



AGENDA
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES
AND
UNIVERSITY BOARD OF TRUSTEES

April 9, 2021

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
REGULAR AGENDA**

April 9, 2021

101 Colcock Hall/Via Teleconference

Members of the Board of Trustees

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

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

Trustees Emeriti

Ms. Margaret M. Addison
Mr. Allan E. Stalvey

Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.

- Item 1. Call to Order Dr. James Lemon
Chairman
- Item 2. Roll Call..... Jane Scutt
Assistant Board Secretary
- Item 3. Date of Next Meeting – May 14, 2021 Jane Scutt
Assistant Board Secretary
- Item 4. Approval of Meeting Minutes of February 12, 2021 Dr. James Lemon
Chairman

Recommendations and Informational Report of the President: Dr. David Cole

- Item 5. General Informational Report of the President Dr. David Cole
President
- Item 6. Other Business Dr. David Cole
President

Authority Operations, Quality and Finance Committee: Dr. Murrell Smith, Chair

- Item 7. MUHA Status Report..... Dr. Patrick Cawley
Chief Executive Officer, MUSC Health
- Item 8. MUHA Financial Report..... Lisa Goodlett
Chief Financial Officer, MUSC Health

- Item 9. Budget Reprioritization Request for Approval..... Lisa Goodlett
Chief Financial Officer, MUSC Health
- Item 10. Quality and Patient Safety Report Dr. Danielle Scheurer
Chief Quality Officer, MUSC Health
- Item 11. Legislative Update..... Mark Sweatman
Chief, Government Relations
- Item 12. MUSC Physicians UpdateDr. Dirk Elston
President, MUSC Physicians
- Item 13. Other Committee BusinessDr. Murrell Smith
Committee Chair

MUHA and MUSC Physical Facilities Committee: Mr. Bill Bingham, Chair

- Item 14. Major Projects Status Report..... Tom Crawford
Chief Operating Officer, MUSC Health
- Item 15. MUHA Facilities Procurements/Projects for Approval Brad Taylor
Chief Facilities Officer, MUSC
- Item 16. MUSC Health Nexton Community Hospital Construction Manager At-Risk for Approval Brad Taylor
Chief Facilities Officer, MUSC
- Item 17. MUSC Facilities Procurements/Projects for Approval Brad Taylor
Chief Facilities Officer, MUSC
- Item 18. MUSC Ehrhardt Street Tunnel Easement for Approval..... Brad Taylor
Chief Facilities Officer, MUSC
- Item 19. MUSC Cannon Street Utility Easement Relocation for Approval Brad Taylor
Chief Facilities Officer, MUSC
- Item 20. College of Health Professions 162 Ashley Avenue Project A/E for Approval Brad Taylor
Chief Facilities Officer, MUSC
- Item 21. Other Committee BusinessBill Bingham
Committee Chair

MUHA and MUSC Audit Committee: Mr. Tom Stephenson, Chair

- Item 22. KPMG Entrance Conference.....Jennifer Hall
Senior Partner, KPMG
- Item 23. Enterprise Compliance Update Kelly Shaw
Chief Compliance Officer, MUHA

- Item 24. Report of the Office of Internal Audit Susan Barnhart
Director, Internal Audit
- Item 25. Other Committee Business Tom Stephenson
Committee Chair

Other Business for the Board of Trustees

- Item 26. Approval of Consent Agenda Dr. James Lemon
Chairman
- Item 27. Executive Session Dr. James Lemon
Chairman

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.

- Item 28. New Business for the Board of Trustees Dr. James Lemon
Chairman
- Item 29. Report from the Chairman Dr. James Lemon
Chairman

MUSC Health - Board
(excluding MUSCP)
Interim Financial Statements
February 28, 2021

Medical University Hospital Authority (MUHA)

Statement of Revenues, Expenses and Changes in Net Assets

Consolidated – All Markets	2
Charleston Market	3 - 4
Florence Market	5 - 6
Lancaster Market	7 - 8

Statements of Net Position

Consolidated – All Markets	10 - 12
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MUHA FASB to GASB Report

Consolidated – All Markets	14
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Note:

1) During March 2020, MUSC Health went into emergency command structure in response to COVID19. MUHA has recognized CARES stimulus funding in FY2020 and FY2021 as non-operating revenue per GASB guidance.

2) In FY2018, the internal financial statement format was changed to a FASB basis report to appropriately match the income stream of state appropriations and expenses incurred in addition to a presentation format that matches HUD and the credit market expectations.

Medical University Hospital Authority - Consolidated

Statement of Revenues, Expenses and Change in Net Position

For the 8 Month Period Ending - February 28, 2021

Modified FASB Basis

	Current Month					Fiscal Year To Date				
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Actual	Flex Budget	Variance	Var %	Fixed Budget
Operating Revenues:										
Inpatient Revenue	401,874,035	393,147,113	8,726,922	2.22%	412,239,329	3,336,214,838	3,237,871,548	98,343,290	3.04%	3,251,654,299
Outpatient Revenue	354,714,165	347,841,802	6,872,363	1.98%	375,550,209	2,734,106,543	2,698,657,158	35,449,385	1.31%	2,905,991,163
Deductions	(607,562,616)	(583,321,117)	(24,241,500)	4.16%	(617,909,988)	(4,826,728,948)	(4,676,503,688)	(150,225,260)	3.21%	(4,838,038,849)
Net Patient Service Revenue	\$ 149,025,584	\$ 157,667,799	\$ (8,642,215)	-5.48%	\$ 169,879,549	\$ 1,243,592,433	\$ 1,260,025,018	\$ (16,432,585)	-1.30%	\$ 1,319,606,614
DSH	4,299,434	4,260,734	38,701	0.91%	4,260,734	34,392,894	34,085,870	307,024	0.90%	34,085,870
Retail Pharmacy Revenue	21,409,404	21,852,008	(442,604)	-2.03%	16,163,205	158,376,277	169,897,866	(11,521,590)	-6.78%	135,552,218
Other Revenue	9,339,267	8,385,533	953,735	11.37%	8,385,533	64,660,487	65,792,699	(1,132,212)	-1.72%	65,792,699
State Appropriations	17,096,916	2,348,754	14,748,162	627.91%	2,348,754	37,267,364	18,790,035	18,477,329	98.34%	18,790,035
Total Operating Revenues	\$ 201,170,605	\$ 194,514,828	\$ 6,655,778	3.42%	\$ 201,037,775	\$ 1,538,289,454	\$ 1,548,591,489	\$ (10,302,034)	-0.67%	\$ 1,573,827,436
Operating Expenses:										
Salaries Wages	\$ 57,168,679	\$ 52,155,455	\$ 5,013,225	9.61%	\$ 51,905,283	\$ 437,673,457	\$ 427,219,356	\$ 10,454,101	2.45%	\$ 428,091,238
Benefits	19,609,423	20,076,739	(467,315)	-2.33%	19,886,792	160,466,079	162,942,169	(2,476,089)	-1.52%	162,818,543
Pension Expense	5,266,206	5,266,206	-	0.00%	5,266,206	42,343,338	42,343,338	-	0.00%	42,343,338
Other Post Employment Benefits	1,629,656	1,629,656	-	0.00%	1,629,656	13,037,255	13,037,255	-	0.00%	13,037,255
Unplanned Pension and Other Post Employment Benefits	8,775,246	-	8,775,246	0.00%	-	17,673,766	-	17,673,766	0.00%	-
Purchased Services	27,847,497	27,810,093	37,404	0.13%	27,785,260	225,838,842	226,707,215	(868,373)	-0.38%	226,647,690
Physician Services	12,233,436	12,159,318	74,118	0.61%	11,284,529	99,004,066	105,018,173	(6,014,106)	-5.73%	101,334,480
Pharmaceuticals	12,032,842	12,100,092	(67,250)	-0.56%	11,930,054	115,640,725	96,489,835	19,150,890	19.85%	93,761,432
Retail Pharmaceuticals	10,178,420	9,153,745	1,024,676	11.19%	6,798,617	76,304,966	66,408,568	9,896,398	14.90%	53,142,590
Medical Supplies	24,285,373	25,223,885	(938,511)	-3.72%	25,711,538	204,023,678	212,572,023	(8,548,345)	-4.02%	215,070,470
COVID Supplies	7,346,640	-	7,346,640	0.00%	-	28,949,937	-	28,949,937	0.00%	-
Other Supplies	5,777,919	3,531,149	2,246,769	63.63%	3,518,124	39,443,669	31,514,564	7,929,105	25.16%	31,711,463
Utilities	1,299,146	2,016,588	(717,442)	-35.58%	2,016,588	14,643,246	16,544,997	(1,901,751)	-11.49%	16,544,997
Insurance	700,007	685,954	14,053	2.05%	685,954	5,319,972	5,053,067	266,904	5.28%	5,053,067
Leases	3,000,417	3,200,001	(199,584)	-6.24%	3,200,001	22,621,744	26,290,209	(3,668,465)	-13.95%	26,290,209
Other	2,141,963	2,252,366	(110,402)	-4.90%	2,252,366	16,991,034	18,339,428	(1,348,394)	-7.35%	18,339,428
Physician Clinic Expense	635,965	1,866,797	(1,230,832)	-65.93%	1,866,797	18,897,228	15,533,518	3,363,710	21.65%	15,533,518
Total Operating Expenses	\$ 199,928,836	\$ 179,128,042	\$ 20,800,794	11.61%	\$ 175,737,765	\$ 1,538,873,003	\$ 1,466,013,715	\$ 72,859,288	4.97%	\$ 1,449,719,719
EBIDA	\$ 1,241,769	\$ 15,386,786	(14,145,017)	-91.93%	\$ 25,300,010	\$ (583,548)	\$ 82,577,774	(83,161,322)	-100.71%	\$ 124,107,717
Depreciation	\$ 9,029,617	\$ 8,994,479	\$ 35,138	0.39%	\$ 8,994,479	\$ 71,641,124	\$ 69,107,297	\$ 2,533,827	3.67%	\$ 69,107,297
Interest	\$ 2,987,897	\$ 3,156,067	\$ (168,169)	-5.33%	\$ 3,156,067	\$ 26,141,373	\$ 26,693,570	\$ (552,197)	-2.07%	\$ 26,693,570
Operating Income (Loss)	\$ (10,775,744)	\$ 3,236,240	(14,011,985)	-432.97%	\$ 13,149,464	\$ (98,366,045)	\$ (13,223,093)	(85,142,952)	643.90%	\$ 28,306,850
Operating Margin	-5.36%	1.66%			6.54%	-6.39%	-0.85%			1.80%
NonOperating Revenues (Expenses):										
Gifts and Grants	\$ 1,612,150	\$ 924,247	\$ 687,904	74.43%	\$ 924,247	\$ 5,821,737	\$ 7,393,975	\$ (1,572,238)	-21.26%	\$ 7,393,975
Investment Income	(1,264,229)	501,960	(1,766,190)	-351.86%	501,960	(885,912)	4,039,720	(4,925,631)	-121.93%	4,039,720
Loss on Disposal of Capital Assets	(1,859)	(52,876)	51,018	-96.49%	(52,876)	(219,163)	(423,009)	203,846	-48.19%	(423,009)
COVID Funding	-	10,000,000	(10,000,000)	-100.00%	10,000,000	107,536,195	15,000,000	92,536,195	616.91%	15,000,000
Other NonOperating Expenses	(69)	1,722	(1,791)	-104.01%	1,722	(971)	13,772	(14,743)	-107.05%	13,772
Debt Issuance Costs	-	-	-	0.00%	-	(16,002)	-	(16,002)	0.00%	-
Total NonOperating Revenues (Expenses)	\$ 345,993	\$ 11,375,053	\$ (11,029,059)	-96.96%	\$ 11,375,053	\$ 112,235,884	\$ 26,024,458	\$ 86,211,426	331.27%	\$ 26,024,458
Income (Loss) Before NonOperating Payments to MUSC Affiliates	\$ (10,429,751)	\$ 14,611,293	(25,041,044)	-171.38%	\$ 24,524,517	\$ 13,869,839	\$ 12,801,365	\$ 1,068,473	8.35%	\$ 54,331,308
Non Operating Payments to MUSC Affiliates	-	(7,007,974)	7,007,974	-100.00%	(11,137,018)	-	(5,601,979)	5,601,979	-100.00%	(23,362,798)
Change in Net Position	\$ (10,429,751)	\$ 7,603,319	(18,033,069)	-237.17%	\$ 13,387,499	\$ 13,869,839	\$ 7,199,387	\$ 6,670,452	92.65%	\$ 30,968,510
Total Margin	-5.18%	3.91%			6.66%	0.90%	0.46%			1.97%

Unaudited - For Management Use

Medical University Hospital Authority - Charleston Market

Statement of Revenues, Expenses and Change in Net Position

For the 8 Month Period Ending - February 28, 2021

Modified FASB Basis

	Current Month					Fiscal Year To Date				
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Actual	Flex Budget	Variance	Var %	Fixed Budget
Operating Revenues:										
Net Patient Service Revenue	\$ 117,654,501	\$ 129,160,726	\$ (11,506,225)	-8.91%	\$ 138,638,392	\$ 1,004,137,115	\$ 1,027,450,613	\$ (23,313,498)	-2.27%	\$ 1,071,392,642
DSH	3,327,496	3,327,496	-	0.00%	3,327,496	26,619,967	26,619,967	-	0.00%	26,619,967
Retail Pharmacy Revenue	21,409,404	21,852,008	(442,604)	-2.03%	16,163,205	158,376,277	169,897,866	(11,521,590)	-6.78%	135,552,218
Other Revenue	7,440,702	6,737,556	703,146	10.44%	6,737,556	55,202,386	52,949,219	2,253,167	4.26%	52,949,219
State Appropriations	9,083,315	2,348,754	6,734,560	286.73%	2,348,754	25,087,095	18,790,035	6,297,060	33.51%	18,790,035
Total Operating Revenues	\$ 158,915,418	\$ 163,426,541	\$ (4,511,124)	-2.76%	\$ 167,215,404	\$ 1,269,422,839	\$ 1,295,707,700	\$ (26,284,861)	-2.03%	\$ 1,305,304,081
Operating Expenses:										
Salaries Wages	\$ 45,585,926	\$ 42,537,374	\$ 3,048,552	7.17%	\$ 41,641,113	\$ 348,939,874	\$ 346,702,478	\$ 2,237,396	0.65%	\$ 343,495,837
Benefits	15,650,186	16,289,306	(639,120)	-3.92%	15,864,689	128,306,700	131,789,901	(3,483,201)	-2.64%	130,121,546
Pension Expense	4,426,667	4,426,667	-	0.00%	4,426,667	35,413,333	35,413,333	-	0.00%	35,413,333
Other Post Employment Benefits	1,358,333	1,358,333	-	0.00%	1,358,333	10,866,667	10,866,667	-	0.00%	10,866,667
Unplanned Pension and Other Post Employment Benefits	5,850,277	-	5,850,277	0.00%	-	11,850,346	-	11,850,346	0.00%	-
Purchased Services	23,928,977	24,056,035	(127,058)	-0.53%	24,026,281	195,519,359	196,552,502	(1,033,144)	-0.53%	196,461,397
Physician Services	10,628,323	11,110,580	(482,257)	-4.34%	10,186,656	85,532,522	94,441,794	(8,909,272)	-9.43%	89,355,077
Pharmaceuticals	10,899,417	10,651,974	247,444	2.32%	10,225,965	101,879,311	84,374,780	17,504,531	20.75%	79,911,495
Retail Pharmaceuticals	10,178,420	9,153,745	1,024,676	11.19%	6,798,617	76,304,966	66,408,568	9,896,398	14.90%	53,142,590
Medical Supplies	20,565,962	21,596,829	(1,030,868)	-4.77%	22,071,103	173,902,579	185,562,591	(11,660,012)	-6.28%	187,234,231
COVID Supplies	7,151,749	-	7,151,749	0.00%	-	27,381,660	-	27,381,660	0.00%	-
Other Supplies	4,948,138	2,742,214	2,205,923	80.44%	2,692,425	33,525,495	25,076,651	8,448,844	33.69%	24,937,870
Utilities	877,382	1,536,604	(659,222)	-42.90%	1,536,604	10,499,187	12,280,903	(1,781,717)	-14.51%	12,280,903
Insurance	530,350	498,137	32,213	6.47%	498,137	4,115,143	3,552,116	563,027	15.85%	3,552,116
Leases	2,280,614	2,660,748	(380,133)	-14.29%	2,660,748	18,357,883	21,957,865	(3,599,982)	-16.39%	21,957,865
Other	1,321,134	1,391,226	(70,092)	-5.04%	1,391,226	10,592,130	11,413,149	(821,018)	-7.19%	11,413,149
Total Operating Expenses	\$ 166,181,854	\$ 150,009,771	\$ 16,172,084	10.78%	\$ 145,378,562	\$ 1,272,987,155	\$ 1,226,393,299	\$ 46,593,857	3.80%	\$ 1,200,144,076
EBIDA	\$ (7,266,437)	\$ 13,416,771	\$ (20,683,207)	-154.16%	\$ 21,836,842	\$ (3,564,316)	\$ 69,314,401	\$ (72,878,717)	-105.14%	\$ 105,160,005
Depreciation	\$ 7,837,494	\$ 8,190,678	\$ (353,184)	-4.31%	\$ 8,190,678	\$ 62,429,601	\$ 63,069,737	\$ (640,136)	-1.01%	\$ 63,069,737
Interest	\$ 2,404,158	\$ 2,550,222	\$ (146,064)	-5.73%	\$ 2,550,222	\$ 20,660,135	\$ 20,785,373	\$ (125,238)	-0.60%	\$ 20,785,373
Operating Income (Loss)	\$ (17,508,088)	\$ 2,675,870	\$ (20,183,958)	-754.30%	\$ 11,095,941	\$ (86,654,052)	\$ (14,540,708)	\$ (72,113,343)	495.94%	\$ 21,304,895
Operating Margin	-11.02%	1.64%			6.64%	-6.83%	-1.12%			1.63%
NonOperating Revenues (Expenses):										
Gifts and Grants	\$ 1,464,762	\$ 924,247	\$ 540,516	58.48%	\$ 924,247	\$ 5,351,494	\$ 7,393,975	\$ (2,042,480)	-27.62%	\$ 7,393,975
Investment Income	(1,265,301)	468,708	(1,734,009)	-369.96%	468,708	(896,456)	3,773,700	(4,670,156)	-123.76%	3,773,700
Loss on Disposal of Capital Assets	(1,859)	(52,876)	51,018	-96.49%	(52,876)	(219,163)	(423,009)	203,846	-48.19%	(423,009)
COVID Funding	-	10,000,000	(10,000,000)	-100.00%	10,000,000	80,765,109	15,000,000	65,765,109	438.43%	15,000,000
Other NonOperating Expenses	-	-	-	0.00%	-	-	-	-	0.00%	-
Debt Issuance Costs	-	-	-	0.00%	-	-	-	-	0.00%	-
Total NonOperating Revenues (Expenses)	\$ 197,603	\$ 11,340,079	\$ (11,142,475)	-98.26%	\$ 11,340,079	\$ 85,000,985	\$ 25,744,666	\$ 59,256,318	230.17%	\$ 25,744,666
Income (Loss) Before NonOperating Payments to MUSC Affiliates	(17,310,485)	14,015,949	(31,326,434)	-223.51%	22,436,020	(1,653,067)	11,203,958	(12,857,025)	-114.75%	47,049,562
Non Operating Payments to MUSC Affiliates	-	(7,007,974)	7,007,974	-100.00%	(11,137,018)	-	(5,601,979)	5,601,979	-100.00%	(23,362,798)
Change in Net Position	\$ (17,310,485)	\$ 7,007,974	\$ (24,318,459)	-347.01%	\$ 11,299,002	\$ (1,653,067)	\$ 5,601,979	\$ (7,255,046)	-129.51%	\$ 23,686,764
Total Margin	-10.89%	4.29%			6.76%	-0.13%	0.43%			1.81%

Unaudited - For Management Use

Medical University Hospital Authority – Charleston Market

Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD February 28, 2021 (Unaudited)

Actuals Compared to Fixed Budget

Revenue Explanation: February year-to-date adjusted discharges were below budget by 4.1%. Inpatient surgeries, outpatient surgeries, transplant procedures, and Case Mix Index were over (under) budget by (4.2%), (8.5%), 26.8%, and 9.5%, respectively. Retail pharmacy revenues are favorable by \$22.8M. Other Revenues are above budget mainly due to \$1.8M in State Appropriations for Ebola research and \$1.4M in 340B revenue. Charity care and bad debt expenses were \$16.3M favorable to budget.

State Appropriations is over budget due to an accrual of \$6.1M related to \$45M in COVID Vaccine funding received 03/01/2021. The Nursing Incentive payments are recognized based on actual expenditures incurred. For February, Charleston incurred \$0.7M in incentive payments.

Expense Explanation: FTE per Adjusted Occupied Bed – Case Mix Adjusted was favorable to budget by 16.9%, which equates to 636 FTEs less or \$43.7M. The salary rate variance is negatively impacted by \$47.3M due to COVID, agency utilization, overtime, and nursing incentive pay.

Unfunded pension expense is over budget \$11.9M for the year. Based on the most recent PEBA report, the estimated FY21 impact for Charleston is \$51M over the budget year-to-date. The overall increase was driven by the investment income structure and the rise in the number of members participating in the plan.

Medical Supplies and Other Supplies, not explained by volume, were \$11.7M under budget year-to-date.

Pharmaceuticals, not explained by volume, are over budget by \$19.6M for the year. Retail pharmacy revenues, net of expenses, were unfavorable by \$0.3M on a year-to-date basis.

Physician Services were over budget \$0.4M for the month mainly due to the timing of expenses related to the College of Medicine and under budget \$3.8M on a year-to-date basis.

Insurance is over-budget year-to-date by \$0.6M, while Leases and Other were favorable by \$4.4M mainly due to leased properties at Rutledge Tower and Parkshore and employee travel expenses being lower than budgeted.

Medical University Hospital Authority - Florence Market

Statement of Revenues, Expenses and Change in Net Position

For the 8 Month Period Ending - February 28, 2021

Modified FASB Basis

	Current Month					Fiscal Year To Date				
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Actual	Flex Budget	Variance	Var %	Fixed Budget
Operating Revenues:										
Net Patient Service Revenue	\$ 21,810,620	\$ 18,526,441	\$ 3,284,179	17.73%	\$ 21,555,410	\$ 167,086,157	\$ 157,487,752	\$ 9,598,405	6.09%	\$ 166,514,654
DSH	567,583	536,009	31,574	5.89%	536,009	4,582,368	4,288,071	294,296	6.86%	4,288,071
Other Revenue	710,433	913,290	(202,857)	-22.21%	913,290	4,083,076	7,306,316	(3,223,240)	-44.12%	7,306,316
State Appropriations	7,411,258	-	7,411,258	0.00%	-	11,577,925	-	11,577,925	0.00%	-
Total Operating Revenues	\$ 30,499,894	\$ 19,975,740	\$ 10,524,154	52.68%	\$ 23,004,708	\$ 187,329,525	\$ 169,082,139	\$ 18,247,386	10.79%	\$ 178,109,042
Operating Expenses:										
Salaries Wages	\$ 7,706,849	\$ 6,127,204	\$ 1,579,645	25.78%	\$ 6,709,799	\$ 58,840,018	\$ 52,277,167	\$ 6,562,851	12.55%	\$ 54,544,108
Benefits	2,608,613	2,400,953	207,659	8.65%	2,617,544	21,197,832	20,093,153	1,104,679	5.50%	20,978,816
Pension Expense	520,000	520,000	-	0.00%	520,000	4,160,000	4,160,000	-	0.00%	4,160,000
Other Post Employment Benefits	162,823	162,823	-	0.00%	162,823	1,302,588	1,302,588	-	0.00%	1,302,588
Unplanned Pension and Other Post Employment Benefits	1,768,957	-	1,768,957	0.00%	-	3,537,915	-	3,537,915	0.00%	-
Purchased Services	2,296,410	2,591,898	(295,488)	-11.40%	2,596,823	19,159,048	20,865,559	(1,706,510)	-8.18%	20,896,766
Physician Services	837,298	735,418	101,880	13.85%	864,571	6,955,351	6,235,884	719,467	11.54%	6,957,454
Pharmaceuticals	726,171	1,215,129	(488,957)	-40.24%	1,472,293	11,105,667	10,310,868	794,799	7.71%	11,888,461
Medical Supplies	2,415,380	2,037,546	377,834	18.54%	2,316,621	21,470,976	18,015,449	3,455,527	19.18%	18,702,574
COVID Supplies	79,901	-	79,901	0.00%	-	1,141,692	-	1,141,692	0.00%	-
Other Supplies	647,268	632,616	14,652	2.32%	668,655	4,850,680	5,170,022	(319,342)	-6.18%	5,388,756
Utilities	246,470	294,226	(47,756)	-16.23%	294,226	2,580,991	2,778,028	(197,037)	-7.09%	2,778,028
Insurance	118,850	97,126	21,724	22.37%	97,126	819,191	775,427	43,764	5.64%	775,427
Leases	499,998	316,826	183,172	57.81%	316,826	2,732,753	2,554,181	178,572	6.99%	2,554,181
Other	576,163	581,040	(4,877)	-0.84%	581,040	4,501,084	4,685,483	(184,399)	-3.94%	4,685,483
Physician Clinic Expense	(217,818)	1,331,450	(1,549,268)	-116.36%	1,331,450	11,784,826	11,250,745	534,081	4.75%	11,250,745
Total Operating Expenses	\$ 20,993,333	\$ 19,044,255	\$ 1,949,079	10.23%	\$ 20,549,796	\$ 176,140,610	\$ 160,474,553	\$ 15,666,057	9.76%	\$ 166,863,386
EBIDA	\$ 9,506,560	\$ 931,485	\$ 8,575,075	920.58%	\$ 2,454,912	\$ 11,188,915	\$ 8,607,586	\$ 2,581,328	29.99%	\$ 11,245,655
Depreciation	\$ 676,524	\$ 503,690	\$ 172,835	34.31%	\$ 503,690	\$ 5,569,855	\$ 3,636,671	\$ 1,933,184	53.16%	\$ 3,636,671
Interest	\$ 442,143	\$ 453,241	\$ (11,098)	-2.45%	\$ 453,241	\$ 4,093,175	\$ 4,297,049	\$ (203,874)	-4.74%	\$ 4,297,049
Operating Income (Loss)	\$ 8,387,893	\$ (25,445)	\$ 8,413,338	-33064.30%	\$ 1,497,981	\$ 1,525,885	\$ 673,866	\$ 852,018	126.44%	\$ 3,311,935
Operating Margin	27.50%	-0.13%			6.51%	0.81%	0.40%			1.86%
NonOperating Revenues (Expenses):										
Gifts and Grants	\$ 99,242	\$ -	\$ 99,242	0.00%	\$ -	\$ 373,950	\$ -	\$ 373,950	0.00%	\$ -
Investment Income	772	-	772	0.00%	-	7,595	-	7,595	0.00%	-
Loss on Disposal of Capital Assets	-	-	-	0.00%	-	-	-	-	0.00%	-
COVID Funding	-	-	-	0.00%	-	11,018,392	-	11,018,392	0.00%	-
Other NonOperating Expenses	-	-	-	0.00%	-	-	-	-	0.00%	-
Debt Issuance Costs	-	-	-	0.00%	-	-	-	-	0.00%	-
Total NonOperating Revenues (Expenses)	\$ 100,014	\$ -	\$ 100,014	0.00%	\$ -	\$ 11,399,937	\$ -	\$ 11,399,937	0.00%	\$ -
Income (Loss) Before NonOperating Payments to MUSC Affiliates	8,487,906	(25,445)	8,513,352	-33457.35%	1,497,981	12,925,822	673,866	12,251,955	1818.16%	3,311,935
Non Operating Payments to MUSC Affiliates	-	-	-	0.00%	-	-	-	-	0.00%	-
Change in Net Position	\$ 8,487,906	\$ (25,445)	\$ 8,513,352	-33457.35%	\$ 1,497,981	\$ 12,925,822	\$ 673,866	\$ 12,251,955	1818.16%	\$ 3,311,935
Total Margin	27.83%	-0.13%			6.51%	6.90%	0.40%			1.86%

Unaudited - For Management Use

Medical University Hospital Authority – Florence Market

Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD February 28, 2021 (Unaudited)

Actuals Compared to Fixed Budget

Revenue Explanation: February year-to-date net patient service revenues were favorable to budget by 0.34% driven by a higher acute patient population. Discharges were unfavorable by 655, Inpatient Surgeries were unfavorable by 428, and Outpatient Surgeries were unfavorable by 1,327. Other revenues were favorable to budget by \$8.4M, primarily driven by State Appropriation funds to build the new Williamsburg Medical Center currently under construction, as well as COVID vaccination funding and state legislature-approved nurse recruitment and retention funding.

Expense Explanation: FTE per Adjusted Occupied Bed –Case Mix Index Adjusted was unfavorable due to COVID, agency utilization, overtime, and nursing incentive pay. FTEs for the Florence and Marion hospitals were below budget on a year-to-date basis.

Benefits were higher than expected in correlation with higher salary expense.

Unplanned pension expense was over budget \$3.5M year to date. Based on the most recent PEBA report, the estimated FY21 impact for the Florence market was \$10.4M over the budget. The overall increase was driven by the investment income structure and the rise in the number of members participating in the plan.

Pharmaceuticals were \$0.8M favorable, primarily due to the reduced volume in the 340B program. Year-to-date 340B program savings for the hospital-based Oncology department were \$0.9M.

Medical and Other supplies were \$3.4M unfavorable year to date due to COVID supplies of \$1.1M, with the remaining balance due to off-contract purchases.

Physician clinic expenses from MUSCP were unfavorable to budget by \$0.5M due to unfavorable Pediatric volumes (COVID related) and an increase in locums coverage for Oncology due to an unexpected physician resignation.

Purchased Services expenses were favorable to budget by \$1.7M year-to-date. Multiple outpatient departments were favorable \$1.1M due to lower volumes as a result of COVID.

Other expenses were favorable by \$0.2M.

Medical University Hospital Authority - Lancaster Market (including Edgewater Surgery Center)

Statement of Revenues, Expenses and Change in Net Position

For the 8 Month Period Ending - February 28, 2021

Modified FASB Basis

	Current Month					Fiscal Year To Date				
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Actual	Flex Budget	Variance	Var %	Fixed Budget
Operating Revenues:										
Net Patient Service Revenue	\$ 9,560,462	\$ 9,980,631	\$ (420,169)	-4.21%	\$ 9,685,747	\$ 72,369,161	\$ 75,086,654	\$ (2,717,493)	-3.62%	\$ 81,699,318
DSH	404,356	397,229	7,127	1.79%	397,229	3,190,560	3,177,832	12,728	0.40%	3,177,832
Other Revenue	1,188,132	734,687	453,445	61.72%	734,687	5,375,025	5,537,164	(162,139)	-2.93%	5,537,164
State Appropriations	602,344	-	602,344	0.00%	-	602,344	-	602,344	0.00%	-
Total Operating Revenues	\$ 11,755,294	\$ 11,112,547	\$ 642,747	5.78%	\$ 10,817,663	\$ 81,537,090	\$ 83,801,649	\$ (2,264,560)	-2.70%	\$ 90,414,313
Operating Expenses:										
Salaries Wages	\$ 3,875,905	\$ 3,490,877	\$ 385,028	11.03%	\$ 3,554,371	\$ 29,893,566	\$ 28,239,711	\$ 1,653,855	5.86%	\$ 30,051,293
Benefits	1,350,625	1,386,479	(35,854)	-2.59%	1,404,560	10,961,547	11,059,115	(97,568)	-0.88%	11,718,181
Pension Expense	319,539	319,539	-	0.00%	319,539	2,770,005	2,770,005	-	0.00%	2,770,005
Other Post Employment Benefits	108,500	108,500	-	0.00%	108,500	868,000	868,000	-	0.00%	868,000
Unplanned Pension and Other Post Employment Benefits	1,156,012	-	1,156,012	0.00%	-	2,285,505	-	2,285,505	0.00%	-
Purchased Services	1,622,110	1,162,161	459,949	39.58%	1,162,156	11,160,435	9,289,154	1,871,281	20.14%	9,289,527
Physician Services	767,815	313,319	454,495	145.06%	233,302	6,516,193	4,340,495	2,175,699	50.13%	5,021,950
Pharmaceuticals	407,253	232,990	174,263	74.79%	231,797	2,655,747	1,804,187	851,560	47.20%	1,961,477
Medical Supplies	1,304,032	1,589,509	(285,477)	-17.96%	1,323,815	8,650,123	8,993,983	(343,860)	-3.82%	9,133,666
COVID Supplies	114,990	-	114,990	0.00%	-	426,585	-	426,585	0.00%	-
Other Supplies	182,513	156,320	26,193	16.76%	157,043	1,067,494	1,267,891	(200,397)	-15.81%	1,384,837
Utilities	175,295	185,758	(10,463)	-5.63%	185,758	1,563,068	1,486,066	77,003	5.18%	1,486,066
Insurance	50,807	90,691	(39,884)	-43.98%	90,691	385,638	725,525	(339,887)	-46.85%	725,525
Leases	219,805	222,428	(2,623)	-1.18%	222,428	1,531,108	1,778,162	(247,054)	-13.89%	1,778,162
Other	244,666	280,099	(35,433)	-12.65%	280,099	1,897,819	2,240,796	(342,976)	-15.31%	2,240,796
Physician Clinic Expense	853,782	535,347	318,436	59.48%	535,347	7,112,402	4,282,773	2,829,629	66.07%	4,282,773
Total Operating Expenses	\$ 12,753,648	\$ 10,074,016	\$ 2,679,632	26.60%	\$ 9,809,406	\$ 89,745,237	\$ 79,145,863	\$ 10,599,374	13.39%	\$ 82,712,257
EBIDA	\$ (998,354)	\$ 1,038,530	\$ (2,036,885)	-196.13%	\$ 1,008,257	\$ (8,208,147)	\$ 4,655,786	\$ (12,863,934)	-276.30%	\$ 7,702,056
Depreciation	\$ 515,598	\$ 300,111	\$ 215,487	71.80%	\$ 300,111	\$ 3,641,668	\$ 2,400,889	\$ 1,240,779	51.68%	\$ 2,400,889
Interest	\$ 141,597	\$ 152,604	\$ (11,007)	-7.21%	\$ 152,604	\$ 1,388,063	\$ 1,611,148	\$ (223,085)	-13.85%	\$ 1,611,148
Operating Income (Loss)	\$ (1,655,549)	\$ 585,816	\$ (2,241,365)	-382.61%	\$ 555,542	\$ (13,237,878)	\$ 643,749	\$ (13,881,627)	-2156.37%	\$ 3,690,019
Operating Margin	-14.08%	5.27%			5.14%	-16.24%	0.77%			4.08%
NonOperating Revenues (Expenses):										
Gifts and Grants	\$ 48,146	\$ -	\$ 48,146	0.00%	\$ -	\$ 96,292	\$ -	\$ 96,292	0.00%	\$ -
Investment Income	300	33,252	(32,953)	-99.10%	33,252	2,949	266,020	(263,070)	-98.89%	266,020
Loss on Disposal of Capital Assets	-	-	-	0.00%	-	-	-	-	0.00%	-
COVID Funding	-	-	-	0.00%	-	15,752,694	-	15,752,694	0.00%	-
Other NonOperating Expenses	(69)	1,722	(1,791)	-104.01%	1,722	(971)	13,772	(14,743)	-107.05%	13,772
Debt Issuance Costs	-	-	-	0.00%	-	(16,002)	-	(16,002)	0.00%	-
Total NonOperating Revenues (Expenses)	\$ 48,377	\$ 34,974	\$ 13,403	38.32%	\$ 34,974	\$ 15,834,962	\$ 279,792	\$ 15,555,170	5559.55%	\$ 279,792
Income (Loss) Before NonOperating Payments to MUSC Affiliates	(1,607,173)	620,789	(2,227,962)	-358.89%	590,516	2,597,084	923,541	1,673,543	181.21%	3,969,811
Non Operating Payments to MUSC Affiliates	-	-	-	0.00%	-	-	-	-	0.00%	-
Change in Net Position	\$ (1,607,173)	\$ 620,789	\$ (2,227,962)	-358.89%	\$ 590,516	\$ 2,597,084	\$ 923,541	\$ 1,673,543	181.21%	\$ 3,969,811
Total Margin	-13.67%	5.59%			5.46%	3.19%	1.10%			4.39%

Unaudited - For Management Use

Medical University Hospital Authority – Lancaster Market (including Edgewater Surgery Center)
Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD February 28, 2021 (Unaudited)
Actuals Compared to Fixed Budget

Revenue Explanation: February year-to-date net patient revenues were unfavorable by 11.4%. Adjusted discharges were unfavorable to budget by 24.7%. Inpatient surgeries and outpatient surgeries were unfavorable to budget by 12.7% and 24.0%, respectively. Other Revenues were favorable \$0.5M, primarily driven by revenues from the Ambulatory Surgery Center, COVID vaccination funding and state legislature-approved nurse recruitment and retention funding.

Expense Explanation: FTE per Adjusted Occupied Bed – Case Mix Index Adjusted was favorable by \$3.4M, due to increased Case Mix Index. There was an unfavorable impact due to COVID, agency utilization, overtime, and nursing incentive pay. Benefits were favorable \$0.8M to budget.

Unplanned pension expense was over budget \$2.3M. Based on the most recent PEBA report, the estimated FY21 impact for the Lancaster market was \$6.5M over the budget. The overall increase was driven by the investment income structure and the rise in the number of members participating in the plan.

Medical and other supplies were favorable by \$0.4M mainly due to volume declines. Unplanned COVID supplies were unfavorable by \$0.4M.

Pharmaceuticals supplies were unfavorable by \$0.7M, due to inpatient COVID supply costs.

Physician Services were unfavorable \$4.3M, mainly due to the unfavorable physician clinic expense, emergency department and hospitalist subsidies, and the Rural Health Clinics incorporated into the Lancaster market beginning January 2021.

Purchased services were unfavorable by \$1.9M mainly due to repairs, IT maintenance contracts and increased security costs. Utilities, Insurance, Leases and Other expenses were favorable by \$0.9M.

Statement of Net Position

Medical University Hospital Authority - Consolidated

Statements of Net Position

February 28, 2021 and June 30, 2020

Assets and Deferred Outflows	At 2/28/2021 (unaudited)	At 6/30/2020 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 312,199,382	\$ 344,995,313
Cash Restricted for Capital Projects and Major Programs	44,190,421	13,040,756
Cash Restricted for COVID-19 Stimulus Funding	245,157	10,470,416
Investments Unrestricted	215,881,329	59,624,988
Investments Restricted for Capital Projects and Major Programs	47,301,491	42,347,752
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$191,000,000 and \$119,700,000	315,940,118	298,277,631
Due from Related Parties	-	8,000,106
Due from Third-Party Payors	10,025,488	19,959,892
Due from Joint Ventures and Partnerships	1,026,551	4,354,770
Other Current Assets	209,783,549	162,509,050
Total Current Assets	\$ 1,156,593,486	\$ 963,580,674
Investments Held by Trustees Under Indenture Agreements	\$ 58,541,187	\$ 58,342,530
Investments in Joint Ventures and Partnerships	1,356,791	1,356,791
Other Non-Current Assets	14,760,789	6,121,667
Capital Assets, Net	963,338,299	994,261,635
Total Assets	\$ 2,194,590,552	\$ 2,023,663,297
Deferred Outflows	\$ 330,013,217	\$ 252,963,949
Total Assets and Deferred Outflows	\$ 2,524,603,769	\$ 2,276,627,246
Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 31,934,017	\$ 31,261,596
Current Installments of Capital Lease Obligations	7,447,981	6,610,403
Current Installments of Notes Payable	2,886,361	1,509,249
Short-Term Debt	-	120,000,000
Due to Related Parties	1,876,785	-
Accounts Payable	114,937,649	107,412,453
Accrued Payroll, Withholdings and Benefits	109,193,674	90,658,686
Due to Third-Party Payors	1,475,726	-
Other Accrued Expenses	30,350,313	52,801,078
Unearned Revenue	219,600,448	2,947,134
Total Current Liabilities	\$ 519,702,954	\$ 413,200,599
Long-Term Debt	\$ 711,357,806	\$ 732,641,115
Capital Lease Obligations	73,183,860	68,756,709
Notes Payable	1,957,492	2,732,070
Net Pension Liability	962,294,874	824,346,380
Net OPEB Liability	757,339,579	744,302,324
Total Liabilities	\$ 3,025,836,565	\$ 2,785,979,197
Deferred Inflows	\$ 76,239,289	\$ 76,874,234
Total Liabilities and Deferred Inflows	\$ 3,102,075,854	\$ 2,862,853,431
Net Position:		
Net Investment in Capital Assets	\$ 143,825,068	\$ 155,273,592
Restricted:		
Under Indenture Agreements	58,541,187	58,342,530
Expendable for:		
Capital Projects	55,363,751	9,239,695
Major Programs	35,084,361	29,974,897
COVID-19 Stimulus Funding	245,157	10,470,416
Unrestricted (deficit)	(870,531,609)	(849,527,315)
Total Net Position	\$ (577,472,085)	\$ (586,226,185)
Total Liabilities, Deferred Inflows and Net Position	\$ 2,524,603,769	\$ 2,276,627,246

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 02/28/21 (Unaudited) and 06/30/2020 (Audited)

Cash and Cash Equivalents

Unrestricted cash and cash equivalents decreased by \$32,795,931 from June 30, 2020. Significant FY21 events increasing cash include \$74.7M received Federal CARES funding, \$21.5M in SC CARES funding, \$19.1M in SC At-Risk testing funding, \$29M in appropriation for Williamsburg Hospital \$10.3M received in TeleHealth and Adult Burn state appropriations, \$4.8M received in Health Innovation funds from the State of SC, \$3.8M received in bank escrow refund, \$120M payment in revenue anticipation notes ("RAN"), \$20M McKesson deposit for prepaids, \$15.9M in payments to MUSC affiliates, \$14.3M payment in prepaid rent for Summey Pavilion, \$10M for Indian Land purchase and \$6M retainage paid to SJCH.

Net Accounts Receivable

Net patient accounts receivable increased \$17.7M from June 30, 2020. Net accounts receivable days in February 2021 totaled 52 number days.

Other Current Assets

Other current assets increased \$47.3M from June 30, 2020, mainly due to \$26M increase in inventory, and \$15.5M increase in prepaids.

	2/28/2021
	<u>Balance</u>
Accounts Receivable	\$ 39,169,801
Inventory	101,642,373
Blue Cross Prepay	4,633,871
Dental Prepay	108,757
Workers' Comp Prepay	4,793,417
Other Prepayments	<u>59,435,330</u>
	209,783,549

Accounts Payable

Accounts Payable increased by \$7.5M from June 30, 2020, mainly due to a increase in monthly accruals.

Other Accrued Expenses

Other Accrued Expenses decreased \$22.5M from June 30, 2020, which is reflective of activity in the Commerce E-Pay Program, a decrease in monthly accruals and a \$15.9M payment to MUSC Affiliates.

Unearned Revenue

Unearned revenue increased \$216.7M from June 30, 2020, due to the receipt of Advanced Medicare funding and increase in deferred revenues related to Telehealth, DSH funds and Nursing Incentive pay .

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 02/28/21 (Unaudited) and 06/30/2020 (Audited) cont'd

Long Term Debt

As of February 2021, Current Installments of Long-Term Debt relates to HUD debt for ART, SJCH and the Central Energy Plant. Current Installments of Notes Payable relate to the note payable for the Sabin St. energy plant. A table of outstanding balances by major issuance is listed below:

	<u>2/28/2021</u>
CEP	\$ 32,168,556
ART	242,803,157
SJCH	303,655,935
Edgewater	6,364,961
Nexton and CSC	35,225,672
Sabin Street	3,493,269
Lease Buy-Outs	1,350,584
Capital Leases	80,631,841
RHN Debt	<u>123,073,542</u>
	\$ 828,767,517

Pension and Other Post Employment Benefit (OPEB) Liabilities

As of February 28, 2021, the net pension liability increased by \$137.9M from June 30, 2020.

As of February 28, 2021, the net other post-employment benefit liability increased \$13M from June 30, 2020.

**Crosswalk of Financial Accounting Standards Board (FASB)
Income Statement Presentation to Government Accounting
Standards Board (GASB)**

Medical University Hospital Authority - Consolidated
Statement of Revenues, Expenses and Change in Net Position
For the 8 Month Period Ending February 28, 2021
Modified FASB Basis

Crosswalk from FASB to GASB

	FASB			GASB			
	Actual	Fiscal Year To Date Budget	Variance	Actual	Fiscal Year To Date Budget	Variance	
Operating Revenues:				Operating Revenues:			
Net Patient Service Revenues	\$ 1,243,592,433	\$ 1,319,606,614	-5.76%	Net Patient Service Revenues	\$ 1,243,592,433	\$ 1,319,606,614	-5.76%
Other Revenues - DHS Revenue	34,392,894	34,085,870	0.90%	Other Revenues - DSH Revenue	34,392,894	34,085,870	0.90%
Retail Pharmacy Revenue	158,376,277	135,552,218	16.84%	Retail Pharmacy Revenue	158,376,277	135,552,218	16.84%
Other Revenues	64,660,487	65,792,699	-1.72%	Other Revenues	64,660,487	65,792,699	-1.72%
State Appropriations	37,267,364	18,790,035	98.34%				
Total Operating Revenues	1,538,289,455	1,573,827,436	-2.26%	Total Operating Revenues	1,501,022,091	1,555,037,401	-3.47%
Operating Expenses:				Operating Expenses:			
Salaries Wages	437,673,457	428,091,238	2.24%	Salaries Wages	437,673,457	428,091,238	2.24%
Benefits	160,466,079	162,818,543	-1.44%	Benefits	160,466,079	162,818,543	-1.44%
Pension Expense	42,343,338	42,343,338	0.00%	Pension Expense	42,343,338	42,343,338	0.00%
Other Post Employment Benefits	13,037,255	13,037,255	0.00%	Other Post Employment Benefits	13,037,255	13,037,255	0.00%
Unplanned Pension and Other Post Employment Benefits	17,673,766	-	100%	Unplanned Pension and Other Post Employment Benefit	17,673,766	-	100%
Purchased Services	225,838,841	226,647,690	-0.36%	Purchased Services	225,838,841	226,647,690	-0.36%
Physician Services	99,004,066	101,334,480	-2.30%	Physician Services	99,004,066	101,334,480	-2.30%
Pharmaceuticals	115,640,725	93,761,432	23.34%	Pharmaceuticals	115,640,725	93,761,432	23.34%
Retail Pharmaceuticals	76,304,966	53,142,590	43.59%	Retail Pharmaceuticals	76,304,966	53,142,590	43.59%
Medical Supplies	204,023,678	215,070,470	-5.14%	Medical Supplies	204,023,678	215,070,470	-5.14%
COVID-19 Supplies	28,949,937	-	100.00%	COVID-19 Supplies	28,949,937	-	100.00%
Other Supplies	39,443,669	31,711,463	24.38%	Other Supplies	39,059,263	31,711,463	23.17%
Utilities	14,643,246	16,544,997	-11.49%	Utilities	14,643,246	16,544,997	-11.49%
Insurance	5,319,972	5,053,067	5.28%	Insurance	5,319,972	5,053,067	5.28%
Leases	22,621,744	26,290,209	-13.95%	Leases	22,621,744	26,290,209	-13.95%
Other	16,991,034	18,339,428	-7.35%	Other	16,991,034	18,339,428	-7.35%
Physician Clinic Expense	18,897,228	15,533,518	21.65%	Physician Clinic Expense	18,897,228	15,533,518	21.65%
Total Operating Expenses	1,538,873,003	1,449,719,719	6.15%	Total Operating Expenses	1,538,488,597	1,449,719,717	6.12%
EBIDA	(583,548)	124,107,717	-100.47%	EBIDA	(37,466,506)	105,317,684	-135.57%
Depreciation	71,641,124	69,107,297	3.67%	Depreciation	71,641,124	69,107,297	3.67%
Interest Expense	26,141,373	26,693,570	-2.07%				
Operating Income (Loss)	(98,366,045)	28,306,850	-447.50%	Operating Income (Loss)	(109,107,630)	36,210,387	-401.32%
Operating Margin	-6.39%	1.80%	-455.53%	Operating Margin	-7.27%	2.33%	-412.16%
NonOperating Revenues (Expenses):				NonOperating Revenues (Expenses):			
Gifts and Grants	5,821,737	7,393,975	-21.26%	Gifts and Grants	5,821,737	7,393,975	-21.26%
Investment Income	(885,912)	4,039,720	-121.93%	Investment Income	(885,912)	4,039,720	-121.93%
Loss on Disposal of Capital Assets	(219,163)	(423,009)	48.19%	Loss on Disposal of Capital Assets	(219,163)	(423,009)	48.19%
COVID-19 Stimulus Funding	107,536,195	15,000,000	-616.91%	COVID-19 Stimulus Funding	107,536,195	15,000,000	-616.91%
Other NonOperating Expenses	(971)	13,772	107.05%	Other NonOperating Expenses	(385,377)	13,772	2898.26%
Debt Issuance Costs	(16,002)	-	-100.00%	Debt Issuance Costs	(16,002)	-	-100.00%
Total NonOperating Revenues (Expenses)	112,235,884	26,024,458	331.27%	Total NonOperating Revenues (Expenses)	122,977,469	18,120,923	578.65%
Income (Loss) Before NonOperating Payments to MUSC Entities	13,869,839	54,331,310	-74.47%	Income (Loss) Before NonOperating Payments to MUSC Entities	13,869,839	54,331,310	-74.47%
NonOperating Payments to MUSC Entities	-	(23,362,798)	100.00%	NonOperating Payments to MUSC Entities	-	(23,362,798)	100.00%
Change in Net Position	\$ 13,869,839	\$ 30,968,511	-55.21%	Change in Net Position	\$ 13,869,839	\$ 30,968,511	-55.21%
Total Margin	0.90%	1.97%		Total Margin	0.92%	1.99%	

**FACILITIES
HOSPITAL AUTHORITY - CHARLESTON
LEASE AMENDMENT
FOR APPROVAL**

APRIL 9, 2021

DESCRIPTION OF LEASE AMENDMENT: This lease amendment is to extend the current lease term at 162 Ashley Avenue for an additional six months and also includes an option to extend for two terms of six months each. This lease provides 8,097 square feet of office space for Hospital Transplant administrative operations. The cost per square foot is \$30.41(rounded). The monthly rental payment shall be \$20,519.15, resulting in an annual lease amount of \$246,229.80. Rent shall not increase for the initial extension or additional options to extend.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT _____
LEASE AMDNEMDNT X

LANDLORD: Senior Cottages Acquisitions, LLC

LANDLORD CONTACT: John Marko Jr., Owner

TENANT NAME AND CONTACT: Hospital Transplant Administrative Operations

SOURCE OF FUNDS: General Operating Funds

LEASE TERMS:

TERM: Six (6) months: [8/1/2021-1/31/2022]

AMOUNT PER SQUARE FOOT: \$30.41

TOTAL AMOUNT OF LEASE TERM: \$123,114.90

EXTENDED TERM(S): Two (2) terms, six (6) months each

TOTAL AMOUNT INCLUDING RENEWAL TERMS: \$369,344.70

OPERATING COSTS:

FULL SERVICE _____

NET X

FACILITIES

ACADEMIC/RESEARCH

BUDGET ADJUSTMENT

FOR APPROVAL

DATE: April 9, 2021

PROJECT TITLE: 135 Cannon 4th Floor Family Medicine Upfit

PROJECT NUMBER: TBD

TOTAL ESTIMATED BUDGET: \$900,000

SOURCE(S) OF FUNDS: College of Medicine Department Revenue

SCOPE OF WORK: This upfit will renovate approximately 9000 square feet of space on the 4th floor of the 135 Cannon Street Building for the Department of Family Medicine. Renovation work includes selective demolition, new walls, new ceilings, new finishes, electrical system and lighting rework, mechanical system rework with 4 new temperature zones, plumbing, and fire protection.

JUSTIFICATION: This project was originally approved by the Board of Trustees in August 2020 as part of the Fiscal Year 2021 budget. The original budget was determined using a simple \$55/square foot cost for a minor space renovation. As design proceeded, it was determined that more significant renovations were needed to meet the needs of the Department of Family Medicine. Significant electrical, mechanical, and plumbing issues were identified for correction that were not anticipated in the original cost estimate. We are requesting a budget increase of \$400,000 for a total project cost of \$900,000.

In summary, we are asking the Board to approve this budget increase of \$400,000 to allow for the renovation to proceed in support of the COM Department of Family Medicine.

**FACILITIES
ACADEMIC
EASEMENT
FOR APPROVAL**

APRIL 9, 2021

DESCRIPTION OF EASEMENT: Ehrhardt Street Tunnel Easement with the City of Charleston

REQUESTOR: City of Charleston

REQUESTOR CONTACT: Frank Newham, City of Charleston

LOCATION: TMS 460-11-04-027 91 President Street
TMS 460-15-01-017 100 Doughty Street
TMS 460-15-01-027 43 Bee Street

DESCRIPTION: The City of Charleston plans to install and maintain a Stormwater Collection and Conveyance System that connects a surface collection system to a deep tunnel conveyance system serving the Spring/Fishburne Basin within the Charleston Peninsula. The Stormwater System will serve as the main source for the conveyance of stormwater for a portion of the Charleston Peninsula requiring a rights-of-way and utility easement under and across property owned by the Medical University of South Carolina.

JUSTIFICATION: Support the City of Charleston's comprehensive master drainage plan to improve quality of life in the City of Charleston including the Charleston Medical District.

**FACILITIES
ACADEMIC
EASEMENT
FOR APPROVAL**

APRIL 9, 2021

DESCRIPTION OF EASEMENT: 194 Cannon Street Utility Easement Relocation

REQUESTOR: Medical University of South Carolina

REQUESTOR CONTACT: Stephen Caporossi, Network & Telecommunication Manager

LOCATION: TMS 460-11-04-027 194 Cannon Street

DESCRIPTION: The Medical University of South Carolina has a need to relocate fiber lines currently located at 194 Cannon Street (460-10-04-013) known as the former Wendy's crosstown site. This relocation within the parcel is needed due to owner development of the site. The current location of the fiber lines dates back 30-40 years and were installed when the communication system was managed by BellSouth. MUSC has conducted a 50-year search but has been unable to locate an easement for the fiber communication lines. Due to property development by the owner MUSC must relocate these lines to maintain connectivity to WestEdge.

JUSTIFICATION: Maintain communication connection from main campus to WestEdge.

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

UTILITY EASEMENT

THIS EASEMENT AGREEMENT (this “*Agreement*”) is made and entered into as of the _____th day of _____ 2021, by and between **194 Cannon Street, LLC** (“*Grantor*”) and **The Medical University of South Carolina** (“*Grantee*”).

WITNESSETH:

WHEREAS, Grantor is the owner of that certain parcel of real property located at 194 Cannon Street, Charleston, South Carolina, TMS#: 460-10-04-013 (the “Grantor Property”); and

WHEREAS, the Grantor has agreed to grant Grantee easements upon the terms and conditions and all as more particularly set forth herein;

NOW, THEREFORE, for and in consideration of the sum of One and No/100 Dollar (\$1.00) each to the other in hand truly paid, the above recitals, the covenants and agreements set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. Incorporation of Recitals. The foregoing recitals are true and correct and are incorporated into this Agreement as fully and to the same extent as if set forth herein verbatim.
2. Grant of Easements. The Grantor hereby declares, creates, establishes, conveys and grants unto Grantee, its successors and assigns, an exclusive, perpetual, appurtenant, assignable, transferable, and commercial easement in, to, on, over, through, along, across and under that portion of the Grantor Property shown and designated as “Exhibit A New 7.0’ Utility Easement as Defined by A-B-C-D-A” on that plat by Forsberg Engineering & Surveying Inc., attached hereto as Exhibit B (the “Easement Area”) for the purpose of installation, use, maintenance, repair and replacement of utility and technology lines, cables and associated infrastructure (collectively, the “Easements”). TO HAVE AND TO HOLD, all and singular, the Easements, rights and privileges set forth herein unto Grantee, its successors and assigns, forever.
3. Easement for Construction, Maintenance and Repair. Grantee shall have the right to improve, construct, install, repair and maintain easement facilities and related infrastructure within the Easement Area and will be solely responsible for the cost of all labor and activity associated with the improvement, construction, repair and maintenance of the facilities to be constructed by Grantee. Grantee will use its best efforts to minimize interference with Grantor’s operations on the Grantor Property. Upon completion of said work, Grantee shall restore the Easement Area to its condition prior to such work.

4. Grantor Rights. Grantor shall have the right to use the Easement Area for purposes not inconsistent with Grantee's use of the Easement Area, including the right to pave over and use the surface of the Easement Area for access to adjacent portions of Grantor's Property.
5. Legal Effect. The Easements granted herein shall run with the Grantor's Property and shall bind the parties hereto and their successors and assigns and every person now or hereafter acquiring an interest in or lien upon any portion of the Grantor Property.
6. No Public Rights. Except as otherwise set forth herein, the Easements, rights, privileges and conditions created, reserved, granted and established in this Agreement do not, are not intended to, and shall not be construed to create any easements, rights or privileges in or for the benefit of the general public.
7. Negation of Partnership. None of the terms or provisions of this Agreement shall be deemed to create a partnership between or among the parties in their respective businesses or otherwise, nor shall it cause them to be considered joint venturers or members of any joint enterprise. Each party shall be considered a separate owner, and no party shall have the right to act as an agent for another party, unless expressly authorized to do so herein or by separate written instrument signed by the party to be charged.
8. Severability. If any provision of this Agreement shall, in whole or in part, prove to be invalid for any reason, such invalidity shall affect only the portion of such provision which shall be invalid, and in all other respects the Agreement shall stand as if such invalid provision, or other invalid portion thereof, had not been a part hereof. The parties agree that this Agreement shall be enforced to the fullest extent permitted by law. Accordingly, if, in any judicial proceeding, a court shall determine that any provision is invalid or unenforceable as written, the parties consent to an interpretation by the court which will provide enforcement to the maximum extent permitted by law.
9. Governing Law. This Agreement has been executed and delivered in the State of South Carolina, and its validity, interpretation, performance and enforcement, and all matters relating thereto, shall be governed by and construed and interpreted in accordance with the laws of the State of South Carolina.
10. Entire Agreement. This Agreement constitutes the sole and entire agreement of the parties with respect to the subject matter hereof, and no prior contemporaneous oral or written representations or agreements among the parties with respect to the subject matter hereof shall have legal effect.

11. Modification. This Agreement may be amended, modified or terminated at any time by declaration in writing, executed and acknowledged by the parties hereto or their successors and/or assigns.
12. Successors in Interest. This Agreement shall be binding upon, inure to the benefit of, and be enforceable against Grantor and the Grantee, their respective successors and assigns, and the owners of all or any portion of the Grantor Property, it being the intent of the parties that the benefits and obligations hereunder run with the ownership of the Grantor Property.
13. Equitable and Other Relief. In the event of a breach, or any attempted or threatened breach, of the provisions of this Agreement, this Agreement may be enforced by decree of specific performance upon the application of either party or their respective successors or assigns, as the case may be. This provision shall not be interpreted to exclude other remedies available at law or in equity, including monetary damages.
14. Further Assurances. All of the parties hereto covenant and agree to execute and deliver such further and other instruments, subject to any requisite approvals under S.C. Code Section 1-11-65 or other applicable law and do all matters and things which may be reasonably necessary, to carry out the intentions of this Agreement.
15. No Waiver. No delay or failure of any party to exercise any power given hereunder or to insist upon strict compliance with any obligation specified herein, and no custom or practice at variance with the terms hereof, shall impair enforcement or be construed as a waiver of either party's right to demand exact compliance with the terms hereof. No waiver by either party shall be valid unless made in writing and signed by the party to be charged, and then only to the extent expressly set forth therein.
16. Captions. The headings and captions in this Agreement are included for convenience and reference only and in no way define, limit, extend or describe the scope of this Agreement, or the intent of any portion hereof.
17. Counterparts and Signature Pages. This Agreement may be executed in several counterparts, each of which shall be deemed an original. The signatures to this Agreement may be executed and notarized on separate pages, and when attached to this Agreement shall constitute one complete document.

(Signatures on following page(s))

IN WITNESS WHEREOF, Grantor has caused these presents to be signed in its name by its duly authorized officer this ____ day of _____ 2021.

WITNESSES:

Grantor:
194 Cannon Street, LLC

By: _____
 Print Name: _____
 Its: _____

STATE OF SOUTH CAROLINA)
)
 COUNTY OF CHARLESTON)

ACKNOWLEDGMENT

The foregoing instrument was acknowledged before me this ____ day of _____ 2021, by 194 Cannon Street, LLC by _____, its _____.

 NOTARY PUBLIC for South Carolina
 My Commission Expires: _____
 [SEAL]

IN WITNESS WHEREOF, Grantee has caused these presents to be signed this ____ day of _____ 2021.

WITNESSES:

Grantee:
The Medical University of South Carolina

By: _____

Print Name: _____

Its: _____

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

ACKNOWLEDGMENT

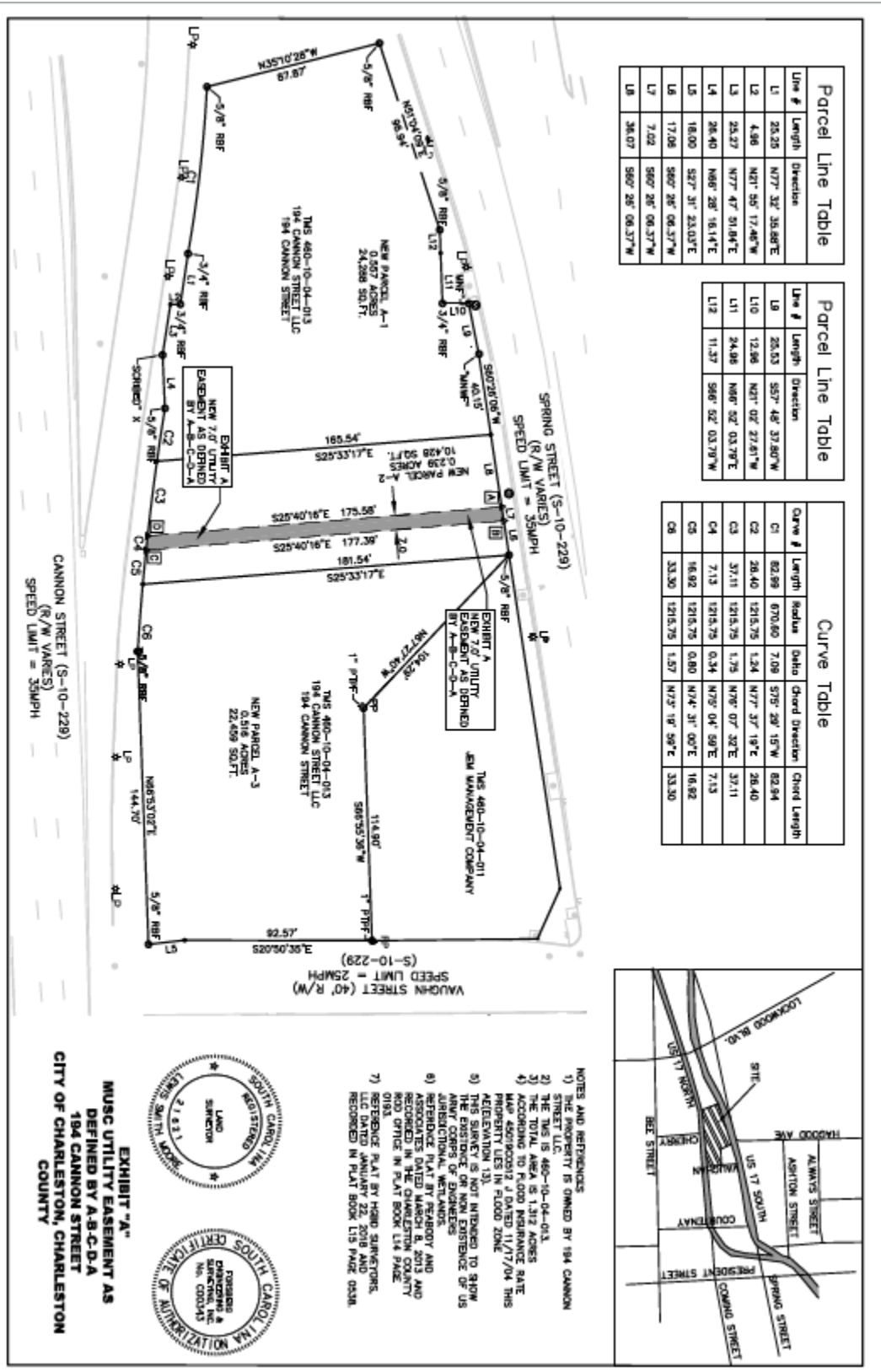
The foregoing instrument was acknowledged before me this ____ day of _____ 2021, by The Medical University of South Carolina, by _____, its _____.

NOTARY PUBLIC for South Carolina
My Commission Expires: _____
[SEAL]

The form of this Easement is approved in accordance with the S.C. Code of Laws, §1-11-65 by the Department of Administration, Division of Facilities Management and Property Services, this ____ day of _____, 20____.

By: _____
Division of Facilities Management and Property Services
Department of Administration

EXHIBIT B PLAT



Line #	Length	Direction
L1	25.25	N77° 32' 35.88"E
L2	4.98	N27° 59' 17.46"W
L3	25.27	N77° 47' 31.84"E
L4	26.40	N68° 28' 16.14"E
L5	18.00	S27° 31' 23.03"E
L6	17.06	S66° 28' 08.37"W
L7	7.08	S66° 28' 08.37"W
L8	26.07	S66° 28' 08.37"W

Line #	Length	Direction
L9	25.53	S57° 48' 37.80"W
L10	12.96	N27° 02' 27.61"W
L11	24.48	N68° 32' 03.78"E
L12	11.37	S66° 52' 03.78"W

Curve #	Length	Radius	Delta	Chord Direction	Chord Length
C1	82.99	670.60	7.09	S75° 28' 15"W	82.94
C2	28.40	1215.75	1.24	N77° 37' 19"E	28.40
C3	37.11	1215.75	1.75	N78° 07' 32"E	37.11
C4	7.13	1215.75	0.34	N75° 04' 59"E	7.13
C5	16.92	1215.75	0.80	N74° 31' 00"E	16.92
C6	33.30	1215.75	1.57	N72° 18' 58"E	33.30



- NOTES AND REFERENCES**
- 1) THE PROPERTY IS OWNED BY 194 CANNON STREET LLC.
 - 2) THE TRS IS 460-10-04-013.
 - 3) THE TOTAL AREA IS 1.312 ACRES.
 - 4) ACCORDING TO FLOOD INSURANCE RATE MAP 4806000212 DATED 11/17/04 THIS PROPERTY LIES IN FLOOD ZONE A-ELEVATION 131.
 - 5) THE EXISTING EASEMENT IS TO BE REMOVED AND THE EASEMENT IS TO BE REOPENED TO 50'W.
 - 6) THE EXISTING EASEMENT IS TO BE REOPENED TO 50'W. REFERENCED PLAT BY FENABOY AND ASSOCIATES DATED MARCH 8, 2013 AND RECORD OFFICE IN PLAT BOOK L14 PAGE 0193.
 - 7) REFERENCE PLAT BY HEARD SURVEYORS, LLC DATED JANUARY 22, 2018 AND RECORDED IN PLAT BOOK L15 PAGE 0238.

LAND SURVEYOR
2, 511

PROFESSIONAL ENGINEERS & SURVEYORS OF THE STATE OF SOUTH CAROLINA
NO. 000145

EXHIBIT "A"
MUSC UTILITY EASEMENT AS
DEFINED BY A-B-C-D-A
194 CANNON STREET
CITY OF CHARLESTON, CHARLESTON
COUNTY

**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
REGULAR AGENDA**

April 9, 2021

101 Colcock Hall/Via Teleconference

Members of the Board of Trustees

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

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

Trustees Emeriti

Mrs. Margaret M. Addison
Mr. Allan E. Stalvey

Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.

- Item 1. Call to Order Dr. James Lemon
Chairman
- Item 2. Roll Call..... Jane Scutt
Assistant Board Secretary
- Item 3. Date of Next Meeting – May 14, 2021..... Jane Scutt
Assistant Board Secretary
- Item 4. Approval of Meeting Minutes of February 12, 2021 Dr. James Lemon
Chairman

Recommendations and Informational Report of the President: Dr. David Cole

- Item 5. Other Business Dr. David Cole
President

Research and Institutional Advancement Committee: Ms. Terri Barnes, Chair

- Item 6. Research Update Dr. Kathleen Brady
Vice President for Research
- Item 7. Foundation for Research Development Update Michael Rusnak
Executive Director, Foundation for Research Development
- Item 8. Other Committee Business Terri Barnes
Committee Chair

Education, Faculty & Student Affairs Committee: Ms. Barbara Johnson-Williams, Chair

- Item 9. Provost Report Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 10. New Program for Approval: Master of Science in Extracorporeal Science..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 11. Changes to College of Medicine Tuition and Fees for FY2022..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 12. Other Committee BusinessBarbara Johnson-Williams
Committee Chair

Finance and Administration Committee: Mr. Jim Battle, Chair

- Item 13. MUSC Financial Report Patrick Wamsley
Chief Financial Officer, MUSC
- Item 14. MUSC Physicians Financial Report..... Eva Greenwood
Chief Financial Officer, MUSC Physicians
- Item 15. Diversity and Inclusion Update. Dr. Willette Burnham-Williams
Chief Equity Officer
- Item 16. Other Committee Business Jim Battle
Committee Chair

Other Business for the Board of Trustees

- Item 17. Approval of Consent Agenda Dr. James Lemon
Chairman
- Item 18. Executive Session Dr. James Lemon
Chairman

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.

- Item 19. New Business for the Board of Trustees..... Dr. James Lemon
Chairman
- Item 20. Report from the Chairman..... Dr. James Lemon
Chairman

NEW PROGRAM PROPOSAL FORM

Name of Institution: Medical University of South Carolina College of Health Professions
Name of Program (include degree designation and all concentrations, options, or tracks):
Master of Science in Extracorporeal Science
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.)

Consider the program for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

Proposed Date of Implementation: August 2022

CIP Code: 51.0999 Allied Health Diagnostic, Intervention, and Treatment Professions, Other.

Delivery Site(s): This will be fully online with no on-campus activity

Delivery Mode:

- Traditional/face-to-face Distance Education
*select if less than 25% online 100% online
 Blended/hybrid (50% or more online)
 Blended/hybrid (25-49% online)
 Other distance education (explain if selected)

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

David C. Fitzgerald, DHA, MPH, CCP
Division Director, CVP Program
College of Health Professions
Medical University of South Carolina

Institutional Approvals and Dates of Approval (include department through Provost/Chief Academic Officer, President, and Board of Trustees approval):

CHP Leadership Council: Approved January 28, 2020
Education Advisory Committee: Approved March 2, 2021
Provost's Council: Approved March 15, 2021
Board of Trustees:

Background Information

State the nature and purpose of the proposed program, including target audience, centrality to institutional mission, and relation to the strategic plan.

The Medical University of South Carolina (MUSC) proposes the addition of an entry-level Master of Science in Extracorporeal Science (MS-ECS). The addition of the new program is designed to meet the

growing demands of the international cardiovascular perfusion and critical care communities. The curriculum and degree are designed to reflect the depth and breadth of educational preparation necessary to prepare critical care professionals in treating patients in advanced cardiac and pulmonary failure.

The objectives of the proposed MS program are:

1. To provide the clinical science for healthcare providers in treating patients with cardiac and pulmonary dysfunction requiring extracorporeal technology.
2. To provide the evidence-based science of extracorporeal life support for the advanced management of respiratory distress and global pandemics.

Assessment of Need

Since 1979, the Cardiovascular Perfusion program (CVP) at the Medical University of South Carolina has been a national leader in the education and development of cardiovascular perfusionists. Cardiovascular Perfusionists are trained experts in the management of cardio-pulmonary bypass (CPB) during open-heart surgery, as well as key stakeholders in the management of critical care patients using extracorporeal membrane oxygenation (ECMO). Entry-level skills and knowledge required of the cardiovascular perfusionist have significantly increased over the past several years. This increase in expectations of perfusionists is necessary as the role of the perfusionist expands into other areas of extracorporeal circulation.

It is estimated that 4,000 cardiac centers perform open heart surgery around the world¹. While academic-based perfusion education is the fundamental standard in the United States, a majority of countries in the world lack formal training. As such, the delivery of perfusion education is provided through on-the-job-training and apprenticeships. While this may suffice in some circumstances, the lack of evidence-based science and consensus curriculum fail to meet the growing global demand for best practice therapies.

According to the World Health Organization, cardiovascular disease is the number one cause of death globally, taking an estimated 17.9 million lives every year². One-third of these deaths occur prematurely in people under 70 years of age. With the new developments in perfusion therapies, the need for perfusionists in the area of ventricular assist devices, perfusion of organs for transplant and reconstruction using tissue engineering techniques will continue to grow. The global community will require the expertise of a highly trained individual in life support equipment and technology.

The aims of the MS-ECS program are consistent with every aspect of the MUSC mission: to preserve and optimize human life in South Carolina and beyond through education, research, and patient care. While the MS-CVP program is accredited to deliver formal education for entry-level U.S. based cardiovascular perfusionists, the MS-ECS would be designed to be an alternate curriculum for the following individuals:

- Cardiovascular perfusion students residing and practicing outside of the United States that are not candidates for the resident MS-CVP program.
- Allied health and research professionals outside of the United States seeking didactic education in ECMO and ventricular assist technologies, such as biomedical engineers, nurses, and respiratory therapists.

The MS-ECS program would serve both local and global communities in the advancement of extracorporeal therapies through teaching evidence-based clinical science.

1. Vervoort D, Premkumar A, Ghandour H, Kpodonu J, (2021). Health System Needs to Establish Cardiac Surgery Centers. *Thorac Cardiovasc Surg.* Jan 9. doi: 10.1055/s-0040-1721395. Epub ahead of print. PMID: 33421965.
2. World Health Organization, (2020). Cardiovascular Diseases. Available at: https://www.who.int/health-topics/cardiovascular-diseases/#tab=tab_1
3. Extracorporeal Life Support Organization, (2020). ECMO in covid-19. Available at: <https://www.elseo.org/>
4. Sauer CM, Yuh DD, Bonde P. Extracorporeal membrane oxygenation use has increased by 433 % in adults in the United States from 2006 to 2011. *ASAIO J.* 2015;61(1):31–6.

Transfer and Articulation

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

There are no special articulation agreements for this proposed program. The Australian New Zealand College of Perfusion (ANZCP) is expected to endorse the MUSC MS-ECS program as the official curriculum for perfusion education.

Employment Opportunities

Occupation	State/National		International		Data Type and Source
	Expected Number of Jobs	Employment Projection	Expected Number of Jobs	Employment Projection	
International Cardiovascular Perfusionists	No US jobs expected		High demand for more formal training for existing international perfusionists.		There are several countries that have expressed interest via the European Board of Cardiovascular Perfusion (EBCP) to the MUSC CVP Division Director regarding program launch and availability.
International Allied Health Professionals	No US jobs expected				

Supporting Evidence of Anticipated Employment Opportunities

Provide supporting evidence of anticipated employment opportunities for graduates.

This program will provide formal didactic training to international cardiovascular perfusion students and to allied health and research professionals outside of the United States seeking didactic education in CPB, ECMO and ventricular assist technologies. The *Assessment of Need* supporting documents (Pezzella, 2018) provide evidence of the increased need for advanced training for international cardiac surgical professionals. Additionally, there have also been several recent perfusion societal evidence-

based standards and guidelines describing the need for formal perfusion education in Germany, Brazil, and Europe. However, there are no current regional education models able to provide international distance-based education.

Description of the Program

Projected Enrollment			
Year	Fall Headcount	Spring Headcount	Summer Headcount
2022	3	3	3
2023	12	12	9
2024	21	21	12
2025	27	27	15
2026	30	30	15

Students enrolled into the program will begin in the Fall semester and graduate in the Spring semester of the second year (5th semester). No new courses are needed for this online program; courses that are already taught at MUSC for the MS CVP program will be available to these distance education students. This program will begin with a small cohort to monitor the success of the international students and to monitor support and faculty resources adequately.

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

Yes

No

If yes, explain.

Applicants who have a bachelor’s degree or higher **and** who submitted completed application for entry **and** a Test of English as a Foreign Language (TOEFL) Score of 100 or higher

Academic records from foreign institutions must be provided in English and must be certified or validated as true by a university or government official. Transcripts must be evaluated by professional agencies and submitted to MUSC by secure means showing the equivalency of work completed outside the United States.

Curriculum

New Courses

List and provide course descriptions for new courses.

There are no new courses required for the MS-ECS program. All courses and curriculum are derived from our resident MS-CVP program. All of these courses over the last twelve months have been delivered remotely due to the current Covid-19 restrictions. While we expect our MS-CVP students to return to the classroom setting, we intend to continue blended learning methodologies including synchronous and asynchronous learning technologies and we will continue to offer all classes in an online format for the MS-ECS students.

Total Credit Hours Required: 47

Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Year 1					
Fall		Spring		Summer	
CVP-700 Clinical Monitoring	3	Pathophysiology for Perfusion	4	Principles and Practices of Perfusion	4
Perfusion Technology I	3	Perfusion Technology II	3	Cardiac Assist Devices	2
Pathophysiology	4	Fundamentals of Acid/Base	2	Extracorporeal Life Support	1
				Research Methodology	3
Total Semester Hours	10	Total Semester Hours	9	Total Semester Hours	10
Year 2					
Fall		Spring		Summer	
Research Methodology II	3	Advanced Pediatric Perfusion	2		
Perioperative Blood Management	2	Research Methodology III	3		
IP Foundations	2	Pharmacology for Perfusion	4		
Quality Improvement & Informatics	2				
Total Semester Hours	9	Total Semester Hours	9	Total Semester Hours	

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
There are no other programs in SC.				

This is a unique program that leverages the MUSC CVP program to provide curriculum aimed to meet the international needs of the critical care community.

Faculty

Rank and Full- or Part-time	Courses Taught for the Program	Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major	Other Qualifications and Relevant Professional Experience (e.g., licensures, certifications, years in industry, etc.)
Laura Dell'Aiera Full-time Faculty Instructor	Perfusion technology I Perfusion Technology II Acid/Base technology Cardiac Assist	Master of Health Admin BS- Perfusion Doctor of Health Sciences- Candidate	Certified Clinical Perfusionist 7 years in clinical perfusion.
Dave Fitzgerald Assistant professor Full-time	Clinical Monitoring Pharm for Perfusion Principles and Practices Research methods I Research methods II Research methods III	Doctor of Health Admin Master of Public Health BS- Perfusion BS-Biology	Certified Clinical Perfusionist 24 years in clinical perfusion.
TBD Full-time	ECLS Advanced Peds Perf Periop Blood Mgmt Patho for Perfusion		
Michelle Brown Nelson Part-time	Quality Improvement and Informatics IP Foundations	Doctor of Health Admin Master of Health Admin BS- Health Sciences	Certified Coach, Speaker and Trainer 10 years in Administration
Joshua Stone (Faculty in the PA Program)	Pathophysiology	PhD in Physiology BA in Biology	Masters Certification in Anatomy and Clinical Imaging

Total FTE needed to support the proposed program:

Faculty: 0.2

Staff: 0.17

Administration: 0.1

Faculty, Staff, and Administrative Personnel

Discuss the Faculty, Staff, and Administrative Personnel needs of the program.

This program will not require additional faculty or staff hires as the cohort is small and the students will take existing courses being taught within the Division. The existing Division Director will provide the administrative oversight of the program (0.1 FTE). Additional faculty time of 0.2 FTE will be needed along with 0.17 FTE of staff time to support this program. A new faculty hire is currently in progress to support the MS CVP program and a portion of this person's time will be allocated to the proposed program.

Resources

Library and Learning Resources

Explain how current library/learning collections, databases, resources, and services specific to the discipline, including those provided by PASCAL, can support the proposed program. Identify additional library resources needed.

Current library resources are adequate to support the proposed program. The MUSC Libraries provide access to resources that support the University's tripartite mission of education, research, and clinical care. The Libraries' collections and resources are extensive and sufficient to support the Master of Science in Extracorporeal Science program. Pertinent online resources include nearly 48,000 electronic journals, over 486,000 electronic books, and 150 biomedical and health-related databases (e.g., Academic Search Premier, AccessMedicine, AnatomyTv, CINAHL, Cochrane Library, Lexicomp, NetAnatomy, PsycINFO, PubMed, SciFinder and UpToDate). Access to the library's collections and resources is available 24/7/365 to students off campus and to distance learners through their MUSC netID. In addition, the library's Interlibrary Loan (ILL) service enables MUSC students, faculty, and staff to borrow from other libraries materials that are not currently owned by MUSC.

The current collection includes the top five journals where Cardiovascular Perfusion articles are published and cited including:

- Perfusion
- Circulation
- Journal of the American College of Cardiology
- Journal of Cardiovascular Electrophysiology
- American Journal of Cardiovascular Drugs

MUSC Libraries also subscribes to the following core electronic textbooks related to CVP:

- Principles of Pulmonary Protection in Heart Surgery
- Dawn and Evolution of Cardiac Procedures
- Visceral Vessels and Aortic Repair
- Surgical Management of Congenital Heart Disease
- On Bypass: Advanced Perfusion Techniques

The library employs over 39 staff, including 13 librarians, all with appropriate credentials to assist students. Librarians are available to provide research consultations and library instruction to distance learners using Zoom and Microsoft Teams in addition to email and phone. Every college and program has a designated liaison librarian. Liaisons are subject specialists who provide support for students, staff and faculty in the areas of education, research, clinical work, and scholarly communication. The liaison librarian for the new program will be Teri Lynn Herbert, MS, MLS. As liaison librarian, Ms. Herbert will provide information services to the program's students and faculty including the providing reference assistance and research consultations to support the advancement of research, as well as information literacy and evidence-based practice instruction to support the development of information literate health professionals prepared to integrate evidence into practice.

This proposed program will be 100% online, and students will use the university's learning management system (LMS) for course instruction. The College's information Technology Team includes the Director of Education and Information Technology, an instructional designer, and three technology support staff. All team members are available to support online students with access to the LMS and other technology tools that are required for their courses.

Student Support Services

Explain how current academic support services will support the proposed program. Identify new services needed and provide any estimated costs associated with these services.

Existing student support services will be used, no new student support services will be required. Student support services that are available to all online students include the Center for Academic Excellence and Writing Center.

The Center for Academic Excellence (CAE) supplements academic coursework by arranging Supplemental Instruction tutoring groups/sessions and its faculty meet 1-on-1 with students to discuss studying, test-taking, other learning issues, and prep for board certifying exams.

The Writing Center (WC) operates within the CAE and helps students to develop effective communication skills for course assignments and professional writing (personal statements, CVs, resumes, cover letters). Writing Center faculty teach students individually, in groups, or through class presentations.

Physical Resources/Facilities

The proposed program is structured as a distance-based curriculum. No additional physical resources and facilities are required for the program.

Equipment

Identify new instructional equipment needed for the proposed program.

There are no additional needs for instructional equipment for this proposed program. All required equipment and materials are available in the CVP 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

The curriculum for the MS-ECS program is strategically aligned with the MS-CVP curriculum. This allows the CVP Faculty to utilize the same course curriculum between programs, thus minimizing the workload and course duplication.

Financial Support

Sources of Financing for the Program by Year												
Category	1 st		2 nd		3 rd		4 th		5 th		Grand Total	
	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total
Tuition Funding	54,000	1,810,952	199,980	1,990,459	330,512	2,138,490	426,545	2,252,196	468,272	2,311,773	1,479,309	10,503,870
Program-Specific Fees	6,750	69,750	24,750	132,750	40,500	148,500	51,750	159,750	56,250	164,250	180,000	675,000
Special State Appropriation												
Reallocation of Existing Funds (Faculty Practice)		169,863		169,863		169,863		169,863		169,863		849,315
Federal, Grant, or Other Funding												
Total	60,750	2,050,565	224,730	2,293,072	371,012	2,456,853	478,295	2,581,809	524,522	2,645,886	1,659,309	12,028,185
Estimated Costs Associated with Implementing the Program by Year												
Category	1 st		2 nd		3 rd		4 th		5 th		Grand Total	
	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total
Program Admin. and Faculty/Staff Salaries	101,853	862,843	100,686	879,014	95,682	895,508	90,446	912,332	91,795	929,492	480,462	4,479,189
Facilities, Equipment, Supplies, and Materials	1,038	52,923	3,120	65,524	3,705	56,633	4,811	58,269	4,859	58,851	17,533	292,200
Library Resources												
College Strategic & Univ. Investment Funds	29,768	921,544	110,118	1,040,372	181,796	1,120,625	234,364	1,181,853	257,016	1,213,251	813,062	5,477,645
Total	138,126	1,837,310	213,924	1,984,910	281,183	2,072,766	329,622	2,152,454	353,670	2,201,595	1,311,057	10,249,034
Net Total (Sources of Financing Minus Estimated Costs)	(71,909)	213,255	10,806	308,162	89,830	384,087	148,673	429,355	170,852	444,291	348,252	1,779,151

Note: New costs - costs incurred solely as a result of implementing this program. Total costs - new costs; program's share of costs of existing resources used to support the program; and any other costs redirected to the program.

Budget Justification

Provide an explanation for all costs and sources of financing identified in the Financial Support table. Include an analysis of cost-effectiveness and return on investment and address any impacts to tuition, other programs, services, facilities, and the institution overall.

The Division of Cardiovascular Perfusion includes an entry-level and a post-professional Master of Science in Cardiovascular Perfusion program of study. MUSC uses an RCM model in which each division pays into the college and university funds to pay overhead costs and to cover central services provided for the respective divisions. Faculty engage in faculty practice which provides a source of financing for the division. The proposed program will have a positive impact on the total division budget.

The tuition for this proposed program will be \$6,000 per semester with \$750 in program fees per semester.

Evaluation and Assessment

We propose a two-phase assessment plan for this program. The first phase will be primarily qualitative and remain in place until enrollment exceeds 10 students in a cohort. If program stays on target with enrollment, transition to the quantitative plan will take place by year three.

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment
	<p>Student Learning Outcome 1: Graduates are able to demonstrate advanced knowledge in the areas of pediatric and elderly perfusion, ventricular assist devices, and leadership.</p>	<p>Phase 1: A. Annual student survey/questionnaire. Reflection of needs, successes, opportunities for improvement for special considerations in patient assessment and management. B. Exit interview on patient diagnosis and treatment relative to clinical practice.</p> <p>Phase 2: Percentage of students that score $\geq 85\%$ in the section on special populations (elderly and pediatric patients) in the pathophysiology course. (Target 90%) - Percentage of students that complete competency assessments for ventricular assist devices. (Target 100%) - Percentage of students that score $\geq 85\%$ in the leadership course. (Target 90%)</p>
<p>Program Objective #1: To provide the clinical science for healthcare providers in treating patients with cardiac and pulmonary dysfunction requiring extracorporeal technology.</p>	<p>Student Learning Outcome 2: Demonstrate knowledge of the patient's history, pathophysiology, laboratory values, and pharmacology as evidenced by formation of a patient care plan with minimal supervision.</p>	<p>Phase 1: A. Annual student survey/questionnaire. Reflection of needs, successes, opportunities for improvement in patient assessment and management. B. Exit interview on patient diagnosis and treatment relative to clinical practice.</p> <p>Phase 2: A. Percent of students who receive a score of $\geq 85\%$ on the Principles and Practices Comprehensive Exam (CVP-733). (Target 90%) B. Percent of students who receive a score of $\geq 85\%$ on the Pathophysiology for Perfusion Comprehensive Exam (CVP-708). (Target 90%) C. Percent of students who receive a score of $\geq 85\%$ on the Perfusion Technology II (CVP-703) Comprehensive Exam. (Target 90%) D. Percent of students who have a mean score of 4 or greater in the cognitive domain of the Employer & Graduate Surveys (EGS). (Target 90%)</p>

	<p>Student Learning Outcome 3: Graduates are able to engage in applied research relevant to clinical practice.</p>	<p>Phase 1: A. Annual student survey/questionnaire. Reflection of needs, successes, opportunities for improvement in applied research. B. Exit interview on applied research engagement relative to clinical practice.</p> <p>Phase 2: A. Percentage of students that meet or exceed expectations for the Background section of their research project paper (based on a grading rubric). (Target 90%) B. Percentage of students that meet or exceed expectations for the Methods section of their research project paper (based on a grading rubric). (Target 90%) C. Percentage of students that meet or exceed expectations for the Data Analytic Plan section of their research project paper (based on a grading rubric). Target 90%) D. Percentage of students that meet or exceed expectations for the Results section of their research project paper (based on a grading rubric). (Target 90%) E. Percentage of students that meet or exceed expectations for the Discussion section of their research project paper (based on a grading rubric). (Target 90%) F. Percentage of students that plan to submit their research paper for publication in a peer reviewed journal by graduation. (Target 90%)</p>
	<p>Student Learning Outcome 4: Knowledge of Devices for Blood Management and Ultrafiltration: Demonstrate knowledge and safe operation of adjunctive devices for blood management and ultrafiltration.</p>	<p>Phase 1: A. Annual student survey/questionnaire. Reflection of needs, successes, opportunities for improvement in Blood Management. C. Exit interview on applied clinical engagement with Blood Management.</p> <p>Phase 2: A. Percent of students receiving a score of $\geq 85\%$ on the CVP-706 Comprehensive Exam. (Target- 90%)</p> <p>Percent of students who have a mean score of 4 or greater in the cognitive domain of the Employer & Graduate Surveys (EGS). (Target 90%)</p>
<p>Program Objective 2: To provide the evidence-based science of extracorporeal life support for the advanced management of respiratory distress and global pandemics.</p>	<p>Student Learning Outcome 5: Knowledge of Devices for Cardiac Assist and ECLS: Demonstrate knowledge and safe operation of adjunctive devices for cardiac assist, and Extra Corporeal Life Support (ECLS).</p>	<p>Phase 1: A. Reflection paper on the use of ECLS in adult critical care medicine during a global pandemic. (CVP-731). B. Annual student survey/questionnaire. Reflection of needs, successes, opportunities for improvement. C. Exit interview on applied clinical engagement with ECLS.</p> <p>Phase 2: A. Percent of students who have a mean score of 4 or greater in the cognitive domain of the Employer & Graduate Surveys (EGS). (Target 90%) B. Percent of students who receive a grade of $\geq 85\%$ on the ECLS case presentation (CVP-731)</p>

Explain how the proposed program, including all program objectives, will be evaluated, along with plans to track employment. Describe how assessment data will be used.

Program outcomes and results of student assessments are compiled by the Division Director, discussed annually at the program retreat, and modifications are implemented as needed. Results are also provided to the Chair, Associate Dean of Academic and Faculty Affairs, and the advisory board annually. Employment will not be tracked as these students will either be employed already or will be working with a hospital system in their respective country to gain employment as a perfusionist.

Accreditation and Licensure/Certification

Will the institution seek program-specific accreditation (e.g., CAEP, ABET, NASM, etc.)? If yes, describe the institution's plans to seek accreditation, including the expected timeline.

Yes

No

Will the proposed program 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.

Need

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

Medical University of South Carolina
Overview of Proposed Schedule of Academic Charges for FY 2022

**College of
Medicine**

.13% tuition decrease in First Year In-State FLEX Curriculum

18% tuition decrease in Fourth Year In-State FLEX Curriculum

16% tuition decrease in Fourth Year Out-of-State FLEX Curriculum

2 fees deleted

* Per COM, beginning with the Class of 2021, the 4-year MD program costs have been locked at \$141,794 for in-state students and \$248,502 for out-of-state students. These rates are being tracked by class. Any fluctuation in a single year of the fee schedule represents an adjustment within a class's 4-year program costs in order to remain within the locked 4-year rates and to standardize rates across semesters. The fee schedule will be fully normalized, and no further adjustments needed, by FY25.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Eight (8) Month Period Ended February 28, 2021

	<u>Page</u>
Statement of Net Position	1
University Budgeted Funds Comparison to Budget	2
Direct Expenditures on Federal Grants and Contracts (By Responsibility Center)	3
Notes to the Financial Statements	4-5
Summary of Current Debt Obligations and Analysis of Available Bonded Debt Capacity	6
Statement of Revenues, Expenses and Changes in Net Position For Affiliated Organizations	7

The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of February 28, 2021

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
Assets & Deferred Outflows			
Cash and Cash Equivalents	\$ 399,726,490	\$ 10,505,180	\$ -
Cash and Cash Equivalents - Restricted	47,485,219	-	648,729
State Appropriation Receivable	47,516,144	2,788,146	-
Student Tuition and Fees Receivable	2,592,695	-	-
Student Loan Receivable	11,858,380	-	-
Grants and Contracts Receivable	64,878,999	102,006	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Capital Lease Receivable	-	-	6,879,080
Other Receivables	3,197,359	-	-
Investments	-	-	310,732
Prepaid Items	25,105,947	-	447,528
Capital Assets, net of Accumulated Depreciation	375,696,850	-	-
Due from Hospital Authority	6,699,650	-	-
Due from Other Funds	117,333,352	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	39,274	-	79,176
Deferred Outflows-Pensions	90,758,775	-	-
Deferred Outflows-OPEB	93,189,969	-	-
Other Assets	-	-	-
Total Assets & Deferred Outflows	<u>\$ 1,286,079,103</u>	<u>\$ 13,395,332</u>	<u>\$ 8,365,245</u>
Liabilities & Deferred Inflows			
Accounts Payable	\$ 18,395,647	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	18,771,834	-	-
Accrued Compensated Absences	29,743,454	180,710	-
Deferred Revenue	77,321,706	3,719,876	-
Retainages Payable	34,168	-	-
Long-Term Debt	153,893,161	-	7,170,000
Interest Payable	2,002,503	-	26,888
Deposits Held for Others	4,270,053	90,804	-
Due to Hospital Authority	-	-	-
Due to Other Funds	30,232,368	-	-
Federal Loan Program Liability	12,362,027	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	541,360,816	-	-
Net OPEB Liability	523,362,772	-	-
Deferred Inflows-Pensions	6,654,134	-	-
Deferred Inflows-OPEB	54,552,547	-	-
Other Liabilities	46,489,590	-	-
Total Liabilities & Deferred Inflows	<u>\$ 1,519,446,780</u>	<u>\$ 3,991,390</u>	<u>\$ 7,196,888</u>
Net Position	<u>(233,367,677)</u>	<u>9,403,942</u>	<u>1,168,357</u>
Total Liabilities & Deferred Inflows and Net Position	<u>\$ 1,286,079,103</u>	<u>\$ 13,395,332</u>	<u>\$ 8,365,245</u>

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending February 28, 2021

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
Federal Grants & Contracts	\$ 136,128,555	\$ 90,752,370	\$ 118,124,663	\$ 27,372,293	F
Federal Grants Indirect Cost Recoveries	40,139,244	26,759,496	27,162,001	402,505	F
State Grants & Contracts	9,773,003	6,515,335	5,741,703	(773,632)	U
Private Grants & Contracts	24,342,418	16,228,279	20,714,473	4,486,194	F
Private Grants Indirect Cost Recoveries	5,033,996	3,355,997	3,954,731	598,734	F
Total Grants & Contracts	215,417,216	143,611,477	175,697,571	32,086,094	F
State Appropriations	71,816,999	47,877,999	49,211,333	1,333,334	F
Tuition and Fees	107,213,434	72,363,759	73,770,697	1,406,938	F
Pass-Through Revenues	87,328,707	58,219,138	89,802,314	31,583,176	F
Gifts	21,776,671	14,517,781	10,232,809	(4,284,972)	U
Transfers from (to) MUSC Physicians	85,098,905	56,732,603	51,859,725	(4,872,878)	U
Sales and Services of Educational Departments	14,072,069	9,381,379	9,720,165	338,786	F
Sales and Services of Auxiliary Enterprises	14,840,354	9,893,569	8,115,554	(1,778,015)	U
Interest and Investment Income	12,741	8,494	7,807	(687)	U
Endowment Income	4,025,898	2,683,932	2,404,292	(279,640)	U
Miscellaneous	14,849,539	9,899,693	10,953,695	1,054,002	F
Miscellaneous - Residents	7,800,000	5,200,000	5,297,080	97,080	F
Authority Revenue	89,164,598	59,443,065	56,309,960	(3,133,105)	U
Authority Revenue - Residents	66,922,788	44,615,192	43,532,186	(1,083,006)	U
Intra-Institutional Sales	45,186,778	30,124,519	25,728,998	(4,395,521)	U
Total Other	630,109,481	420,961,123	436,946,615	15,985,492	F
Total Revenues	845,526,697	564,572,600	612,644,186	48,071,586	F
Expenditures					
Salaries	\$ 328,504,153	\$ 219,002,771	\$ 205,585,158	\$ 13,417,613	F
Miscellaneous Personnel Expenditures	4,918,805	3,279,203	6,811,335	(3,532,132)	U
Fringe Benefits	126,098,343	84,065,562	80,424,275	3,641,287	F
Total Personnel	\$ 459,521,301	\$ 306,347,536	\$ 292,820,768	\$ 13,526,768	F
Contractual Services	\$ 150,669,252	\$ 100,446,169	\$ 99,585,783	\$ 860,386	F
Pass-through Expenditures	87,328,707	58,219,138	89,802,314	(31,583,176)	U
Supplies	53,071,849	35,381,233	32,172,229	3,209,004	F
Fixed Charges	53,138,469	35,425,646	34,503,313	922,333	F
Equipment	8,649,609	5,766,406	6,128,061	(361,655)	U
Travel	5,232,848	3,488,565	110,795	3,377,770	F
Trainee / Scholarships	20,737,403	13,824,935	16,736,221	(2,911,286)	U
Other Expenses	5,030,944	3,353,963	1,053,686	2,300,277	F
Debt Service	5,564,630	3,709,753	3,709,754	(1)	U
Total Other	\$ 389,423,711	\$ 259,615,808	\$ 283,802,156	\$ (24,186,348)	U
Total Expenditures	\$ 848,945,012	\$ 565,963,344	\$ 576,622,924	\$ (10,659,580)	U
Other Additions (Deductions)					
Transfers from(to) Plant Funds	(14,062,292)	(9,374,861)	(13,239,370)	(3,864,509)	U
Other Transfers	(47,611)	(31,741)	(512,982)	(481,241)	U
Prior Year Fund Balance Usage	18,213,517	12,142,345	13,558,780	1,416,435	F
Total Other Additions (Deductions)	\$ 4,103,614	\$ 2,735,743	\$ (193,572)	\$ (2,929,315)	U
NET INCREASE (DECREASE) in Fund Balance	\$ 685,299	\$ 1,344,999	\$ 35,827,690	\$ 34,482,691	F
Non-Budgeted Items					
Net Unfunded Pension Expense			(20,561,906)		
Net Unfunded OPEB Expense			(7,435,748)		
Depreciation			(24,102,751)		
Endowment Gains/Losses			14,587,569		
Gain (Loss) on Disposition of Property			(110,678)		
Other Non-Budgeted Items			(3,258,423)		
SRECNP Bottom Line			(5,054,247)		

The Medical University of South Carolina

Direct Expenditures on Federal Grants and Contracts

(By Responsibility Center)

For the 8 Month Period Ending February 28, 2021

Administration	1,431,708
College of Dental Medicine	1,188,032
College of Graduate Studies	1,170,059
College of Health Professions	4,431,005
College of Medicine	103,572,093
College of Nursing	3,115,119
College of Pharmacy	1,117,536
Hollings Cancer Center	1,701,379
Library	376,443
Office of Sponsored Programs	21,289
	<hr/>
	\$118,124,663
	<hr/>

NOTE: The federal direct expenditures shown above were incurred by the University. The federal grant and contract revenue earned to cover these direct expenditures was \$118,124,663.

In addition to this federal grant and contract revenue, the University received \$27,162,001 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts.

\$26,975,812 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$186,189 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	\$118,124,663
Facilities and Administration costs	<u>\$27,162,001</u>
Federal operating grants and contracts	<u>\$145,286,664</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
February 28, 2021

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	\$ 11,893,537
Land/Bldgs/Equipment/Accumulated depreciation	<u>363,803,313</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 375,696,850</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, 2020 Balance	Fiscal Year 2021		Feb 28, 2021 Balance
		Added	Capitalized	
Energy Performance Contract	\$ 3,144,870	\$ 5,260,825	\$ -	\$ 8,405,695
BSB Exterior Envelope Repairs	970,235	1,022,486	-	1,992,721
SEI Chiller Replacement	901,645	774,279	-	1,675,924
New College of Pharmacy Addition	3,258,353	273,800	-	3,532,153
Others less than \$1,000,000 (ending balance)	<u>1,129,897</u>	<u>(4,594,364)</u>	<u>(248,489)</u>	<u>(3,712,956)</u>
Total construction in progress	<u>\$ 9,405,000</u>	<u>\$ 2,737,026</u>	<u>\$ (248,489)</u>	<u>\$ 11,893,537</u>

Note 6. *Deferred Revenue*

The University's deferred revenue consists of the following:

State appropriations	\$ 41,597,553
Grants and contracts	11,275,724
Student tuition and fees	21,954,028
Other	<u>2,494,401</u>
Total Deferred Revenue	<u>\$ 77,321,706</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
February 28, 2021

Note 7. *Long Term Liabilities*

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

Obligations under capital leases	\$ 46,139,964
Higher Ed Refunded Revenue bond payable	19,465,000
State Institution bonds payable	47,380,000
Energy Performance Note Payable	31,789,225
Premium on State Institution bonds payable	7,938,912
Premium on Refunding Revenue Bonds	<u>1,180,060</u>
Total Long Term Liabilities	<u>\$ 153,893,161</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 2020, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position decreased \$7.1 million for a total of \$158.3 million. In fiscal year 2019, excluding the GASB 68 and GASB 75 impact, the University's net position increased \$28.2 million for a total of \$165.4 million. In fiscal year 2018, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$0.6 million for at total of \$137.2 million. In fiscal year 2017, excluding the GASB 68 impact, the University's unrestricted net position increased \$10.5 million for a total of \$136.7 million.

	Per annual CAFR			
	<u>FY2020</u>	<u>FY2019</u>	<u>FY2018</u>	<u>FY2017</u>
Net investment in capital assets	\$ 273,745,547	\$ 290,960,785	\$ 318,787,398	\$ 335,952,501
Restricted				
Nonexpendable	92,884,333	91,997,286	91,314,812	90,977,372
Expendable	119,736,905	113,211,622	99,701,424	93,054,368
Unrestricted (exclusive of GASB 68 and 75 liabilities)	158,323,021	165,423,830	137,210,133	136,658,030
Unrestricted (including GASB 68 and 75 liabilities)	<u>(868,396,874)</u>	<u>(841,631,771)</u>	<u>(812,662,227)</u>	<u>(346,845,010)</u>
Total net position	<u>\$ (223,707,068)</u>	<u>\$ (180,038,248)</u>	<u>\$ (165,648,460)</u>	<u>\$ 309,797,261</u>

Medical University of South Carolina
Summary of Current Debt Obligations

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 28-Feb-2021
State Institution Bonds (SIB)			
SIB 2011D	18,950	Deferred maintenance projects	875
SIB 2012B refunding	12,645	Refunding SIB 2001C, 2003D, & 2003J	3,150
SIB 2016D	30,095	Refunding SIB 2001C, 2003D, & 2003J	19,940
SIB 2021D	23,415	Refunding SIB 2011D & to fund construction of capital projects	23,415
	<u>\$ 146,150</u>		
Current SIB Debt Authorized and Issued			<u>\$ 47,380</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ 7,170</u>
Refunding Revenue Bonds, Series 2017			
2017	<u>\$ 25,115</u>	Refunding of Higher Ed Revenue Bonds	<u>\$ 19,465</u>
Energy Performance Note Payable			
EPNP 02-27-19	<u>\$ 30,000</u>	Energy Savings	<u>\$ 31,789</u>

MUSC Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Eight (8) Month Period Ending February 28, 2021

	Area Health Education Consortium	CHS Development Company
Operating Revenues		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	375,990	-
State Grants and Contracts	120,811	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	50,000	-
Sales and Services to Hospital Authority	130,000	-
Sales and Services of Educational and Other Activities	295	-
Sales and Services of Auxiliary Enterprises	-	-
Interest Income	-	244,852
Other Operating Revenues	59,785	-
Total Operating Revenues	736,881	244,852
Operating Expenses		
Compensation and Employee Benefits	1,884,284	-
Pension Benefits		
OPEB Expense		
Services and Supplies	1,488,405	2
Utilities	-	-
Scholarships and Fellowships	8,000	-
Refunds to Grantors	-	-
Interest Expense	-	150,821
Depreciation and Amortization	-	104,233
Total Operating Expenses	3,380,689	255,056
Operating Income (Loss)	(2,643,808)	(10,204)
Nonoperating Revenues (Expenses)		
State Appropriations	7,439,752	-
State Appropriations - MUHA	-	-
Gifts and Grants Received	-	-
Investment Income	-	-
Interest Expense	381	-
Gain (Loss) on Disposal of Capital Assets	-	-
Transfers From (To) Other State Agencies	-	-
Other Nonoperating Revenues (Expenses), net	-	-
Net Nonoperating Revenues (Expenses)	7,440,133	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	4,796,325	(10,204)
Capital Appropriations	-	-
Capital Grants and Gifts	-	-
Additions to Permanent Endowments	-	-
Transfers From (To) MUSC Physicians (UMA)	-	-
Transfers From (To) AHEC	1,266	-
Transfers From (To) CHS Development	-	(3,538)
Transfers From (To) Facilities Corporation	-	-
Increase (Decrease) In Net Position	\$ 4,797,591	\$ (13,742)

MUSC Physicians and Carolina Family Care

Interim Financial Statements For the eight month period ending February 28, 2021

Consolidated Actual to Budget Variance	1
MUSCP Executive Summary	2
MUSCP Actual to Budget Variance	3
MUSCP Statement of Net Position	4-5
CFC Executive Summary	6
CFC Actual to Budget Variance	7
CFC Statement of Net Position	8-9
CFC Statement of Revenues, Expenses and Changes in Net Position – detailed	10
CFC Statement of Revenues, Expenses and Changes in Net Position – RHN	11
Consolidated Due to and Due From	12
Listing of Approved Unbudgeted Expenses	13

MUSC Physicians and Carolina Family Care, Inc.
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 8 Month Period Ending - February 28, 2021

	MUSC Physicians				Carolina Family Care, Inc.			Total		
	College of Medicine Actual	Corporate Actual	Ambulatory Care Actual	Other Actual	Carolina Family Care Primary Care Actual	Other Actual	RHN Actual	Total Actual	Total Budget	Total Variance
Operating revenues:										
Net clinical service revenue	\$251,621,121	\$ -	\$ (1,322)	\$ 1,594,554	\$ 12,823,334	\$ 1,139,550	\$ 33,014,900	\$300,192,137	\$ 289,828,970	\$ 10,363,167
Supplemental medicaid	36,395,421	-	-	-	2,133,333	-	-	38,528,755	36,000,000	2,528,755
Other operating revenue	1,929,470	5,014,396	2,853	673,195	2,860,204	841,466	17,502,531	33,131,727	26,495,909	6,635,818
Intercompany transfers	(88,620,766)	33,144,343	53,009,746	2,466,677	-	-	-	-	-	-
Purchased services	66,530,800	2,213,264	(639,527)	1,875,704	537,607	2,036,136	3,925,836	76,047,234	71,252,395	4,794,839
Grant salary reimb. from MUSC	11,052,787	(553)	-	(6,601)	-	-	-	11,045,633	9,336,362	1,709,271
Total operating revenues	278,908,833	40,371,450	52,371,749	6,603,529	18,354,478	4,017,151	54,443,267	458,945,486	432,913,636	26,031,850
Operating expenses:										
Salaries, wages and benefits	206,161,335	21,754,302	17,058,941	4,465,815	12,076,124	3,105,726	43,636,609	309,309,594	311,559,565	2,249,971
MUSCP reimb. for education and research	56,442,931	-	-	289,672	-	-	-	56,732,603	56,732,603	-
Supplies	558,901	323,547	25,571,320	5,750	1,348,497	4,396	1,755,029	29,825,970	29,029,168	(796,803)
Contractual services	2,307,267	4,433,315	817,098	653,432	758,980	396,532	3,869,557	14,314,085	13,214,486	(1,099,599)
Facility cost and equipment	67,647	914,383	4,703,176	231,129	1,354,429	104,212	3,415,737	10,878,906	12,721,050	1,842,145
Professional liability insurance	4,829,323	20,990	-	3,373	221,024	145,995	1,653,939	6,874,644	6,372,989	(501,655)
Depreciation	-	677,145	1,915,953	330,925	178,648	-	-	3,748,463	4,480,771	732,308
Meals and travel	213,591	22,748	14,642	20,654	5,143	6,681	870	289,688	2,823,453	2,533,764
Other expenses	125,495	2,712,768	3,506	34,727	371,282	71,266	67,881	3,386,924	855,463	(2,531,461)
Faculty and staff recruitment	157,466	65,106	-	73,784	759	495	15,154	312,765	960,103	647,338
Donations - transfer to MUSCF and others	10,300	635,713	-	183,950	-	-	-	829,963	743,889	(86,074)
MUSCP corporate shared services	-	-	-	-	1,015,866	2,991	857,115	1,875,972	1,972,793	96,821
Total operating expenses	270,874,256	31,560,017	50,084,636	6,293,212	17,330,752	3,838,294	55,271,890	438,379,578	441,466,332	3,086,755
Operating income (loss)	8,034,577	8,811,432	2,287,114	310,316	1,023,726	178,857	(828,623)	20,565,908	(8,552,696)	29,118,604
Nonoperating revenue (expenses):										
CARES Act Provider Relief Fund	-	(9,790,814)	-	-	544,347	72,992	828,623	(8,344,851)	-	(8,344,851)
MUHA reimb. for equipment - GRTC	-	-	-	-	-	-	-	-	534,468	(534,468)
Investment income	704,631	1,953,052	-	24,368,017	10,223	-	-	27,035,923	3,340,643	23,695,280
Interest expense	-	(241,948)	-	(1,153,801)	-	(115)	-	(2,144,373)	(2,317,107)	172,734
Rental income	-	131,543	297,394	4,503,276	19,092	-	-	4,951,304	5,400,042	(448,738)
Rent expense	-	-	-	(1,083,357)	-	-	-	(1,083,357)	(1,083,357)	-
Gain (loss) on disposal of assets	-	-	-	-	-	-	-	-	(28,597)	28,597
Total Nonoperating revenue (expenses)	704,631	(7,948,167)	297,394	26,634,134	573,662	72,877	828,623	20,414,645	5,846,090	14,568,555
Change in net position	\$ 8,739,208	\$ 863,265	\$ 2,584,507	\$ 26,944,451	\$ 1,597,388	\$ 251,734	\$ -	\$ 40,980,553	\$ (2,706,606)	\$ 43,687,159

Notes:
MUSC Physicians Other includes other Colleges (Nursing CoHP, Dental), Presidents Fund, Rental Properties and Investment Account
Carolina Family Care, Inc. Other includes Tideland Neurosurgery (Dr. Eggart), GRTC (Dr. Thurman), East Cooper Radiology, Group Health Insurance, Grace Internal Medicine and Shared Services Write -Off

Medical University of South Carolina Physicians

Executive Summary

For the eight month period ending February 28, 2021

Charges:

- **YTD-3% over budget and 7% over last year**
- Month of February: .1% over budget and 11% over last year
- Top 5 clinical departments: Surgery, Dermatology, Radiology, Orthopedics, Medicine
- Bottom 5 clinical departments: Psychiatry, Radiation Oncology, Pediatrics, Neurology, Otolaryngology

Payments:

- **YTD-2% over budget and 3% over last year**
- Month of February: 2% over budget and 8% over last year
- Strong revenue cycle performance in 40 Days in AR and \$89 per wRVU

Income/(Loss):

- **\$20.2M Operating Income; 5% Operating Margin**
 - \$27.8M favorable variance to budget
 - \$12.7M favorable net clinical service revenue
 - \$.7M favorable other operating revenue
 - \$2.8M favorable purchased services
 - \$1.7M favorable MUSC grant salary reimbursement
 - \$5.4M favorable various expense accounts
- **\$39.1M Net Income; 10% Net Margin**
 - \$40.9M favorable variance to budget
 - \$24.5M unrealized/realized gain on investments
 - (\$9.8M) accrued reversal of 2020 CARES Act Funds

Balance Sheet:

- Days cash on hand: 236 days and \$287M
- Current ratio: 4.8
- Net Position: \$393.7M; increased by \$39.1M compared to June 2020

Pension:

- YTD expense: \$25.6M; decreased by 1.2% compared to YTD February 2020

MUSC Physicians

(A Component Unit of MUSC)

Statement of Revenues, Expenses and Changes in Net Position
For the 8 Month Period Ending - February 28, 2021

	Fiscal Year To Date				Prior Year To Date
	Actual	Budget	Variance	Var %	Actual
Operating revenues:					
Net clinical service revenue	\$ 253,214,354	\$ 240,527,130	\$ 12,687,223	5%	\$ 243,496,584
Supplemental medicaid	36,395,421	33,866,667	2,528,755	7%	33,640,152
Other operating revenue	7,619,913	4,369,580	3,250,333	74%	7,111,958
MUHA reimb. for ambulatory and revenue cycle	4,307,613	3,312,661	994,953	30%	3,312,719
Purchased services	69,547,655	66,762,088	2,785,567	4%	65,309,755
Grant salary reimb. from MUSC	11,045,633	9,336,362	1,709,271	18%	10,166,993
Total operating revenues	382,130,589	358,174,488	23,956,101	7%	363,038,161
Operating expenses:					
Salaries, wages and benefits	250,491,136	251,292,434	801,298	0%	242,781,710
MUSCP reimb. for education and research	56,732,603	56,732,603	-	0%	53,063,016
Supplies	26,718,048	25,159,214	(1,558,834)	(6%)	22,790,499
Contractual services	9,289,016	11,079,922	1,790,906	16%	10,418,693
Facility cost and equipment	6,004,527	7,471,191	1,466,664	20%	5,325,817
Professional liability insurance	4,853,686	4,712,958	(140,729)	(3%)	3,970,289
Depreciation	3,569,815	4,294,115	724,300	17%	2,809,873
Meals and travel	276,995	2,747,612	2,470,617	90%	1,910,411
Other expenses	2,876,496	557,945	(2,318,551)	(416%)	283,881
Faculty and staff recruitment	296,356	954,469	658,112	69%	673,527
Donations - transfer to MUSCF and others	829,963	743,889	(86,074)	(12%)	20,000
Total operating expenses	361,938,641	365,746,351	3,807,710	1%	344,047,716
Operating income (loss)	20,191,948	(7,571,863)	27,763,811	367%	18,990,445
Nonoperating revenue (expenses):					
CARES Act Provider Relief Fund	(9,790,814)	-	(9,790,814)	(100%)	-
MUHA reimb. for equipment - GRTC	-	534,468	(534,468)	(100%)	113,491
Investment income	27,025,700	3,340,643	23,685,057	709%	6,489,353
Interest expense	(2,144,258)	(2,317,107)	172,849	7%	(2,273,057)
Rental income	4,932,213	5,379,879	(447,667)	(8%)	4,600,704
Rent expense	(1,083,357)	(1,083,357)	-	0%	(1,083,357)
Gain (loss) on disposal of assets	-	(28,597)	28,597	100%	173,566
Total nonoperating revenue (expenses)	18,939,483	5,825,928	13,113,556	225%	8,020,700
Change in net position	\$ 39,131,431	\$ (1,745,935)	\$ 40,877,366	2341%	\$ 27,011,145

Notes:

Supplemental Medicaid: prior year funds of \$2M received in February

Other operating revenue variance due to: CMMI Program Funds \$2.6M, \$500K Institute for Applied Neurosciences funding, \$262K Board of Trustees reimbursement

Purchased services variance due to: Coverage update after budget \$1.6M; Medical Directors and ICCE variable compensation \$817K;

Family Medicine Program added after budget \$796K

MUSCP reimbursement for education and research (R-transfers): includes \$4.8M accrual to match budget

Supplies over budget due to Vaccines/Injectables \$2.3M; Infusion revenues are overbudget \$2.6M

Other expenses variance due to CMMI Program Funds \$2.6M transfer to MHA

CARES Act Provider Relief Fund: accrued reversal of 2020 income due to possibility of repayment

Investment income gain includes unrealized/realized gain on investment of \$23.5M

Rental income: Parkshore retro rent adjustment

MUSC Physicians

(A Component Unit of the Medical University of South Carolina)

Statement of Net Position

ASSETS

	<u>February 28, 2021</u>	<u>June 30, 2020</u>	<u>Variance</u>
Current Assets:			
Cash and cash equivalents	\$ 79,292,197	\$ 83,960,592	\$ (4,668,395)
Investments	207,268,937	191,110,236	16,158,701
Receivables:			
Patient services - net of allowances for contractual adjustments of \$121,223,610 bad debts of \$23,832,761	44,361,717	37,762,932	6,598,785
Due from the Medical University of South Carolina	4,946,624	28,224,366	(23,277,742)
Due from the Medical University Hospital Authority	3,298,471	3,267,178	31,293
Due from the Medical University Foundation	493,684	580,263	(86,579)
Due from Carolina Family Care, Inc.	9,887,996	8,190,001	1,697,995
Note receivable UMA/MHP	94,618	166,859	(72,241)
Investment / Advancements consolidated CFC	32,270,000	32,270,000	-
Due from Comprehensive Psychiatric Services	(78)	34,181	(34,259)
Due from MSV	-	16,165	(16,165)
Prepaid rent - MUSC Foundation	338,226	338,226	-
Other current assets	40,224,483	9,026,508	31,197,975
Total Current Assets	<u>422,476,875</u>	<u>394,947,507</u>	<u>27,529,368</u>
Noncurrent assets:			
Capital assets:			
Land	22,999,986	22,999,986	-
Buildings	51,574,390	51,518,876	55,514
Furniture and equipment	25,548,418	25,299,165	249,253
Leasehold improvements	60,293,892	58,100,195	2,193,697
Rental buildings under capital lease	13,989,600	13,989,600	-
Computer software	13,593,123	13,593,123	-
Accumulated depreciation and amortization	(88,218,609)	(83,801,518)	(4,417,091)
Prepaid rent - MUSC Foundation	5,552,453	5,561,618	(9,165)
Other assets	6,750,000	9,030,000	(2,280,000)
Net OPEB Asset	459,884	459,884	-
Investment in partnerships	4,963,972	4,963,972	-
Total noncurrent assets	<u>117,507,109</u>	<u>121,714,901</u>	<u>(4,207,792)</u>
Total Assets	<u>539,983,984</u>	<u>516,662,408</u>	<u>23,321,576</u>
Deferred outflows of resources:			
Deferred refunding cost	8,320,691	9,281,703	(961,012)
Deferred outflows-OPEB	35,614	35,614	-
Total deferred outflows	<u>8,356,305</u>	<u>9,317,317</u>	<u>(961,012)</u>
Total Assets and Deferred Outflows	<u>\$ 548,340,289</u>	<u>\$ 525,979,725</u>	<u>\$ 22,360,564</u>

MUSC Physicians

(A Component Unit of the Medical University of South Carolina)

Statement of Net Position

LIABILITIES

	February 28, 2021	June 30, 2020	Variance
Current Liabilities:			
Accounts payable	\$ 10,759,177	\$ 11,894,399	\$ 1,135,222
Accrued interest payable	150,268	150,268	-
Accrued payroll	15,274,283	23,729,527	8,455,244
Accrued payroll withholdings	12,167,662	7,082,156	(5,085,506)
Accrued pension contribution	2,517,518	8,530,819	6,013,301
Unapplied cash - patient services	1,365,472	4,393,112	3,027,640
Other accrued liabilities	28,144,266	16,868,909	(11,275,357)
Due to Medical University of South Carolina	9,008	206,245	197,237
Due to Medical University Hospital Authority	6,218,661	18,023,117	11,804,456
Due to MUSC Health Alliance	4,569,342	2,005,736	(2,563,606)
Accrued compensated absences	2,332,022	2,351,555	19,533
Capital leases	414,132	414,132	-
Bonds payable	4,360,000	4,360,000	-
Total current liabilities	88,281,812	100,009,975	11,728,164
Noncurrent Liabilities:			
Accrued compensated absences	2,015,468	2,015,468	-
Capital leases	650,559	318,151	(332,408)
Bonds payable	56,275,000	60,155,000	3,880,000
Deferred inflows-OPEB	59,638	59,638	-
Fair value of derivative instruments	7,374,942	8,870,055	1,495,113
Total noncurrent liabilities	66,375,607	71,418,312	5,042,705
Total liabilities	154,657,419	171,428,287	16,770,869
NET POSITION			
Invested in capital assets, net of related debt	68,397,600	68,397,600	-
Unrestricted (deficit)	325,285,269	286,153,838	(39,131,431)
Total Net Position	393,682,869	354,551,438	(39,131,431)
Total Liabilities, Inflows & Net Position	\$ 548,340,289	\$ 525,979,725	\$ (22,360,562)

Notes:

Due from MUSC variance is due to receipt of FY20 Supplemental Medicaid payments received in FY21

Other current assets increase due to FY21 Supplemental Medicaid accrual

Leasehold Improvements include new projects: Bluffton, Chuck Dawley, Nexton, Voice and Swallow

Other Assets - (Noncurrent) decrease in collateral deposit for Swap

Accounts payable includes \$4.8M R-transfer accrual, \$2.4M Infusion Drug accrual, \$2.1M credit card payable and \$1.5M compliance refund accrual

Accrued payroll includes \$3M in Z Incentive accruals (unbudgeted) and two months of Y incentive \$5.4M

Accrued payroll withholdings includes FICA Employer Withholding being deferred

Accrued pension contribution: \$7M Pension contribution deferral was paid back in FY21

Other accrued liabilities includes Deferred Revenue from receipt of Advanced Medicare Payments \$16M, accrual for CARES Act return of funds received in 2020 \$9.8M

Due to MUHA: West Campus project \$9.4M have been paid in FY21

Due to MHA: CMMI Program funds to be transferred from UMA to MHA

Fair value of derivative instruments are adjusted to actuals quarterly

Carolina Family Care, Inc.
Including Carolina Primary Care Physicians & MUSC Health Partners
Executive Summary
For the eight month period ending February 28, 2021

Charges-CFC:

- **YTD-5% under budget and 1% under last year**
- Month of February: 11% under budget

Payment-CFC:

- **YTD-6% under budget and 8% under last year**
- Month of February: 13% under budget
- 34 Days in AR and \$83 per wRVU

Charges-RHN:

- **YTD-11% over budget and 3% under last year**
- Month of February: 26% over budget

Payment-RHN:

- **YTD-2% under budget and 2% under last year**
- Month of February: .4% over budget
- 39 Days in AR and \$61 per wRVU

Income/(Loss):

- Year to Date: \$.4M Operating Income; 0.5% Operating Margin
 - \$1.4M favorable variance to budget
 - (\$2.3M) unfavorable net clinical service revenue
 - \$1.0M favorable other operating revenue
 - \$.8M RHN 2020 shared services fee
 - \$1.3M favorable purchased services
 - \$1.5M favorable salaries, wages and benefits due to higher than expected vacancies
- Year to Date: \$1.8M Net Income; 2.4% Net Margin
 - \$2.8M favorable variance to budget
 - \$1.4M CARES Act revenue

Balance Sheet:

- Current ratio: .7
- Net Position: (\$4.8M); increased by \$1.9M compared to June 2020
- Assets increased \$3.2M compared to June 2020
 - (\$2.8M) decrease in Cash and cash equivalents
 - \$2.6M increase in Due from MUHA – RHN
 - \$2.9M increase in other current assets
 - \$2.1M increase related to Supplemental Medicaid accrual
- Liabilities increased \$1.3M compared to June 2020
 - (\$1.5M) decrease in accrued payroll
 - \$0.8M increase in accrued payroll withholdings due to FICA Employer Withholding being deferred
 - \$1.7M increase in due to UMA

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Statement of Revenues, Expenses and Changes in Net Position
For the 8 Month Period Ending - February 28, 2021

	Fiscal Year To Date				Prior Year To Date
	Actual	Budget	Variance	Var %	Actual
Operating revenues:					
Net clinical service revenue	\$ 46,977,784	\$ 49,301,840	\$ (2,324,056)	(5%)	\$ 46,206,061
Supplemental medicaid	2,133,333	2,133,333	-	0%	2,133,333
Other operating revenue	3,701,669	2,738,648	963,021	35%	1,716,824
RHN provider practice strategic support	17,502,531	16,075,020	1,427,511	9%	15,187,255
Salary reimb. for RHCs	3,296,651	2,564,710	731,941	29%	2,077,449
Purchased services	3,202,928	1,925,597	1,277,331	66%	1,224,288
Total operating revenues	76,814,897	74,739,148	2,075,749	3%	68,545,210
Operating expenses:					
Salaries, wages and benefits	58,818,459	60,267,132	1,448,673	2%	56,583,011
Supplies	3,107,922	3,869,954	762,032	20%	3,486,863
Contractual services	5,025,069	2,136,827	(2,888,242)	(135%)	2,565,810
Depreciation	178,648	186,656	8,008	4%	238,796
Facility cost and equipment	4,874,379	5,249,859	375,481	7%	4,818,618
Professional liability insurance	2,020,958	1,660,031	(360,926)	(22%)	1,379,969
Meals and travel	12,694	75,841	63,147	83%	118,178
Faculty and staff recruitment	16,409	5,634	(10,775)	(191%)	136,273
MUSCP corporate shared services	1,875,972	1,970,530	94,559	5%	2,591,952
Other expenses	510,429	297,518	(212,910)	(72%)	149,918
Total operating expenses	76,440,937	75,719,982	(720,955)	(1%)	72,069,387
Operating income (loss)	373,960	(980,834)	1,354,794	138%	(3,524,177)
Nonoperating revenue (expenses):					
CARES Act Provider Relief Fund	1,445,963	-	1,445,963	100%	-
Investment income	10,223	-	10,223	100%	(469)
Interest expense	(115)	-	(115)	(100%)	-
Rental income	19,092	20,163	(1,071)	(5%)	20,610
Total nonoperating revenue (expenses)	1,475,162	20,163	1,454,999	7216%	20,141
Change in net position	\$ 1,849,122	\$ (960,671)	\$ 2,809,793	292%	\$ (3,504,036)

Notes:

*Other operating revenue variance related to 2020 Q1-3 RHN Shared Services \$824K; CMMI Program Funds \$154K
Purchased Services: Modern Minds \$406K overbudget, Hampton Regional \$355K unbudgeted, Call Center Agents \$244K
and RHN reimbursements \$218K
Salaries and benefits includes: other favorability due to higher than expected vacancies
Contractual Services: \$2.4M related to Emergency Departments Physician services unbudgeted and
\$269K related to Hematology Oncology unbudgeted
Other expenses: CMMI Program Funds (\$154K) transferred to MHA*

Carolina Family Care, Inc.

including Carolina Primary Care Physicians and MUSC Health Partners

Statement of Net Position**ASSETS**

	<u>February 28, 2021</u>	<u>June 30, 2020</u>	<u>Variance</u>
Current Assets:			
Cash and cash equivalents	\$ 3,934,762	\$ 6,739,586	\$ (2,804,824)
Receivables:			
Patient services - net of allowances for contractual adjustments of \$26,918,323 bad debts of \$5,536,898	8,489,598	7,837,476	652,122
Due from the Medical University of South Carolina	(1,020)	86,443	(87,463)
Due from the Medical University Hospital Authority	573,165	669,052	(95,887)
Due from MUHA - RHN / RHN Settlement	398,362	(2,237,696)	2,636,058
Due from MSV	99,166	36,106	63,060
Other current assets	3,592,685	681,712	2,910,973
Total Current Assets	<u>17,086,718</u>	<u>13,812,679</u>	<u>3,274,039</u>
Noncurrent assets:			
Capital assets:			
Furniture and equipment	1,361,934	1,361,934	-
Leasehold improvements	2,701,496	2,641,766	59,730
Computer software	46,563	46,563	-
Accumulated depreciation and amortization	(2,452,331)	(2,273,683)	(178,648)
Investment in partnerships	737,845	737,845	-
Total noncurrent assets	<u>2,395,506</u>	<u>2,514,425</u>	<u>(118,918)</u>
Total Assets	<u>\$ 19,482,224</u>	<u>\$ 16,327,104</u>	<u>\$ 3,155,121</u>

Carolina Family Care, Inc.

including Carolina Primary Care Physicians and MUSC Health Partners

Statement of Net Position**LIABILITIES**

	February 28, 2021	June 30, 2020	Variance
Current Liabilities:			
Accounts payable	\$ 955,496	\$ 589,043	\$ (366,453)
Accrued payroll	4,228,066	5,760,191	1,532,125
Accrued payroll withholdings	1,557,483	738,222	(819,261)
Unapplied cash - patient services	2,994,412	3,071,518	77,106
Other accrued liabilities	3,168,559	2,946,594	(221,965)
Due to Medical University of South Carolina	24,990	3,367	(21,623)
Due to Medical University Hospital Authority	(98,190)	298,457	396,647
Due to UMA	9,887,996	8,190,001	(1,697,995)
Note Payable UMA/MHP	94,618	166,859	72,241
Note Payable MSV/CFC	100,115	-	(100,115)
Due to MUSC Health Alliance	198,524	44,464	(154,060)
Accrued compensated absences	635,000	632,357	(2,643)
Total current liabilities	23,747,071	22,441,073	(1,305,996)
Noncurrent Liabilities:			
Accrued compensated absences	529,837	529,837	-
Total noncurrent liabilities	529,837	529,837	-
Total liabilities	24,276,908	22,970,910	(1,305,996)
NET POSITION			
Capital stock and Additional paid-in capital	32,270,000	32,270,000	-
Invested in capital assets, net of related debt	1,776,580	1,776,580	-
Unrestricted (deficit)	(38,841,264)	(40,690,386)	(1,849,122)
Total Net Position	(4,794,684)	(6,643,806)	(1,849,122)
Total Liabilities, Inflows & Net Position	\$ 19,482,224	\$ 16,327,104	\$ (3,155,118)

*Notes:**Due to MUHA - RHN includes the net advance from MUHA for RHN expenses; RHN AP/RVU accruals are no longer included**Other Current assets includes Supplemental Medicaid accrual of \$2.1M**Accrued payroll withholdings includes FICA Employer Withholding being deferred**Other accrued liabilities includes \$1.3M Deferred Revenue from receipt of Advanced Medicare Payments;**\$1.2M IBNR liability - related to Group Health Insurance**Due to MHA: CMMI Program funds to be transferred from CFC to MHA*

Carolina Family Care, Inc.

(Including Carolina Primary Care Physicians and MUSC Health Partners)

Statement of Revenues, Expenses and Changes in Net Position

For the 8 Month Period Ending - February 28, 2021

	East Cooper Radiology	GRTC	Tidelands Neuro	Grace Internal Medicine	Regional Health Network	Other Entities	Carolina Family Care	CFC Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	Sum of (1)-(7)
Operating revenues:								
Net clinical service revenue	\$ 658,589	\$ -	\$ 431,193	\$ 27,186	\$ 33,014,900	\$ 22,582	\$ 12,823,334	\$ 46,977,784
Supplemental medicaid	-	-	-	-	-	-	2,133,333	2,133,333
Other operating revenue	123	-	-	-	-	841,343	2,860,204	3,701,669
RHN provider practice strategic support	-	-	-	-	17,502,531	-	-	17,502,531
Salary reimb. for RHCs	-	-	-	-	3,296,651	-	-	3,296,651
Purchased services	181,927	325,842	322,668	-	629,185	1,205,698	537,607	3,202,928
Total operating revenues	840,639	325,842	753,861	27,186	54,443,267	2,069,623	18,354,478	76,814,897
Operating expenses:								
Salaries, wages and benefits	499,256	312,320	666,329	-	43,636,609	1,627,822	12,076,124	58,818,459
Supplies	-	-	1,278	-	1,755,029	3,118	1,348,497	3,107,922
Contractual services	275,509	125	857	111,731	3,869,557	8,310	758,980	5,025,069
Depreciation	-	-	-	-	-	-	178,648	178,648
Facility cost and equipment	-	-	39,329	18,433	3,415,737	46,450	1,354,429	4,874,379
Professional liability insurance	57,742	11,258	55,713	-	1,653,939	21,282	221,024	2,020,958
Meals and travel	-	540	3,204	-	870	2,937	5,143	12,694
Faculty and staff recruitment	-	-	-	-	15,154	495	759	16,409
MUSCP corporate shared services	-	-	-	2,991	857,115	-	1,015,866	1,875,972
Other expenses	36,150	2,990	32,124	-	67,881	3	371,282	510,429
Total operating expenses	868,657	327,233	798,834	133,154	55,271,890	1,710,416	17,330,752	76,440,937
Operating income (loss)	(28,018)	(1,391)	(44,973)	(105,968)	(828,623)	359,207	1,023,726	373,960
Nonoperating revenue (expenses):								
CARES Act Provider Relief Fund	28,019	-	44,973	-	828,623	-	544,347	1,445,963
Investment income	-	-	-	-	-	-	10,223	10,223
Interest expense	-	-	-	-	-	(115)	-	(115)
Rental income	-	-	-	-	-	-	19,092	19,092
Total nonoperating revenue (expenses)	28,019	-	44,973	-	828,623	(115)	573,662	1,475,162
Change in net position	\$ 1	\$ (1,391)	\$ -	\$ (105,968)	\$ -	\$ 359,091	\$ 1,597,388	\$ 1,849,122

Notes:

(1) East Cooper Radiology income/losses are transferred to MSV where billings are made to East Cooper Hospital (\$220,176 per year) and MUHA: \$182K in reimbursement from MSV YTD.

(2) Georgetown Hospital pays 18.5% of total collections to cover operating expenses of provider at GRTC

(3) MUHA and Tidelands have each been billed FY21 losses related to Tidelands Neurosciences. Total loss YTD is \$323K.

(4) Grace Internal Medicine - funding from MSV Line of credit in the amount of \$100K has been received

(5) MUHA funds 100% of deficit related to Regional Health Network

(6) Other non-Primary Care entities:

- (\$453K) Group Health Insurance
- (\$7K) Manager of Occupational Safety and Health - MUHA, MUSC and UMA provide support
- (\$5K) Institutional Advancement - lobbying costs
- \$824K Shared Services Write-off Reversal (Q1-3 2020 RHN shared services)

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Regional Health Network
Statement of Revenues, Expenses and Changes in Net Position
For the 8 Month Period Ending - February 28, 2021

	Florence Actual	Marion Actual	Chester Actual	Lancaster Actual	RHC Actual	RHN Integ. Costs Actual	RHN Consol. Actual	RHN Consol. Budget	RHN Consol. Variance
	(1)	(2)	(3)	(4)	(5)	(6)	Sum of (1)-(6)		
Operating revenues:									
Net clinical service revenue	\$ 21,181,611	\$ 2,322,910	\$ 3,852,838	\$ 5,657,126	\$ -	\$ 415	\$ 33,014,900	\$ 33,861,227	\$ (846,328)
Purchased services	438,936	50,078	13,805	339,866	-	(213,500)	629,185	249,295	379,890
Total operating revenues	21,620,547	2,372,987	3,866,644	5,996,992	-	(213,085)	33,644,085	34,110,522	(466,437)
Operating expenses:									
Salaries, wages and benefits	25,602,793	3,452,903	3,240,850	7,876,970	2,945,606	517,486	43,636,609	43,745,643	109,034
Supplies	910,210	81,203	237,901	403,237	120,617	1,860	1,755,029	2,161,991	406,962
Contractual services	668,923	250,634	1,300,770	1,534,089	19,905	95,236	3,869,557	793,754	(3,075,803)
Facility cost and equipment	1,962,994	193,151	368,793	724,432	165,990	378	3,415,737	3,641,683	225,945
Professional liability insurance	920,150	174,653	148,791	367,258	43,087	-	1,653,939	1,309,954	(343,984)
Meals and travel	96	-	-	773	-	-	870	14,171	13,301
Faculty and staff recruitment	14,577	-	-	-	-	578	15,154	3,301	(11,853)
MUSCP corporate shared services	506,833	108,710	90,293	151,279	-	-	857,115	954,664	97,549
Other expenses	23,922	2,582	1,147	38,784	1,446	-	67,881	125,091	57,210
Total operating expenses	30,610,497	4,263,835	5,388,546	11,096,823	3,296,651	615,538	55,271,890	52,750,253	(2,521,638)
Operating income (loss)	(8,989,950)	(1,890,848)	(1,521,902)	(5,099,831)	(3,296,651)	(828,623)	(21,627,805)	(18,639,730)	(2,988,075)
Nonoperating revenue (expenses):									
CARES Act Provider Relief Fund	-	-	-	-	-	828,623	828,623	-	828,623
Total nonoperating revenue (expenses)	-	-	-	-	-	828,623	828,623	-	828,623
RHN provider practice strategic support	8,989,950	1,890,848	1,521,902	5,099,831	-	-	17,502,531	16,075,020	1,427,511
Salary reimbursement for RHCs	-	-	-	-	3,296,651	-	3,296,651	2,564,710	731,941
Change in net position	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes:

Purchased services in operating revenues includes Medical Directorships, FCALL payments, other salary reimbursements

Salary Reimbursement for RHCs: Regional Health Clinics are fully reimbursed for salaries and other expenses by MUHA. Income is not recognized but reimbursed directly to MUHA.

Contractual Services: \$2.4M related to Emergency Departments Physician services unbudgeted

**FY2021 MUSCP Due to/Due From
As of 2/28/21**

	Outstanding Balance	Notes
1. MUSCP/MUHA		
MUSCP is due to pay MUHA	\$6,361,724	Balance consists of monthly recurring activity
MUHA is due to pay MUSCP	\$3,421,659	Balance consists of monthly recurring activity
Net: MUSCP is due to pay MUHA	\$2,940,066	
2. MUSCP/MUSC		
MUSC is due to pay MUSCP	\$4,787,239	Balance consists of monthly recurring activity
MUSCP is due to pay MUSC	\$7,548	\$10K agency funds offset by monthly recurring activity
Net: MUSC is due to pay MUSCP	\$4,779,691	
3. CFC/MUHA		
CFC is due to pay MUHA	\$50,837	Balance consists of monthly recurring activity
MUHA is due to pay CFC	\$472,820	Balance consists of monthly recurring activity
Net: MUHA is due to pay CFC	\$421,983	
4. CFC/MUHA - RHN		
Total RHN accounts-Due from (to) MUHA	\$141,768	Net Advance from MUHA for RHN expenses. Also includes AR accrual, rent agreements
5. CFC/MUSC		
CFC is due to pay MUSC	\$24,856	Balance consists of monthly recurring activity
6. MHP/MUHA		
MUHA is due to pay MHP	\$42,526	Balance consists of monthly recurring activity
MHP is due to pay MUHA	\$4,121	Balance consists of monthly recurring activity
Net: MUHA is due to pay MHP	\$38,405	
7. MHP/MUSC		
MUSC is due to pay MHP	\$32,387	Occupational Practice Manager Salary Reimbursement
MHP is due to pay MUSC	\$134	Balance consists of monthly recurring activity
Net: MUSC is due to pay MHP	\$32,253	
8. MSV		
MSV is due to pay CFC	\$211,265	Balance consists of monthly recurring activity

**FY 2021 MUSCP Consolidated Approved Unbudgeted Expenses
As of 2/28/21**

Unbudgeted Capital Projects	Amount
IS-Lab Modernization Project	\$ 822,988
CFC Lab Equipment	800,000
Information Security, IS Infrastructure and Hyland Mamo	518,137
Parkshore Renovations	80,920
IS Wireless Replacement Project	70,000
PPOP (South Park) HR Build Out	60,000
IS-MSK Optimization-EPIC Bones Module	30,308
Total	\$ 2,382,353
Unbudgeted Operating Expenses	Amount
West Campus Roof	\$ 423,952
APP Market Adjustments (not including fringe)	191,073
Wiff/Kieffer-Otolaryngology Chair	190,000
ECG Patient Access Phase 2	180,000
Executive Search Fee – President’s Account	165,000
Database for the Office of Development – President’s Account	68,228
IS: Access and SER Optimization	15,890
Total	\$ 1,234,143
Total FY21 Approved Unbudgeted Expenses	\$ 3,616,496

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES

CONSENT AGENDA

April 9, 2021

101 Colcock Hall/Via Teleconference

Authority Operations, Quality and Finance Committee: Dr. Murrell Smith, Chair

Consent Agenda for Approval

Item 29.1 Appointments, Reappointments and Delineation of Privileges..... Dr. Phillip Warr
Chief Medical Officer, MUHA

Item 30. Revised Policy for Approval: Expenditure of Public Funds..... David McLean
Director, MUHA Legal Affairs

Item 31. Revised Policy for Approval: Interventions that are Ineffective or Harmful..... David McLean
Director, MUHA Legal Affairs

Item 31.1 Compensation Adjustment for CEO, MUSC Health and VP for Health Affairs..... Dr. David Cole
President

Consent Agenda for Information

Item 32. Medical Executive Committee Minutes Dr. Phillip Warr
Chief Medical Officer, MUHA

Item 33. Contracts and Agreements..... David McLean
Director, MUHA Legal Affairs

MUHA and MUSC Physical Facilities Committee: Mr. Bill Bingham, Chair

Consent Agenda for Information

Item 34. MUHA and MUSC FY2021 Active Projects >\$250,000 Brad Taylor
Chief Facilities Officer, MUSC

Item 35. MUSC Facilities Contracts Awarded Brad Taylor
Chief Facilities Officer, MUSC

Board of Trustees Credentialing Subcommittee Feb 2021
The Medical Executive Committee reviewed the following applicants on Feb 17, 2021
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 2.28.2021

Medical Staff Initial Appointment and Clinical Privileges

Virginia Paige Litz, D.O.	Active Provisional	Psychiatry	
Nicole Anderson, M.D.	Active Provisional	Radiation Oncology	
David Everman, M.D.	Provisional Affiliate	Pediatrics	Greenwood Genetics
Kelly Holes-Lewis, M.D.	Provisional Affiliate	Psychiatry	Greenwood Genetics
Michael Lyons, M.D.	Provisional Affiliate	Pediatrics	Greenwood Genetics
Eloise Prijoles, M.D.	Provisional Affiliate	Pediatrics	Greenwood Genetics
Richard Rogers, M.D.	Provisional Affiliate	Pediatrics	Greenwood Genetics
Steven Skinner, M.D.	Provisional Affiliate	Pediatrics	Greenwood Genetics
Elliot Stolerman, M.D.	Provisional Affiliate	Pediatrics	Greenwood Genetics
Karim Nazer, M.D.	Provisional Affiliate-	Medicine	FLORENCE
Michael Miller, D.O.	Provisional Affiliate-	Emergency Medicine	FLORENCE

Medical Staff Reappointment and Clinical Privileges

Susan Ackerman, M.D.	Active	Radiology	
Nicholas Batalis, M.D.	Active	Pathology & Lab. Med.	
Jennifer Braden, M.D.	Active	Pediatrics	
Thomas Brothers, M.D.	Active	Surgery	
Carrie Busch, M.D.	Active	Pediatrics	
Marc Chimowitz, M.B.	Active	Neurology	
Vanessa Diaz, M.D.	Active	Family Medicine	
George Inabinet, Jr., M.D.	Active	Anesthesiology	
Patricia McBurney, M.D.	Active	Pediatrics	
John Metcalf, M.D.	Active	Pathology & Lab. Med.	
Amanda Price, M.D.	Active	Pediatrics	
Tamatha Psenka, M.D.	Active	Family Medicine	
Cynthia Schandl, M.D.	Active	Pathology & Lab. Med.	
Katherine Silver, M.D.	Active	Medicine	
Terrence Steyer, M.D.	Active	Family Medicine	
Cynthia Welsh, M.D.	Active	Pathology & Lab. Med.	
Jack Yang, M.D.	Active	Pathology & Lab. Med.	
Praneeth Baratam, M.B.B.S.	Active Provisional	Medicine	
Lisa Rene Bystry, M.D., B.A.	Active Provisional	Obstetrics & Gynecology	
Karen Menzer Ullian, M.D.	Active Provisional	Ophthalmology	
William Harris, Jr., B.A., M.D.	Provisional Affiliate-	Obstetrics & Gynecology	FLORENCE

Medical Staff Reappointment and Change in Clinical Privileges

NONE

Medical Staff Change in Privileges

NONE

Professional Staff Initial Appointment and Clinical Privileges

Mara Anderson, A.P.R.N.	Provisional Allied	Medicine	
Stantrenetta Harrold, A.P.R.N.	Provisional Allied	Department of Nursing	
Gail Nestor-Loo, LCSW	Provisional Allied	Psychiatry	
Brian Sherman, Ph.D.	Provisional Allied	Psychiatry	

Professional Staff Reappointment and Clinical Privileges

Hilary Jo Bernstein, M.S.W.	Allied Health	Psychiatry	
Leslie Cerenzia, C.R.N.A.	Allied Health	Anesthesiology	
Sarah Clanton, F.N.P.	Allied Health	Medicine	
Sarah Creed, M.S.N.	Allied Health	Neurology	
Rebecca Daffron, LISW-CP	Allied Health	Psychiatry	

Emily Dudleck, P.A.C.	Allied Health	Neurosurgery	
Kristin Eyre, LISW-CP	Allied Health	Psychiatry	
Johana Fajardo, D.N.P.	Allied Health	Medicine	
Patricia Felker, M.S.W.	Allied Health	Psychiatry	
Jamie Folsom, A.N.P.	Allied Health	Neurology	
Helen Harman, C.R.N.A.	Allied Health	Anesthesiology	
Bridgette Kadri, P.A.	Allied Health	Medicine	
Patricia Mathias, P.A.C.	Allied Health	Neurosurgery	
Kellie McLain, A.N.P.	Allied Health	Medicine	
Regan Saxton, C.R.N.A.	Allied Health	Anesthesiology	
Kristy Lynne Smith, F.N.P.	Allied Health	Radiology	
Anne Speaks, A.P.R.N.	Allied Health	Pediatrics	
Lauree Stark, N.N.P.	Allied Health	Pediatrics	
Rachel Tomko, Ph.D.	Allied Health	Psychiatry	
James Truelove, M.S.W.	Allied Health	Psychiatry	
Lauren Turner, M.S.N.	Allied Health	Surgery	
Debra Wallace, M.S.W.	Allied Health	Psychiatry	
Heather Anthony, P.A.C.	Allied Health CFC -	Family Medicine	
Jennifer Palo, N.P.	Allied Health CFC -	Family Medicine	
Cheryl Carlson, N.N.P.	Provisional Allied	Pediatrics	
Nicole Dietrich, LMSW	Provisional Allied	Psychiatry	
Hannah Pate, P.A.C.	Provisional Allied	Medicine	
Victoria Rosa, P.A.C.	Provisional Allied	Dermatology	
Drasti Smyre, P.A.C.	Provisional Allied	Otolaryngology	
Farah Stokes, F.N.P.	Provisional Allied	Radiology	
Miranda Thomas, F.N.P.	Provisional Allied	Obstetrics & Gynecology	FLORENCE

Professional Staff Reappointment and Change in Privileges

NONE

Professional Staff Change in Privileges

NONE

Board of Trustees Credentialing Subcommittee **March 2021**
The Medical Executive Committee reviewed the following applicants on **March 17, 2021**
and recommends approval by the Board of Trustees Credentialing Subcommittee effective **3.28.2021**

Medical Staff Initial Appointment and Clinical Privileges

Ann Bogard, M.D.	Active Provisional	Otolaryngology	
Jordan Foutch, M.D.	Active Provisional	Pediatrics	
Kathleen Jackson, M.D.	Active Provisional	Pediatrics	
Arman Kilic, M.D.	Active Provisional	Surgery	
Reginald Munden, M.D.	Active Provisional	Radiology	
Martha Munden, M.D.	Active Provisional	Radiology	
Edward Tarnawa, M.D.	Active Provisional	Obstetrics & Gynecology	
Antwana Wright, M.D.	Active Provisional	Surgery	
Sara Cathey, Pharm, M.D.	Provisional Affiliate	Pediatrics	
Roger Stevenson, M.D.	Provisional Affiliate	Pediatrics	
John Johnson, M.D.	Provisional Affiliate-	Medicine	Florence
Ashley Primus, M.D.	Provisional Affiliate-	Medicine	Florence
Amangeldi Rahmanov, M.D.	Provisional Affiliate-	Medicine	Florence Provider
Evan Franklin Ekman, M.D.	Provisional Affiliate-	Orthopaedics	Lancaster/Chester
Wael Ghalayini, M.D.	Provisional Affiliate-	Medicine	Florence
Jonathan Millard, M.D.	Provisional Affiliate-	Emergency Med	Lancaster
Steven Nathanson, M.D.	Provisional Affiliate-	Emergency Med	Marion
Cynthia Wesley, M.D.	Provisional Affiliate-	Obstetrics & Gynecology	Florence

Medical Staff Reappointment and Clinical Privileges

Amit Agrawal, M.D.	Active	Medicine	
George Baker, M.D.	Active	Pediatrics	
Varsha Bandisode, M.D.	Active	Pediatrics	
Kelly Barth, D.O.	Active	Psychiatry	
Steven Carroll, M.D.	Active	Pathology & Lab.	
John A. Glaser, M.D.	Active	Orthopaedics	
Donna Johnson, M.D.	Active	Obstetrics & Gynecology	
Jason Madey, M.D.	Active	Neurology	
Robert Malcolm, Jr., M.D.	Active	Psychiatry	
Matthew Moake, M.D.	Active	Pediatrics	
Christopher Pelic, M.D.	Active	Psychiatry	
Eric Rovner, M.D.	Active	Urology	
William Russell, M.D.	Active	Pediatrics	
Cassandra Salgado, M.D.	Active	Medicine	
Rodney Schlosser, M.D.	Active	Otolaryngology	
Edward Short, M.D.	Active	Psychiatry	
Ronald Teufel, II, M.D.	Active	Pediatrics	
Tanya Turan, M.D.,	Active	Neurology	
Deanna Vroman, M.D.	Active	Medicine	
Simon Watson, M.D.	Active	Emergency Med	
Sally Webb, M.D.	Active	Pediatrics	
Timothy Whelan, M.D.	Active	Medicine	
Kristin Wise, M.D.	Active	Medicine	
James Battista, M.D.	Active Provisional	Neurology	
Gregory Compton, M.D.	Active Provisional	Medicine	
Michael Huber, M.D.	Affiliate - Colleague	Psychiatry	
Jill Peterson, M.D.	Affiliate CFC -	Family Medicine	

Medical Staff Reappointment and Change in Clinical Privileges

None

Medical Staff Change in Privileges

Nancy Westmark, D.M.D.	Oral Max Surg	Add Botox Privilege
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Professional Staff Initial Appointment and Clinical Privileges

Ethan Clontz, P.A.C.	Provisional Allied	Neurosurgery	
Patrick Duffy, Jr., Psy.D.	Provisional Allied	Psychiatry	
Emily Munday, C.R.N.A.	Provisional Allied	Anesthesiology	
Angie Powers, A.P.R.N.	Provisional Allied	Dept. of Nursing	
Bethany Zanetti, P.A.C.	Provisional Allied	Medicine	
Alexandria Ingram, F.N.P.	Provisional Allied	Medicine	Chester
Brittany Smith, P.A.	Provisional Allied	Emergency Med	Lancaster

Professional Staff Reappointment and Clinical Privileges

Ginger Brister, C.R.N.A.	Allied Health	Anesthesiology	
Lori Donahoo, P.N.P.	Allied Health	Pediatrics	
Myra Frick, C.R.N.A.	Allied Health	Anesthesiology	
Mary Kral, Ph.D.	Allied Health	Pediatrics	
Jennifer Marshall, P.A.C.	Allied Health	Neurosurgery	
Aiken McNair, P.A.C.	Allied Health	Medicine	
Cynthia Thompson, C.R.N.A.	Allied Health	Anesthesiology	
Tiffany Tindal, F.N.P.	Allied Health	Surgery	
Travis Turner, Ph.D.	Allied Health	Neurology	
Alexis Bielski, C.R.N.P.	Provisional Allied	Pediatrics	
Simone Chinnis, MSN	Provisional Allied	Department of Nursing	
Jennifer Douglas, P.A.C.	Provisional Allied	Medicine	
Loren Dupuis, P.A.C.	Provisional Allied	Surgery	
Georgann Houben, D.N.P.	Provisional Allied	Medicine	
Katherine McElmurray, A.C.N.P	Provisional Allied	Medicine	
Pooja Patel, P.A.C.	Provisional Allied	Medicine	
Pamela Perrella, F.N.P.	Provisional Allied	Medicine	

Professional Staff Reappointment and Change in Privileges

None

Professional Staff Change in Privileges

None

Telemedicine By Proxy Medical Staff

Brittany Albright, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	Tele Psych with
Elizabeth Baker, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Elizabeth Burguires, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
James Claytor, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Amy Jones, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Dale Marko, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Aleta McGough, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Ngozi Nnadi, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Benjamim Potter, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Ervin Prewette, II, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Brenda Ratliff, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Amanda Roper, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Jaclyn Sligar, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Gregory Smith, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Shalika Guram, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Alton Williams, III, M.D.	Consulting/Courtesy	Telemedicine By-Proxy	
Katelin Williamson, D.O.	Consulting/Courtesy	Telemedicine By-Proxy	

END of ROSTER

Medical University Hospital Authority Policy

Expenditure of Non-Appropriated Public Funds for Special Events

The S. C. Code of Laws Section 59-123-60, as amended, created the Medical University Hospital Authority and defined the powers of the MUSC Hospital Authority Board of Trustees.

This Act was signed by the Governor in May 2005, and required the Board to adopt an expenditure of public funds policy for events that recognize academic and research excellence and noteworthy accomplishments.

The Board adopted the “Expenditure of Public Funds Policy for Special Events (Non-Appropriated Funds)” in June 2000.

The recommended updated policy, as in the existing approved policy, references specific language from the Act including allowable and prohibited expenditures.

The recommended updated policy is aligned with a revised policy format and includes additional examples of noteworthy accomplishments. No substantive changes are recommended.

MUSC Health

Section # {External Reference #}	Policy #		
Responsible Department:			
Date Originated June 16, 2000	Last Reviewed	Last Revised	Effective Date

Printed copies are for reference only. Please refer to the electronic copy for the official version.

Policy Scope:

Applicable	Entity	Additional Scope
X	MUHA	
	MUSCP	

Policy Statement:

The Board of Trustees adopts this policy for expenditure of MUHA non-appropriated public funds in accordance with the S. C. Code of Laws 59-123-60. Expenditure of non-appropriated funds in accordance with this policy meets the public purpose test.

Policy Purpose:

Non-appropriated public funds may be expended for events to recognize academic and research excellence and noteworthy accomplishments of members of the faculty, staff, students and distinguished guests. This policy lists examples of events for recognition, summarizes prohibited use of funds, and defines the approval process. ~~To define appropriate use of public funds.~~

Scope:

This policy applies to the expenditure of MUHA non-appropriated funds for recognition events.

Definitions:

- A. The Prudent Person Standard means a reasonable, independent and objective person (general public opinion) would agree that good judgement was exercised in the use of resources.
- B. Non-appropriated funds include revenues generated from patient care services and other funds from non-state sources.

Policy:

- I. Allowable Expenditures of Non-Appropriated State funds for Recognition Events Include:
 - A. Care Team member awards and recognition for compassionate patient care and service.
 - B. Achievement of organizational goals for service, people, quality and safety, finance, growth and innovation.

- C. Attainment of USNWR rankings, accreditation, certification programs, Magnet recognition, and other distinctions for exceptional performance.
- D. Leadership awards and development programs.
- E. Outstanding faculty awards for education, research and clinical care.
- F. Awards for outstanding accomplishments of residents, fellows and students.
- G. Innovative contributions for the health care and education of citizens of the State and beyond.
- H. Recognition events may include travel to represent MUHA in professional development activities.
- I. Other meritorious service awards or distinctions that reflect positively upon MUSC's reputation image.

II. Sponsorships:

Sponsorships of events or programs that are aligned with MUSC's mission are allowable, subject to approval of the Chief Executive Officer.

III. Prohibited Use of Non-Appropriated State funds

- A. Purchasing of gifts (except for allowable expenditures listed above in Section IV).
- B. Political contributions.
- C. Expenditures which are of a personal nature.
- D. Reimbursement with non-appropriated state funds exceeding travel and subsistence rates authorized by the state.

IV. Procedure/Approval

- A. Expenditures must meet the Prudent Person Standard.
- B. Sponsorships require approval of the CEO or designee.
- C. Expenditures for special events and travel must be approved by the MUHA Chief Financial Officer or designated official.
- D. Requests for reimbursement must be submitted on the Purchase Requisition Form or Travel Reimbursement Voucher Form.

The Policy

- ~~A. The expenditure of public funds by the Medical University Hospital Authority must be in accordance with the S.C. Code of Laws 59-123-60 and Medical University Hospital Authority (MUHA) policy as authorized by the MUHA Board of Trustees.~~
- ~~B. Public funds may be expended for events which recognize academic and research excellence and noteworthy accomplishments of members of the faculty, staff, students and distinguished guests of MUHA. Sources of funds for these expenditures include only non-appropriated state funds.~~
- ~~C. MUHA funds must be expended for a public purpose in accordance with this policy.~~
- ~~D. Expenditure of funds for purchasing gifts is prohibited.~~
- ~~E. Expenditure of funds for political contributions is prohibited.~~
- ~~F. Expenditure of funds for reimbursement of travel and subsistence in excess of amounts authorized by the state is prohibited.~~
- ~~G. Expenditures must be reasonable and prudent.~~

IV. Allowable Expenditures

A.—Academic and Research Excellence

Expenditures are allowed for special events which recognize academic and research excellence of faculty, staff, students and distinguished guests. These events may include, but are not limited to, the following:

Recognition for involvement in and support of academic and research initiatives which reflect positively upon MUSC's public image.

Recognition for innovative contributions to the education and healthcare of the community or state.

Expenditures must be approved by the Chief Financial Officer (CFO) of MUSC Health or his/her designee.

Noteworthy Accomplishments

Expenditures are allowed for special events which recognize noteworthy accomplishments of faculty, staff, students and distinguished guests. These events may include, but are not limited to, the following:

Recognition (given by external sources) for exceptional patient care and contributions to the healthcare field.

Recognition of successful achievement of accreditation standards.

Recognition for exceeding financial goals.

Recognition of successful completion of performance improvement initiatives and for fulfilling performance improvement priorities.

Recognition for demonstrating outstanding performance in fulfilling core competencies and values of MUHA.

Expenditures must be approved by the CFO of MUSC Health or his/her designee.

C.—Travel

Expenditures shall be permitted for expenses not to exceed levels authorized by law for state institutions.

D.—Requests for Reimbursement

All requests for reimbursement must be submitted on an approved Purchase Requisition form or a Travel Reimbursement Voucher form and must include a clear and detailed description of the purpose of the expenditure and the names of those in attendance. Donor and potential donors' attendance at the event need not be disclosed pursuant to State law.

E.—Donations

Donations are not allowable.

F.—Sponsorships

Sponsorships of events or programs conducted by charitable organizations which are in keeping with MUHA's mission and promote the services of MUHA are allowable. Sponsorships must clearly serve a public purpose and must be approved by the Chief Executive Officer of MUSC Health.

Resources / Related Policies:

N/A

Internal / External References / Citations:

S.C Code of Laws 59-123-60

Appendices:

N/A

Distribution:

N/A

Summary of Policy Changes

C-224 – Interventions that are Ineffective or Harmful

Besides updating front matter of the policy and general formatting, substantial changes were made to the previous version of C-224:

- Under “Procedure(s) for Resolving Significant Disagreements:”
 - Language was added to explain that the policy applies not just to life-sustaining therapies but to any intractable conflict where a potential therapy is seen as ineffective or harmful. See section 1.
 - Added that the attending should notify the Director of Ethics (see 1.a.)
 - Added guidance for clinicians’ recommendations (see 1.b.)
 - Changed the time a patient or family is given to arrange transfer from ten days to fifteen calendar days (see 1.c.). This was meant to provide clarity to the amount of time available regardless of holidays, weekends, etc.
 - Significant changes were added to the composition of The Committee: (a) the chair of the committee should be the Director of Ethics or appropriate designee; (b) added an Ethics Medical Director with relevant expertise; (f) added the Director of Legal Affairs; (g) added MUSC general counsel; (i) added a Physician with clinical expertise or knowledge in treatment under deliberation (not the patient’s attending physician); (l) added Area Integrated Center of Clinical Excellence Chief; (m) added Unit Nursing Manager.
 - Significantly, we removed the Attending Physician of record from The Committee because there is a significant conflict of interest in having the attending on The Committee. We also removed the recommendation that a second attending with clinical expertise chair the committee.
 - Added significant guidance on who The Committee should consult with and how The Committee should decide whether a treatment is harmful or ineffective. (See sections 5 and 6)
 - In section 8, replaced “reasonable time frame” with “two business days” as time allotted for patient or family to seek court involvement after The Committee has concluded that a procedure is harmful or ineffective.

Section # PC-135	Policy # C-224	Interventions that are Ineffective or Harmful	
Responsible Department: Biomedical Ethics			
Date Originated 04/01/2016	Last Reviewed Not Set	Last Revised Not Set	Effective Date Not Set

Printed copies are for reference only. Please refer to the electronic copy for the official version.

Purpose: To ensure that medical interventions ~~always~~ respect the dignity and integrity of ~~both~~ the patient and any involved health professionals.

Policy Statement: The goal of health care is to benefit the patient, and the process of delivering care should respect the dignity and integrity of the patient and the health care practitioner.

It is the policy of the Medical University of South Carolina (MUSC) that no physician or health professional should provide an intervention, including cardiopulmonary ~~resuscitation, that~~ resuscitation, that is ineffective or harmful. A medical intervention is ineffective if there is no reasonable likelihood that it will achieve a medical benefit to the patient. A medical intervention is harmful if the likely suffering or risk of harm caused by the intervention substantially outweighs any realistic medical benefit to the patient.

MUSC health care practitioners will offer treatments that have a reasonable likelihood of benefit without an undue burden of suffering.

Procedure(s) for Resolving Significant Disagreements:

1. Patients, families and health care practitioners generally agree in applying these principles of healthcare to achieve patient-centered goals. In rare cases, significant disagreements between healthcare practitioners and patient and/or families may arise over whether an intervention is ineffective or is harmful. In such circumstances, all possible efforts to resolve the disagreement should be explored, including involvement of, when judged appropriate, the Ethics Consultation Service, Palliative Care, and Pastoral Care. If all efforts to achieve agreement fail, the following series of steps is recommended, each in a time-frame appropriate to the patient's clinical situation, and with documentation in the medical record. It is expected that these disagreements will most likely involve life-sustaining therapies and/or experimental/controversial therapies. But the procedure outlined below is

available for any intractable conflict.

~~a. —;~~

a. The attending physician should notify the Director of Ethics Program about his or her intention to invoke this policy, C-224.

b. The attending physician should seek a formal, independent assessment from a second attending physician. A Progress Note will be entered in the patient's medical record recording this assessment. If the consulting physician concludes that the proposed intervention is neither ineffective nor harmful, the attending physician may choose to provide that intervention or the consulting physician (or another who is willing to do so) may take over care of the patient.

In cases of disagreements involving life-sustaining therapies, attending physicians' recommendations should be based upon the expected benefits and harms of the therapy in the context of the relevant clinical information, and in consideration of the patient's values and any agreed-upon goals of care.

~~a. — The attending physician should seek a formal, independent assessment from a second attending physician. A Progress Note will be entered in the patient's medical record recording this assessment. If the consulting physician concludes that the proposed intervention is neither ineffective nor harmful, the attending physician may choose to~~

~~provide that intervention or the consulting physician (or another who is willing to do so) may take over care of the patient.~~

~~b.c.~~ If the attending and consulting physicians agree that the intervention is ineffective or harmful, the patient or family should be offered the opportunity to seek transfer to a facility willing to provide that intervention and notified that they have fifteen (15) calendar days to arrange said transfer. The patient or family should be offered and provided support from the Ethics Consultation Service, Palliative Care, [Case Management/Social Work](#) and Pastoral Care in this and subsequent steps described below.

2. Careful plans should be made about the level of care to be provided during this fifteen (15) calendar-day period, explicitly addressing whether any new aggressive measures are to be instituted.

~~b.3.~~ If efforts to resolve the disagreement have failed (and, in the case of the withholding or withdrawal of life sustaining treatment, alternative care for the patient cannot be arranged within ~~ten~~ fifteen (15) calendar days), the Director of the Ethics Program, or designee, will initiate steps to convene, within a time frame appropriate to the clinical circumstances, a meeting of an ad hoc committee (the "Committee") consisting of:

- a. Chair: Director of the Ethics Program or appropriate designee;
- b. Ethics Medical Director with relevant expertise;
- c. Chief Executive Officer or designee;
- d. Chief Medical Officer or designee;
- ~~b.e.~~ Chief Quality Officer or designee;
- f. Chief Operating Officer or designee;
- g. Director of Legal Affairs;
- ~~e.h.~~ MUSC General Counsel;
- ~~d.i.~~ Director of Risk Management or designee;
- ~~e.~~ Attending physician of record;
- ~~f.j.~~ Second attending physician with clinical expertise or knowledge in treatment under ~~deliberation~~ deliberation (not the patient's attending physician);
- ~~g.k.~~ Director of Pastoral Services or designee;
- ~~l.~~ Executive Chief Nursing Officer or designee;
- m. Area Integrated Center of Clinical Excellence Chief;
- n. Unit Nursing Representative;
- ~~h.~~
- ~~i.o.~~ Others deemed appropriate by the committee or its chair.

~~It is recommended that the second attending physician with clinical expertise in treatment under deliberation chair this ad hoc committee.~~

4. Within two (2) ~~working~~ business days following appointment of the Committee, the Director of the Ethics Program will meet with the patient and/or surrogate decision maker and notify them that the administrative process has been initiated. The patient and/or surrogate decision maker will be provided with a description of the process.

The Director of the Ethics Program or designee will serve as moderator and chair of the Committee. A quorum will consist of a minimum of five members, including ~~a at least two attending physician~~ with relevant expertise or knowledges, since the committee's core task is to determine, on clinical grounds, whether the intervention under consideration is ineffective or harmful.

5. The Committee will consult with the following parties:

~~a.~~ The attending physician, who should explain the basis for deeming the intervention to be ineffective and/or harmful. Other members of the clinical team, who should be asked to provide additional professional perspectives.

~~a.~~

~~b.~~ Representatives from nursing, social work/case management, pastoral care and any other involved teams (respiratory therapy, OT/PT, speech therapy, etc), as deemed appropriate by the Director of the Ethics Program, or his or her designee.

~~c.~~ The patient and/or family spokesperson(s), who should explain the patient's perspective regarding the intervention under consideration, including hopes or expectations of benefit and views about possible harm(s).

4.

~~b. Staff of MUSC Pastoral Care or designee, who should be available to the patient and/or family if requested before, during, and after this step.~~

~~c.~~

~~—~~In the event the proposed intervention involves the withholding or withdrawal of life sustaining treatment (as defined in Policy C-023, Withholding/Withdrawing Life Sustaining Treatment), the Executive Director of the Hospital, or his or her designee, who shall have the option of being involved with any discussions with the patient and/or surrogate decision maker.

d.

e. In addition, the Committee may review any and all relevant documents it deems necessary for a thorough review and may interview any person or persons who have or may have information related to the issue in question.

6. Following as free an interchange of perspectives as possible, the Committee will meet ~~alone~~ to determine whether the intervention is ineffective or harmful. ~~If the Committee does not conclude that the intervention is ineffective or harmful, the disputed treatment will be continued. If the Committee does conclude that the intervention is ineffective or harmful, it may offer suggestions to the involved clinical service(s) and MUSC administration regarding steps that may be taken to ensure that MUSC staff do not provide the intervention. For actual deliberations about the decisions under consideration, only the members of the ad hoc committee as designated above will be present. Additions may, however, be made, at the discretion of the Director of the Ethics Program, or his or her designee. Each member of the committee should be given the explicit opportunity to address decisions related to the disputed interventions.~~

If the Committee concludes that the intervention is not ineffective or harmful, the disputed treatment will be continued. If the Committee does conclude that the intervention is ineffective or harmful, it may offer suggestions to the involved clinical service(s) and MUSC administration regarding steps that may be taken to ensure that MUSC staff does not provide the intervention.

One or more representatives of the Committee will communicate the Committee's conclusion, any related suggestions, and its reasoning to the concerned parties, with documentation in the medical record.

2.7. In extenuating circumstances involving significant disagreements between healthcare practitioners and patient and/or families over intermediate life-supporting interventions (e.g., ECMO, dialysis), and where because of clinical necessity, there is not time to go through the full process described in Section 2 above, two attending physicians, from different disciplines when possible, shall make recommendations in keeping with this policy to the Director of the Ethics

Program, or his/her designee, and the MUHA CEO, or his/her designee. With the agreement of the Director of the Ethics Program, or his/her designee, and the MUHA CEO, or his/her designee, these physicians shall be empowered by this policy to act on said recommendations, ~~until such time as the full process described in Section 2 above can be completed.~~

~~3.8.~~ If the patient or family are not in agreement with a determination that the intervention is ineffective or harmful, and are unable or unwilling to arrange for transfer to another facility, they should be informed of their options for seeking, within ~~a reasonable time frame~~ two business days, court involvement. Unless there are legal barriers to doing so, however, the MUSC administrator on call shall take steps to support implementation of the Committee's conclusion.

~~4.9.~~ If the patient's attending physician disagrees with Committee conclusion, he/she may ~~choose to request~~ request to transfer the patient to care of another physician.

Related Policies:

C-023 Withholding/Withdrawing Life-sustaining Treatment

(<https://www.musc.edu/medcenter/policy/Med/C023.pdf>)

References:

Responding to Requests for Potentially Inappropriate Treatments in Intensive Care Units: An Official ATS/AACN/ACCP/ESICM/SCCM Policy Statement

Gabriel T. Bosslet, Thaddeus M. Pope, Gordon D. Rubinfeld, Bernard Lo, Robert D. Truog, Cynda H. Rushton, J. Randall Curtis, Dee W. Ford, Molly Osborne, Cheryl Misak, David H. Au, Elie Azoulay, Baruch Brody, Brenda G. Fahy, Jesse B. Hall, Jozef Kesecioglu, Alexander A. Kon, Kathleen O. Lindell, and Douglas B. White; on behalf of The American Thoracic Society ad hoc Committee on Futile and Potentially Inappropriate Treatment.

THIS OFFICIAL POLICY STATEMENT OF THE AMERICAN THORACIC SOCIETY (ATS) WAS APPROVED BY THE ATS, JANUARY 2015, THE AMERICAN ASSOCIATION FOR CRITICAL CARE NURSES (AACN), DECEMBER 2014, THE AMERICAN COLLEGE OF CHEST PHYSICIANS (ACCP), OCTOBER 2014, THE EUROPEAN SOCIETY FOR INTENSIVE CARE MEDICINE (ESICM), SEPTEMBER 2014, AND THE SOCIETY OF CRITICAL CARE MEDICINE (SCCM), DECEMBER 2014
Am J Respir Crit Care Med 2015; 191/11: 1318–1330.

Defining Futile and Potentially Inappropriate Interventions: A Policy Statement From the Society of Critical Care Medicine Ethics Committee.

[Kon AA](#), [Shepard EK](#), [Sederstrom NO](#), [Swoboda SM](#), [Marshall ME](#), [Birriel B](#), [Rincon F](#).

Crit Care Med 2016; 44/9: 1769-74.

Medical Futility: A New Look at an Old Problem

Cheryl J. Misak, Douglas B. White, Robert D. Truog.

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Medical Futility Procedures: What More Do We Need to Know?

Emily Rubin, Andrew Courtwright.
CHEST 2013; 144/5: 1707–1711.

Appropriate and inappropriate care in the last phase of life: an explorative study among patients and relatives.

Bolt EE, Pasman HR, Willems D, Onwuteaka-Philipsen BD.

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Laying Futility to Rest

Michael Nair-Collins.

Journal of Medicine & Philosophy 2015; 40: 554-583.

Futility in Medical Decisions: The Word and the Concept.

ED Pellegrino

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review


Proposed Compensation Adjustment
Patrick J. Cawley, MD
Chief Executive Officer, MUSC Health and
Vice President for Health Affairs

Dr. Patrick Cawley is a well-respected health care leader at the state and national level and is a critical member of our senior leadership team. As you are aware, the MUSC Health System has grown significantly in the past five (5) years. As the MUSC Health CEO, Dr. Cawley's leadership responsibilities now encompass a much larger scale and scope than at any point in the past.


In an effort to make sure that MUSC/MUHA is maintaining appropriately competitive senior leadership compensation, a five-year review of Dr. Cawley's compensation history with a look at national salary benchmarks was conducted. In addition, a review of compensation data for Dr. Cawley reveals that he has not had a significant base salary increase beyond cost-of-living increases since 2015, and by best comparator metrics is currently being compensated at less than the 25-percentile.

A proposed compensation increase of 15% of base salary and participation in an Executive Deferred Compensation or Split Whole Life plan currently available at MUSC will bring Dr. Cawley closer to the 50-percentile based on current market data.

MEDICAL EXECUTIVE COMMITTEE

Medical Executive Committee Presiding: Dr. Robert Cina Date: February 17, 2021 Meeting Place: MS Teams Recording: M. Carroll Meeting Time: 7:30 am Adjournment: 8:30 am	Members present: Dr. Andrews, Dr. Baliga, Dr. Basco, Dr. Boylan, N. Brahney, Dr. Bundy, Dr. Cina, Dr. Clyburn, Dr. Crawford, Dr. DiSalvo, Dr. Edwards, Dr. Hart, Dr. Kocher, Dr. Hong ,Dr. Kowalenko, , Dr. Mack, Dr. McSwain, Dr. Reeves, Dr. Russell, S. Scarbrough, Dr. D Scheurer Members excused: Dr. Atz ,Dr. Brendle, Dr. Carroll, Dr. Clark, Dr. Costello, Dr. DuBois, M. Fulton, L. Kerr, Dr. Leddy, D. McLean, Esq Dr. Paolini, Dr. Salgado Dr. M. Scheurer, , Dr. Streck, Dr. Warr, Dr. Zaas, Dr. Zwerner Guests: Joel Melroy, Pharmacy		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from January MEC meeting approved	Information	Approved
Credentials Committee <ul style="list-style-type: none"> • Dr. Edwards 	Dr. Edwards reported the following: Medical Staff Initial Appointment and Clinical Privileges: 11 Medical Staff Reappointment and Clinical Privileges: 21 Medical Staff Reappointment and Change in Clinical Privileges: 0 Medical Staff Change in Privileges: 0 Professional Staff Initial Appointment and Clinical Privileges: 4 Professional Staff Reappointment and Clinical Privileges: 31 Professional Staff Reappointment and Change in Privileges: 0 Professional Staff Changes in Privileges: 0 <i>The MEC unanimously voted to approve the Credentials Committee recommendation to deny the medical staff appointment and clinical privileges for Dr. Jarrod Reynolds, Florence regional provider. Ms. Brahney will follow up with official notification of the decision from the Medical Staff Office.</i>	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.	
GME Report <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • Virtual Interview season has ended • Process worked well and looking for ways to continue to use virtual process • Group working ACGME Team year study report to submit in March 2021 	Information	
Quality Report <ul style="list-style-type: none"> • Dr. Bundy 	<ul style="list-style-type: none"> • Overall Quality score card is 3.4 • Value Bonus Program • Proposed metrics - 3 categories: • Physician / APP wellness activity • Pillar Goals for MUSC Health (Quality and Service pillars) 	Information	 21_02_17 MEC Bundy.pptx

MEDICAL EXECUTIVE COMMITTEE

	<ul style="list-style-type: none"> • Quality / Safety - department / division specific • PSI-90 (HAC Penalty, Leapfrog, Hospital Compare)- FY21TD=1.03 • COVID-21-Ensure accuracy of COVID status for all inpatients/transfers • Reinforcement of mask wearing by all staff at all times 		
Communication's Report <ul style="list-style-type: none"> • Dr. Warr 	No report this meeting	<i>Information</i>	
New Business	<p>E Prescribe Update –</p> <ul style="list-style-type: none"> • In effect January 1, 2021- required practitioners to electorally prescribe controlled substances, Two factor authentication is needed, Imprivata ID app • Working on closing the gap ensuring all providers are enrolled <p>Policy discussion: C165 and C013I</p> <ul style="list-style-type: none"> • C165- Blood Conservation: All MUSC patients have a right tot respectful care, with recognition of their personal dignity and autonomy. MUSC staff and physicians shall support the decision of informed patient treatment with out use of blood transfusions, whether based upon personal preferences or religious beliefs. • C013- Resuscitation Orders- Appropriate Medical Treatment will be provided to MUSC Health patients unless specific Allow Natural Death Order is signed. Must be made in accordance with Informed consent policy. 	<i>Information</i>	 Electronic Prescribing of Contr
Consent Items			
Policies <i>(Consent)</i>	<u>Policies for Approval:</u> C-106 Adult Hypoglycemia Prevent C-133 Safe Placement C-165 Blood Conservation C-191 Placebo Use C-013 Resuscitation Orders C-206 Amb Home Infus Chemo	<i>Information</i>	
Standing Orders <i>(Consent)</i>	<u>Standing Orders for Approval:</u> None at this time	<i>Information</i>	
Other Consent Items <i>(Consent)</i>	n/a	N/A	


MEDICAL EXECUTIVE COMMITTEE

Data & Service Reports <i>(Consent)</i>	<u>Data reports reviewed:</u> <ul style="list-style-type: none"> ○ Admit Transfer Report ○ Admit Transfer Report FY19 ○ YTD Census Report 2018-2020 ○ Hand Hygiene July 2019 	<u>Service reports reviewed:</u> <ul style="list-style-type: none"> Discharge Summary Turnaround Time Discharge Detail TAT by Physician 	Information	Approved
Subcommittee Minutes <i>(Consent)</i>	Coding QAPI Credentialing Committee Ethics Committee HIMC Infection Preventions & Control Committee Perioperative Executive Committee Pharmacy and Therapeutics Committee Quality Executive Committee (December 20 and January 21)		Information	Approved
Adjournment 8:29 am	The next meeting of the Medical Executive Committee will be March 17, 2021 at 7:30 am Via TEAMS			



Elizabeth Mack, MD

Elizabeth Mack, MD, Secretary of the Medical Staff

MEDICAL EXECUTIVE COMMITTEE

Medical Executive Committee Presiding: Dr. Robert Cina Date: January 20, 2021 Meeting Place: MS Teams Recording: M. Carroll Meeting Time: 7:30 am Adjournment: 8:27 am	Members present: Dr. Andrews, Dr. Baliga, Dr. Basco, Dr. Boylan, N. Brahney, Dr. Bundy, Dr. Cina, Dr. Clark, Dr. DiSalvo, Dr. DuBois, Dr. Easterling, Dr. Edwards, Dr. Hart, Dr. Kowalenko, L. Kerr, Dr. Mack, D. McLean, Esq., Dr. McSwain, Dr. Reeves, Dr. Russell, Dr. Salgado, S. Scarbrough, Dr. M. Scheurer, Dr. Streck, Dr. Warr Members excused: Dr. Atz ,Dr. Brendle, Dr. Carroll, Dr. Clyburn, Dr. Costello, Dr. Crawford, M. Fulton, Dr. Kocher, Dr. Hong, Dr. Leddy, Dr. Paolini, Dr. D Scheurer Guests: Dr. Abigail Takacs, Dr. Avinash Srikanth, Dr. Catherine Morrel, Dr. Marc Heincelman, Dr. Ernest Murray,		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from November MEC meeting approved	Information	Approved
Credentials Committee <ul style="list-style-type: none"> • Dr. Edwards 	Dr. Edwards reported the following: Medical Staff Initial Appointment and Clinical Privileges: 26 Medical Staff Reappointment and Clinical Privileges: 20 Medical Staff Reappointment and Change in Clinical Privileges: 0 Medical Staff Change in Privileges: 1 Professional Staff Initial Appointment and Clinical Privileges: 28 Professional Staff Reappointment and Clinical Privileges: 40 Professional Staff Reappointment and Change in Privileges: 0 Professional Staff Changes in Privileges: 0	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.	
GME Report <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • No Report this meeting 	Information	
Quality Report <ul style="list-style-type: none"> • Dr. Bundy 	<ul style="list-style-type: none"> • Overall Quality score card is 3.4 • Value Bonus Program , 3 Categories, based on performance FY21, reporting Mechanism ICCE QAPI and CQO, minimal performance : Mean score of greater than 3 • HAC Penalty1% reduction in Medicare payments, 6 metrics each contribute equal weight • COVID & Vaccine, 95% physicians and 88 % of residents have had first COVID vaccine dose, At present, no changes to current COVID guidelines re screening, masks, preop screening or back to work/ self- monitoring 	Information	 21_01_20 MEC Bundy.pptx

MEDICAL EXECUTIVE COMMITTEE

Communication's Report <ul style="list-style-type: none"> • Dr. Warr 	<ul style="list-style-type: none"> • Enhanced Respiratory Monitoring Pilot Protocol Summary 	<i>Information</i>	 MEC12021 slide.pdf
New Business	<p>In patient Rounding Guiding Principles Update –</p> <ul style="list-style-type: none"> • ICCE Leaders ready to implement in their areas • Put back on radar as we get ready to implement <p>Oxygen protocol</p> <ul style="list-style-type: none"> • Would like to regulate oxygen usage • Newer data shows that too much oxygen can impact patient care negatively • Approve and promote O₂ guidelines across all Med-Surg patients, across all subspecialties and MUSC Charleston Campus Hospitals • -O₂ guidelines to complement the end-tidal CO₂ protocol that is being rolled out in early February. We request simultaneous rollout. • -Provide Epic support to establish an order set (Dave Bundy, Sheila Scarborough) along with data about O₂ usage 	<i>Information</i>	 Limiting unnecessary O2_MEC 1_20.pptx
Consent Items			
Policies (Consent)	<p><u>Policies for Approval:</u></p> <p>C-063 Accommodations for Patients with Obesity and Patients who have had Bariatric Surgery</p> <p>C-064 Pain Screening, Assessment and Management</p> <p>C-068 Standing Orders</p> <p>A-074-EP3 A-074 Bed Shortages- EP3</p> <p>C-0177 Informing Patient/ Family of Healthcare Outcomes</p> <p>C-160 Management of the Inpatient Receiving Insulin via Continuous Subcutaneous Insulin Infusion(CSII) Pump</p> <p>C-144B Pediatric Parenteral Nutrition- PN-and Intravenous Lipid Emulsion-ILE</p> <p>R-07 Physician Interpretation and Performance of Radiological Examinations</p>	<i>Information</i>	
Standing Orders (Consent)	<p><u>Standing Orders for Approval:</u></p> <p>CHF Outpatient referral 7-10 day follow up</p> <p>Mitral or Tricuspid Valve Repair Procedure</p> <p>Aortic Valve Evaluation</p> <p>Mitral Valve Evaluation</p> <p>Trancatheter Aortic or Mitral Valve Replacement Procedure</p>	<i>Information</i>	

MEDICAL EXECUTIVE COMMITTEE

	Discharge Appointments with MUSC Heart Failure Clinic Guidance for Therapeutic Equivalent Alternatives Standing Order Capnography Monitoring Standing Order Epi Pen/ Covid-19 Vaccine reactions approved by email vote			
Other Consent Items <i>(Consent)</i>	n/a		N/A	
Data & Service Reports <i>(Consent)</i>	<u>Data reports reviewed:</u> <ul style="list-style-type: none"> ○ Admit Transfer Report ○ Admit Transfer Report FY19 ○ YTD Census Report 2018-2020 ○ Hand Hygiene July 2019 	<u>Service reports reviewed:</u> Discharge Summary Turnaround Time Discharge Detail TAT by Physician	Information	Approved
Subcommittee Minutes <i>(Consent)</i>	Credentialing Committee		Information	Approved
Adjournment 8:27 am	The next meeting of the Medical Executive Committee will be February 17, 2021 at 7:30 am Via TEAMS			

Elizabeth Mack, MD

Elizabeth Mack, MD, Secretary of the Medical Staff

AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL

AUTHORITY SINCE THE NOVEMBER 2020 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:

BlueChoice
OptumHealth

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:

DCI
Lancaster Health & Rehabilitation

Affiliation Agreements –

South Carolina State University
Central Piedmont Community College
Herzing University, LTD
Baylor University

Shared Services Agreements –

MUHA FY21 Capital Projects			April 2021						
Proj #	Description	Total Project Budget	FY21 Funding	FY 21 Invoiced	FY 21 Balance	A/E	Contractor	Status	Projected Final Completion
200035	EH Phase 2 Lab Renovation	\$2,000,000	\$1,290,000	\$450,000	\$840,000	GMC	Stenstrom	Construction	May 2021
170047	ART ECRP Phase 2 & Holding	\$925,000	\$925,000	\$0	\$925,000			Hold for FY22	TBD
180112	UH 4th Floor Burn Clinic	\$500,000	\$375,000	\$172,500	\$202,500	CSP	Redan	Construction	Complete
200033	EH 6th Floor NIR Room 1	\$700,000	\$650,000	\$450,000	\$200,000	JSA	MBK	Construction	January 2021
190064	ART CPC	\$3,000,000	\$1,144,000	\$200,000	\$944,000	MPS	CSG	Construction	January 2021
190085	ART EP 6/7	\$900,000	\$810,000	\$550,000	\$260,000	Liollie	Medpro	Construction	Complete
190071	UH 377 MRI Replacement	\$600,000	\$489,000	\$200,000	\$289,000	CSP	Satchell	Construction	March 2021
190093	RT Memory Care (Donor Funded Project)	\$900,000	900000	\$810,000	\$90,000	Doyle	Medpro	Construction	Complete
210016	Cath Lab 10	\$475,000	\$475,000	\$17,000	\$458,000	Liollio		Design	June 2021
210016	Cath Lab 13	\$475,000	\$475,000	\$17,000	\$458,000	Liollio		Design	June 2021
210026	ART Gamma camera room	\$250,000	\$250,000	\$0	\$250,000	Liollio	Chastain	Construction	June 2021
210029	EH-VIR 5th Floor (Room 3)	\$250,000	\$250,000	\$0	\$250,000	Doyle		Design	June 2021
210030	EH-IR Angio 5th Floor (Room 2)	\$250,000	\$250,000	\$0	\$250,000	Doyle		Design	TBD
190067	Parkshore 3rd Floor Reno East (Sute 350)	\$1,323,972	\$1,323,972	\$750,000	\$573,972	MPS	Choate	Construction	February 2021
200057	Parkshore 1st Floor Renovation	\$335,141	\$335,141	\$0	\$335,141	MPS		Design	TBD
200059	Parkshore 3rd Floor West Renovation	\$340,000	\$150,000	\$0	\$150,000	MPS		Design	TBD
	Sleeplab	\$1,000,000	\$850,000	\$0	\$850,000			HOLD	TBD
150437	CH - Cooling Tower	\$2,500,000	\$339,443	\$0	\$339,443	MECA		Design	June 2022
	UH- Relocate ATC	\$250,000	\$250,000	\$0	\$250,000			HOLD	TBD
	CAPITAL TOTAL		\$11,531,556						
MUHA FY21 Expense Projects > \$250,000									
190036	Parkshore Exterior Sealing	\$350,000	\$350,000	\$190,000		BEE	Mint Hill	Construction	Complete

MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
APRIL 08, 2021

MUSC Indefinite Delivery Releases

Other Contracts

REI Engineers, Inc.

\$76,616.00

BSB Exterior Envelope Repairs

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
FOR REPORTING
APRIL 8, 2021**

MUSC General Construction Projects:

Bone Dry Roofing Company FY19B Select Roof/Wall Repairs	\$ 115,500.00
Bone Dry Roofing Company FY 19A Miscellaneous Roof/Wall Repairs	\$ 447,800.00
Otis Elevator Company Walton Research Building Elevator 34 Modernization	\$ 96,411.17

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
CONSENT AGENDA

April 9, 2021
101 Colcock Hall/Via Teleconference

Research and Institutional Advancement Committee: Terr Barnes, Chair

Consent Agenda for Approval

- Item 21. Development Report..... Kate Azizi
Vice President for Institutional Advancement

Education, Faculty & Student Affairs Committee: Ms. Barbara Johnson-Williams, Chair

Consent Agenda for Approval

- Item 22. Revised MUSC Mission Statement Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 23. Revised College of Nursing Faculty Practice Plan Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 24. Revised College of Dental Medicine Faculty Practice Plan Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 25. Endowed Chair Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Amy Bradshaw, PhD, Professor in the Department of Medicine, for appointment to the Michael R. Zile Endowed Chair in Molecular Proteomics effective July 1, 2021.

- Item 26. Distinguished University Professor Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Philip Costello, M.B.B.S., Professor and Chair, Department of Radiology, effective April 9, 2021.

Judy R. Dubno, Ph.D., Professor, College of Medicine, Department of Otolaryngology-Head and Neck Surgery, effective April 9, 2021.

James S. Krause, Ph.D., Professor, College of Health Professions, Department of Health Sciences and Research, effective April 9, 2021.

Item 27. Department Chair Appointment..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Reginald Munden, M.D., D.M.D., M.B.A. as Chair of the Department of Radiology and Radiological Science, effective April 1, 2021.

College of Dental Medicine

Ozlem Yilmaz, DDS, Ph.D., as Chair of the Department of Oral Health Sciences, effective February 15, 2021.

Item 28. Faculty Appointments Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Jafir Ali, M.D., as Clinical Associate Professor, in the Department of Anesthesia and Perioperative Medicine, effective April 12, 2021.

Kevin W. Dickey, M.D., as Professor, Clinician Educator track, in the Department of Radiology and Radiological Science, effective May 1, 2021.

Kathleen Oare Lindell, Ph.D., [Joint Appointment] as Associate Professor, in the Department of Medicine, Division of Pulmonary and Critical Care Medicine. effective March 1, 2021. Dr. Lindell's primary appointment rests in the College of Nursing.

Albert Craig Lockhart, M.D., M.H.S. as Professor with Tenure, on the Academic Clinician track, in the Department of Medicine, Division of Hematology/Oncology, effective April 1, 2021.

Martha Mappus Munden, M.D., as Professor, on the Clinician Educator track, in the Department of Radiology and Radiological Science, effective April 1, 2021

Reginald Munden, M.D., D.M.D., M.B.A. as Professor with Tenure, on the Clinician Educator track, in the Department of Radiology and Radiological Science, effective April 1, 2021. He will also serve as Chair of the Dept. of Radiology and Radiological Science.

William F. Rayburn, M.D., MBA, as Affiliate Professor, in the Department of Obstetrics and Gynecology, retroactive to October 15, 2020.

Donald C. Shields, M.D., Ph.D., M.B.A., as Affiliate Associate Professor in the Department of Neurosurgery, effective December 1, 2020.

Item 29. Change in Faculty Status Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Elizabeth Goodwin Hill, Ph.D., from Affiliate Professor to Professor, on the Academic Clinician track, in the Department of Public Health, effective January 18, 2021.

Mark P. Rubinstein, Ph.D., from Associate Professor to Adjunct Associate Professor, in the Department of Surgery, Division of Oncologic and Endocrine Surgery, effective January 5, 2021.

Antwana Sharee Wright, M.D., from Affiliate Assistant Professor to Clinical Associate Professor, in the Department of Surgery, Division of Vascular. Surgery, effective February 22, 2021.

Item 30. Professor Emeritus..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Thierry Bacro, Ph.D. from Professor to Professor Emeritus, in the Department of Regenerative Medicine and Cell Biology, effective April 1, 2021.

Frederick S. Nolte, Ph.D. from Professor to Professor Emeritus, in the Department of Pathology and Laboratory Medicine, effective July 1, 2021.

Item 31. Faculty Promotions Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Academic Affairs Faculty – Effective July 1, 2021

From Assistant Professor to Associate Professor

Ayaba Logan, MPH, MLIS

Irene “Rena” M. Lubker, MPH, MLS Ph.D.

Latecia M. Abraham-Hilaire, MHA, DHA

College of Dental Medicine – Effective July 1, 2021

From Assistant Professor to Associate Professor

Chad M. Novice, DDS, MSD, Ph.D., Department of Oral Health Sciences& Stomatology

College of Health Professions – Effective July 1, 2021

From Associate Professor to Professor, Academic Educator track

Sara Kraft, D.P.T., Department of Rehabilitation Sciences, Division of Physical Therapy

From Assistant Professor to Associate Professor, Academic Researcher

Yue Cao, Ph.D., Department of Health Sciences & Research.

Na Jin Seo, Ph.D., Dept. of Rehabilitation Sciences, Division of Occupational Therapy.

From Affiliate Assistant Professor to Affiliate Associate Professor, Academic Educator

Thomas Crawford, MBA, Ph.D., Dept. of Healthcare Leadership and Management

College of Medicine – Effective July 1, 2021

From Associate Professor to Professor, Academic Clinician track

Jeffrey E. Korte, PhD, MSPH, Department of Public Health Sciences

Satish N. Nadig, MD, DPhil, Department of Surgery, Division of Transplant Surgery; Dual: Department of Microbiology and Immunology

Nichole T. Tanner, MD, MSCR, Dept. of Medicine, Division of Pulmonary & Critical Care

From Associate Professor to Professor, Clinician Educator track

Robert Neal Axon, MD, MSCR, Dept. of Medicine, Division of General Internal Medicine

Kelly S. Barth, DO, Department of Psychiatry and Behavioral Sciences; Dual: Department of Medicine, Division of General Internal Medicine

Andrew S. Brock, MD, Department of Medicine, Division of Gastroenterology; Dual: Department of Medicine, Division of General Internal Medicine

Elisha L. Brownfield, MD, Dept. of Medicine, Division of General Internal Medicine
Christopher W. Bunt, MD, Department of Family Medicine
Michael J. Casey, MD, MS, Department of Medicine, Division of Nephrology; Dual:
Department of Surgery, Division of Transplant Surgery
Robert A. Cina, MD, Department of Surgery, Division of Pediatric Surgery
Steven A. Fann, MD, Department of Surgery, Division of General Surgery
Cory M. Furse, MD, MPH, Department of Anesthesia and Perioperative Medicine
Andrew J. Goodwin, MD, MSCR, Department of Medicine, Division of Pulmonary and
Critical Care Med
Daniel F. Gros, PhD, Department of Psychiatry and Behavioral Sciences
Chitra Lal, MD, Dept. of Medicine, Division of Pulmonary and Critical Care Medicine
Rebecca Leddy, MD, Department of Radiology and Radiological Science
Natasha Ruth, MD, MS, Department of Pediatrics, Division of Pediatric Rheumatology;
Dual: Department of Medicine, Division of Rheumatology and Immunology
William David Stoll, MD, Department of Anesthesia and Perioperative Medicine
David W. Zaas, MD, MBA, Department of Medicine, Division of Pulmonary & Critical
Care Medicine

From Clinical Associate Professor to Clinical Professor, Modified track

John B. Cahill, Jr., MD, Department of Pediatrics, Division of Neonatology
Geoffrey A. Forbus, MD, Department of Pediatrics, Division of Pediatric Cardiology
Rachel L. Sturdivant, MD, Department of Medicine, Division of Nephrology

From Assistant Professor to Associate Professor, Academic Investigator track

Peggy Melissa Angel, PhD, Department of Cell and Molecular Pharmacology
Victoria Jane Findlay, PhD, Department of Pathology and Laboratory Medicine
Daria V. Ilatovskaya, PhD, Department of Medicine, Division of Nephrology; Dual:
Department of Regenerative Medicine and Cell Biology

From Assistant Professor to Associate Professor, Academic Investigator track

Catrina S. Robinson, PhD, Department of Neurology; Dual: Department of Neuroscience
Gavin Yong Wang, MD, PhD, Department of Pathology and Laboratory Medicine
Je-Hyun Yoon, PhD, Department of Biochemistry and Molecular Biology

From Assistant Professor to Associate Professor, Academic Clinician track

Jennifer R. Dahne, PhD, Department of Psychiatry and Behavioral Sciences
Evan M Grayboyes, MD, MPH, Department of Otolaryngology – Head and Neck Surgery;
Dual: Department of Public Health Sciences
Jenna L. McCauley, PhD, Department of Psychiatry and Behavioral Sciences
Eric G. Meissner, MD, PhD, Department of Medicine, Division of Infectious Diseases;
Dual: Department of Microbiology and Immunology

From Assistant Professor to Associate Professor, Clinician Educator track

John Wesley Doty, MD, Department of Anesthesia and Perioperative Medicine
Emily D. Gottfried, PhD, Department of Psychiatry and Behavioral Sciences
Marc E. Heincelman, MD, Department of Medicine, Division of Hospital Medicine
Lanier B. Jackson, MD, Department of Pediatrics, Division of Pediatric Cardiology
Candi Sue Jump, DO, Department of Pediatrics, Division of Pediatric Gastroenterology
Harsha Karanchi, MD, Department of Medicine, Division of Endocrinology
Andrew J. Matuskowitz, MD, Department of Emergency Medicine
Lacy P. Menkin Smith, MD, Department of Emergency Medicine; Dual: Department of
Anesthesia and Perioperative Medicine

Nandita R. Nadig, MD, MSCR, Department of Medicine, Division of Pulmonary and Critical Care Medicine
Rosaura E. Orenge-Aguayo, PhD, Department of Psychiatry and Behavioral Sciences
Amanda B. Price, MD, Dept. of Pediatrics, Division of Pediatric Emergency Medicine
Bhavadharini Ramu, MD, Department of Medicine, Division of Cardiology
Amanda T. Redding, MD, Department of Anesthesia and Perioperative Medicine
Vinayak S. Rohan, MD, Department of Surgery, Division of Transplant Surgery
Michelle S. Rovner, MD, Department of Anesthesia and Perioperative Medicine
Regan W. Stewart, PhD, Department of Psychiatry and Behavioral Sciences
Andre Uflacker, MD, Department of Radiology and Radiological Science
Leigh M. Vaughan MD, Department of Medicine, Division of General Internal Medicine

From Clinical Assistant Professor to Clinical Associate Professor, Modified track

Angela Choi, MD, Department of Obstetrics and Gynecology
Terry C. Dixon, MD, Department of Pediatrics, Division of Pediatric Infectious Diseases
Ling Lun Bob Hsia, MD, Department of Dermatology
Jacqueline A. Angles, DO, Dept. of Medicine, Div. of Pulmonary & Critical Care Medicine

From Affiliate Assistant Professor to Affiliate Associate Professor

William S. Buice, MD, Department of Surgery, Division of General Surgery

College of Pharmacy – effective July 1, 2021

From Associate Professor to Professor

Christopher Wisniewski, Pharm.D., Department of Clinical Pharmacy and Outcome Sciences
Nicole A. Pilch, Pharm.D., Department of Clinical Pharmacy and Outcome Sciences.

Finance and Administration Committee: Mr. Jim Battle, Chair

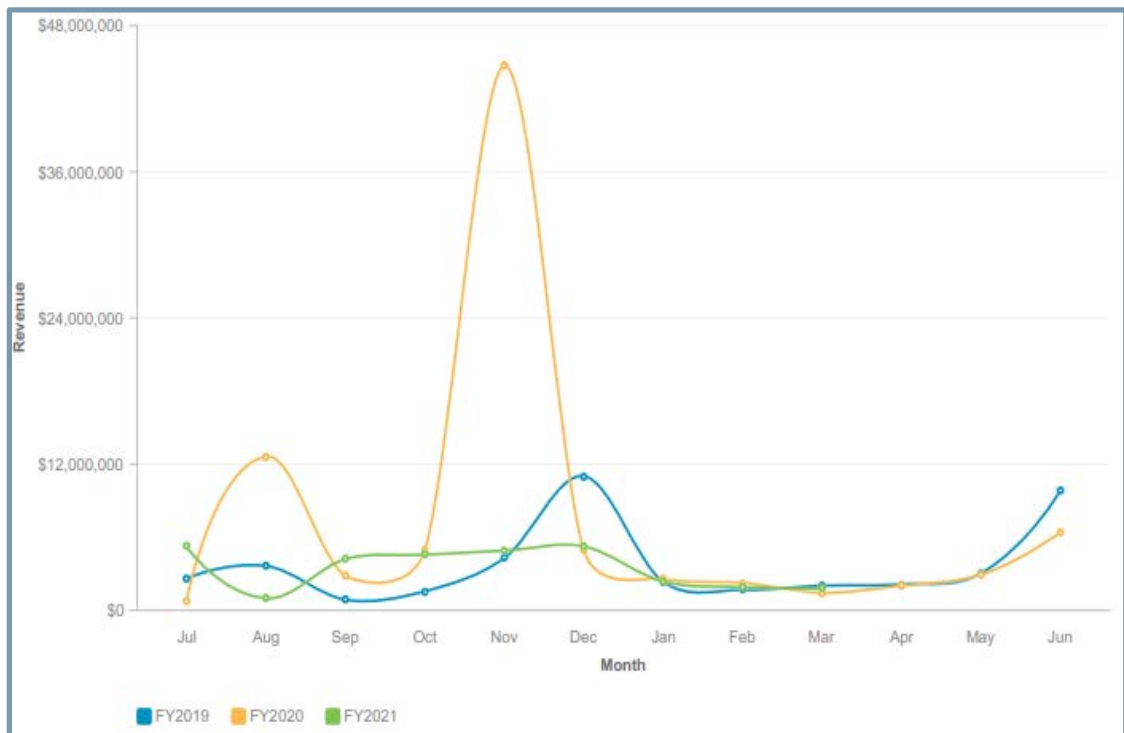
Consent Agenda for Information

Item 32. Foundation for Research Development Financial Report..... Michael Rusnak
Executive Director, Foundation for Research Development

MUSC Board of Trustees Development Report April 9, 2021

MUSC Fundraising Progress (7/1/2020 - 3/16/2021)

Dollars Raised YTD in FY21: **\$31,007,457.66**



We are grateful to our MUSC supporters!

ONEMUSC

INNOVATION | IMPACT | INFLUENCE

Innovation

The MUSC Office of Institutional Advancement has been recognized MUSC's *I am an MUSC Innovator* program

Problem: The team faced many challenges, both in daily activity and on fundraising in general, brought about by the COVID19 pandemic.

Impact: With a focus on the *OneMUSC* theme, the team created a single COVID Emergency Response Fund. Specifically, they developed and executed a plan for all 50+ staff members to work 100% remotely in less than two weeks. Along with support from Gravyty, an AI vendor, they were able to achieve shifts in database algorithms to work more efficiently with deliberate segments of our database. An added benefit was that team members reached out to contacts to check in, let them know how they could access resources get answers to questions in the pandemic, rather than just asking for donations.

How Philanthropy is Changing What's Possible at MUSC

ONEMUSC

INNOVATION | IMPACT | INFLUENCE

Impact

The Shawn Jenkins Children's Hospital celebrated its one year anniversary – this was made possible thanks to \$150,136,655 in philanthropic support.

IN 2020 WE PERFORMED



18
STEM CELL
TRANSPLANTS



2
CAR-T
IMMUNOTHERAPY
INFUSIONS

CARED FOR **9,654** PATIENTS

4,252 SURGERIES

2,939 BABIES DELIVERED, INCLUDING



103
SETS OF TWINS



5
SETS OF TRIPLETS



Influence



After a recent Board presentation by DeAndra Butler, 4th semester student in MUSC's Accelerated BSN Program and a recent recipient of the Lettie Pate Whitehead Scholarship, two individuals were so inspired by her story that they have committed to provide nursing scholarship funding! MUSC's experts are influencing policy and community decisions about healthcare, and we also appreciate DeAndra for influencing our generous constituents to give back to our students!

MUSC Mission Statement

The Medical University of South Carolina (MUSC) is South Carolina's only comprehensive academic health system ~~science center~~. Our purpose is to preserve and optimize human life in South Carolina and beyond. MUSC provides an interprofessional environment for learning, discovery, and healing through (1) education of health care professionals and biomedical scientists, (2) research in the health sciences, and (3) provision of comprehensive health care.

~~As a public institution of higher learning, MUSC provides a full range of educational programs in the biomedical sciences and actively engages in community service and outreach. The campus is located on more than 50 acres in the city of Charleston. A diverse student population of more than 2,750 students in six colleges (Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing, and Pharmacy) study for degrees at the baccalaureate, masters, doctoral, and other professional levels. MUSC has academic programs that employ traditional and distance education methods. The University also provides residency training for over 750 graduate health professionals and is comprised of approximately 1,425 full time and 300 part time faculty.~~

Approved by MUSC Board of Trustees: ~~August 9, 2013~~ [April 9, 2021](#)

Approved by SC Commission on Higher Education: ~~February 3, 2014~~ [\(TBD\)](#)

The Medical University of South Carolina
College of Nursing
Faculty Practice Plan (FPP)
By-Laws

ARTICLE I: Introduction

The College of Nursing Faculty Practice Plan (“Plan”) at the Medical University of South Carolina is dedicated to excellence in patient care, research/scholarship, education, administration, and service/clinical through Practice that upholds and safeguards the CON's mission and values. The Plan will promote faculty progress by identifying and developing high and cost-effective patient care delivery systems, research opportunities, entrepreneurial opportunities, administrative excellence, consultation services, and educational products and services.

The Plan aligns with the mission and values of the Medical University of South Carolina and the College of Nursing as a framework to attract and retain outstanding faculty members. The Plan supports practice that embraces equity and culturally competent care and student education in clinical and service settings.

A: Purpose

The Plan provides the structure managing, monitoring, and evaluating faculty practice and holds the professional income of faculty members. The Plan promotes practice by engaging Faculty in their clinical, research, entrepreneurial, administrative or consulting areas of expertise for national certification, when applicable. The support and facilitation of faculty practice may occur in the development or expansion of new partnerships or collaboration with existing organizations, both internal and external, to the MUSC Enterprise. The Plan authorizes, generates, and executes practice contracts for all Faculty who function within the practice plan. The Plan sets forth a framework for providing fairness and consistency in compensation determinations; and aligning faculty performance with the College’s mission.

B: Expectations

Because nursing is a practice profession, Faculty and staff should practice as interprofessional collaborative teams when applicable for proficiency and national certification. Additionally, practice revenue provides partial funding for a faculty member's salary and overhead costs, including fringe benefits.

C: Definition

Faculty practice, both direct and indirect, is broadly defined as any activity that generates revenue for the college of nursing. The following statements define what can be considered the scope of faculty practice.

- a. Provisions of direct nursing services, that include but not limited to, care to individuals and groups, as well as technical assistance and consultation to health care providers and community agencies toward the end of advancing the health of individuals, families, groups, organizations, communities, and societies.

- b. Indirect practice includes activities that do not involve direct contact with clients. These include but are not limited to; assessments, referrals or collaboration with other health care providers, documentation and evaluation of patient care, consultation related to administration, or management of health care and/or other systems.
- c. Direct practice involves nurse/client contact activities, such as health status monitoring and treatment procedures.
- d. Other compensated or remunerated activities by a member of the Practice Plan for professional, clinical, consult, advisory, or similar services.

*See exemptions in section C

ARTICLE II: Organizational Structure

A: Structure

The Faculty Practice Plan is subject to all University policies and procedures, including, but not limited to, those related to personnel, insurance, purchasing, credentialing, and legal guidelines.

B: Administrative Leadership and Governance Council

The College of Nursing Faculty Practice Plan shall be managed by the Associate Dean for Practice reporting to the College of Nursing Dean. The Associate Dean for Practice meets regularly with the Dean to ensure decisions with the FPP align with the College of Nursing vision, mission, and policies.

The **administrative leadership** shall consist of the following persons:

- The Dean of the College of Nursing
- Associate Dean for Practice in the College of Nursing
- Medical Advisor (MD)
- Clinical support finance manager (TBN)

The Health Systems Integration Advisory Council (hereafter referred to as ‘**Council**’) shall serve in an advisory role to shape the changing landscape and strategic directions and goals for revenue generation. The council members include the following administrative leaders and persons:

- Associate Dean for Finance
- Director of Interprofessional Practice
- Two duly elected faculty members with identified and remunerated practices. Each member will be selected to serve for 2 years on alternate rotating schedules.
- MUSC-Health Representative(s) / (align representative invite with strategic plan for Practice)
- One external member/designee / (align representative invite with strategic plan for Practice)
- Administrative Support

Purpose, Power, and Duties

The business affairs for the Plan shall be managed in the Office of Practice under the administrative direction of the Associate Dean for Practice, who reports to the College of Nursing Dean. The Council, chaired by the Associate Dean of Practice, shall be invested and guided by the rules and policies of the College of Nursing. The CON Dean, and Associate Dean for Practice have the general authority to: 1) control and manage the affairs, funds, and property of the Plan, 2) develop criteria, outcomes, and policies, 3) conduct annual practice reviews, and 4) review and revise by-laws. The CON Dean and Associate Dean for Practice may further delegate authority to assigned committees or task forces as deemed necessary for carrying out the purposes and business of the Plan. The ultimate responsibility for the College of Nursing (including the Plan) rests with the Dean with approval of MUSC Board of Trustees, when appropriate.

Meetings

- Regular meetings: The Council shall meet at least three times a year (Jan, July, and October), keep minutes of the meeting, and report actions and recommendations to the Dean and members of CON Assembly.
- Special meetings: A special meeting may be called by a member of the CON administrative leadership team.
- Meeting Format: Participation in the meeting, whether corporal or by utilizing conference telephone, video conferencing equipment, or similar communications equipment shall constitute presence as so long as members participating in the meeting can hear and be heard
- Governing Rules: All meetings shall be governed by Roberts Rules of Order.
- All College of Nursing faculty are invited to attend.

C: Membership in FPP

Eligibility. All Faculty (≥ 0.5 FTE) employed by the University who are actively involved in direct or indirect professional services to clients (e.g. individuals, families, groups, organizations, communities) as part of their faculty role are members of the FPP.

- It is recognized that different categories of Faculty exist within the CON including, but not limited to, Regular Faculty (full-time and part-time), Modified or Special Faculty (visiting, adjunct, or clinical Faculty), or affiliate faculty.
- Membership is automatic for those individuals on the Clinical/Educator Track who are actively engaged in faculty practice as defined by workload assignment, with the approval of the immediate supervisor and /or the Dean.

Liability. Members are eligible for professional liability insurance coverage as defined in Medical University of South Carolina Malpractice and Risk Management Coverage policies.

Credentialing. Members who participate in the delivery of healthcare services in a practice setting performing any activities *not* defined as research, must meet CON credentialing standards. (See Office of Practice –credentialing policy for details).

Faculty Reporting Structure. For practice activities, Faculty report to the Associate Dean for Practice.

Termination. Termination of MUSC faculty appointment simultaneously terminates membership in the FPP. Permanent loss of credentialed privileges or termination of the faculty contract automatically terminate FPP membership.

Outside Employment. Members are not permitted to engage in any offsite professional practice services unless approved in advance by the Dean (requires submission and approval of an outside activity form).

Exempt Honoraria or Compensation.

1. Exempt honoraria not assigned to the Practice Plan includes one-time payments for lectures, episodic speaking engagements, articles, visiting professorships, NIH study sections, and service on boards.
2. Exempt compensation not assigned to the Practice Plan includes compensation received for consulting, advisory roles, expert witness testimony, and publication royalties.

*Exempted services must be approved by the Dean and comply with MUSC's Conflict of Interest policies. Refer questions or clarification regarding exemptions to the Dean.

ARTICLE: III Finance and Revenue

A: Budget

The Associate Dean for Practice and the Assistant Dean for Finance & Administration are responsible for preparing an annual operating budget reflecting all income and expenditures for the Office of Practice, which includes Practice Plan activities. The prepared budget will be presented to the Dean for final review and approval. The prepared budget will include schedules detailing the Return on Investment for each member participating in the Plan. During the annual budget preparation, review, and approval processes, the Dean, the Associate Dean for Practice, and the Assistant Dean for Finance & Administration are responsible for reviewing the financial impact, feasibility, and viability of ongoing, future, and any proposed practice activities.

B: Billing and Collection Activities

The Assistant Dean for Finance & Administration is responsible for the billing and collection of revenue for practice activities according to agreements established with individual practice partner sites. All revenue collected from practice activities shall be deposited into College of Nursing accounts.

C: Revenue Sources

Revenue may only be assigned to and accepted by the College as resulting from the activities performed by Members of the Plan. Revenue may not be assigned to and accepted by the College from non-members of the Plan. Revenue may be received as tangible and non-tangible non-cash gifts, cash, or cash equivalents.

Pursuant to Section II.C, each Plan member shall work with the Associate Dean for Practice and the Assistant Dean for Finance & Administration to assign all professional income to the College of Nursing, including, but not limited to:

- a. Revenue earned by the member while performing practice activities in line with their normal responsibilities and obligations to the College.

- b. Any revenue earned by the member that is not tuition and fee revenue, research and sponsored projects revenue, or donated revenue.
- c. Professional fees generated for all patient care services rendered regardless of where rendered.
- d. Professional fees or stipends received for court appearances, depositions, expert testimony, legal consultation, and serving on boards of directors or advisory boards.
- e. Revenue received for editing scientific publications conducted during normal working hours.
- f. Honoraria for lectures and similar public appearances conducted during normal working hours and that are not in return for other services received under the member's appointment and responsibilities and obligations to the College.
- g. Royalties, defined as shares or proceeds for contributions as authors/inventors/developers, for products, services, and intellectual property produced as part of the member's responsibilities and obligations to the College and their employment at the Medical University of South Carolina (MUSC) and follows MUSC policies and procedures related to such intellectual property and royalties.

Other income not specifically described above shall be reported to the Associate Dean for Practice, who will consult with the Dean and the Assistant Dean for Finance & Administration, when applicable, to determine whether such income will be considered professional income under the purpose of this Plan (Refer to Section C).

Any remunerated professional activities members are involved with that could be perceived as related to their responsibilities and obligations to the College, and the resulting revenue the member receives is not assigned to the College, must be reported to the Associate Dean for Practice and the Dean. Additionally, the member must appropriately report all professional activities for which they are remunerated on their annual conflict of interest disclosure pursuant to MUSC's policies, procedures, and reporting requirements.

As noted in Section IV.B, Billing and Collection Activities, all revenue assigned to the College shall be deposited into College of Nursing accounts.

D: Disbursement of Funds

Revenue received will initially be used to offset salary costs and reimburse the College for the % of time and effort the faculty member was paid to conduct practice activities. After salary costs are recouped, any remaining revenue will be split between the Office of Practice and the practicing faculty member in a structure as approved by the Dean, in consultation with the Associate Dean for Practice. For example, a proportional split where 90% will be deposited to the College's accounts in the Office of Practice and 10% will be deposited to the College's Faculty Excellence & Development (FE&D) account set up for that individual faculty member. Funds deposited into a faculty member's FE&D account may be expended in compliance with

College policies and procedures. Upon separation and/or termination from MUSC College of Nursing, funds in a members FE&D account remain with the College of Nursing.

ARTICLE IV: By-Law Amendment

The by-laws of the Faculty Practice plan may be amended by a simple majority Council vote with approval from the Dean.

**Current College of Nursing Faculty Practice Plan
approved by the Board of Trustees April 13, 2018.**

Policy Identification Number	
Policy Title	College of Nursing Faculty Practice Plan
Classification	University
Approval Authority	Board of Trustees
Responsible Entity	College of Nursing
Policy Owner	Dean, College of Nursing

I. Policy Statement

See attached

II. Scope

This policy applies to faculty of the College of Nursing.

III. Approval Authority

Dean, College of Nursing
Executive Vice President for Academic affairs and Provost
President
Board of Trustees

IV. Purpose of This Policy

To establish a faculty practice plan for the College of Nursing.

V. Who Should Be Knowledgeable about This Policy

Dean, College of Nursing
All faculty of the College of Nursing
College of Nursing Business Manager

VI. The Policy

See attached

VII. Special situations

VIII. Sanctions for Non-compliance

IX. Related Information

A. References, citations

B. Other

C. Appendices

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

X. Communication Plan

XI. Definitions

XII. Review Cycle

Every 5 years

XIII. Approval History

<i>Approval Authority</i>	<i>Date Approved</i>
Board of Trustees	December 16, 1996
Board of Trustees	April 13, 2018

XIV. Approval Signature

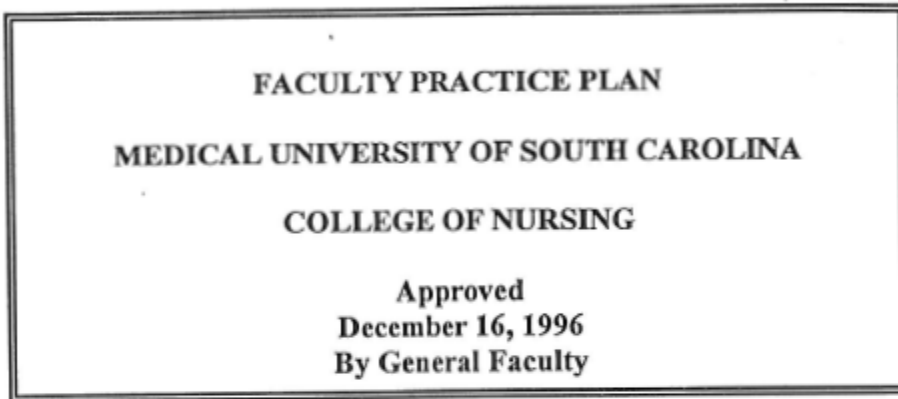
Executive Officer

Date

Title

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

College of Nursing
Faculty Practice Plan
1



Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

TABLE OF CONTENTS

	ARTICLE NAME	PAGE NUMBER
ARTICLE I.	SCOPE AND DEFINITION	3-4
ARTICLE II.	MISSION	4
ARTICLE III.	MEMBERSHIP	5-6
ARTICLE IV.	BOARD OF DIRECTORS	6-8
ARTICLE V.	GUIDELINES FOR FINANCIAL OPERATION	8-10
ARTICLE VI.	AMENDMENT OF BY-LAWS	10

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

MUSC College of Nursing Faculty Practice Plan

ARTICLE I: SCOPE AND DEFINITION

Section 1: Introduction

College of Nursing faculty are “Caring for the Community” through the provision of general and specialized nursing services to populations across the health care continuum. Nursing services are provided to individuals, families, and groups with potential and actual health needs. Services include, but are not limited to health promotion, risk assessment, disease prevention, management of health problems, and leadership in health care organizations. Faculty are Master’s and Doctorally prepared scholars and clinicians. They include certified adult, family, pediatric, and neonatal nurse practitioners as well as certified nurse midwives, clinical nurse specialists, clinical educators, administrators and consultants. The name of the organization shall be the Medical University of South Carolina, College of Nursing, Faculty Practice Associates (FPA). The offices of the FPA shall be located in the office of the Associate Dean for Research and Practice of the College of Nursing.

Section 2: Definition of Faculty Practice:

Faculty Practice is defined as the indirect or direct care of patients/clients, families, populations or management of health care systems.

- a. Indirect care includes activities that do not involve direct contact with clients. These include, but are not limited to; referrals or collaboration with other health care providers, documentation and evaluation of patient care, consultation related to administration or management of health care systems.

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

- b. Direct care involves nurse/client contact activities such as health status monitoring and treatment procedures.
- c. Faculty activities such as publication royalties, expert witness fees, grant review stipends and episodic speaking honoraria may be invested in the plan at the request of the individual faculty involved.

ARTICLE II: MISSION AND PURPOSES

Section 1: Mission

The mission of the FPA is to provide care to individuals, families and groups across the continuum that facilitate, access and promote quality and improved outcomes of health care.

Section 2: Purpose

The following five goals encompass the purpose of the organization:

1. To develop and demonstrate expert models of nursing practice.
2. To deliver professional nursing services to the citizens of South Carolina.
3. To promote and support the educational and research missions.
4. To facilitate ongoing development of clinical expertise of faculty.
5. To enhance and diversify revenue sources for the College of Nursing through faculty practice initiatives.

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

ARTICLE III: MEMBERSHIP

Section 1: Membership in Faculty Practice Associates.

Faculty members who are employed at least 50% time in the College of Nursing are eligible for membership. Membership in FPA is automatic for those individuals actively engaged in faculty practice. An up to date membership list will be maintained in the Office of the Associate Dean for Research and Practice. Termination of College of Nursing faculty status shall automatically revoke membership in the FPA. In addition, a plan for pay out of any accrued incentives and release of liability statement will be developed and signed at that time.

Section 2: Voting Rights and Privileges

Voting shall be restricted to participating members.

Section 3: Meetings

Meetings of the Membership. Meetings of the membership shall be held at least twice a year on such dates as may be determined by the Board of Directors. Written notice of time, place, and agenda of the meetings shall be sent to each member at least twenty (20) days prior to the date of such meeting.

Special Meetings of the Members. Special meetings of the membership may be called at any time by the Chair of the FPA or by written request of 33% of the voting membership of the FPA. Written notice of time, place, and agenda of the special meetings shall be sent to each member at least ten (10) days prior to the date of such meeting.

Governing Rules. All meetings shall be governed by Roberts Rules of Order.

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

ARTICLE IV: BOARD OF DIRECTORS

Section 1: Composition of the Board of Directors

The Board of Directors of the FPA shall consist of the following persons:

1. The Dean of the College of Nursing;
2. The Associate Dean for Research and Practice, as Executive Director;
3. Five duly elected participating faculty members - one of whom will be appointed as secretary to the Board.
4. The Administrative Manager of the College of Nursing, as Treasurer (nonvoting)

Section 2: Purpose, Powers, and Duties

The business and affairs of the FPA shall be managed by the Office of the Associate Dean for Research and Practice, and Administrative Manager. These individuals shall be invested with all powers not expressly reserved by these Articles, and report on a quarterly basis to the Board of Directors. The CON Dean, and Associate Dean for Research and Practice, with the approval of the Board of Directors, have the general authority to 1) control and manage the affairs, funds, and property of FPA 2) develop criteria, outcomes and policies 3) conduct annual reviews and make recommendations regarding practices 4) review and revise by-laws. The CON Dean and Board of Directors may further delegate authority to committees of task forces as they deem necessary for the carrying out of purposes and business of the FPA.

Section 3: Term of Office

Initially two elected Board of Director members will serve for a period of three years and three will serve for a period of two years. Thereafter, the FPA membership will elect replacements for

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

members whose terms have expired or been vacated. The term of office will be two years.

Members may be elected to consecutive terms.

Section 4: Officers and Duties

Officers of the Board shall be Chair, Chair-elect, Secretary (serving two year, elected, terms) and Treasurer (appointed as Administrative Manager of College of Nursing). Elected officers shall be nominated by the Board members and elected on a biannual basis, by a simple majority vote of the members of the Board.

The **Chair** shall preside at all meetings of the Board and shall develop the agenda and Chair the regular meetings of the full membership of FPA. The Chair shall appoint ad hoc committees and task forces as needed.

The **Chair-elect** shall perform the functions of the Chair in the absence of the Chair. The Chair-elect shall serve as Chair upon completion/vacancy of the current Chair.

The **Secretary** shall record and keep the minutes of all meetings of the Board and the voting membership. The secretary shall conduct the general correspondence of FPA, assure that the notices of the time and place of all meetings are disseminated, and keep an accurate record of the membership of FPA.

The **Treasurer**, the CON Administrative Manager shall serve as an ex-officio non-voting member, whose responsibilities include monitoring and reporting of financial affairs to the Board of Directors.

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

Section 5: Compensation Members of the Board of Directors shall not receive compensation for their services as Directors, but may receive reimbursement for their expenses incurred in conducting the business of the FPA and in attending meetings.

Section 6: Meetings

Regular Meetings of the Board of Directors. There shall be regular meetings of the Board of Director at least four (4) times per year. The dates of regular meetings of the Board of Directors shall be fixed by the Board of Directors.

Notice of Meetings of Board of Directors. Written notice of time, place, and agenda of the regular meetings shall be sent to each Director at least ten (10) days, but not more than thirty (30) days, prior to such meetings.

Special Meetings of the Board of Directors. Special meetings of the Board may be called at any time by the Chair, or written request of four (4) of the voting members of the Board. Written notice of time, place, and agenda of the special meetings shall be sent to each Director at least ten (10) days prior to such meetings.

Quorum. Simple majority of the Members of the Board of Directors shall constitute a quorum for purposes of conducting a meeting. Action shall be taken by a majority vote of those participating once a quorum is established.

Voting. At any meeting of the Directors, every voting Director participating at such meeting shall be entitled to one vote and, except as otherwise provided by these Articles, the act of a majority of the Directors participating at any meeting at which a quorum is present shall be the act of the Directors.

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

Governing Rules. All meetings shall be governed by Roberts Rules of Order.

ARTICLE V: GUIDELINES FOR FINANCIAL OPERATION

Section 1: Fiscal Year. The fiscal year for FPA shall be from July 1 through June 30.

Section 2: Generation of Revenue. Faculty Practice Plan revenues, generated through FPA related professional activities, will be reported through and financially accounted for by the FPA.

This includes revenues drawn from both direct patient and indirect client services.

1. Direct patient care revenue includes: direct fee-for-service payments by patients or clients; fees or payments for patient services from third party payors.
2. Indirect client revenue includes: grants to support specific delivery systems or demonstration projects, contracts for patient care services or professional consultation and gifts or contributions from foundations, businesses and other private sources.
3. Faculty activities such as publication royalties, expert witness fees, grant review stipends and episodic speaking honoraria may be invested in the plan at the request of the individual faculty involved. A 10% administrative overhead fee will be assigned for handling of these funds.
4. Criteria, rules and regulations attached to funds by the funding source will not be superseded by the Faculty Practice Plan.

Section 3: Disbursement of Practice Funds. FPA revenues will be distributed according to the following guidelines:

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

1. Indirect client revenue (i.e. grants, gifts and contracts) will be assessed the following direct and indirect charges.
 - a. An assessment of no more than 10% of the gross FPA revenues will be assigned to the Associate Dean for Research and Practice to be used for the development of practice initiatives or short falls. (Exemption or discount of the assessment will be made by the Board of Directors based on individual request and review).
 - b. Costs incurred in providing the services will then be deducted from remaining revenue. This includes personnel costs (including faculty and support), operating costs, supplies and equipment related to the program at any approved faculty practice site.

2. Charges on direct patient care revenues or fee for service revenues will be assessed in reverse order.
 - a. Costs incurred in providing the services will initially be deducted from the revenue. This includes personnel costs (including faculty and support), operating costs, supplies and equipment related to the program at any approved faculty practice site.
 - b. Then no more than 10% of the remaining FPA revenues will be assigned to the Associate Dean for Research and Practice to be used for the development of practice initiatives or short falls. (Exemption or discount of the assessment will be made by the Board of Directors based on individual request and review).

3. At the end of the fiscal year:

Policy ID Number	
Policy Title	College of Nursing Faculty Practice Plan
Date Approved	April 13, 2018

- a. 10% of the remaining revenue shall be held in the specific practice accounts as operating reserve to be used for the beginning of the next fiscal year.
- b. The remaining revenue shall be disbursed to the participating individual or group practice, to either be deposited in a professional development account or distributed as a cash bonus at the discretion of the faculty/group in practice.

ARTICLE VI: AMENDMENT OF BY-LAWS

The by-laws of the Faculty Practice Plan may be amended by a simple majority vote of the members by written ballot, provided that a copy of the proposed amendment has been sent to each Faculty Practice Plan member two (2) weeks prior to the vote.

Comparison current versus proposed practice plan

Plan element	Existing practice plan	Proposed practice plan
Revenue split	Practitioner 60%, Practice 40%	Practitioner 43%, Practice 57%.
Annual re-evaluation of the revenue split	Not clear	Yes
Failed work redo funds for practitioners who leave the practice	Non-existent	First year after proposed plan approval or first year after joining the practice—2% of the practitioner split
Chair fee	250\$ per month for one weekly session	None
Employer fringe benefits	Paid from the practitioner split	Paid from the practice split
Practitioner monthly payment (practitioner net income)	Draw based on estimate income (estimation based on the previous year revenue)	Based on actual monthly collections
Practitioner monthly payment through the regular pay stub	Yes	Yes

Policy Identification Number	
Policy Title	MUSC Dental Faculty Practice Plan
Classification	University
Approval Authority	Board of Trustees – Education, Faculty and Student Affairs Committee
Responsible Entity	College of Dental Medicine
Policy Owner	Dean, College of Dental Medicine

I. Policy Statement

The Dental Faculty Practice (DFP) at the Medical University of South Carolina (the University) is a group dental practice comprised of clinicians who are faculty at the James B. Edwards College of Dental Medicine (CDM).

II. Scope

This policy applies to faculty of the College of Dental Medicine.

III. Approval Authority

Dean, College of Dental Medicine
 Executive Vice President for Academic Affairs and Provost
 President
 Board of Trustees

IV. Purpose of This Policy

To establish a faculty practice plan ~~for the College of Dental Medicine as required by the S.C. Tort Claims Act~~ and define its purpose, mission and member compensation.

V. Who Should Be Knowledgeable about This Policy

Dean, College of Dental Medicine
 All faculty of the College of Dental Medicine
 College of Dental Medicine ~~Business Manager~~ [Office of Finance and Administration](#)

VI. The Policy

A. ~~Definition and~~ Mission

~~Definition – The Dental Faculty Practice (DFP) at the Medical University of South Carolina (the University) is a group dental practice comprised of clinicians who are faculty at the James B. Edwards College of Dental Medicine (CDM).~~

Mission - DFP supports the CDM mission, enabling the faculty of the CDM to maintain their clinical competency, to provide patient care and to generate income to support [DFP](#)

Policy ID Number	
Policy Title	MUSC Dental Faculty Practice Plan
Date Approved	April 13, 2018

participating faculty (members) salaries. ~~Each individual DFP member will be responsible for the direct patient care provided.~~ The DFP benefits the University and the CDM by aiding in faculty recruitment and retention, providing financial resources for the college, serving as a referral source for patients to undergraduate and graduate clinics, and providing a resource for scholarly material for education, and clinical research.

B. Qualifications and Stipulations for Practice Members

For the purposes of the DFP plan, practice members must meet the following qualifications:

1. ~~_____~~ Be full-time faculty in the CDM, with a minimum of an 80% (0.8) FTE commitment.
- _____ 2. ~~_____~~ Possess a DDS, DMD or equivalent dental degree.
3. ~~_____~~ Possess an active South Carolina dental license or teaching license in accordance with ~~the regulations~~
- _____ 4. In special circumstances, faculty with less than 80% FTE may engage in DFP with justification and approval of the ~~South Carolina Board~~ Dean.
- _____ 5. Adhere to the most recent version of ~~Dentistry~~ the DFP Conflict of Interest Policy and Restrictive Covenants.

C. Structure

The current DFP applies to and occurs in distinct and separate geographic locations within the confines of the University. The applicable parts of this plan for each of these areas are described below. Other areas may be added as per the discretion of the Dean of the CDM. The areas are:

1. **Comprehensive DFP** (General Dentistry, Endodontics, Radiology, Prosthodontics, and Periodontics, currently located on the 5th floor of the dental clinic building).
- ~~2. _____~~ **Specialty Clinic DFP** (located in their specialty areas).
2. ~~AEGD (Advanced Education in General Dentistry)~~
 - Endodontics
 - Oral & Maxillofacial Surgery
 - Oral Pathology
 - Orthodontics
 - Pediatric Dentistry

D. Comprehensive DFP

- ~~1. _____~~ ~~The Comprehensive DFP is a group practice operated by a business manager, who reports to the CDM Dean’s Business Office through the Financial Operations Manager. The business manager is responsible for the daily operation of the practice.~~
- 2.1. All faculty with 100% commitment are allowed to practice two half days per week, while 80% faculty members are allowed to practice one half day per week. Faculty with 100% commitment may be allowed to practice an additional one-half day a week if it

Policy ID Number	
Policy Title	MUSC Dental Faculty Practice Plan
Date Approved	April 13, 2018

does not interfere with his or her normal duties, benefits the CDM ~~and~~ is recommended by their respective chairs, and approved by the Dean. Additional FTE will not be approved to allot for time that the faculty will engage in DFP. This additional one-half day a week approval will be re-evaluated as needed and may be discontinued by the Dean in consultation with the respective chair.

3.2. Compensation format

~~a.~~

a. Individual compensation for DFP income will be W-2 income as described below.

~~b. Compensation will be based on a good faith estimate of the prior fiscal year's productivity. Compensation will be adjusted, by utilizing the University PEAR form, on a quarterly basis if an increase, or more frequently as circumstances dictate to reflect decreases in net profit of the individual provider and the DFP.~~

b. Compensation will be based on actual collections.

~~b.c.~~ All billing and collection of fees is handled centrally through the CDM Finance and ~~Accounting division and is the responsibility of the Financial Operations Manager~~ Administration except for any services billed by MUSC Health. CDM Finance & Administration will work closely with MUSC Health on billing and collections to comply with all applicable regulations and laws.

~~c.d.~~ d. The categories for calculating each provider's net income are:

- Gross collected revenues

- ~~Laboratory fees~~

~~iii.i. DFP Provider (MUSC Health collections are net of current percentage split will be determined annually by Dean's Office billing fee)~~

Chair charge

- ~~Professional expenses (optional)~~

- ~~Employer and employee Fringe Benefit Expense to correlate with actual DFP percentage for W-2~~

- ~~Net income (take home)~~

~~4. The provider's net income will be calculated in the following order:~~

~~a.ii.~~ Laboratories fees and major supply expenditures (such as implants, membranes, bone regeneration materials, etc.) will be subtracted from gross collected revenues.

iii. The remaining sum after subtracting laboratories fees and major supply expenditures from gross collected revenue, will be split between the member (provider) and DFP. The member (provider) will be responsible for paying all employee fringe benefits (payroll deductions) and the DFP will be responsible for paying the employer fringe benefits. The split percentage will be re-evaluated and determined by the Dean on an annual basis. Currently, the split percentage is:

Policy ID Number	
Policy Title	MUSC Dental Faculty Practice Plan
Date Approved	April 13, 2018

1. DFP member (provider)-- 43%

2. CDM-- 57%

~~b. Professional Percentage split between provider and DFP.~~

~~c. Provider assessed a chair charge for each staffed operator by DFP based on financial operations. The chair charge will be subtracted from the earned revenue.~~

~~e.iv. Expenses-- Each practitioner will have the option of allocating part of the "DFP member" split to a professional expense account, which can be used for the payment of professional dues, travel, annual meetings, etc. and is managed by the DFP business manager and approved by CDM's Financial Operations Manager. The professional expenses will be subtracted from expense account is capped to a maximum amount that is determined and periodically reevaluated by the provider's earned revenue Dean.~~

~~Provider assessed Fringe benefit expenses.~~

v. In order to fund treatments that failed prematurely and need re-treatment to remediate the failure (remakes) that were provided by members no longer participating in the DFP:

1. All Members/Providers currently engaged in DFP, will have 2% deducted for the first year after implementation of this policy. The 2% will be deducted from the provider's split and will be banked. Therefore, during this first year only, the current provider split will be 41%, 2% will be banked for remakes, and the remaining 57% will be for the CDM.

2. New DPF members will have 2% deducted from the provider split during their first year of membership and will be banked.

~~e.~~

~~f. The remaining monies are the provider's net income.~~

E. Specialty Clinic DFP

1. The providers in these areas may practice as required by the needs of their patient population and/or resident supervision.
2. Billing, insurance and collection of monies for faculty in the Specialty Clinics DFP will be the responsibility of CDM's Finance ~~Division and Administration~~ except for any services billed by MUSC Health. CDM Finance & Administration will work closely with MUSC Health on billing and collections to comply with all applicable regulations and laws.
3. Compensation in specialty clinic areas of DFP will be based on a quantifiable methodology for determining effort and production by each faculty member. Faculty compensation in these areas will be determined annually, based on prior years' actual collections. Compensation will be adjusted, by utilizing the University PEAR form, on a quarterly basis or as circumstances dictate to reflect

Policy ID Number	
Policy Title	MUSC Dental Faculty Practice Plan
Date Approved	April 13, 2018

increases or decreases in net profit of the individual provider and the department. The Dean will have final approval.

F. Provisions for distribution

1. A continuing faculty member and provider is one who will be renewing their faculty appointment contract and hold a primary appointment with the CDM. ~~If this provider's net profit is over or under the estimated amount at the end of a fiscal year, the compensation may be adjusted for the next year.~~
2. A continuing faculty member and non-provider is one who holds a primary appointment and is continuing employment with the CDM, but will no longer be participating in DFP. ~~If this~~
Monies collected for treatments delivered by the faculty member until their last day of employment at DFP, will be credited and distributed to the said member/provider based on the distribution method in the DFP plan, up to six months after the provider's net profit is over or under the estimated amount when they terminate DFP, their monies will be adjusted by the University PEAR form for the following month.~~last day of employment in DFP.~~
- ~~3. Monies collected will be credited to the provider up to their last day of employment at DFP.~~
- ~~3.~~ A terminating member/provider is one who will not be renewing their contract with the CDM or is leaving the CDM.
Monies collected will be credited to for treatments delivered by the provider up until their last day of employment at DFP. If the provider is owed monies, the University PEAR form will be used to adjust, will be credited and distributed to the said provider based on the distribution method in the DFP plan, up to six months after the provider's final month check. If last day of employment in the CDM.
4. If the continuing faculty member and non-provider or terminated provider has been overpaid, ~~he/she will write~~provider will reimburse the CDM within 10 working days with a personal check ~~in~~made out to DFP for the full amount of the overpayment ~~to DFP.~~

The provisions of this contract are subject to change as necessary per the financial solvency of the DFP and the CDM by the Dean.

VII. Special situations

VIII. Sanctions for Non-compliance

IX. Related Information

A. References, citations

Policy ID Number	
Policy Title	MUSC Dental Faculty Practice Plan
Date Approved	April 13, 2018

[1. CDM DFP Conflict of Interest and Restricted Covenants](#)

[2. Enterprise-wide E-COI-002 MUSC/MUHA Industry Relations](#)

[3. Enterprise-wide E-FRD-001 Policies and Procedures for Employee Involvement in Entrepreneurial Activities](#)

B. Other

C. Appendices

X. Communication Plan

XI. Definitions

Dental Faculty Practice (DFP) at the Medical University of South Carolina (the University) is a group dental practice comprised of clinicians who are faculty at the James B. Edwards College of Dental Medicine (CDM).

XII. _____

XII. Review Cycle

At least annually or as needed.

XIII. Approval History

<i>Approval Authority</i>	<i>Date Approved</i>
Board of Trustees	February 8, 1985
Board of Trustees	February 10, 1995
Board of Trustees	May 20, 2004
Board of Trustees	August 14, 2015
Board of Trustees	April 13, 2018

XIV. Approval Signature

Executive Officer

Date

Title

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Amy Dodd Bradshaw, Ph.D.

Date: 3/22/2021

Citizenship and/or Visa Status:

Office Address: 30 Courtney Drive, MSC 773, Charleston, SC, 29425, USA Telephone: 843-792-4959

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1986	University of California at San Diego	B.A.	Molecular Biology
1995	University of California, San Diego	Ph.D.	Biochemistry

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Post-Doctoral Fellow	Department of Biological Structure, University of Washington, Seattle, WA 11/95 - 4/99 (with Dr. E. Helene Sage)	11/1995 - 04/1999
Post-Doctoral Fellow	Department of Vascular Biology, The Hope Heart Institute, Seattle, WA 7/01 - 12/2002	04/1999 - 07/2001

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2003 - 2011	Assistant Professor	Medical University of South Carolina	Medicine Division of Cardiology
2004 - Present	Associate Member	Medical University of South Carolina	College of Graduate Studies
2005 - 2011	Assistant Professor	Medical University of South Carolina	Regenerative Medicine and Cell Biology
2008 - 2009	Assistant Professor	Medical University of South Carolina	Stomatology
2009 - 2011	Assistant Professor	Medical University of South Carolina	Craniofacial Biology
2011 - 2017	Associate Professor	Medical University of South Carolina	Oral Health Sciences
2011 - 2019	Associate Professor	Medical University of South Carolina	Medicine Division of Cardiology
2011 - 2019	Associate Professor	Medical University of South Carolina	Regenerative Medicine and Cell Biology
2020 - Present	Professor	Medical University of South Carolina	Medicine Division of Cardiology
2020 - Present	Professor	Medical University of South Carolina	Regenerative Medicine and Cell Biology

First Appointment to MUSC:

Rank: Assistant Professor

Date: 2003

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Philip Costello, M.B.B.S.

Date: 3/9/2021

Citizenship and/or Visa Status:

Office Address: 96 Jonathan Lucas Street, Room 211 CSB 323 , Charleston, SC, 29425 Telephone: 843/792-4637

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1969	Westminster College	M.B.B.S.	Medicine

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2004 - Present	Professor	Medical University of South Carolina	Radiology and Radiological Science

First Appointment to MUSC:

Rank: Professor

Date: 2004



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

Date: February 22, 2021

Name: Krause James S
Last First Middle

Citizenship and/or Visa Status: US

Office Address: 151-B Rutledge Ave Telephone: 843-792-1337
Suite 117, MSC 962

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>University of Minnesota</u>	<u>4</u>	<u>BA 03/31/80</u>	<u>Psychology</u>
<u>University of Minnesota</u>	<u>8 (1981-1989)</u>	<u>PhD 09/20/90</u>	<u>Psychology</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
<u>University of Minnesota Hospital</u>	<u>Minneapolis, MN</u>	<u>1983-1984</u>
<u>Veterans Administration Medical Center</u>	<u>Minneapolis, MN</u>	<u>1984-1985</u>
<u> </u>	<u> </u>	<u> </u>

<u>Residencies or Postdoctoral:</u>	<u>Place</u>	<u>Dates</u>
<u>Mary E. Switzer Merit Research Fellowship</u>	<u>Atlanta, GA</u>	<u>07/89 – 06/90</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

Board Certification: N/A Date: N/A
 Date:
 Licensure: Georgia, #001518 Date: 01/04/91 - 97
 Date:

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>2002-2004</u>	<u>Associate Professor</u>	<u>MUSC</u>	<u>Rehabilitation Sciences, CHP</u>
<u>2004-current</u>	<u>Professor</u>	<u>MUSC</u>	<u>Health Sciences & Research, CHP</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

First Appointment to MUSC: Rank Associate Professor Date: August 2002

Medical University of South Carolina
College of Medicine
ABBREVIATED CURRICULUM VITAE

Name: _____
Munden Reginald _____
Last First Middle

Citizenship and/or Visa Status: _____

Office Address: _____ Telephone: _____

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Medical University of South Carolina College of Medicine	1986-1990	1990	Medicine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

<u>Place</u>	<u>Dates</u>
_____	_____
_____	_____

<u>Place</u>	<u>Dates</u>
Medical University of South Carolina College of Medicine- Diagnostic Radiology Residency	1990-1994
Brigham and Women's Hospital- Thoracic Radiology Fellowship	1994-1995
_____	_____
_____	_____
_____	_____

Board Certification: American Board of Radiology- Diagnostic Radiology- 1994

South Carolina Medical License- #15486- exp date 6/30/2021

Texas Medical License- #J8328- exp date 5/31/2022

Licensure: North Carolina Medical License- #2016-02125- exp date 6/27/2021

Alabama Medical License- #28666- exp date 12/31/2011

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1985	Clinical Instructor	MUSC College of Dental Medicine	Dental Medicine
1985-1988	Assistant Professor	MUSC College of Dental Medicine	Dental Medicine
1995-1997	Assistant Professor	The University of Texas Houston Medical School	Radiology
1997-2001	Assistant Professor	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2001-2006	Associate Professor-Tenure	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2006-2008	Professor-Tenure	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2008-2010	Professor-Tenure	The University of Alabama at Birmingham	Radiology
2010-2013	Professor-Tenure	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2014-2016	Professor	Institute for Academic Medicine (IAM)	Radiology
2017-present	Adjunct Professor	Institute for Academic Medicine (IAM)	Radiology
2014-2016	Professor	Houston Methodist Hospital- Weill Cornell	Radiology
2016-present	Professor- Tenure	Wake Forest School of Medicine	Radiology
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Joint Full Professor, Microbiology and Immunology
July 2016

Medical University of South Carolina
College of Medicine
ABBREVIATED CURRICULUM VITAE

Name: _____
Dickey
Kevin

Last
First
Middle

Citizenship and/or Visa Status: _____

Office Address: _____ Telephone: (203) 430-5339

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Emory University School of Medicine	1981-1985	MD	Doctor of Medicine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
_____	Emory University Affiliated Hospitals	1985-1987
_____	_____	_____

<u>Residencies or Postdoctoral:</u>	<u>Place</u>	<u>Dates</u>
_____	University of Vermont College of Medicine	1988-1992
Fellowship, Vascular and Interventional Radiology	Yale University School of Medicine	1992-1993
_____	_____	_____
_____	_____	_____

Board Certification: Diplomat, National Board of Medical Examiners 1986
 American Board of Radiology - Diagnostic Radiology 1993

Licensure:

State of Georgia License #29439, Inactive	1987 – 2017
State of Vermont License # 042.0007757, Inactive	1988 – 1991
State of Connecticut License #032097, Inactive	1992 – 2015
State of New Hampshire License #11775, Inactive	2002 – 2006
State of Tennessee License (Telemedicine) #52963, Inactive	2015 – 2016
State of South Carolina License #MMD-37760, Inactive	2015 – 2017
State of North Carolina License #2015-01148	2016 – Present

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1992 – 1993	Clinical Instructor	Yale University School of Medicine	Department of Radiology
1993 – 1997	Assistant Professor	Yale University School of Medicine	Department of Radiology
1997 – 2002	Assistant Clinical Professor	Yale University School of Medicine	Department of Radiology
2003 – 2004	Associate Professor	Dartmouth Medical School	Department of Radiology
2008 – 2016	Assistant Clinical Professor	University of Connecticut School of Medicine	Department of Radiology
2016 – Present	Associate Professor	Wake Forest School of Medicine	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical University of South Carolina

College Of Nursing

ABBREVIATED CURRICULUM VITAE

Name: Kathleen Lindell

Date: 3/9/2021

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1982	University of Pittsburgh	B.S.N.	Nursing
1987	University of Pittsburgh	M.S.N.	Nursing
2007	University of Pittsburgh	Ph.D.	Nursing

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2020 - Present	Associate Professor	Medical University of South Carolina	DEPARTMENT OF NURSING OPERATING
2021 - Present	Associate Professor	Medical University of South Carolina	Medicine Division of Pulmonary

First Appointment to MUSC:

Rank: Associate Professor

Date: 2020

Degrees

2001 M.H.S., Clinical Trials, Duke University
 1993 M.D., Medicine, University of Texas Southwestern Medical School
 1989 B.A., Biology, Rice University

Post-Graduate Training

Fellowship, Duke University Medical Center, Hematology/Oncology, July 1997, June 2001
 Internship, Barnes Hospital at Washington University, N/A, July 1993, June 1994
 Residency, Barnes Hospital at Washington University, Internal Medicine , July 1994, June 1996

Certifications

American Board of Internal Medicine's (ABIM) , Type of Certification: Board Certification , Specialty: Medical Oncology Board , Certification Number: N/A, Effective Date: 2014, Expiration Date (if none, see note above): 2017

Professional Licensures

State of Missouri License, Month / Year Originally Conferred: January 1996, INACTIVE
 State of Florida Medical License, Month / Year Originally Conferred: January 2018, State of Issue: Florida
 State of Tennessee License, Month / Year Originally Conferred: PRESENT 2004, INACTIVE
 State of North Carolina License., Month / Year Originally Conferred: January 1999, INACTIVE
 State of Texas License, Month / Year Originally Conferred: January 1994, State of Issue: Texas, INACTIVE

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Professor	Medical University of South Carolina	College of Medicine	Medicine	Hematology/Oncology	2021-04-01	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Medical University of South Carolina
College of Medicine
ABBREVIATED CURRICULUM VITAE

Name: _____
Munden
Reginald

Last
First
Middle

Citizenship and/or Visa Status: _____

Office Address: _____ Telephone: _____

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Medical University of South Carolina College of Medicine	1986-1990	1990	Medicine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

<u>Place</u>	<u>Dates</u>
_____	_____
_____	_____

<u>Place</u>	<u>Dates</u>
Medical University of South Carolina College of Medicine- Diagnostic Radiology Residency	1990-1994
Brigham and Women's Hospital- Thoracic Radiology Fellowship	1994-1995
_____	_____
_____	_____

Board Certification: American Board of Radiology- Diagnostic Radiology- 1994

South Carolina Medical License- #15486- exp date 6/30/2021

Texas Medical License- #J8328- exp date 5/31/2022

Licensure: North Carolina Medical License- #2016-02125- exp date 6/27/2021

Alabama Medical License- #28666- exp date 12/31/2011

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1985	Clinical Instructor	MUSC College of Dental Medicine	Dental Medicine
1985-1988	Assistant Professor	MUSC College of Dental Medicine	Dental Medicine
1995-1997	Assistant Professor	The University of Texas Houston Medical School	Radiology
1997-2001	Assistant Professor	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2001-2006	Associate Professor-Tenure	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2006-2008	Professor-Tenure	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2008-2010	Professor-Tenure	The University of Alabama at Birmingham	Radiology
2010-2013	Professor-Tenure	The University of Texas MD Anderson Cancer Center	Diagnostic Imaging
2014-2016	Professor	Institute for Academic Medicine (IAM)	Radiology
2017-present	Adjunct Professor	Institute for Academic Medicine (IAM)	Radiology
2014-2016	Professor	Houston Methodist Hospital- Weill Cornell	Radiology
2016-present	Professor- Tenure	Wake Forest School of Medicine	Radiology
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

William F Rayburn
Abbreviated Curriculum Vitae V1
Affiliate Professor
rayburnw@musc.edu

Degrees

1991 B.S., Interscience, Hampden-Sydney College
1975 M.D., Medicine, University of Kentucky

Post-Graduate Training

Fellowship, The Ohio State University Hospitals, Maternal-Fetal Medicine, July 1979, June 1981
Internship, University of Iowa Hospitals and Clinics, Family Medicine, July 1975, June 1976
Residency, University of Kentucky Medical Center, OBGYN, July 1976, June 1979

Certifications

National Board of Medical Examiners, Type of Certification: Board Certification, Certification Number: 159481, Effective Date: 1976, Lifetime Board Certification: Yes
American Board of Obstetrics and Gynecology, Type of Certification: Board Certification, Specialty: OBGYN, Certification Number: n/a, Effective Date: 1982, Lifetime Board Certification: Yes
American Board of Obstetrics and Gynecology, Type of Certification: Board Certification, Specialty: Maternal- Fetal Medicine, Certification Number: n/a, Effective Date: 1991, Lifetime Board Certification: Yes

Professional Licensures

South Carolina State Medical License, Month / Year Originally Conferred: June 2019, Month/Year Expires: June 2021, South Carolina Medical Board, State of Issue: South Carolina, Number (if applicable): MD83276
Oklahoma State Medical License, Month / Year Originally Conferred: January 1992, Month/Year Expires: January 1999, Oklahoma State Medical Board, State of Issue: Oklahoma, Number (if applicable): 17985
Ohio State Medical License, Month / Year Originally Conferred: January 1979, Month/Year Expires: January 1981, Ohio State Medical Board, State of Issue: Ohio, Number (if applicable): n/a
New Mexico State Medical License, Month / Year Originally Conferred: January 1998, Month/Year Expires: January 2021, New Mexico State Medical Board, State of Issue: New Mexico, Number (if applicable): 99106
Nebraska State Medical License, Month / Year Originally Conferred: January 1985, Month/Year Expires: January 1992, Nebraska Medical Board, State of Issue: Nebraska, Number (if applicable): 17088
Michigan State Medical License, Month / Year Originally Conferred: January 1981, Month/Year Expires: January 1985, Michigan State Medical Board, State of Issue: Michigan, Number (if applicable): 4301043615
Kentucky State Medical License, Month / Year Originally Conferred: January 1976, Month/Year Expires: January 1979, Kentucky State Medical Board, State of Issue: Kentucky, Number (if applicable): 18474

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Affiliate Professor	Medical University of South Carolina	College of Medicine	Obstetrics and Gynecology	Benign Ob/Gyn	2020-10-15	2023-06-30

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	University of Michigan Medical School	Medicine	OBGYN		07-01-1981	10-31-1983
Associate Professor	University of Michigan Medical School	Medicine	OBGYN		10-01-1983	10-31-1985
Associate Professor	University of Nebraska	Medicine	OBGYN and Pharmacology		11-01-1985	06-30-1988
Professor	University of Nebraska	Medicine	OBGYN and Pharmacology		07-01-1988	03-31-1992
Professor	University of Oklahoma	Medicine	OBGYN and Pharmacology/Toxicology		04-01-1992	11-30-1998
Professor	University of New Mexico	Medicine	OBGYN		12-01-1998	01-31-2020
Adjunct Professor	University of Texas	Naveen Jindal School of Management	Leadership and Management		01-01-2015	

Donald C. Shields II
Abbreviated Curriculum Vitae V1
 Adjunct Associate Professor
 shieldsd@musc.edu

Degrees

2008 M.B.A., Business Administration, University of Tennessee
 2000 M.D., Ph.D., Medicine and Philosophy, Medical University of South Carolina
 1993 B.S., Wofford College

Post-Graduate Training

Fellowship, Massachusetts General Hospital/Harvard Medical School, Functional Neurosurgery, January 2008, December 2008
 Internship, UCLA Medical Center , General Surgery , July 2000, June 2001
 Residency, UCLA Medical Center , Neurosurgery, July 2001, June 2006
 Post-Doctorate, Massachusetts General Hospital/Harvard Medical School, Neurophysiology , July 2006, June 2007

Certifications

American Board of Neurological Surgery , Type of Certification: Diplomate/Board Certification ,
 Certification Number: N/A, Effective Date: 2012

Professional Licensures

Virginia Medical License, Month / Year Originally Conferred: January 2008, Month/Year Expires: December 2020
 South Carolina Medical License, Month / Year Originally Conferred: January 2020, State of Issue: South Carolina
 Massachusetts Medical License, Month / Year Originally Conferred: January 2006, Month/Year Expires: December 2008, State of Issue: Massachusetts
 Maryland Medical License, Month / Year Originally Conferred: January 2008, Month/Year Expires: December 2019, State of Issue: Maryland
 California Medical License, Month / Year Originally Conferred: January 2002, Month/Year Expires: December 2010, State of Issue: California
 District of Columbia Medical License, Month / Year Originally Conferred: January 2008, Month/Year Expires: December 2020

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Adjunct Associate Professor	Medical University of South Carolina	College of Medicine	Neurosurgery		2000-12-01	2023-06-30

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Elizabeth G. Hill, Ph.D.

Date: 11/21/2019

Citizenship and/or Visa Status:

Office Address: Hollings Cancer Center 86 Jonathan Lucas Street Suite 118, Telephone:
MSC 955 , Charleston, SC, 29425

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1984	University of Rochester	B.A.	Mathematics
2001	Emory University	M.S.	Biostatistics
2002	Emory University	Ph.D.	Biostatistics

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2003 - 2009	Assistant Professor	Medical University of South Carolina	Biostatistics and Epidemiology Medicine
2009 - 2010	Assistant Professor	Medical University of South Carolina	Division of Biostatistics and Epidemiology Medicine
2010 - 2012	Associate Professor	Medical University of South Carolina	Division of Biostatistics and Epidemiology
2013 - 2018	Associate Professor	Medical University of South Carolina	Public Health Sciences
2015 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2018 - 2019	Professor	Medical University of South Carolina	Public Health Sciences

First Appointment to MUSC:

Rank: Assistant Professor

Date: 2003

Mark P Rubinstein
Abbreviated Curriculum Vitae V1
 Adjunct Associate Professor
 843-792-1451
 rubinsmp@musc.edu

Degrees

2002 Ph.D., Molecular and Cellular Biology and Pathobiology, Medical University of South Carolina, South Carolina, United States

1995 B.S., Economics and Biology, University of Virginia, Virginia, United States

Post-Graduate Training

Post-Doctorate, Scripps Research Institute, San Diego, CA, Postdoctoral Fellow (Laboratory of Dr. Jonathan Sprent), September 2003, September 2006

Post-Doctorate, University of California, San Diego, Postdoctoral Fellow (Laboratory of Dr. Ananda Goldrath), September 2006, September 2008

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	Medical University of South Carolina	College of Medicine	Surgery	General Surgery	2009-11-09	2018-04-30
Associate Professor	Medical University of South Carolina	College of Graduate Studies			2010-09-30	
Assistant Professor	Medical University of South Carolina	College of Medicine	Microbiology and Immunology		2011-05-01	2018-12-31
Assistant Professor	Medical University of South Carolina	College of Medicine	Surgery	Oncologic and Endocrine Surgery	2018-05-01	2018-12-31
Associate Professor	Medical University of South Carolina	College of Medicine	Surgery	Oncologic and Endocrine Surgery	2019-01-01	2021-01-04
Associate Professor	Medical University of South Carolina	College of Medicine	Microbiology and Immunology		2019-01-01	2021-01-04
Adjunct Associate Professor	Medical University of South Carolina	College of Medicine	Surgery	Oncologic and Endocrine Surgery	2021-01-05	2021-06-30
Adjunct Associate Professor	Medical University of South Carolina	College of Medicine	Microbiology and Immunology		2021-01-05	2021-06-30

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Contact Information

No activities entered.

Degrees

2007 M.D., Medicine, Medical University of South Carolina
2001 B.S., Biological Sciences, North Carolina State University

Post-Graduate Training

Fellowship, Temple University Hospital System, Vascular Surgery, July 2013, June 2015
Internship, Medical University of South Carolina , Surgery, July 2007, June 2008
Residency, Medical University of South Carolina , Surgery, July 2012, June 2013
Residency, Medical University of South Carolina , Surgery, July 2008, June 2012

Certifications

Registered Physician In Vascular Interpretation , Type of Certification: Registered Physician, Certification Number: N/A, Effective Date: 2015
Fundamentals of Laparoscopic Surgery, Type of Certification: Fundamentals of Laparoscopic Surgery, Certification Number: N/A, Effective Date: 2012
Basic Life Support, Type of Certification: Life Support, Certification Number: N/A, Effective Date: 2019
American College Surgery Vascular Surgery, Type of Certification: Board Certification , Specialty: Vascular Surgery, Certification Number: 102795, Effective Date: 2020, Expiration Date (if none, see note above): 2016
Advance Trauma Life Support , Type of Certification: Life Support, Certification Number: N/A, Effective Date: 2007
Advance Cardiac Life Support, Type of Certification: Life Support, Certification Number: N/A, Effective Date: 2019

Professional Licensures

Virginia Medical License, Month / Year Originally Conferred: August 2015, Number (if applicable): 0101258352
South Carolina Limited License, Month / Year Originally Conferred: July 2007, Month/Year Expires: June 2013, Number (if applicable): 29869
Pennsylvania Medical Training License, Month / Year Originally Conferred: July 2013, Month/Year Expires: June 2015, Number (if applicable): 204070

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Affiliate Assistant Professor	Medical University of South Carolina	College of Medicine	Surgery	Vascular Surgery	2019-10-09	2021-02-21

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Medical Director	Surgical Associates of Richmond				2018	
Medical Director	Chippenham Medical				2018	

Thierry Bacro
Abbreviated Curriculum Vitae V1
 Professor
 843-792-1981
 bacrotr@musc.edu

Degrees

1994	Ph.D., Anatomy, University of South Carolina, South Carolina, United States
1990	M.S., Exercise Science, University of South Carolina, South Carolina, United States
1987	B.Sc., Honors, Sports and Occupational Medicine, University of Cape Town, South Africa
1980	DE MK, Physical Therapy, Medical University of Lille

Post-Graduate Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	Medical University of South Carolina	College of Health Professions	Rehabilitation Sciences		1995-01-05	1999-06-30
Associate Professor	Medical University of South Carolina	College of Dental Medicine	Regenerative Medicine and Cell Biology		1999-01-01	2013-12-31
Associate Professor	Medical University of South Carolina	College of Health Professions	Rehabilitation Sciences		1999-07-01	2002-05-31
Professor	Medical University of South Carolina	College of Graduate Studies			2001-08-23	
Associate Professor	Medical University of South Carolina	College of Medicine	Regenerative Medicine and Cell Biology		2002-06-01	2013-12-31
Professor	Medical University of South Carolina	College of Medicine	Regenerative Medicine and Cell Biology		2014-01-01	2021-03-31
Professor	Medical University of South Carolina	College of Dental Medicine	Regenerative Medicine and Cell Biology		2014-01-01	2021-03-31
Professor	Medical University of South Carolina	College of Medicine	Regenerative Medicine and Cell Biology		2021-04-01	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Frederick S. Nolte
Abbreviated Curriculum Vitae V1
 Professor
 843-792-5020
 nolte@musc.edu

Degrees

1980 Ph.D., Medical Microbiology, Ohio State University, Ohio, United States
 1974 B.S., Biological Sciences, University of Cincinnati, Ohio, United States

Post-Graduate Training

Post-Doctorate, University of Rochester, Rochester, NY, Postdoctoral Fellow in Public Health and Medical Laboratory Microbiology, September 1980, September 1982

Certifications

Diplomate, American Board of Medical Microbiology, Effective Date: 1985

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Professor	Medical University of South Carolina	College of Dental Medicine	Pathology and Laboratory Medicine		2007-07-01	2021-06-30
Professor	Medical University of South Carolina	College of Medicine	Pathology and Laboratory Medicine		2007-07-01	2021-06-30
Professor	Medical University of South Carolina	College of Medicine	Pathology and Laboratory Medicine		2021-07-01	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	University of Rochester, School of Medicine and Dentistry, Rochester, NY		Microbiology and Immunology, and Pathology		1982-09-01	
Associate Professor	University of Rochester, School of Medicine and Dentistry, Rochester, NY		Microbiology and Immunology, and Pathology		1988-09-01	
Associate Professor	Emory University School of Medicine, Atlanta, GA		Pathology and Laboratory Medicine		1989-09-01	
Associate Professor	Emory University School of Medicine, Atlanta, GA		Microbiology and Immunology		1989-09-01	
Associate Professor	Emory University School of Medicine, Atlanta, GA		Medicine	Infectious Diseases	1993-09-01	
Professor	Emory University School of Medicine, Atlanta, GA		Pathology and Laboratory Medicine		2002-09-01	

MUSC Foundation for Research Development

Statements of Financial Position

	<u>2/28/2021</u>	<u>2/29/2020</u>
Assets		
Cash and cash equivalents	\$220,871	\$457,511
Cash and cash equivalents - held for others	\$770,130	\$787,161
Accounts receivable - Licensees, net of allowance	\$229,938	\$151,559
Accounts receivable - MUSC & affiliates	\$438,160	\$471,834
Prepaid expenses	\$11,067	\$8,684
Investments	\$412,883	\$400,345
Investments - illiquid	\$84,881	\$84,881
Property and equipment, net	\$24,517	\$35,184
Total Assets	<u>\$2,192,448</u>	<u>\$2,397,160</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$110,325	\$69,139
Accounts payable - MUSC	\$173,553	\$235,673
Lease payable	\$6,045	\$7,449
Due to MUSCP (UMA) - accrued personnel expenses	\$147,796	\$192,145
Unearned revenue and deposits	\$28,874	\$22,899
Funds held for others	\$770,130	\$787,161
Total Liabilities	<u>\$1,236,723</u>	<u>\$1,314,467</u>
Net Assets		
Unrestricted	\$881,862	\$1,030,457
Board designated for technology development	\$73,862	\$52,236
Total Net Assets	<u>\$955,724</u>	<u>\$1,082,693</u>
Total Liabilities and Net Assets	<u>\$2,192,448</u>	<u>\$2,397,160</u>

MUSC Foundation for Research Development

Income Statement

Eight Months Ended February 28, 2021

	Period ended 2/28/2021			FY21 Budget
	Actual	Budget	Variance	
Revenues				
Support from MUSC Office of Provost	\$933,333	\$933,333	\$0	\$1,400,000
Royalties and license fees	\$556,754	\$460,000	\$96,754	\$995,000
Distributions to MUSC, inventors, departments and labs	<u>(\$340,492)</u>	<u>(\$322,000)</u>	<u>(\$18,492)</u>	<u>(\$696,500)</u>
Royalties and license fees, net of distributions	\$216,263	\$138,000	\$78,263	\$298,500
Investment income	\$11,007	\$14,933	(\$3,926)	\$22,400
Miscellaneous income	<u>\$13,420</u>	<u>\$13,333</u>	<u>\$86</u>	<u>\$20,000</u>
Total Revenues	<u>\$1,174,023</u>	<u>\$1,099,600</u>	<u>\$74,423</u>	<u>\$1,740,900</u>
Expenses				
Personnel	\$910,687	\$924,000	\$13,313	\$1,339,964
Patent prosecution	\$235,792	\$245,767	\$9,975	\$368,650
Professional fees	\$13,300	\$15,000	\$1,700	\$30,000
Administrative expenses				
IT maintenance - software and hardware	\$14,113	\$14,333	\$220	\$21,500
Telecommunication	\$3,058	\$4,000	\$942	\$6,000
Travel - Non-employee	\$0	\$5,667	\$5,667	\$8,500
Travel - Employee	\$0	\$8,000	\$8,000	\$12,000
Professional development-conferences & continuing education	\$1,818	\$6,667	\$4,848	\$10,000
Office supplies, support and equipment	\$3,544	\$12,000	\$8,456	\$18,000
Real property rental	\$41,238	\$41,333	\$95	\$62,000
Lease payments	\$2,786	\$3,000	\$214	\$4,500
Insurance	\$10,395	\$10,400	\$5	\$15,600
Dues, memberships, subscriptions and sponsorships	\$9,312	\$8,333	(\$979)	\$12,500
Special activities	\$1,461	\$6,867	\$5,405	\$10,300
Depreciation expense	<u>\$7,026</u>	<u>\$7,067</u>	<u>\$40</u>	<u>\$10,600</u>
Total Administrative expenses	<u>\$94,752</u>	<u>\$127,666</u>	<u>\$32,914</u>	<u>\$191,500</u>
Total Expenses	<u>\$1,254,531</u>	<u>\$1,312,433</u>	<u>\$57,902</u>	<u>\$1,930,114</u>
NET SURPLUS/(DEFICIT)	<u>(\$80,508)</u>	<u>(\$212,833)</u>	<u>\$132,326</u>	<u>(\$189,214)</u>