

**MINUTES  
MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA)  
BOARD OF TRUSTEES MEETING  
AUGUST 10, 2018**

The Board of Trustees of the Medical University Hospital Authority convened Friday, August 10, 2018, with the following members present: Dr. Donald R. Johnson II, Chair; Mr. William H. Bingham, Sr., Vice-Chairman; Ms. Terri R. Barnes; Mr. Jim Battle; Dr. Melvin Brown; Dr. Guy Castles; Dr. Richard Christian; Dr. Paul Davis; Ms. Barbara Johnson-Williams; Dr. James Lemon; Mr. Charles Schulze; Dr. Murrell Smith; Mr. Tom Stephenson; and, Dr. Charles Thomas.

The following MUSC leaders were present: Dr. David Cole, President; Dr. Lisa Saladin, EVP for Academic Affairs & Provost; Ms. Lisa Montgomery, EVP for Finance & Operations; Dr. Patrick Cawley, CEO, MUSC Health & VP for Health Affairs; Dr. Raymond DuBois, Dean, College of Medicine; Ms. Annette Drachman, General Counsel; and, Ms. Linda Cox, Interim VP for Development and Alumni Affairs.

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

There being a quorum present, Chairman Johnson called the meeting to order. Ms. Jane Scutt, called the roll and announced, *“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.**

Ms. Scutt reported the date of the next regularly scheduled meeting is Friday, October 12, 2018.

**Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority Board of Trustees of May 18, 2018, and the Special Called Meeting of the MUHA/MUSC Board of Trustees of July 10, 2018.**

Board Action: Dr. Johnson called for a motion for the approval of the minutes. A motion was made by Mr. Schulze; the motion was seconded, voted on and unanimously carried.

**Item 4. Election of Chairman and Vice Chairman of the Board of Trustees of the Medical University Hospital Authority.**

Statement: Chairman Don Johnson made the following statement: “In accordance with the Board of Trustees Bylaws, the chair and vice-chair of the Medical University of South Carolina (MUSC) Board of Trustees shall also serve as the chair and vice-chair of the Authority Board of Trustees. The vote about to take place will be for the chair and vice-chair positions of both the MUSC Board of Trustees and the Authority Board of Trustees.”  
Dr. Johnson then read an excerpt from the MUSC Bylaws, revised April 2017, Section III. Officers of the Board of Trustees.

Board Action: Dr. Johnson moved for a roll call vote be taken for the election of the Chairman and Vice Chairman. The motion was seconded by Mr. Battle, voted on and unanimously carried.

Following the motion, a roll call vote was conducted and Mr. Mark Sweatman, Board Secretary, tallied the votes and reported the results to Chairman Johnson. Mr. Sweatman announced that Mr. Charles Schulze was elected Chair by unanimous vote of the board members who were present and voted. Mr. Bingham abstained from the vote.

The vote for Vice Chairman was conducted in the same manner and Mark Sweatman announced that Dr. James Lemon was elected by unanimous vote of the board members who were present and voted. Mr. Bingham abstained from the vote.

Board Action: Mr. Charles Schulze was elected Chairman and Dr. James Lemon was elected Vice Chairman.

## **RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT**

**OLD BUSINESS:** None.

**NEW BUSINESS:**

### **Item 5. General Informational Report of the President.**

Statement: Dr. Cole called on Dr. Cawley to introduce Dr. Thomas DiSalvo who is the Director of MUSC's Division of Cardiology. Dr. DiSalvo gave update on the MUSC's heart transplant program, the only one in South Carolina, noting that during the past two years, the division has rebuilt its team to provide patients with nationally competitive outcomes after heart transplantation.

Dr. DiSalvo reported that the heart transplant program was recertified in March by CMS with zero deficiencies identified. He commented that this is quite rare and is a testament to the hard work that went into getting this program back on its feet.

Di Salvo said that heart failure prognosis remains poor in South Carolina and is worse than other cancers combined, excluding lung cancer. South Carolina is last in the number of patients per capita who are listed and awaiting (heart) transplantation. Information has not been spread sufficiently across the state that patients with advanced heart failure need to be referred when they are in the early stages before they get too sick to be considered for transplant. Dr. DiSalvo stated that MUSC's results are slightly better than 90 percent survival after one year. Twenty-two heart transplants have been performed since 2017.

As part of his presentation, Dr. DiSalvo introduced one of the program's most recent heart transplant patients, Mr. James Dewees. Mr. Dewees received a heart transplant in June 2018 after spending 65 days in MUSC's intensive care unit. Mr. Dewees had

congestive heart failure for several years. Mr. and Mrs. Dewees shared with the Board their journey from his living in the hospital for sixty-five days to how he was walking out of the hospital ten days after his heart transplant. Mr. and Mrs. Dewees thanked Dr. DiSalvo and the team of doctors, nurses and others who cared for him. The Board applauded Mr. and Mrs. Dewees and thanked them for sharing their story. The Board and Dr. Cole also thanked Dr. DiSalvo for outstanding leadership and work in getting the heart transplant program back on-line. Dr. Cole stated that this concluded his report.

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

Board Action: Received as information.

**Item 6. Other Business.**

None.

**OPERATIONS, QUALITY & FINANCE COMMITTEE. CHAIR: DR. MURRELL SMITH, SR. (Committee minutes attached.)**

**OLD BUSINESS:** None.

**NEW BUSINESS:**

**Item 7. MUHA Medical Center Status Report.**

Statement: Dr. Smith stated that Dr. Pat Cawley, CEO, MUSC Health, presented the MUHA status 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 8. Medical University Hospital Authority (MUHA) Financial Report**

Statement: Dr. Smith stated that Ms. Lisa Goodlett, MUHA Chief Financial Officer, presented to committee MUHA's financial status report through June 30, 2018.

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 9. Fiscal Year 2019 Budget for Medical University Hospital Authority (MUHA).**

Statement: Dr. Smith requested approval of the MUHA FY 2019 budget.

Recommendation of Administration: That the FY2019 budget for MUHA be approved.

Recommendation of Committee: That the FY2019 budget for MUHA be approved.

Board Action: Mr. Schulze moved for approval, the motion was seconded and unanimously voted to approve the FY2019 MUHA budget.

**Item 10.**      **Report on Quality and Patient Safety.**

Statement: Dr. Smith stated that Dr. Danielle Scheurer presented the quality and patient safety 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 11.**      **Update on MUSC Physicians.**

Statement: Dr. Smith requested approval for the purchase of two anesthesia machines for the Department of Oral and Maxillofacial Surgery at a cost of \$62,891.

Recommendation of Administration: That the purchase be approved.

Recommendation of Committee: That the purchase be approved.

Board Action: Dr. Smith moved for approval, the motion was seconded and unanimously voted to approve the purchase of two anesthesia machines for the Department of Oral and Maxillofacial Surgery at cost of \$62,891.

**Item 12.**      **Legislative Update.**

Statement: Dr. Smith stated that Mark Sweatman gave an update to the committee on legislative activities.

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 13.**      **Other Committee Business.**

None.

**Item 14.**      **Letter of Support for American College of Surgeons (ACS) Children’s Surgery Verification (Consent Item).**

Statement: Approval was requested for a Board of Trustees letter of support for the American College of Surgeons (ACS) Children’s Surgery Verification.

Recommendation of Administration: That this letter of support be approved.

Recommendation of Committee: That this letter of support be approved.

Board Action: Dr. Smith moved for approval of the request for a Board of Trustees letter of support for the ACS Children’s Surgery Verification. The motion was seconded, voted on and unanimously carried.

**Item 15.**      **Rutledge Tower Operating Rooms (ORs) Risk Assessment (Consent Item).**

Statement: A risk assessment, conducted of the Rutledge Tower ORs to ensure the electrical system is appropriate for the amount of liquids in the room, was presented for approval.

Recommendation of Administration: That the risk assessment be approved.

Recommendation of Committee: That the risk assessment be approved.

Board Action: Dr. Smith moved for approval of the risk assessment. The motion was seconded, voted on and unanimously carried.

**Item 16.**      **Special Healthcare Alternative Retirement Plan (SHARP) Resolution (Consent Item).**

Statement: Approval of a resolution to reflect a change in trustees of the Special Healthcare Alternative Retirement Plan (SHARP) was requested.

Recommendation of Administration: That the resolution be approved.

Recommendation of Committee: That the resolution be approved.

Board Action: Dr. Smith moved for approval of the SHARP resolution. The motion was seconded, voted on and unanimously carried.

**Item 17.**      **Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges (Consent Item).**

Statement: Medical staff appointments, reappointments and delineation of privileges for April, May and June, 2018 were presented for approval.

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

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

Board Action: Dr. Smith made a motion for approval of the medical staff appointments, reappointments and delineation of privileges. The motion was seconded, voted on and unanimously carried.

**Item 18.      Medical Executive Committee (MEC) Minutes (Consent Item).**

Statement: MEC minutes for April and May 2018 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.

**Item 19.      Contracts and Agreements (Consent Item).**

Statement: Contracts and agreements 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. CHAIR: MR. WILLIAM H. BINGHAM, SR. (Committee minutes attached.)**

**OLD BUSINESS:** None

**NEW BUSINESS:**

**Item 20.      Children’s Health and Ambulatory Projects Status Report.**

Statement: Mr. Bingham reported that Matt Wain presented the Children’s Health and Ambulatory Projects Status Report.

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

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

Board Action: Report received as information.

**Item 21.      MUHA Facilities Procurements/Contracts for Approval.**

Statement: Mr. Bingham requested approval of the following:

- Lease renewal for 9,000 square feet of space located at 1001-B Michigan Avenue in North Charleston to provide space for the Psychiatry Day Treatment Program for an additional two years. Total cost of two-year lease term is \$180,000.00.

Recommendation of Administration: That this lease renewal be approved.

Recommendation of Committee: That this lease renewal be approved.

Board Action: Mr. Bingham made a motion for approval of the lease renewal. The motion was seconded, voted on and unanimously carried.

**Item 22.      Other Committee Business.**

None.

**Item 23.      Facilities Contracts Awarded (Consent Item).**

Statement: 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 the report be received as information.

Board Action: Received as information.

**CHILDREN'S HOSPITAL COMMITTEE. CHAIR: MR. MICHAEL STAVRINAKIS (Committee minutes attached.)**

**OLD BUSINESS:** None.

**NEW BUSINESS:**

**Item 24.      Children's and Women's Clinical Overview.**

Statement: Dr. Castles reported that Dr. Millicent Peterseim, Associate Professor, gave a presentation on pediatric ophthalmology and adult strabismus.

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 25.        Shawn Jenkins Development Activity Report.**

Statement: Dr. Castles stated that Ms. Cox gave an update on the Children’s Hospital Building Campaign and naming opportunities.

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 26.        Other Committee Business.**

None.

**AUDIT COMMITTEE. CHAIR: THOMAS L. STEPHENSON, ESQ. (Committee minutes attached.)**

**OLD BUSINESS:** None

**NEW BUSINESS:**

**Item 27.        Report of the Office of Internal Audit.**

Statement: Mr. Stephenson reported that the results of the audits were mailed to board members.

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 28.        Management Development and Compensation Subcommittee.**

Statement: Mr. Stephenson reported that this item was discussed in executive session.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**Item 29.        Other Committee Business.**

None.

**OTHER BUSINESS FOR THE BOARD OF TRUSTEES**

**Item 30.      Approval of Consent Agenda.**

Statement: Approval of the consent agenda was requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action: Mr. Schulze moved for approval of the consent agenda. The motion was seconded, voted on and unanimously carried.

**Item 31.      Executive Session.**

Statement: A motion was made by Mr. Jim Battle to move into closed session to discuss the following items pursuant to sections 30-4-70(a) of the South Carolina Code for the following:

- Discussion of employment, appointment or compensation of an employee, a student, or a person regulated by a public body or the appointment of a person to a public body, including negotiation of related contracts;
- Contract negotiations related to the expansion of services;
- Receipt of legal advice related to potential claims by or against MUSC; and
- Discussion of the development of information security personnel and processes.

Board Action: The motion made by Mr. Battle was seconded, voted on and unanimously carried. Dr. Johnson stated that the board would move into closed session immediately following the end of the committee meetings.

**Item 32.      New Business for the Board of Trustees.**

None.

**Item 33.      Report from the Chairman.**

None.

There being no further business, the meeting of the MUHA Board of Trustees was adjourned.

Respectfully submitted,



Mark C. Sweatman, Secretary

**Hospital Operations, Finance and Quality Committee**  
**Minutes**  
**August 9, 2018**

***Board Members Attending:***

Dr. Murrell Smith, Chair  
Ms. Terri Barnes  
Mr. Jim Battle  
Mr. William Bingham  
Dr. Melvin Brown  
Dr. Richard Christian  
Dr. Guy Castles

Dr. Paul Davis  
Dr. Donald Johnson  
Ms. Barbara Johnson-Williams  
Dr. James Lemon  
Mr. Charles Schulze  
Mr. Tom Stephenson  
Dr. Charles Thomas

**Item 7. Medical University Hospital Authority Status Report.**

Dr. Patrick J. Cawley gave a report focused on an update on the performance year to date on the 2018 goals. Overall performance is 2.86. Service, Finance, Growth pillars are in the “yellow” meaning not quite achieving the FY18 goals. People, Quality, and Innovation pillars are all achieving goals. All areas in the “yellow” and “red” have good operational plans behind them. The FY19 goals were also presented. The Finance and Growth pillars will be more heavily weighted with 25% apiece. There was some discussion about how goals are set and there was assurance that there is a robust metric driven process underneath.

*Recommendation of Committee: Report received as information.*

**Item 8. Medical University Hospital Authority (MUHA) Financial and Statistical Report.**

Ms. Lisa Goodlett, CFO, gave an update on MUHA’s financial status through June 2018. Ms. Goodlett reported that both gross and net patient revenue were up over last year. Overall revenue cycle remain very strong and Days in A/R have stayed consistent. Ms. Goodlett discussed the main drivers that negatively impacted the operating margin; however, she reported that MUHA has remained well above the HUD threshold for compliance.

*Recommendation of Committee: Report received as information.*

**Item 9. Fiscal Year 2019 Budget for the Medical University Hospital Authority (MUHA).**

Ms. Lisa Goodlett requested approval of the Fiscal Year 2019 Budget for the Medical University Hospital Authority.

*Recommendation of Committee: Recommend approval.*

**Item 10. Report on Quality and Patient Safety.**

Dr. Danielle Scheurer reported on quality wins including Joint Commission Chest Pain and Bariatric Program re-certifications; June 2018 Baldrige site visit; and, Joint Commission preparations. She shared the US News & World Report Pediatric rankings from June and

also announced that adult specialties had 5 rankings and 6 high performing and more information will be shared at the October meeting. Dr. Scheurer also gave an update on quality performance year-to-date and feedback received from the June 2018 Baldrige site visit.

*Recommendation of Committee: Report received as information.*

**Item 11. Update on MUSC Physicians and Approval of Capital Equipment Purchase.**

Dr. Dirk Elston gave an update on MUSC Physicians and requested approval for the purchase of two anesthesia machines for the Department of Oral and Maxillofacial Surgery at a cost of \$62,891.

*Recommendation of Committee: Recommend approval.*

**Item 12. Legislative Update.**

Mr. Mark Sweatman gave an update on legislative activities.

*Recommendation of Committee: Report received as information.*

**Item 13. Other Committee Business.**

None.

**CONSENT AGENDA ITEMS**

**Item 14. Letter of Support for American College of Surgeons (ACS) Children's Surgery Verification.**

Approval of a Board of Trustees letter of support for the ACS Children's Surgery Verification was requested.

*Recommendation of Committee: Recommend approval.*

**Item 15. Rutledge Tower Operating Rooms (ORs) Risk Assessment.**

Approval of the risk assessment conducted of the Rutledge Tower ORs was requested.

*Recommendation of Committee: Recommend approval.*

**Item 16. Special Healthcare Alternative Retirement Plan (SHARP) Resolution.**

Approval of the resolution to reflect a change in trustees in the Special Healthcare Alternative Retirement Plan SHARP plan was requested.

*Recommendation of Committee: Recommend approval.*

**Item 17. Appointments, Reappointments and Delineation of Privileges**

The appointments, reappointments and delineation of privileges requests for the months of April, May and June 2018 were presented for approval.

*Recommendation of Committee: Recommend approval.*

**Item 18. Medical Executive Committee Minutes.**

Medical Executive Committee minutes from April and May 2018 were presented for information.

*Recommendation of Committee: Received as information.*

**Item 19. Contracts and Agreements.**

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

*Recommendation of Committee: Received as information.*

There being no further business, the committee adjourned.

Respectfully Submitted

A handwritten signature in cursive script that reads "Jane L. Scutt".

Jane L Scutt

**MUHA Physical Facilities Committee  
Minutes  
August 9, 2018**

***Board Members in attendance:***

Mr. Bill Bingham, Chair  
Ms. Terri Barnes  
Mr. Jim Battle  
Dr. Melvin Brown  
Dr. Richard Christian  
Dr. Guy Castles  
Dr. Paul Davis

Dr. Donald Johnson  
Ms. Barbara Johnson-Williams  
Dr. James Lemon  
Dr. Murrell Smith  
Mr. Charles Schulze  
Mr. Tom Stephenson  
Dr. Charles Thomas

The meeting was called to order by Mr. Bingham, Committee Chair.

**REGULAR AGENDA**

**Item 20. Children's Health and Ambulatory Projects Status Report.**

Mr. Matt Wain, Chief Operating Officer, presented a status report on the following major projects:

- MUSC Shawn Jenkins Children's Hospital and Women's Pavilion
- Children's Ambulatory Campus
- MUSC Health West Campus
- Consolidated Service Center

*Recommendation of Committee: Report received as information.*

**Item 21. Facilities Procurements/Contracts for Approval.**

Mr. Greg Weigle, Chief Facilities Officer, presented the following for approval:

- Lease renewal for 9,000 square feet of space located at 1001-B Michigan Avenue in North Charleston to provide space for the Psychiatry Day Treatment Program for an additional two years. Total cost of two-year lease term is \$180,000.00.

*Recommendation of Committee: Recommend approval.*

**Item 22. Other Committee Business.**

None.

**CONSENT AGENDA**

**Item 23. Facilities Contracts Awarded.**

Facilities contracts awarded since the last board meeting were presented.

*Recommendation of Committee: Received as information.*

There being no other business, the meeting was adjourned.

*Jan L. Scott*



**Children's Surgery Verification  
August 2018**

**Board of Trustees**

Colcock Hall  
179 Ashley Avenue  
MSC 001  
Charleston SC 29425-0010

Donald R. Johnson II, MD  
*Chairman*

William H. Bingham, Sr., PE  
*Vice Chairman*

Terri R. Barnes, BS

The Honorable James A. Battle, MBA

William Melvin Brown III, MD

Richard M. Christian, Jr., MD

Paul T. Davis, DMD

Barbara Johnson-Williams, MEd, EdS

James Lemon, DMD

Charles W. Schulze, CPA

G. Murrell Smith, Sr., MD

Michael E. Stavrinakis, BS

Thomas L. Stephenson, JD

Charles B. Thomas, Jr., MD

Governor Henry McMaster  
*Ex-Officio*

William A. Baker, Jr., BS, MBA  
*At-Large*

C. Guy Castles III, MD  
*Designee*

Margaret M. Addison, MEd

Stanley C. Baker, Jr., MD

Cotesworth P. Fishburne, Jr., DDS

Thomas C. Rowland, Jr., MD

Allan E. Stalvey, MBA

James E. Wiseman, Jr., DMD

*Emeritus*

Mark C. Sweatman, MPA  
*Secretary*

WHEREAS, given the mission of MUSC Children's Health, our broad geographic service area, and the population's need for high quality, accessible children's surgical coverage, the Board of Trustees of the Medical University of South Carolina continues to support the Children's Surgery Program at MUSC Children's Health and endorses its commitment to becoming an American College of Surgeons verified Children's Surgery Center.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees of the Medical University of South Carolina acknowledges the commitment of resources required to maintain these essential services and the hospital's effort thereby to improve the health of the population in our community and region. As part of this commitment, the University has allocated resources, services and personnel required to obtain and maintain designation as a Level I Children's Surgery Center.

The Medical University of South Carolina Board of Trustees adopted the foregoing resolution on August 10, 2018.

Donald R. Johnson II, M.D., Chairman

Mark C. Sweatman, Secretary

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

**ACCEPTING THE RESIGNATION OF TRUSTEES AND APPOINTING REPLACEMENT  
TRUSTEES FOR THE AUTHORITY'S SPECIAL HEALTHCARE ALTERNATIVE  
RETIREMENT PLAN**

I, Mark Sweatman, duly elected and acting Secretary of the Board of Trustees of the Medical University Hospital Authority, do hereby certify that the following resolutions were approved at a duly called and noticed meeting of the Board of Trustees of MUHA on August 10, 2018, at which a quorum was present and acting throughout and that such resolutions have not been rescinded or modified since the date of their adoption and remain in full force and effect:

**WHEREAS**, on June 3, 1999, the South Carolina General Assembly passed legislation now codified as Section 59-123-60, Code of Laws of South Carolina, 1976, as amended, that established the Medical University Hospital Authority (the "Authority") as the governing body of the Medical University of South Carolina Medical Center;

**WHEREAS**, the Authority established the Special Healthcare Alternative Retirement Plan ("SHARP") as reflected in that certain Trust Agreement Under the Special Healthcare Alternative Retirement Plan dated effective as of July 1, 2002 (the "SHARP Trust Agreement");

**WHEREAS**, the Authority has received letters of resignation from two of the three currently serving Trustees of the SHARP;

**WHEREAS**, the Authority desires to accept such resignations and provide for the appointment of replacement Trustees for the SHARP as provided for in the Trust Agreement;

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY IN MEETING DULY ASSEMBLED:**

Section 1. It is hereby declared that the facts set forth in the preambles to this Resolution are in all respects true and correct.

Section 2. It is hereby declared that the Authority hereby accepts the resignations of two of the three currently serving Trustees of SHARP: Lisa P. Montgomery and C. Betts Ellis. The Authority affirms Helena Bastian will continue to serve as Trustee as two replacements are appointed.

Section 3. The Authority hereby appoints the following to serve as Trustees of SHARP pursuant to the terms and conditions of the Trust Agreement to which each such Trustee shall have joined and agreed to in writing: Qualenta Forrest and Lisa Goodlett.

Dated this 10<sup>th</sup> day of August, 2018.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**



By: Mark C. Sweatman  
Its: Secretary

## NFPA 99 (2012 edition) Operating Room Wet/Dry Risk Assessment

### Committee Membership

Director of Facilities Management  
Safety Officer  
Patient Safety Officer  
Peri-Operative Nurse Manager  
Quality  
Chief Nursing Officer

Clinical Engineering  
Risk Management  
Director of Surgical Services  
Anesthesiologist  
Director of Environmental Services  
Chief Executive Officer

### NFPA 99-2012 OPERATING ROOM RISK ASSESSMENT

**Scope of the assessment:** The scope of the assessment is to evaluate the operating rooms (OR) as wet procedure locations or dry locations by establishing the risk associated with an electrical shock to the patient and staff. The assessment includes evaluating the likelihood that drenching or pooling of conductive liquid occurs in a location intimate to the patient or staff. Existing ORs equipped with isolated electrical power systems are not included in this risk assessment.

**Operating room (OR) system description:** ORs are designated for specific procedures, but the utilization policy and programs allow for almost any patient procedure to be conducted in any of the ORs. The exceptions to the utilization program are Cysto, Cardio and OB-ORs.

**Hazard identification:** For the purpose of this assessment, the hazard in question is electrical shock to patients and staff in ORs during invasive procedures caused by fluids on the floor or drenching of the work area. Examples of liquids associated with the OR environment are blood, urine, IV liquids, vomitus, medications, and irrigation fluids.

**Mitigation:** In order to reduce OR staff injuries from slips and falls, successful methods of liquid collection have been developed to prevent liquids from drenching the patient procedure table and reaching the floor.

Existing mitigation methods include special draping to guide liquids to the collection point, table catches, vacuum systems and liquid waste management systems connected directly to the OR table and to sanitary sewer drain lines to prevent over-filling and spills.

#### **Risk numerical probability:**

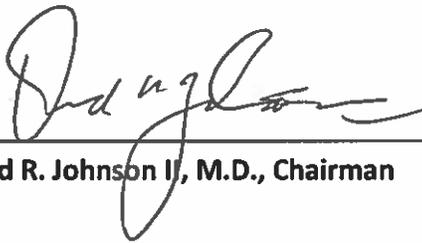
Numerical probabilities of risk below were assigned by each hospital risk assessment team to each OR based on incident history, operational procedures, observation of OR conditions, equipment safety checklists and equipment-device maintenance programs.

1. No risk
2. Low risk
3. Moderate risk
4. High risk

A total score of 24 or less indicates the OR is a not a wet procedure location and represents an acceptable level of risk. A total score of 25 or more for each individual room represents an unacceptable level of risk and meets the NFPA 99-2012 definition of a wet procedure location requiring mitigation:

3.3.184 Wet Procedure Locations: The area in a patient care room where a procedure is performed that is normally subject to wet conditions while patients are present, including standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff.

**Approved by the MUSC/MUHA Board of Trustees on August 10, 2018.**



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**Donald R. Johnson II, M.D., Chairman**

**References:**

2010 National Fire Protection Association Evaluation of Health Care Operating Rooms as Wet/Dry Locations, Prepared by: Exponent, Inc. for The Fire Protection Research Foundation; Oct. 2010

2012 National Fire Protection Association Operating Rooms as Wet/Dry Locations Risk Assessment Project, Prepared by: Exponent, Inc., Prepared by: Exponent, Inc. for The Fire Protection Research Foundation; Aug. 2012

American Society of Healthcare Engineers NFPA 99: How to Conduct Operating Room Risk Assessments, Feb. 2012

National Fire Protection Association (NFPA) 99: Health Care Facilities Code 2012 edition

**Shawn Jenkins Children's Hospital Committee Minutes  
August, 9, 2018**

***Board Members in attendance:***

Dr. Guy Castles, Acting Chair	Ms. Barbara Johnson-Williams
Ms. Terri Barnes	Dr. Donald Johnson
Mr. Jim Battle	Dr. James Lemon
Mr. William Bingham	Mr. Charles Schulze
Dr. Melvin Brown	Dr. Murrell Smith
Dr. Richard Christian	Mr. Tom Stephenson
Dr. Paul Davis	Dr. Charles Thomas

The meeting was called to order by Dr. Castles who chaired the meeting on behalf of Mr. Stavrinakis.

**Item 24. Children's and Women's Clinical Overview**

Dr. Millicent Peterseim, Associate Professor, gave a presentation on pediatric ophthalmology and adult strabismus. Dr. Peterseim gave an overview of the department's team structure and the services provided to both children and adults. She shared statistics on the department's clinical growth and the pediatric geographic distribution across the state. She highlighted some of the recognition and academic work of the department including honors and national leaderships; education; outreach and grants. Future plans include additional faculty; a new optical shop and space in the new Children's Hospital and the Ambulatory Campus.

*Recommendation of Committee: Report received as information.*

**Item 25. Shawn Jenkins Children's Hospital Development Activity Report**

Ms. Linda Cox, Interim Vice President for Development and Alumni Affairs, reported that that as of August 3<sup>rd</sup>, approximately \$132 million has been raised for the Children's Hospital Building Campaign. Ms. Cox also gave an update on naming opportunities for the Children's Hospital.

*Recommendation of Committee: Report received as information.*

**Item 26. Other Committee Business**

None.

With no further business, the meeting was adjourned.

Respectfully submitted,



Jane L. Scutt

**Medical University Hospital Authority**  
**Audit Committee Minutes**  
**August 9, 2018**

**Board Members Attending:**

Mr. Tom Stephenson, Chair  
Ms. Terri Barnes  
Mr. Jim Battle  
Mr. William Bingham  
Dr. Melvin Brown  
Dr. Richard Christian  
Dr. Guy Castles

Dr. Paul Davis  
Dr. Donald Johnson  
Ms. Barbara Johnson-Williams  
Dr. James Lemon  
Mr. Charles Schulze  
Dr. Murrell Smith  
Dr. Charles Thomas

Mr. Tom Stephenson, Chair, called the meeting to order.

**REGULAR AGENDA**

**Item 27. Report of the Office of Internal Audit.**

Ms. Susan Barnhart stated that audit results were previously sent to the board and if there were questions, she would be happy to address them. Ms. Barnhart also gave an overview of the Internal Audit department and gave examples of the various types of audits conducted by the department.

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

**Item 28. Management Development and Compensation Subcommittee.**

Mr. Stephenson reported that this item was discussed in executive session.

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

**Item 29. Other Committee Business.**

None.

With no further business, the meeting was adjourned.

Respectfully submitted,

