

MINUTES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
BOARD OF TRUSTEES MEETING

August 14, 2015

The Board of Trustees of the Medical University Hospital Authority convened Friday, August 14, 2015, with the following members present: *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; Dr. James Lemon; Ms. Barbara Johnson-Williams; Dr. Ragin C. Monteith; Dr. E. Conyers O'Bryan, Jr.; Mr. Charles W. Schulze; Dr. G. Murrell Smith, Sr.; Thomas L. Stephenson, Esquire; Dr. Charles B. Thomas, Jr.; Mr. Michael E. Stavrinakis.*

The following administrative officials were present: Dr. David Cole, President; Dr. Mark Sothmann, Vice President for Academic Affairs and Provost; Dr. Bruce Elliott, Interim Vice President for Medical Affairs, Dr. Deborah Deas, Interim Dean, College of Medicine; Ms. Lisa Montgomery, Executive Vice President for Finance and Operations; Dr. Pat Cawley, Vice President for Clinical Operations and Executive Director, MUHA; Dr. Frank Clark, Vice President for Information Technology and CIO; Mr. Jim Fisher, Vice President for Development.

Item 1. Call to Order-Roll Call.

There being a quorum present, Chairman Stephenson called the meeting to order at 8:00 a.m. Ms. Celeste Jordan called the roll. She announced the following: *In compliance with the Freedom of Information Act, notice of meetings and agendas were furnished to all news media and persons requesting notification.*

Item 2. Secretary to Report Date of Next Meeting.

The date of the next regularly scheduled meeting is Friday, October 9, 2015.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of May 14, 2015.

Board Action: It was moved that the Minutes be approved. The motion was seconded, voted on and unanimously carried.

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS: None.

NEW BUSINESS:

Item 4. General Informational Report of the Interim President.

Dr. David Cole asked Dr. Pat Cawley to introduce the speaker, Dr. Terry Day. Dr. Cawley stated that Dr. Day is the Wendy and Keith Wellin Endowed Chair in Head & Neck Surgery; Director of the Head and Neck tumor Center and Vice Chair, Department of Otolaryngology-Head and Neck Surgery. He was awarded his medical degree by Oklahoma Health Sciences Center; did a residency at Louisiana State University Medical Center and a fellowship at University of California at Davis and the University of Bern in Switzerland. He was on faculty at Vanderbilt University Medical Center prior to coming to MUSC.

Dr. Day provided an update on Head and Neck Oncology. He discussed the strategic plan for the Head and Neck Center at MUSC. The goal is to become the top center in the world for head and neck cancer care and research with global collaboration in education and training. He reviewed progress toward that goal.

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

Board Action: Received as information.

Item 5. Other Business. None.

OPERATIONS, QUALITY AND FINANCE COMMITTEE. CHAIRMAN: DR. STANLEY C. BAKER, JR. (Detailed committee minutes are attached to these minutes).

OLD BUSINESS: None.

NEW BUSINESS:

Item 6. MUSC Medical Center Status Report.

Statement: Dr. Baker said Dr. Crawley had provided a report to committee.

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

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

Board Action: Received as information.

Item 7. MUSC Medical Center Financial and Statistical Report.

Statement: Dr. Baker said Mr. Hargett had provided a report to committee which was received as information.

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

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

Board Action: Received as information.

Item 8. MUHA FY 2015-2016 Budget.

Statement: Dr. Baker stated the board had received a detailed presentation on the proposed FY '16 budget and he asked for approval.

Recommendation of Administration: That the FY '16 budget be approved.

Recommendation of Committee: That the FY '16 budget be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the FY '16 MUHA budget as presented.

Item 9. Report on Quality and Patient Safety.

Statement: Dr. Baker said the committee received a report from Dr. Scheurer.

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

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

Board Action: Received as information.

Item 10. Update on MUSC Physicians.

Statement: Dr. Baker stated Dr. Rockey had presented information to committee and had also asked for approval of the following:

- Expansion of MUSC Physicians Primary Care Location located on Ben Sawyer Boulevard at a cost of approximately \$635,000.
- Mobile MRI proposed for North Charleston and West Ashley at a cost of \$175,000.

Recommendation of Administration: That the items be approved as presented.

Recommendation of Committee: That the items be approved as presented.

Board Action: A motion was made, seconded and unanimously voted to approve the expansion of primary care on Ben Sawyer Boulevard and the mobile MRI for North Charleston and West Ashley as presented.

Item 11. Legislative Update.

Statement: Dr. Baker said Mr. Mark Sweatman provided a report to committee.

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

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

Board Action: Received as information.

Item 12. Other Committee Business. None.

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

Statement: An updated list of appointments, reappointments and delineation of privileges to the medical staff for April, May and June 2015 were presented for approval.

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

Recommendation of Committee: That the appointments, reappointments and delineation of privileges to the medical staff be approved.

Board Action: Dr. Baker moved that the list of appointments, reappointments and delineation of privileges to the medical staff be approved. The motion was seconded, voted on and unanimously carried.

Item 14. 2015 Quality and Performance Improvement Plan (Consent Item).

Statement: Dr. Baker presented for approval the 2015 Quality and Performance Improvement Plan.

Recommendation of Administration: That the 2015 Quality and Performance Improvement Plan be approved.

Recommendation of Committee: That the Plan be approved.

Board Action: Dr. Baker moved that the 2015 Quality and Performance Improvement Plan be approved. The motion was seconded, voted on and unanimously carried.

Item 15. Revised Medical Center Policy C-13 Resuscitation Orders (Consent Item).

Statement: Dr. Baker presented the revised Medical Center Policy C-13 Resuscitation Orders for approval.

Recommendation of Administration: That the revised MC Policy C-13 Resuscitation Orders be approved.

Recommendation of Committee: That the revised MC Policy C-13 Resuscitation Orders be approved.

Board Action: Dr. Baker moved that the revised Medical Center Policy C-13 Resuscitation Orders be approved. The motion was seconded, voted on and unanimously carried.

Item 16. Revised Medical Center Policy C-23 Withholding/withdrawing Life-sustaining Treatment (Consent Item).

Statement: The Revised Medical Center Policy C-23 Withholding/withdrawing Life-sustaining Treatment presented for approval.

Recommendation of Administration: That the revised policy be approved.

Recommendation of Committee: That the revised policy be approved.

Board Action: Dr. Baker moved that the revised Medical Center Policy C-23 Withholding/withdrawing Life-sustaining Treatment be approved. The motion was seconded, voted on and unanimously carried.

Item 17. Medical Executive Committee Minutes (Consent Item).

Statement: Minutes of the Medical Executive Committee for April, May and June 2015 were presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: The minutes of the Medical Executive Committee for April, May and June 2015 were received as information.

Item 18. Medical Center Contracts and Agreements (Consent Item).

Statement: Contracts and Agreements which have been signed since the last board meeting were presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**PHYSICAL FACILITIES COMMITTEE. CHAIRMAN: MR. WILLIAM H. BINGHAM, SR.
(Detailed committee minutes are attached to these minutes).**

OLD BUSINESS: None

NEW BUSINESS:

Item 19. Facilities Procurements/Contracts Proposed.

Statement: Mr. Bingham asked for approval of the following:

- New lease for 3,466 sq. ft. of office space located on the 1st floor of Cannon Park Place, 261 Calhoun Street. Total amount of lease: \$719,333.88.
- New lease for 11,866 sq. ft. of office space located on the third floor of Cannon Park Place, 261 Calhoun Street. Total amount of lease: \$2,305,919.76.
- New lease for 4,929 sq. ft. of office space located at 136 Rutledge Avenue. Total amount of lease: \$551,490.35.

Recommendation of Administration: That the leases be approved

Recommendation of Committee: That the leases be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the leases.

Item 20. Facilities Update. None

Recommendation of Administration: Received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

Item 21. Other Committee Business.

Mr. Bingham stated Mr. Frazier had provided information to committee on the IDC Professional Logistics Support Selection.

Recommendation of Administration: Received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

CONSENT ITEMS FOR INFORMATION:

Item 22. Facilities Contracts Awarded (Consent Item).

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

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

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

Board Action: Received as information.

CHILDREN'S HOSPITAL COMMITTEE. CHAIRMAN: DR. DONALD R. JOHNSON II (Detailed Committee Minutes Are Attached To These Minutes)

OLD BUSINESS: None.

NEW BUSINESS:

Item 23. Operations and Facilities Report.

Statement: Dr. Johnson stated a report had been received by committee.

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

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

Board Action: Received as information.

Item 24. Children's Hospital Financial Report.

Statement: Dr. Johnson stated a report had been provided to committee.

Recommendation of Administration: Received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

Item 25. Development Activity Report.

Statement: Dr. Johnson stated a report had been provided to committee.

Recommendation of Administration: Received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

Item 26. Children's Hospital Clinical Overview.

Statement: Dr. Johnson stated a report had been provided to committee.

Recommendation of Administration: received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

Item 27. Women's Services Clinical Overview.

Statement: Dr. Johnson said the committee had received a report.

Recommendation of Administration: Received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

Item 28. Other Committee Business. None

AUDIT COMMITTEE. CHAIRMAN: Thomas L. Stephenson, Esq. (Detailed Committee Minutes Are Attached To These Minutes)

OLD BUSINESS: None

NEW BUSINESS:

Item 29. Legal Office Update.

Statement: Mr. Stephenson said a report had been provided to committee by Ms. Drachman.

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

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

Board Action: Received as information.

Item 30. Compliance Update.

Statement: Mr. Stephenson stated a report had been provided to committee by Ms. Reece Smith.

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

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

Board Action: Received as information.

Item 31. Information Security Update.

Statement: Mr. Stephenson stated a report had been provided to committee by Mr. John Rasmussen.

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

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

Board Action: Received as information.

Item 32. Compliance Update.

Statement: Mr. Stephenson stated a report had been provided to committee by Dr. Bruce Elliott.

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

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

Board Action: Received as information.

Item 33. Report of the Office of Internal Audit.

Statement: Mr. Stephenson stated a report had been provided to committee by Ms. Susan Barnhart.

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

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

Item 34. Management Development and Compensation Sub-Committee Update.

Statement: Mr. Stephenson asked for approval of the 2015 Variable Compensation Plan Awards and the renewal of President Cole's contract.

Recommendation of Committee: That the 2015 Variable Compensation Plan Awards and the renewal of President Cole's contract be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the 2015 Variable Compensation Plan Awards and the renewal of President Cole's contract.

Item 35. Other Committee Business. None

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 36. Approval of Consent Agenda.

Statement: Approval of the Medical University Hospital Authority consent agenda was requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action: It was moved, seconded and unanimously voted that the consent agenda be approved.

Item 37. New Business for the Board of Trustees.

Statement: Dr. Don Johnson presented the following resolution for approval:

Whereas the Medical University of South Carolina's Board of Trustees reinforces and restates its commitment to being an academic healthcare community where every member is respected and valued; and

Whereas the Board believes that diversity and inclusion among the members of our community is a strength that enriches the educational experience, encourages innovation, and improves patient care; and

Whereas the Board further seeks to work productively together with all employees at MUSC, and across the State of South Carolina and our nation to change what's possible in education, research, and patient care; and

NOW THEREFORE, BE IT RESOVLED BY THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA, AS FOLLOWS:

The Medical University of South Carolina is committed to enhancing its efforts to build an inclusive community where differences are embraced, varying cultures, backgrounds, ideas, thoughts, and opinions are encouraged, and every member is respected and valued. We acknowledge our past and remember the 1969 Hospital Workers' Strike in order to improve our future.

We, the Board of Trustees of The Medical University of South Carolina, deeply regret the discriminatory working conditions that led to the 1969 Hospital Workers' Strike. These discriminatory attitudes and behaviors were clearly wrong, and we are fully committed to learning from the grave mistakes of the past. We recognize the important, courageous and positive role played by the individuals involved in the strike and commend them for being agents for change that resulted in improved working conditions for all employees at MUSC and across the State of South Carolina.

MUSC acknowledges its full history to broaden its commitment to improve the lives of our employees, our region, and our patients. We are committed to serious, ongoing engagement to embrace the differences among our employees and the patients we serve and to actively seek to foster an environment where all individuals are treated with thoughtfulness and respect, and are valued and connected to our Institution and the Community. We are committed to enhancing an inclusive experience for the lives we touch.

Board Action: A motion was made, seconded and unanimously to approve the resolution as presented.

Item 38. Report from the Chairman. None

There being no further business, the Hospital Authority meeting was adjourned and the University Board of Trustees meeting was convened.

Respectfully submitted,



Mark C. Sweatman
Secretary

**Medical University Hospital Authority
Hospital Operations, Finance and Quality Committee
August 13, 2015**

Attendees:

Dr. Stanley Baker, Chair	Dr. Mark Scheurer
Mr. Bill Baker	Ms. Darlene Shaw
Ms. Terri Barnes	Mr. Matt Wain
Mr. Jim Battle	Mr. Steve Hargett
Mr. William Bingham, Sr.	Mr. Tom Anderson
Dr. Harold Jablon	Annette Drachman, Esq.
Dr. Donald Johnson, II	David McLean, Esq.
Ms. Barbara Johnson-Williams	Ms. Susan Barnhart
Dr. James Lemon	Mr. John Cooper
Dr. Ragin Monteith	Dr. Marilyn Schaffner
Dr. Conyers O'Bryan	Mr. Mark Sweatman
Mr. Charles Schulze	Ms. Sarah King
Dr. Murrell Smith	Mr. Greg Weigle
Mr. Michael Stavrinakis	Mr. Patrick Wamsley
Dr. David Cole	Dr. Scott Russell
Dr. Patrick Cawley	Mr. Mike Denham
Dr. Bruce Elliott	Dr. Donna Johnson
Mr. Jim Fisher	Dr. Don Rockey
Dr. Deborah Deas	Dr. Tom Smith
Ms. Lisa Montgomery	Mr. Dennis Frazier
Dr. Mark Sothmann	Ms. Heather Woolwine
Dr. Frank Clark	Mr. John Entsuah
Dr. Dan Handel	Ms. Francis Taylor
Dr. Danielle Scheurer	Mr. Steve Valerio
	Ms. Gina Ramsey
	Ms. Robin Mutz

The meeting was called to order at 9:02 am by Dr. Stanley Baker, Chair.

Item 6. Medical University Hospital Authority Status Report

Dr. Cawley reported on the following:

Introduction – Administrator, Perioperative Services

Dr. Cawley introduced Mr. Mike Denham who is the new Administrator for Perioperative Services for MUSC/MUSC-P. Mr. Denham has over thirty years of perioperative experience with twenty-one of those years in a leadership role. Mr. Denham comes to MUSC from North Mississippi Medical Center.

FY 2015 Goal Performance

Service: Ideal Patient Experience – Composite goal made up of six different surveys, including adult and pediatric, as well as inpatient and outpatient. Dr. Cawley reported that, overall, MUHA did well. Data has been relatively stagnant and the leadership team is looking at how to improve scores. Dr. Cawley commented that we will continue to work on improving scores in FY16 and, while we didn't meet all of our goals, we are still in the top 25% of hospitals when it comes to patient satisfaction.

People: Dr. Cawley reported that all the goals under this pillar were met which include employee and physician engagement and teamwork.

Quality: Under Ideal Care, we have sub-measures and most areas are in the green. The mortality rank is not final. We should have data by the end of the month but most likely will not meet our goal. We also did not meet our Central Line Infections goal mainly due to the fact that, since the numbers were high the first part of the year, we spent the rest of the year trying to catch up. We also did not meet the goal for Surgical Site Infections and need to work improving this fiscal year. A couple of areas that we need focus on improving SSIs include colorectal surgeries and hysterectomies. Dr. Cawley mentioned that the hospital had the Magnet site visit in late July. He commented that overall it was a very well run survey. Mr. Bill Baker from the MUSC Board of Trustees along with 25 members of the community met with the surveyors. Dr. Cawley explained that there are two things you are graded on for Magnet with one being how people interact and the other is data which we knew going in that we were just over the goal for data which is an average over a 4-year period. We just received notice that our application will be reviewed at the end of the September.

Finance: We hit two out of the three goals. For cash, the goal was \$100 million and we finished at \$115 million. Operating Margin - we hit a little above where we wanted to be. We did not hit the Direct Cost goal. With the change to Epic last year, we were have trouble trying comparing pre and post Epic direct cost charges, so the decision was made to move forward with comparing the direct cost charges in the new fiscal year.

Growth: Dr. Cawley reported that we hit the telemedicine goal this year. We did not meet the Bed Flow goal which is a result of our case mix index increasing this year.

FY16 Goals

Dr. Cawley reviewed the FY16 goals and the goals associated with the each of the pillars. For FY16 there will be a new innovation pillar.

Service - Ideal Patient Experience

People - Employee Engagement, Physician Engagement and Diversity (new)

Quality & Safety - Ideal Care, Culture of Safety (new) and Teamwork (new)

Finance - Days Cash and Net Margin

Growth – Inpatient & Outpatient Access, Inpatient Readmission Reduction,
Telehealth/Telemedicine and Population Health (new)
Innovation – New Ideas and Practices

Dr. Cawley commented that any of the goals that are labeled as “new” will not be weighted but leaders will be held accountable. Beginning next year, the “new” goals will be weighted.

Under the new Diversity goal, there will be four sections which included the following: training in diversity and inclusion (% of new hires % of leadership; outcomes (12% of URM in MUHA ADM group); employee engagement (18 questions) and patient satisfaction (minority, <35 & >65 adults).

Dr. Cawley reviewed the Ideal Care Goal which is a composite goal consisting of nine sub-measures including: Mortality; CLABSI, CAUTI, SSI, AHRQ Safety Measures; CMS Indicators; Hand Hygiene; MRSA Bacteremia and C-Diff.

Dr. Cawley also reviewed the Telehealth/Telemedicine Composite goal for FY16.

Action: Report received as information.

Item 7. Medical University Hospital Authority Financial and Statistical Report

Steve Hargett reminded the Board that the June financial statements included in the Board Agenda are interim financial statements as there are still a few things that need to be finalized. Mr. Hargett reported that days in A/R went down from 59 to 54. Even with the conversion to Epic and revenue cycle the days in A/R actually went down by 5 days. Days Cash in Hand increased from 22 to 37. Mr. Hargett explained the reasons for the setting the FY16 goal at \$115 million versus \$116 million at year end. The FY15 goal was initially set at \$100 million and the goal was to increase by a certain percentage and that percentage came out to \$115 million. The other reason is that we are starting to spend a lot of cash on ART 7 and also starting to spend cash on the new Children and Women’s hospital. Mr. Hargett also reported that GASB 68 which is the unfunded pension liability had a financial impact of \$5.147 million on our financial statement. Mr. Hargett commented that we had the highest charge posting in July that MUSC ever had. Days Cash on Hand are at 37 which is still well below the median for Academic Medical Centers (AMC). As a comparison, the average AMC has 80 to 90 days cash on hand.

Mr. Hargett also shared with the committee a few risk related factors that can affect our financial statements including budgeting for GASB-68, the ICD-10 conversion and also changes in disproportionate share.

Action: Received as information.

Item 8. MUHA FY2015-2016 Budget

The FY 2015-2016 proposed budget was presented in earlier session.

Action: Recommend approval of FY 2015-2016 budget

Item 9. Report on Quality and Patient Safety

Dr. Danielle Scheurer reported on the following:

2015 Annual BOT Quality and Safety Report – A copy of this report was given to each Board of Trustees member.

Adult & Pediatric US News & World Report Rankings:

Adult:

- MUSC ranked #1 in South Carolina and ENT was ranked #32 in the nation.
- Issue with the intensivists in 2014 has been corrected.
- Strengths include our structural measures which we received 100% credit and reputation scores continues to improve steadily.
- Opportunities include: Magnet designation which gives us 2.5 to 3 points across the board for every specialty; patient safety indicators (data from 2011-2013) and mortality.

Pediatrics:

- Ranked #31 in the nation in Cardiology/CT Surgery
- Strengths include most other pediatrics subspecialties are in within eight points of ranking (ranging from 0.2 – 8.4)
- Opportunities include: Magnet; fellowships and CAUTI

CMS Value Based Programs Update:

There are three programs which are as follows:

- Hospital Acquired Conditions (HAC). This is basically a penalty only program based on four total indicators including: patient safety indicators; CAUTI, CLABSI and SSI. The first domain accounts for 25% which includes patient safety indicators and the other domain which accounts for the other 75% are the infections.
- Readmission – This is a penalty ratio for five conditions which include heart attack; COPD; heart failure; pneumonia and hips-knees. Approximately 75% of US and South Carolina hospitals are were penalized this year.
- Value Based Purchasing Program – We came out ahead and have always done well in this program.

CMS “Star” Ratings:

- Patient satisfaction (HCAHPS) released July 2015. MUSC received “4 Stars”
- Expanding Star rating program to quality-safety in FY17
 - o Patient Satisfaction
 - o Readmissions
 - o Mortality
 - o Safety (hospital acquired infections; PSIs)
 - o Efficiency
 - o Effectiveness (process measures)

Action: Report received as information

Item 10. Update on MUSC Physicians

Dr. Don Rockey reported on one informational item and requested approval of the following MUSC Physicians outreach activities.

Informational Item: Dr. Rockey reported that the MUSC Physicians Board selected Dr. Donna Johnson and Dr. Scott Reeves as the MUSC-P representatives on the new MUSC Health Board.

Approval Items: Dr. Rockey requested approval of the following items:

- Expansion of MUSC Physicians Primary Care Location located on Ben Sawyer Boulevard at a cost of approximately \$635,000
- Mobile MRI Proposal for North Charleston and West Ashley at a cost of \$175,000

Action: Recommend approval.

Item 11. Legislative Update

Mr. Mark Sweatman gave an update on legislative activities. Mr. Sweatman thanked the Board of Trustees members, Dr. Cole and Dr. Cawley for their involvement and tireless efforts this past legislative session to help MUSC secure funding for the new children's hospital and telemedicine. Total funding received this year amounts to \$42 million for MUSC. Dr. Don Johnson recognized Mark Sweatman and Emzee Hilliard for their efforts this past legislative session.

Action: Report received as information

Item 12: Other Committee Business

No other committee business.

CONSENT ITEM FOR APPROVAL

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

The committee reviewed the appointments, reappointments and delineation of privileges requests for the months of April, May and June 2015. These have been recommended for approval by all appropriate committees.

Action: Recommend approval

Item 14. 2015 Quality and Performance Improvement Plan

The committee reviewed and recommended approval of the 2015 Quality and Performance Improvement Plan.

Action: Recommend approval.

Item 15. Revised Medical Center Policy C-13 Resuscitation Orders

The revised Medical Center Policy C-13, Resuscitation Orders, was presented to the committee for approval.

Action: Recommend approval

Item 16. Revised Medical Center Policy C-23 Withhold/Withdrawing Life-Sustaining Treatment

The revised Medical Center Policy C-23, Withholding/Withdrawing Life-Sustaining Treatment, was presented to the committee for approval.

Action: Recommend approval

CONSENT ITEMS FOR INFORMATION

Item 17. Medical Executive Committee Minutes

The Medical Executive Committee minutes from April, May and June 2015 were reviewed by the committee.

Action: Received as information

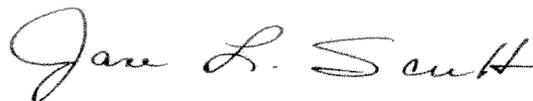
Item 18. Medical Center Contracts and Agreements

Contracts and agreements entered into since the last meeting of the board were presented for information.

Action: Received as information

There being no further business, the committee adjourned at 9:58 a.m.

Respectfully Submitted,



Jane L. Scutt

**Medical University Hospital Authority
Physical Facilities Committee
August 13, 2015
Minutes**

Board Members Attending:

Mr. William H. Bingham, Sr., Chair	
Dr. Stanley C. Baker, Jr.	
Mr. William A. Baker, Jr.	
Ms. Terri R. Barnes	Dr. E. Conyers O'Bryan, Jr.
Mr. James A. Battle	Mr. Charles W. Schulze
Dr. Harold Jablon	Dr. G. Murrell Smith, Sr.
Dr. Donald R. Johnson II	Mr. Thomas L. Stephenson
Ms. Barbara Johnson-Williams	Mr. Michael E. Stavrinakis
Dr. James Lemon	Dr. Charles B. Thomas, Jr.
Dr. Ragin C. Monteith	

Mr. Bingham called the meeting to order.

REGULAR Items

Item 19 Facilities Procurements/Contracts Proposed.

Mr. Dennis Frazier presented the following for approval:

- New lease for 3,466 sq. ft. of office space located on the 1st floor of Cannon Park Place, 261 Calhoun Street. Total amount of lease: \$719,333.88.
- New lease for 11,866 sq. ft. of office space located on the third floor of Cannon Park Place, 261 Calhoun Street. Total amount of lease: \$2,305,919.76.
- New Lease for 4,929 sq. ft. of office space located at 136 Rutledge Avenue. Total amount of lease: \$551,490.35.

Recommendation of Committee: A motion was made, seconded and unanimously voted to approve the procurements/contracts.

Item 20 Update on Projects.

None.

Recommendation of Committee: Received as information.

Item 21 Other Committee Business.

Mr. Frazier stated the following board members had participated in and IDC –Professional Logistics Support Services selection: Mr. Bingham, Ms. Barnes, Dr. Jablon, Mr. Schulze and Mr. Stavrinakis. The firm approved by the committee to provide the service was Professional Solutions Delivered, LLC.

Recommendation of Committee: Received as information.

CONSENT Items for Information:

Item 22 Facilities Contracts Awarded

The facilities contracts since the last board meeting were presented for information.

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

With no further business, the meeting was adjourned.

Respectfully submitted,

Celeste Jordan

**Medical University Hospital Authority
Children's Hospital Committee
August 13, 2015
Minutes**

Attendees:

Dr. Donald Johnson, II, Chair
Mr. Bill Baker
Ms. Terri Barnes
Mr. Jim Battle
Mr. William Bingham, Sr.
Dr. Harold Jablon
Dr. Stanley Baker
Ms. Barbara Johnson-Williams
Dr. James Lemon
Dr. Ragin Monteith
Dr. Conyers O'Bryan
Mr. Charles Schulze
Dr. Murrell Smith
Mr. Michael Stavrinakis
Dr. David Cole
Dr. Patrick Cawley
Dr. Bruce Elliott
Mr. Jim Fisher
Dr. Frank Clark
Dr. Marilyn Schaffner
Ms. Heather Woolwine
Mr. John Enstuah

Dr. Deborah Deas
Ms. Lisa Montgomery
Dr. Mark Sothmann
Dr. Dan Handel
Dr. Mark Scheurer
Dr. Jill Mauldin
Ms. Darlene Shaw
Mr. Matt Wain
Mr. Steve Hargett
Mr. Tom Anderson
David McLean, Esq.
Ms. Susan Barnhart
Mr. John Cooper
Mr. Mark Sweatman
Ms. Sarah King
Mr. Greg Weigle
Mr. Steve Valerio
Ms. Gina Ramsey
Ms. Robin Mutz
Mr. Patrick Wamsley
Dr. Scott Russell
Dr. Tom Smith
Ms. Francis Taylor

The meeting was called to order at 10:20am by Dr. Donald Johnson, Chair.

Item 23. Operations and Facilities Report

Dr. Patrick Cawley reported on the following:

FY15 Children's & Women's FY15 Operational Goal Performance:

Service: The challenge in the pediatric area is outpatient clinics but improvements are being made. Women's perform well overall but needs to make improvements in ideal service composite area.

People: Both women and children's met their goals in increasing employee commitment, increasing physician engagement and achieving overall teamwork.

Quality: The culture of safety goal was met. The ideal care goal was not met. Improvements needed in children's are with central line infections, asthma and 30 day readmissions. Women's did not meet goal in mortality rank, urinary tract infections and abdominal hysterectomies but are making progress.

Finance: Operating margin and total cash are good. Work needed in direct cost per CMI adjusted.

Growth: There has been a significant increase in deliveries. Work needed in decreasing average length of stay.

Children's Hospital / Women's Pavilion:

Time Line:

In May, discussions between Drs. Cole and Cawley that if things did not work out in legislative session it would not be possible to close loan in 2016. Legislation came through and along with our philanthropy the goal of \$35M will be met for loan closing.

- August 2015 – HUD Preapplication
- Mar/Apr 2016 – HUD Loan Closing
- April 2016 – Shawn Jenkins Children's Hospital Groundbreaking

Currently working on meeting \$350M budget. The next few weeks will determine if budget needs to be adjusted. Currently approximately \$20M over budget.

Past BOT Approvals:

December 13, 2013 – MUHA Operations, Quality and Finance Committee

- Approval of feasibility study to review and update the previous study of the Children's Hospital/Women's Pavilion

April 10, 2014 – MUHA Physical Facilities Committee

- Updated feasibility study discussed with the Board by representatives of Kurt Salmon and Perkins & Will
- Approved selection of Perkins & Will as architect for the project.

May 15, 2014 – MUHA Physical Facilities Committee

- Approval of a lease for office space in West Ashley to provide space for displaced occupants from Charleston Memorial Hospital in preparation for Phase 2 of the hospital.
- Approval of Letter of Intent between MUHA and Charleston County for two properties at 3 & 5 Charleston Center Drive.
- Approval of Robins & Morton, Cummings, and Brownstone Construction Group as Construction Manager for the project.
- Approval to take whatever action necessary to submit the HUD applications for the financing required to build the Phase Two – Children's Hospital and Women's Pavilion – for the Medical University Hospital Authority

February 12, 2015 – Children's Hospital / Women's Pavilion Committee

- Approval to continue project with filing HUD Application
- Approval of design exterior for submittal to Charleston Board of Architectural Review

Future Approvals

- Approval to continue after feasibility study conducted
- Approval to close HUD loan
- Approval to commence construction

Discussion if demolition is still on target. Need to stay on schedule due to rising construction costs.

Interest rates discussed.

Two Certificate of Needs applications have been placed

- Replacement Hospital – includes the 16 incremental beds
- Bed Expansion – includes 52 incremental beds
 - 15 for Children’s and Women’s, 4 for ART, and 33 as backfill
 - CON includes a biplane and ART inpatient pharmacy.

The timeline for construction was also reviewed.

Action: Report received as information.

Item 24. Children’s Hospital Financial Report

Steve Hargett reported on the following:

Major HUD Events:

- Assemble/File HUD pre-application package – August 2015
- HUD pre-application meeting (as necessary) – August/September 2015
- Pursue Site Preparation Approvals (as appropriate) – August/September 2015
- Establish Project Size and MUHA Equity Contribution and Finalize Feasibility with Conservative Assumptions – October 2015
- Board Resolution and State Approvals – October 2015
- File HUD Application – October 2015

Action: Report received as information.

Item 25. Development Activity Report

Jim Fisher reported on the following:

Concern was expressed regarding the campaign momentum being affected after the announcement of the \$25M gift. This has not been the case. Since May 14th, the campaign has received the following gifts:

- 3 - \$25,000
- 2 - \$50,000
- 2 - \$100,000
- 3 - \$250,000
- 1 - \$500,000
- 1 - \$1,000,000
- 1 - \$6,000,000

As of August 7th, \$49.2M has been raised. Campaign goal will be discussed over next few weeks. There will be a revised goal presented at October board meeting.

Action: Report received as information.

Item 26. Children’s Hospital Clinical Overview

Dr. Mark Scheurer introduced Dr. Scott Russell – Children’s Service Line Medical Director and Pediatric Emergency Medical Director:

ED Team includes:

- 10 board certified Pediatric Emergency Medicine Physicians
- 6 board certified Emergency Medicine Physicians
- 3 Pediatric Nurse Practitioners
- 2 Child Life Specialists
- 30 Pediatric Nurses
- Pediatric Respiratory Therapists

The Pediatric Emergency Department:

- Considered front door to the Children's Hospital
- 24/365 coverage
- Sees patients from birth to 18th birthday
- Only Pediatric Level 1 Trauma Center in SC
- Only Pediatric Emergency Fellowship in SC
- Pediatric Burn Center
- Pediatric Bedside Ultrasound Fellowship
- Partner with and train regional EMS crews
- Always says yes!

By the numbers – Pediatric ED:

- 12 beds
- 24,000 patient visits annually (33% increase since 2013)
- 18% admit rate
- 50% of hospital admits come through the ED
- 400 procedural sedations annually
- 27 Level A Traumas/163 Level B Traumas in 2014
- 509 psychiatric admissions last year (75% increase from 2013)

There are telemedicine sits in Colleton ED, Conway ED, Georgetown ED, Waccamaw ED and Beaufort Memorial Hospital.

Peds After Hour Clinics (AHC):

- 3 sites – North Charleston, Mt. Pleasant, Summerville
- Staffed by 8 MUSC pediatricians
- 25,000 annual visits
- 15% of all patients new to MUSC Health
- 3.5% of patients result in subspecialty referral
- 99% patient satisfaction

Measurables:

- 140 minute length of stay for discharges
- Less than 1% leave without treatment
- 25 minute average wait before being seen by a provider
- Consistently >90% patient satisfaction

Society of Academic Emergency Medicine National Benchmarks:

- Top 20% for percentile of patients admitted
- Top 30% for number of hospital admits that come through the ED
- Top 25% for number of left without treatment

- Top 10% for discharged length of stay
- Top 25% for amount of critical care billed

Three year academic productivity reviewed which includes the Shock Clock which recently was selected for publication.

New Pediatric Emergency Department:

- 18 beds
- 2 dedicated trauma/resuscitation rooms
- 2 dedicated trauma elevators
- Helipad on roof
- 1 dedicated orthopedic room
- 1 dedicated SANE room
- 4 psychiatric convertible rooms
- 1 padded safe room
- Dedicated waiting area for immunocompromised patients

Action: Report received as information.

Item 27. Women’s Services Clinical Overview

Robin Mutz reported on the following:

FY15 MUSC Patient Origin for Deliveries by Submarket reviewed.

- Over the past 3 years MUSC has experienced a 27% increase in deliveries.
- Although East Cooper experience by the highest % growth, North Charleston and Summerville experienced the largest absolute volume increase in deliveries.

Over the past 3 years, percentage of Medicaid patients has decreased while the percentage of private/MUSC Health Plan patients has increased.

Women’s Health Marketing plan reviewed.

Action: Report received as information.

Item 28. Other Committee Business

There being no further business, the committee adjourned at 10:58am.

Respectfully Submitted,

Angie Baldwin

**Medical University Hospital Authority
Audit Committee
August 13, 2015
Minutes**

Board Members Attending:

Mr. Thomas L. Stephenson, Chair
Dr. Stanley C. Baker
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
Mr. James A. Battle
Mr. William H. Bingham, Sr.
Dr. Harold Jablon
Dr. Donald R. Johnson II
Ms. Barbara Johnson-Williams
Dr. James Lemon
Dr. Ragin C. Monteith
Dr. E. Conyers O'Bryan, Jr.
Mr. Charles W. Schulze
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Dr. Charles B. Thomas, Jr.

Mr. Stephenson called the meeting to order.

REGULAR Items

Item 29. Legal Office Annual Report.

Ms. Annette Drachman provided an update on recent changes in FOIA.

Recommendation of Committee: Received as information.

Item 30. Compliance Update.

Ms. Reece Smith provided the annual enterprise compliance update for MUHA, MUSCP and MUSC. She reviewed hospital initiatives to ensure compliance including: on-going training; HIPPA Access Audits; social media auditing; ER billing audits; and OIG audits. She discussed MUSC and MUSCP audits and training. She noted that for all three entities, the majority of compliance issues were regarding HIPPA violations.

Recommendation of Committee: Received as information.

Item 31. Information Security (IS) Update.

Mr. John Rasmussen, the new Chief Information Security Officer, provided an information security update. He gave an overview of the program; discussed program goals and current projects.

Recommendation of Committee: That the report be received as information

Item 32. Annual Conflict of Interest (COI) Update.

Dr. Bruce Elliott, Institutional Official for Conflict of Interest, provided the Annual Conflict of Interest update. He stated that 3% of employees had disclosures for each year from 2013-2015 and the majority of the 3% was in the less than \$25k range. In 2015 over 700 research and sponsored project reviews were conducted by the COI office. Four COI's were reported to NIH.

Recommendation of Committee: That the report be received as information

Item 33. Report of the Office of Internal Audit.

Ms. Susan Barnhart had distributed the results of recent internal audit reports and there being no questions, the reports were received as information.

Ms. Barnhart also presented a summary of the board self-assessment results for 2015 and 2014. Thirteen trustees completed the survey. Overall, the scores were good but need for improvement was noted in the following areas: Trustee Development/Education; Receiving Board Meeting Materials; and Management Succession.

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

Item 34. Management Development and Compensation Sub-Committee Update.

A motion was made, seconded and voted to go into executive session to discuss the following:

- Executive compensation and contracts
- Expansion of ambulatory services and structure to support those services
- Discussion of contracts related to academic and clinical affiliations and lodging for the Board of Trustees
- Legal advice concerning regulatory and employment matters

Recommendation of Committee: At the conclusion of the executive session, the Chairman affirmed that only the matters previously described in public session were discussed and no formal action was taken in executive session.

Item 35. Other Committee Business. None

With no further business, the meeting was adjourned.

Respectfully Submitted,

Celeste Jordan