



AGENDA
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES
AND
UNIVERSITY BOARD OF TRUSTEES

October 14, 2022

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
REGULAR AGENDA
October 14, 2022
101 Colcock Hall

Members of the Board of Trustees

Dr. James Lemon, Chairman	Dr. Richard M. Christian, Jr.
Mr. Charles Schulze, Vice-Chairman	Dr. Paul T. Davis
Ms. Terri R. Barnes	Dr. Donald R. Johnson II
The Honorable James A. Battle, Jr.	Ms. Barbara Johnson-Williams
Mr. William H. Bingham, Sr.	Dr. G. Murrell Smith, Sr.
Dr. W. Melvin Brown III	Mr. Michael E. Stavrinakis
Dr. Henry F. Butehorn III	Thomas L. Stephenson, Esq.
Dr. C. Guy Castles III	Dr. Bartlett J. Witherspoon, Jr.

Trustees Emeriti

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.....Katherine Haltiwanger
Board Secretary
- Item 3. Date of Next Meeting – December 9, 2022.....Katherine Haltiwanger
Board Secretary
- Item 4. Approval of Meeting Minutes Dr. James Lemon
Chairman

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

- Item 5. General Informational Report of the PresidentDr. David Cole
President
- Item 6. Other BusinessDr. David Cole
President

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

- Item 7. Election of Committee Chair Dr. James Lemon
Chairman
- Item 8. MUSC Health Status ReportDr. Patrick Cawley
Chief Executive Officer, MUSC Health

Item 9. Request to Apply for Certificate for Need ApplicationsDr. Patrick Cawley
Chief Executive Officer, MUSC Health

Dr. Patrick Cawley, CEO, MUSC Health, will present for approval a request for the Medical University Hospital Authority to apply for Certificate of Need (CON) Applications for the following:

- MUSC Health Charleston Division - 20 additional acute care beds for Med-Psych and 20 additional acute care beds for Med-Surg to be located at MUSC Health Charleston University Medical Center.
- MUSC Health Florence Division - 25 additional psychiatric beds to be located at MUSC Health Florence Rehabilitation Hospital-Cedar Tower.

Item 10. MUHA Financial Report.....Lisa Goodlett
Chief Financial Officer, MUSC Health

Item 11. Capital Reprioritization Requests for ApprovalLisa Goodlett
Chief Financial Officer, MUSC Health

Item 12. Quality and Patient Safety Report.....Dr. Danielle Scheurer
Chief Quality Officer, MUSC Health

Item 13. MUSC Governmental Affairs Report Mark Sweatman
Chief, Governmental Affairs

Item 14. MUSC Physicians ReportDr. Jonathan Edwards
President, MUSC Physicians

Item 15. Other Committee BusinessDr. Murrell Smith
Committee Chair

MUHA and MUSC Physical Facilities Committee: Bill Bingham, Chair

Item 16. Election of Committee Chair Dr. James Lemon
Chairman

Item 17. Major Projects Status ReportTom Crawford
Chief Operating Officer, MUSC Health

Item 18. MUHA Leases for Approval Jessica Paul
Chief Real Estate Officer, MUSC Health

Item 19. West Campus Enabling Project Budget Adjustment for Approval Greg Weigle
Interim Chief Facilities Officer, MUSC

Item 20. Deferred Maintenance Capital Project FY23 Rutledge Tower AHU 2-2
Replacement Budget Adjustment for Approval Greg Weigle
Interim Chief Facilities Officer, MUSC

- Item 21. MUSC Combined Heat and Power Facility Budget Adjustment for Approval Greg Weigle
Interim Chief Facilities Officer, MUSC
- Item 22. Construction Manager at Risk Selections for College of Health Professions and
College of Medicine Building Projects for Approval..... Greg Weigle
Interim Chief Facilities Officer, MUSC
- Item 23. Architect/Engineer Selections for Campus Connector Bridges and Children’s Research
Institute AHU #1 & 2 Replacement Projects for Approval Greg Weigle
Interim Chief Facilities Officer, MUSC
- Item 24. Other Committee Business Bill Bingham
Committee Chair

MUHA and MUSC Audit Committee: Tom Stephenson, Chair

- Item 25. Election of Committee Chair Dr. James Lemon
Chairman
- Item 26. Enterprise Compliance Update Stacy Dodd
MUHA Chief Compliance and Privacy Officer
- Item 27. Office of Internal Audit Report..... Susan Barnhart
Director, Internal Audit
- Item 28. Other Committee Business Tom Stephenson
Committee Chair

Other Business for the Board of Trustees

- Item 29. Rescindment and Approval of MUHA Board of Trustees Policies Dr. James Lemon
Chairman
- Item 30. Approval of Consent Agenda Dr. James Lemon
Chairman
- Item 31. 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 32. New Business for the Board of Trustees Dr. James Lemon
Chairman
- Item 33. Report from the Chairman Dr. James Lemon
Chairman

MUSC Health - Board Package
MUHA - Medical University Hospital Authority
Interim Financial Statements
August 31, 2022

Medical University Hospital Authority (MUHA) Statement of Revenues, Expenses and Changes in Net Assets Consolidated	2 - 3
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Note:

1) MUHA has recognized CARES stimulus funding related to COVID expenditures 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 2 Month Period Ending - August 31, 2022
Modified FASB Basis (in thousands)

	Current Month				Fiscal Year To Date				YTD Prior Year
	Actual	Fixed Budget	Variance	Var %	Actual	Fixed Budget	Variance	Var %	
Operating Revenues:									
Net Patient Service Revenue	\$ 212,247	\$ 230,004	\$ (17,757)	-7.72%	\$ 431,269	\$ 454,398	\$ (23,129)	-5.09%	\$ 377,498
DSH	5,488	5,641	(153)	-2.71%	10,977	11,282	(306)	-2.71%	10,720
Retail Pharmacy Revenue	45,873	33,778	12,096	35.81%	83,878	67,554	16,324	24.16%	59,934
Other Revenue	6,631	7,451	(821)	-11.01%	12,692	13,979	(1,287)	-9.21%	15,368
State Appropriations	2,381	2,381	0	0.02%	4,787	4,761	26	0.55%	4,601
Total Operating Revenues	\$ 272,620	\$ 279,254	\$ (6,634)	-2.38%	\$ 543,604	\$ 551,975	\$ (8,371)	-1.52%	\$ 468,121
Operating Expenses:									
Salaries Wages	\$ 83,530	\$ 80,573	\$ 2,957	3.67%	\$ 160,099	\$ 160,298	\$ (199)	-0.12%	\$ 128,832
Benefits	26,011	28,125	(2,114)	-7.52%	55,401	56,025	(624)	-1.11%	45,271
Noncash Pension Expense	6,409	6,409	-	0.00%	12,818	12,818	-	0.00%	12,899
Noncash Other Post Employment Benefits	8,189	8,189	-	0.00%	16,377	16,377	-	0.00%	11,527
Purchased Services	36,062	38,652	(2,590)	-6.70%	70,136	76,767	(6,631)	-8.64%	56,998
Physician Services	15,953	20,791	(4,838)	-23.27%	30,698	32,918	(2,220)	-6.74%	26,830
Pharmaceuticals	19,067	17,161	1,906	11.11%	33,592	35,319	(1,727)	-4.89%	31,112
Retail Pharmaceuticals	21,620	16,606	5,014	30.20%	38,709	33,212	5,498	16.55%	27,222
Medical Supplies	39,142	39,746	(604)	-1.52%	74,431	78,899	(4,468)	-5.66%	67,752
Other Supplies	4,192	4,207	(15)	-0.35%	7,444	8,271	(827)	-10.00%	8,322
Utilities	3,262	2,629	633	24.08%	6,186	5,262	925	17.58%	5,126
Insurance	975	1,027	(53)	-5.11%	1,925	2,041	(116)	-5.66%	1,849
Leases	3,780	3,213	567	17.65%	7,220	6,406	815	12.72%	6,770
Other	3,169	3,824	(655)	-17.13%	6,227	7,598	(1,371)	-18.05%	5,777
Physician Clinic Expense	2,914	2,306	608	26.34%	5,001	4,686	314	6.71%	3,830
Total Operating Expenses	\$ 274,274	\$ 273,456	\$ 818	0.30%	\$ 526,264	\$ 536,895	\$ (10,631)	-1.98%	\$ 440,117
EBIDA	\$ (1,653)	\$ 5,798	\$ (7,452)	-128.51%	\$ 17,340	\$ 15,081	\$ 2,259	14.98%	\$ 28,004
Depreciation	\$ 10,926	\$ 10,170	\$ 756	7.44%	\$ 20,686	\$ 20,340	\$ 346	1.70%	\$ 18,283
Interest	\$ 3,351	\$ 3,366	\$ (16)	-0.46%	\$ 6,480	\$ 6,746	\$ (266)	-3.95%	\$ 6,305
Operating Income (Loss)	\$ (15,930)	\$ (7,738)	\$ (8,192)	105.87%	\$ (9,826)	\$ (12,006)	\$ 2,180	-18.16%	\$ 3,415
Operating Margin	-5.84%	-2.77%			-1.81%	-2.18%			0.73%
NonOperating Revenues (Expenses):									
Gifts and Grants	\$ 2,190	\$ 1,474	\$ 716	48.55%	\$ 2,662	\$ 2,948	\$ (286)	-9.71%	\$ 553
Noncash Pension OPEB Nonemployer Contribution	-	-	-	0.00%	-	-	-	0.00%	1,025
Investment Income	(2,127)	(92)	(2,035)	2212.86%	(533)	(184)	(349)	189.95%	670
Loss on Disposal of Capital Assets	-	0	(0)	-100.00%	-	0	(0)	-100.00%	2
Other NonOperating Expenses	-	(119)	119	-100.00%	-	(238)	238	-100.00%	(0)
Debt Issuance Costs	(10)	-	(10)	0.00%	(10)	-	(10)	0.00%	(168)
Total NonOperating Revenues (Expenses)	\$ 53	\$ 1,263	\$ (1,211)	-95.81%	\$ 2,119	\$ 2,527	\$ (408)	-16.15%	\$ 2,082
Income (Loss) Before NonOperating Payments to MUSC Affiliates	\$ (15,877)	\$ (6,475)	\$ (9,403)	145.22%	\$ (7,707)	\$ (9,479)	\$ 1,772	-18.69%	\$ 5,498
Non Operating Payments to MUSC Affiliates	-	-	-	0.00%	-	-	-	0.00%	(2,749)
Change in Net Position	\$ (15,877)	\$ (6,475)	\$ (9,403)	145.22%	\$ (7,707)	\$ (9,479)	\$ 1,772	-18.69%	\$ 2,749
Total Margin	-5.82%	-2.32%			-1.42%	-1.72%			0.59%
Operating Cash Flow Margin	3.54%	6.55%			7.76%	7.26%			9.49%

Unaudited - For Management Use

Medical University Hospital Authority – Consolidated

Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD August 31, 2022 (Unaudited)

Actuals Compared to Fixed Budget

Revenue Explanation: August year-to-date net patient service revenues were unfavorable to budget by 5.1%, or \$23.1M. Adjusted discharges were unfavorable to budget by 0.8%. Inpatient and outpatient surgeries were unfavorable to budget by 6.4% and 6.0%, respectively. Transplant procedures were unfavorable to budget by 5.2%. Case Mix Index was unfavorable \$6.7M and Payor Mix shift was favorable \$0.9M. Retail pharmacy revenues were favorable by \$16.3M. Other Revenues were \$1.3M unfavorable to budget.

Expense Explanation: The salary rate variance was favorable to budget by \$0.2M due to clinical staff vacancies driving the utilization of premium and contract labor. Benefits were favorable to budget by \$0.6M.

Purchased Services were favorable to budget \$6.6M due to maintenance contracts and other contractual services.

Physician Services were favorable to budget \$2.2M due to timing of expenses associated with College of Medicine.

Pharmaceuticals, not explained by volume, were favorable to budget by \$0.2M. Retail pharmacy revenues, net of expenses, were favorable to budget by \$10.8M.

Medical and Other Supplies, not explained by volume, were \$0.4M favorable to budget.

Utilities were unfavorable to budget by \$0.9M due to increase in electric rates and fuel costs.

Insurance was favorable to budget by \$0.1M due to unanticipated savings in premium.

Leases and Other were favorable to budget by \$0.6M due to other costs being lower than anticipated.

Statements of Net Position

Medical University Hospital Authority - Consolidated

Statements of Net Position - (in thousands)

August 31, 2022 and June 30, 2022

Assets and Deferred Outflows	As of 8/31/2022 (unaudited)	As of 6/30/2022 (unaudited)
Current Assets:		
Cash and Cash Equivalents	\$ 304,027	\$ 386,580
Cash Restricted for Capital Projects and Major Programs	91,071	74,373
Cash Restricted for COVID-19 Stimulus Funding	2,295	8,913
Investments Unrestricted	297,677	263,439
Investments Restricted for Capital Projects and Major Programs	-	35,163
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$334,700,000 and \$353,600,000	433,077	396,432
Due from Related Parties	11,653	7,878
Due from Third-Party Payors	4,932	6,416
Other Current Assets	261,432	230,621
Total Current Assets	\$ 1,406,164	\$ 1,409,815
Investments Held by Trustees Under Indenture Agreements	\$ 71,186	\$ 70,449
Investments in Joint Ventures and Partnerships	33,880	32,844
Other Non-Current Assets	6,670	6,479
Capital Assets, Net	1,171,138	1,175,595
Total Assets	\$ 2,689,038	\$ 2,695,182
Deferred Outflows	\$ 857,452	\$ 857,341
Total Assets and Deferred Outflows	\$ 3,546,490	\$ 3,552,523
 Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 35,635	\$ 35,442
Current Installments of Capital Lease Obligations	34,334	40,161
Current Installments of Notes Payable	9,200	1,169
Short-Term Debt	80,000	80,000
Advance Medicare Funding	47,104	76,980
Due to Joint Ventures and Partnerships	2,624	2,705
Accounts Payable	185,397	188,011
Accrued Payroll, Withholdings and Benefits	153,514	148,448
Other Accrued Expenses	11,232	14,269
Unearned Revenue	5,488	-
Total Current Liabilities	\$ 564,528	\$ 587,185
Long-Term Debt	\$ 738,523	\$ 744,606
Capital Lease Obligations	217,567	237,157
Net Pension Liability	1,040,397	1,027,557
Net OPEB Liability	1,344,164	1,327,515
Total Liabilities	\$ 3,926,557	\$ 3,924,020
Deferred Inflows	\$ 225,160	\$ 224,190
Total Liabilities and Deferred Inflows	\$ 4,151,717	\$ 4,148,210
Net Position:		
Net Investment in Capital Assets	\$ 125,152	\$ 128,890
Restricted:		
Under Indenture Agreements	71,186	70,449
Expendable for:	-	-
Capital Projects	20,999	25,760
Major Programs	33,770	33,776
COVID-19 Stimulus Funding	2,295	8,913
Unrestricted (deficit)	(858,630)	(863,475)
Total Net Position	\$ (605,228)	\$ (595,687)
Total Liabilities, Deferred Inflows and Net Position	\$ 3,546,490	\$ 3,552,523

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2022 (Unaudited) and 06/30/2022 (Unaudited) - (in thousands)

Cash and Cash Equivalents

Unrestricted cash and cash equivalents decreased by \$82.5M from June 30, 2022. Significant FY2023 events decreasing cash include a \$25M payment to reduce accrued accounts payable and patient collections were \$53M less than forecasted.

	8/31/2022 Balance
Bank Balance:	
Carrying Amount (cash and cash equivalents)	\$ 304,027
Investment Unrestricted (cash and cash equivalents)	297,677
Total	<u>\$ 601,704</u>
	8/31/2022 Balance
Investment Income comprises the following:	
Dividend and interest income	\$ 1,037
Realized and unrealized loss on investments	(1,570)
	<u>\$ (533)</u>

Net Accounts Receivable

Net patient accounts receivable increased \$33M from June 30, 2022 due to slower collections from payors. August 2022 net accounts receivable days were 55 compared to June 30, 2022 at 50.

	8/31/2022 Balance	6/30/2022 Balance
Charleston Market	\$ 291,376	\$ 270,610
Florence Market	48,198	46,268
Midlands Market	43,767	36,148
MUSC Community Physicians	26,601	23,367
Lancaster Market	19,734	17,580
MUHA Rural Health Clinics	3,402	2,459
	<u>\$ 433,077</u>	<u>\$ 396,432</u>

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2022 (Unaudited) and 06/30/2022 (Unaudited) - (in thousands)

Other Current Assets

The composition of other current assets is as follows:

	8/31/2022 Balance	6/30/2022 Balance
Inventory	\$ 88,331	\$ 86,728
Other Prepayments	78,001	70,348
Non-Patient Accounts Receivable	78,666	66,853
Lease Receivable	7,642	6,677
Health Insurance Prepayments	5,679	-
Workers' Compensation Prepayments	2,962	-
Dental Prepayments	131	-
Accrued Interest	22	19
Lease Prepaid Rent	(1)	(5)
	<u>\$ 261,432</u>	<u>\$ 230,621</u>

Medicare and Medicaid owes MUHA \$4.9M, an decrease of \$1.5M due to prior year Medicare cost adjustments.

	8/31/2022 Balance	6/30/2022 Balance
Medicare/Medicaid Accounts Receivable	<u>\$ 4,932</u>	<u>\$ 6,416</u>

The total net payable to MSV, MHI, Mainsail, Edgewater and MHP is reflected as a component of due from joint ventures and partnerships, net on the Statement of Net Position.

	8/31/2022 Balance	6/30/2022 Balance
MUSC Health Partners (MHP)	\$ (354)	\$ (385)
Edgewater Surgery Center	814	1,159
MUSC Health Initiatives (MHI)	207	207
Mainsail Health Partners	839	494
MUSC Strategic Ventures (MSV)	(4,130)	(4,181)
	<u>\$ (2,624)</u>	<u>\$ (2,705)</u>

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2022 (Unaudited) and 06/30/2022 (Unaudited) - (in thousands)

Advanced Medicare Funding

The Authority received \$182.8M in requested Accelerated Medicare Payments in September 2020. The payback provision amount of accelerated Medicare payment requests due within one year are recorded in the Statement of Net Position as Advanced Medicare funding, with a current portion due \$47.1M as of August 31, 2022.

Accounts Payable

Accounts Payable decreased by \$2.6M from June 30, 2022.

Other Accrued Expenses

The composition of other accrued expenses is as follows:

	8/31/2022 Balance	6/30/2022 Balance
Accrued Interest	\$ 5,209	\$ 5,222
Amounts due to contractors	2,306	1,660
Other	3,717	7,387
	<u>\$ 11,232</u>	<u>\$ 14,269</u>

Unearned Revenue

Unearned revenue increased \$5.5M from June 30, 2022 due to DSH Revenue deferral.

	8/31/2022 Balance	6/30/2022 Balance
Disproportionate Share Hospital (DSH)	\$ 5,488	\$ -
	<u>\$ 5,488</u>	<u>\$ -</u>

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2022 (Unaudited) and 06/30/2022 (Unaudited) - (in thousands)

Long Term Debt

As of August 31, 2022, Current Installments of Long-Term Debt relates to HUD debt for Ashley River Tower (ART), Shawn Jenkins Children’s Hospital (SJCH) and the Central Energy Plant (CEP). Current Installments of Notes Payable relate to the Sabin Street Energy Plant. A table of outstanding balances by major issuance is listed below:

Project (mo/yr issued)	8/31/2022 Balance	6/30/2022 Balance
SJCH (06/2019)	\$ 290,903	\$ 292,351
ART (12/2012)	217,751	220,589
Capital Leases (various - see below)	281,308	277,318
CHS Acquisition (03/2019)	117,672	118,285
Lifepoint Acquisition (07/2021)	79,163	79,510
Nexton and Consolidated Service Center (10/2018)	34,222	34,398
CEP (12/2013)	28,365	28,799
Edgewater (03/2019)	6,086	6,117
Sabin Street (04/2013)	1,169	1,169
	\$ 1,056,637	\$ 1,058,535

As of August 31, 2022, capital leases relate to various pieces of equipment and properties. A table of outstanding balances by equipment description is listed below:

Project (month/year issued)	8/31/2022 Balance	6/30/2022 Balance
Charleston Property Lease	\$ 100,784	\$ 100,192
Summey Medical Pavilion (04/2019)	46,080	46,277
Charleston Equipment Lease	28,480	28,555
Equipment Financing Lease - Charleston (12/2021)	17,804	18,247
Imaging Equipment (01/2019)	17,887	17,887
Equipment Financing Lease - Midlands (12/2021)	16,023	16,422
Equipment Financing Lease - Regional Health (12/2021)	12,000	12,000
RHN & Midlands Property Lease	11,128	8,112
Medical Malls (02/2019)	9,383	9,424
RHN & Midlands Equipment Lease	8,985	6,823
Patient Monitors (07/2016)	6,087	6,617
1 Poston Road (10/2021)	5,434	5,278
Cardiovascular Equipment (03/2020)	916	967
Ultrasound (03/2019)	209	234
Computer software (09/2019)	109	118
Midlands Property Lease (08/2021)	-	165
	\$ 281,308	\$ 277,318

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2022 (Unaudited) and 06/30/2022 (Unaudited) - (in thousands)

Annual debt service costs for FY2022 totaled \$156M. A table of debt service by major issuance is listed below, as well as by equipment description as it relates to capital leases:

Project (month/year issued)	Monthly Debt Service
ART (12/2012)	\$ 17,325
Capital Leases (various - see below)	43,533
SJCH (06/2019)	8,893
CHS Acquisition (03/2019)	3,738
CEP (12/2013)	2,660
Lifepoint Acquisition (07/2021)	2,122
Nexton and CSC (10/2018)	702
Edgewater (03/2019)	193
	\$ 79,168

Project (month/year issued)	Monthly Debt Service
Charleston Property Lease (various)	\$ 11,169
Charleston Equipment Lease (various)	8,735
RHN & Midlands Property Lease (various)	3,774
Patient Monitors (07/2016)	3,262
RHN & Midlands Equipment Lease (various)	2,326
Imaging Equipment (01/2019)	2,846
Equipment Financing Lease - Charleston (12/2021)	2,698
Equipment Financing Lease - Midlands (12/2021)	2,429
1 Poston Road (10/2021)	1,922
Equipment Financing Lease - Regional Health (12/2021)	1,244
Summey Medical Pavilion (04/2019)	1,207
Sabin Street (04/2013)	1,169
Cardiovascular Equipment (03/2020)	265
Medical Malls (02/2019)	285
Ultrasound (03/2019)	151
Computer Software (09/2019)	53
	\$ 43,533

Pension and Other Post Employment Benefit (OPEB) Liabilities

As of August 31, 2022, the net pension liability increased by \$12.8M from June 30, 2022.

As of August 31, 2022, the net other post-employment benefit liability increased \$16.6M from June 30, 2022.

Unaudited – For Management Use

Statements of Cash Flows

MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - (in thousands)

August 31, 2022 and June 30, 2022

	As of 08/31/2022	As of 6/30/2022
	(unaudited)	(unaudited)
Cash flows from operating activities:		
Receipts received from patients and third-party payors	\$ 480,190	\$ 2,780,220
Other cash receipts	12,833	134,062
Payments to suppliers and employees	(538,091)	(2,871,361)
Net cash provided (used) by operating activities	<u>\$ (45,068)</u>	<u>\$ 42,920</u>
Cash flows from noncapital financing activities:		
State appropriations	\$ 26	\$ 30,967
Proceeds from CARES Funding	1,675	87,938
Proceeds from noncapital grants and gifts	518	2,631
Proceeds from revenue anticipation notes	-	80,000
Nonoperating expenditures	-	(4,467)
Net cash provided (used) by noncapital financing activities	<u>\$ 2,219</u>	<u>\$ 197,069</u>
Cash flows from capital and related financing activities:		
Capital expenditures	\$ (20,646)	\$ (116,280)
Capital grants and gifts received	2,135	4,561
Proceeds from disposal of capital assets	-	2
Payments of principal on long-term debt	(6,731)	(120,456)
Proceeds from financing lease	-	134,131
Payment of bond issuance cost	(10)	(1,680)
Payments of mortgage insurance premium	(436)	(975)
Payments on capital lease obligations	(1,164)	(6,545)
Proceeds on equipment replacement obligations	267	901
Interest payments	(3,711)	(38,959)
Net cash provided (used) by capital and related financing activities	<u>\$ (30,296)</u>	<u>\$ (145,300)</u>
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	\$ 50,000	\$ 242,922
Investment income received	961	3,286
Distributions from joint ventures and partnerships	-	1,498
Purchases of investments	(60,658)	(309,880)
Contributions to joint ventures and partnerships	-	(26,733)
Net cash provided (used) by investing activities	<u>\$ (9,697)</u>	<u>\$ (88,907)</u>
Net increase (decrease) in cash and cash equivalents	(82,842)	5,782
Cash and cash equivalents at beginning of year	484,799	479,017
Cash and cash equivalents at end of year	<u>\$ 401,957</u>	<u>\$ 484,799</u>

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - (in thousands)

August 31, 2022 and June 30, 2022

	As of 08/31/2022 (unaudited)	As of 6/30/2022 (unaudited)
Reconciliation of operating income to net cash provided by operating activities:		
Operating income (loss)	\$ (9,372)	\$ (113,939)
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	20,686	140,084
Provision for uncollectible accounts	119,628	165,833
Changes in operating assets and liabilities:		
Patient accounts receivable	(156,885)	(279,700)
Due from (to) third-party payors	6,459	(6,008)
Due from (to) joint ventures and partnerships	1,367	8,178
Other current assets	(24,592)	27,097
Accounts payable	(9,807)	48,694
Other accrued/prepaid expenses and accrued payroll, withholding and benefits	8,503	12,686
Advanced Medicare funding (recoupments)	(29,876)	(105,820)
Pension obligations	12,818	44,786
OPEB obligations	16,377	106,078
Related parties, net	(5,862)	(4,942)
Unearned revenue	5,488	(106)
Net cash provided by operating activities	\$ (45,068)	\$ 9,996
Reconciliation of cash and cash equivalents at end of year to the statement of net position:		
Cash and cash equivalents	\$ 304,028	\$ 387,600
Restricted for capital projects and other programs	93,366	83,286
Included in investments held by trustees under indenture agreements	4,564	13,913
Cash and cash equivalents at end of year	\$ 401,957	\$ 484,799
Noncash transactions:		
Capital assets acquired by capital lease, other financing	\$ -	\$ 136,095
Capital assets and working capital acquired via debt	-	76,380
Change in fair value of investments	(1,570)	(11,458)
Change in capital assets payable	(8,378)	6,624
Pro rata income from joint ventures and partnerships	-	1,638

Unaudited - For Management Use

**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 12 Month Period Ending - August 31, 2022
Modified FASB Basis (in thousands)

Crosswalk from FASB to GASB	FASB				GASB			
	Fiscal Year To Date			Variance	Fiscal Year To Date			Variance
	Actual	Budget			Actual	Budget		
Operating Revenues:								
Net Patient Service Revenues	\$ 431,269	\$ 454,398	-5.09%	Net Patient Service Revenues	\$ 431,269	\$ 454,398	-5.09%	
Other Revenues - DHS Revenue	10,977	11,282	-2.70%	Other Revenues - DSH Revenue	10,977	11,282	-2.70%	
Retail Pharmacy Revenue	83,878	67,554	24.16%	Retail Pharmacy Revenue	83,878	67,554	24.16%	
Other Revenues	12,692	13,979	-9.21%	Other Revenues	12,692	13,979	-9.21%	
State Appropriations	4,787	4,761	0.55%				100.00%	
Total Operating Revenues	\$ 543,604	\$ 551,975	-1.52%	Total Operating Revenues	\$ 538,817	\$ 547,213	-1.53%	
Operating Expenses:				Operating Expenses:				
Salaries Wages	\$ 160,099	\$ 160,298	-0.12%	Salaries Wages	\$ 160,099	\$ 160,298	-0.12%	
Benefits	55,401	56,025	-1.11%	Benefits	55,401	56,025	-1.11%	
Noncash Pension Expense	12,818	12,818	0.00%	Noncash Pension Expense	12,818	12,818	0.00%	
Noncash Other Post Employment Benefits	16,377	16,377	0.00%	Noncash Other Postemployment Benefits	16,377	16,377	0.00%	
Purchased Services	70,136	76,767	-8.64%	Purchased Services	70,136	76,767	-8.64%	
Physician Services	30,698	32,918	-6.74%	Physician Services	30,698	32,918	-6.74%	
Pharmaceuticals	33,592	35,319	-4.89%	Pharmaceuticals	33,592	35,319	-4.89%	
Retail Pharmaceuticals	38,709	33,212	16.55%	Retail Pharmaceuticals	38,709	33,212	16.55%	
Medical Supplies	74,431	78,899	-5.66%	Medical Supplies	74,431	78,899	-5.66%	
Other Supplies	7,444	8,271	-10.00%	Other Supplies	7,444	8,271	-10.00%	
Utilities	6,186	5,262	17.56%	Utilities	6,186	5,262	17.56%	
Insurance	1,925	2,041	-5.68%	Insurance	1,925	2,041	-5.68%	
Leases	7,220	6,406	12.71%	Leases	7,220	6,406	12.71%	
Other	6,227	7,598	-18.04%	Other	6,227	7,598	-18.04%	
Physician Clinic Expense	5,001	4,686	6.72%	Physician Clinic Expense	5,001	4,686	6.72%	
Total Operating Expenses	\$ 526,264	\$ 536,895	-1.98%	Total Operating Expenses	\$ 526,264	\$ 536,896	-1.98%	
EBIDA	\$ 17,340	\$ 15,081	14.98%	EBIDA	\$ 12,553	\$ 10,317	21.67%	
Depreciation	\$ 20,686	\$ 20,340	1.70%	Depreciation	\$ 20,686	\$ 20,340	1.70%	
Interest Expense	\$ 6,480	\$ 6,746	-3.94%					
Operating Income (Loss)	\$ (9,826)	\$ (12,006)	-18.16%	Operating Income (Loss)	\$ (8,133)	\$ (10,023)	-18.86%	
Operating Margin	-1.81%	-2.18%	-16.90%	Operating Margin	-1.51%	-1.83%	-17.59%	
NonOperating Revenues (Expenses):				NonOperating Revenues (Expenses):				
Gifts and Grants	\$ 2,662	\$ 2,948	-9.70%	State Appropriations	\$ 4,787	\$ 4,761	0.55%	
Pension OPEB Nonemployer Contribution	-	-	100%	Gifts and Grants	2,662	2,948	-9.70%	
Investment Income	(533)	(184)	189.67%	Pension OPEB Nonemployer Contribution	-	-	#DIV/0!	
Loss on Disposal of Capital Assets	-	-	100.00%	Investment Income	(533)	(184)	189.67%	
Other NonOperating Expenses	-	(238)	100.00%	Interest Expense	(6,480)	(6,746)	-3.94%	
Debt Issuance Costs	(10)	-	100.00%	Loss on Disposal of Capital Assets	-	-	100.00%	
				Other NonOperating Expenses	-	(238)	100.00%	
				Debt Issuance Costs	(10)	-	100.00%	
Total NonOperating Revenues (Expenses)	\$ 2,119	\$ 2,527	-16.15%	Total NonOperating Revenues (Expenses)	\$ 426	\$ 541	-21.26%	
Income (Loss) Before NonOperating Payments to MUSC Entities	\$ (7,707)	\$ (9,479)	-18.69%	Income (Loss) Before NonOperating Payments to MUSC Entities	\$ (7,707)	\$ (9,479)	-18.69%	
NonOperating Payments to MUSC Entities	-	-	100.00%	NonOperating Payments to MUSC Entities	-	-	100.00%	
Change in Net Position	\$ (7,707)	\$ (9,479)	-18.69%	Change in Net Position	\$ (7,707)	\$ (9,479)	-18.69%	
Total Margin	-1.42%	-1.72%		Total Margin	-1.43%	-1.73%		

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

OCTOBER 14, 2022

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 1,600 square feet of office space located at Roper MOB, 125 Doughty Street, Suite 440, Charleston. The purpose of this lease renewal is to continue to provide office space for MUSC Digestive Disease. The base rent per square foot is \$17.69 and \$15.09 per square foot for operating costs, taxes and insurance. The total monthly rental payment will be \$4,370.67, resulting in an annual lease amount of \$52,448.00. Base rent shall increase 3% annually and operating costs shall increase based on actual costs capped at 5% on controllable expenses. As a renewal incentive the landlord has provided \$16,000 in TI allowance.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: Roper MOB, LLC

LANDLORD CONTACT: Tyler Miller and Teresa Wall

TENANT NAME AND CONTACT: Digestive Disease, April Reeder, Digestive Disease Administration

SOURCE OF FUNDS: Digestive Disease

LEASE TERMS:

TERM: Five (5) years: [10/1/2023 – 9/30/2028]
TOTAL AMOUNT PER SQUARE FOOT: \$32.78
TOTAL ANNUALIZED LEASE AMOUNT:
Year 1 \$52,448.00
Year 2 \$54,504.32
Year 3 \$56,646.47
Year 4 \$58,878.24
Year 5 \$61,203.58

TOTAL AMOUNT OF BASE RENT TERM: \$150,269.78
TOTAL AMOUNT OF LEASE TERM INCLUDING OPEX: \$283,680.62

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

OPERATING COSTS:

FULL SERVICE X
NET _____

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

OCTOBER 14, 2022

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 4,456 square feet of office space located at Roper MOB, 125 Doughty Street, Suite 460, Charleston. The purpose of this lease renewal is to continue to provide office space for MUSC Bone Marrow Transplant. The base rent per square foot is \$17.69 and \$15.09 per square foot for operating costs, taxes and insurance. The total monthly rental payment will be \$12,172.31, resulting in an annual lease amount of \$146,067.68. Base rent shall increase 3% annually and operating costs shall increase based on actual costs capped at 5% on controllable expenses. As a renewal incentive the landlord has provided \$44,560.00 in TI allowance.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: Roper MOB, LLC

LANDLORD CONTACT: Tyler Miller and Teresa Wall

TENANT NAME AND CONTACT: Bone Marrow Transplant, Cindy Kramer, Program Director

SOURCE OF FUNDS: Hospital Transplant

LEASE TERMS:

TERM: Five (5) years: [8/1/2023 – 7/31/2028]
TOTAL AMOUNT PER SQUARE FOOT: \$32.78
TOTAL ANNUALIZED LEASE AMOUNT:
Year 1 \$146,067.68
Year 2 \$151,794.53
Year 3 \$157,760.43
Year 4 \$163,975.91
Year 5 \$170,451.98

TOTAL AMOUNT OF BASE RENT TERM: \$418,501.34
TOTAL AMOUNT OF LEASE TERM INCLUDING OPEX: \$790,050.53

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

OPERATING COSTS:

FULL SERVICE X
NET _____

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

OCTOBER 14, 2022

DESCRIPTION OF LEASE: This new lease is for 11,494 square feet of office space located at Roper MOB, 125 Doughty Street, Suites 370, 400, 600,695, Charleston. The purpose of this lease is to provide office space for Women's Behavioral Health, Risk Management, Department of Psychiatry. The base rent per square foot is \$17.69 and \$15.09 per square foot for operating costs, taxes and insurance. The total monthly rental payment will be \$31,397.78, resulting in an annual lease amount of \$376,773.32. Base rent shall increase 3% annually and operating costs shall increase based on actual costs capped at 5% on controllable expenses. As a lease incentive the landlord has provided \$44,560.00 in TI allowance.

MUHA shall sublease approximately 3,905 square feet of the premises to MUSC for Risk Management and Department of Psychiatry. The square footage assignment between MUSC and MUHA may fluctuate over the term of the lease due to internal department moves. The sublease agreement between MUSC and MUHA shall be amended as needed to reflect space updates throughout the term of the sublease.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: Roper MOB, LLC

LANDLORD CONTACT: Tyler Miller and Teresa Wall

TENANT NAME AND CONTACT: Women's Behavioral Health, Tom Crawford, Risk Management, Annette Drachman, Department of Psychiatry, Terrence Steyer

SOURCE OF FUNDS: General Hospital Funds

LEASE TERMS:

TERM: Five (5) years: [11/1/2022 – 10/31/2027]
TOTAL AMOUNT PER SQUARE FOOT: \$32.78
TOTAL ANNUALIZED LEASE AMOUNT:
Year 1 \$376,773.32
Year 2 \$391,545.41
Year 3 \$404,934.10
Year 4 \$422,966.58
Year 5 \$439,671.25

TOTAL AMOUNT OF BASE RENT TERM: \$1,079,500.53
TOTAL AMOUNT OF LEASE TERM INCLUDING OPEX: \$2,037,890.66

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

OPERATING COSTS:

FULL SERVICE X
NET

FACILITIES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
BUDGET ADJUSTMENT
FOR APPROVAL
DATE: October 14, 2022

PROJECT TITLE: West Campus Phase II Expansion - ENABLING PROJECT

PROJECT NUMBER: 180044

TOTAL ESTIMATED BUDGET: \$ 1,300,000

SOURCE(S) OF FUNDS: MUSC Health Funds – Defer Project 230028 ART PACU
Expansion \$1,750,000

SCOPE OF WORK: This project is to install additional HVAC infrastructure to support the West Campus Phase II Expansion projects (VIR Lab, PT/OT, Breast Imaging and other Clinics).

JUSTIFICATION: The West Campus Phase II Expansion is a crucial component of MUSC Health's revenue. The Enabling Project will help ensure adequate HVAC capacity to support the added clinical programs programmed in the Expansion. The cost of the HVAC equipment has increased to external inflationary pressures from the commodity market and continued pressures within the supply chain.

In closing, we are asking that the Board approve a budget increase of \$300,000, which will be subtracted from the previously approved funds from the aforementioned project, in order to complete this project.

FACILITIES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
BUDGET ADJUSTMENT
FOR APPROVAL
DATE: October 14, 2022

PROJECT TITLE: Rutledge Tower Air Handling Unit 2-2 Replacement – Budget Increase

PROJECT NUMBER: 210022

TOTAL ESTIMATED BUDGET: \$ 850,000

SOURCE(S) OF FUNDS: MUSC Health Funds – Defer Project 230028 ART PACU Expansion \$1,750,000

SCOPE OF WORK: This project is to replace an existing unit which is in extremely poor condition and serves the Ambulatory Surgical Suite in Rutledge Tower.

JUSTIFICATION: The Ambulatory Surgical Suite is a crucial component of MUSC Health's revenue. Failure of the unit would result in a loss of revenue that far exceeds the cost of replacing this unit. While the building is being targeted for replacement, this risk warrants the investment in this equipment.

In closing, we are asking that the Board approve a budget increase of \$350,000, which will be subtracted from the previously approved funds from the aforementioned project, in order to complete this project.

FACILITIES
MUSC/MUSC Health
BUDGET ADJUSTMENT FOR APPROVAL
OCTOBER 14, 2022

PROJECT TITLE: MUSC Combined Heat and Power Facility

PROJECT NUMBER: H51-9852

TOTAL ESTIMATED BUDGET: \$91,422,182

SOURCE(S) OF FUNDS: State Treasurer's Master Lease Program (Debt) - \$57,309,428
Federal Energy Investment Tax Credit - \$25,584,566
Domestic Product Utilization Tax Credit - \$8,528,189

SCOPE OF WORK: The project constructs a 144-foot-long x 95-foot-wide x 95-foot-high combined heat and power facility on Ehrhardt Street that will serve the bulk of the existing (and planned) MUSC campus with electrical power and steam. By cogenerating these two utility products within the same facility and recovering the waste heat that is a byproduct of the electrical power generation to reduce boiler fuel consumption, the overall efficiency that is achieved will be considerably higher than that of a conventional approach. The project includes a natural gas-fired 10MW steam turbine, a heat recovery generator to generate steam, a gas service system, a backup fuel oil system, electrical distribution equipment, cooling towers & associated equipment, etc. The project also includes steam distribution piping that will tie into the existing campus-wide steam distribution system. The estimated useful life of the main turbines in the facility will be 30-35 years. The building will be sized to add a second steam turbine in the future should the additional campus capacity need arise.

JUSTIFICATION: This facility uses a natural gas turbine to generate electricity and captures the waste heat (exhaust) to generate steam. The steam produced reduces the need for replacing and operating numerous boilers in individual buildings throughout campus that consume gas or oil. This project will reduce the overall cost of the Charleston campus energy and will also reduce greenhouse gas emissions as well. The facility will be capable of powering the bulk of the entire Charleston campus, including critical medical and research facilities, in the event of an electric utility outage, contributing significantly to the Charleston campus' operating resiliency.

BACKGROUND: The Inflation Reduction Act (IRA) recently passed by Congress had numerous climate and energy tax incentives. Two such incentives are available to nonprofits, state and local governments, and public schools and universities. They are: 1) Section 48 - Energy Investment Tax Credit (30%), 2) America-made product utilization Tax Credit (10%). Tax-exempt entities can claim the tax credits as a direct pay rebate from the Federal Treasury. To qualify the project must be under construction by December 31, 2024. We are in the due diligence process of confirming MUSC and MUSC Health's eligibility for both of these tax credits with an independent third party.

The MUSC Board of Trustees previously approved \$1,500,000 in February 2020 to proceed with AMERESCO for 60% design of the proposed facility and determine the initial cost estimates for the facility.

REQUEST: Approval to proceed with securing revised construction cost estimates and is also contingent upon confirmation of the up to 40% tax credits, Master lease debt not to exceed \$58 million, positive cash flow by year 8, and project simple payback by year 13.

MUHA Board of Trustees October 14, 2022

Policies to Rescind

Ref #	Policy Title	Reason to Rescind
R-1	Establishment of the Medical University Hospital Authority	Governance document; not a policy
R-2	Central Administration Organization Chart	Governance document; not a policy
R-3	MUSC/MUHA/MUSCF Affiliation Agreement	Affiliation agreement; not a policy
R-4	Capital Improvement Projects and Related Approvals	Rescinded the equivalent of Section I of this policy for MUSC. Sections II and III are covered by the Budget Policy.
R-5	Organizational Transparency	Archived by the MUHA administration in 2017.

Policies to Rescind as Board Policies to be Administrative Policies

Ref #	Policy Title	Reason to Rescind
R-6	Medical Record Oversight Review	Will be combined with existing policy C-219.
R-7	Event Investigation and Analysis (formerly Sentinel Events) (MUHA C-049)	Joint Commission does not require Board approval of this policy; C-049 is in place.
R-8	Code of Conduct (MUHA A-067)	Policy is specific to MUHA; Board approves the enterprise-wide policy.
R-9	Ethical Behavior (MUHA A-062)	Policy is administrative in nature.

Revised Board Policies for Approval

Ref #	Policy Title	Notes	Last Approved
A-1	Authority to Execute Contracts and Other Documents Related to the Operation of the Medical University Hospital Authority	Delegation of authority	8/12/2011
A-2	Conflict Management Policy (MUHA A-115)	Joint Commission requires.	04/17/2009
A-3	Resuscitation Orders (MUHA C-013)	Joint Commission requires.	08/14/2015
A-4	Customer Satisfaction and Grievance Policy (MUHA C-009)	Joint Commission requires.	10/13/2000
A-5	Construction Procurement Policy (MUHA A-152)	Enabling legislation requires.	06/16/2000
A-6	Hiring of Professional Services	Minor revisions.	04/13/2018
A-7	Budget Policy	Minor revisions.	10/13/2006
A-8	Retained Funds	Required by Appropriations Act.	06/16/2000

MUHA Board of Trustees
October 14, 2022

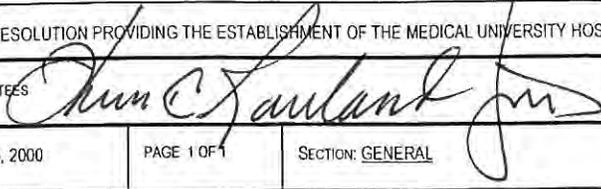
Policies to Rescind

Ref #	Policy Title	Reason to Rescind
R-1	Establishment of the Medical University Hospital Authority	Governance document; not a policy
R-2	Central Administration Organization Chart	Governance document; not a policy
R-3	MUSC/MUHA/MUSCF Affiliation Agreement	Affiliation agreement; not a policy
R-4	Capital Improvement Projects and Related Approvals	Rescinded the equivalent of Section I of this policy for MUSC. Sections II and III are covered by the Budget Policy.
R-5	Organizational Transparency	Archived by the MUHA administration in 2017.

Policies to Rescind as Board Policies to be Administrative Policies

Ref #	Policy Title	Reason to Rescind
R-6	Medical Record Oversight Review	Will be combined with existing policy C-219.
R-7	Event Investigation and Analysis (formerly Sentinel Events) (MUHA C-049)	Joint Commission does not require Board approval of this policy; C-049 is in place.
R-8	Code of Conduct (MUHA A-067)	Policy is specific to MUHA; Board approves the enterprise-wide policy.
R-9	Ethical Behavior (MUHA A-062)	Policy is administrative in nature.

Medical University Hospital Authority
Board of Trustees
Policies and Procedures

POLICY NAME: MUHA - A RESOLUTION PROVIDING THE ESTABLISHMENT OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY AND OTHER MATTERS RELATING THERETO			
APPROVED-BOARD OF TRUSTEES 		DATE: JUNE 16, 2000	
EFFECTIVE DATE: JUNE 16, 2000	PAGE 1 OF 1	SECTION: <u>GENERAL</u>	POLICY NUMBER: N/A
REPLACES POLICY: N/A			DATED: N/A

A RESOLUTION

**PROVIDING FOR THE ESTABLISHMENT OF THE
MEDICAL UNIVERSITY HOSPITAL AUTHORITY AND
OTHER MATTERS RELATING THERETO.**

WHEREAS, Act bearing ratification No. 285 enacted at the 2000 session of the General Assembly of the State of South Carolina and approved by the Governor of South Carolina on May 1, 2000 ("Act No. R-285") provides that the Board of Trustees of the Medical University, upon adoption of an implementing resolution, becomes the Medical University Hospital Authority (the "Authority"), an agency of the State of South Carolina; and

WHEREAS, Act No. R-285 further provides that the Authority shall be the governing body of such Medical University hospitals, clinics and other health care and related facilities as shall be determined from time to time by resolution of the Board of Trustees of the Medical University; and

WHEREAS, the Board of Trustees of the Medical University wishes to implement the provisions of Act No. R-285, to determine the hospital and health care facilities to be governed by the Authority and certain other matters related thereto;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of the Medical University of South Carolina in meeting duly assembled as follows:

SECTION 1. Pursuant to Act No. R-285, the Board of Trustees of the Medical University of South Carolina hereby establishes itself as the Medical University Hospital Authority.

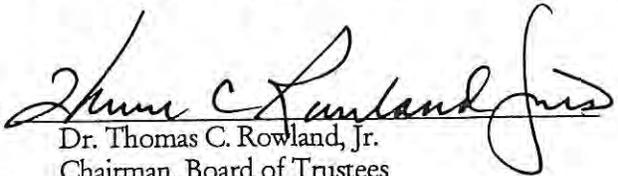
SECTION 2. The Board of Trustees of the Medical University hereby determines that the facilities listed in the attached Exhibit A shall be governed by the Authority and shall be included within the term "hospital" for purposes of Act No. R-285 (the "Hospital") effective the date of adoption of this Resolution.

SECTION 3. The employees of the Medical University of South Carolina described in Exhibit B attached hereto shall remain employees of the Medical University of South Carolina to and including June 30, 2000. From and after July 1, 2000, such employees shall be employees of the Medical University Hospital Authority.

SECTION 4. For the purpose of providing for services to the Medical University and the Hospital and the allocation of responsibilities therefor and costs thereof, the Board of Trustees of the Medical University hereby approves execution and delivery on behalf of the Medical University of a Shared Services Agreement in substantially the form attached hereto as Exhibit C, with such changes as the executing officers shall approve, their execution thereof being conclusive of such approval. The Shared Services Agreement shall be signed on behalf of the Medical University by the President of the Medical University or his designee.

SECTION 5. The Board of Trustees of the Medical University hereby approves execution and delivery on behalf of the Medical University of an Ambulatory Care Agreement in substantially the form attached hereto as Exhibit D, with such changes as the executing officers shall approve, their execution thereof being conclusive of such approval. The Ambulatory Care Agreement shall be signed on behalf of the Medical University by the President of the Medical University or his designee.

THIS RESOLUTION adopted this 16th day of June, 2000.

By: 

Dr. Thomas C. Rowland, Jr.
Its: Chairman, Board of Trustees
Medical University of South Carolina

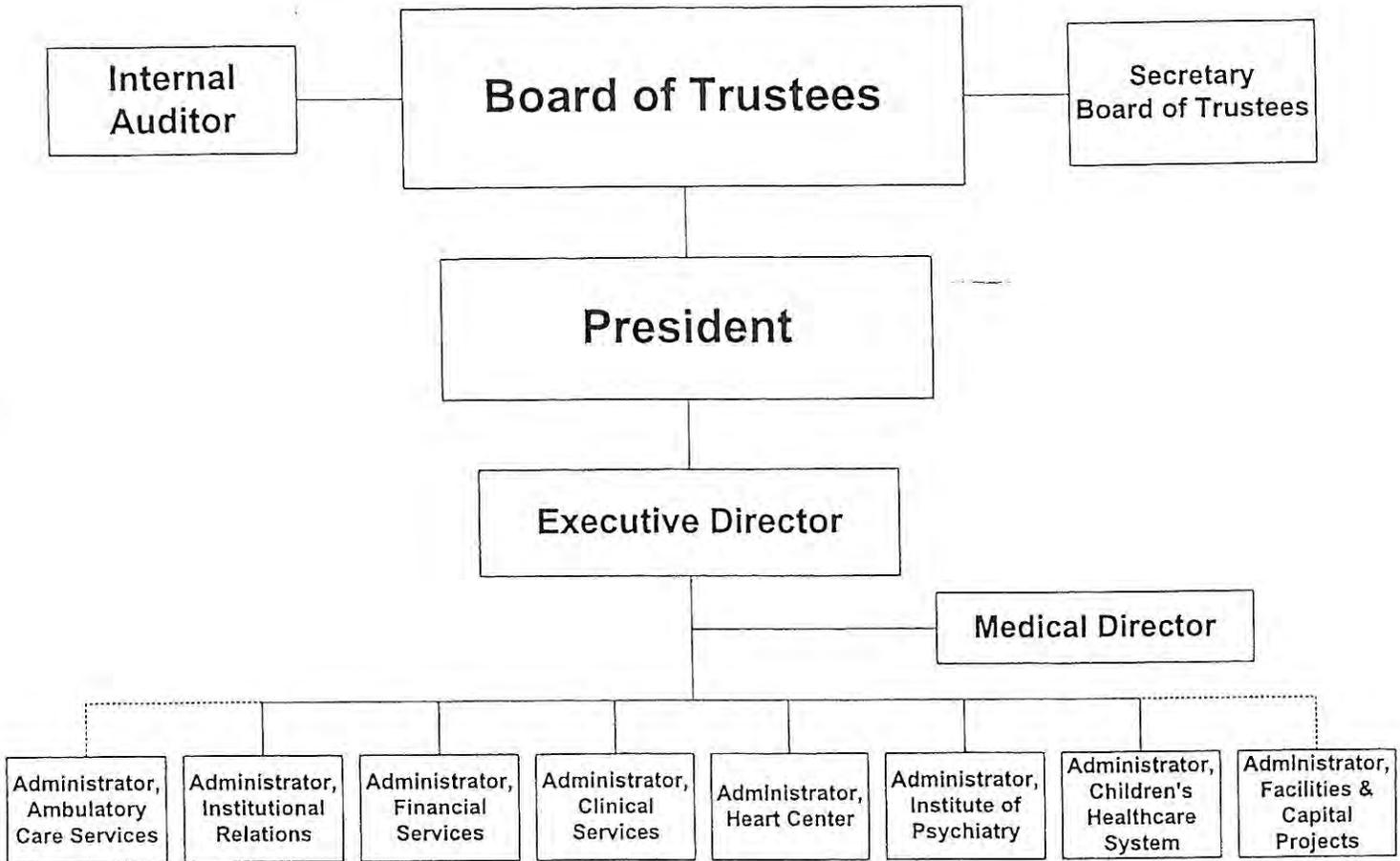
By: 

Hugh B. Faulkner
Its: Secretary, Board of Trustees
Medical University of South Carolina

**Medical University Hospital Authority
Board of Trustees
Policies and Procedures**

POLICY NAME: MUHA - CENTRAL ADMINISTRATION ORGANIZATION			
APPROVED-BOARD OF TRUSTEES <i>Thun Samland Jr</i>		DATE: JUNE 16, 2000	
EFFECTIVE DATE: JUNE 16, 2000	PAGE 1 OF 1	SECTION: <u>GENERAL</u>	POLICY NUMBER: N/A
REPLACES POLICY: N/A			DATED: N/A

**Medical University Hospital Authority
Central Administration Organization**



Approved by Medical University Hospital Authority
Board of Trustees on June 16, 2000

*Approved
6/16/00*

NOW, THEREFORE, in consideration of the relationship established between the parties and in consideration of the mutual covenants contained herein, the parties agree as follows:

1. Laws Applicable

This Agreement is made and entered into in the County of Charleston, State of South Carolina, and is governed and construed in accordance with the laws of the State of South Carolina.

2. Term

This Agreement is for a term commencing on July 1, 2010, and ending on June 30, 2011, and shall automatically be renewed for like annual terms unless otherwise amended or cancelled as herein outlined.

3. Duties of the University and the Authority

The University and the Authority agree to and shall:

3.1 Provide support personnel to assist the Chief Executive Officer of the Foundation to carry out the normal and regular administrative functions and operations of the Foundation's business, the cost of which shall be reimbursed as described in Section 5.5 of this Agreement. It is understood and agreed that said personnel will include, but not be limited to: clerical, accounting and reasonable administrative support, and the level of staffing and compensation of such personnel will be recommended jointly by the Vice President for Finance and Administration of the University, the Vice President for Finance and Administration of the Authority and the Chief Executive Officer of the Foundation and shall be submitted to the University President, the University Board of Trustees, the Authority Chief Executive Officer and the Authority Board of Trustees for prior approvals. Such personnel will retain their status as employees of the University or the Authority and will be governed by applicable University or Authority rules, regulations, policies and procedures, but will report to and be evaluated by the Chief Executive Officer of the Foundation.

3.2 Provide the Foundation access to office equipment and program services on an as needed basis, the cost of which shall be reimbursed as described in Section 5.5 of this Agreement.

3.3 Furnish to the Foundation telephone and computer line access and similar services required for use in normal Foundation business, the cost of which shall be reimbursed as described in Section 5.5 of this Agreement.

3.4 Provide the Foundation with normal custodial, security and grounds maintenance services, the cost of which shall be reimbursed as described in Section 5.5 of this Agreement.

3.5 Provide the Foundation with access, at the rates in effect for all University or Authority units, to printing, mail and other services provided by the University or the Authority and to day-to-day maintenance and technical support of the Foundation's offices and equipment located at 18 Bee Street, Charleston, South Carolina. These expenses and costs to be paid by the Foundation upon receipt of invoices from the University or the Authority, as applicable.

4. Duties of the Foundation

The Foundation agrees to and shall:

4.1 Provide to or for the use of the University or University affiliated individuals and programs, the sole benefit of all gifts and gift income received by the Foundation for the benefit of the University.

4.2 Provide to or for the use of the Authority or Authority affiliated individuals and programs, the sole benefit of all gifts and gift income received by the Foundation for the benefit of the Authority.

4.2 Carry on independent activities and programs which support or benefit the University and the Authority.

4.3 Provide a portion of the annual budget for the University's and the Authority's Central Development Office in an amount to be determined by the Board of Directors of the Medical University of South Carolina Foundation.

5. Agreement of Both Parties

The University, the Authority and the Foundation mutually agree as follows:

5.1 The Foundation shall continue to publish an annual report which shall account for the major activities of the Foundation and for the receipts and disbursements thereof.

5.2 The Foundation will provide to the University, upon request of the President of the University or the Board of Trustees of the University, or to the Authority, upon request of the Chief Executive Officer of the Authority or the Board of Trustees of the Authority, all such names of donors, prospective donors and all other related information, provided, however, that such information shall be kept in confidence and not disclosed to others.

5.3 All Foundation activities and records shall be subject to confidential inspection and review at any time by the South Carolina State Auditor's Office and the University's or the Authority's Internal Auditor.

5.4 All proposed salary supplements or other salary payments by the Foundation to state employees at the University or the Authority shall be submitted to the University President and the University Board of Trustees, or to the Authority Chief Executive Officer and the Authority Board of Trustees, as appropriate, for prior approvals. Those payments which require reporting to the State Budget and Control Board, shall be reported by the University or the Authority, as appropriate, annually.

5.5 Within sixty (60) days after the conclusion of the fiscal year of the University, the Authority and the Foundation, the parties shall review the financial records of the Foundation and shall make an equitable, written accounting of the state property, personnel or resources used

directly by the Foundation. The Foundation shall pay to the University or the Authority, as appropriate, the cost of such state resources upon receipt of such written accounting.

5.6 At all times, the President of the University shall be an ex-officio, non-voting member of the Foundation Board of Directors, and three (3) members of the University Board of Trustees, or other persons appointed by the University Board of Trustees (with the aggregate total of Trustee/appointee membership not to exceed three (3), shall be members of the Foundation Board of Directors with full voting powers.

5.7 The Foundation's Board of Directors shall prepare an annual operating budget based on projected expenses and revenues from unrestricted funds and shall share this budget with the University's Board of Trustees and the Authority's Board of Trustees. (Unrestricted funds are funds which do not carry a donor designated restriction.)

6. Tax Exempt Status

The Foundation shall maintain and observe all state and federal requirements of an Internal Revenue Code Section 501(c)(3) tax exempt non-profit organization.

7. Notices

Any-notices or demands shall be given to the University in care of University Legal Counsel, 3 Doughty Street, MSC 204, Charleston, South Carolina 29425-2040, to the Authority in care of Authority Legal Counsel, MSC 332, Charleston, South Carolina 29425-3320 and to the Foundation in care of the Foundation's Chief Executive Officer, 18 Bee Street, MSC 450, Charleston, South Carolina 29425-4500.

8. Automatic Renewal

The University, the Authority and the Foundation shall automatically renew this Agreement in subsequent fiscal years unless notice or intent to decline renewal or extension of this Agreement

and its contents shall be given either by the Foundation, the University or the Authority at least sixty (60) days prior to June 30th of the close of the year in which the Agreement is in effect.

9. Modifications

The University, the Authority and the Foundation agree to full and complete performance of the covenants herein and that this Agreement constitutes the sole, full, and complete Agreement by and between the parties; and no amendments, changes, additions, deletions, or modifications to or of this Agreement shall be valid unless reduced to writing, signed by the parties and attached hereto.

10. Cancellation

Any party shall have the right at any time during this Agreement to cancel this Agreement with respect to its rights and obligations contained herein upon giving the other parties not less than sixty (60) days prior written notice of such cancellation. If such notice be given, this Agreement shall expire and terminate with respect to such party at the expiration of such period of sixty (60) days as fully and completely as if such date were the date herein specified for the expiration of the term of this Agreement.

11. Entire Agreement

The foregoing is a complete written Agreement by and among the University, the Authority and the Foundation. There are no other agreements expressed or implied by or between the parties hereto.

IN WITNESS WHEREOF, the parties hereto have this day and year as above stated executed this Agreement.

WITNESSES:

Marcia Takigaki
Judith D. Holtz

Diana L. Sciarro
Jessica A. Raper

Sarah Bladen Phillips
Deborah A. Byrd

THE MEDICAL UNIVERSITY OF SOUTH
CAROLINA

BY: Raymond S. Greenberg
RAYMOND S. GREENBERG, M.D., Ph.D.
PRESIDENT

THE MEDICAL UNIVERSITY HOSPITAL
AUTHORITY

BY: W. Stuart Smith
W. STUART SMITH
ITS: EXECUTIVE DIRECTOR

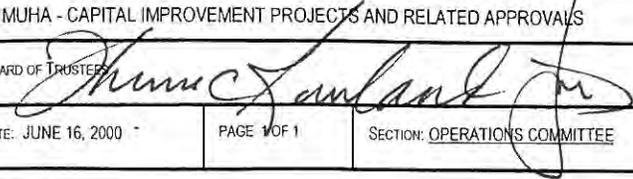
THE MEDICAL UNIVERSITY OF SOUTH
CAROLINA FOUNDATION

BY: Thomas P. Anderson
THOMAS P. ANDERSON
CHIEF EXECUTIVE OFFICER AND
SECRETARY

OFFICE OF THE GENERAL COUNSEL
MUSC
APPROVED TO LEGALITY
AND FORM

By: JCS
Date: 3-10-10

**Medical University Hospital Authority
Board of Trustees
Policies and Procedures**

POLICY NAME: MUHA - CAPITAL IMPROVEMENT PROJECTS AND RELATED APPROVALS			
APPROVED-BOARD OF TRUSTEES 		DATE: JUNE 16, 2000	
EFFECTIVE DATE: JUNE 16, 2000	PAGE 1 OF 1	SECTION: OPERATIONS COMMITTEE	POLICY NUMBER: N/A
REPLACES POLICY: N/A			DATED: N/A

Capital Improvement Projects:

All capital improvement projects will be presented with identified components: contingency fees, architect and engineering fees, site acquisition costs, construction costs, additional consulting costs and other appropriate components specific to the project.

Minor Capital Improvement Projects:

The Executive Director of the Medical Center or his designee shall approve minor capital improvement projects and associated contracts with a total estimated cost of more than \$250,000. Projects with a cost of \$50,000 to \$250,000 will be reported to the Medical University Hospital Authority Board of Trustees, or an appropriate committee thereof for information.

Major Capital Improvement Projects:

The Authority Board of Trustees, or an appropriate committee thereof, shall approve all capital improvement projects and associated contracts with an estimated cost of greater than \$250,000. Projects shall not be artificially split or segmented to avoid this approval requirement.

Medical Center Policy A-125 Organizational Transparency

Archived 09/19/17

Medical University Hospital Authority Board of Trustees Policies and Procedures	
POLICY NAME: MUHA – MEDICAL RECORD OVERSIGHT	
APPROVED-BOARD OF TRUSTEES	DATE: FEBRUARY 10, 2012
SECTION: OPERATIONS, QUALITY AND FINANCE COMMITTEE	POLICY NUMBER:
*See attached Minutes for Board Approval	



MUSC Medical Center Policy Manual

Section No	Title		
	Medical Record Oversight		
Owner:			
Location/File:			
Date Originated: 1/12	Reviewed:	Revised:	Legal Review: 1/12

Definitions:

Refer to HIPAA Policy #92 HIPAA Definitions
 (<https://www.musc.edu/medcenter/policy/Med/A092.pdf>)

Policy:

The MUSC Organized Health Care Arrangement (MUSC OHCA) Medical Record shall consist of all final documentation, whether handwritten or electronically generated, related to the diagnosis, care, or treatment of an individual patient regardless of storage site or media. The Medical Record shall include all inpatient, outpatient, and clinical research data elemental to clinical care, including but not limited to appropriate consents, maintained on an individual patient regardless of the entity or location where care was provided or where the records are physically maintained. The Medical Record shall be considered a single record encompassing the documentation of a patient's evaluation, treatment and change in condition as may be more fully defined in the MUHA Medical Staff Bylaws, or other applicable policies or procedures.

Procedure:

A. Oversight of the Medical Record

1. The Health Information Management Committee or any successor thereto shall provide oversight of the management of any Medical Record developed, maintained, or disclosed by members of the MUSC OHCA.
2. Policies and Procedures
 - a. Policies, procedures, or other governing documents related to the content, storage media, etc. shall be developed and recommended by the Health Information Management Committee and adopted by entities of the MUSC OHCA.
 - b. Policies shall be approved and implemented in accordance with the requirements of each member of the MUSC OHCA.

Approvals: Required

As Required	Date
List Hospital Committee(s) : Health Information Management Committee Ethics Committee Medical Staff Executive Committee Administration/Operations Governing Body	1/20/12

Distribution: Required

Policy Applies to:	Physicians (Y/N):	Nursing (Y/N):
	Other Clinical Staff (Specify):	Other Staff (Specify):
Educational Plan		
Required Competencies		
Expected Implementation Date		

Related Forms: As applicable

Related Policies: As applicable

Section # LD-46	Policy # C-049	Event Investigation & Analysis	
Responsible Department: MUSC Health Charleston Quality Management & Patient Safety			
Date Originated 05/01/1997	Last Reviewed 02/01/2020	Last Revised 07/23/2021	Effective Date 07/23/2021

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

Definitions:

Sentinel Event: A sentinel event is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following:

- Death
- Permanent harm
- Severe temporary harm

- OR -

The event is one of the following (even if the outcome was not death or major permanent loss of function unrelated to the natural course of the patient’s illness or underlying condition):

- Suicide of any individual receiving care, treatment, or services in a staffed round-the-clock setting or within 72 hours of discharge
- Unanticipated death of a full-term infant
- Abduction of any patient receiving care, treatment, or services
- Discharge of an infant to the wrong family
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the hospital
- Administration of blood or blood products having unintended ABO and non-ABO (Rh, Duffy, Kell, Lewis, and other clinically important blood groups) incompatibilities, hemolytic transfusion reactions, or transfusions resulting in severe temporary harm, permanent harm, or death.
- Surgical or nonsurgical invasive procedures on the wrong patient, wrong site or wrong procedure
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field, or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Any elopement, that is unauthorized departure, of a patient from an around-the-clock care setting resulting in a temporally related death (suicide, accidental death, or homicide) or major permanent loss of function
- Any intrapartum (related to the birth process) maternal death
- Fall event – Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury; or a patient with coagulopathy who receives blood products as a result of the fall; death or

permanent harm as a result of injuries sustained from the fall (not from physiologic events causing the fall).

Serious Safety Event - A deviation from the generally accepted performance standards that results in death or severe to moderate permanent or temporary harm

Precursor Safety Event - A deviation from the generally accepted performance standards that results in minimal harm, no detectable harm or no harm

Near Miss Safety Event - A deviation from the generally accepted performance standards that is caught before it reaches the patient by either a detection barrier built into the process or by chance

Root Cause Analysis: Root cause analysis is a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. It progresses from special causes in clinical processes to common causes in organizational processes and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis that no such improvement opportunities exist.

Action Plan: The product of the root cause analysis is an action plan that identifies the strategies that the organization intends to implement to reduce the risk of similar events occurring in the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.

Serious Reportable Events are serious, harmful events as defined by the [National Quality Forum](#)

Policy:

It is the responsibility of all Medical Center personnel to provide an immediate and supportive stance to family members/caregivers involved.

It is the policy of the Medical Center to immediately begin an investigation into safety events. This investigation is conducted at the direction of the General Counsel's Office. All information obtained or created during the course of this investigation shall remain privileged and confidential. The investigation may include exploration of the event, notification of appropriate staff, root cause analysis, risk reduction strategy development, as well as action planning. It is the goal of the Medical Center to improve patient care by gaining knowledge about adverse outcomes and to implement improvement activities to prevent such events.

It is also the policy of the Medical Center to provide access to supportive emotional assistance to all care team members directly involved or impacted by an event.

Procedure:

Reporting, notification, and preliminary investigation

1. **Any care team member** may identify a safety event. The event may be reported to the appropriate Department Manager, Department Chairperson, Medical Director of the involved unit, and Medical Center Risk Management. Event reporting can include phone notification. Notification may be received from a physician, patient or family, or staff member and by any

data gathering form approved by and routed through Risk Management. If reporting is verbal to Risk Management, the Risk Management office will be responsible for documenting the details of the reported event.

2. If a safety event occurs after normal business hours, Patient Safety/Risk Management will be notified by phone or pager.
3. The Medical Center Patient Safety/Risk Management staff will evaluate the situation, investigate, and ensure that appropriate administrative and clinical staff are notified so that service recovery may ensue (see service recovery section).
4. At the request of the General Counsel's Office, Medical Center Patient Safety/Risk Management will investigate all safety events using the medical record, interviews and other data gathering activities. Any information, including that listed herein, which is created or obtained during the course of this investigation, shall remain privileged and confidential.
5. The Patient Safety/Risk Management staff will determine, in collaboration with the Chief Quality Officer (CQO), if an event is a Serious Safety Event (SSE). The event will be reported to hospital leadership on the next Daily Check In Call
6. All SSEs will trigger a Serious Safety Solution (S3) process. S3 is an interdisciplinary root cause analysis that should occur within 5 business days of SSE designation. Clinicians and staff involved with the event should participate.
7. If the event is a sentinel event (based upon above definition), the Medical Center Patient Safety/ Risk Management department will, within 5 business days, notify the following individuals or their designee, of the event:
 - General Counsel's Office
 - CEO, MUSC Health and Vice President for Health Affairs, University
 - MUHA Chief Medical Officer
 - MUHA Chief Quality Officer
 - Regulatory Manager and/or Coordinator
8. If determined to be a sentinel event, an acceptable, thorough, and credible Root Cause Analysis (RCA) will be conducted on all sentinel events (see applicable section below), including development and implementation of an Action Plan to prevent recurrence. All RCAs must be completed within 45 calendar days from determination that the event was sentinel. The patient and/or family member involved in the event may be included in the RCA when appropriate and feasible.
9. The decision to voluntarily report the sentinel event to the Joint Commission will be made by the CEO, MUSC Health and Vice President for Health Affairs, University. The decision to inform the Joint Commission of a sentinel event does not in any way supersede this policy.

Root Cause Analysis (RCA) or Quality Review Process

1. Chief Quality Officer or designee will appoint an S3 Team. All members of the S3 Team will be relieved of other duties as needed in order to make the work of the S3 Team a top priority. Physician and nursing leadership of the involved area will be included in the membership of the Review Team.

2. The S3 Team will be coordinated by the Chief Quality Officer or designee, who will provide just-in-time root cause analysis training to team members.
3. The Quality Department will assure a relevant literature search is conducted.
4. The S3 Team will be responsible for conducting an acceptable, thorough, and credible root cause analysis and action plan.

An acceptable analysis is one that focuses on systems and processes, not just individual performance. The analysis progresses from clinical process causes to organizational process causes. It will include digging deep enough into the problem so that all "why" questions have been answered. The analysis must identify changes that if made, in systems and process, would reduce the risk of such an event from occurring in the future. Recommended changes should be based on relevant literature, benchmarks and best practices.

To be thorough, the analysis must consider a determination of the human and other factors associated with the sentinel event. At a minimum, the root cause analysis must include a detailed inquiry into items for specific types of sentinel events according to the Joint Commission Comprehensive Accreditation Manual for Hospitals guidelines. The root cause analysis should look at underlying systems and processes and determine where redesign could result in risk reduction.

To be credible the team will include members closest to the process as well as to the specific event. The analysis should also include the identification of any risk points and their potential contribution to the event, and a determination of potential improvements that would tend to decrease the likelihood of such an event in the future.

5. The Chief Quality Officer or designee will submit a framework of the root cause analysis and action plan to the Medical Executive Committee and the Quality Executive Committee for approval. Any changes will go back to the S3 team for revision and resubmitted to both Medical Executive and Quality Executive.
6. The action plan must identify risk reduction strategies, measurement approaches, implementation time frame, responsibilities for implementation, and any pilot testing, and re-evaluation.
7. The Quality Executive Committee will track the resolution of system issues through the review of data reported to them by the IMPROVE committee.
8. The Quality Department is responsible for the monitoring of the implementation of the final action plan by the IMPROVE committee.
9. If the desired outcomes are not achieved, or if the action plan has not been implemented, the Chief Quality Officer will notify the Quality Executive Committee who will direct the matter to the CEO, MUSC Health and the MUHA Chief Medical Officer. The action plan must be implemented as soon as possible and within the time frame defined in the action plan, unless redirected by Quality Executive Committee.

Service Recovery and Referrals

1. Staff most closely related to the event will provide all necessary emotional and supportive measures necessary to the family members and caregivers if the event involves a patient. This includes but is not limited to:
 - Enlisting the support of the manager/supervisor of the area

- Appropriate disclosure to patient, family members/caregivers
 - Attending to physical comfort needs of family members/caregivers: meals, privacy, transportation needs, personal escort to other areas as needed
 - Attending to emotional needs by soliciting the assistance of Pastoral Care Services if desired by family members/caregivers
2. The individual reporting the event will immediately act to safeguard factual information for subsequent review. This may include, but is not limited to: syringes, IV bags, documentation, any equipment involved, blood products, tubing and connectors which must be saved and sequestered. All retained items will be forwarded to Patient Safety/Risk Management.
 3. Pictures of the area may be taken for those events in which the environment of care is considered a contributory factor in the event. Pictures will be forwarded to Patient Safety/Risk Management.
 4. As soon as possible, the area manager will offer staff the opportunity to contact Care team member Assistance or Psychiatric Nurse Consultation-Liaison if desired by the staff member.
 5. Medical Center Infection Control (if the event is related to a hospital-acquired infection) will review the event and notify individuals as defined by internal protocol.
 6. Physician-specific performance issues identified by the Patient Safety/Risk Management or the S3 Team shall be forwarded to the appropriate Department Chairperson, the Peer Review Committee and/or Medical Executive Committee of the Medical Center for assessment, within a Just Culture.
 7. Professional licensed staff-specific issues identified by the Patient Safety/Risk Management or the S3 Team shall be assessed within a Just Culture and determined if it is a possible reportable event.
 8. Performance issues of non-physician, non-nursing licensed clinical personnel identified by Patient Safety/Risk Management or the S3 Team as possible reportable events to the specific specialty SC Board will be reviewed and a determination made by:
 - CEO, MUSC Health and Vice President for Health Affairs, University
 - Chief Operating Officer
 - Chief Nursing Officer and Administrator for Clinical Services
 - MUHA Chief Quality Officer
 - Director of Patient Safety/Risk Management
 - Strategic Partner Director
 - MUHA Senior Healthcare Counsel

If deemed a reportable event, the Chief Nursing Officer/ Administrator of Clinical Services will facilitate the filing of a complaint to the specific specialty SC Board.

10. All such reports shall be confidential and privileged in accordance with SC Code Ann. C-049 - Event Investigation & Analysis

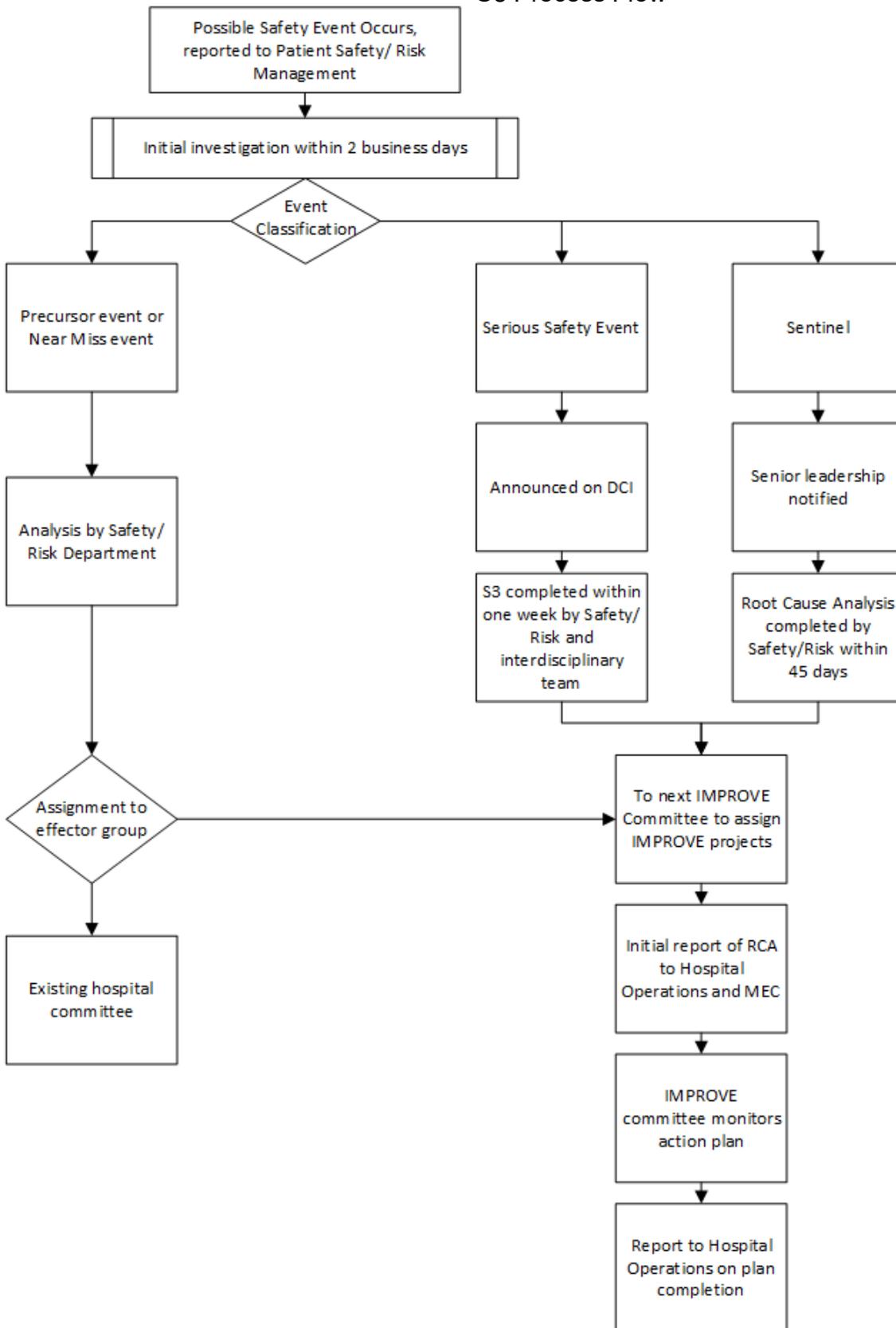
§§40-71-10 and 40-71-20, *et.seq*, and any other available or applicable protections.

Appendices:

Appendix 1 – S3 Process Flow

Appendix 2 – Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events

S3 Process Flow



APPENDIX 2

MINIMUM SCOPE OF ROOT CAUSE ANALYSIS FOR SPECIFIC TYPES OF SENTINEL EVENTS

Detailed inquiry into these areas is expected when conducting a root cause analysis for the specified type of sentinel event. Inquiry into area not checked (or listed) should be conducted as appropriate to the specific event under review.

	Suicide (24 hr. care)	Med. Error	Procedural Complication	Wrong Site Surgery	Treatment Delay	Restraint Death	Elopement Death	Assault Rape/ Homicide	Transfusion Death	Patient Abduction	Unanticipated death of full term	Unintended Retention of foreign body	Fall related
Behavioral assessment process (1)	X					X	X	X					
Physical assessment process (2)	X	X	X	X	X	X	X				X		X
Patient identification process		X		X					X				
Patient observation procedures	X				X	X	X	X	X		X		X
Care planning process	X		X			X	X				X		X
Cont. of Care	X	X			X	X							X
Staffing levels	X	X	X	X	X	X	X	X	X	X		X	X
Orientation and training of staff	X	X	X	X	X	X	X	X	X	X	X	X	X
Competency assessment/ credentialing	X	X	X	X	X	X	X	X	X	X	X	X	X
Supervision of staff (3)	X	X	X		X	X			X			X	
Communication with patient/family	X	X		X	X	X	X			X			X
Communication among staff members	X	X	X	X	X	X	X	X	X	X	X	X	X
Availability of information	X	X	X	X	X				X		X		X
Adequacy of technological support		X	X										
Equipment maintenance/management		X	X		X	X					X		X
Physical environment (4)	X	X	X	X		X	X	X	X	X			X
Security systems and processes	X						X	X		X			
Medication Management (5)		X	X		X				X		X		X

- (1) Includes the process for accessing patient's risk to self (and to others, in cases of assault, rape or homicide where a patient is the assailant).
- (2) Includes search for contraband.
- (3) Includes a supervision of physicians-in- training.
- (4) Includes furnishings; hardware (e.g. bars, hooks, rods); lighting; distractions.
- (5) Includes selection and procurement, storage, ordering and transcribing, preparing and dispensing, administration, and monitoring.

Section # LD-15	Policy # A-067	Code of Conduct	
Responsible Department: Compliance Program			
Date Originated 01/01/1998	Last Reviewed Not Set	Last Revised 08/30/2021	Effective Date 08/30/2021

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

Policy:

It is the policy of the MUSC Medical Center to adhere to the highest legal and ethical standards in its business activities and to ensure compliance with all applicable laws. The Medical Center shall demonstrate its commitment through the establishment of a code of conduct and a comprehensive compliance program.

The MUSC Medical Center values professionalism among all care team members. Professionalism is defined by the Medical Center as behaving in an ethical manner while assuming and fulfilling your responsibilities in every situation every time. The Standards of Professional Behavior are expectations established by care team members to ensure that all staff of the Medical Center deliver quality service which is customer focused. Care team members must understand that, regardless of job description, each care team member is a vital link in providing outstanding patient service and must, at all times, maintain the values set forth by the Medical Center. These standards extend to all interactions between staff within the Medical Center community.

Procedure:

I. Compliance Officer(s) and Committee:

- A. The CEO, MUSC Health and VP for Health Affairs, shall appoint a chief compliance officer and committee to oversee development and monitoring of a Medical Center-wide compliance program.
- B. The compliance committee shall: assess compliance related issues; provide support or guidelines to service areas for development of area-specific procedures; provide support for educational programs; disseminate compliance related information; receive, evaluate and respond to reports of potential violations; and, recommend or otherwise ensure corrective measures are taken when necessary.
 1. The Chief Compliance Officer provides the Chief of Staff for MUSC Health with relevant reports and information concerning violations.
 2. Reports to the MUSC President and Board of Trustees will be provided annually or more often as necessary.

II. Code of Conduct:

This Code of Conduct establishes guidelines for professional conduct by those acting on behalf of the Medical University of South Carolina, its agents or affiliates.

This policy applies to those acting on behalf of the Medical University of South Carolina, its agents or affiliates (including but not limited to the Medical University Hospital Authority, MUSC Physicians, Carolina Family Care, the MUSC Foundation, and the Foundation for Research and Development hereafter, collectively referred to as "MUSC"), including executive officers, faculty, staff, and other individuals employed by MUSC using MUSC resources or facilities, and volunteers and representatives acting as agents of MUSC (hereafter collectively referred to as "employees").

MUSC has the expectation of each employee to conduct all activities in compliance with all applicable laws and regulations and with the utmost ethical integrity. While the information that follows in this section is not all inclusive, it is indicative of important activities involving MUSC employees in their daily business and workplace operations.

Those acting on behalf of MUSC have a general duty to conduct themselves in a manner that will maintain and strengthen the public's trust and confidence in the integrity of MUSC and take no actions incompatible with their obligations to MUSC. Employees shall adhere to the applicable laws, rules, regulations and policies of governmental and institutional authorities. The failure to do so will be grounds for disciplinary action, up to and including termination of employment.

Employees are responsible for reporting any activity reasonably believed in violation of a law, rule, regulation and/or policy. This can be done through the employee's chain of command, the Compliance Office, the Office of Internal Audit, or via the Confidential Hotline at 1-800-296-0269 (toll-free, available 24 hours a day, seven days a week). MUSC will neither discriminate nor retaliate against any employee who reports in good faith any instance of conduct that does not comply or appear to comply with laws, rules, regulations and/or policies.

South Carolina Code (S.C. Code § 8-13-10 et seq.) (the "Ethics Law") makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. No provision of this policy supersedes the Ethics Law. The South Carolina Ethics Law can be found in its entirety at <http://www.scstatehouse.gov/code/t08c013.php>.

Some general ethical standards that apply to MUSC employees are:

- No employee shall accept or solicit any gift, favor, or service that might reasonably appear to influence the employee in the discharge of duties.
- No employee shall disclose confidential information or use such information for his or her personal benefit.
- No employee shall make personal investments that could reasonably be expected to create a conflict between the employee's private interest and the public interest.
- No employee shall accept other outside or dual employment or compensation that could reasonably be expected to impair the employee's independence of

judgment in the performance of the employee's public duties.

- Sexual misconduct and sexual harassment are unacceptable behaviors. This includes verbal or physical conduct of a sexual nature.
- No employee shall misrepresent themselves or the institution in any way. This includes, but is not limited to, clinical or research documentation, submission of claims for reimbursement, submission of timesheets, and advertising of services.

III. Standards of Conduct

A. Acceptable Behavior and Unacceptable/Disruptive Behavior:

See the related policies section below.

B. Compliance with Applicable Laws and Areas of Special Concern:

1. All employees must follow laws and regulations which relate to their duties. Examples of violations include, but are not limited to: intentional deception or misrepresentation, practices which result in unnecessary costs or improper payments, improper claims to any Federal or non-Federal entity, billing irregularities, waste, fraud, patient abuse, misuse of controlled substances, bribes, kickbacks, false statements, money laundering, obstruction of investigations, embezzlement, theft, unlawful employment practices, violations of the S.C. State Ethics Act, and others.
2. Medical Center service areas with responsibilities covering areas of special emphasis are responsible for preparing an area specific plan and training program where appropriate. Examples of areas or programs of special emphasis include: admissions procedures, patient rights, referrals, billing, use of business information, conflict of interest, advertising and marketing, employment, government investigations, document retention and others.
3. Medical Center has a number of policies that are available to employees via PolicyTech on the MUSC Intranet. Employees should familiarize themselves with all policies that pertain to their duties.

IV. Education and Communication:

- A. The Compliance policy and program are routinely communicated to all employees through employee orientation, departmental meetings and other methods of communication.
 1. The Medical Center Compliance Office will ensure that training is provided to employees throughout the Medical Center at least annually where appropriate. Training will be documented.
 2. Managers are expected to inform employees of the compliance program and include compliance in the competency assessment process and/or performance appraisal.

3. The compliance program includes an internal mechanism for reporting potential violations and a disciplinary plan for compliance violators.
4. Employees who report violations are assured they may do so without fear of retribution.
5. The exit process includes an opportunity for employees to report any possible violations of law or MUSC policy.

V. Auditing and Monitoring:

- A. All service areas are required to assess compliance issues and as appropriate develop a systematic process to monitor and take corrective measures.
- B. An internal response mechanism is available for any employee to report a potential violation. This includes a campus mailbox (205 MUH), E-mail (COMPLIANCE@musc.edu), telephone hotline (800-296-0269) and opportunities to report to the immediate supervisor or a compliance officer. The Chief Compliance Officer reviews and evaluates all allegations and consults with the compliance committee when appropriate, maintains a record of the potential violations and takes corrective measures as needed.
- C. Periodic audits by internal and external sources will target selected areas throughout the Medical Center to ensure compliance and to determine if proper controls are in place. Audit findings will be reviewed by the compliance committee.

VI. Corrective and Preventive Measures:

- A. Pre-employment background checks will be conducted on all applicants (prospective new hires) prior to employment. Applicants with a demonstrated history of unlawful conduct, which would constitute a compliance violation, will not be favorably considered for employment.
- B. In accordance with the Human Resources Management Disciplinary Action Policy ([Corrective Actions](#)), employees are subject to disciplinary action for compliance violations, or for failing to report a known violation. Depending on the severity of the violation, disciplinary action may range from oral reprimand to termination.
- C. Managers are held accountable for appropriately addressing any reports of compliance violations.
- D. Medical Center employees terminated for compliance violations will not be eligible for reemployment without approval of the CEO, MUSC Health and Vice President for Health Affairs.

Related Policies:

Human Resources Policy #12-Standards of Professional Behavior
<http://horseshoe.musc.edu/~media/files/hr-files/muha-files/policies/policy12standardsofbehavior.pdf?la=en>

Human Resources Policy #45-Disciplinary Action)
<http://horseshoe.musc.edu/~media/files/hr-files/muha-files/policies/policy45disciplinaryaction.pdf?la=en>

Medical Center Clinical Policy#C-105-Clinical Staff Professionalism
(<https://www.musc.edu/medcenter/policy/Med/C105.pdf>)

Section # LD-14	Policy # A-062	Ethical Behavior	
Responsible Department: Muh Legal Affairs			
Date Originated 03/97	Last Reviewed 02/20	Last Revised 02/07/2022	Effective Date 02/07/2022

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

Policy:

The MUSC Health System has a responsibility to establish ethical standards for all of its patient care, research, and business activities. The guidelines for ethical patient care and research activities are outlined in selected policies in the Medical Center Policy Manual (see list at bottom). The focus of this policy is to outline the guidelines for the ethical business practices of the MUSC Health System which specifically address the areas of marketing, admission, transfer, discharge, billing conflict resolution, organizational values, and the relationships of our staff members to other providers, educational institutions, and payers. It is also the intent of this policy to ensure clinical decisions are based upon identified patient needs and that the quality of care is not compromised by financial or other economic considerations.

If needed, Hospital Administration or the Ethics Consultation Service MUSC Health Ethics Committee may be contacted to offer guidance and support for problem resolution.

Procedure:

It is the responsibility of all Medical Center employees and medical staff members to act in a manner which is consistent with the following statements and related policies and procedures.

A. Marketing

We believe in truth in advertising. We market only those services that can be provided by MUSC Health or its affiliated providers. The qualifications of our medical staff are accurately stated, and the level of licensure and accreditation is included as appropriate in our marketing material.

B. Admission, Transfer, and Discharge

Patients are admitted based on the needs of the patient and the ability of the organization to provide the service. Patients are not admitted, transferred, or discharged based on the economics of the patient.

C. Fair Billing

The Medical Center and its medical staff will invoice patients or third parties only for those services actually provided to patients and will provide assistance to patients seeking to understand the costs relative to their care. We will attempt to resolve questions and

objections to the satisfaction and the protection of privacy of the patient while considering the institution's best interest as well.

D. Organizational Values

MUSC Health values professionalism among all employees. Professionalism is defined by MUSC Health as behaving in an ethical manner while assuming and fulfilling your responsibilities in every situation every time. All employees are expected to demonstrate behavior consistent with MUSC Health's stated values of accountability, excellence, respectfulness, and adaptability. All employees are expected to fully comply with all provisions of the South Carolina Ethics, Government Accountability, and Campaign Reform Act (specifically including conflict of interest, the disclosure of confidential information, and the "prohibited use of public materials, personnel, or equipment for private use").

E. Relationships of Staff Members to Other Health Care Providers, Educational Institutions, and Payers

The leadership (CEOs as appropriate) reviews contracts with other providers, educational institutions and payers to ensure the contractual relationship does not present any potential conflict of interest or pose a threat to the organization's mission and commitment to the patients and community it serves. Contracts must be reviewed and approved by the Office of the General Counsel in accordance with Policy A-013 Negotiation, Review and Execution of Contracts and Agreements.

F. Patient Rights

All employees are expected to support the rights of patients including their right to access protective services.

G. Integrity of Clinical Decisions

MUSC Health and its medical staff are responsible for ensuring that clinical decisions are based upon identified patient needs and that clinical quality is a key consideration in making financial and other business decisions.

MUSC MEDICAL CENTER POLICY MANUAL
SELECTED POLICIES RELATED TO CLINICAL ETHICS ISSUES

- A-001 Policy and Procedure Development and Approval
- A-067 Compliance Policy and Code of Conduct
- C-001 Patient Rights and Responsibilities
- C-002 Informed Consent/Refusal
- C-003 Patient Confidentiality
- C-004 Confidentiality of Patient Location Information
- C-006 Photographs and Videos
- C-008 Ethics Consultation
- C-009 Patient/Family Complaints
- C-010 Pastoral Care/Chaplaincy Services
- C-012 Advance Directives (ADs)
- C-013 Resuscitation Orders (formerly DNR)
- C-015 Guidelines for the Determination of Brain Death

C-017 Organ and Tissue Donor Protocol
C-019 Identification and Management of Patients at Risk for Suicide
C-022 Restraint
 C-023 Withdrawal/Withholding of Life Sustaining Treatment
C-037 Release Against Medical Advice
C-046 Exclusion from Patient Care
FPC-005 Advanced Directives - Florence

Other Reference:

[**Ethics, Government Accountability, and Campaign Reform, Article 1, Section 8-13-100**](#)

MUHA Board of Trustees
October 14, 2022

Revised Board Policies for Approval

Ref #	Policy Title	Notes	Last Approved
A-1	Authority to Execute Contracts and Other Documents Related to the Operation of the Medical University Hospital Authority	Delegation of authority	8/12/2011
A-2	Conflict Management Policy (MUHA A-115)	Joint Commission requires	04/17/2009
A-3	Resuscitation Orders (MUHA C-013)	Joint Commission requires	08/14/2015
A-4	Customer Satisfaction and Grievance Policy (MUHA C-009)	Joint Commission requires	10/13/2000
A-5	Construction Procurement Policy (MUHA A-152)	Enabling legislation requires	06/16/2000
A-6	Hiring of Professional Services	Minor revisions.	04/13/2018
A-7	Budget Policy	Minor revisions.	10/13/2006
A-8	Retained Funds	Required by Appropriations Act	06/16/2000

Authority to Execute Contracts and Other Documents Related to the Operation of the Medical University Hospital Authority	
Reference #	Responsible Department CEO of MUSC Health
Date Originated June 16, 2000	Last Revised August 12, 2011
Last Reviewed N/A	Effective Date October 14, 2022

I. Purpose

The Board of Trustees (Board) of the Medical University Hospital Authority (MUHA) wishes to grant authority to officers and certain employees of MUHA to execute contracts and other documents on behalf of MUHA. This policy grants authority to officers and certain employees of MUHA to execute contracts and other documents related to the operations of MUHA. Approvers are dependent on the dollar amount and type of contract that is being executed.

II. Scope

All staff of the Medical University Hospital Authority (MUHA)

III. The Policy

- A. 1. Any of the following officers and employees of MUHA shall sign and execute any contract or document in excess of \$500,000 and shall have the authority to sign and execute any and all contracts and other documents in the name of and on behalf of MUHA:
 - a. President
 - b. Chief Executive Officer (CEO) of MUSC Health
 - c. Chief Financial Officer (CFO) of MUSC Health
2. With respect to any contract or other document which requires Board approval as hereinafter set forth, the foregoing officers and employees shall not sign or execute any such contract or documents prior to approval by the Board.
3. The CEO of MUSC Health is hereby authorized to delegate to other MUHA employees any and all of his authority to execute any contract or document which has a cost of \$500,000 or less, provided that:
 - a. Each delegation shall be made in writing annually and shall be to a named individual;
 - b. Each delegation shall specify the type or types of contracts or documents which may be executed pursuant to such delegation, including any applicable dollar information;
4. Shared services contracts between MUSC component units may be signed by the following individuals:
 - a. Shared services contracts less than or equal to a total value of

<p>Title: Authority to Execute Contracts and Other Documents Related to the Operation of the Medical University Hospital Authority</p>	<p>Policy #:</p>	<p>Effective Date: October 14, 2022</p>
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- \$25,000 may be signed by the Authority Director responsible for the service;
- b. Shared services contracts with a total value greater than \$25,000 or less than \$100,000 may be signed by the Authority Director responsible for the service and co-signed by the System Controller;
- c. Shared services contracts with a total value of \$100,000 or greater must be signed in accordance with Section A.1. of this Policy.

5. The President, CEO of MUSC Health, or CFO of MUSC Health shall have authority to execute agreements pertaining to reimbursement arrangements with insurers, managed care organizations, government agencies, and other third-party payers. Such arrangements will be reported to the Board on a routine basis.

- B. Prior to execution, all contracts for the acquisition, sale, or conveyance of real estate shall require prior approval of the Board of Trustees regardless of the amount. SC Code of Laws §59-123-60E(3)(b)
- C. Approval of contracts for goods (including equipment) or services by the Board of Trustees shall be in accordance with the MUHA Budget Policy.
- D. The CEO of MUSC Health and CFO of MUSC Health or designee are authorized, in furtherance of the proper business and financial affairs of MUHA, to sign and execute checks, drafts, and other such documents and orders necessary to facilitate the payment of monies from any and all accounts, funds or other similar sources owned, controlled, maintained by or entrusted to MUHA within the limitations of this policy or other regulation.

IV. Definitions

MUSC Health: MUSC Health is the clinical health system of the Medical University of South Carolina (MUSC), which includes the Medical University Hospital Authority, University Medical Associates of the Medical University of South Carolina, physician practices, and other affiliated organizations.

The Board of Trustees (“Trustees”) of MUSC and MUHA: The public body corporate created by §59-123-40 of the SC Code of Laws.

V. Related Policies

VI. Applicable Laws and/or Regulations
 South Carolina Code of Laws §55-123-60E(3)(b)

VII. References

VIII. Distribution and Communication Plan

IX. Appendices (eg., forms, procedures, i.e, the “who, when, how” the policy will be implemented, FAQs)

Section # LD-49	Policy # A-115	Conflict Management	
Responsible Department: Muh Legal Affairs			
Date Originated 05/09	Last Reviewed 02/20	Last Revised 02/25/2020	Effective Date 02/25/2020

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

Policy:

The Medical University Hospital Authority recognizes that conflicts among and between Hospital leaders, medical staff, employees, volunteers, patients and visitors or leadership groups have the potential to adversely affect the environment in which patients are treated and may affect the healthcare team's ability to provide high quality care. Conflicts are often unavoidable and therefore should be managed with the intention of protecting patient safety and quality of care. MUHA has established a conflict management process to promote the collaboration between various tiers of the organization and to ensure that patient safety and quality of care are not affected by interpersonal or interprofessional differences. The purpose of this policy is to resolve any conflicts that may arise and to promote the safety and quality of care.

All MUHA facilities, including inpatient and outpatient offices both on and off campus, must follow the established procedure for conflict management. This process must include the following foundational principles:

- A. A willingness to acknowledge existence of a conflict;
- B. Open communication;
- C. Dealing with conflict within an environment of mutual respect;
- D. Acceptance and tolerance of different perspectives through the process;
- E. Commitment to fundamental fairness;
- F. Educating individuals about conflict management;
- G. Developing a conflict management process with policies and procedures through a multidisciplinary process; and
- H. Holding parties accountable to use the conflict management process.

Procedure:

A. Continuum of Conflict

1. Conflicts among and between individuals or groups arise in many settings and for many different reasons. For example, conflicts may arise due to differences in needs, beliefs, values, interests or experience, etc.
2. Conflicts may be managed through a variety of means depending on the severity of the issues, the parties involved, and the potential effect on the safety of patients and the quality of care. This process may include both informal interventions such as discussion, persuasion and conciliation or may be formal through mechanisms such as mediation or

utilization of resources outside of the Hospital. The mechanism used should be consistent with the nature and severity of the conflict.

3. Conflicts often provide an opportunity to analyze differing opinions and perspectives on issues. The conflict management process is an appropriate mechanism to facilitate an active and open discussion of differences in a respectful and professional manner.

B. Informal Conflict Management

1. Most conflicts can be managed informally. The process shall be conducted in a manner consistent with the MUHA Standards of Behavior and Code of Conduct policies.
 - a. Each party involved in the conflict is expected to acknowledge the conflict and share their perspectives or position in an open and respectful manner. Due consideration must be provided to opposing positions.
 - b. Informal discussions shall be held in a respectful environment and the parties are expected to actively listen and engage in the process. Each party is expected to maintain control over their respective behaviors. If behaviors escalate to an unacceptable level, the individual may be subject to disciplinary action in accordance with MUHA's Disciplinary Actions Policy (HR-45).
 - c. All parties are expected to conduct themselves in a manner consistent with the MUHA Standards of Behavior and the foundational principles identified above.
2. If the parties are unable to resolve the conflict through the informal process, or if the matter escalates to a level that threatens the safety or wellbeing of patients, visitors, or employees, a formal conflict resolution process may be implemented.

C. Formal Conflict Management

1. Any member of the Board of Trustees, leadership, employee, manager, physician or other personnel may initiate the conflict management process by contacting the MUHA Department of Human Resources. Human Resources will assign an appropriately trained mediator to assist in the conflict management process. The MUHA Department of Human Resources will coordinate the conflict management process through the following steps:
 - a. Assigning an internal mediator;
 - b. Planning the logistics of the mediation;
 - c. Providing summary information to the mediator prior to the mediation;
 - d. Providing the Mediation Agreement to be signed by the parties involved.

As soon as is reasonably possible, the mediator will meet with the relevant parties alone and/or together to gather information. Information may be gathered from the parties themselves or from other relevant resources. The mediator will attempt to resolve the parties' differences and develop a plan of action. To the extent possible this process is confidential. The outcome of this process, or any agreement entered into by the parties, remains confidential and will only be shared if all parties agree. **Any information may be disclosed if the information discussed reveals a violation of state or federal law, or patient safety may be compromised.**

2. If a Service Line Administrator or senior leader(s) determine that the matter should be handled externally, or if the MUHA Department of Human Resources is unable to manage the matter successfully, the matter may be referred to an appropriate external resource.

Once the appropriate internal or external resource has been retained, the designated professional is expected to meet with the parties as soon as possible to:

- a. Identify possible areas of agreement;
 - b. Gather additional information as necessary;
 - c. Work toward an appropriate resolution of the matter through management or resolution of the conflict.
3. The internal or external resource is expected to report to the Service Line Administrator and/or senior leader regarding the outcome of the process. Issues that may impact patient safety or the safety of employees or visitors shall be promptly reported to the Service Line Administrator and/or senior leader.
 4. The Service Line Administrator and/or senior leader is charged with taking appropriate steps to ensure that patient care and quality are not compromised throughout this process.
- D. Failure to actively participate in the conflict resolution process once initiated may be grounds for disciplinary action in accordance with policies HR-45 Disciplinary Action and HR-12 Standards of Behavior.

Related Policies:

A-062	Code of Ethical Behavior (https://www.musc.edu/medcenter/policy/Med/A062.pdf)
A-067	Compliance Policy and Code of Conduct (https://www.musc.edu/medcenter/policy/Med/A067.pdf)
C-105	Clinical Staff Professionalism (https://www.musc.edu/medcenter/policy/Med/C105.pdf)
HR-12	Standards of Behavior (http://mcintranet.musc.edu/hr/documents/POLICY12-STANDARDSOFBEHAVIOR.pdf)
HR-36	Employee Assistance Program (http://mcintranet.musc.edu/hr/documents/POLICY36-EMPLOYEE_ASSISTANCE_PROGRAM.pdf)
HR-45	Disciplinary Actions (http://mcintranet.musc.edu/hr/documents/POLICY45-DISCIPLINARY_ACTION.pdf)

Section # {External Reference #}	Policy # 8781	Resuscitation Orders (formerly C-013)	
Responsible Department: Biomedical Ethics			
Date Originated 06/01/1997	Last Reviewed 08/30/2022	Last Revised 08/30/2022	Effective Date 08/31/2022

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

Definitions:

Appropriate Medical Treatment: Treatment that has a reasonable likelihood of accomplishing the goals of the patient or their surrogate for medical intervention and any involved health professionals by ameliorating, improving, restoring, or **maintaining a state of being or level of function acceptable to the patient.**

Allow Natural Death (AND) Order: This order should be used when the clinician and the patient or the patient’s surrogate decision-maker recognizes that resuscitation efforts would be against the patient’s wishes or best interests and that the patient should be allowed to die a natural death following an otherwise fatal Cardiac or Respiratory Event.

Limited Resuscitation Order (LRO): A resuscitation order that is targeted to a specific clinical context, for example, the use of chemical resuscitation (a.k.a. code medications) but not chest compressions.

Physician Order for Scope of Treatment (POST): Per South Carolina State Code Ann. 44-80- 10: “A designated document designed for use as part of advance care planning, the use of which must be limited to situations where the patient has been diagnosed with a serious illness or, based upon medical diagnosis, may be expected to lose capacity within twelve months and consists of a set of medical orders signed by a patient's physician addressing key medical decisions consistent with patient goals of care concerning treatment at the end of life that is portable and valid across health care settings.”

Policy:

Appropriate Medical Treatment will be provided to every MUSC Health patient. The clinical application of the Allow Natural Death order should be made in accordance with the Informed Consent Policy. See Policy C-002 Informed Consent/Refusal (**Informed Consent and Refusal v.2 (policytech.com)**).

Procedure:

Appropriate Medical Treatment is provided to any patient who suffers a cardiac or respiratory arrest. If a patient’s medical record contains a current Allow Natural Death Order, resuscitative measures should not be provided. If no such order is present, resuscitation efforts should be in accordance with the guidelines on Advanced Cardiac Life Support of the American Heart Association unless the following exceptions apply.

Exception: When resuscitation efforts 1) pose an undue risk to the staff, or 2) is of little benefit to the patient, such as for patients with known lethal, highly communicable, infectious disease, or those with multi-organ failure who sustain an otherwise fatal cardiac or respiratory event.

1. Because of the risk of infecting staff, even while wearing proper Personal Protective

Equipment, resuscitation efforts may be modified based upon the perceived degree of risk to staff and potential for benefit to the patient.

2. The opinion of a second physician should be obtained whenever possible and agreement regarding safety and efficacy of resuscitation status should be documented in the chart. In cases of emergency, a single healthcare professional (physician, APRN, or PA) responsible for the care of the patient may make this decision if the delay resulting from obtaining a second physician's certification would unnecessarily extend the suffering of the patient to a degree that would not be offset by the additional risk posed to the resuscitation team. The circumstances of the inability to obtain a second opinion should subsequently be documented.
3. The attending physician will inform the patient /surrogate that under these circumstances the patient will receive Appropriate Medical Treatment under a Limited Resuscitation Order.

B. An Allow Natural Death (AND) Order may be appropriate in the following circumstances:

1. Refusal of resuscitation by a patient with capacity. See Policy C-002 Informed Consent/Refusal ([Informed Consent and Refusal v.2 \(policytech.com\)](#)).
2. Based upon a written advance directive (e.g. Living Will or a Health Care Power of Attorney) signed by a patient with capacity.
3. Based upon an oral declaration by a patient with capacity if made in the presence of a physician and one witness and noted in the medical record.
4. Refusal of resuscitation by a surrogate decision maker. See Policy C-002 Informed Consent/Refusal ([Informed Consent and Refusal v.2 \(policytech.com\)](#))
5. Incapacitated patients, who made clear, explicit statements of their treatment wishes, including resuscitation, while still a capable decision maker, shall have those statements given priority over any conflicting opinions or desires of family members and must be honored.
6. Incapacitated patients for whom no family, friends or other interested party is available to act as a surrogate decision maker, for whom there is agreement among two physicians that efforts at resuscitation, would do more harm than good to the patient and thus would not be clinically indicated. See Policy C-002 Informed Consent/Refusal. ([Informed Consent and Refusal v.2 \(policytech.com\)](#)).

C. Discussing Resuscitation with the Patient or Surrogate:

1. The attending physician, or resident physician in consultation with the attending physician, is responsible for ensuring that Allow Natural Death decisions are discussed with patients and/or patients' surrogates and documented in the medical record.
 - a. An attending physician or nurse practitioner may issue an AND Order in accordance with the patient's or surrogate's wishes.

- b. Resident physicians may enter an AND Order following documented discussion with the patient's attending physician. AND Orders entered by a resident physician must be co-signed by an attending physician within 24 hours.
- D. An AND Order does not expire until the patient is discharged from the Hospital, but may be revoked. For patients who want the AND order to extend beyond their hospitalization, a POST and a SCDHEC DNR form should be considered, especially if transitioning to a rehab or other long-term care facility.
- E. Mandatory Reassessment of an Allow Natural Death or Limited Resuscitation Order (AND/LRO) before Anesthesia, Surgery, or Other Invasive Procedures:
1. For patients with an AND/LRO who will be going into procedural areas or any of the operating rooms, the procedural attending physician, in conjunction with the patient's attending physician should, when appropriate, discuss with the patient, surrogate, or legal guardian whether to rewrite or modify the AND/LRO.
 2. If the patient is unable for any reason to participate in this discussion, or surrogate decision makers are not available, including the parent or legal guardian of a pediatric patient, the involved physician shall use his or her discretion about participating in the administration of an anesthetic or performance of a procedure which is not an emergency.
 3. In procedural areas or any of the operating rooms, if the patient elects to have the AND/LRO remain in effect, any care provider has the option of declining to participate in that facet of care of the patient. The physician should make reasonable efforts to find a physician with similar training and expertise who is willing to treat the patient.

Related Policies:

- C-002 Informed Consent/Refusal ([Informed Consent and Refusal v.2 \(policytech.com\)](#))
- C-008 Ethics Consultation ([Ethics Consultation v.2 \(policytech.com\)](#))

- C-012 Advance Directive ([Advance Directives \(ADS\) Patient Self Determination Act v.2 \(policytech.com\)](#))

- C-023 Withholding/Withdrawing Life-Sustaining Treatment ([Withholding/Withdrawing Life-Sustaining Treatment v.1 \(policytech.com\)](#))

- C-050 Care at the End of Life ([Care at the End of Life v.1 \(policytech.com\)](#))

- C-118 Handoff Communication During Patient Transfers ([Handoff Communications v.1 \(policytech.com\)](#))

- C-085 Transfer of Patients within MUSC Complex ([Transfer of Patients Within MUSC Health Charleston v.1 \(policytech.com\)](#))

Section # LD-42	Policy # C-009	Customer Satisfaction and Grievance	
Responsible Department: Health System Quality and Safety			
Date Originated 03/20/1991	Last Reviewed 02/07/2022	Last Revised 02/07/2022	Effective Date 02/07/2022

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

Definitions:

Complaint: Any expression of dissatisfaction by a patient or patient’s representative regarding care or services (inpatient or outpatient) that can be addressed on the spot. If a complaint cannot be resolved promptly by staff present, or is referred to a complaint coordinator, patient advocate, or hospital management, it is to be considered a grievance. If a patient or patients’ representative requests that their complaint be handled as a “formal complaint” or “grievance,” or requests a response from the hospital, then the complaint is considered a grievance.

Grievance: Any formal or informal written or verbal expression of dissatisfaction with care or service that is made by the patient or the patient’s representative that cannot be resolved on the spot by care team members present. If an in-patient contacts someone outside the unit, but the issue is able to be resolved on the spot by the unit, then it is not a grievance. Billing issues are not considered grievances unless the expression of dissatisfaction also contains issues related to patient care or service. However, a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489 is considered a grievance. A written or verbal contact from a patient or patient’s representative regarding concerns related to care or services provided at a previous time (either because they did not choose to address it at the time of service or were not able to resolve the issue at the time of service) is considered a grievance.

Complaint/Grievance Resolution: Every complaint/grievance will be investigated thoroughly, and a course of action and response will be determined that upholds the MUSC patient-centered philosophy. Resolution does not necessarily mean that MUSC will agree to the complainant’s terms.

Policy:

MUSC Health management and care team members will be responsive to the concerns of patients and their representatives. Patient concerns are considered a priority and care team members should respond immediately. Registering a complaint or grievance will not compromise a patient’s care. Patient’s or their representatives are encouraged, but not required, to utilize the Medical Center’s complaint/grievance process before registering a complaint with the appropriate outside agency: South Carolina DHEC, Center for Medicare and Medicaid Services (CMS), Carolinas Center for Medical Excellence, the Utilization Review Committee of their insurance carrier, The Joint Commission of Accreditation (TJC) or others.

Procedure:

Every patient will receive in his/her admission packet, information detailing patient rights, including the right to register a complaint/grievance and the mechanism to do so. This information will also be posted in all intake/registration areas. Special Accommodation will be made for non-English speaking individuals (foreign language version, interpreter, etc.) and for individuals who may be deaf or blind (large print materials, interpreters, etc.). Patients and their representatives may express a complaint/grievance either verbally or in writing.

A. Complaint

1. The care team member receiving a complaint will be responsible for resolving the complaint on the spot, utilizing assistance from the manager of the area.
2. If the care team member, with assistance from the manager, is unable to resolve the complaint on the spot, the Patient and Family Liaison Department should be contacted. After hours and on weekends, complaints that cannot be resolved on the spot should be referred to the Hospital Supervisor of the appropriate service area. The grievance process will be initiated by the individual receiving the grievance; however, the grievance will be referred to the Patient and Family Liaison Department for documentation and processing. (See below)

B. Grievance

1. The Patient and Family liaison department, in conjunction with risk management will maintain detailed documentation of grievance submission and resolution.
2. Grievances that involve situations or practices that place the patient in immediate danger must be resolved immediately. All grievances should be resolved as soon as possible, with the majority of grievance responses being issued within seven (7) calendar days of receipt of the grievance. Should a grievance not be able to be resolved within seven (7) calendar days, the individual processing the grievance will send a letter to the patient/representative indicating that the grievance is still being investigated.
3. The individual processing the grievance must inform Medicare beneficiaries that concerns about care and service, coverage decisions, discontinuation of care or premature discharge are issues that can be reviewed by the Carolinas Center for Medical Excellence Quality Improvement Organization (QIO). If the patient requests QIO review, the individual processing the grievance must assist the patient with referral to the QIO: Carolinas Center for Medical Excellence, 246 Stoneridge Drive, Suite 200, Columbia, SC 29210, Phone: 1-800-922-3089.
 - a. Complaints regarding care team members may be referred to Human Resources or the Peer Review Committee. Results of these internal reviews will not be made available to patients or their representatives.
 - b. The HIPAA Compliance Officer will be informed of all complaints related to possible violation of a patient's privacy.
 - c. If a Medicare beneficiary requests that his/her grievance be referred to the QIO, the Patient and Family Liaison Department will facilitate this referral as soon as possible but within 7 days.
 - d. Grievances reflecting quality of care trends or system problems may be referred to the MUSC Chief Quality Officer.

C. Continuous Quality Improvement:

The Patient and Family Liaison Department will enter data via the online reporting system regarding grievances for each service area. Each service area is responsible for reviewing and analyzing their grievances and integrating these into their continuous quality improvement efforts.

D. Grievance Process Oversight:

As delegated by the Board of Trustees, the MUSC Health Patient Engagement Oversight Committee is responsible for the effective operation of the grievance process and will review reports of the grievances processed by the Patient and Family Liaison Department every 6 months. This group will assure the effectiveness of the grievance process, specifically addressing timeliness of response to patients or their representatives and quality of the grievance resolution.

Related Policies:

Policy C-001 Patient Rights and Responsibilities
Patient Rights & Responsibilities

Policy A-030 Interpreters – Foreign Language
Interpreter & Translation Services

Section # SC Code of Laws 59-123-60(E)(3)	Policy # A-152	Construction Procurement Policy	
Responsible Department: PRES MUSC Board Expenses			
Date Originated Not Set	Last Reviewed 05/08/2000	Last Revised 05/08/2000	Effective Date 01/05/2021

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:

CHAPTER 1. GENERAL PROVISIONS

SECTION 10. Statutory Authority.

This Policy has been adopted pursuant to Section 59-123-60(E)(3) of the South Carolina Code of Laws and shall be known and may be cited as the "Construction Procurement Policy for the Medical University Hospital Authority."

SECTION 20. Purpose and Policies for the Medical University Hospital Authority

The underlying purposes and policies are:

- (a) to provide increased economy in Authority procurement activities and to maximize to the fullest extent practicable the purchasing values of funds while ensuring that procurements are the most advantageous to the Authority and in compliance with the provisions of the Ethics Government Accountability and Campaign Reform Act;
- (b) to foster effective broad-based competition for Authority procurement within the free enterprise system;
- (c) to develop procurement capability responsive to appropriate Authority needs;
- (d) to permit the continued development of explicit and thoroughly considered procurement policies and practices;
- (e) to require the adoption of competitive procurement policies and practices by the Authority;
- (f) to ensure the fair and equitable treatment of all persons who deal with the Authority;
- (g) to provide safeguards for the maintenance of a procurement system of quality and integrity with clearly defined rules for ethical behavior on the part of all persons engaged in the Authority procurement process;

SECTION 30. Obligation of Good Faith.

Every contract or duty within this Policy implies an obligation of good faith in its negotiation, performance or enforcement. "Good faith" means honesty in fact in the conduct or transaction concerned and the observance of reasonable commercial standards of fair dealing.

SECTION 40. Application of this Policy.

- (1) General Application. This Policy applies only to contracts solicited or entered into after the effective date of the establishment of the Authority by resolution of Medical University of South Carolina Board of Trustees unless the parties agree to its application to a contract entered into prior to its effective date.

- (2) Compliance with Federal Requirements. Where a procurement involves the expenditure of federal assistance or contract funds, the Authority, shall also comply with such federal law and authorized procurement policies as are mandatorily applicable. Where federal assistance or contract funds are used in a procurement by the Authority, requirements that are more restrictive than federal requirements shall be followed.

SECTION 210. Determinations.

Written determinations and findings required by the Policy shall be retained in an official contract file of the Authority. Such determinations shall be documented in sufficient detail to satisfy the requirements of audit.

SECTION 310. Definitions of Terms Used in this Policy

- (1) "Chief Procurement Officer" means Executive Director of the Authority, or his designee, for areas of construction and construction management services.
- (2) "Board" means State Budget and Control Board.
- (3) "Business" means any corporation, partnership, individual, sole proprietorship, joint stock company, joint venture or any other legal entity.
- (4) "Change order" means any written alteration in specifications, delivery point, rate of delivery, period of performance, price, quantity, or other provisions of any contract accomplished by mutual agreement of the parties to the contract.
- (5) "Construction" means the process of building, altering, repairing, remodeling, improving or demolishing any Authority structure or building or other Authority improvements of any kind to any real property. It does not include the routine operation, routine repair or routine maintenance of existing structures, buildings or real property.
- (6) "Contract" means all types of agreements for the procurement of construction.
- (7) "Contract modification" means a written order signed by an Authority Procurement Officer, directing the contractor to make changes which the changes clause of the contract authorizes an Authority Procurement Officer to order without the consent of the contractor.
- (8) "Contractor" means any person having a contract with the Authority.
- (9) "Days" means calendar days. In computing any period of time prescribed by this Policy or the ensuing Procurement Guidelines, the day of the event from which the designated period of time begins to run is not included. If the final day of the designated period falls on a Saturday, Sunday, or the designated holidays for the Authority (New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day), then the period shall run to the end of the next business day.
- (10) "Debarment" means the disqualification of a person to receive invitations for bids, or requests for proposals, or the award of a contract by the Authority, for a specified period of time commensurate with the seriousness of the offense or the failure or inadequacy of performance.
- (11) "Designee" means a duly authorized representative of a person with formal responsibilities under the Policy.
- (12) "Employee" means an individual drawing a salary from the Authority and any non-salaried individual performing personal services for the Authority.
- (13) "Invitation for Bids" means a written or published solicitation issued by an authorized Authority Procurement Officer for bids to contract for the procurement of stated services or construction, which will ordinarily result in the award of the contract to the responsible bidder making the lowest responsive bid.
- (14) "Procurement" means buying, purchasing, or otherwise acquiring any services or construction. It also includes all functions that pertain to the obtaining of service or construction, including description of requirements, selection and solicitation of sources, preparation and award of contracts, and all phases of contract administration.
- (15) "Real Property" means any land, all things growing on or attached thereto, and all improvements made thereto including buildings and structures located thereon.
- (16) "Request for Proposals (RFP)" means a written or published solicitation issued by an authorized Authority Procurement Officer for proposals to provide services, which ordinarily result in the

award of the contract to the responsible bidder making the proposal determined to be most advantageous to the Authority. The award of the contract must be made on the basis of evaluation factors which must be stated in the RFP.

- (17) Services" means the furnishing of labor, time, or effort for construction and related services.
- (18) "Subcontractor" means any person having a contract to perform work or render service to a prime contractor, at the jobsite, as a part of the prime contractor's agreement with the Authority.
- (19) "State" means state government.
- (20) "State Engineer" means the person holding the position as head of the State Engineer's Office.
- (21) "Suspension" means the disqualification of a person to receive invitations for bids, requests for proposals, or the award of a contract by the Authority, for a temporary period pending the completion of an investigation and any legal proceedings that may ensue because a person is suspected upon probable cause of engaging in criminal, fraudulent, or seriously improper conduct or failure or inadequacy of performance which may lead to debarment.
- (22) "Authority Procurement Officer" means any person duly authorized by the Authority, in accordance with procedures prescribed by the Procurement Guidelines, to enter into and administer contracts and make written determinations and findings with respect thereto.

SECTION 410. Public Access to Procurement Information.

Procurement information shall be a public record to the extent required by Chapter 4 of Title 30 (The Freedom of Information Act) with the exception that commercial or financial information obtained in response to a "Request for Proposals" or any type of bid solicitation which is privileged and confidential need not be disclosed. Privileged and confidential information is information in specific detail not customarily released to the general public, the release of which might cause harm to the competitive position of the party supplying the information.

Examples of this type of information would include:

- (1) Customer lists;
- (2) Design recommendations and identification of prospective problem areas under an RFP;
- (3) Design concepts, including methods and procedures;
- (4) Biographical data on key employees of the bidder.

Evaluative documents pre-decisional in nature such as inter- or intra-agency memoranda containing technical evaluations and recommendations are exempted so long as the contract award does not expressly adopt or incorporate the inter- or intra-agency memoranda reflecting the pre-decisional deliberations. At the time of submitting a proposal or bid, the party supplying a bid or proposal must identify any portions of the proposal or bid considered by the party to be privileged and confidential or a trade secret and thus eligible to be withheld from public inspection and copying. If the information identified by the party is privileged and confidential or a trade secret, as defined either in Section 30-4-40(a)(1) or in Section 39-8-20 of the South Carolina Code of Laws, it may be withheld from public inspection and copying. If the party fails to identify information as privileged and confidential or as a trade secret, the entire bid or proposal is to be made available for public inspection and copying.

SECTION 475. Authority may accept certain gifts-in-kind.

Authority may accept gifts-in-kind of items of construction with the approval of the Authority Board of Trustees, provided that these gifts may not be made or accepted if these gifts are offered with intent of influencing the judgment of the Authority. No other approvals or procedural requirements, including the provisions of these policies, may be imposed on the acceptance of these gifts.

SECTION 540. Authority and duties of the Board.

Authority to Adopt Procurement Guidelines. Except as otherwise provided in this Policy, the Authority shall have the authority and responsibility to adopt Procurement Guidelines consistent with this Policy, governing the procurement, management, control, and disposal of any and all services and construction to be procured by the Authority. Such Procurement Guidelines shall be binding in all procurements made by the Authority.

SECTION 840. Delegation of Authority

Subject to the Procurement Guidelines of the Authority, the Chief Procurement Officer and the Authority Procurement Officer may delegate any authority or responsibility to any designee.

CHAPTER 2. SOURCE SELECTION AND CONTRACT FORMATION

SECTION 1410. Definitions of Terms Used

Unless the context clearly indicates otherwise:

- (1) "Cost-reimbursement contract" means a contract under which a contractor is reimbursed for costs which are allowable and allocable fee, if any.
- (2) "Established catalog price" means price included in a catalog, price list, schedule, or other form that:
 - (a) is regularly maintained by a manufacturer or vendor of an item;
 - (b) is either published or otherwise available for inspection by customers;
 - (c) state prices at which sales are currently or were last made to a significant number of buyers constituting the general buying public for the supplies or services involved.
- (3) "Invitation for bids" means all documents, whether attached or incorporated by reference, utilized for soliciting bids.
- (4) "Purchase description" means specifications or any other document describing the services or construction to be procured.
- (5) "Request for proposals" means all documents, whether attached or incorporated by reference, utilized for soliciting proposals.
- (6) "Responsible bidder or offeror" means a person who has the capability in all respects to perform fully the contract requirements and the integrity and reliability which will assure good faith performance which may be substantiated by past performance.
- (7) "Responsive bidder or offeror" means a person who has submitted a bid or offer which conforms in all material aspects to the invitation for bids or request for proposals.

SECTION 1520. Competitive Sealed Bidding.

- (1) Condition for Use. All construction contracts exceeding fifty thousand dollars shall be awarded by competitive sealed bidding except as otherwise provided in Sections: 1525, 1528, 1530, 1560, 1570, and 3020.
- (2) Invitation for Bids. An invitation for bids shall be issued in an efficient and economical manner to include specifications and all contractual terms and conditions applicable to the procurement.
- (3) Notice. Adequate notice of the invitation for bids shall be given at a reasonable time prior to the date set forth therein for the opening of bids. Such notice shall include publications in a newspaper of general circulation in the State and must be advertised at least once in "South Carolina Business Opportunities."
- (4) Receipt and Safeguarding of Bids. All bids (including modifications) received prior to the time of opening shall be kept secure and unopened.
- (5) Bid Opening. Bids shall be opened publicly in the presence of one or more witnesses at the time and place designated in the invitation for bids. The amount of each bid, and such other relevant information as may be specified by procurement policy, together with the name of each bidder, shall be tabulated. The tabulation shall be open to the public inspection at that time.
- (6) Bid Acceptance and Bid Evaluation. Bids shall be accepted unconditionally without alteration or correction, except as otherwise authorized in this Policy. The invitation for bids shall set forth the evaluation criteria to be used. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. Bids shall be evaluated based on the requirements set forth in the invitation for bids.
- (7) Correction or Withdrawal of Bids; Cancellation of Awards. Correction or withdrawal of inadvertently erroneous bids before bid opening, withdrawal of inadvertently erroneous bids after award, or cancellation and re-award of awards or contracts, after award but prior to performance may be permitted in accordance with the Procurement Guidelines adopted by the Authority. After bid opening

- no changes in bid prices or other provisions of bids prejudicial to the interest of the Authority or fair competition shall be permitted. All decisions to permit the correction or withdrawal of bids, or to cancel awards, or contracts, after award but prior to performance shall be supported by a written determination of appropriateness made by an Authority Procurement Officer or Chief Procurement Officer.
- (8) Discussion with Bidders. As provided in the invitation for bids, discussions may be conducted with apparent responsive bidders for the purpose of clarification to assure full understanding of the requirements of the invitation for bids. All bids, in the Authority's sole judgment, needing clarification shall be accorded such an opportunity. Clarification of any bidder's bid must be documented in writing by an Authority Procurement Officer and shall be included with the bid. Documentation concerning the clarification shall be subject to disclosure upon request as required by Section 410.
- (9) Tie Bids. If two or more bidders are tied in price while otherwise meeting all of the required conditions, awards are determined as follows:
- (a) If there is a South Carolina firm tied with an out-of-state firm, the award must be made automatically to the South Carolina firm.
 - (b) Tie bids involving South Carolina firms must be resolved in favor of the South Carolina firm located in the same taxing jurisdiction as the Authority's consuming location.
 - (c) Tie bids involving South Carolina firms in the same taxing jurisdiction as the Authority's location must be resolved by the flip of a coin in the office of an Authority Procurement Officer or Chief Procurement Officer witnessed by all interested parties.
- (10) Award. Unless there is a compelling reason to reject bids as prescribed by the Procurement Guidelines, notice of an intended award of a contract to the lowest responsive and responsible bidders whose bid meets the requirements set forth in the invitation for bids shall be given by posting such notice at a location specified in the invitation for bids. Prior to the posting of the award, the Authority may negotiate with the lowest responsive and responsible bidder to lower his bid within the scope of the invitation for bids. The invitation for bids and the posted notice must contain a statement of a bidder's right to protest and the date and location of posting must be announced at bid opening. When a contract has a total or potential value in excess of fifty-thousand dollars, in addition to the posted notice, notice of an intended award must be given to all bidders responding to the solicitation, except when only one response is received. Such notice must contain a statement of the bidder's right to protest. When a contract has a total or potential value in excess of fifty-thousand dollars, fifteen days after notice is given the Authority may enter a contract with the bidder named in the notice in accordance with the provisions of this Policy and of the bid solicited. When only one response is received, the notice of intended award and the fifteen-day delay of award may be waived. A determination of responsibility must be made before award.
- (11) Request for Qualifications. Prior to soliciting bids, an Authority Procurement Officer, may issue a request for qualifications from prospective bidders. Such request shall contain at a minimum a description of the construction to be solicited by the invitation for bids, the general scope of the work, the deadline for submission of information, and how prospective bidders may apply for consideration. The request shall require information concerning the prospective bidders' product specifications, qualifications, experience, and ability to perform the requirements of the contract. Adequate public notice of the request for qualifications shall be given. After receipt of the responses to the request for qualifications from prospective bidders, the prospective bidders shall be ranked from most qualified to least qualified based on the information provided. Bids shall then be solicited from at least the top two prospective bidders by means of an invitation for bids. The failure of a prospective bidder to be selected to receive the invitation for bids shall not be grounds for protest.
- (12) Minor Informalities and Irregularities in Bids. A minor informality or irregularity is one which is merely a matter of form or is some immaterial variation from the exact requirements of the invitation for bids having no effect or merely a trivial or negligible effect on total bid price, quality, quantity or performance of the contract, and the correction or waiver of which would not be prejudicial to bidders. An Authority Procurement Officer shall either give the bidder an opportunity to cure any deficiency resulting from a minor informality or irregularity in a bid or waive any such

deficiency when it is to the advantage of the Authority. Such communication or determination shall be in writing. Examples of minor informalities or irregularities include, but are not limited to:

- (a) failure of a bidder to return the number of copies of signed bids required by the solicitation;
- (b) failure of a bidder to furnish the required information concerning the number of the bidder's employees or failure to make a representation concerning its size;
- (c) failure of a bidder to sign its bid, but only if the firm submitting the bid has formally adopted or authorized the execution of documents by typewritten, printed, or rubber stamped signature and submits evidence of such authorization, and the bid carries such a signature or the unsigned bid is accompanied by other material indicating the bidder's intention to be bound by the unsigned document, such as the submission of a bid guarantee with the bid or a letter signed by the bidder with the bid referring to and identifying the bid itself;
- (d) failure of a bidder to acknowledge receipt of an amendment to a solicitation, but only if (i) the bid received indicates in some way that the bidder received the amendment, such as where the amendment added another item to the solicitation and the bidder submitted a bid, thereon, provided that the bidder states under oath that it received the amendment prior to bidding and that the bidder will stand by its bid price or, (ii) the amendment has no effect on price at no more than 1% of total contract or quantity or merely a trivial or negligible effect on quality, or delivery, and is not prejudicial to bidders, such as an amendment correcting a typographical mistake in the name of the Authority;
- (e) failure of a bidder to furnish an affidavit concerning affiliates;
- (f) failure of a bidder to execute the certifications with respect to Equal Opportunity and Affirmative Action Programs;
- (g) failure of a bidder to furnish cut sheets or product literature;
- (h) failure of a bidder to furnish certificates of insurance;
- (i) failure of a bidder to furnish financial statements;
- (j) failure of a bidder to furnish references;

SECTION 1525. Competitive Fixed Price Bidding.

- (1) Conditions for Use. When the Authority, prior to issuing a solicitation, determines in writing that it is either not practical or not advantageous, to use procedures of Section 1520, a contract may be entered into pursuant to Section 1520 subject to the exceptions stated in Section 1525.
- (2) Fixed Price Bidding. The purpose of fixed price bidding is to provide multiple sources of supply for specific services based on a pre-set maximum price which the Authority will pay for such services.
- (3) Public Notice. Adequate public notice of the solicitation shall be given.
- (4) Pricing. The Authority shall establish, prior to issuance of the fixed price bid, a maximum amount the Authority will pay for the services desired.
- (5) Evaluation. Vendors responses to the fixed price bid will be reviewed to determine if they are responsive and responsible.
- (6) Discussion with Responsive Bidders. Discussions may be conducted with apparent responsive bidders to assure understanding of the requirements of the fixed priced bid. All bidders, whose bids, in the Authority's sole judgment, need clarification shall be accorded such an opportunity.
- (7) Award. Award must be made to all responsive and responsible bidders to the Authority's request for competitive fixed price bidding. The contract file shall contain the basis on which the award is made.

SECTION 1528. Competitive Best Value Bidding.

- (1) Conditions for Use. When the Authority, prior to issuing a solicitation, determines in writing that using all the procedures of Section 1520 is either not practical or not advantageous, a contract may be entered into pursuant to Section 1520 subject to exceptions stated in Section 1528.
- (2) Best Value Bidding. The purpose of best value bidding is to allow factors other than price to be considered in the determination of award for specific services based on pre-determined criteria identified by the Authority.
- (3) Public Notice. Adequate public notice of the request for the solicitation shall be given.

- (4) Bid Opening: At bid opening, the only information that will be released is the names of the participating bidders. Cost information will be provided after the ranking of bidders and the issuance of award.
- (5) Evaluation Factors. The best value bid shall state the factors to be used in determination of award and the numerical weighting for each factor. Cost must be a factor in determination of award and cannot be weighted at less than sixty percent. Best value bid evaluation factors may be defined to include, but are not limited to, any of the following as determined by the Authority in its sole discretion and not subject to protest: (a) Operational costs that the Authority would incur if the bid is accepted; (b) Quality of the service, or its technical competency; (c) Reliability of delivery and implementation schedules; (d) Maximum facilitation of data exchange and systems integration; (e) Warranties, guarantees, (f) Vendor financial stability; (g) Consistency of the proposed solution with the Authority's planning documents and announced strategic program direction; (h) Quality and effectiveness of business solution and approach; (i) Industry and program experience; (j) Prior record of vendor performance; (k) Vendor expertise with engagement of similar scope and complexity; (l) Extent and quality of the proposed participation and acceptance by all user groups; (m) Proven development methodologies and tools; and (n) Innovative use of current technologies and quality results.
- (6) Discussion with Responsive Bidders. Discussions may be conducted with apparent responsive bidders to assure understanding of the best value bid. All bidders, whose bids, in the Authority's sole judgment, need clarification shall be accorded such an opportunity.
- (7) Selection and Ranking. Bids shall be evaluated by using only the criteria stated in the best value bid and by adhering to the weighting as assigned. All evaluation factors, other than cost, will be considered prior to determining the effect of cost on the score for each participating bidder. Once the evaluation is complete, all responsive bidders shall be ranked from most advantageous to least advantageous to the Authority considering only the evaluation factors stated in the best value bid.
- (8) Award. Award must be made to the responsive and responsible bidder whose bid is determined, in writing, to be most advantageous to the Authority, taking into consideration all evaluation factors set forth in the best value bid. The contract file shall contain the basis on which the award is made.

SECTION 1530. Competitive Sealed Proposals.

- (1) Conditions for Use. A contract may be entered into by Competitive Sealed Proposals as stated in Section 3020. A contract entered into by Competitive Sealed Proposals is subject to provisions of Section 1520, unless otherwise provided for in this section.
- (2) Public Notice. Adequate public notice of the request for proposals shall be given.
- (3) Receipt of Proposals. Proposals shall be opened publicly in accordance with procurement policies. A tabulation of proposals shall be prepared in accordance with procurement policies and shall be open for public inspection after contract award.
- (4) Request for Qualifications. Prior to soliciting proposals, the Authority, acting through an Authority Procurement Officer, may issue a request for qualifications from prospective offerors. Such request shall contain at a minimum a description of the services to be solicited by the request for proposals and the general scope of the work and shall state the deadline for submission of information and how prospective offerors may apply for consideration. The request shall require information only on their qualifications, experience, and ability to perform the requirements of the contract. After receipt of the responses to the request for qualifications from prospective offerors, the prospective offerors shall be ranked from most qualified to least qualified on the basis of the information provided. Proposals shall then be solicited from at least the top two prospective offerors by means of a request for proposals. The failure of a prospective offeror to be selected to receive the request for proposals shall not be grounds for protest.
- (5) Evaluation Factors. The request for proposals shall state the relative importance of the factors to be considered in evaluating proposals but shall not require a numerical weighting for each factor. Price may but need not be an evaluation factor.

- (6) Discussion with Offerors. As provided in the request for proposals, discussions may be conducted with apparent responsive offerors for the purpose of clarification to assure full understanding of the requirements of the request for proposals. All offerors, whose proposals, in the Authority's sole judgment, needed clarification shall be accorded such an opportunity.
- (7) Selection and Ranking. Proposals shall be evaluated using only the criteria stated in the request for proposals and there must be adherence to any weightings that have been previously assigned. Once evaluation is complete, all responsive offerors shall be ranked from most advantageous to least advantageous to the Authority considering only the evaluation factors stated in the request for proposals. If price is an initial evaluation factor, award shall be made in accordance with subsection(9) below
- (8) Negotiations. Whether price was an evaluation factor or not, the Authority through an Authority Procurement Officer, may, in its sole discretion and not subject to challenge, proceed in any of the manners indicated below:
 - (a) negotiate price with the highest ranked offeror. If a satisfactory price cannot be agreed upon, price negotiations may be conducted, in the sole discretion of the Authority, with the second, and then the third, and so on, ranked offerors to such level of ranking as determined by the Authority in its sole discretion; or
 - (b) negotiate with the highest-ranking offeror on matters affecting the scope of the contract, so long as the overall nature and intent of the contract is not changed. If a satisfactory contract cannot be negotiated with the highest-ranking offeror, negotiations may be conducted, in the sole discretion of the Authority, with the second, and then the third, and so on, ranked offerors to such level of ranking as determined by the Authority in its sole discretion; or,
 - (c) during the negotiation process as outlined in subsections (a) and (b) above, if the Authority is unsuccessful in its first round of negotiations, it may reopen negotiations with any offeror with whom it previously negotiated.
 - (d) If, after following the procedures set forth in subsection(8), a contract is not able to be negotiated, the scope of the request for proposals may be changed in an effort to reduce the cost to a fair and reasonable amount, and all responsive offerors must be allowed to submit their best and final offers. In conducting negotiations, there must be no disclosure of any confidential information derived from proposals and negotiations submitted by competing offerors.
- (9) Award. Award must be made to the responsive offeror whose proposal is determined in writing to be the most advantageous to the Authority, taking into consideration price and the evaluation factors set forth in the request for proposals, unless the Authority determines to utilize one of the options provided in subsection (8). The contract file shall contain the basis on which the award is made and must be sufficient to satisfy external audit. Procedures and requirements for the notification of intent to award the contract shall be the same as those stated earlier.

SECTION 1560. Sole Source Procurements.

A contract may be awarded for construction or related services without competition when, under the Procurement Guidelines, the Chief Procurement Officer, or a designee, *above* the *level* of an Authority Procurement Officer, determines in writing that there is only one source for the required service or construction item. The Procurement Guidelines must include the requirements contained in this paragraph. Written documentation must include the determination and basis for the proposed sole source procurement. In cases of reasonable doubt, competition must be solicited. Any decision by the Authority that a procurement be restricted to one potential *vendor* must be accompanied by an explanation as to why no other will be suitable or acceptable to meet the need.

SECTION 1570. Emergency Procurements.

Notwithstanding any other provision of this Policy, an Authority Procurement Officer, the Executive Director of the Authority or a designee of either may make or authorize others to make emergency procurements only when there exists an immediate threat to public health, welfare, critical economy and efficiency, or safety under emergency conditions as defined in Procurement Guidelines adopted by the Authority; and provided, that such

emergency procurements shall be made with as much competition as is practicable under the circumstances. A written determination of the basis for the emergency and for the selection of the particular contractor shall be included in the contract file.

SECTION 1710. Cancellation of Solicitations

Any solicitation under this Policy may be canceled, or any or all bids or proposals may be rejected in whole or part as may be specified in the solicitation, when it is in the best interest of the Authority. The reasons for rejection, supported with documentation, shall be made a part of the contract file.

SECTION 1810. Responsibility of Bidders and Offerors.

- (1) Determination of Responsibility. Responsibility of the bidder or offeror shall be ascertained for each contract let by the Authority based upon full disclosure to an Authority Procurement Officer concerning capacity to meet the terms of the contracts and based upon past record of performance for similar contracts. The Authority shall by policy establish standards of responsibility that shall be enforced in all Authority contracts.
- (2) Determination of Non-responsibility. A written determination of non-responsibility of a bidder or offeror shall be made in accordance with Procurement Guidelines adopted by the Authority. The unreasonable failure of a bidder or offeror to supply information promptly in connection with an inquiry with respect to responsibility may be grounds for a determination of non-responsibility with respect to such bidder or offeror.
- (3) Right of Nondisclosure. Except as otherwise provided by law, information furnished by a bidder or offeror pursuant to this section shall not be disclosed outside of the offices of the Authority without prior written consent by the bidder or offeror.

SECTION 1825. Prequalification of Construction Bidders.

The Authority shall develop a procedure and a list of criteria for pre-qualifying construction bidders. The criteria shall include, but not be limited to, prior performance, recent past references on all aspects of performance, financial stability, and experience on similar construction projects. The Authority may use the pre-qualification process for projects where the construction involved is highly specialized in nature or over ten million dollars in value as determined by and subject to the approval of the Chief Procurement Officer. All prequalification projects shall be under the supervision of the Chief Procurement Officer. When the pre-qualification process is employed, only those bidders who are pre-qualified through this procedure are entitled to submit a bid for the project. The determination of which bidders are pre-qualified and thereby entitled to bid, is not protestable under any provision of this Policy.

SECTION 1830. Cost or Pricing Data.

- (1) Contractor Certification. A contractor shall, except as provided in subsection 3 of this section, submit cost or pricing data and shall certify that, to the best of his knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of mutually determined specified date prior to the date of:
 - (a) the pricing of any contract awarded by competitive sealed proposals or by the sole source procurement where the total contract price exceeds an amount established by the Procurement Guidelines; or
 - (b) the pricing of any change order or contract modification which exceeds an amount established by the Authority in Procurement Guidelines.
- (2) Price Adjustment. Any contract, change order or contract modification under which a certificate is required shall contain a provision that the price to the Authority, including profit or fee, shall be adjusted to exclude any significant sums by which the Authority finds that such price was increased because the contractor furnished cost or pricing data was inaccurate, incomplete or not current as of the date agreed upon between parties.
- (3) Cost or Pricing Data Not Required. The requirements of this section shall not apply to contracts:
 - (a) where the contract price is based on adequate price competition;
 - (b) where the contract price is based on established catalog prices or market prices;

- (c) where contract prices are set by law or Procurement Guidelines; or
- (d) where it is determined in writing in accordance with Procurement Guidelines adopted by the Authority that the requirements of this section may be waived and the reasons for such waiver are stated in writing.

SECTION 2010. Types and Forms of Contracts.

Types of Contracts. Subject to the limitations of this section, any type of contract which will promote the best interests of the Authority may be used, except that the use of a cost-plus-a-percentage-of-cost contract shall be approved by the Executive Director of the Authority. A cost-reimbursement contract, including a cost plus-a-percentage-of-cost contract, shall be used only when a determination is prepared showing that such contract is likely to be less costly to the Authority than any other type or that it is impracticable to obtain the services or construction required except under such a contract.

SECTION 2020. Approval of Accounting System.

The Authority Procurement Officer, the Chief Procurement Officer or a designee of either may require that:

- (1) the proposed contractor's accounting system shall permit timely development of all necessary cost data in the form required by the specific contract type contemplated;
- (2) the proposed contractor's accounting system is adequate to allocate costs in accordance with generally accepted accounting principles.

SECTION 2210. Right to Inspect Plant.

The Authority shall be authorized, at reasonable times, to inspect the part of the plant or place of business of a contractor or any subcontractor which is related to the performance of any contract awarded by the Authority.

SECTION 2220. Right to Audit Records.

- (1) **Audit of Cost or Pricing Data.** All Authority contracts shall contain a clause setting forth the Authority's right at reasonable times and places to audit the books and records of any contractor or subcontractor who has submitted cost or pricing data to the extent that such books and records relate to such cost or pricing data. The contract shall further set forth that the contractor or subcontractor who receives a contract, change order, or contract modification for which cost or pricing data is required, shall maintain such books and records that relate to such cost or pricing data for three years from the date of final payment under the contract, unless a shorter period is otherwise authorized in writing, provided, however, that such records shall be retained for additional periods of time beyond this three-year period upon request of the Authority Procurement Officer.
- (2) **Contract Audit.** The Authority shall be entitled to audit the books and records of a contractor or any subcontractor under any negotiated contract or subcontract other than a firm fixed-price contract to the extent that such books and records relate to the performance of such contract or subcontract. Such books and records shall be maintained by the contractor for a period of three years from the date of final payment under the prime contract and by the subcontractor for a period of three years from the date of final payment under the subcontract, unless a shorter period is otherwise authorized in writing by an Authority Procurement Officer.

SECTION 2410. Finality of Determinations.

The determinations required by Section 1520 (7) (Correction or Withdrawal of Bids; Cancellation of Awards), Section 1520 (11) (Request for Qualifications), Section 1525 (1) (Conditions for Use), Section 1528 (1) (Conditions for Use), Section 1528 (8) (Award), Section 1530 (1) (Conditions for Use), Section 1530 (4) (Competitive Sealed Proposals: Request for Qualifications), Section 1530 (8) (Negotiations), Section 1530 (9) (Award), Section 1560 (Sole Source Procurements), Section 1570 (Emergency Procurements), Section 1810 (2) (Responsibility of Bidders and Offerors: Determination of Non-Responsibility), Section 1825 (Pre-qualification of Construction Bidders), Section 1830 (3) (Cost or Pricing Data Not Required), Section 2010 (Types and Forms of Contracts), Section 2020 (Approval of Accounting System), Section 3010 (Construction Contracting Administration); Section 3020 (17) (a) (i) (Construction Services Procurement Procedures), Section 3020 (1) (d) (Negotiations after Unsuccessful Competitive Sealed Bidding), Section 3040 (2) (a) (Price

Adjustments), Section 3040 (4) (Modification of Required Clauses), shall be final and conclusive unless they are clearly erroneous, arbitrary, capricious, or contrary to law. The Executive Director of the Authority shall review samples of such determinations periodically for appropriateness of determinations made.

SECTION 2420. Reporting of Anti-competitive Practices.

When any information or allegations concerning anti-competitive practices among any bidders or offerors, come to the attention of any employee of the Authority immediate notice of the relevant facts shall be transmitted to the Attorney General.

CHAPTER 3. SPECIFICATIONS

SECTION 2610. Definitions.

As used in this article, the term "specifications" means any technical or purchase description or other description of the physical or functional characteristics, or of the nature of a service or construction item. It may also include a description of any requirement for inspecting, testing or preparing a service or construction item for delivery.

SECTION 2710. Procurement policies Governing Specifications.

The Authority shall adopt procurement procedures governing the preparation, maintenance and content of specifications for services and construction required by the Authority.

SECTION 2720. Duties of an Authority Procurement Officer

An Authority Procurement Officer shall prepare or review, issue, revise and maintain the specifications for services and construction required by the Authority.

SECTION 2730. Assurance of Competition.

All specifications shall be drafted to assure cost effective procurement of the Authority's actual needs and shall not be unduly restrictive.

SECTION 2750. Specifications Prepared by Architects and Engineers.

The requirements of this article regarding the non-restrictiveness of specifications apply to each solicitation and include, among others, all specifications prepared by architects, engineers, designers, draftsmen, and land surveyors for Authority contracts.

CHAPTER 4. CONSTRUCTION AND CONSTRUCTION MANAGEMENT .

SECTION 2910. Definitions of Terms Used in this Article.

- (1) "Architect-engineer and land surveying services" are those professional services associated with the practice of architecture, professional engineering, land surveying, landscape architecture and interior design pertaining to construction, as defined by the Authority, as well as incidental services that members of these professions and those in their employ may logically or justifiably perform, including studies, investigations, surveys, evaluations, consultations, planning, programming conceptual designs, plans and specifications, cost estimates, inspections, shop drawing reviews, sample recommendations, preparation of operating and maintenance manuals and other related services.
- (2) "Construction" means the process of building, altering, repairing, remodeling, improving or demolishing any structure or building or other improvements of any kind to any real property. It does not include the routine operation, routine repair or routine maintenance of existing structures, buildings or real property.

- (3) "Construction management services" are those professional services associated with a system in which the Authority directly contracts with a professional construction manager to provide that group of management activities required to plan, schedule, coordinate, and manage the design and construction plan of an Authority project in a manner that contributes to the control of time, cost, and quality of construction as specified in the construction management contract.

SECTION 3010. Construction Contracting Administration.

Selection of Method. The method of construction contracting administration used for a construction project by the Authority shall be determined to be that method which is most advantageous to the Authority and will result in the most timely, economical, and successful completion of the construction project. The Authority shall select in accordance with Procurement Guidelines of the Authority the appropriate method of construction contracting administration for a particular project and shall state in writing the facts and considerations which led to the selection of that particular method.

SECTION 3020. Construction Services Procurement Procedures.

- (1) Source Selection. All Authority construction contracts shall be awarded by competitive sealed bidding pursuant to the procedures set forth in either Section 1520, 1525, or 1528, subject to the exceptions enumerated in this section and except as otherwise provided in Sections 1560, 1570, 1825, and 3230. Competitive Sealed Proposals as provided for in Section 1530 shall not be used, except in such cases and in accordance with the criteria stated in Section 3022. Any determination to use Competitive Sealed Proposals must be made in writing.
- (2) Invitation for Bids. Invitations for bids for each Authority construction project subject to subsection (1) of this section shall be made in the following manner. Authority shall be responsible for developing a formal invitation for bids for each construction project subject to subsection (1) of this section. The invitation shall include, but not be limited to, all contractual terms and conditions applicable to the procurement. A copy of each invitation for bids shall be filed with the State Engineer's Office and shall be formally advertised in an official state government publication. The manner this official state government publication shall be published, the content of the publication itself, the frequency of the publication, the method of subscription to the publication, and the manner the publication will be distributed shall as established within the Office of State Engineer.
- (3) Bid Acceptance. Bids must be accepted unconditionally without alteration or correction, except as otherwise authorized in this code. The Authority's invitation for bids shall set forth all requirements of the bid including, but not limited to:
- (a) The Authority, in consultation with the architect-engineer assigned to the project, shall identify by specialty in the invitation for bids all subcontractors who are expected to perform work for the prime contractor when those subcontractors' contracts are each expected to exceed three percent of the prime contractor's total base bid. In addition, the Authority, in consultation with the architect-engineer assigned to the project, may identify by specialty in the invitation for bids any subcontractors who are expected to perform work which is vital to the project. The determination of which subcontractors are included in the list provided in the invitation for bids is not protestable. Any bidder in response to an invitation for bids shall set forth in his bid the name of only those subcontractor(s) that will perform the work as identified in the invitation for bids. If the bidder determines to use his own employees to perform any portion of the work for which he would otherwise be required to list a subcontractor and if the bidder is qualified to perform such work under the terms of the invitation for bids, the bidder shall list himself in the appropriate place in his bid and not subcontract any of that work except with the approval of the using agency for good cause shown.
 - (b) Failure to complete the list provided in the invitation for bids renders the bidder's bid unresponsive.
 - (c) After bids are awarded, no prime contractor, shall substitute any person as subcontractor in place of the subcontractor listed in the original bid, except for one or more of the following reasons:

- (i) upon a showing satisfactory to the Authority by the contractor that a subcontractor who was listed is not financially responsible;
 - (ii) upon a showing satisfactory to the Authority by the contractor that the scope of work bid by a listed subcontractor did not include a portion of the work required in the plans and specifications, and the exclusion is not clearly set forth in the listed subcontractor's original bid;
 - (iii) upon a showing satisfactory to the Authority made by the contractor within four working days of the bid opening that the subcontractor was listed as a result of an inadvertent clerical error;
 - (iv) upon a showing satisfactory to the Authority by the contractor that the listed subcontractor failed or refused to submit a performance and payment bond when requested by the prime contractor after the subcontractor had represented to the prime contractor that he could obtain a performance and payment bond;
 - (v) upon a showing satisfactory to the Authority by the contractor that the listed subcontractor is required to be licensed and does not have the license by the time it is required by law;
 - (vi) when the listed subcontractor fails or refuses to perform his subcontract;
 - (vii) when the work of the listed subcontractor is found by the Authority to be substantially unsatisfactory;
 - (viii) upon mutual agreement of both the contractor and subcontractor;
 - (ix) with the consent of the Authority for good cause shown. The request for substitution must be made to the Authority in writing. This written request does not give rise to any private right of action against the prime contractor in the absence of actual malice.
 - (x) Where substitution is allowed, the prime contractor, before obtaining prices from any other subcontractor, must attempt in good faith to negotiate a subcontract with at least one subcontractor whose bid was received prior to the submission of the prime contractor's bid. Nothing in this section affects a contractor's ability to request withdrawal of a bid in accordance with the provisions of this Policy and the Procurement Guidelines adopted under it.
- (4) Award. The Authority shall send all responsive bidders a copy of the bid tabulation within ten working days following the bid opening. Unless there is a compelling reason to reject bids as prescribed by Procurement Guidelines of the Authority, notice of an intended award of a contract to the lowest responsive and responsible bidder whose bid meets the requirements set forth in the invitation for bids shall be given by posting such notice at a location which has been specified in the invitation for bids. The invitation for bids and the posted notice must contain a statement of the bidder's right to protest under Section 4210, and the date and location of posting must be announced at bid opening. In addition to posting notice as provided above, the Authority shall promptly send all responsive bidders a copy of the notice of intended award and of the bid tabulation. Such mailed notice must indicate the posting date and must contain a statement of the bidder's right to protest under Section 4210. Sixteen days after notice is given the Authority may enter into a contract with the bidder named in the notice in accordance with the provisions of this Policy and of the bid solicited. A determination of responsibility must be made before award in accordance with CHAPTER 2. If, after bid opening, only one bid is received and determined to be responsive and responsible and within the Authority's construction budget, award may be made without the sixteen-day waiting period.
- (5) Negotiations After Unsuccessful Competitive Sealed Bidding. The following provisions apply: When bids received pursuant to an invitation for bids exceed available funds and it is determined in writing by the Authority that circumstances will not permit the delay required to re-solicit competitive sealed bids, a contract may be negotiated pursuant to this section with the lowest responsible and responsive bidder, provided that this base bid, less any deductive alternates, does not exceed available funds by an amount greater than ten percent of the construction budget established for that portion of the work. The Authority may change the scope of the work to reduce the cost to be within the established construction

budget but shall not reduce the cost below the established construction budget more than fifteen percent without written determination that the action is in the best interest of the Authority.

SECTION 3022. Specified Types of Supplies, Services or Construction.

- (1) Pursuant to Section 3020(1), the following types of construction services may be procured by competitive sealed proposals:
 - (a) Architect/Engineer services and construction services to be awarded in the same contract for an indefinite delivery of a specialized service (e.g. Hazardous waste remedial action).
 - (b) Design/Build or Lease-Purchase contracts where there must be selection criteria in addition to price.
 - (c) Energy conservation or other projects to be financed by vendors who will be paid from the Authority's savings.
 - (d) Construction, where consideration of alternative methods or systems would be advantageous to the Authority.
- (2) The appropriate Chief Procurement Officer shall develop and issue guidelines which shall be followed when using the competitive sealed proposal method of acquisition.

SECTION 3025. Changes to Construction Contracts.

The Authority shall be allowed to approve and pay for change orders to construction contracts, which do not alter the original scope or intent of the project, and which do not exceed the previously approved project budget.

SECTION 3030. Bond and Security.

- (1) Bid Security.
 - (a) Requirement for Bid Security. Bid security is required for all competitive sealed bidding for construction contracts. Bid security shall be a bond provided by a surety company meeting the criteria established by the Most recent publication of the Office of the State Engineer.
 - (b) Amount of Bid Security. Bid security shall be in an amount equal to at least five percent of the amount of the bid at a minimum.
 - (c) Rejection of Bids for Noncompliance with Bid Security Requirements. When the invitation for bids requires security, noncompliance requires that the bid be rejected except that a bidder who fails to provide bid security in the proper amount or a bid bond with the proper rating shall be given one working day from bid opening to cure such deficiencies. If the bidder cannot cure these deficiencies within one working day of bid opening, his bid shall be rejected.
 - (d) Withdrawal of Bids. After the bids are opened, they shall be irrevocable for the period specified in the invitation for bids. If a bidder is permitted to withdraw its bid before bid opening pursuant to CHAPTER 2 no action shall be had against the bidder or the bid security.
- (2) Contract Performance Payment Bonds.
 - (a) When Required-Amounts. When a construction contract is awarded, the following bonds or security shall be delivered to the Authority and shall become binding on the parties upon the execution of the contract:
 - (i) a performance bond satisfactory to the, Authority, executed by a surety company meeting the criteria established by the Authority in procurement policies, or otherwise secured in a manner satisfactory to the Authority, in an amount equal to one hundred percent of the price specified in the contract;
 - (ii) a payment bond satisfactory to the Authority, executed by a surety company meeting the criteria established by the Authority in procurement policies, or otherwise secured in a manner satisfactory to the Authority, for the protection of all persons supplying labor and material to the contractor or its subcontractors for the performance of the work provided for in the contract. The bond shall be in an amount equal to one hundred percent of the contract price;

- (b) Authority to Require Additional Bonds. Nothing in subsection (2) of this section shall be construed to limit the Authority to require a performance bond or other security in addition to these bonds, or in circumstances other than specified in item (a).
 - (c) Suits on Payment Bonds-Right to Institute. Every person who has furnished labor, material, or rental equipment to a bonded contractor or his subcontractors for the work specified in the contract, and who has not been paid in full therefor before the expiration of a period of ninety days after the day on which the last of the labor was done or performed by such person or material or rental equipment was furnished or supplied by such person for which such claim is made, shall have the right to sue on the payment bond for the amount, or the balance thereof, unpaid at the time of institution of such suit and to prosecute such action for the sum or sums justly due such person. A remote claimant shall have a right of action on the payment bond only upon giving written notice to the contractor within ninety days from the date on which such person did or performed the last of the labor or furnished or supplied the last of the material or rental equipment upon which such claim is made, stating with substantial accuracy the amount claimed as unpaid and the name of the party to whom the material or rental equipment was furnished or supplied or for whom the labor was done or performed. Such written notice to the bonded contractor shall be personally served or served by mailing the same by registered or certified mail, postage prepaid, in an envelope addressed to the bonded contractor at any place the bonded contractor maintains a permanent office for the conduct of its business, or at the current address as shown on the records of the Department of Labor, Licensing and Regulation. However, in no event shall the aggregate amount of any claim against such payment bond by a remote claimant exceed the amount due by the bonded contractor to the person to whom the remote claimant has supplied labor, materials, rental equipment, or services, unless the remote claimant has provided notice of furnishing labor, materials, or rental equipment to the bonded contractor. Such written notice to the bonded contractor shall be personally served or sent by fax or sent by electronic mail or sent by registered or certified mail, postage prepaid, to the bonded contractor at any place the bonded contractor maintains a permanent office for the conduct of its business, or at the current address as shown on the records of the Department of Labor, Licensing and Regulation. After receiving the notice of furnishing labor, materials, or rental equipment, no payment by the bonded contractor shall lessen the amount recoverable by the remote claimant. However, in no event shall the aggregate amount of claims on the payment bond exceed the penal sum of the bond. No suit under this section shall be commenced after the expiration of one year after the last date of furnishing or providing labor, services, materials, or rental equipment. For purposes of this section, 'bonded contractor' means the contractor or subcontractor furnishing the payment bond, and 'remote claimant' means a person having a direct contractual relationship with a subcontractor of a bonded contractor, but no contractual relationship expressed or implied with the bonded contractor."
 - (d) Suits on Payment Bonds-Where and When Brought. Every suit instituted upon a payment bond shall be brought in a court of competent jurisdiction for the county or circuit in which the construction contract was to be performed, but no such suit shall be commenced after the expiration of one year after the day on which the last of the labor was performed or material was supplied by the person bringing suit. The obligee named in the bond need not be joined as a party in any such suit.
- (3) Bonds Forms and Copies.
- (a) Bond Forms. In its Procurement Guidelines, the Authority shall adopt the form of the bonds required by this section.
 - (b) Certified Copies of Bonds. Any person may request and obtain from the Authority a certified copy of a bond upon payment of the cost of reproduction of the bond and postage, if any. A certified copy of a bond shall be prima facie evidence of the contents, executions and delivery of the original.
- (4) Retention.
- (a) Maximum amount to be withheld. In any contract or subcontract for construction which the contract or subcontract provides for progress payments in installments based upon an estimated

percentage of completion, with a percentage of the contract's proceeds to be retained by the Authority or general contractor pending completion of the contract or subcontract, the retained amount of each progress payment or installment shall be no more than ten percent.

- (b) Release of Retained Funds: When the work to be performed on an Authority construction project or pursuant to an Authority construction contract is to be performed by multiple prime contractors or by a prime contractor and multiple subcontractors, the work contracted to be done by each individual contractor or subcontractor will be considered a separate division of the contract for the purpose of retention. As each such division of the contract is certified as having been completed, that portion of the retained funds which is allocable to the completed division of the contract shall be released forthwith to the prime contractor, who shall, within ten days of its receipt, release to the subcontractor responsible for the completed work the full amount of any retention previously withheld from him by the prime contractor.

SECTION 3050. Cost Principles Procurement policies for Construction Contractors.

The Authority may adopt Procurement Guidelines setting forth cost principles which shall be used to determine the allowability of incurred costs for the purpose of reimbursing costs under provisions in construction contracts which provide for the reimbursement of costs.

SECTION 3230. Exception for Small Construction Services Contract.

- (1) Procurement Procedures for Certain Contracts. The Authority, when securing construction services which are estimated not to exceed fifty thousand dollars, may employ the contractor by direct negotiation and selection, taking into account
- (a) the nature of the project,
 - (b) the proximity of the contractor to the project,
 - (c) the capability of the contractor to produce the required service within a reasonable time,
 - (d) past performance, and
 - (e) ability to meet project budget requirements.
- (2) Maximum Fees Payable to One Person or Firm. Fees paid during the 24-month period immediately preceding negotiation of the contract by the Authority for construction services performed by any one firm shall not exceed two hundred thousand dollars. All persons or firms seeking to render construction services pursuant to this section shall furnish the Authority with whom the firm is negotiating a list of construction services, including fees paid therefor, performed for the Authority during the fiscal year immediately preceding the fiscal year in which the negotiations are occurring and during the fiscal year in which the negotiations are occurring.
- (3) Splitting of Larger Projects Prohibited. The Authority will not break a project into small projects for the purpose of circumventing these limitations.

SECTION 3310. Indefinite Delivery Contracts for Construction Items.

- (1) General Applicability. Indefinite delivery contracts may be awarded on an as-needed basis for construction services pursuant to the procurement procedures stated in this Policy.
- (a) Construction services. When construction services contracts are awarded, each contract shall be limited to a total expenditure of \$2,000,000.00 for a three-year period with individual project expenditures not to exceed \$500,000.00.

CHAPTER 5. LEGAL AND CONTRACTUAL REMEDIES

SECTION 4210. Right to Protest; Exclusive Remedy.

- (1) Any prospective bidder, offeror, contractor, or subcontractor who is aggrieved in connection with the solicitation of a contract shall protest to an Authority Procurement Officer in the manner stated in subsection (2) below within fifteen days of the date of issuance of the Invitation For Bids or Requests for Proposals or other solicitation documents, whichever is applicable, or any amendment thereto, if the amendment is at issue. Any actual bidder, offeror, contractor, or subcontractor who is aggrieved in

connection with the intended award or award of a contract shall protest to an Authority Procurement Officer in the manner stated in subsection (2) below within fifteen days of the date notification of award is posted in accordance with this policy. The rights and remedies granted in this article to a disappointed bidder, offeror, contractor, or subcontractor are to the exclusion of all other rights and remedies of such disappointed bidder, offeror, contractor, or subcontractor against the Authority at common law or otherwise for the loss or potential loss of an award of a contract under this Policy.

- (2) Protest Procedure. A protest under subsection (1) above shall be in writing, submitted to an Authority Procurement Officer, and shall set forth the grounds of the protest and the relief requested with enough specificity to give notice of the issues to be decided.
- (3) Attempt to Settle Protests. An Authority Procurement Officer shall attempt to settle by mutual agreement a protest of an aggrieved bidder, offeror, contractor, or subcontractor, concerning award of the contract. An Authority Procurement Officer shall have the authority to approve any settlement reached by mutual agreement.
- (4) Administrative Review Decision and Notice. If in the opinion of an Authority Procurement Officer, a protest cannot be settled by mutual agreement, the Authority Procurement Officer shall promptly conduct an administrative review and issue a decision within ten days of completion of the review. The decision shall state the reasons for the action taken. A copy of the decision shall be furnished to the protestant and any other intervening party.
- (5) Finality of Decision. A decision under subsection (5) of this section shall be final unless, within five days of posting of the decision, at a place and time communicated to all parties participating in the administrative review, an aggrieved party requests further administrative review of the matter in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association then in effect. The request shall be submitted to the Chief Procurement Officer, who shall forward the request to legal counsel of the Authority.
- (6) The Chief Procurement Officer shall conduct a prompt administrative review and issue a decision within ten days of completion of the review. A copy of the decision shall be furnished to the protestant and any other intervening party.
- (7) Stay of Procurement During Protests. In the event of a timely protest under (Right to Protest) above, the Authority shall not proceed further with the solicitation or award of the contract until a decision is rendered under the above procedures; provided, however, that solicitation or award of a protested contract will not be stayed if the Authority Procurement Officer, after consultation with the Chief Procurement Officer, makes a written determination that the solicitation or award of the contract without delay is necessary to protect the best interests of the Authority.

SECTION 4230. Authority to Debar or Suspend.

- (1) Authority. After reasonable notice to the person or firm involved, and a reasonable opportunity for such person or firm to be heard, the Chief Procurement Officer shall have the authority to debar a person for cause from consideration for award of contracts, provided that doing so is in the best interest of the Authority and there is probable cause for debarment. The Chief Procurement Officer may also suspend a person or firm from consideration for award of contracts during an investigation where there is probable cause for debarment. The period of debarment or suspension shall be as prescribed by the Chief Procurement Officer.
- (2) Causes for Debarment or Suspension. The causes for debarment or suspension shall include, but not be limited to, the following:
 - (a) conviction for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract;
 - (b) conviction under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or professional honesty which currently, seriously, and directly affects responsibility as an Authority contractor;
 - (c) conviction under state or federal antitrust laws arising out of the submission of bids or proposals;

- (d) violation of contract provisions, as set forth below, of a character which is regarded by the Chief Procurement Officer to be so serious as to justify debarment action:
 - (i) deliberate failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or
 - (ii) a recent record of failure to perform or of unsatisfactory performance in accordance with the terms of one or more contracts; provided, that failure to perform or unsatisfactory performance caused by acts beyond the control of the contractor shall not be considered to be a basis for debarment;
 - (e) any other cause the Chief Procurement Officer determines to be so serious and compelling as to affect responsibility as an Authority contractor.
- (3) Decision. The Chief Procurement Officer shall issue a written decision to debar or suspend within ten days of the completion of administrative review of the matter. The decision shall state the action taken, the specific reasons therefore, and the period of debarment or suspension, if any.
- (4) Notice of Decision. A copy of the decision under subsection (3) of this section shall be furnished immediately to the debarred or suspended person and any other party intervening. The Chief Procurement Officer shall also post a copy of the decision at a time and place communicated to all parties participating in the administrative review and such posted decision shall indicate the date of posting on its face.

CHAPTER 6. REMEDIES

SECTION 4310. Solicitation or Awards in Violation of the Law.

- (1) Applicability. The provisions of this section apply where it is determined by either the Chief Procurement Officer or an Authority Procurement Officer upon administrative review pursuant to section 4210, that a solicitation or award of a contract is in violation of the law. The remedies set forth herein may be granted by an Authority Procurement Officer after review.
- (2) Remedies Prior to Award. If, prior to award of a contract, it is determined that a solicitation or proposed award of a contract is in violation of law, then the solicitation or proposed award may be:
- (a) canceled;
 - (b) revised to comply with the law and re-bid; or
 - (c) awarded in a manner that complies with the provisions of this Policy.
- (3) Remedies After Award. If, after an award of a contract, it is determined that the solicitation or award is in violation of law;
- (a) the contract may be ratified and affirmed, provided it is in the best interests of the Authority; or
 - (b) the contract may be terminated and the payment of such damages, if any, as may be provided in the contract, may be awarded.

SECTION 4320. Contract Controversies.

The Chief Procurement Officer or an Authority Procurement Officer may award such relief as is necessary to resolve a controversy brought pursuant to Section 4330 as allowed by the terms of the contract or by applicable law.

Appendix:

MEDICAL UNIVERSITY HOSPITAL AUTHORITY SMALL, WOMEN AND MINORITY-OWNED BUSINESS ENTERPRISES

SUBJECT: Small, Women and Minority-owned Business Enterprise (SWMBE) Utilization Plan

CONTACTS: Purchasing Services 843-792-2002

PURPOSE:

The Small, Women and Minority-owned Business Enterprises (SWMBE) program serves to provide access to the Medical Center for minority businesses who provide goods and services that may be used by the Medical Center in support of our mission of patient care, research, and education. For the purposes of this policy, Minority Businesses are defined by the Governor's Office of Small and Minority Business Assistance and the MUHA Board of Trustees.

POLICY & PROCEDURE:

The Medical University Hospital Authority shall assist minority-owned businesses to develop fully as a part of the Authority's policies and programs which are designed to promote balanced economic and community growth throughout the local community, region and state. The Authority, therefore, wishes to ensure that those businesses owned and operated by minorities are afforded the opportunity to fully participate in the overall procurement process of the Authority.

GOAL:

It is the goal of the Medical University Hospital Authority to utilize minority businesses to the maximum extent possible in support of the mission of patient care, research, and education. Minority businesses will be used in every case where their goods and services are within the specifications as determined by the Authority and in compliance with all solicitation policies of the Authority.

SOLICITATION AND IMPLEMENTATION:

The solicitation of qualified SWMBE is a priority for the Hospital Authority. As a result, a proactive strategy will be used to encourage minority businesses to register with the Authority's Purchasing Department. As part of that strategy the following will occur:

1. The Authority will advertise on a recurring basis in local print media in order to reach out to this business segment.
2. The Authority will participate in local, regional and statewide informational forums and programs to attract minority businesses.
3. The Authority will participate in the University's Minority Business Advisory Group and other University sponsored activities as they pertain to minority and small businesses.
4. The Authority will work with all federal, state, and local agencies to solicit minority businesses.
5. A current list of all minority businesses registered with the Hospital Authority will be maintained by Purchasing Services. This list will be shared with Medical Center management on a continuing basis. Management will be encouraged to access the goods and services provided by minority businesses.
6. Minority businesses or individuals debarred by the State will not be allowed to do business with the authority.

7. Purchasing Services will assist minority vendors who register within our program, as well as assisting vendors with compliance to S.C. State certification requirements.
8. Major contractors with the Hospital Authority will be encouraged to utilize SWMBE as subcontractors as part of their provisioning of goods and services. Methodologies such as encouraging second tier relationships, partnering/mentoring, strategic alliances and recognizing teaming arrangements between minority vendors and non-SWMBE's may be employed.
9. Purchasing Services will have an open-door policy to allow any SWMBE representative to be seen by a purchasing officer or manager at any time. Every day will be open house for minority businesses within the Authority.
10. Purchasing Services and other Medical Center departments will act as resources in order to advise and assist minority and small businesses in order to foster a spirit of cooperation and to develop their ability to be competitive in the marketplace.
11. The Authority Facilities and Engineering Department will be encouraged to award contracts of less than \$50,000 to qualified minority businesses.
12. Facilities and Engineering contracts over \$50,000 will be in accordance with the Medical University of South Carolina's procedure as it pertains to the utilization of SWMBE.
13. Successful contractor bidders will be urged to subcontract work as much as possible to SWMBE.
14. Purchasing cardholders and others authorized to make purchasing decisions will be encouraged to access the goods and services of SWMBE.

Registry Form:

**Medical University Hospital Authority
Registration to be added to Purchasing Services Source List**

Please provide the following information:

Name of Business: _____

Address: _____

City/State/Zip: _____

Contact _____ Phone _____

Federal Employer I.D. Number _____ Social Security Number _____

E-mail Address _____

Type of Business/Services Provided:

Legal Structure (Check one) _____ Proprietorship _____ Corporation
 _____ Partnership _____ Joint Venture

Ownership Information: Names of person(s) owning 10% or more (include spouse & family members).

NAME	TITLE	% OWNERSHIP	MINORITY	
			(YES)	(NO)
_____	_____	_____	(YES)	(NO)
_____	_____	_____	(YES)	(NO)
_____	_____	_____	(YES)	(NO)
_____	_____	_____	(YES)	(NO)

Bonding Capability: {list dollar amount} \$ _____

The information presented above is true and complete to the best of my knowledge and is submitted to register my firm as a Minority Enterprise with Purchasing Services, of the Medical University Hospital Authority. I agree to notify the Purchasing Services within 30 days if any changes occur in the above information.

Signature of Applicant

Date

Please return the completed form to: MUHA Purchasing Services.

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CHAPTER 6

REMEDIES

Section 4310. Solicitations or Awards in Violation of Law
Section 4320. Contract Controversies
Section 4330. Resolution of Contract and Breach of Contract Controversies
Section 4340. Arbitration

Enterprise-wide Policy

Section #**	Policy # E-F&O-001	Hiring of Professional Services	
Responsible Department: Finance and Operations			
Date Originated 10/10/1998	Last Reviewed 04/13/2018	Last Revised 04/13/2018	Effective Date <u>04/13/2018 10/14/2022</u>

Policy Scope:

Applicable	Entity
X	MUHA
X	University

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

I. Policy Statement

The Board of Trustees strives to comply with all laws and regulations pertaining to the hiring of professional services, namely architect and engineer services.

II. Scope

This policy applies to the Medical University of South Carolina (MUSC) and the Medical University Hospital Authority (MUHA).

III. Approval Authority

Board of Trustees

IV. Purpose of This Policy

The purpose of this policy is to define the process for the hiring of professional services.

V. Who Should Be Knowledgeable About This Policy

Executive Vice President for Finance and Operations
 Facilities and Engineering
 General Counsel
 Internal Audit

VI. The Policy

Architect and Engineer Services

It is the policy of MUSC to comply with South Carolina Law governing “Procuring Professional Services Independent of Construction Services,” Chapter 4 and “Indefinite Delivery Contracts” Chapter 9 of the S.C. Manual for Planning and Execution of State Permanent Improvements, Part II (the Manual, <https://procurement.sc.gov/manual>).

In accordance with S.C. Code Ann. § 59-123-60(E)(1) (1976), MUHA will follow its *Construction Procurement Policy*, <https://musc.policytech.com/docview/?docid=4651>, which has been approved by the State Fiscal Accountability Authority.

When fees will exceed \$50,000 for architect and engineer contracts, the following will apply:

Shortlisting

The Chairman of the MUHA and MUSC Physical Facilities Committee will convene a committee of no less than three members of the Board of Trustees who will reduce the number of respondents for interviews to a minimum of three as required by S.C. Law. If fewer than three persons or firms responded, all that responded shall be interviewed. This list will comprise the "shortlist."

Selection

After determining the shortlist, the chairman of the MUHA and MUSC Physical Facilities Committee will reconvene the same members of the committee who participated in the selection of the shortlist to hold interviews and determine the final ranking. The full Board will approve the final ranking.

When fees will be \$50,000 or less for architect and engineer contracts, selection will be accomplished in accordance with the section of the Manual pertaining to small professional services contracts (fees of \$25,000 or less) or small professional services IDC Contracts (fees of \$50,000 or less).

MUHA Budget Policy	
Reference #	Responsible Department CFO of MUSC Health
Date Originated October 13, 2006	Last Revised October 13, 2006
Last Reviewed N/A	Effective Date May 20, 2022

I. Purpose

The Bylaws of the Board of Trustees states, “The Board of Trustees, directly or through its authorized committees, shall establish the general policies of the Authority, shall define its general program of educational activity, shall annually at or before its August meeting, fix and approve the Authority’s application for State appropriations, if any, and shall approve the budget for the next fiscal year.” This policy defines the composition of the annual budget of the Medical University Hospital Authority and sets forth guidelines for reporting to the Board of Trustees and the approval of certain purchases by the Board of Trustees (Board). It is not intended to supersede any applicable State purchasing regulations.

II. Scope

All staff of the Medical University Hospital Authority (MUHA)

III. The Policy

Operating Budget:

Each fiscal year, ~~the Authority~~ MUHA shall submit an Operating Budget to the Board of Trustees for approval. The Operating Budget will be submitted to the Board prior to the start of the fiscal year unless otherwise authorized by the Board of Trustees. The Operating Budget shall be approved in aggregate for all operating expenses up to the approved amount. ~~The Authority~~ MUHA must maintain documentation of their budgeting process in sufficient detail to allow the tracking of expenses at an appropriate organizational level (i.e., entity-wide, department, or unit). Should ~~the Authority~~ MUHA determine that operating expenses will exceed the Board aggregate amount of the approved Operating Budget, ~~permission to exceed the approved Operating Budget~~ additional approval shall be sought prior to expending funds in excess of the approved Operating Budget. The Operating Budget shall include operating leases and will include details of each operating lease, such as the lease term and total extended cost of the lease. Additionally, separate schedules detailing the following budgeted operating expenses will be included in the operating budget:

- Consulting contracts of \$50,000 or more, including all expenses; and
- Real estate leases where the value exceeds \$150,000 for the term of the lease including options.

In compliance with the Board of Trustees’ retained authority, leases of real estate where the value exceeds \$150,000 for the term of the lease including options that were not detailed in the operating budget, shall have prior approval of the Board of Trustees. The decision to incur operating expenses that will continue into subsequent years shall receive prior written approval from the Board of Trustees.

Capital Budget:

Each fiscal year, ~~the Authority~~ MUHA shall submit a Capital Budget to the Board of Trustees for approval. The Capital Budget will be submitted to the Board prior to the start of the fiscal year unless otherwise authorized by the Board of Trustees. This budget will include expected Capital Improvement projects (as defined below) and capital equipment purchases. The Board's approval of the Capital Budget is line-item approval for the specified capital purchases. The Capital Budget must provide sufficient line item detail to track capital purchases back to the line item Capital Budget. Each year, management may include in the Capital Budget an amount for unspecified capital purchases. This amount will not exceed \$5 million and the line item will be included in the Capital Budget that will be brought to the Board for approval. For all line items over \$250,000, administration must seek additional approval for capital purchases if the purchase exceeds by 10% or \$250,000, whichever is less, the line-item amount approved in the Capital Budget prior to expending any funds on the item. Any additional cost over the line-item amount will come from the Board approved allowance for unspecified items unless other funds are identified, disclosed, and available.

For line items under \$250,000, amounts in excess of the line-item approved amount will come out of the Board approved allowance for unspecified capital purchases as long as the total cost does not exceed \$250,000. The Capital Budget shall include capital leases and will include details of each capital lease, such as the lease term and total extended cost of the lease.

Capital (Permanent) Improvements are defined by the State as:

1. Any acquisition of land, regardless of cost;
2. Any acquisition (as opposed to the construction) of buildings or other structures, regardless of cost;
3. Construction of facilities and any work on existing facilities including their renovation, repair, maintenance, alteration, or demolition in those instances where the total cost of all work involved is \$100,000 or more;
4. Architectural, engineering, and other types of planning and design work, regardless of the cost, which is intended to result in a permanent improvement project. Master plans and feasibility studies are not permanent improvement projects and, therefore, are not to be included;
5. Capital lease purchase of any facility acquisition or construction; and
6. Equipment that either becomes a permanent fixture of a facility or does not become permanent but is included in the construction contract.

Any capital equipment purchases or Capital Improvement projects valued at more than \$250,000 that were not included in the annual Capital Budget shall have prior approval of the Board of Trustees. Unspecified capital purchases (those items that were not specified in the Capital Budget) up to \$250,000 must be approved in writing by the President or the ~~Chief Executive Officer of MUSC Health~~ ~~Executive Director~~, until the aggregate amount of these unspecified expenses meets the Board approved allowance for unspecified capital purchases (not to exceed \$5 million) as provided for in the Capital Budget. The President or the ~~Chief Executive Officer of MUSC Health~~ ~~Executive Director of the Hospital~~ may designate an individual in writing to approve unspecified capital purchases between \$5,000 and \$50,000 on his/her behalf. In the event of urgent circumstances, the President may approve Capital Improvement projects or capital equipment purchases valued at more than \$250,000 with the concurrence of the Chairman of the Board, and seek the full Board's approval at the next Board of Trustees meeting.

Title: MUHA Budget Policy	Policy #:	Effective Date: April 3, 2020
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When a Capital Improvement project has been submitted to and approved by the Board of Trustees, consequential individual construction contracts (sub-contracts), which are mandated by law to~~shall~~ be awarded to the lowest responsible and ~~responsible-responsive~~ bidder, and which have followed all established selection criteria, shall not require a second Board of Trustees approval (unless the cumulative amount of such contract exceeds the initial approval by 10% or \$250,000, whichever is less). When construction contracts fall within the approved amount for the project, the final contract amount will be submitted to the Board of Trustees for information.

The Total Budget for ~~the Authority~~MUHA shall be the sum of the Operating Budget and the Capital Budget. ~~And t~~e total budget shall not exceed expected revenues unless management identifies additional funding and the Board approves such excess.

Grant Expenditures:

Expenditures that are fully funded from active grant funds for grant-specified equipment, supplies, services, etc. do not require separate approval by the Board of Trustees if the grant contains sufficient detail regarding the items to be purchased, except consultant and construction services. All purchases for consultant services in excess of \$50,000 and construction services in excess of \$100,000, including expenses, shall receive prior approval from the Board of Trustees.

Affiliated Organizations:

At a minimum, all purchases, Capital Improvement projects, contracts, and leases in excess of \$50,000 will be presented as information to the Board of Trustees. All affiliation agreements between ~~the~~ Authority MUHA and its affiliate organizations shall have prior approval of the Board of Trustees.

- IV. **Definitions**
- V. **Related Policies**
- VI. **Applicable Laws and/or Regulations**
- VII. **References**
- VIII. **Distribution and Communication Plan**
- IX. **Appendices (eg., forms, procedures, i.e. the “who, when, how” the policy will be implemented, FAQs)**

MUHA Retained Funds	
Reference #	Responsible Department CEO of MUSC Health
Date Originated January 2012	Last Revised February 10, 2012
Last Reviewed N/A	Effective Date April 3, 2020

I. Purpose

To establish guidelines for the use of retained funds at the Medical University Hospital Authority. The South Carolina Legislature in the General Appropriations Act granted state agencies authorization to expend certain monies as retained funds subject to the guidelines established by their respective Board of Trustees. The pertinent portion of the Act states:

“Notwithstanding other provisions of this act, funds at state institutions of higher learning derived wholly from athletic or other student contests, from the activities of student organizations, and from the operations of canteens and bookstores, and from approved Private Practice plans at institutions and affiliated agencies may be retained at the institution and expended by the respective institutions only in accord with policies established by the institutions Board of Trustees. Such funds shall be audited annually by the State but the provisions of this act concerning unclassified personnel compensation, travel, equipment purchases and other purchasing regulations shall not apply to the use of these funds.”

II. Scope

All staff of the Medical University Hospital Authority (MUHA)

III. The Policy

~~I.—The Policy~~

~~A.—The South Carolina Legislature in the General Appropriations Act granted state agencies authorization to expend certain monies as retained funds subject to the guidelines established by their respective Board of Trustees. The pertinent portion of the Act states:~~

~~*“Notwithstanding other provisions of this act, funds at state institutions of higher learning derived wholly from athletic or other student contests, from the activities of student organizations, and from the operations of canteens and bookstores, and from approved Private Practice plans at institutions and affiliated agencies may be retained at the institution and expended by the respective institutions only in accord with policies established by the institutions Board of Trustees. Such funds shall be audited annually by the State but the provisions of this act concerning unclassified personnel compensation, travel, equipment purchases and other purchasing regulations shall not apply to the use of these funds.”*~~

The Medical University Hospital Authority Board of Trustees accepts this responsibility and mandates that all such expenditures shall comply with State law and be ~~expected~~ expended for only public purposes directly benefitting the Authority. ~~(It is the intent that there shall be no expenditure incurred which would cast a negative reflection upon the Authority, its Board of Trustees, or its employees.)~~ All expenditures are judged on a Prudent Person Standard. ~~The Prudent Person test is one where the judgment of a reasonable, independent and objective person (general public opinion) would agree that good skill and good judgment were exercised in the use of resources.~~ The ~~Authority~~ President, ~~Executive Director of the Authority~~ Chief Executive Officer of MUSC Health (CEO), and others authorized by the ~~Executive Director~~ CEO in writing may approve expenditures of retained funds pursuant to these guidelines.

Retained funds may be expended for public purposes which further the attainment of the Authority's mission. Each expenditure will be reviewed and must be documented on the requisition as reasonable, appropriate, and beneficial to the Authority. ~~A written statement of justification verifying that the expenditure is reasonable, appropriate and beneficial to the Authority must appear on the Purchase Requisition form, or attached thereto.~~ Any questionable item should be approved by the ~~Executive Director of the Authority~~ CEO or designee.

~~Allowable Expenditures~~ Allowable Expenditures using funds derived from athletic or other student contests, from the activities of student organizations, and from the operations of canteens and bookstores, and from approved Private Practice plans at institutions and affiliated agencies include those allowed by State law and the following:

1. Recruitment and Special Activities

Reasonable expenditures for recruitment and special activities are authorized and payments or reimbursements shall be made for the actual expenses incurred for appropriate recruitment and special activities. The maximum cost allowed per person will be \$15.00 for breakfast, \$25.00 for lunch, and \$75.00 for dinner. In addition, gratuity over and above these amounts of up to twenty percent is allowable.

2. Special Occurrences and Events

Reasonable expenditures for special occurrences and events are authorized and payments or reimbursements shall be made for the actual expenses incurred for appropriate special occurrences and events. The maximum cost allowed per person will be \$15.00 for breakfast, \$25.00 for lunch, and \$75.00 for dinner. In addition, gratuity over and above these amounts of up to twenty percent is allowable.

3. Training and Staff Retreats

Reasonable expenditures are allowed for employee training programs, including facilities costs, travel and meals, when such training benefits the Authority by improving employees' knowledge, skills and preparation to fulfill their duties. Likewise, reasonable ~~Expenditures are allowed for~~ planning retreats, including facilities costs, travel and meals, when such retreats serve the strategic and tactical objectives of the Authority. Travel costs are limited to the state's guidelines for travel reimbursement. Costs for meals must be reasonable and prudent. The maximum meal cost allowed per person will be \$15.00 for breakfast, \$25.00 for lunch, and \$75.00 for dinner. In addition, gratuity over and above these amounts of up to twenty percent is allowable.

4. Sponsorships

Sponsorship of events and programs conducted by charitable organizations which are in keeping with the Authority's education, research and patient care mission are allowable. Such sponsorships must clearly serve a public purpose and must be approved by the CEO.

Requests for reimbursement must be submitted on an approved requisition or reimbursement request, and must include a clear and detailed description of the purpose or justification of the expenditure. When applicable, the names of those in attendance, a description item purchased, name of recipient, and reason for purchase should appear on the voucher. Donors' and potential donors' attendance at the event need not be disclosed pursuant to State law, but a headcount shall be provided. The ratio of Authority employees or representatives to guests (for meals) must not exceed four to one. Any expenditure found not in compliance with this policy will not be reimbursable.

Prohibited Uses of Retained Funds:

1. MUHA retained funds may not be used for payments for political contributions, or gifts or donations to civic, charitable or similar activities. MUHA affiliated organizations may make donations to civic, charitable or similar activities with prior written approval of the President or CEO, who shall request that such expenditure be made on behalf of the Medical University Hospital Authority.
2. Expenditures which are of a personal nature are expressly prohibited.
3. A comprehensive list of all possible examples of prohibited expenditures is not possible. Any questionable items should be reviewed with the CEO or designee prior to incurring an expense.

II. _____

A. ~~Special Occurrences/Events~~

Expenditures are allowed that directly further the attainment of the Authority's mission.

B. ~~Travel~~

Travel will be reimbursed in accordance with state law for the state institution.

C. ~~Recruitment and Special Activities~~

Expenditures may be made for recruitment and special activities. There must be a clear and predominant benefit to the Authority. Expenditures of a personal nature are expressly prohibited.

The maximum cost allowable for meals will be \$15.00 for breakfast, \$25.00 for lunch and \$75.00 for dinner. ~~In addition, gratuity over and above these amounts of up to twenty percent is allowable.~~

D. ~~Training and Staff Retreats~~

Expenditures are allowed for employee training programs, including facilities costs, travel and meals, when such training benefits the Authority by improving employees' knowledge, skills and preparation to fulfill their duties.

~~Expenditures are allowed for planning retreats, including facilities costs, travel and meals, when such retreats serve the strategic and tactical objectives of the Authority.~~

~~Travel costs are limited to the state's guidelines for travel reimbursement.~~

~~Costs for meals must be reasonable and prudent.~~

~~E.—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. Donors and potential donors' attendance at the event need not be disclosed pursuant to state law.~~

~~F.—Sponsorships~~

~~Gifts or political contributions are not allowed.~~

~~Sponsorship of events and programs conducted by charitable organizations which are in keeping with the Authority's education, research and patient care mission are allowable. Such sponsorships must clearly serve a public purpose and must be approved by the Executive Director.~~

~~G.—Expenditures by the Authority~~

~~**Expenditures will be reviewed and reported at least annually to the Board of Trustees by the Administrator, Financial Services, of the Authority.** At the discretion of the President or the CEO, payment of non-compliant expenditures may be disallowed.~~

IV. Definitions

Prudent Person Standard – The judgement of a reasonable, independent and objective person (general public opinion) would agree that good skill and good judgement were exercised in the use of resources.

V. Related Policies

VI. Applicable Laws and/or Regulations

VII. References

VIII. Distribution and Communication Plan

IX. Appendices (eg., forms, procedures, i.e, the “who, when, how” the policy will be implemented, FAQs)

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
REGULAR AGENDA
October 14, 2022
101 Colcock Hall

Members of the Board of Trustees

Dr. James Lemon, Chairman	Dr. Richard M. Christian, Jr.
Mr. Charles Schulze, Vice-Chairman	Dr. Paul T. Davis
Ms. Terri R. Barnes	Dr. Donald R. Johnson II
The Honorable James A. Battle, Jr.	Ms. Barbara Johnson-Williams
Mr. William H. Bingham, Sr.	Dr. G. Murrell Smith, Sr.
Dr. W. Melvin Brown III	Mr. Michael E. Stavrinakis
Dr. Henry F. Butehorn III	Thomas L. Stephenson, Esq.
Dr. C. Guy Castles III	Dr. Bartlett J. Witherspoon, Jr.

Trustees Emeriti

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

- | | | |
|---------|---|---|
| Item 1. | Call to Order..... | Dr. James Lemon
<i>Chairman</i> |
| Item 2. | Roll Call..... | Katherine Haltiwanger
<i>Board Secretary</i> |
| Item 3. | Date of Next Meeting – December 9, 2022 | Katherine Haltiwanger
<i>Board Secretary</i> |
| Item 4. | Approval of Meeting Minutes..... | Dr. James Lemon
<i>Chairman</i> |

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

- | | | |
|---------|--|------------------------------------|
| Item 5. | General Informational Report of the President..... | Dr. David Cole
<i>President</i> |
| Item 6. | Other Business | Dr. David Cole
<i>President</i> |

Research and Institutional Advancement Committee: Terri Barnes, Chair

- | | | |
|---------|---------------------------------------|---|
| Item 7. | Election of Committee Chair..... | Dr. James Lemon
<i>Chairman</i> |
| Item 8. | Institutional Advancement Update..... | Kate Azizi
<i>Vice President for Institutional Advancement</i> |

Item 9. Office of Research Update Dr. Lori McMahon
Vice President for Research

Item 10. Other Committee Business Terri Barnes
Committee Chair

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

Item 11. Election of Committee Chair Dr. James Lemon
Chairman

Item 12. Provost Report Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Item 13. Other Committee Business Barbara Johnson-Williams
Committee Chair

Finance and Administration Committee: Jim Battle, Chair

Item 14. Election of Committee Chair Dr. James Lemon
Chairman

Item 15. MUSC Financial Report Patrick Wamsley
Chief Financial Officer, MUSC

Item 16. MUSC Physicians Financial Report Jonathan Boone
Controller, MUSC Physicians

Item 17. Other Committee Business Jim Battle
Committee Chair

Other Business for the Board of Trustees

Item 18. Approval of Consent Agenda Dr. James Lemon
Chairman

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

Item 21. Report from the Chairman Dr. James Lemon
Chairman

MUSC Board of Trustees Report

Institutional Advancement Report

October 2022

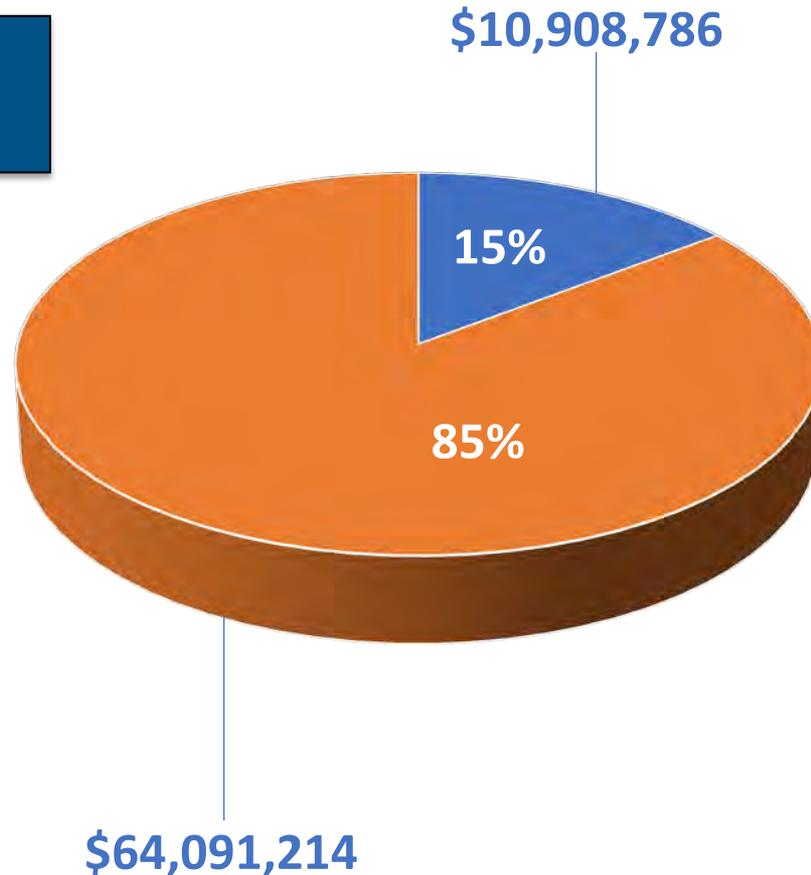


Funds Raised FY23 to Date (as of September 27, 2022)

**FY23 Fundraising Goal:
\$75,000,000**

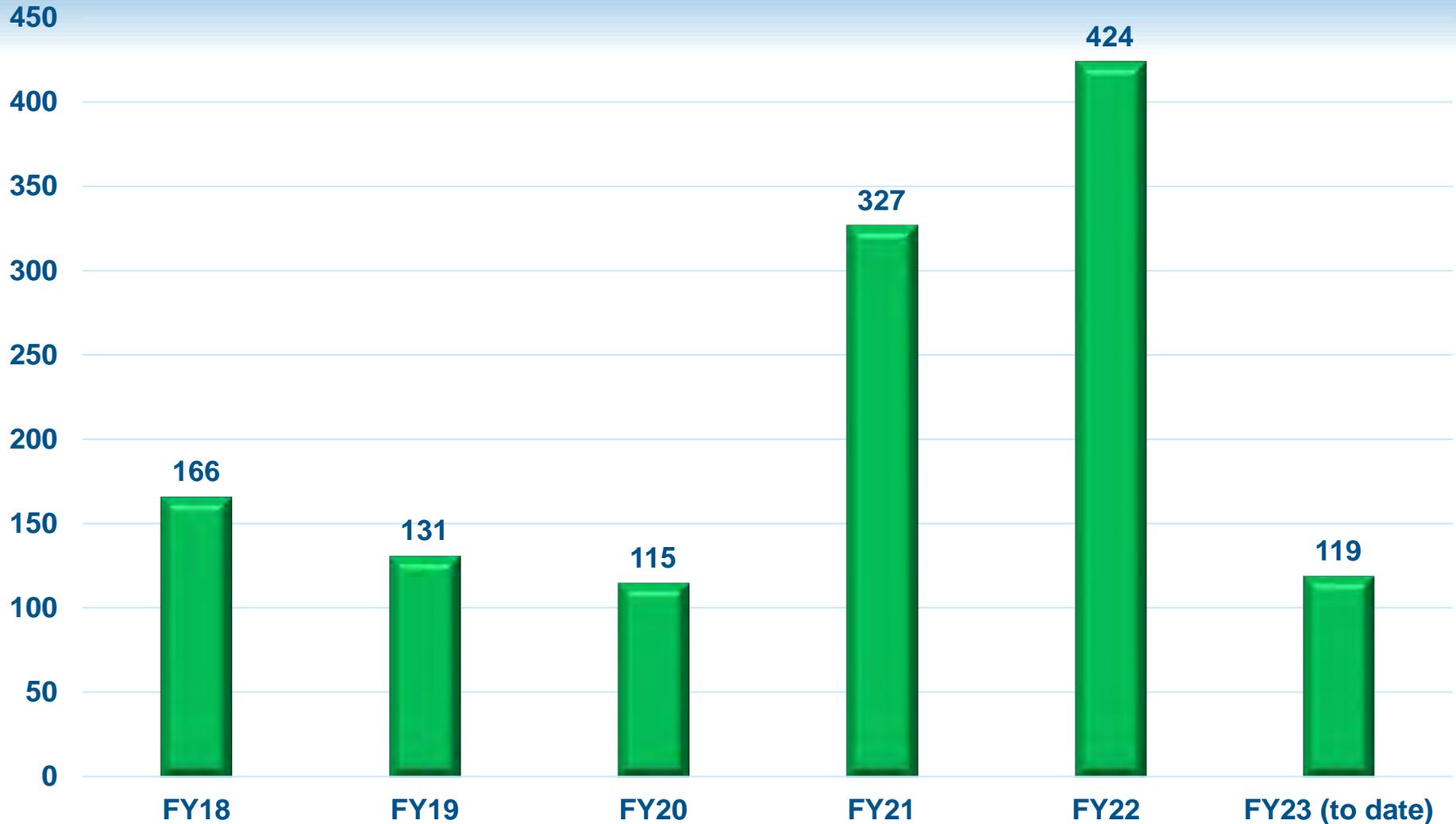
■ Total Raised

■ Funds Left to Raise



We are grateful to all our MUSC supporters!

Number of \$25K+ Solicitations Made



We are 32% of our goal of 375 solicitations!

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Two (2) Month Period Ended August 31, 2022

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of August 31, 2022

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
Assets & Deferred Outflows			
Cash and Cash Equivalents	\$ 489,121,663	\$ 8,350,571	\$ -
Cash and Cash Equivalents - Restricted	16,890,127	-	693,686
State Appropriation Receivable	141,132,537	9,012,364	-
Student Tuition and Fees Receivable	5,463,008	-	-
Student Loan Receivable	11,753,636	-	-
Grants and Contracts Receivable	42,734,960	37,835	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Lease Receivable	-	-	4,435,236
Other Receivables	5,761,488	-	-
Investments	-	-	1,192,770
Prepaid Items	13,725,541	-	213,006
Capital Assets, net of Accumulated Depreciation	411,759,175	-	-
Due from Hospital Authority	19,262,965	-	-
Due from Other Funds	111,700,765	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	11,885	-	35,902
Deferred Outflows-Pensions	82,945,520	-	-
Deferred Outflows-OPEB	186,961,980	-	-
Other Assets	-	-	-
Total Assets & Deferred Outflows	\$ 1,539,225,250	\$ 17,400,770	\$ 6,570,600
Liabilities & Deferred Inflows			
Accounts Payable	\$ 8,285,267	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	19,537,803	-	-
Accrued Compensated Absences	31,431,216	181,586	-
Deferred Revenue	174,647,017	10,019,608	-
Retainages Payable	-	-	-
Long-Term Debt	166,527,534	-	5,450,000
Interest Payable	1,291,872	-	20,439
Deposits Held for Others	3,996,771	69,581	-
Due to Hospital Authority	-	-	-
Due to Other Funds	15,306,016	-	-
Federal Loan Program Liability	12,134,210	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	462,976,809	-	-
Net OPEB Liability	683,186,925	-	-
Deferred Inflows-Leases	14,971,268	-	-
Deferred Inflows-Pensions	85,505,821	-	-
Deferred Inflows-OPEB	43,889,714	-	-
Other Liabilities	26,797,807	-	-
Total Liabilities & Deferred Inflows	\$ 1,750,486,050	\$ 10,270,775	\$ 5,470,439
Net Position	(211,260,800)	7,129,995	1,100,161
Total Liabilities & Deferred Inflows and Net Position	\$ 1,539,225,250	\$ 17,400,770	\$ 6,570,600

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending August 31, 2022

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
Federal Grants & Contracts	\$ 143,729,464	\$ 23,954,911	\$ 24,848,021	\$ 893,110	F
Federal Grants Indirect Cost Recoveries	41,203,063	6,867,177	6,371,465	(495,712)	U
State Grants & Contracts	8,921,887	1,486,981	1,716,386	229,405	F
Private Grants & Contracts	36,319,143	6,053,191	4,517,877	(1,535,314)	U
Private Grants Indirect Cost Recoveries	6,546,261	1,091,044	679,868	(411,176)	U
Total Grants & Contracts	236,719,818	39,453,304	38,133,617	(1,319,687)	U
State Appropriations	123,183,540	20,530,590	20,530,590	-	F
Tuition and Fees	115,504,693	19,250,782	20,759,324	1,508,542	F
Pass-Through Revenues	116,347,979	19,391,330	19,362,206	(29,124)	U
Gifts	26,406,705	4,401,118	2,550,370	(1,850,748)	U
Transfers from (to) MUSC Physicians	102,291,145	17,048,524	16,839,377	(209,147)	U
Sales and Services of Educational Departments	17,136,923	2,856,154	2,650,377	(205,777)	U
Sales and Services of Auxiliary Enterprises	14,285,172	2,380,862	2,042,125	(338,737)	U
Interest and Investment Income	3,041	507	(42,200)	(42,707)	U
Endowment Income	4,545,442	757,574	756,192	(1,382)	U
Miscellaneous	15,778,117	2,629,686	2,306,006	(323,680)	U
Miscellaneous - Residents	8,000,000	1,333,333	1,333,333	-	F
Authority Revenue	97,308,141	16,218,024	16,797,168	579,144	F
Authority Revenue - Residents	74,583,968	12,430,661	12,430,661	-	F
Intra-Institutional Sales	41,582,808	6,930,468	7,161,825	231,357	F
Total Other	756,957,674	126,159,613	125,477,354	(682,259)	U
Total Revenues	993,677,492	165,612,917	163,610,971	(2,001,946)	U
Expenditures					
Salaries	\$ 366,599,538	\$ 61,099,923	\$ 54,504,364	\$ 6,595,559	F
Miscellaneous Personnel Expenditures	5,197,950	866,325	1,471,538	(605,213)	U
Fringe Benefits	142,367,731	23,727,955	22,370,163	1,357,792	F
Total Personnel	\$ 514,165,219	\$ 85,694,203	\$ 78,346,065	\$ 7,348,138	F
Contractual Services	\$ 180,625,308	\$ 30,104,218	\$ 24,650,683	\$ 5,453,535	F
Pass-through Expenditures	116,347,979	19,391,330	19,362,206	29,124	F
Supplies	61,717,312	10,286,219	10,180,774	105,445	F
Fixed Charges	55,792,105	9,298,684	10,133,275	(834,591)	U
Equipment	9,760,068	1,626,678	1,787,776	(161,098)	U
Travel	3,981,829	663,638	594,671	68,967	F
Trainee / Scholarships	24,559,596	4,093,266	4,362,205	(268,939)	U
Other Expenses	6,105,086	1,017,514	(100,063)	1,117,577	F
Debt Service	9,680,387	1,613,398	1,740,647	(127,249)	U
Total Other	\$ 468,569,670	\$ 78,094,945	\$ 72,712,174	\$ 5,382,771	F
Total Expenditures	\$ 982,734,889	\$ 163,789,148	\$ 151,058,239	\$ 12,730,909	F
Other Additions (Deductions)					
Transfers from(to) Plant Funds	(42,293,869)	(7,048,978)	(7,750,478)	(701,500)	U
Other Transfers	33,413	5,569	(11,787)	(17,356)	U
Prior Year Fund Balance Usage	38,162,857	6,360,476	4,625,268	(1,735,208)	U
Total Other Additions (Deductions)	\$ (4,097,599)	\$ (682,933)	\$ (3,136,997)	\$ (2,454,064)	U
NET INCREASE (DECREASE) in Fund Balance	\$ 6,845,004	\$ 1,140,836	\$ 9,415,735	\$ 8,274,899	F
Non-Budgeted Items					
Net Unfunded Pension Expense			287,025		
Net Unfunded OPEB Expense			(6,156,785)		
Net Lease Activity - GASB 87			-		
Depreciation			(6,057,903)		
Endowment Gains/Losses			-		
Gain (Loss) on Disposition of Property			(12,973)		
Other Non-Budgeted Items			5,181,834		
SRECNP Bottom Line			2,656,933		

The Medical University of South Carolina

Direct Expenditures on Federal Grants and Contracts

(By Responsibility Center)

For the 2 Month Period Ending August 31, 2022

Administration	103,575
Centers of Excellence	(52,691)
College of Dental Medicine	357,183
College of Graduate Studies	340,162
College of Health Professions	1,537,824
College of Medicine	16,262,944
College of Nursing	402,120
College of Pharmacy	138,287
Hollings Cancer Center	536,731
Library	221,668
Office of Sponsored Programs	5,458
	<u><u>\$19,853,261</u></u>

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 \$19,853,261 .

In addition to this federal grant and contract revenue, the University received \$6,371,465 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts. \$6,339,939 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$31,526 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	\$19,853,261
Facilities and Administration costs	<u>\$6,371,465</u>
Federal operating grants and contracts	<u><u>\$26,224,725</u></u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
August 31, 2022

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	\$ 42,916,966
Projects in progress	513,308
Land/Bldgs/Equipment/Accumulated depreciation	<u>336,022,300</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 379,452,574</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, 2022 Balance	Fiscal Year 2023 Added	Capitalized	Aug 31, 2022 Balance
SEI Chiller Replacement	\$ 2,493,721	\$ (81,622)	\$ -	\$ 2,412,099
New College of Pharmacy Addition	31,737,157	1,106,697	-	32,843,854
HCC Mechanical Systems	1,140,613	(77,379)	-	1,063,234
BSB AHU #4 and #4A Replacement	1,539,755	(51,176)	-	1,488,579
Combined Heat & Power Facility	1,500,000	-	-	1,500,000
Others less than \$1,000,000 (ending balance)	<u>3,908,584</u>	<u>(299,384)</u>	-	<u>3,609,200</u>
Total construction in progress	<u>\$ 42,319,830</u>	<u>\$ 597,136</u>	<u>\$ -</u>	<u>\$ 42,916,966</u>

Note 6. *Deferred Revenue*

The University's deferred revenue consists of the following:

State appropriations	\$ 116,244,925
Grants and contracts	20,397,688
Student tuition and fees	35,406,832
Other	<u>2,597,571</u>
Total Deferred Revenue	<u>\$ 174,647,016</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
August 31, 2022

Note 7. *Long Term Liabilities*

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

Lease Obligations	\$ 70,518,252
Higher Ed Refunded Revenue bond payable	17,900,000
State Institution bonds payable	41,985,000
Energy Performance Note Payable	28,702,002
Premium on State Institution bonds payable	6,574,755
Premium on Refunding Revenue Bonds	<u>847,526</u>
Total Long Term Liabilities	<u>\$ 166,527,535</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 2021, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$2.3 million for a total of \$160.6 million. In fiscal year 2020, excluding the GASB 68 and GASB 75 impact, the University's 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 unrestricted 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 a total of \$137.2 million.

	Per annual CAFR			
	FY2021	FY2020	FY2019	FY2018
Net investment in capital assets	\$ 256,273,784	\$ 273,745,547	\$ 290,960,785	\$ 318,787,398
Restricted				
Nonexpendable	93,450,804	92,884,333	91,997,286	91,314,812
Expendable	172,064,021	119,736,905	113,211,622	99,701,424
Unrestricted (exclusive of GASB 68 and 75 liabilities)	160,633,515	158,323,021	165,423,830	137,210,133
Unrestricted (including GASB 68 and 75 liabilities)	<u>(908,652,076)</u>	<u>(868,396,874)</u>	<u>(841,631,771)</u>	<u>(812,662,227)</u>
Total net position	<u>\$ (226,229,952)</u>	<u>\$ (223,707,068)</u>	<u>\$ (180,038,248)</u>	<u>\$ (165,648,460)</u>

Medical University of South Carolina
Summary of Current Debt Obligations

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 31-Aug-2022
State Institution Bonds (SIB)			
SIB 2011D	18,950	Deferred maintenance projects	-
SIB 2012B refunding	12,645	Refunding SIB 2001C, 2003D, & 2003J	1,645
SIB 2016D	30,095	Refunding SIB 2001C, 2003D, & 2003J	18,135
SIB 2021D	23,415	Refunding SIB 2011D & to fund construction of capital projects	22,205
	<u>\$ 146,150</u>		
Current SIB Debt Authorized and Issued			<u>\$ 41,985</u>
Notes Payable - JEDA			
	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ 5,450</u>
Refunding Revenue Bonds, Series 2017			
2017	<u>\$ 25,115</u>	Refunding of Higher Ed Revenue Bonds	<u>\$ 17,900</u>
Energy Performance Note Payable			
EPNP 02-27-19	<u>\$ 30,000</u>	Energy Savings	<u>\$ 28,702</u>

The MUSC Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Two (2) Month Period Ending August 31, 2022

	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
Operating Revenues		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	169,458	-
State Grants and Contracts	1,016,849	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	62,805	-
Sales and Services to Hospital Authority	-	-
Sales and Services of Educational and Other Activities	-	-
Sales and Services of Auxiliary Enterprises	-	-
Interest Income	-	32,433
Other Operating Revenues	-	-
Total Operating Revenues	<u>1,249,112</u>	<u>32,433</u>
Operating Expenses		
Compensation and Employee Benefits	468,602	-
Pension Benefits		
OPEB Expense		
Services and Supplies	325,010	-
Utilities	-	-
Scholarships and Fellowships	10,400	-
Refunds to Grantors	-	-
Interest Expense	-	22,522
Depreciation and Amortization	-	26,058
Total Operating Expenses	<u>804,012</u>	<u>48,580</u>
Operating Income (Loss)	<u>445,100</u>	<u>(16,147)</u>
Nonoperating Revenues (Expenses)		
State Appropriations	2,003,922	-
State Appropriations - MUHA	-	-
Gifts and Grants Received	-	-
Investment Income	-	-
Interest Expense	-	-
Gain (Loss) on Disposal of Capital Assets	-	-
Transfers From (To) Other State Agencies	-	-
Other Nonoperating Revenues (Expenses), net	-	-
Net Nonoperating Revenues (Expenses)	<u>2,003,922</u>	<u>-</u>
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	<u>2,449,022</u>	<u>(16,147)</u>
Capital Appropriations	-	-
Capital Grants and Gifts	-	-
Additions to Permanent Endowments	-	-
Transfers From (To) MUSC Physicians (UMA)	-	-
Transfers From (To) AHEC	-	-
Transfers From (To) CHS Development	-	1,718
Transfers From (To) Facilities Corporation	-	-
Increase (Decrease) In Net Position	<u>\$ 2,449,022</u>	<u>\$ (14,429)</u>

MUSC Physicians and Carolina Family Care

Interim Financial Statements For the two month period ending August 31, 2022

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Unaudited – For Management Use

MUSC Physicians and Carolina Family Care, Inc.
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 2 Month Period Ending - August 31, 2022

	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	Total Actual	Total Flex Budget	Total Variance
Operating revenues:									
Net clinical service revenue	\$ 74,485,548	\$ -	\$ -	\$ 408,965	\$ 4,244,677	\$ 395,687	\$ 79,534,876	\$ 78,808,717	\$ 726,159
Supplemental medicaid	7,787,476	-	-	-	533,333	-	8,320,809	8,320,810	-
Other operating revenue	1,152,107	477,178	705	39,234	880,179	-	2,920,722	2,839,834	80,888
Intercompany transfers	(21,974,301)	7,167,173	14,295,149	511,979	-	-	-	-	-
Purchased services	19,099,236	626,950	(1,163,476)	749,327	13,131	999,922	20,365,753	20,241,974	123,779
Grant salary reimb. from MUSC	2,335,878	-	-	9,131	-	-	2,345,009	3,003,029	(658,020)
Total operating revenues	82,885,945	8,271,300	13,132,378	1,718,636	5,671,321	1,395,609	113,487,170	113,214,364	272,806
Operating expenses:									
Salaries, wages and benefits	59,371,560	5,580,770	4,883,554	1,540,499	3,456,253	1,045,694	75,918,771	75,169,037	(749,734)
MUSCP reimb. for education and research	16,950,987	-	-	-	-	-	16,950,987	16,950,987	-
Supplies	2,800,355	37,094	4,399,809	2,273	355,239	1,189	7,596,482	8,210,707	614,225
Contractual services	677,640	1,097,671	168,923	215,031	177,750	302,570	2,656,815	3,363,686	706,871
Facility cost and equipment	10,848	149,262	1,469,267	22,056	355,441	58,247	2,065,124	2,295,386	230,262
Professional liability insurance	1,300,676	5,687	-	111	63,675	15,366	1,385,516	1,523,959	138,443
Depreciation	-	26,099	653,691	131,615	49,294	-	1,044,063	1,029,619	(14,444)
Meals and travel	189,167	23,977	4,474	14,993	342	183	233,136	638,985	405,849
Other expenses	25,818	29,803	13,156	255	(7,579)	12,574	74,028	220,380	146,352
Faculty and staff recruitment	74,400	53,516	2,027	28,552	904	3,270	162,669	130,472	(32,197)
MUSCP corporate shared services	-	-	-	-	403,310	4,801	408,111	434,901	26,790
Total operating expenses	81,401,451	7,003,880	11,594,902	1,955,384	4,854,630	1,443,894	108,495,703	109,968,119	1,472,417
Operating income (loss)	1,484,494	1,267,420	1,537,476	(236,748)	816,691	(48,285)	4,991,467	3,246,244	1,745,223
Operating margin	1.8%	15.3%	11.7%	(13.8%)	14.4%	(3.5%)	4.4%	2.9%	
Nonoperating revenue (expenses):									
Investment income	821,922	594,524	-	2,132,989	27	-	3,549,462	1,041,854	2,507,608
Interest expense	-	(54,560)	-	(251,907)	-	(3,249)	(480,136)	(429,457)	(50,679)
Rental income	-	37,192	82,497	1,118,803	7,987	-	1,246,479	1,244,728	1,751
Rent expense	-	-	-	(246,034)	-	-	(246,034)	(246,034)	-
Total Nonoperating revenue (expenses)	821,922	577,156	82,497	2,753,851	8,013	(3,249)	4,069,771	1,611,091	2,458,679
Change in net position	\$ 2,306,416	\$ 1,844,576	\$ 1,619,973	\$ 2,517,103	\$ 824,704	\$ (51,534)	\$ 9,061,238	\$ 4,857,336	\$ 4,203,902
Net margin	2.8%	22.3%	12.3%	146.5%	14.5%	(3.7%)	8.0%	4.3%	

Notes:
MUSC Physicians Other includes other Colleges (Nursing CoHP, Dental), Presidents Fund, Rental Properties and Investment Account
Carolina Family Care, Inc. Other includes Grace Internal Medicine, Institutional Advancement, and MHA Participant Distribution

Medical University of South Carolina Physicians

Executive Summary

For the two-month period ending August 31, 2022

Charges:

- **YTD-6% over budget and 9% over last year**
- Month of August: 9% over budget and 12% over last year
- Top 5 clinical departments: Family Medicine, Infusion, Orthopedics, Anesthesiology, Pathology & Lab Medicine
- Bottom 5 clinical departments: Otolaryngology, Ophthalmology, Urology, Medicine, OB/GYN

Payments:

- **YTD-1% over budget and 3% over last year**
- Month of August: 3% over budget and 12% over last year
- 37 Days in AR and \$83 per wRVU

Income/(Loss):

- **\$4.2M Operating Income; 4.0% Operating Margin**
 - \$3.5M favorable variance to fixed budget
 - \$2.7M favorable net clinical service revenue
 - (\$0.6M) unfavorable salaries
 - \$0.4M favorable vaccines and injectables
 - \$0.5M favorable purchased outside services
 - \$0.4M favorable meals and travel
- **\$8.3M Net Income; 7.8% Net Margin**
 - \$6.0M favorable variance to fixed budget
 - \$2.9M unrealized/realized gain on investments

Balance Sheet:

- Days cash on hand: 263 days and \$319.4M
- Current ratio: 5.8
- Net Position: \$433.3M; increased by \$8.3M compared to June 2022

Pension:

- YTD expense: \$8.7M; increased by 9.0% compared to YTD June 2022

MUSC Physicians
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 2 Month Period Ending - August 31, 2022

	Fiscal Year To Date						Prior Year To Date
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Variance	Actual
Operating revenues:							
Net clinical service revenue	\$ 74,894,513	\$ 74,079,917	\$ 814,596	1%	\$ 72,177,069	\$ 2,717,443	\$ 72,094,036
Supplemental medicaid	7,787,476	7,787,476	-	0%	7,787,476	-	9,429,022
Other operating revenue	1,669,224	1,671,347	(2,124)	(0%)	1,671,348	(2,124)	1,058,085
MUHA reimb. for ambulatory and revenue cycle	371,319	366,774	4,546	1%	366,774	4,546	389,532
Purchased services	19,352,699	19,106,276	246,423	1%	19,072,548	280,152	15,974,208
Grant salary reimb. from MUSC	2,345,009	3,003,029	(658,020)	(22%)	3,003,029	(658,020)	2,155,088
Total operating revenues	106,420,240	106,014,819	405,421	0%	104,078,244	2,341,996	101,099,971
Operating expenses:							
Salaries, wages and benefits	71,416,824	70,475,722	(941,102)	(1%)	70,766,917	(649,907)	63,937,618
MUSCP reimb. for education and research	16,950,987	16,950,987	-	0%	16,950,987	-	15,135,649
Supplies	7,240,055	7,736,298	496,243	6%	7,714,807	474,752	6,270,000
Contractual services	2,176,494	2,862,520	686,026	24%	2,629,286	452,792	1,971,870
Facility cost and equipment	1,651,436	1,871,994	220,558	12%	1,875,025	223,589	1,374,911
Professional liability insurance	1,306,474	1,446,895	140,421	10%	1,446,906	140,432	1,299,661
Depreciation	994,770	970,827	(23,943)	(2%)	970,827	(23,942)	868,840
Meals and travel	232,611	634,042	401,431	63%	634,442	401,831	160,899
Other expenses	69,032	225,942	156,910	69%	225,933	156,901	42,981
Faculty and staff recruitment	158,495	127,756	(30,739)	(24%)	127,756	(30,739)	37,206
Donations - transfer to MUSCF	-	-	-	0%	-	-	100
Total operating expenses	102,197,178	103,302,983	1,105,805	1%	103,342,887	1,145,709	91,099,735
Operating income (loss)	4,223,061	2,711,836	1,511,225	56%	735,356	3,487,705	10,000,236
Operating margin	4.0%	2.6%			0.7%		9.9%
Nonoperating revenue (expenses):							
Investment income	3,549,436	1,041,854	2,507,582	241%	1,041,854	2,507,582	5,262,740
Interest expense	(476,887)	(429,306)	(47,581)	(11%)	(429,306)	(47,581)	(505,342)
Rental income	1,238,492	1,239,244	(752)	(0%)	1,239,244	(752)	1,214,007
Rent expense	(246,034)	(246,034)	-	0%	(246,034)	-	(246,034)
Total nonoperating revenue (expenses)	4,065,007	1,605,758	2,459,249	153%	1,605,758	2,459,249	5,725,371
Change in net position	\$ 8,288,068	\$ 4,317,594	\$ 3,970,474	92%	\$ 2,341,115	\$ 5,946,953	\$ 15,725,607
Net margin	7.8%	4.1%			2.2%		15.6%

Notes:

Supplies: Vaccines and injectibles \$349K underbudget

Contractual services: Purchased outside services \$360K underbudget and Collection fees \$353K underbudget

Investment income includes unrealized/realized gain on investment of \$2.9M and interest income of \$704K

MUSC Physicians

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

Statement of Net Position

ASSETS

UNAUDITED

	August 31, 2022	June 30, 2022	Variance
Current Assets:			
Cash and investments	\$ 319,380,701	\$ 336,177,799	\$ (16,797,099)
Receivables:			
Patient services - net of allowances for contractual adjustments of \$155,187,767			
bad debts of \$23,909,483	52,863,960	49,788,996	3,074,964
Due from the Medical University of South Carolina	15,540,352	26,362,895	(10,822,543)
Due from the Medical University Hospital Authority	8,250,057	6,042,402	2,207,655
Due from the Medical University Foundation	1,021,150	747,471	273,679
Due from Carolina Family Care, Inc.	7,302,969	6,922,849	380,121
Note receivable from CFC/MHP	756,003	756,003	-
Investment / Advancements consolidated CFC	32,270,000	32,270,000	-
Due from Comprehensive Psychiatric Services	7,310	(2,659)	9,968
Due from MCP	538,794	478,651	60,143
Due from MUSC Health Alliance	424,239	416,422	7,817
Lease receivable	2,946,250	2,946,250	-
Other current assets	11,555,093	5,477,686	6,077,407
Total Current Assets	452,856,878	468,384,765	(15,527,888)
Noncurrent assets:			
Capital assets:			
Land	17,034,537	17,034,537	-
Buildings	51,903,396	51,903,396	-
Furniture and equipment	31,172,656	31,172,656	-
Leasehold improvements	64,746,889	64,305,580	441,310
Rental buildings under capital lease	13,989,600	13,989,600	-
Computer software	14,207,950	14,207,950	-
Right of use assets	21,443,860	21,443,860	-
Accumulated depreciation and amortization	(100,737,807)	(99,497,004)	(1,240,804)
Lease receivable	5,866,027	5,866,027	-
Other assets	1,390,000	1,240,000	150,000
Investment in partnerships	6,595,269	6,595,269	-
Total noncurrent assets	127,612,377	128,261,871	(649,494)
Total Assets	580,469,255	596,646,636	(16,177,382)
Deferred outflows of resources:			
Deferred refunding cost	6,258,421	6,476,238	(217,817)
Deferred outflows-OPEB	780,785	780,785	-
Total deferred outflows	7,039,206	7,257,023	(217,817)
Total Assets and Deferred Outflows	\$ 587,508,461	\$ 603,903,659	\$ (16,395,198)

Notes:

Cash and Investments: FY22 year-end incentive payments (\$38.2M); Q3 Supplemental Medicaid \$10.3M; Gain on investments \$2.9M

Due from MUSC variance is due to receipt of Q3 FY22 Supplemental Medicaid payments received in FY23

Other current assets variance is due to FY23 Supplemental Medicaid accrual \$7.8M; reversal of \$1.1M FY22 other income accruals

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

MUSC Physicians

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

Statement of Net Position

LIABILITIES

UNAUDITED

	August 31, 2022	June 30, 2022	Variance
Current Liabilities:			
Accounts payable	\$ 609,279	\$ 7,239,840	\$ 6,630,561
Accrued interest payable	142,165	142,165	-
Accrued payroll	14,289,449	42,569,084	28,279,635
Accrued payroll withholdings	16,933,522	10,291,887	(6,641,636)
Accrued pension contribution	5,598,174	1,886,233	(3,711,940)
Unapplied cash - patient services	6,863,273	6,777,393	(85,880)
Other accrued liabilities	7,403,699	4,819,963	(2,583,735)
Due to Medical University of South Carolina	362,988	409,401	46,413
Due to Medical University Hospital Authority	16,596,501	16,453,454	(143,048)
Accrued compensated absences	3,182,431	3,182,431	-
Lease liability	2,568,740	2,568,740	-
Bonds payable	4,160,000	4,015,000	(145,000)
Total current liabilities	78,710,219	100,355,590	21,645,370
Noncurrent Liabilities:			
Accrued compensated absences	2,763,815	2,763,815	-
Lease liability	12,575,196	12,618,091	42,896
Bonds payable	49,130,000	52,125,000	2,995,000
Deferred inflows-leases	8,747,699	8,747,699	-
Deferred inflows-OPEB	643,300	643,300	-
Net OPEB liability	1,019,759	1,019,759	-
Fair value of derivative instruments	660,108	660,108	-
Total noncurrent liabilities	75,539,876	78,577,772	3,037,896
Total liabilities	154,250,096	178,933,362	24,683,266
NET POSITION			
Invested in capital assets, net of related debt	79,754,058	79,754,058	-
Unrestricted (deficit)	353,504,307	345,216,239	(8,288,068)
Total Net Position	433,258,365	424,970,297	(8,288,068)
Total Liabilities, Inflows & Net Position	\$ 587,508,461	\$ 603,903,659	\$ 16,395,198

Notes:

Accounts payable change in balance is due to the reversal of FY22 AP accruals of \$5.2M; Corporate credit card payable reduction \$0.9M
Accrued payroll FY23 balance includes Y incentive accrual of \$9.9M (salary + fringe); reversal of \$38.2M FY22 year end accruals
Accrued payroll withholding balances FY23 & FY22 includes FICA employer withholding being deferred (\$3.2M, which is 1/2 of original balance)
Other accrued liabilities change in balance due to FY23 \$2.4M Infusion accrual
Rutledge Tower debt is approximately \$49.5M, \$48.8M JEDA Bond Balance and the swap valued at \$0.7M

Carolina Family Care, Inc.
Including Carolina Primary Care Physicians & MUSC Health Partners
Executive Summary
For the two-month period ending August 31, 2022

Charges-CFC:

- **YTD-1% over budget and 21% over last year**
- Month of August: 2% under budget and 22% over last year

Payment-CFC:

- **YTD-27% over budget and 15% over last year**
- Month of August: 19% over budget and 21% over last year
- 27 Days in AR and \$98 per wRVU

Income/(Loss):

- **\$0.8M Operating Income; 10.9% Net Margin**
 - \$0.3M favorable variance to fixed budget
 - \$237K unfavorable net clinical service revenue
 - \$340K favorable salaries CFC Primary Care
 - \$86K favorable supplies CFC Primary Care Lab
- **\$0.8M Net Income; 10.9% Net Margin**
 - \$0.3M favorable variance to fixed budget

Balance Sheet:

- Current ratio: 0.70
- Net Position: (\$2.2M); increased by \$0.8M compared to June 2022
- Assets increased by \$2.2M compared to June 2022
 - \$0.5M increase in cash and cash equivalents (payments to UMA)
 - \$0.5M increase in Due from MCP (MCP leadership employed by CFCP)
 - \$0.8M increase in Other current assets (\$0.5M Supplemental Medicaid accrual)
- Liabilities increased by \$1.4M compared to June 2022
 - (\$0.5M) decrease in accounts payable
 - \$0.5M increase in accrued payroll withholdings
 - \$0.9M increase in Unapplied cash – patient services
 - \$0.4M 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 2 Month Period Ending - August 31, 2022

	Fiscal Year To Date						Prior Year To Date
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Variance	Actual
Operating revenues:							
Net clinical service revenue	\$ 4,640,364	\$ 4,728,801	\$ (88,437)	(2%)	\$ 4,877,379	\$ (237,016)	\$ 4,012,872
Supplemental medicaid	533,333	533,333	-	0%	533,333	-	533,333
Other operating revenue	880,179	801,713	78,467	10%	801,713	78,467	561,473
Purchased services	1,013,054	1,135,698	(122,645)	(11%)	1,134,354	(121,301)	393,178
Total operating revenues	7,066,930	7,199,545	(132,615)	(2%)	7,346,779	(279,849)	5,500,856
Operating expenses:							
Salaries, wages and benefits	4,501,947	4,693,314	191,367	4%	4,825,653	323,706	3,528,453
Supplies	356,428	474,409	117,982	25%	479,642	123,215	267,491
Contractual services	480,321	501,166	20,845	4%	501,159	20,838	269,610
Depreciation	49,294	58,792	9,498	16%	58,792	9,498	40,051
Facility cost and equipment	413,688	423,392	9,704	2%	424,533	10,845	351,277
Professional liability insurance	79,042	77,064	(1,978)	(3%)	79,896	855	75,642
Meals and travel	525	4,942	4,417	89%	4,986	4,461	706
Faculty and staff recruitment	4,174	2,716	(1,458)	(54%)	2,716	(1,458)	300
MUSCP corporate shared services	408,111	434,903	26,792	6%	434,903	26,791	370,531
Other expenses	4,995	(5,562)	(10,557)	190%	20,225	15,229	1,146
Total operating expenses	6,298,524	6,665,136	366,612	6%	6,832,504	533,980	4,905,206
Operating income (loss)	768,406	534,409	233,997	44%	514,275	254,130	595,651
Operating margin	10.9%	7.4%			7.0%		10.8%
Nonoperating revenue (expenses):							
Investment income	27	-	27	100%	-	27	30
Interest expense	(3,249)	(152)	(3,098)	(2045%)	(152)	(3,098)	(427)
Rental income	7,987	5,484	2,502	46%	5,484	2,502	5,253
Total nonoperating revenue (expenses)	4,764	5,333	(569)	(11%)	5,333	569	4,857
Change in net position	\$ 773,170	\$ 539,742	\$ 233,428	43%	\$ 519,608	\$ 253,562	\$ 600,508
Net margin	10.9%	7.5%			7.1%		10.9%

Notes:

Net clinical service revenue: \$174K CFC Primary Care underbudget and \$88K Grace Internal Medicine underbudget

Salaries and benefits: \$340K CFC Primary Care underbudget

Supplies: CFC Primary Care Lab \$86K underbudget

Carolina Family Care, Inc.

Including Carolina Primary Care Physicians and MUSC Health Partners

Statement of Net Position**ASSETS****UNAUDITED**

	August 31, 2022	June 30, 2022	Variance
Current Assets:			
Cash and cash equivalents	\$ 4,672,875	\$ 4,144,560	\$ 528,315
Receivables:			
Patient services - net of allowances for contractual adjustments of \$8,063,050			
bad debts of \$931,977	2,590,228	2,744,362	(154,134)
Due from the Medical University of South Carolina	19,772	-	19,772
Due from the Medical University Hospital Authority	633,820	491,124	142,696
Due from MCP	1,059,242	593,319	465,923
Due from MUSC Health Alliance	604,808	524,839	79,968
Due from MSV	809,939	512,573	297,366
Lease receivable	20,127	20,127	-
Other current assets	1,108,274	322,658	785,616
Total Current Assets	11,519,085	9,353,563	2,165,522
Noncurrent assets:			
Capital assets:			
Furniture and equipment	1,608,959	1,608,959	-
Leasehold improvements	2,659,221	2,584,733	74,488
Computer software	46,563	46,563	-
Right of use assets	7,660,637	7,660,637	-
Accumulated depreciation and amortization	(3,874,839)	(3,825,545)	(49,294)
Lease receivable	65,725	65,725	-
Investment in partnerships	209,000	209,000	-
Total noncurrent assets	8,375,267	8,350,072	25,194
Total Assets	\$ 19,894,352	\$ 17,703,635	\$ 2,190,716

Notes:*Other current assets variance due to Supplemental Medicaid accrual*

Carolina Family Care, Inc.

Including Carolina Primary Care Physicians and MUSC Health Partners

Statement of Net Position**LIABILITIES****UNAUDITED**

	August 31, 2022	June 30, 2022	Variance
Current Liabilities:			
Accounts payable	\$ 777,708	\$ 1,292,139	\$ 514,431
Accrued interest payable	4,538	4,538	-
Accrued payroll	716,583	830,227	113,644
Accrued payroll withholdings	1,494,834	957,998	(536,835)
Unapplied cash - patient services	1,337,172	407,201	(929,971)
Other accrued liabilities	1,589,843	1,304,996	(284,847)
Due to Medical University of South Carolina	67,929	30,397	(37,533)
Due to Medical University Hospital Authority	266,864	309,135	42,272
Due to MUHA - RHN / RHN Settlement	92,737	177,401	84,664
Due to UMA	7,302,970	6,922,849	(380,122)
Note Payable to UMA	756,003	756,003	-
Note Payable to MSV	411,418	408,169	(3,249)
Accrued compensated absences	460,956	460,956	-
Lease liability	1,285,664	1,285,664	-
Total current liabilities	16,565,217	15,147,671	(1,417,546)
Noncurrent Liabilities:			
Accrued compensated absences	384,152	384,152	-
Lease liability	5,014,563	5,014,563	-
Deferred inflows-leases	84,735	84,734	-
Total noncurrent liabilities	5,483,450	5,483,449	-
Total liabilities	22,048,667	20,631,120	(1,417,546)
NET POSITION	(2,154,315)	(2,927,485)	(773,170)
Total Liabilities, Inflows & Net Position	\$ 19,894,352	\$ 17,703,635	\$ (2,190,716)

Notes:

Accounts payable change in balance is due to the reversal of FY22 AP accruals of \$306K; Corporate credit card payable reduction \$0.2M

Accrued payroll FY23 includes reversal of \$103K in FY22 year end accruals

Accrued payroll withholding FY23 & FY22 balances includes FICA Employer Withholding being deferred (\$762K, which is 1/2 of original balance)

Other accrued liabilities change in balance includes FY23 medical supply accrual of \$111K

Carolina Family Care, Inc.

(Including Carolina Primary Care Physicians and MUSC Health Partners)

Statement of Revenues, Expenses and Changes in Net Position

For the 2 Month Period Ending - August 31, 2022

	Grace Internal Medicine (1)	Other Entities (2)	Carolina Family Care (3)	CFC Total Sum of (1)-(3)
Operating revenues:				
Net clinical service revenue	\$ 240,053	\$ 155,634	\$ 4,244,677	\$ 4,640,364
Supplemental medicaid	-	-	533,333	533,333
Other operating revenue	-	-	880,179	880,179
Purchased services	-	999,922	13,131	1,013,054
Total operating revenues	240,053	1,155,556	5,671,321	7,066,930
Operating expenses:				
Salaries, wages and benefits	-	1,045,694	3,456,253	4,501,947
Supplies	-	1,189	355,239	356,428
Contractual services	206,294	96,277	177,750	480,321
Depreciation	-	-	49,294	49,294
Facility cost and equipment	17,359	40,889	355,441	413,688
Professional liability insurance	-	15,366	63,675	79,042
Meals and travel	-	183	342	525
Faculty and staff recruitment	-	3,270	904	4,174
MUSCP corporate shared services	4,801	-	403,310	408,111
Other expenses	-	12,574	(7,579)	4,995
Total operating expenses	228,453	1,215,441	4,854,630	6,298,524
Operating income (loss)	11,600	(59,885)	816,691	768,406
Operating margin	4.8%	(5.2%)	14.4%	10.9%
Nonoperating revenue (expenses):				
Investment income	-	-	27	27
Interest expense	-	(3,249)	-	(3,249)
Rental income	-	-	7,987	7,987
Total nonoperating revenue (expenses)	-	(3,249)	8,013	4,764
Change in net position	\$ 11,600	\$ (63,134)	\$ 824,704	\$ 773,170
Net margin	4.8%	(5.5%)	14.5%	10.9%

Notes:

(1) Funding from MSV Line of credit in the amount of \$0.4M has been received in FY21 and FY22; accumulated fund balance of (\$457K)

(2) Other non-Primary Care entities:

- (\$57K) Mt Pleasant Community PM&R operating loss
- Other column also includes the following entities which are fully funded: Tideland Multispecialty, Hampton Regional, Modern Minds, Charleston Cardiology, Centerspace, MCP Leadership, MHA Staffing and MUHA Midlands

**FY2022 MUSCP Due to/Due From
As of 8/31/22**

	Outstanding	
	Balance	Notes
1. MUSCP/MUHA		
MUSCP due from MUHA	\$8,250,057	August recurring: \$5.6M Epic Collections; \$2.1M Leadership costs; \$4M RHN COM Salaries; \$.2M Ambulatory; \$.3M Revenue Cycle
MUSCP due to MUHA	(\$16,596,501)	August recurring: \$10.2M Epic Collections; \$1.5M IS costs; \$1.4M Ambulatory \$1.2M Billing agreements
Net Amount Due	(\$8,346,444)	
2. MUSCP/MUSC		
Net Amount Due	\$15,177,364	Balance consists of \$13.8M remaining FY22 STP accrual; \$1.4M grant salary reimbursement
3. CFC/MUHA		
Net Amount Due	\$366,956	Balance consists of monthly recurring activity
4. CFC/MUHA - RHN		
Total RHN accounts-Due from (to) MUHA	\$92,737	Net Advance from MUHA for RHN expenses:
5. CFC/MUSC		
Net Amount Due	(\$48,157)	Balance consists of monthly recurring activity
6. MHP/MUHA		
Net Amount Due	\$0	
7. MHP/MUSC		
Net Amount Due	\$0	
8. MSV		
Net Amount Due	\$809,939	Modern Minds billing
9. MCP		
Net Amount Due	\$1,598,036	Billing for MCP employees, Compliance services, Physician Recruitment services

**FY2023 MUSCP Consolidated Approved Unbudgeted Expenses
As of 8/31/22**

Unbudgeted Capital Projects	Amount
Concierge Medicine	\$ 800,000
Nexton Ophthalmology	568,250
Total	\$ 1,368,250

Unbudgeted Operating Expenses	Amount
Concierge Medicine	\$ 100,000
Total	\$ 100,000

Total FY23 Approved Unbudgeted Expenses	\$ 1,468,250
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MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
CONSENT AGENDA
October 14, 2022
101 Colcock Hall

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

Consent Agenda for Approval

- Item 34. Appointments, Reappointments, and Delineation of Privileges. Dr. Carrie Herzke
Chief Medical Officer, MUHA
- Item 35. Revised Medical Staff Credentialing Policy and Procedure Manual..... Dr. Carrie Herzke
Chief Medical Officer, MUHA

Consent Agenda for Information

- Item 36. MEC Minutes..... Dr. Carrie Herzke
Chief Medical Officer, MUHA
- Item 37. Contracts and Agreements Annette Drachman
General Counsel

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

Consent Agenda for Information

- Item 38. MUSC FY2023 Active Projects >\$250,000 Greg Weigle
Interim Chief Facilities Officer, MUSC
- Item 39. MUSC Facilities Contracts Awarded..... Greg Weigle
Interim Chief Facilities Officer, MUSC

Board of Trustees Credentialing Subcommittee August 28, 2022
The Medical Executive Committee reviewed the following applicants on August 17, 2022
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 8.28.2022

Medical Staff Initial Appointment and Clinical Privileges

Rebecca Bechhold, M.D.	Active Provisional	Medicine
Catherine Boylan, M.D.	Active Provisional	Psychiatry
Randi Jo Curtiss, D.O.	Active Provisional	Psychiatry
Brianna Chai AuD	Active Provisional	Otolaryngology
Nour El Hidek, Au.D.	Active Provisional	Otolaryngology
Kathryn Engelhardt, M.D.	Active Provisional	Surgery
Halle Field, M.D.	Active Provisional	Medicine
Crystal Joy Houlton, M.D.	Active Provisional	Obstetrics & Gynecology
Bernice Huang, M.D.	Active Provisional	Surgery
Michelle Hwang, M.D.	Active Provisional	Otolaryngology
Fred Krainin, M.D.	Active Provisional	Medicine
Andrew Lee, M.D.	Active Provisional	Psychiatry
Jessica Way Lozier, M.D.	Active Provisional	Medicine
Kathleen Maksimowicz-McKinnon, D.O.	Active Provisional	Medicine
John McKinnon, M.D.	Active Provisional	Medicine
Joseph Merlo, Jr., M.D.	Active Provisional	Pathology & Lab. Med.
Michael Rajala, M.D.	Active Provisional	Medicine
Salvatore Rametta, M.D.	Active Provisional	Pediatrics
Renée Rosati, D.O.	Active Provisional	Orthopaedics
Sarah Kateri Shea, M.D.	Active Provisional	Obstetrics & Gynecology
Dirk van der Windt, M.D.	Active Provisional	Surgery
Ramsey Wehbe, M.D.	Active Provisional	Medicine
Gabor Winkler, M.D.	Active Provisional	Surgery
Geoffrey McLeod, D.O.	Provisional Affiliate CFC	Family Medicine
Neel Andharia, D.O.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Paul Appleby, M.D.	Provisional Affiliate- Colleague- Other	Surgery
Tarun Bhandari , M.D.	Provisional Affiliate- Colleague- Other	Medicine
Jeffrey Clevenger, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Deepthi Kunduru, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Megan Smith, M.D.	Provisional Affiliate- Colleague- Other	Pediatrics
Robert Stanley, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Vikram Vattipally, M.D.	Provisional Affiliate- Colleague- Other	Surgery
Leonyia Watson, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine

Medical Staff Reappointment and Clinical Privileges

Sami Al Kasab, M.D.	Active	Neurosurgery
Eric Berman, M.D.	Active	Ophthalmology
Deborah Bowlby, M.D.	Active	Pediatrics
Kirstin Campbell, M.D.	Active	Pediatrics
Rachael Cowherd, M.D.	Active	Obstetrics & Gynecology
Dane Daley, M.D.	Active	Orthopaedics
Susan Dorman, M.D.	Active	Medicine
Rindy Fernandes, D.O.	Active	Psychiatry
Natalie Freidin, M.D.	Active	Medicine
Burke Gallagher, M.D.	Active	Anesthesiology
Ezequiel Gleichgerrcht, M.D.	Active	Neurology
Christopher Gross, M.D.	Active	Orthopaedics
Jonathan Halford, M.D.	Active	Neurology
Ashley Hink, M.D.	Active	Surgery
Vanessa Hinson, M.D.	Active	Neurology
Laura Hollinger, M.D.	Active	Surgery
Michelle Hudspeth, M.D.	Active	Pediatrics
Walter James, IV, M.D.	Active	Medicine
Nagraj Kasi, M.B.B.S, M.D.	Active	Pediatrics
Carlotta Lalich, M.D.	Active	Psychiatry
Scott Lindhorst, M.D.	Active	Neurosurgery

Mark Lockett, M.D.	Active	Surgery
Lilia Lovera, M.D.	Active	Neurology
Anbukarasi Maran, M.B.B.S, M.D.	Active	Medicine
Pinckney Maxwell, IV, M.D.	Active	Surgery
Nicole McCoy, M.D.	Active	Anesthesiology
Julie McSwain, M.D.	Active	Anesthesiology
Lisa Mims, M.D.	Active	Family Medicine
William Moran, M.D.	Active	Medicine
Robert Murphy, M.D.	Active	Orthopaedics
Travis Pecha, M.D.	Active	Anesthesiology
David Powell, III, M.D.	Active	Neurosurgery
Christopher Pryor, M.D.	Active	Psychiatry
Kristoff Reid, M.D.	Active	Orthopaedics
Habib Rizk, M.D.	Active	Otolaryngology
Michel Sabbagh, M.D.	Active	Anesthesiology
Christine San Giovanni, M.D.	Active	Pediatrics
Lancer Scott, M.D.	Active	Emergency Medicine
Meron Selassie, M.D.	Active	Anesthesiology
Allison Smith, M.D.	Active	Psychiatry
Alison Smock, M.D.	Active	Neurology
David Soper, M.D.	Active	Obstetrics & Gynecology
Nicole Sussman, M.D.	Active	Psychiatry
Dennis Vane, M.D.	Active	Surgery
Julia West, M.D.	Active	Emergency Medicine
Allison Whalen, M.D.	Active	Pediatrics
Ahmad Alqassieh, M.D.	Active Provisional	Surgery
Ali Annaim, M.D.	Active Provisional	Pediatrics
Ian Bostock Rosenzweig, M.D.	Active Provisional	Surgery
David Carroll, Jr., D.O.	Active Provisional	Anesthesiology
Kevin McElligott, M.D.	Active Provisional	Medicine
David McMillan, Jr., M.D.	Active Provisional	Anesthesiology
Alex McNabb, M.D.	Active Provisional	Psychiatry
Rishi A Patel, M.D.	Active Provisional	Anesthesiology
Barry Sigal, M.D.	Active Provisional	Medicine
Daniel Silverman, M.D.	Active Provisional	Medicine
Mariah Tanious, M.D.	Active Provisional	Anesthesiology
Cherry Yu, M.D.	Active Provisional	Neurology
Brett Ziegler, M.D.	Active Provisional	Psychiatry
John Burk, M.D.	Affiliate CFC	Family Medicine
Kelli Williams, M.D.	Affiliate CFC	Pediatrics
Joshua Visserman, M.D.	Provisional Affiliate CFC	Family Medicine
Michael Book, M.D.	Affiliate CFC - Colleague	Family Medicine
Scott Lloyd, M.D.	Affiliate CFC - Colleague	Family Medicine
Anemaria Lutas, M.D.	Affiliate CFC - Colleague	Medicine
Rica Santiago, M.D.	Affiliate CFC - Colleague	Medicine
Ashley Hicks, M.D.	Affiliate- Colleague- Other	Family Medicine
Emanuel Rivera-Rosado, M.D.	Affiliate- Colleague- Other	Orthopaedics
David Sherwin, M.D.	Affiliate- Colleague- Other	Family Medicine
Chandar Abboy, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Jennifer Abrams, D.O.	Provisional Affiliate- Colleague- Other	Emergency Medicine
John Adams, M.D.	Provisional Affiliate- Colleague- Other	Medicine
M Todd Alderson, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Prince Anand, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Vaughn Barnick, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Rose Basnyat, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Gerald Bauknight, Jr., M.D.	Provisional Affiliate- Colleague- Other	Medicine
Paula Belmar, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Robert Borucki, M.D.	Provisional Affiliate- Colleague- Other	Family Medicine
Brandon Brown, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Hina Chaudhry, M.D.	Provisional Affiliate- Colleague- Other	Medicine
David Paul Christenberry, M.D.	Provisional Affiliate- Colleague- Other	Surgery

Bryan Lee Christensen, M.D.	Provisional Affiliate- Colleague- Other	Orthopaedics
Christine Cimo Hemphill, M.D.	Provisional Affiliate- Colleague- Other	Obstetrics & Gynecology
Arthur Cooler, M.D.	Provisional Affiliate- Colleague- Other	Surgery
Himadri Dasgupta, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Charlie Devlin, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Glen Dougherty, Jr., M.D.	Provisional Affiliate- Colleague- Other	Medicine
Gregory J Feldman, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Antoine Finianos, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Michael Foster, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Matthew Geswell, M.D.	Provisional Affiliate- Colleague- Other	Orthopaedics
Edward Gill, M.D.	Provisional Affiliate- Colleague- Other	Surgery
Venkateshwar Gottipaty, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Brett Gunter, M.D.	Provisional Affiliate- Colleague- Other	Neurosurgery
Tallulah Holmstrom, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Milford Hutchinson, III, M.D.	Provisional Affiliate- Colleague- Other	Obstetrics & Gynecology
Min Kang, M.D.	Provisional Affiliate- Colleague- Other	Family Medicine
James Kearse, III, M.D.	Provisional Affiliate- Colleague- Other	Family Medicine
Leland King, M.D.	Provisional Affiliate- Colleague- Other	Obstetrics & Gynecology
Ioannis Livaditis, M.D., J.D.	Provisional Affiliate- Colleague- Other	Pediatrics
James McAlpine, Jr., M.D.	Provisional Affiliate- Colleague- Other	Medicine
Julie Mullins, D.O.	Provisional Affiliate- Colleague- Other	Obstetrics & Gynecology
Kevin Nasky, D.O.	Provisional Affiliate- Colleague- Other	Psychiatry
Akinwale Olatosi, M.B.B.S.	Provisional Affiliate- Colleague- Other	Medicine
John Parrott, M.D.	Provisional Affiliate- Colleague- Other	Orthopaedics
Jack Scheuer, Jr., M.D.	Provisional Affiliate- Colleague- Other	Medicine
Daniel Walter Skufca, M.D.	Provisional Affiliate- Colleague- Other	Ophthalmology
Adarsh Srivastava, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Cynthia Wilberding, M.D.	Provisional Affiliate- Colleague- Other	Medicine

Medical Staff Reappointment and Change in Clinical Privileges

None

Medical Staff Change in Privileges

Mark Siegel, MD	Active	Dermatology	Chg to Dept of Derm
Yulia Gavrilova PhD	Active	Psychiatry	Chg to Dep of Psych
Langdon Hartsock, MD	Active	ORS	Adding Use of Robotic Assist Device Priv
Frankl Voss, MD	Active	ORS	Adding Use of Robotic Assist Device Priv

Professional Staff Initial Appointment and Clinical Privileges

Tara Denise Ancrum, LPC	Provisional Allied Health	Psychiatry
Caroline S Ayres, LPC	Provisional Allied Health	Psychiatry
Briana Childers, M.S.N.	Provisional Allied Health	Psychiatry
Jalessa Williams Cole, A.P.R.N.	Provisional Allied Health	Family Medicine
Shannon Fitzgerald, M.S.S.W.	Provisional Allied Health	Psychiatry
Anna Fuller, LMSW	Provisional Allied Health	Psychiatry
Mary Geddings, M.P.A.S.	Provisional Allied Health	Medicine
Catherine Griffin, A.P.R.N.	Provisional Allied Health	Dermatology
Emily Lyn Mason, P.A.	Provisional Allied Health	Neurosurgery
Amy Merwarth, R.D.	Provisional Allied Health	MUHA Dietetic Services
Hayley Renee Morie, P.A.	Provisional Allied Health	Surgery
Jonathon A Nye, Ph.D.	Provisional Allied Health	Radiology
Kathryn Padgett, A.P.R.N.	Provisional Allied Health	Medicine
Nicolette Dominique Paul, LPC	Provisional Allied Health	Psychiatry
Brian A. Reed, LMSW	Provisional Allied Health	Psychiatry
Maurio Antwann Riley, P.A.	Provisional Allied Health	Neurosurgery
Alison Mary Rookard, M.S.N.	Provisional Allied Health	Pediatrics
Melanie Schutt, C.R.N.A.	Provisional Allied Health	Anesthesiology
Kristen Shrum, F.N.P.	Provisional Allied Health	Psychiatry

Andrea Swartz, A.P.R.N.	Provisional Allied Health	Medicine
Katherine Wallace, M.S.W.	Provisional Allied Health	Psychiatry
Montana Clare Woods, W.H.N.P.	Provisional Allied Health	Obstetrics & Gynecology
Anita Shawn French, M.S.N.	Provisional Allied Health- Colleague- Other	Anesthesiology
Lesley Nicole Richard, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Lance Cary Garris, A.P.R.N.	Provisional Allied Health- Colleague- Other	Medicine
Melissa Dawn Mull, FNP	Provisional Allied Health- Colleague- Other	Emergency Medicine
Neil Townsend Scott, P.A.C.	Provisional Allied Health- Colleague- Other	Medicine
Jonathan Burch Trollinger, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Michaela Raye Waugh, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology

Professional Staff Reappointment and Clinical Privileges

Ciara Atkinson, A.T.C.	Provisional Allied Health	Orthopaedics
Gary Elizabeth Conly, D.N.P.	Provisional Allied Health	Medicine
Jenny DeSart, C.R.N.A.	Provisional Allied Health	Anesthesiology
Kristen Traynor Elmore, N.N.P	Provisional Allied Health	Pediatrics
Yulia Gavrilova, Ph.D., M.A.	Provisional Allied Health	Psychiatry
Alyssa Ashley Gitter, FNP-BC	Provisional Allied Health	Medicine
James Peter Klauder, R.D.	Provisional Allied Health	MUHA Dietetic Services
Darian Nicole Manger, P.A.	Provisional Allied Health	Medicine
Cara Noelle Monforton, P.A.	Provisional Allied Health	Medicine
Chelsea Elizabeth Veranis, P.A.	Provisional Allied Health	Medicine
Donna Lee Williams, D.N.P.	Provisional Allied Health	Psychiatry
Christine Victoria Willis, LISW-CP	Provisional Allied Health	Psychiatry
Heather Angela Youngberg, P.A.C.	Provisional Allied Health	Medicine
Anita M Dubose, CNP	Provisional Affiliate- Colleague- Other	Family Medicine
James N Goodson, III, M.S.N.	Provisional Affiliate- Colleague- Other	Family Medicine
Anne B Blake, A.D.N.	Provisional Allied Health- Colleague- Other	Family Medicine
Jennifer Lynn Bradshaw, N.P.	Provisional Allied Health- Colleague- Other	Medicine
Donna S. Cambron, N.P	Provisional Allied Health- Colleague- Other	Medicine
Jennifer Henry Carter, P.A.	Provisional Allied Health- Colleague- Other	Family Medicine
Susan K Caudle, P.A.	Provisional Allied Health- Colleague- Other	Surgery
Kaitlin Nicole Corwin, P.A.	Provisional Allied Health- Colleague- Other	Medicine
Ashley Wall Crawford, F.N.P.	Provisional Allied Health- Colleague- Other	Urology
Justin Milton Crawford, N.P.	Provisional Allied Health- Colleague- Other	Family Medicine
Kelley Brown Davis, F.N.P.	Provisional Allied Health- Colleague- Other	Family Medicine
Jessica Atkinson, A.P.R.N.	Provisional Allied Health- Colleague- Other	Psychiatry
Ashley B Divers, N.P.	Provisional Allied Health- Colleague- Other	Family Medicine
Allyson Anne Farmer, P.A.	Provisional Allied Health- Colleague- Other	Medicine
Ronald Ettore Acierno, Ph.D.	Allied Health	Psychiatry
Annie Brooke Bass, P.A.C.	Allied Health	Surgery
Christina Grace Baxter, N.N.P.	Allied Health	Pediatrics
Lauren H Carter, Ph.D.	Allied Health	Psychiatry

David W Comeau, DPT	Allied Health	Psychiatry
David Christopher Fitzgerald, C.C.P.	Allied Health	Surgery
Cassandra A Goyal, M.S.N.	Allied Health	Medicine
Mary Ann Hegedus, D.N.P.	Allied Health	Neurology
James F. Hill, III, O.D.	Allied Health	Ophthalmology
Kylie Marie Hopkins, N.N.P.	Allied Health	Pediatrics
Jennifer M. Jones, C.R.N.A.	Allied Health	Anesthesiology
Rebecca Ladd Kilpatrick, Ph.D.	Allied Health	Psychiatry
Misty Danielle Lovell, A.P.N.	Allied Health	Pediatrics
Abby L Mulay, Ph.D.	Allied Health	Psychiatry
Karen O'Brien, N.P.	Allied Health	Pediatrics
Ashleigh Marie Petrides, D.N.P	Allied Health	Pediatrics
Lydia Byrd Redden, CPNP	Allied Health	Otolaryngology
Jennifer Lynn Runion, M.S.W.	Allied Health	Psychiatry
Mary Elizabeth Shearer, A.P.R.N.	Allied Health	Medicine
Julia Hughes Tatum, OT	Allied Health	Psychiatry
Sameer V Tipnis, Ph.D.	Allied Health	Radiology
Nancy J Warren, Ph.D.	Allied Health	Psychiatry
Josh Whibley, P.A.	Allied Health	Orthopaedics
Allison K Wilkerson, Ph.D.	Allied Health	Psychiatry

Professional Staff Reappointment and Change in Privileges

Add Removal of
Tunneled Catheter to
Scope

Caitlin Crabtree PA Active Radiology VIR

Professional Staff Change in Privileges

None

END OF ROSTER

Board of Trustees Credentialing Subcommittee September 2022
The Medical Executive Committee reviewed the following applicants on Sept. 21.2022
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 9.28.2022

Medical Staff Initial Appointment and Clinical Privileges

John Martin Kratz, M.D.	Active	Surgery
John Frederick Hughes, M.D.	Active Provisional	Radiology
Sakshi Vaishnav, M.D.	Active Provisional	Medicine
Margarita Enriqueta Abella, M.D.	Active Provisional	Pediatrics
Amy Liao Askew, M.D.	Active Provisional	Obstetrics & Gynecology
Huan Bosco Giap, M.D.	Active Provisional	Radiation Oncology
Andrew P Keegan, M.D.	Active Provisional	Neurology
Jordan Klein, Ph.D.	Active Provisional	Pediatrics
Matthew J Kornegay, Jr., M.D.	Active Provisional	Medicine
Nicholas Anthony Lariccia, M.D.	Active Provisional	Radiology
Mohanned Mallah, M.D.	Active Provisional	Surgery
Anil Purohit, M.D.	Active Provisional	Medicine
Elizabeth Rinker, M.D.	Active Provisional	Pathology & Lab. Med.
Kathryn Newsom Taylor, D.O.	Active Provisional	Pediatrics
Toney Graham, MD	Provisional Affiliate- Colleague- Other	Family Medicine
Michael Porrazzo, M.D.	Provisional Affiliate - Colleague	Radiation Oncology
John Aruny, M.D.	Provisional Affiliate- Colleague- Other	Radiology
Nathan Chadwick Davis, M.D.	Provisional Affiliate- Colleague- Other	Neurosurgery
Cherryl Ann Premdass, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Phillip Craig Edmonds, M.D.	Provisional Affiliate- Colleague- Other	Family Medicine
Andrew Sanders, M.D.	Provisional Affiliate- Colleague- Other	Family Medicine

Medical Staff Reappointment and Clinical Privileges

Tiffany Gray Baker, M.D.	Active	Pathology & Lab. Med.
Jan Neil Basile, M.D.	Active	Medicine
Jeffrey P. Blice, M.D.	Active	Ophthalmology
James David Bowsheer, M.D.	Active	Ophthalmology
Alice Maxine Boylan, M.D.	Active	Medicine
Thomas Brouette, M.D.	Active	Psychiatry
Clarice Clemmens, M.D.	Active	Otolaryngology
Evert Austin Eriksson, M.D.	Active	Surgery
Virgilio George, M.D.	Active	Surgery
Mileka Gilbert, M.D.	Active	Pediatrics
Karen Jane Hartwell, M.D.	Active	Psychiatry
Anna Dunn Hoffius, M.D.	Active	Pediatrics
Lori Huff, M.D.	Active	Pediatrics
Candi S. Jump, D.O.	Active	Pediatrics
Alain Looti, M.D.	Active	Neurology
Henry Martyn Lemon, M.D.	Active	Pediatrics
Michael P Madaio, M.D.	Active	Medicine
Kelly Matmati, M.D.	Active	Neurology
Cynthia Marie Oliva, M.D.	Active	Emergency Medicine
Anita Nellie Ramsetty, M.D.	Active	Family Medicine
Charles Rittenberg, M.D.	Active	Obstetrics & Gynecology
Sarah Elizabeth Schmitt, M.D.	Active	Neurology
Nicholas Shungu, M.D.	Active	Family Medicine
Judith Marie Skoner, M.D.	Active	Otolaryngology
Jerry Ewing Squires, M.D.	Active	Pathology & Lab. Med.
Istvan Takacs, M.D.	Active	Neurosurgery
David Randall White, M.D.	Active	Otolaryngology
Christopher Daly, Jr., M.D.	Active Provisional	Pediatrics
Matthew Gibson, M.D.	Active Provisional	Surgery
Kelly Graves, M.D.	Active Provisional	Medicine

Varshana Gurusamy, M.D.	Active Provisional	Radiology
Kevin Steven Hughes, M.D.	Active Provisional	Surgery
James Lawrence, M.D.	Active Provisional	Orthopaedics
William Pullen, M.D.	Active Provisional	Orthopaedics
Gregory Puthoff, D.O.	Active Provisional	Radiology
Fiona Rahbar, M.D.	Active Provisional	Dermatology
Hannah Rustin, D.M.D.	Active Provisional	Oral & Maxillofacial Surgery
Leah Allen Stem, M.D.	Active Provisional	Family Medicine
Satya Villuri, M.B.B.S	Active Provisional	Medicine
Timothy Adams, Jr., M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Samuel Adefeyisan, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Samuel Anderson, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Travis Shelton Ansley, D.O.	Provisional Affiliate- Colleague- Other	Anesthesiology
Benjamin Blackmon, Jr., M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Gary Lee Dove, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Andre Dyer, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Maria Eastlack, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Charles Edwards, D.O.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Gokul Gondi, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Kelly Cho Harris, M.D.	Provisional Affiliate- Colleague- Other	Surgery
Judith Ann Hoffman, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Christopher Huffman, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Bashir Ahmad Lone, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Himaxi Maisuria, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Bryan Vincent May, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
William H Moore, Jr., O.D.	Provisional Affiliate- Colleague- Other	Ophthalmology
James Phillips, III, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Rodney Rhinehart, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Jandrette Rhoe, M.D.	Provisional Affiliate- Colleague- Other	Family Medicine
Norma Khoury, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Suzanne B. Storch, M.D.	Provisional Affiliate- Colleague- Other	Medicine

Medical Staff Reappointment and Change in Clinical Privileges

None

Medical Staff Change in Privileges

Derek Allen DuBay, M.D	Active	Surgery
Jimmy Suh, M.D.	Active	Neurosurgery
Anthony Philip Carnicelli, M.D.	Active Provisional	Medicine
Charlotte Ann Collins, M.D.	Active Provisional	Emergency Medicine
Daniel Harrison Cook, M.D.	Active Provisional	Radiology
Christopher Robert Gilbert, D.O.	Active Provisional	Medicine
Matthew Hewitt, M.D.	Active Provisional	Emergency Medicine

Professional Staff Initial Appointment and Clinical Privileges

Tracy Raphaela Neilan, A.P.R.N.	Provisional Allied Health	Neurology
Shanice Janae Bennett, A.T.C.	Provisional Allied Health	Orthopaedics
Tonna Leigh Coleman, P.A.C.	Provisional Allied Health	Family Medicine
Michele L Fancher, C.R.N.A.	Provisional Allied Health	Anesthesiology
Jessica Corley Langton, A.P.R.N.	Provisional Allied Health	Medicine
Sarah M Medbery, LICSW	Provisional Allied Health	Psychiatry
Calica L Parson, LPC	Provisional Allied Health	Psychiatry
Deanna Roberts, M.S., A.T.C.	Provisional Allied Health	Orthopaedics
Jamie Lea Disharoon, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
June E Duggan, ADN, BSN, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Carolyn Anne Hans, N.P.	Provisional Allied Health- Colleague- Other	Medicine
Wesley Daniel Peck, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
May Fun Suen, C.R.N.A.	Provisional Allied Health- Colleague- Other	Medicine
Laura Anne Callaham, FNP-BC	Provisional Allied Health- Colleague- Other	Pediatrics
Lisa Michele Castles, P.A.	Provisional Allied Health- Colleague- Other	Family Medicine

Jamie Jakia Cosby, P.A.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Whitney Dellinger, A.P.R.N.	Provisional Allied Health- Colleague- Other	Family Medicine
Rebecca May Dessez, AGAC-NP	Provisional Allied Health- Colleague- Other	Medicine
Selene R Forrestall, MSN	Provisional Allied Health- Colleague- Other	Anesthesiology
Morgan Mankins, F.N.P.	Provisional Allied Health- Colleague- Other	Family Medicine
Ellen Ard Norman, P.A.	Provisional Allied Health- Colleague- Other	Medicine
Shayla Alecia Raines, N.P.	Provisional Allied Health- Colleague- Other	Medicine
Courtney Gibbs Stanley, P.A.	Provisional Allied Health- Colleague- Other	Family Medicine
Allison Raphael Walmer, A.P.R.N.	Provisional Allied Health- Colleague- Other	Medicine

Professional Staff Reappointment and Clinical Privileges

Karen Karpick Anderson, P.A.C.	Allied Health	Surgery
Wendy E. Balliet, Ph.D.	Allied Health	Psychiatry
Karin Bierling-Slowey, C.R.N.A.	Allied Health	Anesthesiology
Meghan Ciccarelli, C.R.N.A.	Allied Health	Anesthesiology
Alyssa Wenona Cleveland, C.R.N.A.	Allied Health	Anesthesiology
Amy Hardin Cook, F.N.P.	Allied Health	Medicine
Carrie L. Cormack, P.N.P	Allied Health	Pediatrics
Shannon D'Alton, A.P.R.N.	Allied Health	Pediatrics
Emily de Guzman, P.A.C.	Allied Health	Orthopaedics
Deborah A. Disco, CPNP	Allied Health	Pediatrics
Megan Ellen Fulton, P.A.C.	Allied Health	Family Medicine
Lauren Gillespie, C.R.N.A.	Allied Health	Anesthesiology
Anouk L. Grubaugh, Ph.D.	Allied Health	Psychiatry
Christine K Hahn, Ph.D.	Allied Health	Psychiatry
Tracy Williams Halasz, P.N.P.	Allied Health	Pediatrics
Dorthe Lorraine Hall, LISW-CP	Allied Health	Psychiatry
Kasey Lynne Hamlin-Smith, Ph.D.	Allied Health	Pediatrics
Robin Leigh Hand, N.P.	Allied Health	Medicine
Elizabeth Rogers Johnson, F.N.P.	Allied Health	Radiology
Lester J. Kitten, C.R.N.A.	Allied Health	Anesthesiology
Emily Maureen Long, C.R.N.A.	Allied Health	Anesthesiology
Jenna L. McCauley, Ph.D.	Allied Health	Psychiatry
Dennis J. McKenna, D.N.A.P	Allied Health	Anesthesiology
Michael Craig Mostoller, P.A.C.	Allied Health	Radiology
Barbro O'Neil, C.R.N.A.	Allied Health	Anesthesiology
Melissa Paladino, C.R.N.A.	Allied Health	Anesthesiology
Amelia Kaasa Rowland, C.N.M.	Allied Health	Obstetrics & Gynecology
Kathryn O'Brien Smith, C.R.N.A.	Allied Health	Anesthesiology
Carolyn Wahl, A.G.N.P.-C	Allied Health	Anesthesiology
Amy Osguthorpe Wisse, D.N.P.	Allied Health	Medicine
Frances K. Woodard, P.N.P.	Allied Health	Pediatrics
Kayleigh Zavadil, B.S., M.A.	Allied Health	Orthopaedics
Sarah Ashlan Zemp, M.S.N.	Allied Health	Pediatrics
Danielle Cassels, Au.D.	Provisional Allied Health	Otolaryngology
Emily Hill De Quattro, LISW-CP	Provisional Allied Health	Psychiatry
Victoria Edgington, P.A.	Provisional Allied Health	Emergency Medicine
Amanda Geiter, P.A.	Provisional Allied Health	Surgery
Margaret Halladay, C.R.N.A.	Provisional Allied Health	Anesthesiology
Maria Rodriguez-Santos, N.N.P.	Provisional Allied Health	Pediatrics
Logan Seitzer, P.A.	Provisional Allied Health	Emergency Medicine
Kristen Toth, P.A., B.S.	Provisional Allied Health	Emergency Medicine
Lisa M Trautman, A.P.R.N.	Provisional Allied Health	Psychiatry
Katerina Yanushevich, C.R.N.A.	Provisional Allied Health	Anesthesiology
Stephen Creighton Ray, C.R.N.A.	Allied Health- Colleague- Other	Anesthesiology
Elizabeth McKoy Bemis, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Susan H Beriault-Williams, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Michael Tony Beshay, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Jordan Coleman, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
John Daniel Gonzales, Jr., C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Christa Amanda Grant, F.N.P.	Provisional Allied Health- Colleague- Other	Obstetrics & Gynecology

Holly Lynn Grooms, A.C.N.P	Provisional Allied Health- Colleague- Other	Medicine
Laura A Hawsey, A.C.N.P	Provisional Allied Health- Colleague- Other	Medicine
Ryan Michael Hickey, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Kimberly Huffstetler, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Irene Ilona James-Frazer, A.G.N.P.-C	Provisional Allied Health- Colleague- Other	Medicine
Alta M Jordan, N.P.	Provisional Allied Health- Colleague- Other	Medicine
Virginia Rose Kearse, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Kathleen Marie Keiner, P.A.C.	Provisional Allied Health- Colleague- Other	Medicine
Ashley Kirincich-Smith, N.P.	Provisional Allied Health- Colleague- Other	Medicine
Janet Lynn Kubas, ANP - C	Provisional Allied Health- Colleague- Other	Medicine
Robyn Helms Lorick, N.P.	Provisional Allied Health- Colleague- Other	Medicine
Jack Robert Maxfield, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Todd McKee, F.N.P.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Stephanie Mitchell, N.P.	Provisional Allied Health- Colleague- Other	Medicine
Stephen Mullaney, N.P.	Provisional Allied Health- Colleague- Other	Medicine
David Pinkney, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Misty W. Polson, F.N.P.	Provisional Allied Health- Colleague- Other	Medicine
Margaret J Prewitt, C.R.N.A..	Provisional Allied Health- Colleague- Other	Anesthesiology
Lauren M Taylor, P.A.	Provisional Allied Health- Colleague- Other	Medicine
Jarett Taylor, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology

Professional Staff Reappointment and Change in Privileges

Carrie Thompson, P.A.C.	Allied Health	Medicine
Kacy Clinkenbeard, P.A.C.	Provisional Allied Health	Anesthesiology
Elizabeth Powell, P.A.C.	Provisional Allied Health	Neurology
Caitlin Crabtree, M.P.A.S.	Provisional Allied Health	Radiology
Hope Wilson Lee, P.A.	Provisional Allied Health- Colleague- Other	Surgery

Professional Staff Change in Privileges

Mara Anderson, A.P.R.N.	Allied Health	Medicine
Erika Leigh Bell, M.P.A.S.	Allied Health	Medicine
Garrett Nelson Bell, P.A.C.	Allied Health	Medicine
Holland Erisman, A.P.R.N.	Allied Health	Medicine
Samantha Anne Parker, M.P.A.S.	Allied Health	Medicine
Helen Abigail Pritcher, A.P.R.N.	Allied Health	Surgery
Bree Z Brasch Romecki, M.S.N.	Allied Health	Medicine
Tara Lynn Scharadin, A.C.N.P	Allied Health	Radiology

END OF ROSTER

Request to BOT for Changes to Medical Staff Credentialing Policy and Procedure Manual

Pg. 13 Add

IV. Initial Appointment and Privileging Process

B. Credentials Committee Review

The Chief Nursing Officer is a member of the Credentials Committee and will participate in all application reviews. In particular, the Chief Nursing Officer will make a recommendation based on the status of each Advanced Practice Registered Nurse (APRN) action that comes before the committee.

Pg. 21/22 Add

VI. Reappointment/Privilege Renewal Review Process

B. Credentials Committee Review

The Chief Nursing Officer is a member of the Credentials Committee and will participate in all application reviews. In particular, the Chief Nursing Officer will make a recommendation based on the status of each Advanced Practice Registered Nurse (APRN) action that comes before the committee.

Pg. 22 Remove

C. Additional Review Process

When an applicant applies for privileges and will turn the age of 70 or older in the same calendar year, they will be required to complete an additional review as detailed in Policy C-229, Late Career Practitioners

<https://www.musc.edu/medcenter/policy/Med/C229/pdf>

Section # {External Reference #}	Policy # MS-001	MS-001 Credentialing-Manual Medical Staff Office	
Responsible Department: Medical Staff Office			
Date Originated 02/01/2006	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.

**MUSC Medical Center
Credentialing
Policy and Procedure Manual**

Revised: ~~January~~

~~2019~~October 2022

I. Credentialing Process

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

A. Purpose

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

B. Scope

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

C. Credentials Committee

1. Purpose

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

2. Membership

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

3. Reporting Channels

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

4. Meetings

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

5. Minutes

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

D. Confidentiality

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

CLASSIFICATION OF APPOINTED PRACTITIONERS

A.E. Conditions and Requirements for Appointment to the Medical Staff

MS-001 - MS-001 Credentialing-Manual Medical Staff Office

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

B.F. Qualifications for Medical Staff Membership

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

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

C.G. Medical Staff Appointment with Privileges

1. Active Medical Staff

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

Prerogatives: Members of the active medical staff shall be appointed to a specific

department or service line with the following prerogatives:

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

Responsibilities: Appointees to this category must:

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

Removal: Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to Affiliate Category. The practitioner shall have the rights afforded by Article X of the Medical Staff Bylaws.

2. Affiliate Medical Staff

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

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

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

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

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

D.H. **Medical Staff Appointment Without Privileges**

1. Honorary/Administrative Members

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

2. AFFILIATE COLLEAGUES

This category is restricted to those physicians who meet all the eligibility and membership requirements for appointment to the Medical Staff but who neither request nor are granted clinical privileges. This includes medical staff members of MUHA Health owned and operated hospitals as well as affiliate hospitals, who are in good standing at their respective facility. Such staff appointees are not eligible to admit patients to the Medical Center or to vote in Medical Staff matters. They may, however, attend Medical Staff and Department meetings without voice. This category is exempt from malpractice insurance requirements except as required by their respective facilities. Physicians from MUSC Health affiliated hospitals may be appointed to this category.

3.

E.I. **Professional Staff Appointment with Privileges**

1. Allied Health Professionals

Allied Health Professionals are those health professionals who:

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

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

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

2. Physician Extenders (Allied Health External)

This category of practitioners shall consist of physician assistants, advanced practice nurses and or clinical technologists, who are employees of a Medical Staff Member. These physician extenders must be privileged through the Medical Staff credentials process. These physician extenders are qualified to render direct or indirect care only as delineated in their respective scopes of practice, job descriptions, or privileging forms.

F.J. Telemedicine Providers

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

III-II. Initial Appointment Application

A. Nature of the Application

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

B. Application Requirements

The initial application shall include:

- Information pertaining to professional licensure including a request for information regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following license or registration has ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:

- Board certification
- License to practice
- State DHEC and federal DEA license or certification;
- State DHEC and federal DEA license or certification, if applicable;
- Specialty board certification/eligibility;
- Professional education, training, and experience;
- Information pertaining to malpractice coverage and claims history including current and past liability insurance coverage in amounts that may be determined from time to time and at any time by the Board with relevant Medical Executive Committee input, and about current and past liability malpractice judgments, suits, claims, settlements and any pending liability action as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- Statement of current health status by the applicant that includes the ability to perform the requested privileges, any history of alcohol or substance abuse or conviction for DUI, and a current PPD;
- Information regarding any negative action by a governmental agency or conviction of a felony or a crime involving moral turpitude;
- Information about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions Information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institution;
- Membership in professional societies;
- Documentation of faculty appointment (applicants for medical staff appointment only);
- Peer recommendations: Names and complete addresses of three (3) professional references from colleagues who have knowledge of current clinical abilities;
- Practice history: Any gaps exceeding 6 months will be reviewed and clarified either verbally or in writing. Lapses in service greater than 60 days may prompt review and request for additional information;
- Request for Medical Staff or Professional Staff membership category and/or clinical privileges;
- Release form; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

C. Applicant's Responsibility for Producing Information:

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

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

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

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

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

- Consent to inspection by MUSC Medical Center of all records and documents it may deem material to the evaluation of his/her qualifications and competence to carry out the privileges he/she is seeking, physical and mental health status, and professional and

ethical qualifications;

- Release from any liability all authorized individuals and organizations who provide requested information to MUSC Medical Center or its representative concerning his/her competence, professional ethics, character, physical and mental health, quality of care, and other qualifications for appointment and/or privileges; and

F. Authorize and consent to MUSC Medical Center representatives providing other authorized organizations, including managed care organizations, surveyors, and auditors, information concerning his/her professional competence, ethics, character and other qualifications, only as necessary to complete accreditation, contracting, and/or utilization reviews or as otherwise required by law. Such organizations will be required to hold the information as privileged and confidential (as defined in SC State Law) and such information may not be further released or utilized in any other manner.

G. Applicant's Rights Regarding Information:

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

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

H. Verification Process:

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

Verification will include the following:

- Verification of South Carolina license directly with the State Licensing Board, and other state licenses by receipt of information from either the appropriate State Licensing Board or the Federation of State Medical Boards;
- Verification of graduation from medical school (for Medical Staff appointees only);
- Verification of postgraduate professional training;
- Verification of board certification through the use of the Directory of the American Board of Medical Specialties, directly with the appropriate specialty board or via internet, where applicable (for Medical Staff appointees, only);
- Verification and status of past and current hospital affiliations;
- Group practice affiliations during the past seven years, if applicable;

- Current and past malpractice insurance information from malpractice carriers concerning coverage, claims, suits, and settlements during the past five years;
- Information from the National Practitioner Data Bank;
- Evidence of Medicare/Medicaid sanctions or investigations from websites of the Office of the Inspector General and Excluded Parties Listing System;
- Three peer references that can provide information about the applicant's current clinical competence, relationship with colleagues, and conduct. Professional references will include an assessment of medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. Reference letters of an ambiguous or noncommittal nature may be acceptable grounds for refusal to grant Medical or Professional Staff membership or clinical privileges;
- Relevant practitioner specific data compared to aggregate when available including mortality and morbidity data; and, any other relevant information requested from any person, organization, or society that has knowledge of the applicant's clinical ability, ethical character, and ability to work with others.

I. Inability to Obtain Information:

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

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

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

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

IV. III. Initial Appointment and Privileging Process

A. Review/Approval Process

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

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

B. Credentials Committee Review

Following review by the appropriate Department Chairperson, the Credentials Committee shall review the application and supporting documentation, including all written documentation, along with the recommendations made to the Credentials Committee by the Department Chairperson. The Chief Nursing Officer is a member of the Credentials Committee and will participate in all application reviews. In particular, the Chief Nursing Officer will make a recommendation based on the status of each Advanced Practice Registered Nurse (APRN) action that comes before the committee. -The Credentials Committee then either defers action or prepares a written report for the Medical Executive Committee for consideration at its next regularly scheduled meeting. The written report will contain recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, clinical service affiliation, and/or scope of clinical privileges. If the Credentials Committee requires further information about an applicant, it may request the applicant to appear before the committee. Notification by the Credentials Committee Chairperson or the Chief Medical Officer through the Medical Staff Office shall be promptly given to the applicant if the Credentials Committee requires further information about the applicant.

C. Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chairperson and Credentials Committee, and any other relevant information available to it.

The Medical Executive Committee defers action on the application or prepares a written report with recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, departmental affiliation, and/or scope of clinical privileges.

Effect of Medical Executive Committee Action

1. Deferral

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

2. Recommendation for Approval

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

3. Adverse Recommendation

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

D. Board Action

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

Effect of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made, and may

include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ten (10) days after receipt of such subsequent recommendation and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

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

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

3. Adverse Action

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

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

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

4. Expedited Action

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

Following a recommendation for approval from the Medical Executive Committee on an application, the committee of the governing body shall review and evaluate the qualifications and competency of the practitioner applying for appointment, reappointment, or renewal or modification of clinical privileges and render its decision. An approval by the committee will result in the status or privileges requested. The committee shall meet as often as necessary as determined by its Chairperson. The full

governing body shall consider and, if appropriate, ratify all committee approvals at its next regularly scheduled meeting. If the committee's decision is averse to an applicant, the matter is referred to the Medical Executive Committee for further evaluation.

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

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

E. Provisional Appointment and Initial Privileges

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

V. IV. Reappointment/Renewal of Privileges Application

A. Nature of the Application

Each applicant for reappointment and/or renewal of privileges shall complete and

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electronically sign the online application provided by the Medical Staff Office via the CVO.

B. Review/Approval Process

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

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

- Current copy of license and, if applicable, State DHEC and Federal DEA certificate or license;
- Certificate of professional liability coverage;
- Request for clinical privileges;
- Information pertaining to malpractice claims activity including malpractice claims pending, or judgments or settlements made, as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- CME: In accordance with South Carolina Medical Board guidelines (40 hours every 2 years are required for renewal of South Carolina Medical License). The predominant number of hours must be related to the clinician's specialty. Professional staff will be required to complete the number of hours dictated by their respective license;
- Peer Recommendations: Medical staff are required to submit two (2) peer references from practitioners in the applicant's field with knowledge of their clinical abilities. These recommendations must include an assessment of current competence, health status and any relevant training or experience as well as the six general competencies. Professional staff are required to submit three (3) references: two (2) from current peers and one (1) from the current supervising physician (as applicable);
- Health status relative to ability to perform the clinical privileges requested;
- Current PPD;
- Chairperson Recommendation: Evaluation form electronically completed by Chairperson/Chairperson designee recommending privileges including documentation of health status or the ability to perform the requested privileges;
- Information from the National Practitioner Data Bank and HIPDB;
- Hospital Affiliations: Evaluation of clinical activities from other hospital affiliations;
- Current board certification or eligibility as outlined in the Medical Staff Bylaws;
- Information since initial appointment or previous appointment that includes:

- Details regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following licenses or registrations have been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:
 - Board certification
 - License to practice
 - State DHEC and/or federal DEA license or certification;
- Details about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions, information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institutions, and voluntary or involuntary changes in membership, privileges, or status at other healthcare organizations; The results of Ongoing Professional Practice Evaluation and the results of any Focused Professional Practice Evaluations;
- Any additional practitioner specific data as compared to aggregate data, when available;
- Morbidity and mortality data, when available;
- Release of information; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

D. Continuing Duties of Medical Staff and Professional Staff Members

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

- Voluntary or involuntary termination of appointment, limitation or reduction or loss of privileges at any hospital, healthcare organization, or managed care organization, or any restriction of practice or severance from employment by a medical practice;
- Any investigations, charges, limitations or revocation of professional license in the State of South Carolina or any other state;
- Any investigations, charges, limitations, or corrective action by any professional organization;
- Changes in physical or mental health which effect ability to practice medicine;
- Change of address;
- Name changes;
- Any investigations, convictions, arrests, or charges related to any crime (other than minor traffic violations), including crimes involving child abuse;
- Any "quality query" from any qualified peer review organization, or its equivalent;
- Any investigations regarding reimbursement or billing practices;

- Any professional investigations or sanctions including but not limited to Medicare or Medicaid sanctions;
- Notification of cancellation or proposed cancellation of professional liability insurance;
- Disclosure and updates of malpractice claims or other actions initiated or made known subsequent to appointment; and,
- Any information reasonably required by the Medical Executive Committee or Board to adequately evaluate the staff members.

E. Ongoing Professional Practice Evaluation

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

F. Insufficient Activity for Evaluation

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

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

primary practice site must be submitted to allow an appropriate evaluation of the practitioner's request for clinical privileges.

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

G. Failure to Complete the Reappointment Application

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

H. Reappointment Verification Process

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

- Primary source verification of current South Carolina licensure;
- Primary source verification of any training necessary for increase of privileges;
- Status of current DEA;
- Specialty Board status;
- Status of affiliations with other hospitals or healthcare organizations;
- Status of group affiliations;
- Status of malpractice claims history for the past five years;
- Peer recommendations;

- Information from the National Practitioner Data Bank; and
- Medicare/Medicaid sanctions and investigations from websites of the Office of Inspector General and the Excluded Parties Listing System.

VI.V. Reappointment/Privilege Renewal Review Process

A. Department Chairperson Review

The Department Chairperson evaluation of the applicants request for reappointment or privilege renewal shall be based upon the applicant's education, demonstrated clinical competencies including clinical judgment, technical skills and ability, and utilization patterns and other relevant information. Once all required documentation has been received and processed by the Medical Staff Office and/or the CVO, and all verifications and references confirmed, the Chairperson of the applicable Department or Division Chief, if appropriate, shall then review the application. Upon completion of this review, the Chairperson shall make a recommendation as to the reappointment and/or the extent of clinical privileges. The application with his/her recommendation as well as results of ongoing professional practice evaluation and focused professional practice evaluation shall then be submitted for transmission to the Credentials Committee.

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

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

exceed one year.

B. Credentials Committee Review

After approval of completed reappointment application with all attachments by the Department Chairperson/Chairperson Designee, the application is presented at the next regularly scheduled Credentials Committee meeting. The Chief Nursing Officer is a member of the Credentials Committee and will participate in all application reviews. In particular, the Chief Nursing Officer will make a recommendation based on the status of each Advanced Practice Registered Nurse (APRN) action that comes before the committee. The Chief Nursing Officer shall participate in the review of the complete application and make recommendation to approve, deny or defer pending further evaluation/information. The Credentials Committee members shall review the completed application and make a recommendation to approve, deny, or defer pending further evaluation/information. If the recommendation is to deny or defer pending additional information, the applicant and Chairperson must be informed in writing within seven (7) days after the meeting. If the recommendation is to approve, the applicants are presented at the next regularly scheduled Medical Executive Committee meeting. At the time of reappointment, the Credentials Committee may request based on practitioner specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Medical Executive Committee, that a practitioner be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

~~C. Additional Review Process~~

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

D. Medical Executive Committee Action

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

Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further

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

2. Recommendation for Approval

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

3. Adverse Recommendation

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

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

D. Board's Action

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

Effects of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made and may include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ten (10) days after receipt of such subsequent

recommendation, and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

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

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

3. Adverse Action

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

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

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

4. Expedited Action

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

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

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

MS-001 - MS-001 Credentialing-Manual Medical Staff Office

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

VII.VI. Privileges

A. Granting of Privileges

Evaluation of applicants for the privileges requested shall be based upon the applicant's education, training, experience, references, demonstrated clinical competencies including clinical judgment, technical skills and ability, and utilization patterns and other relevant information. This information is used to determine the types of care, treatment, and services or procedures that a practitioner will be authorized to perform. Privileges may only be granted when sufficient space, equipment, staffing, and financial resources are in place and available or will be available in a specific timeframe to support the requested privilege.

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

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

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

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

Practitioners who have had their clinical privileges withdrawn or curtailed for alleged lack of competency in accordance with the procedures outlined in the Medical Staff Bylaws shall not have them reinstated until the following requirements have been met:

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

B. Medical Staff Temporary Privileges

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

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

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

1. Care of Specific Patients

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

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

2. New Applicants

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

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

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

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

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

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

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

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

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

D. Emergency Privileges

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

In the case of an emergency any practitioner, to the degree permitted by his license and regardless of Staff status or lack of it, shall be permitted and assigned to do everything possible to prevent serious and permanent harm or to save the life of a patient, using every facility of the Medical Center necessary, including calling for any consultation necessary or desirable. When an emergency no longer exists, the practitioner must

request the privileges to continue to treat the patient. In the event such privileges are denied, or he does not wish to request such privileges, the patient shall be assigned to a member of the Medical Staff by the appropriate Department Chairperson. Under conditions of extreme patient risk, the President of the Medical Staff, the Chief Medical Officer, the appropriate Department Chairperson, Credentials Committee Chairperson, or the Executive Director (or his/her designee) may grant emergency privileges for that patient alone. These conditions would apply if the physician in question was the only one capable of rendering appropriate professional services (i.e. no qualified staff members were available). Such privileges shall be based on the information then available which may reasonably be relied upon to affirm the competency, ethical standing and licensure of the physician who desires such emergency privileges. In the exercise of such privileges, such physician shall act under the direct supervision of the Department Chairperson or his/her designee to which he/she is assigned

Revised	05/2009
Reviewed	11/2011
Revised	10/2013
Revised	11/2014
Revised	01/2017
Revised	02/2018
Revised	02/2019
<u>Revised</u>	<u>10/2022</u>

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

MEDICAL EXECUTIVE COMMITTEE

Medical Executive Committee Presiding: Dr. Elizabeth Mack Date: July 20, 2022 Meeting Place: MS Teams Recording: Elaine Jenkins Meeting Time: 7:30 am Adjournment: 8:31 am	Members present: Dr. Andrews, Dr. Baliga, Dr. Basco, Dr. Boylan, N. Brahney, Dr. Brendle, Dr. Bundy, Dr. Clark, Dr. Clyburn, K. Denty, Dr. DiSalvo, H. Dorr, M. Ebersole, V. Fairbairn, M. Field, Dr. Herzke, D. Krywko, L. Kerr, Dr. Mack, J. Melroy, Dr. Russell, S. Scarbrough, Dr. M. Scheurer, Dr. Zaas Members excused: Dr. Atz, Dr. Carroll, Dr. Cina, Dr. Costello, Dr. Crawford, Dr. DuBois, Dr. Edwards, Fulton, M., P. Hart, Dr. Hong, M. Kocher, L. Leddy, S. Patel, Dr. Reeves, Dr. Salgado, Dr. D. Scheurer, Dr. Streck. Guests: Dr. Bruce Crookes, Dr. Laura Hollinger, Dr. Zachary Hubbard, Annette Drackman, Joe Reindl		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from June 15, 2022 MEC meeting approved	Approval	Approved
Credentials Committee <ul style="list-style-type: none"> • Nora Brahney on Dr. Edwards behalf 	Motions of approval: <ul style="list-style-type: none"> • Monthly credentialing roster presented. No controversies or exceptions • Board Certification Waiver letter for Dr. Chung Lee with Peds Pulmonary and Dr. Atz Did not pass the recertification exam this year and has to wait 1 yr to apply to retake the exam. Asking the committee to grant a 1 yr extension to retake the exam next year when scheduled. • Change to the Medical Center Credentialing Policy and Procedure Manual. The change is that “The Chief Nursing Officer shall participate in the review of the complete application and make recommendations to approve, deny or defer pending further evaluation/information.” • To remove an item that expired in 2018. 	MEC recommends the approval of roster to the Board of Trustees as well as physicians return from leave	Approved Approved Approved
GME Report <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • ACGME has put out guidance for training guidelines, gaining skill and abortion services will remain. • Transition away from SODEXO 	Information	
Joint Commission Readiness <ul style="list-style-type: none"> • Lois Kerr 	<ul style="list-style-type: none"> • Medicare deficiency survey happened with no findings. We are once again fully accredited. 	Information	

MEDICAL EXECUTIVE COMMITTEE

New Business <ul style="list-style-type: none"> Vivian Fairbairn 	<ul style="list-style-type: none"> Recent legislative activity 	Executive Session	
Consent Items			
Policies <i>(Consent)</i>	<u>Policies for Approval:</u> <ul style="list-style-type: none"> (C-136) C-136 Investigational Drug Services (v.2) (8722) Rad Onc - Nominating Radiology Images (v.1) (A-031) Family Presence and Visitation - formerly Visiting Hours and Visitation (v.3) (C-120) Management of Gene Transfer and Gene Therapy (v.3) (C-111) Peripheral Nerve Block Infusions (v.2) Central Venous Line Insertion Care and Maintenance in Children's Hospital - CLABSI (002) - APPROVED 	Information	Approved via email
Standing Orders <i>(Consent)</i>	<u>Standing Orders for Approval:</u> <ul style="list-style-type: none"> (5833) Spine Center Preoperative Standing Orders (v.2) 	Information	Approved via email
Data & Service Reports <i>(Consent)</i>	<u>Data Reports:</u> ○	<u>Service reports reviewed:</u>	Information
Subcommittee Minutes <i>(Consent)</i>	<u>Committee Minutes:</u> <ul style="list-style-type: none"> ○ Perioperative Executive Committee ○ Quality Executive Committee ○ CDI/Coding QAPI Committee ○ Sedation Committee ○ Quality Executive Committee ○ Ethics Committee 	<ul style="list-style-type: none"> ○ Infection Prevention & Control Committee ○ Health Information Management Committee ○ Perioperative Exe Committee ○ Pharmacy & Therapeutics Committee ○ Clinical Lab Advisory Committee ○ Credentialing Committee ○ Graduate Medical Education Committee 	Information
Adjournment 8:31 am	The next meeting of the Medical Executive Committee will be August 17, 2022 at 7:30 am via TEAMS/In Person		

elizabeth mack

Elizabeth Mack, MD, Secretary of the Medical Staff

MEDICAL EXECUTIVE COMMITTEE

Medical Executive Committee Presiding: Dr. Prabhakar Baliga Date: August 17, 2022 Meeting Place: MS Teams Recording: Elaine Jenkins Meeting Time: 7:30 am Adjournment: 8:24 am	Members present: Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Basco, Dr. Boylan, N. Brahney, Dr. Brendle, Dr. Bundy, Dr. Carroll, Dr. Clyburn, H. Dorr, M. Ebersole, V. Fairbairn, M. Field, P. Hart, Dr. Herzke, D. Krywko, Dr. Mack, J. Melroy, Dr. Russell, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Zaas Members excused: Dr. Cina, Dr. Clark, Dr. Costello, Dr. Crawford, K. Denty, Dr. DiSalvo, Dr. DuBois, Dr. Edwards, Fulton, M., Dr. Hong, L. Kerr, M. Kocher, L. Leddy, S. Patel, Dr. Reeves, Dr. Salgado, S. Scarbrough, Dr. Streck. Guests: London Blair, Christopher Harris, Monica Dunn, Alex Spiotta, Dr. Zachary Hubbard, Sahand Askarian, Sana Dossaji		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from August 17, 2022 MEC meeting approved	Approval	Approved
Credentials Committee <ul style="list-style-type: none"> • Nora Brahney on Dr. Edwards behalf 	Monthly credentialing roster presented. No controverseys or exceptions.	MEC recommends the approval of roster to the Board of Trustees	Approved
GME Report <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • Still working on the VA issues with counting time 	Information	
Quality Report <ul style="list-style-type: none"> • Dr. Bundy 	<ul style="list-style-type: none"> • Scorecard • Quality Miscellany 	Information	 22_08_17 MEC Bundy.pptx
Communications Report <ul style="list-style-type: none"> • Dr. Herzke 	<ul style="list-style-type: none"> • DEHEC Visit: Updates will be shared once the results from both visits are in • Bi-Law update- To eliminate the need to recredential after 1 year • Enhancement of the Medical Dir goals • Bed Plan: Is in development, coming out to the Chairs/ICCE Leaders for discussion • CMO- Beginning to meet with faculty 	Information	

MEDICAL EXECUTIVE COMMITTEE

Nursing Report <ul style="list-style-type: none"> • Patti Hart 	<ul style="list-style-type: none"> • Wins • Announcements/New Leaders • Interim roles • Moves • Fill Rates • Orientation Onboarding/Travelers 	Information	 08.17.22 MEC Nursing Update.ppt
New Business <ul style="list-style-type: none"> • Sahand (Michael) Askarian 	<ul style="list-style-type: none"> • Oral COVID-19 Outpatient Medications - CDTM 	Approval	 Oral covid-19 FINAL 08.01.22.pptx Approved
Consent Items			
Policies <i>(Consent)</i>	<u>Policies for Approval:</u> <ul style="list-style-type: none"> • Nominating protocol MUSC Health East Cooper Multispecialty Clinics (v.1) • ED Adult Hypoglycemia (v.1) • Resuscitation Orders (v.3) • Fetal Ultrasounds, Echocardiograms and MRI's (v.1) • Nominating Images for MIES DDC Clinics (v.1) 	Approval	Approved
Standing Orders <i>(Consent)</i>	<u>Standing Orders for Approval:</u> <ul style="list-style-type: none"> • Standing order for triage AHC (v.2) 	Approval	Approved
Data & Service Reports <i>(Consent)</i>	<u>Data Reports:</u> ○	<u>Service reports reviewed:</u>	Information
Subcommittee Minutes <i>(Consent)</i>	<u>Committee Minutes:</u> <ul style="list-style-type: none"> ○ Pharmacy & Therapeutics ○ Credentials Committee ○ CDI-Coding QAPI 		Information
Adjournment 8:24 am	The next meeting of the Medical Executive Committee will be August 17, 2022 at 7:30 am via TEAMS/In Person		

Elizabeth Mack, MD

Elizabeth Mack, MD, Secretary of the Medical Staff

MEDICAL EXECUTIVE COMMITTEE

Medical Executive Committee Presiding: Dr. Prabhakar Baliga Date: August 17, 2022 Meeting Place: MS Teams Recording: Elaine Jenkins Meeting Time: 7:30 am Adjournment: 8:24 am	Members present: Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Basco, Dr. Boylan, N. Brahney, Dr. Brendle, Dr. Bundy, Dr. Carroll, Dr. Clyburn, H. Dorr, M. Ebersole, V. Fairbairn, M. Field, P. Hart, Dr. Herzke, D. Krywko, Dr. Mack, J. Melroy, Dr. Russell, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Zaas Members excused: Dr. Cina, Dr. Clark, Dr. Costello, Dr. Crawford, K. Denty, Dr. DiSalvo, Dr. DuBois, Dr. Edwards, Fulton, M., Dr. Hong, L. Kerr, M. Kocher, L. Leddy, S. Patel, Dr. Reeves, Dr. Salgado, S. Scarbrough, Dr. Streck. Guests: London Blair, Christopher Harris, Monica Dunn, Alex Spiotta, Dr. Zachary Hubbard, Sahand Askarian, Sana Dossaji		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from August 17, 2022 MEC meeting approved	Approval	Approved
Credentials Committee <ul style="list-style-type: none"> • Nora Brahney on Dr. Edwards behalf 	Monthly credentialing roster presented. No controverseys or exceptions.	MEC recommends the approval of roster to the Board of Trustees	Approved
GME Report <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • Still working on the VA issues with counting time 	Information	
Quality Report <ul style="list-style-type: none"> • Dr. Bundy 	<ul style="list-style-type: none"> • Scorecard • Quality Miscellany 	Information	 22_08_17 MEC Bundy.pptx
Communications Report <ul style="list-style-type: none"> • Dr. Herzke 	<ul style="list-style-type: none"> • DEHEC Visit: Updates will be shared once the results from both visits are in • Bi-Law update- To eliminate the need to recredential after 1 year • Enhancement of the Medical Dir goals • Bed Plan: Is in development, coming out to the Chairs/ICCE Leaders for discussion • CMO- Beginning to meet with faculty 	Information	

MEDICAL EXECUTIVE COMMITTEE

Nursing Report <ul style="list-style-type: none"> • Patti Hart 	<ul style="list-style-type: none"> • Wins • Announcements/New Leaders • Interim roles • Moves • Fill Rates • Orientation Onboarding/Travelers 	Information	 08.17.22 MEC Nursing Update.ppt
New Business <ul style="list-style-type: none"> • Sahand (Michael) Askarian 	<ul style="list-style-type: none"> • Oral COVID-19 Outpatient Medications - CDTM 	Approval	 Oral covid-19 FINAL 08.01.22.pptx Approved
Consent Items			
Policies <i>(Consent)</i>	<u>Policies for Approval:</u> <ul style="list-style-type: none"> • Nominating protocol MUSC Health East Cooper Multispecialty Clinics (v.1) • ED Adult Hypoglycemia (v.1) • Resuscitation Orders (v.3) • Fetal Ultrasounds, Echocardiograms and MRI's (v.1) • Nominating Images for MIES DDC Clinics (v.1) 	Approval	Approved
Standing Orders <i>(Consent)</i>	<u>Standing Orders for Approval:</u> <ul style="list-style-type: none"> • Standing order for triage AHC (v.2) 	Approval	Approved
Data & Service Reports <i>(Consent)</i>	<u>Data Reports:</u> ○	<u>Service reports reviewed:</u>	Information
Subcommittee Minutes <i>(Consent)</i>	<u>Committee Minutes:</u> <ul style="list-style-type: none"> ○ Pharmacy & Therapeutics ○ Credentials Committee ○ CDI-Coding QAPI 		Information
Adjournment 8:24 am	The next meeting of the Medical Executive Committee will be August 17, 2022 at 7:30 am via TEAMS/In Person		

Elizabeth Mack, MD

Elizabeth Mack, MD, Secretary of the Medical Staff

**AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL
AUTHORITY SINCE THE AUGUST 2022 MEETING OF THE BOARD OF TRUSTEES**

Hospital Services - Any contract involving the exchange of Hospital services either for money or other services.

Managed Care - The Medical Center has entered a Managed Care Agreement with the following:

- BCBSSC
- Centers for Medicare & Medicaid Services
- Express Scripts Inc. X2
- Medicaid Branches of DHHS
- Select Health of South Carolina
- South Carolina Department of Health and Human Services (SC DHHS)
- UHC

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:

- Dialysis Clinic, Inc. (DCI) X2

Affiliation Agreements –

- Espinoza Vein Institute
- Academy of Career Technologies – Marion County School of Practical Nursing
- Tufts University
- Winthrop
- Baldwin Wallace University
- Chamberlin University
- Professional Development and Training Services, LLC
- University of Arizona Global Campus

Clinical Services Agreements –

- American Red Cross – Columbia
- Global Physics Solutions, Inc. d/b/a Landauer Medical Physics
- Samaritan's Purse
- South Carolina Department of Health and Environmental Control (DHEC)
- The Blood Connection
- The Palms at Florence Nursing and Rehabilitation Center
- University Medical Associates of the Medical University of South Carolina (UMA/MUSCP)

Consulting Contracts over \$50k –

- Hewitt Kaia MD
- Melanie Gavin

University Active Project List > \$250,000		October 2022						
Project #	Description	MUSC Approved Budget	Funds Committed to Date	Balance to Finish	A/E	Contractor	Status	Projected Final Completion
Approved Projects								
9834	IOP Chiller # 2 Replacement	\$2,500,000	\$1,910,834	\$589,166	MECA	McCarter	Construction	Substantially Complete
9835	Energy Performance Contract	\$30,000,000	\$27,500,000	\$2,500,000	Ameresco	Ameresco	Construction	December 2022
9840	BSB Envelope Repairs	\$12,200,000	\$4,780,000	\$7,420,000	REI	Hawkins	Construction	December 2023
9844	HCC 3rd Floor Renovations	\$4,500,000	\$3,388,700	\$1,111,300	MPS	Hill	Construction	June 2023
9845	BSB Replace AHU 3	\$1,200,000	\$1,124,000	\$76,000	RMF	Triad	Construction	December 2022
9846	Pharmacy Addition/Innov Instruc Classroom Renov	\$58,000,000	\$54,128,000	\$3,872,000	Compass 5	Whiting Turner	Construction	December 2022
9847	HCC Mechanical Systems Replacement	\$3,500,000	\$3,485,000	\$15,000	RMF	CR Hipp	Construction	December 2022
9848	BSB Replace AHU #4 and #4A (serve animal area)	\$1,700,000	\$1,631,000	\$69,000	RMF	Triad	Construction	June 2023
9851	BSB AHU #1 Replacement	\$5,800,000	\$5,366,000	\$434,000	RMF	CR Hipp	Construction	June 2023
9852	MUSC Combined Heat & Power Facility	\$1,500,000	\$1,500,000	\$0	Ameresco		Design	TBD
9854	CoHP President Street Academic Building	\$50,000,000	\$561,000	\$49,439,000	SMHa		Design	June 2025
9855	COM Office/Academic Building	\$172,000,000	\$1,634,000	\$170,366,000	Liollo		Design	June 2026
9856	Anderson House Interior Repairs	\$1,400,000	\$134,000	\$1,266,000	Compass 5		Design	June 2023
9857	CRI AHU #1 and #2 Replacement	\$4,600,000	\$0	\$4,600,000	TBD		A/E Selection	December 2023
9859	HCC AHU #5 & #6 Replacement	\$1,500,000	\$164,000	\$1,336,000	DWG		Design	December 2023
9860	HCC Medium Voltage Fedders A & B Replacement	\$1,500,000	\$42,000	\$1,458,000	GWA		Design	June 2023
9861	MRE Chiller #1 Replacement	\$2,500,000	\$88,000	\$2,412,000	RMF		Design	December 2023
9862	T-G AHU 2, 3, 4, & 6 Replacement	\$2,500,000	\$200,000	\$2,300,000	MECA		Design	December 2023
9863	T-G Generators Replacement	\$3,500,000	\$200,000	\$3,300,000	GWA		Design	December 2023
51355	BSB Chiller #6 Replacement	\$1,500,000	\$1,100,000	\$400,000	MECA	McCarter	Construction	March 2023
51356	HCC Generator #3 Replacement	\$3,000,000	\$188,000	\$2,812,000	GWA		Design	June 2023
51357	HCC Lab Air System Replacement	\$1,300,000	\$119,500	\$1,180,500	DWG		Design	March 2023
51358	Campus Elevators Modernization	\$4,300,000	\$0	\$4,300,000	RMF		Design Award Pends	December 2023
51359	IOP Cooling Tower Upgrade	\$1,800,000	\$981,000	\$819,000	RMF	McCarter	Construction	March 2023
51360	HCC 4th Floor Roof Replacement	\$1,300,000	\$1,210,000	\$90,000	BEE	Bone Dry	Construction	March 2023
51361	CON 1st Floor Renovation	\$3,700,000	\$320,000	\$3,380,000	Rosenblum Coe		Design	March 2024
51362	135 Cannon AHU #1 - #4 Replacement	\$1,000,000	\$0	\$1,000,000	CEMS		Design Award Pends	June 2023
50095	T-G Humidifier Replacement	\$700,000	\$595,000	\$105,000	RMF	Triad	Construction	Substantially Complete
50098	BSB Heat Exchanger Replacement	\$350,000	\$245,000	\$105,000	RMF	Triad	Construction	December 2022
50121	Quad F Building Roof Replacement	\$600,000	\$514,000	\$86,000	BEE	Bone Dry	Construction	December 2022
50122	CSB Fuel Tanks Replacement	\$990,000	\$874,000	\$116,000	S&ME	JB Petroleum	Construction	Substantially Complete
50123	CODM Clinics Building Cooling Tower Upgrade	\$980,000	\$411,000	\$569,000	RMF	McCarter	Construction	June 2023
50126	Miscs Research Hoods Phoenix Control Upgrades	\$450,000	\$282,000	\$168,000	N/A	Hoffman	Construction	October 2022
50127	DDB Air Cooled Chiller Replacement	\$450,000	\$414,000	\$36,000	MECA	McCarter	Construction	December 2022
50131	University Facilities Condition Assessment	\$741,504	\$721,504	\$20,000	SSR		Design	October 2022
50133	CSB Suite 215/216 Renovations	\$660,000	\$647,000	\$13,000	RMF	Satchell	Construction	December 2022
50134	CSB Exterior Envelope Brick Repairs	\$500,000	\$63,000	\$437,000	BEE		Design	TBD
50145	CSB Wound Care Renovations	\$900,000	\$680,000	\$220,000	MPS	Branks	Construction	December 2022
50146	CSB 816 HVAC Replacement	\$400,000	\$36,000	\$364,000	RMF		Design	March 2023
50149	Colbert Library Roof Replacement	\$900,000	\$50,000	\$850,000	WMBE		Design	March 2023
50151	BSB AHU #5 Replacement	\$575,000	\$56,500	\$518,500	RMF		Design	June 2023
50153	IOP 3rd Floor Resident Space	\$440,000	\$37,150	\$402,850	Liollo		Design	June 2023

MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
OCTOBER 13, 2022

MUSC Indefinite Quantity Contract Releases

Compass 5 Partners, LLC	\$56,498.00
UH Suite 168 Renovation	
RMF Engineering, Inc.	\$56,000.00
MUSC BSB AHU 5 Replacement	
Compass 5 Partners, LLC	\$131,850.00
Anderson House Interior Renovations & Repairs 274 Calhoun Street	

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
FOR REPORTING
OCTOBER 13, 2022**

MUSC General Construction Projects:

Hill Construction Services	\$ 2,938,638.00
Hollings Cancer Center 3 rd Floor Renovation	
Hoffman Building Technologies	\$ 126,000.00
Lab Hood Phoenix Controls Upgrade	
Metro Electric	\$ 2,628,647.00
Hollings Cancer Center Generator #3 Replacement	
Whiting-Turner Contracting Company	\$ 695,804.92
New College of Pharmacy Addition (CO#12)	

Other Contracts:

New College of Pharmacy Addition & Innovative Instructional Redesign:

Dauphin-Lot A.1 Fixed Seating	\$109,110.00
Dauphin-Lot A.2-Fixed Seating	\$207,882.00
Internetwork Engineering-Network Switching	\$402,544.18

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
CONSENT AGENDA
October 14, 2022
101 Colcock Hall

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

Consent Agenda for Approval

- Item 22. Endowed Chair Appointments Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Carlee A. Clark, M.D., Associate Professor in the Department of Anesthesia, for appointment to the Latha Hebbbar, M.D., Endowed Chair in Anesthesiology, effective January 1, 2023.

Alan C. Finley, M.D., Professor in the Department of Anesthesia, for appointment to the Scott T. Reeves, M.D. Endowed Chair in Cardiothoracic and Vascular Anesthesiology, effective October 14, 2022.

Michael D. Scofield, Ph.D., Assistant Professor in the Department of Anesthesia, for appointment to the J. G. Reves, M.D. Endowed Chair in Anesthesia Basic Science Research, effective January 1, 2023.

Mark A. Stacy, M.D., as Professor, on the Academic Clinician track, in the Department of Neurology, effective August 1, 2022. He will also hold the William E. Murray SmartState Chair and serve as Vice-Chair for Research in the Neurology Department.

- Item 23. Faculty Tenure Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Health Professions

Christina Pelatti, Ph.D., CCC-SLP, Associate Professor with tenure in the College of Health Professions, Department of Rehabilitation Sciences, Division of Speech-Language Pathology, effective August 1, 2022. Dr. Pelatti will also serve as the Division Director of Speech-Language Pathology.

- Item 24. Change in Faculty Status Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Dental Medicine

Mark Barry, DDS, from Affiliate Professor to Clinical Professor in the Department of Stomatology, effective August 3, 2022, through October 2, 2022. This is a temporary change in faculty status.

College of Medicine

Michael D. Frye, M.D., from Associate Professor to Affiliate Associate Professor, in the Department of Medicine, Division of Pulmonary and Critical Care Medicine, effective July 1, 2022.

Yi-Te Hsu, Ph.D., from Associate Professor to Affiliate Associate Professor, in the Department of Biochemistry and Molecular Biology, effective August 1, 2022.

Hesheng Liu, M.D., from Professor to Affiliate Professor, in the Department of Neuroscience, effective August 1, 2022.

Albert A. Maniscalco, M.D., from Clinical Associate Professor to Affiliate Associate Professor, in the Department of Medicine, Division of Nephrology, effective July 1, 2022.

Donald L. (Hugh) Myrick, M.D., from Professor to Affiliate Professor, in the Department of Psychiatry and Behavioral Sciences, effective September 1, 2022.

Item 25. Faculty Appointments..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Dental Medicine

John N. Williams, Jr., DMD, as a temporary (August – December) part-time faculty member in the Department of Oral Rehabilitation with the academic rank of Visiting Professor, effective August 15, 2022.

John Ference, DMD, MDS, MPH, MSS, FACP, Associate Professor, on the Academic Clinician track, in the Department of Oral Rehabilitation, Division of Removable Prosthodontics, effective September 1, 2022.

College of Health Professions

Christina Pelatti, Ph.D., CCC-SLP, Associate Professor with tenure in the College of Health Professions, Department of Rehabilitation Sciences, Division of Speech-Language Pathology, effective August 1, 2022. Dr. Pelatti will also serve as the Division Director of Speech-Language Pathology.

College of Medicine

Huan Bosco Giap, M.D., as Clinical Associate Professor, in the Department of Radiation Oncology, effective October 1, 2022.

Alexandra E. Kejner, M.D., as Associate Professor, on the Clinician Educator track, in the Department of Otolaryngology-Head and Neck Surgery, effective September 1, 2022.

John Ernest McKinnon, M.D., as Associate Professor, on the Clinician Educator track, in the Department of Medicine, Division of Infectious Diseases, effective September 1, 2022.

Jonathan A. Nye, Ph.D., as Professor, on the Academic Clinician track, in the Department of Radiology and Radiological Science, effective August 1, 2022.

Jennifer Patterson, M.D., as Clinical Associate Professor, in the Department of Psychiatry and Behavioral Sciences, effective July 18, 2022.

Michael W. Rajala, M.D., Ph.D. as Clinical Associate Professor in the Department of Medicine, Division of Gastroenterology and Hepatology, effective August 15, 2022.

Michael G. Schmidt, PhD., [Dual Appointment] as Professor, in the Department of Psychiatry and Behavioral Sciences, effective August 1, 2022. Dr. Schmidt's primary appointment rests in the Department of Microbiology and Immunology.

Kalyani Sonawane, Ph.D., as Associate Professor, on the Academic Investigator track, in the Department of Public Health Sciences, effective August 29, 2022.

Mark A Stacy, M.D., as Professor, on the Academic Clinician track, in the Department of Neurology, effective August 1, 2022.

Karen B. Steel, Ph.D., as Visiting Professor, in the Department of Otolaryngology-Head and Neck Surgery, effective October 1, 2022.

Angela J. Yoon, DDS, MPH, [Joint Appointment] as Professor in the Department of Otolaryngology-Head and Neck Surgery, effective July 1, 2022. Dr. Yoon's primary appointment rests in the College of Dental Medicine, Department of Stomatology.

College of Nursing

Joan Wasserman, DrPH, RN, FAAN, as Adjunct Associate Professor in the College of Nursing, Department of Nursing, effective September 6, 2022.

College of Pharmacy

Aymen Shatnawi, Ph.D., as Associate Professor, in the Department of Drug Discovery, Biomedical Sciences and Public Health, effective August 29, 2022.

Item 26. Affiliate Faculty Appointments Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Pharmacy

Sherine S. L. Chan, Ph.D., as Affiliate Associate Professor, in the Department of Drug Discovery, Biomedical Sciences and Public Health, effective September 1, 2022.

Item 27. Emerita/Emeritus..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Mary M. Dugan, M.D., from Assistant Professor to Assistant Professor Emerita, in the Department of Pediatrics, Division of Pediatric After-Hours Clinic, effective July 1, 2022.

Mushfiquddin Khan, Ph.D., from Research Associate Professor to Professor Emeritus, in the Department of Pediatrics, Division of Children's Research Center, effective September 1, 2022.

Item 28. Distinguished University Professor Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Leslie Andrews Lennert, M.D., MS, Professor in the Department of Medicine, Division of General Internal Medicine, effective October 14, 2022.

Carlee A Clark, MD
Abbreviated Curriculum Vitae
 Associate Professor
 843-876-5759
 clara@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 4200
 Office Building: P.O. Box MSC 240
 Street 1: 25 Courtenay Drive
 Street 2: Charleston, South Carolina 29425

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
M.D.	Medicine	Ohio State University		Ohio	United States	2004	
B.A.	Psychology	Miami University				2000	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Columbia University/New York Presbyterian Hospital	Anesthesiology Residency	September 2005	September 2008
Post-Doctorate	Columbia University/New York Presbyterian Hospital	Critical Care Medicine Fellowship	September 2008	September 2009
Post-Doctorate	Riverside Methodist Hospital	Internship	September 2004	September 2005

Additional Training

Start Date	End Date	Institution	Specialty	Type
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Certifications

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
American Board of Anesthesiology	Specialty Certification	Anesthesiology	Critical Care Medicine	43733	2009-09-12	2029-12-31	
American Board of Anesthesiology	Specialty Certification	Anesthesiology		43733	2009-04-24	2029-12-31	

Professional Licensures

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
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Medical Physician	July 2009	June 2023	Board of Medical Examiners	South Carolina	United States	31822	MD
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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	Anesthesia and Perioperative Medicine		2009-07-27	2014-12-31
Associate Professor	Medical University of South Carolina	College of Medicine	Anesthesia and Perioperative Medicine		2015-01-01	

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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Alan C. Finley, MD
Abbreviated Curriculum Vitae
 Professor
 843-876-5759
 finleya@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 4200
 Office Building: P.O. Box MSC 240
 Street 1: 25 Courtenay Drive
 Street 2: Charleston, South Carolina 29425

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
M.D.	Medicine	Medical University of South Carolina		South Carolina	United States	2004	
B.S.	Biological Engineering	North Carolina State University, Raleigh		North Carolina	United States	2000	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Emory University	Cardiothoracic Anesthesiology Fellowship	July 2008	June 2009
Post-Doctorate	University of North Carolina Hospitals	Anesthesiology Residency	June 2004	June 2008

Additional Training

Start Date	End Date	Institution	Specialty	Type
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Certifications

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
	Pediatric Advanced Life Support				2004		
	Neonatal Resuscitation Program				2004		
National Board of Echocardiography	Diplomate - Advanced Perioperative Transesophageal Echocardiography			N/A	2020-01-01	2029-12-31	

American Heart Association	Advance Cardiac Life Support	225402325012	2022-02-01	2024-02-29
American Board of Anesthesiology	Anesthesiology	44577	2009-10-09	2029-12-31

Professional Licensures

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
South Carolina Medical License	June 2009	June 2023	South Carolina Medical Board	South Carolina		31532		
North Carolina Medical License	2007	2008						
Georgia Medical License	2008	2009						

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	Anesthesia and Perioperative Medicine		2009-07-20	2014-06-30
Associate Professor	Medical University of South Carolina	College of Medicine	Anesthesia and Perioperative Medicine		2014-07-01	2019-06-30
Professor	Medical University of South Carolina	College of Medicine	Anesthesia and Perioperative Medicine		2019-07-01	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Michael D. Scofield, PhD
Abbreviated Curriculum Vitae
 Assistant Professor
 843-792-1743
 scofield@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: CRI 204G
 Office Building: P.O. Box MSC 912
 Street 1: Children's Research Inst. - 173 Ashley Ave.
 Street 2: Charleston, South Carolina 29425

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
Ph.D.	Biomedical Science	University of Massachusetts Medical School		Massachusetts	United States	2010	
B.S.	Biology and Biotechnology	Worcester Polytechnic Institute		Massachusetts	United States	2005	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Medical University of South Carolina, Charleston, SC	Postdoctoral Fellow	September 2010	July 2017

Additional Training

Start Date	End Date	Institution	Specialty	Type
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Certifications

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
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Professional Licensures

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
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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	Neuroscience		2017-07-01	
Assistant Professor	Medical University of South Carolina	College of Medicine	Anesthesia and Perioperative Medicine		2017-07-01	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Mark A Stacy, MD
Abbreviated Curriculum Vitae
Professor
stacym@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1986 M.D., Medicine, University of Missouri
1981 B.S., Southeast Missouri State University

Post-Graduate Training

Fellowship, Baylor College of Medicine, Movement Disorders , July 1990, June 1991
Internship, St. Mary's Hospital, Internal Medicine, July 1986, June 1987
Residency, Hahnemann University, Neurology, July 1987, June 1990

Additional Training

No activities entered.

Certifications

American Academy of Neurology and Psychiatry , Type of Certification: Board Certification, Specialty:
Neurology, Certification Number: N/A, Effective Date: 1992-04-30, Lifetime Board Certification: Yes

Professional Licensures

North Carolina Medical License, Month / Year Originally Conferred: July 2003, Month/Year Expires: May 2023,
200300890

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Neurology, 2022-08-01

Non-MUSC Rank and Promotion History

Professor (Tenure), Duke University Medical Center , Neurology , 2010-10-01, 2017-08-31
Faculty member , Duke Institute of Brain Science, 2009-10-01, 2017-08-31
Clinical Instructor , Hahnemann University, Neurology , 1989-07-01, 1990-06-30
Associate Professor (Tenure 2006), Duke University Medical Center, Medicine/Neurology, 2003-07-01, 2010-09-30
Assistant Professor, University of Missouri School of Medicine, Neurology , 1991-07-01, 1996-08-01

Michael D. Frye, MD
Abbreviated Curriculum Vitae
Associate Professor
843-789-7014
fryemd@musc.edu

Personal Information

No activities entered.

Contact Information

Office Building: P.O. Box MSC 630
Street 1: Clinical Science Bldg. - 96 Jonathan Lucas St.
Street 2: Charleston, South Carolina 29425

Degrees

1983 M.D., Medicine, University of Kentucky, Kentucky, United States
1977 B.S., Biology, Western Kentucky University, Kentucky, United States

Post-Graduate Training

Post-Doctorate, Memorial Medical Center, Savannah, GA, Intern, Internal Medicine, September 1983,
September 1984
Post-Doctorate, Memorial Medical Center, Savannah, GA, Resident, Internal Medicine, September 1984,
September 1986
Post-Doctorate, University of South Carolina School of Medicine, Fellow, Pulmonary and Critical Care Medicine,
September 1986, September 1988

Additional Training

No activities entered.

Certifications

American Board of Sleep Medicine, Effective Date: 2002
American Board of Medical Examiners, Effective Date: 1984
American Board of Internal Medicine: Pulmonary, Effective Date: 1988
American Board of Internal Medicine: Critical Care, Effective Date: 1991
American Board of Internal Medicine, Effective Date: 1986

Professional Licensures

Tennessee (retired)
South Carolina
Georgia (retired)

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary & Critical
Care Medicine, 2004-07-01
Assistant Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary & Critical
Care Medicine, 1990-07-01, 2004-06-30

Non-MUSC Rank and Promotion History

Assistant Professor, James H Quinlan College of Medicine, Johnson City, TN, Department of Medicine, 1988-09-01

Yi-Te Hsu, PhD
Abbreviated Curriculum Vitae
Affiliate Associate Professor
843-792-0849
hsuy@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 512C
Office Building: P.O. Box MSC 509
Street 1: 173 Ashley Ave.
Street 2: Charleston, South Carolina 29425

Degrees

1994 Ph.D., University of British Columbia, Canada
1989 B.S., University of British Columbia, Canada

Post-Graduate Training

Post-Doctorate, NIH, Postdoctoral Fellow, September 1994, September 2000

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Visiting Assistant Professor, Medical University of South Carolina, College of Medicine, Biochemistry and Molecular Biology, 2000-05-01, 2005-02-24

Visiting Assistant Professor, Medical University of South Carolina, College of Dental Medicine, Biochemistry and Molecular Biology, 2000-05-01, 2005-02-24

Affiliate Associate Professor, Medical University of South Carolina, College of Medicine, Biochemistry and Molecular Biology, 2022-08-01, 2025-06-30

Research Associate Professor, Medical University of South Carolina, College of Medicine, Biochemistry and Molecular Biology, 2011-07-01, 2012-06-30

Research Associate Professor, Medical University of South Carolina, College of Dental Medicine, Biochemistry and Molecular Biology, 2011-07-01, 2012-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Biochemistry and Molecular Biology, 2012-07-01, 2022-07-31

Associate Professor, Medical University of South Carolina, College of Dental Medicine, Biochemistry and Molecular Biology, 2012-07-01, 2022-07-31

Associate Professor, Medical University of South Carolina, College of Graduate Studies, 2001-05-04, 2011-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Biochemistry and Molecular Biology, 2005-02-25, 2009-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Basic Sciences, Biochemistry and Molecular Biology, 2009-07-01, 2011-02-10

Assistant Professor, Medical University of South Carolina, College of Medicine, Biochemistry and Molecular Biology, 2011-02-11, 2011-06-30

Assistant Professor, Medical University of South Carolina, College of Dental Medicine, Biochemistry and Molecular Biology, 2005-02-25, 2011-06-30

Non-MUSC Rank and Promotion History

No activities entered.

Hesheng Liu, PhD
Abbreviated Curriculum Vitae
Professor
liuhe@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: CS 101FI K2
Office Building: P.O. Box MSC 510
Street 2: Charleston, South Carolina 29425

Degrees

2003 Ph.D., Biomedical Engineering, Tsinghua University
1997 B.S., Biomedical Engineering, Tsinghua University

Post-Graduate Training

Post-Doctorate, Harvard Medical School/Massachusetts General Hospital, Postdoctoral Fellow, July 2006, September 2009
Post-Doctorate, Washington State University, Postdoctoral Fellow, February 2004, June 2006
Post-Doctorate, Massachusetts General Hospital, Radiology and Neuroscience Research Fellowship, September 2006, September 2009

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2018-11-01

Non-MUSC Rank and Promotion History

Instructor, Harvard Medical School, Radiology, 2009-09-01
Associate Professor, Harvard Medical School, Radiology, 2016-09-01, 2099-01-01
Assistant Professor, Harvard Medical School, Radiology, 2012-09-01

Albert Anthony Maniscalco, MD
Abbreviated Curriculum Vitae V1
Clinical Associate Professor
843-792-4123
manisca@musc.edu

Degrees

1966 M.D., Medicine, New York Medical College, New York, United States
1962 B.S., Biology, University of Notre Dame, Indiana, United States

Post-Graduate Training

Post-Doctorate, Duke University Medical Center, Fellowship in Nephrology under Dr. Roscoe Robinson, September 1972, September 1974
Post-Doctorate, St. Vincent's Hospital & Medical Center, New York, NY, Rotating Internship, September 1966, September 1967
Post-Doctorate, St. Vincent's Hospital & Medical Center, New York, NY, Junior Assistant Resident in Medicine, September 1967, September 1968
Post-Doctorate, St. Vincent's Hospital & Medical Center, New York, NY, Assistant Resident in Medicine, September 1968, September 1969
Post-Doctorate, St. Vincent's Hospital & Medical Center, New York, NY, Chief Resident in Medicine, September 1969, September 1970

Certifications

American Board of internal Medicine: Nephrology, Effective Date: 1976
American Board of Internal Medicine, Effective Date: 1972

Professional Licensures

South Carolina
New York

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Clinical Assistant Professor	Medical University of South Carolina	College of Medicine	Medicine	Nephrology	2010-01-01	2019-06-30
Clinical Associate Professor	Medical University of South Carolina	College of Medicine	Medicine	Nephrology	2019-07-01	2020-02-09
Clinical Associate Professor	Medical University of South Carolina	College of Medicine	Medicine	Nephrology	2021-12-13	

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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Hugh L. Myrick, MD
Abbreviated Curriculum Vitae
Professor
843-789-7316
myrickh@musc.edu

Personal Information

No activities entered.

Contact Information

Office Building: P.O. Box MSC 864
Street 1: VA Medical Center - 109 Bee St.
Street 2: Charleston, South Carolina 29425

Degrees

1992	M.D., Medicine, Medical University of South Carolina, South Carolina, United States
1988	B.S., Microbiology, Clemson University, South Carolina, United States

Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, NIDA Substance Abuse Fellow, September 1995, September 1997
Post-Doctorate, Medical University of South Carolina, Resident, September 1993, September 1996
Post-Doctorate, Medical University of South Carolina, Internship, September 1992, September 1993

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Affiliate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2022-09-01, 2025-06-30
Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2019-07-01, 2022-08-30
Professor, Medical University of South Carolina, College of Graduate Studies, 2007-01-25, 2022-08-30
Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2004-07-01, 2019-06-30
Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 1997-07-01, 2004-06-30

Non-MUSC Rank and Promotion History

No activities entered.

First Appointment to MUSC: Rank Temporary Faculty

Date: August 15, 2022

Huan Bosco Giap, MD, PhD
Abbreviated Curriculum Vitae
Clinical Associate Professor
giap@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1994	Ph.D., Bio-Physics, MD Anderson Cancer Center Uthealth Graduate School of Biomedical Sciences M.D., Medicine, McGovern Medical School
1986	M.S., Nuclear Engineering, Texas A&M University
1984	B.S., Nuclear Engineering, Texas A&M University

Post-Graduate Training

Fellowship, SCRIPPS CLINIC, SRS/SBRT and brachytherapy, July 1998, June 1999

Internship, ST. JOSEPH HOSPITAL, Transitional Internship, July 1994, June 1995

Residency, LOMA LINDA UNIVERSITY MEDICAL CENTER , radiation oncology + proton therapy, July 1995, June 1998

Additional Training

No activities entered.

Certifications

American Board of Radiology , Type of Certification: Board Certification , Certification Number: 44999, Effective Date: 1999

Professional Licensures

South Carolina Medical License, Month / Year Originally Conferred: Ongoing

South Carolina , Month / Year Originally Conferred: Ongoing

Georgia Medical License, Month / Year Originally Conferred: Ongoing

Florida State Medical License , Month / Year Originally Conferred: Ongoing

California State Medical License, Month / Year Originally Conferred: Ongoing

MUSC Rank and Promotion History

Clinical Associate Professor, Medical University of South Carolina, College of Medicine, Radiation Oncology, 2022-10-01

Non-MUSC Rank and Promotion History

Associate Professor, University of Miami Sylvester Comprehensive Cancer Center, 2018, 2020

Adjunct Clinical Professor, University of California at San Diego, 2014, 2021

Alexandra E Kejner, MD
Abbreviated Curriculum Vitae
Associate Professor
kejner@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2009 M.D., Medicine, University of Michigan Medical School
2005 B.S., Wake forest University

Post-Graduate Training

Internship, University of Alabama School of Medicine, General Surgery , July 2009, June 2010
Residency, University of Alabama School of Medicine , Otolaryngology-Head & Neck Surgery, July 2010, June 2014

Additional Training

No activities entered.

Certifications

American Board of Otolaryngology, Type of Certification: Board Certification , Specialty: Otolaryngology,
Certification Number: N/A, Effective Date: 2015

Professional Licensures

Pennsylvania State Board of Medicine , Month / Year Originally Conferred: March 2014, Month/Year Expires:
December 2016, Pennsylvania, MD450785
Kentucky Board of Medical Licensure , Month / Year Originally Conferred: March 2017, Kentucky, 50141
Connecticut State Department of Public Health , Month / Year Originally Conferred: March 2017, Month/Year
Expires: December 2017, Connecticut, 54322
Alabama Board of Medical Examiners , Month / Year Originally Conferred: March 2010, Month/Year Expires:
December 2014, Alabama, MD30728

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck
Surgery, 2022-09-01

Non-MUSC Rank and Promotion History

Assistant Professor, University of Kentucky, College of Medicine, Department of Otolaryngology-Head & Neck
Surgery, 2017-04
Assistant Professor, Yale University School of Medicine, Otolaryngology, 2015-08

John Ernest McKinnon
Abbreviated Curriculum Vitae
Associate Professor
mckinjoh@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1995 M.D., Medicine , Universidad de Panama, Panama, Panama

Post-Graduate Training

Fellowship, University of Pittsburgh, Infectious Diseases, July 2002, June 2005

Internship, Hospital El Vigia of Azuero Region, Transitional Internship, July 1996, June 1997

Internship, El Complejo Hospitalario Metropolitano de la C.S.S, Transitional Internship, July 1995, June 1996

Residency, Henry Ford Hospital, Internal Medicine, July 1999, June 2002

Post-Doctorate, University of Pittsburgh,, Master of Science in Clinical Trials , July 2003, June 2005

Additional Training

No activities entered.

Certifications

American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Infectious Disease, Certification Number: 216448, Effective Date: 2006-01-01, Expiration Date (if none, see note above): 2026-12-31

American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Internal Medicine, Certification Number: 216448, Effective Date: 2002-01-01, Expiration Date (if none, see note above): 2026-12-31

Professional Licensures

Michigan Board of Medicine , Month / Year Originally Conferred: August 2012, Month/Year Expires: August 2025, 4301073806

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Infectious Diseases, 2022-09-01

Non-MUSC Rank and Promotion History

Instructor , University of Pittsburgh, Medicine, 2005-01-01, 2007-12-31

Clinical Associate Professor, Wayne State University, Infectious Diseases , 2014-01-01

Assistant Professor, University of Pittsburgh, Medicine, 2007-01-01, 2012-12-31

Jonathon Andrew Nye, PhD
Abbreviated Curriculum Vitae
Professor
843-792-4368
nye@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 302
Office Building: P.O. Box MSC 184
Street 1: Cannon Park Place - 261 Calhoun St.
Street 2: Charleston, South Carolina 29425

Degrees

2005	Ph.D., Medical Physics, University of Wisconsin
2002	M.S., Medical Physics, University of Wisconsin
2001	B.S., Nuclear Engineering, University of Wisconsin

Post-Graduate Training

Post-Doctorate, Emory University School of Medicine , Radiology , July 2005, June 2007

Additional Training

No activities entered.

Certifications

American Board of Radiology , Type of Certification: Diplomate, Certification Number: N/A, Effective Date: 2014
American Board of Radiology , Type of Certification: Diplomate , Specialty: Nuclear Medical Physics,
Certification Number: N/A, Effective Date: 2011
American Board of Radiology , Type of Certification: Diplomate , Certification Number: N/A, Effective Date:
2011

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 2022-08-01

Non-MUSC Rank and Promotion History

Associate Professor , Emory University School of Medicine , 2018
Assistant Professor , Emory University School of Medicine , 2007

Jennifer J. Patterson, MD
Abbreviated Curriculum Vitae
Assistant Professor
pattersj@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2008 M.D., Medicine, University of Louisville School of Medicine, Kentucky, United States
2003 B.S., Psychobiology, Centre College

Post-Graduate Training

Fellowship, Medical University of South Carolina, Charleston, SC, Child and Adolescent Psychiatry Fellowship,
September 2011, September 2013
Residency, Medical University of South Carolina, Charleston, SC, General Psychiatry , September 2008,
September 2011

Additional Training

No activities entered.

Certifications

Trauma Focused Cognitive Behavioral Therapy, Effective Date: 2012
American Board of Psychiatry and Neurology- Psychiatrist, Type of Certification: Board Certification, Specialty:
Psychiatrist, Certification Number: 65447, Effective Date: 2012-09-13, Expiration Date (if none, see note
above): 2023-03-01
American Board of Psychiatry and Neurology, Type of Certification: Board Certification, Specialty: Child and
Adolescent Psychiatrist, Certification Number: 8273, Effective Date: 2013-09-23, Expiration Date (if none, see
note above): 2023-03-01

Professional Licensures

South Carolina Medical License , Month / Year Originally Conferred: July 2008, Month/Year Expires: June 2023,
30814

MUSC Rank and Promotion History

Clinical Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and
Behavioral Sciences, 2022-07-18
Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral
Sciences, 2014-10-01, 2019-12-01

Non-MUSC Rank and Promotion History

No activities entered.

Michael W Rajala, MD, PhD
Abbreviated Curriculum Vitae
Clinical Associate Professor
rajala@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2005 M.D., Ph.D., Medicine, Albert Einstein College of Medicine

Post-Graduate Training

Fellowship, University of Michigan , Gastroenterology , July 2007, June 2011

Fellowship, University of Pennsylvania , Advanced Therapeutic Endoscopy, July 2014, June 2015

Residency, University of Michigan , Internal Medicine, July 2005, June 2007

Additional Training

No activities entered.

Certifications

American Board of Internal Medicine , Type of Certification: Board Certification, Specialty: Internal Medicine, Certification Number: 292049, Effective Date: 2009-01-01, Expiration Date (if none, see note above): 2023-04-01

American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Gastroenterology, Certification Number: 292049, Effective Date: 2011-01-01, Expiration Date (if none, see note above): 2023-04-01

Professional Licensures

Pennsylvania Medical License, Month / Year Originally Conferred: October 2013, Month/Year Expires: December 2022, MD450348

MUSC Rank and Promotion History

Clinical Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Gastroenterology & Hepatology, 2022-08-15

Non-MUSC Rank and Promotion History

Assistant Professor, University of Pennsylvania, Internal Medicine-Gastroenterology, 2015-07-01, 2018-06-30

Assistant Professor, Einstein Medical Center, Digestive Disease and Transplantation, Gastroenterology, 2018-08-01

Michael G. Schmidt, PhD
Abbreviated Curriculum Vitae
Professor
843-792-9532
schmidtm@musc.edu

Personal Information

Country of Origin: United States
Languages: English

Contact Information

Office Number: BSB 214 A
Office Building: P.O. Box MSC 504
Street 1: 173 Ashley Ave.
Street 2: Charleston, South Carolina 29425

Degrees

1985	Ph.D., Microbiology and Immunology, Indiana University, Indiana, United States
1981	M.A., Microbiology and Immunology, Indiana University, Indiana, United States
1978	B.S., Biology, University of Illinois, Illinois, United States

Post-Graduate Training

Post-Doctorate, State University of New York at Stony Brook, Microbiology , April 1985, March 1989

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2022-08-01
Professor, Medical University of South Carolina, College of Graduate Studies, 1989-05-30
Professor, Medical University of South Carolina, College of Dental Medicine, Microbiology and Immunology, 1999-07-01
Professor, Medical University of South Carolina, College of Dental Medicine, Stomatology, 2002-07-01
Professor, Medical University of South Carolina, College of Dental Medicine, Oral Health Sciences, 2009-07-01
Professor, Medical University of South Carolina, College of Medicine, Basic Sciences, Microbiology and Immunology, 2009-07-01, 2011-02-10
Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 2011-02-11
Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 1999-07-01, 2009-06-30
Associate Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 1994-07-01, 1999-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology,
1989-04-01, 1994-06-30

Non-MUSC Rank and Promotion History

No activities entered.

Kalyani Sonawane, PhD
Abbreviated Curriculum Vitae
Associate Professor
sonawane@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2015	Ph.D., Health Outcomes and Policy, Auburn University
2010	B.S. Pharm, Pharmacy, University of Pune, MH, India

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Public Health Sciences, 2022-08-29

Non-MUSC Rank and Promotion History

Assistant Professor, University of Florida, 2016, 2018

Assistant Professor, The University of Texas Health Science Center at Houston, 2018

Mark A Stacy, MD
Abbreviated Curriculum Vitae
Professor
stacym@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1986 M.D., Medicine, University of Missouri
1981 B.S., Southeast Missouri State University

Post-Graduate Training

Fellowship, Baylor College of Medicine, Movement Disorders , July 1990, June 1991
Internship, St. Mary's Hospital, Internal Medicine, July 1986, June 1987
Residency, Hahnemann University, Neurology, July 1987, June 1990

Additional Training

No activities entered.

Certifications

American Academy of Neurology and Psychiatry , Type of Certification: Board Certification, Specialty:
Neurology, Certification Number: N/A, Effective Date: 1992-04-30, Lifetime Board Certification: Yes

Professional Licensures

North Carolina Medical License, Month / Year Originally Conferred: July 2003, Month/Year Expires: May 2023,
200300890

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Neurology, 2022-08-01

Non-MUSC Rank and Promotion History

Professor (Tenure), Duke University Medical Center , Neurology , 2010-10-01, 2017-08-31
Faculty member , Duke Institute of Brain Science, 2009-10-01, 2017-08-31
Clinical Instructor , Hahnemann University, Neurology , 1989-07-01, 1990-06-30
Associate Professor (Tenure 2006), Duke University Medical Center, Medicine/Neurology, 2003-07-01, 2010-09-30
Assistant Professor, University of Missouri School of Medicine, Neurology , 1991-07-01, 1996-08-01

Karen P Steel, PhD
Abbreviated Curriculum Vitae
Visiting Professor
steeleka@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1978	Ph.D., Genetics , University College, London
1974	B.Sc., Genetics and Zoology, University of Leeds

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Visiting Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck Surgery, 2022-10-01, 2023-06-30

Non-MUSC Rank and Promotion History

Special Professor of Genetics, University of Nottingham, 1995-07-01

Professor of Sensory function, Wolfson Centre for Age-Related Diseases, King's College London, 2012-09-01

Medical University of South Carolina
College of Pharmacy
ABBREVIATED CURRICULUM VITAE

Name:	<u>Shatnawi</u>	<u>Aymen</u>	<u>Ahmad</u>
	Last	First	Middle

Citizenship and/or Visa Status: Permanent resident

Office Address:
Department of Drug Discovery and Biomedical Sciences
College of Pharmacy
Medical University of South Carolina
70 President St., Room 402.
Charleston, SC 29425

Telephone:
843-876-2364

Education: (Baccalaureate and above)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
1. Jordan University of Science and Technology	5	BS/1995	BS. Pharmacy
2. Jordan University of Science and Technology	2	MS/1999	Pharmaceutical Technology
3. University of Toledo, Ohio	5	Ph.D/2008	Biomedical Sciences

Graduate Medical Training: (Chronological)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
N/A		

<u>Residencies or Postdoctoral:</u>	<u>Place</u>	<u>Dates</u>
1. Postdoctoral	Duke University/Pharmacology Dept, NC	2008-2009
2. Postdoctoral	McGill University/Cancer Center/QC	2009-2013

Board Certification: Canadian Board of Pharmacy **Date:** 2013-present

Licensure: Pharmacist-Canada **Date:** 2013-Present

Faculty appointments: (Begin with initial appointment)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2015	Assistant professor	University of charleston, WV	Admin and pharmaceutical Sc
2020	Associate professor	University of Charleston, WV	Admin and Pharmaceutical Sc

Medical University of South Carolina
College of Pharmacy
ABBREVIATED CURRICULUM VITAE

Total Number of Publications in peer-reviewed journals: 19

First Appointment to MUSC:

Rank: Associate Professor

Date: 08/29/2022

Mary M Dugan, MD
Abbreviated Curriculum Vitae
Assistant Professor
843-876-0795
duga@musc.edu

Personal Information

No activities entered.

Contact Information

Office Building: P.O. Box MSC 917
Street 1: Roper Medical Office Bldg - 125 Doughty St., Charl
Street 2: Charleston, South Carolina 29425

Degrees

1980	M.D., Medicine, Georgetown University School of Medicine, Washington D.C., United States
1973	B.S., Nursing, Villanova University

Post-Graduate Training

Post-Doctorate, Internship, September 1980, September 1981
Post-Doctorate, Residency, September 1981, September 1983

Additional Training

No activities entered.

Certifications

American Board of Pediatrics, Effective Date: 2009-2019

Professional Licensures

South Carolina Medical License #29537
Maryland Medical License #28886

MUSC Rank and Promotion History

Clinical Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric After Hours Clinic, 2017-04-01, 2022-06-30
Clinical Instructor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2007-04-11, 2012-06-30
Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric After Hours Clinic, 2022-07-01
Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric After Hours Clinic, 2012-07-01, 2017-03-31

Non-MUSC Rank and Promotion History

Clinical Instructor, George Washington University Medical School, Pediatrics, 1983-09-01
Clinical Instructor, Georgetown University Medical School, Pediatrics, 1983-09-01

Mushfiquddin Khan, PhD
Abbreviated Curriculum Vitae
Research Associate Professor
843-792-7991
khanm@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: CR 513
Office Building: P.O. Box MSC 515
Street 1: 173 Ashley Ave.
Street 2: Charleston, South Carolina 29425

Degrees

1983 Ph.D., Chemistry, Aligarh Muslim University, India

Post-Graduate Training

Post-Doctorate, Aligarh Muslim University, India, Postdoctoral Fellow, September 1983, September 1984
Post-Doctorate, Ehime University, Matsuyama, Japan, Postdoctoral Fellow, September 1984, September 1986
Post-Doctorate, Pediatrics, Medical University of South Carolina, Charleston, SC, Research Fellow, September 1994, September 1999

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Research Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Development Neurogenetics, 2013-07-01, 2018-06-30
Research Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Childrens Research Institute, 2018-07-01, 2022-08-31
Research Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Development Neurogenetics, 2001-10-15, 2013-06-30
Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Children's Research Institute, 2022-09-01

Non-MUSC Rank and Promotion History

Scientist's Pool (equivalent to Assistant Professor), Aligarh Muslim University, Aligarh India, Chemistry, 1986-09-01
Lecturer, Shibli National Postgraduate College, Azamgarh, India, Chemistry, 1987-09-01

Leslie Andrew Lenert, MD, MS
Abbreviated Curriculum Vitae
 Professor
 843-792-4268
 Lenert@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 213
 Street 1: 22 West Edge, Charleston, SC 29403
 State or Province: South Carolina

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
M.S.	Medical Information Sciences	Stanford University	Stanford	California	United States	1990	
M.D.	Medicine	University of California, Los Angeles		California	United States	1984	
B.S.	Biomedical Science	University of California		California	United States	1981	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Stanford University School of Medicine, Department of Medicine	Fellow, Biomedical Informatics	September 1987	September 1990
Post-Doctorate	Stanford University School of Medicine, Division of Clinical Pharmacology	Fellow, Clinical Pharmacology	September 1987	September 1990
Post-Doctorate	University of Texas Southwestern Medical School	Resident, Internal Medicine	June 1984	May 1987

Additional Training

Start Date	End Date	Institution	Specialty	Type
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Certifications

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
National Board of Medical Examiners					1986		
American Board of Internal Medicine					1987		
American Board of Clinical Pharmacology					1991		

Professional Licenses

Professional Licensures

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
Utah Medical License	September 2008	January 2014		Utah				
South Carolina Medical License	February 2014	June 2022						
California Medical License	January 1988							

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	General Internal Medicine & Geriatrics	2013-12-01	
Professor	Medical University of South Carolina	College of Medicine	Public Health Sciences		2015-04-15	

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	Stanford University School of Medicine		Medicine & Molecular Pharmacology		1990-09-01	
Associate Professor	University of California San Diego		Medicine		1998-09-01	
Professor	University of California San Diego		Medicine	General Medicine	2003-09-01	
Professor	University of Utah		Biomedical Informatics		2010-09-01	2099-01-01
Professor	University of Utah		Internal Medicine		2010-09-01	2099-01-01