



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
April 10, 2015
8:00 a.m.
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Thursday, May 14, 2015.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of February 13, 2015.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. General Informational Report of the President.

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

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

Board Action:

Item 5. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 6. Medical University Hospital Authority Status Report.

Statement: Dr. Pat Cawley, Vice President for Clinical Operations and Executive Director/CEO – MUHA, 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, Chief Financial Officer - MUHA, 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. Major Purchases.

Statement: Mr. Steve Hargett, Chief Financial Officer - MUHA, will present major purchases for approval.

Recommendation of Administration: That the major purchase be approved.

Recommendation of Committee:

Board Action:

Item 9. Report on Quality and Patient Safety.

Statement: Dr. Danielle Scheurer, Chief Quality Officer - MUHA, will report on Quality and Patient Safety.

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

Recommendation of Committee:

Board Action:

Item 10. Update on MUSC Physicians.

Statement: Dr. Scott Reeves, President – MUSC Physicians, will provide an update.

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

Recommendation of Committee:

Board Action:

Item 11. Legislative Update.

Statement: Mr. Mark Sweatman, Special Assistant to the MUSC President for Governmental Affairs and Board Secretary, will present an update on legislative issues.

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

Recommendation of Committee:

Board Action:

Item 12. Other Committee Business.

CONSENT ITEMS FOR APPROVAL:

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

CONSENT ITEMS FOR INFORMATION:

Item 14. Medical Executive Committee Minutes.

Item 15. Contracts and Agreements.

Item 16. Environment of Care Annual Leadership Report.

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

OLD BUSINESS:

NEW BUSINESS:

Item 17. Facilities Procurements/Contracts Proposed.

Statement: Mr. Steve Hargett, Chief Financial Officer - MUHA, will present procurements/contracts for approval.

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

Recommendation of Committee:

Board Action:

Item 18. Other Committee Business.

CONSENT ITEMS FOR INFORMATION:

Item 19. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 20. Operations and Facilities Report.

Statement: Dr. Pat Cawley, Vice President for Clinical Operations and Executive Director/CEO – MUHA, will present a report on the operations and facilities of the Children's Hospital.

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

Recommendation of Committee:

Board Action:

Item 21. Children's Hospital Financial Report.

Statement: Mr. Steve Hargett, Chief Financial Officer – MUHA, will present the financial report for the Children's Hospital.

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

Recommendation of Committee:

Board Action:

Item 22. Development Activity Report.

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

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

Recommendation of Committee:

Board Action:

Item 23. Children's Hospital Clinical Overview.

Statement: Dr. Mark Scheurer, Chief Medical Officer – Children's Hospital, will present a clinical report on the Children's Hospital.

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

Recommendation of Committee:

Board Action:

Item 24. Women's Services Clinical Overview.

Statement: Dr. Jill Mauldin, Medical Director – Women's Center Service Line, and Ms. Robin Mutz, Administrator – Women's Health and Executive Nursing Director, will present an update on Women's Services.

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

Recommendation of Committee:

Board Action:

Item 25. Other Committee Business.

AUDIT COMMITTEE. CHAIRMAN: DR. RAGIN C. MONTEITH IN THOMAS L. STEPHENSON'S ABSENCE.

OLD BUSINESS:

NEW BUSINESS:

Item 26. KPMG Entrance Conference.

Statement: Ms. Jennifer Hall, Senior Audit Manager with KPMG, will conduct the entrance conference for the FY2015 Financial Statement Audit.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 27. Chief Information Security Officer Update.

Statement: Dr. Frank Clark, Vice President – Information Technology and Chief Information Officer, will provide a report.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 28. Report of the Office of Internal Audit.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 29. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 30. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 31. New Business for the Board of Trustees.

Item 32. Report from the Chairman.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Interim Financial Statements
February 28, 2015

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MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statements of Net Position
February 28, 2015 and June 30, 2014

Assets and Deferred Outflows	At 2/28/2015	FYE 06/30/2014 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 74,600,434	\$ 65,306,824
Cash Restricted for Capital Improvements and Other Programs	25,168,232	14,240,889
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$117,101,689 and \$91,800,000	191,654,019	185,967,616
Due from Third-Party Payors	10,429,871	7,736,020
Other Current Assets	67,131,032	52,731,797
Total Current Assets	368,983,588	325,983,146
Investments Held by Trustees Under Indenture Agreements	47,667,379	44,526,123
Capital Assets, Net	505,852,276	529,810,043
Total Assets	922,503,243	900,319,312
Deferred Outflows	38,322,679	40,905,223
Total Assets and Deferred Outflows	\$ 960,825,922	\$ 941,224,535
 Liabilities and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 15,894,597	\$ 15,574,678
Current Installments of Capital Lease Obligations	480,677	265,386
Current Installments of Notes Payable	1,255,869	1,223,471
Due to Related Parties	5,351,340	7,027,911
Accounts Payable	45,134,794	57,285,376
Accrued Payroll, Withholdings and Benefits	66,852,253	57,017,997
Other Accrued Expenses	4,718,824	9,816,097
Unearned Revenue	3,196,949	-
Total Current Liabilities	142,885,303	148,210,916
Long-Term Debt	362,145,708	372,795,880
Capital Lease Obligations	1,912,649	88,018
Notes Payable	10,130,206	11,076,549
Other Liabilities	-	1,411,592
Total Liabilities	517,073,866	533,582,955
Net Position:		
Invested in Capital Assets, Net of Related Debt	150,338,689	165,859,820
Restricted		
Under Indenture Agreements	47,667,379	44,526,123
Expendable for		
Capital projects	3,354,030	3,357,463
Telemedicine Program	21,814,202	10,883,426
UnRestricted	220,577,756	183,014,748
Total Net Position	443,752,056	407,641,580
Total Liabilities and Net Position	\$ 960,825,922	\$ 941,224,535

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 8 Month Period Ending February 28, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Operating Revenue:		
Net Patient Service Revenue	\$ 810,474,935	\$ 752,287,846
Other Revenue	<u>17,772,721</u>	<u>18,103,423</u>
Total Operating Revenue	<u>828,247,656</u>	<u>770,391,269</u>
Operating Expenses:		
Compensation and Employee Benefits	341,548,331	304,718,052
Services and Supplies	411,118,596	383,990,444
Depreciation and Amortization	<u>40,447,439</u>	<u>34,565,309</u>
Total Operating Expenses	<u>793,114,366</u>	<u>723,273,805</u>
Operating Income (Loss)	35,133,290	47,117,464
NonOperating Revenue (Expense):		
State Appropriation	12,666,667	-
Investment Income	2,685,191	(1,383,358)
Interest Expense	(10,589,484)	(10,593,717)
Loss on Disposal of Capital Assets	(3,785,190)	(2,518,199)
CEP Refinance Issuance Costs	<u>-</u>	<u>(1,254,064)</u>
Total NonOperating Revenue (Expense)	<u>977,184</u>	<u>(15,749,338)</u>
Change in Net Position	<u><u>\$ 36,110,474</u></u>	<u><u>\$ 31,368,126</u></u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

(A Component Unit of MUSC)

SRECNA - Comparative Variance Analysis

For the 8 Month Period Ending February 28, 2015 and 2014

	Current Month		Variance	Comparative Period		Variance	Fiscal Year To Date		Variance	Comparative Period	
	Actual	Budget		Feb 2014	Variance		Actual	Budget		Jul-Feb FY2014	Variance
Operating Revenue:											
Net Patient Service Revenue	\$ 100,759,417	\$ 99,131,260	1.64%	\$ 95,666,212	5.32%		\$ 810,474,935	\$ 793,050,088	2.20%	\$ 752,287,846	7.73%
Other Revenue	2,218,240	2,010,480	10.33%	4,263,716	-47.97%		17,772,721	16,083,840	10.50%	18,103,423	-1.83%
Total Operating Revenue	102,977,657	101,141,740	1.82%	99,929,928	3.05%		828,247,656	809,133,928	2.36%	770,391,269	7.51%
Operating Expenses:											
Compensation and Employee Benefits	42,070,391	43,072,864	2.33%	36,730,972	-14.54%		341,548,331	344,582,912	0.88%	304,718,052	-12.09%
Services and Supplies	49,732,311	48,439,030	-2.67%	52,559,399	5.38%		411,118,596	387,512,240	-6.09%	383,990,444	-7.06%
Depreciation and Amortization	4,980,362	4,637,908	-7.38%	4,583,190	-8.67%		40,447,439	37,103,264	-9.01%	34,565,309	-17.02%
Total Operating Expenses	96,783,064	96,149,802	-0.66%	93,873,561	-3.10%		793,114,366	769,198,416	-3.11%	723,273,805	-9.66%
Operating Income (Loss)	6,194,593	4,991,938	24.09%	6,056,367	2.28%		35,133,290	39,935,512	-12.02%	47,117,464	-25.43%
Operating Margin	6.02%	4.94%		6.06%			4.24%	4.94%		6.12%	
NonOperating Revenue (Expense):											
State Appropriation	1,583,334	-		-			12,666,667	-		-	
Investment Income	(1,047,154)	89,273	-1272.98%	240,684	-535.07%		2,685,191	714,184	275.98%	(1,383,358)	294.11%
Interest Expense	(1,318,802)	(1,370,328)	3.76%	(18,411)	-7063.12%		(10,589,484)	(10,962,624)	3.40%	(10,593,717)	0.04%
Loss on Disposal of Capital Assets	(584)	-	0.00%	(1,610,418)	99.96%		(3,785,190)	-	0.00%	(2,518,199)	-50.31%
CEP Refinance Issuance Costs	-	-	0.00%	(172,485)	100.00%		-	-	0.00%	(1,254,064)	100.00%
Total NonOperating Revenue (Expense)	(783,206)	(1,281,055)	38.86%	(1,560,630)	49.81%		977,184	(10,248,440)	109.53%	(15,749,338)	106.20%
Change in Net Position	\$ 5,411,387	\$ 3,710,883	45.82%	\$ 4,495,737	20.37%		\$ 36,110,474	\$ 29,687,072	21.64%	\$ 31,368,126	15.12%

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses
For the 8 Month Period Ending February 28, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Nursing Services:		
Administration and Education	33,177,411	24,810,411
Medical and Surgical	43,206,908	39,566,769
Pediatrics	12,124,822	10,640,610
Emergency and Trauma Units	14,543,148	13,305,950
Intensive Care Units	39,214,278	36,553,606
Coronary Care Units	2,649,878	2,396,029
Psychiatric	16,045,792	14,864,528
Operating Rooms	27,358,183	23,943,633
Recovery Rooms	3,441,956	2,968,803
Delivery and Labor Rooms	3,408,000	2,847,876
Obstetrics	4,722,340	4,055,633
Total Nursing Services	<u>\$ 199,892,716</u>	<u>\$ 175,953,848</u>
Other Professional Services:		
Laboratories and Laboratory Support	\$ 34,545,109	\$ 32,356,273
Electrocardiology	4,521,203	3,865,531
Radiology	19,927,953	16,999,119
Pharmacy	95,720,462	79,932,876
Heart Catheterization	7,080,723	6,364,184
Central Services and Supply	63,016,110	55,466,804
Anesthesiology	16,036,957	12,677,935
Nuclear Medicine	804,592	779,289
Respiratory Therapy	9,285,979	9,208,296
Physical Medicine	6,155,324	5,318,613
Dialysis	1,386,119	1,348,349
Pathology	2,252,100	2,330,817
Transplant	17,091,153	18,981,228
Other Miscellaneous Services	12,521,703	11,154,465
Medical Records and Quality Assurance	5,314,370	4,994,794
Resident Support	34,151,892	32,881,987
Total Other Professional Services	<u>\$ 329,811,749</u>	<u>\$ 294,660,560</u>
General Services:		
Dietary	\$ 8,422,031	\$ 9,706,708
Plant Ops, Maintenance, Security	41,733,550	39,549,975
Housekeeping	12,257,748	11,591,165
Total General Services	<u>\$ 62,413,329</u>	<u>\$ 60,847,848</u>
Fiscal and Administrative Services:		
Admitting	\$ 4,226,727	\$ 4,407,276
Administration	46,857,496	52,596,541
Shared Services	7,066,503	6,680,777
MUSC Support	7,665,135	14,442,933
Accounting	6,299,062	6,831,894
Hospital Patient Accounting	8,815,806	6,366,755
Marketing	6,604,633	4,725,948
Human Resources	1,962,306	1,712,211
Communications	1,178,952	1,183,923
Computer Services	37,599,463	27,680,630
Total Fiscal and Administrative Services	<u>\$ 128,276,083</u>	<u>\$ 126,628,888</u>
Ambulatory Care:		
Ambulatory Care	\$ 32,273,050	\$ 30,617,352
Total Ambulatory Care	<u>\$ 32,273,050</u>	<u>\$ 30,617,352</u>
Other:		
Depreciation	\$ 40,447,439	\$ 34,565,309
Interest	10,589,484	10,593,717
Loss on Disposal of Capital Assets	3,785,190	2,518,199
CEP Refinance Issuance Costs	-	1,254,064
Total Other	<u>\$ 54,822,113</u>	<u>\$ 48,931,289</u>
Total Expenses	<u>\$ 807,489,040</u>	<u>\$ 737,639,785</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 8 Month Period Ending February 28, 2015

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable	
Operating Revenue:					
Patient Service Revenue:					
Inpatient	\$ 2,000,154,465	\$ 1,333,436,312	\$ 1,268,482,047	\$ 64,954,265	U
Outpatient	1,349,521,262	899,680,840	937,139,957	37,459,117	F
Gross Patient Service Revenue	3,349,675,727	2,233,117,152	2,205,622,004	27,495,148	U
Less: Charity Care	-	-	(57,080,278)	57,080,278	U
Patient Service Revenue net of Charity Care	3,349,675,727	2,233,117,152	2,148,541,726	84,575,426	U
Additions (Deductions) To/From Patient Service Revenue:					
Contractual and Other Adjustments	(2,203,487,824)	(1,468,991,877)	(1,369,305,933)	99,685,944	F
Payment from DHHS	18,628,621	12,419,081	12,419,081	-	F
Disproportionate Share	24,758,598	16,505,732	18,820,061	2,314,329	F
Net Additions (Deductions) To/From Patient Service Revenue	(2,160,100,605)	(1,440,067,064)	(1,338,066,791)	102,000,273	F
Net Patient Service Revenue	1,189,575,122	793,050,088	810,474,935	17,424,847	F
Other Operating Revenue:					
Other and IIT Transfers	24,125,754	16,083,840	17,772,721	1,688,881	F
Total Other Operating Revenue	24,125,754	16,083,840	17,772,721	1,688,881	F
Total Operating Revenue	\$ 1,213,700,876	\$ 809,133,928	\$ 828,247,656	\$ 19,113,728	F
Operating Expenses:					
Nursing Services	\$ 298,889,996	\$ 199,260,000	\$ 199,892,716	\$ 632,716	U
Other Professional Services	477,499,374	318,332,920	329,811,749	11,478,829	U
General Services	91,378,182	60,918,792	62,413,329	1,494,537	U
Fiscal and Administrative Services	180,581,113	120,387,400	128,276,083	7,888,683	U
Ambulatory Care	49,794,058	33,196,040	32,273,050	922,990	F
Other Expenses	55,654,895	37,103,264	40,447,439	3,344,175	U
Total Operating Expenses	1,153,797,618	769,198,416	793,114,366	23,915,950	U
Income (Loss) from Operations	59,903,258	39,935,512	35,133,290	4,802,222	U
NonOperating Revenue (Expense):					
State Appropriation	-	-	12,666,667	12,666,667	F
Interest and Investments	(15,372,655)	(10,248,440)	(7,904,293)	2,344,147	F
Loss on Disposal of Capital Assets	-	-	(3,785,190)	3,785,190	U
Total NonOperating Revenue (Expense)	(15,372,655)	(10,248,440)	977,184	18,796,004	F
Change in Net Position	\$ 44,530,603	\$ 29,687,072	\$ 36,110,474	\$ 6,423,402	F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Functional Expenses - Actual versus Budget
For the 8 Month Period Ending February 28, 2015

	Approved Budget	Year To Date Budget	Actual	Variance Favorable/ Unfavorable
Nursing Services:				
Administration and Education	\$ 53,368,775	\$ 35,579,176	\$ 33,177,411	\$ 2,401,765 F
Medical and Surgical	65,000,742	43,333,832	43,206,908	126,924 F
Pediatrics	16,756,200	11,170,800	12,124,822	954,022 U
Emergency and Trauma Units	21,293,870	14,195,912	14,543,148	347,236 U
Intensive Care Units	58,614,492	39,076,328	39,214,278	137,950 U
Coronary Care Units	3,837,890	2,558,592	2,649,878	91,286 U
Psychiatric	23,555,851	15,703,904	16,045,792	341,888 U
Operating Rooms	40,233,909	26,822,608	27,358,183	535,575 U
Recovery Rooms	4,972,895	3,315,264	3,441,956	126,692 U
Delivery and Labor Rooms	4,918,427	3,278,952	3,408,000	129,048 U
Obstetrics	6,336,945	4,224,632	4,722,340	497,708 U
Total Nursing Services	<u>\$ 298,889,996</u>	<u>\$ 199,260,000</u>	<u>\$ 199,892,716</u>	<u>\$ 632,716 U</u>
Other Professional Services:				
Laboratories and Laboratory Support	\$ 49,958,528	\$ 33,305,688	\$ 34,545,109	\$ 1,239,421 U
Electrocardiology	6,951,865	4,634,576	4,521,203	113,373 F
Radiology	25,672,553	17,115,032	19,927,953	2,812,921 U
Pharmacy	130,917,604	87,278,400	95,720,462	8,442,062 U
Heart Catheterization	10,470,565	6,980,376	7,080,723	100,347 U
Central Services and Supply	81,957,778	54,638,520	63,016,110	8,377,590 U
Anesthesiology	26,920,995	17,947,328	16,036,957	1,910,371 F
Nuclear Medicine	1,224,594	816,400	804,592	11,808 F
Respiratory Therapy	14,774,662	9,849,776	9,285,979	563,797 F
Physical Medicine	10,289,997	6,860,000	6,155,324	704,676 F
Dialysis	2,157,765	1,438,512	1,386,119	52,393 F
Pathology	3,517,050	2,344,704	2,252,100	92,604 F
Transplant	32,764,660	21,843,104	17,091,153	4,751,951 F
Other Miscellaneous Services	18,534,039	12,356,024	12,521,703	165,679 U
Medical Records and Quality Assurance	8,832,400	5,888,264	5,314,370	573,894 F
Resident Support	52,554,319	35,036,216	34,151,892	884,324 F
Total Other Professional Services	<u>\$ 477,499,374</u>	<u>\$ 318,332,920</u>	<u>\$ 329,811,749</u>	<u>\$ 11,478,829 U</u>
General services:				
Dietary	\$ 13,975,070	\$ 9,316,712	\$ 8,422,031	\$ 894,681 F
Plant Ops, Maintenance, Security	59,406,164	39,604,112	41,733,550	2,129,438 U
Housekeeping	17,996,948	11,997,968	12,257,748	259,780 U
Total General Services	<u>\$ 91,378,182</u>	<u>\$ 60,918,792</u>	<u>\$ 62,413,329</u>	<u>\$ 1,494,537 U</u>
Fiscal and Administrative Services:				
Admitting	\$ 6,061,849	\$ 4,041,232	\$ 4,226,727	\$ 185,495 U
Administration	62,494,233	41,662,808	46,857,496	5,194,688 U
Shared Services	9,674,668	6,449,776	7,066,503	616,727 U
MUSC Support	7,851,996	5,234,664	7,665,135	2,430,471 U
Accounting	11,945,121	7,963,416	6,299,062	1,664,354 F
Hospital Patient Accounting	11,482,369	7,654,912	8,815,806	1,160,894 U
Marketing	9,338,539	6,225,696	6,604,633	378,937 U
Human Resources	2,947,868	1,965,248	1,962,306	2,942 F
Communications	2,253,402	1,502,272	1,178,952	323,320 F
Computer Services	56,531,068	37,687,376	37,599,463	87,913 F
Total Fiscal and Administrative Services	<u>\$ 180,581,113</u>	<u>\$ 120,387,400</u>	<u>\$ 128,276,083</u>	<u>\$ 7,888,683 U</u>
Ambulatory Care:				
Ambulatory Care	<u>\$ 49,794,058</u>	<u>\$ 33,196,040</u>	<u>\$ 32,273,050</u>	<u>\$ 922,990 F</u>
Total Ambulatory Care	<u>\$ 49,794,058</u>	<u>\$ 33,196,040</u>	<u>\$ 32,273,050</u>	<u>\$ 922,990 F</u>
Other:				
Depreciation	\$ 55,654,895	\$ 37,103,264	\$ 40,447,439	\$ 3,344,175 U
Interest	16,443,934	10,962,624	10,589,484	373,140 F
Loss on Disposal of Capital Assets	-	-	3,785,190	3,785,190 U
Total Other	<u>\$ 72,098,829</u>	<u>\$ 48,065,888</u>	<u>\$ 54,822,113</u>	<u>\$ 6,756,225 U</u>
Total Expenses	<u>\$ 1,170,241,552</u>	<u>\$ 780,161,040</u>	<u>\$ 807,489,040</u>	<u>\$ 27,328,000 U</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Balance Sheet: As of 2/28/15 and 6/30/14

Assets:

Cash and cash equivalents, including cash restricted for construction and telemedicine projects, increased \$20 million to \$99.7 million from June 30th, 2014. Through 2/28/15 \$2,375,000 of restricted funds has been spent for the Tele-health program and \$225,000 has been spent on ART 7. Cash collections from Hospital Patient Accounting for the first 8 months of FY 15 are up about \$25.6 million from the same period in FY 14, as volumes are up in most clinical areas.

Net patient accounts receivable is up \$5.7 million driven by record revenues this year. The collection percent has decreased from 36.9 to 36.7 during this same period. Year to date case mix index (an indication of patient acuity) at 1.887 is up from last year's 1.862. February's case mix decreased to 1.92 from January's CMI of 1.94. Case mix index for the month of February, 2014 was 1.86.

Other Current Assets increased by \$14.4 million from 6/30/14. Prepaid maintenance contracts (\$3.6 million increase), prepaid hospital license tax (\$1 million) and payroll and other prepaid insurance (\$6.6 million) drove most of the increase.

Liabilities:

As of February, 2015 Current Installments of Long-Term Debt relates to HUD debt for ART and Central Energy Plant. Current Installments of Notes Payable relate to the note payable for the Sabin St. energy plant.

Long term debt (net of deferred issuance costs) decreased \$10.3 million. Prior to the December, 2012 refinancing, principal was paid semi-annually, under the new debt structure, principal is paid monthly. In June, 2013 MUHA accessed the State's loan program to borrow \$13.8 million for the Sabin Street central energy plant project. This is shown in the long term debt section as Notes Payable and has decreased \$914k since June 30.

Other Accrued Expenses decreased by \$5.1 million due to payment of liabilities for capital project related major equipment, FY '07 Medicaid cost report settlement, Epic license fees, and patient refunds.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: For the eight months ended February, 2015 and 2014

Operating Revenues:

Net patient revenue is up 7.7% from the same period last year. Inpatient census is up 3.3% over last fiscal year – driven by increases in all service areas. E R visits are up 7.3%. Inpatient surgical cases are up 4.2%, while ambulatory cases are up 11.6%. Transplant cases are up 6.1% compared to last year. On a volume adjusted basis (adjusted discharges) net patient revenue is down less than 1% at \$18,560 per case.

Operating Expenses:

When compared to last fiscal year, salaries and benefits increased \$36.8 million (12.1%). In preparation for Epic, staffing increased substantially in the last two months of last fiscal year and beginning July 1st previously capitalized salary costs related to Epic is now being expensed. Pay increases and the volume increases discussed above are also driving increased compensation costs. The average hourly rate is up 4.1% from the same period last fiscal year. Total hospital fte's are up 304 from the same period last year but are 92 below budget. Paid fte's per adjusted occupied bed of 6.08 compare favorably to the UHC median of 6.59.

Services and supplies are up 7.1% compared to last year. The increase in equipment operating leases, pharmaceuticals related to the new 340b program and Epic system conversion costs are responsible for the increase. Total Epic related expense (salaries and other) for FY 15 are \$17.4 million. These costs are somewhat offset by the elimination of \$1.5 million in McKesson CPOE costs for 8 months.

Depreciation and Amortization is 17% above the prior year comparative period due to start of depreciation of Epic costs (5 year life).

Non-Operating Expense

Interest expense is flat compared to prior year, as the adoption of GASB 65 offset lower interest related to HUD refinancing.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Budget Comparison:

As of February, 2015 MUHA's net income is \$6.4 million ahead of budget. The operating margin is 4.24% compared to 4.94% budget.

Net patient service revenues are up 2.2% compared to budget, due to increased volumes, while volume related operating expenses such as central supply and pharmacy, increased support for the College of Medicine, and higher administration expenses are above budget by 3.1%.

Investment income is \$1.97 million above budget driven by the current interest rate environment. February experienced a loss in investment income, the first monthly loss since September. The underlying investments are part of the HUD special reserve and mortgage reserve accounts.

Unusual and non-recurring items impacting current month earnings:

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

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

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY
MAJOR PURCHASES FOR
BOARD OF TRUSTEES' APPROVAL
April 9, 2015**

Description of Purchase: Replacement capital equipment items less than \$250,000.

Estimated Cost of Purchase: \$4,294,100

Requisition Number: Various

Department Name(s) and UDAK Number(s): All Service Lines and Strategic Partners

Department Contact Person: All Service Lines and Strategic Partners

Method of Purchase: Hospital Revenue

Vendor Name: Various

New Purchase ____ **Yes** **X** **No**

Replacement of Existing Item(s) **X** **Yes** ____ **No**

Name of Item(s) Being Replaced: Replacement of more than 75 items.

Name and Value of Equipment the Requested Purchase Will Be Used in Conjunction With: N/A

NAME OF EQUIPMENT

VALUE

How this Purchase Will Benefit MUSC: Replacement of current equipment for continued patient care.

Why and How this Purchase Will Benefit MUSC by Having a Vendor Provide this Service vs. MUSC Staff Providing the Service: N/A

Source of Revenue/Savings: Patient Revenue

Amount of Revenue/Savings to be Generated: No additional revenue

Physical Plant Requirements: None

Annual Cost (Maintenance, supplies, etc.) No additional cost

Personnel Cost (to include base salary, fringes, training, etc.) No additional personnel

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY
MAJOR PURCHASES FOR
BOARD OF TRUSTEES' APPROVAL
March 23, 2015**

Description of Purchase: Two (2) Sorin Group S5 Heart/Lung Machines

Estimated Cost of Purchase: \$415,000 (total)

Requisition Number: N/A

Department Name(s) and UDAK Number(s): Perfusion: 97228

Department Contact Person: Rebecca Richburg / Tony Shackelford (Chief Perfusionist)

Method of Purchase: Purchase

Vendor Name: Sorin Group

New Purchase: ☒ Yes ☐ No

Replacement of Existing Item(s): ☒ Yes ☐ No

Name of Item(s) Being Replaced: Terumo 8000 Heart/Lung Machines

Name and Value of Equipment the Requested Purchase Will Be Used in Conjunction With:

NAME OF EQUIPMENT

VALUE

N/A

How this Purchase Will Benefit MUSC:

The heart/lung machine is used when cardiopulmonary bypass is needed to replace the heart and lung functions in order to complete adult and pediatric open-heart surgery. It also serves as the final safety net for all patients at MUSC because it can provide cardiopulmonary support if any patient has cardiac arrest. Our existing Terumo machines are 16 years old and have zero useful life remaining.

Why and How this Purchase Will Benefit MUSC by Having a Vendor Provide this Service vs. MUSC Staff Providing the Service:

By purchasing these two new machines from Sorin Group, perfusion will then have one style of machines across the University Hospital and Ashley River Tower.

Source of Revenue/Savings: Revenue is generated from the adult and pediatric open-heart cases.

Amount of Revenue/Savings to be Generated:

Physical Plant Requirements: N/A

Annual Cost (Maintenance, supplies, etc.):

Personnel Cost (to include base salary, fringes, training, etc.):

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY
MAJOR PURCHASES FOR
BOARD OF TRUSTEES' APPROVAL
(April, 2015)**

Description of Purchase: Siemens Biograph PETCT; Siemens Symbia Gamma Camera; MIM software

Estimated Cost of Purchase: \$2,930,000

Requisition Number: To be generated

Department Name(s) and UDAK Number(s): PET CT, MCCU-9745000-97450-01-00; Nuclear Medicine
MCCU-97448-01-00

Department Contact Person: Michael Ricciardone

Method of Purchase: Lease

Vendor Name: Siemens Medical

New Purchase __XX__ Yes ____ No

Replacement of Existing Item(s) __XX__ Yes ____ No

Name of Item(s) Being Replaced: GE Discovery PET CT; ADAC Argus gamma camera and ADAC
Skylight gamma camera

Name and Value of Equipment the Requested Purchase Will Be Used in Conjunction With:

NAME OF EQUIPMENT

VALUE

AGFA PACS (existing)

\$3M

How this Purchase Will Benefit MUSC: Biograph PETCT replaces 9 year old system. It is the only non-duplicative Radiologic system within MUHA and MUSCP. Patients scanned are typically cancer patients requiring expensive radiopharmaceuticals and reside beyond the Tricounty region. On 3 occasions within the past 6 months, out of town OP's had to be rescheduled or sent to the Ralph Johnson VA for services when the scanner was down due to age and operational issues. The new technology will now increase throughput by at least 30% due to faster acquisition and processing speeds. The gamma camera actually replaces 2 older systems and also a single platform vendor for protocol and operational standardization. Likewise, the MIM software will be installed on all (6) nuclear medicine cameras and making a more seamless platform for the acquisition, processing and sharing of digital images.

Why and How this Purchase Will Benefit MUSC by Having a Vendor Provide these Service vs. MUSC Staff Providing the Service: Vendors are only nuclear medicine software and equipment vendors. MUSC cannot manufacture the hardware or software required.

Source of Revenue/Savings: Sole source of revenue is from “routine” Patient charges, the majority referred from the Cancer Service Line. There is minimal grants/research revenue generated at the present.

Amount of Revenue/Savings to be generated: Cost of avoidance of approx. \$350K in year, incremental contribution margin of approximately \$280K/year due to better throughputs and availability of radiopharmaceuticals

Physical Plant Requirements: “None” though water cooled CT tube technology requires Chiller and back up water sources. Pet CT will be replaced in existing suite requiring shortterm (<6 weeks) mobile system use. No extra space or resources needed for gamma camera.

Annual Cost (Maintenance, supplies, etc.); Supply cost (FDG radiopharmaceutical) is variable. Biomed to assume current maintenance contract w/ new system

Personnel Cost (to include base salary, fringes, training, etc.). No incremental FTE’s anticipated.

FACILITIES & CAPITAL IMPROVEMENTS
HOSPITAL AUTHORITY
CONSTRUCTION PROJECT
FOR APPROVAL

Project Title: UH-3 PET CT Replacement & Gamma Camera

Project Budget: \$ 500,000.00

Source of Funds: Hospital Generated Funds

Justification:

To fund the design and construction of PET CT Suite and installation of a Gamma Camera.

Scope of Work:

Construction budget includes funds for construction of PET CT suite, set-up cost for temporary mobile unit while PET CT suite is under construction, and cost of prepping another room for installation of a Gamma Camera. Total project budget is currently estimated at \$500K with FY16 funding of \$300K.

Note: This new project will maintain a **FY15** neutral budget.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

CONSENT AGENDA

Board of Trustees Meeting
April 10, 2015
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

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

(APPROVAL ITEMS)

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

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

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

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEMS)

Item 14. Medical Executive Committee Minutes.

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

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

Recommendation of Committee:

Board Action:

Item 15. Medical Center Contracts and Agreements.

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

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

Recommendation of Committee:

Board Action:

Item 16. Environment of Care Annual Leadership Report.

Statement: The Environment of Care Annual Leadership Report will be presented for information.

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

Recommendation of Committee:

Board Action:

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

(INFORMATIONAL ITEM)

Item 19. Facilities Contracts Awarded.

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

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

Recommendation of Committee:

Board Action:

Medical Executive Committee - January 21, 2015
The Credentials Committee reviewed the following applicants on January 14, 2015
and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Allison Ross Eckard, M.D.	Active	Pediatrics
Christine Melnyk Litwin, M.D.	Active	Pathology & Lab. Med.
Elysha Lynn Pifko, M.D.	Active	Pediatrics
Catherine Williford Sechrist, M.D.	Active	Pediatrics
Heather Whitt Walker, M.D.	Affiliate	Neurology & Neurosurgery

Medical Staff Reappointment and Clinical Privileges

Andrew M. Atz, M.D.	Active	Pediatrics
Clive D. Brock, M.B.,Ch.B., Ch.B.	Active	Family Medicine
Joseph Robert Cantey, M.D.	Active	Medicine
Philip Costello, M.D.	Active	Radiology
Alexei O. DeCastro, M.D.	Active	Family Medicine
Valerian L. Fernandes, M.D.	Active	Medicine
Bruce M. Frankel, M.D.	Active	Neurology & Neurosurgery
Donald L. Fylstra, M.D.	Active	Obstetrics & Gynecology
Marta T. Hampton, M.D.	Affiliate - R&F	Dermatology
Russell A. Harley, M.D.	Active	Pathology & Lab. Med.
Thomas B. Harper, III, M.D.	Affiliate - R&F	Pediatrics
Grady H. Hendrix, B.A., M.D.	Active	Medicine
Cynthia Lea Hipp, D.D.S., M.S.C.R	Active	O&M Surgery
Christine Anne Holmstedt, D.O.	Active	Neurology & Neurosurgery
Florence N. Hutchison, M.D.	Active	Medicine
Thomas E. Keane, M.D.	Active	Urology
James F Mooney, III, M.D.	Active	Orthopaedics
Roger B. Newman, M.D.	Active	Obstetrics & Gynecology
Terrence X. O'Brien, M.D., M.S.	Active	Medicine
Pamela Jean Pride, M.D.	Active	Medicine
Dilip M. Purohit, M.B.B.S, M.D.	Active	Pediatrics
Richard Arnes Saunders, M.D.	Active	Ophthalmology
John Joseph Schaefer, III, M.D.	Active	Anesthesiology
Frederick M. Schaffer, M.D.	Affiliate - R&F	Pediatrics
Claudio J Schonholz, M.D.*	Active	Radiology
Sara E. Schuh, M.D., M.P.H.	Active	Pediatrics
Gerard A. Silvestri, M.D.	Active	Medicine
Edwin A. Smith, M.D.	Active	Medicine
Kenneth McRae Spicer, M.D., Ph.D.	Active	Radiology
Robert D. Stapleton, M.D.	Affiliate	Pediatrics
Martin Brian Steed, D.D.S.	Active Provisional	O&M Surgery
Celia Carolyn Thiedke, M.D.	Active	Family Medicine
Carol L. Wagner, M.D.	Active	Pediatrics
Richard A. Wall, Jr., M.D.	Affiliate CFC - R&F	Family Medicine
John L. Waller, M.D.	Active	Anesthesiology
Robert C. Weaver, M.D.	Affiliate - R&F	Pediatrics
George Frederick Worsham, Jr., M.D.	Affiliate	Pathology & Lab. Med.
Michael R. Zile, M.D.	Active	Medicine

Medical Staff Reappointment and Change in Privileges

Anthony M. Hlavacek, M.D., M.S.C.R	Active	Pediatrics	No longer needs ModSed
Anil Gopalakrishna Rao, M.D.	Active	Radiology	No longer needs ModSed

Medical Staff Change in Privileges

Chitra Lal, M.D.	Active	Medicine	Adding Tele Crit Care
Richard W. Rissmiller, Jr., M.D.	Active	Medicine	Adding Crit Care and Tele CC
Daniel Howard Steinberg, M.D.	Active	Medicine	Adding Trancatheter Mitral Valve Repair (TMVR)
Nichole T. Tanner, M.D., M.S.C.R	Active	Medicine	Adding Tele Crit Care

Professional Staff Initial Appointment and Privileges

Ashley Lynn Early, B.Sc., M.S.W.	Allied Health	Psychiatry
Devyn Christopher Feil, M.S.N.	Allied Health	Interdis. Hospital Staff
Jillian Marie Gross, P.A.	Allied Health	Surgery
Heather Hooks Halford, MSN, F.N.P.	Provisional Allied Health	Radiology
James Harold Mahaffee, C.R.N.A.	Allied Health	Anesthesiology
Jessica Thi Nguyen-Fisher, A.P.R.N.	Allied Health	Pediatrics
Toni Palmer-Minson, M.S.W.	Allied Health	Psychiatry
Eileen Marie Rogers, P.A.C.	Allied Health	Neurology & Neurosurgery
Kristen M Shealy, Ed.M., LPC	Allied Health	Psychiatry
Benjamin Noah Sokol, C.R.N.A.	Allied Health	Anesthesiology
Jillian L. Tortorigi, N.N.P.	Allied Health	Pediatrics
Katherine Grace Vincent, N.P.	Allied Health	Pediatrics

Professional Staff Reappointment and Privileges

Leslie Sykes Ancrum, C.R.N.A., BSN	Allied Health	Anesthesiology
Carol M. Burns, A.P.R.N.	Allied Health	Psychiatry
Christine Coe, C.R.N.A., M.H.S.	Allied Health	Anesthesiology
Christopher James Devine, C.R.N.A.	Allied Health	Anesthesiology
Christine D. Hamolia, B.S.N., M.S.	Allied Health	Psychiatry
Leonora S. Horton, C.N.M., M.S., Ph.D.	Allied Health	Obstetrics & Gynecology
Phillip Greg Ivy, C.R.N.A.	Allied Health	Anesthesiology
Emily Fenwick Johnson, B.A., M.S.W.	Provisional Allied Health	Psychiatry
Rita F. Meyers, C.R.N.A.	Allied Health	Anesthesiology
Kenneth J. Ruggiero, Ph.D.	Allied Health	Psychiatry
Elizabeth Jane Santa Ana, Ph.D.	Allied Health	Psychiatry
Milton Joseph Seymour, III, C.R.N.A.	Allied Health	Anesthesiology
Anthony Michael Sloan, C.R.N.A.	Allied Health	Anesthesiology
Margaret Ann Stark, R.N., C.R.N.A.	Allied Health	Anesthesiology
Janelle Lee Wagner, Ph.D.	Allied Health - R&F	Pediatrics
Jodi Lynn Weber, C.R.N.A., M.H.S.	Allied Health	Anesthesiology
Sarah Elizabeth White, C.R.N.A.	Allied Health	Anesthesiology
Susan Zayac, D.N.P., F.N.P., B.S.N.	Allied Health	Medicine

Professional Staff Reappointment and Change in Privileges

Jennifer Flynn Reeves, P.A.C., M.P.A.S.	Allied Health	Surgery	No longer needs ModSed
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* Not board certified

Medical Executive Committee - February 18, 2015
The Credentials Committee reviewed the following applicants on February 11, 2015
and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Mustafa Ali Abdul-Hussein, M.D.	Active	Medicine
Daniel William Fisher, D.O.	Active	Medicine
Kendra Kamera Ham, M.D.	Active	Pediatrics
Valeriy Sedov, M.D.	Active	Medicine

Medical Staff Reappointment and Clinical Privileges

Susan Johnston Ackerman, M.D.	Active	Radiology
Nicholas Ike Batalis, M.D.	Active	Pathology & Lab. Med.
Jennifer Michele Braden, M.D.	Active	Pediatrics
Thomas Edward Brothers, M.D.	Active	Surgery
Carrie Elizabeth Busch, M.D.	Active	Pediatrics
Marc Ivor Chimowitz, M.B., Ch.B.	Active	Neurology & Neurosurgery
Deborah Julia DeWaay, M.D.	Active	Medicine
Vanessa A. Diaz, M.D., M.S.C.R.	Active	Family Medicine
James Duval Koonce, M.D.	Active Provisional	Radiology
John Lazarchick, M.D.	Active	Pathology & Lab. Med.
Julio Fernando Mateus Nino, M.D.	Active Provisional	Obstetrics & Gynecology
Patricia Geraty McBurney, M.D.	Active	Pediatrics
John Eugene McGillicuddy, M.D.	Affiliate	Neurology & Neurosurgery
Steven Mark Ornstein, M.D.	Active	Family Medicine
Thomas Andrew Pollehn, M.D.	Active	Medicine
Amanda Blair Price, M.D.	Active	Pediatrics
Horst Rieke, M.D., Ph.D. *	Active	Anesthesiology
Cynthia Ann Schandl, M.D.	Active	Pathology & Lab. Med.
Keisuke Shirai, M.D., M.S.C.R.	Active	Medicine
Rebecca Lauren Starr, D.O.	Active Provisional	Pediatrics
Terrence Earl Steyer, M.D.	Active Provisional	Family Medicine
J. Lacy Sturdivant, M.D.	Active	Medicine
Cynthia Ann Welsh, M.D.	Active	Pathology & Lab. Med.
Jack Yang, M.D.	Active	Pathology & Lab. Med.

Medical Staff Reappointment and Change in Privileges

George Marion Inabinet, Jr., M.D.	Active	Anesthesiology	Change to reflect actual practice
John Stevenson Metcalf, M.D.	Active	Pathology & Lab. Med.	Addition of newly-created dermatopathology privilege

Medical Staff Change in Privileges

John C. Maize Sr., M.D.	Active	Dermatology	Addition of newly-created dermatopathology privilege
Jonathan Scott Ralston, M.D., M.S.	Active	Pathology & Lab. Med.	Addition of newly-created dermatopathology privilege

Professional Staff Initial Appointment and Privileges

Dinah K. Heinrich, LMSW, M.S.W.	Allied Health	Psychiatry
Amanda Phelan, BSN, MSN	Active	Pediatrics

Professional Staff Reappointment and Privileges

Hilary Jo Bernstein, M.S.W., D.H.A	Allied Health	Psychiatry
Erin Piper Boyd, P.A.C.	Allied Health	Medicine
Leslie Anne Stewart Cerenzia, C.R.N.A.	Prov. Allied Health	Anesthesiology
Rebecca Ann Daffron, M.S.W.	Allied Health	Psychiatry
Mary S. Deas, M.S.W.	Allied Health	Psychiatry
Jamie Folsom, A.N.P., B.S.N., B.A.	Prov. Allied Health	Neurology & Neurosurgery
Karen Sue Garn, P.A., B.S., A.A.S.	Allied Health	Medicine
Helen E. Harman, C.R.N.A.	Allied Health	Anesthesiology
Margaret Pamela Inabnett, A.N.P.	Allied Health	Anesthesiology
Bridgette P. Kadri, P.A., B.S.	Allied Health	Medicine
Susan King, M.S.W.	Allied Health	Psychiatry
Patricia Mathias, P.A.C., M.P.A.S.	Allied Health	Neurology & Neurosurgery
Kellie Ham McLain, A.N.P.	Allied Health	Medicine
Lynn Morton-Epps, M.S.W.	Allied Health	Psychiatry
Lauree Gail Pearson, MSN, N.N.P.	Allied Health	Pediatrics
Ann Peterson, A.N.P., MSN	Allied Health	Orthopaedics
Regan W. Saxton, C.R.N.A.	Allied Health	Anesthesiology
Anne C. Speaks, MSN, N.N.P.	Allied Health	Pediatrics
Frederick Mayson Stewart, M.A.	Allied Health	Psychiatry
James Scott Truelove, M.S.W.	Allied Health	Psychiatry
Debra J. Wallace, B.S., M.S.W.	Allied Health	Psychiatry
Emily Whitehead, P.A.C.	Prov. Allied Health	Neurology & Neurosurgery
Cameron Murray Williams, M.S.W.	Allied Health	Psychiatry
Patricia Yost, M.S.W.	Allied Health	Psychiatry

Professional Staff Reappointment and Change in Privileges

Sarah Mellissa Creed, BSN, MSN	Prov. Allied Health	Neurology & Neurosurgery	Changing from Neurosurgery to Neurology
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Professional Staff Change in Privileges

Crystal D. Murphy, P.N.P.	Allied Health	Pediatrics	Changing from PED Pulmonary to PED Emergency Med
Frances Suzanne Pach, F.N.P., M.S.	Allied Health	Orthopaedics	Changing from Neurosciences to Orthopedics
Susan Claire Nease, N.P.	Prov. Allied Health	Neurology & Neurosurgery	Adding skin punch biopsy

* Not board certified

Medical Executive Committee Presiding: Dr. Brenda Hoffman Date: January 21, 2015 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 Adjournment: 8:30 am		Members present: Dr. Dr. Hoffman, Dr. Habib, Dr. Boylan, Dr. Basco, Dr. Carroll, Dr. Clyburn, Dr. Easterling, Dr. Elliott, Dr. Handel, Dr. Ikonomidis, Dr. Reeves, Dr. Rocky, Dr. Russell, Dr. Ryan, Dr. Salgado, John Sanders, Sheila Scarbrough, Dr. Schaffner, Dr. D. Scheurer, Matt Wain, Dr. Warren, Dr. Wray, Carol Younker Members excused: Dr. Adams, Dr. Baliga, Dr. Cawley, Dr. Cluver, Dr. Costello, Dr. Deas, Dr. Gillespie, Dr. Gray, Dr. Jauch, Lois Kerr, David McLean, Dr. Ovbiagele, Dr. Streck, Dr. Zwerner Guests: Dr. Cole, Dr. Hall, Dr. Strout, Dr. Lehman-Huskamp		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who	
Executive Session	N/A			
Wins				
Discussion of Health Care System	Dr. David Cole gave a presentation to the MEC on "Organizing MUSC for the Future." This presentation is an official part of the January minutes.	Accepted as information		
Review of Minutes	The December 17, 2014, meeting minutes were reviewed and approved.	Approved		
Credentials Committee	Dr. Hoffman reported on the following: Medical Staff Initial Appointment and Privileges: 5 Medical Staff Reappointment and Clinical Privileges: 38 Medical Staff Reappointment and Change in Privileges: 2 Medical Staff Change in Privileges: 4 Professional Staff Initial Appointment and Privileges: 12 Professional Staff Reappointment and Privileges: 18 Professional Staff Reappointment and Change in Privileges: 1 The following board certification waiver exemption was granted: • Dr. Claudio Schonholz	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.		
GME Report	Dr. Clyburn reported that they will be doing another chief resident leadership conference this year with two goals in mind, 1) really stressing leadership and 2) building a collaborative group of residents to align with the hospital. Dr. Clyburn also mentioned that they starting to work on new resident orientation and while computer training is still limiting factor, although it won't be as bad as last spring.	Accepted as information		

Quality Report	ICU Cauti	Accepted as information	
Policies (Consent)	<ul style="list-style-type: none"> • Policy C-043 Pet Therapy • Policy C-085 Transfer of Patients within MUSC Health • Policy C-124 Physician Paging Protocol • Policy C-141 Natural Product and Drug Interaction • Policy C-168 Management of Automated Dispensing Machine • Policy A-031 Family Presence & Visitation • Policy C-164 Peer Review • Policy C-001 Patient Rights & Responsibilities • Policy C-113 Patient Sitters • Children's After Hours Clinic 	Approved	
Standing Order (Consent)		Approved	
Data Reports (Consent)	Data reports reviewed: <ul style="list-style-type: none"> • Bed Capacity Summary 12.14 • Quality of H&P by Department 01.15.15 	Approved	
Service Reports (Consent)	Service reports reviewed: <ul style="list-style-type: none"> • Discharge Summary Turnaround Time 12.14 • Discharge Detail Turnaround Time 12.14 • Discharge Performance Measures 12.14 	Approved	
Subcommittee Minutes (Consent)	<ul style="list-style-type: none"> • Bed Flow 12.10.14 • Clin. Doc. Improve 12.11.14 • Clinical Lab Advisory 12.16.14 • Emergency Mgmt. 12.19.14 • Ethics 12.04.14 • Graduate Medical Education 12.10.14 • Health Information Mgmt. 12.15.14 • OR Exec 01.16.15 	Approved	
Adjournment 8:30 am	The next meeting of the Medical Executive Committee will be February 18, 2015 @ 7:30 am in 628 CSB.		


 Alice Boylan, MD, Secretary of the Medical Staff

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Medical Executive Committee Presiding: Dr. Brenda Hoffman Date: February 18, 2015 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 am Adjournment: 8:30 am		Members present: Dr. Dr. Hoffman, Dr. Habib, Dr. Boylan, Dr. Baliga, Dr. Carroll, Dr. Cawley, Dr. Clyburn, Dr. Easterling, Dr. Elliott, Dr. Handel, Dr. Jauch, Dr. Lewis, David McLean, Dr. Reeves, Dr. Rockety, Dr. Russell, Dr. Ryan, John Sanders, Sheila Scarbrough, Dr. Schaffner, Dr. D. Scheurer, Dr. Mark Scheurer, Dr. Warren, Dr. Wray, Carol Younker Members excused: Dr. Basco, Dr. Carroll, Dr. Cluver, Dr. Costello, Dr. Deas, Dr. Gillespie, Dr. Gray, Dr. Ikonomidis, Lois Kerr, Dr. Ovbiagele, Dr. Salgado, Dr. Streck, Matt Wain, Dr. Zwerner Guests: Dr. Krista Reiger, Dr. Jeanne Forrester, Dr. Hanna Collins		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendations/ Follow-Up What/When/Who	
Executive Session	N/A			
Wins	Dr. Clyburn shared that the Association for Hospital Medical Education (AHME) has asked permission to publish the annual process MUSC has in place for reviewing all of our GME programs.	Accepted as information.		
Review of Minutes	The January 21, 2015, meeting minutes were reviewed and approved.	Approved		
Credentials Committee	Dr. Schaffner reported on the following: Medical Staff Initial Appointment and Privileges: 4 Medical Staff Reappointment and Clinical Privileges: 248 Medical Staff Reappointment and Change in Privileges: 2 Medical Staff Change in Privileges: 2 Professional Staff Initial Appointment and Privileges: 2 Professional Staff Reappointment and Privileges: 248 Professional Staff Reappointment and Change in Privileges: 3 The following board certification waiver exemption was granted: • Horst Reike, MD, Anesthesia & Perioperative Medicine	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.		
GME Report	Dr. Clyburn reported on the following: • The American Board of Internal Medicine are conducting a pilot program that allows anyone who is eligible for appointment at Assistant Professor or higher for three years would be deemed board eligible. This could have an impact on the credentialing process. • MUSC's legal counsel made revisions to the resident contracts so the contracts will now be four pages instead of eight pages. • The hospital approved a 2.5% increase in resident salaries effective July 2015.	Accepted as information		

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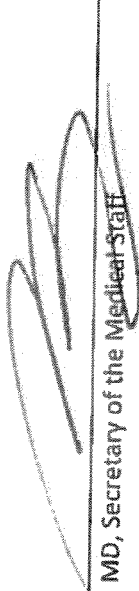
Hospital Report	<p>Dr. Cawley Dr. Cawley gave an update on FY2015 Organizational Goals:</p> <ul style="list-style-type: none"> • Service: Ideal Patient Experience: Achieve a weighted composite score of 3.0 – YTD results = 2.05 (Red) • People: <i>(Measured annually, will not have results until April 2015)</i> <ul style="list-style-type: none"> – Increase Employee Commitment Score by .05 – Increase Physician Commitment Score by .05 – Achieve overall teamwork composite of 3.0 • Quality: <ul style="list-style-type: none"> – Ideal Care: Achieve a weighted composite score of 3.0 – YTD results = 2.9 (Yellow) – Culture of Safety increase absolute percentage of positive responses on overall perception of safety by 1 <i>(Measured annually, no results yet)</i> • Finance: <ul style="list-style-type: none"> – Achieve total cash at fiscal year-end of \$100 million; YTD results = \$75.4 (yellow) – Achieve an operation margin of 3.5%; YTD results = 3.7% (green) – Reduce cost per adjusted discharge by to ≤ 9,387; YTD results = \$9,804 (red). Dr. Cawley commented that there may be problem with the data and Analytics is investigating. • Growth <ul style="list-style-type: none"> – Strategically grow Telehealth: achieve a weighted composite score of 3.0; no results to report yet – Bed Flow Goal – Decrease average length of stay to 6.10 days; YTD results = 6.14 (red) 	
Quality Report	<p>Dr. Scheurer reported on the following:</p> <ul style="list-style-type: none"> • 2014 Medical Staff Peer Review – There were a total of 34 cases that were reviewed for quality of care and professionalism. Under quality of care, 30 cases were of no concern and 4 were of minor concern. Cases identified as moderate or serious concern require an action plan. Under professionalism, 30 cases were of no concern, 2 were first offense and 2 were second offense. Anytime there is a professionalism concern expressed, the chair gets involved first and meets with the faculty to review the policy and go over the guidelines of the professionalism. After this meeting, the next time is considered a first offense. Most providers never end up in peer review. Breakdown per provider: 700+ - no cases; 30 – 1 case; 3 – 2 cases; and 0 – 3+ cases. There were 3 appeals in 2014 which is unusual; normally have one a year. Of these appeals, 2 were upheld and 1 was overturned. For the 3 providers who had 2 cases: 1 provider went on leave and has had 1 case since returning and is now on a limited credential cycle; 1 provider had appeal overturned and has had no cases since appeal; and 1 provider had no findings from either case. Dr. Scheurer also mentioned that the policy is currently being revised again to incorporate Just Culture. • Sentinel-Serious Safety Events – A summary of the sentinel events and serious events that 	Accepted as information

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	<p>occurred in 2014 was presented. There were 12 sentinel events and 22 serious safety events.</p> <ul style="list-style-type: none"> Ongoing Professional Practice Evaluation (OPPE) – OPPE is the review process required by hospitals to identify and address quality issues among medical staff and APPS. Each department is required to review provider-specific quality metrics each six months. These same metrics are approved by the MEC and the Board of Trustees annually. Dr. Scheurer showed the breakdown of the metrics by department. 		
CATTS Modules	Dr. Handel announced that we will be using CATTS for a few more months but we will have a new learning management system beginning in July. Dr. Handel commented that while the quantity of the modules will most likely not go down, they are reviewing the modules to ensure they are relevant and as terse as possible. More details will be presented at the March MEC meeting.	Accepted as information	
Magnet Update	Dr. Schaffer reported that the magnet document was submitted in August and found out in November that there were some items that needed to be tweaked and we are in the processing of finishing that up. The document is being sent to the ANCC by March 11. In December, we held a two-day mock survey. There were two basic findings: 1) nurses are uncomfortable articulating the professional excellence they provide every day; and, 2) inconsistencies with evidence of our shared governance. Dr. Schaffner reported that things are ramping up with the hopes of getting a call mid-summer about a site visit. An executive team, consisting of Dr. Cawley, Matt Wain, Lois Kerr, Andrea Coyle and Marilyn Schaffner, meet weekly to review the “Moving to Magnet” plan to make sure we are moving in the right direction towards Magnet designation. A shared governance design team has been created to help with improving our shared governance. Dr. Schaffner reported that there will be more education, coaching and mock surveys. Staff interviews will also be conducted to help them get more comfortable in talking with surveyors. Dr. Schaffner will continue to give updates at the MEC meetings.	Accepted as information	
Policies (Consent)	<ul style="list-style-type: none"> C-071 Fall Prevention – Patient and Family C-146 Medication Reconciliation C-170 Information Technology Incident Management 	Approved	
Data Reports (Consent)	<p>Data reports reviewed:</p> <ul style="list-style-type: none"> Admit Transfer 01.15 Bed Capacity Summary 01.15 Quality of H&P by Department 02.11.15 Hand Hygiene 	Approved	
Service Reports (Consent)	<p>Service reports reviewed:</p> <ul style="list-style-type: none"> Discharge Summary Turnaround Time 01.15 Discharge Detail Turnaround Time 01.15 	Approved	

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Subcommittee Minutes (Consent)	<ul style="list-style-type: none"> • Blood Utilization Review 01.15.15 • Clinical Lab Advisory 01.20.15 • Credentials 02.11.15 • Emergency Management 01.23.15 • Ethics 12.04.14 	<ul style="list-style-type: none"> • Health Information Management 01.15.15 • Infection Control 01.27.15 • Peer Review 01.20.15 • Pharmacy & Therapeutics 01.27.15 • Quality Operations 01.15.15 	Approved	
Other	The 2013 Cancer Program Annual Report was shared with the MEC for information.			
Adjournment 8:30 am	The next meeting of the Medical Executive Committee will be March 18, 2015 @ 7:30 am in 628 CSB.			



 Alice Boylan, MD, Secretary of the Medical Staff

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AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL

AUTHORITY SINCE THE February 2015 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:

Aetna
BlueChoice Medicaid
Wellcare

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 –

Wilkes University
Lander University
University of South Carolina

Shared Services Agreements –



**Environment of Care Annual Leadership Report
Presented to Board of Trustees
April 2015**

Introduction

This report serves as an executive summary of the 2014 evaluation of the Environment of Care (EOC) Management Plans. The Joint Commission requires the hospital to develop management plans in six functional areas:

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

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

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

2014 Environment of Care and Emergency Management Accomplishments

Performance measures were monitored for each of the plans in 2014. Detailed 2014 evaluations are available for each of the required plans. Listed below are some of the 2014 accomplishments:

- Established the Special Medical Unit (SMU) to isolate patients suspected to have highly infectious diseases. It is a model for other hospitals in the U.S.
- Developed CDC approved waste management protocols for Ebola patients.
- Contracted with an in-state, South Carolina DHEC approved vendor to install and operate an infectious waste steam sterilizer in the University Hospital for onsite treatment of regulated medical waste. This system will not only save the Medical Center roughly 12% annually in treatment and disposal costs for the first five

years of implementation, but it has also been approved for treating highly infectious waste such as Ebola waste.

- Replaced the Institute of Psychiatry fire pump because of leaking.
- Improved the reliability of first responder radio coverage in Rutledge Tower. This included adding multiple antennas and repeaters throughout the building. Additionally, a replacement and upgrade of the areas of refuge systems were completed.
- Constructed and opened the Mount Pleasant physical therapy clinic.
- Designed and began construction of The North Charleston Infusion Center.
- Operationalized the Summerville Pediatric After Hours clinic.
- Improved utility service responsiveness to business locations.
- Installed evacuation chairs in Rutledge Tower and trained clinical and support staff in its use.
- Completed and operationalized the Sabin Energy Plant.
- Began design of the Phase Two Women's & Children's Pavilion project and are progressing towards the demolition of the McClennan-Banks building to allow construction to begin.
- Improved overall rate of operator errors related to medical equipment.
- Improved significantly the percentage of operating room employees wearing personal protective equipment.
- Installed a WanderGuard electronic monitoring system in high risk areas at Ashley River Tower and University Hospital to alert us to wandering or eloping patients.
- Maximized senior leadership participation in scheduled functional emergency exercises.
- Increased active shooter education.

Performance Objectives for 2015

Each EOC management plan contains general goals for 2015 and at least one measurable performance indicator. Performance indicators are reported quarterly at the Hospital Quality Operations Committee. The 2015 performance indicators include:

- Demonstrate a 75% participation rate of identified senior leadership in Hospital Incident Management System (HIMS) and Hospital Support Function education and training.
- Increase involvement and active participation of clinical staff in Emergency Management planning and participation to 75%.
- Develop and launch an emergency exercise request system by 2nd quarter 2015.
- Develop and launch an emergency management interactive website by 3rd quarter 2015.
- Complete a regional pediatric mass casualty exercise by 3rd quarter 2015.
- Improve compliance to 90% or greater for fire-rated doors self-latching/closing and gaps through on-going monitoring.
- Improve compliance to 90% or greater with chute doors self-close and latching through on-going monitoring.

- Maintain the non-life support equipment maintenance on-time completion rate at 90% or more in all business occupancy locations.
- Increase property manager auditing of building maintenance provided by vendors or through landlords. Five of the older facilities have been selected for increased attention on a quarterly basis. Audits to show 90% compliance.
- Conduct monthly fire extinguisher audits to insure 98% compliance with inspection requirements.
- Develop a new plan to increase the frequency of hazardous waste pick-up so that pick-ups will occur 95% of the time when scheduled.
- Monitor Interim Life Safety Measures (ILSM) monthly to achieve at least a 95% compliance rate.
- Continue to monitor operator errors for infusion pumps. The goal is to decrease infusion pump operator error by an additional 10% through nurse education.
- Reduce unnecessary calls for security intervention with psychiatric patients by 5%, while maintaining little or no injuries to staff.

Medical University Hospital Authority
Construction Contracts
For Reporting
April 10, 2015

M.B. Kahn	\$975,947.00
South Park Tenant Upfit	
Provide construction services for the up fit of the 3 rd floor at South Park.	
Hoffman & Hoffman	\$116,270.00
RT-AHU #9 Replacement	
Provide new 19,000 CFM outdoor unit for RT-AHU #9 due to damage from severe cold weather.	
Hill Construction	\$95,762.00
UH-4 th Floor Surgical Waiting Area Renovation	
Provide construction services to renovate the UH-4 th Floor Surgical Waiting Area.	
Chastain Construction	\$90,083.00
CH-5 th floor Procedure Rooms 9 & 10 Renovation	
Provide labor, materials and construction services for the procedure rooms 9 & 10.	
M.B. Kahn	\$230,053.00
South Park Tenant Upfit	
Provide additional construction services due to scope increases for the up fit of the 3 rd floor at South Park.	

Medical University Hospital Authority
Professional Services Contracts
For Reporting

Stephen Russell & Associates	\$78,130.00
South Park Tenant Upfit	
Provide architectural and engineering services.	
Sarah L. Williams	\$60,000.00
CMH/Charleston Center Renovations	
Provide professional services for move coordination services.	
LeVino Jones Medical Interiors	\$292,992.50
CMH/Charleston Center Renovations	
Provide planning and relocation services for various locations.	

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REGULAR AGENDA

Board of Trustees Meeting
April 10, 2015
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

Item 1. Call to Order-Roll Call.

Item 2. Secretary to Report Date of Next Meeting.

Regular Meeting: Thursday May 14, 2015.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of February 13, 2015.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

Item 4. General Informational Report of the President.

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

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

Board Action:

Item 5. Other Business.

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

OLD BUSINESS:

NEW BUSINESS:

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

Statement: Dr. Kathleen Brady, Interim Associate Provost for Research, 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, Vice President for Development, 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, Vice President for Academic Affairs and Provost.

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. Academic Charges and Fees.

Item 12. Revisions to the Industry Relations Policy.

Item 13. Appointment of Dean of College of Graduate Studies.

Item 14. Faculty Appointments.

Item 15. Faculty Promotions.

Item 16. Changes in Faculty Status.

Item 17. Degree Programs.

Item 18. Endowed Chairs.

Item 19. Post-Tenure Review.

Item 20. Revisions to the UMA Bylaws.

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

OLD BUSINESS:

NEW BUSINESS:

Item 21. Diversity and Inclusion Update.

Statement: Ms. Lisa Montgomery, Executive Vice President for Finance and Operations, will present a Diversity and Inclusion Update.

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

Recommendation of Committee:

Board Action:

Item 22. Financial Status Report of the Medical University of South Carolina.

Statement: Mr. Patrick Wamsley, Chief Financial Officer – MUSC, will report on the financial status of the University.

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

Recommendation of Committee:

Board Action:

Item 23. Financial Status Report of MUSC Physicians.

Statement: A report on the financial status of MUSC Physicians will be presented by Ms. Gina Ramsey, Chief Financial Officer – MUSC Physicians.

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

Recommendation of Committee:

Board Action:

Item 24. Other Committee Business.

CONSENT AGENDA ITEM FOR INFORMATION:

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

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

OLD BUSINESS:

NEW BUSINESS:

Item 26. Facilities Procurements/Contracts Proposed.

Statement: Mr. Greg Weigle, Chief Facilities Officer – MUSC, will present procurements/contracts for approval.

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

Recommendation of Committee:

Board Action:

Item 27. Update on Projects.

Statement: Mr. Greg Weigle, Chief Facilities Officer – MUSC, 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 28. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 29. Facilities Contracts Awarded.

AUDIT COMMITTEE. CHAIRMAN: DR. RAGIN C. MONTEITH IN THOMAS L. STEPHENSON'S ABSENCE.

OLD BUSINESS:

NEW BUSINESS:

Item 30. KPMG Entrance Conference.

Statement: Ms. Jennifer Hall, Senior Audit Manager with KPMG, will conduct entrance conference for the FY2015 Financial Statement Audit.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 31. Chief Information Security Officer Update.

Statement: Dr. Frank Clark, Vice President for Information Technology and Chief Information Officer, will provide a report.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 32. Report of the Office of Internal Audit.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 33. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 34. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 35. New Business for the Board of Trustees.

Item 36. Report from the Chairman.

**BOARD OF TRUSTEES
MEDICAL UNIVERSITY OF SOUTH CAROLINA
RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE
OFFICE OF DEVELOPMENT AND ALUMNI AFFAIRS
APRIL 10, 2015**

Through March 12, 2015, the Medical University of South Carolina's Office of Development and Alumni Affairs is very pleased to report that we have successfully secured \$35.5 million in new gifts and pledges. Our pace is about 11% ahead of where we were this time last year. We continue to focus a great deal of attention and energy on the fundraising campaign for the new Children's Hospital and Women's Pavilion.

The following highlights reflect some of the key accomplishments that have transpired since the February 13, 2015, Board of Trustees meeting:

CHILDREN'S HOSPITAL

- The Children's Hospital received the following major gifts for the new Children's Hospital and Women's Pavilion:
 - \$100,000 from Jim and Kathy Newsome
 - \$100,000 from George and Margaret Bullwinkel
 - \$75,000 from Jim and Marilyn Smith
 - \$35,000 from Alex Burns.
- On February 17th, Darius Rucker performed his Big Band Concert which raised \$265,000 for the new Children's Hospital and Women's Pavilion. The event marked the official launch of the Campaign in support of the new hospital. We were excited to announce at the conclusion of the concert that Darius and Beth Rucker agreed to serve as our Campaign Co-Chairs. This event served as our official public kickoff and we launched the Campaign's website: imagine.musckids.org
- The "Cares for Kids Radiothon," broadcast on iHeart Media's WEZL and Y102.5 stations, raised over \$120,000 for the Children's Hospital.
- The Ninth Annual Dance Marathon held on February 21st raised \$55,150 for the new Children's Hospital and Women's Pavilion. Over the past eight years, this event has raised \$460,706.

DEPARTMENT OF MEDICINE

- The Department of Medicine received the final draw of state matching funds for the Renal Disease Biomarker SmartState Center in the amount of \$179,467, and the Inflammation and Fibrosis Research SmartState Center in the amount of \$769,934.
- Dr. and Mrs. John Colwell made their final pledge payment of \$55,000 to complete the \$1 million John A. Colwell, M.D., Endowed Chair in the Division of Endocrinology, Diabetes, and Medical Genetics.
- The following gifts and pledges were made in support of the Jay Brzezinski, M.D., Clinical Educator Professorship, to support clinical excellence in the Division of General Internal Medicine and Geriatrics:
 - \$25,000 from Jim and Esther Ferguson
 - \$10,000 from Mr. and Mrs. Warren Lasch
 - \$10,000 from Mr. and Mrs. Joseph Kelly.
- Andrew and Ann Barrett contributed a gift of stock valued at \$25,508 for the Division of Rheumatology and Immunology Research Fund in support of the Division's research and training programs. Mr. Barrett serves on the MUSC Foundation Board of Directors.
- Dr. and Mrs. Norman H. Bell bequeathed \$25,000 designated for the Norman H. Bell, M.D., Endowed Lectureship.
- The following gifts were made in honor of Dr. Richard M. Silver:
 - \$25,000 from the Baur family
 - Andrew and Ann Barrett contributed a gift of stock valued at \$25,508.
- Mr. and Mrs. William Tysinger made a \$10,000 gift in continued support of the John and Jeff Tysinger Patient Assistance Fund housed in the Division of Pulmonary, Critical Care, Allergy and Sleep Medicine.
- The following gifts were made in honor/memory of Department of Medicine physicians by grateful patients, family and friends:
 - \$25,000 from Drs. Usah Lilivivat and Pusadee Suchinda in honor of Dr. John Arthur
 - \$15,000 from colleagues, family and friends in memory of Juanmanuel Gomez of the Division of Infectious Disease
 - \$10,000 from Bob Breyer in honor of Dr. Brad Keith
 - \$5,000 from Mr. and Mrs. Thomas Risher in honor of Dr. Terrill Huggins

COLLEGE OF NURSING

- The College of Nursing received an anonymous pledge of \$750,000 to establish an endowed chair, which will be combined with another existing fund of \$250,000.
- A planned gift of \$100,000 was made by anonymous donors to be applied to their endowed fund in nursing.
- A matching gift of \$12,500 was designated by an alumna, Mary Watcher Swain, for the Class of 1980 Archives Room.
- An unrestricted gift of \$5,000 was made by Class of 1950 graduate.
- A \$5,000 anonymous memorial gift was made to the Ann Darlington Edwards Endowed Chair Fund.

HOLLINGS CANCER CENTER

- The Hollings Cancer Center received a \$206,000 planned gift from Mr. and Mrs. Joe E. Hines.
- Rockers 4 Knockers raised \$12,612 in support of breast cancer research.
- The 7th Annual Jerry Zucker Ride for Hope raised \$12,500 in support of Patient Support Services.
- Ms. Mary Thomas King made a gift of \$10,000 in support of Hematology/Oncology in memory of Dr. John E. King, Jr.
- Mr. and Mrs. John S. Barker III made a \$10,000 planned gift in support of pancreatic cancer research in honor of Dr. Paul O' Brien.
- Mr. and Mrs. Oliver R. Head made a \$10,000 gift in support of the Parker Patient Support Fund.
- Mr. William R. King made a gift of \$7,500 in support of Hematology/Oncology in memory of Dr. John E. King, Jr. Freeport-McMoRan Copper & Gold Foundation provided a matching gift pledge of \$7,000.
- The Eighth Annual Tommy Cuthbert Charity Golf Tournament raised \$7,000 in support of the Lung Cancer Center.
- The Charleston Restaurant Foundation, Inc. made a gift of \$5,000 from the annual Lowcountry Oyster Festival and Taste of Charleston events.

- Mr. and Mrs. Randolph J. Friedman made a gift of \$5,000 in support of the William Friedman Fund for Prostate Cancer Research and Treatment.

DEPARTMENT OF SURGERY

- Dr. Fred Crawford made a \$200,000 pledge and \$40,000 current gift to the endowed chair in his name in the Division of Cardiothoracic Surgery. A campaign is underway to reach the \$2 million goal by May of this year, and we are currently at 75 percent of the goal.
- Laurie and Julie Anderson, daughters of the former chairman of the Department of Surgery, Dr. Marion Anderson, made memorial gifts enabling the establishment of a \$50,000 endowment for the Marion Anderson Lectureship.

COLLEGE OF MEDICINE

- The College received \$179,296 from the estate of Joseph Rainey to establish an endowed scholarship in his name.
- Ms. Carole Pittelman, of New York City, contributed \$78,000 in support of the Pittelman Research Fellowship Program.
- We received \$50,000 from Drs. Felizardo Camilon and Althea Molarte designated for the Department of Otolaryngology-Head and Neck Surgery Clinical Research Program.
- The Fullerton Foundation of Gaffney provided scholarship support of \$25,000 for two Fullerton Scholars enrolled in the College of Medicine.
- Dr. Jane Jennings of Savannah contributed \$20,000 to a previously established scholarship endowment.
- The H. and R. Fienberg Foundation contributed \$20,000 in support of the Departments of Psychiatry and Surgery.
- Dr. Pam Snape of Easley contributed \$10,000 to a previously established scholarship endowment.

COLLEGE OF HEALTH PROFESSIONS

- Dr. and Mrs. Robert S. Curtis made a commitment of \$100,000 to support the Department of Healthcare Leadership and Management's annual healthcare leadership conference. Specifically, their gift will be used to recruit nationally renowned speakers. Dr. Curtis is a DHA Graduate from the first Doctor in Health Administration Class of 1999.

- Mr. and Mrs. Stuart Smith established the W. Stuart and Barbara Smith Endowed Scholarship Fund in the College of Health Professions designated for the Department of Healthcare Leadership and Management. This \$50,000 endowment will generate two annual recruitment scholarships for residential students in the MHA Program. In addition to their endowed fund, the Smiths pledged an additional \$25,000 to begin awarding the annual scholarship immediately in the Fall of 2015. This creates the first recruitment scholarship for the MHA Program. Mr. Smith is the former CEO of the MUSC Medical Center.
- An anonymous donor made a verbal commitment of a \$25,000 bequest to the College of Health Professions in support of pediatric initiatives.
- The College hosted an afternoon tea in celebration of the life of the late Maralynne D. Mitcham, PhD, OTR/L, FAOTA, a longtime Occupational Therapy tenured faculty member who held a variety of leadership positions. Her portrait was unveiled at the well-attended event and the Third Annual Maralynne D. Mitcham Lectureship and Alumni Luncheon will be held July 17, 2015.

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE

- Alumni pledged and contributed more than \$45,000 for the annual Class Reunion Campaign held during the College's recent Homecoming Weekend.

HEART & VASCULAR CENTER

- MUSC Heart & Vascular Center Advisory Board member Jim Kellogg made two gifts totaling \$15,000.
- Dr. Bill Spencer, a retired faculty member, contributed \$10,000 to the MUSC Heart & Vascular Center Fund.
- Jill Chalsty, chair of the MUSC Heart & Vascular Center Advisory Board, contributed \$10,000 to MUSC's heart and vascular programs.

NEUROSCIENCES

- Ruth and Bill Baker hosted a successful reception on March 10 for approximately 50 guests who gathered at their home on Kiawah Island to learn more about our Stroke and Cerebrovascular Center at MUSC. The presentation by Drs. Patel and Turner highlighted our success as the highest volume, quickest response time team in the nation, as well as our leadership in technology development with industry partners and our telemedicine efforts through REACH. We also focused on our need to expand the center to service a year-over-year growth rate of 20 percent since the Center's inception in 2007.

ALUMNI AFFAIRS

- The College of Dental Medicine Alumni Association hosted Homecoming Weekend on February 27-28. The weekend included a Dean's Welcome Reception where Dr. and Mrs. Cole joined the attendees, continuing education session that featured faculty from the college, reunion class parties and an oyster roast at the Visitor's Center Bus Shed.
- The College of Medicine Alumni Association is hosting Homecoming Weekend on March 20-22. The weekend will include a Medical School Today panel featuring faculty and students, reunion class celebrations, and a Homecoming soiree at the South Carolina Aquarium.
- The College of Health Professions is hosting their triannual board meeting on Friday, March 27th. As a part of the meeting, the board sponsored the 2015 Distinguished Alumnus Awards Luncheon. Dr. Brian Poplin, Class of 2010 DHA graduate, and Michael Burcham, Class of 2003 DHA graduate, were presented the Distinguished Alumnus awards.
- The College of Health Professions will also host a regional alumni reception in Beaufort, on Thursday, April 2nd, at the Beaufort Memorial Medical and Administration Building. Dr. Rick Toomey, Class of 2001 DHA graduate and Beaufort Memorial Hospital CEO, will provide support for the gathering.
- The College of Pharmacy will hold a gathering of alumni at Pixie and Bill's restaurant in Clemson, on Thursday, April 2. Dr. Philip Hall, Dr. Arnold Karig and Dr. William Golod will serve as hosts.
- Planning continues to be underway for the following upcoming events:
 - College of Nursing Alumni Reception in Columbia – Thursday, April 23rd
 - Artz MUSC Surgical Society Alumni Reception, Advisory and Executive Board Meeting and H. Biemann Othersen, Jr. MD Distinguished Alumnus Dinner – April 29-30
 - College of Nursing Alumni Reception in Charleston – Thursday, May 7th
 - Golden Graduates Reunion – May 13-15 (Classes of 1965 are group of honor)
 - Golden Graduates Recognition Luncheon – Thursday, May 14th, Country Club of Charleston. All Board of Trustee members are invited to attend. An invitation will be mailed to each member.
 - Spartanburg Alumni and Donor reception with Dr. Cole – Tuesday, May 19th, The Piedmont Club
 - Additional dates for regional receptions with Dr. Cole are scheduled for the 2015-16 academic year. Venues are still being confirmed for each destination.
 - Tuesday, September 15 – Columbia

- Thursday, October 15 – DC
- Thursday, November 5 – Greenville
- Thursday, April 21, 2016 – Rock Hill/Charlotte, NC
- Thursday, May 5, 2016 - Florence

MUSC BOARD OF VISTORS

Our Agenda for the April 10th meeting of the Board of Visitors includes presentations by:

- Dr. Layton McCurdy
- Dr. Mark Sothmann
- Dr. Pat Cawley
- MUSC Student Panel

Additionally, we will provide a tour of Ashley River Tower.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Eight (8) Month Period Ended February 28, 2015

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of February 28, 2015

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Assets & Deferred Outflows				
Cash and Cash Equivalents	\$ 204,224,822	\$ 6,510,423	\$ -	\$ -
Cash and Cash Equivalents - Restricted	22,679,717	-	17,138	509,700
State Appropriation Receivable	27,749,686	2,775,036	-	-
Student Tuition and Fees Receivable	1,030,790	-	-	-
Student Loan Receivable	13,015,662	-	-	-
Grants and Contracts Receivable	49,081,573	398,231	-	-
Capital Improvement Bond Proceeds Receivable	15,355	-	-	-
Capital Lease Receivable	-	-	1,872,592	15,191,700
Other Receivables	1,448,780	-	7,026	-
Investments	-	-	739,946	302,041
Prepaid Items	10,178,990	-	-	1,385,619
Capital Assets, net of Accumulated Depreciation	523,132,216	-	-	-
Due from Hospital Authority	6,652,439	-	-	-
Due from Other Funds	107,227,141	-	-	-
Deferred loss on Debt Refinancing	735,551	-	-	423,524
Total Assets & Deferred Outflows	\$ 967,172,722	\$ 9,683,690	\$ 2,636,702	\$ 17,812,584
Liabilities & Deferred Inflows				
Accounts Payable	\$ 6,783,902	\$ 527,706	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	5,684,996	-	-	-
Accrued Compensated Absences	28,625,853	184,652	-	-
Deferred Revenue	52,721,771	3,319,895	-	-
Retainages Payable	652,502	-	-	-
Long-Term Debt	159,408,997	-	2,514,000	16,515,000
Interest Payable	1,705,334	-	78,058	106,731
Deposits Held for Others	4,539,424	172,456	-	-
Due to Hospital Authority	-	-	-	-
Due to Other Funds	5,489,165	-	-	-
Federal Loan Program Liability	14,381,920	-	-	-
Other Liabilities	40,558,247	-	-	-
Total Liabilities & Deferred Inflows	\$ 320,552,111	\$ 4,204,709	\$ 2,592,058	\$ 16,621,731
Net Position	646,620,611	5,478,981	44,644	1,190,853
Total Liabilities & Deferred Inflows and Net Position	\$ 967,172,722	\$ 9,683,690	\$ 2,636,702	\$ 17,812,584

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Eight (8) Month Period Ending February 28, 2015

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Operating Revenues				
Student Tuition and Fees	\$ 65,014,427	\$ -	\$ -	\$ -
Federal Grants and Contracts	84,055,510	277,692	-	-
State Grants and Contracts	4,288,975	714,927	-	-
Local Government Grants and Contracts	67,550	-	-	-
Nongovernmental Grants and Contracts	21,608,304	268,978	-	-
Sales and Services to Hospital Authority	70,916,267	10,193	-	-
Sales and Services of Educational and Other Activities	40,314,966	(273)	-	-
Sales and Services of Auxiliary Enterprises	8,973,190	-	-	-
Interest Income	-	-	164,063	466,592
Other Operating Revenues	11,054,553	21,475	-	-
Total Operating Revenues	306,293,742	1,292,992	164,063	466,592
Operating Expenses				
Compensation and Employee Benefits	233,499,333	1,659,646	-	-
Services and Supplies	123,278,581	3,800,961	-	45,360
Utilities	10,121,018	-	-	-
Scholarships and Fellowships	12,373,041	1,535	-	-
Refunds to Grantors	842,942	-	-	-
Interest Expense	-	-	134,673	328,912
Depreciation and Amortization	25,764,597	-	-	104,233
Total Operating Expenses	405,879,512	5,462,142	134,673	478,505
Operating Income (Loss)	(99,585,770)	(4,169,150)	29,390	(11,913)
Nonoperating Revenues (Expenses)				
State Appropriations	40,061,414	6,639,791	-	-
State Appropriations - MUHA	25,235,805	-	-	-
Gifts and Grants Received	9,434,081	-	-	-
Investment Income	821,875	29	-	-
Interest Expense	(4,961,783)	-	-	-
Gain (Loss) on Disposal of Capital Assets	8,751,704	-	-	-
Transfers From (To) Other State Agencies	(348,087)	-	-	-
Other Nonoperating Revenues (Expenses), net	(12,697,261)	-	-	-
Net Nonoperating Revenues (Expenses)	66,297,748	6,639,820	-	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	(33,288,022)	2,470,670	29,390	(11,913)
Capital Appropriations	224,335	-	-	-
Capital Grants and Gifts	116,847	-	-	-
Additions to Permanent Endowments	2,935,261	-	-	-
Transfers From (To) MUSC Physicians (UMA)	47,566,677	-	-	-
Transfers From (To) AHEC	(1,629)	1,629	-	-
Transfers From (To) CHS Development	10,981	-	-	(10,981)
Transfers From (To) Facilities Corporation	-	-	-	-
Increase (Decrease) in Net Position	\$ 17,564,450	\$ 2,472,299	\$ 29,390	\$ (22,894)

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending February 28, 2015

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
State Appropriations	\$ 59,993,281	\$ 39,995,521	\$ 40,061,414	\$ 65,893	F
State Appropriations - MUHA	37,853,707	25,235,805	25,235,805	-	F
State Grants & Contracts	7,504,672	5,003,115	4,288,975	(714,140)	U
Total State	105,351,660	70,234,441	69,586,194	(648,247)	U
Federal Grants & Contracts	103,341,998	68,894,665	63,895,958	(4,998,707)	U
Federal Grants Indirect Cost Recoveries	30,698,912	20,465,941	20,159,552	(306,389)	U
Total Federal	134,040,910	89,360,606	84,055,510	(5,305,096)	U
Private Grants & Contracts	24,804,446	16,536,297	18,927,306	2,391,009	F
Private Grants Indirect Cost Recoveries	3,907,996	2,605,331	2,748,548	143,217	F
Gifts	13,214,815	8,809,877	9,300,295	490,418	F
Tuition and Fees	91,951,512	63,448,847	65,014,427	1,565,580	F
Sales and Services of Educational Departments	52,431,968	34,954,645	40,314,966	5,360,321	F
Sales and Services of Auxiliary Enterprises	13,552,726	9,035,151	8,973,190	(61,961)	U
Interest and Investment Income	50,761	33,841	12,548	(21,293)	U
Endowment Income	2,410,472	1,606,981	1,507,257	(99,724)	U
Miscellaneous	9,868,483	6,578,989	7,276,523	697,534	F
Miscellaneous - Residents	4,908,298	3,272,199	3,584,600	312,401	F
Authority Revenue	63,249,367	42,166,245	40,876,742	(1,289,503)	U
Authority Revenue - Residents	50,723,321	33,815,547	33,718,699	(96,848)	U
Intra-Institutional Sales	34,328,037	22,885,358	23,512,216	626,858	F
Total Other	365,402,202	245,749,308	255,767,317	10,018,009	F
Total Revenues	604,794,772	405,344,355	409,409,021	4,064,666	F
Expenditures					
Salaries	\$ 269,776,781	\$ 179,851,187	\$ 175,186,633	\$ 4,664,554	F
Overtime	803,350	535,567	594,473	(58,906)	U
Differential Pay / On - Call Pay	338,832	225,888	226,827	(939)	U
Termination Pay	1,562,989	1,041,993	1,520,970	(478,977)	U
Dual Employment	294,726	196,484	213,405	(16,921)	U
Employee Suggestion Award Program	576,070	384,047	534,845	(150,798)	U
Tuition Assistance - Employee	37,500	25,000	22,820	2,180	F
Fringe Benefits	82,654,225	55,102,817	55,199,360	(96,543)	U
Total Personnel Expenditures	\$ 356,044,473	\$ 237,362,983	\$ 233,499,333	\$ 3,863,650	F
Contractual Services	\$ 139,716,077	\$ 93,144,051	\$ 91,898,193	\$ 1,245,858	F
Contractual Services - MUHA dispro	18,853,707	12,569,138	12,569,138	-	F
Supplies	37,586,271	25,057,514	25,352,623	(295,109)	U
Fixed Charges	34,941,834	23,294,556	25,129,453	(1,834,897)	U
Equipment	10,367,438	6,911,625	5,125,346	1,786,279	F
Land and Building	-	-	714	(714)	U
Travel	4,052,329	2,701,553	2,314,503	387,050	F
Trainee / Scholarships	20,297,264	13,531,509	14,764,945	(1,233,436)	U
Other Expenses	3,246,928	2,164,619	1,714,443	450,176	F
Total Operating Expenditures	\$ 269,061,848	\$ 179,374,565	\$ 178,869,358	\$ 505,207	F
Telemedicine - MUHA	\$ 19,000,000	\$ 12,666,667	\$ 12,666,667	\$ -	F
Indirect Costs Remitted to State	140,000	93,333	348,087	(254,754)	U
Debt Service	7,591,067	5,060,711	5,110,625	(49,914)	U
Total Non-Operating Expenditures	\$ 26,731,067	\$ 17,820,711	\$ 18,125,379	\$ (304,668)	U
Total Expenditures	\$ 651,837,388	\$ 434,558,259	\$ 430,494,070	\$ 4,064,189	F
Other Additions (Deductions)					
Transfers from (to) MUSC Physicians	69,688,234	46,458,823	47,566,677	1,107,854	F
Transfers from(to) Facilities Corporation	-	-	-	-	F
Transfers from (to) AHEC	(4,200)	(2,800)	(1,629)	1,171	F
Transfers from(to) CHS Development	(326,712)	(217,808)	10,981	228,789	F
Transfers from(to) Loan Funds	-	-	(13,399)	(13,399)	U
Transfers from(to) Plant Funds	(22,142,826)	(14,761,884)	(5,191,224)	9,570,660	F
Refunds to Grantors	(159,951)	(106,634)	(842,942)	(736,308)	U
Transfers to Endowment Fund	(11,929)	(7,953)	-	7,953	F
Prior Year Fund Balance Usage	7,856,285	5,237,523	3,794,385	(1,443,138)	U
Total Other Additions (Deductions)	\$ 54,898,901	\$ 36,599,267	\$ 45,322,849	\$ 8,723,582	F
NET INCREASE (DECREASE) in Fund Balance	\$ 7,856,285	\$ 7,385,363	\$ 24,237,800	\$ 16,852,437	F

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

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Function)
 For the period ending February 28, 2015

	Budget	Prorated Budget (Note)	Actual	Variance	
REVENUES					
State					
State Appropriations	59,993,281	39,995,521	40,061,414	65,893	F
State Appropriations - MUHA	37,853,707	25,235,805	25,235,805	-	F
State Grants & Contracts	7,504,672	5,003,115	4,288,975	(714,140)	U
Total State	105,351,660	70,234,441	69,586,194	(648,247)	U
Federal					
Federal Grants & Contracts	103,341,998	68,894,665	63,895,958	(4,998,707)	U
Federal Grants Indirect Cost Recoveries	30,698,912	20,465,941	20,159,552	(306,389)	U
Total Federal	134,040,910	89,360,606	84,055,510	(5,305,096)	U
Other					
Private Grants & Contracts	24,804,446	16,536,297	18,927,306	2,391,009	F
Private Grants Indirect Cost Recoveries	3,907,996	2,605,331	2,748,548	143,217	F
Gifts	13,214,815	8,809,877	9,300,295	490,418	F
Tuition and Fees	91,951,512	63,448,847	65,014,427	1,565,580	F
Sales and Services of Educational Departments	52,431,968	34,954,645	40,314,966	5,360,321	F
Sales and Services of Auxiliary Enterprises	13,552,726	9,035,151	8,973,190	(61,961)	U
Interest and Investment Income	50,761	33,841	12,548	(21,293)	U
Endowment Income	2,410,472	1,606,981	1,507,257	(99,724)	U
Miscellaneous	9,868,483	6,578,989	7,276,523	697,534	F
Miscellaneous - Residents	4,908,298	3,272,199	3,584,600	312,401	F
Authority Revenue	63,249,367	42,166,245	40,876,742	(1,289,503)	U
Authority Revenue - Residents	50,723,321	33,815,547	33,718,699	(96,848)	U
Intra-Institutional Sales	34,328,037	22,885,358	23,512,216	626,858	F
Total Other	365,402,202	245,749,308	255,767,317	10,018,009	F
Total Revenues	604,794,772	405,344,355	409,409,021	4,064,666	F
EXPENDITURES					
Instruction	96,391,225	64,260,817	65,743,405	(1,482,588)	U
Instruction - Residents	52,143,217	34,762,145	34,555,671	206,474	F
Instruction - MUHA	18,853,707	12,569,138	12,569,138	-	F
Research	175,299,003	116,866,002	116,734,179	131,823	F
Public Service	76,129,645	50,753,097	48,834,752	1,918,345	F
Academic Support	54,859,443	36,572,962	36,884,409	(311,447)	U
Student Services	8,364,671	5,576,447	5,846,158	(269,711)	U
Institutional Support	62,837,759	41,891,839	40,335,499	1,556,340	F
Operation & Maintenance of Plant	66,242,186	44,161,457	42,355,718	1,805,739	F
Scholarships & Fellowships	2,155,147	1,436,765	1,952,524	(515,759)	U
Auxiliary Enterprises	11,830,318	7,886,879	6,557,238	1,329,641	F
Telemedicine - MUHA	19,000,000	12,666,667	12,666,667	-	F
Indirect Cost Remitted to State	140,000	93,333	348,087	(254,754)	U
Debt Service	7,591,067	5,060,711	5,110,625	(49,914)	U
Total Expenditures	651,837,388	434,558,259	430,494,070	4,064,189	F
OTHER ADDITIONS (DEDUCTIONS)					
Transfers from (to) MUSC Physicians	69,688,234	46,458,823	47,566,677	1,107,854	F
Transfers from (to) Facilities Corporation	-	-	-	-	F
Transfers from (to) AHEC	(4,200)	(2,800)	(1,629)	1,171	F
Transfers from (to) CHS Development	(326,712)	(217,808)	10,981	228,789	F
Transfers from (to) Loan funds	-	-	(13,399)	(13,399)	U
Transfers from (to) Plant Funds	(22,142,826)	(14,761,884)	(5,191,224)	9,570,660	F
Refunds to Grantors	(159,951)	(106,634)	(842,942)	(736,308)	U
Transfers to Endowment Fund	(11,929)	(7,953)	-	7,953	F
Prior Year Fund Balance Usage	7,856,285	5,237,523	3,794,385	(1,443,138)	U
Total Other Additions (Deductions)	54,898,901	36,599,267	45,322,849	8,723,582	F
NET INCREASE (DECREASE) in Fund Balance	7,856,285	7,385,363	24,237,800	16,852,437	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 8 Month Period Ending February 28, 2015

Administration	257,141
Centers of Excellence	2,953,511
College of Dental Medicine	1,726,275
College of Graduate Studies	689,307
College of Health Professions	2,891,700
College of Medicine	51,739,500
College of Nursing	2,415,686
College of Pharmacy	790,193
Library	432,644
	<hr/>
	\$63,895,958

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 \$63,895,958 .

In addition to this federal grant and contract revenue, the University received
\$20,159,552 in federal monies to reimburse it for Facilities and Administration
(F+A) costs incurred to administer the above federal grants and contracts.
\$19,811,466 of the F+A recoveries received is unrestricted which means the
University can use it for any of its operating needs. The remaining \$348,087
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	\$63,895,958
Facilities and Administration costs	\$20,159,552
Federal operating grants and contracts	<hr/>
	\$84,055,510

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
February 28, 2015

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	\$ 43,874,114
Land/Bldgs/Equipment/Accumulated depreciation	<u>479,258,102</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 523,132,216</u>

Note 5. Construction in Progress

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

	Jun 30, 2014 Balance	Fiscal Year 2015 Added	Capitalized	Feb 28, 2015 Balance
BSB Craniofacial Research Renovation	\$ 1,236,322	\$ 1,136,531	\$ -	\$ 2,372,853
Psychiatric Institute Data Center System	1,984,416	267,571	-	2,251,987
Thurmond-Gazes Air Handler Unit	2,596,731	184,324	-	2,781,055
Thurmond-Gazes Exhaust System	3,748,240	240,531	-	3,988,771
College of Nursing Floors 2-5	7,252,948	1,157,932	-	8,410,880
Deferred Maintenance - FY 2012	3,714,775	76,876	-	3,791,651
Deferred Maintenance - FY 2013	2,257,446	1,039,544	-	3,296,990
CSB 9th Floor renovation	4,838,683	4,132,969	-	8,971,652
Others less than \$1,000,000 (ending balance)	5,774,239	2,392,945	(158,908)	8,008,276
Total construction in progress	<u>\$ 33,403,800</u>	<u>\$ 10,629,222</u>	<u>\$ (158,908)</u>	<u>\$ 43,874,114</u>

Note 6. Deferred Revenue

The University's deferred revenue consists of the following:

State appropriations	\$ 20,030,707
Grants and contracts	12,815,070
Student tuition and fees	19,805,994
Other	<u>70,000</u>
Total Deferred Revenue	<u>\$ 52,721,771</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
February 28, 2015

Note 7. *Long Term Liabilities*

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

Obligations under capital leases	\$ 61,432,586
Higher Education Revenue bond payable	31,160,000
State Institution bonds payable	65,780,000
Premium on State Institution bonds payable	<u>1,036,411</u>
Total Long Term Liabilities	<u>\$ 159,408,997</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	\$ 24,237,800	
Budgeted Prior Year Fund Balance Usage	(3,794,385)	
Plant funds:		
Capital grants and gifts - Federal	30,245	
Capital grants and gifts - State	-	
Capital grants and gifts - private	-	
Capital appropriations	224,335	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	86,602	
Interest and investment income	219,434	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	2,071,333	
Expended in current fund-capital costs	2,209,203	
Transfers	10,301,849	
Expensed in plant fund-depreciation	(25,764,597)	
Expensed in plant fund-interest expense	(1,984,150)	
Expensed in plant fund-other	(1,230,474)	
Gain (loss) on disposition of property	<u>8,751,704</u>	(5,084,516)
Loan funds:		
Other income		
Interest and investment income	220,261	
Expenses	(152,959)	
Transfers	<u>13,399</u>	80,701
Endowment funds:		
New endowments	2,935,261	
Income draws to operating units	(1,388,972)	
State grants/gifts	133,786	
Endowment income (Loss)	444,775	
Transfers	<u>-</u>	2,124,850
Other		
Net increase (decrease) in Net Assets per Statement		
of Revenues, Expenses, and Changes in Net Assets	<u>\$ 17,564,450</u>	

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

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 28-Feb-2015
State Institution Bonds (SIB)			
2005 Refunding	\$ 19,045	Advance refunding on SIB2000A	\$ 11,475
SI BAN 2012	30,000	College of Dental Medicine Building	26,500
SIB 2011D	18,950	Deferred maintenance projects	16,750
SIB 2012B refunding	12,645	Refunding SIB 2001C, 2003D, & 2003J	11,055
	<u>\$ 92,640</u>		
Current SIB Debt Authorized and Issued			<u>\$ 65,780</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ 16,515</u>
Lease Revenue Bonds			
LRB 1995 A & B	<u>\$ 13,201</u>	Thurmond Biomedical Center	<u>\$ 2,514</u>
Higher Education Revenue Bonds			
2006	<u>\$ 38,000</u>	Construction of Parking Garage	<u>\$ 31,160</u>

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

Statement of Revenues, Expenses and Changes in Net Position

	For the Eight Months Ending February 28, 2014	For the Eight Months Ending February 28, 2015
Operating Revenues		
Net clinical service revenue	184,881,064	190,159,799
Other operating revenue	4,499,155	3,786,783
Ambulatory care and MUHA revenue cycle support	3,493,747	4,032,465
Primary care support	2,133,333	2,133,333
Total operating revenues	195,007,300	200,112,381
Operating Expenses		
Departmental expenses	140,076,694	146,595,489
Corporate operating expenses	21,381,931	25,366,767
Ambulatory care and MUHA revenue cycle expenses	2,474,483	3,051,951
New Initiative expenses	902,071	1,332,125
Total expenses	164,835,179	176,346,332
Operating Income (Loss)	30,172,121	23,766,049
Nonoperating Revenues (Expenses)	743,978	41,881
Transfers from (to) Related Entities		
Nonmandatory contributions to the MUSC Foundation	(2,525,260)	(1,163,504)
Nonmandatory transfers to the MUSC	(40,602,831)	(47,566,677)
Change in Net Position Before Extraordinary Items	(12,211,993)	(24,922,251)
Extraordinary/Special Items	-	-
Transfers to Debt Service and Equity Deficits	(11,946)	4,008,065
Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue	(12,223,939)	(20,914,186)
Expenses Related to the DHHS Supplemental Revenue	-	-
Change in Net Position	(12,223,939)	(20,914,186)

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:

	February 28, 2014	February 28, 2015
Cash and cash equivalents	72,382,045	74,159,003
Investments	69,527,450	69,519,343
Receivables:		
Patient services - net of allowances for contractual adjustments of \$102,983,792 and bad debts of \$40,454,456	39,623,449	38,950,663
Due from the Medical University of South Carolina	4,815,255	5,424,490
Due from the Medical University Hospital Authority	(869,958)	250,702
Due from the Medical University Foundation	287,089	433,852
Due from Comprehensive Psychiatric Services	-	173,409
Prepaid rent - MUSC Foundation	631,355	631,355
Other current assets	6,806,835	7,762,206
Total Current Assets	193,203,520	197,305,022

Noncurrent assets:

Capital assets:		
Land	10,759,299	10,769,299
Buildings	21,991,216	22,812,820
Furniture and equipment	14,388,367	15,120,760
Leasehold improvements	53,125,249	49,589,648
Rental buildings under capital lease	13,989,600	13,989,600
Rental equipment under capital lease	2,958,000	2,958,000
Computer software	7,123,204	13,511,702
Less: accumulated depreciation and amortization	(47,887,033)	(53,933,004)
Prepaid rent - MUSC Foundation	7,475,590	7,105,421
Intangibles - net of accumulated amortization	33,219	775
Direct note obligations issuance costs - net of accumulated amortization	453,396	-
Investment in partnerships	662,674	1,123,239
Total noncurrent assets	85,072,780	83,048,259
Total Assets	278,276,300	280,353,281

Deferred outflows of resources

Deferred refunding cost	17,974,631	16,363,255
Accumulated decrease in fair value of hedging derivatives	1,691,473	2,259,686
Total deferred outflows	19,666,104	18,622,941
Total Assets and Deferred Outflows	297,942,404	298,976,222

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

Consolidated Statement of Net Position

LIABILITIES

Current Liabilities

	February 28, 2014	February 28, 2015
Accounts payable	-	756,676
Accrued payroll	530,473	557,787
Accrued payroll withholdings	5,255,822	4,717,026
Accrued pension contribution	2,505,626	2,526,680
Other accrued liabilities	2,153,033	1,605,195
Due to Medical University of South Carolina	(50,273)	-
Due to Medical University Hospital Authority	592,323	2,289,729
Accrued compensated absences	1,519,917	1,528,194
Notes payable	3,791,500	3,791,500
Total current liabilities	16,298,420	17,772,787

Noncurrent liabilities:

Accrued compensated absences	1,349,796	1,373,098
Notes payable	14,850,042	11,058,542
Variable Rate Demand Bonds	62,085,000	62,085,000
Deferred Cash Flows Derivative Instruments	152,379	785,824

Total noncurrent liabilities	78,437,217	75,302,464
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Total liabilities	94,735,638	93,075,250
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NET POSITION

Invested in capital assets, net of related debt	45,324,792	45,656,765
Unrestricted (deficit)	157,881,974	160,244,207
Total Net Position	203,206,766	205,900,971

FACILITIES
ACADEMIC/RESEARCH/CLINICAL
RIGHT-OF-WAY WATER EASEMENT
FOR APPROVAL

April 10, 2015

PROJECT TITLE: Right of Way Water Easement – President Street

PROJECT NUMBER: N/A

TOTAL ESTIMATED BUDGET: \$5.00 Credit

SOURCE(S) OF FUNDS: Commissioner of Public Works (CPW) of the City of Charleston, SC

JUSTIFICATION: This easement is being requested by the Commissioner of Public Works (CPW) of the City of Charleston, SC. The easement is located at the College of Health Profession Research Building ADA ramp, 77 President Street. CPW will have the right, privilege and authority, from time to time, to enter upon, construct, extend, inspect, operate, replace, relocate, repair and perpetually maintain upon, over, along, across, through and under any and all streets, alleys, roads, or other public ways or places of development now existing. Also, from time to time, CPW will install water lines, hydrants, valves, and meters in right-of-way water easement near the lot lines, with the right from time to time to trim, cut, or remove trees, underbrush and other obstructions that are over, under, or through a strip of land extending five (5') feet on either side of the center of the water lines, water service lines, hydrants, valves, and meters. Any affected area within the right-of-way water easement and the five-foot (5') strip will be restored to its prior condition.

There will be full use of the surface area of the right-of-way water easement provided no building is constructed or any permanent object is built or constructed over the surface of the easement area. CPW will (1) protect the integrity of the water line which will be located below the surface, and (2) allow ready access quickly to the water line to facilitate repairs.

This right-of-way easement will run with the land and continue to exist as long as it is used for utility purposes and in accordance with the terms and considerations of this easement.

**FACILITIES
ACADEMIC
LEASE RENEWAL
FOR APPROVAL**

APRIL 10, 2015

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for the Fishburne Street Parking Lot ("Hagood Lot") consisting of 794 parking spaces. The purpose of this lease renewal is to continue to provide parking for the Medical University of South Carolina's employees and students. The per space per month rate is \$36.05 and the monthly rental rate for this renewal will be \$28,623.70, resulting in an annual cost of \$343,484.40.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: City of Charleston

LANDLORD CONTACT: Colleen Carducci, Property Manager, 724-7154

TENANT NAME AND CONTACT: Parking Management, Melinda Anderson, Director, 792-3665

SOURCE OF FUNDS: Parking Revenues

LEASE TERMS:

TERM: One (1) years [6/1/2015-5/31/2016]

AMOUNT PER PARKING SPACE: \$36.05

ANNUALIZED LEASE AMOUNT: \$343,484.40

TOTAL AMOUNT OF LEASE TERM: \$343,484.40

EXTENDED TERM(S): To be negotiated.

OPERATING COSTS:

FULL SERVICE X

NET _____

MEDICAL UNIVERSITY OF SOUTH CAROLINA

CONSENT AGENDA

Board of Trustees Meeting
April 10, 2015
101 Colcock Hall

Members of the Board of Trustees

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

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

Trustees Emeriti

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

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

(APPROVAL ITEMS)

Item 11. Academic Charges and Fees.

Statement: Administration presents for approval the Proposed Schedule of Academic Charges and fees for fiscal year 2016.

Recommendation of Administration: That the academic charges and fees for FY2016 be approved.

Recommendation of Committee:

Board Action:

Item 12. Revisions to the Industry Relations Policy.

Statement: Administration presents for approval, revisions to the Industry Relations Policy, effective April 10, 2015.

Recommendation of Administration: That these revisions to the Industry Relations Policy be approved.

Recommendation of Committee:

Board Action:

Item 13. Appointment of Dean of College of Graduate Studies.

Statement: Administration presents for approval the appointment of **Paul Traktman, Ph.D.**, as Dean of the College of Graduate Studies, effective July 1, 2015:

Recommendation of Administration: That Dr. Traktman's appointment as Dean of the College of Graduate Studies be approved.

Recommendation of Committee:

Board Action:

Item 14. Faculty Appointments.

Statement: At the request of the Deans of the Colleges of Health Professions and Medicine, administration presents for approval the following requests for faculty appointments:

College of Dental Medicine

Ricky E. Harrell, D.M.D., as Professor, in the Department of Pediatric Dentistry and Orthodontics, effective April 1, 2015

College of Health Professions

Jami L. DelliFraine, M.H.A., Ph.D., as Associate Professor, on the Academic Educator track), in the Department of Healthcare Leadership and Management, effective January 1, 2015.

College of Medicine

Amy Christine Baruch, M.D., as MUSC AHEC Clinical Associate Professor (Spartanburg/Pathology), effective July 1, 2015

Stephen A. Duncan, Ph.D., as Professor, on the Academic Investigator track, in the Department of Regenerative Medicine and Cell Biology, effective July 1, 2015.

Dr. Duncan also will serve as Chair of the Department of Regenerative Medicine and Cell Biology and will hold the SmartState Endowed Chair in Regenerative Medicine.

Dirk M. Elston, M.D., (dual appointment) as Professor with tenure, on the Clinician Educator track, in the Department of Dermatology and Dermatologic Surgery, with a dual appointment as Professor in the Department of Pathology and Laboratory Medicine, effective July 1, 2015

Dr. Elston also will serve as Chair of the Department of Dermatology and Dermatologic Surgery.

Rosanna L. Lapham, M.D., as MUSC AHEC Clinical Associate Professor (Spartanburg/Pathology), effective January 1, 2015

Douglas H. Sheafor, M.D., as Associate Professor, on the Clinician Educator track, in the Department of Radiology and Radiological Science, effective June 1, 2015.

Robert W. Warren, M.D., Ph.D., (dual appointment) as Professor in the Department of Public Health Sciences, effective January 15, 2015

Dr. Warren's primary appointment rests in the Department of Pediatrics, Division of Rheumatology.

College of Medicine and Dental Medicine

Paula Traktman, Ph.D., (dual appointment) as Professor, on the Academic Investigator track, in the Department of Microbiology and Immunology with a dual appointment as Professor in the Department of Biochemistry and Molecular Biology, effective July 1, 2015

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 15. Faculty Promotions.

Statement: At the request of the Deans of the Colleges of Health Professions, Medicine, and Pharmacy, administration presents the following faculty promotions, effective July 1, 2015:

College of Health Professions

From Assistant Professor to Associate Professor on the Academic Educator track

Nancy E. Carson, Ph.D., Department of Health Professions, Division of Occupational Therapy

Gretchen A. Seif, DPT, Department of Health Professions, Division of Physical Therapy

College of Medicine

from Associate Professor to Professor, Academic Investigator track, (without Tenure)

Richard L. Klein Ph.D., Department of Medicine, Division of Endocrinology

Demetri Spyropoulos, Ph.D., Department of Pathology and Laboratory Medicine

from Associate Professor to Professor, Academic Clinician track, (without Tenure)

Jeffrey J. Borckardt, Ph.D., Department of Psychiatry and Behavioral Sciences, Dual: Anesthesia and Perioperative Medicine

Carla Kmett Danielson, Ph.D., Department of Psychiatry and Behavioral Sciences

from Associate Professor to Professor, Clinician Educator track, (with Tenure)

Vanessa Hinson, M.D., Ph.D., Department of Neurology

Katherine A. Morgan, M.D., Department of Surgery, Division of Gastroenterology Surgery

Alyssa Ann Rheingold, Ph.D., Department of Psychiatry and Behavioral Sciences

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

Alice M. Boylan, M.D., Department of Medicine, Division of Pulmonary and Critical Care Medicine

Laura A. Carpenter, Ph.D., Department of Pediatrics, Division of Developmental-Behavioral Pediatrics

E. Benjamin Clyburn, M.D., Department of Medicine, Division of General Internal Medicine

Jyotika K. Fernandes, M.B.B.S., M.D., Department of Medicine, Division of Endocrinology

Michael David Horner, Ph.D., Department of Psychiatry and Behavioral Sciences

Raymond Dwight Turner, IV, M.D., Department of Neurological Surgery

from Clinical Associate Professor to Clinical Professor, Modified Clinical track

Donald L. Fox, M.D., Department of Medicine, Division of General Internal Medicine

Leonard S. Lichtenstein, M.D., Department of Medicine, Division of General Internal Medicine

C. Maria Riva, M.D., Department of Pediatrics, Division of Pulmonary and Sleep Medicine

Shaoli Sun, M.D., Department of Pathology and Laboratory Medicine

M. Kathleen Wiley, M.D., Department of Medicine, Division of General Internal Medicine

from Assistant Professor to Associate Professor, Academic Investigator track

Colleen L. Hanlon, Ph.D., Department of Psychiatry and Behavioral Sciences; Dual: Department of Neurosciences

Patrick J. Mulholland, Ph.D., Department of Neurosciences, Dual: Department of Psychiatry and Behavioral Sciences

from Assistant Professor to Associate Professor, Academic Clinician track

Leonardo Bonilha, M.D., Ph.D., Department of Neurology

Katherine R. Sterba, Ph.D., Department of Public Health Sciences

from Assistant Professor to Associate Professor, Clinician Educator track

G. Hamilton Baker, M.D., Department of Pediatrics, Division of Pediatric Cardiology

Jennifer Lynn Cook, M.D., Department of Medicine, Division of Cardiology

Deborah DeWaay, M.D., Department of Medicine, Division of General Internal Medicine

Cory M. Furse, M.D., Department of Anesthesia and Perioperative Medicine

Kristina K. Gustafson, M.D., Department of Pediatrics, Division of General Pediatrics

Christine A. Holmstedt, D.O., Department of Neurology

Pamela B. Morris, M.D., Department of Medicine, Division of Cardiology

Nicholas James Pastis, Jr., M.D., Department of Medicine, Division of Pulmonary and Critical Care Medicine

Krishna G. Patel, M.D., Ph.D., Department of Otolaryngology– Head and Neck Surgery

Jean L. Peng, Ph.D., Department of Radiation Oncology
Jennifer Young Pierce, M.D., Department of Obstetrics and Gynecology, Division of Gynecologic Oncology
Jonathan S. Ralston, M.D., Department of Pathology and Laboratory Medicine
Steven H. Saef, M.D., M.S.C.R., Department of Medicine, Division of Emergency Medicine
Elizabeth J. Santa Ana, Ph.D., Department of Psychiatry and Behavioral Sciences
Olejandro M. Spiotta, M.D., Department of Neurological Surgery
Andrew A. Stec, M.D., Department of Urology Dual: Department of Pediatrics, Division of Pediatric Urology
Katherine E. Twombly, M.D., Department of Pediatrics, Division of Nephrology
Sylvia H. Wilson, M.D., Department of Anesthesia and Perioperative Medicine
Sinai C. Zyblewski, M.D., Department of Pediatrics, Division of Pediatric Cardiology

from Research Assistant Professor to Research Associate Professor, Modified Research track

Jordan J. Elm, Ph.D., Department of Public Health Sciences
Marcelo F. Lopez, Ph.D., Department of Psychiatry and Behavioral Sciences
Sharon D. Yeatts, Ph.D., Department of Public Health Sciences

from Clinical Assistant Professor to Clinical Associate Professor, Modified Clinical track

Soonho Kwon, M.D., Department of Medicine, Division of Endocrinology
Alice Q. Libet, Ph.D., Department of Psychiatry and Behavioral Sciences
Mark Ashton Lyles, M.D., M.B.A., Department of Medicine, Division of General Internal Medicine
Rachel L. Sturdivant, M.D., Department of Medicine, Division of Nephrology

College of Pharmacy

from Associate Professor to Professor on the tenure track

Craig C. Beeson, Ph.D., Department of Drug Discovery and Pharmaceutical Sciences
Sandra S. Garner, Pharm.D., Department of Clinical Pharmacy and Outcome Sciences

from Assistant Professor to Associate Professor on a non-tenure track

Amy N. Thompson, Pharm.D., Department of Clinical Pharmacy and Outcome Sciences
Christopher S. Wisniewski, Pharm.D., Department of Clinical Pharmacy and Outcome Sciences

Recommendation of Administration: That these faculty promotions be approved.

Recommendation of Committee:

Board Action:

Item 16. Changes in Faculty Status.

Statement: At the request of Dean of the College of Medicine administration presents for approval the following requests for changes in faculty status:

College of Medicine

John M. Toole, M.D., from Associate Professor to Clinical Associate Professor in the Department of Surgery, Division of Cardiothoracic Surgery, effective February 21, 2015

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

Recommendation of Committee:

Board Action:

Item 17. Degree Programs.

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

Masters of Science in Cardiovascular Perfusion
Post-Professional Masters of Science in Cardiovascular Perfusion

Recommendation of Administration: That the Masters of Science in Cardiovascular Perfusion and the Post-Professional Masters of Science in Cardiovascular Perfusion degree programs be approved.

Recommendation of Committee:

Board Action:

Item 18. Endowed Chairs.

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

Stephen A. Duncan, Ph.D., Professor and Chair, Department of Regenerative Medicine and Cell Biology, as the SmartState Endowed Chair in Regenerative Medicine, effective July 1, 2015

Dirk M. Elston, M.D., Professor, Department of Dermatology and Dermatologic Surgery, as the Kathleen A. Riley Endowed Chair in Dermatology

Recommendation of Administration: That these Endowed Chair appointments be approved.

Recommendation of Committee:

Board Action

Item 19. Post-Tenure Review.

Statement: At the request of the Dean of the College of Medicine, administration presents, as information, post-tenure review approvals for the following faculty members in the College of Medicine.

Thierry Rene Henri Bacro, Ph.D., Department of Regenerative Medicine and Cell Biology
Olga Brawman-Mintzer, M.D., Department of Psychiatry and Behavioral Sciences
Kenneth D. Chavin, M.D, Ph.D., Department of Surgery, Division of Transplant Surgery
Marc Ivor Chimowitz, M.D.,Ch.B., Department of Neurology
John Sotirios Ikonomidis, M.D., Ph.D., Department of Surgery, Division of Cardiothoracic Surgery
J. Michael Kilby, M.D., Department of Medicine, Division of Infectious Diseases
Andrew B. Lawson, Ph.D., Department of Public Health Sciences
Bonnie T. Martin-Harris, Ph.D., Department of Otolaryngology – Head and Neck Surgery
Cynthia T. Welsh, M.D., Department of Pathology and Laboratory Medicine

Recommendation of Administration: That these post-tenure review approvals be received as information.

Recommendation of Committee:

Board Action

Item 20. Revisions to the MUSC Physicians Bylaws.

Statement: Revisions to the MUSC Physicians Bylaws will be presented for approval.

Recommendation of Administration: That these revisions be approved.

Recommendation of Committee:

Board Action

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

(INFORMATION ITEM)

Item 24. Financial Status Report of the MUSC Foundation for Research Development.

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

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

Recommendation of Committee:

Board Action:

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

(INFORMATION ITEM)

Item 28. Facilities Contracts Awarded.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Medical University of South Carolina
Current (FY15) & Proposed Changes (FY16) Schedule of Fees
(IN DOLLARS)

	<u>CURRENT (FY15)</u>	<u>PROPOSED (FY16)</u>	<u>\$ Change</u>	<u>% Change</u>
COLLEGE OF DENTAL MEDICINE				
Student Instrument Fee (annual)				
First through Fourth Year Students	\$ 4,800	\$ 4,950	\$ 150	3%
Clinical & Lab Support Fee (annual)	8,125	8,400	275	3%
Master of Science in Dentistry (annual)	9,025	9,400	375	4%
Master of Oral Science (annual)	9,025	9,400	375	4%
COLLEGE OF GRADUATE STUDIES				
Histology Fee (In-State, Master of Science in Medical Sciences, annual)	\$ 1,746	\$ 1,818	\$ 72	4%
Histology Fee (Out-of-State, Master of Science in Medical Sciences, annual)	4,698	4,865	167	4%
COLLEGE OF HEALTH PROFESSIONS(all per semester)				
Master of Science in Health Informatics (full time)	\$ 495	\$ 695	\$ 200	40%
Master of Science in Health Informatics (part time)	480	680	200	42%

Medical University of South Carolina
Current (FY15) and Proposed (FY16) Schedule of Academic Charges
College of Dental Medicine

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Increase	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
Dental Medicine						
Semester	\$ 16,296	\$ 28,491	\$ 16,800	\$ 29,400	3%	3%
Summer	12,470	22,160	12,850	22,825	3%	3%
Dental Scientist Training Program (DSTP)						
Semester	\$ 16,296	\$ 28,491	\$ 7,750	\$ 7,750	-52%	-73%
Summer	12,470	22,160	5,500	5,500	-56%	-75%
Master of Science in Dentistry						
Semester	\$ 1,491	\$ 1,491	\$ 1,540	\$ 1,540	3%	3%
Summer	1,371	1,371	1,415	1,415	3%	3%
Master of Oral Science						
Semester	\$ 9,785	\$ 12,231	\$ 10,080	\$ 12,600	3%	3%
Summer	5,150	6,468	5,325	6,675	3%	3%

Medical University of South Carolina
Current (FY15) and Proposed (FY16) Schedule of Academic Charges
College of Medicine

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

Medical University of South Carolina
Current (FY15) and Proposed (FY16) Schedule of Academic Charges
College of Graduate Studies

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Increase	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
Full-Time (Each Term)						
<i>Master in Biomedical Sciences</i>						
Semester	\$ 6,490	\$ 10,128	\$ 6,620	\$ 10,331	2%	2%
Summer	5,220	7,973	5,324	8,132	2%	2%
<i>Master in Clinical Research</i>						
Semester	\$ 6,490	\$ 10,128	\$ 6,620	\$ 10,331	2%	2%
Summer	5,220	7,973	5,324	8,132	2%	2%
<i>Master in Medical Sciences</i>						
Semester	\$ 6,490	\$ 10,128	\$ 6,620	\$ 10,331	2%	2%
Summer	5,220	7,973	5,324	8,132	2%	2%
<i>Ph.D. Program</i>						
Semester	\$ 6,934	\$ 10,271	\$ 7,073	\$ 10,476	2%	2%
Summer	5,681	8,142	5,795	8,305	2%	2%
<i>Ph.D. Program - Dental Scientist Training Program(DSTP)</i>						
Semester	\$ 6,934	\$ 10,271	\$ 7,073	\$ 10,476	2%	2%
Summer	5,681	8,142	5,795	8,305	2%	2%
<i>Ph.D. Program - Medical Scientist Training Program(MSTP)</i>						
Semester	\$ 6,934	\$ 10,271	\$ 7,073	\$ 10,476	2%	2%
Summer	5,681	8,142	5,795	8,305	2%	2%
Part-Time (Per Semester Hour)						
<i>Master in Biomedical Studies</i>						
Semester	\$ 546	\$ 838	\$ 557	\$ 855	2%	2%
Summer	546	838	557	855	2%	2%
<i>Master in Clinical Research</i>						
Semester	\$ 546	\$ 838	\$ 557	\$ 855	2%	2%
Summer	546	838	557	855	2%	2%
<i>Ph. D. Program</i>						
Semester	\$ 619	\$ 945	\$ 631	\$ 964	2%	2%
Summer	619	945	631	964	2%	2%

Medical University of South Carolina
Current (FY15) and Proposed (FY16) Schedule of Academic Charges
College of Health Professions

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Change	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
Full-Time (Each Term)						
Graduate						
Semester	\$ 7,724	\$ 11,065	\$ 7,724	\$ 11,065	0%	0%
Summer	7,724	11,065	7,724	11,065	0%	0%
Bachelor of Science in Cardiovascular Perfusion						
Semester	\$ 7,457	\$ 11,397	\$ 7,584	\$ 11,591	2%	2%
Summer	7,457	11,397	7,584	11,591	2%	2%
Master of Science in Anesthesia for Nurses						
Semester	\$ 7,647	\$ 10,955	\$ 7,647	\$ 10,955	0%	0%
Summer	7,647	10,955	7,647	10,955	0%	0%
Doctor of Nurse Anesthesia Practice - Post-Masters						
Semester	\$ 7,647	\$ 10,955	\$ 7,647	\$ 10,955	0%	0%
Summer	7,647	10,955	7,647	10,955	0%	0%
Doctor of Nurse Anesthesia Practice - Post-Baccalaureate						
Semester	\$ 7,647	\$ 10,955	\$ 7,647	\$ 10,955	0%	0%
Summer	7,647	10,955	7,647	10,955	0%	0%
Master in Health Administration (Executive)						
Semester	\$ 7,802	\$ 8,602	\$ 8,036	\$ 8,860	3%	3%
Summer	7,802	8,602	8,036	8,860	3%	3%
Master in Health Administration (Residential)						
Semester	\$ 7,802	\$ 11,397	\$ 8,036	\$ 11,739	3%	3%
Summer	7,802	11,397	8,036	11,739	3%	3%
Master of Science in Health Informatics						
Semester	\$ 7,802	\$ 8,602	\$ 8,036	\$ 8,860	3%	3%
Summer	7,802	8,602	8,036	8,860	3%	3%
Master of Science in Occupational Therapy						
Semester	\$ 7,926	\$ 11,267	\$ 8,061	\$ 11,459	2%	2%
Summer	7,926	11,267	8,061	11,459	2%	2%
Master of Science in Physician Assistant Studies						
Semester	\$ 7,647	\$ 11,503	\$ 7,953	\$ 11,963	4%	4%
Summer	7,647	11,503	7,953	11,963	4%	4%
Doctor of Health Administration						
Annual Tuition	\$ 29,097	\$ 29,097	\$ 29,970	\$ 29,970	3%	3%
Doctor of Health Administration - Interprofessional						
Annual Tuition	\$ 17,886	\$ 17,886	\$ 19,675	\$ 19,675	10%	10%
Doctor of Health Administration - Information Systems						
Annual Tuition	\$ 17,886	\$ 17,886	\$ 19,675	\$ 19,675	10%	10%
Ph.D. in Health and Rehabilitation Science						
Semester	\$ 6,098	\$ 6,459	\$ 6,202	\$ 6,569	2%	2%
Summer	6,098	6,459	6,202	6,569	2%	2%
Doctor of Physical Therapy						
Semester	\$ 7,926	\$ 11,267	\$ 8,061	\$ 11,459	2%	2%
Summer	7,926	11,267	8,061	11,459	2%	2%

Medical University of South Carolina
Current (FY15) and Proposed (FY16) Schedule of Academic Charges
College of Health Professions

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Change	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
Part-Time (Per Semester Hour)						
Graduate						
Semester	\$ 879	\$ 1,461	\$ 879	\$ 1,461	0%	0%
Summer	879	1,461	879	1,461	0%	0%
Doctor of Nurse Anesthesia Practice - Post-Masters						
Semester	\$ 879	\$ 1,461	\$ 879	\$ 1,461	0%	0%
Summer	879	1,461	879	1,461	0%	0%
Doctor of Nurse Anesthesia Practice - Post-Baccalaureate						
Semester	\$ 879	\$ 1,461	\$ 879	\$ 1,461	0%	0%
Summer	879	1,461	879	1,461	0%	0%
Master of Health Administration (Executive)						
Semester	\$ 791	\$ 873	\$ 815	\$ 899	3%	3%
Summer	791	873	815	899	3%	3%
Master of Health Administration (Residential)						
Semester	\$ 888	\$ 1,505	\$ 915	\$ 1,550	3%	3%
Summer	888	1,505	915	1,550	3%	3%
Master of Science in Health Informatics						
Semester	\$ 791	\$ 873	\$ 815	\$ 899	3%	3%
Summer	791	873	815	899	3%	3%
Master of Science in Physician Assistant Studies						
Semester	\$ 870	\$ 1,519	\$ 905	\$ 1,580	4%	4%
Summer	870	1,519	905	1,580	4%	4%
Ph.D. in Health and Rehabilitation Science						
Semester	\$ 879	\$ 1,461	\$ 894	\$ 1,486	2%	2%
Summer	879	1,461	894	1,486	2%	2%

Medical University of South Carolina
Current (FY15) and Proposed (FY16) Schedule of Academic Charges
College of Nursing

	CURRENT ACADEMIC CHARGE		PROPOSED ACADEMIC CHARGE		% Increase	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
Full-Time (Each Term)						
<i>Undergraduate - BSN</i>						
Semester	\$ 7,438	\$ 11,000	\$ 7,587	\$ 11,000	2%	0%
Summer	7,438	11,000	7,587	11,000	2%	0%
<i>Undergraduate - RN-BSN</i>						
Semester	\$ 5,480	\$ 5,480	\$ 5,480	\$ 5,480	0%	0%
Summer	5,480	5,480	5,480	5,480	0%	0%
<i>Graduate and Ph.D.</i>						
Semester	\$ 8,116	\$ 9,553	\$ 8,116	\$ 9,553	0%	0%
Summer	8,116	9,553	8,116	9,553	0%	0%
Part-Time (Per Semester Hour)						
<i>Undergraduate</i>						
Semester	\$ 673	\$ 1,124	\$ 686	\$ 1,124	2%	0%
Summer	673	1,124	686	1,124	2%	0%
<i>Graduate and Ph.D.</i>						
Semester	\$ 835	\$ 985	\$ 835	\$ 985	0%	0%
Summer	835	985	835	985	0%	0%

Medical University of South Carolina
Current (FY15) and Proposed (FY16) Schedule of Academic Charges
South Carolina College of Pharmacy - MUSC Campus

	CURRENT ACADEMIC CHARGE			PROPOSED ACADEMIC CHARGE			% Increase		
	In-State	Out-of-State	Out-of-State with Scholarship	In-State	Out-of-State	Out-of-State with Scholarship	In-State	Out-of-State	Out-of-State with Scholarship
Full-Time (Each Term)*									
Semester	\$10,399	\$ 15,575	\$ 13,197	\$10,610	\$ 15,890	\$ 13,460	2%	2%	2%
Summer	3,065	4,487	3,831	3,130	4,580	3,910	2%	2%	2%
Part-Time (Per Credit Hour)*									
Semester	\$ 867	\$ 1,298	\$ 1,100	\$ 885	\$ 1,325	\$ 1,125	2%	2%	2%
Summer	867	1,298	1,100	885	1,325	1,125	2%	2%	2%

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

Policy Name: MUSC/MUHA- Industry Relations Policy			
Approved- Board of Trustees			Date: February 14, 2014 <u>November 17, 2014</u>
Effective Date: February 14, 2014 <u>November 17, 2014</u>	Page 1 of 13	Section: General (Miscellaneous)	Policy Number: N/A <u>Amendment 1</u>
Replaces Policy: MUSC Medical Center Professional Relationship Policy A-114			

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1. Purpose and Scope

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

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

2. Covered Persons

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

3. Definitions

For purposes of this policy:

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

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

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

Educational Programming is defined as medical, healthcare and scientific speaking engagements or educational presentations where Industry furnishes a Personal Financial Benefit or Economic Benefit and/or other Personal Benefit as reimbursement/compensation for the provision of those presentations by Covered Persons.

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

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

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

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

4. Consulting and Educational Programming

a) Consulting

Purpose

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

Policy Statement

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

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

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

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

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

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

- Consulting activities requiring or appearing to require MUSC staff to endorse or appear to endorse a particular product, drug, device, or service (either orally or in writing). This includes demonstrating an Industry product for promotional or sales purposes; and appearing (or being quoted) in a video, television, radio, internet-broadcast, web site, or in other publicly-broadcasted or distributed materials for promotional or sales purposes without proper authority or approval.
- Participating in ghostwriting, which is defined as Industry sponsorship for (i) making a major contribution towards the writing and/or research of scientific and medical publications without receiving authorship; or (ii) accepting authorship for a scientific or medical publication without making a major contribution towards the writing and/or the research.
- Serving as an Industry sponsored "named reference" for a product recommendation.

- Providing MUSC slides, videos, pamphlets or any other MUSC logo or copyrighted materials to Industry for marketing or promotional use. Such use must be approved in accordance with MUSC/MUHA policy or procedure.
- Providing services that conflict or appear to conflict with SEC rules and regulations for stock brokers, investment houses, equity management companies, banks, and/or financial institutions.
- Providing services to an Industry that is in a known legal dispute with MUSC.
- Speaking to investors on behalf of a company, except when the company is an MUSC sanctioned and supported faculty start-up company.

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

b) Educational Programming

Purpose

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

Policy Statement

This policy applies to all medical, healthcare and scientific speaking engagements or educational presentations, with or without professional continuing education credit, where Industry furnishes a Personal Financial Benefit or an Economic Benefit and/or other Personal Benefit as reimbursement/compensation for the provision of those presentations by Covered Persons. The policy also applies to Covered Persons who attend such educational meetings. Educational programming should be independent from commercial interest and promote evidence-based clinical care and/or advance scientific research. MUSC recognizes that bona fide educational activities typically adhere to ACCME, ADA CERP, ACPE, ANCC or other national accreditation standards and qualify for continuing education credit. Other acceptable activities that do not provide CE credits but would serve recognized educational purposes include presentations to industry (*e.g.*, providing scientific or medical expertise) and training for medical or research professionals (*e.g.*, teaching practitioners when and how to appropriately use a medical device). Otherwise, non-accredited, industry sponsored speaking to healthcare providers is not consistent with the standards of allowable educational programming due to the risk of industry influence.

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

Providing continuing education (CE) services, scientific or medical presentations or

expertise at academic meetings and professional societies, at other universities or research institutions, and at lay organization meetings as long as the following conditions are met:

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

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

- Speaking at any educational meeting where the content of the presentation, including handouts and visual-aids, is not determined entirely by the Covered Person.
- Educational speaking should be independent from commercial interest, and refrain from product promotion. As such, speaking activities frequently referred to as speakers' bureaus are prohibited. Speakers' bureaus are typically characterized by, but are not limited to, the following attributes:
 1. promotional educational activity concerning a biomedical or pharmaceutical product;
 2. the company has the contractual right to dictate or control the content of the presentation or talk;
 3. the company creates the slides or presentation material and/or restricts or otherwise limits the Covered Person's intellectual independence over the educational content of his or her presentation; and/or
 4. Covered Persons are expected to act as a company's agent or spokesperson for the purpose of disseminating company or product information (*e.g.*, the presentation is focused on a healthcare product made by the sponsor and does not include a balanced representation of alternative products or services).If you have questions about whether a speaking activity is a speakers' bureau, you should consult with the COI Office for guidance.
- Providing industry sponsored continuing education (CE) services or scientific or medical training to an audience consisting only of MUSC attendees.

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

iii. Attendance at educational meetings sponsored by Industry

Covered Persons may attend any educational meeting sponsored by industry but may not undertake the following:

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

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

c) Payments for Consulting and Educational Programming

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

Senior institutional officials (defined here as the President, Vice Presidents, Deans and Associate Deans) who conduct outside activities that fall within the institution's missions and/or relate to their service as institutional leaders must conduct those activities under a written agreement with the institution. Remuneration for the outside activity must be paid to the institution and cover the senior official's time and effort for the work; compensation should not be in addition to the senior official's institutional salary.

d) Leave Status Requirements for Consulting and Educational Programming Activities

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

Consulting or Educational Programming Conducted on Personal Leave

- MUSC resources (*e.g.*, secretarial assistance, office space, etc.) are not allowed to be used while providing consulting services or educational programming activities performed on personal time.
- Covered Persons considering to undertake consulting or educational programming activities with a company with whom they are performing concurrent research should consult with the Conflict of Interest Office.
- Covered Persons who consult or conduct educational programming while on Personal Leave may retain 100 percent of the fee; this fee must be paid directly to the Covered Person from the external entity. The Covered Person is responsible for securing payment

for these consulting or educational activities, tax liability, and any financial concerns associated with such payments.

- MUSC does not provide liability insurance coverage for Covered Persons performing consulting OR educational programming activities on personal leave.
- Covered Persons may provide consulting or educational services on Personal Leave in conjunction with MUSC approved travel. Additional travel expenses incurred by the consulting or educational activities (*e.g.*, additional hotel night/s, per diem, transportation, miscellaneous) will be the responsibility of the Covered Person.
- Covered Persons should be aware that payments received from medical device, pharmaceutical manufacturers and biomedical suppliers are subject to the **Physician Payment Sunshine Act** and will be made publicly accessible via a Centers for Medicare and Medicaid Services website.

Consulting or Educational Programming Conducted on Professional Leave

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

e) Consulting or Educational Programming Conducted with Concurrent Research

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

f) Consulting or Educational Programming Contracts

Professional Leave Status:

All formal consulting and educational programming relationships approved for Covered Persons that are conducted while on **Professional Leave** must be formalized in a fully executed contract. All such agreements must be channeled through the appropriate contract approval process.

- All agreements must clearly describe the services and deliverables to be furnished by the consultant or speaker, including the time required for such services or method of calculating compensation, a description of the compensation due under the agreement, a

declaration regarding disposition of intellectual property rights if applicable, and a provision to protect the use of the MUSC name if appropriate. The agreement should be consistent with MUSC policies and eliminate unauthorized transfer of MUSC intellectual property.

- An agreement must be signed and dated by all parties prior to the commencement of any of the consulting or educational programming activities. All agreements must be consistent with MUSC's policies, mission and duties to its stakeholders.
- The consultant or speaker is expected to maintain records of the consulting or educational programming activities for 6 years after the termination of the contract.

Personal Leave Status:

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

g) Approval Process for Consulting and Educational Programming

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

5. Gifts

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

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

Covered Persons may accept travel funds from scientific or professional societies that are funded by industry, as long as the society controls the selection of the recipient. Covered Persons may not accept travel funds directly from industry but travel support from industry funds provided to MUSC is allowed.

6. Food, Beverages and General Hospitality

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

Covered Persons attending an educational meeting or conference may participate in food, beverages and social receptions sponsored by Industry as long as invitation to these events is open to non-MUSC attendees as well, [i.e., the event is open to all meeting attendees.](#)

A Covered Person engaged in off-site consulting may accept food and beverages as a part of a reasonable compensation package for consulting services.

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

7. Industry Supported Continuing Education Programs

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

8. Educational Materials and Equipment

Donations of educational materials and equipment may be accepted. Such donations are expected to be used by faculty, staff, students and trainees and are not expected to be used by a single Covered Person. Donations are expected to be donated directly to an appropriate college or

departmental official within the University or a University affiliate, and documentation of the donation, including the value of the equipment donated and the date of the donation, should be retained. Donations of capital equipment require approval of the Vice President for Academic Affairs and Provost, except in cases of sponsored research, in which equipment donations are managed by the Office of Research and Sponsored Programs.

9. Scholarships and other Educational Funding for Students and Residents

Industry support for student scholarships, residents and fellows should be made in cooperation with the appropriate MUSC entity or University official. This may include the MUSC Foundation or the MUSC Foundation for Research Development, the Development Office, the Office of Research and Sponsored Programs or senior leadership according to the Institution's policies and procedures. Covered Persons must obtain approval from the department chair, division director or college dean before soliciting Industry for these purposes. The appropriate MUSC entity or University Official must manage and oversee the receipt of such Industry support. The evaluation and selection of recipients of such funds and use of such funds must be at the sole discretion of the University, college, or department. All potential industry sponsors should be given the opportunity to contribute.

10. Development Activities

The Institution recognizes that the MUSC Foundation has a unique and integral mission to attract financial support that furthers the research, education and patient care initiatives of the MUSC enterprise. Activities necessary to the successful conduct of advancement and fundraising on behalf of the Institution may continue. However, these activities are not permitted to influence educational, clinical or research operations of the Institution other than providing support to further those missions. No gift shall influence or appear to influence Institutional decision-making related to procurement, patient care, education and research integrity. Any concerns shall be reported immediately to the Conflict of Interest Office. Notwithstanding anything in this section, SC state employees remain subject to the SC Ethics Law and must act in compliance with state regulations.

10.11. Charitable Contributions

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

~~11.12.~~ Pharmaceutical Samples

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

~~12.13.~~ Site Access

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

~~13.14.~~ Use of Confidential Information

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

~~14.15.~~ Purchasing

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

~~15.16.~~ Exceptions

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

~~16.17.~~ Disclosure and Notification

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

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

17.18. Sanctions for Violations

Violations of this Policy, including the failure to avoid a prohibited activity or disclose relationships with commercial entities will be dealt with in accordance with applicable policies and procedures that may include disciplinary action up to and including termination of employment or medical staff privileges. Sanctions may include suspension or dismissal, non-renewal of appointment, denial of eligibility to engage in research funded through MUSC, denial of merit pay, or other appropriate penalties. Such sanctions may require giving notice of relevant information to funding agencies, professional bodies or journals, or the public. Termination of medical staff privileges or denial of medical staff privileges under this policy will not be based upon a physician's individual competence, quality of care, or professional conduct. Therefore, the revocation or denial of appointment or reappointment will not be reportable to any agency or databank.

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

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

18.19. Office Responsible for this Policy

University Conflict of Interest Office

19.20. References and Resources

- Korn D. Carlat D. Conflicts of interest in medical education: Recommendations from the Pew Task Force on medical conflicts of interest. *Journal of the American Medical Association*. 310(22):2397-2398, 2013.
- Boumil MM. Cutrell ES. Lowney KE. Berman HA. Pharmaceutical speakers' bureaus, academic freedom, and the management of promotional speaking at academic medical centers. *Journal of Law, Medicine & Ethics*. 40(2):311-25, 2012.

For further information regarding conflicts of interest in medicine and academics related to Industry relationships, visit the Industry Relations webpage (www.musc.edu/coi/industryrelations/industryrelations) on the Conflict of Interest website.

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Paula Traktman, Ph.D.

Date: 3/4/2015

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>
1974	Harvard University	A.B.	Biochemistry and Molecular Biology
1980	Massachusetts Institute of Technology	Ph.D.	Biology

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Post-doctoral fellow- Isolation and molecular biological analysis of recombinant viruses	Massachusetts Institute of Technology	1981 - 1981
Post-doctoral fellow- Genetic, biochemical and molecular biological studies on vaccinia virus	Harvard Medical School	1981 - 1984

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1984 - 1990	Assistant Professor	Cornell University Medical College	Cell Biology and Anatomy/Microbiology
1990 - 1995	Associate Professor	Cornell University Medical College	Cell Biology and Anatomy/Microbiology
1995 - 1997	Professor	Cornell University Medical College	Cell Biology and Anatomy/Microbiology
1997 - Present	Professor and Chairman	Medical College of Wisconsin	Microbiology and Molecular Genetics
1999 - Present	Walter Schroeder Professor	Medical College of Wisconsin	Microbiology and Molecular Genetics

First Appointment to MUSC:

Rank:

Date:

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

Date: March 3, 2015

Name: Harrell Ricky Eugene
Last First Middle

Citizenship and/or Visa Status: US Citizen

Office Address: 13065 East 17th Avenue Telephone: 303 724 7025
Aurora, CO 80045

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Jefferson State Jr. College, Birmingham AL	1971-1972	No Degree	Biology
University of Alabama-Birmingham	1972-1974	BS Dec 15, 1974	Biology/Chemistry
University of the Pacific Stockton, CA	2013-2014	MA May 2014	Education
University of Alabama School of Dentistry	1975-1979	DMD June, 1979	General Dentistry

Graduate Medical Training: (*Chronological*)

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

	<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:		
University of Alabama School of Dentistry Orthodontic Certificate	Birmingham, AL	1982-1984

Board Certification:	<u>American Board of Orthodontics</u>	Date: <u>March, 2010</u>
		Date:
		Date:
		Date:
Licensure:	<u>Alabama</u>	Date: <u>June, 1979</u>
	<u>Colorado</u>	Date: <u>June, 1981</u>
		Date:
		Date:

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2006-2011	Associate Professor	University of Colorado School of Dental Medicine	Orthodontics
2011-2015	Professor C/T	University of Colorado School of Dental Medicine	Orthodontics
2014-Present	Adjunct Faculty	Lutheran Medical Centers Pediatric Dental Residency	Pediatric Dentistry/Craniofacial Biology

Medical University of South Carolina
COLLEGE OF HEALTH PROFESSIONS
ABBREVIATED CURRICULUM VITAE

Date: 11/17/2014

Name: DelliFraine Jami Leanne
Last First Middle

Citizenship and/or Visa Status: USA

Office Address: Dept. of Health Administration, VCU, PO Box 980203 Telephone: 804-828-8659
Richmond, VA 23298

Education: (Baccalaureate and above)

Institution	Years Attended	Degree/Date	Field of Study
University of South Florida	1994-1997	BA/1997	Philosophy
Trinity University	1998-2000	MSHA/2000	Health Administration
Virginia Commonwealth University	2001-2004	PhD/2004	Health Services Organization and Research

Graduate Medical Training: (Chronological)

	Place	Dates
Internship		

	Place	Dates
Residencies or Postdoctoral:		
North Florida/South Georgia Veteran's Health System		2004-2005
Rehabilitation Outcomes Research Center		

Board Certification:	Date:
	Date:
	Date:
	Date:
Licensure:	Date:
	Date:
	Date:
	Date:

Faculty appointments: (Begin with initial appointment)

Years	Rank	Institution	Department
2005-2008	Assistant Professor	The Pennsylvania State University	Health Policy and Administration
2008-2012	Assistant Professor	The University of Texas School of Public Health	Management, Policy and Community Health
2012-2013	Associate Professor	The University of Texas School of Public Health	Management, Policy and Community Health
2013-present	Associate Professor	Virginia Commonwealth University	Health Administration

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Amy C Baruch, M.D.

Date: 2/10/2015

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>
1993	University of Notre Dame	B.S.	Biological Sciences
1995	University of Arizona	M.S.	Microbiology and Immunology
1999	University of Arizona	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident, General Surgery	University of Utah Hospital, Salt Lake City, UT	1999 - 2001
Resident, Anatomic and Clinical Pathology	University of Arizona, Tucson, AZ	2001 - 2005
Fellow, Cytopathology	U.T. MD Anderson Cancer Center Houston, TX	2005 - 2006

Board Certification:

American Board of Pathology- Anatomic Pathology & Clinical Pathology - General

Date: 08/2005

American Board of Pathology- Cytopathology

Date: 10/2006

Licensure:

Utah Medical License # 4859737-1205

Date: 2000 (inactive)

Arizona Medical License # 33935

Date: 2005

South Carolina Medical License #828610

Date: 2006

North Carolina Medical License #2008-399

Date: 2008

Georgia Medical License- #63561

Date: 2009

Faculty Appointments:

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Stephen A. Duncan, Ph.D.

Date: 2/24/2015

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1988	University of Glasgow, Scotland	B.Sc.	
1989	Oxford University	Ph.D.	
1992	Oxford University	D.Phil	

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Research Associate	Rockefeller University, New York, NY	1995 - 1996

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral fellow	Rockefeller University, New York, NY	1992 - 1995

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1996 - 1997	Assistant Professor	Rockefeller University, New York, NY	
1997 - 2002	Assistant Professor	Medical College Wisconsin, Milwaukee, WI	Cell Biology Neurobiology and Anatomy
2002 - 2006	Associate Professor	Medical College Wisconsin, Milwaukee, WI	Cell Biology Neurobiology and Anatomy
2006 - Present	Professor	Medical College Wisconsin, Milwaukee, WI	Cell Biology Neurobiology and Anatomy
2007 - Present	Professor	Medical College Wisconsin, Milwaukee, WI	Human and Molecular Genetics, Cell Biology Neurobiology and Anatomy

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Dirk M. Elston, M.D.

Date: 2/4/2015

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>
1980	Pennsylvania State University	B.S.	
1982	Jefferson Medical College	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship, Internal Medicine	Walter Reed Army Medical Center, Washington, DC	1982 - 1983

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency, Dermatology	Walter Reed Army Medical Center, Washington, DC	1983 - 1986
Fellowship, Dermatopathology	The Cleveland Clinic Foundation, Cleveland, OH	1991 - 1992

Board Certification:

National Board of Medical Examiners	Date: 1983
American Board of Dermatology	Date: 1986
American Boards of Dermatology and Pathology	Date: 1993

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2012 - Present	Clinical Professor	New York College of Osteopathic Medicine	Medicine Division of Dermatology
2012 - Present	Clinical Professor	Tuoro College of Osteopathic Medicine	Medicine Division of Dermatology
2013 - 2018	Guest Professor	Central South University, Changsha, China	Xiangya School of Medicine
2013 - Present	Honorary Professor	China Medical University, Shenyang, China	
2013 - Present	Clinical Professor	Robert Wood Johnson Medical School of Rutgers University	Dermatology

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Rosanna L Lapham, M.D.

Date: 1/16/2015

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>
1981	Southwestern College	B.S.	Chemistry and Biology
1987	University of Texas Medical Branch, Galveston	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
House Officer, Medicine and Surgery	University of Dundee Medical School, Ninewells Hospital Dundee, Scotland	1988 - 1989
Senior House Officer, Histopathology	University of Dundee Medical School, Ninewells Hospital Dundee, Scotland	1989 - 1990
Registrar, Histopathology	University of Dundee Medical School, Ninewells Hospital Dundee, Scotland	1990 - 1992

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident, Anatomic and Clinical Pathology	The University of Texas Medical Branch Galveston, Texas	1992 - 1993
Resident, Anatomic and Clinical Pathology	The University of Texas, Health Science Center Houston, Texas	1993 - 1995
Fellow, Surgical Pathology	The University of Texas, M.D. Anderson Cancer Center Houston, Texas	1995 - 1996

Board Certification:

Member, Royal College of Pathologists	Date: 1995
Diplomate, American Board of Pathology	Date: 1996
Fellow, Royal College of Pathologists	Date: 2003

Licensure:

South Carolina License 20644
Texas Medical License J4286
North Carolina License #2007-00048
West Virginia License #23791
Georgia License #063367

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1989 - 1992	Teaching Faculty	University of Dundee - Medical School and Dental School	Pathology tutorials/laboratory/lectures
1996 - 1997	Assistant Professor	The University of Texas-Houston School of Medicine, Houston, Texas	Pathology and Laboratory Medicine Division of Surgical Pathology and Cytopathology
2000 - Present	Volunteer	Wofford College	Division of Teaching Faculty
2000 - Present	Faculty	Spartanburg Regional Transitional and Family Residency Programs	Division of Pathology Course
2011 - Present	Volunteer	Edward Via College of Osteopathic Medicine (VCOM)	Division of Teaching Faculty

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Douglas H. Sheafor, M.D.

Date: 1/8/2015

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1988	Duke University	B.S.	
1992	Washington University School of Medicine	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency, Diagnostic Radiology	University of Maryland Medical System, Baltimore, MD	1992 - 1996
Fellow, Abdominal Imaging- US, CT, MRI, GI Fluoroscopy, and Genitourinary Radiology. Additional features include a high volume of sonographic and computed tomographic guided interventional procedures	Duke University Medical Center, Durham, NC	1996 - 1997

Board Certification:

National Board of Medical Examiners	Date: 1992
American Board of Radiology	Date: 1996

Licensure:

North Carolina Medical License- # 96-00728	Date: 05/1996
South Carolina Board of Medical Examiners- license #37425	Date: 10/2014

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1997 - 2001	Assistant Professor	Duke University Medical Center, Durham, NC	Abdominal Imaging

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Robert W. Warren, M.D., Ph.D., M.P.H.

Date: 2/27/2015

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>
1972	Yale University, New Haven, CT	B.A.	Microbiology
1978	Washington University	Ph.D.	
1978	Washington University School of Medicine	M.D.	Medicine
1995	University of Texas	M.P.H.	Health Services

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Pediatrics Residency	Duke University Medical Center	1978 - 1980
Pediatric Rheumatology and Immunology Clinical Fellowship	Duke University Medical Center	1980 - 1982
Pediatric Rheumatology Senior Research Fellowship	Duke University Medical Center	1982 - 1983

Board Certification:

American Board of Pediatrics	Date: 1983
American Board of Allergy and Immunology	Date: 1983
American Board of Pediatric Rheumatology	Date: 1992, 1999, 2006

Licensure:

National Board of Medical Examiners	Date: 1979
State of North Carolina	Date: 1981 inactive
State of Texas #H5647	Date: 1989

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1983 - 1988	Clinical Assistant Professor	Duke University School of Medicine	Pediatrics
1983 - 1988	Assistant Professor	University of North Carolina at Chapel Hill	Pediatrics
1983 - 1988	Assistant Professor	University of North Carolina at Chapel Hill	Microbiology and Immunology
1988 - Present	Associate Professor	Baylor College of Medicine	Pediatrics
2011 - Present	Professor	Medical University of South Carolina	Pediatrics Division of Pediatric Rheumatology

First Appointment to MUSC:

Rank: Professor

Date: 2011

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Paula Traktman, Ph.D.

Date: 3/4/2015

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>
1974	Harvard University	A.B.	Biochemistry and Molecular Biology
1980	Massachusetts Institute of Technology	Ph.D.	Biology

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Post-doctoral fellow- Isolation and molecular biological analysis of recombinant viruses	Massachusetts Institute of Technology	1981 - 1981
Post-doctoral fellow- Genetic, biochemical and molecular biological studies on vaccinia virus	Harvard Medical School	1981 - 1984

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1984 - 1990	Assistant Professor	Cornell University Medical College	Cell Biology and Anatomy/Microbiology
1990 - 1995	Associate Professor	Cornell University Medical College	Cell Biology and Anatomy/Microbiology
1995 - 1997	Professor	Cornell University Medical College	Cell Biology and Anatomy/Microbiology
1997 - Present	Professor and Chairman	Medical College of Wisconsin	Microbiology and Molecular Genetics
1999 - Present	Walter Schroeder Professor	Medical College of Wisconsin	Microbiology and Molecular Genetics

First Appointment to MUSC:

Rank:

Date:

NEW PROGRAM PROPOSAL

Name of Institution: **Medical University of South Carolina**

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

Post-Professional Masters of Science Degree in Cardiovascular Perfusion

Program Designation

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

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

- ☐ Yes
☒ No

Proposed Date of Implementation
Fall 2016

CIP Code

Delivery Site(s)
College of Health Professions
Medical University of South Carolina

Delivery Mode

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

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

Joseph J. Sistino PhD CCP FPP
Associate Professor and Division Director, Cardiovascular Perfusion
College of Health Professions
151B Rutledge Ave MSC962
Charleston, SC 29425
sistinoj@musc.edu
843-792-9292

David J. Cole, M.D., President

NEW PROGRAM PROPOSAL

Institutional Approvals and Dates of Approval

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

College of Health Professions Leadership Council	January 29, 2015
Education Advisory Committee	February 3, 2015
Deans' Council	February 16, 2015
Senior Leadership Council	February 24, 2015
Board of Trustees	

Background Information

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

The College of Health Professions at MUSC proposes to offer Post-Professional Master of Science in Cardiovascular Perfusion. This program is consistent with the mission of MUSC to preserve and optimize human life in South Carolina and beyond. This program allows working perfusionists who have completed an AC-PE accredited perfusion education program the opportunity to advance their educational and professional goals.

New technologies and surgical procedures require that practicing certified cardiovascular perfusionists (C.C.P.) have an increased knowledge base for managing both neonates and elderly patients with complex medical conditions as well as the application of new cardiac assist devices. Leadership skills are becoming more essential as an increased number of practicing cardiovascular perfusionists attain leadership roles.

This graduate level program will provide a plan of study that includes coursework and a capstone research project that is designed to address these requirements. Courses will be available through a variety of distance learning technologies (asynchronous online activities, independent reading, and projects).

Nearly 300 students have graduated from the MUSC Cardiovascular Perfusion Program with a bachelor's degree. This will provide an opportunity for them and other practicing clinical perfusionists with a bachelor's degree to enroll in a graduate degree program in Cardiovascular Perfusion. This post-professional program will allow MUSC graduates to remain competitive for clinical positions as other perfusion school graduates enter the profession with a Master's Degree and as the number of perfusionists with graduate level education increases

List the program objectives. (2000 characters)

1. To enable **practicing certified cardiovascular perfusionists (C.C.P.)** with a bachelor's degree in good standing to earn a Master of Science in Cardiovascular Perfusion degree.
2. To provide C.C.P.s access to complete their degree while they **continue to work** in their profession through the use of distance learning technologies.

NEW PROGRAM PROPOSAL

3. To provide cardiovascular perfusionists with the opportunity to advance professionally and personally, to further develop independent-thinking and critical-judgment skills, and **to be competitive in today's healthcare environment.**
4. To enhance C.C.P.s' **knowledge and clinical skills in treatment of neonates and elderly patients.**
5. To increase C.C.P.s' **knowledge and skills in the application of cardiac assist devices** to all age groups.
6. **To enhance leaderships skills** to provide a strong foundation for management of a clinical perfusion service.
7. To increase the **opportunities for advancement** in the perfusion profession for graduates. Graduate level students are more competitive in the job market.
8. **To improve patient care by contributing research** to the body of knowledge related to perfusion technology. Graduate level education provides the necessary research skills for the delivery of evidenced-based clinical patient care. The President of the American Academy of Cardiovascular Perfusion endorsed graduate education when he said, "Graduates who possess graduate degrees are ideally suited to become the individuals who lead the next technological revolution in perfusion technology. Without trained scientists, our profession will disappear as a mere footnote in medical history." Improvement in medical and surgical care requires training in research and quality improvement.

Assessment of Need

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

1. Less than 20% of practicing cardiovascular perfusionists (C.C.P) have a graduate degree; however, **nearly 50% of graduating perfusionists in 2014 are from graduate level programs.** In order to remain competitive, access to graduate level education in this profession is needed. **There is only one post professional program currently in the U.S** and over 3000 perfusionists with only an undergraduate degree.
2. Currently, many hospitals are trying to increase the educational level of nurses because hospitals recognize that higher educational levels are associated with decreases in mortality, readmission rates and length of stay. **Improvements in outcomes following cardiac surgery would also be expected to occur if the educational level of graduating perfusionists is increased, similar to the effect seen in nursing.**
3. The demand for **cardiac-related services is expected to grow by 20%** between 2013 and 2025 as the population ages.

NEW PROGRAM PROPOSAL

4. There is an increased complexity of surgical procedures due to the large number of **elderly and very young patients** (less than 1 month of age) with significant medical conditions now undergoing cardiac procedures. These high risk patients have an increased risk of mortality and morbidity following surgery. A high level health care practitioner is necessary to insure that high quality evidence-based care is delivered.
5. A recent needs assessment survey identified **leadership training as an important area** for additional training at the graduate level. We have included courses on leadership, quality improvement and informatics to fulfill that demand.

Employment Opportunities

Is specific employment/workforce data available to support the proposed program?

☐ Yes

☒ No

If yes, complete the table and the component that follows the table on page 4. If no, complete the single narrative response component on page 5 beginning with "Provide supporting evidence."

NEW PROGRAM PROPOSAL

Employment Opportunities			
Occupation	Expected Number of Jobs	Employment Projection	Data Source
Perfusionist	No US Bureau of Labor Statistics Available		

Provide additional information regarding anticipated employment opportunities for graduates.
(1000 characters)

NEW PROGRAM PROPOSAL

Provide supporting evidence of anticipated employment opportunities for graduates, including a statement that clearly articulates what the program prepares graduates to do, any documented citations that suggests a correlation between this program and future employment, and other relevant information. Please cite specific resources, as appropriate. (3000 characters)

Note: Only complete this if the Employment Opportunities table and the section that follows the table on page 4 have not previously been completed.

NEW PROGRAM PROPOSAL

1. Perfusion is a small and highly specialized profession. **Many new technologies have become an integral part of cardiovascular perfusionist's scope of practice**, and the entry-level skills and knowledge required of the cardiovascular perfusionist have significantly increased over the past several decades. **These new technologies increase the opportunities for employment and require additional training at the graduate level in order to be effectively utilized.**
2. Many perfusion departments have increased in size due to the rising volume of cardiac surgical procedures, and therefore many perfusionists have assumed important leadership roles in their cardiac surgical programs and are seeking training in leadership. Leadership training will **provide advancement in the profession as graduates will be more competitive seeking perfusion department director positions.**
3. The MUSC Cardiovascular Perfusion Program has been recognized for its significant contributions to research in the profession with the **highest number of published scientific peer-reviewed research from any perfusion school in the U.S. (Journal of ExtraCorporeal Technology 1979-2014).** The MUSC track record for scientific contribution to the profession is very strong and increases employment opportunities for MUSC graduates.
4. The employment rate for MUSC graduates over the past five years is > 97%, with starting salaries > \$80,000. **The job market for cardiovascular perfusionists based on the number of advertised positions is the strongest it has been in the past 10 years.** Advertisements for vacant perfusion positions have increased more than 100% in each of the last 4 years. MUSC perfusion graduates are in high demand; most students have job offers prior to graduation due to their clinical rotations at highly recognized cardiac surgical centers.
5. Based on estimations from recently conducted manpower surveys, the expected number perfusionists leaving the profession due to retirement, to pursue another profession, or due to family work/balance issues is expected to reach nearly 5% of the profession per year over the next 10 years. **That means that 2000 perfusionists will have to be replaced during this time period.** The present output of all the perfusion schools is about 50% of what will be necessary to fill these jobs in future. As the second largest perfusion education program in the U.S., MUSC is poised to fill the gap in the projected shortage.

NEW PROGRAM PROPOSAL

Will the proposed program impact any existing degree programs and services at the institution (e.g., course offerings or enrollment)?

☐ Yes

☒ No

If yes, explain. (500 characters)

NEW PROGRAM PROPOSAL

List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences
NONE			

NEW PROGRAM PROPOSAL

Description of the Program

Projected Enrollment						
Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2016	5	35	4	28	4	24
2017	5	35	4	28	4	24
2018	5	35	4	28	4	24
2019	5	35	4	28	4	24
2020	5	35	4	28	4	24

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program?

☒ Yes

☐ No

If yes, explain. (1000 characters)

1. Completion of an AC-PE accredited perfusion education program.
2. Certified Clinical Perfusionist (CCP) by the American Board of Cardiovascular Perfusion.
3. Eligible transfer credits from an accredited perfusion program
4. Completion of a Bachelor's degree at an accredited university which must include the following prerequisite courses

Anatomy and Physiology (includes lab)	8
Chemistry (includes lab)	8
Medical Terminology	1
Physics (includes lab)	4
Statistics	3
Research Course and Methods	3

NEW PROGRAM PROPOSAL

Are there any special articulation agreements for the proposed program?

☐ Yes

☒ No

If yes, identify. (1000 characters)

Curriculum

[illegible]

NEW PROGRAM PROPOSAL

[illegible]

* Add category titles to the table (e.g., major, core, general education, concentration, electives, etc.)

NEW PROGRAM PROPOSAL

Total Credit Hours Required = 30

Course Descriptions for New Courses

Course Name	Description
Leadership and Health Services Delivery	This course introduces students to the management of health care facilities. Students gain an understanding of the major functions of management, governance, organizational structures, accreditation/licensure processes, and reimbursement issues in health care organizations. Students will become familiar with and understand the importance of the principles of management including planning, organizing, controlling, directing, and staffing in order to offer health care services. The course will also demonstrate the basic concepts and issues associated with the management and regulations of health care services delivery, and explore the impact of contemporary public policy issues confronting the health care system.
Quality Improvement and Informatics	This course provides students with an understanding of quality management and performance improvement. This will include quality assessment, risk management, outcomes assessment, benchmarking. The course focuses primarily on providing students with the necessary knowledge and skills for understanding systems improvement and then participating and leading quality improvement (QI) efforts. Students also gain knowledge of the importance of measuring and managing service excellence and patient satisfaction. This course also provides students with an introduction to health care information systems, with an emphasis on clinical information systems. Students are introduced to different types of clinical and administrative information systems used in health care today.
Masters Research Project I	This course provides a background on general principles and issues in clinical research design. These are explored through the formulation of the research objective and the research hypothesis and the specification of the study population, the experimental unit, and the outcome variables. This course integrates on core clinical perfusion principles to provide experience in the development and critique of the methodological aspects of clinical research protocols and the clinical research literature. Assigned readings are drawn from contemporary perfusion scientific literature.
Masters Research Project II	In this course the student develops a research project relating to cardiovascular perfusion resulting in a substantive paper that involves original collection or treatment of data and/or results in a research. The final product of a research project is a paper of publishable quality. This research project involves original research and exemplifies an original contribution to scholarship.
Masters Research Project III	In this final research course, the student submits their research project for presentation and publication. The course requirements will include editorial changes suggested during peer review in order to achieve final publication in a perfusion-related journal.

NEW PROGRAM PROPOSAL

Pathophysiology of Aging	This course presents a survey of the concepts of human disease as part of the aging process. It includes a study of immunological defense mechanisms, acute and chronic inflammation, repair mechanisms, modes of injury, diseases of development and growth, and blood disorders and neoplasia.
Cardiac Assist Devices	This course introduces student to the advanced practice associated with cardiac assist devices. Selection, operation and monitoring of various cardiac assist devices including include both FDA approved and investigational devices. Other areas of focus will include patient education, community education, surgical coordination, clinical visits. And managing VAD databases and clinical trials, including data analysis for presentations
Pediatric Perfusion	This course review anatomical and physiological characteristics of congenital heart defects and their implications for the conduct of perfusion. Special considerations in the conduct of perfusion for congenital heart surgery are discussed and modeled.
Evidence Based Medicine	This course will review research based on the classifications of evidenced based medicine and will include examples from the cardiovascular surgery and perfusion literature.

NEW PROGRAM PROPOSAL

Faculty

Faculty and Administrative Personnel				
Rank	Full- or Part-time	Courses Taught or To be Taught, Including Term, Course Number & Title, Credit Hours	Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major	Other Qualifications and Comments (i.e., explain role and/or changes in assignment)
Associate Professor	Full Time	Masters Research Project FALL (4), ECT 620 SPRING(4), ECT 621 SUMMER (4) ECT 622 Evidence Based Medicine FALL (1) ECT 625 Pediatric Perfusion (1) SUMMER ECT 664	Medical University of South Carolina – Ph.D. in Health and Rehabilitation Science – 2012 Dissertation Topic: The Influence Of The Method Of Cerebral Protection During Neonatal Cardiac Surgery on The Development Of Attention Deficit/Hyperactivity Disorder Medical University of South Carolina – M.S. Degree in Clinical Research – 2005 Long Island University – Master's Degree - Public Administration in Health Care (M.P.A.) - 1980 State University of New York - School of Allied Health Professions - B.S. Degree in Cardiopulmonary Technology/Respiratory Therapy – 1974 Certified Clinical Perfusionist, Fellow of Pediatric Perfusion Courses:	Teaching these courses for the past 20 years, 40 years clinical perfusion experience.

NEW PROGRAM PROPOSAL

			<p>Perfusion Technology I</p> <p>Perfusion Technology II</p> <p>Fundamentals of Acid-Base Chemistry</p> <p>Principles and Practices of Perfusion</p> <p>Intro to Research</p> <p>Pediatric Perfusion</p> <p>Independent Study</p> <p>Clinical Experience I, II, & III</p>		
Assistant Professor* (replacing current faculty who is retiring Summer 2015)	Full time	<p>Pathophysiology of Aging (4) SPRING ECT 560</p> <p>Cardiac Assist Devices (2) SUMMER ECT 665</p>	<p>Active certification as a clinical perfusionist (CCP). Minimum of five years clinical experience; graduate preparation in the basic and clinical sciences relevant to perfusion practice; and prior classroom teaching experience. The ideal professor will have a completed a doctorate or be in the process of obtaining a terminal degree.</p> <p>PhD faculty in HLM Dept.</p>	<p>Knowledge of clinical practice and professional issues.</p> <p>The most competitive candidates will have a record of expertise in clinical and/or didactic education, experience in curriculum development, academic scholarship, and professional association involvement. Academic rank will be commensurate with credentials and experience.</p>	
Assistant Professors* (2)	Adjunct	<p>Quality Improvement and Clinical Informatics (2) FALL ECT 662</p> <p>Leadership and Health Services Delivery Systems (2) SPRING ECT 663</p>		<p>These 2 courses are derived from 4 courses in the Doctoral Program in Healthcare leadership. They are already well developed and will be tailored meet the needs of the perfusion profession.</p>	

Note: Individuals should be listed with program supervisor positions listed first. Identify any new faculty with an asterisk next to their rank.

NEW PROGRAM PROPOSAL

Total FTE needed to support the proposed program (i.e., the total FTE devoted just to the new program for all faculty, staff, and program administrators):

Faculty: 2 FT faculty teach in the current entry-level program and will teach some of the courses in this post-professional program; 2 new adjuncts will be added to the Division of Cardiovascular Perfusion to teach the remaining courses in the proposed program

Staff: Part time Admin Assistant, Part time Student Services Coordinator for entry-level program will provide support as projected class size is small (0 new)

Administration: Current administration will provide support as projected class size is small (0 new)

Faculty /Administrative Personnel Changes

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

The structure of the Division of Cardiovascular Perfusion will remain the same with 2 FT faculty and the present support staff that serve the entry-level program providing teaching and support to the proposed program. Two new additional adjunct faculty will be added to teach some courses for the proposed program.

Library and Learning Resources

Identify current library/learning collections, resources, and services necessary to support the proposed program and any additional library resources needed. (1000 characters)

The MUSC Library acquires, manages, and maintains resources of knowledge in the biomedical and health sciences. The MUSC Library has available over 220 databases and over 19,000 electronic journals and provides access to a wide range of perfusion and cardiac surgery related journals.

The College of Health Professions (CHP) is housed in a state-of-the art facility with cutting edge classroom technology. The College uses the Moodle learning management system and Tegrity

NEW PROGRAM PROPOSAL

lecture capture system. All students are required to own a laptop that they bring to campus. All classrooms are equipped with Smart Board technology. High Definition (HD), h.624 video recording, streaming, and conferencing is available in every classroom. Classroom audio/visual is integrated with the Tegrity lecture capture system so that instruction in CHP classrooms, labs or conference rooms can be recorded and distributed online and accessible by mobile devices.

Student Support Services

Identify academic support services needed for the proposed program and any additional estimated costs associated with these services. (500 characters)

No new student support services will be required within the Division of Cardiovascular Perfusion; the existing student support services will be used. Student support services on campus that are available to all MUSC students include the Center for Academic Excellence, the Writing Center, the Wellness Center, Counseling and Psychological Services, and the availability of supplemental instruction from tutors. The current MUSC students report satisfaction with the available university support services that will be available to the students in this program.

Physical Resources

Identify any new instructional equipment needed for the proposed program. (500 characters)

No new equipment is needed. We already have the only 2 cardiopulmonary bypass simulators available.

Will any extraordinary physical facilities be needed to support the proposed program?

☐ Yes

X ☒ No

Identify the physical facilities needed to support the program and the institution's plan for meeting the requirements, including new facilities or modifications to existing facilities. (1000 characters)

NEW PROGRAM PROPOSAL

Financial Support

Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration	0	0	0	0	0	0
Faculty and Staff Salaries	12,000	6,000	6,000	6,000	6,000	36,000
Graduate Assistants	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Supplies and Materials	0	0	0	0	0	0
Library Resources	0	0	0	0	0	0
Other*	0	0	0	0	0	0
Total	12,000	6,000	6,000	6,000	6,000	36,000
Sources of Financing						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	141,849	145,812	149,893	154,098	158,428	750,080
Program-Specific Fees	0	0	0	0	0	0
State Funding (i.e., Special State Appropriation)*	0	0	0	0	0	0
Reallocation of Existing Funds*	0	0	0	0	0	0
Federal Funding*	0	0	0	0	0	0
Other Funding*	0	0	0	0	0	0
Total	0	0	0	0	0	0
Net Total (i.e., Estimated New Costs Minus Sources of Financing)	129,849	139,812	143,893	148,098	152,428	714,080

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

NEW PROGRAM PROPOSAL

Budget Justification

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

Note: Institutions need to complete this budget justification *only* if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.

The additional costs for implementation of this program will be covered by tuition, there is no addition external funding required. There will be two new adjunct faculty added to the budget to teach two new courses in the area of healthcare management, the total cost for teaching these courses will be \$12,000 annually. These courses will be taught annually to each cohort of students. They will take the courses with the students in the entry-level master's program which is projected to begin at the same time; therefore, the costs will be split between the two programs resulting in the **\$6,000 annually** reflected in the budget. The budget reflects **\$12,000 for the first year** as the entry-level master's program is a two-year program and those students do not take these courses until their 2nd year of the program. This post-professional program is a one-year program; therefore, only these students will be taking these courses for the first year reflected in the budget.

NEW PROGRAM PROPOSAL

Evaluation and Assessment

Programmatic Assessment: Provide an outline of how the proposed program will be evaluated, including any plans to track employment. Identify assessment tools or software used in the evaluation. Explain how assessment data will be used. (3000 characters)

Since this is post-profession program, the students will be already employed and practicing cardiovascular perfusion.

Southern Association of Colleges and Schools (SACS) Accreditation
Program and Student Learning Outcomes will be reported to the University Office of Institutional Assessment on an annual basis

Results of the Assessment instruments are compiled and then discussed annually at the program advisory meetings. The program advisory committee is charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change. The committee consists of program faculty, medical advisor, department chair, alumni, students, clinical affiliates and one public member. All program outcomes are reviewed.

Teaching Effectiveness Assessments: The University uses E-Value which is an anonymous survey sent to students at the end of each course to evaluate teaching effectiveness. A benchmark of 85% return rate is expected for each evaluated course. There are specific evaluations for both the instructor effectiveness and the course organization and content. The results are benchmarked against faculty evaluations in the college and are used for course improvement and in the annual faculty review process.

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Student Learning Assessment

Expected Student Learning Outcomes	Methods of/Criteria for Assessment
1. Demonstrate knowledge of pathophysiology of aging and the application to cardiopulmonary bypass (CPB)	90% of the students are rated "meets" or "exceeds expectations" on the grading rubric assessing knowledge of pathophysiology of aging and the application to cardiopulmonary bypass
2. Demonstrate knowledge of pathophysiology of pediatric perfusion and procedures used to minimize the inflammatory response associated with CPB	90% of the students are rated "meets" or "exceeds expectations" on the grading rubric assessing knowledge of pathophysiology of pediatric perfusion and the application to cardiopulmonary bypass
3. Demonstrate knowledge regarding the application of cardiac assist devices	90% of the students are rated "meets" or "exceeds expectations" on the grading rubric assessing knowledge regarding the application of cardiac assist devices
4. Demonstrate knowledge in leadership, quality improvement and informatics	90% of the students are rated "meets" or "exceeds expectations" on the grading rubric assessing knowledge in leadership, quality improvement and informatics
5. Completion of a publishable research project	Submission of completed research project to a peer-reviewed perfusion journal for publication

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Will the proposed program seek program-specific accreditation?

☐ Yes

☒ No

If yes, provide the institution's plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

Will the proposed program lead to licensure or certification?

☐ Yes

☒ No

NEW PROGRAM PROPOSAL

Teacher or School Professional Preparation Programs

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

☐ Yes

☒ No

If yes, complete the following components.

Area of Certification

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

NEW PROGRAM PROPOSAL

Name of Institution: **Medical University of South Carolina**

Name of Program (include concentrations, options, and tracks)
Masters of Science Degree in Cardiovascular Perfusion

Program Designation

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

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

☐ Yes

☒ No

Proposed Date of Implementation
Fall 2016

CIP Code

Delivery Site(s)
College of Health Professions
Medical University of South Carolina

Delivery Mode

☒ Traditional/face-to-face*
*select if less than 50% online

- ☐ Distance Education
☐ 100% online
☐ Blended (more than 50% online)
☐ Other distance education

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

Joseph J. Sistino PhD CCP FPP
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843-792-9262

David J. Cole, M.D., President

NEW PROGRAM PROPOSAL

Institutional Approvals and Dates of Approval

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

College of Health Professions Leadership Council	August 21, 2014
Education Advisory Committee	February 3, 2015
Deans' Council	February 16, 2015
Senior Leadership Council	February 24, 2015
Board of Trustees	

Background Information

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

The College of Health Professions at MUSC proposes to offer an 87-credit hour Master of Science in Cardiovascular Perfusion. This program is consistent with the mission of MUSC to preserve and optimize human life in South Carolina and beyond. The current Cardiovascular Perfusion Program at the Medical University of South Carolina, which was first established in 1979, continues to offer a baccalaureate degree and is fully accredited by the Accreditation Committee for Perfusion Education.

The role of the perfusionist as the operator of the heart-lung machine during complex open heart surgery demands a highly skilled, knowledgeable and mature individual and this is compatible with graduate level education. Therefore, as the technology has advanced and with an increased demand for the clinical skills to manage high risk patients, additional training has been added to the undergraduate curriculum. The course content in the current MUSC bachelor's degree program has evolved to a graduate level, with clinical research being an integral part of the curriculum. The number of credit hours (CH) in the current MUSC bachelor's degree program (Total CH 84, didactic CH 54 and clinical CH 30) exceeds the mean for the 7 existing graduate perfusion programs in the U.S. (total CH 56, didactic CH 38, clinical CH 18). Of the current 16 cardiovascular perfusion training programs in the U.S., 12 (75%) are already at a post-baccalaureate level (7 graduate level and 5 post baccalaureate certificate programs).

At the present time, MUSC is one of only 4 bachelor's degree programs in the US. In order for MUSC graduates to be competitive in the job market for entry level perfusionists, it is important that their work is recognized at the graduate level.

List the program objectives. (2000 characters)

1. **To provide a strong foundation in didactic and clinical skills for the treatment of all patients requiring cardiovascular services with an emphasis on elderly and pediatric patients.** Surgery that is performed on patients with complex medical and cardiac problems requires an increased knowledge base for practicing cardiovascular perfusionists. These patients have an increased risk for mortality and post-operative complications. Increased survival with low morbidity is an important outcome that is improved by higher education.

NEW PROGRAM PROPOSAL

2. **To provide a strong foundation in didactic and clinical skills in the application of cardiac assist devices.** Congestive heart failure is the fastest-growing area of cardiovascular disease with an annual increase of nearly 5% per year. Many more patients will require cardiac assist devices in the future because of the limited number of heart transplant donors.
3. **To remain competitive in the recruitment of applicants** as many other programs already offer a graduate degree. Nearly 70% of the enrolling MUSC perfusion students today already have a baccalaureate degree. Because of this, they are unable to receive government aid for tuition in MUSC's existing BS in Cardiovascular Perfusion Program. Therefore, they depend on loans from banks at higher interest rates which significantly increase their student debt.
4. **To increase the opportunities for job placement** and advancement in the perfusion profession for graduates. Graduate level students are more competitive in the job market.
5. **To enhance the research component of the curriculum** at a level commensurate with a master's curriculum. Graduate level education provides the necessary research skills for the delivery of evidenced-based clinical patient care. The President of the American Academy of Cardiovascular Perfusion endorsed graduate education when he said, "Graduates who possess graduate degrees are ideally suited to become the individuals who lead the next technological revolution in perfusion technology. Without trained scientists, our profession will disappear as a mere footnote in medical history." Improvement in medical and surgical care requires training in research and quality improvement.

Assessment of Need

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

1. **MUSC has graduated more than 60 % of the practicing cardiovascular perfusionists employed in South Carolina** which is situated in the center of the "stroke belt", an area of the U.S. with the highest rate of cardiac and cerebrovascular disease.
2. **South Carolina depends heavily on our graduates to fill job openings.** There are no other perfusion education programs in South Carolina or the adjoining states of Georgia or North Carolina. The closest programs are in Miami, Florida (Barry University, BS Program) and a post-baccalaureate certificate program at Vanderbilt Medical Center (Nashville, Tennessee).
3. The demand for **cardiac-related services is expected to grow** by 20% between 2015 and 2025 due to the aging of the population. By 2030, there will be an additional twenty seven million Americans with hypertension, eight million with coronary artery disease and three million with congestive heart failure.

NEW PROGRAM PROPOSAL

4. Cardiac procedures are being performed in more elderly patients (>70 years) and very young patients. Greater than 25% of congenital heart surgery is performed in neonates less than one month of age. Both of these are very **high risk patient populations** undergoing complex heart surgery which requires highly skilled perfusionists.
5. Leadership training was identified in a recent needs assessment survey as an important area for training perfusionists at the graduate level. We propose to add courses on leadership and quality improvement.
6. **South Carolina does not have a graduate level perfusion education program.** The trend for cardiovascular perfusion programs nationally is towards a graduate education; therefore, to remain competitive we need to transition to a Master's degree.

Employment Opportunities

Is specific employment/workforce data available to support the proposed program?

☐ Yes

☒ No

If yes, complete the table and the component that follows the table on page 4. If no, complete the single narrative response component on page 5 beginning with "Provide supporting evidence."

NEW PROGRAM PROPOSAL

Employment Opportunities			
Occupation	Expected Number of Jobs	Employment Projection	Data Source
Perfusionist	No US Bureau of Labor Statistics Available		

Provide additional information regarding anticipated employment opportunities for graduates.
(1000 characters)

NEW PROGRAM PROPOSAL

Provide supporting evidence of anticipated employment opportunities for graduates, including a statement that clearly articulates what the program prepares graduates to do, any documented citations that suggests a correlation between this program and future employment, and other relevant information. Please cite specific resources, as appropriate. (3000 characters)

Note: Only complete this if the Employment Opportunities table and the section that follows the table on page 4 have not previously been completed.

1. Perfusion is a small and highly specialized profession. Many new technologies have become an integral part of cardiovascular perfusionists' scope of practice since the program was first established at a baccalaureate level in 1979. The entry-level skills and knowledge required of the cardiovascular perfusionist have significantly increased over the past 36 years. These include specific skills and knowledge related to myocardial protection, blood conservation, membrane oxygenators, centrifugal blood pumps, and cardiac assist devices. An increasing number of neonates (less than 1 month), and elderly patients and with chronic medical conditions now undergo complex cardiac surgical procedures and this was not possible in 1979.
2. **MUSC has filled the majority of perfusion positions in South Carolina.** The employment rate for MUSC graduates over the past five years is > 97%, with starting salaries > \$80,000. **The job market for cardiovascular perfusionists based on the number of advertised positions is the strongest in the past 10 years. Advertisements for vacant perfusion positions have increased more than 100% in each of the last 4 years (AMSECT 2014).** MUSC perfusion graduates are in high demand; most students have job offers prior to graduation due to their clinical rotations at highly recognized cardiac surgical centers.
3. Based on the age demographics of practicing cardiovascular perfusionists, retirement from the profession will increase significantly between 2015 and 2025. Based on estimations from manpower surveys (Rush University, 2014), the expected number perfusionists leaving the profession due to retirement, leaving to pursue another profession, or due to family work/balance issues **is expected to be near 5% per year for the next 10 years.** That means that 2000 perfusionists will be needed over the next 10 years. The present output of all the perfusion schools is about 50% of what will be necessary to fill these jobs in future.
4. Many perfusion departments have increased in size due to the rising volume of cardiac surgical procedures, and therefore many experienced perfusionists have assumed important leadership roles in their cardiac surgical programs and are seeking training in leadership (MUSC Needs Assessment Survey 2014).
5. MUSC leads the perfusion profession using cardiopulmonary bypass simulation and is the only perfusion training program in the country that has both the Orpheus and Biomed high fidelity simulators. **Simulation enhances students' performance during clinical rotations and increases job readiness and employment opportunities.**
6. The MUSC Cardiovascular Perfusion Program has been recognized for its significant contributions to research in the profession with the **highest number of published scientific**

NEW PROGRAM PROPOSAL

peer-reviewed research from any perfusion school in the U.S. This is a testament to the level of clinical research performed by MUSC students. It also demonstrates the graduate nature of the program and thus will increase employment opportunities. (Journal of ExtraCorporeal Technology 1979-2014)

7. Outcomes from the program are excellent with **100% first time pass rate** on the American Board of Cardiovascular Perfusion Certification Exam in both 2013 and 2014. This achievement increases the rapid deployment of MUSC graduates into the workforce which is desirable to applicants, graduates, and employers. (American Board of Cardiovascular Perfusion, 2013-4)

NEW PROGRAM PROPOSAL

Will the proposed program impact any existing degree programs and services at the institution (e.g., course offerings or enrollment)?

☒ Yes

☐ No

If yes, explain. (500 characters)

The present Bachelors in Science in Cardiovascular Perfusion Program will be terminated one year following the implementation of the Master's degree program. This will allow all enrolled students to complete their Bachelor's degree. The last class of students in the Bachelor of Science program will complete their final year in the program as the first class of Master of Science students are enrolled in their first year of the program.

NEW PROGRAM PROPOSAL

List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences
NONE			

NEW PROGRAM PROPOSAL

Description of the Program

Projected Enrollment						
Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2016	20	400	19	361	19	380
2017	39	666	38	627	19	380
2018	39	666	38	627	19	380
2019	39	666	38	627	19	380
2020	39	666	38	627	19	380

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program?

☒ Yes

☐ No

If yes, explain. (1000 characters)

Completion of a Bachelor's degree at an accredited university which must include the following prerequisite courses:

Anatomy and Physiology (includes lab)	8
Chemistry (includes lab)	8
Medical Terminology	1
Physics (includes lab)	4
Statistics	3

NEW PROGRAM PROPOSAL

Are there any special articulation agreements for the proposed program?

☐ Yes

☒ No

If yes, identify. (1000 characters)

NEW PROGRAM PROPOSAL

Curriculum

Select one of the following charts to complete: Curriculum by Year or Curriculum by Category

Curriculum by Year				
Course Name	Credit Hours	Course Name	Credit Hours	Course Name
Year 1				
Fall		Spring		Summer
Transforming Healthcare	2	Perfusion Technology II/Simulation Lab	5	Principles and Practices Perfusion
Perfusion Technology I	4	Pathophysiology for Perfusion with Focus on Aging	4	Cardiac Assist Devices
Research Methodology	3	Pharmacology	4	Advanced Pediatric Perfusion
Applied Human Pathophysiology	5	Acid-Base Chemistry	2	Masters Research Project III
Clinical and Laboratory Monitoring	4	Masters Research Project II	3	Clinical Experience
Perioperative Blood Management	2	Seminar	1	Clinical Simulation
Total Semester Hours	20	Total Semester Hours	19	Total Semester Hours
Year 2				
Fall		Spring		Summer
Quality Improvement and Clinical Informatics	2	Leadership and Health Services Delivery Systems	2	
Clinical Experience IIA	6	Clinical Experience IIIB	6	
Clinical Experience IIB	6	Clinical Experience IIIB (track in leadership, cardiac assist or pediatrics)	6	
Total Semester Hours	14	Total Semester Hours	14	

NEW PROGRAM PROPOSAL

[illegible]

* Add category titles to the table (e.g., major, core, general education, concentration, electives, etc.)

NEW PROGRAM PROPOSAL

Total Credit Hours Required = 87

Course Descriptions for New Courses

Course Name	Description
Leadership and Health Services Delivery	This course introduces students to the management of health care facilities. Students gain an understanding of the major functions of management, governance, organizational structures, accreditation/licensure processes, and reimbursement issues in health care organizations. Students will become familiar with and understand the importance of the principles of management including planning, organizing, controlling, directing, and staffing in order to offer health care services. The course will also demonstrate the basic concepts and issues associated with the management and regulations of health care services delivery, and explore the impact of contemporary public policy issues confronting the health care system.
Quality Improvement and Informatics	This course provides students with an understanding of quality management and performance improvement. This will include quality assessment, risk management, outcomes assessment, benchmarking. The course focuses primarily on providing students with the necessary knowledge and skills for understanding systems improvement and then participating and leading quality improvement (QI) efforts. Students also gain knowledge of the importance of measuring and managing service excellence and patient satisfaction. This course also provides students with an introduction to health care information systems, with an emphasis on clinical information systems. Students are introduced to different types of clinical and administrative information systems used in health care today.
Pathophysiology with a focus on aging	This course reviews the concepts of human disease as they relate to cardiopulmonary bypass. The focus on the impact of cardiovascular disease in the aged population and the etiology and the effects on other organ systems. This will include a study of immunological defense mechanisms, acute and chronic inflammation, repair mechanisms, modes of injury, diseases of development and growth, and blood disorders and neoplasia. It also presents diseases of the organ systems and correlates the pathology of the major diseases occurring in the individual organ systems of the human body.
Advanced Pediatric Perfusion	This course introduces student to the anatomical and physiological characteristics of congenital heart defects and their implications for the conduct of perfusion. This will include both cyanotic and non-cyanotic congenital defects with a focus on their diagnosis and management. Special considerations in the conduct of perfusion for congenital heart surgery are discussed and modeled. Through analysis of case clinical reports and histories, students learn about the surgical treatment of congenital heart defects.
Cardiac Assist Devices	This course introduces student to the advanced practice associated with cardiac assist devices. Selection, operation and monitoring of various cardiac assist devices including both FDA approved and investigational devices. Other areas of focus will include patient education, community education, surgical coordination, clinical visits and managing VAD databases and clinical trials, including data analysis for presentations.
Research Methodology	This course provides a background on general principles and issues in clinical research design. These are explored through the formulation of the research objective and the research hypothesis and the specification of the study population, the experimental unit, and the outcome variables. This course integrates core clinical perfusion principles to provide experience in the development and critique of the methodological aspects of clinical research protocols and

NEW PROGRAM PROPOSAL

Masters Research Project II	the clinical research literature. Assigned readings are drawn from contemporary perfusion scientific literature. In this course the student develops a research project relating to cardiovascular perfusion resulting in a substantive paper that involves original collection or treatment of data and/or results in a research paper. Students select a clinical hypothesis to test and complete a research proposal in a topic pertinent to perfusion. The capstone project must evidence scholarly and/or professional analysis informed by the sustained and appropriate application of analytical methodologies. The final product of the research project must be a paper of publishable quality. This research project involves original research and exemplifies an original contribution to scholarship.
Masters Research Project III	In this final research course, the student submits their research project for presentation and publication. The course requirements will include editorial changes suggested during peer review process. The capstone project will be completed by submitting the final paper for publication in a peer-reviewed perfusion related journal.
Perfusion Technology I	This course is designed to give the beginning student a practical and theoretical orientation to the environment of extracorporeal circulation. This course presents the history, basic components, equipment, and physiology related to extracorporeal circulation. The students will be exposed to ethical issues facing health care providers in today's environment.
Perfusion Technology II	This course will focus on clinical devices used for cardiopulmonary bypass and the development of key clinical skills used on a daily basis in clinical perfusion. Students are taught equipment selection, set-up, and steps required for the safe operation of a life support system in a simulated operating room environment.
Clinical and Laboratory Monitoring	This introductory course presents the principles of electronic physiological monitoring and measurement. The practical application of monitoring equipment is stressed during the laboratory sessions with exposure to various monitoring devices currently used in the operating room.
Pharmacology	This course presents the fundamental principles of pharmacology necessary for an understanding of the mechanisms of action of drugs and knowledge for their rational and effective use or monitoring. These principles include pharmacokinetics, pharmacodynamics, pharmacogenetics, and introductory therapeutics. A discussion of the impact of aging and disease on drug safety and the drug development process will be included..
Acid-Base Chemistry	This course allows the student to master the principles of acid base physiology and the interpretation and treatment of clinical acid base blood gas disorders through lecture and self-study modules.
Principles and Practices of Perfusion	This course prepares the student for their clinical experience. The principles of extracorporeal circulation are presented in lecture and practices in simulation and the animal laboratory. Instructions are provided in the aspects of extracorporeal circulation including device theory, physiology, and diseases of the heart, pathophysiology, fluids, and electrolytes. Hands-on lab experience and reporting in these techniques prepares the student for the clinical experience.
Clinical Simulation	This course prepares the student for clinical experience utilizing a perfusion simulator and a mock operating room. Students are exposed to both common events and to uncommon events. Each student is able to practice their clinical skills in an environment that promotes confidence and competency.
Evidenced Based Medicine	This course will review research based on the classifications of evidenced based medicine and will include examples from the cardiovascular surgery and perfusion literature.

NEW PROGRAM PROPOSAL

Faculty

Faculty and Administrative Personnel				
Rank	Full- or Part-time	Courses Taught or To be Taught, Including Term, Course Number & Title, Credit Hours	Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major	Other Qualifications and Comments (i.e., explain role and/or changes in assignment)
Associate Professor	Full Time	Perfusion Technology I (4) FALL ECT 501 Perfusion Technology II(5) SPRING ECT 535 Research Methodology (3) FALL ECT 510 Evidence Based Medicine (1) FALL ECT 625 Fundamentals of Acid-Base Chemistry (2) SPRING ECT 540 Principles and Practices of Perfusion (5) SUMMER ECT 531 Pediatric Perfusion (2) SUMMER ECT 664 Masters Research Project II (3) SPRING ECT 555 Masters Research Project III (3) SUMMER ECT 600 Clinical Experience I (6) SUMMER ECT 545 Clinical Experience II A (6) SUMMER ECT 653 Clinical Experience II B (6) SUMMER ECT 654 Clinical Experience III A (6) SUMMER ECT 656 Clinical Experience III B (6) SUMMER ECT 657	Medical University of South Carolina – Ph.D. in Health and Rehabilitation Science (2012) Dissertation Topic: The Influence Of The Method Of Cerebral Protection During Neonatal Cardiac Surgery on The Development Of Attention Deficit/Hyperactivity Disorder Medical University of South Carolina – M.S. Degree in Clinical Research (2005) Long Island University – Master in Public Administration in Health Care (1980) State University of New York - School of Allied Health Professions - B.S. in Cardiopulmonary Technology/Respiratory Therapy (1974) Certified Clinical Perfusionist, Fellow of Pediatric Perfusion Courses: Perfusion	Teaching these courses for the past 20 years, 40 years clinical perfusion experience.

NEW PROGRAM PROPOSAL

Assistant Professor* (replacing current faculty who is retiring Summer 2015)	Full-Time	Clinical and Laboratory Monitoring (4) FALL ECT 513 Perioperative Blood Management (2) FALL ECT 548 Pathophysiology for Perfusion (4) SPRING ECT 560 Pharmacology for Perfusion (4) SPRING ECT 610 Cardiac Assist Devices (2) SUMMER ECT 665 Clinical Simulation (2) SUMMER ECT 600 Clinical Experience I (6) SUMMER ECT 545 Clinical Experience II A (6) SUMMER ECT 653 Clinical Experience II B (6) SUMMER ECT 654 Clinical Experience III A (6) SUMMER ECT 656 Clinical Experience III B (6) SUMMER ECT 657	Perfusion Technology I Perfusion Technology II Fundamentals of Acid-Base Chemistry Principles and Practices of Perfusion Intro to Research Pediatric Perfusion Independent Study Clinical Experience I, II, & III Active certification as a clinical perfusionist (CCP). Minimum of five years clinical experience; graduate preparation in the basic and clinical sciences relevant to perfusion practice; and prior classroom teaching experience. The ideal candidate will have completed a doctorate or be in the process of obtaining a terminal degree.	Knowledge of clinical practice and professional issues. The most competitive candidates will have a record of expertise in clinical and/or didactic education, experience in curriculum development, academic scholarship, and professional association involvement. Academic rank will be commensurate with credentials and experience.
Assistant Professors* (2)	Adjunct	Quality Improvement and Clinical Informatics (2) FALL ECT 662 Leadership and Health Services Delivery Systems (2) SPRING ECT 663	Most likely PhD faculty	These 2 courses are derived from 4 courses in the Doctoral Program in Healthcare leadership. They are already well developed and will be tailored to meet the needs of the perfusion profession.
Professor	Adjunct	Applied Human Physiology ECT 510	PhD in Physiology	Teaching this course for the past 10 years with excellent student evaluations.

Note: Individuals should be listed with program supervisor positions listed first. Identify any new faculty with an asterisk next to their rank.

NEW PROGRAM PROPOSAL

Total FTE needed to support the proposed program (i.e., the total FTE devoted just to the new program for all faculty, staff, and program administrators):

Faculty: 2 FT, 3 adjuncts (2 new adjuncts over present faculty)

Staff: Part time Admin Assistant, Part time Student Services Coordinator (0 new)

Administration: None additional (one faculty member is Division Director) (0 new)

Faculty /Administrative Personnel Changes

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

This program will replace the BS in Cardiovascular Perfusion. The structure of the Division will remain the same with 2 full time faculty and the present support staff. Two new additional adjunct faculty will be added. One adjunct faculty member who teaches Applied Human Physiology will continue with the new program.

Library and Learning Resources

Identify current library/learning collections, resources, and services necessary to support the proposed program and any additional library resources needed. (1000 characters)

The MUSC Library acquires, manages, and maintains resources of knowledge in the biomedical and health sciences. The MUSC Library has available over 220 databases and over 19,000 electronic journals and provides access to a wide range of perfusion and cardiac surgery related journals.

The College of Health Professions (CHP) is housed in a state-of-the art facility with cutting edge classroom technology. The College uses the Moodle learning management system and Tegrity lecture capture system. All students are required to own a laptop that they bring to campus. All classrooms are equipped with Smart Board technology. High Definition (HD), h.624 video recording, streaming, and conferencing are available in every classroom. Classroom audio/visual is integrated with the Tegrity lecture capture system so that instruction in CHP classrooms, labs or conference rooms can be recorded and distributed online and accessible by mobile devices.

NEW PROGRAM PROPOSAL

Student Support Services

Identify academic support services needed for the proposed program and any additional estimated costs associated with these services. (500 characters)

No new student support services will be required within the Division of Cardiovascular Perfusion; the existing student support services will be used. Student support services on campus that are available to all MUSC students include the Center for Academic Excellence, the Writing Center, the Wellness Center, Counseling and Psychological Services, and the availability of supplemental instruction from tutors. The current MUSC students report satisfaction with the available university support services that will be available to the students in this program.

Physical Resources

Identify any new instructional equipment needed for the proposed program. (500 characters)

No new equipment is needed

Will any extraordinary physical facilities be needed to support the proposed program?

☐ Yes

☒ No

NEW PROGRAM PROPOSAL

Identify the physical facilities needed to support the program and the institution's plan for meeting the requirements, including new facilities or modifications to existing facilities. (1000 characters)

The Division of Cardiovascular Perfusion has excellent physical facilities including two laboratories that can be used for cardiopulmonary bypass simulation. The facilities that we are currently using in the baccalaureate program will be used for the Master's Degree program. We already have the only two cardiopulmonary bypass simulators available, Orpheus and Biomed Califia. The Orpheus simulator is connected to the University Simulation Center through SimBridge, which allows us to record and evaluate student simulation experiences.

Students in the CHP have unlimited access to all classrooms and labs and the computer technology available there. In the Student Life and Recruitment Center in the College "A" building, several shared computer stations and printers are provided to students during business hours. Students may also go to the Library and Education Center to access printers and computer labs. IT also evaluates emerging technologies and provides access to other hardware and software, such as digital video cameras and newly released software, for check-out or pilot use.

NEW PROGRAM PROPOSAL

Financial Support

Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration	0	0	0	0	0	0
Faculty and Staff Salaries	0	6,000	6,000	6,000	6,000	24,000
Graduate Assistants	0	0	0	0	0	0
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Supplies and Materials	0	0	0	0	0	0
Library Resources	0	0	0	0	0	0
Other*	0	0	0	0	0	0
Total	0	6,000	6,000	6,000	6,000	24,000
Sources of Financing						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	602,633	1,026,413	1,055,046	1,084,537	1,114,913	4,883,542
Program-Specific Fees	0	0	0	0	0	0
State Funding (i.e., Special State Appropriation)*	0	0	0	0	0	0
Reallocation of Existing Funds*	0	0	0	0	0	0
Federal Funding*	0	0	0	0	0	0
Other Funding*	0	0	0	0	0	0
Total	0	0	0	0	0	0
Net Total (i.e., Estimated New Costs Minus Sources of Financing)	602,633	1,020,413	1,049,046	1,078,537	1,108,913	4,859,542

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

NEW PROGRAM PROPOSAL

Budget Justification

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

Note: Institutions need to complete this budget justification *only* if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.

The additional costs for implementation of this program will be covered by tuition, there is no addition external funding required. There will be two new adjunct faculty added to the budget to teach two new courses in the 2nd year of the curriculum in the area of healthcare management, the total cost for teaching these courses will be \$12,000 annually beginning in the 2nd year of the first cohort of students. These courses will be taught annually to each cohort of students when in their 2nd year of the curriculum. They will take the courses with the students in the post-professional program; therefore, the costs will be split between the two programs resulting in the **\$6,000 annually** reflected in the budget.

NEW PROGRAM PROPOSAL

Evaluation and Assessment

Programmatic Assessment: Provide an outline of how the proposed program will be evaluated, including any plans to track employment. Identify assessment tools or software used in the evaluation. Explain how assessment data will be used. (3000 characters)

Accreditation Committee for Perfusion Education requires a yearly report of programmatic outcomes. The outcomes include: pass rates on the ABCP certification exam, employment rates for graduates, retention rate for students in the program, ethnic and gender data, and a comprehensive summary of outcomes based on employer and graduate surveys. A minimum response rate of 50% for both graduates and employers is required and there are assessments in cognitive, psychomotor and affective domains. If the benchmarks for any of the assessments are not met, then the program must provide a detailed action plan and may be subject to a site visit by the accreditation agency.

Southern Association of Colleges and Schools (SACS)

The following Program and Student Learning Outcomes are reported to the Medical University of South Carolina Office of Institutional Assessment on an annual basis:

Program Outcomes:

1. Percent of students who pass the ABCP Basic Science Certification exam on first attempt
2. Percent of students who pass the ABCP Clinical Application Certification exam on first attempt
3. Percent of students employed within 6 months of graduating
4. Percent of faculty who attended a professional conference
5. Percent of faculty who presented at a professional conference

Results of the Assessment instruments are compiled and then discussed annually at program advisory meetings required by professional accrediting agency AC-PE. The program advisory committee is charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change. The committee consists of the program faculty, medical advisor, department chair, alumni, students, clinical affiliates and one public member. All program outcomes are reviewed annually at the meeting.

Teaching Effectiveness Assessments: The University uses E-Value which is an anonymous survey sent to students at the end of each course to evaluate teaching effectiveness. An 85% return rate benchmark has been set for each evaluated course. There are specific evaluations for the instructor effectiveness, and the course organization and content. The results are benchmarked against faculty evaluations in the college and are used for course improvement and in the annual faculty review process.

NEW PROGRAM PROPOSAL

Student Learning Assessment

Expected Student Learning Outcomes	Methods of/Criteria for Assessment
1. Demonstrate knowledge of the patient's history, pathophysiology, laboratory values and pharmacology as evidenced by formation of a patient care plan with minimal supervision	95% of students will pass the ABCP Certification Exam 90% of students will have mean score of 4 or greater in the Employer Graduate Survey cognitive domain
2. Select the proper equipment and supplies, assemble and prime the perfusion circuit using sterile technique, and make ready for surgery with minimal supervision	90% of students will have mean score of 4 or greater in the Employer Graduate Survey psychomotor domain 90% of students will have mean score of 4 or greater (meets expectations) for the two final clinical evaluations on the evaluation of their perfusion setup
3. Initiate CPB, manage CPB including hemodynamics, blood gases, electrolytes, anticoagulation, temperature, and terminate CPB according to protocol with minimal supervision.	95% of students will pass the ABCP Certification Exam 90% of students will have mean score of 4 or greater in the Employer Graduate survey psychomotor domain
4. Demonstrate knowledge and safe operation of adjunctive devices for blood management and ultrafiltration with minimal supervision	95% of students will pass the ABCP Certification Exam 90% of students will have mean score of 4 or greater in the Employer Graduate Survey cognitive domain
5. Demonstrate knowledge and safe operation of adjunctive devices for cardiac assist, and Extra Corporeal Life support (ECLS) with minimal supervision	95% of students will pass the ABCP Certification Exam 90% of students will have mean score of 4 or greater in the Employer Graduate Survey cognitive domain
6. Maintain professional conduct and communication with patients and staff	90% of students will have mean score of 4 or greater in the Employer Graduate Survey affective domain 90% of students will have mean score of 4 or greater (meets expectations) on the evaluation of professionalism for the last 2 clinical rotations

NEW PROGRAM PROPOSAL

Will the proposed program seek program-specific accreditation?

☐ Yes

☒ No

If yes, provide the institution's plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

The existing Bachelor's Degree Program is accredited and no additional accreditation is required after transition to a Master's Degree per AC-PE.

Will the proposed program lead to licensure or certification?

☒ Yes

☐ No

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

The present accredited baccalaureate program now allows students to be candidates the ABCP certification exam. The transition to the Master's Degree will continue to allow students to take the exam. We will continue to meet all accreditation requirements as we do at the present time.

NEW PROGRAM PROPOSAL

Teacher or School Professional Preparation Programs

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

☐ Yes

☒ No

If yes, complete the following components.

Area of Certification

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

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Stephen A. Duncan, Ph.D.

Date: 2/24/2015

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1988	University of Glasgow, Scotland	B.Sc.	
1989	Oxford University	Ph.D.	
1992	Oxford University	D.Phil	

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Research Associate	Rockefeller University, New York, NY	1995 - 1996

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral fellow	Rockefeller University, New York, NY	1992 - 1995

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1996 - 1997	Assistant Professor	Rockefeller University, New York, NY	
1997 - 2002	Assistant Professor	Medical College Wisconsin, Milwaukee, WI	Cell Biology Neurobiology and Anatomy
2002 - 2006	Associate Professor	Medical College Wisconsin, Milwaukee, WI	Cell Biology Neurobiology and Anatomy
2006 - Present	Professor	Medical College Wisconsin, Milwaukee, WI	Cell Biology Neurobiology and Anatomy
2007 - Present	Professor	Medical College Wisconsin, Milwaukee, WI	Human and Molecular Genetics, Cell Biology Neurobiology and Anatomy

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Dirk M. Elston, M.D.

Date: 2/4/2015

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>
1980	Pennsylvania State University	B.S.	
1982	Jefferson Medical College	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship, Internal Medicine	Walter Reed Army Medical Center, Washington, DC	1982 - 1983

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency, Dermatology	Walter Reed Army Medical Center, Washington, DC	1983 - 1986
Fellowship, Dermatopathology	The Cleveland Clinic Foundation, Cleveland, OH	1991 - 1992

Board Certification:

National Board of Medical Examiners Date: 1983

American Board of Dermatology Date: 1986

American Boards of Dermatology and Pathology Date: 1993

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2012 - Present	Clinical Professor	New York College of Osteopathic Medicine	Medicine Division of Dermatology
2012 - Present	Clinical Professor	Tuoro College of Osteopathic Medicine	Medicine Division of Dermatology
2013 - 2018	Guest Professor	Central South University, Changsha, China	Xiangya School of Medicine
2013 - Present	Honorary Professor	China Medical University, Shenyang, China	
2013 - Present	Clinical Professor	Robert Wood Johnson Medical School of Rutgers University	Dermatology

First Appointment to MUSC:

Rank:

Date:

March 5, 2015

Summary of Proposed MUSC Physicians Bylaw Revisions:

- 1) Incorporate the CEO of MUSC Health and the Chief Physician Executive (CPE) into the MUSC Physicians (MUSCP) bylaws:
 - a. Replace the Executive Senior Associate Dean for Clinical Affairs with the CEO of MUSC Health whose role on the Board is as follows:
 - i. Voting member on the Board and shall serve on the Executive Committee
 - ii. The MUSCP President shall report on a regular basis to CEO of MUSC Health
 - iii. Approves the submission of appointment and removal of CPE
 - b. The CPE will replace the current CEO position. In addition to the responsibility for the day to day operation of the affairs of MUSCP, the following role/responsibilities:
 - i. Shall be a licensed physician
 - ii. Shall serve as a non-voting member of the Executive Committee
 - iii. Shall report dually to the MUSCP President/Board and CEO of MUSC Health
- 2) Clarify/Cleanup of Nomination Process of Community Leaders:
 - a. "A copy of the written nomination shall be sent to the Board ..."

**AMENDED & RESTATED
BYLAWS
OF
UNIVERSITY MEDICAL ASSOCIATES OF
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**

ARTICLE I - NAME OF ORGANIZATION

The name of the organization shall be the University Medical Associates of The Medical University of South Carolina (hereinafter, the "*Corporation*").

ARTICLE II - CORPORATE PURPOSES AND POWERS

Section 1. Corporate Purposes. The purposes for which the Corporation is established and for which it shall be operated are as follows:

(1) To promote and support the educational, medical, scientific and research purposes of The Medical University of South Carolina;

(2) To deliver inpatient and outpatient professional services in furtherance of and for the benefit of The Medical University of South Carolina;

(3) To promote superior patient care at all sites within the academic and research environment of The Medical University of South Carolina;

(4) To promote recruitment and retention of superior faculty at The Medical University of South Carolina;

(5) To engage in charitable programs related to patient care, education, and the research mission of The Medical University of South Carolina;

(6) To provide the full-time clinical, professional faculty of The Medical University of South Carolina and other health professionals with the development of group practice arrangements and to operate on behalf of The Medical University of South

Carolina as a multi-specialty group practice of medicine and related services in the furtherance of medicine and medical research;

(7) To promote, encourage and aid investigation and research by the faculty, staff and students of The Medical University of South Carolina.

The Corporation is organized exclusively for charitable purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code of 1986 and the Corporation shall not carry on any activity not permitted to be carried on by (a) a corporation exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under Section 170(c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Section 2. Powers. The Corporation will have such powers as are now or may hereafter be granted corporations under the South Carolina Nonprofit Corporation Act of 1994, as amended [Chapter 31, Title 33, S.C. Code (the “*Act*”)], except as may be limited by the Corporation’s Articles of Incorporation or Bylaws.

Section 3. Operating Policies, Procedures and Guidelines. From time to time, the Board of Directors of the Corporation may adopt, amend, or restate operating policies, procedures and guidelines to carry out the purposes and objectives of the Corporation.

ARTICLE III - OFFICES

The principal office of the Corporation in the State of South Carolina shall be located at 1180 Sam Rittenberg Boulevard in the City of Charleston, County of Charleston. The Corporation may have such other offices, either within or without the State, as may be

designated by the Board. The registered office of the Corporation need not be identical with the principal office of the Corporation and the Board may from time to time change the address of the registered office of the Corporation.

ARTICLE IV – MEMBERSHIP

Section 1. Classes of Membership. Subject to the provisions hereinafter contained, there shall be two classes of membership in the Corporation (“**Membership**”), which are as follows:

(a) Members. Full-time faculty of the College of Medicine of The Medical University of South Carolina who are physicians or doctoral level clinical professionals licensed to practice by a South Carolina licensing body shall be members of the Corporation (collectively, the "**Members**," and each individually, a "**Member**"). An individual shall become a Member, effective upon his or her appointment to the faculty of the College of Medicine of The Medical University of South Carolina and upon execution of an annual contract with The Medical University of South Carolina and the appropriate department therein (the "**Faculty Contract**"). Permanent loss of Medical University Hospital Authority privileges or termination of the Faculty Contract shall automatically terminate Membership in the Corporation for the applicable Member.

(b) Associate Members. Clinical professionals, other than those described in subparagraph (a) above, on the faculty of the College of Medicine of The Medical University of South Carolina shall be considered “**Associate Members**.” Associate Members shall not have the right to vote on any matter before the Members, but shall be permitted to attend all meetings of the Members.

Section 2. Voting Rights and Privileges. Voting on all matters properly before the Membership shall be restricted to the Members.

ARTICLE V - BOARD OF DIRECTORS

Section 1. Purpose, Powers, and Duties. The business and affairs of the Corporation shall be managed by its Board of Directors (collectively, the “**Board**,” and each individual serving on the Board, a “**Director**”), which shall be vested with all corporate powers under the Act not expressly limited by these Bylaws. The Board has the general power to (1) control and manage the affairs, funds, and property of the Corporation, and (2) disburse the Corporation’s monies and dispose of its property in fulfillment of its corporate purpose; provided, however, that the fundamental and basic purposes of the Corporation, as expressed in the Articles of Incorporation, shall not thereby be amended or changed, and provided further, that the Board shall not permit any part of the net earnings or capital of the Corporation to inure to the benefit of any private individual. The Board may further delegate authority to committees or individual Directors as it deems necessary for the carrying out of the purposes and business of the Corporation.

Section 2. Composition of Board. The Board of the Corporation shall consist of the following persons:

(1) From the College of Medicine of the Medical University of South Carolina, the ~~following two individuals: (i) The Medical University of South Carolina's Vice President for Medical Affairs and Dean of the College of Medicine of The Medical University of South Carolina, and (ii) the Executive Senior Associate Dean for Clinical Affairs~~ Dean of the College of Medicine of The Medical University of South Carolina;

(2) From The Medical University of South Carolina, the Executive Vice President for Finance and Operations;

(3) From the Health System of the Medical University of South Carolina, the Chief Executive Officer and, from the Medical University Hospital Authority, the Executive Director; except as expressly provided for in these Bylaws, the Executive Director of the Medical University Hospital Authority shall be a non-voting Director and not have any right to vote on matters before the Board;

~~(3)~~4 Two members of the Board of Trustees of The Medical University of South Carolina, who shall be designated by the Board of Trustees of the Medical University of South Carolina;

~~(4)~~5 Eight chairmen from the clinical departments of the College of Medicine of the Medical University of South Carolina; provided that at least six individuals are elected from each of the following three categories: (i) Surgical specialties, (ii) Medical specialties, and (iii) Hospital-based specialties; and provided that two individuals shall be elected from a clinical department not specified in the foregoing three categories. The Board shall designate which departments and which departmental divisions come under each category in a manner that best reflects the clinical organization at the time of each election;

~~(5)~~6 Four community leaders who are not trustees, agents or employees of The Medical University of South Carolina or the State of South Carolina. These community leaders shall be nominated and elected by the Directors serving on the Board of the Corporation who are not trustees, agents or employees of The Medical University of South Carolina or the State of South Carolina. These community Directors shall be as

geographically diverse within the state of South Carolina as possible, with a goal of having each community Director be from different Congressional Districts within the State of South Carolina; and

(~~6~~7) Two Members elected at large from the voting Members of the Corporation.

Section 3. Term of Office.

(a) The Directors described in Article V, Section 2, Paragraphs (1), (2) and (~~2~~3) (hereinafter the "*Designated Director(s)*") shall hold office as long as each occupies the position entitling him or her to a seat on the Board.

(b) The Directors described in Article V, Section 2, Paragraphs (~~3~~4) through (~~6~~7) ("*At-Large Directors*") shall hold office for a term of four years ("*Term*") or until his or her death, resignation, retirement, removal or disqualification, and until his or her successor is elected. With the exception of those At-Large Directors described in Article V, Section 2, Paragraphs (~~3~~4) and (~~5~~6), who shall be permitted to serve an unlimited number of consecutive Terms, an At-Large Director shall be eligible for no more than one Term until a period of one year has elapsed following the completion of his or her Term; provided, however, upon a finding of extraordinary circumstances, this Term limitation may be waived any number of times by the vote of a majority of the Board. After a lapse of one (1) year, any individual who has previously served as an At-Large Director may be re-elected. Each Term shall commence on the first day of the fiscal year of the Corporation.

~~In the fiscal year in which these Amended & Restated Bylaws are adopted, the authority to appoint or elect the Directors described in Article V, Section 2, Paragraphs (3), (4), (5), and (6) shall also include the ability to vary the length of the initial Term of each~~

~~Director in order to accommodate staggering of Term lengths to ensure better continuity of the Corporation's leadership.~~

Section 4. Nomination/ Election of At-Large Directors.

(a) Candidates for election to the Board seats described in Article V, Section 2, Paragraph (45) shall be nominated for office by the Nominating Committee, pursuant to a submission of a written nomination to the Board not less than forty (40) days prior to the election. Candidates for election to the Board seats described in Article V, Section 2, Paragraph (56) shall be nominated for office by the then-current Directors described in Article V, Section 2, Paragraph (5), ~~pursuant to a submission of a~~ 6). A copy of the written nomination shall be sent to the Board not less than forty (40) days prior to the election. The regular election shall be held at the annual meeting of the Board; provided, however, the Board may additionally elect any individual to fill a vacancy in a Board seat at any regular or special meeting of the Board in accordance with the nomination and election procedure and timeline described in the prior sentence.

(b) Notwithstanding subparagraph (a) above, candidates for election to the Board as the At-Large Director described in Article V, Section 2, Paragraph (67) shall be nominated by the Nominating Committee and elected by the Members at the regular annual meeting of the Members of the Corporation in accordance with the procedures established by the Members; provided, however, the Members may additionally elect any individual to fill a vacancy in the Board seat described in Article V, Section 2, Paragraph (67) at any regular or special meeting of the Members in accordance with the procedures established by the Members.

(c) Notwithstanding subparagraph (a) above, the Board of Trustees of The Medical University of South Carolina shall appoint the Directors described in Article V, Section 2, Paragraph (~~3~~4) in accordance with the procedures established by the Board of Trustees of The Medical University of South Carolina at the regular meeting of the Board of Trustees of The Medical University of South Carolina held prior to the start of the fiscal year of the Corporation; provided, however, the Board of Trustees of The Medical University of South Carolina may additionally elect any individual to fill a vacancy in the directorships described in Article V, Section 2, Paragraph (~~3~~4) at any regular or special meeting of the Board of Trustees of The Medical University of South Carolina in accordance with the procedures established by the Board of Trustees of The Medical University of South Carolina.

Section 5. Resignation and Removal of Directors.

(a) Any Director may resign by giving written notice of his or her resignation to the Board or to the President or Secretary of the Corporation. Such resignation shall take effect at the time specified in such notice and the acceptance of such resignation shall not be necessary to make it effective.

(b) Any Director described in Article V, Section 2, Paragraph (~~3~~4), may be removed, with or without cause, by the Board of Trustees of The Medical University of South Carolina.

(c) Any Director described in Article V, Section 2, Paragraph (~~4~~5), may be removed, with or without cause, by a two-thirds vote of all Directors then serving in office at a special or regular meeting of the Board called for such purpose.

(d) Any Director described in Article V, Section 2, Paragraph (~~5~~6), may be removed, with or without cause, by a two-thirds vote of all Directors then serving in office who are not trustees, agents or employees of The Medical University of South Carolina or the State of South Carolina at a special or regular meeting of the Board called for such purpose.

(e) Any Director elected pursuant to Article V, Section 2, Paragraph (~~6~~7), may be removed, with or without cause, by a two-thirds vote of all Members at a special or regular meeting of the Members called for such purpose.

(f) A Designated Director may be removed from the Board of Directors upon an amendment to Section 2 of Article V of these Bylaws, whereby such Designated Director is permanently removed from the Board.

Section 6. Vacancies.

(a) Designated Directors shall be replaced by the person elected to each respective designated office.

(b) The nomination and election process for any vacancy of an At-Large Director position arising other than the natural expiration of a Term shall be conducted in accordance with Section 4 of this Article V. Any persons so elected to fill a vacancy in an At-Large Director position shall serve the balance of the unexpired Term of the vacating At-Large Director.

Section 7. Compensation.

The Directors described in Article V, Section 2, Paragraphs (~~3~~4) and (~~5~~6) may receive nominal stipends, for attending meetings in their capacity as Directors. Directors shall not receive compensation for their services as Directors, but may receive reimbursement for their expenses incurred in conducting the

business of the Corporation and in attending meetings, in accordance with the Corporation's reimbursement policy.

ARTICLE VI – MEETINGS

Section 1. Annual Meeting of Members. The annual meeting of the Members of the Corporation shall be held each year on such date as may be fixed by the Board during the months of May or June.

Section 2. Notice of Annual Meetings of Members. Written notice of time and place of the annual meetings of the Members shall be sent to each Member to the last known place of business or residence, electronic mail address, or facsimile of the Member at least thirty (30) days, but not more than sixty (60) days prior to the date of such meetings.

Section 3. Special Meetings of Members. Special meetings of Members may be called at any time by the President or Vice President of the Corporation, the ~~Vice President for Medical Affairs and Dean of the College of Medicine~~Chief Physician Executive, or by written request of twenty-five (25) voting Members of the Corporation.

Section 4. Notice of Special Meetings of Members. Written notice of special meetings of the Members shall be sent to each Member to the last known place of business or residence, electronic mail address, or facsimile of each Member not less than ten (10) days and not more than sixty (60) days prior to the date of such special meeting.

Section 5. Regular Meetings of Board of Directors. There shall be a regular meeting of the Board at least four (4) times per year. The regular meeting of the Board immediately prior to the conclusion of the fiscal year of the Corporation shall be designated as its annual meeting. The frequency and dates of regular meetings of the Board shall be fixed by the Board. Additional meetings under this section shall be termed

"regular" if approved by the Board during one of the required meetings and provided that regular notice is given, as described in Section 6 below.

Section 6. Notice of Meetings of Board of Directors. Written notice of time and place of the regular meetings of the Board shall be sent to each Director to the last known place of business or residence, electronic mail address, or facsimile of the Director at least ten (10) days, but not more than sixty (60) days prior to the date of any such regular meeting.

Section 7. Special Meetings of Board of Directors. Special meetings of the Board may be called at the written request of the President ~~or~~, Vice President of the Corporation, Chief Physician Executive or of four (4) voting Directors of the Board.

Section 8. Notice of Special Meetings of Directors. Written notice of special meetings shall be sent to the last known place of business or residence, electronic mail address, or facsimile of each member of the Board not less than ten (10) days prior to the date of such meeting. Only matters set forth in the notice may be discussed at the special meeting.

Section 9. Place of Meetings. Meetings of the Members of the Corporation and the Board may be held at the principal office of the Corporation or at any place within or without the State of South Carolina. The notice of the meeting shall include the place and time of the meeting.

Section 10. Waiver. Notwithstanding the provisions of any of the foregoing sections, a meeting of the Board may be held at such time or place within or without the State of South Carolina as the Board shall designate and any action may be taken thereat, if

notice thereof is waived in writing by every Director having the right to vote at the meeting.

Section 11. Quorum. One-half of the number of voting Directors in office shall constitute a quorum for purposes of conducting a regular or special meeting. Action shall be taken by a majority vote of those Directors present once a quorum is established. A quorum for an annual or special meeting of the Members of the Corporation shall be ten percent (10%) of the Members.

Section 12. Voting; Action by the Board. At any meeting of the Board, every voting Director present in person at such meeting shall be entitled to one vote and, except as otherwise provided by law or by these Bylaws, the act of a majority of the Directors present in person at any meeting at which a quorum is present shall be the act of the Board. Notwithstanding anything to the contrary contained herein, and other than with regard to the removal of a Director as provided in Article V, Section 5(c), the ~~Directors~~Executive Director of the Medical University Hospital Authority described in Article V, Section 2, ~~Paragraphs (2~~Paragraph (3) shall have no voting rights and shall not be entitled to vote upon any matter before the Board.

Section 13. Voting; Action by the Members. At any meeting of the Members, every voting Member shall be entitled to one vote and, except as otherwise provided by law or by these Bylaws, the act of a majority of the Members at any meeting at which a quorum is established shall be the act of the Members. A Member may appoint another Member to act as his or her proxy to vote or otherwise act for the Member by signing an appointment form either personally or by an attorney in-fact.

Section 14. Governing Rules. All meetings of the Board and the Members of the Corporation shall be governed by Roberts Rules of Order.

ARTICLE VII – COMMITTEES

Section 1. Executive Committee. The Executive Committee of the Board shall be composed of:

- (1) the Officers of the Corporation;
- (2) the ~~Vice President for Medical Affairs and~~ Dean of the College of Medicine of The Medical University of South Carolina;
- (3) the Chief Executive ~~Senior Associate Dean for Clinical Affairs of the College of Medicine~~Officer of the Health System of The Medical University of South Carolina;
- (4) one voting Director who shall be elected from the Board to serve for a term of two years; and
- (5) the Chief Physician Executive ~~Officer~~ shall be a non-voting member of the Executive Committee.

The chairman of the Executive Committee shall be the President. The Executive Committee shall, during intervals between meetings of the Board, exercise all the powers of the Board in the management of the business and affairs of the Corporation, except as otherwise provided by law, these Bylaws, or by resolution of the Board. Four members of the Executive Committee then serving in office shall be necessary and sufficient to constitute a quorum and the act of a majority of the members of the Executive Committee present at a meeting of the Executive Committee at which a quorum is present, shall be the act of the Executive Committee. The Executive Committee shall keep full and fair records

and accounts of its proceedings and transactions. The minutes of the Executive Committee shall be distributed to all Directors of the Board. All actions by the Committee shall be reported to the Board at its next meeting and shall be subject to approval by the Board. Expenditures in excess of fifty thousand (\$50,000.00) dollars may be reviewed by the entire Board.

Special meetings of the Executive Committee may be called at the request of any one of its committee members.

Section 2. Nominating Committee. The Nominating Committee shall consist of at least three Members, and shall follow policies and procedures consistent with these Bylaws as promulgated from time to time by the Board. The Nominating Committee shall review regularly the needs of the Corporation in regard to the election of individuals to the Board; and in accordance with Article V, Section 4 shall propose a slate of nominees for election as Directors at each annual meeting of the Board or at any other meeting at which Directors will be elected. The Nominating Committee shall nominate individuals for Director positions described in Article V, Section 2, Paragraphs (4~~5~~) and (6~~7~~) and fill vacancies occurring for whatever reason.

Section 3. Finance Committee. The Finance Committee shall work with the staff of the Corporation in the preparation of an annual budget, and shall make recommendations to the Board. The Treasurer of the Corporation shall serve as the chairman of the Finance Committee, and at least one member of the Finance Committee shall be a Director described in Article V, Section 2, Paragraph (5~~6~~).

Section 4. Designation of Committees. The Board may, additionally, by resolution at any meeting of the Board designate standing and/or ad hoc committees of the Board.

Section 5. Committee Membership. Each standing committee shall consist of at least three (3) members, at least two of whom shall be a voting Director serving on the Board. Unless otherwise specified herein, the chairman of each committee shall be appointed by the President. Unless otherwise provided for in these Bylaws, any standing or ad hoc committee designated by the Board may include as full voting members of such committees such persons, whether or not Directors or Officers of the Corporation, as the chairman of each committee shall determine. Each such committee shall have power to the extent delegated to it by the Board and in accordance with the laws of the State of South Carolina. Each committee shall keep minutes of proceedings and report to the Board.

Section 6. Committee Meetings. Unless otherwise provided for in these Bylaws, a majority of the members then serving on a committee constitutes a quorum for the meeting of the committee and the vote of a simple majority of those present at a meeting at which a quorum is present constitutes an action of the committee. Each committee shall determine and schedule the number of regular meetings it will hold each year.

Section 7. Election, Term of Office. The chairman of each committee shall normally be appointed by the President [or Chief Physician Executive](#) for a term of two years and may be re-appointed without limitation. Except as otherwise provided herein, (a) other committee members shall normally be nominated by the chairman of each committee, (b) pursuant to the requirements of S.C. Code Ann. §33-31-825 (as it may be

amended from time to time), such committee nominees shall be approved by a majority of all Directors in office when the action is taken, and (c) committee members shall serve for a term of two years, or until their successors are duly appointed, except in the case of their earlier death, resignation, or removal from office.

Section 8. Resignation and Removal. Any committee member may resign by giving his or her written notice to the chairman of the committee and such resignation shall take effect at the time specified in such notice. Any committee member may be removed from his or her committee, with or without cause, by the chairman of the committee at any time, or by a majority vote of all Directors present at any regular meeting of the Board, or at a special meeting of the Board called for that purpose.

ARTICLE VIII – OFFICERS

Section 1. Principal Officers. The principal officers of the Corporation shall be a President, a Vice President, a Secretary, and a Treasurer (collectively, the “*Officers*,” and each, an “*Officer*”). All Officers of the Corporation shall be Directors who are entitled to vote on matters before the Board, and shall be nominated and elected by the Board.

Section 2. Election and Term of Office. The Officers of the Corporation shall be elected by a majority vote of Directors present at any regular or special meeting of the Board at which there is a quorum present; provided that the list of nominations for Officer positions shall be included with the notice of the meeting at which election is proposed (it is intended but not required that the election of officers shall be held at the annual regular meeting of the Board). An Officer shall be elected to serve a term of two

years and shall hold office until his or her successor shall have been elected, except in the case of death, resignation, or removal as provided for in these Bylaws.

Section 3. Removal of Officers. Any Officer may be removed, with or without cause, at any time at any meeting of the Board at which a quorum is present by a vote of two-thirds of the Directors then serving in office.

Section 4. Removal of Officers by Members. Any Officer may be removed, with or without cause, by the Members, but only if such removal is accomplished at the very next meeting of the Members (annual or special) subsequent to the appointment of the Officer. Removal of an Officer by the Members pursuant to this Section shall be by majority vote at the meeting of the Members described in the previous sentence where a quorum is present.

Section 5. Vacancies. Vacancies among Officers, however arising, shall be filled by a majority vote of Directors present at any regular or special meeting of the Board of Directors at which there is a quorum present. The list of nominations for Officer positions shall be included with the notice of the meeting at which election is proposed.

Section 6. President. The President shall preside at all meetings of the Board of Directors and generally do and perform all acts incident to the Office of President, and shall have such additional powers and duties as may from time to time be assigned to him or her by the Board of Directors. The President shall report on a regular basis to the ~~Vice President for Medical Affairs and Dean~~Chief Executive Officer of the ~~College of Medicine~~Health System of the Medical University of South Carolina on activities of the Corporation, who in return shall report to the President of The Medical University of South Carolina.

Section 7. Vice President. In the absence (or inability to act) of the President, the Vice President shall exercise the powers and perform the duties of President. The Vice President shall also generally assist the President and shall have such powers and perform such other duties as may from time to time be designated by the President or by the Board.

Section 8. Treasurer. The Treasurer shall act under the supervision of the Board and shall have charge and custody of, and be responsible for, all funds of the Corporation and shall keep or cause to be kept, and shall be responsible for the keeping of, accurate and adequate records of the assets, liabilities, and transactions of the Corporation. He or she shall deposit, or cause to be deposited, all monies and other valuable effects of the Corporation in the name of and to the credit of the Corporation in such banks, trust companies, or other depositories as may be designated from time to time by the Board of Directors. He or she shall disburse or cause to be disbursed, the funds of the Corporation based upon proper vouchers for such disbursement. In general, he or she shall perform all the duties incident to the office of Treasurer and such other duties as may from time to time be assigned to him or her by the President or by the Board of Directors.

Section 9. Secretary. The Secretary shall act as secretary of the Board and shall keep the minutes of all meetings of the Board and of the Members in one or more books provided for that purpose and shall see that minutes of meetings of the Board shall be distributed promptly to all Directors of the Board. He or she shall see that all notices are duly given in accordance with these Bylaws and as required by law. He or she shall have charge of the books, records and papers of the Corporation relating to its organization as a corporation and shall see that all reports, statements, and other documents required by law are properly kept or filed, except to the extent that the same are to be kept or filed by the

Treasurer and shall be required to authenticate the same. In general, he or she shall perform all the duties incident to the office of Secretary and such other duties as may from time to time be assigned to him or her by the President or by the Board.

Section 10. Bonding. Any Officer or employee of the Corporation shall, if required by the Board, give such security for the faithful performance of his or her duties as the Board may require.

Section 11. Chief Physician Executive-~~Officer~~.

(a) The Chief Physician Executive-~~Officer~~, who shall be a licensed physician, shall be responsible for the day to day operation of the affairs of the Corporation and shall in concert with the Board be responsible for the growth and development of the Corporation. The Chief Physician Executive ~~Officer~~ shall dually report to the President and the Board of the Corporation and to the Chief Executive Officer of the Health System of the Medical University of South Carolina. The duties of the Chief Physician Executive ~~Officer~~ may be enlarged by the Executive Committee to support the administrative and clinical responsibilities of the chairs of the clinical departments of the College of Medicine of The Medical University of South Carolina. Notwithstanding anything to the contrary contained herein, the Chief Physician Executive-~~Officer~~ shall be appointed and may be removed by the Board, provided that the Chief Executive Officer of the Health System of the Medical University of South Carolina approve the submission of appointment and removal; and there shall not be any time limit to the period during which an individual may serve as Chief Physician Executive-~~Officer~~.

(b) **Additional Staff.** Other staff and employees of the Corporation shall be recruited, hired, and terminated by the Chief Physician Executive-~~Officer~~ as warranted.

(c) **Salaries.** The salaries and benefits of the Chief Physician Executive ~~Officer~~ shall be set by the Board. The salaries and benefits of all other staff members and employees shall be fixed by the Chief Physician Executive ~~Officer~~. Such salaries and benefits shall be reasonable in amount and shall be reviewed periodically by the Board with appropriate data as to comparability and the Board shall document its conclusions as to reasonableness of the compensation.

ARTICLE IX – INDEMNIFICATION

Every person who is or shall be or shall have been a Director or Officer of the Corporation and his or her personal representatives shall be indemnified by the Corporation against all costs and expenses reasonably incurred by or imposed upon him or her in connection with or resulting from any action, suit, or proceeding to which he or she may be made a party by reason of his or her being or having been a Director or Officer of the Corporation or of any subsidiary or affiliate thereof, except (i) in connection with an action, suit or proceeding by or in the right of the Corporation in which the Director or Officer was adjudged liable to the Corporation, (ii) in any action, suit or proceeding charging improper personal benefit to the Director or Officer, whether or not involving an action in his official capacity, in which the Director or Officer was adjudged liable on the basis that personal benefit was improperly received by the Director or Officer, or (iii) in relation to any other such matters as to which he or she shall finally be adjudicated in such action, suit, or proceeding to have acted in bad faith and to have been liable by reason of willful misconduct in the performance of his or her duty as Director or Officer. Costs and

expenses of actions for which this Article provides indemnification shall include, among other things, attorney's fees, damages, and reasonable amounts paid in settlement.

ARTICLE X - CONFLICTS ~~IN~~OF INTEREST

Section 1. Purpose. The purpose of this conflicts of interest policy is to protect the Corporation's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an Officer or Director of the Corporation. This policy is intended to supplement but not replace Sections 33-31-831, 33-31-832 of the South Carolina Code or other applicable state laws governing conflicts of interest applicable to nonprofit and charitable corporations.

Section 2. Definitions.

(a) Interested Person. Any Director, Officer, or member of a committee with Board-delegated powers who has a direct or indirect Financial Interest, as defined below, is an “***Interested Person***.” If a person is an Interested Person with respect to any entity in The Medical University of South Carolina healthcare system of which the Corporation is a part, he or she is an Interested Person with respect to all entities in the healthcare system.

(b) Financial Interest. A person has a “***Financial Interest***” if the person has, directly or indirectly, through business, investment, or family:

(1) an ownership or investment in any entity with which the Corporation has a transaction or arrangement;

(2) a compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement; or

(3) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

A Financial Interest is not necessarily a conflict of interest. Under Article X, Section 3, Paragraph (b) a person who has a Financial Interest may have a conflict of interest only if the appropriate Board or committee decides that a conflict of interest exists.

Section 3. Procedures.

(a) Duty to Disclose. In connection with any actual or possible conflicts of interest, an Interested Person must disclose the existence of his or her Financial Interest and all material facts to the Directors and members of committees with Board-delegated powers considering the proposed transaction or arrangement.

(b) Determining Whether a Conflict of Interest Exists. After disclosure of the Financial Interest and all material facts, and after any discussion with the Interested Person, he or she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.

(c) Procedures for Addressing the Conflict of Interest.

(1) An Interested Person may make a presentation at the Board or committee meeting, but after such presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest.

(2) The chairperson of the Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

(3) After exercising due diligence, the Board or committee shall determine whether the Corporation can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.

(4) If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Corporation's best interest and for its own benefit and whether the transaction is fair and reasonable to the Corporation and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

(d) Violations of the Conflicts of Interest Policy.

(1) If the Board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

(2) If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the Board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Section 4. Records of Proceedings.

The minutes of the Board and all committees with Board delegated powers shall contain:

(a) the names of the persons who disclosed or otherwise were found to have a Financial Interest in connection with an actual or possible conflict of interest, the nature of the Financial Interest, any action taken to determine whether a conflict of interest was present, and the Board's or committee's decision as to whether a conflict of interest in fact existed; and

(b) the names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection therewith.

Section 5. Compensation Committees.

(a) Except as provided below, a voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Corporation for services is precluded from voting on matters pertaining to that member's compensation; and

(b) Compensation for physicians shall be established by the ~~Vice President for Medical Affairs and~~ Dean of the College of Medicine of The Medical University of South Carolina after consultation with the Chairmen of the clinical departments of the College of Medicine of The Medical University of South Carolina.

Section 6. Annual Statements.

Each Director, principal officer, and member of a committee with Board-delegated powers shall annually sign a statement which affirms that such person:

- (a) has received a copy of the Conflicts of Interest Policy;
- (b) has read and understands the policy;
- (c) has agreed to comply with the policy; and
- (d) understands that the Corporation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Section 7. Periodic Reviews.

To ensure that the Corporation operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- (a) Whether compensation arrangements and benefits are reasonable and are the result of arm's-length bargaining;
- (b) Whether acquisitions of physician practices and other provider services result in inurement or impermissible private benefit;
- (c) Whether partnership and joint venture arrangements and arrangements with management service organizations and physician hospital organizations conform to written policies, are properly recorded, reflect reasonable payments for goods and services, further the Corporation's charitable purposes, and do not result in inurement or impermissible private benefit; and
- (d) Whether agreements to provide healthcare and agreements with other healthcare providers, employees, and third-party payors further the Corporation's charitable purposes and do not result in inurement or impermissible private benefit.

Section 8. Use of Outside Experts.

In conducting the periodic reviews provided for in Article X, Section 7, the Corporation may, but need not, use outside advisors. If outside experts are used their use shall not relieve the Board of its responsibility for ensuring that periodic reviews are conducted.

ARTICLE XI - AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS

Section 1. Articles of Incorporation. Except as otherwise required by South Carolina law or the provisions hereinafter contained, the Articles of Incorporation or any part thereof may be amended, restated, modified, or deleted (“Change in Articles”) as long any such Change in Articles is approved by (i) a majority of the Board at a duly called meeting where a quorum is present and (ii) a majority of all voting Members at a duly called meeting where a quorum is present. Such vote shall be taken at a meeting held after notice stating the time, place, and purpose thereof, and after sending notice to each Member not less than ten (10) days before the meeting, or in the alternative, upon motion made at such meeting, such vote may be taken by written poll of the voting Members submitted to the voting Members within two days after the close of said meeting. Notice of proposed Change in Articles shall also be sent to the Chairman of the Board of Trustees of The Medical University of South Carolina at least ninety (90) days prior to the meeting. Such action may be initiated either by:

- (1) The Board; or
- (2) Written petition of fifteen (15%) percent or twenty-five (25) Members of the Corporation, whichever is greater.

Any Change in Articles made pursuant to this Section shall become effective only after approval by the Board of Trustees of The Medical University of South Carolina and upon complete compliance with the South Carolina Code of Laws, 1976, as amended.

Section 2. Bylaws. Except as otherwise required by South Carolina Law, these Bylaws may be amended, restated, modified, or deleted (“Change in Bylaws”) as long as any such Change in Bylaws is approved by (i) a majority of the Board at a duly called meeting where a quorum is present and (ii) a majority of all voting Members at a duly called meeting where a quorum is present. Any Change in Bylaws, made pursuant to this Section, shall become effective only after approval of the Board of Trustees of The Medical University of South Carolina and upon complete compliance with the South Carolina Code of Laws, 1976, as amended.

ARTICLE XII - DISSOLUTION

The Corporation may be dissolved upon the written vote of two-thirds of the voting Members of the Corporation. Upon dissolution all assets of the Corporation shall be transferred to The Medical University of South Carolina, if in existence. If The Medical University of South Carolina is not then in existence, such assets shall be transferred to such other nonprofit exempt organization as most similarly serves the same purpose as the Corporation, as determined by the Board. No assets of said Corporation shall inure to or benefit of any Member or individual of the Corporation.

ARTICLE XIII - MISCELLANEOUS

Section 1. Fiscal Year. The fiscal year of the Corporation shall be from July 1, through June 30.

Section 2. Contracts, Checks, Bank Accounts, Etc. The Board is authorized to select such banks or depositories, as it shall deem proper for the funds of the Corporation. The Board shall determine who, if anyone, in addition to the President and Treasurer, shall be authorized from time to time on the Corporation's behalf to sign checks, drafts, or other orders for the payment of money, acceptances, notes, or other evidences of indebtedness, to enter into contracts or to execute and deliver other documents and instruments.

Section 3. Corporate Seal. The seal of the Corporation shall be circular in form and shall bear the name of the Corporation, the name of the State, and the year of incorporation.

Section 4. Corporate Budgets. The Board shall determine a budget for corporate expenses.

Section 5. Capital Assets. The Corporation shall receive prior written approval from the Board of Trustees of The Medical University of South Carolina regarding its acquisition of any material medical assets, including but not limited to equipment and facilities. For purposes of the prior sentence, a medical asset shall be deemed material if its acquisition cost exceeds \$50,000.00. In no event shall any of these activities compete with the mission and activities of The Medical University of South Carolina, and/or the Medical University Hospital Authority.

Section 6. Audits, Books and Records.

(a) The Financial Statements of the Corporation shall be independently audited on an annual basis by a certified public accounting firm. A complete copy of said audit (to include the financial statements with the auditor's opinion, the management letter and management's discussion and analysis, etc.) shall be sent to each member of the Board of Trustees of The Medical University of South Carolina.

(b) All records, documents, etc., and access to members, staff, employees, associates, consultants, vendors, etc., of the Corporation shall be available for review/audit by The Medical University of South Carolina's Internal Auditor or his/her designee.

* * *

~~The undersigned Secretary of the Corporation hereby certifies that the foregoing Amended & Restated Bylaws have been adopted as the Amended & Restated Bylaws of the Corporation pursuant to the requirements of the South Carolina state law regarding nonprofit and charitable corporations.~~

Date: _____, 2011 _____

Document comparison by Workshare Compare on Monday, March 09, 2015
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Input:	
Document 1 ID	file:///Da/db2/UMA General Counsel/UMA Internal Administration/UMA Board of Directors/Bylaws/Charleston-864775-v1-Bylaws AR - 9-17-12 FINAL(Submission for October 2012 BOT Meeting).doc
Description	Charleston-864775-v1-Bylaws AR - 9-17-12 FINAL(Submission for October 2012 BOT Meeting)
Document 2 ID	file:///DA/DB2/UMA General Counsel/UMA Internal Administration/UMA Board of Directors/Bylaws/Revised Amended and Restated Bylaws 03.05.15.doc
Description	Revised Amended and Restated Bylaws 03.05.15
Rendering set	Standard

Legend:	
Insertion	
Deletion	
Moved from	
Moved to	
Style change	
Format change	
Moved deletion	
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Split/Merged cell	
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Statistics:	
	Count
Insertions	54
Deletions	48
Moved from	2
Moved to	2
Style change	0
Format changed	0

Total changes	106
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**MUSC Foundation for Research Development
Statements of Financial Position**

	<u>2/28/2015</u>	<u>2/28/2014</u>
Assets		
Cash and cash equivalents	\$529,905	\$674,336
Interest receivable	\$1,787	\$1,836
Accounts receivable - Licensees, net of allowance	\$139,613	\$181,973
Accounts receivable - Other - Long Term	\$0	\$81,208
Accounts receivable - MUSC	\$439,437	\$52,363
Prepaid expenses	\$6,317	\$21,811
Investments	\$345,789	\$315,053
Property and equipment, net	\$305	\$305
Total Assets	<u>\$1,463,152</u>	<u>\$1,328,884</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$85,448	\$33,240
Accounts payable - MUSC	\$0	\$354,107
Due to MUSCP (UMA) - accrued personnel expenses	\$186,235	\$113,529
Unearned revenue and deposits	\$116,083	\$44,203
Total Liabilities	<u>\$387,766</u>	<u>\$545,079</u>
Net Assets		
Total Net Assets	<u>\$1,075,386</u>	<u>\$783,805</u>
Total Liabilities and Net Assets	<u>\$1,463,152</u>	<u>\$1,328,884</u>

MUSC Foundation for Research Development

Income Statement

For the Eight Months Ended February 28, 2015

	<u>Actual 2/28/2015</u>	<u>YTD Budget</u>
Revenues		
Contracts, grants and awards	\$945,040	\$900,000
License fees and royalties	\$317,681	
Distributions to MUSC, inventors, departments and labs	<u>(\$215,946)</u>	
License fees and royalties, net of distributions	\$101,734	\$92,000
Investment income	\$7,923	\$8,000
Miscellaneous income	\$97,218	\$0
Other revenues - program services	\$20,650	\$0
Total Revenues	<u>\$1,172,566</u>	<u>\$1,000,000</u>
Expenses		
Personnel	\$539,708	\$621,300
Patent prosecution costs, net of recovery	\$137,103	\$273,333
Professional fees	\$26,960	\$26,667
Administrative expenses		
IT maintenance - software and hardware	\$10,041	\$10,000
Telephone	\$8,237	\$7,333
Travel - Non-employee	\$15,204	\$10,000
Travel - Employee	\$11,341	\$16,667
Professional development-conferences & continuing education	\$8,358	\$9,333
Office supplies, support and equipment	\$12,506	\$10,667
Real property rental	\$14,781	\$16,667
Lease payments	\$10,499	\$8,667
Insurance	\$9,173	\$10,000
Dues, memberships and subscriptions	\$2,947	\$2,667
Special activities	\$15,536	\$10,000
Depreciation expense	\$0	\$33
Bad debt expense	(\$38)	\$0
Total Administrative expenses	<u>\$118,584</u>	<u>\$112,033</u>
Other expenses - program services	\$21,391	\$0
Total Expenses	<u>\$843,747</u>	<u>\$1,033,333</u>
NET SURPLUS/(DEFICIT)	\$328,818	(\$33,333)
Surplus Funds from FY12 to be used in current year	<u>\$0</u>	<u>\$33,333</u>
NET SURPLUS/(DEFICIT)	<u>\$328,818</u>	<u>\$0</u>

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

MUSC Indefinite Delivery Releases

S&ME, Inc. \$210.00

Provide asbestos bulk sample analysis of 17 Ehrhardt Street at the request of the customer.

Rosenblum Coe Architects, Inc. \$68,280.00

Provide architectural services to develop a conceptual design master plan for the Fort Johnson Retreat and Conference Center at the request of Engineering and Facilities.

GWA, Inc. \$18,300.00

Provide electrical engineering services to demolish and replace medium-voltage cables affecting Hollings Cancer Center at the request of Engineering and Facilities.

ADC Engineering, Inc. \$3,500.00

Provide roofing and waterproofing consulting services related to the repair of windows in the original Hollings Cancer Center at the request of Engineering and Facilities.

ADC Engineering, Inc. \$5,000.00

Provide roofing and waterproofing consulting services related to making the Hollings Cancer Center Penthouse walkway more durable at the request of Engineering and Facilities.

MUSC 230s

S&ME, Inc. \$1,110.00

Provide asbestos bulk sampling and analysis of window replacements in support of the Thurmond Gazes Building Envelope and Exhaust Systems project.

S&ME, Inc. \$1,005.00

Provide lead-based paint testing and asbestos bulk sampling and analysis in support of the Sebring Aimar, Anderson and Pink Houses Exterior Repairs and Painting project.

GEL Engineering \$930.00

Provide asbestos air monitoring in the College of Health Professions in support of the Engineering and Facilities renovation of two offices project at the request of the customer.

S&ME, Inc.

\$634.00

Provide asbestos air sampling in the Basic Sciences Building and Colbert Library Crosswalk at the request of Engineering and Facilities.

ADC Engineering, Inc.

\$4,760.00

Provide structural engineering services related to installing two force plate scales in the CHP Research Building at the request of the customer.

IDC Contracts

S&ME, Inc.

Indefinite Delivery Contract to provide Industrial Hygiene Services on an as-needed basis over a two year period throughout the campus. Services not to exceed \$500,000 with individual releases not to exceed \$200,000.

GEL Engineering

Indefinite Delivery Contract to provide Industrial Hygiene Services on an as-needed basis over a two year period throughout the campus. Services not to exceed \$500,000 with individual releases not to exceed \$200,000.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
APRIL 10, 2015**

MUSC Indefinite Delivery Releases

Bonitz Contracting & Flooring Group \$2,767.64

Provide 64 square yards of carpet tile and 240 linear feet of cove base in Rooms CS405M, CS405N and CS405N1, 135 Cannon Street, at the request of the customer.

Bonitz Contracting & Flooring Group \$16,803.50

Provide 240 square yards of carpet tile, 180 square feet of VCT, 693 square feet vinyl tile, 300 linear feet of cove base, 873 square feet of underlayment in 56 Courtney Drive at the request of Engineering and Facilities.

Bonitz Contracting & Flooring Group \$12,883.31

Provide 312 square yards of carpet tile and 480 linear feet of cove base in Pediatrics Neonatology on the 6th floor of the Children's Hospital at the request of the customer.

Abate & Insulate, LLC \$1,640.00

Remove and dispose of asbestos-containing drywall in the College of Health Professions Research Building at the request of Engineering and Facilities.

Abate & Insulate, LLC \$864.00

Remove and dispose of asbestos-containing linoleum in the Colbert Library Administration Building connector bridge at the request of Engineering and Facilities.

Bonitz Contracting & Flooring Group \$1,056.60

Provide 120 square feet of sheet vinyl in the connector bridge from the Colbert Library to the Basic Science Building at the request of the customer.

Bonitz Contracting & Flooring Group \$8,204.59

Provide 210 square yards of carpet and 300 linear feet of cove base in Harborview Office Tower Rooms SC403, SC403B, and SC404B at the request of the customer.

Bonitz Contracting & Flooring Group \$612.65

Provide 90 square feet of vinyl and underlayment in Public Safety Dispatch at the request of the customer.

Bonitz Contracting & Flooring Group \$5,702.92

Provide 233 square feet of ceramic floors and walls in the restroom on the 2nd floor of Quad F at the request of the customer.

Bonitz Contracting & Flooring Group \$5,873.08

Provide 233 square feet of ceramic floors and walls in the restroom on the 4th floor of Quad F at the request of the customer.

Bonitz Contracting & Flooring Group \$1,389.12

Provide 180 square feet of vinyl tile and 120 linear feet cove base in Storm Eye Institute Room 228 at the request of the customer.

Bonitz Contracting & Flooring Group \$4,159.10

Provide 432 square feet of vinyl tile and 432 square feet of underlayment in Strom Thurmond 1st Floor Room BM210 at the request of the customer.

Bonitz Contracting & Flooring Group \$1,033.79

Provide 270 square feet of vinyl and 120 linear feet of cove base in Strom Thurmond Room BM309 at the request of the customer.

Bonitz Contracting & Flooring Group \$585.15

Provide 7 square yards of carpet and 120 linear feet of cove base in the Wellness Center Elevator #88 at the request of the customer.

MUSC General Construction Projects

Hipp, C.R., Construction Co., Inc. \$1,026,455.00

Replacement of Air Handler Units #3 & #4 in support of the 2013-14 Maintenance Needs - Hollings Cancer Center project.

Network Cabling Infrastructure \$62,978.27

Provide wiring and cabling in support of the Thurmond Gaze 2nd Floor renovation project.