeks to strengthen the current collaborative relationships with College of Charleston, Clemson and the University of South Carolina. MUSC and USC have a Memorandum of Understanding for a dual degree MD/MPH (General) program established in 2004 and amended in 2009 with most of the MPH credits completed at USC. This program has not been broadly used by MUSC MD students due to logistical issues and lack of interest in the general MPH. Two students will graduate in spring 2014 with the MD/MPH. At the present time, we have only one additional student officially in the program. This option will remain in place.

The MPH at MUSC in specific concentration areas, including Biostatistics, is very appealing and would give MUSC an opportunity to design a better integrated dual-degree experience. Informal discussions with the College of Charleston and USC have identified several potential avenues for collaboration, and MUSC would welcome exploration and discussion to maximize resources and improve students' experience.

Estimate of Costs

DPHS currently offers courses meeting core requirements in epidemiology and environmental health sciences. It also currently offers all of the required courses and electives in biostatistics. Faculty with the ability to teach core courses on social and behavioral sciences and health services administration and policy currently reside within DPHS or hold adjunct appointments with DPHS. Existing faculty will serve as course instructors. Additional teaching assistants will be hired as necessary and funded entirely from tuition. Additional faculty effort will be needed to supervise the MPH culminating experience projects, and additional space and computing equipment will be needed for students. The total new costs for this program are estimated to be less than \$50,000 annually, for which the College of Medicine has already budgeted.

Medical University of South Carolina
Department of Public Health Sciences



Program Planning Summary

MPH in Epidemiology

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

Date

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

Date

Contact Information:

John E. Vena, PhD
Professor and Founding Chair
Department of Public Health Sciences
Medical University of South Carolina
135 Cannon St., MSC 835
Charleston SC 29455
Tel 843 876 8687
Cell 843 696 8720
Email: vena@musc.edu

Program Planning Summary New Program

Institution: Medical University of South Carolina

Academic Unit: Department of Public Health Sciences

Name of Program: Master of Public Health in Epidemiology (MPH - Epidemiology)

CIP Code: 26.1309

Proposed date of implementation: Fall 2015

Qualification for Palmetto Fellows Scholarship or LIFE Scholarship: No

Delivery mode: Traditional

Justification of the Need for the Proposed Program

The proposed Master of Public Health in Epidemiology (MPH-Epidemiology) to be housed in the Department of Public Health Sciences (DPHS) in the College of Medicine (COM) at MUSC will fill a growing need in the state and the country for professionals with expertise in public health. A 2002 Institute of Medicine report specifically recommends “increasing integrated learning opportunities for students in public health and other related health science professions”.¹ The report highlights the role of prevention and community-based participatory research as a critical step to improve the health of the nation. The proposed MPH in Epidemiology helps to address this need, providing an integrated public health learning opportunity for students seeking a professional degree, as well as an opportunity for nurses, doctors, dentists, pharmacists, and allied health professionals to bolster their credentials and enhance their understanding of how their practice can best meet the public health needs in the future.

The increasing demand for midlevel public health professionals, MUSC’s standing as a premier research institution of higher learning, and the vast student pool offer unparalleled opportunities to attract graduate students for MPH training. In a market economy that is increasingly competitive, midlevel professionals in the field of public health play a significant role in contributing to the health and wellbeing of South Carolina citizens and the economic development of the state.

Relationship with Existing Programs within MUSC: The proposed MPH in Epidemiology, to be housed in DPHS, does not duplicate any other programs at MUSC. It complements existing programs in the College of Graduate Studies (CGS), specifically, the PhD in Biometry and Epidemiology and the Master of Science in Clinical Research, by providing breadth of knowledge across the disciplines in public health while providing rigor in epidemiology. In contrast to the MSCR and PhD degrees, which focus on teaching students the research skills needed to conduct clinical and population based studies, an MPH in Epidemiology is a professional degree and prepares students for professional roles in epidemiology in all the public health sectors. Currently, no MPH degree programs exist at MUSC. MUSC’s Research Strategic Plan has identified public health and population sciences as critical areas for investment.

Relationship with Existing Programs at Other Institutions: The only other MPH program in the state is offered by the University of South Carolina’s (USC) Arnold School of Public Health. Due to the increasing workforce demand for public health professionals and the recent expansion of undergraduate programs to include degrees in public health, there is a growing need for an additional MPH program in Epidemiology in the state and specifically in the Lowcountry. In 2012 the College of Charleston received approval to offer BS and BA degrees in Public Health. These programs have grown quickly and currently have over 250 enrolled students with a declared Public Health major. The proposed MPH in Epidemiology at MUSC provides a natural extension to the College of Charleston’s undergraduate program. Moreover, once an MPH program is developed at MUSC, dual degree programs could be developed including BS/MPH and BA/MPH (with the College of Charleston), and MD/MPH, PhD/MPH, DMD/MPH, PharmD/MPH and DPT/MPH with other colleges at MUSC.

Program Demand and Productivity

The anticipated student pool includes current practitioners in healthcare at MUSC seeking to gain additional knowledge in public health; students enrolled in current professional degree programs at MUSC; employees from health, environment and related organizations as well as government agencies (such as the NOAA, DHEC, CDC); graduates from regional colleges; and international students. Based on our experience with present MUSC graduate students and the exponential growth of the College of Charleston undergraduate program in Public Health, we anticipate recruiting 10-15 students in the first year with increased enrollment in subsequent years. We expect that within 5 years, the program may enroll up to 40 students per year who concentrate in Epidemiology.

Employment Opportunities for Graduates

The proposed MPH in Epidemiology is a broad professional degree that will provide graduates marketable skills for careers in epidemiology and public health in a wide range of settings, including public health agencies, local and regional health departments, hospitals and other healthcare organizations, government regulatory agencies, not-for-profit agencies, academic institutions, and industry (specifically health services and pharmaceutical industries, both of which are growth industries). Graduates with MPH training are equipped to enter careers in current and projected growth areas, as shown below².

United States	Employment		Percent Change	Projected annual job openings
	2012	2022		
Community Health Workers	40,500	50,700	+25%	2,080
Environmental Scientists and Specialists, Including Health	90,000	103,200	+15%	3,970
Epidemiologists	5,100	5,700	+10%	160
Social and Community Service Managers	132,900	160,600	+21%	5,510

South Carolina	Employment		Percent Change	Projected annual job openings
	2012	2022		
Community Health Workers	460	580	+25%	20
Environmental Scientists and Specialists, Including Health	610	750	+24%	30
Epidemiologists	40	50	+25%	10
Social and Community Service Managers	1,570	1,980	+26%	80

This program will also provide students with the necessary foundation to continue in Epidemiology and Biostatistics PhD programs, or to obtain additional professional degrees in healthcare occupations. There is a high demand for public health physicians (MD/MPH) for health care management and planning³. Further, nurses with an MPH in Epidemiology with a concentration in surveillance of healthcare-associated infections are in high demand throughout the state. MUSC's proposed MPH program is particularly well suited to help fill these needs.

Course Content and Administration

With 21 faculty and extensive extramural funding, DPHS will provide a rich learning environment for students. The MPH in Epidemiology will require a total of 45 hours of course work, including fifteen credit hours in five core courses required by the field's professional accreditation agency (biostatistics, epidemiology, environmental health science, health services administration, and social and behavioral

sciences). During their second year, students will complete an internship (for 6 credit hours) and demonstrate their knowledge in a capstone project (3 credit hours).

MPH-Epidemiology Coursework -- *Denotes required core public health coursework	
Year 1	Year 2
<i>Fall Semester, Year 1</i> <ul style="list-style-type: none"> • Principles of Epidemiology I (3)* • Biostatistics Methods I (3)* • Social and Behavioral Sciences (3)* <i>Spring Semester, Year 1</i> <ul style="list-style-type: none"> • Principles of Epidemiology II (3) • Biostatistics Methods II (3) • Environmental Health Sciences (3)* <i>Summer Semester, Year 1</i> <ul style="list-style-type: none"> • Public Health Policy and Health Services Research* (3) • Design and Conduct, Field Epidemiology (3) • Elective Coursework (3) 	<i>Fall Semester, Year 2</i> <ul style="list-style-type: none"> • Elective Coursework (6) • Seminar (2) • Public Health Seminar (1) <i>Spring Semester, Year 2</i> <ul style="list-style-type: none"> • Internship (6) • Capstone Project (3)

Articulation and Inter-institutional Cooperation

MUSC will seek to strengthen the current collaborative relationships with College of Charleston, Clemson, and USC's Arnold School of Public Health. MUSC and USC have a Memorandum of Understanding for a dual degree MD/MPH (General) program established in 2004 and amended in 2009 with most of the MPH credits completed at USC. This program has not been broadly utilized by MUSC MD students due to logistical issues. Two students will graduate in spring 2014 with this MD/MPH dual degree. At the present time, we have only one additional student officially in the program. This option will remain in place. The MPH at MUSC in concentration areas is very appealing and would give us an opportunity to design a better integrated dual experience and meet the demand. Informal discussions with the College of Charleston and USC have identified several potential avenues for collaboration and MUSC would welcome exploration and discussion to maximize resources and improve students' experience.

Estimate of Costs

DPHS currently offers courses meeting core requirements in biostatistics and environmental health sciences and all of the required courses and electives in epidemiology. Additionally, faculty with the ability to teach core courses on social and behavioral sciences and health services administration and policy currently reside within DPHS or hold adjunct appointments with DPHS. Thus, existing faculty will serve as course instructors. Additional teaching assistants will be hired as necessary and will be funded entirely from tuition. Additional faculty effort will be needed to supervise the MPH culminating experience projects, and additional space and computing equipment will be needed for students. The total new costs for this program are estimated to be less than \$50,000 annually; these costs will be subsumed by the College of Medicine's annual budget.

Sources

1. Institute of Medicine. The Future of the Public's Health in the 21st Century. 2002. The National Academies Press.
2. National Data Source: Bureau of Labor Statistics, Office of Occupational Statistics and Employment Projections Bureau of Labor StatSouth Carolina Employment Security Commission
3. Training Physicians for Public Health Careers. 2007. The National Academies Press.

Medical University of South Carolina
Department of Public Health Sciences



Program Planning Summary

MPH in Health Behavior and Health Promotion

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

Date

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

Date

Contact Information:

John Vena, PhD
Professor and Founding Chair
Department of Public Health Sciences
Medical University of South Carolina
135 Cannon St., MSC 835
Charleston SC 29455
Tel 843 876 8687
Cell 803 479 3376
Email: vena@musc.edu

Program Planning Summary

New Program

Institution: Medical University of South Carolina (MUSC)

Academic Unit: Department of Public Health Sciences (DPHS)

Name of Program: Master of Public Health in Health Behavior and Health Promotion (MPH-HBHP)

CIP Code: 51.2207

Proposed date of implementation: Fall 2015

Qualification for Palmetto Fellows Scholarship or LIFE Scholarship: No

Delivery mode: Traditional

Justification of Need for the Program

The proposed Master of Public Health in Health Behavior and Health Promotion (MPH-HBHP) in the Department of Public Health Sciences (DPHS) in the College of Medicine (COM) will prepare students to 1) lead and collaborate in behavioral and health services research and practice and 2) understand and apply methods to develop, test, evaluate and implement prevention and care strategies to optimize population health and well-being. Students will be prepared to engage in multidisciplinary research focused on social and behavioral determinants of health, and on the effectiveness, efficiency, and equity of health behavior, health services, and policy interventions.

MUSC's Research Strategic Plan identified public health and population sciences as critical areas of further development and investment given the rapid movement of the healthcare industry to focus on public health and modifiable behaviors. Chronic diseases, while the most common and costly of all health problems, are also the most preventable by increasing modifiable health behaviors such as tobacco use, physical activity, alcohol use, and diet.¹ New policy initiatives at state and federal levels emphasize the importance of increased attention to prevention, thereby increasing demand for skilled professionals to lead these initiatives, such as those with Public Health and Health Behavior and Promotion expertise.

Relationship with Existing Programs within MUSC: The proposed MPH-HBHP does not duplicate any other programs at MUSC. It will complement the PhD in Biomedical Sciences and Master of Science in Clinical Research programs. Whereas these programs focus on building research skills applicable to basic sciences and clinical trials, the MPH-HBHP is a professional degree, preparing students for roles in health systems and services research and practice, and health services administration and policy. The proposed MPH-HBHP will also build upon existing collaborations with the South Carolina Clinical and Translational Research Institute (SCTR), and MUSC's College of Nursing, Institute of Psychiatry, and Hollings Cancer Center (HCC).

Relationship with Existing Programs at Other Institutions: The only other MPH program in the state is offered by the University of South Carolina's (USC) Arnold School of Public Health. Due to the increasing workforce demand for individuals trained in public health there is a growing need for additional graduate training programs. The recent expansion of health-related undergraduate programs, such the public health degree program at the College of Charleston, also point to the growing need for MPH programs. Since 2012, the College of Charleston BS and BA programs in Public Health have grown quickly and currently have over 250 enrolled students with a declared major in Public Health and an equally high enrollment in the BA and BS in Psychology majors. The proposed MPH-HBHP would provide a natural extension of these undergraduate programs offered at the College of Charleston.

Program Demand and Productivity

The anticipated student pool includes current healthcare practitioners, behavioral scientists, health services researchers, employees from health, environment, and related organizations including the SC Department of Health and Environmental Control and Centers for Disease Control and Prevention. Other potential applicants include students from MUSC's health-care training programs, graduates from other universities in the state, and international students. Based on our experience with current MUSC graduate enrollment and the exponential growth of the undergraduate program in Public Health at the College of Charleston, we anticipate recruiting 10-20 students in Year 1 and expect that within 5 years, enrollment will increase to 40-50 students. The demand for MPH-trained graduates in the state is expected to exceed the number of graduates that will be produced by our program and USC's program, so the state is well served to have two institutions offering these degrees.

Employment Opportunities for Graduates

The proposed MPH-HBHP will train graduates for careers as leaders in behavioral sciences, community, and health services evaluation and research. Graduates will be equipped to practice in public health agencies, government regulatory agencies, not-for-profit agencies, academic institutions, hospitals, and industry. This degree will provide students with the necessary foundation to obtain additional professional degrees in healthcare occupations if they choose. Some of the occupations these graduates would pursue are shown below; all are high growth fields.

United States	Employment		Percent Change	Projected annual job openings
	2012	2022		
Medical and Health Services Managers	315,500	388,800	+23%	14,990
Healthcare Support Workers, All Other	107,000	124,600	+16%	3,770
Health Educators	58,900	70,100	+19%	2,600
Community Health Workers	40,500	50,700	+25%	2,080

South Carolina	Employment		Percent Change	Projected annual job openings
	2012	2022		
Medical and Health Services Managers	5,000	6,170	+23%	240
Healthcare Support Workers, All Other	1,820	2,110	+16%	60
Health Educators	1,110	1,380	+25%	50
Community and Social Service Specialists	460	580	+25%	20

National Data Source: Bureau of Labor Statistics
State Data Source: SC Employment Security Commission

Course Content and Administration

With 21 faculty and extensive extramural funding, DPHS will provide a rich learning environment for students. The MPH in HBHP will require a total of 45 hours of course work, including 36 didactic credit hours, 6 from an internship, and 3 from a capstone project. Of the 36 didactic credit hours, 15 will cover the five areas of public health (biostatistics, epidemiology, environmental health science, health services administration and policy, and social and behavioral sciences) required by the field's accrediting body, the Council on Education in Public Health.

Table 1. MPH-HBHP Coursework – *Denotes required core public health coursework	
Year 1	Year 2
<i>Fall Semester (9 hours)</i> <ul style="list-style-type: none"> • Principles of Epidemiology I (3)* • Biostatistical Methods I (3)* • Social and Behavioral Sciences (3)* <i>Spring Semester (9 hours)</i> <ul style="list-style-type: none"> • Public Health Policy and Health Services Research (3)* • Introduction to Health Behavior Theory (3) • Environmental Health Sciences (3)* <i>Summer Semester (9 hours)</i> <ul style="list-style-type: none"> • Design & Methods in Health Behavior Research (3) • Design and Conduct of Field Epidemiology (3) • Theory-based Intervention Design (3) 	<i>Fall Semester (9 hours)</i> <ul style="list-style-type: none"> • Elective Coursework (6) • Seminars (2) • Public Health Seminar (1) <i>Spring Semester (9 hours)</i> <ul style="list-style-type: none"> • Internship (6) • Capstone Project (3)

Articulation and Inter-institutional Cooperation

MUSC would seek to strengthen the current collaborative relationships with the College of Charleston, Clemson University, and the Arnold School of Public Health at the University of South Carolina. MUSC and USC have a Memorandum of Understanding for a dual degree MD/MPH (General) program established in 2004 and amended in 2009 with most of the MPH credits completed at USC. This program has not been broadly used by MUSC MD students, primarily due to logistical issues. Two students will graduate in spring 2014 with the MD/MPH. At the present time, MUSC has only one additional student officially in the program. This option will remain in place. The MPH at MUSC in concentration areas is very appealing and would give us an opportunity to design a better integrated dual experience and meet demand. Informal discussions with College of Charleston and USC have identified several potential avenues for collaboration, and MUSC would welcome discussion to maximize resources and improve students' experience.

Estimate of Costs

DPHS currently offers courses meeting core requirements in biostatistics, epidemiology and environmental health sciences. Faculty with the ability to teach core courses on social and behavioral sciences and health policy and health services research currently reside within DPHS or hold adjunct appointments with DPHS. Existing faculty will serve as course instructors. Additional teaching assistants will be hired as necessary and funded entirely from tuition. Additional faculty effort will be needed to plan and develop two new behavioral sciences courses and supervise the MPH culminating experience projects-. Additional space and computing equipment will be needed for students. The total new costs for this program are estimated to be less than \$80,000 annually, for which the College of Medicine has already budgeted.

Sources

1. CDC (2009). Chronic diseases: the power to prevent, the call to control. Accessed April 25, 2014 at <http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/chronic.pdf>

Program Planning Summary

Master of Science in Integrated Preclinical Medicine

Proposing Institution	Medical University of South Carolina
Program Title	Master of Science in Integrated Preclinical Medicine No concentrations, tracks, or options – fixed content curriculum.
Date of Submission	June , 2014
Signature of President of MUSC	
Program Contact	Ben Curry, MS MBA Executive Director of Strategic Projects, College of Medicine curry@musc.edu 843.792.6833 96 Jonathan Lucas Street, MSC 617 Charleston, SC 29425

Program Title:	Master of Science in Integrated Preclinical Medicine (new program)
Concentrations, Options, and Tracks	No concentrations, tracks, or options – fixed content curriculum.
Designation, Type, and Level of Degree	Designation: Science, Type: Medical, Level: Master's Degree
Proposed Date of Implementation:	May, 2015
Scholarship Information:	Graduate level – does not qualify for supplemental Palmetto Fellows Scholarship or LIFE Scholarship awards
Delivery Mode:	Entirely online

Justification

The Master of Science (MS) in Integrated Preclinical Medicine addresses increasing medical student debt, enhances the position of graduates who choose to compete for scarce seats in medical school or other health profession programs, and prepares graduates for employment in the growing healthcare sector.

The cost of medical education and associated student debt in the US are far outpacing the rate of inflation. On average, the median amount of education debt for graduates increased 6.3 percent per year from 1992 to 2012. The Consumer Price Index for the same period was 2.5%.¹ The same trends apply to South Carolina.

To address this situation, we propose the MS in Integrated Preclinical Medicine as the first part of a reorganized way to acquire the MD degree at a lower cost than by the traditional 4-year MD program. This MS program provides a relatively inexpensive, online pathway through the content delivered via classroom lecture in the first two years of MUSC's on-campus integrated MD curriculum. The program is designed for full-time students to graduate with the MS degree in one year. If graduates are then admitted into MUSC's MD program, they would qualify for a special 3-year track leading to the MD degree, pending approval of the modified MD track by the SC Commission on Higher Education and the accrediting body. The net effect would be significant cost savings to the student and corresponding avoidance of student debt.

For graduates who choose to seek a healthcare professional degree from an institution other than MUSC, the MS in Integrated Preclinical Science provides excellent preparation and constitutes a compelling demonstration of the student's ability and commitment. We also expect that over time, other medical schools will follow MUSC's innovative model and offer 3-year MD curricula expressly tailored to students so prepared.

We package the online curriculum as a stand-alone Master's degree instead of as part of an alternate MD track (1) to avoid supporting distinct pricing for various tracks within the MD program, (2) to confer the appropriate credential for the volume of study (36 credit hours) that the program requires, and (3) to give the graduate a marketable degree with which to seek immediate employment if the graduate opts not to pursue a healthcare professional degree such as the MD, PT, PA, or DMD.

Need for Program in South Carolina

Medical education in South Carolina, as in the rest of the USA, is expensive for students and for the institutions subsidizing it. In 2013-2014, in-state tuition at MUSC for the first two years of medical school totaled \$66,776. The average debt of indebted 2009 graduates from MUSC's College of Medicine was \$161,063. The average debt of indebted 2013 graduates was \$192,073, an average compounded annual increase of 4.5%. This rate of increase is unsustainable for South Carolina's students. The MS in Integrated Preclinical Medicine would help ameliorate this problem.

The proposed Master's is also needed to prepare graduates for immediate employment in South Carolina's growing healthcare sector. (See the Employment Opportunities section below.)

Relationship to Existing Programs at the Medical University of South Carolina

The MS in Integrated Preclinical Medicine does not guarantee admission into any other academic program. However, for graduates who are admitted into MUSC's MD program, the proposed MS will fit seamlessly with a 3-year track designed expressly to provide the hands-on learning activities and the clinical experiences that complement the MS program and yield a comprehensively trained physician. That track will provide the traditional in-person experiences of medical school, such as labs and objective structured clinical examinations (OSCE), the clinical training traditionally provided in the final two years of medical school, as well as special emphasis on topics not emphasized in traditional four-year MD programs. The MS in Integrated Preclinical Medicine will also be excellent preparation for Physician's Assistant, Physical Therapist, Dental, and Pharmacy programs.

¹ James "Jay" Youngclaus and Julie A. Fresne, "Physician Education Debt and the Cost to Attend Medical School, 2012 Update," Association of American Medical Colleges, February, 2013: <https://www.aamc.org/download/328322/data/statedebtreport.pdf>

Extent to Which Program Duplicates Existing Programs in South Carolina

MUSC's College of Graduate Studies is currently seeking approval of an "MS in Medical Sciences." That program is distinct from the MS program proposed here. (1) The MS in Medical Sciences covers the basic sciences in traditional, distinct courses, such as biochemistry, immunology, and histology. The MS in Integrated Preclinical Medicine, proposed here, integrates the teaching of all the basic sciences in each of the courses in the curriculum, which is organized around human physical systems and classes of diseases. (2) All the topics covered in the MS in Integrated Preclinical Medicine curriculum are anchored to clinical scenarios. (3) The MS in Medical Science is an on-campus program. The MS in Integrated Preclinical Medicine, proposed here, will be an entirely online program.

Other MS programs in the state are listed below, with references to what distinguishes them from the proposed program.

Institution	Master's Degree Areas	Distinction(s)
USC – Upstate	Health Sciences (proposed for implementation in Fall, 2014)	On-campus program; traditional basic science courses rather than an integrated curriculum.
Clemson University	Biological Sciences and Microbiology	Focused on improving skills of K-12 teachers
College of Charleston	Environmental Studies, Marine Biology	No medical focus
USC – Columbia	MS in Biological and Biomedical Sciences	Multi-year, research-oriented degrees
Claffin University	MS in Biotechnology	Focused on forensics and plant life
The Citadel	MSs in Computer Science and Sports Science	No medical focus
Winthrop University	MSs in Biology, Psychology, and Nutrition	No basic science for medicine focus
Coastal Carolina	MSs in Marine and Environmental Sciences	No medical focus

Program Demand and Productivity

With increasing applications to medical school comes higher demand for educational experiences that distinguish the applicants. The financial incentives to earn the proposed MS, among students who plan afterward to earn the MD at MUSC, will drive demand for the proposed MS program. By 2019, we expect 3-year MD programs to emerge outside MUSC which would receive holders of this MS degree. Such programs constitute a relatively less expensive route to the MD than the traditional 4-year program. Since this degree is fully online, there are no geographic impediments to enrolling in the program. For these reasons, we believe the demand for this degree will be higher than the capacity at which we plan to staff the program.

We surveyed the current students of MUSC's College of Medicine to assess demand for this program. Nearly 58% of our 693 students (i.e., average class size of 173 students) responded. The survey asked for the likelihood that the respondent would have applied to this Master's program if it had been available when the respondent was applying to medical school. Response choices were: Definitely Not, Not Likely, Likely, and Certainly. Over 31% of respondents chose "Likely" and over 14% chose "Certainly."

Our plan is to grow this program to 200 full-time students by 2019. We can support this capacity with existing MUSC College of Medicine faculty, helped by teaching assistants, to ensure high-quality academic support for students. This program will have students enter and graduate from the program in every academic term. We project that after 2019, completions will fluctuate between 160 and 190 graduates per year.

Employment Opportunities for Graduates

Most graduates from this MS program are expected to continue their studies with a healthcare professional degree program. However, for those who choose immediately to seek employment, the proposed program will prepare the graduates for positions in the healthcare, biotechnology, pharmaceutical, education, and academic research industries. Projected availability of such positions in the USA and in South Carolina is tabulated below.

United States	Employment		Percent Change	Projected Annual Job Openings *
	2012	2022		
Life, Physical, and Social Science Technicians, All Other	63,900	70,400	+10%	3,160
Medical and Health Services Managers	315,500	388,800	+23%	14,990
Sales Representatives, Wholesale and Manufacturing, Technical and Scientific Products	382,300	419,500	+10%	11,180
Health Educators	58,900	70,100	+19%	2,660
Biological Technicians	80,200	88,300	+10%	3,210

Health Technologists and Technicians, All Other	90,400	114,600	+27%	3,310
Biological Science Teachers, Postsecondary	61,400	73,400	+20%	2,120
Ophthalmic Laboratory Technicians	31,000	34,700	+12%	1,420

South Carolina	Employment		Percent Change	Projected Annual Job Openings *
	2010	2020		
Life, Physical, and Social Science Technicians, All Other	220	230	+5%	10
Medical and Health Services Managers	5,000	6,170	+23%	240
Sales Representatives, Wholesale and Manufacturing, Technical and Scientific Products	3,780	4,290	+13%	140
Health Educators	1,110	1,380	+25%	50
Biological Technicians	430	470	+9%	20
Health Technologists and Technicians, All Other	860	1,050	+22%	40
Biological Science Teachers, Postsecondary	540	640	+17%	20
Ophthalmic Laboratory Technicians	410	480	+18%	20

* Projected Annual Job Openings refers to the average annual job openings due to growth and net replacement.

National Data Source: Bureau of Labor Statistics, Office of Occupational Statistics and Employment Projections

State Data Source: South Carolina Employment Security Commission

Curriculum

The proposed MS program will comprise twelve courses, which address biomedical foundational concepts, normal physical or mental systems, and diseased systems.

1. Foundations in Biomedical Science	2. Musculoskeletal System	3. Cardiovascular and Respiratory Systems	4. Renal and Gastrointestinal Systems
5. Urogenital and Reproductive Systems	6. Cognition	7. Foundations 2	8. Autoimmunity, Neoplasia, Hematologic Diseases
9. Dermatologic, Pediatric, Reproductive Diseases	10. Renal, Cardiopulmonary Diseases	11. Psychiatric, Neurologic Diseases	12. Metabolic, Gastrointestinal, Endocrine Diseases

The curriculum integrates into these courses the following scientific and medical practice themes: Structure and Function; Homeostasis and Regulation; Molecules and Energetics; Fundamentals of Patient Care; Altered Structure and Function; Pathogens and Host Defense; and Pharmacotherapeutics and Nutrition. The curriculum is designed for completion in three terms by a full-time student. Part-time students can take up to three years to complete the curriculum, notwithstanding restrictions on federal financial aid.

Articulation and Inter-institutional Cooperation

Because no similar programs are offered by other institutions in the state (or the country), there have been no efforts to link this program to others. However, the innovative nature of this program may open opportunities for program linkages in the future. We would welcome exploring such opportunities with institutions in South Carolina and beyond.

Estimate of Costs

Program development costs are projected to be \$830,000. This figure includes \$395,000 pay and fringe benefits for a team of 36 faculty members and 4 administrators, to translate existing lecture content from MUSC's on-campus MD program to an interactive online format. The remaining \$435,000 is budgeted for creation of original and licensing of existing still and animated graphic media content. These development costs will be funded by the College of Medicine. Annual cost to maintain and update the course content (beginning in fiscal year 2016) is projected to be less than \$71,000. Existing faculty will serve as course instructors and teaching assistants. Additional teaching assistants will be hired as necessary and funded entirely from tuition.


END OF DOCUMENT



College of Nursing
Office of the Dean
99 Jonathan Lucas Street
MSC 160
Charleston, SC 29425-1600
www.musc.edu/nursing

MEMORANDUM

TO: Mark Sothmann, PhD
Interim President & Vice President for Academic Affairs & Provost

FROM: Gail W. Stuart, PhD, RN, FAAN 
Dean & Distinguished University Professor

As you aware, the MUSC Board of Trustees endorsed the College of Nursing's intention to re-open the RN-BSN program. This request will be submitted to the Commission on Higher Education in May.

Part of the College's due diligence has been a survey of the academic charge for such programs with which we will compete for the best students. As such, the College would like to request a per term academic charge of \$5,480 for both in state and out of state students. For the three-semester program of study, total charge including fees would be \$20,000. All fees currently in place will be charged to these students and will not be otherwise affected.

If approved, this academic charge rate would be effective for the fall semester, 2014. Please let me know if you have any questions or need any further information.

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: David G. Clark, M.D.

Date: 2/24/2014

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>
1990	Auburn University	B.S.	Biology
1994	University of Alabama	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Transitional Internship	Carraway Methodist Medical Center	07/1994 - 06/1995

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Neurology Residency	Wake Forest University School of Medicine	07/1995 - 06/1998
Cognitive and Behavioral Neurology Fellowship	VA Greater Los Angeles and University of California-Los Angeles	07/2001 - 06/2005

Board Certification:

American Board of Psychiatry and Neurology

Date: 2002-present

Diplomate in Behavioral Neurology and Neuropsychiatry

Date: 2007-present

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
10/2005 - Present	Assistant Professor	University of Alabama at Birmingham	Neurology

First Appointment to MUSC:

Rank : Associate Professor

Date : 2014

Medical University of South Carolina
College Of Medicine
ABBREVIATED CURRICULUM VITAE

Name: Gregory A. Coté, MD, MS
 Citizenship and/or Visa Status: US

Date: 2/17/2014

Office Address: TBD

Telephone: TBD

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1997	Northwestern University	B.A.	History
1997	Northwestern University	B.A.	Medical Education
2001	Northwestern University Medical School	M.D.	Medicine
2008	Northwestern University	M.S.	Clinical Investigation

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident, Internal Medicine	McGaw Medical Center, Northwestern University	07/2001 - 06/2004
Chief Medical Resident, Internal Medicine	McGaw Medical Center, Northwestern University	07/2004 - 06/2005
Fellow, Gastroenterology & Hepatology	McGaw Medical Center, Northwestern University	07/2005 - 06/2008
Advanced Endoscopy Fellow, Gastroenterology & Hepatology	Washington University in St. Louis	07/2008 - 06/2009

Board Certification:

American Board of Internal Medicine	Date: 2004-2014
American Board of Internal Medicine, Gastroenterology	Date: 2008-2018

Licensure:

Licensed Physician and Surgeon, State of Missouri	Date: 01/31/2010
Controlled Substances Registration, State of Missouri	Date: 02/28/2011
Licensed Physician and Surgeon, State of Illinois	Date: 07/31/2011
Controlled Substances Registration, State of Illinois	Date: 07/31/2011
Drug Enforcement Administration	Date: 08/31/2016
Licensed Physician, State of Indiana	Date: 10/31/2013
Controlled Substances Registration, State of Indiana	Date: 10/31/2013

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
07/2004 - 06/2005	Instructor	Northwestern University Feinberg School of Medicine	Medicine
07/2008 - 06/2009	Instructor	Washington University in St. Louis School of Medicine	Medicine Division of Gastroenterology
07/2009 - Present	Assistant Professor	Indiana University School of Medicine	Medicine Division of Gastroenterology & Hepatology

First Appointment to MUSC: Rank: Associate Professor

Date: 2014

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: J. Alan Diehl, Ph.D.

Date: 4/23/2014

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>
1990	North Carolina State University	B.S.	Biochemistry
1995	University of Missouri, Columbia	Ph.D.	Biochemistry

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1995 - 1999	Research Associate	Howard Hughes Medical Institute, St. Jude Children's Research Hospital	Tumor Cell Biology
1999 - 2001	Assistant Professor	The Epply Institute for Research in Cancer and Allied Diseases	
1999 - 2001	Assistant Professor	University of Nebraska	Pathology and Microbiology
1999 - 2001	Assistant Professor	University of Nebraska	Biochemistry and Molecular Biology
2001 - 2005	Assistant Professor	University of Pennsylvania School of Medicine	Cancer Biology
2005 - 2009	Associate Professor	University of Pennsylvania School of Medicine	Cancer Biology
2009 - Present	Professor	University of Pennsylvania School of Medicine	Cancer Biology
2014 - Present	Professor	Medical University of South Carolina	Biochemistry and Molecular Biology

First Appointment to MUSC:

Rank : Professor

Date : 2014

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: B. Joseph Elmunzer, MD, MSc.

Date: 1/22/2014

Citizenship and/or Visa Status:

Telephone: TBD

Office Address: TBD

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1998	University of Miami	B.S.	Biology
2002	University of Miami School of Medicine	M.D.	Medicine
2012	University of Michigan	M.Sc.	Health and Healthcare research

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident in Internal Medicine	University of Texas-Southwestern Medical Center / Parkland Memorial Hospital, Dallas, TX	07/2002 - 06/2005
Fellow in Gastroenterology and Advanced Endoscopy	University of Michigan Medical Center, Ann Arbor, MI	07/2005 - 06/2008
Special fellow in developmental endoscopy and natural orifice transluminal endoscopic surgery research	University Hospitals Case Medical Center, Cleveland, OH	08/2007 - 12/2007

Board Certification:

American Board of Internal Medicine Date: 2005

American Board of Internal Medicine, Gastroenterology Date: 2008

Licensure:

Michigan Medical License Date: 2004

South Carolina Medical License Date: Pending

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
07/2008 - 03/2011	Lecturer	University of Michigan	Internal Medicine Division of Gastroenterology
04/2011 - Present	Assistant Professor	University of Michigan	Internal Medicine Division of Gastroenterology

First Appointment to MUSC: Rank : Associate Professor

Date : 2014

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Bruce Ovbiagele, M.D., M.Sc.

Date: 4/22/2014

Citizenship and/or Visa Status:

Office Address: 96 Jonathan Lucas Street, CSB 301, MSC 606, Charleston, SC, 29425 Telephone: 843-792-3224

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1991	University of Lagos	M.D.	Medicine
2009	University of California, Los Angeles	M.Sc.	Clinical Research
2012	University of California, San Diego	M.A.	Leadership of Healthcare Organizations

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Dual Internships in Psychiatry and Internal Medicine	Los Angeles County/King-Drew Medical Center	1996 - 1998

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency in General Neurology	University of California, Irvine Medical Center and Long Beach Veterans Affairs Medical Center	1998 - 2001
Fellowship in Vascular Neurology	University of California, Los Angeles, Medical Center	2001 - 2002

Board Certification:

American Board of Psychiatry and Neurology: General Neurology	Date: 2004
Certifying Commission in Medical Management: Medical Management	Date: 2011

Licensure:

California	Date: 1998
Drug Enforcement Administration	Date: 1998
American Board of Psychiatry and Neurology: Vascular Neurology	Date: 2005

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2001 - 2002	Clinical Instructor	University of California, Los Angeles	Neurology
2002 - 2007	Assistant Professor	University of California, Los Angeles	Neurology
2007 - 2010	Associate Professor	University of California, Los Angeles	Neurology
2011 - 2012	Professor	University of California, San Diego	Neurosciences
2012 - Present	Professor	Medical University of South Carolina	Neurosciences Division of Neurology

First Appointment to MUSC:

Rank : Professor

Date : 2012

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Cheves M. Smythe, M.D.

Date: 3/20/2014

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

Office Address: The University of Texas Health Science Center at Houston,
6431 Fannin, MSB 1.108, Houston, TX, 77030 Telephone: (713) 500-6710

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1947	Harvard Medical School	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Intern and Asst. Resident	Harvard Medical Service Boston City Hospital	1947 - 1949

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident	Chest Service - Bellevue	1949 - 1950
Research Fellow	Presbyterian Hospital New York (American College of Physicians and Life Insurance Medical Fund) New York	1950 - 1952
Chief Resident	Harvard Medical Services Boston City Hospital	1954 - 1955

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1955 - 1956	Instructor	Medical College of South Carolina	Medicine
1956 - 1958	Associate	Medical College of South Carolina	Medicine
1958 - 1960	Assistant Professor	Medical College of South Carolina	Medicine
1960 - 1966	Associate Professor	Medical College of South Carolina	Medicine
1966 - 1970	Lecturer	Northwestern University School of Medicine	Medicine
1970 - Present	Professor	The University of Texas Medical School- Houston	Internal Medicine
1982 - 1985	Professor	Aga Khan University, Pakistan	Medicine
1990 - 1991	Professor	Aga Khan University, Pakistan	Medicine
1991	Adjunct Professor	The University of Texas Medical School- Houston	Family Practice and Community Medicine

First Appointment to MUSC:

Rank : Clinical Professor

Date : 2014

Medical University of South Carolina

College Of Nursing

ABBREVIATED CURRICULUM VITAE

Name: Kenneth J. Ruggiero, Ph.D.

Date: 4/8/2014

Citizenship and/or Visa Status:

Office Address: 67 President Street MSC 861, Charleston, SC, 29425, USA Telephone: 843-792-2945

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1995	State University of New York, Buffalo	B.A.	Psychology
1998	West Virginia University	M.A.	Psychology
2001	West Virginia University	Ph.D.	Psychology

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Psychology Intern	Medical University of South Carolina	07/2000 - 07/2001

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Fellow	Medical University of South Carolina	07/2001 - 07/2003

Board Certification:

Licensure:

South Carolina #886

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2003 - 2005	Instructor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2005 - 2008	Assistant Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2008 - 2013	Associate Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2014 - Present	Professor	Medical University of South Carolina	College of Nursing
2014 - Present	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences

First Appointment to MUSC:

Rank : Instructor

Date : 2003

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: J. Alan Diehl, M.D.

Date: 4/2/2014

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>
1990	North Carolina State University	B.S.	Biochemistry
1995	University of Missouri, Columbia	Ph.D.	Biochemistry

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1995 - 1999	Research Associate	Howard Hughes Medical Institute, St. Jude Children's Research Hospital	Tumor Cell Biology
1999 - 2001	Assistant Professor	The Epply Institute for Research in Cancer and Allied Diseases	
1999 - 2001	Assistant Professor	University of Nebraska	Pathology and Microbiology
1999 - 2001	Assistant Professor	University of Nebraska	Biochemistry and Molecular Biology
2001 - 2005	Assistant Professor	University of Pennsylvania School of Medicine	Cancer Biology
2005 - 2009	Associate Professor	University of Pennsylvania School of Medicine	Cancer Biology
2009 - Present	Professor	University of Pennsylvania School of Medicine	Cancer Biology

First Appointment to MUSC:

Rank : Professor

Date : 2014

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: B. Joseph Elmunzer, MD, MSc.

Date: 1/22/2014

Citizenship and/or Visa Status:

Telephone: TBD

Office Address: TBD

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1998	University of Miami	B.S.	Biology
2002	University of Miami School of Medicine	M.D.	Medicine
2012	University of Michigan	M.Sc.	Health and Healthcare research

Graduate Medical Training:*(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident in Internal Medicine	University of Texas-Southwestern Medical Center / Parkland Memorial Hospital, Dallas, TX	07/2002 - 06/2005
Fellow in Gastroenterology and Advanced Endoscopy	University of Michigan Medical Center, Ann Arbor, MI	07/2005 - 06/2008
Special fellow in developmental endoscopy and natural orifice transluminal endoscopic surgery research	University Hospitals Case Medical Center, Cleveland, OH	08/2007 - 12/2007

Board Certification:

American Board of Internal Medicine	Date: 2005
American Board of Internal Medicine, Gastroenterology	Date: 2008

Licensure:

Michigan Medical License	Date: 2004
South Carolina Medical License	Date: Pending

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
07/2008 - 03/2011	Lecturer	University of Michigan	Internal Medicine Division of Gastroenterology
04/2011 - Present	Assistant Professor	University of Michigan	Internal Medicine Division of Gastroenterology

First Appointment to MUSC: Rank : Associate Professor

Date : 2014

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

	<u>3/31/2014</u>	<u>3/31/2013</u>
Assets		
Cash and cash equivalents	\$720,246	\$979,305
Interest receivable	\$2,151	\$2,280
Accounts receivable - Licensees, net of allowance	\$167,235	\$302,903
Accounts receivable - Other - Long Term	\$81,208	\$81,208
Accounts receivable - MUSC	\$94,152	\$137,263
Prepaid expenses	\$25,279	\$48,015
Investments	\$319,277	\$324,826
Property and equipment, net	\$305	\$632
Total Assets	<u>\$1,409,852</u>	<u>\$1,876,431</u>
 Liabilities and Net Assets		
Liabilities		
Accounts payable	\$105,639	\$128,922
Accounts payable - MUSC	\$354,107	\$363,870
Due to UMA - accrued personnel expenses	\$27,464	\$19,618
Unearned revenue and deposits	\$135,507	\$131,872
Total Liabilities	<u>\$622,717</u>	<u>\$644,282</u>
Net Assets		
Total Net Assets	<u>\$787,136</u>	<u>\$1,232,149</u>
Total Liabilities and Net Assets	<u>\$1,409,852</u>	<u>\$1,876,431</u>

MUSC Foundation for Research Development

Income Statement

For the nine months ended March 31, 2014

	<u>Actual</u>	<u>YTD Budget</u>
Revenues		
Contracts, grants and awards	\$787,500	\$787,500
License fees and royalties	\$223,511	
Distributions to MUSC, inventors and departments	<u>(\$143,977)</u>	
License fees and royalties, net of distributions	\$79,534	\$93,750
Investment income	\$17,523	\$7,500
Other revenues - program services	\$21,177	\$0
Total Revenues	<u>\$905,734</u>	<u>\$888,750</u>
Expenses		
Personnel	\$606,075	\$558,375
Patent prosecution costs, net of recovery	\$171,068	\$258,750
Professional fees	\$27,850	\$26,250
Administrative expenses		
IT maintenance - software and hardware	\$8,256	\$10,575
Telephone	\$7,467	\$8,025
Travel		
Travel - Non-employee	\$12,421	\$15,000
Travel - Employee	\$5,215	\$15,000
Professional development-conferences & continuing education	\$7,594	\$10,463
Office supplies, support and equipment	\$12,801	\$11,775
Real property rental	\$17,200	\$18,750
Lease payments	\$11,920	\$9,000
Insurance	\$10,088	\$11,250
Dues, memberships and subscriptions	\$4,887	\$3,000
Special activities	\$12,223	\$7,500
Depreciation expense	\$46	\$37
Bad debt expense	\$4,160	\$0
Total Administrative expenses	<u>\$114,278</u>	<u>\$120,375</u>
Other expenses - program services	\$16,196	\$0
Total Expenses	<u>\$935,467</u>	<u>\$963,750</u>
NET SURPLUS/(DEFICIT) before transfer of Residuals	<u>(\$29,734)</u>	<u>(\$75,000)</u>
Surplus Funds from FY12 to be used in FY14	\$0	\$75,000
NET SURPLUS/(DEFICIT) before transfer of Residuals	<u>(\$29,734)</u>	<u>\$0</u>
Residuals transferred to MUSC	(\$181,185)	\$0
NET SURPLUS/(DEFICIT)	<u><u>(\$210,919)</u></u>	<u><u>\$0</u></u>

**FACILITIES
ACADEMIC
NEW LEASE-OUT AGREEMENT
FOR INFORMATION**

MAY 15, 2014

DESCRIPTION OF LEASE-OUT AGREEMENT: The Medical University of South Carolina shall temporarily lease-out 1,701 square feet of laboratory space to the College of Charleston. This lease-out will accommodate their laboratory needs during the renovation of the College of Charleston's Biology Building. The College of Charleston shall occupy QF402, QF403 and QF403A within the F Building located at 280 Calhoun Street. The per square foot rate for this lease-out is \$35.12. The monthly amount will be \$4,978.26, resulting in an annual amount of \$59,739.12. Rent shall adjust annually based on the Funds Flow Model, not to exceed 5%.

The Medical University of South Carolina shall have the right to terminate this agreement at any time with a 6-month written notice.

NEW LEASE-OUT AGREEMENT X
RENEWAL LEASE-OUT AGREEMENT

LANDLORD: Medical University of South Carolina

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

TENANT NAME AND CONTACT: College of Charleston, Alyson Goff, 953-2068

SOURCE OF FUNDS: College of Charleston

LEASE TERMS:

TERM: Two (2) Years [8/1/2014 - 7/31/2016]

AMOUNT PER SQUARE FOOT: \$35.12

ANNUALIZED LEASE AMOUNT:

Year 1 \$59,739.12

Year 2 \$62,726.08

TOTAL AMOUNT OF LEASE: \$122,465.20

EXTENDED TERM(S): To be negotiated.

OPERATING COSTS:

FULL SERVICE X

NET

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
MAY 15, 2014**

MUSC Indefinite Delivery Releases

GEL Engineering \$990.00

Perform the collection and laboratory analysis of up to two wastewater samples in support of the Rutledge Tower Garage Restriping project.

GEL Engineering \$570.00

Perform laboratory analysis of water samples for lead concentration in support of the Rutledge Tower Garage Restriping Project.

S&ME, Inc. \$2,950.00

Perform asbestos bulk sampling and analysis of suspect asbestos-containing materials in support of the Basic Science Building/Colbert Education Center Tunnel Steam and Chilled Water Piping Replacement project.

GWA, Inc. \$38,100.00

Provide electrical engineering services for the Clinical Sciences Building Emergency Power Transformer project.

S&ME, Inc. \$530.00

Perform asbestos air monitoring in support of the Basic Science Building Craniofacial Biology Research Renovation project.

S&ME, Inc. \$715.00

Provide lead based paint testing of the exterior Sebring Aimar House in support of the renovation project.

Forsberg Engineering \$19,600.00

Provide appraisal study of existing parking garage structure and recommendations to remediate deficiencies or damage in support of the Parking Garage I Waterproofing and Masonry Repairs project.

GWA, Inc. \$27,600.00

Provide electrical engineering services for the Thurmond Gazes power distribution modification at the request of Engineering and Facilities.

MUSC 230s

Lauren Sanchez Design Ltd. \$7,800.00

Provide interior design services for Sebring Aimar House at the request of the customer.

Other Contracts

AFL Network Services Inc

\$974.44

Perform site evaluation to provide cabling services to relocate two DAS antennae system cables in support of the Basic Sciences Building Craniofacial Biology Research Lab Renovation project.

SAFEbuilt Carolinas Inc.

\$2,480.00

Provide special inspection services in support of the Psychiatric Hospital Animal AHU Replacement.

IDC Contracts

Rosenblum Coe Architects, Inc.

Provide architectural services on an as-needed basis over a two year period throughout the campus. Individual projects not to exceed \$200,000. Services are not to exceed \$500,000 over a two year period.

Compass 5 Partners, LLC

Provide architectural services on an as-needed basis over a two year period throughout the campus. Individual projects not to exceed \$200,000. Services are not to exceed \$500,000 over a two year period.

GWA, Inc.

Provide electrical engineering services on an as-needed basis over a two year period throughout the campus. Individual projects not to exceed \$200,000. Services are not to exceed \$500,000 over a two year period.

DWG, Inc. Consulting Engineers

Provide electrical engineering services on an as-needed basis over a two year period throughout the campus. Individual projects not to exceed \$200,000. Services are not to exceed \$500,000 over a two year period.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
MAY 15, 2014**

MUSC Indefinite Delivery Releases

Bonitz Contracting & Flooring Group \$2,141.52

Install 540 square feet of VCT and 120 linear feet cove base in support of the Microbiology Immunology Renovations project.

Abate & Insulate, LLC \$481.00

Remove and dispose of asbestos-containing pipe insulation in support of the Basic Science Building Craniofacial Biology Research Laboratory Renovation project.

Abate & Insulate, LLC \$556.00

Remove and dispose of fourteen asbestos-containing fittings with glove bags in support of the Craniofacial Research Lab Renovations project.

Hill Construction Services of Charleston Inc. \$30,410.00

Install chiller blanket and seals on the 7th Floor of the Clinical Science Building as noise and vibration control measures at the request of the customer.

Bonitz Contracting & Flooring Group \$2,965.17

Install 72 square yards of carpet tile and 200 linear feet cove base in Clinical Science Building Rooms HE708BB, DD, EE and FF at the request of the customer.

MSI Construction Co., Inc. \$12,305.00

Replace and repair sheetrock under Wellness Center pool ceiling at the request of the customer.

MUSC General Construction Projects

Nations Roof of Carolina \$398,246.00

Replace roofs of selected areas in support of Quad E Roof Replacement project.

McCarter Mechanical Inc. \$478,800.00

Replace three existing cooling tower pumps on top of the Thurmond Gazes Building in support of the Deferred Maintenance - 2012 project.

Triad Mechanical Contractors, Inc. \$595,709.00

Replace existing air handler unit in support of the Psychiatric Hospital Facility Animal AHU project.