



AGENDA
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES
AND
UNIVERSITY BOARD OF TRUSTEES

February 8, 2019

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA)

REGULAR AGENDA

Board of Trustees Meeting
February 8, 2019
101 Colcock Hall

Members of the Board of Trustees

Mr. Charles W. Schulze, Chairman
Dr. James Lemon, Vice-Chairman
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle, Jr.
Mr. William H. Bingham, Sr.
Dr. W. Melvin Brown III
Dr. C. Guy Castles III

Dr. Richard M. Christian, Jr.
Dr. Paul T. Davis II
Dr. Donald R. Johnson II
Ms. Barbara Johnson-Williams
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Stanley C. Baker, Jr.
Dr. Cotesworth P. Fishburne, Jr.
Dr. Thomas C. Rowland, Jr.

Mr. Allan E. Stalvey
Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.

- Item 1. Call to Order.
- Item 2. Roll Call for the MUHA and MUSC Board of Trustees.
- Item 3. Secretary to Report Date of Next Meeting of the MUHA and MUSC Board of Trustees.

Regular Meeting: April 12, 2019.
- Item 4. Approval of the Minutes of the Regular Meeting of the MUHA and MUSC Board of Trustees of December 14, 2018.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS FROM THE OFFICE OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

**MUHA Board of Trustees Regular Agenda
February 8, 2019**

Item 5. Informational Report from the Office of the President.

Statement: An informational report from the Office of the President will be presented.

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

Board Action:

Item 6. Other Business.

AUTHORITY OPERATIONS, QUALITY & FINANCE COMMITTEE. CHAIR: DR. G. MURRELL SMITH, SR.

OLD BUSINESS:

NEW BUSINESS:

Item 7. Medical University Hospital Authority (MUHA) Status Report.

Statement: Dr. Patrick Cawley, CEO, MUSC Health, will present the MUHA status report.

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

Recommendation of Committee:

Board Action:

Item 7.1 Certificate of Need for Twenty-Nine Beds.

Statement: Dr. Patrick Cawley will request approval for MUHA to seek a Certificate of Need for twenty-nine beds.

Recommendation of Administration: That this request be approved.

Recommendation of Committee:

Board Action:

Item 8. MUHA Financial Report.

Statement: Ms. Lisa Goodlett, Chief Financial Officer, will present the financial report.

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

Recommendation of Committee:

Board Action:

Item 9. Increase to Capital Budget.

Statement: Ms. Lisa Goodlett will present a request to increase the MUHA capital budget.

Recommendation of Administration: That this increase be approved.

**MUHA Board of Trustees Regular Agenda
February 8, 2019**

Recommendation of Committee:

Board Action:

Item 10. Quality and Patient Safety Report.

Statement: Dr. Danielle Scheurer will present the quality and patient safety report.

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

Recommendation of Committee:

Board Action:

Item 11. Update on MUSC Physicians.

Statement: Dr. Dirk Elston, President, MUSC Physicians, will give an update.

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

Recommendation of Committee:

Board Action:

Item 12. MUSC Health Virtual Urgent Care.

Statement: Dr. Edward O'Bryan, Emergency Medicine Telemedicine Director, will give a presentation on MUSC Health Virtual Urgent Care.

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

Recommendation of Committee:

Board Action:

Item 13. Legislative Update.

Statement: Mr. Mark Sweatman will give an update on legislative activities.

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

Recommendation of Committee:

Board Action:

Item 14. Resolution Authorizing MUHA to Petition the State Fiscal Accountability Authority (SFAA)
for Approval of Revenue Anticipation Notes.

Statement: Ms. Lisa Goodlett will present a proposed resolution authorizing MUHA to seek approval from SFAA and to request delegation to the Treasurer's Office for oversight of RANs as approved by the MUHA Board of Trustees on December 14, 2018.

Recommendation of Administration: That this resolution be approved.

**MUHA Board of Trustees Regular Agenda
February 8, 2019**

Recommendation of Committee:

Board Action:

Item 14.1 Other Committee Business.

CONSENT AGENDA ITEM FOR APPROVAL:

Item 15. Appointments, Reappointments and Delineation of Privileges.

Item 16. Revisions to the Medical Staff Bylaws.

Item 17. Revisions to the Medical Staff Rules and Regulations.

Item 18. Revisions to the Medical Staff Credentialing Policy and Procedure Manual.

CONSENT AGENDA ITEMS FOR INFORMATION:

Item 19. Medical Executive Committee Minutes.

Item 20. Contracts and Agreements.

MUHA AND MUSC PHYSICAL FACILITIES COMMITTEE. CHAIR: MR. WILLIAM H. BINGHAM, SR.

OLD BUSINESS:

NEW BUSINESS:

Item 21. Major Projects Status Report.

Statement: Mr. Matt Wain will present a status report on major projects.

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

Recommendation of Committee:

Board Action:

Item 22. MUHA Facilities Procurement/Contract Proposed.

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

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

Recommendation of Committee:

Board Action:

**MUHA Board of Trustees Regular Agenda
February 8, 2019**

Item 23. MUSC Facilities Procurements/Contracts Proposed.

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

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

Recommendation of Committee:

Board Action:

Item 24. Other Committee Business.

CONSENT AGENDA FOR INFORMATION

Item 25. MUHA FY2019 Active Projects >\$250,000.

Item 26. MUSC FY2019 Active Projects >\$250,000.

Item 27. MUSC Facilities Contracts Awarded.

MUSC SHAWN JENKINS CHILDREN’S HOSPITAL COMMITTEE. CHAIR: MR. MICHAEL E. STAVRINAKIS

OLD BUSINESS:

NEW BUSINESS:

Item 28. Women and Children’s Health Clinical Overview.

Statement: Dr. Rob Cina, Associate Professor, Department of Surgery, will give the Children’s Health Clinical Overview.

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

Recommendation of Committee:

Board Action:

Item 29. Shawn Jenkins Children’s Hospital Development Activity Report.

Statement: Ms. Linda Cox, Interim Vice President for Development and Alumni Affairs, will report on development activities for the MUSC Shawn Jenkins Children’s Hospital.

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

Recommendation of Committee:

Board Action:

**MUHA Board of Trustees Regular Agenda
February 8, 2019**

Item 30. Other Committee Business.

MUHA AND MUSC AUDIT COMMITTEE. CHAIR: THOMAS L. STEPHENSON, ESQ.

OLD BUSINESS:

NEW BUSINESS:

Item 31. Report of the Office of Internal Audit.

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

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

Recommendation of Committee:

Board Action:

Item 32. Strategic Risk Management Update.

Statement: Ms. Reece Smith will provide an update on strategic risk management activities.

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

Recommendation of Committee:

Board Action:

Item 32.1 Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 33. Approval of Consent Agenda.

Statement: Approval of the consent agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

Item 34. Executive Session.

Statement: Upon proper motion and vote, the Board may convene a closed session pursuant to SC Code Ann. §30-4-70. Although the Board will not vote on any items discussed in closed session, the Board may return to public session to vote on items discussed.

Board Action:

Item 35. New Business for the Board of Trustees.

Item 36. Report from the Chairman.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Interim Financial Statements
December 31, 2018

| | |
|---|----------|
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Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statements of Net Position
December 31, 2018 and June 30, 2018

| Assets and Deferred Outflows | At 12/31/2018 | FYE 06/30/2018 (audited) |
|--|------------------------------------|-------------------------------------|
| Current Assets: | | |
| Cash and Cash Equivalents | \$ 290,844,415 | \$ 266,216,768 |
| Cash Restricted for Capital Projects and Major Programs | 6,506,474 | 9,210,000 |
| Investments Restricted for Capital Projects and Major Programs | 57,977,385 | 29,761,740 |
| Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$79,300,000 and \$71,700,000 | 227,968,095 | 224,788,917 |
| Due from Third-Party Payors | 13,540,416 | 7,276,674 |
| Due from Joint Ventures and Partnerships | 1,471,075 | 2,890,408 |
| Other Current Assets | <u>78,778,666</u> | <u>60,200,350</u> |
| Total Current Assets | 677,086,526 | 600,344,857 |
| Investments Held by Trustees Under Indenture Agreements | 53,443,773 | 52,061,361 |
| Investments in Joint Ventures and Partnerships | 975,732 | 898,339 |
| Due from Joint Ventures and Partnerships - Restricted | 6,657,750 | 6,657,750 |
| Capital Assets, Net | <u>688,332,616</u> | <u>661,160,648</u> |
| Total Assets | 1,426,496,397 | 1,321,122,955 |
| Deferred Outflows | <u>177,518,516</u> | <u>179,468,419</u> |
| Total Assets and Deferred Outflows | <u>\$ 1,604,014,913</u> | <u>\$ 1,500,591,374</u> |
| Liabilities, Deferred Inflows and Net Position | | |
| Current Liabilities: | | |
| Current Installments of Long-Term Debt | \$ 18,474,746 | \$ 17,596,572 |
| Current Installments of Capital Lease Obligations | 3,308,983 | 4,395,495 |
| Current Installments of Notes Payable | 1,865,157 | 1,833,678 |
| Due to Related Parties | 15,207,230 | 5,870,539 |
| Accounts Payable | 60,313,866 | 85,258,903 |
| Accrued Payroll, Withholdings and Benefits | 78,434,276 | 71,273,776 |
| Other Accrued Expenses | 12,681,684 | 11,957,427 |
| Unearned Revenue | <u>2,535,516</u> | <u>541,655</u> |
| Total Current Liabilities | 192,821,458 | 198,728,045 |
| Long-Term Debt | 530,189,268 | 452,524,300 |
| Capital Lease Obligations | 6,996,095 | 8,667,171 |
| Notes Payable | 4,976,238 | 6,131,439 |
| Net Pension Liability | 810,703,447 | 786,017,635 |
| Net OPEB Liability | 644,098,965 | 641,598,965 |
| Other Liabilities | <u>9,656,070</u> | <u>9,656,070</u> |
| Total Liabilities | 2,199,441,541 | 2,103,323,625 |
| Deferred Inflows | <u>62,050,391</u> | <u>62,050,391</u> |
| Total Liabilities and Deferred Inflows | <u>\$ 2,261,491,932</u> | <u>\$ 2,165,374,016</u> |
| Net Position: | | |
| Net Investment in Capital Assets Restricted | 135,758,650 | 185,198,417 |
| Under Indenture Agreements | 53,443,773 | 52,061,361 |
| Expendable for: | | |
| Capital Projects | 15,103,528 | 14,215,678 |
| Major Programs | 30,529,160 | 31,404,892 |
| UnRestricted (deficit) | <u>(892,312,130)</u> | <u>(947,662,990)</u> |
| Total Net Position | <u>(657,477,019)</u> | <u>(664,782,642)</u> |
| Total Liabilities, Deferred Inflows and Net Position | <u>\$ 1,604,014,913</u> | <u>\$ 1,500,591,374</u> |

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Statements of Revenues, Expenses and Changes in Net Position
For the 6 Month Periods Ending December 31, 2018 and 2017

| | 2018 | 2017 (audited) |
|--|----------------|---------------------------|
| Operating Revenues: | | |
| Net Patient Service Revenues | \$ 747,593,123 | \$ 706,341,655 |
| Other Revenues | 26,478,664 | 17,063,044 |
| Total Operating Revenues | 774,071,787 | 723,404,699 |
| Operating Expenses: | | |
| Compensation and Employee Benefits | 315,449,463 | 300,341,309 |
| Pension Benefits - A | 24,685,812 | 18,515,268 |
| Other PostEmployment Benefits - B | 2,500,000 | - |
| Services and Supplies | 391,192,383 | 355,839,116 |
| Depreciation and Amortization | 31,772,047 | 32,762,368 |
| Total Operating Expenses | 765,599,705 | 707,458,061 |
| Operating Income (Loss) | 8,472,082 | 15,946,638 |
| NonOperating Revenues (Expenses): | | |
| State Appropriations - C | 10,000,000 | 11,000,000 |
| Gifts and Grants - D | 2,119,030 | 3,100,000 |
| Investment Income | 1,815,264 | 760,347 |
| Interest Expense | (7,433,526) | (7,555,013) |
| Loss on Disposal of Capital Assets | (403,478) | (155,930) |
| Other NonOperating Expenses | (154,313) | (122,792) |
| Debt Issuance Costs | (296,235) | - |
| Total NonOperating Revenues (Expenses) | 5,646,742 | 7,026,612 |
| NonOperating Payments to MUSC Entities | (6,813,201) | (2,754,664) |
| Change in Net Position | \$ 7,305,623 | \$ 20,218,586 |

Notes

| | |
|--------------------------------------|------------|
| A - Expected Pension Cost | 24,685,812 |
| B - Expected Postemployment Benefits | 2,500,000 |
| C - Telehealth | 8,000,000 |
| Anmed | 500,000 |
| Adult Burn Unit | 1,500,000 |
| D - Shawn Jenkins | 2,119,030 |

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

(A Component Unit of MUSC)

SRECNA - Comparative Variance Analysis

For the 6 Month Periods Ending December 31, 2018 and 2017

| | Current Month | | Comparative Period | | Fiscal Year-To Date | | Comparative Period | |
|--|----------------|----------------|--------------------|---------------|---------------------|----------------|--------------------|----------------|
| | Actual | Budget | Variance | Dec 2017 | Actual | Budget | Variance | Actual |
| Operating Revenues: | | | | | | | | |
| Net Patient Service Revenues | \$ 122,017,188 | \$ 125,023,874 | -2.40% | \$114,065,812 | \$ 747,593,123 | \$ 738,208,192 | 1.27% | \$ 706,341,655 |
| Other Revenues | 3,947,182 | 4,002,500 | -1.38% | 3,115,641 | 26,478,664 | 20,331,899 | 30.23% | 17,063,044 |
| Total Operating Revenues | 125,964,370 | 129,026,374 | -2.37% | 117,181,453 | 774,071,787 | 758,540,091 | 2.05% | 723,404,699 |
| Operating Expenses: | | | | | | | | |
| Compensation and Employee Benefits | 52,251,462 | 52,876,826 | 1.18% | 50,525,737 | 315,449,463 | 310,675,818 | -1.54% | 300,341,309 |
| Pension Benefits | 4,114,302 | 4,114,302 | - | 3,085,878 | 24,685,812 | 24,685,812 | - | 18,315,268 |
| Other Postemployment Benefits | 416,666 | 416,666 | - | 2,500,000 | 2,500,000 | 2,500,000 | - | - |
| Services and Supplies | 64,502,524 | 61,190,521 | -5.41% | 54,874,183 | 391,192,383 | 376,093,057 | -4.01% | 355,839,116 |
| Depreciation and Amortization | 5,279,782 | 5,424,583 | -2.67% | 5,424,583 | 31,772,047 | 32,762,368 | -3.02% | 32,762,368 |
| Total Operating Expenses | 126,564,736 | 124,022,898 | -2.05% | 113,910,381 | 765,599,705 | 746,717,055 | -2.53% | 707,458,061 |
| Operating Income (Loss) | (600,366) | 5,003,476 | -112.00% | 3,271,072 | 8,472,082 | 11,823,036 | -28.34% | 15,946,638 |
| Operating Margin | -0.48% | 3.88% | | 2.79% | 1.09% | 1.56% | | 2.20% |
| Non-Operating Revenues (Expenses): | | | | | | | | |
| State Appropriations | 1,666,666 | 1,666,666 | - | 3,083,333 | 10,000,000 | 10,000,000 | - | 11,000,000 |
| Gifts and Grants | 300,767 | 300,767 | -100.00% | - | 2,119,030 | 1,804,597 | 17.42% | 3,100,000 |
| Investment Income | 1,657,080 | 60,484 | 2639.70% | 177,332 | 1,815,264 | 362,905 | 400.20% | 760,347 |
| Interest Expense | (1,290,779) | (1,225,492) | -5.33% | (1,338,925) | (7,433,526) | (7,309,961) | -1.69% | (7,555,013) |
| Loss on Disposal of Capital Assets | (30,827) | (49,146) | 37.27% | (49,146) | (403,478) | (155,930) | -158.76% | (155,930) |
| Other Non-Operating Expenses | (88,098) | (103,401) | 14.80% | 8,129 | (154,313) | (620,405) | 75.13% | (122,792) |
| Debt Issuance Costs | - | - | - | - | (296,235) | - | - | - |
| Total Non-Operating Revenues (Expenses) | 1,914,042 | 649,878 | 194.52% | 1,880,723 | 5,646,742 | 4,081,206 | 38.36% | 7,026,612 |
| Income (Loss) Before Non-Operating Payments to MUSC Entities | 1,313,676 | 5,653,354 | -76.76% | 5,151,795 | 14,118,824 | 15,904,242 | -11.23% | 22,973,250 |
| Non-Operating Payments to MUSC Entities | (1,135,533) | (1,135,533) | - | (587,723) | (6,813,201) | (6,813,201) | - | (2,754,664) |
| Change in Net Position | \$ 178,143 | \$ 4,517,821 | -96.06% | \$ 4,564,072 | \$ 7,305,623 | \$ 9,091,041 | -19.64% | \$ 20,218,586 |
| Margin | 0.14% | 3.50% | | 3.89% | 0.94% | 1.20% | | 2.79% |

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)

FASB BASIS - Statement of Revenues, Expenses, and Change in Net Position
For the 6 Month Periods Ending December 31, 2018 and 2017

| | Current Month | | | Fiscal Year To Date | | |
|--|--------------------|---------------------|-----------------|---------------------|---------------------|----------------|
| | Actual | Budget | % Variance | Actual | Budget | % Variance |
| Operating Revenues: | | | | | | |
| Net Patient Service Revenues | \$ 122,017,188 | \$ 125,023,874 | -2.40% | \$ 747,593,123 | \$ 738,208,192 | 1.27% |
| Other Revenues | 3,947,182 | 4,002,500 | -1.38% | 26,478,664 | 20,331,899 | 30.23% |
| State Appropriations | 1,666,666 | 1,666,666 | 0.00% | 10,000,000 | 10,000,000 | 0.00% |
| Total Operating Revenues | 127,631,036 | 130,693,040 | -2.34% | 784,071,787 | 768,540,091 | 2.02% |
| Operating Expenses: | | | | | | |
| Salaries Wages | 38,293,624 | 39,042,774 | 1.92% | 232,127,482 | 229,588,775 | -1.11% |
| Benefits | 13,957,838 | 13,834,052 | -0.89% | 83,321,981 | 81,087,043 | -2.76% |
| Pension Expense | 4,114,302 | 4,114,302 | 0.00% | 24,685,812 | 24,685,812 | 0.00% |
| Other Postemployment Benefits | 416,666 | 416,666 | 0.00% | 2,500,000 | 2,500,000 | 0.00% |
| Purchased Services | 19,909,587 | 19,225,118 | -3.56% | 121,538,445 | 118,058,158 | -2.95% |
| Professional Services | 7,033,057 | 5,948,874 | -18.23% | 41,848,419 | 37,859,800 | -10.54% |
| Pharmaceuticals | 12,434,140 | 12,626,935 | 1.53% | 77,049,071 | 75,368,322 | -2.23% |
| Medical Supplies | 17,591,352 | 14,971,592 | -17.50% | 104,025,395 | 92,966,821 | -11.90% |
| Other Supplies | 2,358,381 | 3,088,478 | 23.64% | 15,630,338 | 18,519,283 | 15.60% |
| Utilities | 1,062,623 | 1,301,343 | 18.34% | 6,753,138 | 7,809,316 | 13.52% |
| Insurance | 600,977 | 593,742 | -1.22% | 3,516,182 | 3,551,406 | 0.99% |
| Leases | 1,988,739 | 1,923,559 | -3.39% | 11,913,366 | 12,267,207 | 2.88% |
| Other | 1,523,668 | 1,510,880 | -0.85% | 8,918,029 | 9,692,744 | 7.99% |
| Depreciation | 5,279,782 | 5,424,583 | 2.67% | 31,772,047 | 32,762,368 | 3.02% |
| Interest | 1,290,779 | 1,225,492 | -5.33% | 7,433,526 | 7,309,961 | -1.69% |
| Total Operating Expenses | 127,855,515 | 125,248,390 | -2.08% | 773,033,231 | 754,027,016 | -2.52% |
| Operating Income (Loss) | (224,479) | 5,444,650 | -104.12% | 11,038,556 | 14,513,075 | -23.94% |
| Operating Margin | -0.18% | 4.17% | 1.41% | 1.41% | 1.89% | 1.89% |
| NonOperating Revenues (Expenses): | | | | | | |
| Gifts and Grants | - | 300,767 | -100.00% | 2,119,030 | 1,804,597 | 17.42% |
| Investment Income | 1,657,080 | 60,484 | 1,596,596 | 1,815,264 | 362,905 | 400.20% |
| Loss on Disposal of Capital Assets | (30,827) | (49,146) | 37.27% | (403,478) | (155,930) | -158.76% |
| Other NonOperating Expenses | (88,098) | (103,401) | 14.80% | (154,313) | (620,405) | 75.13% |
| Debt Issuance Costs | - | - | - | (296,235) | - | - |
| Total NonOperating Revenues (Expenses) | 1,538,155 | 208,704 | 637.00% | 3,080,268 | 1,391,167 | 121.42% |
| Income (Loss) Before NonOperating Payments to MUSC Entities | 1,313,676 | 5,653,354 | -76.76% | 14,118,824 | 15,904,242 | -11.23% |
| NonOperating Payments to MUSC Entities | (1,135,533) | (1,135,533) | 0.00% | (6,813,201) | (6,813,201) | 0.00% |
| Change in Net Position | \$ 178,143 | \$ 4,517,821 | -96.06% | \$ 7,305,623 | \$ 9,091,041 | -19.64% |
| Margin | 0.14% | 3.46% | 0.93% | 0.93% | 1.18% | 1.18% |

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedules of Functional Expenses
For the 6 Month Periods Ending December 31, 2018 and 2017

| | <u>2018</u> | <u>2017</u> |
|--|-----------------------|-----------------------|
| Nursing Services: | | |
| Administration and Education | \$ 20,491,237 | \$ 30,308,743 |
| Medical and Surgical | 42,644,055 | 40,697,504 |
| Pediatrics | 12,503,510 | 11,908,610 |
| Emergency and Trauma Units | 9,350,622 | 11,066,516 |
| Intensive Care Units | 34,741,174 | 32,183,664 |
| Coronary Care Units | 4,500,738 | 4,031,722 |
| Psychiatric | 14,202,547 | 11,009,564 |
| Operating Rooms | 23,438,299 | 23,396,899 |
| Recovery Rooms | 3,079,669 | 3,107,136 |
| Delivery and Labor Rooms | 2,858,701 | 2,478,416 |
| Obstetrics | 3,396,549 | 3,405,843 |
| Total Nursing Services | <u>\$ 171,207,101</u> | <u>\$ 173,594,617</u> |
| Other Professional Services: | | |
| Laboratories and Laboratory Support | \$ 29,593,507 | \$ 29,826,496 |
| Electrocardiology | 4,943,702 | 4,495,252 |
| Radiology | 18,519,999 | 18,831,233 |
| Pharmacy | 98,004,832 | 88,531,913 |
| Heart Catheterization | 6,929,375 | 5,998,174 |
| Central Services and Supply | 65,774,759 | 57,978,137 |
| Anesthesiology | 12,154,164 | 18,289,950 |
| Nuclear Medicine | 692,909 | 687,127 |
| Respiratory Therapy | 8,211,221 | 8,001,716 |
| Physical Medicine | 7,757,410 | 6,898,137 |
| Dialysis | 1,306,667 | 1,157,119 |
| Pathology | 2,012,162 | 1,972,583 |
| Transplant | 15,095,505 | 15,043,261 |
| Other Miscellaneous Services | 11,212,673 | 11,532,293 |
| Medical Records and Quality Assurance | 4,448,568 | 4,597,442 |
| Resident Support | 27,749,849 | 32,992,711 |
| Total Other Professional Services | <u>\$ 314,407,302</u> | <u>\$ 306,833,544</u> |
| General Services: | | |
| Dietary | \$ 7,850,193 | \$ 7,397,152 |
| Plant Ops, Maintenance, Security | 32,572,380 | 32,695,462 |
| Housekeeping | 10,589,831 | 10,334,900 |
| Total General Services | <u>\$ 51,012,404</u> | <u>\$ 50,427,514</u> |
| Fiscal and Administrative Services: | | |
| Admitting | \$ 3,967,889 | \$ 3,889,948 |
| Administration | 37,815,204 | 38,421,211 |
| Shared Services | 6,211,445 | 6,282,991 |
| MUSC Support (Funds Flow) | 39,402,449 | 4,083,694 |
| Accounting | 3,148,963 | 2,724,232 |
| Patient Accounting | 5,881,238 | 5,513,251 |
| Marketing | 4,799,243 | 3,286,946 |
| Human Resources | 3,264,629 | 2,801,868 |
| Communications | 1,085,520 | 1,091,968 |
| Information Solutions | 25,057,706 | 21,905,855 |
| Telehealth | 13,146,893 | 10,176,331 |
| Pension Benefits | 24,685,812 | 18,515,268 |
| Other Postemployment Benefits | 2,500,000 | - |
| Total Fiscal and Administrative Services | <u>\$ 170,966,991</u> | <u>\$ 118,693,563</u> |
| Ambulatory Care: | | |
| Ambulatory Care | 26,233,860 | 25,146,455 |
| Total Ambulatory Care | <u>\$ 26,233,860</u> | <u>\$ 25,146,455</u> |
| Other: | | |
| Depreciation | \$ 31,772,047 | \$ 32,762,368 |
| Interest | 7,433,526 | 7,555,013 |
| Loss on Disposal of Capital Assets | 403,478 | 155,930 |
| Debt Issuance Costs | 296,235 | - |
| Other NonOperating Expenses | 154,313 | 122,792 |
| Total Other | <u>\$ 40,059,599</u> | <u>\$ 40,596,103</u> |
| Total Expenses | <u>\$ 773,887,257</u> | <u>\$ 715,291,796</u> |

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
(A Component Unit of MUSC)
Schedule of Revenues and Expenses - Actual versus Budget
For the 6 Month Period Ending December 31, 2018

| | Approved Budget | Year To Date | | Variance Favorable/ Unfavorable | |
|--|--------------------|------------------|------------------|---------------------------------------|---|
| | | Budget | Actual | | |
| Operating Revenue: | | | | | |
| Patient Service Revenue: | | | | | |
| Inpatient | \$ 2,701,945,869 | \$ 1,329,806,606 | \$ 1,366,752,506 | \$ 36,945,900 | F |
| Outpatient | 2,047,405,970 | 1,002,132,567 | 1,033,809,800 | 31,677,233 | F |
| Gross Patient Service Revenue | 4,749,351,839 | 2,331,939,173 | 2,400,562,306 | 68,623,133 | F |
| Less: Charity Care and Bad Debt | (266,428,273) | (131,059,062) | (124,434,392) | 6,624,670 | F |
| Patient Service Revenue net of Charity Care | 4,482,923,566 | 2,200,880,111 | 2,276,127,914 | 75,247,803 | F |
| Additions (Deductions) To/From Patient Service Revenue: | | | | | |
| Contractual and Other Adjustments | (3,018,664,785) | (1,481,076,311) | (1,546,939,183) | 65,862,872 | U |
| Payment from DHHS | 18,628,621 | 9,314,310 | 9,314,310 | - | F |
| Disproportionate Share | 18,180,160 | 9,090,082 | 9,090,082 | - | F |
| Net Additions (Deductions) To/From Patient Service Revenue | (2,981,856,004) | (1,462,671,919) | (1,528,534,791) | 65,862,872 | U |
| Net Patient Service Revenue | 1,501,067,562 | 738,208,192 | 747,593,123 | 9,384,931 | F |
| Other Operating Revenue: | | | | | |
| Other and IIT Transfers | 41,242,241 | 20,331,899 | 26,478,664 | 6,146,765 | F |
| Total Other Operating Revenue | 41,242,241 | 20,331,899 | 26,478,664 | 6,146,765 | F |
| Total Operating Revenue | \$ 1,542,309,803 | \$ 758,540,091 | \$ 774,071,787 | \$ 15,531,696 | F |
| Operating Expenses: | | | | | |
| Nursing Services | \$ 338,495,463 | \$ 165,736,201 | \$ 171,207,101 | \$ 5,470,900 | U |
| Other Professional Services | 606,509,397 | 301,998,201 | 314,407,302 | 12,409,101 | U |
| General Services | 108,133,186 | 53,631,688 | 51,012,404 | 2,619,284 | F |
| Fiscal and Administrative Services | 328,468,379 | 166,826,588 | 170,966,991 | 4,140,403 | U |
| Ambulatory Care | 52,443,248 | 25,762,008 | 26,233,860 | 471,852 | U |
| Other Expenses | 66,899,045 | 32,762,369 | 31,772,047 | 990,322 | F |
| Total Operating Expenses | 1,500,948,718 | 746,717,055 | 765,599,705 | 18,882,650 | U |
| Income (Loss) from Operations | 41,361,085 | 11,823,036 | 8,472,082 | 3,350,954 | U |
| NonOperating Revenue (Expense): | | | | | |
| State Appropriations | 20,000,000 | 10,000,000 | 10,000,000 | - | F |
| Gifts and Grants | 3,609,198 | 1,804,597 | 2,119,030 | 314,433 | F |
| Interest and Investments | (13,835,498) | (6,947,056) | (5,618,262) | 1,328,794 | F |
| Loss on Disposal of Capital Assets | (333,780) | (155,930) | (403,478) | 247,548 | U |
| Debt Issuance Costs | - | - | (296,235) | 296,235 | U |
| Other NonOperating Expenses | (1,240,810) | (620,405) | (154,313) | 466,092 | F |
| Total NonOperating Revenue (Expense) | 8,199,110 | 4,081,206 | 5,646,742 | 1,565,536 | F |
| Income before NonOperating Payments to MUSC Entities | 49,560,195 | 15,904,242 | 14,118,824 | 1,785,418 | U |
| NonOperating Payments to MUSC Entities | (13,626,403) | (6,813,201) | (6,813,201) | - | F |
| Change in Net Position | \$ 35,933,792 | \$ 9,091,041 | \$ 7,305,623 | \$ 1,785,418 | U |

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

(A Component Unit of MUSC)

Schedule of Functional Expenses - Actual versus Budget
For the 6 Month Period Ending December 31, 2018

| | <u>Approved Budget</u> | <u>Year To Date Budget</u> | <u>Actual</u> | <u>Variance Favorable/ Unfavorable</u> |
|--|----------------------------|--------------------------------|-----------------------|--|
| Nursing Services: | | | | |
| Administration and Education | \$ 46,780,019 | \$ 23,075,528 | \$ 20,491,237 | \$ 2,584,291 F |
| Medical and Surgical | 84,062,743 | 41,200,060 | 42,644,055 | 1,443,995 U |
| Pediatrics | 24,509,625 | 11,876,474 | 12,503,510 | 627,036 U |
| Emergency and Trauma Units | 17,530,446 | 8,653,971 | 9,350,622 | 696,651 U |
| Intensive Care Units | 68,012,115 | 33,019,851 | 34,741,174 | 1,721,323 U |
| Coronary Care Units | 8,454,254 | 4,195,221 | 4,500,738 | 305,517 U |
| Psychiatric | 25,707,598 | 12,670,235 | 14,202,547 | 1,532,312 U |
| Operating Rooms | 47,097,141 | 22,977,906 | 23,438,299 | 460,393 U |
| Recovery Rooms | 3,807,562 | 1,851,869 | 3,079,669 | 1,227,800 U |
| Delivery and Labor Rooms | 5,475,938 | 2,758,546 | 2,858,701 | 100,155 U |
| Obstetrics | 7,058,022 | 3,456,540 | 3,396,549 | 59,991 F |
| Total Nursing Services | <u>\$ 338,495,463</u> | <u>\$ 165,736,201</u> | <u>\$ 171,207,101</u> | <u>\$ 5,470,900 U</u> |
| Other Professional Services: | | | | |
| Laboratories and Laboratory Support | \$ 58,120,879 | \$ 28,718,587 | \$ 29,593,507 | \$ 874,920 U |
| Electrocardiology | 10,306,393 | 5,090,730 | 4,943,702 | 147,028 F |
| Radiology | 36,871,129 | 18,113,325 | 18,519,999 | 406,674 U |
| Pharmacy | 196,292,192 | 96,805,182 | 98,004,832 | 1,199,650 U |
| Heart Catheterization | 12,383,683 | 6,124,256 | 6,929,375 | 805,119 U |
| Central Services and Supply | 113,370,367 | 58,410,119 | 65,774,759 | 7,364,640 U |
| Anesthesiology | 25,375,520 | 12,265,428 | 12,154,164 | 111,264 F |
| Nuclear Medicine | 1,746,966 | 862,657 | 692,909 | 169,748 F |
| Respiratory Therapy | 16,028,664 | 7,900,148 | 8,211,221 | 311,073 U |
| Physical Medicine | 15,233,646 | 7,525,702 | 7,757,410 | 231,708 U |
| Dialysis | 2,473,050 | 1,208,838 | 1,306,667 | 97,829 U |
| Pathology | 4,252,354 | 2,148,103 | 2,012,162 | 135,941 F |
| Transplant | 29,901,028 | 14,879,967 | 15,095,505 | 215,538 U |
| Other Miscellaneous Services | 22,373,209 | 11,077,629 | 11,212,673 | 135,044 U |
| Medical Records and Quality Assurance | 8,747,005 | 4,350,871 | 4,448,568 | 97,697 U |
| Resident Support | 53,033,316 | 26,516,658 | 27,749,849 | 1,233,191 U |
| Total Other Professional Services | <u>\$ 606,509,401</u> | <u>\$ 301,998,200</u> | <u>\$ 314,407,302</u> | <u>\$ 12,409,102 U</u> |
| General services: | | | | |
| Dietary | \$ 15,786,052 | \$ 7,901,180 | \$ 7,850,193 | \$ 50,987 F |
| Plant Ops, Maintenance, Security | 71,529,665 | 35,285,237 | 32,572,380 | 2,712,857 F |
| Housekeeping | 20,817,469 | 10,445,271 | 10,589,831 | 144,560 U |
| Total General Services | <u>\$ 108,133,186</u> | <u>\$ 53,631,688</u> | <u>\$ 51,012,404</u> | <u>\$ 2,619,284 F</u> |
| Fiscal and Administrative Services: | | | | |
| Admitting | \$ 7,550,403 | \$ 3,757,715 | \$ 3,967,889 | \$ 210,174 U |
| Administration | 64,357,814 | 35,424,015 | 37,815,204 | 2,391,189 U |
| Shared Services | 11,281,915 | 5,640,881 | 6,211,445 | 570,564 U |
| MUSC Support (Funds Flow) | 76,102,833 | 38,050,767 | 39,402,449 | 1,351,682 U |
| Accounting | 11,544,049 | 5,742,702 | 3,148,963 | 2,593,739 F |
| Patient Accounting | 12,000,161 | 5,988,046 | 5,881,238 | 106,808 F |
| Marketing | 7,713,043 | 3,846,049 | 4,799,243 | 953,194 U |
| Human Resources | 6,740,646 | 3,362,933 | 3,264,629 | 98,304 F |
| Communications | 2,254,522 | 1,122,922 | 1,085,520 | 37,402 F |
| Information Solutions | 47,043,497 | 23,488,295 | 25,057,706 | 1,569,411 U |
| Telehealth | 27,507,868 | 13,216,452 | 13,146,893 | 69,559 F |
| Pension Benefits | 49,371,624 | 24,685,812 | 24,685,812 | - |
| Other Postemployment Benefits | 5,000,000 | 2,500,000 | 2,500,000 | - |
| Total Fiscal and Administrative Services | <u>\$ 328,468,375</u> | <u>\$ 166,826,589</u> | <u>\$ 170,966,991</u> | <u>\$ 4,140,402 U</u> |
| Ambulatory Care: | | | | |
| Ambulatory Care | \$ 52,443,248 | \$ 25,762,008 | \$ 26,233,860 | \$ 471,852 U |
| Total Ambulatory Care | <u>\$ 52,443,248</u> | <u>\$ 25,762,008</u> | <u>\$ 26,233,860</u> | <u>\$ 471,852 U</u> |
| Other: | | | | |
| Depreciation | \$ 66,899,045 | \$ 32,762,369 | \$ 31,772,047 | \$ 990,322 F |
| Interest | 14,561,308 | 7,309,961 | 7,433,526 | 123,565 U |
| Loss on Disposal of Capital Assets | 333,780 | 155,930 | 403,478 | 247,548 U |
| Debt Issuance Costs | - | - | 296,235 | 296,235 U |
| Other NonOperating Expenses | 1,240,810 | 620,405 | 154,313 | 466,092 F |
| Total Other | <u>\$ 83,034,943</u> | <u>\$ 40,848,665</u> | <u>\$ 40,059,599</u> | <u>\$ 789,066 F</u> |
| Total Expenses | <u>\$ 1,517,084,616</u> | <u>\$ 754,803,351</u> | <u>\$ 773,887,257</u> | <u>\$ 19,083,906 U</u> |

MEDICAL UNIVERSITY HOSPITAL AUTHORITY
Notes to the Interim Financial Statements

Statement of Revenues, Expenses, and Changes in Net Assets: YTD December 31, 2018 and 2017
Actuals Compared to Budget

The Authority's December 2018 operating income was below budget by \$3,474,519 on a FASB basis. The roll-forward comparison below displays the major drivers of this favorable variance.

| | <u>Budget</u> <u>YTD Dec 2018</u> | <u>Actual</u> <u>YTD Dec 2018</u> |
|--|--------------------------------------|--------------------------------------|
| Operating Income | \$ 14,513,075 | \$ 11,038,556 |
| Revenue | | |
| Adjusted Discharges | (13,129,260) | |
| Inpatient Surgeries | (13,590,180) | |
| Outpatient Surgeries | 1,729,560 | |
| Transplant Procedures | 2,905,236 | |
| Case Mix Index | 1.92 14,513,973 | 2.00 |
| Retail Pharmacy | 7,857,086 | |
| Other Revenue | 6,146,765 | |
| Expenses | | |
| Salaries and Benefits (volume adjusted) | | |
| | <u>FTE/AOB CMI</u> | <u>FTE/AOB CMI</u> |
| FTE per AOB (Favorable) Unfavorable | 3.11 | 2.97 |
| Premium Pay Overtime | (7,420,306) | |
| TERI payout | 1,643,204 | |
| Medical Supplies (explained by volume) | 1,034,056 | |
| Medical Supplies (not explained by volume) | 5,909,789 | |
| Retail Pharmaceuticals | 5,148,785 | |
| Professional Fees | 2,222,488 | |
| Purchased Services | 3,988,619 | |
| Depreciation | 3,480,287 | |
| Utilities, Insurance, Leases, Other Supplies | (990,321) | |
| | (5,108,903) | |

Revenue Explanation: December year-to-date adjusted discharges were below budget by 0.8%. However, inpatient surgeries, outpatient surgeries, transplant procedures, and Case Mix Index were over (under) budget by (4.9%), 3.2%, 9.6%, and 4.2%, respectively. Additionally, retail pharmacy is favorable on a net basis (revenues less expenses) by \$5.6 million. Finally, charity care and bad debt expenses were \$6.6 million favorable to budget.

Expense Explanation: Our FTE per Adjusted Occupied Bed – Case Mix Adjusted was favorable to budget by 4.5%, which equates to 173 FTEs or \$7.4 million. Additionally, year-to-date premium pay overtime is unfavorable by \$1.6 million.

On a volume adjusted basis, medical supplies exceeded budget by \$5.9 million. Professional fees and purchased services combined were \$7.5 million unfavorable to budget, mainly due to Resident Program, College of Medicine support, and lower results from our operational improvements for purchased services and clinical variation. Utilities, Insurance, Leases and Other supplies were \$5.1 million favorable mainly due to lower minor equipment purchases and utility expense than anticipated.

Unusual and non-recurring items impacting current month earnings: The \$1 million unfavorable impact from the ending of the TERI program will not be a recurring expense after July.

Statement of Revenues, Expenses, and Changes in Net Assets: YTD December 31, 2018 and 2017
Actuals Compared to Prior Year

The Authority's December 2018 operating income was below the prior year by \$8.4 million on a FASB basis. The roll-forward comparison below displays the major drivers of this favorable variance.

| | <u>Actual</u> <u>YTD Dec 2017</u> | | <u>Actual</u> <u>YTD Dec 2018</u> |
|--|--------------------------------------|--------------|--------------------------------------|
| Operating Income | \$ 19,391,625 | | \$ 11,038,556 |
| Revenue | | | |
| Adjusted Discharges | | (18,198,302) | |
| Inpatient Surgeries | | 253,022 | |
| Outpatient Surgeries | | 2,671,872 | |
| Transplant Procedures | | 1,688,236 | |
| Case Mix Index | 1.90 | 20,347,063 | 2.00 |
| Annual Price Increase | | 5,126,554 | |
| Retail Pharmacy | | 17,832,173 | |
| Other Revenue | | 9,415,620 | |
| Expenses | | | |
| Salaries and Benefits (volume adjusted) | | | |
| | <u>FTE/AOB CMI</u> | | <u>FTE/AOB CMI</u> |
| FTE per AOB (Favorable) Unfavorable | 3.12 | | 2.97 |
| | | (8,029,100) | |
| Merit Increase | | 4,481,972 | |
| Pension Expense | | 6,170,544 | |
| Other Post-Employment Benefits | | 2,500,000 | |
| Medical Supplies | | 10,486,752 | |
| Retail Pharmaceuticals | | 17,385,445 | |
| Professional Fees and Purchased Services | | 11,022,154 | |
| Depreciation | | (990,321) | |
| Utilities, Insurance, Leases, Other Supplies | | 4,461,861 | |

Revenue Explanation: Adjusted discharges were below prior year by 3.2%. However, inpatient surgeries, outpatient surgeries, transplant procedures, and Case Mix Index were over (under) budget by 0.1%, 5.1%, 5.4%, and 5.3%, respectively. Our retail pharmacy is favorable on a net basis (revenues less expenses) by \$0.5 million. Finally, our annual price increase for fiscal year 2019 is estimated to have impacted this time period by \$5.2 million.

Expense Explanation: Our FTE per Adjusted Occupied Bed – Case Mix Adjusted decreased from the prior year by 5%, which equates to 187 FTEs less or \$8 million.

Medical supplies exceeded the prior year by \$10.5 million. Related to the retail pharmacy revenue variance noted above, retail pharmaceuticals exceeded the prior year by \$17.4 million.

Professional fees and Purchased services combined were over prior year by \$11 million, mainly due to higher College of Medicine support, Resident Support, and Telehealth expenses.

Balance Sheet: As of 12/31/2018 and 06/30/2018

Cash and Cash Equivalents

Cash and Cash Equivalents increased by \$50.1 million from June 30, 2018. Unrestricted cash increased \$24.6 million from June 30, 2018. Year-to-date, cash collections finished below target by \$0.08 million. Year-to-date, \$8.0 million of Telehealth funding was expended. Additionally, net quarterly payments from DSH and GME received in year-to-date totaled \$33.1 million. Finally, \$28 million in loan proceeds for the Consolidated Service Center were placed into restricted investments in October 2018.

Net Accounts Receivable

Net patient accounts receivable increased \$3.2 million from June 30, 2018. Net accounts receivable days dropped from 57 days in June 2018 to 56 days as of December 2018.

Other Current Assets

Other current assets increased \$18.6 million from June 30, 2018, mainly due to accruals for the Telemedicine State Appropriation, prepaid payroll insurance and taxes, and prepaid general insurance.

Other Accrued Expenses

Other accrued expenses increased by \$0.7 from June 30, 2018, mainly due to accrued interest payable.

Long Term Debt

As of October 2018, Current Installments of Long-Term Debt relates to HUD debt for ART and the 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) increased \$74.7 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 plan project. This is shown in the long term debt section as Notes Payable. In November 2016, MUHA closed on the HUD loan for the Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion. Through December 2018, long term debt in the amount of \$197.8 million has been recorded based upon the monthly draw requests. This outstanding loan balance will increase during the construction phase as funds continue to be drawn down from the mortgage proceeds. Finally, in October 2018 MUHA received \$28 million in loan proceeds related to the construction of a new consolidated service center that is financed through HUD.

Pension and Other Post Employment Benefit (OPEB) Liabilities

As of December 31, 2018 the net pension liability increased by \$24.7 million from June 30, 2018. The Authority anticipates an increase in this liability of \$49 million in fiscal year 2019. The actual increase in this liability will be determined by an annual actuarial study conducted by PEBA in January 2019.

As of December 31, 2018 the net other post-employment benefit liability increased \$2.5 million from June 30, 2018. The Authority anticipates an increase in this liability of \$5 million in fiscal year 2019. The actual increase in this liability will also be determined by an annual actuarial study conducted by PEBA in January 2019.

**FACILITIES
HOSPITAL AUTHORITY
LEASE RENEWAL
FOR APPROVAL**

FEBRUARY 8, 2019

DESCRIPTION OF LEASE: The purpose of this lease agreement is to continue to provide 33,661 square feet of clinical and general office space at 135 Cannon Street. This space is necessary to accommodate the space needs for Women's Health, Hospital Marketing and Clinical Effectiveness. The per square foot rate for this lease is \$24.15 (rounded) The monthly rental rate will be \$67,740.00 (rounded), resulting in an annual lease amount of \$812,879.98.

This property is owned by the Medical University of South Carolina Foundation and leased entirely to the Medical University of South Carolina which subleases a portion to the Medical University Hospital Authority.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: Medical University of South Carolina

LANDLORD CONTACT: Rachel Jones, Leasing Manager, 843-792-5996

TENANT NAME AND CONTACT:
Women's Health, Alice Edwards, Ambulatory Administrator, 843-876-1957
Hospital Marketing, Christine Murray, Director Marketing Services, 843-792-9584
Clinical Effectiveness, Greta Fowinkle, Director Case Management, 843-792-6796

SOURCE OF FUNDS: Occupant Department Funded

LEASE TERMS:
TERM: Five (5) years [4/1/2019 – 3/31/2024]
TOTAL ANNUALIZED LEASE AMOUNT: \$812,879.98

TOTAL AMOUNT OF LEASE TERM: \$4,064,399.90

EXTENDED TERM(S): One (1) term, five (5) years

TOTAL AMOUNT INCLUDING EXENTED TERM(S): \$8,128,799.80

OPERATING COSTS:
FULL SERVICE _____
NET X

FACILITIES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
BUDGET ADJUSTMENT
FOR APPROVAL
DATE: February 8, 2019

PROJECT TITLE: ART – Nuclear Med Relocation

PROJECT NUMBER: 180156

TOTAL ESTIMATED BUDGET: \$1,800,000

SOURCE(S) OF FUNDS: Hospital Revenue

SCOPE OF WORK: This project involves relocation of the Nuclear Med service from its present location in the Chest Pain Center to the 2nd floor radiology area. The move is required due to expansion of the CPC. The project encompasses the area of the men and women dressing rooms and a vacated staff work area presently exists. The design includes 2 Nuclear Camera rooms, an adjoining Control room, Dressing area, a Radioactive Waste toilet, and other support areas. \$1,250,000 was approved in the FY19 Capital Budget.

JUSTIFICATION: The original design involved relocating 2 existing nuclear cameras. However, during design, a decision was made to buy new imaging equipment through the purchase agreement with Siemens. As a result, changes to the floor structure are required to support the heavier equipment, and additional square footage was taken from the adjacent Ultrasound area to increase the support area for the Nuclear Med program. The added structural support will have to be installed above the ceiling of the dietary space on the first floor below. These changes added substantially to the project and therefore increases the original BOT approved budget from \$1,250,000 to \$1,800,000.

PAGES 20 – 23
HAVE BEEN INTENTIONALLY
REMOVED

**FACILITIES
ACADEMIC
NEW LEASE
FOR APPROVAL**

FEBRUARY 8, 2019

DESCRIPTION OF LEASE: The purpose of this lease agreement is to provide 167 parking spaces located at the 165 Cannon Street surface lot. This space is necessary to accommodate MUSC employee parking needs. The per space, per month cost for this lease is \$120.00. The monthly rental rate will be \$20,040.00, resulting in an annual lease amount of \$240,480.00. There shall be no annual rent increase.

This property is owned by the Medical University of South Carolina Foundation.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT _____

LANDLORD: 165 Cannon Street Associates, LLC

LANDLORD CONTACT: Thomas Anderson, Member, 843-792-2677

TENANT NAME AND CONTACT: Parking Management, Michael Brennan, Director Parking Management, 843-792-2597

SOURCE OF FUNDS: Parking Management Revenue

LEASE TERMS:

TERM: Three (3) years [6/1/2019 – 5/31/2022]

TOTAL ANNUALIZED LEASE AMOUNT: \$240,480.00

TOTAL AMOUNT OF LEASE TERM: \$721,440.00

EXTENDED TERM(S): One (1) term, two (2) years

TOTAL AMOUNT INCLUDING EXENDED TERM(S): \$1,202,400.00

OPERATING COSTS:

FULL SERVICE _____

NET X

FACILITIES
ACADEMIC/RESEARCH
ESTABLISH PROJECT
FOR APPROVAL
DATE: February 8, 2019

PROJECT TITLE: Arco Lane Mailroom

PROJECT NUMBER: To Be Determined

TOTAL ESTIMATED BUDGET: \$500,000

SOURCE(S) OF FUNDS: HOT Sale Proceeds

SCOPE OF WORK: This project will construct a new 2700 square foot mailroom inside the Arco Lane warehouse. This construction will include 50'x50' new mail room and a 16'x12' new Records Office. The construction will include metal stud walls; metal stud joist framing with a metal deck "roof" below the warehouse roof structure. Power will be supplied from existing panels outside the existing office area and carried to a new panel set inside the mail room. HVAC will be supplied to the Mail Room via a new RTU and to the Records Office via a mini-split at the wall.

JUSTIFICATION: The University mailroom is currently located in Harborview Office Tower. Per conditions of the sale, MUSC is required to vacate the building by October 2019. There is available space at the Arco Lane warehouse to accommodate the mailroom operation.

FACILITIES

ACADEMIC/RESEARCH

ESTABLISH PROJECT

FOR APPROVAL

DATE: February 8, 2019

PROJECT TITLE: Institute Of Psychiatry 5th Floor Sleep Study Lab

PROJECT NUMBER: To Be Determined

TOTAL ESTIMATED BUDGET: \$990,000

SOURCE(S) OF FUNDS: College of Medicine and Philanthropy/Donor Gift

SCOPE OF WORK: This project will renovate 3,100 gross square feet of existing space on the 5th floor of the Institute of Psychiatry to create a sleep study lab for the Department of Psychiatry and Behavioral Sciences.

JUSTIFICATION: The Department of Psychiatry and Behavioral Sciences is seeking \$990,000.00 to expand and enhance the existing research lab at the Institute of Psychiatry. Currently, the Department of Psychiatry and Behavioral Sciences has approximately \$40M in annual research funding. Increasingly, the clinical research involved in the department (and other departments in the College of Medicine) involve the measurement of various physiological indices of function such as electroencephalography requiring special studies during sleep and wakefulness, galvanic skin response, heart rate variability and autonomic nervous system function tests, evoked-potential response to different stimuli (e.g. experimental pain, acoustic startle), pupillary responses, biomedicine rhythm disorders etc.

The multi-purpose design of this expansion will allow the department to be a centralized location and expertise resource center for many investigators who wish to employ a multitude of different physiological methods in their research. The space will be tailored in a way that allows multiple departments to use it for both daytime and nighttime research. Beyond adding necessary research modalities, this laboratory will reduce the pattern of faculty members duplicating research equipment, which is very costly to the University. Moreover, the research capabilities of this unit will serve as a valuable resource for all MUSC faculty, even those outside the Department of Psychiatry and Behavioral Sciences, as these physiological methods are used in research across virtually every area of medicine.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA)

CONSENT AGENDA

Board of Trustees Meeting
February 8, 2019
101 Colcock Hall

Members of the Board of Trustees

Mr. Charles W. Schulze, Chairman
Dr. James Lemon, Vice-Chairman
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle, Jr.
Mr. William H. Bingham, Sr.
Dr. W. Melvin Brown III
Dr. C. Guy Castles III

Dr. Richard M. Christian, Jr.
Dr. Paul T. Davis II
Dr. Donald R. Johnson II
Ms. Barbara Johnson-Williams
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Stanley C. Baker, Jr.
Dr. Cotesworth P. Fishburne, Jr.
Dr. Thomas C. Rowland, Jr.

Mr. Allan E. Stalvey
Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.

AUTHORITY OPERATIONS, QUALITY AND FINANCE COMMITTEE CHAIR: DR. G. MURRELL SMITH, SR.

(APPROVAL ITEMS)

Item 15. 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 these appointments, reappointments and delineation of privileges be approved.

Recommendation of Committee:

Board Action:

**MUHA Board of Trustees Consent Agenda
February 8, 2019**

Item 16. Revisions to the Medical Staff Bylaws.

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

Recommendation of Administration: That the revisions be approved.

Recommendation of Committee:

Board Action:

Item 17. 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 be approved.

Recommendation of Committee:

Board Action:

Item 18. Revisions to the Medical Staff Credentialing Policy and Procedure Manual.

Statement: Approval will be sought for the revisions to the Medical Staff Credentialing Policy and Procedure Manual.

Recommendation of Administration: That the revisions be approved.

Recommendation of Committee:

Board Action:

(INFORMATION ITEMS)

Item 19. Medical Executive Committee Minutes.

Statement: Medical Executive Committee minutes will be presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Item 20. Contracts and Agreements.

Statement: Contracts and agreements signed since the last board meeting will be

**MUHA Board of Trustees Consent Agenda
February 8, 2019**

presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

**MUHA AND MUSC PHYSICAL FACILITIES COMMITTEE
CHAIR: MR. WILLIAM H. BINGHAM, SR.**

(INFORMATION ITEM)

Item 25. MUHA FY2019 Active Projects >\$250,000.

Statement: MUHA active projects exceeding \$250,000 will be presented for information.

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

Recommendation of Committee:

Board Action:

Item 26. MUSC FY2019 Active Projects >\$250,000.

Statement: MUSC active projects exceeding \$250,000 will be presented for information.

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

Recommendation of Committee:

Board Action:

Item 27. MUSC Facilities Contracts Awarded.

Statement: Facilities contracts awarded will be presented for information.

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

Recommendation of Committee:

Board Action:

Board of Trustees Cedentiaing Subcommittee November 2018

The Medical Executive Committee reviewed the following applicants on Nov 21, 2018
and recommends approval by the Board of Trustees Subcommittee effective 11.28.18

Medical Staff Initial Appointment and Clinical Privileges

| | | |
|-------------------------|--------------------|----------------|
| Jacqueline Angles, D.O. | Active Provisional | Medicine |
| Earl Cummings, M.D. | Active Provisional | EMM |
| Sarah DeWitt, M.D. | Active Provisional | EMM |
| Kathryn Koval, M.D. | Active Provisional | EMM |
| Arthur Smith, M.D. | Active Provisional | Anesthesiology |
| Daniel Snelgrove, M.D. | Active Provisional | Neurology |
| Cynthia Talley, M.D. | Active Provisional | Surgery |

Medical Staff Reappointment and Clinical Privileges

| | | |
|--------------------------|-------------------------|------------------|
| Bradley Amerson, M.D. | Provisional Affiliate - | Radiology |
| Howard Brilliant, M.D. | Active Provisional | Orthopaedics |
| Steven Creedman, M.D. | Provisional Affiliate - | Radiology |
| Alex DiBona, M.D. | Provisional Affiliate - | Radiology |
| Lakshmi Katikaneni, M.D. | Active | Pediatrics |
| David Lewin, M.D. | Active | Path & Lab. Med. |
| Lucian Lozonschi, M.D. | Active Provisional | Surgery |
| John Maize, Sr., M.D. | Active | Dermatology |
| Dino Massoglia, M.D. | Provisional Affiliate - | Radiology |
| Hugh Merriman, III, M.D. | Provisional Affiliate | Radiation |
| Darryl Pauls, M.D. | Provisional Affiliate - | Radiology |
| Erin Sparks, M.D. | Affiliate | Neurology |
| Eve Spratt, M.D. | Active | Pediatrics |

Medical Staff Reappointment and Change in Clinical Privileges

| | | | |
|--------------------------|---------------------------|-----------------|------------------|
| Kathleen Brady, M.D. | Active | Psychiatry | add Telemedicine |
| Brandon Brown, M.D. | Active | Family Medicine | add Telemedicine |
| Thomas Byrne, M.D. | Active | Surgery | add Telemedicine |
| Nicole Brooks Cain, M.D. | Active | Pediatrics | add Telemedicine |
| William Creasman, M.D. | Active | OBGYN | add Telemedicine |
| Paul Everman, Jr., M.D. | Affiliate - Colleague | Psychiatry | add Telemedicine |
| Stephen Fann, M.D. | Active | Surgery | add Telemedicine |
| James Glenn, M.D. | Active | Medicine | add Telemedicine |
| Robert Leman, M.D. | Active | Medicine | add Telemedicine |
| Louis Luttrell, M.D. | Active | Medicine | add Telemedicine |
| Sandi McKenzie, M.D. | Active | Pediatrics | add Telemedicine |
| John McDonald, M.D. | Affiliate CFC - Colleague | Medicine | add Telemedicine |
| Pamela Morris, M.D. | Active | Medicine | add Telemedicine |
| Arni Nutting, M.D., M.S. | Active | Pediatrics | add Telemedicine |
| Bruce Sabin, M.D. | Active | Medicine | add Telemedicine |
| Wing-Kin Syn, M.D. | Active | Medicine | add Telemedicine |
| Bruce Thiers, M.D. | Active | Dermatology | add Telemedicine |
| Marion Wilson, Jr., M.D. | Active | Ophthalmology | add Telemedicine |

Medical Staff Change in Privileges

| | | | |
|--------------------------------|--------------------|-----------------|----------------------------|
| Cristin Swords Adams, D.O. | Active | Family Medicine | add Telemedicine |
| Sarah Elizabeth Bradford, M.D. | Active | Family Medicine | add Telemedicine |
| Arindam Rano Chatterjee, M.D. | Active | Radiology | Add Endo Mech Thrombectomy |
| I-Hweii Amy Chen, M.D., Ph.D. | Active | Neurology | add Telemedicine |
| Kathleen Claire Head, M.D., | Active Provisional | Medicine | Add Circumcision Neonatal |
| Leah Schrier McBee, M.D., B.S. | Active Provisional | Pediatrics | Add EMM Core Priv and Proc |
| John Michael Schmidt, M.D. | Active Provisional | Orthopaedics | add Telemedicine |
| Gerard Anthony Silvestri, M.D. | Active | Medicine | add Telemedicine |

Professional Staff Initial Appointment and Clinical Privileges

| | | |
|--------------------------------|---------------------------|-------------------|
| Kathryn Adel, M.S., R.D. | Provisional Allied Health | Dietetic Services |
| Chelsea Bates, D.N.P. | Provisional Allied Health | Urology |
| Moira Chance, P.A.C. | Provisional Allied Health | Anesthesiology |
| Alyssa Decker, F.N.P. | Provisional Allied Health | Anesthesiology |
| Meredith Duffy, AuD, B.S. | Provisional Allied Health | Otolaryngology |
| Magdiel Fuentes, M.P.A.S. | Provisional Allied Health | Anesthesiology |
| Betsy Robinson Hopkins, P.A.C. | Provisional Allied Health | Medicine |
| Lyndsy Huffman, M.S.W., | Provisional Allied Health | Psychiatry |
| Sara Jasper, A.G.N.P. | Provisional Allied Health | Otolaryngology |
| James Masse, C.R.N.A. | Provisional Allied Health | Anesthesiology |
| Stephanie Petersen, A.P.R.N. | Provisional Allied Health | Pediatrics |
| Emily Pogue, A.P.R.N. | Provisional Allied Health | Medicine |
| Elizabeth Poindexter, P.A. | Provisional Allied Health | Anesthesiology |
| Katelyn Reeve, P.A. | Provisional Allied Health | EMM |
| Sara Speakman, F.N.P. | Provisional Allied Health | Anesthesiology |
| Angela Yvonne Stanley, D.N.P. | Provisional Allied Health | Dept. of Nursing |
| Megan Alicia Taft, M.S.W. | Allied Health | Pediatrics |

Professional Staff Reappointment and Clinical Privileges

| | | |
|--------------------------|---------------------------|----------------|
| BriAnna Atkins, P.A. | Provisional Allied Health | Surgery |
| Carolyn Bogdon, F.N.P. | Provisional Allied Health | Psychiatry |
| Ali Burnette, F.N.P. | Allied Health | Pediatrics |
| Matthew Ewald, P.A.C. | Allied Health | EMM |
| Amanda Fowler, NP | Allied Health | Medicine |
| Emma Raidt, P.A.C. | Provisional Allied Health | Anesthesiology |
| Crystal Reynolds, A.T.C. | Provisional Allied Health | Orthopaedics |

Professional Staff Reappointment and Change in Privileges

| | | | |
|-----------------------------|---------------------------|----------------|------------------|
| Rajlaxmi Bais, C.R.N.P. | Provisional Allied Health | Medicine | add Telemedicine |
| Jeanne M Barreira, C.N.M. | Allied Health | OBGYN | add Telemedicine |
| Robert Joseph Black, O.D | Allied Health | Ophthalmology | add Telemedicine |
| Sharon M. Bond, C.N.M. | Allied Health | OBGYN | add Telemedicine |
| Mary E. Chalk, F.N.P. | Allied Health | Otolaryngology | add Telemedicine |
| Rebecca Cumbee, P.A. | Allied Health | Urology | add Telemedicine |
| Rona S Cushman, N.N.P. | Allied Health | Pediatrics | add Telemedicine |
| Joseph Davis, A.T.C. | Provisional Allied Health | Orthopaedics | add Telemedicine |
| Tammy Gottshalk, F.N.P. | Allied Health | Medicine | add Telemedicine |
| Whitney Hardy, N.N.P. | Allied Health | Pediatrics | add Telemedicine |
| Hwajoo Haynes, A.N.P. | Allied Health | Medicine | add Telemedicine |
| Elizabeth J. Hudson, M.A. | Allied Health | Psychiatry | add Telemedicine |
| Lindsey Kaufmann, P.A.C. | Allied Health | Medicine | add Telemedicine |
| Carla Newman, LMSW | Provisional Allied Health | Psychiatry | add Telemedicine |
| Jennifer Ridgeway, P.A.C. | Allied Health | Surgery | add Telemedicine |
| Jane E Swing, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Molly A. Valerio, M.S.W. | Allied Health | Psychiatry | add Telemedicine |
| Karen van Bakergem, LISW-CP | Allied Health | Pediatrics | add Telemedicine |

Professional Staff Change in Privileges

| | | | |
|----------------------------|---------------|------------|------------------|
| Tatiana M. Davidson, Ph.D. | Allied Health | Psychiatry | add Telemedicine |
| Kenneth J. Ruggiero, Ph.D. | Allied Health | Psychiatry | add Telemedicine |

END

Board of Trustees Credentialing Subcommittee December 2018

The Medical Executive Committee reviewed the following applicants on Dec 19, 2018 and recommends approval by the Board of Trustees Credentialing Subcommittee effective 12.28.18

Medical Staff Initial Appointment and Clinical Privileges

| | | |
|-----------------------|--------------------|--------------------|
| Jessica Hannah, M.D. | Active Provisional | Neurology |
| Terry Kowalenko, M.D. | Active Provisional | Emergency Medicine |
| Heather Stewart, M.D. | Active Provisional | Pediatrics |
| Ronald Washburn, M.D. | Active Provisional | Medicine |

Medical Staff Reappointment and Clinical Privileges

| | | |
|----------------------------|-----------------------------------|--------------------|
| Michael Allen, M.D. | Provisional Affiliate - Colleague | Radiology |
| Fozail Alvi, M.D. | Provisional Affiliate - Colleague | Radiology |
| Michael Bloss, M.D. | Provisional Affiliate - Colleague | Radiology |
| Jared Browning, M.D. | Provisional Affiliate - Colleague | Radiology |
| Jeffrey Bush, M.D. | Active | Emergency Medicine |
| Rebecca Cafiero, M.D. | Active Provisional | Pediatrics |
| Karen Caldemeyer, M.D. | Provisional Affiliate - Colleague | Radiology |
| Russell Chapin, M.D. | Active | Radiology |
| Steven Edson, M.D. | Provisional Affiliate - Colleague | Radiology |
| Nicole Franklin, M.D. | Active Provisional | Psychiatry |
| John Gibson, M.D. | Active | Medicine |
| Robert Grubb, III, M.D. | Active Provisional | Urology |
| Constance Guille, M.D. | Active | Psychiatry |
| Marcelo Guimaraes, M.D. | Active | Radiology |
| Christopher Hannegan, M.D. | Active | Radiology |
| Dorothea Jenkins, M.D. | Active | Pediatrics |
| Scott Kerns, M.D. | Provisional Affiliate - Colleague | Radiology |
| Elaine Khatod, M.D. | Provisional Affiliate - Colleague | Radiology |
| Jerome Klein, M.D. | Provisional Affiliate - Colleague | Radiology |
| Dianne Krywko, M.D. | Active | Emergency Medicine |
| Christine Lamoureux, M.D. | Provisional Affiliate - Colleague | Radiology |
| Darius Lazarus, M.D. | Active Provisional | Medicine |
| Victoria Nguyen, D.O. | Provisional Affiliate - Colleague | Radiology |
| John Nwankwo, M.D. | Provisional Affiliate - Colleague | Radiology |
| Amanda Parks, M.D. | Active Provisional | Medicine |
| Marc Paul, M.D. | Provisional Affiliate - Colleague | Radiology |
| Eric Postal, M.D. | Provisional Affiliate - Colleague | Radiology |
| Bradley Presley, M.D. | Active | Emergency Medicine |
| Stephanie Runyan, D.O. | Provisional Affiliate - Colleague | Radiology |
| Martin Ruocco, M.D. | Provisional Affiliate - Colleague | Radiology |
| Naomi Saenz, M.D. | Provisional Affiliate - Colleague | Radiology |
| Stephen Schabel, M.D. | Active | Radiology |
| Robert Sciulli, M.D. | Provisional Affiliate - Colleague | Radiology |
| Benjamin Strong, M.D. | Provisional Affiliate - Colleague | Radiology |
| Robert Watts, M.D. | Provisional Affiliate - Colleague | Radiology |
| Waieong Wong, M.D. | Provisional Affiliate - Colleague | Radiology |
| Jeffrey Zorn, B.S., M.D. | Provisional Affiliate - Colleague | Radiology |

Medical Staff Reappointment and Change in Clinical Privileges

| | | | |
|---------------------------|---------------------------|-----------------|------------------|
| Raymond Anton, Jr., M.D. | Active | Psychiatry | add Telemedicine |
| Shean Aujla, M.D. | Active | Pediatrics | add Telemedicine |
| Alexander Chessman, M.D. | Active | Family Medicine | add Telemedicine |
| Louis Costa, II, M.D. | Affiliate | Otolaryngology | add Telemedicine |
| John Cox, M.D. | Active | Medicine | add Telemedicine |
| Kimberly Davis, M.D. | Active | Medicine | add Telemedicine |
| Thomas Di Salvo, M.D.. | Active | Medicine | add Telemedicine |
| Mark George, M.D. | Active | Psychiatry | add Telemedicine |
| Gary Gilkeson, M.D. | Active | Medicine | add Telemedicine |
| Michael Gold, M.D., Ph.D. | Active | Medicine | add Telemedicine |
| Harriet Hansen, D.O. | Affiliate CFC - Colleague | Family Medicine | add Telemedicine |
| Brenda Hoffman, M.D. | Active | Medicine | add Telemedicine |
| Jacqueline Kraveka, D.O. | Active | Pediatrics | add Telemedicine |
| Michelle Macias, M.D. | Active | Pediatrics | add Telemedicine |
| Joni McCrann, M.D. | Active | Dermatology | add Telemedicine |
| Samuel McNulty, M.D. | Affiliate CFC - Colleague | Medicine | add Telemedicine |
| Andrew Schreiner, M.D. | Active | Medicine | add Telemedicine |
| Sarah Stapleton, M.D. | Affiliate CFC - Colleague | Medicine | add Telemedicine |
| Grace Wojno, M.D. | Affiliate | Anesthesiology | add Telemedicine |

Medical Staff Change in Privileges

| | | | |
|----------------------|--------------------|------------|--------------|
| Liliana Banari, M.D. | Active Provisional | Pediatrics | Add Peds EEG |
|----------------------|--------------------|------------|--------------|

Professional Staff Initial Appointment and Clinical Privileges

| | | |
|------------------------------|---------------------------------|--------------------|
| Rachel Beeks, P.A.C. | Provisional Allied Health | Emergency Medicine |
| Emily Belknap, LISW-CP | Provisional Allied Health | Psychiatry |
| Sheri Carvalho, B.S. | Provisional Allied Health | Psychiatry |
| Mollie Dadin, M.S.W. | Provisional Allied Health | Pediatrics |
| Amanda Littleton, N.P. | Provisional Allied Health | Medicine |
| | Provisional Allied Health CFC - | |
| Heather Martin, N.P. | Colleague | Family Medicine |
| Melinda Parker, C.N.M. | Provisional Allied Health | Psychiatry |
| Mariah Ramsey, P.A.C. | Provisional Allied Health | Emergency Medicine |
| Alfia Reagan, P.A.C. | Provisional Allied Health | Neurosurgery |
| Skylar Stewart-Clark, P.A.C. | Provisional Allied Health | Psychiatry |
| Amber Thompson, P.A | Provisional Allied Health | Neurosurgery |

Professional Staff Reappointment and Clinical Privileges

| | | |
|---------------------------|---------------------------|--------------------|
| Hanna Epstein, D.N.P. | Allied Health | Pediatrics |
| Jennifer Fralix, P.A.C. | Provisional Allied Health | Emergency Medicine |
| Brandon Griffin, P.A.C. | Provisional Allied Health | Surgery |
| Therese Killeen, A.P.R.N. | Allied Health | Psychiatry |
| Sharlene D. Wedin, PsyD | Allied Health | Psychiatry |

Professional Staff Reappointment and Change in Privileges

| | | | |
|-----------------------------------|---------------------------|-------------------------|---|
| Beth Bohara, N.N.P. | Allied Health | Pediatrics | add Telemedicine |
| Jennifer Caldwell, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Cheryl Carlson, N.N.P., | Allied Health | Pediatrics | add Telemedicine |
| James Comley, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Annette Cooper, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Carla Danielson, Ph.D. | Allied Health | Psychiatry | add Telemedicine |
| Jessica Day, A.P.R.N. | Allied Health | Obstetrics & Gynecology | add Telemedicine |
| Carmen Dooley, N.N.P. | Allied Health | Pediatrics | add Telemedicine |
| Earleisha Felder, P.A.C. | Allied Health | Pediatrics | add Telemedicine |
| Kimberly Hall, D.N.P., F.N.P. | Provisional Allied Health | Medicine | add Telemedicine |
| Heather Nicole Highland, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Dana Marie Huber, C.R.N.A. | Provisional Allied Health | Anesthesiology | add Telemedicine |
| Elizabeth Jennings, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Patti Long, N.N.P., MSN | Allied Health | Pediatrics | add Telemedicine |
| Rachel Lynn, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Amy Musselman, A.T.C., B.S. | Allied Health | Orthopaedics | add Telemedicine |
| Candace Nogue, F.N.P. | Allied Health | Neurosurgery | add Telemedicine |
| Elizabeth Norton, C.R.N.A. | Allied Health | Anesthesiology | add Telemedicine |
| Allyn Miller-James, C.R.N.A. | Provisional Allied Health | Anesthesiology | add Telemedicine |
| Alyssa Rheingold, Ph.D. | Allied Health | Psychiatry | add Telemedicine |
| Christy Reuben, A.P.R.N. | Provisional Allied Health | Medicine | add Telemedicine |
| Catherine Rubinstein, NP | Allied Health | Surgery | Add Tele, First Asst, Auth to Prescribe |
| Heather Ryle, D.N.P. | Provisional Allied Health | Pediatrics | add Telemedicine |
| Michael Saladin, Ph.D. | Allied Health | Psychiatry | add Telemedicine |
| Natalie Schmidt, F.N.P. | Allied Health | Pediatrics | add Telemedicine |
| Richard Snider, A.P.R.N. | Provisional Allied Health | Neurosurgery | add Telemedicine |

Professional Staff Change in Privileges

| | | | |
|--|---------------------------|-----------------|-----------------------------|
| Elizabeth Johnson, F.N.P. | Allied Health | Family Medicine | Med Hem/Onc to FMD/add tele |
| Samantha Perry Kinninger, C.R.N.A., R.N. | Provisional Allied Health | Anesthesiology | |
| Tammy J Lamont, C.R.N.A., BSN, M.H.S.A. | Allied Health | Anesthesiology | |
| Laura Lybarger, N.P. | Provisional Allied Health | Medicine | |
| Christopher Mart, B.S. | Allied Health | Radiation Onc | |
| Dana M Szeles, Ph.D. | Provisional Allied Health | Neurology | |
| Megan Wallace, B.S., LMSW | Allied Health | Psychiatry | |
| Erin Wright, M.S.N. | Provisional Allied Health | Pediatrics | |

Professional Staff Change in Privileges

| | | | |
|--------------------------------|--|-----------------|------------------|
| Tracy Caldwell, N.P. | Allied Health CFC - Colleague | Family Medicine | Add Telemedicine |
| Amy Duppstadt-DeLambo, A.C.N.P | Allied Health | Neurology | Add Telemedicine |
| Cassie Frazier, D.N.P., M.S.N. | Allied Health | Medicine | Add Telemedicine |
| Holly Gardner, F.N.P., B.S.N. | Allied Health | Neurosurgery | Add Telemedicine |
| Sarah Kratzer, D.N.P., F.N.P. | Allied Health CFC - Colleague Provisional Allied Health CFC - | Family Medicine | Add Telemedicine |
| Jennifer Palo, N.P., M.S.N. | Colleague | Family Medicine | Add Telemedicine |
| Margaret Ramsden, A.N.P. | Allied Health | Surgery | Add Telemedicine |
| Tiffany Tindal, F.N.P. | Provisional Allied Health | Surgery | Add Telemedicine |

Board of Trustees Credentialing Subcommittee January 2019
The Medical Executive Committee reviewed the following applicants on Jan 15, 2019
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 1.28.19

Medical Staff Initial Appointment and Clinical Privileges

| | | |
|------------------------------|---------------------------|-----------------|
| Ettaleah Bluestein, M.D. | Provisional Affiliate | Ophthalmology |
| Jessica Connett, M.D. | Active Provisional | Dermatology |
| Robert Harrington, Jr., M.D. | Provisional Affiliate | Family Medicine |
| Brent Holway, M.D. | Active Provisional | Anesthesiology |
| Kimberly Jackson, M.D., B.S. | Provisional Affiliate CFC | Family Medicine |
| Stephanie McNeill, M.D. | Active Provisional | Neurology |
| Ilka Theruvath, M.D. | Active Provisional | Anesthesiology |
| Jared White, B.S., M.D. | Active Provisional | Surgery |

Medical Staff Reappointment and Clinical Privileges

| | | |
|---------------------------|---------------------------|-----------------|
| Sarah Bradford, M.D. | Active | Family Medicine |
| Philip Costello, M.D. | Active | Radiology |
| Bruce Frankel, M.D. | Active | Neurosurgery |
| Christine Holmstedt, D.O. | Active | Neurology |
| Shannon Leung, M.D. | Active Provisional | Pediatrics |
| Jessica Lewis, M.D. | Active Provisional | Medicine |
| Roger Newman, M.D. | Active | Obstetrics & |
| Claudio J Schonholz, M.D. | Active | Radiology |
| Gerard Silvestri, M.D. | Active | Medicine |
| James Shea, M.D. | Active Provisional | Pediatrics |
| Robert Sisson, III, M.D. | Active Provisional | Medicine |
| Michael Steele, M.D. | Provisional Affiliate CFC | Family Medicine |
| Marcella Tabor, D.O. | Affiliate CFC - | Family Medicine |
| Carol Wagner, M.D. | Active | Pediatrics |

Medical Staff Reappointment and Change in Clinical Privileges

| | | | |
|-------------------------------|-----------|----------------------|------------------|
| Andrew Atz, M.D. | Active | Pediatrics | Add Telemedicine |
| Joseph Cantey, M.D. | Active | Medicine | Add Telemedicine |
| Alexei DeCastro, M.D. | Active | Family Medicine | Add Telemedicine |
| Valerian Fernandes, M.D. | Active | Medicine | Add Telemedicine |
| | | Obstetrics & | |
| Donald Fylstra, M.D. | Active | Gynecology | Add Telemedicine |
| | | Pathology & Lab. | |
| Russell Harley, Jr., M.D. | Active | Med. | Add Telemedicine |
| Cynthia Hipp, D.D.S., M.S.C.R | Active | Oral & Maxillofacial | Add Telemedicine |
| Anthony Hlavacek, M.D., | Active | Pediatrics | Add Telemedicine |
| Florence Hutchison, M.D. | Active | Medicine | Add Telemedicine |
| Thomas E. Keane, M.D. | Active | Urology | Add Telemedicine |
| Sarah Kuhn, M.D. | Active | Psychiatry | Add Telemedicine |
| Terrence O'Brien, M.D., M.S. | Active | Medicine | Add Telemedicine |
| Richard Saunders, M.D. | Active | Ophthalmology | Add Telemedicine |
| John Schaefer, III, M.D. | Active | Anesthesiology | Add Telemedicine |
| Edwin Smith, M.D. | Active | Medicine | Add Telemedicine |
| Martin B Steed, D.D.S. | Active | Oral & Maxillofacial | Add Telemedicine |
| Nichole Tanner, M.D. | Active | Medicine | Add Telemedicine |
| Michael Zile, M.D. | Active | Medicine | Add Telemedicine |
| George Worsham, Jr., M.D. | Affiliate | Pathology & Lab. | Add Telemedicine |

Medical Staff Change in Privileges

| | | | |
|---------------------------|--------------------|--------------|------------------------|
| Bruce Alan Crookes, M.D. | Active | Surgery | Add Emergent C-Section |
| Michelle Ruth Davis, M.D. | Active Provisional | Obstetrics & | Add Laser |

| | | | |
|---------------------------|--------------------|---------|------------------------|
| Margaret Dorlon, M.D. | Active | Surgery | Add Emergent C-Section |
| Evert Eriksson, M.D. | Active | Surgery | Add Emergent C-Section |
| Heather Evans, M.D., M.S. | Active Provisional | Surgery | Add Emergent C-Section |
| Stephen Fann, M.D. | Active | Surgery | Add Emergent C-Section |
| Stuart Marc Leon, M.D. | Active | Surgery | Add Emergent C-Section |
| Edward Norcross, M.D. | Active | Surgery | Add Emergent C-Section |
| Alicia Privette, M.D. | Active | Surgery | Add Emergent C-Section |
| Cynthia Talley, M.D. | | Surgery | Add Emergent C-Section |

Professional Staff Initial Appointment and Clinical Privileges

| | | |
|------------------------|--------------------|----------|
| Theresa Nacey, P.A.C. | Provisional Allied | Medicine |
| Brooke Smith, A.P.R.N. | Provisional Allied | Medicine |

Professional Staff Reappointment and Clinical Privileges

| | | |
|----------------------------|--------------------|------------|
| Kenneth J. Ruggiero, Ph.D. | Allied Health | Psychiatry |
| John P Tressy, M.A., LPC | Provisional Allied | Psychiatry |
| Elizabeth Santa Ana, Ph.D. | Allied Health | Psychiatry |
| Susan L Zayac, D.N.P. | Allied Health | Emergency |

Professional Staff Reappointment and Change in Privileges

| | | |
|-------------------------------|--------------------|-------------------|
| Leslie Ancrum, C.R.N.A. | Allied Health | Anesthesiology |
| Kevin Atchison, C.R.N.A. | Allied Health | Anesthesiology |
| Emily Collins, P.A.C. | Provisional Allied | Interdisciplinary |
| Christopher Devine, C.R.N.A. | Allied Health | Anesthesiology |
| Brooke Hendrickson, A.P.R.N. | Provisional Allied | Surgery |
| Aaron Huber, C.R.N.A. | Provisional Allied | Anesthesiology |
| Phillip G. Ivy, C.R.N.A. | Allied Health | Anesthesiology |
| April Martinez, N.N.P. | Provisional Allied | Pediatrics |
| Rita F. Meyers, C.R.N.A. | Allied Health | Anesthesiology |
| Jennifer Reeves, P.A.C. | Allied Health | Surgery |
| Renee D Rienecke, Ph.D. | Allied Health | Pediatrics |
| Milton Seymour, III, C.R.N.A. | Allied Health | Anesthesiology |
| Anthony Sloan, C.R.N.A. | Allied Health | Anesthesiology |
| Margaret Stark, C.R.N.A. | Allied Health | Anesthesiology |
| Chloe Stomski, P.A. | Allied Health | Medicine |
| Maria Thomae, W.H.N.P. | Provisional Allied | Obstetrics & |
| Amanda Waite, C.R.N.P. | Allied Health | Surgery |
| Jodi L Weber, C.R.N.A. | Allied Health | Anesthesiology |
| Sarah White, C.R.N.A. | Allied Health | Anesthesiology |

Professional Staff Change in Privileges

| | | | |
|-----------------------------|-------------|------------|------------------|
| Leigh Vaughan, M.D. | Active | Medicine | Add Telemedicine |
| Julie Washko, M.D. | Active | Pediatrics | Add Telemedicine |
| Conrad Williams, MD | Active | Pediatrics | Add Telemedicine |
| Milad Yazdani, M.D. | Active | Radiology | Add Telemedicine |
| Nikki Yourshaw, M.D., M.P.H | Active | Pediatrics | Add Telemedicine |
| Sanford Zeigler, M.D. | Active Prov | Surgery | Add Telemedicine |

Medical Staff Change in Privileges

| | | | |
|--------------------------------|-----------------|-----------------|------------------|
| Michael Raymond Book, M.D. | Affiliate CFC - | Family Medicine | Add Telemedicine |
| Justin William Dean, M.D. | Affiliate CFC - | Family Medicine | Add Telemedicine |
| Adrian Lee Strand, M.D., M.P.H | Affiliate CFC - | Family Medicine | Add Telemedicine |
| Marcella Ann Tabor, D.O. | Affiliate CFC - | Family Medicine | Add Telemedicine |

Professional Staff Initial Appointment and Clinical Privileges

| | | |
|----------------------------|--------------------|----------------|
| Suzanne Britt, P.A.C. | Provisional Allied | Psychiatry |
| Donna Johnston, C.R.N.A. | Provisional Allied | Anesthesiology |
| Derek Martindale, C.R.N.A. | Provisional Allied | Anesthesiology |

| | | |
|------------------------------|--------------------|----------------|
| Kiira Mendenhall, F.N.P. | Provisional Allied | Anesthesiology |
| Deanna Roberts, M.S., A.T.C. | Provisional Allied | Orthopaedics |
| Margarette VanderPloeg, P.A. | Provisional Allied | Surgery |

Professional Staff Reappointment and Clinical Privileges

| | | |
|----------------------------------|--------------------|-----------------|
| Catherine Bradley, Ph.D. | Allied Health | Pediatrics |
| Michael de Arellano, Ph.D. | Allied Health | Psychiatry |
| Catherine Durham, D.N.P. | Allied Health | Family Medicine |
| Tina Michele Dvoren-Baker, M.S., | Allied Health | Neurology |
| Donna B. Embrey, C.R.N.A. | Allied Health | Anesthesiology |
| Rochelle Judd, F.N.P. | Allied Health | Medicine |
| Melissa Marie Kellum, A.N.P. | Allied Health | Neurosurgery |
| John Anthony Kenna, M.S., N.P. | Allied Health | Neurosurgery |
| Samantha Perry Kinninger, | Provisional Allied | Anesthesiology |
| Tammy J Lamont, C.R.N.A., BSN, | Allied Health | Anesthesiology |
| Laura Lybarger, N.P. | Provisional Allied | Medicine |
| Christopher Mart, B.S. | Allied Health | Radiation Onc |
| Dana M Szeles, Ph.D. | Provisional Allied | Neurology |
| Megan Wallace, B.S., LMSW | Allied Health | Psychiatry |
| Erin Wright, M.S.N. | Provisional Allied | Pediatrics |

Professional Staff Change in Privileges

| | | | |
|--------------------------------|---------------------|-----------------|------------------|
| Tracy Caldwell, N.P. | Allied Health CFC - | Family Medicine | Add Telemedicine |
| Amy Duppstadt-DeLambo, | Allied Health | Neurology | Add Telemedicine |
| Cassie Frazier, D.N.P., M.S.N. | Allied Health | Medicine | Add Telemedicine |
| Holly Gardner, F.N.P., B.S.N. | Allied Health | Neurosurgery | Add Telemedicine |
| Sarah Kratzer, D.N.P., F.N.P. | Allied Health CFC - | Family Medicine | Add Telemedicine |
| Jennifer Palo, N.P., M.S.N. | Provisional Allied | Family Medicine | Add Telemedicine |
| Margaret Ramsden, A.N.P. | Allied Health | Surgery | Add Telemedicine |
| Tiffany Tindal, F.N.P. | Provisional Allied | Surgery | Add Telemedicine |

**Medical Staff Bylaws Summary of Changes
Approved by MEC January 2019**

For New Hospitals Acquisition

ARTICLE I. Section 1.04

- Added quality Information to allow oversight of quality in newly acquired facilities.

ARTICLE IV.

- Expanded the definition of Affiliate Colleague to include hospital owned medical staff members.

Expanding the role of Advance Practice Nurses and Physician Assistants (APP's) in order to be in line with South Carolina Scope of Practice Act and CMS.

Added APP's and changed the word physician to practitioner throughout the bylaws including:

ARTICLE III.

- Sections: 3.02a, 3.05f, 3.08e, 6.01e

ARTICLE VII.

- Grammar changes and added APP representative to MEC Committee.

ARTICLE VIII. Section 8.08

- Allows APP's to complete histories and physicals without attending co-signature.

ARTICLE X. Section 10.03

- Changed verbiage to practitioner and made grammar changes

ARTICLE XII. Section 12.03

- Changed verbiage to practitioner



Medical University of South Carolina
Medical Center

Medical Staff Bylaws

~~November 2017~~6

January 2019

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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).

Section 1.04 **MUSC Health owns and operates multiple health care facilities. The Medical Staff acknowledges that the difference in scope of services among these facilities may necessitate adoption of special rules, regulations, policies, and procedures applicable on a hospital-specific basis. However, wherever possible, the desire of the Medical Staff is to consolidate resources, to standardize policies and procedures, to minimize unnecessary variance in operations in order to promote their maximum efficiency and effectiveness, and to facilitate a comparably high standard of care at all of the Hospitals, while at the same time accommodating the uniqueness of each Hospital and its practice culture.. MUSC Health may enter into arrangements with other MUSC Health affiliated clinical entities (e.g., other MUSC Health owned hospitals, surgery centers, or their successor entities,) for the purpose of sharing information relevant to the activities of the medical staff and individual medical staff members. Such arrangements may include, without**

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limitation, sharing of credentialing and peer review information between MUSC Health affiliated clinical entities, and participation in joint committees among MUSC Health affiliated clinical entities to address credentialing, privileging, peer review, and performance improvement matters. In addition, the Medical Staff may rely on hospital medical or professional staff support resources to assist in the processing of applications for appointment, reappointment, and privileges. The Medical Staff may collaborate with other MUSC Health affiliated clinical entities and the Board to develop coordinated, cooperative, or joint corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, giving timely notice of emerging or pending problems, notice of corrective actions imposed and/or recommended, and coordinated hearings and appeals.

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 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) Doctor of Osteopathy (DO) degrees, or Dentists or podiatrists holding a current, valid [academic license or](#) 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.
- 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.
- 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 privilege 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
 - (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, [APP Best Practice Center](#) 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 of the Medical Center, according to Medical Center Policy C-035 Disaster Privileges for Licensed Independent Practitioners (<https://www.musc.edu/medcenter/policy/Med/C035.pdf>), 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.

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 practitioner 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 (<https://www.musc.edu/medcenter/policy/MedicalStaff/CredentialingManual.pdf>))
- 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.
- c. Responsibilities - 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 (<https://www.musc.edu/medcenter/policy/Med/C074.pdf>).
 - (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 Affiliate Category.

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 or staff of the MUSC Medical Center or those who order diagnostic or therapeutic services at the MUSC Medical Center.
 - (v) The Credentials Committee may waive the requirement to care for at least six (6) patients during an appointment period for physicians who are members in good standing with an 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 sufficient quality and quantity to allow a reappointment and privileging recommendation by the Credentials Committee.
- 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 he/she is appointed and any staff of MUSC Medical Center education programs.
 - (iii) Request admitting privileges.

- c. 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 affiliate category.

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.

- 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.

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. This includes medical staff members of MUHA Health owned and operated hospitals as well as affiliate hospitals, who are in good standing at their respective facility. 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 without voice. ~~This~~This category is exempt from malpractice insurance requirements unless required by their respective facility. ~~Physicians from MUSC Health affiliated hospitals may be appointed to this category.~~

Section 4.05 OTHER / NON-MEDICAL STAFF MEMBERS

- a. 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.
 - (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.

b. Professional Staff – Members of the Professional Staff are those health 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.

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.
- 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.

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 physicianpractitioner 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.
- 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- LIPs 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.
- 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) Executive Director of MUSC Medical Center or his/her designee
 - 4) The Dean of the College of Medicine or his/her designee
 - 5) The Chief Physician Executive for MUSC Physicians
 - 6) Chief Medical Officer (CMO) of MUHA
 - 7) Chief Operating Officer (COO) of MUHA
 - 8) Executive Chief Nursing Officer
 - 9) Department of Medicine Chairperson
 - 10) Department of Surgery Chairperson
 - 11) Chief Quality Officer
 - 12) Chief Medical Information Officer
 - 13) CMO of MUSC Physicians or designee

- 14) President of MUSC Physicians
- 15) One (1) member as elected by the House Staff (voting)
- 16) Credentials Committee Chairperson
- 17) Department of Pediatrics Chairperson
- 18) Designated Institutional Officer for Graduate Medical Education
- 19) Division/Department Chair of Emergency Medicine,
- 20) Department of Laboratory Medicine & Pathology Chairperson or his/her designee
- 21) Department of Anesthesiology and Perioperative Medicine Chairperson or his/her designee
- 22) Department of Radiology Chairperson or his/her designee
- 23) 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
- 24) Four ICCE Chiefs appointed by the Chief Medical Officer of MUHA that are not serving on the Medical Center Operations or Quality Executive Committees concurrently.

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
- 7) APP Representative

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.

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

(ii) 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.
 - (iii) Credentials Committee- A Credentials Committee will be maintained by the MEC according to the MUSC Medical Center Credentialing Policy and Procedure Manual.
- 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 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.

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.

Section 8.02

- 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 8.03 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.

Section 8.04 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 8.05 **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 8.06 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 8.07

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 8.08

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

- a. Residents, ~~appropriately privileged, may complete the H&P with the attending physician's counter signature,~~
- a-b. ~~Advanced Registered Nurse Practitioners and in some cases physicians assistants, appropriately privileged, may complete the H&P with the attending physician's counter signature. appropriately privileged, may complete the H&P without attending cosignature~~
- b-c. ~~In lieu of a signature, t~~he attending physician may complete an additional attestation sheet to confirm or change the initial history and physical.
- c-d. ~~If changes are needed, 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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Commented [WU1]: Need for admission H and P's to be co-signed by the attending

There is no CMS mandate for this, rather, the Medicare Condition of Participation requires that there is "evidence in the chart" that the patient is under the care of an MD/DO has led many hospitals to use the co-signature as a proxy for that evidence. There may be a suggestion that Joint Commission suggests co-signature but is somewhat circumspect at MS. 03.01.01, EP 10.

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 Chief Medical Officer, 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.
- 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, Chief Medical Officer 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 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 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 practitioner hysician 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.

a. 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

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

- 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:
 - (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.
 - (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.
 - 3) The term "adversely affecting" includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership.
 - 4) 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, [APRNs, PA-Cs](#), dentists, and Affiliated Health Care Professionals respectively.
 - 5) 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.

- 6) 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.

b. STANDARDS FOR PROFESSIONAL REVIEW ACTIONS

- (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.

c. ADEQUATE NOTICE AND RIGHT TO HEARING

- 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 Chief Medical Officer 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.

d. 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.

e. CONDUCT OF HEARING AND NOTICE

- (i) If a hearing is requested on a timely basis, the hearing shall be held as determined by the Chief Medical Officer 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 Chief Medical Officer 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~~Medical 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.
- (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.

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

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

- (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.

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

- (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.

h. CONDUCT OF HEARING

- (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.

i. 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.

j. 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.
- k. 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.
- l. 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.
- m. 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 Chief Medical Officer (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 an issue shall become final.
- n. 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.
- (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.

- o. 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 Chief Medical Officer, 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.
- p. 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.
- q. 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.

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 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 practitioner hysician 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 8, 2016~~XXXX
Approved by the Medical Executive Committee ~~January 18, 2017~~YYYY January 16, 2019
Revisions approved by the Board of Trustees on ~~February 10, 2017~~ZZZZ

**Medical Staff Rules and Regulations Summary of Changes
Approved by MEC January 2019**

Rules and Regulations - expanding the role of Advance Practice Nurses and Physician Assistants (APP's) in order to be in line with South Carolina Scope of Practice Act and CMS.

DEFINITIONS

- 5. Title change
- 8. Defined practitioner

SECTION II. ADMISSIONS

- Allows APP's to admit patients with attending signature.
- Requires MD's and resident and other practitioners to complete handoff of patient.

SECTION III. MEDICAL RECORDS

General Guidelines:

- Added APP's to documentation requirements.
- Added two policy links for clarification.

Informed Consent:

- Allows APP's if present for the procedure to complete Informed Consent.

Discharge Summaries:

- Allows APP's to complete discharge summaries.

Delinquent Records:

- Added APP's to requirements to complete medical records in a timely fashion.

General Requirements:

- Allows APP's to review medication orders after surgery or a procedure.

SECTION V. ORDERS

- APP's can now order diets.
- APP's can order restraints in collaboration with attending.
- APP's complete DNR's and Allow Natural Death orders in collaboration with attending.
- APP's can complete an executed South Carolina Physician Orders for Scope of Treatment ("POST").
- APP's can complete non-CMS home care discharges.
- Verbal orders must be signed within 72 hours.
- APP's are notified for unsigned verbal orders for controlled substances (must be discontinued after 48 hours).
- APP's can initiate standing orders.
- APP's can initiate a consult request.
- APP's can do consults in the Emergency Department.

SECTION XII. EMERGENCY MEDICAL SCREENING

- APP's can complete an emergency room screening.



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

***Medical Staff
Rules and Regulations
January 2019***

~~November 2017~~6

MUSC Medical Staff Rules & Regulations [January 2019](#)~~November 2017~~6
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Approved Medical Executive Committee
Approved Medical Staff
Approved Board of Trustees

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~~Health Affairs/ 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, Advanced Practice Provider (APRN and PA-C), 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

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Approved Medical Executive Committee

Approved Medical Staff

Approved Board of Trustees

competence and, is qualified to render direct or indirect care.

- 42- **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.

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."

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

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, PA-C or APRN, 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. The evaluation can be performed and completed by an APRN or PA-C. Such an evaluation must be completed within 24 hours of admission and must include admission orders. The admission orders must be signed/co-signed by the attending physician prior to discharge
- management and coordination of the care, treatment, and services for the

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Approved Medical Executive Committee

Approved Medical Staff

Approved Board of Trustees

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, ~~and~~
- completion of a clinical handoff to the next attending in inpatient settings, during times of intermittent coverage and/or at the end of a clinical rotation. "Best practice" handoffs are both written and verbal, with an opportunity for the oncoming attending to ask clarifying questions.

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.

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

MUSC Medical Staff Rules & Regulations ~~January 2019~~ November 2017 ~~6~~

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- 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, APRN or PA-C 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. Please see [policy A-082, Records Retention](#), for more 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. Please see [policy C-211, Medical Record Correction and Documentation](#), for more information.
- d. The attending physician, APRN or PA-C 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.
- 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.

Commented [HDA1]: <https://www.musc.edu/medcenter/policy/Med/A082.pdf>

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Commented [HDA2]: <https://www.musc.edu/medcenter/policy/Med/C211.pdf>

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- 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, APRN, PA-C, resident or intern to assure appropriate informed consent is obtained and documented in the medical record and when appropriate, also document the discussion in a progress note if the provider is present during the procedure. 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, APRN or PA-C who obtained the consent, (verbal consent may be witnessed by the nurse and indicated on the consent form),
- physician, APRN or PA-C documentation of the consent process in a progress note or on the consent form.

Commented [WU3]: Sheila Scarbrough notified us on 5/23/18 that the surgical consent form would be changed from attending physician to provider.

Physician, APRN or PA-C 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

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 and 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 by the physician, APRN or PA-C 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 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.
- 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

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- 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

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, APRN or PA-C 3 days following the completion due date, (The exception is outpatient visit notes when the attending physician's APRN or PA-C 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]

Delinquency Summary Table

| Medical Record Required Element | Required Completion time within: | Attending's Signature, <u>APRN or PA-C</u> required within: | Deemed Delinquent at: |
|--|---|---|-----------------------|
| Admission H&Ps | 24 hours | 3 days | 4 days |
| Inpatient & ED consultations | 24 hours | 3 days | 4 days |
| Death <u>note</u> | 24 hours | 24 hours <u>(excludes PA-C)</u> | 4 days |
| Discharge <u>Summaries/death summaries</u> | Preliminary version within 24 hours Official within 3 days | 3 days | 4 days |
| <u>Death summaries</u> | <u>Preliminary version within 24 hours</u> <u>Official within 3 days</u> | <u>3 days (attending signature only)</u> | <u>4 days</u> |
| ED attending notes | 24 hours | 3 days <u>(attending signature only)</u> | 4 days |
| Operative/ <u>procedure reports</u> | 24 hours | 3 days <u>(attending signature only)</u> | 4 days |
| Outpatient visit notes | 7 days | 14 days | 14 days |
| Admission orders | Upon admission | Prior to discharge <u>(attending signature only)</u> | At discharge |
| Procedure reports | 24 hours | 3 days | 4 days |

Commented [WU4]: Per new law July 1, 2018, APRNs can pronounce and sign death certificates

Commented [WU5]: Per new law July 1, 2018, APRNs can pronounce and sign death certificates

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| | | | |
|------------------------|----------|--------|--------|
| In-Basket Folders | 24 hours | 3 days | 4 days |
| In-Basket Pool Folders | 48 hours | 4 days | 6 days |

Note: In basket folder items may be signed by another LIP with like privileges when requested by the physician, [APRN or PA-C](#) responsible for the In-Basket in order to assure timely review of time-sensitive results.

Physicians, [APRNs or PA-Cs](#) 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, [APRNs or PA-Cs](#) 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, [APRN or PA-C](#) 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

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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:

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

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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, [APRN](#) or [PA-C](#) 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](#)).
- 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.
- 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,

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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.

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, APRN, PA-C or a registered dietician through orders entered into the patient's medical record. 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, PA-C 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 of the nurse initiating restraints. The ordering practitioner must sign verbal orders for restraints within twenty-four (24) hours. PRN orders are not acceptable. Collaboration with the attending physician must occur as soon as feasible if the attending physician did not order the restraint or seclusion.
- e. When restraints are used for behavioral reasons, the patient must be seen by an MD, APRN or PA-C within one hour of initiation.

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f.e. 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, APRN or PA-C 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. Collaboration with the attending physician must occur as soon as feasible if the attending physician did not order the DNR.

g.f. 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, APRN or PA-C and patient (or surrogate). Collaboration with the attending physician must occur as soon as feasible if the attending physician did not order the AND order.

Commented [WU6]: Approved in language by Joint Commission and/or CMS

h.g. 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, APRN or PA-C should document review of the POST and conversations about the POST in the medical record. Collaboration with the attending physician must occur as soon as feasible if the attending physician did not complete the POST form.

Commented [WU7]: Approved in language by Joint Commission and/or CMS

i.h. Orders to admit a patient must be signed/co-signed by the admitting physician or by another physician credentialed to admit patients.

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

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

l.k. 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

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sample(s) is provided to the patient.

m.l. Pharmacists may place laboratory orders without a prescriber's co-signature as part of the therapeutic drug monitoring referral program ([MUSC Policy C-078: Medication Orders](#)).

n.m. A discharge orders for home health care must have an appropriately documented face to face encounter between the patient and the ordering physician, [APRN or PA-C](#). [For CMS home health, Attending Physician signature required.](#)

Commented [WU8]: Attending needs to do the face-to-face.
May not be paid without physicians signature

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 \(Verbal, Telephone, and Standing Orders\)](#)].

- a. The following disciplines may request and accept a verbal or telephone order within the scope of their practice:
- ~~Licensed P~~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 dietician
 - Board registered or licensed nuclear medicine technologist
 - Board registered or licensed radiologic technologist

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- 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
- 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.
 - 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~~⁹⁶⁷² hours 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, APRN, PA-C or dentist must be notified by a nurse of the discontinuation. Documentation of notification of the physician, APRN, PA-C or dentist must occur in the medical record.
 - 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.

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- 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, [APRN](#) or [PA-C](#) 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.

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, [APRN's](#) or [PA-C's](#) order for that patient. The Medical Staff must approve standing orders after the recommendation and approval of the Pharmacy and Therapeutics Committee [if medications are part of the standing order](#). 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.

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.

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Required Consultations

- 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, APRN or PA-C:
 - 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.

Commented [WU9]: Admission H&Ps, consults and discharge summaries do not require MD cosignature. Consults and Admissions H&Ps need attending cosignature only when it's a shared visit and MD is billing, per CMS

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.

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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, [APRN or PA-C](#) 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

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, [APRN, PA-C](#) or a member of the Department of Psychiatry.

VIII. MODERATE AND DEEP SEDATION

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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, [APRN or PA-C](#) 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 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 along with all additional information the pathologist considers

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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, [advanced practice registered nurse-nurse practitioners](#), and physician assistants. If a physician on the on-call list is called by the Emergency Department physician to provide emergency screening or treatment, the on-call physician must respond within a reasonable time as defined in Policy C-048 EMTALA-Medical Emergencies, Screening and Transfer (<https://www.musc.edu/medcenter/policy/Med/C048.pdf>).

If the physician refuses or fails to arrive within the required response time the chain of command should be initiated.

XIII. OBLIGATION TO ACCEPT PATIENT TRANSFERS FROM EMERGENCY ROOM

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The Medical Center, and its on-call physicians, will accept the transfer from an emergency room of any patient with an emergent condition who requires specialized capabilities of the Medical Center if the Medical Center has the capability and capacity to treat the patient.

XIV. 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.

XV. 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](#)

[IC 3-008: Hand Hygiene](#)

[C-146: Medication Reconciliation](#)

XVI. 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

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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.

XVII. 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.

XVIII. MEDICAL STAFF POLICIES

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

Medical Staff Credentialing Policy and Procedure Manual
Summary of Changes
Approved by MEC January 2019

For New Hospitals Acquisition

II. CLASSIFICATION OF APPOINTED PRACTITIONERS

- Section D. Medical Staff Appointment Without Privileges
 - Added Affiliate Colleague Category to match the bylaws.



MUSC Medical Center

Credentialing
Policy and Procedure Manual

Revised: January 201~~9~~⁷

MUSC Medical Center – Medical Staff Credentialing Manual
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Approved Medical Executive Committee and Medical Staff January
201~~9~~⁷ Approved Board of Trustees February 201~~9~~⁷

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I. Credentialing Process

The credentialing process involves the following: 1) assessment of the professional and personal background of each practitioner seeking privileges; 2) assignment of privileges appropriate for the clinician's training and experience; 3) ongoing monitoring of the professional activities of each staff member; and 4) periodic reappointment to the medical or professional staff on the basis of objectively measured performance.

A. Purpose

To define the policies and procedures used in the appointment, reappointment, and privileging of all licensed independent practitioners or allied health professional who provide patient care services at MUSC Medical Center and other designated clinical facilities. Credentialing is the process of determining whether an applicant for appointment is qualified for membership and/or clinical privileges based on established professional criteria. Credentialing involves a series of activities designed to verify and evaluate data relevant to a practitioner's professional performance. These activities serve as the foundation for objective, evidence-based decisions regarding appointment to membership on the medical or professional staff, and /or recommendations to grant or deny initial or renewed privileges.

B. Scope

Although appointment or reappointment and the granting or renewal of clinical privileges generally happens at the same time, they are two different activities of the credentials process. Applicants to some categories of the Medical Staff may not necessarily request or be granted privileges, and applicants for privileges need not necessarily be members of the Medical Staff. Therefore, the MUSC Medical Center Credentialing Policy and Procedure Manual applies to all Medical Staff members with or without delineated clinical privileges as well as other licensed independent practitioners and allied health professionals, who while not Medical Staff members, are considered Professional Staff appointees and are credentialed through the organized Medical Staff credentials process.

C. Credentials Committee

1. Purpose

To review requests for initial appointments and reappointments to the Medical and Professional Staffs and to review all requests for initial or renewed clinical privileges. The Credentials Committee reviews completed applications for appointment and reappointment and for any clinical privilege request after approval by the appropriate Department Chairperson. The Credentials Committee may make recommendations to approve/deny or delay appointments, reappointments and/or privileges.

2. Membership

The Chairperson of the Credentials Committee is appointed by the Vice President for Medical Affairs (or his/her designee) as recommended by the Chief Medical Officer of MUSC Medical Center. The appointment for Chairperson shall be for a three (3) year term with eligibility for reappointment for two additional terms. Members of the Credentials Committee are recommended by Department Chairpersons at the request of the President of the Medical Staff and /or the Chief Medical Officer of MUSC Medical Center. Appointment for members shall be a three (3) year term, with eligibility for reappointment for an additional three (3) year term. Both the Chairperson and other members may have their membership extended beyond the stated appointment period if approved by the MEC.

3. Reporting Channels

The Credentials Committee reports to and makes credentials recommendations directly to the Medical Executive Committee.

4. Meetings

The Credentials Committee meets monthly or at the request of the Chairperson.

5. Minutes

The Credentials Committee shall document meetings with minutes. Minutes of the meeting are reported to the Medical Executive Committee.

D. Confidentiality

Access to credentials files is limited to the following: appropriate MSO staff, members of the Credentials Committee, members of the Medical Executive Committee, MUSC legal counsel, Medical Center Risk Management, Department/Division Chairpersons of physician's specialty, the President of the Medical Staff, the Executive Director, the Chief Medical Officer and others who may be otherwise authorized. These files shall be privileged pursuant to Medical Staff credentials files are the property of the MUSC Medical Center.

II. CLASSIFICATION OF APPOINTED PRACTITIONERS

A. Conditions and Requirements for Appointment to the Medical Staff

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Appointment to the Medical Staff of MUSC Medical Center is a prerogative that shall be extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in the Bylaws, the Credentialing Manual and associated policies of the MUSC Medical Staff.

B. Qualifications for Medical Staff Membership

Only practitioners with Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), or Doctor of Dental Medicine (DMD) degrees holding a current, valid license to practice in the State of South Carolina shall be qualified for clinical privileges and appointment to the Medical Staff. To be considered for appointment and clinical privileges at MUSC Medical Center, an applicant must meet all of the following criteria:

- Have a valid and unrestricted medical/dental license to practice in the State of South Carolina;
- Be board certified or eligible to obtain board certification in his/her respective specialty (ABMS APPROVED) unless the Department Chairperson requests otherwise based on demonstrated equivalent competency. A five-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 practitioners who are not board certified or are more than five years out from initial eligibility are required to attain board certification within two years.
- Maintain a Federal DEA number and State DHEC License/Certification where applicable;
- Be a faculty member of the Medical University of South Carolina;
- Provide satisfactory evidence of appropriate training, education, and competency in the designated specialty;
- Hold current professional malpractice insurance at levels acceptable to MUSC Medical Center.

C. Medical Staff Appointment with Privileges

1. Active Medical Staff

The Active Medical Staff shall consist of full-time and part-time practitioners with Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), or Doctor of Dental Medicine (DMD) degrees who are professionally responsible for specific patient care and/or education and/or research activities in the healthcare system and who assume all the functions and responsibilities of membership on the active staff. Fellows who practice as attendings must be appointed to the Medical Staff and granted privileges through the credentials process for the services they provide as attendings.

Prerogatives: Members of the active medical staff shall be appointed to a specific department or service line with the following prerogatives:

- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentials Manual of the Medical Staff or by specific privilege restriction.
- Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he/she is appointed.
- Hold office, sit on or be Chairperson of any committee, unless otherwise specified elsewhere in Medical Staff Bylaws.
- May request admitting privileges. Dentists are not eligible for admitting privileges.

Responsibilities: Appointees to this category must:

- Contribute to the organizational and administrative affairs of the Medical Staff.
- Actively participate in recognized functions of staff appointment, including professional practice evaluation, performance improvement and other monitoring activities.
- Monitor practitioners with new privileges during a focused review period.
- Accept individual responsibilities in the supervision and training of students and House Staff members as assigned by their respective department, division or section head and according to Medical Center Policy C-074 Resident Supervision (<https://www.musc.edu/medcenter/policy/Med/C074.pdf>).
- Participate in the emergency room and other specialty coverage programs as scheduled or as required by the Chief Medical Officer, Medical Executive Committee or Department Chairperson.

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 Affiliate Category. The practitioner shall have the rights afforded by Article X of the Medical Staff Bylaws.

2. Affiliate Medical Staff

The Affiliate Medical Staff shall consist of physicians and dentists, who are responsible for supplementing the practice of members of the active staff in their roles in education, patient care and/or research. Affiliate staff members may admit and attend to patients when appropriately privileged. Only those Affiliate Staff who admit or attend to patients shall be required to participate in professional practice evaluation including ongoing and focused review.

Prerogatives: Affiliate Medical Staff will be appointed to a specific department or service line with the following prerogatives:

- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentialing Manual of the Medical Staff or by specific privilege restriction.

- Attend meetings of the Staff and Department to which he/she is appointed and any staff or MUSC Medical Center education programs.
- May request admitting privileges. Dentists are not eligible for admitting privileges.

Restrictions: Appointees to the Affiliate Category do not have general Medical Staff voting privileges.

D. Medical Staff Appointment Without Privileges

1. Honorary/Administrative Members

Honorary or administrative members are in administrative positions and have no clinical privileges. This category is restricted to those individuals the Medical Staff wishes to honor or to those physicians who have only administrative positions and no clinical privileges. Such staff appointees are not eligible to admit patients to the MUSC Medical Center, to vote, or to exercise clinical privileges in the MUSC Medical Center. They may, however, attend Medical Staff and department meetings. This category is exempt from the malpractice insurance requirements, Board Certification requirements, and routine clinical quality requirements unless required within their position description.

2. 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. This includes medical staff members of MUHA Health owned and operated hospitals as well as affiliate hospitals, who are in good standing at their respective facility. 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 without voice. This category is exempt from malpractice insurance requirements except as required by their respective facilities. Physicians from MUSC Health affiliated hospitals may be appointed to this category.

2-3.

E. Professional Staff Appointment with Privileges

1. Allied Health Professionals

Allied Health Professionals are those health professionals who:

- Are licensed in the state with a doctorate in psychology, or are licensed as advanced practice nurses, physician assistants, optometrists, podiatrists, or acupuncturists;
- Are others who are appropriately licensed or certified and are designated as Allied Health Professionals by the Governing Board;
- Are subject to licensure requirements or other legal limitations, exercise independent

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- judgment within areas of their professional competence; and
- Are qualified to render direct or indirect care as delineated in their respective scopes of practice, job descriptions, or privileging forms.

All matters relating to delineated clinical privileges, supervision agreements, and responsibilities of these individuals shall be in accordance with information in this manual.

2. Physician Extenders (Allied Health External)

This category of practitioners shall consist of physician assistants, advanced practice nurses and or clinical technologists, who are employees of a Medical Staff Member.

These physician extenders must be privileged through the Medical Staff credentials process. These physician extenders are qualified to render direct or indirect care only as delineated in their respective scopes of practice, job descriptions, or privileging forms.

F. Telemedicine Providers

Telemedicine providers are practitioners whose sole privileges are for the provision of specific services to MUSC Medical Center patients via telemedicine link. These practitioners are not members of the Medical Staff, are not eligible to vote or attend meetings of the Medical Staff, and are not eligible to admit patients to the MUSC Medical Center. This category is exempt from Board Certification requirements. Credentialing by Proxy is the method that will be used to credential these practitioners at the MUSC Medical Center.

III. Initial Appointment Application

A. Nature of the Application

Each applicant shall complete the online application provided by the Medical Staff Office via the Credentials Verification Office (CVO).

B. Application Requirements

The initial application shall include:

- Information pertaining to professional licensure including a request for information regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following license or registration has ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:
 - Board certification
 - License to practice
 - State DHEC and federal DEA license or certification;
- State DHEC and federal DEA license or certification, if applicable;
- Specialty board certification/eligibility;
- Professional education, training, and experience;
- Information pertaining to malpractice coverage and claims history including current and past liability insurance coverage in amounts that may be determined from time to time and at any time by the Board with relevant Medical Executive Committee input, and about current and past liability malpractice judgments, suits, claims, settlements and any pending liability action as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- Statement of current health status by the applicant that includes the ability to perform the requested privileges, any history of alcohol or substance abuse or conviction for DUI,

- and a current PPD;
- Information regarding any negative action by a governmental agency or conviction of a felony or a crime involving moral turpitude;
- Information about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions Information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institution;
- Membership in professional societies;
- Documentation of faculty appointment (applicants for medical staff appointment only);
- Peer recommendations: Names and complete addresses of three (3) professional references from colleagues who have knowledge of current clinical abilities;
- Practice history: Any gaps exceeding 6 months will be reviewed and clarified either verbally or in writing. Lapses in service greater than 60 days may prompt review and request for additional information;
- Request for Medical Staff or Professional Staff membership category and/or clinical privileges;
- Release form; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

C. Applicant's Responsibility for Producing Information:

The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, ability to work with other professionals and non-professionals in the Medical Center, and other qualifications, and for resolving any doubts about such qualifications. This could include:

- Current copy of South Carolina license and DEA certificate;
- Copies of certificates showing evidence of completion of education and training, if available;
- Copy of Board Certification certificate, if applicable;
- Current and dated curriculum vitae (month/year format) outlining education and practice history with written explanations of gaps greater than thirty (30) days;
- Copy of certificate evidencing professional liability insurance coverage;
- A valid state identification card, drivers license, or passport photograph of self;
- Any additional information required in response to questions on the application form; and
- A statement as to the correctness and completeness of the application and a signed attestation of the penalty for misrepresenting, falsifying or concealing information.

D. Applicant's Agreement

The following is required of all applicants for appointment and/or initial privileges, for reappointment and/or renewal of privileges and when requesting an increase in privileges:

- That he/she has received, has read, and agrees to be bound by the MUSC Medical Staff bylaws, rules and regulations, Credentials manual and related policies;
- That he/she is willing to appear for an interview as part of the application process;
- That he/she is responsible for truth, accuracy and completeness of information provided;
- That he/she is responsible for conducting adequate medical/professional activity as determined by each Medical Staff Department to allow for evaluation by the Medical Executive Committee;
- That he/she is bound to the continuous care of patients under his/her care;
- That he/she will attest to their qualifications to perform the clinical privileges requested;
- That he/she will not practice outside the scope of his/her granted privileges including the settings in which such privileges may be practiced;
- That he/she will provide supervision and oversight of house staff and others for whom he/she has responsibility;
- That he/she will adhere to all MUSC Medical Center's policies and procedures that govern clinical practice; and
- That he/ she will adhere to the MUSC Standards of Behavior.

Release: In connection with the application, applicants agree to release from liability the Medical University of South Carolina, its employees, agents, Trustees, Medical Staff, and their representatives, for their acts performed in good faith and without malice, in connection with evaluating and making recommendations and decisions based upon their application, credentials, and qualifications for staff membership and clinical privileges. In addition, the applicant shall:

- Consent to inspection by MUSC Medical Center of all records and documents it may deem material to the evaluation of his/her qualifications and competence to carry out the privileges he/she is seeking, physical and mental health status, and professional and ethical qualifications;
- Release from any liability all authorized individuals and organizations who provide requested information to MUSC Medical Center or its representative concerning his/her competence, professional ethics, character, physical and mental health, quality of care, and other qualifications for appointment and/or privileges; and
- Authorize and consent to MUSC Medical Center representatives providing other authorized organizations, including managed care organizations, surveyors, and auditors, information concerning his/her professional competence, ethics, character and other qualifications, only as necessary to complete accreditation, contracting, and/or utilization reviews or as otherwise required by law. Such organizations will be required to hold the information as privileged and confidential (as defined in SC State Law) and such information may not be further released or utilized in any other manner.

E. Applicant's Rights Regarding Information:

The applicant for membership and/or privileges has the following rights:

- The right to review any information he/she submitted with the application for appointment, reappointment, or clinical privileges. If requested, the practitioner may be provided a summary of information gathered in the credentialing process without identifying the source unless required to be released by law. Information may only be viewed in the Medical Staff Office under the supervision of an authorized representative of the MSO staff;
- The right to correct erroneous information;
- The right, upon request, to be informed of the status of his/her credentialing application.

F. Verification Process:

After receipt of the completed application for membership, the Medical Staff Office via the Credentials Verification Organization (CVO) will collect and verify the references, licensure and other qualification evidence submitted. Primary source verification will be conducted regarding current licensure, relevant training, and current competence. When collection and verification is completed, the CVO will promptly transmit the application and supporting material to the department in which the applicant seeks clinical privileges.

Verification will include the following:

- Verification of South Carolina license directly with the State Licensing Board, and other state licenses by receipt of information from either the appropriate State Licensing Board or the Federation of State Medical Boards;
- Verification of graduation from medical school (for Medical Staff appointees only);
- Verification of postgraduate professional training;
- Verification of board certification through the use of the Directory of the American Board of Medical Specialties, directly with the appropriate specialty board or via internet, where applicable (for Medical Staff appointees, only);
- Verification and status of past and current hospital affiliations;
- Group practice affiliations during the past seven years, if applicable;
- Current and past malpractice insurance information from malpractice carriers concerning coverage, claims, suits, and settlements during the past five years;
- Information from the National Practitioner Data Bank;
- Evidence of Medicare/Medicaid sanctions or investigations from websites of the Office of the Inspector General and Excluded Parties Listing System;
- Three peer references that are able to provide information about the applicant's current clinical competence, relationship with colleagues, and conduct. Professional references will include an assessment of medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. Reference letters of an ambiguous or noncommittal nature may be acceptable grounds for refusal to grant Medical or Professional Staff membership or clinical privileges;
- Relevant practitioner specific data compared to aggregate when available including mortality and morbidity data; and,

- Any other relevant information requested from any person, organization, or society that has knowledge of the applicant's clinical ability, ethical character, and ability to work with others.

G. Inability to Obtain Information:

The practitioner has the burden of producing any information requested by the Medical Center or its authorized representatives that is reasonably necessary, in the sole discretion of the Medical Center, to evaluate whether or not the practitioner meets the criteria for Medical or Professional Staff membership or privileges.

If there is delay in obtaining such required information, or if the Medical Center requires clarification of such information, the MSO or CVO will request the applicant's assistance. Under these circumstances, the medical staff may modify its usual and customary time periods for processing the application or reapplication. The Medical Center has sole discretion for determining what constitutes an adequate response.

If, during the process of initial application or reapplication, the applicant fails to respond adequately within 15 days to a request for information or assistance, the Medical Center will deem the application or reapplication as being withdrawn voluntarily. The result of the withdrawal is automatic termination of the application or reapplication process. The Medical Center will not consider the termination an adverse action. Therefore, the applicant or re-applicant is not entitled to a fair hearing or appeal consistent with the Medical Staff's fair hearing plan. The Medical Center will not report the action to any external agency. The applicant shall be notified in writing that the application has been deemed a voluntary withdrawal.

When trying to verify the information supplied by the applicant, if a particular entry has closed or ceased to operate and information cannot be verified because the source no longer exists, and after all avenues have been thoroughly tried, the verification will be deemed complete. Due diligence is defined as the Medical Staff Office and/or the CVO attempting to obtain the verification at least three times. The file will be presented to the Department Chairperson for review and approval with the unverified item noted.

IV. Initial Appointment and Privileging Process

A. Review/Approval Process

All initial appointments and requests for initial privileges will be reviewed as outlined below. Final approval rests with the Governing Body of MUSC Medical Center. The time from the date of application attestation to final Board decision, including all the steps outlined in the appointment or privileging process, cannot exceed 180 days.

B. Departmental Chairperson Review

Once all required application documentation has been received and processed by the Medical Staff Office and/or the CVO, and all verifications and references confirmed, the Chairperson of the applicable Department or Division Chief, if appropriate, shall then review the application, and, at his/her discretion, conduct a personal interview. Upon completion of this review, the Chairperson shall make a recommendation as to the extent of clinical privileges and the proposed category of the Medical Staff or Professional Staff. The application with his/her recommendation shall then be returned to the Medical Staff Office or CVO for transmission to the Credentials Committee.

C. Credentials Committee Review

Following review by the appropriate Department Chairperson, the Credentials Committee shall review the application and supporting documentation, including all written documentation, along with the recommendations made to the Credentials Committee by the Department Chairperson. The Credentials Committee then either defers action or prepares a written report for the Medical Executive Committee for consideration at its next regularly scheduled meeting. The written report will contain recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, clinical service affiliation, and/or scope of clinical privileges. If the Credentials Committee requires further information about an applicant, it may request the applicant to appear before the committee. Notification by the Credentials Committee Chairperson or the Chief Medical Officer through the Medical Staff Office shall be promptly given to the applicant if the Credentials Committee requires further information about the applicant.

D. Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chairperson and Credentials Committee, and any other relevant information available to it. The Medical Executive Committee defers action on the application or prepares a written report with recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, departmental affiliation, and/or scope of clinical privileges.

Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up in a timely manner with subsequent recommendations as to approval or denial of, or any special limitations on Staff appointment, category of Staff membership and prerogatives, department affiliation, and scope and setting of clinical privileges. The Executive Director or the Chief Medical

Officer through the Medical Staff Office promptly sends the applicant written notice of an action to defer.

2. Recommendation for Approval

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board for review at the next scheduled Board Meeting.

3. Adverse Recommendation

When the Medical Executive Committee's recommendation to the Board is adverse to the applicant, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, so informs the applicant within 30 days by special notice with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny, in full or in part, appointment, membership, requested staff category, requested departmental assignment, and/or requested clinical privileges. No such adverse recommendation needs to be forwarded to the Board until after the practitioner has exercised his procedural rights or has been deemed to have waived his/her right to a hearing as provided in the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

E. Board Action

The Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee.

Effect of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made, and may include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ten (10) days after receipt of such subsequent recommendation and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

When the Board has reached a favorable decision, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, by written notice, will inform the applicant of that decision within 10 days. Notice of the Board's decision is also given through the Medical Staff Office to the Medical Executive Committee, and to the Chairperson of the respective department.

A decision and notice to appoint includes:

- a) The Staff category to which the applicant is appointed (if applicable);
- b) The clinical department to which he is assigned;
- c) The clinical privileges he may exercise; and
- d) Any special conditions attached to the appointment.

3. Adverse Action

“Adverse action” by the Board means action to deny, in full or in part, appointment, membership, requested staff category, requested departmental assignment, and/or requested clinical privileges.

If the Board's decision is adverse to the applicant, the Chief Executive Office or the Chief Medical Officer or their designee through the Medical Staff Office, within 10 days so informs the applicant by special notice, with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

Report of adverse Board action shall be given by the Executive Director or the Chief Medical Officer through the Medical Staff Office to the National Practitioner Data Bank.

4. Expedited Action

To expedite appointment, reappointment, or renewal or modification of clinical privileges, the governing body may delegate the authority to render those decisions to an ad hoc committee consisting of at least two governing body members.

Following a recommendation for approval from the Medical Executive Committee on an application, the committee of the governing body shall review and evaluate the qualifications and competency of the practitioner applying for appointment, reappointment, or renewal or modification of clinical privileges and render its decision. An approval by the committee will result in the status or privileges requested. The committee shall meet as often as necessary as determined by its Chairperson. The full governing body shall consider and, if appropriate, ratify all committee approvals at its next regularly scheduled meeting. If the committee's decision is adverse to an applicant, the matter is referred back to the Medical Executive Committee for further evaluation.

An applicant will be ineligible for the expedited process if at the time of appointment or reappointment, any of the following have occurred:

- The applicant submits an incomplete application;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at

- another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- When there has been an unusual pattern or excessive number of professional liability actions resulting in a final judgment against the applicant.

F. Provisional Appointment and Initial Privileges

Each initial appointment of an applicant for Active or Affiliate Medical Staff Membership or for appointment to the Professional Staff shall be a provisional appointment for (1) year. For all privileged practitioners this provisional period shall include an initial period of focused professional practice evaluation. Criteria for the focused evaluation of all practitioners requesting new privileges shall be determined by the Department Chairperson and/or the Division Director or their designee. The focused evaluation will include a monitoring plan specific to the requested privileges, the duration of the monitoring plan, and circumstances under which monitoring by an external source is required. Focused evaluation may be conducted by using chart review, direct observation, monitoring of diagnostic or treatment techniques, feedback from other professionals involved in patient care or other methodology determined by the Department. All new appointees must complete a focused evaluation during the provisional year; however, the focused evaluation period will be for a time frame determined by the Department Chairperson and/or the Division Director or their designee. Upon satisfactory completion of a focused professional practice evaluation, appointees will be required to follow the reappointment process. If at the end of the focused evaluation period a decision is made to deny privileges to the practitioner, the practitioner is afforded the rights outlined in the Fair Hearing Plan of the MUSC Medical Staff Bylaws.

V. Reappointment/Renewal of Privileges Application

A. Nature of the Application

Each applicant for reappointment and/or renewal of privileges shall complete and electronically sign the online application provided by the Medical Staff Office via the CVO.

B. Review/Approval Process

Reappointments to the Medical and Professional Staffs shall be for a period not to exceed two years. Reappointments and/or the renewal of privileges are not automatic and shall be based on information concerning the individual's performance, ability to work with other professionals at MUSC Medical Center, judgment, quality of care, and clinical skills. The reappointment/renewal process from time of application attestation to final Board decision cannot exceed 180 days.

C. Application for Reappointment Requirements

The application for reappointment is completed online and electronically signed. The application and supporting information will include:

- Current copy of license and, if applicable, State DHEC and Federal DEA certificate or license;
- Certificate of professional liability coverage;
- Request for clinical privileges;
- Information pertaining to malpractice claims activity including malpractice claims pending, or judgments or settlements made, as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- CME: In accordance with South Carolina Medical Board guidelines (40 hours every 2 years are required for renewal of South Carolina Medical License). The predominant number of hours must be related to the clinician's specialty. Professional staff will be required to complete the number of hours dictated by their respective license;
- Peer Recommendations: Medical staff are required to submit two (2) peer references from practitioners in the applicant's field with knowledge of their clinical abilities. These recommendations must include an assessment of current competence, health status and any relevant training or experience as well as the six general competencies. Professional staff are required to submit three (3) references: two (2) from current peers and one (1) from the current supervising physician (as applicable);
- Health status relative to ability to perform the clinical privileges requested;
- Current PPD;
- Chairperson Recommendation: Evaluation form electronically completed by Chairperson/Chairperson designee recommending privileges including documentation of health status or the ability to perform the requested privileges;
- Information from the National Practitioner Data Bank and HIPDB;
- Hospital Affiliations: Evaluation of clinical activities from other hospital affiliations;
- Current board certification or eligibility as outlined in the Medical Staff Bylaws;
- Information since initial appointment or previous appointment that includes:
 - Details regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following licenses or registrations have been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:
 - Board certification
 - License to practice
 - State DHEC and/or federal DEA license or certification;
- Details about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions, information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institutions, and voluntary or involuntary changes in membership, privileges, or status at other healthcare organizations;

- The results of Ongoing Professional Practice Evaluation and the results of any Focused Professional Practice Evaluations;
- Any additional practitioner specific data as compared to aggregate data, when available;
- Morbidity and mortality data, when available;
- Release of information; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

D. Continuing Duties of Medical Staff and Professional Staff Members

It shall be a continuing duty of all Medical Staff and Professional Staff members to promptly update credentials information on an ongoing basis. Failure to do so may result in immediate reappraisal by the Credential Committee of the member's staff appointment. This information shall include but not be limited to the following:

- Voluntary or involuntary termination of appointment, limitation or reduction or loss of privileges at any hospital, healthcare organization, or managed care organization, or any restriction of practice or severance from employment by a medical practice;
- Any investigations, charges, limitations or revocation of professional license in the State of South Carolina or any other state;
- Any investigations, charges, limitations, or corrective action by any professional organization;
- Changes in physical or mental health which effect ability to practice medicine;
- Change of address;
- Name changes;
- Any investigations, convictions, arrests, or charges related to any crime (other than minor traffic violations), including crimes involving child abuse;
- Any "quality query" from any qualified peer review organization, or its equivalent;
- Any investigations regarding reimbursement or billing practices;
- Any professional investigations or sanctions including but not limited to Medicare or Medicaid sanctions;
- Notification of cancellation or proposed cancellation of professional liability insurance;
- Disclosure and updates of malpractice claims or other actions initiated or made known subsequent to appointment; and,
- Any information reasonably required by the Medical Executive Committee or Board to adequately evaluate the staff members.

E. Ongoing Professional Practice Evaluation

During the appointment cycle, each practitioner with clinical privileges will be reviewed on an ongoing basis. Ongoing Professional Practice Evaluation (OPPE) is an evidenced based evaluation system designed to evaluate a practitioner's professional performance.

The Department Chairperson is responsible for conducting OPPE for all practitioners with clinical privileges within their Department and for insuring that OPPE is uniformly applied to all members within the department. The type of data to be collected is approved by the Medical Executive Committee but is determined by individual departments and is uniformly applied. The frequency of data collection must be more often than yearly with specific timeframes determined by the Medical Executive Committee in collaboration with the Chief Medical Officer. Information from ongoing professional practice evaluation will be used to determine whether to continue, limit, or revoke any existing privileges. It may also be used to trigger a Focused Professional Practice Evaluation (FPPE).

F. Insufficient Activity for Evaluation

Reappointment and reappraisal of clinical privileges focuses on a member's clinical activity and demonstrated clinical competence as it relates to Medical and Professional Staff quality monitoring and evaluation activity. Therefore, a practitioner (except those appointed to categories of the Medical Staff without privileges) who has not utilized the Medical Center and/or participated in Medical Center clinical activities for a continuous period of six (6) months, or has ceased to maintain an active professional practice within the service area of the Medical Center, and does not initiate leave of absence as provided in the Bylaws, or initiate an application in change of status, may have his/her membership on the Medical Staff terminated or reduced to a category commensurate with his/her current practice.

The Credentials Committee shall, upon request from the Department Chairperson, the Medical Executive Committee, or the Chief Medical Officer, or upon its own initiative, investigate any circumstances which would authorize termination or reduction of membership or category under this paragraph and shall recommend to the Medical Executive Committee such action as it considers appropriate. Prior to making a recommendation, however, it shall notify the affected member of its investigation and request information as to the current status and intentions of the members. Said notice and request shall be in writing, fax, or e-mail and directed to the affected member. Practitioners who can document admission(s), consultations, or cross coverage activity may be considered for reappointment. In such instances, objective reports of clinical activity at their primary practice site must be submitted to allow an appropriate evaluation of the practitioner's request for clinical privileges.

Failure of the member to respond within thirty (30) days of correspondence of said notice shall constitute sufficient basis for termination of membership or reduction of staff category. Failure to be reappointed as outlined in this section constitutes an administrative action that shall not require reporting to the National Practitioner Data Bank. In addition, it shall constitute a waiver of procedural rights as defined in the MUSC Medical Staff Bylaws Article IX from action taken pursuant to the provision of this paragraph.

G. Failure to Complete the Reappointment Application

Failure to complete the application for reappointment by the time the reappointment is scheduled for the first step in the review process (i.e. Department review) shall be deemed

a voluntary resignation from the Medical Staff or the Professional Staff and the practitioner's membership and/or privileges shall lapse at the end of his/her current term. The Practitioner shall be notified prior to final action by the Board through the Executive Director or the Chief Medical Officer. This non-renewal shall constitute an administrative action that shall not require reporting to the National Practitioner Data Bank and shall not entitle the practitioner to the procedural rights afforded by the MUSC Medical Center Medical Bylaws. Termination of an appointment in this way does not preclude the submission of a reapplication for initial privileges or membership.

H. Reappointment Verification Process

Upon receipt of a completed (signed and dated) application, the Medical Staff Office via the CVO will collect and verify through accepted sources the references, licensure and other qualification evidence submitted. The CVO will promptly notify the applicant of any problems in obtaining the information required and it shall be the applicant's obligation to obtain the required information. The CVO will also notify the practitioner about any information obtained during the credentialing process that varies substantially from the information provided by the practitioner. Failure of the applicant to furnish information within fifteen (15) days of a request shall be deemed a withdrawal of such application. When collection and verification is completed, the CVO will promptly transmit the application and supporting material to the department in which the applicant seeks clinical privileges. The CVO will verify the contents of the application by collecting the following information:

- Primary source verification of current South Carolina licensure;
- Primary source verification of any training necessary for increase of privileges;
- Status of current DEA;
- Specialty Board status;
- Status of affiliations with other hospitals or healthcare organizations;
- Status of group affiliations;
- Status of malpractice claims history for the past five years;
- Peer recommendations;
- Information from the National Practitioner Data Bank; and
- Medicare/Medicaid sanctions and investigations from websites of the Office of Inspector General and the Excluded Parties Listing System.

VI. Reappointment/Privilege Renewal Review Process

A. Department Chairperson Review

The Department Chairperson evaluation of the applicants request for reappointment or privilege renewal shall be based upon the applicant's education, demonstrated clinical competencies including clinical judgment, technical skills and ability, and utilization patterns and other relevant information. Once all required documentation has been received and processed by the Medical Staff Office and/or the CVO, and all verifications and references confirmed, the Chairperson of the applicable Department or Division Chief, if appropriate,

shall then review the application. Upon completion of this review, the Chairperson shall make a recommendation as to the reappointment and/or the extent of clinical privileges. The application with his/her recommendation as well as results of ongoing professional practice evaluation and focused professional practice evaluation shall then be submitted for transmission to the Credentials Committee.

If prior to reappointment of a member to the Medical Staff, the Department Chairperson anticipates recommending an involuntary reduction or total denial of previously granted privileges at MUSC Medical Center, the Department Chairperson is required to notify in writing the affected member of the specific deficiencies, failure to meet specific deficiencies, failure to meet specific criteria, and/or other documentation supporting the reduction or denial of privileges. Notice shall also be sent to the Chief Medical Officer, President of the Medical Staff and the Executive Director. Such notification will include adequate supporting documentation of the basis for reduction or non-renewal of privileges. This notice will be given in writing to the practitioner at least thirty (30) days before his/her reappointment date, unless there is a delay caused by the actions or inactions of the applicant, such as failing to file the credentialing application and information in a timely manner. This notification by the Department Chairperson shall trigger a review of the information and circumstances by the Chief Medical Officer and the President of the Medical Staff. In the event of non-resolution, the Department Chairperson's recommendations shall be forwarded to the Credentials Committee with the supporting documentation. The decision, if adverse to the member may be appealed by the practitioner as outlined in the Fair Hearing Plan of the MUSC Medical Staff Bylaws (Article IX).

At the time of reappointment, a Department Chairperson may request, based on physician specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Credentials Committee and the Medical Executive Committee, that a practitioner within his/her department be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the Department Chairperson with approval by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

B. Credentials Committee Review

After approval of completed reappointment application with all attachments by the Department Chairperson/Chairperson Designee, the application is presented at the next regularly scheduled Credentials Committee meeting. The Credentials Committee members shall review the completed application and make a recommendation to approve, deny, or defer pending further evaluation/information. If the recommendation is to deny or defer pending additional information, the applicant and Chairperson must be informed in writing within seven (7) days after the meeting. If the recommendation is to approve, the applicants are presented at the next regularly scheduled Medical Executive Committee meeting. At the time of reappointment, the Credentials Committee may request based on practitioner specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Medical Executive Committee, that a practitioner be placed

on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

C. Additional Review Process

When an applicant applies for privileges and will turn the age 70 or older in the same calendar year, they will be required to complete an additional review as detailed in Policy C-229, Late Career Practitioners (<https://www.musc.edu/medcenter/policy/Med/C229.pdf>).

D. Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chairperson and Credentials Committee, and any other relevant information available to it. The Medical Executive Committee defers action on the application or prepares a written report with recommendations as to approval or denial, or any special limitations on staff reappointment, category of staff membership and prerogatives, and/or scope of clinical privileges.

Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up in a timely manner with subsequent recommendations as to approval or denial, or any special limitations on staff reappointment, category of staff membership and prerogatives, and scope and setting of clinical privileges. The Executive Director or the Chief Medical Officer through the Medical Staff Office promptly sends the applicant written notice of an action to defer.

2. Recommendation for Approval

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board for review at the next scheduled Board Meeting.

3. Adverse Recommendation

When the Medical Executive Committee's recommendation to the Board is adverse to the applicant, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, so informs the applicant within 30 days by special notice with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny, in full or in part, reappointment, requested staff category, and/or requested clinical privileges. No such adverse recommendation needs to be forwarded to the Board until after the practitioner has exercised his procedural rights or has been deemed to have waived his/her right to a hearing as provided in the Bylaws. The fact

that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

At the time of reappointment, the Medical Executive Committee may request, based on physician specific quality information including technical skills, clinical judgment and behavior with supporting documentation, that a practitioner be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the Medical Executive Committee and the Chief Medical Officer but may not exceed one year.

D. Board's Action

The Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee.

Effects of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made, and may include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ten (10) days after receipt of such subsequent recommendation, and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

When the Board has reached a favorable decision, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, by written notice, inform the applicant of that decision within 10 days. Notice of the Board's decision is also given through the Medical Staff Office to the Medical Executive Committee, and to the Chairperson of the respective department. A decision and notice to reappoint includes:

- a) The staff category to which the applicant is reappointed (if applicable);
- b) The clinical privileges he/she may exercise; and
- c) Any special conditions attached to the reappointment.

3. Adverse Action

"Adverse action" by the Board means action to deny, in full or in part, reappointment, requested staff category, or requested clinical privileges.

If the Board's decision is adverse to the applicant, the Chief Executive Office or the Chief Medical Officer or their designee through the Medical Staff Office, within 10 days so informs the applicant by special notice, with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article

X of the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

Report of adverse Board action shall be given by the Executive Director or the Chief Medical Officer through the Medical Staff Office to the National Practitioner Data Bank.

4. Expedited Action

To expedite, reappointment, or renewal or modification of clinical privileges, the governing body may delegate the authority to render those decisions to an ad hoc committee consisting of at least two governing body members.

Following a recommendation for approval from the Medical Executive Committee on an application, the committee of the governing body shall review and evaluate the qualifications and competency of the practitioner applying for reappointment, or renewal or modification of clinical privileges and render its decision. Approval by the committee will result in the status or privileges requested. The committee shall meet as often as necessary as determined by its Chairperson. The full governing body shall consider and, if appropriate, ratify all committee approvals at its next regularly scheduled meeting. If the committee's decision is adverse to an applicant, the matter is referred back to the Medical Executive Committee for further evaluation.

An applicant will be ineligible for the expedited process if since the last appointment or reappointment, any of the following have occurred:

- The applicant submits an incomplete application;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- When there has been an unusual pattern or excessive number of professional liability actions resulting in a final judgment against the applicant.

VII. Privileges

A. Granting of Privileges

Evaluation of applicants for the privileges requested shall be based upon the applicant's education, training, experience, references, demonstrated clinical competencies including clinical judgment, technical skills and ability, and utilization patterns and other relevant information. This information is used to determine the types of care, treatment, and services or procedures that a practitioner will be authorized to perform.

Privileges may only be granted when sufficient space, equipment, staffing, and financial resources are in place and available or will be available in a specific timeframe to support the requested privilege.

It is the responsibility of the Department Chairperson, Credentials Committee, and the Medical Executive Committee to insure that privileges for all privileged practitioners are current and accurate. Privilege sets are maintained by the MSO. These privileges sets may be either paper or electronic. It is the responsibility of the MSO to communicate privilege lists to Medical Center staff in order to insure that privileged practitioners practice within the scope of their respective granted privileges.

Renewal of privileges and the increase or curtailment of the same shall be based upon direct observation, review of the records, or any portion thereof, of patients treated in this or other hospitals, and review of the records of the practitioner which may document the member's participation in Medical Staff or Professional Staff responsibilities. Ongoing professional practice evaluations and the results of any focused professional practice evaluation will be considered as well as both physical and mental capabilities. The foundation for the renewal of privileges and the increase or curtailment of the same are the core competencies of patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems based practice. The nonuse of any privilege as well as the emergence of new technologies will also be considered.

Practitioners may request an increase of privileges at any time during the appointment period by completing a change in privileging form included with the reappointment application, or if not during reappointment by requesting a change in privileges form from the Medical Staff Office. When a request is received in the Medical Staff Office with appropriate documentation, including the Department Chairperson's recommendation, the request will be forwarded to the Credentials Committee for review as a part of the reappointment process. If a change is requested at another time during the appointment cycle, the Medical Staff Office via the CVO will verify the following prior to submitting the request to the Credentials Committee:

- Current license and challenges to any licensure or registration
- Voluntary or involuntary relinquishment of any license or registration, or medical staff membership
- Voluntary or involuntary limitation, reduction, or loss of clinical privileges
- Involvement in a professional liability action including any final judgment or settlement
- Documentation of health status
- Practitioner specific quality information including mortality and morbidity data, if available
- Peer recommendations, and
- National Practitioner Data Bank Healthcare Integrity Data Bank Query

Practitioners who have had their clinical privileges withdrawn or curtailed for alleged lack

of competency in accordance with the procedures outlined in the Medical Staff Bylaws shall not have them reinstated until the following requirements have been met:

- Active participation in a training program approved by the Department Chairperson with written approval of the Credentials Committee;
- Successful completion of Focused Professional Practice Evaluation to allow demonstration of such competency to their specific Department, Credentials Committee, and the Medical Executive Committee; and
- If executed, the practitioner's submission of a fair hearing plea in accordance with the Medical Staff Bylaws has been resolved.

B. Medical Staff Temporary Privileges

Circumstances: There are two circumstances in which temporary privileges may be granted. Each circumstance has different criteria for granting privileges. The circumstances for which the granting of temporary privileges is acceptable include the following:

- To fulfill an important patient care, treatment, and service need; or
- When a new applicant with a complete application that raises no concerns is awaiting review and approval of the Medical Executive Committee and Board.

Therefore, temporary privileges will be granted in the following circumstances:

1. Care of Specific Patients

Upon written concurrence of the Chairperson of the Department where the privileges will be exercised, an appropriately licensed practitioner who is not an applicant for staff membership but who has specific expertise in a desired field, may request temporary privileges for the care of one or more specific patients.

Application forms for this request are available in the Medical Staff Office. Before granting temporary privileges, the practitioner's current license and current competency are verified. Such privileges cannot exceed 120 days.

2. New Applicants

Temporary privileges for new applicants may be granted while awaiting review and approval by the Medical Executive Committee and Board. These "interim" temporary privileges may only be granted for 120 days and only upon verification of the following:

- Current licensure
- Relevant training or experience
- Current competence
- Ability to perform the privileges requested

- Other criteria required by the organized Medical Staff Bylaws
- A query and evaluation of the NPDB information
- A complete application
- No current or previously successful challenge to licensure or registration
- No subjection to involuntary termination of medical staff membership at another organization
- No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges

Granting of Temporary Privileges: Temporary privileges are granted by Executive Director or authorized designee and/or Chief Medical Officer when the available information reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability, and judgment to exercise the privileges requested. The Department Chairperson or his designee will be responsible for the supervision of the applicant for temporary privileges.

Temporary privileges will not be granted unless the practitioner has attested to abide by the Bylaws and the Rules and Regulations of the Medical Staff of the MUSC Medical Center in all matters relating to his temporary privileges. Whether or not such written agreement is obtained, said Bylaws and Rules and Regulations control in all matters relating to the exercise of temporary privileges.

Termination of Temporary Privileges: The Executive Director or his/her designee after consultation with the appropriate Department Chairperson or designee may terminate a practitioner's temporary privileges at any time, and must terminate a practitioner's temporary privileges upon the discovery of information or the occurrence of an event that raises questions about the practitioner's professional qualifications or ability to exercise any or all of his/her temporary privileges. If it is determined that the practitioner is endangering the life or well-being of a patient, any person who has the authority to impose summary suspension may terminate the practitioner's temporary privileges.

If the Medical Center terminates a practitioner's temporary privileges, the Department Chairperson who is responsible for supervising the practitioner will assign all of the practitioner's patients who are in the Medical Center to another practitioner. When feasible, the Department Chairperson will consider the patients' wishes in choosing a substitute practitioner.

Rights of the Practitioner Who Has Temporary Privileges: In the following cases, a practitioner is not entitled to the procedural rights afforded by the hearing and appeal procedures outlined in the Medical Staff Bylaws:

- When his/her request for temporary privileges is refused; or
- When all or any part of his/her temporary privileges are terminated or suspended.

C. Disaster Privileges

During disaster(s) in which the disaster plan has been activated, the Executive Director of the Medical Center, the Chief Medical Officer, or the President of the Medical Staff or their designee(s) may, if the Medical Center is unable to handle immediate and emergent patient needs, grant disaster privileges to individuals deemed qualified and competent, for the duration of the disaster situation according to the Medical Staff Bylaws and Clinical Policy C-035 Disaster Privileges for Licensed Independent Practitioners (<https://www.musc.edu/medcenter/policy/Med/C035.pdf>). Granting of these privileges will be handled on a case by case basis and is not a "right" of the requesting provider.

D. Emergency Privileges

For the purpose of this section, an "emergency" is defined as a condition in which serious and permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

In the case of an emergency any practitioner, to the degree permitted by his license and regardless of Staff status or lack of it, shall be permitted and assigned to do everything possible to prevent serious and permanent harm or to save the life of a patient, using every facility of the Medical Center necessary, including calling for any consultation necessary or desirable. When an emergency situation no longer exists, the practitioner must request the privileges to continue to treat the patient. In the event such privileges are denied or he does not wish to request such privileges, the patient shall be assigned to a member of the Medical Staff by the appropriate Department Chairperson. Under conditions of extreme patient risk, the President of the Medical Staff, the Chief Medical Officer, the appropriate Department Chairperson, Credentials Committee Chairperson, or the Executive Director (or his/her designee) may grant emergency privileges for that patient alone. These conditions would apply if the physician in question was the only one capable of rendering appropriate professional services (i.e. no qualified staff members were available). Such privileges shall be based on the information then available which may reasonably be relied upon to affirm the competency, ethical standing and licensure of the physician who desires such emergency privileges. In the exercise of such privileges, such physician shall act under the direct supervision of the Department Chairperson or his/her designee to which he/she is assigned

Revised 05/2009
Reviewed 11/2011
Revised 10/2013
Revised 11/2014
Revised 01/2017

Approved by Medical Staff on December 8, 2016. Approved by the Medical Executive Committee on January 18, 2017. Revisions approved by the Board of Trustees in February 2017.


MUSC Medical Center – Medical Staff Credentialing Manual
Revised January 201~~9~~
Approved Medical Executive Committee and Medical Staff January
201~~9~~ Approved Board of Trustees February 201~~9~~

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MEDICAL EXECUTIVE COMMITTEE

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| <p>Medical Executive Committee Presiding: Dr. David Habib Date: November 21, 2018 Meeting Place: 628 CSB Recording: M. Weatherford Meeting Time: 7:30 am Adjournment: 8:34 am</p> | <p>Members present: Dr. Basco, Dr. Boylan, Nora Brahney, Dr. Brewer, Dr. Carroll, Dr. Cina, Dr. Clark, Dr. Clyburn, Dr. DuBois, Dr. Habib, Dr. McSwain, Dr. Reeves, Dr. Rocky, Sheila Scarbrough, Dr. D. Scheurer, Dr. Schnapp, Dr. Warr Members excused: Dr. Atz, Dr. Baliga, Dr. Cawley, Dr. Cluver, Dr. Costello, Dr. Di Salvo, Dr. Easterling, Dr. Edwards, M. Fulton, Dr. Hall, Dr. Hong, Lois Kerr, Dr. Mansfield, David McLean Esq., Dr. Russell, Dr. Salgado, Dr. M. Scheurer, Dr. Schnapp, Dr. Streck, Matt Wain, Dr. Zwerner Guests: N/A</p> | | |
| <p>Agenda/Topic</p> | <p>Debate & Discussion</p> | <p>Conclusions</p> | <p>Recommendation/ Follow-Up What/When/Who</p> |
| <p>Executive Session</p> | <p>n/a</p> | <p>n/a</p> | |
| <p>Review of Minutes</p> | <p>The October 24th, 2018 meeting minutes were reviewed and approved.</p> | <p>Approved</p> | |
| <p>Credentials Committee</p> <ul style="list-style-type: none"> o Nora Brahney | <p>Nora Brahney reported on the following: Medical Staff Initial Appointment and Clinical Privileges: 7 Medical Staff Reappointment and Clinical Privileges: 13 Medical Staff Reappointment and Change in Clinical Privileges: 18 Medical Staff Change in Privileges: 8 Professional Staff Initial Appointment and Clinical Privileges: 17 Professional Staff Reappointment and Clinical Privileges: 7 Professional Staff Reappointment and Change in Clinical Privileges: 18 Professional Staff Change in Privileges: 2</p> | <p>MEC recommends the reappointments and delineation of clinical privileges for Board of Trustees approval.</p> | |
| <p>GME Report</p> <ul style="list-style-type: none"> o Dr. Clyburn | <p>Outreach – Will be interesting to see what happens regarding GME.</p> <ul style="list-style-type: none"> o Carolina’s (Florence) – Far into exploratory stage of starting an Internal Medicine program. o Other three hospitals are rural and fairly smaller <p>Where GME Program stands at this time.</p> <ul style="list-style-type: none"> o Currently we have 742 Residents and Fellows scattered across 65 programs o Seen growth: 200-250 over our CMS cap. o Growth observed: 696-742 over the last 4-5 years (approved growth). We expect to get to 780 within the next year. o Process better outlined. o 2 New Cardiology Programs (Funded) <ul style="list-style-type: none"> o Adult Congenital – New specialty o Advanced Heart Failure and Transplant Cardiology <ul style="list-style-type: none"> ▪ Will facilitate some growth in the Heart Transplant program. | <p>Information</p> | |

MEDICAL EXECUTIVE COMMITTEE

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| | | <ul style="list-style-type: none"> ○ On track to collect \$8 million dollars from the VA this year. | |
| <p>Quality Report</p> <ul style="list-style-type: none"> ○ Dr. Danielle Scheurer  Scheurer MEC Nov. 2018.pptx (Click to view presentation) | <ul style="list-style-type: none"> ○ Dr. Scheurer presented her Quality Report. <ul style="list-style-type: none"> ▪ Quality Wins! ▪ Quality Performance – Year to Date ▪ Baldrige – Next Steps <ul style="list-style-type: none"> ○ 2017: 6 national examiners and BRONZE state award ○ 2018: 7 national examiners and GOLD state award ○ Final Feedback Report 2018 Score (Highest to Lowest): ▪ Joint Commission Findings - Summary ▪ Vizient Rankings <ul style="list-style-type: none"> ○ Vizient Inpatient: 3 Stars, Overall Rank: 54, Overall Score: 51.05% ○ Vizient Ambulatory: 4 Stars, Overall Rank: 13, Overall Score: 56.59% | <p style="text-align: center;">Information</p> | |
| <p>Communications</p> <ul style="list-style-type: none"> ○ Dr. Warr | <ul style="list-style-type: none"> ○ Rewards and Recognition – Andi Tatum has come on board within Human Capital. She has brought many ideas and been a good resource for how to show rewards and recognition in a more structured way. ○ For the Hurricane, appreciation pins were handing out to all those on TEAM A. <ul style="list-style-type: none"> ▪ They should've been distributed within the last two weeks. If you haven't received them for your area, please check with department administrator. ▪ Distribution: Personal touch preferred, instead of an admin assistant. ▪ Next time, if involve GME, can do simultaneously. <p>Mindgarden Provider Burnout Survey – Dr. Warr proposes to the group that this be sent out in March.</p> <ul style="list-style-type: none"> ▪ The engagement survey would be sent out the 3rd week in January. ▪ The initial dollars put on the table, did not get paid out. <p>Dr. Warr asked for feedback:</p> <ul style="list-style-type: none"> ▪ Dr. Rocky thought this was nixed and states to do again would be a mistake. He also does not think the results will change much from previous survey. He is a little nervous about having people do two surveys without having clear goals. ▪ Many mentioned the timing was bad. ▪ Many concerned survey is not anonymous. ▪ Dr. Clark asked if we have done enough to notice a difference? She also does not think the results will be that much different than before. | <p style="text-align: center;">Information</p> | |
| <p>New Business</p> | | | |

MEDICAL EXECUTIVE COMMITTEE

| Epic Sprints / EHR Optimization ○ Dr. David McSwain | Due to run over and lack of time, Dr. McSwain was unable to present. | Tabled | Will present at Dec. mtg. |
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| Policies (Consent) | <u>Policies for Approval:</u> <ul style="list-style-type: none"> ○ C-017 Organ/Tissue Donation ○ C-167 Patient Medications from Home and Outside Facilities ○ C-082 Formulary System ○ C-158 Adult Anticoagulation Management – Treatment ○ C-185 Breast Milk Management ○ C-200 Appropriate Use of Scribes and Electronic Medical Record Documentation ○ C- NEW Breast Milk Collection Refrigerator Storage and Handling | Approved | |
| Standing Orders (Consent) | <u>Standing Orders for Approval:</u> <ul style="list-style-type: none"> ○ Pediatric Cardiology Anti-coagulation therapy in normal range ○ Children’s After Hours Care Acute Gastroenteritis and Oral Rehydration ○ Children’s After Hours Care – Triage Standing Orders ○ Children’s Specialty Clinics – Depo-Provera Administration ○ Children’s Services Clinics – RX Refill all Children’s Services Clinics ○ Pediatric Gastroenterology Clinic – Sick Day Protocol (IBD) ○ Pediatric Nephrology – Prescription Refills ○ Pediatric Pulmonary – Asthma Attack ○ Pediatric Cardiology – Pre-Electrophysiology Procedure Instructions ○ Pediatric Cardiology Clinics – Prescription Refill ○ Women’s Health – Gynecology Patients ○ MUSC Women’s Health (All Locations) – Obstetrical Patients ○ Women’s Health Ambulatory PWC & PWC NCS – Ultrasound Orders ○ Adult and Pediatric IV Flush Order Set ○ ART-7 Adult Hem-Onc Supportive Care Order Set ○ Hem-Onc 321 Order Set ○ Early Clostridium difficile Testing ○ Chest Pain ○ POCT Testing ○ Administering Varicella Vaccine to Children and Teens – Peds Primary Care ○ Administering Depo-Provera Standing Order ○ Administering DTap Vaccine to Children younger than Age 7 | Approved | |

MEDICAL EXECUTIVE COMMITTEE

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| | <ul style="list-style-type: none"> ○ Administering Haemophilus influenza Type B Vaccine to Adults ○ Administering Haemophilus influenza Type B Vaccine to Children ○ Administering Hepatitis A Vaccine to Adults ○ Administering Hepatitis A Vaccine to Children and Teens ○ Administering Hepatitis B Vaccine to Adults ○ Administering Human Papillomavirus Vaccine to Children and Teens ○ Administering Inactivated Poliovirus Vaccine to Children and Teens ○ Administering Influenza Vaccine to Adults ○ Administering Influenza Vaccine to Children and adolescents ○ Administering Measles, Mumps and Rubella Vaccine to Children and Teens ○ Administering Measles, Mumps and Rubella Vaccine to Adults ○ Administering Meningococcal ACWY Vaccine to Children and Teens ○ Administering Meningococcal B Vaccine to Adolescents and Adults ○ Administering Meningococcal Vaccine to Adults ○ Administering Pneumococcal Conjugate Vaccine to Children ○ Administering Pneumococcal Vaccines to Adults ○ Administering Pneumococcal Vaccine to Children and Teens ○ Administering Rotavirus Vaccine to Infants ○ Administering Tdap-Td to children age 7 years and older ○ Administering T-Dap-TD Vaccine to Adults ○ Administering Varicella Vaccine to adults ○ Administering Varicella vaccine to children and teens ○ Medication Refills Standing Order ○ PPD Placement Standing Order ○ Tylenol- Motrin Medication Standing Order | <p>Approved</p> | |
| <p>Data & Service Reports (Consent)</p> | <p><u>Data reports reviewed:</u> Admit Transfer Report 10.2018 Admit Transfer Report FY 2019 Census Report YTD IP Hand Hygiene 11.9.18</p> <p><u>Committee Minutes:</u></p> <ul style="list-style-type: none"> ○ CDI Coding/QAPI Committee 10.16.18 ○ Clinical Lab Advisory Committee 10.16.18 ○ Credentials Committee 11.14.18 | <p>Approved</p> | |
| <p>Subcommittee Minutes (Consent)</p> | | <p>Approved</p> | |

MEDICAL EXECUTIVE COMMITTEE

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| | <ul style="list-style-type: none"> ○ Ethics Committee 10.3.18 ○ Health Information Management Committee 10.18.18 ○ Health Information Management Committee 10.1.18 – Emergency ○ Perioperative Executive Committee 12.4.17, 2.28.17, 3.28.17, 4.25.17, 7.25.17 ○ Perinatal Quality Committee 10.18.18 ○ Pharmacy & Therapeutics Committee ○ Quality Executive Committee 10.16.18 | |
| Adjournment 8:34 am | The next meeting of the Medical Executive Committee will be December 19, 2018 , at 7:30 am in 628 CSB. | |





 Robert Cina, MD, Secretary of the Medical Staff

MEDICAL EXECUTIVE COMMITTEE

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| <p>Medical Executive Committee Presiding: Dr. David Habib Date: December 19, 2018 Meeting Place: 628 CSB Recording: M. Weatherford Meeting Time: 7:34 am Adjournment: 8:43 am</p> | <p>Members present: Dr. Baliga, Dr. Boylan, Nora Brahney, Dr. Brewer, Dr. Cina, Dr. Clyburn, Dr. Edwards, Dr. Habib, Dr. Hall, David McLean Esq., Dr. McSwain, Dr. Russell, Dr. Salgado, Sheila Scarbrough, Dr. Schnapp, Dr. Warr Members excused: Dr. Atz, Dr. Basco, Dr. Carroll, Dr. Cawley, Dr. Clark, Dr. Cluver, Dr. Costello, Dr. Di Salvo, Dr. DuBois, Dr. Easterling, M. Fulton, Dr. Hong, Lois Kerr, Dr. Mansfield, Dr. Reeves, Dr. Rocky, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Streck, Matt Wain, Dr. Zwerner Guests: Tom Crawford, PhD, Georgia Keith and Ali Waters (Administrative Interns)</p> | | |
| <p>Agenda/Topic</p> | <p style="text-align: center;">Debate & Discussion</p> | <p style="text-align: center;">Conclusions</p> | <p style="text-align: center;">Recommendation/ Follow-Up What/When/Who</p> |
| <p>Executive Session</p> | <p>n/a</p> | <p>n/a</p> | |
| <p>Review of Minutes</p> | <p>The November 21st, 2018 meeting minutes were reviewed and approved.</p> | <p style="text-align: center;">Approved</p> | |
| <p>Credentials Committee</p> <ul style="list-style-type: none"> o Dr. Edwards | <p>Dr. Jonathan Edwards reported on the following: Medical Staff Initial Appointment and Clinical Privileges: 4 Medical Staff Reappointment and Clinical Privileges: 37 Medical Staff Reappointment and Change in Clinical Privileges: 19 Medical Staff Change in Privileges: 1 Professional Staff Initial Appointment and Clinical Privileges: 11 Professional Staff Reappointment and Clinical Privileges: 5 Professional Staff Reappointment and Change in Clinical Privileges: 26 Professional Staff Change in Privileges: 1</p> | <p>MEC recommends the reappointments and delineation of clinical privileges for Board of Trustees approval.</p> | |
| <p>New Business</p> | | | |
| <p>A. MyQuest Lessons Update</p> <ul style="list-style-type: none"> ▪ Nora Brahney | <p>Medical Staff Office 2019 Mandatory My Quest Lessons ★ Lesson Rationale: Lessons are required by both DHEC and Joint Commission DHEC Regulations: # 507:B. In-service training programs shall be planned and provided for all personnel to ensure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individuals attending. This requirement for in-service training may be accomplished through any combination of in-person or online sessions, completion of modules, videos, or other types of training approaches. Joint Commission: MS.12.01.01 All licensed independent practitioners and other practitioners privileged through the medical staff process participate in continuing education. Hospital-sponsored educational activities are prioritized by the organized medical staff. These activities relate, at least in part, to the type and nature of care, treatment, and services</p> | <p style="text-align: center;">Information</p> | |

MEDICAL EXECUTIVE COMMITTEE

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| | <p>offered by the hospital.</p> <p>MSO – HEALTH INFORMATION SERVICES: 12 slides 8 questions Approx. .75 CME MSO – SAFETY INITIATIVES 2019: 16 slides 6 questions Approx. .75 CME MSO - Sleep/Fatigue Management/Transitions of Care: 15 slides 8 questions Approx. .75 CME MSO – ADULT INPT ANTICOAGULATION SAFETY OPT OUT: 15 slides 8 questions Approx. .75 CME MSO – PEDIATRIC INPT ANTICOAGULATION – OPT OUT: 14 slides 8 questions Approx. .75 CME MSO- TRANSFUSIONS – OPT OUT: 14 slides 10 questions Approx. .75 CME MSO – ADULT INPT DIABETES – OPT OUT: 14 slides; 5 questions Approx. .75 CME MSO- PEDIATRIC INPT DIABETES – OPT OUT 14 slides; 8 questions Approx. .75 CME</p> | | |
| <p>B. CH Backfill Accomodations</p> <ul style="list-style-type: none"> ▪ Dr. Tom Crawford  T. Crawford - EPMO Team Projects Preser (Click to view presentation) | <p>Dr. Tom Crawford, Georgia Keith and Ali Waters (Administrative Interns) presented on the Children’s Hospital Backfill and Space Accommodations. <i>Please see complete presentation imbedded to the left.</i></p> <ul style="list-style-type: none"> ▪ MUSC Health North Expansion ▪ Daniel Island Primary Care ▪ Children’s Ambulatory Campus ▪ Consolidated Service Center ▪ Chest Pain Center Expansion ▪ Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion ▪ Medical Office Buildings ▪ MUSC Health – West Campus – Dec. 2019 ▪ Children’s Hospital Backfill Plans ▪ Operational Process for Backfill ▪ Future Projects | <p><i>Information</i></p> | |
| <p>C. Epic Sprints / EHR Optimization</p> <ul style="list-style-type: none"> ▪ Dr. David McSwain  McSwain - Provider Engagement - MEC I (Click to view presentation) | <p>Dr. McSwain presented on Epic Optimization and Provider Engagement Initiatives. <i>Please see complete presentation imbedded to the left.</i></p> <ul style="list-style-type: none"> ▪ Identifying the Problem is Not the Problem ▪ Identifying a Vision ▪ EHR Optimization/Provider Engagement Efforts ▪ Clinician/Provider Builder Team ▪ Benefits ▪ Structure ▪ Epic Training and Clinical Builder Team Integration ▪ ICCE Optimization Sprints ▪ Epic Refuel ▪ Take Home Messages | <p><i>Information</i></p> | |
| <p>GME Report</p> | <p>GME Wellness – Dr. Clyburn mentioned there are two Physicians looking at this from a</p> | <p><i>Information</i></p> | |


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

MEDICAL EXECUTIVE COMMITTEE

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| <ul style="list-style-type: none"> ○ Dr. Clyburn | <p>Faculty perspective.</p> <p>Thank you to Dr. David Habib who completes his term as MEC President this month. For 2019-2020, Dr. Alice Boylan will advance to President and Dr. Rob Cina will advance to Vice President. We are currently accepting nominees to fill the vacant MEC Officer position of Secretary.</p> | <p><i>Information</i></p> | |
| <p>Communications</p> <ul style="list-style-type: none"> ○ Dr. Warr - | | | |
| <p>Consent Items</p> | | | |
| <p>Data & Service Reports (Consent)</p> | <p><u>Data reports reviewed:</u> IP Hand Hygiene 12.18.18</p> | <p><u>Service reports reviewed:</u> Discharge Summ. Turnaround Time Discharge Detail TAT by Physician</p> | <p><i>Approved</i></p> |
| <p>Subcommittee Minutes (Consent)</p> | <p><u>Committee Minutes:</u></p> <ul style="list-style-type: none"> ○ Credentials Committee 12.12.18 ○ Ethics Committee 11.5.18 ○ GME Committee 11.8.18 ○ Health Information Management Committee 11.15.18 ○ Infection Prevention and Control Committee 11.19.18 ○ Sedation Committee 11.27.18 | | <p><i>Approved</i></p> |
| <p>Adjournment 8:43 am</p> | <p>The next meeting of the Medical Executive Committee will be January 16, 2019, at 7:30 am in 628 CSB.</p> | | |


 Robert Cina, MD, Secretary of the Medical Staff

EMERGENCY MEDICAL EXECUTIVE COMMITTEE MEETING

| <p>Medical Executive Committee Presiding: Dr. Patrick Cawley Date: Jan. 3, 2019 Meeting Place: 628 CSB Recording: M. Weatherford Meeting Time: 7:06 am Adjournment: 7:55 am</p> | <p>Members present: Dr. Baliga, Dr. Boylan, Nora Brahney, Dr. Cawley, Dr. Cina, Dr. Clyburn, Dr. Di Salvo, Dr. DuBois, Dr. Edwards, Dr. Habib, Dr. Hong, Lois Kerr, Dr. Mansfield, David McLean Esq., Dr. Russell, Dr. Salgado, Dr. Rockey, Dr. Russell, Dr. D. Scheurer, Dr. Warr Members excused: Dr. Atz, Dr. Basco, Dr. Brewer, Dr. Carroll, Dr. Clark, Dr. Cluver, Dr. Costello, Dr. Easterling, M. Fulton, Dr. Hall, Dr. McSwain, Dr. Reeves, Sheila Scarbrough, Dr. Schnapp, Dr. M. Scheurer, Dr. Streck, Matt Wain, Dr. Zwerner</p> | | |
|---|---|--|---|
| Agenda/Topic | Debate & Discussion | Conclusions | Recommendation/ Follow-Up What/When/Who |
| <p>New Business</p> <p>Medical Staff Bylaws</p> <ul style="list-style-type: none"> ▪ Changes related to CHS Acquisitions <div style="text-align: center;">  <p>Discussion MEC 1.3.19.pptx</p> <p>(Click to view presentation)</p> </div> | <p>Dr. Cawley presented changes to the Medical Staff and Entity Structure taking place with the upcoming acquisition. With no opposition from the committee, the Bylaws and Credentialing updates will come to the January meeting for consent.</p> <ul style="list-style-type: none"> ▪ Major Issues ▪ Multiple Organization Structures & Relationships ▪ Considerations for MEC/Hospitals – Bylaws ▪ Managed Care ▪ System Credentialing Model ▪ Payer Relationships ▪ Coordinating Two Bodies of Work | <p>Consent Vote at Jan. 16th Mtg.</p> | |
| <p>Adjournment 7:55 am</p> | <p>The next meeting of the Medical Executive Committee will be Jan. 16th, 2018, at 7:30 am in 628 CSB.</p> | | |

Robert Cina, MD

Robert Cina, MD, Secretary of the Medical Staff

**AGREEMENTS ENTERED INTO
BY THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY
SINCE THE DECEMBER 2018 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:

- BCBSSC
- Molina Healthcare
- Zelis

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

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

Affiliation Agreements –

- Arcadia University
- Benedictine University

Shared Services Agreements –

| MUHA FY19 Active Capital Project List > \$250,000 | | February 2019 | | | | | | | | | | |
|--|---|--------------------------------|-----------------------|------------------------|--------------|---------------|--------------|--------------|----------------------------|--|--|--|
| Project # | Description | Estimated Total Project Budget | FY19 Approved Funding | FY 19 Invoiced to Date | FY19 Balance | A/E | Contractor | Status | Projected Final Completion | | | |
| Existing Approved Projects | | | | | | | | | | | | |
| CT | 180101*** ART Cath Lab #8 | \$435,000 | \$425,000 | \$4,809 | \$420,191 | Liollio | Stenstrom | Construction | January 2019 | | | |
| CT | 180059 ART Chest Pain Center Expansion | \$3,000,000 | \$125,000 | \$0 | \$125,000 | MPS | | Design | October 2019 | | | |
| CT | 190039 ART Echo Relocation | \$400,000 | \$400,000 | \$0 | \$400,000 | MPS | | Design | March 2019 | | | |
| CT | 190040 ART Vascular Lab Services Relocation | \$598,000 | \$598,000 | \$45,191 | \$598,000 | MPS | | Design | March 2019 | | | |
| CT/AW | 470047 ART ECRP Phase 4 | \$675,000 | \$525,000 | \$487,504 | \$67,496 | Compass-5 | Chaestain | Construction | Complete | | | |
| CT/AW | TBD ART ECRP Phase 2 + holding | \$675,000 | \$675,000 | \$0 | \$675,000 | Compass 5 | | Pre Design | TBD | | | |
| CT | 180156 ART Nuclear Med Relocation | \$1,250,000 | \$1,250,000 | \$41,863 | \$1,208,137 | MPS | | Design | June 2019 | | | |
| TBD | 180094 ART OR 9 Renovation for Hybrid | \$1,560,000 | \$250,000 | \$0 | \$250,000 | Compass 5 | | Pre Design | TBD | | | |
| JB | 190020A ART Path Lab Expansion | \$2,000,000 | \$1,000,000 | \$0 | \$1,000,000 | GMC | MBK | Construction | August 2019 | | | |
| JB | 190020B ART - Call Room Relocation | \$500,000 | \$500,000 | \$39,801 | \$460,199 | GMC | MBK | Construction | January 2019 | | | |
| JB | 190020C ART Resident Lounge Relocation | \$250,000 | \$250,000 | \$0 | \$250,000 | GMC | MBK | Construction | January 2019 | | | |
| PM | 170043 CH Elevators 48, 49, 50, & 51 | \$810,000 | \$353,530 | \$245,098 | \$108,432 | | OTIS | Construction | March 2019 | | | |
| PM | 170044 CH Central Receiving Lab for Fast Flow, Phase 1 | \$1,110,000 | \$600,000 | \$588,813 | \$11,187 | GMC | NBM | Construction | January 2019 | | | |
| PM | 170044 CH Phase 2 Lab Renovations | \$2,000,000 | \$200,000 | \$0 | \$200,000 | GMC | | Design | January 2020 | | | |
| PM | 480039 CPP Revisions Relocation | \$186,000 | \$85,000 | \$65,903 | \$19,097 | MPS | Stenstrom | Complete | Complete | | | |
| PM | 480213 N-Charleston PT/OT | \$475,000 | \$450,000 | \$359,339 | \$209,333 | | Stenstrom | Complete | Complete | | | |
| PM | 480017 Parkshore Renovation | \$336,000 | \$400,000 | \$140,339 | -\$40,339 | MPS | Ghaestain | Complete | Complete | | | |
| PM | 480045 RT Upgrade Public Toilets | \$300,000 | \$403,000 | \$94,595 | \$8,405 | DWG | Chaestain | Construction | Complete | | | |
| CW | 150226 RT AHU #5 Replacement (CH AHU #2) | \$350,000 | \$300,000 | \$0 | \$300,000 | N&B | | Design | TBD | | | |
| PSM | 170081 Storm Eye Optics Shop | \$130,000 | \$130,000 | \$0 | \$130,000 | Rosenblum Coe | Stenstrom | Construction | January 2019 | | | |
| PM | 150181 UH AHU #7 & 8 | \$750,000 | \$403,300 | \$135,262 | \$268,038 | MECA | HR Allen | Construction | January 2019 | | | |
| PM | 180038 UH 3rd Floor Neurophysiology | \$1,250,000 | \$750,000 | \$564,468 | \$185,532 | MPS | Medpro | Construction | January 2018 | | | |
| PM | 150182 UH Elevator 3 & 4 Modernization | \$475,000 | \$404,455 | \$347,725 | \$56,730 | | Otis | Construction | March 2019 | | | |
| AW | 440418 UH Safe Patient Handling | \$880,000 | \$75,000 | \$0 | \$75,000 | | Handicare | Construction | Complete | | | |
| PSM | 180141 UH/CH Fire Pump | \$250,000 | \$250,000 | \$23,001 | \$226,999 | MECA | | Design | May 2019 | | | |
| JB | 190017 UH HLD 397 | \$330,000 | \$330,000 | \$84,867 | \$245,133 | Compass 5 | Chaestain | Construction | January 2019 | | | |
| PM | 140109 E power Branch Separation | \$1,500,000 | \$243,450 | \$68,711 | \$174,739 | GWA | Metro | Construction | February 2019 | | | |
| WG | 180098/180099 Southpark Building Upfit for HOT Relocation | \$5,400,000 | | | \$0 | Abrams | TBD | Design | October 2019 | | | |
| | | | \$57,365 | | | | | | | | | |
| MUHA FY19 Active Expense Project List > \$250,000 | | | | | | | | | | | | |
| IS | 460175 Exterior Evaluation & Seal Building | \$2,000,000 | \$250,000 | \$236,478 | \$13,522 | WJE | Watertight | Complete | November 2018 | | | |
| IP | 160494 ART Patient Toilet Floor Repairs | \$2,300,000 | \$175,656 | \$0 | \$175,656 | | Varies | Construction | TBD | | | |
| PSM | 460477 RT Roof Repairs | \$1,000,000 | \$600,000 | \$267,000 | \$343,000 | ADC | Keating | Complete | November 2018 | | | |
| PSM | 460478 CH Roof Repairs | \$1,000,000 | \$200,000 | \$100,000 | \$100,000 | ADC | TectaAmerica | Complete | November 2018 | | | |
| JN | 180064 RT - Elevator 103, 104, 105, & 106 Emergency Rep | \$315,000 | \$100,000 | \$0 | \$100,000 | | Otis | Construction | TBD | | | |
| NOTES | | | | | | | | | | | | |
| *** Budget restated due to equipment change from GE to Siemens | | | | | | | | | | | | |

| University Active Project List > \$250,000 | | February 2019 | Funds Committed to Date | Balance to Finish | A/E | Contractor | Status | Projected Final Completion |
|--|---|----------------------|-------------------------|-------------------|-----------|------------|----------------------|----------------------------|
| Project # | Description | MUSC Approved Budget | | | | | | |
| Approved Projects | | | | | | | | |
| 9812 | BSB Generator & Busduct | \$650,000 | \$367,900 | \$282,100 | GWA | Metro | Construction | March 2019 |
| 9828-C | IOP Replace Generator | 429,000 | \$394,789 | \$34,211 | Live Oak | Gatch | Construction | January 2019 |
| 50057 | HCC 7th Floor Core Labs | 990,000 | \$986,000 | \$4,000 | MPS | Hill | Construction | January 2019 |
| 50056 | HCC 7th Floor Leone Lab | 926,000 | \$913,570 | \$12,430 | MPS | Hill | Construction | March 2019 |
| 9836 | BSB 7th Floor Biorepository Lab | \$1,500,000 | \$1,066,000 | \$434,000 | MPS | Stenstrom | Construction | March 2019 |
| 9838 | CSB 8th Floor Northwest Renovations | \$1,400,000 | \$571,000 | \$829,000 | Coe | Satchel | Construction | March 2019 |
| 9839 | T-G 6th Floor Renovation North (Alcohol Study) | \$2,300,000 | \$2,201,000 | \$99,000 | Compass 5 | Hill | Construction | January 2019 |
| 50068 | SEI Optical Shop | \$415,000 | \$290,350 | \$124,650 | Coe | Stenstrom | Construction | January 2019 |
| 50066 | T-G Animal Area Chillers | \$966,000 | \$596,000 | \$370,000 | RMF | McCarter | Construction | March 2019 |
| 50070 | Alumni Center HVAC Replacement | \$300,000 | \$205,000 | \$95,000 | ADC | Huss | Construction | March 2019 |
| 9837 | CSB Cooling Tower Replacement | \$1,800,000 | \$1,613,000 | \$187,000 | RMF | McCarter | Construction | May 2019 |
| 50038 | T-G ATS Replacement | \$990,000 | \$985,000 | \$5,000 | GWA | Gatch | Construction | January 2019 |
| 50065 | IOP Replace Roof | \$900,000 | \$855,000 | \$45,000 | WME | Coastal | Construction | February 2019 |
| 50077 | BEB/DBB Exterior Envelope Repairs | \$500,000 | \$31,000 | \$469,000 | ADC | | Design | April 2019 |
| 9842 | CSB HRID Unit | \$2,400,000 | \$210,000 | \$2,190,000 | MPS | | Design | December 2019 |
| 9834 | TG to IOP Buildings CW & Steam Cross Connect | \$1,600,000 | \$237,000 | \$1,363,000 | MECA | | Design | December 2019 |
| 50064 | BSB Exhaust Fan Replacement | \$500,000 | \$33,000 | \$467,000 | RMF | | Design | October 2019 |
| 9841 | SEI Chiller Replacement | \$2,050,000 | \$175,000 | \$1,875,000 | MECA | | Design | January 2020 |
| 50079 | Replace BSB Roof Strobic Exhaust Fans | \$900,000 | \$65,000 | \$835,000 | RMF | | Design | October 2019 |
| 50078 | BSB Replace AHU #4 and #4A (serve animal area) | \$550,000 | \$45,000 | \$505,000 | RMF | | Design | December 2019 |
| 50069 | Kitchen House Repairs | \$998,387 | \$141,000 | \$857,387 | ADC | | Design | September 2019 |
| 9840 | BSB Envelope Repairs | \$7,000,000 | \$798,000 | \$6,202,000 | REI | | Design | June 2020 |
| 9843 | Courtenay Garage Upgrades | \$2,500,000 | \$150,000 | \$2,350,000 | Liolio | | Design | December 2019 |
| 9844 | HCC 3rd Floor Renovation | \$4,500,000 | \$67,500 | \$4,432,500 | MPS | | Schematic Design | January 2020 |
| 9835 | Energy Performance Contract | \$30,000,000 | \$675,000 | \$29,325,000 | Ameresco | | Design | February 2021 |
| 9845 | BSB remove AHU 5 and 3 and install new AHU | \$1,200,000 | \$8,000 | \$1,192,000 | RMF | | Design | December 2019 |
| 50081 | HCC 4th Floor VAV Upgrade | \$850,000 | \$45,625 | \$804,375 | RMF | | Design | June 2019 |
| 50083 | St Luke HVAC Upgrade | \$360,000 | \$0 | \$360,000 | TBD | | Proposal Pends | June 2019 |
| 50084 | SEI 6 Air Handlers 1 - 6 Replacement | \$600,000 | \$0 | \$600,000 | TBD | | Proposal Pends | June 2019 |
| 50085 | Misc Roof Replace/Repairs | \$400,000 | \$0 | \$400,000 | TBD | | Proposal Pends | June 2019 |
| 50086 | UH to Quad F & HCC CW Connection (Item 5) | \$640,000 | \$48,750 | \$591,250 | MECA | | Design | September 2019 |
| 50087 | CSB & UH 10 " CW Connection (Item 12) | \$377,000 | \$28,500 | \$348,500 | MECA | | Design | September 2019 |
| 50088 | UH to MRE CW Reconnection (Item 6) | \$300,000 | \$24,500 | \$275,500 | MECA | | Design | September 2019 |
| 50089 | Add CW sensors to MRE system AHUs (Item 8) | \$250,000 | \$16,500 | \$233,500 | MECA | | Design | June 2019 |
| 9847 | HCC Mechanical Systems Replacement | \$3,500,000 | \$31,700 | \$3,468,300 | RMF | | Schematic Design | June 2020 |
| Approved in FY19 Budget, Pending CHE/JBRC/SFAA Approval | | | | | | | | |
| 9846 | Pharmacy Addition/Innov Instruc Classroom Renov | \$2,500,000 | \$0 | \$2,500,000 | Compass 5 | | State Approval Pends | December 2022 |

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
FEBRUARY 7, 2019**

MUSC Indefinite Delivery Releases

ADC Engineering, Inc. \$122,708.25
Phase II-Kitchen House Renovations

RMF Engineering, Inc. \$66,000.00
Courtenay Drive Parking Garage-Interior lighting design/replacing existing
emergency lighting

IDC Contracts

S&ME, Inc.

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

GEL Engineering

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

ECS Carolinas, LLP

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

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC)

REGULAR AGENDA

Board of Trustees Meeting
February 8, 2019
101 Colcock Hall

Members of the Board of Trustees

Mr. Charles W. Schulze, Chairman
Dr. James Lemon, Vice-Chairman
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle, Jr.
Mr. William H. Bingham, Sr.
Dr. W. Melvin Brown III
Dr. C. Guy Castles III

Dr. Richard M. Christian, Jr.
Dr. Paul T. Davis II
Dr. Donald R. Johnson II
Ms. Barbara Johnson-Williams
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Stanley C. Baker, Jr.
Dr. Cotesworth P. Fishburne, Jr.
Dr. Thomas C. Rowland, Jr.

Mr. Allan E. Stalvey
Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.

- Item 1. Call to Order.
- Item 2. Roll Call for the MUHA and MUSC Board of Trustees.
- Item 3. Secretary to Report Date of Next Meeting of the MUHA and MUSC Board of Trustees.

Regular Meeting: April 12, 2019.
- Item 4. Approval of the Minutes of the Regular Meeting of the MUHA and MUSC Board of Trustees of December 14, 2018.

Board Action:

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS:

NEW BUSINESS:

**MUSC Board of Trustees Regular Agenda
February 8, 2019**

Item 5. Informational Report from the Office of the President.

Statement: An informational report from the Office of the President will be presented.

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

Board Action:

Item 6. Other Business.

RESEARCH & INSTITUTIONAL ADVANCEMENT COMMITTEE. CHAIR: MR. WILLIAM A. BAKER, JR.

OLD BUSINESS:

NEW BUSINESS:

Item 7. General Report of the Interim Vice President for Development and Alumni Affairs.

Statement: Ms. Linda Cox, Interim Vice President for Development and Alumni Affairs, will provide a general report.

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

Recommendation of Committee:

Board Action:

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

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

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

Recommendation of Committee:

Board Action:

Item 9. General Report of the Vice President for Research.

Statement: Dr. Kathleen Brady, Vice President for Research, will provide a general report.

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

**MUSC Board of Trustees Regular Agenda
February 8, 2019**

Recommendation of Committee:

Board Action:

Item 10. Other Committee Business.

EDUCATION, FACULTY & STUDENT AFFAIRS COMMITTEE. CHAIR: MS. BARBARA JOHNSON-WILLIAMS

OLD BUSINESS:

NEW BUSINESS:

Item 11. General Report of the Executive Vice President for Academic Affairs and Provost.

Statement: Dr. Lisa Saladin, Executive Vice President for Academic Affairs and Provost, will provide a general report.

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

Recommendation of Committee:

Board Action:

Item 12. 2019 Commencement Speaker and Honorary Degree.

Statement: Dr. Lisa Saladin will present for approval the Commencement Speaker and Honorary Degree Recipient for the May 2019 Commencement.

Recommendation of Administration: That the 2019 Commencement Speaker and Honorary Degree Recipient be approved.

Recommendation of Committee:

Board Action:

Item 13. Degree Program Modification to Molecular and Cellular Biology and Pathobiology.

Statement: Administration presents for approval, a program modification to the Molecular and Cellular Biology and Pathobiology (MCBP).

Recommendation of Administration: That this program modification be approved.

Recommendation of Committee:

**MUSC Board of Trustees Regular Agenda
February 8, 2019**

Board Action:

Item 14. Degree Program Modification to BS in Healthcare Studies.

Statement: Administration presents for approval, a program modification to the BS in Healthcare Studies.

Recommendation of Administration: That this program modification be approved.

Recommendation of Committee:

Board Action:

Item 15. Degree Program Modification Adding Digital Dentistry to Master's in Science Dentistry.

Statement: Administration presents for approval, a program modification to add Digital Dentistry (DD) to Master's in Science Dentistry (MSD).

Recommendation of Administration: That this program modification be approved.

Recommendation of Committee:

Board Action:

Item 16. New Dual Degree.

Statement: Administration presents for approval, a proposed dual degree of PharmD and Master of Sciences in Health Informatics (MSHI).

Recommendation of Administration: That this new dual degree be approved.

Recommendation of Committee:

Board Action:

Item 17. Other Committee Business.

CONSENT AGENDA ITEMS FOR APPROVAL:

Item 18. New University Calendar with Extended Drop/Add.

Item 19. Endowed Chair.

**MUSC Board of Trustees Regular Agenda
February 8, 2019**

- Item 20. SmartState Endowed Chair.
- Item 21. Department Chair.
- Item 22. Faculty Appointments.
- Item 23. Change in Faculty Status.
- Item 24. Professor Emerita.
- Item 25. Affiliate Faculty Initial Appointment.
- Item 26. MUSC CHS Affiliate Faculty.

CONSENT AGENDA ITEMS FOR INFORMATION:

- Item 27. Recognized Student Organizations Policy.

FINANCE & ADMINISTRATION COMMITTEE. CHAIRMAN: MR. JAMES A. BATTLE, JR.

OLD BUSINESS:

NEW BUSINESS:

- Item 28. General Report of the Executive Vice President for Finance and Operations.

Statement: Ms. Lisa Montgomery, Executive Vice President for Finance and Operations, will provide a general report.

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

Recommendation of Committee:

Board Action:

- Item 29. Medical University of South Carolina (MUSC) Financial Report.

Statement: Mr. Patrick Wamsley, CFO, MUSC, will present the financial report.

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

Recommendation of Committee:

Board Action:

**MUSC Board of Trustees Regular Agenda
February 8, 2019**

Item 30. MUSC Physicians Financial Report.

Statement: Ms. Eva Greenwood, CFO, MUSC Physicians, will present the financial report.

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

Recommendation of Committee:

Board Action:

Item 31. Diversity and Inclusion Update.

Statement: Dr. Willette Burnham-Williams, Chief Diversity Officer, will give an update.

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

Recommendation of Committee:

Board Action:

Item 32. Other Committee Business.

CONSENT AGENDA ITEM FOR INFORMATION

Item 33. Financial Status Report of the MUSC Foundation for Research Development.

PHYSICAL FACILITIES COMMITTEES: *The MUHA and MUSC Physical Facilities Committee meetings are now held jointly. Agenda items for both committees are included in the MUHA Agenda.*

AUDIT COMMITTEES: *The MUHA and MUSC Audit Committee meetings are now held jointly. Agenda items for both committees are included in the MUHA Agenda.*

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 34. Approval of Collaboration Agreement with Clemson University.

Statement: A request to enter into a collaboration agreement with Clemson University will be presented for approval.

Recommendation of Administration: That this request be approved.

Board Action:

Item 34.1. Approval of Consent Agenda.

Statement: Approval of the consent agenda is requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action:

**MUSC Board of Trustees Regular Agenda
February 8, 2019**

Item 35. Executive Session.

Statement: Upon proper motion and vote, the Board may convene a closed session pursuant to SC Code Ann. §30-4-70. Although the Board will not vote on any items discussed in closed session, the Board may return to public session to vote on items discussed.

Board Action:

Item 36. New Business for the Board of Trustees.

Item 37. Report from the Chairman.

OFFICE OF DEVELOPMENT AND ALUMNI AFFAIRS UPDATE
February 8, 2019

The Office of Development has raised \$29,096,222 in new gifts and pledges to date this fiscal year.

MUSC SHAWN JENKINS CHILDREN’S HOSPITAL

- To date, the total amount of support for the Shawn Jenkins Children’s Hospital totals \$139,121,977.45.
- In November, the thirteenth annual Bulls Bay Golf Tournament raised a record \$650,000. This brings the tournament’s 15-year total to \$4.6 million for the MUSC Shawn Jenkins Children’s Hospital and the Pediatric Oncology Clinical Trial Program.
- On December 6th and 7th, the “Cares for Kids Radiothon” broadcast on iHeart Media Channel’s WEZL and Y102.5 stations raised \$217,000 for the campaign for the MUSC Shawn Jenkins Children’s Hospital.
- Other gifts received include:
 - \$50,000 from Kelley Smith O’Quinn for Pediatric Palliative Care;
 - \$50,000 from Abby’s Friends for Pediatric Endocrinology;
 - \$31,731 from the McShane Family Foundation for the McShane Family Endowment for Pediatric Oncology;
 - \$30,000 from Truluck Construction, Inc.;
 - \$25,000 from the Samuel Freeman Charitable Trust for Pediatric Palliative Care;
 - \$20,000 from Dunkin Donuts for the Child Life Program; and
 - \$16,000 from Hope for Bravehearts for Pediatric Cardiology Support Fund.
- To close out the year, the Children’s Hospital held the annual Blue Dogs concert, which raised over \$53,000 with a six-year total of \$428,000 for pediatric oncology research.

MUSC HEART & VASCULAR CENTER

- Heart & Vascular Center Advisory Board members Natalia Castillo and Wendy C. Wellin co-hosted an awareness and fundraising event, “Into the Heart and Africa,” which raised over \$100,000 in support of Global Health for Cardiology in Tanzania. This included a \$50,000 matching gift commitment from Mrs. Wendy C.H. Wellin.
- Mrs. Lynda Thorne Harrill made a gift commitment of \$26,000 through her estate to the Gazes Cardiac Research Institute Development.
- Mr. Howard B. Sherman made a \$25,000 gift in support of the Davis Walker Heart Fund. He offered this gift in memory of Mr. Davis Walker and in honor of his widow, Mrs. Gail E. Walker, and daughter, Ms. Leigh Walker Manzi.

MUSC NEUROSCIENCES

- The Litwin Alzheimer’s Foundation gifted \$425,000 in support of Alzheimer’s disease research.
- Dr. Charles and Dianne Barmore Fund made a gift of \$50,000 earmarked for Parkinson’s disease research.

MUSC DEPARTMENT OF SURGERY

- Dr. Prath Rajagopalan made a \$20,000 gift to support the Department of Surgery and the Adams and Elliott-Robison endowed chairs.
- Dr. Karl Byrne made a \$10,000 contribution to the David B. Adams Endowed Chair in GI Surgery.
- Dr. Tom Brothers made a \$10,000 gift to the Elliott-Robison Endowed Chair in Vascular Surgery.

MUSC HOLLINGS CANCER CENTER

- Hollings Cancer Center's signature event, Gourmet and Grapes, is scheduled for January 31 through February 3. To date, the event has raised \$291,000 in sponsorships, ticket sales and donations.
- The Abney Foundation made a gift of \$200,000 to the Abney Scholars Program.
- Mr. Jon Olson and his daughter, Kristina, have made a pledge of \$100,000 for cancer research.
- The Jerry Zucker Ride for Hope raised \$120,000 for cancer research.
- An event honoring Mr. Julian Smith raised \$101,000 for glioblastoma research.
- The Williams Brice Edwards Charitable Trust made a gift of \$50,000 to support the Mobile Health Unit and increase support of preventative outreach in Sumter County.
- The Point Is, a woman's service group in the Lowcountry, gave \$45,000 to support the Mobile Health Unit.
- Dr. and Mrs. William Creasman made a gift of \$26,000 to the W.T. Creasman Endowed Chair in Gynecological Oncology.

MUSC STORM EYE INSTITUTE

The Storm Eye Institute received the following gifts:

- Mr. and Mrs. Charles Truluck - \$30,000
- Sarah Meyer - \$30,000

MUSC COLLEGE OF MEDICINE

- A former Psychiatry resident made a seven-figure planned giving commitment in support of the Department of Psychiatry.
- An anonymous donor made a planned giving commitment of \$300,000 to the John M. Pratt, M.D. Endowed Scholarship Fund. The late Dr. Pratt was a member of the College of Medicine Class of 1939 and the MUSC Board of Trustees.
- Mrs. Kelley O'Quinn, former MUSC Foundation board member, contributed \$100,000 to the C.A.R.E.S. Clinic.
- Dr. Lewis Davis (COM '75) made a gift of \$75,000 to an endowed scholarship fund previously established in his father's name.
- Dr. Fritz Butehorn (COM '99) and Lori Butehorn pledged \$50,000 to endow the Lori and Fritz Butehorn Scholarship Fund.

MUSC COLLEGE OF NURSING

The College of Nursing received the following gifts and pledges at year-end totaling nearly \$1 million:

- \$500,000 from Mary and David Swain for the Mary Swain Global Initiatives Endowment. The endowment will send students to developing nations to gain clinical and research experience, as well as pay for medical supplies while abroad. It will also fund faculty travel and leadership of the trips, faculty mentorship of Global Initiatives students, and the infusion of cultural competency and global experience into the nursing curriculum;
- The New Morning Foundation made a gift of \$242,140;
- A pledge of \$140,852 was received from the Zero to Three Foundation; and
- \$115,500 from the Lettie Pate Whitehead Foundation in fulfillment of its \$251,000 pledge.

MUSC COLLEGE OF PHARMACY

- Alycia Araneo Craft made an additional \$100,000 gift to the Alycia Araneo Craft and Robert D. Craft Scholars Program supported through the Alycia Araneo Craft and Robert D. Craft Endowed Fund within the MUSC Foundation.
- The College of Pharmacy secured \$60,000 from The Pharmacy Network Foundation in support of student scholarships in the 2019-2020 academic year.

MUSC COLLEGE OF HEALTH PROFESSIONS

- The College received two gifts totaling \$11,000 to the Sushma Rao Memorial Endowed Scholarship. This endowment was set up in memory of Sushma, a Physician Assistant graduate.

MUSC DEPARTMENT OF MEDICINE

- David J. Savula committed \$50,000 to the Dave Savula Endowment in Pulmonary Medicine.
- Michael Savula committed \$50,000 to the Dave Savula Endowment in Pulmonary Medicine.
- Charles Wendell made a gift of \$30,000 to the Jay Brzezinski, MD, Clinical Educator Professorship.
- Spotswood Box of the Boxwood Foundation made a gift of \$25,000 to the Richard Silver, MD, Endowed Chair in Rheumatology & Immunology.

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE

- Mr. Jacob Driggers and Dr. Isabel Driggers (Class of 2002) of Daniel Island, contributed \$10,000 to the Dental Special Needs/Care Fund to assist with the College's clinical care of patients with special healthcare needs.

MUSC OFFICE OF ALUMNI AFFAIRS

James B. Edwards College of Dental Medicine

This year has already been busy with the Dental Medicine Alumni Association hosting nine lunch-and-learns for students, each sponsored by various companies.

MUSC College of Medicine

The Medicine Alumni Association hosted a lunch-and-learn for 3rd and 4th year students sponsored by Healthy Realty.

MUSC College of Nursing

- The Nursing Alumni Association sponsored lunch during orientation for students in the accelerated BSN program, who began their studies in January 2019. The Elizabeth Ann Jones scholarship was awarded to a student within the program.

MUSC College of Pharmacy

- The College of Pharmacy Alumni Association sponsored lunch for students in the 3rd year class prior to their Pharmacy Curriculum Outcome Assessment test given by the National Association of Boards of Pharmacy on Jan. 23.

Upcoming Alumni Events:

- Regional Reception in Greenville, Thursday, March 21, 2019
- Regional Reception in Augusta, Thursday, April 17, 2019
- College of Medicine Alumni Weekend – March 29-30, 2019
- College of Dental Medicine Homecoming Weekend – Feb. 22-24, 2019
- Golden Graduate Reunion – May 16-18, 2019 (Honoring the Classes of 1969)

February 2019 MUSC Foundation Report
Thomas P. Anderson, CEO

- Realized investment returns on endowments at December 2018:

| | 1 YR | 3 YR | 7 YR |
|------------------|-------|------|------|
| MUSCF | -5.6% | 3.6% | 5.9% |
| Target Benchmark | -5.5% | 4.1% | 6.0% |

- Total assets decreased by \$11.0 million or 1.8% for trailing 12 months at December 31, 2018 to \$592.3 million.
- Cumulative transfer of support to Shawn Jenkins Children’s Hospital.
 - Amount: \$34,596,689
- Provided 6-month YTD program, scholarship and capital support, both expendable and endowed, to MUSC and MUHA.
 - Amount: \$17.1 million
- Established CEO Search Committee.
 - John Cahill, Chairman
- WestEdge (WE) Progress
 - 99 WE: Complete (240 apartments; 900 space garage)
 - 10 WE: Publix to open March 2019 (360 apartments; 1000 car garage; 60 sq. ft. retail)
 - 22 WE: Scheduled completion: 4Q2019
 - Total Value: \$300 million
- Harborview Office Tower: Sold: 4Q2018
 - \$18 million
- Monetized value of MUSC WestEdge land and HOT sales to date.
 - \$27 million
- Received Unmodified Opinion with no material weaknesses cited on independent audit report at FYE June 30, 2018.

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: Medical University of South Carolina

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.):

The College of Graduate Studies at MUSC proposes to specify seven tracks in its PhD in Molecular & Cellular Biology and Pathobiology (MCBP, CIP=26.0499) to reflect that MUSC offers students in this degree program the opportunity to gain specific expertise in one of the following research fields: (1) Cancer Biology; (2) Molecular Cell Regulation; (3) Cardiovascular Biology; (4) Molecular and Structural Biology; (5) Tissue Development, Injury & Repair; (6) Oral Health Sciences; (7) Biomarine, Environmental and Coastal Health (BEACH). Students in the PhD in MCBP take a core curriculum in their first two years of the program, then take courses and gain experiential research skills in the area of their concentration/track. The formalization/specification of tracks will improve both their employment prospects and clarity of didactic and experiential education to be pursued during their PhD training.

Current Name of Program (include degree designation and all concentrations, options, and tracks):

PhD, Molecular & Cellular Biology and Pathobiology (MCBP)

Proposed Name of Program (include degree designation and all concentrations, options, and tracks):

No change in degree program name. Request approval to offer the following tracks: (1) Cancer Biology; (2) Molecular Cell Regulation; (3) Cardiovascular Biology; (4) Molecular and Structural Biology; (5) Tissue Development, Injury & Repair; (6) Oral Health Sciences; (7) Biomarine, Environmental and Coastal Health (BEACH).

Program Designation:

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

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

No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

No

Proposed Date of Implementation: **January 1, 2019**

CIP Code: 26.0499

Current delivery site(s) and modes: MUSC on campus; traditional delivery mode

Proposed delivery site(s) and modes: MUSC on campus; traditional delivery mode **(no change)**

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

Paula Traktman, PhD
Dean, College of Graduate Studies
Hirschmann Endowed Professor, Department of Biochemistry and Molecular Biology
Medical University of South Carolina
(843) 876-2405
traktman@musc.edu

Institutional Approvals and Dates of Approval:

College of Graduate Studies: 09/20/18
Education Advisory Council: 11/6/18
Provost's Council: 11/19/2018

Background Information

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

Although students have currently gravitated to these focal areas (because of MUSC's notable expertise in these fields), we have not sought formal approval from the CHE to offer specific concentrations/tracks in the PhD MCBP program. Therefore, we request approval to offer seven tracks/concentrations:

1. Biomarine, Environmental and Coastal Health (BEACH)
2. Cancer Biology
3. Cardiovascular Biology
4. Cell Regulation
5. Molecular and Structural Biology
6. Oral Health Sciences
7. Tissue Development, Injury and Repair

Our target audience comprises applicants, predoctoral students, postdoctoral students and faculty. Specifying tracks will ensure that applicants to our program know that MUSC offers specific expertise and training in areas that reflect the cutting edge of biomedical research. Tracks will also help faculty (current and future) understand that we have substantial research opportunities in these areas. Specifying tracks within the PhD for MCBP supports our strategic objectives to increase the quality and quantity of the College's applicant pool, increase minority recruitment, obtain additional extramural funding for targeted recruitment and research enterprises and promote submission of training grant applications for student and post-doctoral support.

Essentially, these tracks will better reflect the interests of the faculty and students that are presently included in the Molecular and Cellular Biology program. We have had considerable growth in the number of faculty with active research programs that would benefit from having more specific tracks in which to group researchers. For example, the track called "**Molecular and Structural Biology**" will attract students with interest in macromolecular structure/function and how alterations in these structures alter biological systems. MUSC has a large group of faculty with expertise in **tissue development, injury and repair**. A concentration in this area, which is a very fertile research field, will help us capitalize on our strengths by attracting students who want to learn from these faculty. The **BEACH** track is proposed to help support the students and faculty with interest in environmental and marine-related research with implications for human health.

These tracks will provide a focus for the design of graduate level electives, research seminars and journal clubs that support these specific areas of interest. Tracks also provide a community that bring students and faculty together; in sum, the tracks facilitate our efforts to advance new knowledge and scientific discoveries and promote innovative education opportunities.

Assessment of Need

Provide an assessment of the need for the pro ram modification for the institution, the state, the region, and beyond, if applicable.

The specific tracks in MUSC's PhD MCBP degree indicates expertise in areas not available at other state institutions. For example, the Clemson PhD program in biological sciences has focus on microbial studies, ecology and molecular biology with strong program in organismal biology and development with some cancer focus. The USC graduate program in biomedical sciences includes some similar focus to Clemson but includes more mouse genetics and molecular regulation of gene expression in neuroscience, cardiovascular biology and cancer.

We anticipate by specifying the proposed tracks that we will be able to add to and supplement existing courses for the expansion of the program in the future. Moreover, the tracks better represent the diverse interests of our students and faculty and provide a structure that will align with these interests.

The MUSC MCBP program complements other state institutions and trains the next generation of biomedical scientists in areas crucial to healthcare and disease prevention. Specifying the proposed tracks will also support MUSC's ability to compete for T32 (federally-funded training grants) awards to support pre-doctoral students, and may potentially increase collaborative initiatives that fuel future grant applications. The tracks will increase synergy between researchers that have similar disease focus, such as scleroderma and fibrotic diseases, retinal and neural degeneration, obesity and alcohol related diseases, and digestive diseases, and will allow for the training of students in these areas and the expansion of disease-related research areas important for the state's health care needs.

Transfer and Articulation

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

N/A

Description of the Program

| Projected Enrollment | | | | | | |
|----------------------|----------------|-------|------------------|-------|------------------|-------|
| Year | Fall Headcount | | Spring Headcount | | Summer Headcount | |
| | New | Total | New | Total | New | Total |
| 2018 | 6 | 36 | 0 | 36 | 0 | 36 |
| 2019 | 6 | 36 | 0 | 36 | 0 | 36 |
| 2020 | 8 | 38 | 0 | 38 | 0 | 38 |
| 2021 | 8 | 38 | 0 | 38 | 0 | 38 |

The program currently has 36 total enrolled students. The proposed tracks are not suggested to specifically grow enrollment but rather ensure that students coming to the MCBP program know their area of interest/focus and begin their track-specific training as soon as possible.

Curriculum

Attach a curriculum sheet identifying the courses required for the program.

Curriculum Changes

| Courses Eliminated from Program | Courses Added to Program | Core Courses Modified |
|---------------------------------|--------------------------|-----------------------|
| None | None | None |

Core Curriculum (required for all MCBP PhD students, regardless of track):

CGS 765 - Proteins: Dynamic Structure and Function. The 18 sessions of this 5-week, 3-credit hour course present fundamental principles of protein structure and function. Proteins, the most abundant and diverse family of macromolecules within the cell, play a myriad of essential catalytic and structural roles within the cell. They undergo multiple post-translational modifications and interact with numerous partners, including other proteins, RNA, DNA and membranes. These topics are considered within the context of health and disease, with an emphasis on the molecular mechanisms underlying fundamental cellular processes and underscoring the impact of mutant proteins on cell behavior and the importance of proteins as therapeutic targets.

CGS 766 - Genes: Inheritance and Expression. The 25 sessions of this 7-week, 4-credit hour course present the fundamental principles of inheritance, maintenance and expression of the genetic material. The first 6 sessions focus on the principles and practice of classical and molecular genetics, and the next 7 focus on the replication, repair and transmission of the DNA genome within the context of the mammalian mitotic and meiotic cell cycles. The final 11 sessions focus on the expression of the genome, incorporating discussions of transcription, epigenetic modifications of DNA and histones, nucleolus and rRNA synthesis and maturation, mRNA processing, nuclear export and translation, and regulation by non-coding RNAs.

CGS 767 - Cells: Organization and Communication. The 18 sessions of this 5-week, 3-credit hour course address the fundamental principles of cell structure, compartmentalization, and function. The first 10 sessions focus on the structure, function and dynamics of the endomembrane systems of the cell, the cytoskeleton, major organelles and programmed cell death. The final 7 sessions address cell and cell:matrix interactions and the complex process of signal transduction. The overarching principles involved in the process of signal transduction, which most often involves the transduction of a signal from an extracellular ligand to a nuclear response, bring together the principles discussed in the initial part of this course and those discussed in modules I and II.

CGS 768 - Techniques and Experimental Design (TED). TED highlights essential tools and approaches required to achieve a high level of competency in biomedical research. TED topics are synchronized with fundamental concepts covered in the three Fall semester courses (CGS 765, CGS 766 and CGS 767). Students will become knowledgeable in protein biochemical techniques such as protein isolation, understand the basics of genetics, including the use of cutting-edge gene editing strategies and genetic screens, and gain exposure to concepts and approaches essential to cell biology. Collectively, the course focuses on experimental design, with an emphasis on understanding the key controls that are needed, the type(s) of data that are obtained and how they need to be analyzed, and the strengths and weaknesses of each approach. Of equal import, this training provides students with foundational knowledge and an invaluable toolkit that will prepare students to successfully embark on their thesis and dissertation research.

CGS 770 - Principles, Practices and Professionalism. This semester-long course introduces graduate students to essential concepts in the practice of biomedical science, such as critical thinking, responsible conduct of research, reproducibility of data, transparency in communication, rigor in experimental design and analysis, and professional development. The course utilizes didactic lectures, group activities based on hypothesis development, student discussion of case studies, and a range of skills focused on optimal development of career options.

CGS 772 - Learning from the Literature. One of the key transitions made by students is the transition to learning what is known to exploring what is not yet known, and moving from textbook learning to the reading of the literature. LFTL is focused on helping students understand how to learn from the literature. How does one approach a manuscript and understand the background, the hypothesis and the experimental design? How does one critically evaluate the data and incorporate them into what's known about the system? The LFTL syllabus is designed to incorporate each of these questions. The students learn by example as well as by practice. Opportunities for working individually and in groups are plentiful, and discussion of the different ways in which data can be presented and interpreted is central to the course. LFTL presents a concrete framework for the incorporation of "critical thinking" into the students' education as they gain skill and confidence in "learning from the literature".

CGS 764 - Science Writing as Persuasion. This nine-week, interdisciplinary course prepares students to move their ideas persuasively from pipette to pen. Students encounter a variety of scholarship on science and persuasion, focusing on the fundamentals of audience (who you write for), genre (what patterns you write from), and style (how you work with words), and develop rhetorical competencies for both professional and public contexts. To these ends, the instructors deploy an array of teaching techniques that include interactive lectures, group discussions, on-the-spot quizzes, and small scale team projects.

CGS-72on21 Laboratory Rotations - First Year Curriculum Ph.D. students are required to enroll in three nine-week laboratory rotations spanning the Fall and Spring semesters. All students will rotate through three different laboratories to maximize their exposure to a diversity of mentors, scientific experiences and technologies. Students are urged to attend the seminars and journal clubs of the program in which they are participating in order to get a better sense of where they might be most comfortable during their thesis and dissertation work.

CGS-700. Introduction to Biostatistics. This course provides a descriptive and inferential statistics commonly used in biomedical research. Topics include elementary probability theory, and introduction to statistical distributions, point and interval estimation, hypothesis testing, regression and correlations. The course is intended for graduate students in the basic and clinical sciences, clinical residents/fellows, and medical and dental students who seek a working knowledge of biostatistical methods and their applications. 4 s.h.

Courses required depending on track/concentration:

MCBP 724 - Seminar in Molecular & Cellular Biology- Thursday MCBP Seminar Series. students give a short seminar based on their own research to their peers and to their graduate committee members. Students are required to give at least two formal seminars during their training. The Thursday 4:00 pm MCBP External Seminar Series invites leading scientists from the United States and foreign countries to present their work to both students and faculty in the MCBP Program. These seminars are on a broad range of topics representing each of the six divisions within the MCBP Program. 1 s.h. Fall/Spring

MCBP 745 -Topics in Oral Health Science - Current and emerging topics in craniofacial biology will be presented and discussed in a Journal Club style format. Initially, a faculty member will introduce and direct all students in the discussion of literature concerning oral-related research topics. Subsequently, students will present topics using faculty-approved papers from top-tiered journals. Students will be expected to participate in active class discussion with other graduate students, postdoctoral fellows, and faculty.

MCBP 747 - Oral Health Sciences Seminar Series - In this series, students give a seminar based on their own research to their fellow students, advisory committee, faculty and post-doctoral fellows in the College of Dental Medicine. This is a great opportunity for the students to present their work in an informal setting and to receive constructive feedback on his/her studies from a large audience with different scientific backgrounds. Each graduate student will give at least one seminar yearly. Lectures will be supplemented with local as well as invited external speakers, whose research focus is on craniofacial biology.

MCBP 748 - Lipids in Pathobiology- This multidisciplinary course addresses biochemical, applied, and translational approaches to the study of lipids. The course is composed of three main sections: lipid biosynthesis, lipid signaling, and lipids and disease. The first section is a comprehensive treatment of nomenclature and synthesis of major lipid classes including glycerophospholipids, sphingolipids, and sterols, as well as methodology for lipid study. The second section addresses roles of bioactive members of these lipid classes in regulation of cell signaling and downstream events. The third section is largely translational, with many lectures on human diseases that involve the lipids and signaling pathways discussed. This course contains a brief hands-on laboratory segment. This course is open to graduate students, residents, postdocs, and third and fourth medical students. 3 cr. Hrs.

MCBP 749 - Marine Organismal & Environmental Health - Current and emerging topics in marine organismal and environmental health will be presented and discussed in a journal club-style format. Students will be present topics related to the topic of marine organismal and environmental health using faculty-approved articles from peer-reviewed journals, and will be expected to actively participate in the discussion with other students, postdoctoral fellows and faculty members.

MCBP 753 - Cell Biology and Cancer Journal Club. This is a journal club counting for 1 credit hour which will meet 2X per month during the fall and spring semesters. Each student will be required to lead a discussion (2 hours) on at least one article which has been recently published on a broad range of topics including basic cellular mechanisms, cancer biology and disease. All students will be encouraged to ask questions and participate in discussions. Student presentations will be augmented by the addition of interested postdoctoral fellows and faculty.

MCBP 762 - Mechanisms of Development: Developmental Biology, Stem Cells and Animal Models This course will provide a general overview of fundamental developmental mechanisms focused on a comparison of different model organisms. This 7-week long course covers early and intermediate developmental events (gastrulation and cardiovascular), stem cell biology, mouse molecular genetics and gene regulation, perinatal maturation through induction of stemness in differentiated adult cells and regenerative medicine. Comparative systems discussed include Drosophila, zebrafish, Xenopus, chick, mouse models and humans. The course is intended for graduate student training in any aspect of biomedical research.

MCBP 780 - Vision & Ocular Diseases - Current and emerging topics in vision and ocular diseases will be presented and discussed in a journal club-style format. Students will present topics related to vision and ocular diseases using faculty-approved articles from peer-reviewed journals, and will be expected to actively participate in the discussion with other students, postdoctoral fellows, and faculty members. Some presentation will be made by visiting and MUSC faculty members.

MCBP 782 - Cardiovascular Biology Journal Club - The Cardiovascular Biology Journal Club course is designed to highlight the advances in cardiovascular science and medicine that will soon form the foundation for novel diagnostic, prognostic and therapeutic approaches to treating heart disease. Publications will be presented by the students weekly, which address current concepts of the cell and molecular biology bases of cardiovascular function, dysfunction and responsiveness to therapeutic interventions. Students, postdoctoral fellows and faculty who will take part in the weekly discussion include investigators from adult cardiology, adult Endocrinology, Cell Biology and Anatomy, Pharmacology, and Surgery.

CGS 737 - The Human Microbiome. Imagine if there were an organ in your body that weighed as much as your brain and affected your health, your weight, and even your behavior. Wouldn't you want to know more about it? There is such an organ - the collection of microbes in and on your body, your human microbiome. The microbial ecosystems in different parts of your body are radically different from one another and supply a wide range of functions that affect many aspects of human health. This course will explore how the human microbiome is formed, how it is influenced by external factors, and how the gut microbiota influences our health. This course will also provide an introduction to the methods used to study microbial communities and explore how gut microbiome data are analyzed.

CGS 7 - Cancer Cell Signaling. The basic "Hallmarks of Cancer" defined as sustained proliferative signaling, evasion of growth suppressors, resisting cell death. avoiding Immune destruction. enabling immortality. invasion and metastasis. and deregulation of cellular energetics are all driven by protein-to-protein signaling. This course will discuss broad discoveries that have shaped the field of cancer cell signaling and provide an overview for how these signaling processes pertain to modern cancer research.

CGS 75 - Frontiers in Stem Cells. Research into the role of stem cells has burgeoned over the past 20 years. In fact, only 10 years ago Martin Evans, Mario Capecchi and Oliver Smithies were recognized for their pioneering stem cell work by being awarded the Nobel Prize for Medicine. Since these discoveries, it has become clear that stem cells may hold the key to treatment modalities from genetic diseases to cancer. This course will discuss historical and recent discoveries that have shaped the field as well discuss ethical consequences related to stem cell uses.

CGS 774- Hosts and Microbes - Partners and Pathogens. Ever wonder what the little guys are like... I mean the REALLY little guys? The world is filled with diverse microbes from bacteria that kill us to viruses which are used to cure cancer. The complex interaction of these microbes with their hosts helps to shape both our daily health and to advance our understanding of life in its most basic forms. This course will introduce students to this amazing complexity by examining the fundamental characteristics of the bacteria and viruses which live both in and around us as well as how these tiny microbes have such oversized impact. So come explore the microbial world with us and learn what makes both them and us tick.

CGS 776 - Metabolism and Bioenergetics. Although the basic biochemistry and physiology of bioenergetics metabolism (i.e., glycolysis, mitochondria, *etc*) had their heydays in the 1950-1960s, it is common for many biomedical researchers to assume that we now know it all and it can be summarized in 1-2 chapters of a good biochemistry textbook. In contrast, even a brief perusal of current literature demonstrates about 2000 bioenergetics-related primary journal publications per year in nearly all fields of biomedical sciences. Indeed, with recent technological advances there has been a resurgence in research of bioenergetics metabolism with an emphasis on integration, regulation, and disease. The proposed course assumes a basic knowledge of bioenergetics metabolism and weaves this into a detailed exposure to the most current knowledge of how cytosolic and mitochondrial metabolism are integrated via cell signaling pathways, intracellular ultrastructure and redox physiology. The course incorporates new technologies in metabolomics and cellular imaging to illustrate how they contribute to ongoing studies of how dysfunction of bioenergetics metabolism contributes to diseases ranging from metabolic disorders, cancer, and degenerative pathologies.

CGS 778 - Integrated Physiology & Pharmacology of the Cardiovascular System. The course has four thematic focuses of Cardiovascular System: 1) Cardiovascular physiology and pathophysiology: neuromuscular transmission and excitation-contraction coupling; 2) Electrical activity of the heart; 3) Cardiac output and its alterations during exercise and failure; and 4) Circulation and vascular hemodynamics. The class minimizes lectures, didactic discourses, and has no simple regurgitation of "facts". The first few minutes of each Theme provide a broad overview of the subject area tying in the clinical significance.

CGS 780 - Human Genetics and Genomics. This course is an introduction to human heredity and molecular genetics. Students develop an appreciation for the power and limitations of genetics and genomics, and develop skills to address questions in genetic/genomic research and clinical practice. This course is open to students in their 2nd year (and beyond) who are interested in human genetics and genomics.

CGS 782 - Fundamentals of Cancer Biology. This course will begin with a discussion of what cancer looks like, at the gross and histological levels, and a demonstration of the basic aspects of cancer as a latent, and progressive disease that culminates in pathological processes that result in death. Next, the course will provide an understanding of how research into the causes of cancer has elucidated in molecular detail the biology of this disease. The lectures in carcinogenesis will also educate the students on the fundamental environmental causes of cancer and how that translates into public health policies that influence cancer mortality. Then, the course will turn to molecular mechanisms of carcinogenesis by discussing the discovery and characterization of viral carcinogens, oncogenes, tumor suppressor genes and how that is connected to genetic susceptibility of cancer. We will then use that understanding of the genetic and genomic causes of cancer to link the action of these genes to the key phenotypes expressed by cancer cells, such as growth factor independence, immortalization, dysregulated cell death, dysregulated cell cycle progression, and discuss how these phenotypes mediate disease. The course will then progress to discussion of host effects of cancer and how the tumor microenvironment influences cancer progression, leading to discussions on invasion and metastasis, the proximate cause of death in the majority of cancer cases. Having laid this fundamental ground work on the basic biology of cancer, the course will end with a discussion of conventional forms of cancer therapy and how they work, or don't work, and then end with lectures on the future of cancer therapy based on genomically-targeted drugs and immunotherapy.

CGS 784 - Immunobiology. The course aims are to guide the student through the immune system in all its aspects - from basic cellular immunology, first engagement of innate immunity, to the generation of the adaptive immune response and its clinical/disease consequences. The course will encompass topics such as antigen presenting cells, B cell function, complement system, Toll-like receptors, mucosal immunity, T cell tolerance and immunity.

CGS 830 - Basic Principles in Drug Discovery and Development. Graduate students in the biomedical sciences routinely use pharmacologic agents in their research, but they do not always understand how and why these agents were discovered, or the mechanism by which they produce an effect. Every therapeutic agent was discovered and developed through research involving multiple scientific disciplines. Successful drug discovery research in both academia and the pharmaceutical industry is, by nature, a highly collaborative enterprise. To be sure, young scientists who aspire to a career in drug discovery should be well-trained experts in their chosen area of research. However, they must also have an understanding of basic principles used routinely by collaborators in related research areas in drug discovery. Such knowledge will ensure that they can effectively communicate with scientists in other disciplines, and thereby facilitate the discovery of novel therapeutic agents. This course will cover basic principles of drug discovery research, including the early discovery phase (target identification and validation, medicinal chemistry, in vitro and in vivo pharmacology and protection of intellectual property), mid-stage considerations (pharmacokinetics, ADME, toxicology and metabolism, formulation) and will briefly cover late stage discovery (clinical trials and marketing). While some element of traditional instruction is required, each topic will be introduced in large part through in-class discussion and analysis of examples from the primary literature.

CGS 888 - Drug Discovery - From Target to Therapeutic. This course presents a wide variety of information in the broad area of drug discovery, including the early discovery phase (target development, in vitro and in vivo assay development, screening lead optimization, structure-based drug discovery) mid-stage considerations (in vivo studies ADME, toxicology and metabolism, advanced preclinical trials) and late stage discovery (clinical trials and marketing). The various phases of the drug discovery process will be introduced in the context of 3 successful drug discovery efforts, presented in a discussion format.

Similar Programs in South Carolina offered by Public and Independent Institutions

Identify the similar programs offered and describe the similarities and differences for each program.

| Program Name and Designation | Total Credit Hours | Institution | Similarities | Differences |
|------------------------------|--------------------|------------------------------|--|--|
| BioMedical Sciences (tracks) | 60 | University of South Carolina | Cardiovascular biology: includes signaling and tissue repair, calcium channel biology, atherosclerosis and heart development | The MUSC program places more emphasis on adult heart disease |
| | | | Cancer biology: includes chemotherapeutics, drug discovery, molecular mechanisms, cell cycle regulation | Since MUSC has an NCI-designated cancer center, there is a larger cohort of researchers and a strong focus on immunotherapy. There is also a drug discovery core that provides expertise in drug design and synthesis |
| | | | Biochemistry: Structural Biology, protein modifications, metabolism | Chemistry/Bioinorganic Chemistry is not a proposed concentration at MUSC. Small organism studies are a strength at USC. Mitochondrial metabolism and redox mechanisms are a strength at MUSC. MUSC has a larger cohort of investigators interested in structural biology |
| | | n/a | | MUSC proposed track Tissue Development, Injury and Repair: Our program encompasses multiple organ systems including strong focus groups in eye, lung, skin, eye, digestive track. |

| | | | | |
|---------------------|----|---------|---|--|
| | | | n/a | <p>MUSC track in Oral Health Sciences. Since MUSC has a College of Dental Medicine (as well as an Orthopedics department, Microbiology & Immunology department, and NCI-designated Cancer Center), there is research focused on craniofacial development, bone repair, oral inflammation and head and neck cancers.</p> <p>MUSC proposed track BEACH: marine toxicology, toxicant effects on development of marine-related animals with an eye toward human disease. USC has a strong cohort in plant biology and bacteriology</p> |
| | | | Common interest in some aspects of environmental science | <p>Ecology, Evolution and Organismal Biology at Clemson encompasses fishery biology, toxicology, ecology, microbe biology. This is not an area offered by MCBP.</p> <p>Not a concentration offered by MCBP. The MUSC program in Microbiology & Immunology is predominantly focused on immunology.</p> |
| Biological Sciences | 60 | Clemson | Ecology, Evolution and Organismal Biology: some similarities to BEACH in environmental toxicants | <p>Clemson's focus is more on nonmammalian model systems with some cancer biology; MUSC's program has a greater focus on mammalian cell signaling, with the research being of direct relevance to human health and disease</p> |
| | | | Microbiology | |
| | | | Molecular Cellular and Developmental Biology: similarities in molecular techniques, embryonic development | |

Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

The program as described can be offered with our current faculty, who have impressive strengths in the proposed area. Additional faculty and staff may be needed in the future as the program grows. The proposed additions of these concentrations are based on (a) capitalizing on the expertise of MUSC faculty; (b) the importance of research in the selected areas; and (c) best preparing our PhD graduates in Molecular and Cellular Biology and Pathology to be maximally competitive in the job market. All existing administrative personnel are sufficient to ensure that student progress and tracking can be accomplished for the proposed concentrations.

Resources

Identify new library, instructional equipment and facilities needed to support the modified program.

Library Resources:

Equipment:

Facilities:

No new resources are needed to support the proposed modification.

Impact on Existing Programs

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

No

Financial Support

| Estimated Sources of Financing for the New Costs | | | | | | |
|---|--|--|--|--|--|--------------|
| Category | | | | | | Total |
| Tuition Funding | | | | | | |
| Program-Specific Fees | | | | | | |
| Special State Appropriation | | | | | | |
| Reallocation of Existing Funds | | | | | | |
| Federal, Grant, or Other Funding | | | | | | |
| Total | | | | | | |
| Estimated New Costs by Year | | | | | | |
| Category | | | | | | Total |
| Program Administration and Faculty and Staff Salaries | | | | | | |
| Facilities, Equipment, Supplies, and Materials | | | | | | |
| Library Resources | | | | | | |
| Other (specify) | | | | | | |
| Total | | | | | | |
| Net Total (i.e., Sources of Financing Minus Estimated New Costs) | | | | | | |

The addition of the proposed concentrations/tracks will not incur new costs. The College of Graduate Studies already supports the Director of the MCBP program (15% effort), a highly trained staff person (with a PhD degree in a relevant biomedical science discipline) who staffs the program, and the costs of the MCBP seminar program.

Budget Justification

Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.

Evaluation and Assessment

| Program Objectives | Student Learning Outcomes Aligned to Program Objectives | Methods of Assessment |
|--|---|--|
| Students graduate on time | --- | Percent of entering cohort graduating within 7.5 years |
| Graduates are employed within 6 months | --- | Employment survey 6 months after graduation |
| Students show evidence of scientific curiosity reflective of a career biomedical scientist | Evidence scientific curiosity reflective of a career biomedical scientist | Oral defense rubric; 3 rd year evaluation by progress committee |
| Students demonstrate the ability to think independently | Demonstrate the ability to think independently | Oral defense rubric; 3 rd year evaluation by progress committee |
| Students design, complete, and defend a rigorous scientific research project | Design, complete, and defend a rigorous scientific research project | Oral defense rubric; 3 rd year evaluation by progress committee |
| Students demonstrate strong communication skills (orally and written) | Demonstrate strong communication skills (orally and written) | Oral defense rubric; 3 rd year evaluation by progress committee |

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

No

Explain how the program will prepare students for this licensure or certification.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

No

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: Medical University Of South Carolina

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.):

The proposed program modifications are as follows;

1. Revise the admissions criteria such that applicants are not required to have an AS degree.
2. Revise the admissions criteria such that applicants must have a minimum of 72 credit hours and all general education requirements from an accredited institution to apply to the Bachelor of Science in Healthcare Studies program.
3. Reduce the number of course credits to be delivered by MUSC from 61 to 48.
4. Reduce the number of semesters to complete the degree from 5 to 4.
5. Reduce the number of concentrations from two to zero so that each student follows the same plan of study.

Current Name of Program (include degree designation and all concentrations, options, and tracks):

Bachelor of Science in Healthcare Studies

Concentration 1: Pre-health professions

Concentration 2: Health promotion

Proposed Name of Program (include degree designation and all 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 currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

Proposed Date of Implementation: Fall 2019

CIP Code: 51.0000

Current delivery site(s) and modes: Blended

Proposed delivery site(s) and modes: Blended

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

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[843-792-2210](tel:843-792-2210)
 Gellar@musc.edu

Institutional Approvals and Dates of Approval:

| | |
|--|-------------------|
| College of Health Professions Leadership Council | November 15, 2018 |
| Education Advisory Committee: | December 4, 2018 |
| Provost's Council: | January 14, 2019 |

Background Information

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

The mission of the Healthcare Studies program is to provide a foundation in healthcare studies and population health, preparing students to become informed and engaged health professionals who can think critically about health-related issues, work as part of a healthcare team, and develop innovative solutions that integrate comprehensive determinants of health. This mission aligns with MUSC's mission to *preserve and optimize human life in SC and beyond* by promoting health and educating a diverse healthcare workforce that can meet the needs of our communities.

The Bachelor of Science in Healthcare Studies program is offered by MUSC's College of Health Professions in collaboration with the SC Technical College System (SCTCS) and targets students who attend SCTCS colleges. Because of the diversity of the students in the SCTCS, our partnership has the potential to increase the diversity of our student body, including racial/ethnic minorities and economically disadvantaged students (*Access & Equity* CHE Report). Furthermore, nationally-recognized institutional efforts and the recruitment efforts of this specific program can attract more students from diverse backgrounds to apply and matriculate to MUSC graduate programs.

After implementing the Healthcare Studies Bachelor's degree program for the past 2.5 years, we have determined that several program modifications will allow us to better serve our target audience and meet our institutional mission. These program modifications will enable Healthcare Studies Bachelor's degree students to transfer more credit hours toward the 120 credit hour requirement and thus complete their degree in fewer semesters and at lower cost compared to the current curriculum.

The proposed program modifications are as follows;

1. Revise the admissions criteria such that applicants are not required to have an AS degree.
2. Revise the admissions criteria such that applicants must have a minimum of 72 credit hours and all general education requirements from an accredited institution to apply to the Bachelor of Science in Healthcare Studies program.
3. Reduce the number of course credits to be delivered by MUSC from 61 to 48.
4. Reduce the number of semesters to complete the degree from 5 to 4.
5. Reduce the number of concentrations from two to zero so that each student follows the same plan of study.

There is one course prerequisite to enter the program, which is the successful completion of Probability & Statistics. Students will attend one on-campus sessions per semester and complete all courses online. The program will be completed in one and a half years over four semesters, totaling a minimum 120 semester hours.

Assessment of Need

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

A primary objective of the Healthcare Studies 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. There is a great need to make higher education more affordable and reduce the need to borrow funds to pay for school. In 2017, SC average student loan

debt was \$30,891 for graduates of 4-year colleges and 64% of undergraduates in South Carolina graduated with some level of college debt [1]. Compounding this problem, students often borrow the maximum of allowed federal funds and then turn to private loans to pay for the remainder of their college tuition. Data suggests that undergraduate students at four-year colleges had almost \$11,000 of unmet financial need in 2015-16. Furthermore, after taking all possible federal loans undergraduate students at four-year colleges had almost \$7000 of unmet financial need in 2015-16 [1]. As a result, students take private loans to cover unmet financial need. National data showed that in 2016, 14 percent of graduates of four-year colleges who took nonfederal loans had an average nonfederal loan debt of \$18,550 [1]. These program modifications will enable incoming students to transfer more credit hours toward the 120-credit hour requirement to complete the Bachelor of Healthcare Studies degree. Thus, better addressing student financial issues by reducing the cost and the length of the program.

The program modifications have the potential to further 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. 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*). In 2013-2014, URMs made up over 1/3 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 SC's college graduates. These proposed program modifications will help the Healthcare Studies program better address the critical needs of URMs in higher education.

Job openings for healthcare professionals are expected to increase 27% from 2010 to 2020 (~25,000 added jobs), of which about half will require a bachelor's degree [2]. 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 Department of Employment & Workforce anticipates at least 2,000 annual job openings in health-related fields through 2022, with an additional 1,000 annual openings for healthcare support occupations [3]. In addition, by 2020, 62% of SC jobs will require post-secondary education [3]. Therefore, growth in the healthcare field will require the pursuit of higher education by some within the profession to strengthen clinical practice, management, teaching and health research. The Healthcare Studies program, as previously approved, had two concentrations, one of which was pre-health professions. We propose the removal of the two tracks and adjustment of the curriculum to better address the needs of students who have completed a pre-health professions associate's degree and who wish to pursue higher education at the bachelor and graduate levels.

The proposed program modifications will have positive impacts for Applied Associates of Science (A.A.S), Associates of Science (A.S.), Associates of Arts (A.A.) and non-associate degree seeking students. A.A.S students in allied health and pre-health professions have diverse healthcare backgrounds. The proposed program modifications will increase our opportunity to create a more inter-professional healthcare workforce by exposing our future healthcare professionals to unique perspectives and by educating them on the importance of working collaboratively across professions. Examples of these professions include Occupational Therapy Assistant, Physical Therapy Assistant, Radiology Technician, Respiratory Care Technician, Cardiovascular Technologist, Surgical Technician, Dental Hygienist, Medical Laboratory Technologist, Radiation Therapy Technologist. Generally, these students have completed a minimum of 71 undergraduate credit hours, with extensive health-related coursework. A.A., A.S. and non-associate degree seeking students who wish to enroll in our graduate programs will also benefit from these program modifications. Currently the Healthcare Studies program accepts 60 undergraduate credit hours toward the BS degree. With these program modifications, the Healthcare Studies program will accept 71 undergraduate credit hours toward the BS degree. This will enable students to get credit for 12 credit hours of graduate pre-requisite coursework they have completed. Therefore, the proposed program modifications enable the Healthcare Studies program to better address student needs by reducing the cost and time to complete this degree.

Ref:

1. The Institute of College Access & Success. *Student Debt and the Class of 2017*. Available at: https://ticas.org/sites/default/files/pub_files/classof2017.pdf#overlay-context=posd/map-state-data

2. Recovery: Job growth and education requirements through 2020. Georgetown University Center on Education and the Workforce.

3. SC Dept. Employment & Workforce (DEW) (2015). Community Profile: SC.

Transfer and Articulation

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

The Bachelor of Science in Healthcare Studies degree program has a Memorandum of Understanding (MOU) with the SCTCS. The College of Health Professions has worked extensively with the SCTCS in the development of these program modifications. We received feedback from SCTCS staff in academic affairs, as well as several Vice Presidents of Academic Affairs and Directors of allied health associate degree programs at the technical colleges. They have expressed great interest in these program modifications for their students and have emphasized the need for these program modifications to better address the higher education needs of their graduates interested in pursuing bachelor level and graduate degrees in the health fields.

The HCS program will prepare students to enter the workforce in a health-related field or apply to a graduate program, e.g., Occupational Therapy, Physical Therapy, Physician Assistant Studies, Cardiovascular Profusion, Public Health, Healthcare Administration, Health and Rehabilitation Science PhD program, all offered at MUSC. Students interested in graduate school will take the prerequisite courses required for our graduate programs while attending the technical college. Courses taken at the technical college can fulfill the prerequisites for MUSC's graduate programs (all prerequisites are offered through the technical college system, although not at every technical college). Academic advisors at the technical colleges and HCS faculty will work with students to ensure they take the required courses for a specific graduate program prior to entering the HCS program.

Since we have an MOU with the SCTCS, the HCS program is targeted and marketed to students in the SCTCS. However, students from other colleges are encouraged to apply.

Description of the Program

| Projected Enrollment | | | | | | |
|----------------------|----------------|-------|------------------|-------|------------------|-------|
| Year | Fall Headcount | | Spring Headcount | | Summer Headcount | |
| | New | Total | New | Total | New | Total |
| 2019 | 35 | 45 | 0 | *45 | 0 | 35 |
| 2020 | 40 | 75 | 0 | 40 | 0 | 40 |
| 2021 | 50 | 90 | 0 | 50 | 0 | 50 |
| 2022 | 60 | 110 | 0 | 60 | 0 | 60 |

*10 students on the original 5 semester plan of study will graduate in the spring of academic year 2019-2020; after that year students will graduate at the end of each fall semester.

Explain how the enrollment projections were calculated.

These program modifications will remove the requirement of an AS degree, reduce the number of semesters to complete the degree from 5 to 4, and increase the number of credit hours accepted into the program. Thus, the proposed program changes will greatly increase our potential applicant pool. We have already accepted 17 students for the Fall 2019 cohort. Most students apply to the Healthcare Studies program in the spring and summer to begin the following fall. Therefore, we have made a conservative enrollment projection of 35 students for Fall 2019.

Curriculum

Attach a curriculum sheet identifying the courses required for the program.

Curriculum Changes

| Courses Eliminated from Program | Courses Added to Program | Core Courses Modified |
|--|--------------------------|-----------------------|
| HCS 408 Social Marketing | | |
| HCS 414 Health Informatics | | |
| HCS 404 Patient Navigation | | |
| HCS 404 Delivering Culturally Sensitive Care | | |

New Courses

List and provide course descriptions for new courses.

There are no new courses being proposed.

Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

No new faculty or administrative personnel will be needed to implement the program modifications.

Resources

Identify new library, instructional equipment and facilities needed to support the modified program.

No new library, instructional equipment and facilities needed to support the modified program.

Impact on Existing Programs

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

Yes

No

Similar Programs in South Carolina offered by Public and Independent Institutions

Identify the similar programs offered and describe the similarities and differences for each program.

| Program Name and Designation | Total Credit Hours | Institution | Similarities | Differences |
|--|---------------------------|---|--|---|
| Bachelor of Science Health Care administration | 120 | Francis Marion | Graduates will be prepared for a career in the healthcare industry. Targets pre-health professions students. Traditional face to face format. | Not an online or in hybrid format program. Articulation agreement is not with SC Technical College System, which would target all technical colleges. |
| Bachelor of Science Health Care administration | 120 | Coastal Carolina University | Graduates will be prepared for a career in the healthcare industry. Targets pre-health professions students. At least 50% online or in hybrid format | Articulation agreement is not with SC Technical College System, which would target all technical colleges. |
| Bachelor of Science in Public Health | 120 | University of SC, Beaufort Palmetto College | Graduates will be prepared for a career in public health or other graduate programs. At least 50% online or in hybrid format | Does not target pre-health professions students. Articulation agreement is not with SC Technical College System, which would target all technical colleges. |
| Bachelor of Health Science | 120 | Furman University | Graduates will be prepared for a career in the healthcare industry. Targets pre-health professions students. | Not an online or in hybrid format program. Does not target technical college students |
| Bachelor of Science In Healthcare Management | 120 | Charleston Southern University | Graduates will be prepared for a career in the healthcare industry. | Limited online course options. Does not target pre-health professions students. Does not target technical college students |
| Bachelor of Science in Public Health | 120 | University of South Carolina | Graduates will be prepared for a career in public health or other graduate programs | Articulation agreement is not with SC Technical College System, which would target all technical colleges. |

Financial Support

| Estimated Sources of Financing for the New Costs | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-------|
| Category | 1 st | 2 nd | 3 rd | 4 th | 5 th | Total |
| Tuition Funding | 0 | 0 | 0 | 0 | 0 | 0 |
| Program-Specific Fees | 0 | 0 | 0 | 0 | 0 | 0 |
| Special State Appropriation | 0 | 0 | 0 | 0 | 0 | 0 |
| Reallocation of Existing Funds | 0 | 0 | 0 | 0 | 0 | 0 |
| Federal, Grant, or Other Funding | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 |
| Estimated New Costs by Year | | | | | | |
| Category | 1 st | 2 nd | 3 rd | 4 th | 5 th | Total |
| Program Administration and Faculty and Staff Salaries | 0 | 0 | 0 | 0 | 0 | 0 |
| Facilities, Equipment, Supplies, and Materials | 0 | 0 | 0 | 0 | 0 | 0 |
| Library Resources | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (specify) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 00 |
| Net Total (i.e., Sources of Financing Minus Estimated New Costs) | 0 | 0 | 0 | 0 | 0 | |

Budget Justification

Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.

No new costs will be incurred with these modifications.

Evaluation and Assessment

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)

| Program Objectives | Student Learning Outcomes Aligned to Program Objectives | Methods of Assessment |
|---|---|--|
| 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 |
| 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) |
| 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 |

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

- Yes
- No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

- Yes
- No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

Yes

No

Explain how the program will prepare students for this licensure or certification.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

The program is not an Educator Preparation Program

Yes

No

**Medical University of South Carolina
Bachelor of Science in Healthcare Studies Program
Curriculum**

Curriculum by Year

Year 1

| Fall | | Spring | | Summer | |
|-------------------------------|----|--|----|--------------------------------------|----|
| Course Name | | Course Name | | Course Name | |
| Health Behavior and Education | 3 | Overview of the U.S. Health Care System | 3 | Introduction to Health Policy | 3 |
| Foundations of Public Health | 3 | Epidemiology | 3 | Health and Disease Lifespan | 3 |
| Social Determinants of Health | 3 | Etiology and Pathophysiology of Chronic Diseases | 3 | Leadership in the Health Professions | 2 |
| Academic Writing | 2 | Program Planning and Implementation | 3 | Applied Research and Statistics | 3 |
| Ethics: Policy and Practice | 1 | | | Practicum Development | 1 |
| Total Semester Hours | 12 | Total Semester Hours | 12 | Total Semester Hours | 12 |

Year 2

| Fall | | | |
|---|----|--|--|
| Course Name | | | |
| Global Health | 3 | | |
| Rural Health | 3 | | |
| Guided Practicum | 3 | | |
| Evaluation of Health Promotion Programs | 3 | | |
| Total Semester Hours | 12 | | |

Number of Credits from SCTCS: Minimum of 72 credit hours
Total semester hours = 48 from MUSC + 72 from SC technical college for 120 semester hours for B.S. in Healthcare Studies

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: Medical University of South Carolina

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.): Add a track to the Master of Science of Dentistry degree, track in Digital Dentistry

Current Name of Program (include degree designation and all concentrations, options, and tracks): MSD (with tracks in Orthodontics, Periodontics, Endodontics, and Pediatrics)

Proposed Name of Program (include degree designation and all concentrations, options, and tracks): Add track in Digital Dentistry

Program Designation:

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

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

- Yes
- No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
- No

Proposed Date of Implementation: June 2019

CIP Code: 51.0502

Current delivery site(s) and modes: MUSC, on campus (traditional)

Proposed delivery site(s) and modes: MUSC, on campus (traditional)

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

Zach Evans, PhD, DMD
MSD Program Director
Ph (843)792-2486
evansz@musc.edu

Wally Renne, DMD
Professor and Digital Dentistry Track Director

Ph (843) 792-2503
renne@musc.edu

Institutional Approvals and Dates of Approval:

College of Dental Medicine MSD Curriculum Committee: 5/18/2018

MUSC College of Dental Medicine Dean: 12/05/18

Education Advisory Committee: By poll, 1/2/19

Provost's Council : January 14, 2019

MUSC Board of Trustees:

Background Information

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

The Master of Science in Dentistry is a post-graduate degree program in which all students must be licensed dentists and admitted to a post-graduate residency training program at MUSC. The students complete the MSD (in one of the approved tracks) while they complete the residency, ultimately earning a master's degree as well as the ability to take the Board exam for their dental specialty.

This program modification requests the addition of a fifth track, Digital Dentistry. Digital Dentistry is the practice of dentistry employing available and emerging technologies to better diagnose and treat dental patients with greater precision, faster production, and lower costs. This track is unique from the other tracks in that students will not be concurrently completing a post-graduate residency program. Rather, they are licensed dentists (either from US or abroad) or students who have graduated from an accredited dental school who are seeking post graduate training in principles of digital dentistry and how to contribute to the body of knowledge in this area (through instruction in research methodology and teaching).

Technology involved in digital dentistry includes sophisticated 3D imaging and planning software for surgical and restorative planning and implementation. Additionally, digital dentistry deploys the latest Computer Aided Design and Computer Aided Manufacturing pathways for both additive and subtractive manufacturing processes. 3D printing technology such as stereolithography and selective laser melting is combined with subtractive manufacturing processes such as 5 axis milling. The use of these innovative technologies results in higher value dental care (better outcomes at lower cost) than has been available in the past and training the next generation of dental practitioners in these innovations aligns with MUSC's mission as an academic health science center committed to innovations in health care.

Assessment of Need

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

There are about 2,200 licensed dentists (including 1,500 general dentists) practicing in South Carolina (Source: South Carolina Office for Healthcare Workforce, February 2018). About 16% of dentists nationwide have adopted elements of digital dentistry in their practice and the rate is increasing. The growth in adoption is due in part to the fact that digital dentistry **can help improve both affordability of care and access to care.**

Digital dentistry allows the general dentist to provide care or products that formerly needed specialized services or laboratories. For example, the dentist can make final restorations more affordable using 3D printing and milling, therefore avoiding laboratory bills and subsequent transfer of those costs to the patient. Many digitally-fabricated prosthetics such as crowns and inlays can be fabricated in a single visit, thus reducing costs and travel burden to patients. Moreover, the general dentist can perform more complicated procedures such as 3D guided implant placement and digital dentures (which expands treatment options to residents in areas that do not have dental specialists).

One bottleneck to greater utilization of these technologies and the benefits they afford is that the equipment is very complicated to master, and dentists need specific training. There are few training programs in the country, and none in the state. The proposed track in Digital Dentistry will provide graduates the skills they need to incorporate the latest techniques and technologies in their practices and communities.

Transfer and Articulation

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

N/A

Description of the Program

| Projected Enrollment | | | | | | |
|----------------------|----------------|-------|------------------|-------|------------------|-------|
| Year | Fall Headcount | | Spring Headcount | | Summer Headcount | |
| | New | Total | New | Total | New | Total |
| 2019 | 0 | 2 | 0 | 2 | 2 | 4 |
| 2020 | 0 | 4 | 0 | 4 | 2 | 4 |
| 2021 | 0 | 4 | 0 | 4 | 2 | 4 |
| 2022 | 0 | 4 | 0 | 4 | 2 | 4 |

Explain how the enrollment projections were calculated.

Two students will be accepted to the program each year in the summer (so the table above assumes new students began in Summer 2019—hence, zero new students in the Fall of 2019, and 2 new students each summer; for purposes of projections, the Summer column in each row is presumed to be the Summer of the next calendar year. The program length is 2 years (six semesters), approximately 36 credit hours (including 17.5 credit hours of coursework specific to the digital dentistry track).

Curriculum

Attach a curriculum sheet identifying the courses required for the program.

Curriculum Changes

| Courses Eliminated from Program | Courses Added to Program | Core Courses Modified |
|---------------------------------|--------------------------|--|
| | | Students will take digital dentistry courses in addition to the core curriculum courses for the MSD (GDENT prefix). Digital Dentistry courses (all will have GDIGT prefix) are described below. This is a non-thesis masters degree. |

New Courses

List and provide course descriptions for new courses.

Digital Basics, 2.5 cr Concepts of comprehensive patient care with an emphasis on treatment planning, modern restorative concepts, digital dentistry will be reviewed.

Patient Simulations, 2 cr. Intense laboratory simulations will occur with patient simulations and Objective Structured Clinical Examinations. Examinations will have an emphasis on partial and complete coverage CAD/CAM restorations and tooth preparation efficiency and quality.

Digital Dental Materials, 2 cr. This course will review the material properties and directions of use for the most common dental materials utilized with digital workflows. This included Zirconia, lithium disilicate, leucite and nano-ceramic materials along with 3D printed polymer resins and nanocomposites.

Smile Design, 1 cr. Students will learn the concepts of digital smile design to include both 2D and 3D smile design on various different software systems.

Literature review, 1 cr. Students will review and discuss current research and innovations in digital dentistry.

3D Printing in Dentistry, 1 cr. Students will learn the fundamentals of various types of 3D printing to include the most popular technologies used in dental applications. Stereolithography (SLA), digital light projection (DLP) and filaments deposition modeling (FDM) will be the main focus.

Fixed Prosthodontics, 2.5 cr. Students will serve as a supplemental instructor in this course working side by side with undergraduate dental students. FXPRO-806 reviews the fundamentals of occlusion. Here virtual dynamic articulation will be reviewed along with mastery of various tooth preparations.

Esthetic dentistry, 1 cr Students will learn how to treat complex esthetic cases and how to plan for veneers and crowns in the anterior dentition.

Fundamentals of Implant Surgery and Grafting, 1.5 cr. 3D printed digital surgical guide fabrication and implant placement principles will be reviewed in this course to prepare the student for clinical placement of implants.

Advanced Digital Mentorship, 2 cr. Students will work closely with faculty on digital laboratory prosthetics, CBCT implant planning and 3D printing and 3D face scanning concepts. Students will experience Virtual Reality surgical planning. Students will learn concepts of Zirconia milling, sintering and characterization. Students will also mentor other undergraduate students in the implant and CAD/CAM clinics and assist with digital prosthetic fabrication.

Community Outreach, 1 cr. Students will learn community-based health care best practices and apply knowledge in a community health center (ECCO Clinic)

Similar Programs in South Carolina offered by Public and Independent Institutions

Identify the similar programs offered and describe the similarities and differences for each program.

| Program Name and Designation | Total Credit Hours | Institution | Similarities | Differences |
|------------------------------|--------------------|-------------|--------------|-------------|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

MUSC can provide the expertise needed for this concentration using our existing talent.

The Director of Digital Dentistry track will be assumed by an existing faculty member at 1 FTE or two existing faculty members at ½ FTE (each) as co-directors.

Administrative support for the addition of this track will be assumed by the administrative assistants in the Department of Oral Rehabilitation.

Resources

Identify new library, instructional equipment and facilities needed to support the modified program.

Library Resources: No new library sources needed. The resources currently available in MUSC's library are extensive and will support the new track, and includes subscriptions to 13 of the top 15 journals that publish research on Digital Dentistry, and the electronic core textbook Clinical Application of Digital Dentistry.

Equipment: No new equipment needed. All the digital dentistry equipment needed to train the students is available in the James B. Edwards College of Dental Medicine, including

- CEREC Omnicam with MCXL mills
- Sirona MCX5 puckmMill
- Planmeca Emerald with Planmill 40S
- Planmeca Promax CBCT with Proface and 4D jaw motion tracking
- 3Shape Trios with Design Studio
- Planmeca 3D surgical guide module
- Formlabs 3D printer
- VOCO Solflex 3D printer
- Exocad
- 3D ortho Studio
- Simplant implant planning software

Facilities: No new facilities needed. All learning, laboratory, and patient treatment space is available within the James B. Edwards College of Dental Medicine.

Impact on Existing Programs

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

Yes

No

Financial Support

| Estimated Sources of Financing for the New Costs | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|
| Category | 1 st | 2 nd | 3 rd | 4 th | 5 th | Total |
| Tuition Funding | \$9,200 | \$18,400 | \$18,400 | \$18,400 | \$18,400 | \$82,800 |
| Program-Specific Fees | \$99,000 | \$198,000 | \$198,000 | \$198,000 | \$198,000 | \$891,100 |
| Special State Appropriation | | | | | | |
| Reallocation of Existing Funds | | | | | | |
| Federal, Grant, or Other Funding [Clinical Revenue] | \$204,369 | \$408,736 | \$408,736 | \$408,736 | \$408,736 | \$1,839,313 |
| Total | \$312,569 | \$625,136 | \$625,136 | \$625,136 | \$625,136 | \$2,813,113 |
| Estimated New Costs by Year | | | | | | |
| Category | 1 st | 2 nd | 3 rd | 4 th | 5 th | Total |
| Program Administration and Faculty and Staff Salaries | \$232,363 | \$397,848 | \$397,848 | \$397,848 | \$397,848 | \$1,823,755 |
| Facilities, Equipment, Supplies, and Materials | \$10,497 | \$20,994 | \$20,994 | \$20,994 | \$20,994 | \$94,473 |
| Library Resources | | | | | | |
| Other (specify) | \$69,709 | \$206,294 | \$206,294 | \$206,294 | \$206,294 | \$894,885 |
| Total | \$312,569 | \$625,136 | \$625,136 | \$625,136 | \$625,136 | \$2,813,113 |
| Net Total (i.e., Sources of Financing Minus Estimated New Costs) | 0 | 0 | 0 | 0 | 0 | 0 |

This is designed to be a revenue-neutral program which will help offset expenses for the clinic to practice digital dentistry

Budget Justification

Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.

- Salaries are listed for existing faculty (so these are shifted from the general budget to the track budget)
- Supply costs include costs for supplies needed to operate the digital dentistry technologies (e.g. 3D printing)
- Other costs include the A&S costs required from the college based on student headcount that support centralized university services, such as student support services.

Evaluation and Assessment

The SLO's below are specific to the Digital Dentistry Track; students will also fulfill SLOs for the MSD. This is a non-thesis masters degree program (though the production of a scholarly work is expected, as it is for all MSD graduates).

| Program Objectives | Student Learning Outcomes Aligned to Program Objectives | Methods of Assessment |
|--|--|--|
| Proficiency in using technologies of Digital Dentistry | Mastery of digital impressions with multiple systems | Evaluation of students' output by course instructor against a standard |
| | Mastery of restoration design on multiple systems | Evaluation of students' output by course instructor against a standard |
| | Mastery of digital removable partial denture design and complete denture design | Evaluation of students' output by course instructor against a standard |
| | Mastery of 3 Shape laboratory software for smile design and larger prosthetic cases | Evaluation of students' output by course instructor against a standard |
| | Mastery of 3D printing | Evaluation of students' output by course instructor against a standard |
| Using Digital Dentistry to provide optimal care | Incorporating CBCT planning of implants as standard of care | Evaluation of students' output by course instructor against a standard |
| | Merging of intraoral scans with CBCT data for 3D printed surgical guides as standard of care | Evaluation of students' output by course instructor against a standard |
| | Virtual reality surgical planning | Evaluation of students' output by course instructor against a standard |
| Implement Digital Dentistry in a community clinic | Practice digital dentistry in a community health clinic | Evaluation of students' output by course instructor against a standard |

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

Yes

No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

Yes

No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

Yes

No

Explain how the program will prepare students for this licensure or certification.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

Yes

No

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: Medical University of South Carolina

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.):

We propose a joint degree program that will allow students to **concurrently earn a PharmD and a Master of Science in Health Informatics**. Both of these degree programs already exist at MUSC. The proposed plan will allow students to concurrently pursue both degrees.

No students will be admitted directly into this degree program as first time MUSC students. Rather, all will enter as PharmD students, and with satisfactory performance in their first two semesters, they will be permitted to apply for “transfer” into the PharmD/MSHI dual degree program, to begin following their third semester in the PharmD. Thus, they’ll exhaust their LIFE scholarship eligibility before beginning the PharmD/MSHI, and the PharmD/MSHI program is not officially a LIFE eligible program.

Current Name of Program (include degree designation and all concentrations, options, and tracks):

1. Master of Science in Health Informatics
2. Doctor of Pharmacy Degree

Proposed Name of Program (include degree designation and all concentrations, options, and tracks): PharmD/MSHI Joint Degree

Program Designation:

- | | |
|--|--|
| <input type="checkbox"/> Associate’s Degree | <input type="checkbox"/> Master’s Degree |
| <input 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 checked="" type="checkbox"/> Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.) | |

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

- Yes
 No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

Proposed Date of Implementation: Fall 2019

CIP Code: PharmD is 51.2001;

Current delivery site(s) and modes: Blended format. PharmD has a traditional delivery; the MSHI has a blended (online plus traditional) delivery.

Proposed delivery site(s) and modes: Medical University of South Carolina. The PharmD portion will remain in the traditional didactic format with required clinical rotations. Students will concurrently complete the MSHI degree in the executive style format with 4 days each semester on campus, and the rest of the content will be delivered online.

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

Abby Swanson Kazley, PhD,

Professor and Division Director, Master of Science in Health Informatics.

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Institutional Approvals and Dates of Approval:

PharmD Curriculum Committee – Approved 12/19/18

COP Dean – Approved 12/19/18

MSHI Advisory Council - Approved 12/20/18

CHP Leadership Council – Approved 12/20/18

Education Advisory Committee – Approved by poll 1/8/19

Provosts Council – Approved January 14, 2019

BOT

Background Information

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

The proposed modification is to create a joint degree from two existing degree programs at MUSC—the PharmD program (which prepares graduates to be licensed pharmacists) and the Master of Science of Health Informatics program (which is the science of information). Individuals trained in health informatics study the collection, organization, and use of data in healthcare and medical research. They are frequently involved in theoretical research and in the conceptual design and building of health information systems used in decision support applications and e-prescribing. Health informatics is an applied field and individuals with training in this field generally work in health care provider organizations and settings or pharmaceutical or biotech industries and are skilled in the application and use of health information and data analytics. They are generally involved in applied research that examines issues such as the impact of health information technology on equality of care, patient safety, and efficiency. They often focus on patient-level and population health data and comparative effectiveness research. These skills are synergistic when combined with expertise in the pharmaceutical sciences, which the PharmD program provides.

Faculty from both programs have collaborated to develop the curriculum for the joint PharmD/MSHI degree. Two other joint degrees are offered at MUSC (MD/PhD and DMD/PhD), so MUSC has experience offering joint degrees that combine to produce competencies from separate degree programs to optimize the marketability of graduates.

The target audience is students in the PharmD program (or applicants to the PharmD program). That is, all students who enroll in the joint program must be accepted in the PharmD and successfully complete the first 2 semesters, at which time they are eligible to apply to transfer into the proposed dual degree program (to begin in the Fall semester of the second year). The MSHI Program Classes are offered in a format conducive for the working student, including using weekend offerings and distance education technologies. This will allow the dual degree students to take the MSHI courses concurrently with PharmD courses.

Biomedical informatics, including health informatics, is of critical interest to the state and to MUSC. As South Carolina’s only Clinical and Translational Science Award (CTSA) center and one of only 60 centers nationally, the CTSA goals are to accelerate the translation of basic sciences into treatments for patients, to engage communities in clinical research efforts, and to train a new generation of clinical and translational researchers. At the same time, MUSC has consistently been named one of the most wired hospitals in health care and has been a national leader in data mining and telemedicine. The proposed joint degree program is vital to MUSC’s overall strategic plan in bolstering its biomedical informatics activities, especially in the area of pharmacy. It can also ensure that South Carolina is competitive nationally in biomedical sciences and a knowledge-driven economy.

Assessment of Need

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

The United States is in the midst of its largest health IT investment ever as the majority of health care organizations are in the throes of implementing or upgrading their Electronic Health Record (EHR) systems, which are viewed as a large piece of the expected quality improvements related to **safer and more responsible use of pharmacy services**.

Driven largely by the influx of federal incentive dollars available through the Health Information Technology for Economic and Clinical Health Information (HITECH) Act of 2009¹, eligible hospitals and physician practices seek not only to adopt Electronic Health Records (EHR) systems, but to demonstrate “meaningful use,” indicating that providers have achieved certain thresholds and quality indicators, many of which relate to pharmacy services². Furthermore, with impending changes in reimbursement, a shift from fee-for-service to fees determined by outcomes/quality, health care providers must have the tools to easily capture, analyze, and act on patient and population level health information. Individuals trained in health informatics and pharmacy, with strong leadership and data analytical skills, will be critical to the organization’s success and ultimately, to the state and nation, in improving quality of care and containing health care costs.

Graduates of the program will be prepared to assume positions as data analytics officers, clinical systems analysts, health IT project managers, and chief medical/pharmacy officers in hospitals, physician practices, and other health care settings. National reports indicate a high demand for health information professionals at all levels. A recent national survey found that 70% of health insurers, 48% of hospitals, and 39% of pharmaceutical/life sciences plan to increase hiring of health informatics professionals over the next several years³. The U.S. Bureau of Labor and Statistics projects faster than average growth for Medical Records and Health Information Technicians from 2016-2026, with a positive change of more than 27,000 new positions in the field nationwide⁴. The growth in positions in health informatics is also projected for South Carolina.

Other sources highlight the need specifically for pharmacy informatics indicating that the promise of quality improvement based on the use of information technology has made tech-savvy pharmacists in demand. ⁵ Others project greater opportunities for pharmacists in the use of informatics.⁶

¹Centers for Medicare and Medicaid Services (CMS), EHR Incentives Programs; Accessed online at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/>

²CMS EHR Meaningful Use Criteria, Accessed online at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentiveProgram/Meaningful_Use.html

³Bureau of Labor Statistics, Accessed online http://www.bls.gov/news.release/archives/ecopro_12102009.pdf

⁴Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical Records and Health Information Technicians, on the Internet at <https://www.bls.gov/ooh/healthcare/medical-records-and-health-information-technicians.htm> (visited December 4, 2018).

⁵Pharmacy Informatics: Tech-savvy pharmacists in demand Accessed online: <https://pharmacyforme.org/2018/02/27/pharmacy-informatics-tech-savvy-pharmacists-in-demand/>

⁶Pharmacy informatics: New role for pharmacists Accessed online: <http://www.drugtopics.com/technology/pharmacy-informatics-new-role-pharmacists>

Transfer and Articulation

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

N/A

Description of the Program

| Projected Enrollment | | | | | | |
|----------------------|----------------|-------|------------------|-------|------------------|-------|
| Year | Fall Headcount | | Spring Headcount | | Summer Headcount | |
| | New | Total | New | Total | New | Total |
| 2019 | 2 | 2 | 0 | 2 | 0 | 2 |
| 2020 | 2 | 4 | 0 | 4 | 0 | 4 |
| 2021 | 2 | 4 | 0 | 4 | 0 | 4 |
| 2022 | 2 | 4 | 0 | 4 | 0 | 4 |

Explain how the enrollment projections were calculated.

We have estimated the number of PharmD students who are in their second year of study and would wish to enter the program based on informal inquiry and discussion with students about the program. Good standing students in the PharmD program following Spring semester Year 1 may apply to the PharmD/MSHI degree program. They will still take four credit hours as a PharmD student in Summer semester, but then in the Fall become PharmD/MSHI students.

Curriculum

Attach a curriculum sheet identifying the courses required for the program.

The program will not add any additional time to the PharmD students' plan of study, but while enrolled in the program, they will be paying both tuition for the full time PharmD program and the part-time tuition for the MSHI during the semesters when they take courses in the MSHI. Based on the required 30 credit hours for the PharmD students to earn an MSHI, the additional cost ranges from \$25,950-\$28,620 depending on whether they are in-state or out-of-state. In addition, there will be 8 credit hours of electives in the PharmD program that will be waived for students in the PharmD/MSHI program.

Curriculum Changes

| Courses Eliminated from Program | Courses Added to Program | Core Courses Modified |
|---------------------------------|--------------------------|-----------------------|
| | | |
| | | |
| | | |

New Courses

List and provide course descriptions for new courses.

No new courses are required for this joint degree program.

Similar Programs in South Carolina offered by Public and Independent Institutions

Identify the similar programs offered and describe the similarities and differences for each program.

| Program Name and Designation | Total Credit Hours | Institution | Similarities | Differences |
|------------------------------|--------------------|------------------------------|---|--|
| PharmD/MHIT | | University of South Carolina | Executive style degree option; courses are conducted online or in traditional classroom setting | USC's MHIT does not focus on analytics. Requires a 250 hour internship instead of the capstone experience required in MUSC's MSHI program. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

No new faculty will be required for this joint degree program. The Program Directors of the PharmD and MSHI degrees will work together to coordinate the course of study for students enrolled in the joint program.

Resources

Identify new library, instructional equipment and facilities needed to support the modified program.

Library Resources: None

Equipment: No

Facilities: No

Impact on Existing Programs

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

Yes

No

Financial Support

| Estimated Sources of Financing for the New Costs | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-------|
| Category | 1 st | 2 nd | 3 rd | 4 th | 5 th | Total |
| Tuition Funding | | | | | | |
| Program-Specific Fees | | | | | | |
| Special State Appropriation | | | | | | |
| Reallocation of Existing Funds | | | | | | |
| Federal, Grant, or Other Funding | | | | | | |
| Total | | | | | | |
| Estimated New Costs by Year | | | | | | |
| Category | 1 st | 2 nd | 3 rd | 4 th | 5 th | Total |
| Program Administration and Faculty and Staff Salaries | | | | | | |
| Facilities, Equipment, Supplies, and Materials | | | | | | |
| Library Resources | | | | | | |
| Other (specify) | | | | | | |
| Total | | | | | | |
| Net Total (i.e., Sources of Financing Minus Estimated New Costs) | | | | | | |

There will be no new costs for this program.

Budget Justification

Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.

Evaluation and Assessment

| Program Objectives | Student Learning Outcomes Aligned to Program Objectives | Methods of Assessment |
|---|---|--------------------------------------|
| MSHI Outcomes | | |
| PO 1: The program performs well on dashboard indices of quality | Percentage of students who graduate on time. Target: 90% graduation at 150% program length) | Office of enrollment management |
| | Percentage of students who recommend or highly recommend the program Target: 80% of graduates will either agree or strongly agree on the exit survey that they would recommend the program | Exit interview |
| PO2: The program benefits the community by training valuable graduates | 80% of graduates will be employed 3 months after graduation | Exit interview and program follow up |
| | Percentage of graduates who agree or strongly agree that the informatics knowledge that they developed in the program has been of benefit to their workplace | Alumni survey |
| | Capstone project mentors who agree/strongly agree that “the student was eager to learn/well engaged.” | Mentor evaluation of student |
| | Capstone project mentors who agree/strongly agree that “the student displayed a high level of professionalism.” | Mentor evaluation of student |
| | Capstone project mentors who agree/strongly agree that, “the student demonstrated informatics skills as I would have expected given his/her level of training.” | Mentor evaluation of student |
| Student Learning outcome 1: Students develop analytics knowledge and skills | Students who agree/strongly agree that their analytics knowledge and skills have greatly increased during the program | Mentee evaluation |
| | Graduates who have utilized their learnt analytics knowledge and skills in the workplace. | Alumni survey |
| | Capstone project mentors who agree or strongly agree that, “the student demonstrated informatics skills as I would have expected given his/her level of training.” | Mentor evaluation of student |
| Student Learning Outcome 2: | Percentage of students who earn a | Project grade |

| | | |
|---|--|--------------------------------|
| Students satisfactorily develop and can apply their informatics skills | B or higher on their capstone project | |
| | Percentage of capstone preceptors who rate the students' performance as satisfactory or above | Mentor student evaluation. |
| PharmD Outcomes | | |
| SLO1: Graduates will have essential foundational knowledge and essential skills for practice and care | | |
| | Scaled mean score of NAPLEX area 1. | NABP |
| | Scaled mean score of NAPLEX area 2. | NABP |
| | First time pass rate on OSCE. | Clinical Assessment COP course |
| | Rate of agree/strongly agree to "Pharmacy practice experiences allowed collaboration with other health care professionals." | AACP Graduating Student Survey |
| SLO2: Graduates will learn skills essential for personal and professional development | | |
| | Number of students involved in student organizations. | COP Assessment |
| | Rate of agree/strongly agree to "My pharmacy practice experiences allowed me to have direct interaction with diverse patient populations." | AACP Graduating Student Survey |
| | Percentage of students whose CV submission to their e-portfolio shows growth by meeting or exceeding expectations in P3 year. | COP Assessment |

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

- Yes
 No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

- Yes
 No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

- Yes
 No—no additional licensure or certification above/beyond that for the PharmD program

Explain how the program will prepare students for this licensure or certification.

Students completing the PharmD degree program and deciding to enroll in this dual degree program will have no additional licensure or certifications to complete for the MSHI degree.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

Yes

No

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Six (6) Month Period Ended December 31, 2018

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of December 31, 2018

| | <u>University</u> | <u>Area Health Education Consortium</u> | <u>CHS Development Company</u> |
|--|--------------------------------|---|--|
| Assets & Deferred Outflows | | | |
| Cash and Cash Equivalents | \$ 331,164,224 | \$ 7,143,962 | \$ - |
| Cash and Cash Equivalents - Restricted | 16,505,098 | - | 2,293,791 |
| State Appropriation Receivable | 53,078,554 | 5,398,365 | - |
| Student Tuition and Fees Receivable | 41,778,651 | - | - |
| Student Loan Receivable | 12,771,202 | - | - |
| Grants and Contracts Receivable | 13,365,843 | 66,501 | - |
| Capital Improvement Bond Proceeds Receivable | - | - | - |
| Capital Lease Receivable | - | - | 10,134,123 |
| Other Receivables | 3,716,863 | - | - |
| Investments | - | - | - |
| Prepaid Items | 17,860,967 | - | 786,283 |
| Capital Assets, net of Accumulated Depreciation | 420,420,598 | - | - |
| Due from Hospital Authority | 7,804,260 | - | - |
| Due from Other Funds | 106,082,278 | - | - |
| Bond Issue Costs | - | - | - |
| Derivative Instruments Fair Value / Deferred Outflows | - | - | - |
| Deferred loss on Debt Refinancing | 204,574 | - | 185,732 |
| Deferred Outflows-Pensions | 85,686,040 | - | - |
| Deferred Outflows-OPEB | 23,741,502 | - | - |
| Other Assets | - | - | - |
| Total Assets & Deferred Outflows | <u>\$ 1,134,180,654</u> | <u>\$ 12,608,828</u> | <u>\$ 13,399,929</u> |
| Liabilities & Deferred Inflows | | | |
| Accounts Payable | \$ 9,054,941 | \$ - | \$ - |
| Accrued Payroll and Other Payroll Liabilities | 14,737,940 | - | - |
| Accrued Compensated Absences | 27,402,213 | 142,685 | - |
| Deferred Revenue | 91,876,458 | 5,361,925 | - |
| Retainages Payable | 91,317 | - | - |
| Long-Term Debt | 121,583,474 | - | 12,040,000 |
| Interest Payable | 1,044,377 | - | 135,450 |
| Deposits Held for Others | 5,008,425 | 111,076 | - |
| Due to Hospital Authority | - | - | - |
| Due to Other Funds | 5,360,593 | - | - |
| Federal Loan Program Liability | 12,990,413 | - | - |
| Derivative Instruments Fair Value / Deferred Inflows | - | - | - |
| Net Pension Liability | 480,625,807 | - | - |
| Net OPEB Liability | 427,836,671 | - | - |
| Deferred Inflows-Pensions | 446,250 | - | - |
| Deferred Inflows-OPEB | 61,646,228 | - | - |
| Other Liabilities | 59,172,931 | - | - |
| Total Liabilities & Deferred Inflows | <u>\$ 1,318,878,038</u> | <u>\$ 5,615,686</u> | <u>\$ 12,175,450</u> |
| Net Position | <u>(184,697,384)</u> | <u>6,993,142</u> | <u>1,224,479</u> |
| Total Liabilities & Deferred Inflows and Net Position | <u>\$ 1,134,180,654</u> | <u>\$ 12,608,828</u> | <u>\$ 13,399,929</u> |

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Six (6) Month Period Ending December 31, 2018

| | <u>University</u> | <u>Area Health Education Consortium</u> | <u>CHS Development Company</u> |
|---|------------------------|---|--|
| Operating Revenues | | | |
| Student Tuition and Fees | \$ 52,052,735 | \$ - | \$ - |
| Federal Grants and Contracts | 76,384,275 | 111,544 | - |
| State Grants and Contracts | 4,220,275 | 66,182 | - |
| Local Government Grants and Contracts | 61,266 | - | - |
| Nongovernmental Grants and Contracts | 17,632,976 | 295,000 | - |
| Sales and Services to Hospital Authority | 58,208,236 | 51,547 | - |
| Sales and Services of Educational and Other Activities | 60,494,588 | 250 | - |
| Sales and Services of Auxiliary Enterprises | 7,868,294 | - | - |
| Interest Income | - | - | 258,097 |
| Other Operating Revenues | 9,366,128 | 41,933 | - |
| Total Operating Revenues | 286,288,773 | 566,456 | 258,097 |
| Operating Expenses | | | |
| Compensation and Employee Benefits | 205,492,143 | 1,479,825 | - |
| Pension Benefits | 10,371,034 | - | - |
| OPEB Expense | 5,784,877 | - | - |
| Services and Supplies | 137,590,281 | 394,783 | 1,576 |
| Utilities | 7,333,808 | - | - |
| Scholarships and Fellowships | 8,403,343 | 250 | - |
| Refunds to Grantors | 112,699 | - | - |
| Interest Expense | - | - | 149,259 |
| Depreciation and Amortization | 18,625,145 | - | 78,175 |
| Total Operating Expenses | 393,713,330 | 1,874,858 | 229,010 |
| Operating Income (Loss) | (107,424,557) | (1,308,402) | 29,087 |
| Nonoperating Revenues (Expenses) | | | |
| State Appropriations | 38,184,919 | 5,361,925 | - |
| State Appropriations - MUHA | 11,608,250 | - | - |
| Gifts and Grants Received | 7,594,526 | - | - |
| Investment Income | (2,890,819) | 7,574 | - |
| Interest Expense | (3,001,095) | - | - |
| Gain (Loss) on Disposal of Capital Assets | 7,263,542 | - | - |
| Transfers From (To) Other State Agencies | (209,867) | - | - |
| Other Nonoperating Revenues (Expenses), net | (4,000,000) | - | - |
| Net Nonoperating Revenues (Expenses) | 54,549,456 | 5,369,499 | - |
| Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers | (52,875,101) | 4,061,097 | 29,087 |
| Capital Appropriations | - | - | - |
| Capital Grants and Gifts | 211,874 | - | - |
| Additions to Permanent Endowments | 363,408 | - | - |
| Transfers From (To) MUSC Physicians (UMA) | 36,169,733 | - | - |
| Transfers From (To) AHEC | (963) | 963 | - |
| Transfers From (To) CHS Development | 13,206 | - | (13,206) |
| Transfers From (To) Facilities Corporation | - | - | - |
| Increase (Decrease) In Net Position | \$ (16,117,843) | \$ 4,062,060 | \$ 15,881 |

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending December 31, 2018

| | Budget | Prorated Budget (Note) | Actual | Variance | |
|--|-----------------------|---------------------------|-----------------------|-----------------------|----------|
| Revenues | | | | | |
| State Appropriations | \$ 76,091,992 | \$ 38,045,996 | \$ 38,184,919 | \$ 138,923 | F |
| State Appropriations - MUHA | 22,853,707 | 11,426,854 | 11,608,250 | 181,396 | F |
| State Grants & Contracts | 8,281,447 | 4,140,724 | 4,220,275 | 79,551 | F |
| Total State | 107,227,146 | 53,613,574 | 54,013,444 | 399,870 | F |
| Federal Grants & Contracts | 117,221,224 | 58,610,612 | 58,249,469 | (361,143) | U |
| Federal Grants Indirect Cost Recoveries | 35,811,613 | 17,905,807 | 18,134,806 | 228,999 | F |
| Total Federal | 153,032,837 | 76,516,419 | 76,384,275 | (132,144) | U |
| Private Grants & Contracts | 33,196,462 | 16,598,231 | 15,015,085 | (1,583,146) | U |
| Private Grants Indirect Cost Recoveries | 5,767,971 | 2,883,986 | 2,679,157 | (204,829) | U |
| Gifts | 16,075,652 | 8,037,826 | 7,594,526 | (443,300) | U |
| Tuition and Fees | 103,427,135 | 52,975,779 | 52,052,735 | (923,044) | U |
| Sales and Services of Educational Departments | 35,231,632 | 17,615,816 | 16,559,733 | (1,056,083) | U |
| Sales and Services of Ed Departments - TSP+MCO | 32,300,000 | 16,150,000 | 43,934,855 | 27,784,855 | F |
| Sales and Services of Auxiliary Enterprises | 15,935,959 | 7,967,980 | 7,868,294 | (99,686) | U |
| Interest and Investment Income | 1,500 | 750 | 38,858 | 38,108 | F |
| Endowment Income | 3,924,926 | 1,962,463 | 2,388,031 | 425,568 | F |
| Miscellaneous | 10,595,839 | 5,297,920 | 5,496,948 | 199,028 | F |
| Miscellaneous - Residents | 6,666,744 | 3,333,372 | 3,738,847 | 405,475 | F |
| Authority Revenue | 87,020,801 | 43,510,401 | 36,143,031 | (7,367,370) | U |
| Authority Revenue - Residents | 55,567,391 | 27,783,696 | 27,862,345 | 78,649 | F |
| Intra-Institutional Sales | 37,023,859 | 18,511,930 | 16,676,401 | (1,835,529) | U |
| Total Other | 442,735,871 | 222,630,150 | 238,048,846 | 15,418,696 | F |
| Total Revenues | 702,995,854 | 352,760,143 | 368,446,565 | 15,686,422 | F |
| Expenditures | | | | | |
| Salaries | \$ 311,251,306 | \$ 155,625,655 | \$ 147,788,442 | \$ 7,837,213 | F |
| Overtime | 1,281,967 | 640,984 | 611,308 | 29,676 | F |
| Differential Pay / On - Call Pay | 367,118 | 183,559 | 160,038 | 23,521 | F |
| Termination Pay | 1,974,097 | 987,049 | 1,561,919 | (574,870) | U |
| Dual Employment | 310,659 | 155,330 | 166,531 | (11,201) | U |
| Employee Suggestion Award Program | 591,313 | 295,657 | 262,245 | 33,412 | F |
| Tuition Assistance - Employee | 175,000 | 87,500 | 107,055 | (19,555) | U |
| Fringe Benefits | 107,831,164 | 53,915,582 | 54,834,605 | (919,023) | U |
| Total Personnel Expenditures | \$ 423,782,624 | \$ 211,891,316 | \$ 205,492,143 | \$ 6,399,173 | F |
| Contractual Services | \$ 151,749,628 | \$ 75,874,815 | \$ 67,194,467 | \$ 8,680,348 | F |
| Contractual Services - MUHA dispro | 14,853,707 | 7,426,854 | 7,608,250 | (181,396) | U |
| Contractual Services - TSP+MCO | 32,300,000 | 16,150,000 | 43,934,855 | (27,784,855) | U |
| Supplies | 48,631,968 | 24,315,984 | 25,705,223 | (1,389,239) | U |
| Fixed Charges | 39,983,453 | 19,991,727 | 18,615,628 | 1,376,099 | F |
| Equipment | 12,044,314 | 6,022,157 | 4,069,010 | 1,953,147 | F |
| Land and Building | - | - | - | - | F |
| Travel | 4,580,943 | 2,290,472 | 2,160,287 | 130,185 | F |
| Trainee / Scholarships | 20,475,113 | 10,237,557 | 9,636,226 | 601,331 | F |
| Other Expenses | 17,702,128 | 8,851,064 | 866,723 | 7,984,341 | F |
| Total Operating Expenditures | \$ 342,321,254 | \$ 171,160,630 | \$ 179,790,669 | \$ (6,630,039) | U |
| Telemedicine - MUHA | \$ 8,000,000 | \$ 4,000,000 | \$ 4,000,000 | \$ - | F |
| Indirect Costs Remitted to State | 353,350 | 176,675 | 209,867 | (33,192) | U |
| Debt Service | 6,940,005 | 3,470,003 | 3,470,003 | - | F |
| Total Non-Operating Expenditures | \$ 15,293,355 | \$ 7,646,678 | \$ 7,679,870 | \$ (33,192) | U |
| Total Expenditures | \$ 781,397,233 | \$ 390,698,624 | \$ 392,962,682 | \$ (2,264,058) | U |
| Other Additions (Deductions) | | | | | |
| Transfers from (to) MUSC Physicians | 76,422,029 | 38,211,015 | 36,169,733 | (2,041,282) | U |
| Transfers from(to) Facilities Corporation | - | - | - | - | F |
| Transfers from (to) AHEC | - | - | (963) | (963) | U |
| Transfers from(to) CHS Development | 24,186 | 12,093 | 13,206 | 1,113 | F |
| Transfers from(to) Loan Funds | - | - | - | - | F |
| Transfers from(to) Plant Funds | 9,246,023 | 4,623,012 | 4,265,392 | (357,620) | U |
| Refunds to Grantors | (400,000) | (200,000) | (112,699) | 87,301 | F |
| Transfers to Endowment Fund | - | - | - | - | F |
| Prior Year Fund Balance Usage | 18,778,205 | 9,389,103 | 5,053,267 | (4,335,836) | U |
| Total Other Additions (Deductions) | \$ 104,070,443 | \$ 52,035,223 | \$ 45,387,936 | \$ (6,647,287) | U |
| NET INCREASE (DECREASE) in Fund Balance | \$ 25,669,064 | \$ 14,096,742 | \$ 20,871,819 | \$ 6,775,077 | F |

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

The Medical University of South Carolina
 Direct Expenditures on Federal Grants and Contracts
 (By Responsibility Center)
 For the 6 Month Period Ending December 31, 2018

| | |
|-------------------------------|---------------------|
| | 1,825,892 |
| Administration | 291,393 |
| Centers of Excellence | (20,604) |
| College of Dental Medicine | 804,253 |
| College of Graduate Studies | 740,999 |
| College of Health Professions | 3,035,329 |
| College of Medicine | 47,791,246 |
| College of Nursing | 2,829,774 |
| College of Pharmacy | 630,948 |
| Library | 301,463 |
| Office of Sponsored Programs | 18,774 |
| | \$58,249,469 |
| | \$58,249,469 |

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 \$58,249,469 .

In addition to this federal grant and contract revenue, the University received \$18,134,806 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts. \$17,924,939 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$209,867 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 | \$58,249,469 |
| Facilities and Administration costs | \$18,134,806 |
| Federal operating grants and contracts | \$76,384,275 |

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2018

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 | \$ 6,288,247 |
| Land/Bldgs/Equipment/Accumulated depreciation | <u>414,132,351</u> |
| Capital Assets, Net of Accumulated Depreciation | <u>\$ 420,420,598</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, 2018 Balance | Fiscal Year 2018 | | Dec 31, 2018 Balance |
|---|-------------------------|---------------------|-------------|-------------------------|
| | | Added | Capitalized | |
| TGB 6th Flr Alcohol Research Center | \$ 141,120 | \$ 1,190,517 | \$ - | \$ 1,331,637 |
| Others less than \$1,000,000 (ending balance) | <u>3,342,580</u> | <u>1,614,030</u> | <u>-</u> | <u>4,956,610</u> |
| Total construction in progress | <u>\$ 3,483,700</u> | <u>\$ 2,804,547</u> | <u>\$ -</u> | <u>\$ 6,288,247</u> |

Note 6. *Deferred Revenue*

The University's deferred revenue consists of the following:

| | |
|--------------------------|----------------------|
| State appropriations | \$ 38,184,920 |
| Grants and contracts | 10,049,595 |
| Student tuition and fees | 41,406,839 |
| Other | <u>2,235,104</u> |
| Total Deferred Revenue | <u>\$ 91,876,458</u> |

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2018

Note 7. *Long Term Liabilities*

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

| | |
|--|-----------------------|
| Obligations under capital leases | \$ 51,368,250 |
| Higher Ed Refunded Revenue bond payable | 22,395,000 |
| State Institution bonds payable | 43,430,000 |
| Premium on State Institution bonds payable | 2,651,802 |
| Premium on Refunding Revenue Bonds | <u>1,738,422</u> |
| Total Long Term Liabilities | <u>\$ 121,583,474</u> |

Note 8. *Summary of Net Position*

The University implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions* in fiscal year 2015 and GASB Statement No. 75, *Accounting and Financial Reporting for Post Employment Benefits Other Than Pensions (OPEB)* in fiscal year 2018. These statements require participating employers to report their proportionate share of the plans' net pension liability and OPEB liabilities, pension and OPEB expense and deferred outflows and inflows. In fiscal year 2018, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$0.6 million for a total of \$137.2 million. In fiscal year 2017, excluding the GASB 68 and GASB 75 impact, the University's net position increased \$10.5 million for a total of \$136.7 million. In fiscal year 2016, excluding the GASB 68 impact, the University's unrestricted net position increased \$25.4 million for at total of \$126.2 million. In fiscal year 2015, excluding the GASB 68 impact, the University's unrestricted net position increased \$25 million for a total of \$101 million.

| | Per annual CAFR | | | |
|--|-------------------------|-----------------------|-----------------------|-----------------------|
| | <u>FY2018</u> | <u>FY2017</u> | <u>FY2016</u> | <u>FY2015</u> |
| Net investment in capital assets | \$ 318,787,398 | \$ 335,952,501 | \$ 350,908,685 | \$ 365,044,769 |
| Restricted | | | | |
| Nonexpendable | 91,314,812 | 90,977,372 | 90,351,534 | 87,960,092 |
| Expendable | 99,701,424 | 93,054,368 | 83,504,525 | 93,767,852 |
| Unrestricted (exclusive of GASB 68 and 75 liabilities) | 137,210,133 | 136,658,030 | 126,194,356 | 100,817,502 |
| Unrestricted (including GASB 68 and 75 liabilities) | <u>(812,662,227)</u> | <u>(346,845,010)</u> | <u>(340,496,507)</u> | <u>(337,062,765)</u> |
| Total net position | <u>\$ (165,648,460)</u> | <u>\$ 309,797,261</u> | <u>\$ 310,462,593</u> | <u>\$ 310,527,450</u> |

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
 NOTES TO THE FINANCIAL STATEMENTS
 December 31, 2018

Note 9. *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 | | \$ 20,871,819 |
| Budgeted Prior Year Fund Balance Usage | | (5,053,267) |
| Plant funds: | | |
| Capital grants and gifts - Federal | - | |
| Capital grants and gifts - State | - | |
| Capital grants and gifts - private | - | |
| Capital appropriations | - | |
| State appropriations (for MUHA) | - | |
| Donated property & other in-kind donations | 211,874 | |
| Interest and investment income | 237,987 | |
| Other operating revenue | - | |
| Other nonoperating revenue | - | |
| Expended in current fund-lease principal | 1,134,774 | |
| Expended in current fund-capital costs | 2,678,536 | |
| Transfers | (795,389) | |
| Expensed in plant fund-depreciation | (18,625,145) | |
| Expensed in plant fund-interest expense | (1,140,129) | |
| Expensed in plant fund-other | (1,544,614) | |
| Gain (loss) on disposition of property | <u>7,263,542</u> | (10,578,564) |
| Loan funds: | | |
| Other income | | |
| Interest and investment income | 139,730 | |
| Expenses | (139,967) | |
| Transfers | <u>-</u> | (237) |
| Endowment funds: | | |
| New endowments | 363,408 | |
| Income draws to operating units | (2,332,846) | |
| State grants/gifts | - | |
| Endowment income (Loss) | (3,232,244) | |
| Transfers | <u>-</u> | (5,201,683) |
| Other - GASB 68 Net Pension Expense | | (10,371,034) |
| Other - GASB 75 Net OPEB Expense | | <u>(5,784,877)</u> |
| Net increase (decrease) in Net Assets per Statement of Revenues, Expenses, and Changes in Net Position | | <u>\$ (16,117,843)</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-Dec-2018 |
|---|-------------------|--|--|
| State Institution Bonds (SIB) | | | |
| 2005 Refunding | \$ 19,045 | Advance refunding on SIB2000A | \$ - |
| SI BAN 2012 | 30,000 | College of Dental Medicine Building | - |
| SIB 2011D | 18,950 | Deferred maintenance projects | 13,670 |
| SIB 2012B refunding | 12,645 | Refunding SIB 2001C, 2003D, & 2003J | 4,505 |
| SIB 2016D | 30,095 | Refunding SIB 2005A & convert BAN | 25,255 |
| | <u>\$ 122,735</u> | | |
| Current SIB Debt Authorized and Issued | | | <u>\$ 43,430</u> |
| | | | |
| Notes Payable - JEDA | <u>\$ 32,985</u> | Construction of College Health Health Profession facilities | <u>\$ 12,040</u> |
| | | | |
| Lease Revenue Bonds | | | |
| LRB 1995 A & B | <u>\$ 13,201</u> | Thurmond Biomedical Center | <u>\$ -</u> |
| | | | |
| Refunding Revenue Bonds, Series 2017 | | | |
| 2017 | <u>\$ 25,115</u> | Refunding of Higher Ed Revenue Bonds | <u>\$ 22,395</u> |

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

Consolidated Statement of Net Position

ASSETS

| Current assets: | <u>December 31, 2017</u> | <u>December 31, 2018</u> |
|--|--------------------------|--------------------------|
| Cash and cash equivalents | \$ 97,304,985 | \$ 61,094,035 |
| Investments | 54,350,458 | 148,996,416 |
| Receivables: | | |
| Patient services - net of allowances for contractual adjustments of \$93,401,043 bad debts of \$19,526,268 | 38,845,082 | 35,292,049 |
| Due from the Medical University of South Carolina | 25,134,794 | 6,031,837 |
| Due from the Medical University Hospital Authority | 1,654,243 | 2,678,856 |
| Due from the Medical University Foundation | 592,442 | 402,960 |
| Due from Comprehensive Psychiatric Services | 129,072 | 221,058 |
| Prepaid rent - MUSC Foundation | 338,226 | 338,226 |
| Other current assets | 8,282,393 | 9,219,131 |
| | <u>\$ 226,631,695</u> | <u>\$ 264,274,568</u> |
| Total Current Assets | | |
| Noncurrent assets: | | |
| Capital assets: | | |
| Land | 18,844,711 | 26,180,312 |
| Buildings | 49,509,671 | 49,509,671 |
| Furniture and equipment | 18,148,823 | 19,964,927 |
| Leasehold improvements | 49,779,574 | 54,411,597 |
| Rental buildings under capital lease | 13,989,600 | 13,989,600 |
| Rental equipment under capital lease | 2,958,000 | - |
| Computer software | 13,633,691 | 13,633,691 |
| Less: accumulated depreciation and amortization | (74,364,307) | (80,292,128) |
| Prepaid rent - MUSC Foundation | 6,469,282 | 6,351,382 |
| Other Assets | 3,490,000 | 490,000 |
| Investment in partnerships | 3,676,667 | 5,659,618 |
| | <u>\$ 106,135,712</u> | <u>\$ 109,898,670</u> |
| Total noncurrent assets | | |
| Total Assets | <u>\$ 332,767,407</u> | <u>\$ 374,173,238</u> |
| Deferred outflows of resources | | |
| Deferred refunding cost | 15,714,720 | 11,646,197 |
| Deferred outflows-OPEB | - | 242,371 |
| Total deferred outflows | <u>\$ 15,714,720</u> | <u>\$ 11,888,568</u> |
| Total Assets and Deferred Outflows | <u>\$ 348,482,127</u> | <u>\$ 386,061,806</u> |

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

Consolidated Statement of Net Position

LIABILITIES

| | <u>December 31, 2017</u> | <u>December 31, 2018</u> |
|--|--------------------------|--------------------------|
| Current Liabilities | | |
| Accounts payable | 2,676,654 | 1,959,289 |
| Accrued payroll | 4,361,230 | 4,688,555 |
| Accrued payroll withholdings | 4,278,176 | 483,556 |
| Accrued pension contribution | 2,640,199 | 2,804,389 |
| Other accrued liabilities | 2,593,088 | 2,966,159 |
| Due to Medical University Hospital Authority | 2,789,580 | 2,853,405 |
| Accrued compensated absences | 1,690,828 | 1,805,290 |
| Notes payable | 3,791,500 | 315,959 |
| Capital leases | - | 389,779 |
| Bonds Payable | 3,015,000 | 3,055,000 |
| | <u>3,015,000</u> | <u>3,055,000</u> |
| Total current liabilities | <u>\$ 27,836,255</u> | <u>\$ 21,321,381</u> |
| Noncurrent liabilities: | | |
| Accrued compensated absences | 1,543,685 | 1,598,026 |
| Notes payable | 315,959 | - |
| Capital leases | 79,506 | 130,724 |
| Variable Rate Demand Bonds | 70,105,000 | 67,040,000 |
| Deferred inflows-OPEB | - | 75,381 |
| Fair Value of Derivative Instruments | 2,482,438 | 1,223,038 |
| | <u>2,482,438</u> | <u>1,223,038</u> |
| Total noncurrent liabilities | <u>\$ 74,526,588</u> | <u>\$ 70,067,169</u> |
| Total liabilities | <u>\$ 102,362,843</u> | <u>\$ 91,388,550</u> |

NET POSITION

| | | |
|---|-----------------------|-----------------------|
| Invested in capital assets, net of related debt | 55,300,179 | 55,298,288 |
| Unrestricted (deficit) | 190,819,105 | 239,374,968 |
| Total Net Position | <u>\$ 246,119,284</u> | <u>\$ 294,673,256</u> |

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

Statement of Revenues, Expenses and Changes in Net Position

| | For the Six Months Ending December 2017 | For the Six Months Ending December 2018 |
|--|--|--|
| Operating Revenues | | |
| Net clinical service revenue | \$ 171,399,438 | \$ 181,267,715 |
| Other operating revenue | 4,326,581 | 4,725,662 |
| Ambulatory care and MUHA revenue cycle support | 2,885,013 | 2,658,509 |
| Primary care support | 1,600,000 | 1,600,000 |
| Total operating revenues | <u>\$ 180,211,032</u> | <u>\$ 190,251,886</u> |
| Operating Expenses | | |
| Departmental expenses | 124,582,360 | 134,546,140 |
| Corporate operating expenses | 18,603,408 | 18,217,880 |
| Ambulatory care and MUHA revenue cycle expenses | 2,261,914 | 2,030,975 |
| Total expenses | <u>\$ 145,447,682</u> | <u>\$ 154,794,995</u> |
| Operating Income (Loss) | \$ 34,763,350 | \$ 35,456,891 |
| Nonoperating Revenues (Expenses) | 4,203,919 | (1,054,533) |
| Transfers from (to) Related Entities | | |
| Nonmandatory contributions to the MUSC Foundation | (5,000) | (110,000) |
| Nonmandatory transfers to the MUSC | <u>(36,392,590)</u> | <u>(36,169,733)</u> |
| Change in Net Position Before Extraordinary Items | \$ 2,569,679 | \$ (1,877,375) |
| Extraordinary/Special Items | - | - |
| Supplemental Medicaid | - | <u>24,534,859</u> |
| Change in Net Position Before Expenses Related to the DHHS Supplemental Revenue | \$ 2,569,679 | \$ 22,657,484 |
| Expenses Related to the DHHS Supplemental Revenue | <u>-</u> | <u>-</u> |
| Change in Net Position | <u>\$ 2,569,679</u> | <u>\$ 22,657,484</u> |

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC)

CONSENT AGENDA

Board of Trustees Meeting
February 8, 2019
101 Colcock Hall

Members of the Board of Trustees

Mr. Charles W. Schulze, Chairman
Dr. James Lemon, Vice-Chairman
Mr. William A. Baker, Jr.
Ms. Terri R. Barnes
The Honorable James A. Battle, Jr.
Mr. William H. Bingham, Sr.
Dr. W. Melvin Brown III
Dr. C. Guy Castles III

Dr. Richard M. Christian, Jr.
Dr. Paul T. Davis II
Dr. Donald R. Johnson II
Ms. Barbara Johnson-Williams
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.

Trustees Emeriti

Mrs. Margaret M. Addison
Dr. Stanley C. Baker, Jr.
Dr. Cotesworth P. Fishburne, Jr.
Dr. Thomas C. Rowland, Jr.

Dr. Charles B. Thomas, Jr.
Mr. Allan E. Stalvey
Dr. James E. Wiseman, Jr.

EDUCATION, FACULTY & STUDENT AFFAIRS COMMITTEE

CHAIR: MS. BARBARA JOHNSON-WILLIAMS

(APPROVAL ITEMS)

Item 18. Updated 2018-2023 Academic Calendar.

Statement: Administration presents for approval the updated academic calendar with extended drop/add dates for summer terms.

Recommendation of Administration: That this updated academic calendar be approved.

Recommendation of Committee:

Board Action:

Item 19. Endowed Chair.

Statement: At the request of the Dean of the College of Medicine, administration presents for approval, the appointment of **Andrew M. Atz, M.D.**, as the L. Lyndon Key, Jr., M.D. Endowed Chair, effective February 8, 2019.

MUSC Board of Trustees Consent Agenda
February 8, 2019

Recommendation of Administration: That this endowed chair appointment be approved.

Recommendation of Committee:

Board Action:

Item 20. SmartState Endowed Chair.

Statement: At the request of the Dean of the College of Medicine, administration presents for approval, the appointment of **Henry M. Sucov, Ph.D.**, Professor, as the SmartState Endowed Chair in Biofabrication Biology, effective January 1, 2019.

Recommendation of Administration: That this SmartState endowed chair appointment be approved.

Recommendation of Committee:

Board Action:

Item 21. Department Chair.

Statement: At the request of the Dean of the College of Medicine, administration presents for approval, the appointment of **Terry Kowalenko, M.D.**, Professor, as chair of the Department of Emergency Medicine, effective December 31, 2018.

Recommendation of Administration: That this department chair appointment be approved.

Recommendation of Committee:

Board Action:

Item 22. Faculty Appointments.

Statement: Administration presents for approval the following requests for faculty appointments:

College of Medicine

Alexander Alekseyenko, Ph.D., secondary appointment, as Associate Professor, College of Health Professions, Department of Healthcare Leadership and Management, effective January 1, 2019. Dr. Alekseyenko's primary appointment rests in the College of Medicine, Department of Public Health Sciences with a secondary in the College of Dental Medicine, Department of Oral Health Sciences.

Delphine Dean, Ph.D., as Adjunct Associate Professor, in the Department of Psychiatry and Behavioral Sciences, effective November 15, 2018.

**MUSC Board of Trustees Consent Agenda
February 8, 2019**

Terry Kowalenko, M.D., as Professor with Tenure, in the Department of Emergency Medicine, effective December 31, 2018. He will also serve as chair of the Department of Emergency Medicine and Associate ICCE Chief of Acute, Critical Care and Trauma.

John F. Rhodes, Jr, M.D., [dual appointment] as Professor, in the Department of Medicine, Division of Cardiology, effective December 1, 2018. Dr. Rhodes' primary appointment rests in the Department of Pediatrics, Division of Cardiology.

Henry M. Sucov, Ph.D., as Professor with Tenure, on the Academic Investigator track, in the Department of Regenerative Medicine and Cell Biology, with dual appointment as Professor, in the Department of Medicine, Division of Cardiology, effective January 1, 2019. Dr. Sucov's primary appointment will rest in the Department of Regenerative Medicine and Cell Biology. He will also hold the SmartState Endowed Chair in Biofabrication Biology.

Bobby Thomas, Ph.D., as Professor with Tenure, on the Academic Investigator track, in the Department of Pediatrics, Division of Darby Children's Research Institute, effective December 1, 2018.

Ronald G. Washburn, M.D., as Clinical Professor, in the Department of Medicine, Division of Infectious Diseases, effective December 1, 2018.

Jared A. White, M.D., as Associate Professor, on the Clinician Educator track, in the Department of Surgery, Division of Transplant Surgery, effective February 1, 2019.

Recommendation of Administration: That these faculty appointments be approved.

Recommendation of Committee:

Board Action:

Item 23. Change in Faculty Status.

Statement: Administration presents for approval the following change in faculty status:

Patrick K. Randall, Ph.D., from Research Professor to Affiliate Professor, in the Department of Psychiatry and Behavioral Sciences, retroactive to July 1, 2018.

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

Recommendation of Committee:

Board Action:

Item 24. Professor Emerita.

Statement: Administration presents for approval the following Professor Emerita appointment:

**MUSC Board of Trustees Consent Agenda
February 8, 2019**

Carolyn Jenkins, DrPH, MS, MSN, RN, RD, LD, FAAN, in the College of Nursing, as Professor Emerita, effective January 15, 2019.

Recommendation of Administration: That this Professor Emerita appointment be approved.

Recommendation of Committee:

Board Action:

Item 25. Initial Appointment Affiliate Faculty.

Statement: Administration presents for approval the following initial appointment of affiliate faculty:

Diane Beazley Whitworth, MSN, as Affiliate Instructor, in the Department of Medicine, Division of General Internal Medicine, effective July 1, 2018.

Michael J. Ratz, M.D., as Affiliate Assistant Professor, in the Department of Family Medicine, effective December 1, 2018.

Recommendation of Administration: That the initial appointment of affiliate faculty be approved.

Recommendation of Committee:

Board Action:

Item 26. MUSC CHS Affiliate Faculty.

Statement: Administration presents for approval the following MUSC CHS Affiliate Faculty:

| | |
|--------------------------------------|--------------------------------|
| Malik E. Ashe, M.D. | Larry D. Rabon, M.D. |
| Chandrakanth Boddu, M.D. | Manver Razick, M.D. |
| Marion Logan Gibbons, M.D. | William Eric Refvem, M.D. |
| Siddharth Malhotra, M.D. | Brandie A. Reynolds, M.D. |
| Gregg Claude Mason, M.D. | Robert McIntire Richey, M.D. |
| Lorrie Regina Mello-Shropshire, M.D. | Anne Marie Samaha, M.D. |
| Swapna Paladugu, M.D. | Vincent Stephen Scott, M.D. |
| Samuel Rogers Stone, M.D. | Fadi E. Seif, M.D. |
| Ramzy Al Hourany, M.D. | Ziad Georges Skaff, M.D. |
| Ernest M. Atkinson, M.D. | Emily McDaniel Stonerock, M.D. |
| Mohamad Hussein Bourji, M.D. | Charles Edward Stonerock, M.D. |
| Temujin Tom Chavez, M.D. | Germina Suffrant, M.D. |
| Ivan A. Chernev, M.D. | Rami Camille Zebian, M.D. |
| Geoffrey Stuart Coates-Wynn, M.D. | Mohamad Zein, M.D. |
| David M. Culpepper, M.D. | Alvin Carin Abinsay, M.D. |
| Lori Marie DeBlasi, DPM | James Louis Dedonis, M.D. |

**MUSC Board of Trustees Consent Agenda
February 8, 2019**

Eduardo A. Donato Jr., M.D.
Richard K. Ellis, M.D.
Cecil Edward Floyd, M.D.
James Mark Harris, M.D.
Rebecca R. Haskill-Strowd, M.D.
Shauna E. Hemingway, M.D.
Michael Hsueh-Ching Hsia, M.D.
Iris D. Ignacio, M.D.
Abdallah D. Kamouh, M.D.
Wassef Yousef Karrowni, M.D.
Benjamin W. Lamb, M.D.
Frank Barnwell Lee, Jr., M.D.
James Moss Mann, M.D.
Albert D. Mims, M.D.
Roberto A. Miranda-Santiago, M.D.
Timothy Alan Moses, M.D.
Jeffrey P. Muha, DPM
Elijah Daniel Owens, M.D.
Mark Stephen Pack, M.D.
Gregory R. Palutsis, M.D.
Meenakshi Amit Pande, M.D.
Hudnall Weaver Paschal, M.D.
Jennifer Christy Patchett, M.D.
John W. Perry, M.D.

Robert Louis DeGrood, M.D.
Parakkat Gopalakrishnan, M.D.
Frederick James Hamilton, D.O.
Gangatharan Mathisuthan, M.D.
Iris Marie Floyd Norris, M.D.
Julianne Martins Parente-Heck, M.D.
Mark Dozier Roberts, M.D.
Chadwick Van Thomas, M.D.
Darniya Powe Belton, M.D.
Dharmendra Bhaskaran, M.D.
Brian Alan Blue, M.D.
Anil K. Chhabra, M.D.
William Arthur Chinery, M.D.
Lee Hunter Easterwood, M.D.
James David Heckaman, M.D.
Bradlee Allexia Johnson, M.D.
Tooba Khan, M.D.
Fred Michael Kimbrell, M.D.
Anthony James Koehler, M.D.
Catherine Leigh Loflin, M.D.
Maritza Manrique-Kiniry, M.D.
Aran Marino O'Malley, M.D.
Joseph James Pierce III, M.D.
Lisa M. Semple, M.D.

Recommendation of Administration: That these MUSC CHS Affiliate Faculty be approved.

Recommendation of Committee:

Board Action:

(INFORMATION ITEM)

Item 27. Recognized Student Organizations Policy.

Statement: Administration presents for information the Recognized Student Organizations Policy.

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

Recommendation of Committee:

Board Action:

FINANCE AND ADMINISTRATION COMMITTEE
CHAIR: MR. JAMES A. BATTLE, JR.

(INFORMATION ITEM)

Item 33. Financial Report of the MUSC Foundation for Research Development.

Statement: A financial report of the MUSC Foundation for Research Development will be presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee:

Board Action:

Medical University of South Carolina

University Calendar 2018 - 2023

The academic calendar is approved by the Deans of the colleges within the university.

| | Fall 2018 | Fall 2019 | Fall 2020 | Fall 2021 | Fall 2022 |
|--|-------------|-------------|-------------|-------------|-------------|
| University Orientation | Aug 14 | Aug 14 | Aug 14 | Aug 13 | Aug 12 |
| Fall Semester Begins | Aug 15 | Aug 15 | Aug 17 | Aug 16 | Aug 15 |
| Last Day for Drop/Add | Aug 29 | Aug 29 | Aug 31 | Aug 30 | Aug 29 |
| Labor Day (campus closed) | Sept 3 | Sept 3 | Sept 7 | Sept 6 | Sept 5 |
| Election Day (no classes scheduled) | Nov 6 | - | Nov 3 | - | Nov 8 |
| Research day (no classes or tests scheduled) | Nov 2 | Nov 1 | Nov 6 | Nov 5 | Nov 4 |
| Thanksgiving (campus closed) | Nov 22-23 | Nov 28-29 | Nov 26-27 | Nov 25-26 | Nov 24-25 |
| Christmas (campus closed) | Dec 24-26 | Dec 24-26 | Dec 24-28 | Dec 24-28 | Dec 23-27 |
| Fall Semester Ends | Dec 31 | Dec 31 | Dec 31 | Dec 31 | Dec 30 |
| | Spring 2019 | Spring 2020 | Spring 2021 | Spring 2022 | Spring 2023 |

| | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|
| Spring Semester Begins | Jan 2 | Jan 2 | Jan 4 | Jan 4 | Jan 3 |
| Interprofessional Day | Jan 11 | Jan 10 | Jan 8 | Jan 14 | Jan 13 |
| Last Day for Drop/Add | Jan 17 | Jan 17 | Jan 19 | Jan 19 | Jan 18 |
| Dr. Martin Luther King Day (campus closed) | Jan 21 | Jan 20 | Jan 18 | Jan 17 | Jan 16 |
| Spring Semester Ends | Apr 30 | Apr 30 | Apr 30 | Apr 29 | Apr 28 |
| Commencement | May 18 | May 16 | May 22 | May 21 | May 20 |
| | Summer 2019 | Summer 2020 | Summer 2021 | Summer 2022 | Summer 2023 |
| University Orientation | Apr 30 | Apr 30 | Apr 30 | Apr 30 | Apr 28 |
| Summer Semester Begins | May 1 | May 1 | May 3 | May 2 | May 1 |
| Memorial Day (campus closed) | May 27 | May 25 | May 31 | May 30 | May 29 |
| Last Day for Drop/Add | May 31 | May 29 | May 28 | May 27 | May 26 |
| Independence Day (campus closed) | Jul 4 | Jul 3 | Jul 5 | Jul 4 | Jul 4 |
| Summer Semester Ends | Aug 14 | Aug 14 | Aug 14 | Aug 12 | Aug 14 |

Start dates, end dates, and breaks within the semester may vary by program. Certain clinical courses within some professional programs may overlap semesters. The dates shown for orientation, drop/add, state and federal holidays, and commencement are valid throughout the university.

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Andrew Martin Atz, MD

Date: 12/7/2018

Citizenship and/or Visa Status:

Office Address: MUSC Children's Hospital MSC 915, Charleston, SC, 29425 Telephone: 843-792-3292

Education: (*Baccalaureate and above*)

| <u>Year Earned</u> | <u>Institution</u> | <u>Degree</u> | <u>Field of Study</u> |
|--------------------|-----------------------|---------------|-----------------------|
| 1985 | University of Florida | B.S. | Microbiology |
| 1989 | University of Florida | M.D. | Medicine |

Graduate Medical Training: (*Chronological*)

| <u>Internship</u> | <u>Place</u> | <u>Dates</u> |
|-------------------|---|--------------|
| Internship | Johns Hopkins University School of Medicine | 1989 - 1990 |

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|------------------------------------|---|--------------|
| Residency | Johns Hopkins University School of Medicine | 1990 - 1992 |
| Fellowship | Children's Hospital Medical Center Boston | 1992 - 1994 |
| Clinical Fellow in Pediatrics | Harvard Medical School | 1992 - 1995 |
| Chief Fellow in Cardiology | Children's Hospital Medical Center Boston | 1994 - 1995 |
| Fellow, Pediatric Cardiac ICU | Children's Hospital Medical Center Boston | 1995 - 1996 |

Board Certification:

General Pediatrics Date: 1995-2002

Pediatric Cardiology Date: 1996-2002

Licensure:

National Board of Medical Examiners 381507 Date: 1991

SC Medical License #20628 Date: 1998

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|----------------|---------------------|--------------------------------------|--|
| 1998 - 2003 | Assistant Professor | Medical University of South Carolina | Pediatrics Division of Pediatric Cardiology |
| 2003 - 2008 | Associate Professor | Medical University of South Carolina | Pediatrics Division of Pediatric Cardiology |
| 2009 - Present | Professor | Medical University of South Carolina | Pediatrics Division of Pediatric Cardiology |
| 2009 - Present | Full Member | Medical University of South Carolina | College of Graduate Studies |

First Appointment to MUSC: Rank: Assistant Professor

Date: 1998

Henry Sucoy, Ph.D.
Curriculum Vitae

SCHOOL ADDRESS

Department of Regenerative Medicine and Cell Biology
College of Medicine
Work Email : sucov@musc.edu

EDUCATION

| Year | Institution | Degree | Major |
|-------------|------------------------------------|---------------|--------------|
| 1981 | Oberlin College, OH | B.A. | Chemistry |
| 1988 | California Institute of Technology | Ph.D. | Biology |

POSTDOCTORAL EDUCATION

| Year | Institution | Role |
|-------------|----------------------------------|--|
| 1989 - 1994 | The Salk Institute, La Jolla, CA | Postdoctoral Fellow - Functions of Retinoid Receptors in Mouse Development |

FACULTY APPOINTMENTS

| Year | Institution | Role |
|----------------|--|---------------------------------|
| 2013 - Present | USC Keck School of Medicine, Stem Cell Biology and Regenerative Medicine | Professor |
| 2001 - 2012 | USC Keck School of Medicine, Cell & Neurobiology | Associate Professor with Tenure |
| 1995 - 2001 | USC Keck School of Medicine, Cell & Neurobiology | Assistant Professor |

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Terry Kowalenko, M.D.

Date: 9/27/2018

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> |
|--------------------|---|---------------|-----------------------|
| 1983 | Wayne State University | B.S. | Biology |
| 1987 | University of Chicago, Pritzker School of Medicine, | M.D. | Medicine |

Graduate Medical Training: *(Chronological)*

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|------------------------------------|---|--------------|
| Emergency Medicine Resident | University of Cincinnati Medical Center | 1987 - 1991 |

Board Certification:

American Board of Emergency Medicine Date: 1992

Licensure:

State of Ohio Medical License Date: 1990

State of Michigan Medical License Date: 1991

DEA Licensure Date: 1991

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|----------------|------------------------------|--|--------------------|
| 1995 - 1998 | Clinical Assistant Professor | Case Western Reserve University, Henry Ford Health Systems Campus, Detroit, MI | Medicine |
| 1997 - 2002 | Clinical Assistant Professor | Wayne State University School of Medicine, Henry Ford Health System Campus, Detroit MI | Emergency Medicine |
| 2002 - 2012 | Clinical Associate Professor | The University of Michigan | Emergency Medicine |
| 2011 - 2012 | Clinical Associate Professor | The University of Michigan | Medical Education |
| 2012 - 2013 | Clinical Professor | The University of Michigan | Emergency Medicine |
| 2012 - 2013 | Clinical Professor | The University of Michigan | Medical Education |
| 2013 - Present | Adjunct Clinical Professor | The University of Michigan | Emergency Medicine |
| 2013 - Present | Professor | Oakland University - William Beaumont Hospital School of Medicine | Emergency Medicine |

First Appointment to MUSC:

Rank:

Date:

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

Date: November 30, 2018

Name: Alekseyenko Alexander V
Last First Middle

Citizenship and/or Visa Status: _____

Office Address: 135 Cannon Street, MSC 200 Telephone: 843-792-2043
Charleston, SC 29425

Education: *(Baccalaureate and above)*

| <u>Institution</u> | <u>Years Attended</u> | <u>Degree/Date</u> | <u>Field of Study</u> |
|--|-----------------------|--------------------|-------------------------|
| <u>Case Western Reserve University</u> | <u>2002</u> | <u>B.Sc.</u> | <u>Computer Science</u> |
| <u>University of California, Los Angeles</u> | <u>2003</u> | <u>M.Sc.</u> | <u>Biomathematics</u> |
| <u>University of California, Los Angeles</u> | <u>2008</u> | <u>Ph.D.</u> | <u>Biomathematics</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Graduate Medical Training: *(Chronological)*

| | <u>Place</u> | <u>Dates</u> |
|------------|--------------|--------------|
| Internship | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Residencies or Postdoctoral:

| | <u>Place</u> | <u>Dates</u> |
|--|--------------|--------------|
| Postdoctoral Fellow in Bioinformatics, European Bioinformatics Institute, UK | _____ | <u>2008</u> |
| Postdoctoral Scholar in Statistics, Stanford University | _____ | <u>2009</u> |
| _____ | _____ | _____ |

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> |
|-----------------------|------------------------------------|---|--|
| <u>2009 – 2014</u> | <u>Assistant Professor</u> | <u>New York University School of Medicine</u> | <u>Medicine</u> |
| <u>2014 – 2015</u> | <u>Associate Professor</u> | <u>New York University School of Medicine</u> | <u>Medicine</u> |
| <u>2015 – present</u> | <u>Adjunct Associate Professor</u> | <u>New York University School of Medicine</u> | <u>Medicine</u> |
| <u>2015 – present</u> | <u>Associate Professor</u> | <u>Medical University of South Carolina</u> | <u>Public Health Sciences & Oral Health Sciences</u> |
| <u>2016 – present</u> | <u>Adjunct Associate Professor</u> | <u>Clemson University</u> | <u>Public Health Sciences</u> |

First Appointment to MUSC: Rank Associate Professor Date: 2015

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Delphine Dean, Ph.D.

Date: 11/1/2018

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> |
|--------------------|---------------------------------------|---------------|------------------------|
| 2001 | Massachusetts Institute of Technology | S.B. | Electrical Engineering |

Graduate Medical Training: *(Chronological)*

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|------------------------------------|--------------------|--------------|
| Bioengineering Postdoctoral Fellow | Clemson University | 2005 - 2006 |

Board Certification:

Licensure:

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|----------------|--|--------------------|-------------------|
| 2007 - 2013 | Assistant Professor | Clemson University | Bioengineering |
| 2013 - 2014 | Associate Professor | Clemson University | Bioengineering |
| 2014 - Present | Gregg-Graniteville Associate Professor | Clemson University | Bioengineering |

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Terry Kowalenko, M.D.

Date: 9/27/2018

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> |
|--------------------|---|---------------|-----------------------|
| 1983 | Wayne State University | B.S. | Biology |
| 1987 | University of Chicago, Pritzker School of Medicine, | M.D. | Medicine |

Graduate Medical Training: *(Chronological)*

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|------------------------------------|---|--------------|
| Emergency Medicine Resident | University of Cincinnati Medical Center | 1987 - 1991 |

Board Certification:

American Board of Emergency Medicine Date: 1992

Licensure:

State of Ohio Medical License Date: 1990

State of Michigan Medical License Date: 1991

DEA Licensure Date: 1991

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|----------------|------------------------------|--|--------------------|
| 1995 - 1998 | Clinical Assistant Professor | Case Western Reserve University, Henry Ford Health Systems Campus, Detroit, MI | Medicine |
| 1997 - 2002 | Clinical Assistant Professor | Wayne State University School of Medicine, Henry Ford Health System Campus, Detroit MI | Emergency Medicine |
| 2002 - 2012 | Clinical Associate Professor | The University of Michigan | Emergency Medicine |
| 2011 - 2012 | Clinical Associate Professor | The University of Michigan | Medical Education |
| 2012 - 2013 | Clinical Professor | The University of Michigan | Emergency Medicine |
| 2012 - 2013 | Clinical Professor | The University of Michigan | Medical Education |
| 2013 - Present | Adjunct Clinical Professor | The University of Michigan | Emergency Medicine |
| 2013 - Present | Professor | Oakland University - William Beaumont Hospital School of Medicine | Emergency Medicine |

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: John Flint Rhodes Jr, M.D.

Date: 12/3/2018

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

| <u>Year Earned</u> | <u>Institution</u> | <u>Degree</u> | <u>Field of Study</u> |
|--------------------|---------------------------------|---------------|-----------------------|
| 1988 | North Carolina State University | B.S. | Zoology |
| 1993 | Brody School of Medicine | M.D. | Medicine |

Graduate Medical Training: *(Chronological)*

| <u>Internship</u> | <u>Place</u> | <u>Dates</u> |
|-------------------------------|--------------------------------------|--------------|
| General Pediatrics Internship | Medical University of South Carolina | 1993 - 1994 |

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|---|--------------------------------------|--------------|
| General Pediatrics Residency | Medical University of South Carolina | 1994 - 1996 |
| Pediatric Cardiology Fellowship | Mount Sinai Medical Center | 1996 - 1999 |
| Clinical Associate & Senior Fellow in Pediatric & Adult Congenital Interventional Cardiac Catheterization | The Cleveland Clinic Foundation | 1999 - 1999 |

Board Certification:

| | |
|--|--------------------|
| American Board of Pediatrics, #60025 | Date: 1996-2006 |
| American Board of Pediatrics- Pediatric Cardiology #1569 | Date: 2000-present |

Licensure:

| | |
|--|--------------------|
| South Carolina Medical License #18163 (reactivation in progress) | Date: 1995-1999 |
| New York Medical License #203331 | Date: 1996-2000 |
| Ohio Medical License #35.076320 | Date: 1999-2004 |
| North Carolina Medical License #2003-00691 | Date: 2003-2013 |
| Florida Medical License #ME115052 | Date: 2013-present |

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|----------------|---------------------|--------------------------------------|--|
| 2003 - 2009 | Assistant Professor | Duke University Medical Center | Pediatrics Division of Pediatric Cardiology |
| 2009 - 2013 | Associate Professor | Duke University Medical Center | Pediatrics Division of Pediatric Cardiology |
| 2013 - 2017 | Associate Professor | Nicklaus Children's Hospital | Pediatrics Division of Pediatric Cardiology |
| 2017 - Present | Professor | Medical University of South Carolina | Pediatrics Division of Pediatric Cardiology |

First Appointment to MUSC:

Rank: Professor

Date: 2017

Henry Sucof, Ph.D.
Curriculum Vitae

SCHOOL ADDRESS

Department of Regenerative Medicine and Cell Biology
College of Medicine

Work Email : [sucov@musc.edu](mailto:sucof@musc.edu)

EDUCATION

| Year | Institution | Degree | Major |
|-------------|------------------------------------|---------------|--------------|
| 1981 | Oberlin College, OH | B.A. | Chemistry |
| 1988 | California Institute of Technology | Ph.D. | Biology |

POSTDOCTORAL EDUCATION

| Year | Institution | Role |
|-------------|----------------------------------|--|
| 1989 - 1994 | The Salk Institute, La Jolla, CA | Postdoctoral Fellow - Functions of Retinoid Receptors in Mouse Development |

FACULTY APPOINTMENTS

| Year | Institution | Role |
|----------------|--|---------------------------------|
| 2013 - Present | USC Keck School of Medicine, Stem Cell Biology and Regenerative Medicine | Professor |
| 2001 - 2012 | USC Keck School of Medicine, Cell & Neurobiology | Associate Professor with Tenure |
| 1995 - 2001 | USC Keck School of Medicine, Cell & Neurobiology | Assistant Professor |

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Bobby Thomas, Ph.D.

Date: 10/2/2018

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> |
|--------------------|---------------------------|---------------|-----------------------|
| 1994 | Mahatma Gandhi University | B.S. | Zoology |
| 1996 | Banaras Hindu University | M.S. | Zoology |
| 2002 | Jadavpur University | Ph.D. | Neuroscience |

Graduate Medical Training: *(Chronological)*

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|------------------------------------|--------------------------|--------------|
| Neurology Postdoctoral Fellow | Johns Hopkins University | 2002 - 2005 |

Board Certification:

Licensure:

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|----------------|-------------------------------|---|--|
| 2006 - 2008 | Instructor | Weill Medical College of Cornell University | Neurology and Neuroscience |
| 2008 - 2012 | Assistant Professor | Weill Medical College of Cornell University | Neurology and Neuroscience |
| 2012 - 2016 | Adjunct Assistant Professor | Weill Medical College of Cornell University | Neuroscience, Brain and Mind Research Institute |
| 2012 - Present | Associate Professor (tenured) | Augusta University | Pharmacology & Toxicology |
| 2012 - Present | Associate Professor (tenured) | Augusta University | Neurology |

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Ronald G. Washburn, M.D.

Date: 10/12/2018

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> |
|--------------------|--------------------|---------------|-----------------------|
| 1976 | Brown University | A.B. | Biochemistry |
| 1979 | Duke University | M.D. | Medicine |

Graduate Medical Training: (Chronological)

| <u>Internship</u> | <u>Place</u> | <u>Dates</u> |
|-------------------|--------------------------|--------------|
| Medical Intern | Duke University Hospital | 1980 - 1981 |

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|------------------------------------|--|--------------|
| Medical Resident | Duke University Hospital | 1981 - 1983 |
| Medical Staff Fellow | National Institute of Allergy and Infectious Diseases, NIH, Bethesda, MD | 1983 - 1987 |

Board Certification:

American Board of Internal Medicine, Infectious Diseases

Date: November 1986

American Board of Internal Medicine

Date: September 1983

Licensure:

Louisiana State Medical License #14287R

Nevada State Medical License #8664

North Carolina Medical License #26613

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|--------------|---------------------|---|--------------------|
| 1987 - 1991 | Assistant Professor | Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, NC | Infectious Disease |
| 1991 - 1998 | Associate Professor | Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, NC | Infectious Disease |

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Jared White, M.D.

Date: 12/4/2018

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> |
|--------------------|--|----------------|-----------------------|
| 2001 | Millsaps College | B.S. cum laude | Chemistry |
| 2006 | University of Tennessee Center for Health Sciences | M.D. | Medicine |

Graduate Medical Training: *(Chronological)*

| <u>Internship</u> | <u>Place</u> | <u>Dates</u> |
|------------------------|------------------------------------|--------------|
| General Surgery Intern | University of Alabama - Birmingham | 2006 - 2007 |

| <u>Residencies or Postdoctoral</u> | <u>Place</u> | <u>Dates</u> |
|---|------------------------------------|--------------|
| General Surgery Resident | University of Alabama - Birmingham | 2007 - 2011 |
| Abdominal Transplant and Hepatobiliary Surgery Fellow | University of Alabama - Birmingham | 2011 - 2013 |

Board Certification:

American Board of Surgery Date: 2012 - Present

Licensure:

Alabama Medical License Date: Exp 2018

Mississippi Medical License Date: Exp 2019

Tennessee Medical License Date: Exp 2019

DEA Date: Exp 2019

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|----------------|---------------------------------|------------------------------------|--|
| 2011 - 2013 | Clinical Instructor | University of Alabama - Birmingham | Surgery Division of Abdominal Transplant Surgery |
| 2013 - Present | Assistant Professor | University of Alabama - Birmingham | Liver Transplant and Hepatobiliary Surgery |
| 2013 - Present | Assistant Professor | The Children's Hospital of Alabama | General Surgery |
| 2018 - Present | Associate Professor with Tenure | University of Alabama - Birmingham | Division of Liver Transplant and Hepatobiliary Surgery |
| 2018 - Present | Assistant Professor | University of Alabama - Birmingham | School of Nursing Division of Secondary Faculty Appointment |

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Patrick K. Randall , Ph.D.

Date: 10/18/2018

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> |
|--------------------|-----------------------|---------------|-----------------------|
| 1969 | Kent State University | B.A. | Psychology |
| 1975 | Princeton University | M.A. | Psychology |
| 1976 | Princeton University | Ph.D. | Psychology |

Graduate Medical Training: *(Chronological)*

Board Certification:

Licensure:

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|--------------|--------------------|--------------------------------------|------------------------------------|
| 2004 - 2018 | Research Professor | Medical University of South Carolina | Psychiatry and Behavioral Sciences |
| 2005 - 2018 | Research Professor | Medical University of South Carolina | College of Graduate Studies |

First Appointment to MUSC:

Rank: Research Professor

Date: 2004

Medical University of South Carolina

College Of Nursing

ABBREVIATED CURRICULUM VITAE

Name: Carolyn M. Jenkins, DrPH, APRN, BC-ADM, RD, LD, FAAN

Date: 11/13/2018

Citizenship and/or Visa Status:

Office Address: 99 Jonathan Lucas St, MSC 160, Charleston, SC, 29425 Telephone: 843-792-4625

Education: (*Baccalaureate and above*)

| <u>Year Earned</u> | <u>Institution</u> | <u>Degree</u> | <u>Field of Study</u> |
|--------------------|--------------------------------------|---------------|--------------------------------|
| 1975 | Rutgers University | B.S.N. | Nursing |
| 1988 | Medical University of South Carolina | M.S.N. | Nursing |
| 1996 | University of South Carolina | Dr.P.H. | Health Promotion and Education |

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

| <u>Years</u> | <u>Rank</u> | <u>Institution</u> | <u>Department</u> |
|-------------------|--|--------------------------------------|----------------------------------|
| 1979 - 1979 | Instructor | Medical University of South Carolina | College of Nursing |
| 1979 - 1994 | Instructor | Medical University of South Carolina | College of Nursing |
| 1994 - 2000 | Assistant Professor | Medical University of South Carolina | College of Nursing |
| 2000 - 2004 | Associate Professor | Medical University of South Carolina | Health Administration and Policy |
| 2000 - 2005 | Associate Professor | Medical University of South Carolina | College of Nursing |
| 2000 - Present | Full Member | Medical University of South Carolina | College of Graduate Studies |
| 2005 - 2015 | Professor | Medical University of South Carolina | College of Nursing |
| 05/2006 - Present | Ann Darlington Edwards Endowed Chair in Nursing | Medical University of South Carolina | College of Nursing |
| 2015 - Present | Research Professor | Medical University of South Carolina | College of Nursing |

First Appointment to MUSC:

Rank: Instructor

Date: 1979

Diane Beazley Whitworth, M.S.N.

Curriculum Vitae

SCHOOL ADDRESS

Division of General Internal Medicine
Department of Medicine
College of Medicine

Work Email : whitword@musc.edu

EDUCATION

| Year | Institution | Degree | Major |
|------|----------------------------------|--------|---------|
| 2013 | Walden University of Minneapolis | B.S. | Nursing |
| 2018 | Liberty University | M.S.N. | Nursing |

LICENSURE AND CERTIFICATION

| Year | Description |
|----------------|---|
| 1990 - Present | Certification - Wound Ostomy Continence Nurse |

FACULTY APPOINTMENTS

| Year | Institution | Role |
|-------------|---|----------------------|
| 2018 - 2021 | Medical University of South Carolina, Medicine, Division of General Internal Medicine | Affiliate Instructor |

Michael J Ratz, M.D.

Curriculum Vitae

SCHOOL ADDRESS

Department of Family Medicine
College of Medicine

Work Email : ratz@musc.edu

EDUCATION

| Year | Institution | Degree | Major |
|------|-------------------------------|--------|----------|
| 1997 | Pennsylvania State University | B.S. | |
| 2003 | Jagellonian University | M.D. | Medicine |

POSTDOCTORAL EDUCATION

| Year | Institution | Role |
|-------------|---|--|
| 2003 - 2007 | Pennsylvania State University, Hershey Medical Center | Internal Medicine and Pediatric Resident |

LICENSURE AND CERTIFICATION

| Year | Description |
|-------------|---|
| 2009 | Certification - Board Certified in Pediatrics |
| 2007 / 2017 | Certification - Board Certified in Internal Medicine, Hospital Medicine Focus |

FACULTY APPOINTMENTS

| Year | Institution | Role |
|-------------|---|-------------------------------|
| 2018 - 2021 | Medical University of South Carolina, Family Medicine | Affiliate Assistant Professor |

| | |
|-------------------------------------|--|
| Policy Identification Number | |
| Policy Title | Recognized Student Organizations Policy |
| Effective Date | |
| Classification | University |
| Approval Authority | Executive Vice President for Academic Affairs and Provost |
| Responsible Entity | Associate Provost for Educational Affairs and Student Life |
| Policy Owner | Darlene Shaw, PhD |

I. Policy Statement

MUSC recognizes the value student organizations add to the development of- students. This policy establishes the University requirements for the recognition of student organizations before they can conduct any form of business. It also establishes that Recognized Student Organizations must at all times adhere to the terms set forth in the MUSC Handbook for Student Organizations, MUSC-related policies, and applicable federal, state, and local laws. Receiving recognition status does not equate to the University’s endorsement of the merits of an organization’s mission, purpose, or activity.

II. Scope

This policy applies to all student organizations that have or seek to have Recognized Student Organization status. Each of the six colleges has the option of imposing additional requirements upon college-specific student organizations to obtain recognition. However, all Recognized Student Organizations are required to abide by this policy regardless of whether the recognition is conferred by the Executive Director of the Office of Student Programs and Student Diversity or the Dean of a College.

III. Approval Authority

The Executive Vice President for Academic Affairs and Provost is the approval authority for this policy.

IV. Purpose of This Policy

Recognized student organizations are a reflection of the MUSC Enterprise. This policy sets the minimum expectations required of Recognized Student Organizations and promotes consistency in the setting of expectations of recognized organizations. This policy promotes MUSC’s interest in safeguarding students and the MUSC community.

V. Who Should Be Knowledgeable about This Policy

All students, college deans and associate deans, advisors, faculty, and staff who interact with student organizations should be knowledgeable about this policy.

VI. The Policy

- A. Only two MUSC authorities are empowered to confer official recognition status to student organizations: (1) the Executive Director of the Office of Student Programs and Student Diversity and/or (2) the Dean of the College for college-specific organizations.
- B. Students, advisors, and others affiliated with a recognized student organization must comply with this policy and all MUSC policies as well as federal, state, and local laws and regulations.
- C. All student organizations who seek Recognized Student Organization status will submit an application to the Executive Director of the Office of Student Programs and Student Diversity

| | |
|------------------|---|
| Policy ID Number | |
| Policy Title | Recognized Student Organizations Policy |
| Date Approved | |

who will forward a copy of the application to the appropriate college, if it is an application for a college-specific organization.

- D. Each college will establish a process for reviewing college-specific organization applications and conferral or denial of the recognition status. The college will inform the Office of Student Programs and Student Diversity if a group achieves recognized status.
- E. The University will establish a process for reviewing university-wide applications and the conferral or denial of the recognition status.
- F. The Office of Student Programs and Student Diversity will maintain a central repository of all approved, disapproved, active, and inactive applications.
- G. Both the University and each college will establish a process for addressing alleged violations of this policy.
- H. Student organizations who seek Recognized Student Organization status are required to meet eligibility criteria and follow requirements, which include, but are not limited to the following:
 - 1. A student organization must
 - a. Have a membership of 6 or more MUSC students
 - b. Open membership and participation in the organization to all students regardless of age, race, color, national origin, ability, religious affiliation, veteran status, sexual orientation, gender identity, or gender expression. Organizations seeking exception to the open-membership requirement must demonstrate that a selective member process is essential to the success of the group and must receive the approval of the Executive Director of the Office of Student Programs and Student Diversity or the Dean of the College for college-specific organizations.
 - c. Have a constitution and bylaws
 - d. Have a Student Organization Advisor who is an MUSC employee; it is recommended the advisor be a full-time employee
 - e. Follow University policy and guidelines, including but not limited to, copyright, solicitation and fundraising, industry relations, alcohol service, finance, and travel
 - f. Follow additional guidelines required by the college (for college-specific organizations)
 - g. Follow MUSC branding standards
 - h. Follow local, state, and federal laws
 - i. Follow the procedures identified in the *MUSC Handbook for Student Organizations*
 - 2. A student organization cannot
 - a. Duplicate the purpose or mission of an existing student group
 - b. Compromise the safety of members of the MUSC community or cause damage to University property
 - c. Disrupt the normal operation of the University or clinical enterprise
 - d. Act in conflict with the diversity and inclusion mission of the University
 - e. Have a primary goal of promoting the financial gain of group members
 - f. Endorse or condone hazing (hazing represents a violation of MUSC Policy and South Carolina Law)

| | |
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3. See the MUSC Handbook for Student Organizations for additional information.

- I. Student organizations that receive and maintain Recognized Student Organization status are entitled to certain benefits. Only recognized student organizations are permitted to collect dues, fundraise, and solicit charitable donations.

VII. Special situations

None

VIII. Sanctions for Non-compliance

Recognized Student Organizations that are accused of failing to comply with the principles outlined in this policy are subject to review as outlined in the Policy on Professionalism and Standards of Conduct for Recognized Student Organizations.

If the governing authority finds a Recognized Student Organization responsible for violating policy, the governing authority will determine what if any sanctions are appropriate. Sanctions include, but are not limited to, a written reprimand, organization suspension, loss of the organization’s charter, and/or loss of its recognition by the University.

If, based upon the investigation, an individual student is perceived to have potentially violated the Policy on Professionalism and Standards of Conduct of Students, the student will be referred to the dean of their college and subject to the college’s process for addressing alleged violations of the Policy on Professionalism and Standards of Conduct for Students or its equivalent.

IX. Related Information

A. References, citations

Student Organizations: Policy on Professional Behavior and Standards of Conduct for Student Organizations
(in progress)

Student Organizations: Policy for Alcohol Service at Student Events
(in progress)

MUSC Student Events with Alcohol (Responsible Hosting Criteria, Alcohol Service Request Form)
<http://academicdepartments.musc.edu/esl/spsd/Student-Organizations/alcooledu.html>

Student Organizations: The Handbook for Student Organizations
(in progress)

Student Organizations: Bank Account and Agency Funds Policy
(in progress)

The Standards of Professional Behavior Policy for the MUSC Workforce
(in progress)

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The MUSC Bulletin

http://academicdepartments.musc.edu/esl/bulletin/bulletin_policies/index.html

X. Communication Plan

The policy will be published in *The Bulletin* and distributed to the Deans’ offices and leadership in Education and Student Life.

XI. Definitions

Recognized student organization An MUSC student organization that successfully meets the criteria established for recognition and which is officially recognized by either the Executive Director of the Office of Student Programs (university-wide) or the dean’s office of one of the six colleges (college-specific)

University-wide recognized student organization University-wide recognized student organizations are independent of any particular college and are typically interprofessional in nature. University-wide recognized student organizations are approved by the Executive Director of Student Programs and Student Diversity. For university-wide recognized student organizations, the organization’s executive board and advisor(s) are responsible for organizational oversight.

College-specific recognized student organization College-specific student organizations serve one or more of the many academic or professional interests of the college and its students. College-specific recognized student organizations must be approved by the College Dean’s Office. For college-specific recognized student organizations, the organization’s executive board and advisor are responsible for organizational oversight. Examples of college-specific organizations include, but are not limited to, academic or professional interest groups, discipline-specific honor societies, national organization student chapters (e.g., MUSC Chapter of the Student National Dental Association), professional fraternities, and class groups (e.g., College of Pharmacy Class of 2021 student group); college-specific organizations can also be classified as an Interest Group, Service Group, Professional Development Group, Educational Group, and/or Community Outreach Group; college-specific groups cannot assume the identifier as an Affinity Group.

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Affinity group

A group of MUSC students linked by a common purpose, ideology, or interest which helps support and promote diversity at MUSC. Affinity groups must support recruitment, retention, education, advocacy, and community building amongst MUSC students.

Governing authority

The MUSC authority that conferred official recognition status to a student organization; either the Executive Director of the Office of Student Programs and Student Diversity or the Dean of the College for college-specific organization.

XVI. Review Cycle

This policy will be reviewed every 3 years.

XVI. Approval History

List original approval date and subsequent review dates

| <i>Approval Authority</i> | <i>Date Approved</i> |
|---|----------------------|
| Education Advisory Committee | 12/17/18 (poll) |
| Executive Vice President for Academic Affairs and Provost | 01/14/2019 |
| | |
| | |

XVII. Approval Signature

 Lisa Saladin, PT, PhD, FAPTA
 Executive Vice President for Academic Affairs and Provost

 Date

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

| | 11/30/2018 | 11/30/2017 |
|---|--------------------|--------------------|
| Assets | | |
| Cash and cash equivalents | \$476,682 | \$562,783 |
| Cash and cash equivalents - held for others | \$623,502 | \$611,322 |
| Interest receivable | \$0 | \$1,606 |
| Accounts receivable - Licensees, net of allowance | \$112,753 | \$201,967 |
| Accounts receivable - MUSC & affiliates | \$396,963 | \$469,940 |
| Prepaid expenses | \$15,403 | \$59,374 |
| Investments | \$373,742 | \$353,528 |
| Property and equipment, net | \$41,150 | \$4,109 |
| Total Assets | \$2,040,195 | \$2,264,630 |
| Liabilities and Net Assets | | |
| Liabilities | | |
| Accounts payable | \$54,009 | \$62,599 |
| Accounts payable - MUSC | \$226,730 | \$311,689 |
| Lease payable | \$2,676 | \$4,706 |
| Due to MUSCP (UMA) - accrued personnel expenses | \$80,246 | \$132,294 |
| Unearned revenue and deposits | \$63,026 | \$27,798 |
| Funds held for others | \$623,502 | \$611,322 |
| Total Liabilities | \$1,050,187 | \$1,150,408 |
| Net Assets | | |
| Unrestricted | \$910,596 | \$1,072,222 |
| Board Designated - Technology development fund | \$79,411 | \$42,000 |
| Total Net Assets | \$990,007 | \$1,114,222 |
| Total Liabilities and Net Assets | \$2,040,195 | \$2,264,630 |

MUSC Foundation for Research Development

Income Statement

Five Months Ended November 30, 2018

| | 11/30/2018 | | | FY19 Budget |
|--|------------------|--------------------|------------------|--------------------|
| | Actual | Budget | Variance | |
| Revenues | | | | |
| Support from MUSC Office of Provost | \$583,333 | \$583,333 | \$0 | \$1,400,000 |
| Royalties | \$110,647 | \$170,000 | (\$59,353) | \$959,965 |
| License fees | \$12,500 | \$10,000 | \$2,500 | \$132,715 |
| Distributions to MUSC, inventors, departments and labs | (\$100,729) | (\$129,600) | \$28,871 | (\$783,215) |
| License fees and royalties, net of distributions | \$22,418 | \$50,400 | (\$27,982) | \$309,465 |
| Patent prosecution prior years recovery - current year deals | \$889 | \$0 | \$889 | \$0 |
| Investment income | \$4,400 | \$1,667 | \$2,734 | \$4,000 |
| Miscellaneous income | \$88,492 | \$2,083 | \$86,409 | \$5,000 |
| Other revenues - program services (non-FRD) | \$17,500 | \$0 | \$17,500 | \$0 |
| Total Revenues | \$717,033 | \$637,483 | \$79,550 | \$1,718,465 |
| Expenses | | | | |
| Personnel | \$479,191 | \$513,443 | \$34,252 | \$1,232,263 |
| Patent prosecution | \$95,673 | \$152,083 | \$56,410 | \$365,000 |
| Professional fees | \$22,085 | \$25,000 | \$2,915 | \$30,000 |
| Administrative expenses | | | | |
| IT maintenance - software and hardware | \$6,757 | \$6,667 | (\$91) | \$16,000 |
| Telephone | \$2,700 | \$2,500 | (\$200) | \$6,000 |
| Travel - Non-employee | \$5,100 | \$7,708 | \$2,609 | \$18,500 |
| Travel - Employee | \$4,871 | \$10,417 | \$5,546 | \$25,000 |
| Professional development-conferences & continuing education | \$9,501 | \$9,583 | \$82 | \$23,000 |
| Office supplies, support and equipment | \$6,444 | \$8,333 | \$1,889 | \$20,000 |
| Real property rental | \$21,272 | \$20,833 | (\$438) | \$50,000 |
| Lease payments | \$2,765 | \$3,750 | \$985 | \$9,000 |
| Insurance | \$6,943 | \$6,375 | (\$568) | \$15,300 |
| Dues, memberships, subscriptions and sponsorships | \$7,412 | \$4,675 | (\$2,737) | \$11,220 |
| Special activities | \$17,634 | \$8,500 | (\$9,134) | \$20,400 |
| Depreciation expense | \$4,572 | \$4,573 | \$1 | \$10,975 |
| Bad debt expense | \$0 | \$0 | \$0 | \$9,190 |
| Total Administrative expenses | \$95,971 | \$93,914 | (\$2,057) | \$234,585 |
| Other expenses - program services (non-FRD) | \$4,218 | \$0 | (\$4,218) | \$0 |
| Total Expenses | \$697,139 | \$784,441 | \$87,302 | \$1,861,848 |
| NET SURPLUS/(DEFICIT) | \$19,894 | (\$146,957) | \$166,851 | (\$143,383) |