



AGENDA

(REGULAR AND CONSENT)

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

APRIL 7, 2006

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

REGULAR AGENDA

Board of Trustees Meeting
December 11, 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.
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: February 12, 2016.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of October 9, 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. 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 9. Update on MUSC Physicians.

Statement: Dr. Don Rockey, President – MUSC Physicians, will provide an update.

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

Recommendation of Committee:

Board Action:

Item 10. Legislative Update.

Statement: Mr. Mark Sweatman, Director of Government Relations 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 11. Other Committee Business.

CONSENT ITEMS FOR APPROVAL:

Item 12. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.

Item 13. Revisions to Medical Staff Bylaws.

Item 14. Revisions to the Medical Staff Rules and Regulations.

CONSENT ITEMS FOR INFORMATION:

Item 15. Medical Executive Committee Minutes.

Item 16. Contracts and Agreements.

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

OLD BUSINESS:

NEW BUSINESS:

Item 17. Resolution Regarding Creation of the Charleston Sustainable Energy District, Inc.

Statement: Mr. Dennis Frazier, Administrator – Facilities and Capital Improvements, will present a resolution authorizing MUHA's involvement with the creation of the Charleston Sustainable Energy District, Inc., for approval.

Recommendation of Administration: That the resolution be approved.

Recommendation of Committee:

Board Action:

Item 18. Approval to Proceed with HUD Application for the Shawn Jenkins MUSC Children's Hospital.

Statement: Approval will be sought to proceed with the Shawn Jenkins MUSC Children's Hospital HUD Application.

Recommendation of Administration: That the request to proceed with the HUD Application for the Shawn Jenkins MUSC Children's Hospital be approved.

Recommendation of Committee:

Board Action:

Item 19. Other Committee Business.

CONSENT ITEMS FOR INFORMATION:

Item 20. Facilities Contracts Awarded.

CHILDREN'S HOSPITAL COMMITTEE. CHAIRMAN: DR. RAGIN C. MONTEITH

OLD BUSINESS:

NEW BUSINESS:

Item 21. 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 22. 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 23. 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 24. 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 25. Women's Services Clinical Overview.

Statement: Dr. Donna Johnson, Chair-OBGYN 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 26. Other Committee Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 27. KPMG Exit Conference.

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

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

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

Board Action: Received as information.

Item 28. Report of the Office of Internal Audit.

Statement: Ms. Susan Barnhart, Director of 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:

CONSENT ITEM FOR APPROVAL:

Item 29. Revisions to the MUSC/MUHA – Conflict of Interest Policy.

CONSENT ITEM FOR INFORMATION:

Item 30. Institutional Conflict of Interest FY2015 Annual Report.

Item 31. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 32. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 33. New Business for the Board of Trustees.

Item 34. Report from the Chairman.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

CONSENT AGENDA

December 11, 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
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Dr. James Lemon
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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 12. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges.

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

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

Recommendation of Committee:

Board Action:

Item 13. Revisions to Medical Staff Bylaws.

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

Recommendation of Administration: That the revisions to the Medical Staff Bylaws be approved.

Recommendation of Committee:

Board Action:

Item 14. Revisions to the Medical Staff Rules and Regulations.

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

Recommendation of Administration: That the revisions to the Medical Staff Rules and Regulations be approved.

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEMS)

Item 15. 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 16. Medical Center Contracts and Agreements.

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

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

Recommendation of Committee:

Board Action:

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

(INFORMATIONAL ITEM)

Item 20. Facilities Contracts Awarded.

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

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

Recommendation of Committee:

Board Action:

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

(APPROVAL ITEM)

Item 29. Revisions to the MUSC/MUHA – Conflict of Interest Policy

Statement: Administration presents for approval, revisions to the MUSC/MUHA Conflict of Interest Policy, effective December 11, 2015.

Recommendation of Administration: That these revisions to the MUSC/MUHA Conflict of Interest Policy be approved.

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEM)

Item 30. Institutional Conflict of Interest FY2015 Annual Report.

Statement: Administration presents for information the FY2015 Institutional Conflict of Interest Report.

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

Recommendation of Committee:

Board Action:

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REGULAR AGENDA

Board of Trustees Meeting
December 11, 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
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Dr. Ragin C. Monteith
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Dr. G. Murrell Smith, Sr.
Mr. Charles C. Schulze
Mr. Michael E. Stavrinakis
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Dr. Charles B. Thomas, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Cotesworth P. Fishburne, Jr.
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: February 16, 2016.

Item 3. **Approval of Minutes of the Regular Meeting of the Medical University of South Carolina Board of Trustees of October 9, 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 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 7. Revisions to Naming Guidelines Policy.

Statement: Mr. Jim Fisher, Vice President for Development, will present revisions to the Naming Guidelines Policy for approval.

Recommendation of Administration: That the revisions be approved.

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

Item 9. 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 10. Other Committee Business.

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

OLD BUSINESS:

NEW BUSINESS:

Item 11. General Report of the Provost.

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

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

Recommendation of Committee:

Board Action:

Item 12. General Report of the Interim Dean of the College of Medicine.

Statement: A general report will be given by Dr. Deborah Deas, Interim Dean, College of Medicine.

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

Recommendation of Committee:

Board Action

Item 13. Graduate Medical Education (GME) Update and Letter of Commitment

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

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

Recommendation of Committee:

Board Action:

Item 14. General Report of the CEO of MUSC Health.

Statement: Dr. Pat Cawley, CEO of MUSC Health will present a report.

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

Recommendation of Committee:

Board Action:

Item 15. Other Committee Business.

CONSENT AGENDA ITEMS FOR APPROVAL:

Item 16. New Program.

Item 17. Program Modification.

Item 18. Faculty Tenure.

Item 19. Faculty Appointments.

Item 20. Changes in Faculty Status.

Item 21. Endowed Chairs.

Item 22. Endowed Professorships.

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

OLD BUSINESS:

NEW BUSINESS:

Item 23. Diversity and Inclusion Update.

Statement: Dr. Willette Burnham, University Chief Diversity Officer, and Mr. Anton Gunn, Chief Diversity Officer – MUHA, will present a Diversity and Inclusion Update.

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

Recommendation of Committee:

Board Action:

Item 24. 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 25. Resolution Authorizing the Refinance of Existing Debt.

Statement: Mr. Patrick Wamsley will present for approval a resolution authorizing MUSC to refinance existing debt.

Recommendation of Administration: That the resolution be approved.

Recommendation of Committee:

Board Action:

Item 26. 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 27. Other Committee Business.

CONSENT AGENDA ITEM FOR INFORMATION:

Item 28. Financial Status Report of the MUSC Foundation for Research Development.

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

OLD BUSINESS:

NEW BUSINESS:

Item 29. 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 30. Update on Projects.

Statement: Updates will be presented on the following:

1. MUSC Facilities Master Plan
2. Greenway/Medical District Concept
3. The Bernhardt Energy Plan

Recommendation of Administration: That these reports be received as information.

Recommendation of Committee:

Board Action:

Item 31. Resolution Regarding Creation of the Charleston Sustainable Energy District, Inc..

Statement: Mr. Greg Weigle, Chief Facilities Officer – MUSC, will present a resolution authorizing MUSC's involvement with the creation of the Charleston sustainable Energy District, Inc., for approval.

Recommendation of Administration: That the resolution be approved.

Recommendation of Committee:

Board Action:

Item 32. Other Committee Business.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 33. Facilities Contracts Awarded.

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

OLD BUSINESS:

NEW BUSINESS:

Item 34. KPMG Exit Conference.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 35. Report of the Office of Internal Audit.

Statement: Ms. Susan Barnhart, Director of 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:

CONSENT ITEM FOR APPROVAL:

Item 36. Revisions to the MUSC/MUHA – Conflict of Interest Policy.

CONSENT ITEM FOR INFORMATION:

Item 37. Institutional Conflict of Interest FY2015 Annual Report.

Item 38. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 39. Approval of Consent Agenda.

Statement: Approval of the Consent Agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 40. New Business for the Board of Trustees.

Item 41. Report from the Chairman.

MEDICAL UNIVERSITY OF SOUTH CAROLINA

CONSENT AGENDA

Board of Trustees Meeting
December 11, 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
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Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Dr. G. Murrell Smith, Sr.
Mr. Charles C. Schulze
Mr. Michael E. Stavrinakis
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Dr. Charles B. Thomas, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison
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Dr. Thomas C. Rowland, Jr.
Mr. Allan E. Stalvey
Dr. James E. Wiseman, Jr.

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

(APPROVAL ITEMS)

Item 16. New Program.

Statement: At the request of the Dean of the College of Health Professions, administration presents for approval the Bachelor of Science in Healthcare Studies.

Recommendation of Administration: That the Bachelor of Science in Healthcare Studies be approved.

Recommendation of Committee:

Board Action:

Item 17. Program Modification.

Statement: At the request of the Dean of the College of Nursing, administration presents for approval the addition of Psychiatric-Mental Health Lifespan Track to the Doctorate of Nursing Practice Program.

Recommendation of Administration: That the Psychiatric-Mental Health Lifespan Track be added to the Doctorate of Nursing Practice Program.

Recommendation of Committee:

Board Action:

Item 18. Faculty Tenure.

Statement: At the request of the Deans of the colleges of Health Professions, Medicine, Nursing, and Pharmacy, administration presents for approval the following faculty tenure recommendations, effective January 1, 2016.

College of Health Professions

David C. Morrisette, Ph.D., Professor in the Department of Health Professions.

College of Medicine

Anthony J. Alberg, Ph.D., Professor, Department of Public Health Sciences.

Ernest R. Camp, M.D., Associate Professor, Department of Surgery.

Matthew J. Carpenter, Ph.D., Associate Professor, Department of Psychiatry and Behavioral Sciences.

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

Dieter Haemmerich, Ph.D., D.Sc., Associate Professor, Department of Pediatrics.

Kristi L. Helke, D.V.M., Ph.D., Associate Professor, Department of Comparative Medicine.

Jennifer S. Isaacs, Ph.D., Associate Professor, Department of Cell and Molecular Pharmacology.

Jeffrey A. Jones, Ph.D., Associate Professor, Department of Surgery.

Diane L. Kamen, M.D., M.S.C.R., Associate Professor, Department of Medicine.

Hainan Lang, M.D., Ph.D., Associate Professor, Department of Pathology and Laboratory Medicine.

Paul J. Nietert, Ph.D., Professor, Department of Public Health.

Cynthia A. Schandl, M.D., Ph.D., Associate Professor, Department of Pathology and Laboratory Medicine.

U. Joseph Schoepf, M.D., Professor, Department of Radiology and Radiological Science.

Tanya N. Turan, M.D., Associate Professor, Department of Neurology.

Michael J. Yost, Ph.D., Associate Professor, Department of Surgery.

College of Nursing

Kenneth J. Ruggiero, Ph.D., Professor in the Department of Nursing.

College of Pharmacy

Craig C. Beeson, Ph.D., Professor in the Department of Drug Discovery and Biomedical Sciences.

Sandra S. Garner, Pharm.D., Professor in the Department of Clinical Pharmacy and Outcomes Sciences.

Recommendation of Administration: That the tenure recommendations be approved.

Recommendation of Committee:

Board Action:

Item 19. Faculty Appointments.

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

College of Medicine

Shean J. Aujla, M.D., as Associate Professor (Clinician Educator Track) in the Department of Pediatrics, Division of Pediatric Pulmonology, effective December 30, 2015.

William B. Bunn, III., M.D., J.D., M.P.H., as Adjunct Professor in the Department of Neurology, effective August 1, 2015.

Gavin Naylor, Ph.D., (dual appointment) as Professor in the Department of Public Health Sciences, effective November 1, 2015.

Dr. Naylor's primary appointment rests in the Department of Biochemistry and Molecular Biology.

Hong Li, Ph.D., as Associate Professor on the Academic Clinician Track, in the Department of Public Health Sciences, effective January 1, 2016.

Stephen F. Dierdorf, M.D., as Clinical Professor in the Department of Anesthesia and Perioperative Medicine, effective November 16, 2015.

Zipporah Krishnasami, M.D., as Clinical Associate Professor, in the Department of Medicine, Division of Nephrology, effective October 19, 2015.

Prema Menezes, Ph.D., M.H.S., (joint appointment) as Professor in the Department of Public Health Sciences, effective November 1, 2015.

Dr. Menezes primary appointment rests in the Department of Health Professions, College of Health Professions.

Betty P. Tsao, Ph.D., as Professor on the Academic Investigator track, in the Department of Medicine, Division of Rheumatology and Immunology, effective November 16, 2015.

Dr. Tsao will also hold the Richard M. Silver, M.D. Endowed Chair for Inflammation Research.

Thomas G. Di Salvo, M.D., as Professor, on the Academic Clinician track, in the Department of Medicine, Division of Cardiology, effective November 1, 2015.

Dr. Di Salvo will also serve as the Director of the Division of Cardiology, in the Department of Medicine.

Renee D. Rienecke, Ph.D., (dual appointment) as Associate Professor, on the Clinician Educator track, in the Department of Pediatrics, Division of General Pediatrics with a dual appointment as Associate Professor in the Department of Psychiatry and Behavioral Sciences, effective December 14, 2015.

Dr. Rienecke primary appointment will rest in the Department of Medicine, Division of General Pediatrics.

College of Nursing

Sarah Schmitt, M.D., (joint appointment) as Associate Professor in the Department of Nursing, effective September 1, 2015.

Dr. Schmitt's primary appointment rests in the Department of Neurology, College of Medicine.

College of Dental Medicine

Ozlem Yilmaz, D.D.S., Ph.D. as Professor in the Department of Oral Health Sciences, effective January 1, 2016.

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 20. Changes in Faculty Status.

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

College of Medicine

Frank C. Clark, Sr., Ph.D., from Professor to Professor Emeritus in the Department of Public Health Sciences, effective September 1, 2015.

Recommendation of Administration: That this change in faculty status be approved.

Recommendation of Committee:

Board Action:

Item 21. Endowed Chairs.

Statement: At the request of the Deans of the College of Medicine and College of Health Professions, administration presents for approval the following endowed chair appointments:

Betty P. Tsao, M.D., as the Richard M. Silver, M.D. Endowed Chair for Inflammation Research, effective November 16, 2015.

Steven A. Kautz, Ph.D., as The Christi Family Endowed Chair in Stroke Rehabilitation Research, effective January 1, 2016.

Recommendation of Administration: That these endowed chairs be approved.

Recommendation of Committee:

Board Action:

Item 22. Endowed Professorships.

Statement: At the request of the Dean of the College of Medicine, administration presents the follow requests for reappointments of endowed professorships, effective December 10, 2015:

Reappointment of **Marc I. Chimowitz, MBChB**, Countess Alicia Paolozzi SmartState Endowed Chair for Stroke

Reappointment of **Terry Day, M.D.**, Wendy & Keith Wellin Endowed Chair in Head and Neck Surgery

Reappointment of **Leonard E. Egede, M.D.**, Allen Johnson Endowed Chair in General Internal Medicine and Geriatrics

Reappointment of **Samir M. Fakhry, M.D.**, Charles F. Crews Endowed Chair in General Surgery

Reappointment of **Zihai Li, M.D., Ph.D.**, SmartState Endowed Chair in Cancer Stem Cell Biology

Reappointment of **Anand K. Sharma, M.B.B.S.**, Wendy & Keith Wellin Distinguished Endowed Chair in Radiation Oncology

Reappointment of **David E. Soper, M.D.**, J. Marion Sims Endowed Chair in Obstetrics and Gynecology

Reappointment of **Ken Tew, Ph.D., D.Sc.**, John C. West Endowed Chair in Cancer Research

Recommendation of Administration: That these reappointments of endowed professors be approved.

Recommendation of Committee:

Board Action:

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

(INFORMATION ITEM)

Item 28. 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 33. Facilities Contracts Awarded.

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

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

AUDIT COMMITTEE
CHAIRMAN: THOMAS L. STEPHENSON, ESQ.

(APPROVAL ITEM)

Item 36. Revisions to the MUSC/MUHA – Conflict of Interest Policy

Statement: Administration presents for approval, revisions to the MUSC/MUHA Conflict of Interest Policy, effective December 11, 2015.

Recommendation of Administration: That these revisions to the MUSC/MUHA Conflict of Interest Policy be approved.

Recommendation of Committee:

Board Action:

(INFORMATIONAL ITEM)

Item 37. Institutional Conflict of Interest FY2015 Annual Report.

Statement: Administration presents for information the FY2015 Institutional Conflict of Interest Report.

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

Recommendation of Committee:

Board Action:

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Interim Financial Statements
October 31, 2015

Statements of Net Position	1
Statements of Revenues, Expenses and Changes in Net Position	2
SRECNA - Comparative Variance Analysis	3
Schedules of Functional Expenses	4
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MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statements of Net Position
October 31, 2015 and June 30, 2015

Assets and Deferred Outflows	At 10/31/2015	FYE 06/30/2015 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 107,200,162	\$ 117,725,317
Cash Restricted for Capital Improvements and Other Programs	10,416,963	16,568,662
Investments Restricted for Capital Improvements and Other Programs	15,015,275	9,993,605
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of \$86,400,000 and \$86,800,000	195,316,996	183,023,069
Due from Third-Party Payors	9,514,473	7,860,846
Other Current Assets	<u>65,812,141</u>	<u>50,056,012</u>
Total Current Assets	403,276,010	385,227,511
Investments Held by Trustees Under Indenture Agreements	48,788,259	47,284,017
Capital Assets, Net	<u>506,029,853</u>	<u>509,198,425</u>
Total Assets	958,094,122	941,709,953
Deferred Outflows	<u>86,637,161</u>	<u>88,010,521</u>
Total Assets and Deferred Outflows	<u>\$ 1,044,731,283</u>	<u>\$ 1,029,720,474</u>
 Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 16,221,150	\$ 16,057,037
Current Installments of Capital Lease Obligations	996,006	462,551
Current Installments of Notes Payable	1,279,005	1,267,908
Due to Related Parties	7,238,005	6,345,551
Accounts Payable	49,205,839	56,462,414
Accrued Payroll, Withholdings and Benefits	59,977,050	60,811,965
Due to third-party payors	-	2,801,341
Other Accrued Expenses	3,620,021	5,471,151
Unearned Revenue	<u>6,409,532</u>	<u>-</u>
Total Current Liabilities	144,946,608	149,679,918
Long-Term Debt	351,276,715	356,738,842
Capital Lease Obligations	1,971,441	2,099,748
Notes Payable	9,455,016	9,779,021
Pension Liabilities	<u>572,159,731</u>	<u>570,493,064</u>
Total Liabilities	1,079,809,511	1,088,790,593
Deferred Inflows	<u>48,227,260</u>	<u>48,227,260</u>
Total Liabilities and Deferred Inflows	<u>\$ 1,128,036,771</u>	<u>\$ 1,137,017,853</u>
Net Position:		
Invested in Capital Assets, Net of Related Debt	159,997,238	158,526,772
Restricted		
Under Indenture Agreements	48,788,259	47,284,017
Expendable for		
Telemedicine Program	30,765,572	27,062,267
UnRestricted (deficit)	<u>(322,856,557)</u>	<u>(340,170,435)</u>
Total Net Position	<u>(83,305,488)</u>	<u>(107,297,379)</u>
Total Liabilities, Deferred Inflows and Net Position	<u>\$ 1,044,731,283</u>	<u>\$ 1,029,720,474</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statements of Revenues, Expenses and Changes in Net Position
For the 4 Month Periods Ending October 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Operating Revenues:		
Net Patient Service Revenues	\$ 430,895,219	\$ 406,979,294
Other Revenues	<u>8,824,567</u>	<u>8,083,824</u>
Total Operating Revenues	<u>439,719,786</u>	<u>415,063,118</u>
Operating Expenses:		
Compensation and Employee Benefits	179,348,635	172,390,628
Pension Benefits	1,666,667	-
Services and Supplies	215,796,272	204,622,983
Depreciation and Amortization	<u>20,223,737</u>	<u>20,200,632</u>
Total Operating Expenses	<u>417,035,311</u>	<u>397,214,243</u>
Operating Income (Loss)	22,684,475	17,848,875
NonOperating Revenues (Expenses):		
State Appropriation	5,333,333	5,666,667
Investment Income	1,266,182	1,324,495
Interest Expenses	(5,092,443)	(5,226,803)
Loss on Disposal of Capital Assets	<u>(199,655)</u>	<u>(3,586,621)</u>
Total NonOperating Revenues (Expenses)	<u>1,307,417</u>	<u>(1,822,262)</u>
Change in Net Position	<u><u>\$ 23,991,892</u></u>	<u><u>\$ 16,026,613</u></u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
SRECNA - Comparative Variance Analysis
For the 4 Month Periods Ending October 31, 2015 and 2014

	Current Month			Comparative Period		Fiscal Year To Date			Comparative Period	
	Actual	Budget	Variance	Oct 2014	Variance	Actual	Budget	Variance	Jul-Oct FY2015	Variance
Operating Revenues:										
Net Patient Service Revenues	\$ 104,944,224	\$ 105,543,385	-0.57%	\$ 111,294,560	-5.71%	\$ 430,895,219	\$ 422,173,537	2.07%	\$ 406,979,294	5.88%
Other Revenues	<u>2,447,460</u>	<u>2,296,940</u>	6.55%	<u>2,302,623</u>	6.29%	<u>8,824,567</u>	<u>9,187,760</u>	-3.95%	<u>8,083,824</u>	9.16%
Total Operating Revenues	107,391,684	107,840,325	-0.42%	113,597,183	-5.46%	439,719,786	431,361,297	1.94%	415,063,118	5.94%
Operating Expenses:										
Compensation and Employee Benefits	45,505,516	44,093,807	-3.20%	42,402,451	-7.32%	179,348,635	176,375,229	-1.69%	172,390,628	-4.04%
Pension Benefits	416,667	-	-	-	-	1,666,667	-	-	-	-
Services and Supplies	53,574,659	54,539,577	1.77%	56,213,491	4.69%	215,796,272	218,158,307	1.08%	204,622,983	-5.46%
Depreciation and Amortization	<u>4,900,582</u>	<u>5,307,866</u>	7.67%	<u>4,289,507</u>	-14.25%	<u>20,223,737</u>	<u>21,231,466</u>	4.75%	<u>20,200,632</u>	-0.11%
Total Operating Expenses	104,397,424	103,941,250	-0.44%	102,905,449	-1.45%	417,035,311	415,765,002	-0.31%	397,214,243	-4.99%
Operating Income (Loss)	2,994,260	3,899,075	-23.21%	10,691,734	-71.99%	22,684,475	15,596,295	45.45%	17,848,875	27.09%
Operating Margin	2.79%	3.62%		9.41%		5.16%	3.62%		4.30%	
NonOperating Revenues (Expenses):										
State Appropriation	1,333,333	1,416,667	-5.88%	4,666,667	-71.43%	5,333,333	5,666,666	-5.88%	5,666,667	-5.88%
Investment Income	309,088	366,525	-15.67%	833,965	-62.94%	1,266,182	1,466,101	-13.64%	1,324,495	-4.40%
Interest Expenses	(1,208,768)	(1,323,548)	8.67%	(1,342,587)	9.97%	(5,092,443)	(5,294,192)	3.81%	(5,226,803)	2.57%
Loss on Disposal of Capital Assets	(199,655)	(188,933)	-5.68%	(353,276)	43.48%	(199,655)	(755,729)	73.58%	(3,586,621)	94.43%
Total NonOperating Revenues (Expenses)	<u>233,998</u>	<u>270,711</u>	-13.56%	<u>3,804,769</u>	-93.85%	<u>1,307,417</u>	<u>1,082,846</u>	20.74%	<u>(1,822,262)</u>	171.75%
Change in Net Position	<u>\$ 3,228,258</u>	<u>\$ 4,169,786</u>	-22.58%	<u>\$ 14,496,503</u>	-77.73%	<u>\$ 23,991,892</u>	<u>\$ 16,679,141</u>	43.84%	<u>\$ 16,026,613</u>	49.70%

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedules of Functional Expenses
For the 4 Month Periods Ending October 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Nursing Services:		
Administration and Education	17,357,232	16,034,682
Medical and Surgical	23,310,623	21,680,140
Pediatrics	6,337,165	5,871,969
Emergency and Trauma Units	6,497,280	6,797,217
Intensive Care Units	20,391,289	19,585,824
Coronary Care Units	1,266,927	1,344,631
Psychiatric	8,147,016	7,821,506
Operating Rooms	12,949,634	13,421,074
Recovery Rooms	2,048,533	1,658,293
Delivery and Labor Rooms	1,664,423	1,649,530
Obstetrics	2,185,521	2,362,417
Total Nursing Services	<u>\$ 102,155,643</u>	<u>\$ 98,227,283</u>
Other Professional Services:		
Laboratories and Laboratory Support	\$ 17,123,976	\$ 16,479,843
Electrocardiology	2,486,988	2,321,832
Radiology	11,362,812	9,128,628
Pharmacy	53,879,311	49,850,161
Heart Catheterization	3,859,090	3,638,552
Central Services and Supply	33,824,771	31,412,545
Anesthesiology	8,318,142	7,523,945
Nuclear Medicine	441,820	397,350
Respiratory Therapy	5,129,751	4,369,726
Physical Medicine	3,759,826	3,056,524
Dialysis	637,027	660,027
Pathology	1,086,300	1,159,941
Transplant	8,524,563	7,969,969
Other Miscellaneous Services	7,061,860	6,265,003
Medical Records and Quality Assurance	2,902,663	2,732,683
Resident Support	18,370,167	16,924,648
Total Other Professional Services	<u>\$ 178,769,067</u>	<u>\$ 163,891,377</u>
General Services:		
Dietary	\$ 4,514,094	\$ 4,005,871
Plant Ops, Maintenance, Security	23,724,681	21,299,260
Housekeeping	6,295,080	6,091,210
Total General Services	<u>\$ 34,533,855</u>	<u>\$ 31,396,341</u>
Fiscal and Administrative Services:		
Admitting	\$ 2,302,209	\$ 2,158,363
Administration	25,831,861	22,319,496
Shared Services	3,887,424	3,578,368
MUSC Support	5,772,487	4,799,519
Accounting	4,389,369	2,869,905
Hospital Patient Accounting	3,087,361	4,705,513
Marketing	3,034,487	3,173,941
Human Resources	1,812,721	962,456
Communications	713,332	556,851
Computer Services	14,085,845	22,134,465
Total Fiscal and Administrative Services	<u>\$ 64,917,096</u>	<u>\$ 67,258,877</u>
Ambulatory Care:		
Ambulatory Care	<u>\$ 16,435,913</u>	<u>\$ 16,239,733</u>
Total Ambulatory Care	<u>\$ 16,435,913</u>	<u>\$ 16,239,733</u>
Other:		
Depreciation	\$ 20,223,737	\$ 20,200,632
Interest	5,092,443	5,226,803
Loss on Disposal of Capital Assets	199,655	3,586,621
Total Other	<u>\$ 25,515,835</u>	<u>\$ 29,014,056</u>
Total Expenses	<u>\$ 422,327,409</u>	<u>\$ 406,027,667</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 4 Month Period Ending October 31, 2015

	<u>Approved Budget</u>	<u>Year To Date Budget</u>	<u>Actual</u>	<u>Variance Favorable/ Unfavorable</u>	
Operating Revenue:					
Patient Service Revenue:					
Inpatient	\$ 2,078,182,213	\$ 692,727,405	\$ 702,732,568	\$ 10,005,163	F
Outpatient	<u>1,524,489,774</u>	<u>508,163,258</u>	<u>508,699,166</u>	<u>535,908</u>	F
Gross Patient Service Revenue	<u>3,602,671,987</u>	<u>1,200,890,663</u>	<u>1,211,431,734</u>	<u>10,541,071</u>	F
Less: Charity Care	<u>(65,612,132)</u>	<u>(21,870,710)</u>	<u>(44,433,668)</u>	<u>22,562,958</u>	U
Patient Service Revenue net of Charity Care	<u>3,537,059,855</u>	<u>1,179,019,953</u>	<u>1,166,998,066</u>	<u>12,021,887</u>	U
Additions (Deductions) To/From Patient Service Revenue:					
Contractual and Other Adjustments	(2,307,893,895)	(769,297,965)	(748,554,396)	20,743,569	F
Payment from DHHS	18,628,621	6,209,541	6,209,541	-	F
Disproportionate Share	<u>18,726,019</u>	<u>6,242,008</u>	<u>6,242,008</u>	<u>-</u>	F
Net Additions (Deductions) To/From Patient Service Revenue	<u>(2,270,539,255)</u>	<u>(756,846,416)</u>	<u>(736,102,847)</u>	<u>20,743,569</u>	F
Net Patient Service Revenue	<u>1,266,520,600</u>	<u>422,173,537</u>	<u>430,895,219</u>	<u>8,721,682</u>	F
Other Operating Revenue:					
Other and IIT Transfers	<u>27,563,282</u>	<u>9,187,760</u>	<u>8,824,567</u>	<u>363,193</u>	U
Total Other Operating Revenue	<u>27,563,282</u>	<u>9,187,760</u>	<u>8,824,567</u>	<u>363,193</u>	U
Total Operating Revenue	<u>\$ 1,294,083,882</u>	<u>\$ 431,361,297</u>	<u>\$ 439,719,786</u>	<u>\$ 8,358,489</u>	F
Operating Expenses:					
Nursing Services	\$ 315,522,696	\$ 105,174,232	\$ 102,155,643	\$ 3,018,589	F
Other Professional Services	516,890,099	172,296,700	178,769,067	6,472,367	U
General Services	97,519,498	32,506,500	34,533,855	2,027,355	U
Fiscal and Administrative Services	204,429,807	68,143,268	64,917,096	3,226,172	F
Ambulatory Care	49,238,508	16,412,836	16,435,913	23,077	U
Other Expenses	<u>63,694,400</u>	<u>21,231,466</u>	<u>20,223,737</u>	<u>1,007,729</u>	F
Total Operating Expenses	<u>1,247,295,008</u>	<u>415,765,002</u>	<u>417,035,311</u>	<u>1,270,309</u>	U
Income (Loss) from Operations	<u>46,788,874</u>	<u>15,596,295</u>	<u>22,684,475</u>	<u>7,088,180</u>	F
NonOperating Revenue (Expense):					
State Appropriation	17,000,000	5,666,666	5,333,333	333,333	U
Interest and Investments	(11,484,263)	(3,828,091)	(3,826,261)	1,830	F
Loss on Disposal of Capital Assets	<u>(2,267,186)</u>	<u>(755,729)</u>	<u>(199,655)</u>	<u>556,074</u>	F
Total NonOperating Revenue (Expense)	<u>3,248,551</u>	<u>1,082,846</u>	<u>1,307,417</u>	<u>891,237</u>	F
Change in Net Position	<u>\$ 50,037,425</u>	<u>\$ 16,679,141</u>	<u>\$ 23,991,892</u>	<u>\$ 7,312,751</u>	F

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

(A Component Unit of MUSC)

Schedule of Functional Expenses - Actual versus Budget
For the 4 Month Period Ending October 31, 2015

	Approved Budget	Budget	Year To Date Actual	Variance Favorable/ Unfavorable
Nursing Services:				
Administration and Education	\$ 57,652,872	\$ 19,217,624	\$ 17,357,232	\$ 1,860,392 F
Medical and Surgical	70,103,543	23,367,849	23,310,623	57,226 F
Pediatrics	19,036,947	6,345,649	6,337,165	8,484 F
Emergency and Trauma Units	21,901,877	7,300,626	6,497,280	803,346 F
Intensive Care Units	58,612,364	19,537,454	20,391,289	853,835 U
Coronary Care Units	4,051,220	1,350,406	1,266,927	83,479 F
Psychiatric	23,566,111	7,855,370	8,147,016	291,646 U
Operating Rooms	43,534,736	14,511,579	12,949,634	1,561,945 F
Recovery Rooms	5,053,064	1,684,355	2,048,533	364,178 U
Delivery and Labor Rooms	5,374,133	1,791,377	1,664,423	126,954 F
Obstetrics	6,635,829	2,211,943	2,185,521	26,422 F
Total Nursing Services	<u>\$ 315,522,696</u>	<u>\$ 105,174,232</u>	<u>\$ 102,155,643</u>	<u>\$ 3,018,589 F</u>
Other Professional Services:				
Laboratories and Laboratory Support	\$ 51,651,748	\$ 17,217,250	\$ 17,123,976	\$ 93,274 F
Electrocardiology	7,485,246	2,495,082	2,486,988	8,094 F
Radiology	31,466,860	10,488,954	11,362,812	873,858 U
Pharmacy	150,054,945	50,018,314	53,879,311	3,860,997 U
Heart Catheterization	12,191,150	4,063,718	3,859,090	204,628 F
Central Services and Supply	96,930,981	32,310,326	33,824,771	1,514,445 U
Anesthesiology	26,441,762	8,813,920	8,318,142	495,778 F
Nuclear Medicine	1,688,681	562,894	441,820	121,074 F
Respiratory Therapy	16,219,271	5,406,424	5,129,751	276,673 F
Physical Medicine	12,438,654	4,146,218	3,759,826	386,392 F
Dialysis	2,199,606	733,202	637,027	96,175 F
Pathology	3,547,541	1,182,514	1,086,300	96,214 F
Transplant	27,828,620	9,276,206	8,524,563	751,643 F
Other Miscellaneous Services	20,859,105	6,953,034	7,061,860	108,826 U
Medical Records and Quality Assurance	8,695,175	2,898,392	2,902,663	4,271 U
Resident Support	47,190,754	15,730,252	18,370,167	2,639,915 U
Total Other Professional Services	<u>\$ 516,890,099</u>	<u>\$ 172,296,700</u>	<u>\$ 178,769,067</u>	<u>\$ 6,472,367 U</u>
General services:				
Dietary	\$ 14,027,754	\$ 4,675,918	\$ 4,514,094	\$ 161,824 F
Plant Ops, Maintenance, Security	64,733,532	\$ 21,577,844	23,724,681	2,146,837 U
Housekeeping	18,758,212	6,252,738	6,295,080	42,342 U
Total General Services	<u>\$ 97,519,498</u>	<u>\$ 32,506,500</u>	<u>\$ 34,533,855</u>	<u>\$ 2,027,355 U</u>
Fiscal and Administrative Services:				
Admitting	\$ 6,874,923	\$ 2,291,642	\$ 2,302,209	\$ 10,567 U
Administration	75,820,575	25,273,525	25,831,861	558,336 U
Shared Services	10,906,394	3,635,465	3,887,424	251,959 U
MUSC Support	12,749,156	4,249,716	5,772,487	1,522,771 U
Accounting	9,701,107	3,233,700	4,389,369	1,155,669 U
Hospital Patient Accounting	11,403,142	3,801,048	3,087,361	713,687 F
Marketing	9,346,466	3,115,488	3,034,487	81,001 F
Human Resources	4,701,526	1,567,176	1,812,721	245,545 U
Communications	2,554,607	851,536	713,332	138,204 F
Computer Services	60,371,911	20,123,972	14,085,845	6,038,127 F
Total Fiscal and Administrative Services	<u>\$ 204,429,807</u>	<u>\$ 68,143,268</u>	<u>\$ 64,917,096</u>	<u>\$ 3,226,172 F</u>
Ambulatory Care:				
Ambulatory Care	\$ 49,238,508	\$ 16,412,836	\$ 16,435,913	\$ 23,077 U
Total Ambulatory Care	<u>\$ 49,238,508</u>	<u>\$ 16,412,836</u>	<u>\$ 16,435,913</u>	<u>\$ 23,077 U</u>
Other:				
Depreciation	\$ 63,694,400	\$ 21,231,466	\$ 20,223,737	\$ 1,007,729 F
Interest	15,882,568	5,294,192	5,092,443	201,749 F
Loss on Disposal of Capital Assets	2,267,186	755,729	199,655	556,074 F
Total Other	<u>\$ 81,844,154</u>	<u>\$ 27,281,387</u>	<u>\$ 25,515,835</u>	<u>\$ 1,765,552 F</u>
Total Expenses	<u>\$ 1,265,444,762</u>	<u>\$ 421,814,923</u>	<u>\$ 422,327,409</u>	<u>\$ 512,486 U</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Balance Sheet: As of 10/31/15 and 6/30/15

Assets:

Cash and cash equivalents, including cash restricted for construction and telemedicine projects, decreased \$11.7 million to \$132.6 million from June 30th, 2015. Unrestricted cash decreased from \$117.7 million to \$107.2 million for this same period. Through 10/31/15 \$2.75 million of restricted funds has been spent for the Tele-health program and the final \$25,000 remaining appropriation funds for ART 7 was spent. \$7 million of operating cash has been spent for Phase II architect and environmental consulting fees and \$6.8 million of operating cash has been spent for ART 7. Cash collections from Hospital Patient Accounting for FY 16 are up about \$22.4 million from the same period in FY 15, due to the \$6.2 million recovery audit settlement (RAC), and increased volume.

Net patient accounts receivable is up \$12.3 million due to a slight slow-down in cash collections and the 5% rate increase implemented July 1st. The collection percent has decreased from 36.6 to 35.6 during this same period, mainly due to 5% rate increase mentioned previously. The budgeted collection percent for FY 16 is 35.2%. Year to date case mix index (an indication of patient acuity) at 1.93 is up from last year's 1.89. October's case mix increased to 1.943 from September's CMI of 1.87. Case mix index for the month of October, 2014 was 1.88.

Other Current Assets increased by \$15.8 million from 6/30/15. The accrual for Medicaid graduate medical education receivable increased \$3.7 million, and the accrual for Telemedicine State Appropriation is up to \$5.3 million. The remaining increase relates to prepaid maintenance contracts and payroll related insurance.

Liabilities:

As of October, 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 (including current portion, capital lease obligations, and net of deferred issuance costs) decreased \$5.2 million. Prior to the December, 2012 refinancing, principal was paid semi-annually, under the new debt structure, principal is paid monthly. In June, 2013 MUHA accessed the State's loan program to borrow \$13.8 million for the Sabin Street central energy plant project. This is shown in the long term debt section as Notes Payable.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Other Accrued Expenses decreased by \$1.8 million due to the payment to AnMed of Telemedicine pass through State appropriation and an adjustment to Epic license fee payable.

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

Operating Revenues:

Net patient revenue is up 5.9% from the same period last year. Inpatient census is up 2.5% compared to last fiscal year, driven mainly by increased length of stay. E R visits are down 1.1%. Inpatient surgical cases are up 2.1%, while ambulatory cases are up less than 1 percent. 107 transplant cases have been performed for the first four months compared to 100 for the same period last year. The severe flooding had an impact on E D and ambulatory volumes for October. On a volume adjusted basis (adjusted discharges) net patient revenue is up 9% at \$19,995 per case.

Operating Expenses:

When compared to last fiscal year, salaries and benefits increased \$7 million (4%). Paid FTE's are up 77 from FY 15 with the increases in both direct patient care and overhead areas. The average hourly rate is up 2.3% from the same period last fiscal year. Total hospital fte's are up 89 from FY 15 but are 252 below budget. Paid fte's per adjusted occupied bed of 6.15 compare favorably to the UHC median of 6.59. Compensation costs (including benefits) are 40.8% of net operating revenue. FY 15 costs were 41.5% of net operating revenue.

Services and supplies are up 5.5% compared to last year. The increase in equipment operating leases and maintenance contracts, pharmaceuticals related to the new 340b program, organ acquisition costs due to increased volume, and Epic system conversion costs are responsible for the increase. Total Epic related expense (salaries and other) for FY 16 are \$1.16 million. These costs are offset by the elimination of \$1 million in McKesson CPOE costs for 3 months.

Depreciation and Amortization is flat compared to the prior year as more capital equipment is acquired using operating leases.

Non-Operating Expense

Interest expense is down 2.6% compared to prior year, due to lower interest related to HUD refinancing. Interest expense is 3.8% favorable to budget. In October \$200,000 in equipment value was written off as abandoned/no longer in use.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Budget Comparison:

As of October, 2015 MUHA's net income is \$7.3 million ahead of budget due mainly to receipt of the recovery audit (RAC) settlement of \$6.2 million. The operating margin is 5.16% compared to 3.62% budget. For the month of October, net income (change in net position) is \$941,000 below budget driven by unfavorable operating expenses (salaries) and net patient revenue (actual patient volume below budgeted volume).

Net patient service revenues are up 2.1% compared to budget, including the RAC settlement mentioned above.

Investment income is \$200k below budget driven by the current interest rate environment. The underlying investments are part of the HUD special reserve and mortgage reserve accounts.

Unusual and non-recurring items impacting current month earnings:

The State appropriation for telemedicine has been recorded as non-operating revenue and restricted cash. Accrual for the appropriation is \$333k below budget.

**RESOLUTION OF THE BOARD OF TRUSTEES
OF THE
MEDICAL UNIVERSITY HOSPITAL AUTHORITY**

The Board of Trustees of the Medical University Hospital Authority (the “**Board**”), a political subdivision of the State of South Carolina (“MUHA”), does hereby adopt, approve and authorize the recitals and resolutions set forth below.

WHEREAS, along with other public and private parties, MUHA is involved in the creation of the Charleston Sustainable Energy District, Inc. (the “**District**”);

WHEREAS, the geographical boundaries of the District include defined parameters on the Charleston Peninsula in Charleston, South Carolina, which specifically includes the land, facilities and other property on the campus of MUHA;

WHEREAS, the District shall serve as a non-profit social welfare organization to fulfill the benefits of sustainability; the optimization of shared infrastructure; energy efficiency and cost savings; resiliency; redundancy; and economic development for public and private entities within the geographical boundaries of the District;

WHEREAS, the District will provide specific benefits to MUHA in the form of energy an operational cost savings; reduced capital infrastructure costs; sustainability; resiliency; and the ability to better serve the administrators, faculty, students and patients of MUHA, while allowing MUHA the ability to more aptly accomplish its mission;

WHEREAS, MUHA wishes to join the District, to establish the specific and mutual benefits set forth herein; and

WHEREAS, MUHA, together with MUSC, wishes to appoint one or more members to serve on the Board of Directors of the District (the “**District Board**”);

NOW THEREFORE BE IT RESOLVED, that MUHA does hereby affirmatively consent to join the District;

BE IT FURTHER RESOLVED, MUHA, together with MUSC, does hereby affirmatively appoint one or more persons to serve on the District Board, as to be determined by the President of MUSC;

BE IT FURTHER RESOLVED, any and all actions heretofore taken on behalf of MUSC with regard to formation and joining the District, MUHA does hereby ratify and approve; and

BE IT FURTHER RESOLVED, the President of MUSC is hereby authorized, directed and empowered to take any and all further actions he deems necessary or advisable to

accomplish the foregoing, including executing any and all documents on behalf of MUHA with regard to the District.

THIS RESOLUTION adopted this 11th day of December, 2015.

Mark Sweatman, Secretary

Medical Executive Committee - October 21, 2015

The Credentials Committee reviewed the following applicants on October 14, 2015

and recommends approval by the Medical Executive Committee

Medical Staff Initial Appointment and Privileges

Andrea M Abbott, M.D., M.S.	Active Provisional	Surgery
Kathryn King Cristaldi, M.D., M.H.S.	Active Provisional	Pediatrics
Richard David Gentzler, II, M.D.	Active Provisional	Medicine
Jessica Lea Klein, M.D.	Active Provisional	Pediatrics
Zipporah Krishnasami, M.D.	Active Provisional	Medicine
William Joseph Livesay, Jr., D.O.	Provisional Affiliate	Neurosurgery
Manal Emad Moustafa, M.D.	Active Provisional	Pediatrics
Deborah Alice Romeo, M.D.	Active Provisional	Anesthesiology
David Joseph Steflik, M.D.	Active Provisional	Pediatrics

Medical Staff Reappointment and Clinical Privileges

Nicole Tien Chao, M.D.	Active Provisional	Pediatrics
Douglas Vinton Clarke, Jr., M.D.	Active Provisional	Medicine
Melissa Anne Cunningham, M.D.	Active	Medicine
Nancy DeMore, M.D.	Active Provisional	Surgery
Richard Joel Friedman, M.D.	Active	Orthopaedics
McLeod Frampton Gwynette, Jr., M.D.	Active	Psychiatry
Latha Hebbar, M.B.B.S, M.D.	Active	Anesthesiology
Fernando A. Herrera, Jr., M.D.	Active	Surgery
Jennifer Joi Jaroscak, M.D.	Active	Pediatrics
Cheryl Patrice Lynch, M.D., M.P.H*	Active	Medicine
Elizabeth Hayes Mack, M.D., M.S.	Active Provisional	Pediatrics
David Blair Mahoney, M.D.	Active	Family Medicine
Cheryl Bertino Neal, D.O.	Active Provisional	Medicine
Roberto Pisoni, M.D.	Active	Medicine
Joseph Victor Sakran, M.D.	Active	Surgery
George Burke Whitener, M.D.	Active Provisional	Anesthesiology
Eric Stafford Zollars, M.D., Ph.D.	Active Provisional	Medicine

Medical Staff Reappointment and Change in Privileges

Tod Allen Brown, M.D.	Active	Anesthesiology	No longer needs TEE
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Medical Staff Change in Privileges

Manal Emad Moustafa, M.D.	Active Profisional	Pediatrics	Add Peds GI specialty procedures
Arindam Rano Chatterjee, M.D.	Active Provisional	Radiology	Add NeuroRad (NonVascular)
Kyle Michael Fargen, M.D., M.P.H	Active Provisional	Neurosurgery	Add NSG specialty procedures

Professional Staff Initial Appointment and Privileges

Brittany Tyler Benson, C.R.N.A.	Provisional Allied Health	Anesthesiology
Shanna Alayne Black, C.R.N.A.	Provisional Allied Health	Anesthesiology
Megan Diminich Bunch, P.A.	Provisional Allied Health	Medicine
Katherine Chike Harris, D.N.P.	Provisional Allied Health	Pediatrics
Jennifer Lynne Hale, C.R.N.A.	Provisional Allied Health	Anesthesiology
Kerrie G Murphy, Ph.D.	Provisional Allied Health	Psychiatry
Marianna Polito Ross, C.R.N.A., M.S.N.	Provisional Allied Health	Anesthesiology
Meredith Blair Sherman, M.S.N., BSN	Provisional Allied Health	Medicine

Professional Staff Reappointment and Privileges

Mary Adler, A.N.P., MSN	Allied Health	Medicine
Leslie Ellen Bunting, N.P.	Provisional Allied Health	Medicine
Tracy Lynn Caldwell, N.P.	Prov. AH CFC - Colleague	Family Medicine
Julie Anne DesMarteau, M.S., P.A.C.	Allied Health	Neurology
Emmy Lou Olivia Dickinson, P.A.C.	Provisional Allied Health	Neurosurgery
Carolyn Ann Gentles, F.N.P.	Provisional Allied Health	Medicine
Kathryn Anne Gonzalez, P.A.C.	Provisional Allied Health	Surgery
Gretchen Lee Hahn, M.S.N., C.N.M.	Allied Health	Obstetrics & Gynecology
Mary Ann Howerton, M.S., P.A.	Allied Health	Otolaryngology
Elizabeth Hamilton Koontz, A.P.R.N.	Allied Health	Neurology
Cristina M. Lopez, Ph.D.	Allied Health	Psychiatry
Susan Claire Nease, N.P.	Provisional Allied Health	Neurology
Allison Nissen, MSN, C.N.M.	Allied Health	Obstetrics & Gynecology
Stefanie M Owczarski, P.A.C.	Allied Health	Surgery
Gabrielle Linder Poole, P.A.C.	Allied Health	Orthopaedics
Joseph James Sistino, C.C.P., Ph.D.	Allied Health	Surgery

*Not Board Certified

Summary of Proposed Medical Staff Bylaws Changes

October 2015

Article III Medical Staff Membership and Structure Section 3.02 Qualifications for Membership (e)

- Removed the phrase appointed **after December 11, 1992**. (Note: No longer an exemption for board eligibility or certification for membership.)

Article IV Categories of the Medical Staff Section 4.02 Affiliate Category a (II)

- Added the following:
The Credentials Committee may waive the requirement to care for at least six patients during an appointment period for physicians who are members in good standing with a MUSC Health affiliated hospital and who continue to meet the qualifications for appointment to the Affiliate Staff of MUSC. Additionally, this exception would only occur if physician specific quality and outcomes information has been provided by the affiliated hospital upon request. Such information shall be of sufficient quality and quantity to allow a reappointment and privileging recommendation by the Credentials Committee.

Article IV Categories of the Medical Staff

Added the following phrase:

*Active Category (d) Removal - Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in **automatic transfer to another category or termination of medical staff appointment.***

- Added a new category of Membership:
Affiliate Colleague- This category is restricted to those physicians who meet all the eligibility and membership requirements for appointment to the Medical Staff but who neither request nor are granted clinical privileges. Such staff appointees are not eligible to admit patients to the Medical Center or to vote in Medical Staff matters. They may, however, attend Medical Staff and Department meetings. This category is exempt from malpractice insurance requirements. Physicians from MUSC Health affiliated hospitals may be appointed to this category.
(Note: This category assumes that a faculty appointment has occurred as a practitioner must be faculty to become a member.)
- Added the following phrase:
Section 4.05 OTHER / NON-MEDICAL STAFF MEMBERS
*House Staff - The House Staff consists of those practitioners, who by virtue of a contract, are in the postgraduate training program at the Medical University of South Carolina. **Fellows who practice as attendings must be appointed to the Medical Staff and granted privileges through the credentialing process for services they provide as attendings.***

Article VII Committees and Functions Section 7.01- Medical Executive Committee a. 25)

- Changed Administrative Operations Committee to Medical Center Operations.

Article VII Committees and Functions Section 7.02

- Added the following new section on committees:

Committees- When committees have been assigned or sanctioned as Medical Staff Committees the following will apply:

- (i) These committees shall serve as advisory committees to the Medical Executive Committee.*
- (ii) Each committee shall prepare minutes or a report of its meetings.*
- (iii) Reports of the committees shall be presented to the MEC upon request.*
- (iv) Any Medical Staff member serving on a committee including the chairperson may be removed by the President of the Medical Staff or the Chief Medical Officer from the committee for failure to remain as a member of the staff in good standing, for failure to attend meetings, for unsatisfactory performance of the duties assigned to the committee, or by action of the Medical Executive Committee.*

Other changes:

Moved some statements around in document with no changes.

Changed titles (i.e., Chief Medical Officer versus Executive Medical Director)

Grammar corrections



Medical University of South
Carolina
Medical Center

Medical Staff Bylaws

October 2015

Field Code Changed

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Article I. PURPOSE AND RESPONSIBILITIES

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

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

Section 1.02 The organized medical staff is also responsible for:

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

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

Article II. BILL OF RIGHTS

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

- a. Right of Notification- Any matter of performance or conduct that could result in denial, suspension, or reduction of privileges will cause the Department Chairperson to notify the affected member before formal activity commences.
- b. Access to Committees - Members of the Medical Staff are entitled to be present at a committee meeting except during peer review proceedings. Members present for a specific agenda item shall be recognized by the Co-Chairperson as time permits. Members can petition the Medical Executive Committee (MEC) for a specific agenda item or issue.
- c. Right of Information - Activities of the various committees (with the exception of peer review proceedings) may be reviewed by the Medical Staff members in the Medical Staff office. The

MUSC Medical Center - Medical Staff Bylaws

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October 2014

Approved Medical Staff December 2014

Approved Medical Executive Committee December 2014

Approved Board of Trustees December 2014

Page

Comment [DH1]: As of now, the positions are held by the same person on the MUSC Health system, but they are technically two separate positions.

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MEC will provide to the active membership all changes to the Rules & Regulations, Credentials Policy Manual, and the Fair Hearing Plan.

- d. Fair Hearing - Members are entitled to a fair hearing as described in the Fair Hearing Plan.
- e. Access to Credentials File - Each member shall be afforded an opportunity to review his/her own credentials file before submission for approval. This review will occur at the time of initial appointment and at the time of reappointment as specified in the Credentials Policy Manual.
- f. Physician Health and Well-Being - Any member may call upon the resources of the Medical Staff in personal, professional, and peer matters to seek help and improvement.
- g. Confidentiality - Matters discussed in committee and otherwise undertaken in the performance of Medical Staff duties and privileges are strictly confidential. Violation of this provision is grounds for expulsion from the Medical Staff.

Article III. MEDICAL STAFF MEMBERSHIP & STRUCTURE

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

Section 3.02 QUALIFICATIONS FOR MEMBERSHIP

- a. Only physicians with Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degrees, or Dentists or podiatrists holding a current, valid unrestricted license to practice in the State of South Carolina shall be qualified for appointment to the Medical Staff. Additional requirements include:
 - (i) documentation of background, experience, training, judgment, individual character and demonstrated competence, and physical and mental capabilities, with sufficient adequacy to assure the Medical Staff and Board of Trustees that any patient treated by them in the hospitals will be given a high quality of patient care,
 - (ii) Demonstrated adherence to the ethics of his/her profession, and ability to work with others
- b. No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges at the MUSC Medical Center merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another Medical Center.
- c. Must be free from government sanctions and bans as outlined by Medicare and the Department of Health and Human Services - Office of the Inspector General (DHHS-OIG).
- d. Must meet appointment requirements as specified in the Credentials Policy Manual.

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e. An MD, DO, or Dentist member, shall be eligible for or have obtained board certification and comply with individual board requirements in his/her respective medical or dental specialty board. This Board must have been approved by the American Medical Association, the American Osteopathic Association, or the American Board of Medical Specialties. A five (5) year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. Newly hired physicians who are not board certified or are more than 5 years out from initial eligibility are required to attain Board Certification within two (2) years, or reappointment will not be granted. In special cases where a need exists, an exception to these qualifications can be made, only after the applicant has demonstrated competency to the satisfaction of the Department Chairperson in the department in which they are assigned and the Department Chairperson has attested either in a written or oral format to the MEC for approval. Waiver of board certification requirement can be granted when no board specialty exists and the Department Chairperson attests (in written and oral format) to adequacy of training and competency. Should the practitioner become eligible for board certification, s/he will be required to attain Board Certification within two (2) years, or reappointment will not be granted. Foreign Board Certification may be an appropriate substitute for United States Board approval. The delegated committee (Credentials Committee) may choose to accept or reject such certification. In the event the certification is rejected by the Credentials Committee, the Department Chairperson may petition the MEC for approval.

f. A member of the Medical Staff must be a member of the faculty of the Medical University of South Carolina.

g. Maintain malpractice insurance as specified by the MEC, MUSC Medical Center and Board of Trustees.

h. ~~Maintain Federal DEA and State DHEC license/certification where applicable.~~

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

Section 3.04 CONDITIONS AND DURATION OF APPOINTMENT

- a. Initial appointments and reappointments to the Medical Staff shall be made by the Board of Trustees.
- b. The Board of Trustees shall act on appointments and reappointments only after there has been a recommendation from the Credentials Committee and MEC as outlined with associated details in the Credentials Manual.
- c. All initial appointments shall be for a provisional period of one year.
- d. Appointments to the staff will be for no more than 24 calendar months.
- e. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.

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- f. Only those practitioners assigned to the Active Medical Staff have general Medical Staff voting privileges.
- g. Medical Staff membership, clinical privileges and prerogatives will be terminated immediately if the practitioner is under government sanctions as listed by the Department of Health and Human Services – Office of the Inspector General.
- h. CONTRACT SERVICES - The clinical privileges of any practitioner who has a contractual relationship with an entity that has a contractual relationship with MUSC Medical Center to provide professional services to patients shall be subject to those provisions contained in said contract with regard to the termination of Medical Staff membership and privileges upon the expiration, lapse, cancellation, or termination of the contract. If no provisions for termination of membership or privileges are contained in the contract, the affected practitioners' membership and clinical privileges will be terminated at the time of the contract termination, lapse, expiration or cancellation date. The affected practitioners shall have no right to a hearing regarding termination of Medical Staff membership or privileges.

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

- a. Initial requests for privileges are made simultaneously with the filing of the application for Medical Staff membership. Following procedures and the associated details stated in the Credentials Policy Manual, and with a recommendation of the appropriate Department Chairperson, the Medical Staff organization will evaluate and make recommendations to the Board. Privileges will only be granted or renewed, after applicant meets the criteria related to current licensure, relevant education, training and experience, demonstrated current competence, physical ability and the clinical ability to perform the requested privileges. For new procedures and at the time of reappointment, members' requests for privileges will be subject again to the procedures and associated details outlined in the Credentials Policy Manual.
- b. When considering privileges for a new practitioner, current data should be collected during the provisional time period for those privileges selected by the Department Chairperson
- c. Prior to the granting of a privilege, the Department Chairperson determines the resources needed for each requested privileges and must assure the resources necessary to support the requested privilege are currently available or define the timeframe for availability. These resources include sufficient space, equipment, staffing, and financial. The Chairperson will work with hospital to ensure resources are available
- d. At the time of appointment and reappointment each candidate applying for privileges will be evaluated using the following six areas of general competence as a reference:
- (i) Patient Care
 - (ii) Medical/Clinical Knowledge
 - (iii) Practice-based learning and improvement
 - (iv) Interpersonal and communication skills
 - (v) Professionalism

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(vi) System-based practices

e. A Focused Professional Practice Evaluation (FPPE) allows the medical staff to focus on specific aspects of a practitioner's performance. This evaluation is used when:

(i) A practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organizations' setting.

(ii) Questions arise regarding a practitioner's professional practice during the course of the Ongoing Professional Practice Evaluation

(iii) For all initially requested privileges (Effective January 2008)

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

Section 3.06 TEMPORARY and DISASTER PRIVILEGES

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

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

Section 3.07 LEAVE OF ABSENCE - Any member may apply to the Credentials Committee for a leave of absence not to exceed one (1) year. Reinstatement of privileges may be requested from the Credentials Committee without formal re-application. Absence for a period longer than one (1) year will require formal re-application. In some special cases, (i.e., military service) a Department Chairperson through the Credentials Committee can recommend to the MEC that a leave of absence be extended beyond a year without the necessity for formal reappointment. At no time can a special circumstance leave of absence extend beyond a two year re-appointment cycle.

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Section 3.08 RESPONSIBILITIES OF MEMBERSHIP - Each staff member will:

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

Article IV. CATEGORIES OF THE MEDICAL STAFF

Section 4.01 THE ACTIVE CATEGORY

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

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b. Prerogatives - ~~An~~ appointee to this category may:

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

c. Responsibilities - ~~An~~ appointee to this category must:

- (i) Contribute to the organizational and administrative affairs of the Medical Staff.
- (ii) Actively participate in recognized functions of staff appointment, including performance improvement and other monitoring activities, monitoring initial appointees during his/her provisional period, and in discharging other staff functions as may be required from time to time.
- (iii) Accept his/her individual responsibilities in the supervision and training of students and House Staff members as assigned by his/her respective department, division or section head and according to Medical Center Policy C-074 "Resident Supervision".
- (iv) Participate in the emergency room and other specialty coverage programs as scheduled or as required by the MEC Co-Chairs or Department Chairperson.

d. Removal - Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to ~~another category or termination of medical staff appointment.~~

Section 4.02 AFFILIATE CATEGORY

a. Qualifications - ~~An~~ appointee to this category must:

- (i) Be a member of the faculty of the Medical University of South Carolina.
- (ii) Participate in the clinical affairs of the MUSC Medical Center.
- (iii) Be involved in the care or treatment of at least six (6) patients of the MUSC Medical Center hospitals or clinics during his/her appointment period, or
- (iv) Refer patients to other physicians on staff of the MUSC Medical Center or those who order diagnostic or therapeutic services at the MUSC Medical Center

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(v) The Credentials Committee may waive the requirement to care for at least six patients during an appointment period for physicians who are members in good standing with a MUSC Health affiliated hospital and who continue to meet the qualifications for appointment to the Affiliate Staff of MUSC. Additionally, this exception would only occur if physician specific quality and outcomes information has been provided by the affiliated hospital upon request. Such information shall be of sufficient quality and quantity to allow a reappointment and privileging recommendation by the Credentials Committee.

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b. Prerogatives - An appointee to this category may

- (i) Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
- (ii) Attend meetings of the Staff and Department to which she is appointed and any staff or MUSC Medical Center education programs.
- (iii) Request admitting privileges.

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c. Limitations - Appointee to the Affiliate Category do not have general Medical Staff voting privileges.

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

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a. Such staff appointees are not eligible to admit patients to the MUSC Medical Center, vote, or exercise clinical privileges. They may, however, attend Medical Staff and department meetings. This category is exempt from the malpractice insurance requirements and Board Certification requirements, unless required within his/her position description.

b. Physicians with the MUSC Medical Center whose duties include both administrative and clinical activities must be members of the Medical Staff, and must obtain clinical privileges in the same manner as any other Medical Staff member. When a contract exists, the contract of the physician who has both administrative and clinical duties shall clearly define the relationship between termination of the contract by the MUSC Medical Center and reduction or termination in privileges.

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Section 4.04 AFFILIATE COLLEAGUES - This category is restricted to those physicians who meet all the eligibility and membership requirements for appointment to the Medical Staff but who neither request nor are granted clinical privileges. Such staff appointees are not eligible to admit patients to the Medical Center or to vote in Medical Staff matters. They may, however, attend Medical Staff and Department meetings. This category is exempt from malpractice insurance requirements. Physicians from MUSC Health affiliated hospitals may be appointed to this category.

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Section 4.05 OTHER / NON-MEDICAL STAFF MEMBERS

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

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Article V. OFFICERS

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

- a. President
- b. Vice President
- c. Secretary

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

Section 5.03 SELECTION OF OFFICERS - A nominating committee shall be appointed by the Medical Staff president at the meeting prior to biennial elections to nominate a Secretary or other officers if vacant.

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

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

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

Section 5.06 DUTIES OF OFFICERS

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

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- c. Secretary -The secretary shall ensure that the recording, transcription, and communication processes produce accurate and complete minutes of all Medical Staff meetings. The secretary serves as the MEC liaison to the house staff peer review committee. The Secretary will serve as Vice- President elect.

Section 5.07 REMOVAL FROM OFFICE

- a. The Medical Staff and/or Board of Trustees may remove any Medical Staff officer for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC
- b. Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.
- c. Elected officers may be removed by 2/3 majority vote of the Medical Staff for the reasons stated in 5.07 (a) & (b) above.
- d. Removal from elected office shall not entitle the practitioner to procedural rights.
- e. Any Medical Staff member has the right to initiate a recall election of a Medical Staff Officer. A petition to recall must be signed by at least 25% of the members of the active staff and presented to the MEC. Upon presentation, the MEC will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote.

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Article VI. DEPARTMENTS

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

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

Section 6.02 QUALIFICATIONS AND SELECTION OF DEPARTMENT CHAIRPERSON

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

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

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

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

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- s. Supervise the completion of the assigned responsibilities of departmental members who serve as MUSC Medical Center Medical Directors.
- t. Assess and improve on a continuing basis the quality of care, treatment, and services provided in the department.

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

Article VII. COMMITTEES AND FUNCTIONS

Section 7.01 MEDICAL EXECUTIVE COMMITTEE (MEC)

- a. Composition: The Medical Executive Committee (MEC) is the executive committee of the organized Medical Staff. The majority of members are physicians. Other Hospital and University leaders shall have membership in order to allow the committee to have an integrated leadership role within MUSC Medical Center. The MEC shall include:
 - 1) The three (3) officers of the Medical Staff
 - 2) Immediate Past President of the Medical Staff
 - 3) Vice President for Clinical Operations/Executive Director of MUSC Medical Center or his/her designee
 - 4) The Dean of the College of Medicine or his/her designee
 - 5) The Vice President for Medical Affairs for College of Medicine
 - 6) Chief Medical Officer (CMO) of MUHA
 - 7) Chief Operating Officer (COO) of MUHA
 - 8) One (1) Service Line Administrator appointed by the COO
 - 9) Administrator of Clinical Services/Chief Nursing Executive
 - 10) Department of Medicine Chairperson
 - 11) Department of Surgery Chairperson
 - 12) Chief Quality Officer
 - 13) Chief Medical Information Officer
 - 14) CMO of MUSC Physicians or designee
 - 15) President of MUSC Physicians
 - 16) One (1) member as elected by the House Staff (voting)
 - 17) Credentials Committee Chairperson
 - 18) Physician Director of Children's Health Services
 - 19) Designated Institutional Officer for Graduate Medical Education
 - 20) Division Chief of Emergency Medicine,
 - 21) Department of Laboratory Medicine & Pathology Chairperson or his/her designee
 - 22) Department of Anesthesiology and Perioperative Medicine Chairperson or his/her designee
 - 23) Department of Radiology Chairperson or his/her designee
 - 24) Three (3) elected Medical Staff representatives: one (1) each to represent mental health, primary care and surgical specialties to be elected by the Medical Staff members of those represented departments
 - 25) Four Medical Directors from service lines appointed by the CMO of MUHA that are not serving on the [Medical Center Operations](#) or Quality Operations Committees concurrently.

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- b. Ex-Officio / Non-voting Members:
 - 1) Director of Pharmacy
 - 2) Senior Healthcare Counsel
 - 3) Director of Accreditations
 - 4) Director, Risk Management
 - 5) Manager, Medical Staff Affairs
 - 6) Faculty Senate Representative

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c. Membership for all elected members and appointees will be for a two-year period starting on the first day of the calendar year. The house staff member will serve for one year. The MEC will be co-chaired by the Chief Medical Officer of MUHA and the Medical Staff President.

d. All members will have voting rights.

- e. If an emergent situation arises between meetings of the MEC that, requires a vote and approval by the MEC, the President of the Medical Staff or the Chief Medical Officer may by written, verbal, or printed notice request a virtual meeting, a vote, or both. The notice shall include a description/explanation of the matter that requires a vote and a mechanism for voting. This request for a vote shall be delivered, either personally or by mail, including electronic mail to each member of the MEC not less than three (3) days before the return deadline for voting. Members may submit their vote either in person or in writing via campus mail, email, fax, text, or as instructed (i.e., electronic survey) to either the office of the Chief Medical Officer of MUHA or as designated. A quorum for this voting would be the majority vote of returned ballots. A record of the official vote will be recorded and maintained by the office of the CMO of MUHA and presented to the MEC at the next scheduled MEC meeting.

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f. Duties - The duties of the MEC shall be to:

- (i) Ensure high quality cost-effective patient care across the continuum of the MUSC Medical Center.
- (ii) Represent and to act on behalf of the Medical Staff
- (iii) Coordinate the activities and general policies of the Medical Staff
- (iv) Determine and monitor committee structure of the Medical Staff
- (v) Receive and act upon reports and recommendations from departments, committees, and officers of the Medical Staff.
- (vi) Implement Medical Staff policies not otherwise the responsibility of the departments
- (vii) Provide a liaison between the Medical Staff and the Executive Director of the MUSC Medical Center
- (viii) Recommend action to the Executive Director of the MUSC Medical Center on medico-administrative matters

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- (ix) Make recommendations to the Board of Trustees regarding: the Medical Staff structure, membership, delineated clinical privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities
- (x) Ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the MUSC Medical Center
- (xi) Fulfill the Medical Staff organization's accountability to the Board of Trustees for the medical care of patients in the MUSC Medical Center;
- (xii) Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges;
- (xiii) Conduct such other functions as are necessary for effective operation of the Medical Staff;
- (xiv) Report at each general staff meeting; and
- (xv) Ensure that Medical Staff is involved in performance improvement and peer review activities.
- (xvi) Communicate decisions and discussions of the MEC to their respective, department, division, service line members or employees.

g. Delegated Authority -

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

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and to propose them directly to the governing body after communicating the proposed changes to the Medical Executive Committee.

- (iii) The authority to amend these bylaws cannot be delegated.

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

Section 7.02 OTHER MEDICAL STAFF FUNCTIONS

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

- (iii) Conduct or coordinate credentials investigations for staff membership and granting of clinical privileges;
- (iv) Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the-art developments, and other perceived needs;
- (v) Develop and maintain surveillance over drug utilization policies and practices;
- (vi) Investigate and control nosocomial infections and monitor the MUSC Medical Center infection control program;
- (vii) Plan for response to fire and other disasters;
- (viii) Direct staff organizational activities, including staff Bylaws, review and revision, Staff officer and committee nominations, liaison with the Board of Trustees and MUSC Medical Center administration, and review and maintenance of MUSC Medical Center accreditation

c. Committees - When committees have been assigned or sanctioned as Medical Staff Committees the following will apply:

i. These committees shall serve as advisory committees to the Medical Executive Committee.

(ii) Each committee shall prepare minutes or a report of its meetings.

(iii) Reports of the committees shall be presented to the MEC upon request.

(iv) Any Medical Staff member serving on a committee including the chairperson may be removed by the President of the Medical Staff or the Chief Medical Officer from the committee for failure to remain as a member of the staff in good standing, for failure to attend meetings, for unsatisfactory performance of the duties assigned to the committee, or by action of the Medical Executive Committee.

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Article VIII. HISTORY AND PHYSICAL REQUIREMENTS

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

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

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

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

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

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

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

Section 8.06 *H&P Responsibility:*

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

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

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

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Article IX. MEDICAL STAFF MEETINGS

Section 9.01 REGULAR MEETINGS

- a. The Medical Staff shall meet at least annually or more often, as needed. Appropriate action will be taken as indicated.
- b. The annual Medical Staff Meeting shall be held during the last quarter of each calendar year. Written notice of the meeting shall be sent to all Medical Staff members.
- c. The primary objective of the meetings shall be to report on the activities of the staff, elect officers if necessary, and conduct other business as may be on the agenda. Written minutes of all meetings shall be prepared and recorded.
- d. In lieu of the annual meeting, matters that require a vote and approval by Medical Staff members as determined by the MEC or by regulation or law throughout the year may be presented to the Medical Staff members by written or printed notice. The notice will include a description/explanation of the matter that requires a vote and a mechanism for voting. This request for a vote shall be delivered, either personally or by mail, including electronic mail to each member of the Active Category of the Medical Staff not less than three (3) days before the return deadline for voting. Members may submit their vote either in person or in writing via campus mail, email, fax, text, or as instructed (i.e., electronic survey) to either the office of the Chief Medical Officer of MUHA or as designated. A quorum for this voting would be the majority vote of returned ballots. A record of the official vote will be recorded and maintained by the office of the CMO of MUHA and presented to the MEC at the next scheduled MEC meeting.

Section 9.02 SPECIAL MEETINGS - The President of the Medical Staff, the Executive Medical Director, the Dean of the College of Medicine, or the MEC may call a special meeting after receipt of a written request for same signed by not less than five (5) members of the Active and Affiliate Staff and stating the purpose for such meeting. The President of the Medical Staff shall designate the time and place of any special meeting. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally or by mail, including electronic mail, to each member of the Active Category of the Medical Staff not less than three (3) days before the date of such meeting, by or at the direction of the President of the Medical Staff. If mailed, the notice of the meeting shall be deemed delivered when deposited in the Campus Mail addressed to each Staff member at his/her address as it appears on the records of the Hospital. Notice may also be sent to members in other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

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

Section 9.04 ATTENDANCE REQUIREMENTS

- a. Although attendance at the annual meeting is encouraged, Medical Staff members are not required to attend general staff meetings. Medical staff meeting attendance will not be used as a reappointment measurement.

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- b. Attendance requirements for department meetings are at the discretion of the Department Chairpersons.
- c. Members of the MEC and Credentials Committee are required to attend fifty percent (50%) of the committee meetings during each year unless otherwise excused.

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

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

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

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

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

Article X. TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES

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

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

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

- a. Failure to Complete Medical Records - All portions of each patient's medical record shall be completed within the time period after the patient's discharge as stated in Medical Staff Rules and Regulations. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in the record being defined as delinquent and notification of the practitioner.
 - (i) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the medical records are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records
 - (ii) Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).
- b. Failure to Complete Education Requirements – The Medical Staff recognizes the need to mandate certain education requirements for all Medical Staff in order to ensure ongoing success of quality improvement.
 - (i) The MEC will regularly review and approve the education requirements, including time periods, for Medical Staff members. All education requirements for Medical Staff

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members shall be completed within the time period. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in an education delinquency and notification to the practitioner of temporary suspension.

- (ii) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the education requirements are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such education requirement within a seven (7) day period after delivery of such warning to him/her either orally or in writing.
- (iii) Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent education requirements.

c. Failure to Perform Appropriate Hand Hygiene – The Medical Staff recognizes the need to ensure a high level of hand hygiene compliance for all Medical Staff in order to ensure ongoing success of the infection control and prevention plan of the Medical Center

- (i) Understanding that noncompliance with hand hygiene is often the result of distraction or simple forgetfulness, rather than a blatant disregard for patient safety, medical staff will be reminded in a positive manner when not compliant with the hand hygiene policy. Medical staff are expected to readily respond in a positive manner to a reminder and adjust their actions accordingly.
- (ii) Medical staff who fail to respond in a positive manner to a reminder are subject to the medical staff Peer Review Process.
- (iii) Medical staff who have recurrent hand hygiene noncompliance will be subject to an MEC approved progressive education and discipline process.
- (iv) Medical staff having four (4) hand hygiene noncompliance events in one (1) consecutive 12 month period will be reason for suspension from the Medical Staff. Re-application for reinstatement is allowed immediately upon completion of a MEC approved process.
- (v) Medical staff having two (2) suspensions in a consecutive 12 month period will result in removal of Medical Staff membership and clinical privileges.
- (vi) Medical staff may formally respond to each noncompliance event with subsequent adjudication by the peer review committee

d. Actions Affecting State License to Practice - If a practitioner's state license to practice or DEA registration is revoked, suspended, limited for disciplinary reasons, not renewed by the relevant agency, or voluntarily relinquished by the individual, then staff membership and privileges are automatically revoked, suspended, or limited to at least the same extent, subject to re-application by the practitioner when or if his/her license or DEA registration is reinstated, or limitations are removed, whatever is the case.

e. Lapse of Malpractice Coverage - If the MEC and Board of Trustees have established a requirement for liability coverage for practitioners with clinical privileges, and if a staff member's malpractice coverage lapses without renewal, then the practitioner's clinical privileges are

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automatically suspended until the effective date of his/her new malpractice coverage, unless otherwise determined by the Board.

- f. Governmental Sanction or Ban - Imposition of governmental sanction or ban as outlined by Medicare and the DHHS -Office of the Inspector General is cause for immediate loss of all clinical privileges.
- g. Felony Conviction - conviction of a felony offense is cause for immediate loss of all clinical privileges.
- h. Loss of Faculty Appointment - Loss of faculty appointment shall result in immediate revocation of clinical privileges and appointment to the Medical Staff.
- i. Failure to Meet Application Requirements - Failure to comply with deadlines or other application requirements will result in loss of appointment and privileges as outlined in the Credentials Policy Manual.

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

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

b. PROFESSIONAL REVIEW ACTION

(i) DEFINITIONS

- 1) The term "professional review action" means an action or recommendation of the professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual practitioner which affects (or could affect) adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the clinical privileges of the practitioner or the practitioner's membership. Such term includes a formal decision of the professional review body not to take an action

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or make a recommendation described in the previous sentence and also includes professional review activities relating to professional review action.

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

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

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

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

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

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- 2) The term "adversely affecting" includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership.
- 3) The term "Board of Medical Examiners", "Board of Dental Examiners", and Board of Nursing are those bodies established by law with the responsibility for the licensing of physicians, dentists, and Affiliated Health Care Professionals respectively.
- 4) The term "clinical privileges" includes privileges, membership, and the other circumstances pertaining to the furnishing of medical care under which a practitioner is permitted to furnish such care in the Hospital.
- 5) The term "medical malpractice action or claim" means a written claim of demand for payment based on a health care provider's furnishing (or failure to furnish) health care services including the filing of a cause of action, based on the law of tort, brought in any court of the State or the United States seeking monetary damages.

c. STANDARDS FOR PROFESSIONAL REVIEW ACTIONS

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- (i) For the purposes of the protection provided by Section 411(a) of the Health Care Quality Improvement Act of 1986 and in order to improve the quality of medical care, a professional review action shall be taken:
 - 1) In the reasonable belief that the action was in the furtherance of quality health care;
 - 2) After a reasonable effort to obtain the facts of the matter;
 - 3) After adequate notice and hearing procedures are afforded to the practitioner involved or after such other procedures are fair to the practitioner under the circumstances; and
 - 4) In the belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after adequate notice and hearing procedures are afforded.
- (ii) A professional review action shall be presumed to have met the preceding standards unless the presumption is rebutted by a preponderance of evidence.
- (iii) Impaired Practitioners: The MUSC Medical Center subscribes to and supports the South Carolina Medical association's policies and procedures on impaired practitioners. The staff will support and follow procedures of the South Carolina Medical Association Impaired Physician Committee in dealing with any practitioner who has an addiction to drugs and/or alcohol which impairs his/her ability to function or otherwise disables him from the practice of medicine.

d. ADEQUATE NOTICE AND RIGHT TO HEARING

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

- 5) The Notice shall also state that, upon the receipt of Request for Hearing, the practitioner shall be notified of the date, time, and place and shall be provided with written charges against him or the grounds upon which the proposed adverse action is based.

e. NOTICE AND REQUEST FOR HEARING - If a hearing is requested on a timely basis, the practitioner involved shall be given additional notice state:

- (i) The time, place and date of a pre-hearing conference in order to review or clarify procedures that will be utilized;
- (ii) The place, time and date of hearing, which date shall not be less than thirty (30) days after the date of the notice;
- (iii) A list of witnesses (if any) expected to testify at the hearing on behalf of the Professional Review Body;
- (iv) A statement of the time, place and nature of the hearing;
- (v) A statement of the authority under which the hearing is to be held;
- (vi) Reference to any rules, regulations or statutes in issue; and
- (vii) A short and plain statement of the charges involved and the matters to be asserted.

f. CONDUCT OF HEARING AND NOTICE

- (i) If a hearing is requested on a timely basis, the hearing shall be held as determined by the Executive Medical Director of the Hospital:
 - 1) Before an Arbitrator mutually acceptable to the practitioner and the Hospital;
 - 2) Before a Hearing Officer who is appointed by the Executive Medical Director of the Hospital and who is not in direct economic competition with the practitioner involved; or
 - 3) Before an ad hoc Hearing Committee of not less than five (5) MEMBERS OF THE Medical Staff appointed by the Chair of the Hospital Executive Committee. One of the members so appointed shall be designated as chair. No Medical Staff member who has actively participated in the consideration of any adverse recommendation or action shall be appointed a member of this committee.

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(ii) The Hearing Committee, the Arbitrator, or the Hearing Office may issue subpoenas for the attendance and testimony of witnesses and the production and examination of books, papers, and records on its own behalf or upon the request of any other party to the case. Failure to honor an authorized subpoena may be grounds for disciplinary action against the subpoenaed party including, but not limited to, a written reprimand, suspension, or termination.

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(iii) The personal presence of the affected party shall be required by the Arbitrator, Hearing Officer, or Committee. Any party who fails, without good cause, to appear and proceed at the hearing shall be deemed to have waived his/her rights to the hearing and to have accepted the adverse action, recommendations, or decision or matter in issue, which shall then remain in full force and effect.

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(iv) Postponement of hearing shall be made only with the approval of the Arbitrator, Hearing Officer, or ad hoc Hearing Committee. Granting of such postponement shall be only for good cause shown and shall be at the sole discretion of the decision maker.

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(v) The right to the hearing shall be forfeited if the practitioner fails, without good cause, to appear.

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

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

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

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

i. CONDUCT OF HEARING

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

j. EVIDENTIARY MATTERS IN CONTESTED CASES

- (i) Evidence determined to be relevant by the Hearing Officer, Arbitrator, or ad hoc Hearing Committee, regardless of its admissibility in a court of law, shall not be excluded.
- (ii) Documentary evidence may be received in the form of copies or excerpts, if the original is not readily available. Upon request, parties shall be given an opportunity to compare the copy with the original.
- (iii) Notice may be taken of judicially cognizable facts. In addition, the Hearing Officer, Arbitrator or ad hoc Hearing Committee may take notice of generally recognized technical or scientific facts within the Committee's specialized knowledge. Parties shall be notified either before or during the hearing of the material noticed, including any staff memoranda or data, and they shall be afforded an opportunity to contest the material noticed. The Committee's experience, technical competence and specialized knowledge shall be utilized in the evaluation of the evidence.

k. BURDEN OF PROOF - The practitioner who requested the hearing shall have the burden of proving, by clear and convincing evidence, that the adverse recommendation or action lacks any substantial factual basis or that such basis or the conclusions drawn therefore are either arbitrary, unreasonable, or capricious, when a hearing relates to the following:

- (i) Denial of staff appointment;
- (ii) Denial of requested advancement in staff category;
- (iii) Denial of department, service, or section affiliation; or
- (iv) Denial of requested clinical privileges.

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

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

m. NOTICE OF DECISION

- (i) The Co-Chairs of the Executive Committee shall promptly send a copy of the decision by written notice to the practitioner, the practitioner's chair, the Vice President for Academic

Affairs, the Vice President for Medical Affairs, the Vice President for Clinical Operations and CEO and the President of the University.

- (ii) This notice shall inform the practitioner of his/her right to request an appellate review by the Board of Trustees.

n. NOTICE OF APPEAL

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

o. APPELLATE REVIEW PROCEDURE

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

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

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r. REPORTING OF CERTAIN PROFESSIONAL REVIEW ACTIONS TAKEN BY HOSPITALS

In the event the Hospital:

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

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Article XI. CONFLICT MANAGEMENT AND RESOLUTION

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

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

Article XII. OFFICIAL MEDICAL STAFF DOCUMENTS

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

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

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

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

- a. These manuals will be incorporated by reference and become part of these Medical Staff Bylaws. The MEC has the delegated authority to make amendments to the Rules and Regulations of the Medical Staff, the Credentials Manual of the Medical Staff, the Fair Hearing Plan and other Medical Staff policies
- b. Alternatively the Medical Staff may propose an amendment to the Rules and Regulations and other afore mentioned associated documents directly to the Board of Trustees. Such a proposal shall require a two-thirds (2/3) majority vote of the Active Medical Staff and shall require notification to the MEC.
- c. When there is a documented need for an urgent amendment to the Rules and Regulations to comply with the a law or regulation, the voting members of the organized medical staff delegate the authority to the MEC who by a majority vote of the MEC members provisionally adopt such

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amendments and seek provisional Board of Trustees approval without prior notification to the medical staff. The MEC will immediately notify the Medical Staff of such provisional approval by the Board. The Medical Staff at its next meeting, at a called meeting, or through electronic communication will retrospectively review the provisional amendment. If there is no conflict between the organized medical staff and the MEC regarding the amendment, the provisional amendment stands. If there is a conflict over the provisional amendment(s) the Conflict Management process as outlined in these bylaws will be implemented.

- d. If necessary, a revised amendment is then submitted to the Board of Trustees for action.
- e. The Rules and Regulations of the Medical Staff, the Credentials Manual, the Fair Hearing Plan and the Policies of the Medical Staff are intended to provide the associated details necessary to implement these Bylaws of the MUSC Medical Staff.

Section 12.03 RULE CHALLENGE

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

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

Approved by the Medical Staff on December 3, 2015. Approved by the Medical Executive Committee on October 21, 2015. Revisions approved by the Board of Trustees in December 2015.

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Proposed Revisions to Medical Staff Rules and Regulations

September 2015

1. The majority of changes were made to integrate EPIC work flow into rules and regulations.
2. Cleaned up policy references and links.
3. Although the same rules apply, added procedure note as a separate paragraph to add clarity and increase compliance. –pg.6
4. Added requirement for a complete medication list to discharge summary – pg. 7
5. Added home health order signature requirements – pg. 8
6. Added procedure note language same as page 6 – pg. 8
7. Added death note (DHEC requirement) to delinquency summary –pg.8
8. Added in-basket requirements to delinquency summary- pg. 8 and pg.9
9. Clarified and added language regarding orders. Majority of changes and clarification in this section. -Pg. 10-14
10. Clarified that guidelines are standing orders- pg.14
11. Added language re: Medication administration – pg. 18



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

***Medical Staff
Rules and Regulations***

September 2015

Field Code Changed

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MUSC Medical Center - Medical Staff Rules and Regulations

September 2015

Approved Medical Staff December 2014

Approved Medical Executive Committee December 2014

Approved Board of Trustees December 2014

DEFINITIONS:

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

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Whereas herein the word "**Hospital**" is used it refers to the MUSC Medical Center and its component hospitals and outpatient activities. Since the English language contains no singular pronoun that includes both sexes, wherever the word "**he**" appears in this document, it signifies he/she.

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MEDICAL STAFF RULES AND REGULATIONS

I INTRODUCTION

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

II ADMISSIONS

Who May Admit Patients

A patient may be admitted to the Medical Center only by a medical staff member who has been appointed to the staff and who has privileges to do so. Patients shall be admitted for the treatment of any and all conditions and diseases for which the Medical Center has facilities and personnel. Except in an emergency, no patient shall be admitted to the Medical Center unless a provisional diagnosis has been stated. In emergency cases, the provisional diagnosis shall be stated as soon after admission as possible. Admission orders must be provided by the attending physician. If admit orders are entered by another physician, they must be co-signed by the attending physician.

Attending Physician Responsibilities

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

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

The admitting practitioner shall be responsible for providing the Medical Center with such information concerning the patient as may be necessary to protect the patient, other patients, or Medical Center personnel from infection, disease, or other harm, and to protect the patient from self-harm.

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Alternate Coverage

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

Emergency Admissions

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

III MEDICAL RECORDS

General Guidelines

- a. The "legal medical record" consists of all authenticated (signed) documentation, handwritten or electronically generated related to the care of an individual patient and any related communication between a physician and a patient specific to the patient's care or treatment regardless of storage site or media. Included are all inpatient records from the Medical Center, Institute of Psychiatry, Children's Hospital, and their outpatient, provider-based clinics and associated aspects of care documentation of patients participating in research projects. Each element of the medical record, including all notes and orders, must unambiguously identify the patient with information to include name and medical record number and be authenticated, inclusive of date/time, and (electronic) signature with credentials of the authorized author of the entry.
- b. All records are the property of MUSC and shall not be removed except as pursuant to provision of law. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information.
- c. Medical Staff and other practitioners shall not remove or destroy any part or authenticated entry of information in the medical record for any reason. Identification and correction of errors in the record is governed by separate policy. Any member of the medical staff or privileged practitioner who purposely removes any document from a medical record will be suspended and/or lose Medical Staff Membership and or privileges.
- d. The attending physician is specifically responsible for the completion of the medical record for each patient encounter (e.g. admission).
- e. Diagnostic and therapeutic orders given by medical staff members shall be authenticated by the responsible practitioner.

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- f. Symbols and abbreviations may be used only when approved by the Medical Staff. The use of unapproved abbreviations as specified in [Medical Center Policy C-021 Use of Abbreviations](#) is prohibited. All final diagnosis, complications, or procedures and informed consent must be recorded without abbreviations.
- g. Electronic signatures may only be utilized in accord with governing regulation/law and institutional policy and procedures; sharing electronic keys/passwords is fraudulent and grounds for Medical Staff suspension.
- h. Progress notes are to be documented daily by the designated attending or his designated credentialed provider for all inpatient and observation patients.
- i. The patient's medical record requires the progress notes, final diagnosis, and discharge summary or final visit note to be completed with authenticated dates and signatures. All final diagnosis, complications, or procedures must be recorded without abbreviations.

Informed Consent Requirements

It is the responsibility of the attending physician to assure appropriate informed consent is obtained and documented in the medical record and when appropriate, also document the discussion in a progress note. Nursing staff and other personnel may witness patient signature but may not consent the patient. Informed consent is required for all invasive procedures, for the use of anesthesia, including moderate and deep sedation, and for the use of blood and blood products.

Appropriate informed consent shall include [the following](#) at a minimum:

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

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

Operative and Other Procedure Documentation Requirements

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Operative /Procedure Progress Note/Brief Operative Note:

If a full operative/procedure report is not completed and on the record before a patient moves to a different level of care post procedure, an operation/procedure progress note/brief op note will be written and promptly signed by the primary physician/surgeon (this applies to both inpatients and outpatients). This progress note is considered an abbreviated report and will include the pre-operative procedure/diagnosis, the name of the primary physician/surgeon and assistants, findings, procedure performed and a description of the procedure, estimated blood loss, as indicated any specimens/tissues removed, and the postoperative/procedure diagnosis. All required elements must be addressed even if the element is not applicable (N/A).

Operative Report:

For all patients (both inpatient and outpatient) the full operative/procedure report shall be entered, written or dictated into the medical record no later than twenty four (24) hours from the completion of operation/procedure. The signature of the primary physician/surgeon is required within three (3) days of the procedure unless the operative report was completed by the primary surgeon, in which case the signature is required with the completion of the report, (within 24 hours.) The operative/procedure report must contain the name(s) of the licensed independent practitioner(s) who performed the procedure and his or her assistant(s), the name of the procedure performed, a description of the procedure, findings of the procedure, any estimated blood loss, any specimen(s) removed and the postoperative/procedure diagnosis.

Procedure Report:

Included but not limited to Interventional Radiology, Heart Catheterizations and Gastroenterology Endoscopies, shall be entered, written, or dictated into the medical record no later than twenty-four (24) hours from the completion of the procedure. The signature of the primary physician is required within 3 days of the procedure.

Note: When a progress note is entered into the record immediately after the procedure it can become part of the operative report but must be dated, timed, and signed by the physician at the time of completion of the progress note.

In all cases, when the full operative report is dictated, the operative progress note/brief operative report must be completed.

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

Discharge Summary Requirements

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

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attending's counter signature on the report.

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

Complete Medical Records

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

Specific record requirements for physicians shall include [the following](#):

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

Outpatient Care Documentation Requirements

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

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MUSC Medical Center - Medical Staff Rules and Regulations

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- e) Other documentation. Other events pertinent to the patient's care, such as care coordination and medical decision making between patient contacts, should be documented and authenticated in the medical record as soon as possible after their occurrence.

Medical Records Preparation and Completion

Completion Requirements

The following elements in the medical record must be completed as stated:

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

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Delinquent Records

A medical record of a patient is delinquent if specific significant elements of the record are not completed by the due date specified in these Rules and Regulations and not authenticated by the responsible attending physician 3 days following the completion due date, (The exception is outpatient visit notes when the attending physician's signature is not required until 14 days after completion of the note.)

For the purposes of this rule, medical record delinquencies are individually identified by patient and encounter and are only for: (1) admission H&Ps; (2) inpatient and ED consultations; (3) discharge/death summaries; (4) ED attending notes; (5) inpatient and outpatient operative/procedure reports; (6) outpatient visit notes and (7) admission orders. [See Delinquency Summary Table]

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Delinquency Summary Table

Medical Record Required Element	Required Completion time within:	Attending's Signature required within:	Deemed Delinquent at:
Admission H&Ps	24 hours	3 days	4 days
Inpatient and ED consultations	24 hours	3 days	4 days
<u>Death note</u>	<u>24 hours</u>	<u>24 hours</u>	<u>4 days</u>
Discharge/ <u>death</u> summaries	Preliminary version in 24 hours Official within 3 days	3 days	4 days
ED attending notes	24 hours	3 days	4 days
Operative/procedure reports	24 hours	3 days	4 days
Outpatient visit notes	7 days	14 days	14 days
Admission orders	Upon admission	Prior to discharge	At discharge

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<u>Procedure reports</u>	<u>24 hours</u>	<u>3 days</u>	<u>4 days</u>
<u>In-Basket Folders</u>	<u>24 hours</u>	<u>3 days</u>	<u>4 days</u>
<u>In-Basket Folders</u>	<u>48 hours</u>	<u>4 days</u>	<u>6 days</u>

Note: In basket folder items may be signed by another LIP with like privileges when requested by the physician responsible for the In-Basket in order to assure timely review of time-sensitive results.

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

Failure to Complete Medical Records

All significant portions of the medical record of each patient's medical record shall be completed within the time period after the patient's discharge as stated in the Delinquency Table within the Medical Staff Rules and Regulations. Failure to do so automatically results in the record being defined as delinquent and notification of the practitioner of the delinquency. Physicians will receive two (2) notifications from the HIM Department during the 14 day period post patient discharge regarding missing medical record elements including signatures. Suspension notifications will be sent on day 14. A medical record temporary suspension may also result for repeated failure to provide quality documentation (i.e. the quality of histories and physicals, failure to update histories and physicals as required, failure to sign admit orders). These determinations will be made based on medical record reviews conducted under the authority of the Chief Medical Information Officer.

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

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

- The HIM Department has notified the provider as above that each record was delinquent; and
- The HIM Department has notified the provider in writing of the impending medical record suspension one day before its occurrence.

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

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

Administrative Authority for Medical Records

In extreme and extenuating circumstances, the Health Information Management Committee (HIMC) with the Chief Medical Information Officer has the authority to make administrative changes in the medical record. These changes would be necessary in rare circumstances when the provider is no longer available, or in other extenuating circumstances, or to enable various chart correction activities (e.g. when a signed note is discovered in the wrong patient's chart). In all cases, these administrative changes will be reported to the MEC and will follow specific Health Information Management policies and procedures.

V. ORDERS

General Requirements

- a. When a practitioner uses an electronic signature, he must ensure it is only used in accordance with departmental policies and related regulatory guidelines.
- b. When transferring a patient to a different level of care or to a different service, all orders must be individually reviewed and adjusted by the practitioner according to the patient clinical status. [See Medical Policy C-085: Transfer of Patients within MUSC Health and Medical Center Policy C-146: Medication Reconciliation]
- c. When a patient returns to a patient care unit from the operating room (OR) or when a procedure is performed outside of the OR, pre-procedure orders are individually reviewed and adjusted by the physician according to the patient clinical status.
- d. Explicit orders must be written for each action to be taken.
- e. Medications should be ordered within the MUSC Formulary of Accepted Drugs (Medical Center Policy C-082: Formulary System).

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f. Blanket orders such as “resume pre-op medications” [as outlined above in c.] or “resume home medications” are prohibited.

g. All medication orders must be written according to [Medical Center Policy C-078: Medication Orders](#).

h. Any nursing communication should be used to communicate a singular action for the care of the patient. If the therapy should occur in any frequency, the provider must place a specific order with the exact frequency and directions for completion of the action or therapy.

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i. Palliative care consults, ethics consults, or referrals can be placed by any provider or ancillary staff based on the needs of the patient. After completing the consult, recommendations will be communicated back to the attending of record.

Who May Write Orders

Orders may be written by members of the medical staff, [residents](#), and allied health professionals ([i.e.](#) advanced nurse practitioners, [physician assistants](#), social workers, psychologists, [pharmacists](#)) within the scope of their practice, delineated clinical privileges, and approved protocols. All orders must be written clearly and completely. Orders must include date, time written, and provider authentication. When an order is handwritten, the order must also be legible and include the ordering practitioner page ID for authentication. Authenticated electronic signatures for orders are acceptable when available.

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Order Entry

Orders can only be placed and accepted through the orders entry activities within the electronic health record. Care instructions written outside of the order entry activities are not considered orders; therefore, they will not be acted upon by the clinical staff. Examples include but are not limited to progress notes and discharge forms.

Orders for Specific Procedures/Circumstances

a. All requests for tests such as imaging and labs, etc. shall contain a statement of the reason for the examination.

b. All orders for therapy shall be entered in the patient's record and signed by the ordering practitioner.

c. Therapeutic diets shall be prescribed by the attending physician in written orders on the patient's chart. Orders for diet must be specific as in the case of limited sodium diets where the desired sodium content must be stated in either milligrams or grams.

d. All orders for *restraints* shall include the type of restraint, the reason for the restraint, the length of time (not to exceed 24 hours), and alternatives attempted. Restraints can be ordered by a physician, an advanced nurse practitioner or psychologist within the scope of their duties. Such orders must be signed and dated by the ordering practitioner at the time restraints are ordered. Emergency verbal orders must be secured within one hour

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of the nurse initiating restraints. The ordering practitioner must sign verbal orders for restraints within twenty-four (24) hours. PRN orders are not acceptable.

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- e. When restraints are used for behavioral reasons, the patient must be seen by an MD within one hour of initiation.
- f. Do Not Resuscitate (DNR) orders may be accepted as a verbal order only when the patient has executed an advance directive and that directive is included in the patient's record. A no-code (DNR) must be written by the attending physician with the progress notes reflecting the patient's mental status, the reasons for the DNR, diagnosis and prognosis, and a statement of the patient's wishes. Medical staff are to follow Medical Center Policy C-013 Resuscitation Orders. In all cases, the patient has the right to refuse resuscitation verbally or as by written advanced directive.
- g. Allow Natural Death (AND) order should be followed according to Medical Center Policy C-023: Withholding/Withdrawing Life-sustaining Treatment. When a patient or family presents a signed AND advanced directive, discussion must occur between treating physician and patient (or surrogate).
- h. A validly completed and executed South Carolina Physician Orders for Scope of Treatment ("POST") form may be accepted in any emergency situation as a valid expression of patient wishes until the contents are reviewed with the patient or the legally authorized representative at the earliest possible opportunity. The attending physician should document review of the POST and conversations about the POST in the medical record.
- i. Orders to admit a patient must be signed/co-signed by the admitting physician or by another physician credentialed to admit patients.

j. All PRN medications must include an indication for use.

k. All outpatient in-clinic or retail medication orders must include an associated diagnosis.

l. Any sample medication provided in the clinics must appear on the patient's outpatient medication list. For MUHA clinics, the sample will be sent as a prescription to an on-campus retail pharmacy. For MUSC-P clinics, the medication order will be added to the medication list when the sample(s) is provided to the patient.

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Verbal or Telephone Orders

A verbal or telephone order is defined as an order communicated verbally by either an on-site or off-site practitioner for treatment that normally requires a written order. The request for and use of verbal or telephone orders should be limited, whenever possible, to urgent or emergent situations. In all cases, a verbal or telephone order will not be considered complete until the individual receiving the order, reads back and verifies the content of the order. Non-urgent verbal or telephone order may be acceptable when the practitioner is off-site (without access to the EHR), unable to immediately stop the care of a patient (e.g. OR, procedure), or communicating a medication order to a retail pharmacy. [See Medical Center Policy C-056: Ordering Modes (Verbal, Telephone, and Standing Orders)].

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a. The following disciplines may request and accept a verbal or telephone order within the scope of their practice;

- Licensed physician assistant
- Advanced practice registered nurse
- Registered nurse
- Licensed practical nurse (in ambulatory clinics only)
- Certified medical assistant (in ambulatory clinics only)
- Certified ophthalmic personnel (in ambulatory clinics only)
- Licensed pharmacist
- State certified pharmacy technician or pharmacy intern (in ambulatory pharmacies only) [SC Code of Laws 40-43-84]
- Certified respiratory care practitioner
- Emergency medical technician
- Licensed physical therapist
- Licensed occupational therapist
- Registered dietitian
- Board registered or licensed nuclear medicine technologist
- Board registered or licensed radiologic technologist
- Dental hygienist
- Licensed speech language pathologist
- Organ procurement coordinators (transplant program only)
- Approved research coordinators
- Other disciplines as specifically approved by the Chief Medical Officer, and subsequently endorsed by the Medical Executive Committee

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b. Verbal orders must be signed with credentials, dates and timed, read back and verified, and flagged for signature by the person accepting the order.

c. The full name and credentials of the practitioner who dictated the order must be documented for an electronic. The pager ID/immediate contact information should also be documented for handwritten orders.

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d. All verbal orders (with the exception of verbal orders for restraint or seclusion or verbal orders for controlled substances) must be signed, timed, and dated by the practitioner, or designee (a physician member of the service team) who issued the order within fourteen (14) days after patient discharge.

e. Verbal orders for Schedule II Controlled Substances must be signed, timed and dated only by the practitioner who issued the order within 48 hours. (SC Code Ann.Reg 61-4.908 and 909).

f. Unsigned verbal orders for controlled substances must be discontinued after forty-eight (48) hours. The responsible physician or dentist must be notified by a nurse of the discontinuation. Documentation of notification of the physician or dentist must occur in the medical record.

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Approved Medical Staff December 2014

Approved Medical Executive Committee December 2014

Approved Board of Trustees December 2014

- g. Verbal orders must not be accepted for certain high-risk medications as defined in Medical Center Policy C-056: Ordering Modes (Verbal, Telephone, and Standing Orders).
- h. Non-licensed or non-certified personnel (i.e. unit secretaries, clinical assistants) may not give or accept verbal orders from a practitioner under any circumstances.
- i. Orders given verbally and documented through one-step mechanisms are considered a verbal order that will require co-signature by the practitioner communicating the order.
- j. All of the above applies to both paper and electronic medical record verbal order entry.
- k. When using the electronic system, the appropriate physician must select the verbal order within the sign tab and then submit the order.
- l. Another practitioner responsible for the patient's care and authorized by hospital policy to write orders may authenticate the verbal order in the absence of the practitioner originating the order.

Deleted: including chemotherapy agents and investigational drugs or other high-risk medications as determined by the Pharmacy and Therapeutics Committee.

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Standing Orders/ Guidelines

A standing order or a guideline is an order that can be initiated by a nurse or other individual without a prior specific physician's order for that patient. The Medical Staff must approve standing orders after the recommendation and approval of the Pharmacy and Therapeutics Committee. All standing orders must be signed, dated and timed by the ordering practitioner or by another practitioner responsible for the care of the patient in the medical record as soon as possible. Standing orders are typically initiated when a patient's condition meets certain predefined clinical criteria as part of an emergency response wherein it is not practical for a nurse to obtain an order before providing care. Standing orders are also provided as part of an evidence-based treatment regimen. Other requirements for Standing Orders are according to Medical Center Policy C-068: Standing Orders, Protocols, Guidelines, Order Sets, and MUSC Ideal Care Plans.

Note: A checklist of preprinted treatment options that a physician or practitioner selects from is not considered a standing order.

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VI. CONSULTATIONS

Who May Give Consultations

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

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

Required Consultations

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- a. Consultation shall be required in all non-emergency cases whenever requested by the patient or the patient's personal representative if the patient is incompetent. Consultations are also required in all cases in which, in the judgment of the attending physician:
 - the diagnosis is obscure after ordinary diagnostic procedures have been completed,
 - there is doubt as to the choice of therapeutic measures to be utilized,
 - unusually complicated situations are present that may require specific skills of other practitioners,
 - the patient exhibits severe symptoms of mental illness or psychosis.
- b. The attending practitioner is responsible for requesting consultation when indicated.
- c. It shall be the responsibility of all individuals exercising clinical privileges, to obtain any required consultations, and requests for a consultation shall be entered on an appropriate form in the medical record. If the history and physical are not on the chart and the consultation form has not been completed, it shall be the responsibility of the practitioner requesting the consultation to provide this information to the consultant.
- d. It is the duty of the Credentials Committee, the Department Chair, and the Medical Executive Committee, to make certain that appointees to the staff request consultations when needed.

Contents of Consultation Report

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

Emergency Department Consultations

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

VII. SUBSTANCE ABUSE/PSYCHIATRIC PATIENTS

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

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

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

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

VIII. MODERATE AND DEEP SEDATION

Moderate sedation will be administered under the immediate direct supervision of a physician, dentist, or other practitioner who is clinically privileged to perform moderate sedation. Moderate sedation will be administered only in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to [Medical Center Policy C-044: Moderate Sedation/Analgesia](#).

Deep sedation/analgesia will be administered only by an anesthesiologist, CRNA or a physician holding appropriate clinical privileges. Deep sedation will be administered ONLY in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to [Medical Center Policy C-044: Moderate Sedation/Analgesia](#).

IX. PATIENT DISCHARGE

Who May Discharge

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

Discharge of Minors and Other Incompetent Patients

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

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and the statement shall become a part of the permanent medical record of the patient.

Transfer of Patient

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

Death of Patient

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

Methods for Obtaining an Autopsy

Methods for obtaining an autopsy shall include:

- a. The family requests an autopsy.
- b. The death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County.
- c. The attending physician requests an autopsy based on the College of American Pathologists criteria and [Medical Center Policy C-016: Decedent Care Program](#).

No autopsy shall be performed without written consent of a responsible relative or authorized person unless ordered by the Coroner/Medical Examiner of Charleston County.

Duties of the Physician for Obtaining an Autopsy

- a. Determine whether the death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County. (Refer to "A Guide to the Autopsy for Physicians and Nurses.")
- b. Obtain permits for organ donation when applicable according to the Organ Procurement, [Medical Center Policy C-017 Organ/Tissue Donation](#).
- c. Documentation of request for autopsy must be completed, authenticated, and placed in the medical record.

Scope of Autopsy

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

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along with all additional information the pathologist considers relevant to the case

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

X. HOSPITAL ADMISSION CENSUS

In situations where the hospital bed occupancy is full, the Medical Center may reference and implement [Medical Center Policy A-074: Managing Inpatient and Emergency Department Bed Shortages, Loss of Critical Ancillary Services, and Overloaded Patient Care Capacities and EP3 Protocol](#)

XI. MAYDAY PROCEDURE

In the event that a clinical emergency situation arises within the Medical Center or within any University area designated in the [Medical Center Policy C-014: Medical Emergency Response](#), Medical Staff are to follow specific duties as outlined in the policy.

XII. EMERGENCY MEDICAL SCREENING

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

XIII. MEDICATION ADMINISTRATION

[All medications will be administered throughout the MUSC health-system using the appropriate procedures and technology to ensure safe, accurate, and timely administration of medication for optimizing patient outcomes. Documentation of the administration should occur in the electronic health record on the medication administration record \(MAR\) by the person who administered the medication or his/her designee who witnessed the administration.](#)

XIV. PATIENT SAFETY INITIATIVES

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

[C-056: Order Modes \(Verbal, Telephone, and Standing Orders\)](#)

[C-080: Notification of Critical Values](#)

[C-025: Time Out – Universal Protocol \(Wrong Site, Wrong Procedure, Wrong Person Surgery/Procedure\)](#)

[C-021: Use of Abbreviations](#)

[C-049: Event Investigation and Analysis \(formerly Sentinel Events\)](#)

[C-058: Patient Identification](#)

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[IC 3-008: Hand Hygiene](#)
[C-146: Medication Reconciliation](#)

XV. HOUSE STAFF/RESIDENT PHYSICIANS

House staff (post graduate physician practitioners in specialty or sub-specialty training) at the MUSC Medical Center shall not be eligible to become appointees of the active medical staff and shall not be eligible to admit patients. They are authorized to carry out those duties and functions normally engaged in by house staff according to their defined job descriptions and/or scope of practice under the supervision of an appointee of the active medical staff. Supervision of residents is required. Supervision includes but is not limited to counter signature in the medical record by the attending, participation by the resident in rounds, one on one conference between the resident and attending, and the attending physician's observation of care being delivered by the resident. Active medical staff members are required to supervise students as specified in [Medical Center Policy C-074: Resident Supervision](#). Appropriately credentialed fellows serving as attending physicians are excluded from these requirements.

XVI. PEER REVIEW

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

XVII. MEDICAL STAFF POLICIES

All members of the Medical Staff are required to follow the policies of the Medical Staff and the Medical Center.

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Medical Executive Committee Presiding: Dr. Brenda Hoffman Date: September 16, 2015 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 am Adjournment: 8:30 am	Members present: Dr. Hoffman, Dr. Habib, Boylan, Dr. Baliga, Dr. Carroll, Dr. Clyburn, Dr. Easterling, Dr. Elliott, Dr. Gray, Dr. Handel, Dr. Ikonomidis, Dr. Jauch, Lois Kerr, Dr. Lancaster, David McLean, Dr. Rockey, Dr. Russell, Dr. Salgado, John Sanders, Sheila Scarbrough, Dr. Schaffner, Dr. Warren, Dr. Wray, Carol Younker, Members excused: Dr. Basco, Dr. Cawley, Dr. Cluver, Dr. Costello, Dr. Deas, Dr. Easterling, Dr. Fakhry, Dr. Gillespie, Dr. Ovbiagele, Dr. Reeves, Dr. Ryan, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Streck, Matt Wain, Dr. Zwerner Guests: Patrick Coyne, Anthony Hale, Lauren Seidenschmidt		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	N/A		
Wins	Marilyn Schaffner announced that the hospital achieved magnet status. Dr. Carroll mentioned that they had an unannounced HLA lab inspection and received glowing comments from the inspection with only 2 minor findings with one correct on-site. Dr. Russell announced that we received CDC/Ebola designation as the South Carolina Center.	Accepted as information.	
Review of Minutes	The August 19, 2015, meeting minutes were reviewed and approved.	Approved	
Credentials Committee	Dr. Gray reported on the following: Medical Staff Initial Appointment and Privileges: 13 Medical Staff Reappointment and Clinical Privileges:26 Medical Staff Reappointment and Change in Privileges: 0 Medical Staff Change in Privileges: 14 Professional Staff Initial Appointment and Privileges: 7 Professional Staff Reappointment and Privileges:14 Professional Staff Reappointment and Change in Privileges:1	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.	
Diversity & Inclusion at MUSC	Mr. Patrick Coyne gave an update on the MUSC Palliative Care program. Mr. Coyne shared the mission statement of the Palliative Care department and gave an overview of the services provided by the Palliative Care team. Mr. Coyne shared the "Wins" in the areas of program development, academics and outreach and went over the opportunities for improvement. Mr. Coyne gave an overview of the future plans for the palliative care program. He reminded the committee members that any provider (MD, RN, PT/OT, NP, PA) can consult palliative care at MUCS. Currently consults are only available Monday – Friday with the hopes of expanding the program.	Accepted as information.	
Joint Commission Update	Ms. Lois Kerr reminded everyone that MUSC is due for its triennial Joint Commission visit any time now. Some of the emphasis in the last six months includes infection control. The other thing is spending time on is tracing the care of the patient with particular focus on hand-offs. Lois reminded the group of the importance of compliance with the following: complete informed consents: OR	Accepted as information.	

	attire, infection control, anesthesia carts, H & Ps, and signed orders.			
Proposed Revision to Medical Staff Rules & Regs	Lois Kerr presented proposed revisions to the Medical Staff Rules & Regulations.		Approved with modifications.	Lois Kerr to make recommended changes.
GME Report	Dr. Clyburn announced that the CLER visit could come as early as fall but most likely will be delayed. Their focus has been on quality improvement related to health disparities and outcomes; patient safety reporting; transitions of care, professionalism; adequate supervision and duty hours.		Accepted as information.	
Items for Communication	No items for communication were submitted.		Accepted as information.	
Policies (Consent)	<ul style="list-style-type: none"> • C-016 Decedent Care Program • C-022 Restraint and Seclusion (posted - pending final approval by MEC) • C-035 Disaster Privileges for Licensed Independent Practitioners • C-047 Identification of Allergies • C-048 EMTALA • C-055 Patient Controlled Analgesic (PCA) • C-061 Medication Administration • C-065 Patient & Family Education • C-066 Safe Haven for Abandoned Babies • C-068 Standing Orders • C-074 Resident Supervision • C-078 Medication Orders • C-086 Blood Transfusion: Complications • C-087 Blood Product Administration • C-105 Clinical Staff Professionalism • C-123A Ventilator Associated Pneumonia (VAP) Prevention • C-126 Expiration Dating of Opened Med Containers in Non-Pharmacy Areas • C-134 Medication Security in Non-Pharmacy Areas • C-198 Radiation Protection for Pregnant Workers • NEW – Wound-Clinical Digital Photography • NEW – Clinical Alarm Systems • NEW – Care Plan Policy 		Approved	
Data & Service Reports (Consent)	Data reports reviewed: <ul style="list-style-type: none"> • Admit Transfer Report • Bed Capacity Summary • Quality of H&P by Department • Hand Hygiene 	Service reports reviewed: <ul style="list-style-type: none"> • Discharge Summ. Turnaround Time • Discharge Detail Turnaround Time 	Accepted as information.	
Subcommittee Minutes (Consent)	<ul style="list-style-type: none"> • Blood Utilization Review 07.16.15 • Clinical Doc. 08.13.15 • Clinical Doc. Improve 09.09.15 • Clinical Lab Advisory 08.18. 	<ul style="list-style-type: none"> • GME 07.09.15 • GME 08.13.15 • Health Information Mgmt. 08.20.15 • Peer Review 08.18.15 	Accepted as information.	

	<ul style="list-style-type: none"> • Credentials 09.10.15 • Emergency Mgmt. 08.28.15 • Ethics 09.02.15 	<ul style="list-style-type: none"> • Pharmacy & Therapeutics 08.15 • Quality Operations 08.06.15 • Quality Operations 08.20.15 		
Adjournment 8:30 am	The next meeting of the Medical Executive Committee will October 21, 2015, at 7:30 am in 628 CSB			

Medical Executive Committee Presiding: Dr. Brenda Hoffman Date: October 21, 2015 Meeting Place: 628 CSB Recording: Jane Scutt Meeting Time: 7:30 am Adjournment: 8:20 am	Members present: Dr. Hoffman, Dr. Habib, Boylan, Dr. Baliga, Dr. Basco, Dr. Clyburn, Dr. Easterling, Dr. Elliott, Dr. Gray, Dr. Handel, Dr. Ikonomidis, Dr. Jauch, Lois Kerr, Dr. Lancaster, David McLean, Dr. Reeves, Dr. Rockey, Dr. Russell, Dr. Ryan, Dr. Salgado, Dr. Schaffner, Dr. Scheurer, Dr. Wray, Carol Younker, Members excused: Dr. Carroll, Dr. Cawley, Dr. Cluver, Dr. Costello, Dr. Deas, Dr. Fakhry, Dr. Gillespie, Dr. Ovbiagele, Dr. M. Scheurer, Dr. Streck, Matt Wain, Dr. Warren, Dr. Zwerner Guests: Dr. Schaefer		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	N/A		
Wins	Dr. Schaffner mentioned there was domestic violence rally held in the horseshoe yesterday and was also featured in <i>The Post and Courier</i> today. Dr. Scheurer reported that there have been no CAUTIs for the month of October.	Accepted as information.	
Review of Minutes	The September 16, 2016, meeting minutes were reviewed and approved.	Approved	
Credentials Committee	Dr. Gray reported on the following: Medical Staff Initial Appointment and Privileges: 9 Medical Staff Reappointment and Clinical Privileges:17 Medical Staff Reappointment and Change in Privileges: 1 Medical Staff Change in Privileges: 3 Professional Staff Initial Appointment and Privileges: 8 Professional Staff Reappointment and Privileges:16 Professional Staff Reappointment and Change in Privileges:0 The following temporary board certification waiver exemption was granted: Cheryl P. Lynch, MD	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.	
Moderation Sedation	Dr. John Schaefer gave a report on Simulation Training results from 2010 – 2015. Dr. Schaefer gave an overview of the course components including the CME credits earned. Dr. Schaefer reported that, for the overall moderate sedation course grade, 94% of the people who took the course had trouble with at least one of the pre-test sections. He also showed the breakdown of the pre-test and post-test scoring percentage by course grades by component; airway component grades; and sedation component grades. He shared a report on the validity of sim sedation and sim BIV and also predictive validity. Dr. Schaefer reviewed the moderate sedation course costs. He presented a graph that showed the dramatic improvement in scores for the Airway – Difficult Mask Ventilation which ranged from less than a 30% pass in the pretest to over a 90% pass in the	Accepted as information.	

	post test In closing, Dr. Schaefer acknowledged the following individuals: Dr. Scott Reeves, Dr. Carlee Clark and Dr. Catherine Tobin.			
Proposed Revision to Medical Staff Bylaws	Lois Kerr presented the proposed changes to the Medical Staff Bylaws.		Approved.	
Items for Communication	No items for communication were submitted.		Accepted as information.	
Policies (Consent)	<ul style="list-style-type: none"> NEW – Bed Bug Policy NEW – Definition of Medical Record NEW – Portable Space Heating Devices Healthcare Occupancy Policy NEW – Wasting of Controlled Substances C-004 – Confidentiality of Patient Location Information C-050 – Care at the End of Life C-056 – Ordering Modes (Verbal, Telephone, and Standing Orders) C-062 – Oxygen E Cylinders, Ordering & Maintaining C-089 – Food/Drug Interactions C-106 – Adult Hypoglycemia Prevention and Treatment Protocol C-111 – Peripheral Nerve Block Infusion C-116 – Patient Assessment and Re-Assessment C-158 – Adult Anticoagulation Management/Treatment C-174 – Radiation Monitor and It's Use C-179 – Pediatric Anticoagulation Management C-185 – Breast Milk Management C-193 – CAUTI Prevention NEW – Safe Patient Handling and Monitoring C-060 Monitoring of Refrigerators and Warmers C-136 Investigational Drug Service & Research Involving Investigational Medications Conducted within MUSC Medical Center 		Approved	
Data & Service Reports (Consent)	Data reports reviewed: <ul style="list-style-type: none"> Admit Transfer Report Bed Capacity Summary Quality of H&P by Department Hand Hygiene 	Service reports reviewed: <ul style="list-style-type: none"> Discharge Summ. Turnaround Time Discharge Detail Turnaround Time 	Accepted as information.	
Subcommittee Minutes (Consent)	<ul style="list-style-type: none"> Blood Usage & Tissue Review 07.16.15 Clinical Documentation Improve 09.09.15 Clinical Lab Advisory 09.15 Credentials 10.14.15 	<ul style="list-style-type: none"> OR Executive 10.06.15 Patient Throughput 09.09.15 Peer Review 09.15 Pharmacy & Therapeutics 09.15.15 Quality Operations 10.15.15 	Accepted as information.	

	<ul style="list-style-type: none"> • Graduate Medical Education 09.10.15 • Health Information Management 09.17.15 • Infection Control 09.22.15 	<ul style="list-style-type: none"> • Sedation 09.23.15 		
Adjournment 8:20 am	The next meeting of the Medical Executive Committee will November 18, 2015, at 7:30 am in 628 CSB			



Alice Boylan, MD, Secretary of the Medical Staff

AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL
AUTHORITY SINCE THE October 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:

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

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

Roper St. Francis Hospital

Affiliation Agreements –

Indiana Wesleyan University
University of Alabama at Birmingham

Shared Services Agreements –

Medical University Hospital Authority

Construction Contracts - For Reporting

December 10, 2015

Metro Electric	\$78,000.00
E Power Branch	
Provide electrical services for the relocation of existing feeder from CH to CSB for CSB ATS # 7 & 8.	
NBM Construction	\$234,530.00
UH PACU Renovation	
Provide construction services for the renovation of PACU.	
Metro Electric	\$128,235.00
UH-Electrical Infrastructure	
Replacement of feeder NT A11 MVS.	
Hill Construction	\$65,519.00
RT-AHU #9 Replacement	
Seismic railing and AHU coiling piping relocation.	
Stenstrom & Associates	\$65,519.00
RT-10th Floor Head & Neck Oncology	
Upgrades to public restroom and adjoining waiting area.	
B & F Mechanical	\$159,667.00
RT-Domestic Water Supply Piping Replacement	
Replace domestic water supply piping.	

Medical University Hospital Authority

Professional Services Contracts - For Reporting

December 10, 2015

Wells Fargo Insurance Services	\$50,000.00
Phase Two: MUSC SJ Children's Hospital and Women's Pavilion	
Provide insurance services for OPPI (Owner's Protective Professional Indemnity & Liability)	

Medical University Hospital Authority

IDC Professional Services Contracts - For Reporting

December 10, 2015

Rosenblum Coe Architects	\$97,725.00
James Island Compounding Pharmacy	
Amendment #1 provide professional services for design, engineering, equipment and landscaping.	

Medical University of South Carolina and Medical University Hospital Authority Policies and Procedures

Policy Name: MUSC/MUHA- Conflict of Interest Policy			
Approved- Board of Trustees			Date: May 17, 2012 December 10, 2015
Effective Date: December 10, 2015	Page 1 of 8	Section: General (Miscellaneous)	Policy Number: N/A Amendment 1
Replaces Policy: N/A Amendment to Policy dated May 17, 2012			Dated: N/A

Persons covered by this policy

This policy applies to all Trustees, Officers, Faculty, Administrators, and Staff, including all full-time, part-time, temporary, and contract Employees of Medical University of South Carolina ("MUSC") and Medical University Hospital Authority ("MUHA"). Affiliates (entities which derive their not for profit status from MUSC, such as MUSC Physicians, the MUSC Foundation, and the MUSC Foundation for Research Development) shall as a condition of continued business with MUSC and MUHA adopt a policy substantially similar to this Policy, adapted to accommodate those affiliate employees who are not public employees.

Preamble

1. Enhancing the public good through improved health initiatives and superior economic development is the foundation of many government policies. MUSC, as a contemporary, public research university, has a responsibility to actively participate and promote these initiatives even if conflicts of interest are more likely and many times unavoidable. Conflicts of interest, therefore, may arise from ordinary and appropriate activities as a part of assigned employment duties so the existence of a conflict should not imply wrongdoing. When conflicts of interest do arise, however, they must be recognized and disclosed, then eliminated or appropriately managed. The Board of Trustees for MUSC and MUHA has a duty to govern those State entities in a manner such that conflicts are appropriately reviewed and acted on to maintain public confidence in the integrity of our institutions.

2. This policy provides a framework for recognizing and managing employee conflicts of interest, and should minimize even the appearance of conflicts of interest. The primary goal of this policy is to prevent an employee's activities from adversely influencing MUSC or MUHA operations.

3. Particular departments and activities of MUSC or MUHA may have specific conflict of interest policies. It is intended, however, that this policy will apply to the entire MUSC enterprise, providing a framework for those specific additional policies to operate under, such

that those specific policies will not supersede this policy unless approved by the Board of Trustees.

4. This policy references South Carolina Code (S.C. Code § 8-13-10 et seq.) (the "Ethics Law"), which makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. This policy is implemented in addition to all requirements of the Ethics Law and does not supersede it. The South Carolina Ethics Law is at <http://www.scstatehouse.gov/code/t08c013.php>

5. As MUSC conducts research funded by the Public Health Service and other federal agencies, it is required by federal law to maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F - "[Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought](#)" and 45 CFR Part 94 "Responsible Prospective Contractors" as well as all other relevant policies of federal funding and oversight agencies.

Field Code Changed

A. Statement of general policy

1. MUSC/MUHA policy is that its employees conduct the affairs of MUSC/MUHA in accordance with the highest legal, ethical and moral standards.

2. MUSC/MUHA policy is that employees of MUSC/MUHA shall disclose perceived and real conflicts of interest.

3. MUSC/MUHA policy is that employees shall not use their position to secure personal financial benefits or economic interest for themselves, any member of their immediate family, any individuals or entity with whom the employee has a business relationship that renders an employee economic benefit. A perceived and/or real conflict of interest arises whenever the employee has the opportunity to influence University or Authority operations or business decisions in ways that could result in a personal financial benefit or economic gain to the employee, a member of an employee's immediate family, or individuals or entities with whom the employee has a business relationship which renders the employee economic benefit. Although certain specific examples of conflicts of interest are provided in this policy, they are meant only as illustrations, and supervisors and employees are expected to use good judgment to identify possible conflicts of interest that may adversely influence MUSC/MUHA operations, and to avoid or manage them as appropriate.

4. This policy is not intended to prohibit approved and appropriately managed economic development activities related to MUSC/MUHA generated intellectual property, including MUSC/MUHA employee involvement with startup companies, Small Business Administration (SBIR/STTR) funded research and Centers of Economic Excellence Activities. However, any such activities by MUSC/MUHA employees that make use of University or Authority property, facilities, equipment or other resources for personal benefit shall be approved as required herein, of benefit to MUSC/MUHA, and for fair value.

5. Nothing in this policy shall be construed to permit, even with disclosure, any activity that is prohibited by law.

B. Definitions

1. Conflicts of interest occur when an employee or immediate family member receives personal financial benefit or an economic interest from the employee's position in a manner that may inappropriately influence the employee's judgment, compromise the employee's ability to carry out MUSC/MUHA responsibilities or, be a detriment to MUSC/MUHA integrity.

2. Immediate family includes the employee's parents, spouse, siblings, children, stepchildren, and grandchildren.

3. Manage and managing means an affirmative action by the University or the Authority to establish parameters or conditions that minimize or eliminate the risk of the perceived or real conflict of interest.

4. Personal financial benefit or economic benefit is defined as anything of monetary value, including salary, commissions, fees, honoraria, gifts of more than nominal value, equity interests, interests in real or personal property, dividends, royalty, rent, capital gains, intellectual property rights, loans, and forgiveness of debt. "Personal financial benefit" does not include:

a. compensation or payments received from MUSC/MUHA or any of its affiliates or the Ralph H. Johnson Department of Veterans Affairs Medical Center;

b. payments for participation in seminars, lectures or other educational activities as long as not acting in the employee's official capacity, or reasonable expenses for the same activities even if acting in official capacity;

c. payments for participation in seminars, lectures or other educational activities sponsored by and service on advisory or review panels for a federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education, and reasonable expenses for the same activities as long as acting within the context of an individual's Faculty Appointment Contract;

d. any financial interest arising solely by means of investment in a mutual, pension, or other institutional investment fund over the management and investments of which the employee or an associated immediate family member does not exercise control; and

e. investments in publicly traded entities as long as the value of the employee's equity interest in the entities is less than \$5,000.

5. University means Medical University of South Carolina.

6. Authority means the Medical University Hospital Authority.

7. MUSC or MUHA institutional responsibilities are defined as the responsibilities of an employee to perform MUSC or MUHA activities as defined by management or contract.

C. Policy provisions

1. An employee shall disclose any situation in which the employee has, or may have, a real or potential conflict of interest as defined herein. The Vice President for Academic Affairs and Provost will determine which employees, by nature of their duties, responsibilities or other relevant criteria, must complete an annual conflict of interest disclosure. These conflicts of interest must be reported annually to the Conflict of Interest Office. For those employees required to submit annual disclosures, if any business or financial relationship changes or develops, the employee is required to update their disclosure form within 30 days. Modifications to existing disclosures or a new activity will require submittal of an additional disclosure in a timely manner. An authorized group of employees shall review the disclosure and recommend to the appropriate Vice President a suitable action plan to eliminate or manage the conflict of interest so as to ensure that MUSC or MUHA business is not improperly influenced or adversely affected. In the event that there is no reasonable way to manage a conflict of interest, then the employee may be prohibited from participating in related MUSC/MUHA affairs until such a time as the conflict is eliminated. In other words, employees and Officers of MUSC/MUHA have a duty to immediately disclose, manage or eliminate any real or potential conflicts of interest that are not in the best interests of the University or Authority.

a. An eEmployees who are required to file an annual conflict of interest disclosure shall disclose conflicts of interest in writing on an approved paper or digital Conflicts of Interest Disclosure Form, including a statement describing the nature and extent of the conflict, to their supervisor and to the Conflict of Interest Office. This disclosure must be completed annually, on a form designated for such purposes. A new disclosure form must be completed whenever a new conflict of interest arises or when a significant change occurs concerning and existing disclosure. See the following website for this disclosure form: Annual Conflict of Interest Disclosure www.musc.edu/coi .

b. If a supervisor becomes aware of a conflict of interest that an employee has not disclosed, the supervisor shall discuss the situation with the employee, require that a written disclosure be made as provided in this policy, and inform the Conflict of Interest Office to anticipate the receipt of a new Disclosure Form.

c. All conflicts of interest shall be reported to the Conflict of Interest Office. The Board of Trustees or its designee will retain authority to take such action as it deems appropriate regardless of any action or inaction by an Officer of MUSC and/or MUHA.

2. The following are examples of conflicts of interest requiring disclosure. These examples are illustrations only and are not meant to be exclusive.

a. Employee or immediate family member has a financial interest in a business entity with which the University or Authority does or proposes to do business, and the employee is in a decision-making role or otherwise is in a position to influence the University's or

Authority's business decisions regarding the business entity. Business entity examples for which an employee disclosure is required:

- i) finance or accounting services
- ii) equipment services
- iii) marketing services
- iv) construction services
- v) consulting
- vi) counseling
- vii) catering
- viii) computer supplies
- ix) programming
- x) architectural services
- xi) legal services
- xii) grant preparation
- xiii) temporary personnel services
- xiv) office or laboratory supplies
- xv) painting services
- xvi) lawn and grounds services

b. Employee holds or assumes an executive, officer or director position in a for-profit or not-for-profit business or entity engaged in commercial, educational, or research activities similar to those in which the University or Authority engages.

c. Employee participates in consultation activities for a for-profit or not-for profit business or entity engaged in commercial, educational or research activities similar to those of the University or Authority.

d. Employee holds or assumes an executive, officer or director position in a for-profit or not-for-profit business or entity that does business with the University or Authority.

3. The activities listed below are prohibited unless sanctioned by an Officer of the University or Authority. Sanctioned activities are those activities documented within an individual's Faculty Appointment Contract, contained within an employee's job description or expectations, appropriately authorized agreements, Memoranda of Understanding, or otherwise approved by the employee's Vice President.

a. Significant use of University or Authority property, facilities, equipment or other resources in any manner other than as part of the employee's responsibilities, that results in personal financial benefit or economic interest to an employee, a member of an employee's immediate family or business with which the employee has a business relationship.

b. Using significant University or Authority property, facilities, equipment or other resources in any manner to support an entity not associated with the University or Authority unless special permission is provided in writing by an authorized Officer of MUSC or MUHA.

- c. Using University or Authority stationery, letterhead, logo, or trademark in connection with outside activities, other than activities having a legitimate relationship to the performance of University or Authority business.
- d. Using University or Authority facilities, resources, or the employee's position at the University for the purpose of advocating, endorsing, or marketing the sale of any goods or services, other than as part of the employee's responsibilities, without the prior approval in writing by an authorized Officer of MUSC or MUHA.
- e. Using the University or Authority name, trademark or trade name for personal business or economic gain to the employee, a member of the employee's immediate family or a business with which the employee has a business relationship.
- f. Using any University or Authority intellectual property data or information that is not in the public domain for personal financial benefit or economic gain to the employee or a member of the employee's immediate family, or a business which the employee has a business relationship.
- g. Using any University or Authority employee for any outside activity during normal work time for which he or she is receiving compensation from the University or Authority (not applicable when employees are on a paid or unpaid leave).
- h. Participating in the selection or awarding of a contract between the University or Authority and any entity with which an employee is dually employed, IS seeking employment or has been offered employment.
- i. Other activities may be prohibited if there is no reasonable way to manage an associated conflict of interest.

D. Employee responsibilities

1. Employees shall not engage in the prohibited activities listed above unless sanctioned in advance or in any other activity that has been prohibited following a completed review of an employee's conflict of interest disclosure.

2. For employees subject to the annual conflict of interest disclosure process, as determined by the Vice President for Academic Affairs and Provost. Employees these employees shall disclose a real or perceived conflict of interest as described above:

- a. As soon as the employee knows of the conflict, and then annually thereafter for as long as the conflict continues to exist;
- b. In writing on the approved Conflict of Interest Disclosure Form;
- c. To the Conflict of Interest Office;

Employees not subject to the annual conflict of interest disclosure process shall still disclose any potential conflict of interest related to their job duties to their immediate supervisor for review.

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3. Employees shall avoid any involvement with all related University or Authority activities and decisions until such time as the conflict of interest has been evaluated and the disclosed activity has been approved.

4. If there is any question whatsoever about an activity representing a conflict of interest, then the employee should consult with the Conflict of Interest Office or an MUSC or MUHA Office of Legal Counsel for direction.

E. MUSC/MUHA responsibilities

1. Supervisors shall ensure that all new employees are informed of this policy.

2. Supervisors and administrators of MUSC and MUHA shall ensure that all current employees are reminded of this policy on a periodic basis.

3. The University and Authority shall develop a peer process to evaluate conflict of interest disclosures, and to review the conduct of approved Management Plans.

4. In the event that a reported conflict of interest is approved, the Conflict of Interest Office shall ensure there is an appropriate Management Plan in place to monitor and manage the situation so that resources are used in an appropriate manner and that there is no improper influence on University or Authority decisions.

5. The Conflict of Interest Office shall ensure that Conflicts of Interest Disclosure forms are retained for future reference. Upon an employee's transfer from the unit or termination from the University or Authority, associated Conflict of Interest Forms shall be retained by the Conflict of Interest Office for a minimum of three years.

6. Supervisors shall establish and maintain a work environment that encourages employees to ask questions about real or potential conflicts of interest.

7. If supervisors have any question whatsoever about an external activity representing a conflict of interest, they should consult with the Conflict of Interest Office or an Office of Legal Counsel.

F. Sanctions for violation

1. Violations of University or Authority policies, including the failure to avoid a prohibited activity or disclose a conflict of interest in a timely manner, will be dealt with in accordance with applicable policies and procedures that may include disciplinary actions up to and including termination of employment.

2. 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.

G. South Carolina state law

1. The South Carolina Ethics Government Accountability and Campaign Reform Act (herein the "Ethics Law") S. C. Code § 8-13-100, among other things, makes it unlawful for a public official, public member or public employee to knowingly use his official office, membership or employment to obtain economic interest for himself, a member of his immediate family, an individual with whom he is associated"* or a business with whom he is associated""**". This policy is implemented in addition to any requirements of the Ethics Law. Certain persons associated with the Authority or University are required to make filings with the South Carolina Ethics Commission and completion of the form attached to this policy will not satisfy that requirement.

* Defined in the Act as: "Individual with whom he is associated" means an individual with whom the person or a member of his immediate family mutually has an interest in any business of which the person or a member of his immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth one hundred thousand dollars or more at fair market value and which constitutes five percent or more of the total outstanding stock of any class.

** Defined in the Act as: "Business with which he is associated" means a business of which the person or a member of his immediate family is a director, an officer, owner, employee, a compensated agent, or holder of stock worth one hundred thousand dollars or more at fair market value and which constitutes five percent or more of the total outstanding stock of any class.

Office responsible for this policy

Conflict of Interest Office

Policy Review.

This Policy, if approved, establishes a set of conditions that may have an unanticipated impact on existing MUSC, MUHA, and affiliate policies and procedures. Given the breadth of this policy, it seems reasonable that not only may some unforeseen consequences surface but that State or federal compliance regulations may require some alterations to this Policy. A periodic review of this Policy by the Vice President for Academic Affairs and Provost, acting on behalf of the Vice Presidents, seems most appropriate. If proposed change(s) is(are) considered necessary and appropriate, a Vice President may ask the Board of Trustees to modify this Policy by approving the change(s).

INSTITUTIONAL CONFLICT OF INTEREST FY2015 ANNUAL REPORT

Institutional Officials

Summary of Reporting

Annual disclosures were collected and individually reviewed for all Institutional Officials. To date, any identified, potential Institutional conflicts of interest related to Institutional Officials have been effectively managed and/or eliminated.

Institutional Interests

Summary of Reporting

MUSC, MUHA and MUSC affiliates including MUSC Physicians (MUSC-P), the Foundation for Research Development (FRD), the MUSC Foundation, and the Institute for Applied Neurosciences (IAN) submitted required annual reporting to the Conflict of Interest Office. FY15 equity, ownership and investment interests, gifts, royalties and certain purchases were reviewed across the MUSC enterprise. There were no newly identified conflicts between Institutional financial interests and Institutional operations. Any potential Institutional COI has been previously reviewed and managed.

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

**BOARD OF TRUSTEES
MEDICAL UNIVERSITY OF SOUTH CAROLINA
RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE
OFFICE OF DEVELOPMENT AND ALUMNI AFFAIRS
DECEMBER 11, 2015**

Through November 16, 2015, the Medical University of South Carolina's Office of Development and Alumni Affairs is very pleased to report that we have successfully secured \$26.8 million in new gifts and pledges. Our pace is about three-fold ahead of where we were this time last year. We continue to focus a great deal of attention and energy on the fundraising campaign for the new Children's Hospital and Women's Pavilion.

The following highlights reflect some of the key accomplishments that have transpired since the October 9, 2015, Board of Trustees meeting:

MUSC SHAWN JENKINS CHILDREN'S HOSPITAL

- We received a number of gifts for the MUSC Shawn Jenkin's Children's Hospital including a commitment of \$1 million from the Pearlstine family. Additionally, we received leadership gifts from:
 - MUSC Trustee Jim Battle
 - MUSC Foundation Board of Director John Barter
 - Local business leaders Mr. and Mrs. Bill Hall
- In September we held the 4th Annual Hugs for Harper Tennis Tournament and Gala which raised \$55,146 for pediatric oncology research.

DEPARTMENT OF MEDICINE

- Drs. Lilavivat and Suchinda of Carolina Diabetes & Kidney Center in Sumter, SC, executed a \$50,000 pledge in support of the Department of Medicine's Research and Discovery Center.
- Mr. and Mrs. Charles Wendell completed their \$50,000 pledge to the Jay Brzezinski, M.D., Clinical Educator Professorship to support clinical excellence in the Division of General Internal Medicine and Geriatrics.

HEART & VASCULAR CENTER

- The Ben Marino Heart Award Luncheon, honoring the late Dr. James B. Edwards and Mrs. Ann Edwards, was held on October 16th. The event raised over \$100,000 for the

Gazes Cardiac Research Institute and \$10,000 for the Dr. James B. Edwards Endowed Scholarship Fund in the College of Nursing.

HOLLINGS CANCER CENTER

- The 20th Annual Hollings Cancer Center Golf Tournament raised \$170,000 to support cancer research.

DEPARTMENT OF SURGERY

- Neumedicines, Inc. contributed an additional \$5,000 to the David J. Cole Fund for Surgical Oncology Innovation bringing their total gifts to the fund this year to \$15,000.
- The Department of Surgery has established the R. Randolph Bradham, M.D., Endowment for the Enhancement of Surgical Education in honor of MUSC's second full time chairman of the Department of Surgery. Dr. Prabhakar Baliga, current chairman of the Department of Surgery, made both a personal contribution and a departmental gift to create the fund.
- The Curtis P. Artz MUSC Surgical Society held an alumni, faculty, and donor reception in Chicago at the American College of Surgeons' Annual Clinical Congress with 60 guests in attendance. At the reception, Dr. Baliga announced that the goal was exceeded (goal \$100,000 – to date: \$175,000) for the C.D. Smith Fellowship in support of surgical education.

NEUROSCIENCES

- On November 18th, we celebrated the establishment of the Zucker Institute for Applied Neurosciences. This exciting initiative was made possible through the leadership and investment of former MUSC Foundation Chair, Anita Zucker, and her family through an initial investment of \$5 million.

COLLEGE OF MEDICINE

- The Duke Endowment pledged \$1.3 million in support of two initiatives:
 - Development of a state-wide coordinated system of care delivery for individuals with sickle cell disease - \$671,984 (Dr. Julie Kanter)
 - Establishment of a regional telemedicine program to reduce prescription opioid use during pregnancy - \$650,000 (Dr. Connie Guille)
- Dr. Joseph Flowers, a family physician in Walterboro (Class of 1961), contributed \$50,000 to establish an endowed scholarship in his name.

- The College of Medicine hosted its annual Scholars and Benefactors Brunch on October 10th at the Country Club of Charleston. The event recognized the generosity of the College's scholarship donors and recipients' accomplishments.
- The College of Medicine's Opening Doors Scholarship Campaign exceeded its \$20 million goal 20 months ahead of schedule. A revised goal will be announced in the very near future.

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE

- DentaQuest Institute, Inc. has finalized a gift agreement valued at \$371,628 to improve access to care and address rural health disparities under Dr. Amy Martin, director of the College's Division of Population Oral Health.
- Henry Schein Company's Henry Schein Cares Division awarded a product grant to the Kaminski Special Care Dentistry Center valued at nearly \$90,000.
- Dr. and Mrs. Richard Boyd, of Columbia, verbally committed a \$250,000 estate gift to establish an endowed fund, the terms of which have not yet been decided. The couple also has a \$1 million contingent bequest for the College in their estate.
- Dr. and Mrs. Anthony P. Johnson, of Simpsonville, donated an additional \$10,000 to the College's building fund in honor of two dentists who inspired their children to pursue careers in healthcare.
- The South Carolina Dental Association gave \$10,000 to the SCDA Endowed Chair Fund and the Salinas Dental Special Needs Continuing Education Program Fund.
- KLS Martin, a company which sells surgical instruments, equipment, and supplies contributed an additional \$5,000 to the DeChamplain Society Fund benefiting the Department of Oral Surgery.
- Motley-Rice Law Firm supported the Craniofacial Abnormalities and Cleft Lip and Palate Fund through a donation of \$5,000.
- Trustee Dr. Harold Jablon has provided both leadership and support to our campaign for the Macaulay Museum of Dental History.

COLLEGE OF PHARMACY

- The College of Pharmacy is working with Kelly and Kandi Hunt (both Class of 1995) to finalize details of the Kelly's Family Pharmacy Endowed Scholarship at the \$50,000 level.

- Dr. Peter Creticos, (College of Medicine 1978), the son of Socrates Creticos (College of Pharmacy 1953), made a commitment \$50,000 to endow a named scholarship supporting College of Pharmacy students in memory of his father.
- Rob Hubbard (Class of 1969) pledged \$25,000 to the *Building the Future of Pharmacy Campaign*.
- This fall, Dean Philip Hall has made a commitment to strategically re-engage and re-energize MUSC College of Pharmacy alumni and friends through dinner and discussions, personal visits and communication. In addition to the 200 alumni and friends who participated in the MUSC Pharmacy Appreciation Weekend, Dean Hall has personally hosted and visited close to 100 alumni this fall through these initiatives.

COLLEGE OF HEALTH PROFESSIONS

- The College of Health Professions celebrated the award of \$58,000 in student scholarships at the annual Showcasing Success Ceremony, hosted by Dean Lisa Saladin.
- The College received a \$5,000 gift from Mr. and Mrs. Donald W. Mabe for the Camden Scott Meyer Pediatric Fund to benefit Camp Hand to Hands.

COLLEGE OF NURSING

- Roper St. Frances Healthcare has generously pledged \$32,760 to fund another full scholarship in the College of Nursing in 2016.

OFFICE OF ALUMNI AFFAIRS

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

- Regional receptions introducing Dr. and Mrs. Cole to alumni and friends were held in Washington, DC, at the offices of Van Scoyoc Associates, and in Greenville, SC, at the Poinsett Club. Between the two events, nearly 150 guests had a chance to socialize and hear an update on MUSC from President Cole.
- The MUSC Alumni Association hosted a volunteer appreciation Thanksgiving event for all alumni board and student volunteers on November 15th, at the James Island County Park.
- A new logo has been approved for the alumni association which is part of the rebranding campaign for the association.

College-specific updates include:

- **College of Dental Medicine**

- The College of Dental Medicine Alumni Association hosted its second all-student reception for current dental students at Carolina Ale House on November 23rd.

- **College of Health Professions**

- The College of Health Professions Alumni Association Board hosted their fall meeting on October 30th.

- **College of Medicine**

- The College of Medicine Alumni Association hosted an all-student reception for medical students on November 19th at Carolina Ale House.

- **College of Nursing**

- The Alumni Board of Directors for the College of Nursing met on November 10th. The Homecoming and New Member Recruitment subcommittees met on November 24th and December 1st, respectively.
- The College of Nursing Alumni Association sponsored a post-test happy hour for DNP students on November 19th at Fuel Cantina.

- **College of Pharmacy**

- A successful 5th Annual Pharmacy Appreciation Weekend was held October 23-24 with over 150 attendees at one of the weekend's events (continuing education seminar, lunch with Dr. Hall and an Oyster Roast at Bowen's Island).
- The College of Pharmacy hosted successful alumni dinners in both Washington, DC, and Greenville, SC, following the alumni receptions with Dr. Cole. The DC dinner resulted in a \$50,000 gift to the College.

Planning continues for the following upcoming events:

- Looking Toward Tomorrow: An Evening with Dr. David J. Cole regional reception series.
 - Thursday, February 25, 2016 – Spartanburg, The Piedmont Club
 - Thursday, April 21, 2016 – Rock Hill/Charlotte, NC
- College of Nursing Homecoming Weekend – March 11-12, 2016

- College of Medicine Alumni Weekend – March 18-19, 2016
- College of Dental Medicine Homecoming Weekend – April 8-10, 2016
- Golden Graduate Reunion – May 18-20, 2016 (honoring the Classes of 1966)
- College of Health Professions 50th Anniversary Alumni Weekend – June 17-18, 2016

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

		POLICY ID:	RIA-2014-08
TITLE:	Naming Guidelines		
ORIGINATOR:	Jim Fisher	DATE:	AUGUST 8, 2014
REVIEWED/APPROVED:	DATE:	SIGNATURES:	
DEANS' COUNCIL			
PRESIDENT'S COUNCIL			
BOARD OF TRUSTEES	AUGUST 8, 2014	RESEARCH AND INSTITUTIONAL ADVANCEMENT COMMITTEE	
IMPLEMENTATION:		DATE:	
DISTRIBUTION:			

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

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

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

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

Naming of a College, Department, Division or Center

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

Naming of Physical Facilities

- **New Facilities**

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

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

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

POLICY NAME:	NAMING GUIDELINES
POLICY ID:	RIA-2014-08
	PAGE 2 OF 3

- **Existing Facilities**

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

- **Renovation of Existing Facility**

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

Naming of Programmatic Endowments

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

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

Named Endowed Chair	\$1,000,000
Named Endowed Professorship	500,000
Named Endowed Fellowship	250,000
Named Visiting Professorship	100,000
Named Endowed Lectureship	50,000
Named Endowed Scholarship	50,000

Naming of Smaller Miscellaneous Items

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

Renaming

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

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

Honorific Naming Opportunities

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

POLICY NAME:	NAMING GUIDELINES	
POLICY ID:	RIA-2014-08	PAGE 3 OF 3

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

Funding Requirements

Outright gifts and signed pledges for up to five years may be used to fully or partially fund a named opportunity at face value. The Vice President for **Advancement Development and Alumni Affairs** has the discretion to accept extended pledge terms beyond five years for pledges up to \$1 million. Requests for pledge term extensions for commitments exceeding \$1 million must be brought to the President for approval.

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

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

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

Donor Recognition Standards

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

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

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

MEDICAL UNIVERSITY OF SOUTH CAROLINA
Medical University Hospital Authority
College of Medicine

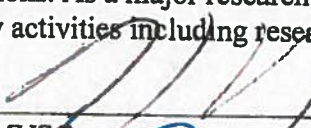
Institutional Commitment to Graduate Medical Education

Medical education is a major component of the mission of the Medical University of South Carolina, the Medical University Hospital Authority and the College of Medicine. The Board of Trustees, the President of MUSC and the administrators, faculty and staff are committed to provide graduate medical education using the financial, educational and personnel resources necessary to ensure the highest quality programs. These graduate medical education programs will further our mission of educating future physicians for the State of South Carolina while providing the highest quality care for our patients to include:

- Patient Safety – including opportunities for residents to report errors, unsafe conditions and near misses, and to participate in inter-professional teams to promote and enhance safe care.
- Quality Improvement – including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.
- Transitions in Care – including how sponsoring institutions demonstrate effective standardization and oversight of transitions in care.
- Supervision – including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.
- Duty Hours Oversight, Fatigue Management and Mitigation – including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition and fatigue mitigation.
- Professionalism – with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

We pledge to emphasize coordinated care with community physicians and to take advantage of cooperative opportunities to work with other institutions to fulfill mutual educational objectives.

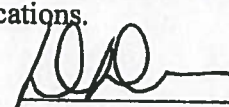
We commit ourselves to provide graduate medical education programs that enable physicians in training to develop personal, clinical and professional competence under the guidance and supervision of the faculty and staff. The program directors will assure that patients receive safe, appropriate and humane care by resident physicians who will gradually assume responsibility for patient care based upon each trainee's demonstrated clinical competence. We further commit to conduct these programs in compliance with the institutional and specific requirements of the ACGME, the JCAHO and in accordance with all applicable federal and state laws and regulations. As a major research institution, MUSC will encourage residents to participate in a wide range of scholarly activities including research and publications.



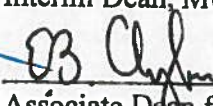
President, MUSC



CEO, Medical University Hospital Authority



Interim Dean, MUSC College of Medicine



Associate Dean for GME
ACGME Designated Institutional Official for GME

NEW PROGRAM PROPOSAL

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

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

Bachelor of Science in Healthcare Studies

Program Designation

- | | |
|---|--|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree |
| <input checked="" type="checkbox"/> Bachelor's Degree: 4 Year | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Bachelor's Degree: 5 Year | <input type="checkbox"/> Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA) |
| <input type="checkbox"/> 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 (Qualifies for LIFE Scholarship awards only)

Proposed Date of Implementation

CIP Code

Fall 2016

51.0000

Delivery Site(s)

Medical University of South Carolina

Delivery Mode

- | | |
|---|--|
| <input type="checkbox"/> Traditional/face-to-face*
*select if less than 50% online | <input checked="" type="checkbox"/> Distance Education |
| | <input type="checkbox"/> 100% online |
| | <input checked="" type="checkbox"/> Blended (more than 50% online) |
| | <input type="checkbox"/> Other distance education |

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

Brandi M. White, PhD, MPH
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College of Health Professions
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Office: (843) 792-8914

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Institutional Approvals and Dates of Approval

Tentative timeline for approvals from the internal review bodies at MUSC:

College of Health Professions Leadership Council: September 10, 2015 (approved)

Education Advisory Committee: October 6, 2015 (approved)

Deans' Council: November 6, 2015 (approved)

Senior Leadership Council: November 9, 2015 (approved)

Board of Trustees: December XX, 2015

Background Information

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

The proposed BS in Healthcare Studies program will be offered in the College of Health Professions at MUSC in collaboration with the SC Technical College System (SCTCS) and will target students who attend one of these colleges. The mission is to provide a foundation in healthcare studies and population health, and prepare students to become informed and engaged health professionals, able to think critically about health-related issues and work as part of a healthcare team to develop innovative solutions that integrate comprehensive determinants of health. This mission aligns with our institutional mission to "preserve and optimize human life in SC and beyond" by promoting overall health and educating a diverse healthcare workforce that can meet the needs of our communities.

Students who earn an Associate of Science (AS) degree from a SC technical college are the program's target audience; applicants from outside the SCTCS will be considered on a case-by-case basis. Courses to earn the BS in Healthcare Studies will be completed in two years at MUSC over five semesters. Courses will focus on the core functions of our healthcare system and strategies to promote population health. Students will complete courses online and attend on-campus sessions once a semester.

Two concentrations are available: pre-health professions and health promotion. With these concentrations, there are two possible options for graduates of the program: 1) enter the workforce in a health-related field; or 2) apply to a graduate program, such as Occupational Therapy, Physical Therapy, Physician Assistant Studies, Cardiovascular Perfusion, Public Health, Health Administration, or Health Informatics, all of which are offered at MUSC.

The blended format of the program reduces the financial burden of higher education because students will complete their first two years at a technical college in their community and can continue to live at their current home, as well as work part-time. Some students will be eligible for the SC Lottery Tuition Assistance Program, the LIFE Scholarship, or federal Pell Grant, thus reducing tuition costs. In addition, because of the diversity of the students at the technical colleges, our partnership has the potential to increase the diversity of our student body, including racial/ethnic minorities and economically disadvantaged students ("Access & Equity": Diversity in Higher Education, SC CHE Report).

NEW PROGRAM PROPOSAL

List the program objectives. (2000 characters)

The overall objective of the proposed program is to increase access to higher education to students across the state and provide a cost-effective alternative to earning a bachelor's degree that will provide graduates with the skills they need to enter a health-related field. In addition, the program has the potential to increase the number of economically disadvantaged students and underrepresented minorities (URMs; students who identify as Black/African American, Hispanic/Latino, or American Indian or Alaskan Native) at MUSC, as well as increase the number of technical college graduates earning a bachelor's degree. This is especially important in the healthcare field because a more diverse healthcare workforce improves health outcomes for diverse communities, which bear the burden of many of our state's poor health outcomes (CDC's *Healthy People 2020*). Furthermore, the program aligns with our institutional strategic planning initiatives to recruit and retain students from diverse backgrounds.

In addition, specific objectives of the program will allow graduates to be able to:

- develop an understanding of the determinants of health and healthcare delivery;
- develop creative and innovative health interventions for diverse populations;
- understand the strengths and limitations of research to interpret health data; and
- apply ethical and professional standards and values to health professions practice.

These objectives are based on the required skills to obtain employment in a health promotion field or provide BS in Healthcare Studies graduates who apply to graduate programs with a broader perspective of the determinants of health and strategies to improve health outcomes.

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)

Students will develop strategies to promote patient- and community-level health. This is critical to MUSC's mission to preserve and optimize life, and to increase the number of graduates who have the skills to improve health outcomes in the state. South Carolina has some of the highest rates of preventable chronic conditions, which are projected to continue to increase [1]. This calls for more undergraduate and professional degree holders who can work in health-related fields. With the option to enter the workforce as a qualified health promotion professional or apply to graduate school, this program has the ability to meet the state's current and future needs by training students across the region on our healthcare system and population health, and more specifically risk reduction strategies that incorporate comprehensive determinants of health.

There is also a need to make higher education more affordable. In 2013, SC was considered one of the states with the highest average student loan debt (\$29,092) for graduates of four-year universities [2]. The program addresses this concern by relying on the SCTCS for students to earn an AS and utilizing distance education to deliver high-quality and affordable education for students at a comprehensive academic medical center. In conjunction with the four semesters at the technical colleges, our program is more affordable than other four-year universities where students may incur room and board costs (respectively, \$47,296 compared to \$74,166).

Additionally, the College of Health Professions has worked extensively with the SCTCS in the development of the proposed program. We have received feedback from SCTCS staff in academic affairs, as well as the Vice Presidents of Academic Affairs at all 16 of the technical colleges. All have expressed great interest in the program for their students and have emphasized the need for such a program for their graduates interested in health fields.

The program also has the potential to increase the diversity of MUSC's student body. In 2013-2014, URMs made up over a third of the student population at SC technical colleges, increasing the probability that we will recruit and enroll these students, which would increase the diversity of our student body and the overall diversity of the state's college graduates. To address the critical needs of URMs in higher

NEW PROGRAM PROPOSAL

education, the recruitment and retention of these students is integrated in our program evaluation.

In 2013-2014, 44% (n=1,213) of technical college students graduated with an AS, of which 34% (n=411) had a 3.0 GPA and above. In addition, 1,237 students in the SCTCS completed a survey this year to determine their interest in the program. Fifty-one percent (51%) (n=629) stated that they would "definitely" be interested in applying to the program if it is approved and 41% (n=505) said "maybe."

Ref:

1. CDC. Health disparities and inequalities report - US, 2013.
2. The Institute of College Access & Success. *Student Debt and the Class of 2013*. Available at: ticas.org/sites/default/files/legacy/fckfiles/pub/classof2013.pdf

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."

Employment Opportunities			
Occupation	Expected Number of Jobs	Employment Projection	Data Source
United States: Community Health Worker	2,080 annual openings	2012: 40,500 2022: 50,700 (+25.1% change)	US Bureau of Labor Statistics (BLS); Projections Central
United States: Health Educator	2,660 annual openings	2012: 58,900 2022: 70,100 (+19% change)	BLS; Projections Central
United States: Social and Community Service Manager	5,510 annual openings	2012: 132,900 2022: 160,600 (+21% change)	BLS; Projections Central
SC: Community Health Worker	10 annual openings	2012: 200 2022: 249 (+2.2% change)	SC Department of Employment & Workforce (SC DEW); Projections Central
SC: Health Educator	30 annual openings	2012: 763 2022: 891 (+1.6% change)	SC DEW; Projections Central
SC: Social and Community Service Manager	60 annual openings	2012: 1,461 2022: 1,721 (+1.7% change)	SC DEW; Projections Central

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

The employment opportunities listed in the table above reflect only some of the jobs graduates from the program would be qualified for. Conversations with the Chief Operating Officer at the state's largest medical complex, MUSC, indicate that graduates of this proposed program would fill the gap for several positions that require a bachelor's degree. Employment opportunities upon completing the proposed program include: Community Health Worker or Community Advocate; Health Educator, Health Coach, or Worksite Wellness Coordinator; and Patient Advocate. The following employers have had recent announcements for at least one of these positions: Greenville Health System, Palmetto Health, Molina Healthcare, and McLeod Health. Graduates will also be encouraged to take the Certified Health Education Specialist (CHES) examination, increasing their prospects of getting hired in a health education position.

In addition, with the advent of the Affordable Care Act, there is a projected 20% increase in employment for community health workers and health educators. Job openings for healthcare professionals are expected to increase 27% from 2010 to 2020 (approx. 25,000 added jobs), of which about half will require a bachelor's degree [1]. The healthcare industry is one of the fastest growing industries in SC with an anticipated growth rate of 26% from 2012 to 2022 [2]. SC DEW anticipates over 2,000 annual job openings in health-related fields through 2022, with an additional 1,000 annual openings for healthcare support occupations [2]. In addition, by 2020, 62% of jobs in SC will require post-secondary education [1].

Graduates of our program have the option to apply to one of our well-established health professions programs, as well as others throughout the state. 95-100% of graduates of MUSC's programs are employed within 6 months of graduating and these occupations have a positive job outlook in SC.

Ref:

1. Recovery: Job growth and education requirements through 2020. Georgetown University Center on Education and the Workforce.
2. SC Dept. Employment & Workforce (DEW) (2015). Community Profile: SC.

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.

Not applicable

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)

Not applicable.

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List of Similar Programs in South Carolina

Program Name	Institution	Similarities	Differences
BS in Health Promotion	Charleston Southern University (CSU)	Workforce-ready health promotion concentration	CSU does not have a pre-health professions concentration; Limited online course options; Does not target technical college students
BS in Health Promotion	Coastal Carolina University (CCU)	Pre-health professions and workforce-ready health promotion concentrations	CCU program has health communication, exercise science, and health services leadership concentrations; Limited online course options; Does not target technical college students
BA or BS in Public Health	College of Charleston (C of C)	Workforce-ready health promotion concentration	C of C program offers BA; Does not have a pre-health professions concentration; Limited online course options; Does not target technical college students
BS in Health Science	Clemson University	Pre-health professions and workforce-ready health promotion concentrations	Clemson program has health services administration and cardiovascular imaging leadership concentrations; Limited online course options; Does not target technical college students
BA or BS in Health Sciences	Furman University	Pre-health professions concentration	Furman program has an exercise science focus and offers BA; Does not have a health promotion concentration; Limited online course options; Does not target technical college students
BS in Health Promotion and Wellness	North Greenville University (NGU)	Pre-health professions and workforce-ready health promotion concentrations	NGU program has exercise science and gerontology tracts; Limited online course options; Does not target technical college students
BS in Health Promotion	University of SC, Beaufort (USC-Beaufort)	Graduates will be prepared to enter health promotion workforce.	USC-Beaufort program does not have a pre-health professions concentration; Limited online course options; Does not target technical college students

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Description of the Program

Projected Enrollment						
Year	Fall		Spring		Summer	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2016	30	360	30	360	30	360
2017	60	720	60	720	30	360
2018	90	1080	90	1080	60	720
2019	120	1440	120	1440	60	720
2020	120	1440	120	1440	60	720

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

☒ Yes

☐ No

If yes, explain. (1000 characters)

Applicants must possess an Associate in Science (AS) and have a strong academic record (minimum 3.0 GPA on a 4.0 scale). Applicants will also submit three satisfactory reference forms, a 100-word essay on potential career plans, and a résumé. Applicants with an AS from an institution in the SCTCS will receive priority. Students who do not have an AS, but have completed all general education requirements and a minimum of 60 credit hours, will be reviewed on a case-by-case basis.

There is only one course prerequisite to entering the program and that is the successful completion of MAT 120: Probability and Statistics at a SC technical college (or a similar course). While the course requirements for an AS vary across technical colleges, we have developed suggested plans of study for students interested in applying to the proposed program and pursuing graduate education in the health professions for each technical college. Below is a suggested plan of study for a student at Central Carolina Technical College who is interested in applying to MUSC's graduate program in occupational therapy:

Fall Semester, Year 1	
COL105 - Freshman Seminar (3 cr. hrs.)	
ENG 101: English Composition I (3 cr. hrs.)	
PSY 201: General Psychology (3 cr. hrs.)	
MAT 110: College Algebra (3 cr. hrs.)	
Math/Science Elective (3 cr. hrs.)	
Spring Semester, Year 1	
ENG 102: English Composition II (3 cr. hrs.)	
SPC 205 - Public Speaking (3 cr. hrs.)	
PSY 203: Human Growth and Development (3 cr. hrs.)	
MAT 120: Probability and Statistics (3 cr. hrs.)	
Math/Science Elective (3 cr. hrs.)	
Fall Semester, Year 2	
Humanities Elective (3 cr. hrs.)	
PSY 212: Abnormal Psychology (3 cr. hrs.)	
BIO 210: Anatomy & Physiology I (lecture/lab) (4 cr. hrs.)	
Math/Science Elective (3 cr. hrs.)	
Math/Science Elective (3 cr. hrs.)	
Spring Semester, Year 2	
Humanities Elective (3 cr. hrs.)	
ANT 101: Anthropology or SOC 101: Sociology (3 cr. hrs.)	

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CPT 101: Introduction to Computers (3 cr. hrs.)
BIO 211: Anatomy & Physiology II (lecture/lab) (4 cr. hrs.)
Math/Science Elective (3 cr. hrs.)

Students will meet with academic advisors while at a SC technical college to determine his/her career trajectory and what additional courses may be needed to meet graduate program requirements. These courses may be taken as elective credit hours. Guidance from faculty in the proposed program will be available.

Are there any special articulation agreements for the proposed program?

☒ Yes

☐ No

If yes, identify. (1000 characters)

A formal agreement exists with the SCTCS. Students will complete prerequisites, including general education requirements, at a technical college. Upon completion of these courses, students may apply to the proposed BS in Healthcare Studies program at MUSC. Students will be degree-seeking while at a technical college and obtain their AS degree.

While a formal agreement exists with the SCTCS, students from other colleges will be allowed to apply. However, the program is targeted and marketed to students in the SCTCS. Therefore, students at the SC technical colleges who are competitive and meet the admission criteria will receive priority over those who do not.

NEW PROGRAM PROPOSAL

Curriculum

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

Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Year 1					
Fall		Spring		Summer	
Introduction to Health Behavior and Education	3	Overview of the U.S. Health Care System	3	Introduction to Health Policy	3
Foundations of Public Health	3	Applied Research and Statistics in the Health Sciences	3	Health and Disease across the Lifespan	3
Social Determinants of Health	3	Etiology and Pathophysiology of Chronic Diseases	3	Principles of Epidemiology	3
Career Options for the Health Professions	2	Program Planning and Implementation	3	Evaluation of Health Promotion Programs	3
Ethics: Policy and Practice	1				
Total Semester Hours	12	Total Semester Hours	12	Total Semester Hours	12
Year 2					
Fall		Spring		Summer	
Delivering Culturally Sensitive Care	3	Social Marketing	3		
Health Promotion Methods	3	Global Health	3		
Rural Health	3	Leadership in the Health Professions	3		
Patient Education and Navigation in Health Care or Introduction to Health Informatics	3	Guided Practicum in Health Promotion or Guided Practicum in Health Professions	3		
Total Semester Hours	12	Total Semester Hours	12	Total Semester Hours	
Year 3					
Fall		Spring		Summer	

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Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 4					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 5					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	

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Curriculum by Category*				
Major Core				
General Education				
Concentration				
Electives				

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

Total Credit Hours Required:

60

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Course Descriptions for New Courses

Course Name	Description
Introduction to Health Behavior and Education	This course will explore theoretical models and concepts of health behavior and education using a social-ecological framework, as well as change management models. The use of models in the development of health education interventions will be covered. 3 credits.
Foundations of Public Health	This course will introduce students to the field of public health, including its history and development. Students will review the major disciplines of public health (environmental health, health administration, community health, epidemiology, and biostatistics), as well as its key components. Current public health challenges will be examined worldwide, in the United States, and in South Carolina. Healthy People 2020 will also be explored. 3 credits.
Social Determinants of Health	This course will define health disparities and health equity, and review the social determinants of health. Students will review evidence of disparities in healthcare delivery and health outcomes in the nation and in South Carolina. Potential explanations for disparities will be discussed, and efforts to reduce disparities and promote equity will be discussed. Evidence-based interventions will also be reviewed. 3 credits.
Overview of the U.S. Health Care System	This course will provide an overview of the structure and components of the U.S. health care system, as well as the different professions. Students will review public and private healthcare insurance plans. Topics include Medicare and Medicaid, Indian Health Service, Veteran's Administration, Military Health Systems, and managed care. 3 credits.
Career Options for the Health Professions	This course will expose students to the career options in the health professions and their roles in the U.S. healthcare system. Students will learn the duties and responsibilities of occupations such as health educator, patient navigator, occupational therapist, physical therapist, cardiovascular perfusionist, physician assistant, dietitian, and other occupations. Professionalism and interprofessional teamwork will be emphasized. 2 credits.
Ethics: Policy and Practice	This course will introduce ethical thinking and concepts regarding health practice, health policy, and research. The course will prepare students to understand, evaluate and participate in ethical decision making. Students will also complete the CITI research ethics training. 1 credit.
Program Planning and Implementation	This course will provide the techniques for assessing needs, planning, writing objectives, developing logic models and Gantt charts, and implementing health promotion programs in the clinic, workplace, and community. 3 credits.
Applied Research and Statistics in the Health Sciences	This course will provide students with an overview of reading research results and extracting statistical information. Students will assess evidence presented in the health sciences and be able to understand and evaluate evidence for treatment effectiveness and health disparities. (Prerequisite: MAT 120: Probability and Statistics) 3 credits.
Introduction to Health Policy	This course will provide students with a broad understanding of healthcare policy. How social, political, and professional forces shape our health care system will also be discussed. 3 credits.
Etiology and Pathophysiology of Chronic Diseases	This course will provide students with a basic understanding of the etiology and pathophysiology of chronic diseases. 3 credits.
Health and Disease across the Lifespan	This course will review the epidemiology, prevention, treatment, and control of diseases across age groups, including infants, children, adolescents, middle age and older adults. Factors unique to each group will be covered, and factors to consider when working with specific age groups will be discussed. Evidence-based interventions for each age group will also be covered. 3 credits.

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Evaluation of Health Promotion Programs	This course will provide an overview of theories and methods of program evaluation for assessing the quality of health promotion programs and interventions. 3 credits.
Principles of Epidemiology	This course will provide an overview of epidemiologic concepts and methods used in public health and population management. An emphasis will be placed on its basic principles, measures in epidemiology, and epidemiologic study designs and analysis. 3 credits.
Health Promotion Methods	This course is designed for students to develop competencies necessary for working in community and public health settings. Presentation skills, developing print, computer and web-based materials, engaging community partners, facilitating groups and coalitions, and advocacy are some of the topics that will be covered. 3 credits.
Delivering Culturally Sensitive Care	This course will introduce students to the importance of delivering culturally sensitive education and care to diverse populations. Case studies will be discussed to identify strategies to improve the delivery of education and care. 3 credits.
Patient Education and Navigation in Health Care	This course will explore issues that impact a patient's ability to optimize health outcomes when navigating the healthcare system. Topics include adult education theory, patient-provider communication, modes of education delivery, and evidence-based programs to improve patient education. 3 credits.
Introduction to Health Informatics	This course introduces students to the various ways in which health information technology is being used to manage patient and health data across the continuum of care and to manage population health. Concepts include health data and information, database management, patient privacy and security, clinical workflow and decision support. Key systems covered include electronic health record (EHR) systems, personal health records, computerized provider order entry, e-prescribing, telehealth and administration systems. Current and emerging informatics applications including consumer health informatics are also introduced. 3 credits.
Social Marketing	This course will provide an in-depth understanding of the role of marketing for population health in order to understand the health behavior of different population groups. The scientific base underlying marketing, and an understanding of target markets, market development, market segmentation, pricing, product characteristics, and consumer behavior is necessary to effectively design and implement health and wellness interventions. Students will apply marketing theory to understand the consumer view(s) of: 1) a tangible medical product; 2) a clinical or educational service; 3) a health-related idea or behavior. 3 credits.
Rural Health	This course will provide students with an overview of issues in access to care and the delivery of health care in rural areas, with a focus on SC. Challenges for health professionals will be discussed, as well as current efforts to improve health outcomes. 3 credits.
Global Health	This course will provide an overview of current global health issues. Topics include communicable and non-communicable diseases and demographic patterns of disease. The World Health Organization's Millennium Development Goals will also be explored. 3 credits.
Leadership in the Health Professions	This course will focus on promoting and expanding student's leadership skills. Topics will include classic aspects of leadership, motivation, span of control, job satisfaction, and management of change. 3 credits.
Guided Practicum in Health Promotion	This course is a continuation of the Career Options in Health Professions course. In this course, students will explore one a health promotion profession that they plan to pursue upon graduation. Students will volunteer or observe a professional in work independently with a health agency, or hospital or community setting, or clinic and participate in online discussions with other students. Professional may include a community health educator, patient navigator, or worksite wellness coordinator. Graduate students will facilitate discussions. 3 credits.

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Guided Practicum in Health Professions	<p>This course is a continuation of the Career Options in Health Professions course. In this course, students will explore one profession that they plan to pursue upon graduation. Students will volunteer or observe a health professional in a healthcare setting for a minimum of 40 hours, and participate work independently with a health agency or clinic and participate in online discussions with other students. Professions may include an occupational therapist, physical therapist, physician assistant, cardiovascular perfusionist, speech language pathologist, or other health profession. Graduate students will facilitate discussions. 3 credits.</p>
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NEW PROGRAM PROPOSAL

Faculty

Faculty and Administrative Personnel				
Rank	Full- or Part-time	Courses Taught or To be Taught, Including Term, Course Number (not yet assigned) & 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)
Assistant Professor	Full-time	Fall Yr 1: Intro to Health Behavior and Education (3 cr. hrs.) Spring Yr 1: Program Planning and Implementation (3 cr. hrs.) Summer Yr 1: Health and Disease across the Lifespan (3 cr. hrs.)	Medical University of SC – PhD in Health and Rehabilitation Science (Track: Health services); Dissertation: Impact of the economic recession on primary care access for the homeless (2015) University of Minnesota – MPH (Track: Community Health Education) (2009) University of Miami – BA (Majors: Psychology and International studies; Minor: Foreign Languages) (2005)	10 years of experience developing, planning, implementing, and evaluating community health education programs. 8 years of experience conducting research to promote health equity with underserved populations. 3 years live and online teaching experience in higher education.
Assistant Professor*	Full-time	Fall Yr 1: Foundations of Public Health (3 cr. hrs.); Career Options for the Health Professions (2 cr. hrs.); Ethics: Policy and Practice (1 cr. hr.) Spring Yr 1: Overview of the U.S. Health Care System (3 cr. hrs.); Applied Research & Statistics in the Health Sciences (3 cr. hrs.) Summer Yr 1: Intro to	Minimum of 3 years research experience; graduate preparation in health policy/ administration and statistics relevant; and prior classroom teaching experience, preferably online. The ideal candidate will have completed a doctorate or be in the process of obtaining a terminal degree.	A competitive candidate will have a record of expertise in didactic education, experience in curriculum development, academic scholarship, and professional association involvement. Academic rank will be commensurate with credentials and experience.

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		Health Policy (3 cr. hrs.)			
Instructor*	Part-time	<p>Summer Yr 1: Evaluation of Health Promotion Programs (3 cr. hrs.)</p> <p>Fall Yr 2: Patient Education and Navigation in Health Care</p> <p>Spring Yr 2: Guided Practicum in Health Promotion (3 cr. hrs.); Guided Practicum in Health Professions (3 cr. hrs.)</p>		The ideal candidate will have at a minimum a master's degree.	Minimum of 3 years of experience working in a healthcare and/or community setting delivering health education; experience working with diverse patient populations or communities, and implementing and evaluating health programs.
Instructor	Full-time	Fall Yr 1: Social Determinants of Health (3 cr. hrs.)		Medical University of SC – DHA (2012) and MHA (2000) (Health Administration)	The proposed faculty candidate is an instructor for the Public Information and Community Outreach (PICO) program at MUSC with over 15 years of experience working with communities to improve health outcomes (MUSC Neighborhood Health Program and REACH 2010 [Racial and Ethnic Approaches to Community Health]). She is also the course instructor for <i>IP 710: Transforming Health Care for the Future</i> that teaches students about the healthcare system, cultural competencies, health disparities, and the social determinants of health. If unavailable, another candidate with similar qualifications will teach this course.
Assistant Professor	Full-time	Spring Yr 1: Etiology & Pathophysiology of Chronic Diseases (3 cr. hrs.)		The ideal candidate will have a PhD and graduate training in pathophysiology.	A faculty member in the Department of Health Professions that currently teaches a pathophysiology course in one of our graduate programs will teach this course.
Assistant Professor	Full-time	Summer Yr 1: Principles of Epidemiology		The ideal candidate will have a PhD and graduate training in epidemiology.	A faculty member in the Department of Public Health Sciences will most likely teach this course.
Assistant Professor	Full-time	Fall Yr 2: Delivering Culturally Sensitive Care (3 cr. hrs.)		George Washington University – Postdoctoral certificate in Executive Healthcare in Diversity and Inclusion University of SC – PhD in Higher Education	The proposed faculty candidate serves as MUSC's Chief Diversity Officer (university) and is the campus leader of MUSC's prejudice reduction training team that provides guidance on delivering culturally sensitive care to patients. If unavailable, another candidate with similar qualifications will teach this course.

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Assistant Professor	Full-time	Fall Yr 2: Health Promotion Methods	The ideal candidate will have a PhD.	A faculty member in the Department of Public Health Sciences will most likely teach this course.
Assistant Professor	Full-time	Fall Yr 2: Rural Health (3 cr. hrs)	The ideal candidate will have a PhD.	A faculty member in the Department of Public Health Sciences will most likely teach this course.
Professor	Full-time	Fall Yr 2: Intro to Health Informatics (3 cr. hrs.)	The ideal candidate will have a PhD.	A faculty member in the Department of Healthcare Leadership & Management will most likely teach this course.
Professor	Full-time	Spring Yr 2: Social Marketing (3 cr. hrs.)	The ideal candidate will have a PhD.	A faculty member in the Department of Healthcare Leadership & Management will most likely teach this course.
Professor	Full-time	Spring Yr 2: Global Health (3 cr. hrs.)	The ideal candidate will have a PhD.	A faculty member associated with MUSC's Center for Global Health will most likely teach this course.
Professor	Full-time	Spring Yr 2: Leadership in the Health Professions (3 cr. hrs.)	The ideal candidate will have a PhD.	A faculty member in the Department of Healthcare Leadership & Management will most likely teach this course.

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:	2.6 FTE + 10 faculty	Staff	1.03 FTE	Administration	0.05 FTE
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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)

Faculty: 2.6 FTE faculty members (1 existing employee at 1 FTE is the program director and will teach; 1 new full-time faculty member who will primarily teach; in Year 2, will add 1 new part-time faculty member at 0.6 FTE); 10 existing faculty members (or graduate-level students) within the College of Health Professions or another MUSC college will teach the remaining courses (e.g., College of Medicine's Department of Public Health Sciences).

Staff: 1 part-time administrative assistant (existing employee) (0.8 FTE); 1 part-time student services coordinator (existing employee) (0.23 FTE)

Administration: Existing faculty member is Department Chair at 0.05 FTE

Library and Learning Resources

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

MUSC's library resources are adequate to support the proposed program. The MUSC Library acts as a knowledge center, academic computing support unit, electronic education center, and leader in information planning. Online resources include a full catalog and access to several major biomedical databases such as MEDLINE/PubMed, CINAHL, PsycINFO, SciFinder, and Scopus. In addition to online resources, the Library maintains a comprehensive collection of books and journals, and provides access to 23,044 electronic journals and 333,615 electronic books. The Library has received several awards from National Commission on Libraries and Information Science for excellence in providing health information. Students also have access 24/7 to all digital content in MUSC's library.

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 additional academic support services are needed for this proposed program. Students will have access to services all MUSC students access, including the Center for Academic Excellence, which provides supplemental tutoring resources, the Writing Center, and Counseling and Psychological Services. Additional services include student health and wellness, extracurricular student programs, and interprofessional education. There are no additional costs associated with these services.

Physical Resources

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

No new equipment is needed for this proposed program.

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

☐ Yes

☒ No

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

No new facilities or modifications to existing facilities are needed for this proposed program. Coursework will be completed primarily online with one on-campus session per semester. This session will occur in existing classrooms that are equipped with SmartBoard technology, projection systems, and audiovisual equipment. Although the majority of the coursework will occur online, students will have access to all classrooms and computer technology available to students who attend classes on-campus. This includes access to the College's Student Life and Recruitment Center during business hours, which has computer stations and printers for students' 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	10,924.20	11,142.68	11,365.54	11,592.85	11,824.71	56,849.98
Faculty and Staff Salaries	390,488.64	491,248.38	499,501.58	507,919.85	516,506.48	2,405,664.93
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	44,000.00	45,320.00	46,679.60	48,079.99	49,522.39	233,601.98
Library Resources	0	0	0	0	0	0
Other*	13,000.00	13,390.00	13,791.70	14,205.45	14,631.61	69,018.77
Total	458,412.84	561,101.06	571,338.42	581,798.14	592,485.20	2,765,135.66
Sources of Financing						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	682,560.00	1,148,976.00	1,856,745.22	2,344,140.84	2,367,582.24	8,400,004
Program-Specific Fees	67,500.00	112,500.00	180,000.00	225,000.00	225,000.00	810,000
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	750,060.00	1,261,476.00	2,036,745.22	2,569,140.84	2,592,582.24	9,210,004.30
Net Total (i.e., Sources of Financing Minus Estimated New Costs)	291,647.16	700,374.94	1,465,406.80	1,987,342.70	2,000,097.04	6,444,868.64

*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 "other" new costs are funds allocated for faculty professional development and other fees associated with student and faculty recruitment. In addition, the net total does not reflect the costs associated for the program to support College and University overhead operational expenses as well as the College and University Strategic Fund. These costs will result in a smaller net total for each year. Current projections demonstrate a possible negative net total in year one and two, with a positive net total year three and beyond. The college will be able to financially support this program when this occurs.

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)

University policy requires that degree programs annually monitor and evaluate program outcomes and student learning outcomes for quality improvement through MUSC's Office of Institutional Effectiveness. Therefore, the program assesses both program outcomes and student learning outcomes as shown below. The information from the assessments will be used for quality improvement.

Program Outcomes (PO)

PO 1: The program performs well on dashboard indices of quality.

Measure 1: Percent of students who graduate from the program within 3 years (150% of the program length).

Target: 90% (university-wide target)

Source: MUSC OIE (data from Office of Enrollment Management)

Measure 2: Percent of students who enter the workforce who are employed full-time within 6 months of graduating.

Target: 90%

Source: Alumni survey

Measure 3: Percent of program graduates who apply to graduate school and are accepted.

Target: 30%

Source: Alumni survey

Measure 4: Percent of courses that receive a score of 4.0 or higher on course effectiveness.

Target: 85%

Source: MUSC E-value course evaluation

PO 2: The program performs well on dashboard indices of student satisfaction.

Measure 1: Percent of graduating students who rated the quality of their education as good or excellent.

Target: 90%

Source: College exit survey (5-point scale)

Measure 2: Percent of graduating students who agreed that they made the right choice in selecting MUSC for their education.

Target: 90%

Source: College exit survey

Measure 3: Percent of graduating students who agreed that they would recommend the program to other prospective students.

Target: 90%

Source: College exit survey

PO 3: The program recruits and retains a diverse student body.

Measure 1: Percent of enrollees who are underrepresented minorities (URM; students who identify as Black/African American, Hispanic/Latino, American Indian or Alaskan Native, or Native Hawaiians or Other Pacific Islanders).

Target: 15%

Source: Program report

Measure 2: Percent of graduates who are underrepresented minorities (American Indians or Alaska Natives, Blacks or African Americans, Hispanics or Latinos, Native Hawaiians or Other Pacific Islanders) (# URM graduates/# of total graduates).

Target: 15%

Source: Program report

NEW PROGRAM PROPOSAL

Student Learning Assessment

Expected Student Learning Outcomes	Methods of/Criteria for Assessment
Understand and apply theory in the development, implementation, and evaluation of health interventions, programs, and policies	<p>Measure 1: Percent of students rated as "meets expectations" or higher on the final program planning assignment on the rubric.</p> <p>Measure 1 Description: Each student is evaluated by the course instructor of "Program Planning and Implementation" on the final course assignment that demonstrates that s/he has the ability to develop an intervention plan that incorporates a health behavior theory.</p> <p>Target: 90%</p> <p>Source: Evaluation rubric</p>
	<p>Measure 2: Percent of students who score at least 75% of items correct on a comprehensive examination of knowledge about health program evaluation.</p> <p>Measure 2 Description: Each student will be evaluated by the course instructor of "Evaluation of Health Promotion Programs" using the final examination score that demonstrates that s/he understands the process of the evaluation of health interventions, programs, and policies.</p> <p>Target: 90%</p> <p>Source: Course final examination</p>
Evaluate and interpret results from health-related research and evaluations	<p>Measure 1: Percent of students rated as "meets expectations" or higher on the final article critique.</p> <p>Measure 1 Description: Each student will be evaluated by the course instructor of "Research and Statistics in the Health Sciences" on several research article critiques. The final article critique will be used to assess the student's ability to interpret the results of studies.</p> <p>Target: 100%</p> <p>Source: Evaluation rubric</p>
	<p>Measure 2: Percent of students rated as "meets expectations" or higher on the research poster.</p> <p>Measure 2 Description: Each student will be evaluated by the course instructor of "Rural Health" on a research poster that demonstrates that s/he has the ability to develop a research poster with background, methods, results, and discussion sections, and incorporate epidemiologic concepts.</p> <p>Target: 90%</p> <p>Source: Evaluation rubric</p>
Demonstrate sensitivity towards culturally and socially diverse populations	<p>Measure 1: Percent of students who submit a reflection paper after completion of the Welcoming Diversity Exposure workshop on-campus in semester 1.</p> <p>Measure 1 Description: The Welcoming Diversity Exposure workshop is a part of the first-year student orientation and is designed to introduce participants to various aspects of diversity. Students will complete and submit a reflection paper after completing the workshop via email to the program director.</p> <p>Target: 100%</p>

NEW PROGRAM PROPOSAL

	<p>Source: Email submission</p> <p>Measure 2: Percent of students rated as “meets expectations” or higher on the final cultural awareness paper. Measure 2 Description: Each student will be evaluated by the course instructor of “Delivering Culturally Sensitive Care” on a final writing assignment that is an analysis and expansion of the student’s awareness of both the cognitive knowledge and skills necessary to effectively interact with and serve culturally diverse populations. Target: 90% Source: Evaluation rubric</p>
	<p>Measure 1: Percent of students rated as “meets expectations” or higher on the tailoring health messages final project. Measure 1 Description: Each student will be evaluated by the course instructor of “Health and Disease across the Lifespan” on a final project that requires them to develop age-appropriate health messages for three age groups. Target: 90% Source: Evaluation rubric</p> <p>Measure 2: Percent of students rated as “meets expectations” or higher on the final social marketing project. Measure 2 Description: Each student will be evaluated by the course instructor of “Social Marketing” on a final project that examines the student’s ability to effectively communicate complex health messages. Target: 90% Source: Evaluation rubric</p>
Communicate complex health information	<p>Measure 1: Percent of students rated as “meets expectations” or higher on an ethics case analysis. Measure 1 Description: Each student will be evaluated by the course instructor of “Leadership in the Health Professions” on a case study that requires them to identify ethical concerns, explain organizational and legal concepts involved, and propose solutions. Target: 90% Source: Evaluation rubrics</p> <p>Measure 2: Percent of students who submit a reflection paper after completion of the Handling Controversial Issues workshop on-campus in semester 3. Measure 2 Description: The Handling Controversial Issues workshop is a part of the second-year student visit and is designed to assist individuals within a group setting on handling intergroup conflicts. Students will complete and submit a reflection paper after completing the workshop via email to the program director. Target: 100% Source: Email submission</p>
Apply ethical and professional principles that govern the health professions	<p>Measure 3: Percent of students rated as “meets expectations” or higher on ethics and professionalism by</p>

NEW PROGRAM PROPOSAL

	<p>his/her preceptor for the practicum. Measure 3 Description: Students will complete a guided practicum and be evaluated on their ability to apply ethical codes and professional standards by their preceptor. Target: 90% Source: Practicum rubric</p>
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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)

Not applicable

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)

Students who have a concentration in health promotion will be eligible to take the Certified Health Education Specialist (CHES) examination after completing > 25 credit hours in a health promotion-related field.

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

Not applicable.

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

MEDICAL UNIVERSITY OF SOUTH CAROLINA

COLLEGE OF NURSING

PROGRAM MODIFICATION

**ADDITION OF A PSYCHIATRIC-MENTAL HEALTH LIFESPAN TRACK
TO THE DOCTORATE OF NURSING PRACTICE PROGRAM**

Mark S. Sothmann, PhD
Vice President of Academic Affairs and Provost

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Name of Institution: Medical University of South Carolina (MUSC), College of Nursing (CON)

Name of Program: Psychiatric Mental Health Nurse Practitioner track, Doctorate of Nursing Practice

Program Designation: Doctoral Degree: Professional Practice

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards? No

Proposed date of implementation: August 2016

CIP Code: 51.3818 (Nursing Practice)

Delivery Mode: Distance education: 100% online, asynchronous

Institutional Approvals and Dates of Approval:

1. College of Nursing Faculty Assembly: October 2, 2015
2. Deans' Council: November 6, 2015
3. Senior Leadership Council: November 9, 2015
4. Board of Trustees:

Background Information

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

The MUSC CON provides and refines programs of nursing education that support the University Mission to “preserve and optimize human life in South Carolina and beyond” (MUSC, 2015). The CON’s Doctorate of Nursing Practice (DNP) program was originally approved by the CHE on 10/6/08, and includes 3 tracks (adult/gerontology, family and pediatric), and a fourth track is being proposed in this application. Research and health care reform recommendations recognize advanced practice nursing roles transform healthcare (IOM, 2011). The proposed Psychiatric Mental Health Nurse Practitioner (PMHNP) DNP program meets the current recommendations of the American Association of Colleges of Nursing (2006) and the National Organization of Nurse Practitioner Faculties (2013). The PMHNP core competencies have been threaded throughout the proposed curriculum and include: scientific foundation, leadership, quality, practice inquiry, technology and information literacy, policy, health delivery system, ethics, and independent practice (NONPF, 2013). The didactic coursework will provide the knowledge and skills PMHNPs require to be successful. The clinical experiences will allow the PMHNPs to refine the role-specialized skills, behaviors and attitudes. The PMHNP program will admit students at two entry points: post-BSN and post-MSN (must be certified as a PMH clinical nurse specialist (CNS) or certified PMHNP). The PMHNP provides lifespan primary mental health care for individuals, families and populations who are at risk and/or have a behavioral health disorder or problem. There are 3,205 certified nurse practitioners in South Carolina and only 54 (1.7%) practice as PMHNPs (SC Board of Nursing, personal communication, September 11,

2015).

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

The end-of-program competencies are the same for all DNP Nurse Practitioner tracks (adult-gerontology, family, pediatric and psychiatric mental-health) per accreditation requirements.

Upon completion of the DNP-APRN program, graduates will:

1. Demonstrate competence in an advanced nursing practice role using a specialized area of knowledge derived from a strong scientific foundation.
2. Use analytical methods and a scholarly approach to improve quality and safety in health care systems through organizational leadership, systems thinking, and practice management acumen.
3. Implement continuous quality improvement in patient care providing leadership in practice and clinical decision-making through use of information systems and technology resources.
4. Demonstrate interprofessional collaboration and teamwork strategies in the improvement of population health outcomes.
5. Assess health care policy that determines the financing, regulation, access, and delivery of care.
6. Apply principles of health equity in the provision of care to eliminate health disparities.

Assessment of need

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

The need for advanced practice providers (e.g., nurse practitioners) in mental health care settings is large and will continue to increase as the physician shortage worsens, and mental health care becomes more accessible through the Affordable Care Act. In South Carolina alone, there are 3,205 certified nurse practitioners and only 54 (less than 2%) practice as mental health care providers (SC Board of Nursing, personal communication, September 11, 2015). This presents a problem for both healthcare facilities and mental health treatment facilities. The significant burden of chronic disease (e.g. diabetes, heart disease & stroke, cancer) (SC DHEC, 2009) is exacerbated by co-occurring mental/behavioral health disorders, which undermine treatment effectiveness for these conditions and increase health care costs. Additionally, mental health treatment, apart from other physical health conditions, is limited due in part to staffing problems. Persons with untreated comorbidities are also more likely to self-medicate using alcohol and illicit drugs. By 2020, behavioral disorders will surpass all physical diseases as a major cause of disability worldwide.

The encouraging news is that health outcomes improve and health costs decrease when integrated models of care treating both physical and behavioral health problems are addressed (SAMHSA, 2014). Psychiatric Mental Health Nurse Practitioners are the clinical experts who can do this and improve health outcomes, and yet they are under-represented in the advanced nursing professional. With the approval of this new track in the DNP training program, MUSC's College of Nursing will help address this need and assist in improving life quality and outcomes for South Carolinians by increasing the number of PMHNPs in our state and beyond.

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

No.

If yes, explain (1000 characters).

List of Similar Programs in South Carolina*

Program Name	Institution	Similarities	Differences
Psychiatric Mental Health Nurse Practitioner Track	University of South Carolina, Columbia	MSN and DNP APRN program, online program	Post-Graduate Certificate & DNP only at MUSC, asynchronous online program

*The MUSC College of Nursing has been in communication with the USC College of Nursing, Columbia, regarding this proposed program modification. The Dean of the USC College of Nursing has provided a letter of support for the development of the DNP PMHNP program at the MUSC College of Nursing.

Description of the Program

Projected Enrollment

Year	Fall		Spring		Summer	
	Headcount	Credit Hrs	Headcount	Credit Hrs	Headcount	Credit Hrs
2016	10	9	10	9	10	7
2017	15	9	15	9	15	7
2018	20	9	15	9	15	7
2019	20	9	20	9	15	7
2020	20	9	20	9	15	7

Curriculum

Post-BSN Full-Time Plan of Study for the DNP Degree

Year 1, Fall Semester				
NRDNP	838	Advanced Pathophysiology	3 sh	(3,0,0)
NRDNP	860	Applied Epidemiology and Biostatistics in Health Care	4 sh	(4,0,0)
NRDNP	854	Scientific Underpinnings for Practice	3 sh	(3,0,0)
Year 1, Spring Semester				
NRDNP	856	Advanced Clinical Assessment and Reasoning	6 sh	(5,0,1)
NRDNP	842	Advanced Pharmacotherapeutics	4 sh	(4,0,0)
Year 1, Summer Semester				
NRDNP	836	Informatics in Health Care Delivery	3 sh	(3,0,0)
NRDNP	864	Advanced Care Management I (180 clinical hours- approx 12 hrs/wk)	6 sh	(0,2,4)
Year 2, Fall Semester				
NRDNP	858	Evidence-Based Practice, Quality and Safety	3 sh	(3,0,0)
NRDNP	865	Advanced Care Management II (180 clinical hours- approx 12 hrs/wk)	6 sh	(0,2,4)

Year 2, Spring Semester				
NRDNP	866	Advanced Care Management III (180 clinical hours- approx 12 hrs/wk)	6 sh	(0,2,4)
NRPHD	708	Advanced Health Policy and Advocacy	3 sh	(3,0,0)
NRDNP	862	Practice Inquiry and IRB	3 sh	(3,0,0)
Year 2, Summer Semester				
NRDNP	848B	Role Practicum (270 clinical hours- approx 18 hrs/wk)	7 sh	(0,1,6)
Year 3, Fall Semester				
NRDNP	890	Residency (150 clinical hours- approx 10 hrs/wk)	3 sh	(0,0,3)
NRDNP	850	Organizational Theory and Health Care Systems	3 sh	(3,0,0)
NRDNP	830	Applied Health Care Economics and Finance	3 sh	(3,0,0)
Year 3, Spring Semester				
NRDNP	846	Frameworks for Leadership & Interprofessional Collaboration	3 sh	(3,0,0)
NRDNP	890	Residency (150 clinical hours- approx 10 hrs/wk)	6 sh	(0,0,6)
Minimum DNP course work			75 sh	(40,7,28)

Post-MSN Full-Time Plan of Study for the DNP Degree*

Year 1, Fall Semester				
NRDNP	854	Scientific Underpinnings for Practice	3 sh	(3,0,0)
NRDNP	858	Evidence-Based Practice, Quality and Safety	3 sh	(3,0,0)
NRDNP	860	Applied Epidemiology and Biostatistics in Health Care	4 sh	(4,0,0)
Year 1, Spring Semester				
NRDNP	846	Frameworks for Leadership & Interprofessional Collaboration	3 sh	(3,0,0)
NRDNP	862	Practice Inquiry and IRB	3 sh	(3,0,0)
NRPHD	708	Advanced Health Policy and Advocacy	3 sh	(3,0,0)
NRDNP	890	Residency (45 clinical hours total)	1 sh	(0,0,1)
Year 1, Summer Semester				
NRDNP	836	Informatics in Health Care Delivery	3 sh	(3,0,0)
NRDNP	890	Residency (135 clinical hours- approx. 9 hrs/wk)	4 sh	(0,0,4)
Year 2, Fall Semester				
NRDNP	830	Applied Health Care Economics and Finance	3 sh	(3,0,0)
NRDNP	850	Organizational Theory and Health Care Systems	3 sh	(3,0,0)
NRDNP	890	Residency (120 clinical hours- approx. 8 hrs/wk)	3 sh	(0,0,3)
Minimum DNP course work			36 sh	(28,0,8)

**Certified CNS in Psychiatric Mental Health Nursing students will have a tailored curriculum based upon CNS MSN transcript and degree preparation, and may require additional coursework, e.g. NRDNP 864-866 Advanced Care Management courses to be eligible for the lifespan PMHNP certification examination and DNP degree.*

[sh=semester hour. Semester hour to clock hour ratio: Didactic, 1:1; seminar, 1:2; practicum, 1:3]

Curriculum Changes

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

Courses Eliminated from the Program	Courses Added to the Program
	Curriculum and clinical content adjusted to focus on lifespan psychiatric-mental health: NRDNP 864 Advanced Care Management 1, NRDNP 865 Advanced Care Management 2, and NRDNP 866 Advanced Care Management 3 – specific problem-based learning cases and psychiatric-mental health clinical placements
	Curriculum and clinical content adjusted to focus on lifespan psychiatric-mental health: NRDNP 848 Role Practicum - specific problem-based learning cases and psychiatric-mental health clinical placements
	Curriculum and clinical content adjusted to focus on lifespan psychiatric-mental health: NRDNP 890 Residency – have psychiatric-mental health clinical placements where a quality improvement project is implemented and evaluated as part of the scholarly doctoral work towards the DNP degree

Faculty

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

To meet the demands of this modified program the CON will need 1 new FTE to begin the program and workload will be monitored to determine if additional effort is needed as the program grows. In addition, the Director of the DNP program will need .05 FTE increase to oversee this program. The current number of faculty and current FTE devoted to the DNP program are shown below. The faculty member to be hired will have experience in the APRN role and have a DNP degree as a PMHNP. Experience in teaching will be critical.

Faculty devoted to the DNP Degree Program			
	Full-Time	Part-Time	Total
NP faculty	12	4	16
FTE	10.2	1.33	12.03

Almost all regular, tenure track faculty members (90%) are either doctorally prepared (PhD, ScD, DrPH, DNP) or currently enrolled (5%) in a doctoral program (PhD, EdD or DNP). No faculty member holds less than a master's degree, and 65% are nationally certified, including 100% of Nurse Practitioner faculty. The number of educator-researchers (22) is sufficient to

further the research mission of the College, and the number of doctorally prepared faculty (49) is adequate to support doctoral programs within the College.

Resources

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

The proposed program modification will not affect the physical plant's ability to support this program modification. The new physical plant was designed and built with the goal of increasing enrollment and adding programs over time. The Nursing Technology Center (NTC) continues to provide optimal information technology equipment and resources to support the College's faculty, staff and students. The College's web page is viewed as the portal for students and potential faculty, and reviewed and updated on an ongoing basis. The NTC also continues to develop videos to assist with ongoing College's training needs.

All didactic courses will be conducted online using a learning management system (Moodle). Other online resources such as videoconferencing, Skype, Fuze, Tegrity (course content capture system), podcast, and vodcast (video on demand clips) will be used in many of the courses. These resources facilitate and assist students in an asynchronous learning environment to gain the necessary knowledge and skills required for the DNP degree. The CON currently utilizes all these programs so no new programs or software will be needed. The library resources remain unchanged and this modification will not affect the library's ability to support the program. The library continues to serve as a major health science library for MUSC, the state, and the Southeast, and no new acquisitions will be needed to accommodate the additional students for the PMHNP program modification. Students and faculty have access to a vast amount of resources online, and preceptors are also granted access upon request. This supports online education as well as those who live locally. Net IDs and passwords are utilized so that library resources can be accessed from anywhere in the world. Alumni of the program can continue to have access if they visit the library.

The College has established psychiatric-mental health affiliations for PMHNP clinical practicum experiences including the: Veteran's Administration Medical Center, MUSC Institute of Psychiatry, Charleston and Dorchester Mental Health Centers, OneEighty Place, Harvest Free Clinic and the MUSC Emergency Department. The CON Clinical Education Coordinator assists faculty and students with maintaining the affiliation agreements and necessary paperwork for student clinical placement.

Financial Support

ESTIMATED NEW						
CATEGORY	1st Yr	2nd Yr	3rd Yr	4th Yr	5th Yr	TOTALS
Program Administration	\$9,100	\$9,282	\$9,468	\$9,657	\$9,850	\$47,357

Faculty Salaries	\$149,500	\$152,490	\$155,540	\$158,651	\$161,824	\$778,004
Graduate Assistants						
Equipment						
Facilities	\$6,240	\$6,365	\$6,492	\$6,622	\$6,754	\$32,473
Supplies and Materials	\$10,000					\$10,000
Library Resources						
Other:						
TOTALS	\$174,840	\$168,137	\$171,500	\$174,930	\$178,428	\$867,834
SOURCES OF FINANCING BY YEAR						
Tuition Funding	\$143,015	\$120,399	\$128,600	\$137,567	\$141,065	\$670,645
Program-Specific Fees	\$ 31,825	\$47,738	\$42,900	\$37,363	\$37,363	\$197,189
State Funding*						
Reallocation of Existing Funds**						
Federal Funding						
Other Funding (Specify)						
TOTALS	\$174,840	\$168,137	\$171,500	\$174,930	\$178,428	\$867,834

Budget Justification

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

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

Costs are 100% funded through the CON. Tuition listed above assumes the following: Annual enrollment beginning at 9 students (10 is our target but 9 students cover costs), 70% in-state and 30% out of state. Tuition totals are based on the FY15 MUSC tuition for full time enrollment including fees. Tuition increases of 2% per year were estimated. Currently the DNP program's nurse practitioner program averages 300 applications per year with the ability to admit 80 students per year for the 3 current nurse practitioner tracks. The PMHNP track will admit up to 20 students per year in addition to the 80 in the other 3 DNP nurse practitioner tracks, for a total

of 100 students in the 4 DNP nurse practitioner tracks. Community nurses, current student nurses, and current MSN prepared PMHNPs have expressed interest and requested this new DNP PMHNP track, and, as noted, there is a statewide lack of PMHNPs and access for mental health care.

Program Administration:

.05 FTE of the Director of the DNP program. Effort includes program oversight, review of program faculty, program outcomes, and program matriculation.

Faculty Salaries:

Faculty member will be hired on a part time basis to complement expertise already available in the current CON faculty. This effort, including fringe benefits, totals approximately 1 FTE.

Supplies and Materials:

Two computers will be purchased to support faculty and staff assigned to the program.

Facilities:

The College is assessed \$26/square foot for space maintenance by the University. This line item will cover the faculty assigned to the program.

Evaluation and Assessment

Will the proposed modification impact the way the program is evaluated and assessed?
No.

If yes, explain (1000 characters).

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

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

The Commission on Collegiate Nursing Education (CCNE) accredited the current DNP program on 10/18/10 through 06/30/16. CCNE accredits at the degree level. The CON has incorporated the 2006 *DNP Essentials* into the PMHNP post-graduate certificate and DNP degree program, and will submit a CCNE substantive change once approval is received from SC CHE. The CON recently had a CCNE accreditation visit on 09/28-30/15, and anticipate full accreditation based upon the visit findings. The state board of nursing does not require notification since they only regulate pre-licensure programs.

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

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

Students enrolled in the post-BSN DNP in Psychiatric Mental Health Nurse Practitioner program will already be licensed registered nurses. The post-BSN plan of study will prepare these students as PMHNP eligible to obtain certification through the American Nurses Credentialing Center (2015). The post-MSN students will already be certified as PMHNPs. The program is based on the American Association of Colleges of Nursing *DNP Essentials* (2006) and the NONPF *Population-Specific Nurse Practitioner Competencies* (2013).

References

- American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from <http://www.aacn.nche.edu/dnp/>
- American Nurses Credentialing Center. (2015). *Psychiatric-mental health nurse practitioner certification eligibility criteria (lifespan)*. Retrieved from: <http://www.nursecredentialing.org/familypsychnp-eligibility.aspx>
- Binkley, A.J., Mack, K., & Preskill, H. (2014). *Two decades of investment in substance-use prevention and treatment*. Robert Wood Johnson Foundation: Princeton, NJ.
- Bureau of Labor Statistics (2015). *Occupational outlook handbook, 2014-15 edition, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners*. Retrieved from: <http://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>
- Druss, B.G. & Walker, E.R. (2011). *Mental disorders and medical comorbidity*. Robert Wood Johnson Foundation: Princeton, NJ. ISSN 2155-3718.
- IOM (Institute of Medicine). (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Medical University of South Carolina. (2015). *Mission statement*. Available at: <http://academicdepartments.musc.edu/president/mission.html>
- NONPF. (2013). *Population-focused nurse practitioner competencies*. Retrieved from <http://www.aacn.nche.edu/education-resources/PopulationFocusNPComps2013.pdf>
- Office of Healthcare Workforce Research for Nursing (2015). *Nursing workforce in South Carolina: Data summary report: 2012-2013*. Retrieved from: http://www.sc.edu/study/colleges_schools/nursing/centers_institutes/center_nursing_leadership/office_healthcare_workforce_research/reports/workforcedatasummary2013/index.php
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Behavioral health barometer: United States, 2014*. Rockville, MD: SAMHSA.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Data*. Retrieved from: <http://www.samhsa.gov/data/>.
- U.S. Department of Health and Human Services. (2013). *Projecting the supply and demand for primary care practitioners through 2020*. Retrieved from: <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/index.html>.
- SC DHEC. (2009). *Healthy people living in healthy communities: 2009 report on the health of South Carolina's people and environment*. Retrieved from: <http://www.scdhec.gov/library/ML-006048.pdf>

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

Date: June 18, 2015

Name: Morrisette David Conley
Last First Middle

Citizenship and/or Visa Status: US Citizen

Office Address: B 310 151B Rutledge Avenue Telephone: 843 792 2940
Charleston, SC 20425

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>Medical University of South Carolina</u>	<u>1992-1997</u>	<u>PhD/1997</u>	<u>Physiology</u>
<u>Emory University</u>	<u>1981-1983</u>	<u>PT</u>	<u>Physical Therapy</u>
		<u>Certificate/</u>	
		<u>1983</u>	
<u>Marshall University</u>	<u>1969-1974</u>	<u>1974/BA</u>	<u>Education/Business</u>

Graduate Medical Training: (*Chronological*)

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

	<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:		
<u>MUSC/Kaiser Permanente Manual Therapy Mentorship</u>	<u>MUSC/Charleston, SC</u>	<u>2000</u>
<u>Postdoctoral Research Sabbatical</u>	<u>Yale University, New Haven, CT</u>	<u>2005</u>

Board Certification: American Board of Physical Therapy Specialties, Orthopaedic Physical Therapy Date: 2005, 2014
renewal

American Academy of Orthopaedic Manual Physical Therapists, Fellow Date: 2005, 2014
renewal

Licensure: South Carolina Board of Physical Therapy Examiners Date: 1988-Present
Date:

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>1988-1997</u>	<u>Assistant Professor</u>	<u>Medical University of South Carolina</u>	<u>Physical Therapy</u>
<u>1997-2011</u>	<u>Associate Professor</u>	<u>Medical University of South Carolina</u>	<u>Rehabilitation Sciences</u>
<u>2011-Present</u>	<u>Professor</u>	<u>Medical University of South Carolina</u>	<u>Health Professions</u>

First Appointment to MUSC: Rank Assistant Professor Date: February, 1988

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Anthony J. Alberg, Ph.D., M.P.H.

Date: 4/28/2015

Citizenship and/or Visa Status:

Office Address: 68 President Street, Suite BE103S MSC 955, Charleston, SC, 29425, USA

Telephone: 843-876-2439

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1980	University of California at Davis	B.S.	Zoology
1984	Yale University School of Medicine	M.P.H.	Health Services Administration
1994	Johns Hopkins University	Ph.D.	Epidemiology

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1994 - 1997	Research Associate	Johns Hopkins University School of Public Health	Department of Epidemiology
1996 - 2006	Joint Appointment	Johns Hopkins University, Sidney Kimmel comprehensive Cancer Center	Johns Hopkins Cancer Center
1997 - 1999	Assistant Scientist	Johns Hopkins University School of Public Health	Department of Epidemiology
1999 - 2005	Assistant Professor	Johns Hopkins University Bloomberg School of Public Health	Department of Epidemiology
2005 - 2006	Associate Professor	Johns Hopkins University Bloomberg School of Public Health	Department of Epidemiology
2006 - 2009	Associate Professor	Medical University of South Carolina	Biostatistics and Epidemiology
2006 - Present	Adjunct Associate Professor	Johns Hopkins University Bloomberg School of Public Health	Department of Epidemiology
2007 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2009 - 2010	Associate Professor	Medical University of South Carolina	Medicine Division of Biostatistics and Epidemiology
2010 - 2012	Professor	Medical University of South Carolina	Medicine Division of Biostatistics and Epidemiology
2013 - Present	Professor	Medical University of South Carolina	Public Health Sciences

First Appointment to MUSC:

Rank: Associate Professor

Date: 2006

Medical University of South Carolina**College Of Medicine****ABBREVIATED CURRICULUM VITAE****Name:** Ernest Ramsay Camp**Date:** 4/1/2015**Citizenship and/or Visa Status:** USA**Office Address:** 114 Doughty St, BM 241, MSC 295,
Charleston, SC, 29425, USA**Telephone:** (843) 876-4848**Education:** (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1993	Davidson College	B.S.	Chemistry
1997	Medical University of South Carolina	M.D.	Medicine
2009	Medical University of South Carolina	M.S.C.R.	Clinical Research

Graduate Medical Training:(*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship	Shand's Hospital/University of Florida, Gainesville, FL	1997 - 1998

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency	Shand's Hospital/University of Florida, Gainesville, FL	1998 - 2002
NIH T32 Research Fellowship	University of Texas MD Anderson Cancer Center, Houston, TX	2004 - 2005
Surgical Oncology Fellowship	University of Texas MD Anderson Cancer Center, Houston, TX	2005 - 2007

Board Certification:**American Board of Surgery** Date: 2003-2013**American Board of Surgery Recertification** Date: 2012-2024**Licensure:****Florida Board of Medical Examiners #81270** Date: 2000-2005**Texas State Board of Medical Examiners #M1557** Date: 2005-2007**South Carolina Board of Medical Examiners #29876** Date: 2007-presentD
H
S**Faculty Appointments:**

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2002 - 2004	Adjunct Assistant Professor	University of Florida	Surgery
2002 - 2004	Staff Surgeon	North Florida/South Georgia VAMC	Surgery
2007 - 2012	Assistant Professor	Medical University of South Carolina	Surgery Division of General Surgery
2007 - Present	Staff Surgeon	Ralph H. Johnson VAMC	Surgery
2010 - Present	Associate Member	Medical University of South Carolina	College of Graduate Studies Surgery
2012 - Present	Associate Professor	Medical University of South Carolina	Division of Surgical Oncology

First Appointment to MUSC: Rank: Assistant Professor**Date:** 2007

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Matthew J. Carpenter, Ph.D.

Date: 2/9/2015

Citizenship and/or Visa Status: United States

Office Address: Hollings Cancer Center 86 Jonathan Lucas St. PO Box 250955, Charleston, SC, 29425

Telephone: 843.792.3974

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1993	James Madison University	B.S.	Psychology
1998	Loyola College	M.A.	Clinical Psychology
2003	University of Vermont	Ph.D.	Clinical Psychology

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Psychology Intern	Medical University of South Carolina	2003

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Fellow	Hollings Cancer Center	08/2003 - 07/2004
NIDA Postdoctoral Fellow	Hollings Cancer Center	08/2004 - 09/2006

Board Certification:

Licensure:

South Carolina State Licensure - Clinical Psychology (#962)

Date: 2004

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2006 - 2010	Assistant Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2008 - 2009	Assistant Professor	Medical University of South Carolina	Biostatistics and Epidemiology
2009 - 2010	Assistant Professor	Medical University of South Carolina	Medicine Division of Biostatistics and Epidemiology
2010 - 2012	Associate Professor	Medical University of South Carolina	Medicine Division of Biostatistics and Epidemiology
2010 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2010 - Present	Associate Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2012 - Present	Associate Professor	Medical University of South Carolina	Family Medicine
2013 - Present	Associate Professor	Medical University of South Carolina	Public Health Sciences

First Appointment to MUSC:

Rank: Assistant Professor

Date: 2006

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Carla Kmett Danielson

Date: 2/9/2015

Citizenship and/or Visa Status:

Office Address: 67 President Street MSC 861, BA 201, Charleston, SC,
29425, U.S.

Telephone: 843-792-3599

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1997	Ohio University, Athens	B.A.	Psychology
1999	University of Dayton	M.A.	Clinical Psychology
2003	Case Western Reserve University	Ph.D.	Clinical Psychology

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Psychology Intern	Medical University of South Carolina (NIMH T32)	2002 - 2003

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Fellow	Medical University of South Carolina (NIMH T32)	2003 - 2005

Board Certification:

Licensure:

South Carolina #967

Date: 03/2005

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2005 - 2006	Research Associate	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2006 - 2007	Instructor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2007 - 2010	Assistant Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2010 - Present	Associate Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences

First Appointment to MUSC:

Rank: Research Associate

Date: 2005

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Dieter Haemmerich, Ph.D., D.Sc.

Date: 2/19/2015

Citizenship and/or Visa Status:

Office Address: 165 Ashley Ave, MSC 915, Charleston, SC, 29425

Telephone: 843-792-1396

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1998	Vienna University of Technology	M.S.	Electrical Engineering
2000	University of Wisconsin, Madison	M.S.	Biomedical Engineering
2001	University of Wisconsin, Madison	Ph.D.	Biomedical Engineering
2003	Vienna University of Technology	D.Sc	Electrical & Computer Engineering

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Assistant Scientist	University of Wisconsin-Madison	2003 - 2004

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2004 - 2008	Assistant Professor	Medical University of South Carolina	Pediatrics Division of Pediatric Cardiology
2006 - Present	Associate Member	Medical University of South Carolina	College of Graduate Studies
2008 - Present	Associate Professor	Medical University of South Carolina	Pediatrics Division of Pediatric Cardiology
2008 - Present	Adjunct Associate Professor	Clemson University	Bioengineering

First Appointment to MUSC:

Rank: Assistant Professor

Date: 2004

Date: 20Apr2015

Citizenship and/or Visa Status: US

Education: (*Baccalaureate and above*)

Graduate Medical Training: (Chronological)

First Appointment to MUSC: Rank Assistant Professor **Date:** 2007

Date: 12/15/14

Citizenship and/or Visa Status: USA

Education: (*Baccalaureate and above*)

Graduate Medical Training: (Chronological)

Board Certification: _____ **Date:** _____
 _____ **Date:** _____
 _____ **Date:** _____
 _____ **Date:** _____
Licensure: _____ **Date:** _____
 _____ **Date:** _____

Faculty appointments: (Begin with initial appointment)

First Appointment to MUSC: Rank Assistant Professor **Date:** 9/2005

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Jeffrey Alan Jones, Ph.D.

Date: 4/24/2015

Citizenship and/or Visa Status: USA

Office Address: 114 Doughty Street Suite 338
Charleston, SC 29425

Telephone: (843) 792-0062

VA Research Service
109 Bee Street
Department of Veterans Affairs Medical Center , Charleston, SC, 29401, USA

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1987	University of California at San Diego	B.A.	Microbiology
2003	Medical University of South Carolina	Ph.D.	Molecular and Cellular Biology

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Fellow	Medical University of South Carolina, Department of Biochemistry, Mentor: Yusuf A. Hannun, MD	06/2003 - 07/2005

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2005 - 2013	Research Assistant Professor	Medical University of South Carolina	Surgery Division of Cardiothoracic Surgery
2006 - 2011	Associate Member	Medical University of South Carolina	College of Graduate Studies
2012 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2013 - Present	Associate Professor	Medical University of South Carolina	Surgery Division of Cardiothoracic Surgery

First Appointment to MUSC:

Rank: Research Assistant Professor

Date: 2005

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Diane L. Kamen, M.D., M.S.C.R.

Date: 2/27/2015

Citizenship and/or Visa Status:

Office Address: 96 Jonathan Lucas Street Suite 816, MSC 637, Charleston, SC, 29425, USA Telephone: 843-792-1991

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1994	Northwestern University	B.A.	Biological Sciences
1999	University of Kansas	M.D.	Medicine
2004	Medical University of South Carolina	M.S.C.R.	Clinical Research

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internal Medicine Internship	Medical University of South Carolina	1999 - 2002

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Master of Science in Clinical Research	Medical University of South Carolina	2002 - 2004
Rheumatology Fellowship	Medical University of South Carolina	2002 - 2005

Board Certification:

American Board of Internal Medicine Date: 2002

American Board of Internal Medicine: Rheumatology Date: 2005

Licensure:

South Carolina Medical License Date: 1999-Present

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2005 - 2011	Assistant Professor	Medical University of South Carolina	Medicine Division of Rheumatology
2006 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2011 - Present	Associate Professor	Medical University of South Carolina	Medicine Division of Rheumatology
2011 - Present	Director of Clinical Research	Medical University of South Carolina	Medicine Division of Rheumatology

First Appointment to MUSC: Rank: Assistant Professor

Date: 2005

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Hainan Lang, M.D., Ph.D.

Date: 4/30/2015

Citizenship and/or Visa Status:

Office Address: Walton Research Bldg, Rm 613, 39 Sabin Street, Charleston, SC, 29425 Telephone: 843-792-8483

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1991	Jinzhou Medical University	M.D.	Medicine
1994	Jinzhou Medical University	M.S.	Otolaryngology
1997	Capital University of Medical Science	Ph.D.	Otolaryngology

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency - Otolaryngology	Jinzhou Medical University and Hospital, Department of Otolaryngology, Liaoning, China	1991 - 1994
Postdoctoral Research Fellow (Dr. Donna M. Fekete, Advisor)	Purdue University, West Lafayette, IN	1997 - 1999
Postdoctoral Research Fellow (Dr. Richard A. Schmiedt, Advisor)	Medical University of South Carolina, Charleston, SC	1999 - 2004

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1993 - 1997	Attending Physician	Capital University of Medical Sciences, Beijing TongRen Hospital and Beijing Institute of Otolaryngology, Beijing, China	
2004 - 2004	Research Assistant Professor	Medical University of South Carolina	Otolaryngology - Head and Neck Surgery
2004 - 2008	Research Assistant Professor	Medical University of South Carolina	Pathology and Laboratory Medicine
2007 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2008 - 2013	Assistant Professor	Medical University of South Carolina	Pathology and Laboratory Medicine
2013 - Present	Associate Professor	Medical University of South Carolina	Pathology and Laboratory Medicine

First Appointment to MUSC:

Rank: Research Assistant Professor

Date: 2004

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Paul J. Nietert, Ph.D.

Date: 3/26/2015

Citizenship and/or Visa Status:

Office Address:

Telephone: 843-876-1204

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1989	Duke University	B.S.	Mathematics
1997	Medical University of South Carolina	Ph.D.	Biometry and Epidemiology

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1999 - 2002	Research Instructor	Medical University of South Carolina	Medicine Division of General Internal Medicine
2002 - 2004	Research Assistant Professor	Medical University of South Carolina	Medicine Division of General Internal Medicine
2003 - 2009	Research Full Member	Medical University of South Carolina	College of Graduate Studies
2003 - 2009	Adjunct Assistant Professor	Medical University of South Carolina	Health Administration and Policy
2004 - 2007	Research Assistant Professor	Medical University of South Carolina	Biostatistics and Epidemiology
2007 - 2009	Research Associate Professor	Medical University of South Carolina	Biostatistics and Epidemiology
2009 - 2009	Research Associate Professor	Medical University of South Carolina	Medicine Division of Biostatistics and Epidemiology
2009 - 2012	Adjunct Assistant Professor	Medical University of South Carolina	Health Professions Division of Health Administration
2010 - 2012	Associate Professor	Medical University of South Carolina	Medicine Division of Biostatistics and Epidemiology
2012 - 2012	Professor	Medical University of South Carolina	Medicine Division of Biostatistics and Epidemiology
2012 - 2014	Assistant Professor	Medical University of South Carolina	Healthcare Leadership and Management
2013 - Present	Professor	Medical University of South Carolina	Public Health Sciences

First Appointment to MUSC:

Rank: Research Instructor

Date: 1999

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Cynthia A. Schandl, M.D., Ph.D.

Date: 4/15/2015

Citizenship and/or Visa Status: USA

Office Address: 171 Ashley Avenue, MSC-908, Charleston, SC, 29425

Telephone: 843-792-9462

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1990	California State University	B.A.	Biology
1999	Medical University of South Carolina	M.D., Ph.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident in Anatomic Pathology	MUSC	07/1999 - 06/2001
Fellow in Forensic Pathology	MUSC	07/2001 - 06/2002
Resident in Clinical Pathology	MUSC	07/2002 - 06/2004

Board Certification:

Forensic Pathology Date: 09/2005

Anatomic Pathology Date: 11/2004

Clinical Pathology Date: 11/2004

Licensure:

Licensure - South Carolina (MD 22218) Date: 1999-present

Licensure - Florida (ME86046) Date: 2002-present

North Carolina (200664) Date: 2014-present

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2004 - 2006	Instructor	Medical University of South Carolina	Pathology and Laboratory Medicine
2006 - 2010	Assistant Professor	Medical University of South Carolina	Pathology and Laboratory Medicine
2011 - Present	Associate Professor	Medical University of South Carolina	Pathology and Laboratory Medicine

First Appointment to MUSC: Rank: Instructor

Date: 2004

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Uwe Otto Peter Joseph Schoepf

Date: 5/11/2015

Citizenship and/or Visa Status:

Office Address: 25 Courtenay Drive MSC 226, Charleston, SC, 29425, USA Telephone: 843-876-7146

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1996	University of Munich	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency	Institute of Clinical Radiology, Klinikum Grosshadern, Ludwig-Maximilians University, Munich, Germany	1997 - 2001

Board Certification:

ECFMG

Austrian Board of Radiology (valid in all countries of the European Union in accordance with Directive 93/16/EEC Council of European Communities)

American Board of Radiology (ABR) "eligible"

ABR Written Board Exam: Passed 2012

ABR Physics Board Exam: Passed 2011

American College of Radiology (ACR) Certification of Advanced Proficiency in Cardiac Computed Tomography

Diplomate, Certification Board of Cardiovascular Computed Tomography (CBCCT)

Certification Board of Cardiovascular Computed Tomography (CBCCT)

American Heart Association Basic Life Support, Advanced Cardiac Life Support

Licensure:

South Carolina Medical License

Date: Expires 06/2015

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2001 - 2004	Staff Radiologist	Brigham & Women's Hospital, Harvard Medical School, Boston, MA	Radiology
2004 - 2008	Associate Professor	Medical University of South Carolina	Radiology and Radiological Science
2005 - 2008	Associate Professor	Medical University of South Carolina	Medicine Division of Cardiology
2006 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2008 - Present	Professor	Medical University of South Carolina	Medicine Division of Cardiology
2008 - Present	Professor	Medical University of South Carolina	Radiology and Radiological Science
2011 - Present	Professor	Medical University of South Carolina	Radiology
2015 - Present	Cardiovascular Imaging Director	Medical University of South Carolina	Division of University Designated Center for Biomedical Imaging

First Appointment to MUSC:

Rank: Associate Professor

Date: 2004

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Tanya N. Turan, M.D.

Date: 4/23/2015

Citizenship and/or Visa Status: USA

Office Address: 19 Hagood Avenue, Harborview Office Tower, Suite 501,
Charleston, SC, 29425

Telephone: 843-792-3020

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1996	Rensselaer Polytechnic Institute	B.Sc.	Psychology
2000	State University of New York	M.D.	Medicine
2011	Medical University of South Carolina	M.S.C.R.	Clinical Research

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Intern, Department of Internal Medicine	Emory University School of Medicine, Atlanta, GA	2000 - 2001
<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident, Department of Neurology	Emory University School of Medicine, Atlanta, GA	2001 - 2004
Chief Resident, Department of Neurology	Emory University School of Medicine, Atlanta, GA	2003 - 2004
Cerebrovascular Disease Fellow (ACGME)	Emory University School of Medicine, Atlanta, GA	2004 - 2005
Coursework in clinical research degree program	Emory University School of Public Health, Atlanta, GA	2005 - 2007
Masters of Science in Clinical Research	Medical University of South Carolina, College of Graduate Studies	2008 - Present

Board Certification:

National Board of Medical Examiners	Date: 2001
Masters in Lipidology	Date: 2005
Neurology	Date: 2006
Vascular Neurology	Date: 2008

Licensure:

Georgia State Medical License	Date: 2002
South Carolina State Medical License	Date: 2008

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2005 - 2008	Assistant Professor	Emory University School of Medicine, Atlanta, GA	Neurology, Stroke Program
2008 - 2012	Assistant Professor	Medical University of South Carolina	Neurosciences
2011 - Present	Associate Member	Medical University of South Carolina	Division of Neurology
2012 - Present	Associate Professor	Medical University of South Carolina	College of Graduate Studies
			Neurosciences
			Division of Neurology

First Appointment to MUSC: Rank: Assistant Professor

Date: 2008

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Michael J. Yost, Ph.D.

Date: 4/27/2015

Citizenship and/or Visa Status:

Office Address: CRI-173 Ashley Avenue Room 605, Charleston, SC, 29425, Telephone: 843-792-7789
USA

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1985	Ohio State University	B.S.	Chemical Engineering
1990	Ohio University, Athens	M.S.	Chemical Engineering
1999	University of South Carolina	Ph.D.	Chemical Engineering

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
01/2000 - 01/2003	Research Assistant Professor	University of South Carolina School of Medicine	Surgery
2012 - Present	Associate Professor	Medical University of South Carolina	Surgery Division of General Surgery
2012 - Present	Associate Member	Medical University of South Carolina	College of Graduate Studies

First Appointment to MUSC:

Rank: Associate Professor

Date: 2012

Medical University of South Carolina

College Of Nursing

ABBREVIATED CURRICULUM VITAE

Name: Kenneth J. Ruggiero, Ph.D.

Date: 7/7/2015

Citizenship and/or Visa Status:

Office Address: 67 President Street MSC 861, Charleston, SC, 29425, USA Telephone: 843-792-3687

Education: (*Baccalaureate and above*)

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

Graduate Medical Training: (*Chronological*)

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

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

Board Certification:

Licensure:

South Carolina #886

Date: 2004

Faculty Appointments:

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

First Appointment to MUSC:

Rank: Instructor

Date: 2003

Name: Beeson Craig Cano
Last First Middle

Office Address: 280 Calhoun Street, MSC 141 Charleston, SC 29425 **Telephone:** 843.876.5091

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Univesity of California, Irvine	9/87-1/93	PHD.	Chemistry
San Diego State University	9/83-12/85	M.S.	Chemistry
California State University, Northridge	9/77-6/82	B.S.	Chemistry

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

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

Board Certification: _____ **Date:** _____
Licensure: _____ **Date:** _____

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
07/2015	Professor	MUSC	Drug Discovery & Biomedical Sciences
09/02-current	Associate Professor	MUSC	Pharmaceutical Sciences
09/96-08/02	Assistant Professor	University of Washington	Department of Chemistry
02/93-08/96	Visiting Scholar	Stanford University	Department of Chemistry
9/87-1/93	Teaching Assistant	University of California, Irvine	Department of Chemistry

Medical University of South Carolina

College of Pharmacy

ABBREVIATED CURRICULUM VITAE _____

Total Number of Publications in peer-reviewed journals: _____

First Appointment to MUSC: Rank Associate Professor

Date: 09/2002

Medical University of South Carolina
College of Pharmacy
ABBREVIATED CURRICULUM VITAE

Name: Garner Sandra Smith
 Last First Middle

Citizenship and/or Visa USA
Status: _____

Office Address: 280 Calhoun Street, MSC 141 Telephone: 843.792.4876

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Medical University of South Carolina	08/87-05/89	Pharm.D.	Pharmacy
University of North Carolina-Chapel Hill	08/92-05/87	B.S.	Pharmacy
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

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

	<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:		
Fellowship in Pediatric Pharmacotherapy- MUSC		07/90-06/91
ASHP-Accredited Residency in Pediatric Pharmacotherapy- MUSC		07/89-06/90

Board Certification: Pharmacotherapy Date: Aug. 1992 - present
Licensure: Pharmacy Licensure State of South Carolina Date: 1987-present

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
7/2015-present	Professor	MUSC	Clinical Pharmacy & Outcome Sciences
7/1999-present	Associate Professor	MUSC	Clinical Pharmacy & Outcome Sciences
8/91-7/99	Assistant Professor	MUSC	Clinical Pharmacy & Outcome Sciences
7/90-6/91	Instructor	MUSC	College of Medicine
8/92-present	Assistant Professor of Pediatrics	MUSC	
_____	_____	_____	_____
_____	_____	_____	_____

Medical University of South Carolina

College of Pharmacy

ABBREVIATED CURRICULUM VITAE

Total Number of Publications in peer-reviewed journals: 26

First Appointment to MUSC: Rank Instructor

Date: 1990-1991

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Shean J. Aujla, M.D.

Date: 8/6/2015

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

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1996	Smith College	B.A.	Biology
2000	Medical University of South Carolina	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Pediatric Residency	Connecticut Children's Medical Center, University of Connecticut, Hartford, CT	2000 - 2003
Chief Resident- Pediatrics	Connecticut Children's Medical Center, University of Connecticut, Hartford, CT	2003 - 2004
Pediatric Pulmonology Fellowship	Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA	2004 - 2007

Board Certification:

American Board of Pediatrics Certificate #98594 â€” certified in General Pediatrics Date: 2003

American Board of Pediatrics- Pediatric Pulmonology Date: 2008

Licensure:

Pennsylvania State Medical License Date: 2007

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2007 - 2008	Instructor	University of Pittsburgh School of Medicine	Pediatrics
2008 - Present	Assistant Professor	University of Pittsburgh School of Medicine	Pediatrics

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: William B. Bunn III, M.D., J.D., M.P.H.

Date: 9/22/2015

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	Duke University	B.A.	
1979	Duke University	J.D.	
1979	Duke University	M.D.	Medicine
1983	University of North Carolina at Chapel Hill	M.P.H.	Public Health

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internal Medicine	Duke University Medical Center	06/1980 - 06/1981

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Internal Medicine, Clinical Toxicology	Duke University Medical Center	09/1979 - 07/1980
Internal Medicine	Duke University Medical Center	06/1981 - 06/1983
Fellowship- School of Public Health, Department of Epidemiology	University of North Carolina	08/1982 - 12/1983

Board Certification:

American Board of Internal Medicine Date: 01/1984

American Board of Internal Medicine- Occupational and Preventive Medicine Date: 02/1985

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
01/1984 - Present	Assistant Professor	Duke University Medical Center, Durham, NC	Community and Family Medicine Division of Occupational & Environmental Medicine
01/1984	Assistant Professor	Duke University Medical Center, Durham, NC	Community and Family Medicine Division of Occupational & Environmental Medicine
06/1984 - 01/1986	Associate	Duke University Medical Center, Durham, NC	Internal Medicine Division of General Internal Medicine
06/1984	Associate	Duke University Medical Center, Durham, NC	Internal Medicine Division of General Internal Medicine
05/1985 - 01/1986	Assistant Professor, Director of Research	Duke University Medical Center, Durham, NC	Community and Family Medicine Division of Occupational & Environmental Medicine
05/1985	Assistant Professor, Director of Research	Duke University Medical Center, Durham, NC	Community and Family Medicine Division of Occupational & Environmental Medicine
07/1986 - 07/1989	Assistant Clinical Professor	Yale University, New Haven, CT	School of Public Health, Department of Internal Medicine Division of Epidemiology
05/1989 - 05/1994	Adjunct Assistant Professor	University of Colorado, Boulder, CO	School of Pharmacy, Department of Toxicology
08/1989 - Present	Associate Professor of Environmental Health (Volunteer)	University of Cincinnati College of Medicine, Cincinnati, OH	Environmental Health
04/1991 - 05/1994	Assistant Clinical Professor	University of Colorado School of Medicine, Denver, CO	Preventive Medicine & Biometry and School of Pharmacy
07/1997 - 05/2003	Associate Clinical Professor	Northwestern University School of Medicine, Chicago, IL	Preventive Medicine

05/2003	Professor	Northwestern University School of Medicine, Chicago, IL	Preventive Medicine
03/2005 - Present	Adjunct Associate Professor	University of Illinois at Chicago, Chicago, IL	School of Public Health Division of Environmental and Occupational Health Sciences
First Appointment to MUSC:		Rank:	Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Gavin Naylor, Ph.D.

Date: 9/30/2015

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>
1982	Durham University	B.Sc.	Zoology
1989	University of Maryland	Ph.D.	Zoology

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Kalbfleisch Postdoctoral Fellow	American Museum, New York	1989 - 1991
Sloan Fellow, Dept. of Biology	University of Michigan	1992 - 1994
Postdoctoral Fellow in evolutionary genetics	Arizona State University	1995
Postdoctoral Fellow in developmental genetics	Yale University	1996 - 1997

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1997 - 2002	Assistant Professor	Iowa State University	Zoology and Genetics
2002 - 2003	Associate Professor	Iowa State University	Zoology and Genetics
2003 - 2010	Associate Professor	Florida State University	School of Computational Science
2003 - 2010	Associate Professor	Florida State University	Biology
2011 - Present	Professor	College of Charleston	Biology
2012 - Present	Professor	Medical University of South Carolina	Biochemistry and Molecular Biology

First Appointment to MUSC:

Rank: Professor

Date: 2012

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Hong Li, Ph.D.

Date: 10/21/2015

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>
1990	Tsinghua University	B.S.	Applied Mathematics
1999	Rutgers University, New Brunswick	M.S.	Statistics
2009	Brown University	Ph.D.	Biostatistics

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
07/2010 - Present	Assistant Professor	Rush University Medical Center	Preventive Medicine Division of Biostatistics

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Stephen F. Dierdorf, M.D.

Date: 10/26/2015

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>
1970	DePauw University	B.A.	
1972	Indiana University School of Medicine	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internship	Harrisburg Hospital, Harrisburg, PA	1972 - 1973

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Residency- Anesthesia	Indiana Univ School of Medicine	1973 - 1976

Board Certification:

American Board of Anesthesiology	Date: 1976, recert 1993, 2013
American Board of Anesthesiology- Pediatric Anesthesiology	Date: 1988
National Board of Echocardiography	Date: 2006

Licensure:

South Carolina Board of Medical Examiners #23542	Date: 02/2003
Indiana Medical License #027662	Date: 07/1973

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1978 - 1985	Assistant Professor	Indiana University School of Medicine	Anesthesia
1985 - 1990	Associate Professor	Indiana University School of Medicine	Anesthesia
1990 - 2003	Professor	Indiana University School of Medicine	Anesthesia
2003 - 2008	Professor	Medical University of South Carolina	Anesthesia and Perioperative Medicine
2008 - 06/2015	Professor, Vice Chair	Indiana University School of Medicine	Anesthesia

First Appointment to MUSC:

Rank: Professor

Date: 2003

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Zipporah Krishnasami, M.D.

Date: 8/13/2015

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>
1991	Boston University	B.S.	Biomedical Engineering
1996	University of Alabama	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Internship/Residency in Internal Medicine	University of Alabama at Birmingham, Birmingham, Alabama	1996 - 1999
Nephrology Fellowship	University of Alabama at Birmingham, Birmingham, Alabama	1999 - 2001

Board Certification:

American Board of Internal Medicine	Date: 1999, 2011
American Board of Internal Medicine- Nephrology	Date: 2001, 2011

Licensure:

South Carolina Board of Medical Examiners- 36406	
Alabama Board of Medical Examiners- 00021075	
Maryland Board of Medical Examiners- D0057696	Date: Inactive

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
06/2003 - 10/2011	Assistant Professor	University of Alabama at Birmingham	Medicine Division of Nephrology
10/2011 - 10/2013	Associate Professor	University of Alabama at Birmingham	Medicine Division of Nephrology
2013 - 2014	Clinical Associate Professor	Medical University of South Carolina	Medicine Division of Nephrology

First Appointment to MUSC:

Rank: Clinical Associate Professor

Date: 2013

Medical University of South Carolina

College Of Health Professions

ABBREVIATED CURRICULUM VITAE

Name: Prema Menezes, PhD

Date: 9/28/2015

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>
1986	Bombay University	B.Sc.	Chemistry and Botany
1988	Bombay University	M.S.C.I.	Biochemistry
1997	Duke University	M.H.S.	Physician Assistant
2008	University of North Carolina	Ph.D.	Epidemiology

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2015 - Present	Professor	Medical University of South Carolina	Health Professions Division of Physician Assistant Studies (PA)

First Appointment to MUSC:

Rank: Professor

Date: 2015

Medical University of South Carolina**College Of Medicine****ABBREVIATED CURRICULUM VITAE****Name:** Betty P. Tsao, Ph.D.**Date:** 11/17/2015**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	National Taiwan University	B.S.	Botany
1976	Southern Illinois University	M.S.	Biological Sciences
1981	University of Pittsburgh	Ph.D.	Biochemistry

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral Place</u>	<u>Dates</u>
Postdoctoral Fellow, Department of Immunology	Scripps Clinic and Research Foundation Research, La Jolla, CA 1981 - 1982
Postdoctoral Fellow, Department of Medicine, Division of Rheumatology	Indiana University School of Medicine, Indianapolis, IN 1982 - 1983
Postdoctoral Fellow, Department of Biological Chemistry	UCLA School of Medicine, Los Angeles CA 1985 - 1988

Board Certification:**Licensure:****Faculty Appointments:**

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1990 - 1994	Adjunct Assistant Professor	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology
1994 - 2001	Adjunct Associate Professor	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology
2001 - 2007	Adjunct Professor	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology
2007 - Present	Professor in Residence	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology

**First Appointment to
MUSC:****Rank:** Professor**Date:** 2015

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Thomas G. Di Salvo, M.D., M.P.H., M.B.A.

Date: 9/3/2015

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	Harvard University	A.B.	English Literature
1987	University of Cincinnati	M.D.	Medicine
1995	Harvard School of Public Health	M.Sc.	Epidemiology
2007	Vanderbilt University	M.B.A.	Management

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Intern- Internal Medicine	Johns Hopkins Hospital	1987 - 1998

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Junior Assistant Resident- Medicine	Johns Hopkins Hospital	1988 - 1989
Senior Assistant Resident- Medicine	Johns Hopkins Hospital	1989 - 1990
Chief Resident in Medicine	Johns Hopkins Hospital	1990 - 1991
Fellow in Clinical Cardiology	Massachusetts General Hospital	1991 - 1993
Fellow in Clinical Epidemiology	Massachusetts General Hospital	1993 - 1994
Fellow in Heart Failure/Cardiac Transplantation	Massachusetts General Hospital	1994 - 1995
Rabkin Fellowship in Medical Education	Harvard Medical School	2003 - 2004

Board Certification:

National Board of Medical Examiners (Parts I, II, III)	Date: 1990
Maryland Board of Physician Quality Assurance	Date: 1990
American Board of Internal Medicine, Internal Medicine	Date: 1991
American Board of Internal Medicine, Cardiovascular Disease	Date: 1997, 2009
American Board of Internal Medicine, Advanced Heart Failure (initial certification)	Date: 2015

Licensure:

Commonwealth of Massachusetts Board of Registration in Medicine (# 74066)	Date: 1991
Tennessee Board of Medical Examiners (#39241)	Date: 2004

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1990 - 1991	Instructor	Johns Hopkins School of Medicine	Medicine
1995 - 2000	Instructor	Harvard Medical School	Medicine
2001 - 2004	Assistant Professor	Harvard Medical School	Medicine
2004 - Present	Associate Professor	Vanderbilt Medical School	Medicine

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Renee D. Rienecke, Ph.D.

Date: 8/27/2015

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>
1997	University of Michigan	B.A., Honors	Psychology
2001	Northwestern University	M.A.	Psychology
2004	Northwestern University	Ph.D.	Psychology

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Clinical Psychology Intern (APA Accredited)- Department of Psychiatry	University of Chicago, Chicago, IL	07/2003 - 06/2004

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Eating Disorders Program, Department of Psychiatry - Postdoctoral Fellow	University of Chicago, Chicago, IL	07/2004 - 07/2007

Board Certification:

Licensure:

Clinical Psychologist, State of MI

Date: 07/2012-present

Clinical Psychologist, State of IL

Date: 2006-2012

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
07/2007 - 06/2010	Instructor	University of Chicago, Chicago, IL	Psychiatry and Behavioral Neuroscience
07/2010 - 07/2012	Assistant Professor	University of Chicago, Chicago, IL	Psychiatry and Behavioral Neuroscience
07/2012 - Present	Clinical Assistant Professor	University of Michigan, Ann Arbor, MI	Psychiatry

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina
College of Medicine
ABBREVIATED CURRICULUM VITAE

Date: 08/24/2015

Name: Schmitt Sarah Elizabeth
Last First Middle

Citizenship and/or Visa Status: US Citizen

Office Address: 96 Jonathan Lucas St, CSB 301 MSC 606 Telephone: 843-792-3223
Charleston, SC 29425

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Brown University	1995-1999	B.S.	Neuroscience
Washington University School of	1999-2003	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Place</u>	<u>Dates</u>
Internship University of Pennsylvania, Philadelphia, PA	6/2003-6/2004

<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral: Neurology, University of Pennsylvania, Philadelphia, PA	7/2004-6/2007
Epilepsy Fellowship, University of Pennsylvania, Philadelphia, PA	7/2007-6/2008

Board Certification:	ABPN, specialty: Neurology	Date: 6/2008
	ABCN, specialty: Epilepsy monitoring	Date: 10/2008
	ABPN: specialty: Epilepsy	Date: 10/2013
		Date:
Licensure:	Pennsylvania	Date: 6/2003-12/2015
	South Carolina	Date: 8/2015-present
		Date:
		Date:

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2008-2009	Clinical Instructor	University of Pennsylvania	Neurology
2009-2015	Assistant Professor	University of Pennsylvania	Neurology
2015-	Associate Professor	MUSC	Neurology

First Appointment to MUSC: Rank Associate Professor Date: 8/1/15

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

Date: 10/15/15

Name: Yilmaz Ozlem
Last First Middle

Citizenship and/or Visa Status: US Citizen

Office Address: University of Florida, College of Dentistry Telephone: 352 273 8003
Dept. of Periodontology, Box 100434
Gainesville, FL 32610

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Istanbul University, School of Dentistry, Istanbul, Turkey	1985-1990	DDS	General Dentistry
University of Washington, Seattle, WA, USA	1997-2002	PhD	Oral Biology

Graduate Medical Training: (*Chronological*)

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

	<u>Place</u>	<u>Dates</u>
Residences or Postdoctoral:		
Post-Doctoral Fellow/Research Associate, School of Public Health, University of Washington, Seattle, WA		2002-2005
Visiting Fellow, Biologie Moléculaire du Gène, Institut Pasteur, Paris, France		2003

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

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2006-2010	Assistant Professor	College of Dentistry, Univ. of Florida	Dept. of Periodontology
	Joint Assistant Professor	College of Dentistry, Univ. of Florida	Dept. of Oral Biology
	Joint Assistant Professor	University of Florida	Emerging Pathogens Institute
2010-2015	Associate Professor (Tenured)	College of Dentistry, Univ. of Florida	Dept. of Periodontology
	Joint Associate Professor	College of Dentistry, Univ. of Florida	Dept. of Oral Biology
	Joint Associate Professor	University of Florida	Emerging Pathogens Institute

First Appointment to MUSC: Rank Full Professor

Date: January 1st 2016

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Betty P. Tsao, Ph.D.

Date: 10/19/2015

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	National Taiwan University	B.S.	Botany
1976	Southern Illinois University	M.S.	Biological Sciences
1981	University of Pittsburgh	Ph.D.	Biochemistry

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Postdoctoral Fellow, Department of Immunology	Scripps Clinic and Research Foundation Research, La Jolla, CA	1981 - 1982
Postdoctoral Fellow, Department of Medicine, Division of Rheumatology	Indiana University School of Medicine, Indianapolis, IN	1982 - 1983
Postdoctoral Fellow, Department of Biological Chemistry	UCLA School of Medicine, Los Angeles CA	1985 - 1988

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1990 - 1994	Adjunct Assistant Professor	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology
1994 - 2001	Adjunct Associate Professor	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology
2001 - 2007	Adjunct Professor	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology
2007 - Present	Professor in Residence	UCLA School of Medicine, Los Angeles, CA	Medicine Division of Rheumatology

First Appointment to MUSC:

Rank:

Date:

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

Date: 11/13/15

Name: Kautz Steven A.
Last First Middle

Citizenship and/or Visa Status: _____

Office Address: _____ Telephone: _____

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Michigan State University	1979-1983	05/1983	Geology
University of Texas at Austin	1984-1989	12/1987	Geology
University of California-Davis	1989-1992	09/1992	Biomedical Engineering
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

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

	<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:	_____	_____
	VA Palo Alto Rehabilitation Research & Development Center	1992-2002
	_____	_____
	_____	_____

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

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2002-2009	Associate Professor	University of Florida	Physical Therapy
2009-2010	Professor	University of Florida	Physical Therapy
2010-current	Professor	MUSC, College of Health Professions	Health Sciences and Research
2010-current	Professor	MUSC, College of Health Professions	Physical Therapy
2015	Professor	MUSC, College of Medicine	Department of Neurosciences
2011-current	Adjunct Professor	Clemson University	College of Engineering

First Appointment to MUSC: Rank Professor Date: 2010

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Four (4) Month Period Ended October 31, 2015

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of October 31, 2015

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Assets & Deferred Outflows				
Cash and Cash Equivalents	\$ 230,886,693	\$ 6,326,353	\$ -	\$ -
Cash and Cash Equivalents - Restricted	18,077,690	-	-	623,258
State Appropriation Receivable	44,680,656	5,356,721	-	-
Student Tuition and Fees Receivable	3,617,582	-	-	-
Student Loan Receivable	13,173,690	-	-	-
Grants and Contracts Receivable	53,090,619	230,545	-	-
Capital Improvement Bond Proceeds Receivable	1,850	-	-	-
Capital Lease Receivable	-	-	1,116,897	14,371,653
Other Receivables	1,749,087	-	7,111	-
Investments	-	-	336,509	1,178,955
Prepaid Items	9,692,780	-	-	1,281,388
Capital Assets, net of Accumulated Depreciation	503,582,002	-	-	-
Due from Hospital Authority	5,412,782	-	-	-
Due from Other Funds	103,240,806	-	-	-
Bond Issue Costs	-	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-	-
Deferred loss on Debt Refinancing	629,870	-	-	371,178
Deferred Outflows-Pensions	30,268,345	-	-	-
Other Assets	-	-	-	-
Total Assets & Deferred Outflows	\$ 1,018,104,452	\$ 11,913,619	\$ 1,460,517	\$ 17,826,432
Liabilities & Deferred Inflows				
Accounts Payable	\$ 8,178,432	\$ 698,588	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	6,604,779	-	-	-
Accrued Compensated Absences	29,676,968	175,283	-	-
Deferred Revenue	68,084,789	6,790,864	-	-
Retainages Payable	174,966	-	-	-
Long-Term Debt	151,549,445	-	1,405,000	16,515,000
Interest Payable	738,965	-	8,725	123,863
Deposits Held for Others	5,381,291	115,124	-	-
Due to Hospital Authority	-	-	-	-
Due to Other Funds	22,084,167	-	-	-
Federal Loan Program Liability	13,438,113	-	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-	-
Net Pension Liability	341,810,996	-	-	-
Deferred Inflows-Pensions	28,970,613	-	-	-
Other Liabilities	47,760,670	-	-	-
Total Liabilities & Deferred Inflows	\$ 724,454,194	\$ 7,779,859	\$ 1,413,725	\$ 16,638,863
Net Position	293,650,258	4,133,760	46,792	1,187,569
Total Liabilities & Deferred Inflows and Net Position	\$ 1,018,104,452	\$ 11,913,619	\$ 1,460,517	\$ 17,826,432

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Four (4) Month Period Ending October 31, 2015

	University	Area Health Education Consortium	Facilities Corporation	CHS Development Company
Operating Revenues				
Student Tuition and Fees	\$ 32,442,584	\$ -	\$ -	\$ -
Federal Grants and Contracts	42,799,026	116,576	-	-
State Grants and Contracts	2,387,916	-	-	-
Local Government Grants and Contracts	28,850	-	-	-
Nongovernmental Grants and Contracts	12,403,660	-	-	-
Sales and Services to Hospital Authority	34,501,784	75,386	-	-
Sales and Services of Educational and Other Activities	17,409,857	137	-	-
Sales and Services of Auxiliary Enterprises	4,692,499	-	-	-
Interest Income	-	-	60,797	198,529
Other Operating Revenues	5,818,950	(31,663)	-	-
Total Operating Revenues	152,485,126	160,436	60,797	198,529
Operating Expenses				
Compensation and Employee Benefits	124,533,059	871,811	-	-
Services and Supplies	73,585,248	1,688,067	-	1,434
Utilities	6,080,632	-	-	-
Scholarships and Fellowships	5,018,144	715	-	-
Refunds to Grantors	83,362	-	-	-
Interest Expense	-	-	45,406	149,118
Depreciation and Amortization	13,868,000	-	-	52,116
Total Operating Expenses	223,168,445	2,560,593	45,406	202,668
Operating Income (Loss)	(70,683,319)	(2,400,157)	15,391	(4,139)
Nonoperating Revenues (Expenses)				
State Appropriations	19,656,926	3,395,432	-	-
State Appropriations - MUHA	20,284,569	-	-	-
Gifts and Grants Received	4,501,354	-	-	-
Investment Income	(4,022,055)	-	-	-
Interest Expense	(2,361,933)	-	-	-
Gain (Loss) on Disposal of Capital Assets	43,586	-	-	-
Transfers From (To) Other State Agencies	(152,136)	-	-	-
Other Nonoperating Revenues (Expenses), net	(5,275,171)	-	-	-
Net Nonoperating Revenues (Expenses)	32,675,140	3,395,432	-	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	(38,008,179)	995,275	15,391	(4,139)
Capital Appropriations	144,212	-	-	-
Capital Grants and Gifts	-	-	-	-
Additions to Permanent Endowments	1,125,000	-	-	-
Transfers From (To) MUSC Physicians (UMA)	22,981,683	-	-	-
Transfers From (To) AHEC	(1,101)	1,101	-	-
Transfers From (To) CHS Development	18,576	-	-	(18,576)
Transfers From (To) Facilities Corporation	-	-	-	-
Increase (Decrease) In Net Position	\$ (13,739,809)	\$ 996,376	\$ 15,391	\$ (22,715)

The Medical University of South Carolina
Budgeted Funds Comparison to Budget (Expenses Classified by Category)
For the period ending October 31, 2015

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
State Appropriations	\$ 61,665,082	\$ 20,555,027	\$ 19,656,926	\$ (898,101)	U
State Appropriations - MUHA	56,853,707	18,951,236	20,284,569	1,333,333	F
State Grants & Contracts	7,134,724	2,378,241	2,387,916	9,675	F
Total State	125,653,513	41,884,504	42,329,411	444,907	F
Federal Grants & Contracts	100,717,078	33,572,359	32,009,688	(1,562,671)	U
Federal Grants Indirect Cost Recoveries	30,089,140	10,029,713	10,789,338	759,625	F
Total Federal	130,806,218	43,602,072	42,799,026	(803,046)	U
Private Grants & Contracts	27,376,648	9,125,549	10,707,614	1,582,065	F
Private Grants Indirect Cost Recoveries	4,178,032	1,392,677	1,724,896	332,219	F
Gifts	12,960,532	4,320,177	4,501,354	181,177	F
Tuition and Fees	95,395,147	31,925,530	32,442,584	517,054	F
Sales and Services of Educational Departments	21,769,886	7,256,629	4,988,132	(2,268,497)	U
Sales and Services of Ed Departments - TSP+MCO	32,300,000	10,766,667	12,421,725	1,655,058	F
Sales and Services of Auxiliary Enterprises	14,368,386	4,789,462	4,692,499	(96,963)	U
Interest and Investment Income	24,161	8,054	(1,799)	(9,853)	U
Endowment Income	2,134,552	711,517	174,577	(536,940)	U
Miscellaneous	11,444,350	3,814,783	4,188,887	374,104	F
Miscellaneous - Residents	5,011,551	1,670,517	1,924,231	253,714	F
Authority Revenue	59,151,109	19,717,036	19,112,260	(604,776)	U
Authority Revenue - Residents	53,120,304	17,706,768	17,525,188	(181,586)	U
Intra-Institutional Sales	30,125,088	10,041,696	8,849,171	(1,192,525)	U
Total Other	369,359,746	123,247,062	123,251,319	4,257	F
Total Revenues	625,819,477	208,733,638	208,379,756	(353,882)	U
Expenditures					
Salaries	\$ 279,054,283	\$ 93,018,096	\$ 90,939,310	\$ 2,078,786	F
Overtime	879,077	293,026	349,820	(56,794)	U
Differential Pay / On - Call Pay	359,314	119,771	115,561	4,210	F
Termination Pay	1,742,923	580,974	1,117,658	(536,684)	U
Dual Employment	211,222	70,407	112,094	(41,687)	U
Employee Suggestion Award Program	529,683	176,561	2,040,544	(1,863,983)	U
Tuition Assistance - Employee	32,318	10,773	41,421	(30,648)	U
Fringe Benefits	89,647,285	29,882,428	29,816,651	65,777	F
Total Personnel Expenditures	\$ 372,456,105	\$ 124,152,036	\$ 124,533,059	\$ (381,023)	U
Contractual Services	\$ 101,362,287	\$ 33,787,430	\$ 36,123,504	\$ (2,336,074)	U
Contractual Services - MUHA dispro	43,853,707	14,617,902	14,617,902	-	F
Contractual Services - TSP+MCO	32,300,000	10,766,667	12,421,725	(1,655,058)	U
Supplies	38,106,972	12,702,324	11,949,610	752,714	F
Fixed Charges	35,137,355	11,712,452	11,085,712	626,740	F
Equipment	9,325,369	3,108,456	3,469,139	(360,683)	U
Land and Building	-	-	-	-	F
Travel	3,905,721	1,301,907	1,263,841	38,066	F
Trainee / Scholarships	20,577,873	6,859,291	6,188,170	671,121	F
Other Expenses	4,185,469	1,395,156	815,638	579,518	F
Total Operating Expenditures	\$ 288,754,753	\$ 96,251,585	\$ 97,935,241	\$ (1,683,656)	U
Telemedicine - MUHA	\$ 17,000,000	\$ 5,666,667	\$ 5,666,667	\$ -	F
Indirect Costs Remitted to State	211,345	70,448	152,136	(81,688)	U
Debt Service	7,901,493	2,633,831	2,633,831	-	F
Total Non-Operating Expenditures	\$ 25,112,838	\$ 8,370,946	\$ 8,452,634	\$ (81,688)	U
Total Expenditures	\$ 686,323,696	\$ 228,774,567	\$ 230,920,934	\$ (2,146,367)	U
Other Additions (Deductions)					
Transfers from (to) MUSC Physicians	71,822,668	23,940,889	22,981,683	(959,206)	U
Transfers from(to) Facilities Corporation	48,123	16,041	-	(16,041)	U
Transfers from (to) AHEC	(3,200)	(1,067)	(1,101)	(34)	U
Transfers from(to) CHS Development	52,038	17,346	18,576	1,230	F
Transfers from(to) Loan Funds	(23,555)	(7,852)	123,613	131,465	F
Transfers from(to) Plant Funds	(12,563,170)	(4,187,723)	(4,269,370)	(81,647)	U
Refunds to Grantors	(163,122)	(54,374)	(83,362)	(28,988)	U
Transfers to Endowment Fund	(11,929)	(3,976)	-	3,976	F
Prior Year Fund Balance Usage	5,448,241	1,816,080	1,042,866	(773,214)	U
Total Other Additions (Deductions)	\$ 64,606,094	\$ 21,535,364	\$ 19,812,905	\$ (1,722,459)	U
NET INCREASE (DECREASE) in Fund Balance	\$ 4,101,875	\$ 1,494,435	\$ (2,728,273)	\$ (4,222,708)	U

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

The Medical University of South Carolina

Direct Expenditures on Federal Grants and Contracts

(By Responsibility Center)

For the 4 Month Period Ending October 31, 2015

Administration	225,732
Centers of Excellence	1,652,560
College of Dental Medicine	994,459
College of Graduate Studies	524,021
College of Health Professions	1,833,775
College of Medicine	24,776,900
College of Nursing	1,279,523
College of Pharmacy	500,356
Library	222,361
	<hr/>
	\$32,009,688
	<hr/>

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

The federal grant and contract revenue earned to cover these direct expenditures.
was \$32,009,688 .

In addition to this federal grant and contract revenue, the University received
\$10,789,338 in federal monies to reimburse it for Facilities and Administration
(F+A) costs incurred to administer the above federal grants and contracts.

\$10,637,202 of the F+A recoveries received is unrestricted which means the
University can use it for any of its operating needs. The remaining \$152,136
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	\$32,009,688
Facilities and Administration costs	\$10,789,338
	<hr/>
Federal operating grants and contracts	\$42,799,026
	<hr/>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
October 31, 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	\$ 10,190,215
Land/Bldgs/Equipment/Accumulated depreciation	<u>493,391,787</u>
Capital Assets, Net of Accumulated Depreciation	<u><u>\$ 503,582,002</u></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, 2015 Balance	Fiscal Year 2016 Added	Capitalized	Oct 31, 2015 Balance
Psychiatric Inst Data Center System	\$ 1,120,949	\$ 33,568	\$ -	\$ 1,154,518
Thurmond Envelope & Exhaust	\$ 1,021,656	\$ 728,067		\$ 1,749,723
Maint Needs 2013-2014	2,400,937	1,200,452	-	3,601,389
Others less than \$1,000,000 (ending balance)	2,190,854	1,493,731	-	3,684,585
Total construction in progress	<u>\$ 6,734,397</u>	<u>\$ 3,455,818</u>	<u>\$ -</u>	<u>\$ 10,190,215</u>

Note 6. Deferred Revenue

The University's deferred revenue consists of the following:

State appropriations	\$ 39,313,852
Grants and contracts	12,283,010
Student tuition and fees	16,449,027
Other	<u>38,900</u>
Total Deferred Revenue	<u><u>\$ 68,084,789</u></u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
October 31, 2015

Note 7. Long Term Liabilities

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

Obligations under capital leases	\$ 59,271,882
Higher Education Revenue bond payable	29,855,000
State Institution bonds payable	61,570,000
Premium on State Institution bonds payable	<u>852,563</u>
Total Long Term Liabilities	<u>\$ 151,549,445</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	\$ (2,728,273)	
Budgeted Prior Year Fund Balance Usage	(1,042,866)	
Plant funds:		
Capital grants and gifts - Federal	-	
Capital grants and gifts - State	-	
Capital grants and gifts - private	-	
Capital appropriations	144,212	
State appropriations (for MUHA)	-	
Donated property & other in-kind donations	-	
Interest and investment income	81,808	
Other operating revenue	-	
Other nonoperating revenue	-	
Expended in current fund-lease principal	1,094,263	
Expended in current fund-capital costs	-	
Transfers	6,903,201	
Expensed in plant fund-depreciation	(13,868,000)	
Expensed in plant fund-interest expense	(926,776)	
Expensed in plant fund-other	(199,175)	
Gain (loss) on disposition of property	<u>43,586</u>	(6,726,881)
Loan funds:		
Other income		
Interest and investment income	113,009	
Expenses	(68,309)	
Transfers	<u>(123,613)</u>	(78,913)
Endowment funds:		
New endowments	1,125,000	
Income draws to operating units	(164,518)	
State grants/gifts	-	
Endowment income (Loss)	(4,123,358)	
Transfers	<u>-</u>	(3,162,876)
Other		
Net increase (decrease) in Net Assets per Statement		
of Revenues, Expenses, and Changes in Net Position	<u>\$ (13,739,809)</u>	

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

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 31-Oct-2015
State Institution Bonds (SIB)			
2005 Refunding	\$ 19,045	Advance refunding on SIB2000A	\$ 9,670
SI BAN 2012	30,000	College of Dental Medicine Building	26,500
SIB 2011D	18,950	Deferred maintenance projects	16,000
SIB 2012B refunding	12,645	Refunding SIB 2001C, 2003D, & 2003J	9,400
	<u>\$ 92,640</u>		
Current SIB Debt Authorized and Issued			<u>\$ 61,570</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>\$ 1,405</u>
Higher Education Revenue Bonds			
2006	<u>\$ 38,000</u>	Construction of Parking Garage	<u>\$ 29,855</u>

RESOLUTION

AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE SOUTH CAROLINA STATE FISCAL ACCOUNTABILITY AUTHORITY REQUESTING THE ISSUANCE OF STATE INSTITUTION BONDS FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA PURSUANT TO CHAPTER 107, TITLE 59, CODE OF LAWS OF SOUTH CAROLINA 1976, AS AMENDED.

Adopted By

BOARD OF TRUSTEES
OF
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

December 10, 2015

A RESOLUTION

AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE SOUTH CAROLINA STATE FISCAL ACCOUNTABILITY AUTHORITY REQUESTING THE ISSUANCE OF STATE INSTITUTION BONDS FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA PURSUANT TO CHAPTER 107, TITLE 59, CODE OF LAWS OF SOUTH CAROLINA 1976, AS AMENDED.

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA IN MEETING DULY ASSEMBLED:

Section 1. Findings of Fact.

As an incident to the adoption of this Resolution, the Board of Trustees (the "Board of Trustees") of The Medical University of South Carolina (the "MUSC") hereby finds:

(a) Pursuant to Section 59-107-40 of the Enabling Act (as defined herein), the Board of Trustees is authorized to make application to the South Carolina State Fiscal Accountability Authority, as successor to the South Carolina State Budget and Control Board (the "State Board"), for funds: (a) to construct, reconstruct, maintain, improve, furnish and refurnish the buildings and other permanent improvements for MUSC, (b) to defray the costs of acquiring or improving land needed as sites for such improvements or for MUSC's campus, (c) to reimburse MUSC for expenses incurred in anticipation of the issuance of state institution bonds, or (d) to refund state institution bonds heretofore issued for such state institution and which shall on such occasion be outstanding.

(b) There have heretofore been issued \$19,045,000 original principal amount General Obligation State Institution Refunding Bonds (Issued on Behalf of The Medical University of South Carolina), Series 2005A, for the benefit of MUSC, of which \$11,475,000 in principal amount is now outstanding (the "Prior Bonds").

(c) MUSC desires to refund the \$9,670,000 outstanding principal amount of the Prior Bonds maturing March 1, 2017 through 2020 (the "Refunded Bonds").

(d) By Resolution adopted February 8, 2008 (the "2008 MUSC Resolution"), the Board of Trustees authorized the application to the State Board for the issuance of not exceeding \$30,000,000 of General Obligation State Institution Bonds to defray the cost of certain projects as described therein. By Resolution adopted March 18, 2008 (the "2008 State Board Resolution"), the State Board made provision for the issuance of not exceeding \$30,000,000 General Obligation Bonds State Institution Bonds, including obligations issuable in anticipation of such Bonds, on behalf of MUSC. Pursuant to such authorization, there is currently outstanding \$26,500,000 General Obligation State Institution Bond Anticipation Note (Issued on Behalf of The Medical University Of South Carolina), Series 2014 of the State of South Carolina, which matures March 31, 2016 (the "2014 BAN"). By the terms of the 2008 State Board Resolution, the State of South Carolina (the "State") has covenanted to effect the issuance of

state institution bonds or, in the alternative, to refund or renew the 2014 BAN, in order that the proceeds thereof will be sufficient to provide for the retirement of the 2014 BAN.

(e) The Board of Trustees desires to request the State Board to refund the 2014 BAN at the same time the Refunded Bonds are refunded.

(f) It is now necessary and in the interest of MUSC to request the State Board to issue not exceeding \$34,000,000 principal amount General Obligation State Institution Refunding Bonds (Issued on Behalf of The Medical University of South Carolina) of the State of South Carolina (the "Bonds"), the proceeds of which will be used (i) to defray all or a portion of the costs of refunding the Refunded Bonds and the 2014 BAN, and (ii) to pay the costs of issuance of the Bonds.

(g) The Board of Trustees, having exhausted all other sources, desires to make application to the State Board to issue the Bonds as provided for pursuant to the provisions of Chapter 107, Title 59, Code of Laws of South Carolina 1976, as amended (the "Enabling Act"), on the basis that it is to the advantage of MUSC to effect the refunding of the Refunded Bonds and the 2014 BAN.

(h) Accordingly, this Resolution is adopted pursuant to Section 59-107-40 of the Enabling Act, in order to make formal application to the State Board for the issuance of the Bonds, the proceeds of which will be used for the purposes set forth in paragraph (f) of this Section 1.

Section 2. Application for Issuance of State Institution Bonds.

The Board of Trustees hereby makes formal application to the State Board for funds through the issuance of the Bonds pursuant to the provisions of the Enabling Act, in order that the proceeds thereof may be used for the purposes set forth in paragraph (f) of Section 1 hereof.

Section 3. Use of Proceeds.

All of the proceeds of the proposed issue of the Bonds will be applied for the purposes set forth in paragraph (f) of Section 1 hereof.

Section 4. Tuition Fees Received in Previous Fiscal Year.

The aggregate sum received from tuition fees during the fiscal year ended June 30, 2015, available to pay debt service on the Bonds, is \$11,065,575.

Section 5. Current Schedule of Tuition Fees.

The schedule of tuition fees, available to pay debt service on state institution bonds, now in effect at MUSC is as set forth in Schedule I to this Resolution.

Section 6. Maturity Schedule for Bonds.

The suggested maturity schedule for the Bonds is set forth as Schedule II to this Resolution.

Section 7. Debt Service on Outstanding State Institution Bonds.

There are presently outstanding \$35,070,000 aggregate principal amount General Obligation State Institution Bonds secured by tuition fees of MUSC, as set forth in Schedule III to this Resolution.

Section 8. Debt Service on the Bonds Authorized Hereby.

A table showing debt service on the Bonds at prevailing rates of interest is set forth as Schedule IV to this Resolution. Upon the issuance of the Bonds, the maximum annual debt service on all state institution bonds secured by tuition fees of MUSC will not be greater than 90 percent of the tuition fees received by MUSC for the fiscal year ended June 30, 2015.

A calculation establishing the right of MUSC to seek the issuance of bonds to the extent set forth in this Resolution is set forth as Schedule V to this Resolution.

Section 9. Covenant to Impose Tuition Fees Sufficient to Pay Bonds.

The Board of Trustees hereby covenants and agrees that the schedule of tuition fees now in effect at MUSC will be revised from time to time and whenever necessary in order to provide the annual principal and interest requirements of all state institution bonds now or hereafter to be outstanding, which have been or will be issued on behalf of MUSC.

Section 10. Federal Guarantee Prohibition.

MUSC shall not take any action or permit or suffer any action to be taken if the result of the same would be to cause the Bonds to be “federally guaranteed” within the meaning of Section 149(b) of the Internal Revenue Code of 1986 (the “Code”) and regulations promulgated thereunder (the “Regulations”).

Section 11. Private Business Use Limitation.

MUSC shall ensure that (i) not in excess of ten percent of the face amount of the Bonds plus accrued interest and premium, if any (“Net Proceeds”), is used directly or indirectly in a trade or business carried on by a natural person or in any activity carried on by a person other than a natural person, excluding, however, use by a state or local governmental unit and use as a member of the general public (“Private Business Use”), if, in addition, the payment of more than ten percent of the principal or ten percent of the interest due on the Bonds during the term thereof is, under the terms thereof or any underlying arrangement, directly or indirectly, secured by any interest in property used or to be used for a Private Business Use or in payments in respect of property used or to be used for a Private Business Use or is to be derived from payments, whether or not to the State, in respect of property or borrowed money used or to be used for a Private

Business Use; and (ii) in the event that both (a) in excess of five percent of the Net Proceeds are used for a Private Business Use, and (b) an amount in excess of five percent of the principal or five percent of the interest due on the Bonds during the term thereof is, under the terms thereof or any underlying arrangement, directly or indirectly, secured by any interest in property used or to be used for said Private Business Use or in payments in respect of property used or to be used for said Private Business Use or is to be derived from payments, whether or not to the State, in respect of property or borrowed money used or to be used for said Private Business Use, then said excess over said five percent of Net Proceeds used for a Private Business Use shall be used for a Private Business Use related to the governmental use of a portion of the facilities financed with the proceeds of the Bonds and shall not exceed the proceeds used for the governmental use of the portion of the undertaking to which such Private Business Use is related.

Section 12. Private Loan Limitation.

MUSC shall ensure that not in excess of five percent of the Net Proceeds of the Bonds are used, directly or indirectly, to make or finance a loan to persons other than state or local government units.

Section 13. No Arbitrage.

MUSC represents that it does not expect any portion of the proceeds of the Bonds to be used directly or indirectly to acquire higher yielding investments, or to replace funds which were used directly or indirectly to acquire higher yielding investments for other than a “temporary period” as defined in the Code. MUSC further covenants that it will not intentionally use any portion of the proceeds of the Bonds to acquire higher yielding investments or to replace funds which were used directly or indirectly to acquire higher yielding investments. In making the foregoing representation and covenant, MUSC understands that certain of the words or phrases contained therein have specified meanings provided therefor under Section 148 of the Code and Treasury Regulations proposed or promulgated thereunder or applicable thereto.

Section 14. Execution of Closing Documents and Certificates.

The Chairman and Secretary of the Board of Trustees, and all other officers of MUSC, are fully authorized and empowered to take such further action and to execute and deliver such closing documents as may be necessary and proper in order to complete the borrowing herein authorized and the action of such officers or any one or more of them in executing and delivering any of such documents, in such form as he or they shall approve, is hereby fully authorized.

Section 15. Law and Place of Enforcement of the Resolution.

This Resolution shall be construed and interpreted in accordance with the laws of the State of South Carolina and all suits and actions arising out of this Resolution shall be instituted in a court of competent jurisdiction in this State.

Section 16. Effect of Section Headings.

The heading or titles of the several Sections hereof shall be solely for convenience of reference and shall not affect the meaning, construction, interpretation or effect of this Resolution.

Section 17. Continuation of the 2008 MUSC Resolution.

The Board of Trustees by its adoption of this Resolution does not intend to alter, modify, repeal or withdraw the 2008 MUSC Resolution. If due to market conditions or other circumstances the Bonds are not issued for purposes of refunding the 2014 BAN, the Board of Trustees acknowledges that the 2014 BAN shall be refunded or renewed as provided in and pursuant to the provisions of the 2008 State Board Resolution.

Section 18. Repeal of Inconsistent Resolutions.

All resolutions of the Board of Trustees, and any part of any resolution, inconsistent with this Resolution are hereby repealed to the extent of such inconsistency.

Section 19. Effectiveness of this Resolution.

This Resolution shall become effective upon its adoption.

Done in meeting duly assembled this 10th day of December, 2015.

(SEAL)

BOARD OF TRUSTEES OF THE MEDICAL
UNIVERSITY OF SOUTH CAROLINA

ATTEST:

Chairman

Secretary

SCHEDULE I
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
SCHEDULE OF TUITION FEES IN EFFECT FOR PURPOSES OF
SECTION 59-107-10 ET SEQ., CODE OF LAWS OF
SOUTH CAROLINA 1976, AS AMENDED

Set forth below are the tuition and fees charged by each of the Academic Division's Colleges for resident and non-resident students for the 2015-2016 academic year (excluding the summer term) on an annual basis:

	<u>In-State</u>	<u>Out-of-State</u>
Dental Medicine ¹		
Doctor of Dental Medicine	\$16,800	\$29,400
Dental Scientist Training Program	7,750	7,750
Master of Science in Dentistry	1,540	1,540
Master of Science in Oral Science	10,080	12,600
Graduate Studies		
Master Program	\$ 6,620	\$10,331
Ph.D. Program	7,073	10,476
Health Professions		
Graduate	\$ 7,724	\$11,065
Cardiovascular Perfusion	7,584	11,591
Nurse Anesthesia	7,647	10,955
Master in Health Administration-Executive	8,036	8,860
Master in Health Administration-Residential	8,036	11,739
Master of Science in Health Informatics	8,036	8,860
Master of Science in Occupational Therapy	8,061	11,459
Master of Science in Physical Assistant Studies	7,953	11,963
Doctor of Health Administration ²	29,970	29,970
Doctor of Health Administration –Interprofessional ²	19,675	19,675
Doctor of Health Administration- Information Systems ²	19,675	19,675
Ph. D. in Health and Rehabilitation Science	6,202	6,569
Doctor of Physical Therapy	8,061	11,459
Medicine		
First, Second, Fourth Year	\$16,694	\$29,926
Third Year	20,815	34,473
Master of Public Health	6,620	10,331
Nursing		
Undergraduate-BSN	\$ 7,587	\$11,000
Undergraduate-RN-BSN	5,480	5,480
Graduate and Ph. D.	8,116	9,553
Pharmacy-SCCP	\$10,700	\$16,026

¹ All tuition per semester unless otherwise noted

² Annual tuition

SCHEDULE II

PROPOSED MATURITY SCHEDULE FOR \$34,000,000 STATE INSTITUTION BONDS

<u>Fiscal Year Ending</u>	<u>Principal</u>
June 30, 2016	\$ -
June 30, 2017	1,430,000
June 30, 2018	1,435,000
June 30, 2019	1,450,000
June 30, 2020	1,465,000
June 30, 2021	1,480,000
June 30, 2022	1,505,000
June 30, 2023	1,535,000
June 30, 2024	1,565,000
June 30, 2025	1,595,000
June 30, 2026	1,635,000
June 30, 2027	1,670,000
June 30, 2028	1,715,000
June 30, 2029	1,755,000
June 30, 2030	1,805,000
June 30, 2031	1,855,000
June 30, 2032	1,905,000
June 30, 2033	1,960,000
June 30, 2034	2,020,000
June 30, 2035	2,080,000
June 30, 2036	2,140,000
Total	\$ <u>34,000,000</u>

SCHEDULE III

DEBT SERVICE REQUIREMENTS ON ALL STATE INSTITUTION BONDS ISSUED BY THE STATE OF SOUTH CAROLINA FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA, EXCLUDING THE PROPOSED BONDS

Fiscal Year Ending	Existing Debt Service		Total Debt Service
	Principal	Interest	
June 30, 2016	\$ 4,360,000	\$ 762,431	\$ 5,122,431
June 30, 2017	4,495,000	1,346,263	5,841,263
June 30, 2018	4,035,000	1,155,863	5,190,863
June 30, 2019	3,460,000	989,313	4,449,313
June 30, 2020	3,565,000	836,113	4,401,113
June 30, 2021	1,605,000	698,363	2,303,363
June 30, 2022	1,685,000	618,113	2,303,113
June 30, 2023	1,755,000	533,863	2,288,863
June 30, 2024	1,820,000	462,313	2,282,313
June 30, 2025	1,025,000	392,188	1,417,188
June 30, 2026	1,075,000	340,938	1,415,938
June 30, 2027	1,125,000	296,594	1,421,594
June 30, 2028	1,175,000	247,375	1,422,375
June 30, 2029	1,235,000	194,500	1,429,500
June 30, 2030	1,295,000	132,750	1,427,750
June 30, 2031	1,360,000	68,000	1,428,000
Total	<u>\$ 35,070,000</u>	<u>\$ 9,074,975</u>	<u>\$ 44,144,975</u>

SCHEDULE IV

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA PRO FORMA DEBT SERVICE TABLE ON THE PROPOSED BONDS; PRINCIPAL AND INTEREST, PAYABLE AS INDICATED

Fiscal Year Ending	New Issue Debt Service		Total Debt Service
	Principal	Interest	
June 30, 2016	\$ -	\$ 260,844	\$ 260,844
June 30, 2017	1,430,000	783,027	2,213,027
June 30, 2018	1,435,000	777,284	2,212,284
June 30, 2019	1,450,000	766,428	2,216,428
June 30, 2020	1,465,000	751,389	2,216,389
June 30, 2021	1,480,000	732,231	2,212,231
June 30, 2022	1,505,000	709,046	2,214,046
June 30, 2023	1,535,000	681,458	2,216,458
June 30, 2024	1,565,000	650,689	2,215,689
June 30, 2025	1,595,000	616,910	2,211,910
June 30, 2026	1,635,000	580,921	2,215,921
June 30, 2027	1,670,000	542,223	2,212,223
June 30, 2028	1,715,000	500,855	2,215,855
June 30, 2029	1,755,000	456,818	2,211,818
June 30, 2030	1,805,000	410,184	2,215,184
June 30, 2031	1,855,000	360,776	2,215,776
June 30, 2032	1,905,000	308,501	2,213,501
June 30, 2033	1,960,000	253,480	2,213,480
June 30, 2034	2,020,000	195,688	2,215,688
June 30, 2035	2,080,000	135,115	2,215,115
June 30, 2036	2,140,000	71,684	2,211,684
Total	<u>\$ 34,000,000</u>	<u>\$ 10,545,551</u>	<u>\$ 44,545,551</u>

Note: Interest is based on prevailing rates of interest for each maturity.

SCHEDULE V

PROOF SHOWING COMPLIANCE WITH CHAPTER 107, TITLE 59, SOUTH CAROLINA CODE OF LAWS 1976, AS AMENDED

Aggregate of tuition fees received by the University during preceding fiscal year ended June 30, 2015	\$11,065,575
Multiplied by	90%
Produces	\$ 9,959,017
Maximum Annual Debt Service on All Outstanding State Institution Bonds of MUSC and the proposed Bonds	\$ 5,876,739
Margin	\$ 4,082,278

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

Statement of Revenues, Expenses and Changes in Net Position

	For the Four Months Ending October 31, 2014	For the Four Months Ending October 31 2015
Operating Revenues		
Net clinical service revenue	96,884,171	104,255,175
Other operating revenue	1,887,843	1,474,927
Ambulatory care and MUHA revenue cycle support	1,952,512	1,739,102
Primary care support	1,066,667	906,671
Total operating revenues	101,791,192	108,375,875
Operating Expenses		
Departmental expenses	71,935,312	75,581,378
Corporate operating expenses	12,913,518	10,546,963
Ambulatory care and MUHA revenue cycle expenses	1,500,990	1,354,087
New Initiative expenses	855,042	378,804
Total expenses	87,204,862	87,861,232
Operating Income (Loss)	14,586,331	20,514,643
Nonoperating Revenues (Expenses)	17,113	(1,871,876)
Transfers from (to) Related Entities		
Nonmandatory contributions to the MUSC Foundation	(1,135,500)	(2,820,500)
Nonmandatory transfers to the MUSC	(22,902,505)	(23,027,516)
Change in Net Position Before Extraordinary Items	(9,434,562)	(7,205,249)
Extraordinary/Special Items	-	-
Transfers to Debt Service and Equity Deficits	2,869,262	(510,995)
Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue	(6,565,299)	(7,716,244)
Expenses Related to the DHHS Supplemental Revenue	-	-
Change in Net Position	(6,565,299)	(7,716,244)

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:	October 31, 2014	October 31, 2015
Cash and cash equivalents	85,387,627	79,500,917
Investments	69,749,942	52,693,633
Receivables:		
Patient services - net of allowances for contractual adjustments of \$92,619,466 and bad debts of \$32,554,566	37,777,734	35,871,594
Due from the Medical University of South Carolina	13,758,867	22,530,437
Due from the Medical University Hospital Authority	697,408	537,836
Due from the Medical University Foundation	362,051	810,666
Due from Comprehensive Psychiatric Services	126,455	315,193
Prepaid rent - MUSC Foundation	631,355	631,355
Other current assets	4,263,786	9,101,153
Total Current Assets	212,755,225	201,992,784
Noncurrent assets:		
Capital assets:		
Land	10,759,299	18,560,798
Buildings	21,909,468	44,126,260
Furniture and equipment	14,494,525	15,787,380
Leasehold improvements	50,265,421	49,248,746
Rental buildings under capital lease	13,989,600	13,989,600
Rental equipment under capital lease	2,958,000	2,958,000
Computer software	13,484,952	13,567,690
Less: accumulated depreciation and amortization	(51,825,593)	(57,871,598)
Prepaid rent - MUSC Foundation	7,218,163	6,848,872
Intangibles - net of accumulated amortization	997	348
Investment in partnerships	1,706,195	1,608,704
Total noncurrent assets	84,961,026	108,824,798
Total Assets	297,716,251	310,817,583
Deferred outflows of resources		
Deferred refunding cost	16,911,191	15,343,209
Accumulated decrease in fair value of hedging derivatives	2,259,686	3,637,333
Total deferred outflows	19,170,877	18,980,541
Total Assets and Deferred Outflows	316,887,128	329,798,124

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

Consolidated Statement of Net Position

LIABILITIES

	October 31, 2014	October 31, 2015
Current Liabilities		
Accounts payable	1,579,598	1,889,100
Accrued payroll	557,787	1,769,556
Accrued payroll withholdings	5,983,908	5,177,831
Accrued pension contribution	3,333,731	3,326,781
Other accrued liabilities	1,385,681	1,881,445
Due to Medical University Hospital Authority	2,150,228	1,848,219
Accrued compensated absences	1,513,541	1,669,409
Notes payable	3,791,500	3,791,500
Total current liabilities	20,295,973	21,353,840
Noncurrent liabilities:		
Accrued compensated absences	1,373,098	1,373,098
Notes payable	12,322,375	8,530,875
Variable Rate Demand Bonds	62,085,000	75,885,000
Deferred Cash Flows Derivative Instruments	785,824	2,228,701
Total noncurrent liabilities	76,566,297	88,017,674
Total liabilities	96,862,270	109,371,514

NET POSITION

Invested in capital assets, net of related debt	45,656,765	57,837,325
Unrestricted (deficit)	174,368,093	162,589,285
Total Net Position	220,024,858	220,426,610

**FACILITIES
ACADEMIC
NEW LEASE-OUT
FOR APPROVAL**

DECEMBER 11, 2015

DESCRIPTION OF LEASE-OUT: The Holiday Inn currently leases an adjacent parking lot from the MUSC Foundation. This parking lot will be sold as part of the land package to house the first WestEdge anchor building located on the corner of Spring Street and Lockwood Drive known as 10 WestEdge. In order for this building to move forward, it is necessary for MUSC to lease 88 parking spaces to the Holiday Inn in the Harborview Parking lot and/or surrounding area until 10 WestEdge is completed.

The per space, per month rate is \$79.68 (rounded). The monthly rental rate will be \$7,011.90, resulting in an annual lease amount of \$84,142.80. Rent shall increase annually based on the Consumer Price Index.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: Medical University of South Carolina

LANDLORD CONTACT: Rachel Jones, Leasing Manager, 843-792-5996

TENANT NAME AND CONTACT: Charleston Hotel Propco, LLC, Rick Patton, Principal,
404-312-7992

SOURCE OF FUNDS: Charleston Hotel Propco, LLC

LEASE TERMS:

TERM: Five (5) years [1/1/2016-12/31/2021]

AMOUNT PER SPACE PER MONTH: \$79.68 (rounded)

ANNUALIZED LEASE AMOUNT: \$84,142.80

TOTAL AMOUNT OF LEASE TERM: \$420,714.00 (plus CPI increase)

EXTENDED TERM(S): One (1) term, Five (5) years, to be negotiated

OPERATING COSTS:

FULL SERVICE

NET X

**RESOLUTION OF THE BOARD OF TRUSTEES
OF THE
MEDICAL UNIVERSITY OF SOUTH CAROLINA.**

The Board of Trustees of the Medical University of South Carolina (the “**Board**”), a political subdivision of the State of South Carolina (“**MUSC**”), does hereby adopt, approve and authorize the recitals and resolutions set forth below.

WHEREAS, along with other public and private parties, MUSC is involved in the creation of the Charleston Sustainable Energy District, Inc. (the “**District**”);

WHEREAS, the geographical boundaries of the District include defined parameters on the Charleston Peninsula in Charleston, South Carolina, which specifically includes the land, facilities and other property on the campus of MUSC;

WHEREAS, the District shall serve as a non-profit social welfare organization to fulfill the benefits of sustainability; the optimization of shared infrastructure; energy efficiency and cost savings; resiliency; redundancy; and economic development for public and private entities within the geographical boundaries of the District;

WHEREAS, the District will provide specific benefits to MUSC in the form of energy an operational cost savings; reduced capital infrastructure costs; sustainability; resiliency; and the ability to better serve the administrators, faculty, students and patients of MUSC, while allowing MUSC the ability to more aptly accomplish its mission;

WHEREAS, MUSC wishes to join the District, to establish the specific and mutual benefits set forth herein; and

WHEREAS, MUSC, together with MUHA, wishes to appoint one or more members to serve on the Board of Directors of the District (the “**District Board**”);

NOW THEREFORE BE IT RESOLVED, that MUSC does hereby affirmatively consent to join the District;

BE IT FURTHER RESOLVED, MUSC, together with MUHA, does hereby affirmatively appoint one or more persons to serve on the District Board, as to be determined by the President of MUSC;

BE IT FURTHER RESOLVED, any and all actions heretofore taken on behalf of MUSC with regard to formation and joining the District, MUSC does hereby ratify and approve; and

BE IT FURTHER RESOLVED, the President of MUSC is hereby authorized, directed and empowered to take any and all further actions he deems necessary or advisable to

accomplish the foregoing, including executing any and all documents on behalf of MUSC with regard to the District.

THIS RESOLUTION adopted this 11th day of December, 2015.

Mark Sweatman, Secretary

MUSC Foundation for Research Development
Statements of Financial Position

	<u>9/30/2015</u>	<u>9/30/2014</u>
Assets		
Cash and cash equivalents	\$577,300	\$870,930
Interest receivable	\$1,933	\$1,998
Accounts receivable - Licensees, net of allowance	\$140,547	\$160,470
Accounts receivable - MUSC & affiliates	\$452,383	\$335,814
Prepaid expenses	\$15,823	\$15,995
Investments	\$326,328	\$341,291
Property and equipment, net	\$8,472	\$305
Total Assets	<u>\$1,522,785</u>	<u>\$1,726,803</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$269,461	\$235,628
Accounts payable - MUSC	\$36,138	\$353,945
Lease payable	\$8,792	\$0
Due to MUSCP (UMA) - accrued personnel expenses	\$75,070	\$45,728
Unearned revenue and deposits	\$121,230	\$101,581
Total Liabilities	<u>\$510,692</u>	<u>\$736,882</u>
Net Assets		
Unrestricted	\$937,093	\$989,921
Board designated - prototype fund	\$75,000	\$0
Total Net Assets	<u>\$1,012,093</u>	<u>\$989,921</u>
Total Liabilities and Net Assets	<u>\$1,522,785</u>	<u>\$1,726,803</u>

MUSC Foundation for Research Development
Income Statement

For the Three Months Ended September 30, 2015

	<u>Actual 9/30/2015</u>	<u>YTD Budget FY16</u>
Revenues		
Contracts, grants and awards	\$350,000	\$350,000
License fees and royalties	\$16,589	\$0
Distributions to MUSC, inventors, departments and labs	<u>\$14,561</u>	\$0
License fees and royalties, net of distributions	\$2,029	\$0
Investment income	(\$15,490)	\$3,000
Miscellaneous income	\$2,577	\$0
Other revenues - program services (non-FRD)	<u>\$4,600</u>	<u>\$0</u>
Total Revenues	<u>\$343,715</u>	<u>\$353,000</u>
Expenses		
Personnel	\$203,411	\$206,325
Patent prosecution costs, net of recovery	\$122,554	\$104,387
Professional fees	\$19,965	\$9,563
Administrative expenses		
IT maintenance - software and hardware	\$3,737	\$3,800
Telephone	\$1,293	\$3,250
Travel - Non-employee	\$1,953	\$3,750
Travel - Employee	\$2,070	\$6,250
Professional development-conferences & continuing education	\$6,655	\$3,500
Office supplies, support and equipment	\$3,301	\$4,500
Real property rental	\$5,695	\$6,250
Lease payments	\$3,128	\$2,250
Insurance	\$3,353	\$3,750
Dues, memberships, subscriptions and sponsorships	\$441	\$2,500
Special activities	\$7,580	\$3,750
Depreciation expense	\$503	\$512
Total Administrative expenses	\$39,710	\$44,062
Other expenses - program services (non-FRD)	<u>\$1,869</u>	<u>\$0</u>
Total Expenses	<u>\$387,508</u>	<u>\$364,337</u>
NET SURPLUS/(DEFICIT)	<u>(\$43,793)</u>	<u>(\$11,337)</u>

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
DECEMBER 11, 2015**

MUSC Indefinite Delivery Releases

REI Consulting, Inc. \$2,716.00

Provide an evaluation of the Chiller Tower Roof at the Ashley Avenue
Parking Garage.

S&ME, Inc. \$345.00

Provide asbestos bulk sampling and analysis in support of the Student
Wellness Center Main Level Flooring-Lighting Upgrade project.

ADC Engineering, Inc. \$23,375.00

Provide roof consulting and engineering design services for the Wellness
Center Rooftop Sports Deck.

RMF Engineering, Inc. \$29,960.00

Provide mechanical engineering services in support of the Basic Science
Building Reverse Osmosis System Renovation project.

GEL Engineering \$1,575.00

Provide a limited asbestos and lead-based paint assessment of the Macaulay
Museum.

MECA, Inc. \$67,500.00

Provide mechanical engineering services in support of the Psych Institute
Chiller #1 Replacement project.

MECA, Inc. \$37,500.00

Provide mechanical engineering design services in support of the Basic
Sciences Building Classrooms HVAC Replacement project.

S&ME, Inc. \$21,020.00

Provide asbestos air monitoring on the 5th Floor of the Basic Science
Building, Dental Medicine Office and Laboratories.

ADC Engineering, Inc. \$29,420.00

Provide building envelope consulting services for the Clinical Sciences
Building.

S&ME, Inc. \$275.00

Provide asbestos bulk sampling and analysis in Clinical Sciences Building
Room HE10SW4.

Forsberg Engineering \$38,000.00

Provide structural engineering services related to a Harborview Office Tower Pedestrian Pathway and Foot-Bridge.

Rosenblum Coe Architects, Inc. \$8,000.00

Provide architectural design services related to the President Street Garage Office Renovation project.

GEL Engineering \$1,970.00

Provide limited asbestos and lead-based paint assessment in various rooms on the 4th floor animal area of Quadrangle Building E.

S&ME, Inc. \$1,030.00

Provide asbestos bulk sampling and analysis in Student Wellness Center Rooms 227, 243 and 270.

MUSC 230s

Johnson, Laschober & Associates, P.C. \$12,500.00

Provide civil engineering services in support of the PG I Storm Water Pumping Station project.

Studio A, Inc. \$25,364.00

Provide architectural services in support of interior renovations to Macauley Museum of Dental History.

CEMS Engineering, Inc. \$3,000.00

Provide fire protection engineering consulting services for the existing automatic dry-standpipe system in Parking Garage II.

IDC Contracts

Studio A, Inc.

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

Johnson, Laschober & Associates, P.C.

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

Davis & Floyd, Inc.

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

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
FOR REPORTING
DECEMBER 11, 2015**

MUSC Indefinite Delivery Releases

Abate & Insulate, LLC \$784.00

Remove and dispose of asbestos-containing pipe fittings and pipe insulation in support of the Colbert Library and Education Center 2nd Floor Restroom Renovation project.

Stenstrom & Associates \$91,200.00

Renovations to the Senior Care Center at the Institute of Psychiatry.

Huss, Inc. \$17,550.00

Repair slab in the Ashley Rutledge Parking Garage.

Abate & Insulate, LLC \$1,217.00

Remove and dispose of asbestos-containing top coating on the Wellness Center roof.

Abate & Insulate, LLC \$45,665.00

Remove and dispose of asbestos-containing fireproofing and reapply new fireproofing in support of Basic Science Building 4th Floor Lab-Office Renovation project.

Abate & Insulate, LLC \$446.00

Remove and dispose of asbestos-containing duct in support of Maintenance Needs 2013-14 Clinical Science Building AHU #2 and #3 Replacement project.

Hill Construction Services of Charleston Inc. \$184,881.00

Renovate lab on the 6th floor of the Basic Science Building.

Abate & Insulate, LLC \$80,825.00

Remove and dispose of asbestos-containing fireproofing and reapply new fireproofing on the 5th Floor of Basic Science Building.

Stenstrom & Associates \$38,976.00

Install new stairs at existing data center chiller platform.

MUSC General Construction Projects

Bone Dry Company \$258,100.00

Perform roof replacement at 30 Bee Street.

Haynes Construction \$1,250.00

Repair block walls in support of the Student Wellness Center Main Level Flooring and Lighting Upgrade project

Bone Dry Company \$36,125.00

Perform selective roof repairs at the Wellness Center.

Bonitz Contracting & Flooring Group \$21,857.00

Demolish old flooring and install new sports floor at the Student Wellness Center.

MUSC Indefinite Delivery Contracts

Allen, H.R., Inc.

Provide mechanical construction services campus-wide over a two year period on an as-needed basis. Services not to exceed \$1,000,000 with individual releases not to exceed \$250,000.

Cullum Constructors

Provide mechanical construction services campus-wide over a two year period on an as-needed basis. Services not to exceed \$1,000,000 with individual releases not to exceed \$250,000.

McCarter Mechanical Inc.

Provide mechanical construction services campus-wide over a two year period on an as-needed basis. Services not to exceed \$1,000,000 with individual releases not to exceed \$250,000.

Triad Mechanical Contractors, Inc.

Provide mechanical construction services campus-wide over a two year period on an as-needed basis. Services not to exceed \$1,000,000 with individual releases not to exceed \$250,000.

Medical University of South Carolina and Medical University Hospital Authority Policies and Procedures

Policy Name: MUSC/MUHA- Conflict of Interest Policy			
Approved- Board of Trustees			Date: May 17, 2012December 10, 2015
Effective Date: December 10, 2015	Page 1 of 8	Section: General (Miscellaneous)	Policy Number: N/A Amendment 1
Replaces Policy: N/A Amendment to Policy dated May 17, 2012			Dated: N/A

Persons covered by this policy

This policy applies to all Trustees, Officers, Faculty, Administrators, and Staff, including all full-time, part-time, temporary, and contract Employees of Medical University of South Carolina ("MUSC") and Medical University Hospital Authority ("MUHA"). Affiliates (entities which derive their not for profit status from MUSC, such as MUSC Physicians, the MUSC Foundation, and the MUSC Foundation for Research Development) shall as a condition of continued business with MUSC and MUHA adopt a policy substantially similar to this Policy, adapted to accommodate those affiliate employees who are not public employees.

Preamble

1. Enhancing the public good through improved health initiatives and superior economic development is the foundation of many government policies. MUSC, as a contemporary, public research university, has a responsibility to actively participate and promote these initiatives even if conflicts of interest are more likely and many times unavoidable. Conflicts of interest, therefore, may arise from ordinary and appropriate activities as a part of assigned employment duties so the existence of a conflict should not imply wrongdoing. When conflicts of interest do arise, however, they must be recognized and disclosed, then eliminated or appropriately managed. The Board of Trustees for MUSC and MUHA has a duty to govern those State entities in a manner such that conflicts are appropriately reviewed and acted on to maintain public confidence in the integrity of our institutions.

2. This policy provides a framework for recognizing and managing employee conflicts of interest, and should minimize even the appearance of conflicts of interest. The primary goal of this policy is to prevent an employee's activities from adversely influencing MUSC or MUHA operations.

3. Particular departments and activities of MUSC or MUHA may have specific conflict of interest policies. It is intended, however, that this policy will apply to the entire MUSC enterprise, providing a framework for those specific additional policies to operate under, such

that those specific policies will not supersede this policy unless approved by the Board of Trustees.

4. This policy references South Carolina Code (S.C. Code § 8-13-10 et seq.) (the "Ethics Law"), which makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. This policy is implemented in addition to all requirements of the Ethics Law and does not supersede it. The South Carolina Ethics Law is at <http://www.scstatehouse.gov/code/t08c013.php>

5. As MUSC conducts research funded by the Public Health Service and other federal agencies, it is required by federal law to maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F - "[Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought](#)" and 45 CFR Part 94 "Responsible Prospective Contractors" as well as all other relevant policies of federal funding and oversight agencies.

Field Code Changed

A. Statement of general policy

1. MUSC/MUHA policy is that its employees conduct the affairs of MUSC/MUHA in accordance with the highest legal, ethical and moral standards.

2. MUSC/MUHA policy is that employees of MUSC/MUHA shall disclose perceived and real conflicts of interest.

3. MUSC/MUHA policy is that employees shall not use their position to secure personal financial benefits or economic interest for themselves, any member of their immediate family, any individuals or entity with whom the employee has a business relationship that renders an employee economic benefit. A perceived and/or real conflict of interest arises whenever the employee has the opportunity to influence University or Authority operations or business decisions in ways that could result in a personal financial benefit or economic gain to the employee, a member of an employee's immediate family, or individuals or entities with whom the employee has a business relationship which renders the employee economic benefit. Although certain specific examples of conflicts of interest are provided in this policy, they are meant only as illustrations, and supervisors and employees are expected to use good judgment to identify possible conflicts of interest that may adversely influence MUSC/MUHA operations, and to avoid or manage them as appropriate.

4. This policy is not intended to prohibit approved and appropriately managed economic development activities related to MUSC/MUHA generated intellectual property, including MUSC/MUHA employee involvement with startup companies, Small Business Administration (SBIR/STTR) funded research and Centers of Economic Excellence Activities. However, any such activities by MUSC/MUHA employees that make use of University or Authority property, facilities, equipment or other resources for personal benefit shall be approved as required herein, of benefit to MUSC/MUHA, and for fair value.

5. Nothing in this policy shall be construed to permit, even with disclosure, any activity that is prohibited by law.

B. Definitions

1. Conflicts of interest occur when an employee or immediate family member receives personal financial benefit or an economic interest from the employee's position in a manner that may inappropriately influence the employee's judgment, compromise the employee's ability to carry out MUSC/MUHA responsibilities or, be a detriment to MUSC/MUHA integrity.

2. Immediate family includes the employee's parents, spouse, siblings, children, stepchildren, and grandchildren.

3. Manage and managing means an affirmative action by the University or the Authority to establish parameters or conditions that minimize or eliminate the risk of the perceived or real conflict of interest.

4. Personal financial benefit or economic benefit is defined as anything of monetary value, including salary, commissions, fees, honoraria, gifts of more than nominal value, equity interests, interests in real or personal property, dividends, royalty, rent, capital gains, intellectual property rights, loans, and forgiveness of debt. "Personal financial benefit" does not include:

a. compensation or payments received from MUSC/MUHA or any of its affiliates or the Ralph H. Johnson Department of Veterans Affairs Medical Center;

b. payments for participation in seminars, lectures or other educational activities as long as not acting in the employee's official capacity, or reasonable expenses for the same activities even if acting in official capacity;

c. payments for participation in seminars, lectures or other educational activities sponsored by and service on advisory or review panels for a federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education, and reasonable expenses for the same activities as long as acting within the context of an individual's Faculty Appointment Contract;

d. any financial interest arising solely by means of investment in a mutual, pension, or other institutional investment fund over the management and investments of which the employee or an associated immediate family member does not exercise control; and

e. investments in publicly traded entities as long as the value of the employee's equity interest in the entities is less than \$5,000.

5. University means Medical University of South Carolina.

6. Authority means the Medical University Hospital Authority.

7. MUSC or MUHA institutional responsibilities are defined as the responsibilities of an employee to perform MUSC or MUHA activities as defined by management or contract.

C. Policy provisions

1. An employee shall disclose any situation in which the employee has, or may have, a real or potential conflict of interest as defined herein. The Vice President for Academic Affairs and Provost will determine which employees, by nature of their duties, responsibilities or other relevant criteria, must complete an annual conflict of interest disclosure. These conflicts of interest must be reported annually to the Conflict of Interest Office. For those employees required to submit annual disclosures, if any business or financial relationship changes or develops, the employee is required to update their disclosure form within 30 days. Modifications to existing disclosures or a new activity will require submittal of an additional disclosure in a timely manner. An authorized group of employees shall review the disclosure and recommend to the appropriate Vice President a suitable action plan to eliminate or manage the conflict of interest so as to ensure that MUSC or MUHA business is not improperly influenced or adversely affected. In the event that there is no reasonable way to manage a conflict of interest, then the employee may be prohibited from participating in related MUSC/MUHA affairs until such a time as the conflict is eliminated. In other words, employees and Officers of MUSC/MUHA have a duty to immediately disclose, manage or eliminate any real or potential conflicts of interest that are not in the best interests of the University or Authority.

a. An eEmployees who are required to file an annual conflict of interest disclosure shall disclose conflicts of interest in writing on an approved paper or digital Conflicts of Interest Disclosure Form, including a statement describing the nature and extent of the conflict, to their supervisor and to the Conflict of Interest Office. This disclosure must be completed annually, on a form designated for such purposes. A new disclosure form must be completed whenever a new conflict of interest arises or when a significant change occurs concerning and existing disclosure. See the following website for this disclosure form: Annual Conflict of Interest Disclosure www.musc.edu/coi .

b. If a supervisor becomes aware of a conflict of interest that an employee has not disclosed, the supervisor shall discuss the situation with the employee, require that a written disclosure be made as provided in this policy, and inform the Conflict of Interest Office to anticipate the receipt of a new Disclosure Form.

c. All conflicts of interest shall be reported to the Conflict of Interest Office. The Board of Trustees or its designee will retain authority to take such action as it deems appropriate regardless of any action or inaction by an Officer of MUSC and/or MUHA.

2. The following are examples of conflicts of interest requiring disclosure. These examples are illustrations only and are not meant to be exclusive.

a. Employee or immediate family member has a financial interest in a business entity with which the University or Authority does or proposes to do business, and the employee is in a decision-making role or otherwise is in a position to influence the University's or

Authority's business decisions regarding the business entity. Business entity examples for which an employee disclosure is required:

- i) finance or accounting services
- ii) equipment services
- iii) marketing services
- iv) construction services
- v) consulting
- vi) counseling
- vii) catering
- viii) computer supplies
- ix) programming
- x) architectural services
- xi) legal services
- xii) grant preparation
- xiii) temporary personnel services
- xiv) office or laboratory supplies
- xv) painting services
- xvi) lawn and grounds services

b. Employee holds or assumes an executive, officer or director position in a for-profit or not-for-profit business or entity engaged in commercial, educational, or research activities similar to those in which the University or Authority engages.

c. Employee participates in consultation activities for a for-profit or not-for profit business or entity engaged in commercial, educational or research activities similar to those of the University or Authority.

d. Employee holds or assumes an executive, officer or director position in a for-profit or not-for-profit business or entity that does business with the University or Authority.

3. The activities listed below are prohibited unless sanctioned by an Officer of the University or Authority. Sanctioned activities are those activities documented within an individual's Faculty Appointment Contract, contained within an employee's job description or expectations, appropriately authorized agreements, Memoranda of Understanding, or otherwise approved by the employee's Vice President.

a. Significant use of University or Authority property, facilities, equipment or other resources in any manner other than as part of the employee's responsibilities, that results in personal financial benefit or economic interest to an employee, a member of an employee's immediate family or business with which the employee has a business relationship.

b. Using significant University or Authority property, facilities, equipment or other resources in any manner to support an entity not associated with the University or Authority unless special permission is provided in writing by an authorized Officer of MUSC or MUHA.

- c. Using University or Authority stationery, letterhead, logo, or trademark in connection with outside activities, other than activities having a legitimate relationship to the performance of University or Authority business.
- d. Using University or Authority facilities, resources, or the employee's position at the University for the purpose of advocating, endorsing, or marketing the sale of any goods or services, other than as part of the employee's responsibilities, without the prior approval in writing by an authorized Officer of MUSC or MUHA.
- e. Using the University or Authority name, trademark or trade name for personal business or economic gain to the employee, a member of the employee's immediate family or a business with which the employee has a business relationship.
- f. Using any University or Authority intellectual property data or information that is not in the public domain for personal financial benefit or economic gain to the employee or a member of the employee's immediate family, or a business which the employee has a business relationship.
- g. Using any University or Authority employee for any outside activity during normal work time for which he or she is receiving compensation from the University or Authority (not applicable when employees are on a paid or unpaid leave).
- h. Participating in the selection or awarding of a contract between the University or Authority and any entity with which an employee is dually employed, IS seeking employment or has been offered employment.
- i. Other activities may be prohibited if there is no reasonable way to manage an associated conflict of interest.

D. Employee responsibilities

1. Employees shall not engage in the prohibited activities listed above unless sanctioned in advance or in any other activity that has been prohibited following a completed review of an employee's conflict of interest disclosure.

2. For employees subject to the annual conflict of interest disclosure process, as determined by the Vice President for Academic Affairs and Provost. Employees these employees shall disclose a real or perceived conflict of interest as described above:

- a. As soon as the employee knows of the conflict, and then annually thereafter for as long as the conflict continues to exist;
- b. In writing on the approved Conflict of Interest Disclosure Form;
- c. To the Conflict of Interest Office;

Employees not subject to the annual conflict of interest disclosure process shall still disclose any potential conflict of interest related to their job duties to their immediate supervisor for review.

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3. Employees shall avoid any involvement with all related University or Authority activities and decisions until such time as the conflict of interest has been evaluated and the disclosed activity has been approved.

4. If there is any question whatsoever about an activity representing a conflict of interest, then the employee should consult with the Conflict of Interest Office or an MUSC or MUHA Office of Legal Counsel for direction.

E. MUSC/MUHA responsibilities

1. Supervisors shall ensure that all new employees are informed of this policy.

2. Supervisors and administrators of MUSC and MUHA shall ensure that all current employees are reminded of this policy on a periodic basis.

3. The University and Authority shall develop a peer process to evaluate conflict of interest disclosures, and to review the conduct of approved Management Plans.

4. In the event that a reported conflict of interest is approved, the Conflict of Interest Office shall ensure there is an appropriate Management Plan in place to monitor and manage the situation so that resources are used in an appropriate manner and that there is no improper influence on University or Authority decisions.

5. The Conflict of Interest Office shall ensure that Conflicts of Interest Disclosure forms are retained for future reference. Upon an employee's transfer from the unit or termination from the University or Authority, associated Conflict of Interest Forms shall be retained by the Conflict of Interest Office for a minimum of three years.

6. Supervisors shall establish and maintain a work environment that encourages employees to ask questions about real or potential conflicts of interest.

7. If supervisors have any question whatsoever about an external activity representing a conflict of interest, they should consult with the Conflict of Interest Office or an Office of Legal Counsel.

F. Sanctions for violation

1. Violations of University or Authority policies, including the failure to avoid a prohibited activity or disclose a conflict of interest in a timely manner, will be dealt with in accordance with applicable policies and procedures that may include disciplinary actions up to and including termination of employment.

2. 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.

G. South Carolina state law

1. The South Carolina Ethics Government Accountability and Campaign Reform Act (herein the "Ethics Law") S. C. Code § 8-13-100, among other things, makes it unlawful for a public official, public member or public employee to knowingly use his official office, membership or employment to obtain economic interest for himself, a member of his immediate family, an individual with whom he is associated"* or a business with whom he is associated""**". This policy is implemented in addition to any requirements of the Ethics Law. Certain persons associated with the Authority or University are required to make filings with the South Carolina Ethics Commission and completion of the form attached to this policy will not satisfy that requirement.

* Defined in the Act as: "Individual with whom he is associated" means an individual with whom the person or a member of his immediate family mutually has an interest in any business of which the person or a member of his immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth one hundred thousand dollars or more at fair market value and which constitutes five percent or more of the total outstanding stock of any class.

** Defined in the Act as: "Business with which he is associated" means a business of which the person or a member of his immediate family is a director, an officer, owner, employee, a compensated agent, or holder of stock worth one hundred thousand dollars or more at fair market value and which constitutes five percent or more of the total outstanding stock of any class.

Office responsible for this policy

Conflict of Interest Office

Policy Review.

This Policy, if approved, establishes a set of conditions that may have an unanticipated impact on existing MUSC, MUHA, and affiliate policies and procedures. Given the breadth of this policy, it seems reasonable that not only may some unforeseen consequences surface but that State or federal compliance regulations may require some alterations to this Policy. A periodic review of this Policy by the Vice President for Academic Affairs and Provost, acting on behalf of the Vice Presidents, seems most appropriate. If proposed change(s) is(are) considered necessary and appropriate, a Vice President may ask the Board of Trustees to modify this Policy by approving the change(s).

INSTITUTIONAL CONFLICT OF INTEREST FY2015 ANNUAL REPORT

Institutional Officials

Summary of Reporting

Annual disclosures were collected and individually reviewed for all Institutional Officials. To date, any identified, potential Institutional conflicts of interest related to Institutional Officials have been effectively managed and/or eliminated.

Institutional Interests

Summary of Reporting

MUSC, MUHA and MUSC affiliates including MUSC Physicians (MUSC-P), the Foundation for Research Development (FRD), the MUSC Foundation, and the Institute for Applied Neurosciences (IAN) submitted required annual reporting to the Conflict of Interest Office. FY15 equity, ownership and investment interests, gifts, royalties and certain purchases were reviewed across the MUSC enterprise. There were no newly identified conflicts between Institutional financial interests and Institutional operations. Any potential Institutional COI has been previously reviewed and managed.

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