



1824-2024 | *Then. Now. Next.*

# **AGENDA**

(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES

AND

UNIVERSITY BOARD OF TRUSTEES

**October 11, 2024**

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES**  
**REGULAR AGENDA**  
October 11, 2024  
101 Colcock Hall

**Members of the Board of Trustees**

Mr. Charles W. Schulze, Chairman	Dr. Paul T. Davis
Dr. W. Melvin Brown III, Vice-Chairman	Dr. Donald R. Johnson II
Ms. Terri R. Barnes	Ms. Barbara Johnson-Williams
The Honorable James A. Battle, Jr.	Dr. James Lemon
Mr. William H. Bingham, Sr.	Dr. G. Murrell Smith, Sr.
Dr. Henry F. Butehorn III	Mr. Michael E. Stavrinakis
Dr. C. Guy Castles III	Thomas L. Stephenson, Esq.
Dr. Richard M. Christian, Jr.	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 .....Charles Schulze  
*Chairman*
- Item 2. Roll Call..... Katherine Haltiwanger  
*Board Secretary*
- Item 3. Date of Next Regular Meeting - December 13, 2024 ..... Katherine Haltiwanger  
*Board Secretary*
- Item 4. Approval of Meeting Minutes .....Charles Schulze  
*Chairman*

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

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

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

- Item 7. Election of Committee Chair .....Charles Schulze  
*Chairman*
- Item 8. MUSC Health Status Report ..... Dr. Patrick Cawley  
*Chief Executive Officer, MUSC Health*

- Item 8.1 Membership Substitution in an Information Technology Exchange  
Organization for Approval ..... Dr. Patrick Cawley  
*Chief Executive Officer, MUSC Health*
- Item 9. MUHA Consolidated Financial Report.....Doug Lischke  
*Chief Financial Officer, MUSC Health*
- Item 10. Capital Reprioritization Request.....Doug Lischke  
*Chief Financial Officer, MUSC Health*
- Item 11. Resolutions for Approval.....Doug Lischke  
*Chief Financial Officer, MUSC Health*
- 1) A resolution authorizing the filing of an abbreviated FHA application (including the payment of any required associated fees) and the filing of pre-commitment work prior to approval of the U.S. Department of Housing and Urban Development Section 241 mortgage insurance to secure the financing of the Nexton Hospital Project in Berkeley County; and
  - 2) A resolution expressing MUHA’s intent to be reimbursed with proceeds of tax-exempt obligations for certain costs associated with the Nexton Hospital Project and other matters thereto.
- Item 12. Resolutions for Approval.....Doug Lischke  
*Chief Financial Officer, MUSC Health*
- 1) A resolution authorizing the filing of an abbreviated FHA application (including the payment of any required associated fees) and the filing of pre-commitment work prior to approval of the U.S. Department of Housing and Urban Development Section 241 mortgage insurance to secure the financing of the Indian Land Hospital Project in Lancaster County; and
  - 2) A resolution expressing MUHA’s intent to be reimbursed with proceeds of tax-exempt obligations for certain costs associated with the Indian Land Hospital Project and other matters thereto.
- Item 13. Quality and Patient Safety Report..... Dr. Danielle Scheurer  
*Chief Quality Officer, MUSC Health*
- Item 14. Government Affairs Update ..... Mark Sweatman  
*Vice President of Government Affairs, MUSC*
- Item 15. Item removed.
- Item 16. Other Committee Business.....Dr. Murrell Smith  
*Committee Chair*

**MUHA and MUSC Physical Facilities Committee: Terri Barnes, Chair**

- Item 17. Election of Committee Chair .....Charles Schulze  
*Chairman*
- Item 18. MUHA Leases for Approval ..... Jessica Paul  
*Chief Real Estate Officer, MUSC Health*
- Item 19. MUSC Leases for Approval ..... Jessica Paul  
*Chief Real Estate Officer, MUSC Health*
- Item 20. Easements for Approval ..... Jessica Paul  
*Chief Real Estate Officer, MUSC Health*
- Item 21. Project Budget Adjustment for Approval ..... Gopi Omraju  
*Senior Program Director, EPMO, MUSC Health*
- Item 22. Establish Project for Approval ..... Gopi Omraju  
*Senior Program Director, EPMO, MUSC Health*
- Item 23. MUHA Civil Engineering IDQ Selections for Approval ..... Gopi Omraju  
*Senior Program Director, EPMO, MUSC Health*
- Item 24. Other Committee Business..... Terri Barnes  
*Committee Chair*

**MUHA and MUSC Audit, Compliance & Risk Committee: Tom Stephenson, Chair**

- Item 25. Election of Committee Chair .....Charles Schulze  
*Chairman*
- Item 26. Enterprise Risk Management Update ..... Reece Humphreys  
*Director, Enterprise Risk Management*
- Item 27. Information Security Update..... Aaron Heath  
*Chief Information Security Officer*
- Item 28. Board Education Update ..... Annette Drachman  
*General Counsel*
- Item 29. Internal Audit Report..... Susan Barnhart  
*Chief Audit Executive*
- Item 30. Other Committee Business..... Tom Stephenson  
*Committee Chair*

**Other Business for the Board of Trustees**

- Item 31. Approval of Consent Agenda.....Charles Schulze  
*Chairman*

Item 32. Executive Session .....Charles Schulze  
*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 33. New Business for the Board of Trustees .....Charles Schulze  
*Chairman*

Item 34. Report from the Chairman .....Charles Schulze  
*Chairman*

**MUSC Health - Board Package**  
**MUHA - Medical University Hospital Authority**  
Interim Financial Statements  
August 31, 2024

<b>Medical University Hospital Authority (MUHA)</b>	
<b>Statement of Revenues, Expenses and Changes in Net Assets</b>	
Consolidated	2 - 3
<b>Statements of Net Position</b>	
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**Medical University Hospital Authority - Consolidated**  
**Statement of Revenues, Expenses, and Change in Net Position**  
**For the 2 Month Period Ending - August 31, 2024**  
**Modified FASB Basis (in thousands)**

	Current Month				Fiscal Year To Date				
	Actual	Fixed Budget	Variance	Var %	Actual	Fixed Budget	Variance	Var %	YTD Prior Year
<b>Operating Revenues</b>									
Net Patient Service Revenue	\$304,343	\$311,577	(\$7,234)	-2.32%	\$619,816	\$610,056	\$9,759	1.60%	\$543,227
HAWQ & Other Medicaid Directed Payments	34,612	34,608	3	0.01%	69,224	69,217	7	0.01%	17,758
Retail Pharmacy Revenue	69,933	60,722	9,211	15.17%	142,287	121,483	20,804	17.13%	103,090
Other Revenue	14,013	14,798	(785)	-5.30%	25,736	29,846	(4,110)	-13.77%	32,404
State Appropriations	6,556	6,312	244	3.86%	13,112	12,624	488	3.86%	12,839
<b>Total Operating Revenues</b>	<b>\$429,457</b>	<b>\$428,018</b>	<b>\$1,439</b>	<b>0.34%</b>	<b>\$870,175</b>	<b>\$843,227</b>	<b>\$26,948</b>	<b>3.20%</b>	<b>\$709,318</b>
<b>Operating Expenses</b>									
Salaries Wages	\$124,890	\$121,267	\$3,623	2.99%	\$243,900	\$238,110	\$5,791	2.43%	\$221,559
Benefits	40,016	41,150	(1,134)	-2.76%	78,443	80,863	(2,421)	-2.99%	77,331
Purchased Services	52,454	51,440	1,013	1.97%	107,866	102,527	5,338	5.21%	96,483
Physician Services	16,557	19,888	(3,332)	-16.75%	37,354	39,947	(2,594)	-6.49%	30,137
Pharmaceuticals	25,293	28,678	(3,385)	-11.80%	52,782	56,744	(3,962)	-6.98%	45,163
Retail Pharmaceuticals	33,211	32,263	947	2.94%	70,603	64,514	6,089	9.44%	54,009
Medical Supplies	54,316	52,152	2,164	4.15%	102,296	102,949	(653)	-0.63%	90,008
Other Supplies	5,899	6,385	(487)	-7.62%	10,543	12,741	(2,198)	-17.25%	12,594
Utilities	3,397	3,326	70	2.11%	6,634	6,677	(43)	-0.65%	6,876
Insurance	1,610	1,759	(148)	-8.44%	3,421	3,546	(125)	-3.52%	2,961
Leases	2,392	1,854	538	29.03%	4,724	3,713	1,010	27.21%	4,536
Other (including HAWQ Provider Tax)	19,670	18,801	869	4.62%	38,698	37,619	1,079	2.87%	12,884
<b>Total Operating Expenses</b>	<b>\$379,703</b>	<b>\$378,964</b>	<b>\$740</b>	<b>0.20%</b>	<b>\$757,263</b>	<b>\$749,951</b>	<b>\$7,312</b>	<b>0.97%</b>	<b>\$654,541</b>
EBIDA	\$49,754	\$49,054	\$700	1.43%	\$112,912	\$93,275	\$19,637	21.05%	\$54,777
Depreciation	\$16,004	\$15,440	\$563	3.65%	\$32,010	\$31,243	\$767	2.46%	\$29,268
Interest	3,368	3,464	(97)	-2.79%	6,537	6,944	(407)	-5.86%	6,689
Operating Income (Loss)	\$30,383	\$30,149	\$233	0.77%	\$74,365	\$55,089	\$19,276	34.99%	\$18,819
Operating Margin	7.07%	7.04%			8.55%	6.53%			2.65%
<b>NonOperating Revenue (Expenses)</b>									
Gifts and Grants	\$476	\$194	\$282	145.87%	\$761	\$387	\$374	96.59%	\$596
Noncash Pension and Other Post Employment Benefits	(12,301)	(11,637)	(\$664)	5.71%	(24,130)	(23,274)	(\$856)	3.68%	(29,005)
Investment Income	4,736	2,869	1,867	65.09%	9,492	5,737	3,755	65.45%	3,435
Loss on Disposal of Capital Assets	79	77	2	2.17%	60	155	(94)	-60.92%	68
Other NonOperating Revenues (Expenses)	(268)	(321)	54	-16.73%	(518)	(643)	125	-19.48%	745
<b>Total NonOperating Revenues (Expenses)</b>	<b>(\$7,278)</b>	<b>(\$8,819)</b>	<b>\$1,541</b>	<b>-17.47%</b>	<b>(\$14,334)</b>	<b>(\$17,638)</b>	<b>\$3,304</b>	<b>-18.73%</b>	<b>(\$24,161)</b>
Income (Loss) before NonOperating Payments to MUSC Affiliates	\$23,105	\$21,331	\$1,774	8.32%	\$60,031	\$37,451	\$22,580	60.29%	(\$5,342)
Non Operating Payments to MUSC Affiliates	(\$875)	-	(\$875)	0.00%	(\$875)	-	(\$875)	0.00%	-
<b>Change in Net Position</b>	<b>\$22,230</b>	<b>\$21,331</b>	<b>\$899</b>	<b>4.21%</b>	<b>\$59,156</b>	<b>\$37,451</b>	<b>\$21,705</b>	<b>57.96%</b>	<b>(\$5,342)</b>
Total Margin	5.18%	4.98%			6.80%	4.44%			-0.75%
Operating Cash Flow Margin	11.77%	11.31%			13.25%	10.91%			7.46%

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, 2024 (Unaudited)

*Actuals Compared to Fixed Budget*

**Revenue Explanation:** August year-to-date net patient service revenues were favorable to budget by 1.6%, or \$9.8M. Inpatient surgeries were favorable to budget by 5.6%, and outpatient surgeries were favorable to budget by 4.8%. Transplant procedures were favorable to budget by 14.8%. Case Mix Index was favorable \$7.8M and Payor Mix shift was flat YTD.

**Expense Explanation:** Salaries and wages were unfavorable to budget by \$5.8M. Benefits were favorable to budget \$2.4M.

Purchased Services were unfavorable to budget \$5.3M due to dietary, maintenance and contractual services.

Pharmaceuticals, not explained by acuity and volume, were favorable to budget by \$4.0M due to increased productivity in Ambulatory and Radiologic departments. Retail pharmacy revenues, net of expenses, were \$14.7M favorable to budget.

Medical and Other Supplies, not explained by acuity and volume, were \$3.4M favorable to budget due to decreased purchases in central supply locations in Ashley River Tower and Main hospitals in Charleston.

Utilities, insurance, leases, and other expenses were unfavorable to budget by \$1.9M.



## **Statements of Net Position**

# Medical University Hospital Authority - Consolidated

## Statements of Net Position (in thousands)

August 31, 2024 and June 30, 2024

Assets and Deferred Outflows	As of 08/31/2024 (unaudited)	As of 06/30/2024 (unaudited)
<b>Current Assets:</b>		
Cash and Cash Equivalents	\$ 433,003	\$ 482,075
Cash Restricted for Capital Projects and Major Programs	94,243	104,045
Investments Unrestricted	260,163	233,673
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$416,500 and \$412,600	435,184	427,175
Due from Related Parties	-	1,347
Due from Third-Party Payors	22,558	22,455
Due from Joint Ventures and Partnerships	-	5,486
Other Current Assets	423,803	375,145
<b>Total Current Assets</b>	<b>\$ 1,668,954</b>	<b>\$ 1,651,401</b>
Investments Held by Trustees Mortgage Reserve Fund	\$ 87,823	\$ 85,847
Investments in Joint Ventures and Partnerships	61,540	62,492
Other Non-Current Assets	8,953	3,993
<b>Capital Assets, Net</b>	<b>1,268,576</b>	<b>1,249,986</b>
<b>Total Assets</b>	<b>\$ 3,095,846</b>	<b>\$ 3,053,720</b>
<b>Deferred Outflows</b>	<b>\$ 857,023</b>	<b>\$ 856,434</b>
<b>Total Assets and Deferred Outflows</b>	<b>\$ 3,952,869</b>	<b>\$ 3,910,154</b>
<b>Liabilities, Deferred Inflows and Net Position</b>		
<b>Current Liabilities:</b>		
Current Installments of Long-Term Debt	\$ 37,239	\$ 37,041
Current Installments of Capital Lease Obligations	40,452	41,409
Current Installments of Notes Payable	3,899	3,899
Due to Related Parties	24,374	-
Due to Joint Ventures and Partnerships	4,030	-
Accounts Payable	232,487	272,300
Accrued Payroll, Withholdings and Benefits	199,990	200,768
Other Accrued Expenses	35,013	32,201
Unearned Revenue	2,410	4,339
<b>Total Current Liabilities</b>	<b>\$ 579,894</b>	<b>\$ 591,957</b>
Long-Term Debt	\$ 631,698	\$ 637,987
Capital Lease Obligations	227,802	232,939
Notes Payable	12,136	12,136
Other Liabilities	31,478	31,478
RMC Net Pension Liability	27,904	23,314
<b>Total MUHA Liabilities</b>	<b>\$ 1,510,911</b>	<b>\$ 1,529,811</b>
Net Pension Liability (obligation of the state of SC)	1,353,259	1,340,264
Net OPEB Liability (obligation of the state of SC)	969,679	959,396
<b>Total Liabilities</b>	<b>\$ 3,833,849</b>	<b>\$ 3,829,471</b>
<b>Deferred Inflows</b>	<b>\$ 544,706</b>	<b>\$ 543,922</b>
<b>Total Liabilities and Deferred Inflows</b>	<b>\$ 4,378,555</b>	<b>\$ 4,373,393</b>
<b>Net Position:</b>		
Net Investment in Capital Assets	\$ 324,555	\$ 294,188
Restricted:		
Under Indenture Agreements	87,823	85,847
Expendable for:		
Capital Projects	64,517	76,660
Major Programs	52,849	51,314
Unrestricted (deficit)	(955,430)	(971,248)
<b>Total Net Position</b>	<b>\$ (425,686)</b>	<b>\$ (463,239)</b>
<b>Total Liabilities, Deferred Inflows and Net Position</b>	<b>\$ 3,952,869</b>	<b>\$ 3,910,154</b>

Unaudited - For Management Use

# MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

## Cash, Cash Equivalents and Investments

Unrestricted cash and cash equivalents decreased by \$49.1M from June 30, 2024. Significant FY2025 events impacting cash include \$55.1M HAWQ tax payment. Note - \$135.0M HAWQ funds were received in September 2024.

### The Authority's cash balance is as follows:

	8/31/2024 Balance	6/30/2024 Balance
Carrying Amount (cash and cash equivalents)	\$ 433,003	\$ 482,075
Restricted (cash and cash equivalents)	94,243	104,045
<b>Total</b>	<b>\$ 527,246</b>	<b>\$ 586,120</b>

The Authority has unrestricted available cash of \$693.2M as detailed below

Cash and cash equivalents	\$ 433,003	\$ 482,075
Investments - unrestricted	260,163	233,673
<b>Total</b>	<b>\$ 693,166</b>	<b>\$ 715,748</b>

## Net Patient Accounts Receivable

Payor class percentages changed between Blue Cross, Medicare, Private insurance/managed care, and Medically indigent/self-pay/other: all other payor classes remained relatively stable as shown in the table below.

	8/31/2024 Balance	6/30/2024 Balance
Blue Cross	29%	27%
Medicare	34%	35%
Medicaid	10%	12%
Private insurance/managed care	14%	16%
Medically Indigent/self-pay/other	13%	10%
	<b>100%</b>	<b>100%</b>

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

### Other Current Assets

The composition of other current assets is as follows:

	8/31/2024	6/30/2024
	Balance	Balance
Inventory	\$ 122,349	\$ 124,658
Other Prepayments	98,224	123,912
Non-Patient Accounts Receivable	200,806	123,902
Lease Receivable	2,481	2,698
Accrued Interest	14	10
Unapplied Cash - Grant Payments	(71)	(35)
	<u>\$ 423,803</u>	<u>\$ 375,145</u>

### Other Non-Current Assets

The composition of other non-current assets is as follows:

	8/31/2024	6/30/2024
	Balance	Balance
Siemens - Service Portion	\$ 4,617	\$ -
Maintenance Contracts	3,107	2,765
Dept of Veterans Affairs Prepaid Rent	1,229	1,228
	<u>\$ 8,953</u>	<u>\$ 3,993</u>

### Third Party Payors

Medicare and Medicaid owe MUHA \$22.6M, an increase of \$0.1M due to prior year Medicaid cost settlements.

	8/31/2024	6/30/2024
	Balance	Balance
Medicare/Medicaid Accounts Receivable	<u>\$ 22,558</u>	<u>\$ 22,455</u>

### Joint Ventures & Partnerships

The total net receivable (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.

	8/31/2024	6/30/2024
	Balance	Balance
MUSC Health Partners (MHP)	\$ (48)	\$ (46)
Edgewater Surgery Center	698	381
MSV Health Inc (MHI)	(5,759)	241
Mainsail Health Partners	(1,321)	2,507
MUSC Strategic Ventures (MSV)	2,400	2,403
	<u>\$ (4,030)</u>	<u>\$ 5,486</u>

# MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

## Deferred Outflows

	8/31/2024	6/30/2024
	Balance	Balance
Pension	\$ 322,325	\$ 322,184
Other Post-Employment Benefits	523,476	522,620
Refunding bond amortization	11,222	11,630
	<u>\$ 857,023</u>	<u>\$ 856,434</u>

## Accounts Payable

Accounts Payable decreased by \$39.8M from June 30, 2024.

	8/31/2024	6/30/2024
	Balance	Balance
	<u>\$ 232,487</u>	<u>\$ 272,300</u>

## Other Accrued Expenses

The composition of other accrued expenses is as follows:

	8/31/2024	6/30/2024
	Balance	Balance
Other	\$ 30,206	\$ 27,442
Accrued Interest	2,789	2,741
Amounts due to contractors	2,018	2,018
	<u>\$ 35,013</u>	<u>\$ 32,201</u>

## Unearned Revenue

Unearned revenue decreased by \$1.9M from June 30, 2024 due to Quality Payment, Cost Settlement, and Leatherman Funding Revenue.

	8/31/2024	6/30/2024
	Balance	Balance
DSH & Other Medicaid Directed Payments	\$ -	\$ 3,000
Leatherman Funding	500	500
GME Funding	346	-
Supplemental Teaching Payment (STP)	116	-
Quality Payment	569	-
Cost Settlement	827	827
Other	52	12
	<u>\$ 2,410</u>	<u>\$ 4,339</u>

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 08/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

### Long Term Debt

As of August 31, 2024, a table of outstanding balances by major issuance is listed below:

Project (mo/yr issued)	8/31/2024 Balance	6/30/2024 Balance
Shawn Jenkins Children's Hospital (06/2019)	\$ 263,234	\$ 264,850
Ashley River Tower (12/2012)	164,210	167,310
Community Health System Acquisition (03/2019)	111,602	112,306
Lifepoint Acquisition (07/2021)	72,584	72,966
Central Energy Plant (12/2013)	20,068	20,555
	\$ 631,698	\$ 637,987

As of August 31, 2024, 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)	8/31/2024 Balance	6/30/2024 Balance
Charleston Property Lease (various)	\$ 90,659	\$ 92,673
Charleston Equipment Lease (various)	34,106	36,302
Summey Medical Pavilion (04/2019)	38,862	38,894
RHN & Midlands Equipment Lease (various)	17,264	18,153
RHN & Midlands Property Lease (various)	33,533	33,415
Subscription-based Technology Agreement - ERP (10/22)	4,913	4,913
Medical Malls (02/2019)	8,266	8,352
Cardiovascular Equipment (03/2020)	199	237
	\$ 227,802	\$ 232,939

### Pension and Other Post Employment Benefit (OPEB) Liabilities

As of August 31, 2024, the net pension liability, inclusive of RMC, increased by \$17.6M from June 30, 2024.

As of August 31, 2024, the net other post-employment benefit liability increased by \$10.3M from June 30, 2024.

### Deferred Inflows

Deferred inflows increased by \$0.8M compared to June 30, 2024. The following breakdown is below:

	8/31/2024 Balance	6/30/2024 Balance
Pension	\$ 12,835	\$ 11,707
Other Post-Employment Benefits	526,625	526,625
Equipment	2,950	3,068
Property Leases	2,296	2,522
	\$ 544,706	\$ 543,922

# **Statements of Cash Flows**

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - (in thousands)

August 31, 2024 and June 30, 2024

	<b>As of 08/31/2024</b>	<b>As of 6/30/2024</b>
	<b>(unaudited)</b>	<b>(unaudited)</b>
Cash flows from operating activities:		
Receipts received from patients and third-party payors	\$ 797,817	\$ 4,527,847
Other cash receipts	270	186,022
Payments to suppliers and employees	(784,540)	(4,299,044)
State appropriations	12,504	\$ 75,966
Net cash provided (used) by operating activities	<u>\$ 26,051</u>	<u>\$ 490,791</u>
Cash flows from noncapital financing activities:		
Proceeds from noncapital grants and gifts	799	5,303
Nonoperating revenues (expenditures)	(441)	(7,517)
Net cash provided (used) by noncapital financing activities	<u>\$ 358</u>	<u>\$ (2,214)</u>
Cash flows from capital and related financing activities:		
Capital expenditures	\$ (49,592)	\$ (119,010)
Capital appropriations	-	16,000
Capital grants and gifts received	(38)	-
Payments of principal on long-term debt	(8,199)	(80,554)
Proceeds from financing debt	4,642	2,444
Payments of bond issuance cost	-	(31)
Payments of mortgage insurance premium	-	(2,155)
Payments on lease obligations	(7,043)	(48,205)
Proceeds on equipment replacement obligations	-	(644)
Interest payments	(6,081)	(40,791)
Net cash provided (used) by capital and related financing activities	<u>\$ (66,311)</u>	<u>\$ (272,946)</u>
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	\$ 15,186	\$ 299,000
Investment income received	6,526	29,729
Purchases of investments	(30,067)	(218,080)
Contributions to joint ventures and partnerships	-	(30,000)
Net cash provided (used) by investing activities	<u>\$ (8,355)</u>	<u>\$ 80,649</u>
Net increase (decrease) in cash and cash equivalents	(48,257)	296,280
Cash and cash equivalents at beginning of year	593,044	296,764
Cash and cash equivalents at end of year	<u><u>\$ 544,787</u></u>	<u><u>\$ 593,044</u></u>



**Item #1 Charleston Transitional Care Unit (TCU) Renovation for Mental Health - \$200,000**

Request to fund the increase in the construction budget from \$1.57M to \$1.77M for renovations of the previous TCU to accommodate med/psych patients due to inflated construction costs. Funding Source: Swap of funds approved for Charleston Sleep Lab budget of \$2.8M

**Item #2 Charleston GME Renovations to ART 2402 + ART 5002 - \$290,779**

Request to fund renovations at ART to add compliant workspaces as existing space was cited by ACGME for lack of workspace and for untidy workspaces due to lack storage during a recent Joint Commission visit. Funding Source: Swap of funds approved for Charleston Sleep Lab budget of \$2.8M

**Item #3 Pee Dee Neurosurgery Microscope - \$ 500,000**

Request to purchase a neurosurgery microscope. Funding Source: Usage of funds approved for Pee Dee OR Equipment Replacement budget of \$1.7M

**Item #4 Midlands Women's Imaging Service - \$1,170,000**

Request to purchase two mammography equipment, an ultrasound, and Dexascan for the DT Women's Imaging Services. Funding Source: Usage of Midlands Market Contingency budget of \$4.3M

**Item #5 Midlands Tablo Dialysis Machines - \$601,000**

Request to purchase 14 Tablo Dialysis Machines to further the partnership with the SCDC. Funding Source: Usage of Midlands Market Contingency budget of \$4.3M

**FACILITIES  
HOSPITAL AUTHORITY – PEE DEE  
LEASE RENEWAL  
FOR APPROVAL**

**OCTOBER 11, 2024**

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 17,124 square feet of clinical space located at 148 Sauls Street, Lake City. The purpose of this lease renewal is to continue to provide space for MUSC Primary Care, MUSC Imaging Center and the Rural Health Clinic. The rent per square foot is \$24.55 with maintenance, taxes, insurance, utilities, janitorial and repairs included. The total monthly rental payment will be \$35,034.89, resulting in an annual lease amount of \$420,418.17. Rent shall increase 2% annually.

NEW LEASE AGREEMENT \_\_\_\_\_  
RENEWAL LEASE AGREEMENT  X

LANDLORD: Palmetto Physicians, Holdings, LLC

LANDLORD CONTACT: Earnest Adkinson, M.D.

TENANT NAME AND CONTACT: MUSC Primary Care - Jay Hinesley, Morgan James

SOURCE OF FUNDS: General Hospital Funds

**LEASE TERMS:**

TERM: Five (5) years: [1/1/2025 – 12/31/2029]  
TOTAL AMOUNT PER SQUARE FOOT: \$24.55  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$420,418.17  
Year 2 \$428,826.54  
Year 3 \$437,403.07  
Year 4 \$446,151.13  
Year 5 \$455,074.15

TOTAL AMOUNT OF TERM: \$2,187,873.06

EXTENDED TERM(S): Two (2) terms, five (5) years at rate to be negotiated

**OPERATING COSTS:**

FULL SERVICE  X   
NET \_\_\_\_\_

**FACILITIES  
HOSPITAL AUTHORITY – CHESTER  
LEASE RENEWAL  
FOR APPROVAL**

**OCTOBER 11, 2024**

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 11,288 square feet of clinical space located at 517 Doctors Court, Chester. The purpose of this lease renewal is to continue to provide space for MUSC Lowry’s Primary Care. The rent per square foot is \$12.00 with all operating expenses paid outside of the lease agreement. The total monthly rental payment will be \$11,288.00, resulting in an annual lease amount of \$135,456.00. Rent shall increase 2% annually. Landlord shall provide \$74,000.00 in Tenant Improvement Allowance.

NEW LEASE AGREEMENT \_\_\_\_\_  
RENEWAL LEASE AGREEMENT  X

LANDLORD: Tiger Properties, LLC

LANDLORD CONTACT: Samuel Stone, M.D.

TENANT NAME AND CONTACT: MUSC Primary Care – Richard Warrin, Margaret Forsythe

SOURCE OF FUNDS: General Hospital Funds

**LEASE TERMS:**

TERM: Five (5) years: [12/1/2024 – 11/30/2029]  
TOTAL AMOUNT PER SQUARE FOOT: \$12.00  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$135,456.00  
Year 2 \$138,165.12  
Year 3 \$140,928.42  
Year 4 \$143,746.99  
Year 5 \$146,621.93

TOTAL AMOUNT OF TERM: \$704,918.46

EXTENDED TERM(S): Two (2) terms, five (5) years at rate to be negotiated

**OPERATING COSTS:**

FULL SERVICE \_\_\_\_\_  
NET  X

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

**OCTOBER 11, 2024**

DESCRIPTION OF NEW LEASE: This lease is for 13,000 square feet of clinical space located at 3800 Ingleside Boulevard, Ladson. This is a build to suite property with the base rent including all development hard & soft costs. Property will be delivered in ready to use condition excluding fixtures, furnishings & medical equipment. The purpose of this lease is to provide space for MUSC Health clinical use.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: NexCore

LANDLORD CONTACT: Nathan Golik, Member

TENANT NAME AND CONTACT: MUHA

SOURCE OF FUNDS: General Hospital Funds

LEASE TERMS:

TERM: Ten (10) years: [Estimated Start Q1 2026]  
TOTAL AMOUNT PER SQUARE FOOT: \$75.09  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$976,136.00  
Year 2 \$1,000,539.40  
Year 3 \$1,025,552.89  
Year 4 \$1,051,191.71  
Year 5 \$1,077,471.50  
Year 6 \$1,104,408.29  
Year 7 \$1,132,018.49  
Year 8 \$1,160,318.96  
Year 9 \$1,189,326.93  
Year 10 \$1,219,060.10

TOTAL TERM NOT TO EXCEED: \$10,936,024.27

Extended Term(s): To be negotiated

OPERATING COSTS:

FULL SERVICE       
NET   X

**FACILITIES  
HOSPITAL AUTHORITY – PEE DEE  
NEW LEASE  
FOR APPROVAL**

**OCTOBER 11, 2024**

DESCRIPTION OF NEW LEASE: This lease is for 13,000 square feet of clinical space located at 3460 W. Palmetto Street, Florence. MUHA currently holds the ground lease for this property. This is a build to suite property with the base rent including all development hard & soft costs. Property will be delivered in ready to use condition excluding fixtures, furnishings & medical equipment. The purpose of this lease is to provide space for MUSC Health clinical space.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: NexCor

LANDLORD CONTACT: Nathan Golik, Member

TENANT NAME AND CONTACT: MUHA

SOURCE OF FUNDS: General Hospital Funds

**LEASE TERMS:**

TERM: Ten (10) years: [Estimated Start Q1 2026]

TOTAL AMOUNT PER SQUARE FOOT: \$74.32

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1	\$966,244.00
Year 2	\$988,027.60
Year 3	\$1,021,668.29
Year 4	\$1,044,575.70
Year 5	\$1,068,055.79
Year 6	\$1,092,122.88
Year 7	\$1,116,791.66
Year 8	\$1,154,713.15
Year 9	\$1,180,630.78
Year 10	\$1,207,196.35

TOTAL TERM NOT TO EXCEED: \$10,840,006.19

\*Ground lease costs \$1,069,044.00 included

Extended Term(s): To be negotiated

**OPERATING COSTS:**

FULL SERVICE     

NET   X

**FACILITIES  
ACADEMIC  
NEW LEASE  
FOR APPROVAL**

**OCTOBER 11, 2024**

DESCRIPTION OF LEASE RENEWAL: This lease is for approximately 6,670 square feet of space located at 1594 Freedom Boulevard, Florence. The purpose of this lease renewal is to provide space for College of Dental Medicine GPR Program. The rent per square foot is \$21.80 with operating costs including maintenance, utilities, basic janitorial included in the rent rate. The total monthly rental payment will be \$12,117.17, resulting in an annual lease amount of \$145,406.00. Rent shall increase 2% annually. Estimated renovation costs are \$3,922,500.00.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Medical University Hospital Authority

LANDLORD CONTACT: Jay Hinesley

TENANT NAME AND CONTACT: MUSC CODM – Sarandeep Huja, Amy Martin

SOURCE OF FUNDS: College of Dental Medicine, HAWQ

**LEASE TERMS:**

TERM: Five (5) years: [Estimated Start December 2025]

TOTAL AMOUNT PER SQUARE FOOT: \$21.80

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1 \$145,406.00

Year 2 \$147,473.70

Year 3 \$149,608.10

Year 4 \$151,742.50

Year 5 \$153,943.60

TOTAL AMOUNT TERM: \$748,173.90

Extended Term(s): Two (2) terms, five (5) years each at rate to be negotiated

**OPERATING COSTS:**

FULL SERVICE   X  

NET

**FACILITIES  
ACADEMIC  
EASEMENT  
FOR APPROVAL**

**OCTOBER 11, 2024**

DESCRIPTION OF EASEMENT: Dominion Energy Improvement Project [Easement Update]

PROPERTY OWNER: Medical University of South Carolina

REQUESTOR: Dominion Energy

REQUESTOR CONTACT: Mark Hooper, Dominion Energy

LOCATION: TMS 460-15-01-043 33 Bee Street, Charleston

DESCRIPTION: The existing Dominion Energy gas regulator station is 10 ft x 25 ft, and the expansion will require an easement increase to 15 ft x 25 ft. This request is for an easement update to increase size.

DISPOSITION PRICE: \$0

**FACILITIES  
HOSPITAL AUTHORITY - FLORENCE  
EASEMENT  
FOR APPROVAL**

**OCTOBER 11, 2024**

DESCRIPTION OF EASEMENT: Duke Energy Improvement Project

PROPERTY OWNER: Medical University Hospital Authority

REQUESTOR: Duke Energy

REQUESTOR CONTACT: Dale Law, Duke Energy

LOCATION: TMS 90088-04-0003 121 Cedar Street, Florence

DESCRIPTION: This is a new utility easement that will service the MUSC Health Jean & Hugh K. Leatherman Behavioral Care Pavilion and connect the existing Duke Energy easements. The total proposed easement area is 0.172 acres (7,487 SF) and is approximately 50 ft x 150 ft.

DISPOSITION PRICE: \$0



**FACILITIES**  
**HOSPITAL AUTHORITY BUDGET ADJUSTMENT FOR APPROVAL**  
**DATE: OCTOBER 11, 2024**

PROJECT TITLE: UH-TCU Med Psych Unit

PROJECT NUMBER: PR230042

TOTAL ESTIMATED BUDGET: \$1,500,000

SOURCE(S) OF FUNDS: \$200,000 Sleep Lab at Cannon Park Place

REQUEST: This request is for approval of a project budget increase of \$200,000

SCOPE OF WORK: There is a regular census of patients admitted for medical needs who also have significant psychiatric needs. A clinical program has been developed to have a med/psych specialty care unit on the second floor of Main hospital, in the location of the previous the Transitional Care Unit (TCU). \$1.5M from the state appropriations for behavior health was approved for this project in Dec 2022.

JUSTIFICATION FOR BUDGET INCREASE: Request to increase the construction budget for renovations of the previous Transitional Care Unit (TCU) to accommodate med/psych patients due to inflated construction costs.

The CON process and the high volume of projects in the tri-county area have pushed up pricing for these projects, with CON being the main driver for delay of start, causing it not to start until 2024. \$1.5M from the state appropriations Behavioral Health money was approved through Charleston FEC for this project in Dec 2022. The CON process was the main driver for delay on this project, extending the project start until 2024.

The other driver in cost increase is that the high volume of projects in the tri-county area has pushed up pricing for these projects.

**MUSC HEALTH**  
**Office of PLANNING, DESIGN and CONSTRUCTION**  
**ESTABLISH PROJECT**  
**FOR APPROVAL**  
**DATE: October 11, 2024**

PROJECT TITLE: Columbia Downtown ED Expansion

PROJECT NUMBER: 243007

TOTAL ESTIMATED BUDGET: \$30,000,000

SOURCE(S) OF FUNDS: Approved Capital Funds; \$15,000,000 approved for FY25

SCOPE OF WORK: Renovation project encompasses approximately 16,000 sq. ft. to relocated existing lab into unused space in hospital and expand current ED department in several phases to meet the latest codes and guidelines.

JUSTIFICATION: The existing ED is severely outdated and only have 16 treatment bays and one outdated trauma bay. Patient volume has outgrown the department's ability to serve in a patient friendly setting safely. Expansion of the ED will allow the Downtown Hospital to handle the increase patient volumes and throughput, increase efficiency and quality and serve our patients on a timely basis and in a safe and efficient manner.

**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES**  
**REGULAR AGENDA**  
October 11, 2024

**Members of the Board of Trustees**

Mr. Charles W. Schulze, Chairman	Dr. Paul T. Davis
Dr. W. Melvin Brown III, Vice-Chairman	Dr. Donald R. Johnson II
Ms. Terri R. Barnes	Ms. Barbara Johnson-Williams
The Honorable James A. Battle, Jr.	Dr. James Lemon
Mr. William H. Bingham, Sr.	Dr. G. Murrell Smith, Sr.
Dr. Henry F. Butehorn III	Mr. Michael E. Stavrinakis
Dr. C. Guy Castles III	Thomas L. Stephenson, Esq.
Dr. Richard M. Christian, Jr.	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 ..... Charles Schulze  
*Chairman*
- Item 2. Roll Call ..... Katherine Haltiwanger  
*Board Secretary*
- Item 3. Date of Next Regular Meeting – December 13, 2024 ..... Katherine Haltiwanger  
*Board Secretary*
- Item 4. Approval of Meeting Minutes ..... Charles Schulze  
*Chairman*

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

- Item 5. Approval of OneMUSC Strategic Plan ..... Dr. David Cole  
*President*
- Item 6. Other Business ..... Dr. David Cole  
*President*

**Research and Institutional Advancement Committee: Michael Stavrinakis, Chair**

- Item 7. Election of Committee Chair ..... Charles Schulze  
*Chairman*
- Item 8. Institutional Advancement Report ..... Linda Cox  
*Interim Vice President for Institutional Advancement*

- Item 9. Office of Research Report ..... Dr. Anand Mehta  
*Interim Vice President for Research*
- Item 10. Amended and Restated MUSC/MUHA/MUSC Foundation  
Affiliations Agreement ..... Stuart Ames  
*CEO, MUSC Foundation*
- Item 11. Other Committee Business..... Michael Stavrinakis  
*Committee Chair*

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

- Item 12. Election of Committee Chair ..... Charles Schulze  
*Chairman*
- Item 13. Provost Report ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*
- Item 14. New Program Proposal for Master of Science in Pathologist’s Assistant  
(MSPATH) for Approval ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*
- Item 15. Modified Program PharmD/MPH Generalist for Approval ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*
- Item 16. 2025 Commencement Speaker for Approval..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*
- Item 16.1 Vice President for Research - Authorization to Negotiate for Approval..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

Approval is requested to negotiate with the recommended candidate  
for Vice President for Research within a market-based salary range.

- Item 17. Other Committee Business..... Barbara Johnson-Williams  
*Committee Chair*

**Finance and Administration Committee: Jim Battle, Chair**

- Item 18. Election of Committee Chair ..... Charles Schulze  
*Chairman*
- Item 19. MUSC Financial Report ..... Susie Edwards  
*Chief Financial Officer, MUSC*
- Item 20. Major Purchase for Approval ..... Susie Edwards  
*Chief Financial Officer*

- Item 21. MUSC Physicians Financial Report ..... Fred Borrelli  
*Chief Financial Officer, MUSC Physicians*
- Item 22. Agenda item removed.
- Item 23. Agenda item removed.
- Item 24. Other Committee Business ..... Jim Battle  
*Committee Chair*

**Hollings Cancer Center Committee: Dr. Don Johnson, Chair**

- Item 25. Hollings Cancer Center Update ..... Dr. Ray DuBois  
*Director, Hollings Cancer Center*
- Item 26. Other Committee Business ..... Dr. Don Johnson  
*Committee Chair*

**Other Business for the Board of Trustees**

- Item 27. Revised MUSC Bylaws for Approval ..... Charles Schulze  
*Chairman*
- Item 28. Approval of Consent Agenda ..... Charles Schulze  
*Chairman*
- Item 29. Executive Session ..... Charles Schulze  
*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 30. New Business for the Board of Trustees ..... Charles Schulze  
*Chairman*
- Item 31. Report from the Chairman ..... Charles Schulze  
*Chairman*

# MUSC Board of Trustees Institutional Advancement Update

October 10, 2024



## Goal 1: Raise \$100 million

*FY25 progress as of June 30, 2025*

Goal:  
**\$100,000,000**

Achieved:  
**\$7,175,185**

Progress to  
Goal: **7.18%**

**Gifts Solicited  
\$135,000,000**

# MUSC Alumni Upcoming Events

## 2024 Golden Grads Reunion

Class of 1974 and earlier  
October 2 - 4, 2024



## Legacy Society Celebration

October 24, 2024



## Golden Grads Alumni Awards

January 30, 2025



## 2025 Alumni Weekend/ Golden Grads

February 27 - March 1, 2025





## NEW PROGRAM PROPOSAL FORM

Name of Institution: Medical University of South Carolina

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

Master of Science in Pathologists' Assistant Studies (MSPATH)

Program Designation:

- |   |  |
|---|--|
| <input type="checkbox"/> Associate's degree   | <input checked="" type="checkbox"/> <b>Master's Degree</b>                           |
| <input type="checkbox"/> Bachelor's Degree: 4 Year  | <input type="checkbox"/> Specialist  |
| <input type="checkbox"/> Bachelor's Degree: 5 Year  | <input type="checkbox"/> Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA) |
| <input type="checkbox"/> Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.) |  |

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

- Yes  
 **No**

Proposed Date of Implementation: Summer 2026

CIP Code: 51.0811

Delivery Site(s): 50501

Delivery Mode:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Traditional/face-to-face</b><br>*select if less than 25% online | <input type="checkbox"/> Distance Education  |
|  | <input type="checkbox"/> 100% online   |
|  | <input type="checkbox"/> Blended/hybrid (50% or more online)<br>Blended/hybrid (25-49% online) |
|  | <input type="checkbox"/> Other distance education (explain if selected)                        |

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

Angela Mund DNP CRNA  
Professor and Chair, Department of Clinical Sciences  
843-792-7016  
mund@musc.edu

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

CHP Leadership Council: July 10<sup>th</sup>, 2024  
Education Advisory Committee: Aug 6, 2024  
Provost's Council: Aug 19, 2024  
Board of Trustees:

## **Background Information**

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

The College of Health Professions (CHP) at the Medical University of South Carolina (MUSC) proposes to offer an 81-credit hour, six semester Master of Science in Pathologists' Assistant Studies (MSPATH) program in a traditional classroom format. A Pathologists' Assistant (PathA) is a highly trained, certified allied healthcare professional who is qualified by academic and practical training to provide diverse services in anatomic pathology under the direction and supervision of a licensed, board-certified, or board-eligible Anatomic Pathologist. ([https://www.pathassist.org/page/What\\_is\\_a\\_PA](https://www.pathassist.org/page/What_is_a_PA))

Pathologist assistants interact with clinical pathologists like the physician assistants' working relationship with physicians, thereby enabling them to provide patient care more efficiently. Their job duties include processing basic and complex laboratory specimens, including most pathological specimens, gross examination and dissection of anatomic pathology specimens, and postmortem examinations. Pathologists' assistants prepare tissue for pathological tests including frozen section, flow cytometry, molecular studies, cytogenetics, and immunohistochemical staining. Pathologists' assistants may also fill administrative, instructional, and supervisory roles, including ensuring quality assurance. They may function as a liaison to other departments and laboratories to ensure the delivery of quality healthcare. ([https://www.pathassist.org/page/What\\_is\\_a\\_PA](https://www.pathassist.org/page/What_is_a_PA))

The target audience for this program will be graduates from an accredited baccalaureate program with basic science prerequisite courses, competitive grade point averages, clinical shadowing experiences, and strong academic references.

The MSPATH Program curriculum was carefully crafted to guide students in developing the knowledge and skills necessary to excel as a Pathologists' Assistant in all types of medical settings, including academic health centers and industry. The core competencies, as outlined by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), are embedded and achieved within the didactic and practicum curriculum. The core competencies align with the goals of the OneMUSC Strategic Plan, including building a high-performing academic program that is fully integrated with the clinical enterprise, reimagining the learning experience through opportunities for innovative interprofessional academic experiences, and promoting a national presence in pathology assistant education and practice. The addition of the MSPATH Program aligns with the CHP's strategic initiative of integrating more closely with MUSC Clinical Enterprise, as the training program utilizes and connects interprofessional providers and resources across CHP and the MUSC clinical and academic enterprises.

Graduates of the program will apply their skills to "preserve and optimize human life in South Carolina and beyond," which is in line with MUSC's overarching purpose and strategy. The proposed program curriculum is in alignment with other PathA programs around the country with the first year consisting of didactic coursework and the second year focused on clinical skill attainment throughout the southeast region.

## **Assessment of Need**

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

Hiring and retaining PathAs throughout the MUSC enterprise has been challenging with a current vacancy rate of 50% for the position. According to AAPA recommendations, one pathologist assistant should be able to process 12,000 – 15,00 specimens per year based on level of complexity with fewer specimens of higher complexity processed at a lower number over time ([https://www.pathassist.org/page/Employ\\_PA](https://www.pathassist.org/page/Employ_PA)). MUSC pathology department processes approximately 50,000 specimens a year and has been growing steadily both in complexity and in volume. The MUSC clinical enterprise is interested in collaborating with the CHP to support this program due to the difficulty of recruiting and retaining pathologists' assistants for the MUSC enterprise.

There are currently 12 accredited PathA programs in the US and one program in South Carolina. There are only two programs in the southeast US, one at Duke University in North Carolina and one at Anderson University in South Carolina currently in the final stages of the accreditation process, with an estimated number of 23 spaces available (15 at Anderson University and 8 at Duke University). There are just over 3,200 certified pathologists' assistants in the U.S. with the average overall salary at \$89,000. In 2022, 204 graduates entered the profession ([https://www.ascp.org/content/docs/default-source/boc-pdfs/boc\\_statistical\\_reports/exam-stats-2023.pdf?sfvrsn=4](https://www.ascp.org/content/docs/default-source/boc-pdfs/boc_statistical_reports/exam-stats-2023.pdf?sfvrsn=4)) Over the last 4 years and reflecting the anticipated increased need for pathologists' assistants, the number of graduates from PathA programs grew 23% and the number of accredited programs grew 20%.

According to the American Society for Clinical Pathology's 2022 Vacancy Survey, the national overall vacancy rate for anatomic pathology laboratory personnel (staff, nonsupervisory positions) was 10.5% with a projected retirement rate of 10%. The south-central region which includes South Carolina has a vacancy rate of 14.8% up from the 2020 vacancy rate of 8.8%.

([https://academic.oup.com/ajcp/article/161/3/289/7344701?guestAccessKey=0b6afc62-1497-493a-b4da-787029afb078&login=false&utm\\_source=authortollfreelink&utm\\_campaign=ajcp&utm\\_medium=email](https://academic.oup.com/ajcp/article/161/3/289/7344701?guestAccessKey=0b6afc62-1497-493a-b4da-787029afb078&login=false&utm_source=authortollfreelink&utm_campaign=ajcp&utm_medium=email))

Pathologists' Assistants may also serve to address the current shortage of Pathologists since both professions work together in the laboratory setting. The pathologist rate of job growth from 2022 – 2032 is projected at 5% or approximately 600 positions.

(<https://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm#tab-6>). The nationwide shortage of pathologists further necessitates the need for pathologists' assistants. The Association of American Medical Colleges projects a national shortage of up to 124,000 physicians by 2033, including shortages of primary care physicians and specialists, such as pathologists, neurologists, radiologists, and psychiatrists. The number of pathologists in the U.S. decreased between 2007 and 2017 by about 17.5% (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6547243/>) resulting in an increased need in the pathologist workforce to replace retiring pathologists as well as to satisfy an increasing healthcare market. Pathologists' Assistants as pathologists' extenders can assist with meeting this need. In addition, it takes approximately 11 years to educate and graduate a pathologist as compared with 6 years to educate and graduate a PathA professional which may result in an increased number of professionals that can be employed.

PathA shortages exist in SC throughout the US and the need is anticipated to rise. According to the American Association of Pathologists' Assistants job postings (<https://www.pathassist.org>), since 2021, the number of job postings in the US has more than doubled and has increased 7-fold in South Carolina..

### **Transfer and Articulation**

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

## Employment Opportunities

Occupation	State		National		Data Type and Source
	Expected Number of Jobs	Employment Projection	Expected Number of Jobs	Employment Projection	
Pathologists' Assistant	7 (19)	The BLS does not specify pathologists' assistants; it is included with the physician assistants	317 (559)	The BLS does not specify pathologists' assistants; it is included with the physician assistants	LinkedIn job postings for June 2024 (anytime)

### Supporting Evidence of Anticipated Employment Opportunities

Provide supporting evidence of anticipated employment opportunities for graduates.

Jobs posted on LinkedIn for 1 month (June 2024) included 7 postings for SC, 70 postings for the southeastern region of the United States, and 317 postings for the nation.

There is no standard occupational code (SOC) specific for pathologists' assistants; the Bureau of Labor Statistics groups pathologists' assistants as "physician assistants." The field of physician assistants is growing rapidly, with an anticipated 27% growth between 2022 and 2032 (BLS 2024). Because the Bureau of Labor Statistics does not differentiate between physician assistants and pathologists' assistants, state and national data were obtained using job postings both in South Carolina and nationally. However, the Bureau of Labor Statistics does note that the percent change (projected 2022-2032) in employment for healthcare diagnosing and treating practitioners is 9% as compared with all other occupations at 3%. (<https://www.bls.gov/ooh/healthcare/physician-assistants.htm#tab-6>).

Pathologists' assistants work in academic medical centers, other healthcare systems and hospitals, private pathology laboratories, forensic pathology laboratories and morgues, reference laboratories, and as self-employed business owners providing their pathology expertise as a contract employee. [https://www.pathassist.org/page/What\\_is\\_a\\_PA](https://www.pathassist.org/page/What_is_a_PA) According to the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) data from 2020-2022, 100% of PathA graduates have either found employment or continued to additional education (<https://naacclsnews.org/2023/08/16/ceos-corner-findings-from-the-2022-annual-survey/>)

### Description of the Program

Projected Enrollment			
Year	Summer Headcount	Spring Headcount	Fall Headcount
2026	25	24	24
2027	49	48	48
2028	49	48	48

2029	49	48	48
2030	49	48	48

Explain how the enrollment projections were calculated.

Most programs in the United States maintain cohort sizes of 20 or less, with three programs maintaining cohorts between 25 and 32. Based on information available for four of the accredited programs, for approximately 50 open seats, 270 applications were received – about 5 applicants per open seat. Of note, there is no publicly available information from the accrediting body regarding application numbers, cohort sizes, etc. The projected enrollment numbers were based on potential number of applicants, college resources, and healthcare needs across the United States. Also, because MUSC is part of an academic health system (a likely employer), we also anticipate strong interest in our program as it allows our students to potentially have an immediate employer upon graduation. Given the pool of qualified applicants and anticipated workforce needs, we plan to enroll 25 students per cohort. Duke University accepts 6-8 students per cohort and Anderson University while Anderson University is planning on admitting 15 per cohort. During each application cycle, program resources will be evaluated and allocated to ensure that adequate leadership, instructional faculty, and clinical site placements are available. Attrition of 1 student from each cohort during the first year is accounted for in the budget and enrollment projections.

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

Yes

No

- A baccalaureate degree from an accredited institution which includes course work in general biology, general chemistry, organic chemistry and/or biochemistry, and college algebra.
- Cumulative GPA of 3.0 or higher on a 4.0 scale
- Candidates who receive their baccalaureate degree from institutions outside the United States must submit a transcript evaluation showing degree equivalency and course by course subject matter description and must submit either TOEFL or IELTS scores (no more than 2 years old) if English is not their native language.
- At least eight hours shadowing in an anatomic pathology lab, specifically surgical pathology (preferably in more than one setting), or surgical pathology laboratory work experience is required. Shadowing may occur with either a Pathologists Assistant or a Physician Pathologist Autopsy shadowing is also preferred, but not mandatory.
- Two letters of reference which address the candidates professional or educational experiences and aptitude

## Curriculum

### New Courses

List and provide course descriptions for new courses.

Note: Because the Student Information System may assign different values that the course numbers below, and those are not created until nearer the first enrollment, the values below should be considered placeholders.

### 601: Medical Terminology

This course serves as an introduction to the language of medicine with an emphasis on pathological terms pertinent to Pathologists' Assistant practice.

**602: Foundations of Anatomic Pathology I**

Students learn pertinent anatomy, macroscopic examination, and grossing techniques of common pathological specimens seen in surgical pathology. There will be a clinical correlation with the pathology and anatomy courses to reinforce concepts and prepare students for their practicum in year 2. Normal histology will be reviewed which assists students in recognizing common histologic pathologies while correlating with gross examination. Select clinical pathology topics will be covered including microbiology and special testing.

**604: Foundations of Anatomic Pathology I Lab**

In the first laboratory component of Foundations of Anatomic Pathology, students will gain practical and technical skills in a pathology setting and apply the knowledge from the companion lecture course. Students will learn the basics of specimen grossing, the art of dictation, laboratory safety, microscopic examination, specimen photography, frozen sectioning, and the preparation of slides for pathological review.

**606: Seminar I**

This is the first of three courses that explore assorted topics pertinent to the Pathologists' Assistant profession in a collaborative environment. It is delivered as a discussion-based course. Topics include leadership, laboratory management, teaching methodologies, and the past, current, and future state of the profession.

**610: Embryology**

In this course, students will learn the developmental anatomy of the human embryo. Congenital malformations associated with given organ systems will also be addressed.

**611: General and Systemic Pathology**

In this course, students will learn the foundations of general pathology and systemic pathology broken down by organ systems to reinforce the understanding and processes of human disease.

**612: Human Anatomy**

In this course, students will learn human anatomy including a didactic component and corresponding laboratory component with cadaveric dissection.

**603: Foundations of Anatomic Pathology II**

Students will learn pertinent anatomy, macroscopic examination, and grossing techniques of common pathological specimens seen in surgical pathology. There will be a clinical correlation with the pathology and anatomy courses to reinforce concepts and prepare students for their practicum in year 2. Normal histology will be reviewed which assists students in recognizing common histologic pathologies while correlating with gross examination. Select clinical pathology topics will be covered including microbiology and special testing.

**605: Foundations of Anatomic Pathology II, Lab**

In the second laboratory component of Foundations of Anatomic Pathology, students will gain practical and technical skills in a pathology setting and apply the knowledge from the companion lecture course. Students will learn the basics of specimen grossing, the art of dictation, laboratory safety, microscopic examination, specimen photography, frozen sectioning, and the preparation of slides for pathological review.

**607: Seminar II**

This is the second part of a three-semester discussion-based course that explores assorted topics pertinent to the Pathologists' Assistant profession in a collaborative environment. Topics include leadership, laboratory management, teaching methodologies, and the past, current, and future state of the profession.

**613: Human Physiology**

In this course, students will explore the structure and function of organ systems from a cellular level.

**608: Seminar III**

This is the third part of a three-semester discussion-based course that explores assorted topics pertinent to the Pathologists' Assistant profession in a collaborative environment. Topics include leadership, laboratory management, teaching methodologies, and the past, current, and future state of the profession.

**614: Autopsy Pathology**

In this course, students will learn the basics of autopsy pathology including evisceration techniques, special dissections, administrative components, organ prosection, and the gross and histological correlation of medical and forensic autopsy tissues as it pertains to the cause, manner, and mechanism of death.

**615: Autopsy Pathology, Lab**

This is the laboratory component of Autopsy Pathology where students will perform the technical aspects of autopsy including cadaveric evisceration and organ prosection.

**616: Neuroscience**

In this course, students learn the structure, neurophysiology, function, and neurological disorders of the human nervous system.

**620: Anatomic Pathology Practicum I**

This is the first of three practicum courses. The program's second year is dedicated to experiential learning through clinical rotations in surgical and autopsy pathology supervised by a Pathologists' Assistant preceptor or Pathologist. Students will put the knowledge and technical skills learned in the didactic year to use in a working pathology laboratory and medical/ forensic autopsy setting. Clinical correlation conferences will be conducted.

**621: Anatomic Pathology Practicum II**

This is the second of three practicum courses. The program's second year is dedicated to experiential learning through clinical rotations in surgical and autopsy pathology supervised by a Pathologists' Assistant preceptor or Pathologist. Students will put the knowledge and technical skills learned in the didactic year to use in a working pathology laboratory and medical/ forensic autopsy setting. Clinical correlation conferences will be conducted.

**622: Anatomic Pathology Practicum III**

This is the final of three practicum courses. The program's second year is dedicated to experiential learning through clinical rotations in surgical and autopsy pathology supervised by a Pathologists' Assistant preceptor or Pathologist. Students will put the knowledge and technical skills learned in the didactic year to use in a working pathology laboratory and medical/ forensic autopsy setting. Clinical correlation conferences will be conducted.

**609: Seminar IV**

The course serves as a culmination and integration of the didactic and clinical content and incorporates the principles of evidence-based practice. A national board review course will be conducted throughout this semester. The final deliverable will be the submission of an evidence-based portfolio that reflects student achievement during the program.



Total Credit Hours Required: 81

Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
<b>Year 1</b>					
<b>Summer</b>		<b>Fall</b>		<b>Spring</b>	
Human Physiology	4	General and Systemic Pathology	5	Foundations of Anatomic Pathology II	5
Human Anatomy	5	Foundations of Anatomic Pathology I	5	Foundations of Anatomic Pathology Lab II	2
Medical Terminology	1	Foundations of Anatomic Pathology I Lab	1	Neuroscience	4
Seminar I	2	Seminar II	2	Autopsy Pathology	2
Embryology	2	IP711: Interprofessional Foundations and TEAMSTEPS	1	Autopsy Pathology Lab	1
Total Semester Hours	14	Total Semester Hours	14	Total Semester Hours	14
<b>Year 2</b>					
<b>Summer</b>		<b>Fall</b>		<b>Spring</b>	
Anatomic Pathology Practicum I	12	Anatomic Pathology Practicum II	12	Anatomic Pathology Practicum III	12
Seminar III	2			Seminar IV	1
Total Semester Hours	14	Total Semester Hours	12	Total Semester Hours	13

**Similar Programs in South Carolina offered by Public and Independent Institutions**

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

Program Name and Designation	Total Credit Hours	Institution	Similarities	Differences
Master of Medical Science in Pathologists' Assistant	80	Anderson University Seeking initial accreditation First cohort graduates in Fall 2024	<ul style="list-style-type: none"> <li>• Similar credit hour requirements (80 and 81)</li> <li>• Same number of semesters to complete the program (6)</li> <li>• Similar projections for faculty and staff FTEs</li> <li>• Both programs are front-loaded, with didactic and lab content first then clinical rotations</li> </ul>	<ul style="list-style-type: none"> <li>• MUSC is located within a comprehensive academic health center</li> <li>• Programs have different semester start dates and graduation dates</li> <li>• MUSC has a slightly different curriculum, e.g., a full autopsy course</li> <li>• MUSC has access to a full medical library and medical resources</li> <li>• MUSC is a potential employer of graduates</li> <li>• MUSC can more readily serve students from the LowCountry area without a need for them to relocate</li> </ul>

### Faculty

<b>Rank and Full- or Part-time</b>	<b>Courses Taught for the Program</b>	<b>Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major</b>	<b>Other Qualifications and Relevant Professional Experience (e.g., licensures, certifications, years in industry, etc.)</b>
Program Director  Assistant Professor  Full time	Seminar I-IV  Embryology  Interprofessionalism in Healthcare  Medical Terminology	Master's Degree or higher graduate of a NAACLS-accredited pathologist assistant program  Practical knowledge of educational methods, accreditation, and certification procedures  Knowledge and proficiency in educational content areas	Certified Pathologist Assistant  Minimum of 5 years clinical experience
Assistant Program Director  Instructor  Full time	Foundations in Anatomic Pathology with Lab I- II  Physiology	Master's Degree  Knowledge and proficiency in educational content areas	Certified Pathologist Assistant  Minimum of 3 years clinical experience
Medical Director  Associate Professor  Part time	Autopsy Pathology with Lab	Doctoral medical degree  Knowledge and proficiency in educational content areas	Board certified Pathologist
Site Program Coordinator  Instructor  Fulltime	Anatomic Pathology Practicum I-III	Master's Degree  Knowledge and proficiency in educational content areas	Certified Pathologist Assistant  Minimum of 3 years clinical experience  Experience in clinical education and clinical site management
Adjunct #1 Part time	Human Anatomy	Master's Degree	Experience in anatomy didactic and laboratory instruction
Adjunct #2 Part time	General and Systemic Pathology	Master's Degree	Experience in teaching didactic physiology content
Adjunct #3 Part time	Neuroscience	Master's Degree	Experience in teaching didactic neuroanatomy and neurophysiology content

Total FTE needed to support the proposed program:

Faculty: 3.2 regular faculty FTE and an additional 0.6 adjunct FTE

Staff: 1.35 FTE

Administration: 0.05FTE

### **Faculty, Staff, and Administrative Personnel**

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

The number of faculty was determined based on college faculty workload guidelines and on current faculty and staff FTE requirements in CHP academic programs of similar size, accreditation requirements, quantity of clinical rotations, and complexity. All pathologists' assistants faculty will have a faculty clinical practice contract in the MUSC hospital system to maintain relevance for didactic and lab instruction.

For accreditation purposes, the program must have a NAACLS-approved medical laboratory professional serving as program director. The MUSC PathA program will have a board certified pathologists' assistant serving in this role. NAACLS also requires that the program retain a licensed, board-certified anatomic pathologist to serve as the medical director. An additional certified pathologists' assistant will provide didactic and laboratory instruction. A clinical site program coordinator will be hired to collaborate with the clinical education staff for clinical site management and to provide instruction for the practicum courses in the program's 2nd year. Adjunct faculty will be hired to instruct in their areas of expertise to ensure quality of the didactic curriculum.

The number of faculty/staff and portion of effort will increase as the program approaches student matriculation for the inaugural cohort (anticipated Summer 2026), and then maximum enrollment (anticipated Summer 2027). We plan to onboard the assistant director in April 2025 and clinical site coordinator in March 2026, with efforts toward program administration/leadership increasing as total enrollment increases. Adjunct faculty will be retained for course development in the months prior to their first semester teaching. Utilization of CHP resources will increase as accreditations are secured and next steps are undertaken to develop a tangible infrastructure and market the program to prospective students.

A portion of FTEs for additional staff and administrative support are factored into the program budget and plan. Current CHP resources are adequate to support the Pathologists' assistant program; 1.35 FTEs will be provided among a business manager, fiscal tech, human resources manager, student services coordinator, and other administrative support.

## **Resources**

### **Library and Learning Resources**

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

Current library resources are adequate to support the proposed program. The MUSC Libraries provide access to resources that support the University's tripartite mission of education, research, and clinical care. The Libraries' collections and resources are extensive and sufficient to support the Division of Pathologists' Assistant Studies. Pertinent online resources include 38,391 electronic journals, over

312,567 electronic books, and 165 biomedical and health-related databases (e.g., Academic Search Premier, AccessMedicine, AnatomyTv, CINAHL, Cochrane Library, Lexicomp, NetAnatomy, PsycINFO, PubMed, SciFinder and UpToDate). Access to the library's collections and resources is available 24/7/365 to students off campus and to distance learners through their MUSC netID. In addition, the library's Interlibrary Loan (ILL) service enables MUSC students, faculty, and staff to borrow from other libraries materials that are not currently owned by MUSC. Further, through membership in PASCAL (Partnership Among South Carolina Academic Libraries), MUSC users may borrow books from any South Carolina academic library either in-person or delivered via courier to MUSC.

The library employs over 46 staff, including 15 librarians, all with appropriate credentials to assist students. Librarians are available to provide research consultations and library instruction to distance learners using Zoom and Microsoft Teams in addition to email and phone. Every college and program have a designated liaison librarian. Liaisons are subject specialists who support students, staff, and faculty in education, research, clinical work, and scholarly communication.

The liaison librarian for the new program will be Heather Holmes, MLIS AHIP. As liaison librarian, Heather Holmes MLIS AHIP will provide information services to the program's students and faculty, including the providing reference assistance and research consultations to support the advancement of research, as well as information literacy and evidence-based practice instruction to support the development of information literate health professionals prepared to integrate evidence into practice.

### **Student Support Services**

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

No new university student support services will be required within the Division of Pathologists' Assistant Studies since the existing university student support services will be used. Student support services that are available to all MUSC students, including online learners, include the Center for Academic Excellence, the Writing Center, Counseling and Psychological Services, and the availability of supplemental instruction from tutors. The College of Health Professions employs instructional design, technology, and student recruitment staff to support program students and faculty.

### **Physical Resources/Facilities**

Identify the physical facilities needed to support the program and the institution's plan for meeting the requirements.

The College of Health Professions has excellent physical facilities with all classrooms equipped with Smartboard technology, and video and audio-conferencing capabilities. The program will have a dedicated lab within the College that includes all the necessary equipment to prepare graduates for a career in pathologists' assistant practice. The lab will be a component of the proposed renovation of one of the college's buildings. Classrooms are available in the college's three academic buildings and throughout the University. Instructional design staff are available and will be engaged in creating the new courses and ensuring high-quality delivery of the learning management systems and academic content.

In the College of Health Profession's Student Life and Recruitment Center, several shared computer stations and printers are provided to students during business hours. Students may also go to the Library and Education Center to access printers and computer labs. IT also evaluates emerging technologies and provides access to other hardware and software, such as digital video cameras and newly released software, for check-out or pilot use.

**Equipment**

Identify new instructional equipment needed for the proposed program.

The instructional equipment that is needed for the new program will primarily be used within the PathA Lab. This initial equipment and subsequent laboratory equipment are all included in the budget. This equipment includes pathology grossing stations, cryostats, microscopes, an imaging system, and an industrial refrigerator.

**Impact on Existing Programs**

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

Yes

No

## Financial Support

Sources of Financing for the Program by Year												
Category	1 <sup>st</sup> (FY25)		2 <sup>nd</sup> (FY26)		3 <sup>rd</sup> (FY27)		4 <sup>th</sup> (FY28)		5 <sup>th</sup> (FY29)		Grand Total	
	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total
Tuition Funding			255,000	255,000	984,000	1,239,000	1,499,400	2,738,400	1,529,388	4,267,788		4,267,788
Program-Specific Fees			40,000	40,000	112,000	152,000	160,000	312,000	160,000	472,000		472,000
Special State Appropriation												
Reallocation of Existing Funds												
Federal, Grant, or Other Funding*	15,000	15,000	63,000	78,000	63,000	141,000	63,000	204,000	63,000	267,000		267,000
<b>Total</b>	15,000	15,000	358,000	373,000	1,159,000	1,532,000	1,722,400	3,254,400	1,752,388	5,006,788		5,006,788
Estimated Costs Associated with Implementing the Program by Year												
Category	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>		5 <sup>th</sup>		Grand Total	
	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total
Program Administration and Faculty/Staff Salaries	255,576	255,576	561,534	787,110	641,152	1,428,262	721,184	2,149,446	735,117	2,884,563		2,884,563
Facilities, Equipment, Supplies, and Materials	398,704	398,704	210,720	609,424	337,264	946,688	457,664	1,404,332	465,057	1,869,389		1,869,389
Library Resources												
Other (Investment & College Strategic Fund)			91,804	91,804	341,075	432,879	516,405	949,284	525,738	1,475,022		1,475,022

<b>Total</b>	624,280	624,280	864,058	1,488,338	1,319,492	2,807,829	1,695,233	4,503,062	1,725,912	6,228,974		6,228,974
<b>Net Total</b> (Sources of Financing Minus Estimated Costs)	(609,280)	(609,280)	(506,058)	(1,115,338)	(160,492)	(1,275,829)	27,167	(1,248,662)	26,476	(1,222,186)		(1,222,186)

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

\*Federal, Grant, or Other Funding consists of Clinical Practice Revenue.



**Budget Justification**

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

The budget was developed with input from the college financial team, college leadership, and a board-certified pathologists’ assistant with experience in academic program development. It is expected that the program will be net positive revenue in year 4.

The initially high expenses (year one and year two) are due to the need to develop a pathology simulation lab for student experiences prior to submitting for programmatic accreditation and prior to students entering clinical rotations. The College has the space for the lab without impacting other programs, but will need to outfit it appropriately to support the program and students.

The line item in the financial support table referring to facilities, equipment, supplies and materials is the comprehensive annual operating budget. Categories included in this line item include Contractual Services, Supplies, Fixed Charges, Entertainment, Equipment, Travel, and Traineeships. Examples of individual expenses in each category above include but are not limited to:

- Contractual Services: Program printing and advertising, course development fees, consulting, lab equipment and repairs, student drug testing, student background checks, telephone charges, accreditation fees, program teaching support, professional development for faculty
- Supplies: Office supplies, testing, classroom, and lab supplies and disposables
- Fixed Charges: Student insurance
- Entertainment: Graduation expenses, employment recruitment
- Travel: Faculty professional travel, clinical site travel

Revenue will primarily be from student tuition with additional faculty practice revenue. The In State tuition rate is \$9,000 per semester. The Out State tuition rate is \$12,000 per semester. The student program fee is \$1000 per semester to cover technology, clinical, and laboratory fees. The other category is covered by revenue received from Medical University Hospital Authority (MUHA) through a clinical faculty practice contract.

There will be 1.0 FTE added to the budget in FY25 for the Program Director and Assistant Program Director positions. The ranks of the hires will commensurate with professional degree and experience. It is anticipated that the Program Director will be at the Assistant Professor rank and the Assistant Program Director will be at the Instructor rank. A 0.25 FTE faculty member will be hired in FY26 to prepare for students entering clinical rotations with increasing FTE added as new cohorts of students matriculate. This position will be at the instructor rank. The Program Director and Assistant Program Director salaries will be \$159,500 (\$110,000 plus 45% fringe) annually. The total cost for the Site Program Coordinator position will be \$130,500 (\$90,000 plus 45% fringe) annually.

**Evaluation and Assessment**

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment
Program Objective #1: Graduates contribute to the PathA workforce	Student Learning Outcome #1 Graduates obtain employment in PathA positions	1. The percentage of students who have secured PathA employment a) by graduation, and b) within 6 months of graduation will be tracked.

<p>Program Objective #2: Graduates are prepared for the American Society for Clinical Pathology (ASCP) Board Certification Exam</p>	<p>Student Learning Outcome #2: Graduates obtain ASCP certification</p>	<p>1. The percentage of graduates who pass the certification exam on first attempt will be tracked and compared to national average with the target to be at or above the national average</p>
<p>Program Objective #3: Prepare graduates with the knowledge and skills to assume roles in pathology laboratories in all settings, including tertiary centers and industry</p>	<p>Student Learning Outcome #3: Graduates conduct appropriate high complexity lab testing and pathological examinations.</p>	<p>1. Percent of students that meet or exceed expectations in each clinical practicum experience (supervisor rating) 2. Student end-of-rotation self-evaluation (student self-assessment)</p>

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

The PathA program will be systematically evaluated annually with both program outcomes (PO) and student learning outcomes (SLO), as described above. Program outcomes and results of student assessments will be compiled by the Division Director and discussed annually with program leadership, with modifications implemented as needed. Results are also provided annually to the Chair, Associate Dean of Academic and Faculty Affairs, the program’s advisory board, and the University’s Office of Institutional Effectiveness.

American Society for Clinical Pathology Board Certification is relatively new with the first PathA certification exam being administered in 2005 ([https://www.ascp.org/content/docs/default-source/boc-pdfs/boc\\_statistical\\_reports/exam-stats-2023.pdf?sfvrsn=4](https://www.ascp.org/content/docs/default-source/boc-pdfs/boc_statistical_reports/exam-stats-2023.pdf?sfvrsn=4)). ASCP PathA pass rates are published each exam cycle and newly Certified PathA’s publicly acknowledged by ASCP. First-time pass rates will be tracked for the program and compared to national pass rates. Employment data will be tracked through exit interviews and alumni surveys.

Assessment data will be used to understand program strengths and opportunities for improvement. Data will guide quality improvement initiatives and further program development to best meet the needs of trainees and adequately prepare students for a successful career.

### **Accreditation and Licensure/Certification**

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

Yes

No

The National Accrediting Agency for Laboratory Personnel (NAACLS) maintains standards for master’s degree-granting programs that prepare individuals to enter the PathA profession. NAACLS evaluates and accredits new and established pathologists’ assistant programs. Students must graduate from an NAACLS-accredited program to take the American Society for Clinical Pathology board certification exam and certification is required for most PathA roles and for state licensure, where applicable. Following the MUSC internal (CHP Leadership Council, Education Advisory Council, Provost Council and Board of Trustees) and Commission on Higher Education (CHE) approvals, the

initial accreditation packet will be submitted to NAACLS in April 2025. Following approval of Serious Applicant Status, the NAACLS will then inform the program when the Self-Study is due and when to expect an onsite Accreditation visit.

The goal is to open the application process in July 2025, matriculate the first group of students in May 2026, and graduate the first cohort of students in May 2028.

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

Yes

No

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

The proposed curriculum will prepare students for certification through the didactic curriculum and clinical rotation experiences. The proposed curriculum meets the requirements of the PathA program accrediting body, National Accrediting Agency for Laboratory Personnel. Upon completion of the program, graduates will be eligible for the certification exam. In addition, during the program, students will be engaged in a review course to prepare for certification and clinical practice.

As of 2023, only 3 states (New York, Nevada, and California) require state licensure with 5 additional states with pending licensure legislation. South Carolina does not require licensure or have the option for licensure for Pathologists' Assistants.

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

Yes

No



Patrick J. Cawley, MD  
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July 15, 2024

L. Jeffrey Perez PhD  
President and Executive Director  
South Carolina Commission on Higher Education (CHE)  
1122 Lady Street Suite 400  
Columbia SC 29201

Dear Dr. Perez,

The Medical University of South Carolina (MUSC) College of Health Professions is seeking approval from the CHE to create a Master of Science in Pathologists Assistant Studies. There are currently only 12 accredited programs in the United States, and the number of graduates is not keeping up with the demand. A Pathologists Assistant (PathA) is a highly trained, certified allied healthcare professional who is qualified by academic and practical training to provide diverse services in anatomic pathology under the direction and supervision of a licensed, board-certified, or board-eligible Anatomic Pathologist. MUSC has faced challenges over the last several years in recruiting board-certified Pathologist Assistants to meet the needs of our patients and communities. We believe developing this program will create a pipeline of qualified health professionals to significantly benefit MUSC Health and positively impact South Carolina and beyond.

As the Chief Executive Officer for MUSC Health, I am wholeheartedly in support of this program. I am committed to ensuring that MUSC provides the necessary clinical resources for the learners in this program to achieve clinical success.

Sincerely,

Patrick J. Cawley, M.D.  
CEO, MUSC Health  
Executive Vice President for Health Affairs, University

**PROGRAM MODIFICATION PROPOSAL FORM**

Name of Institution: **Medical University of South Carolina**

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.): **Adding a combined Pharm.D./MPH Generalist degree**

Current Name of Program (include degree designation and all concentrations, options, and tracks): **Both degrees are currently offered separately at MUSC**

Proposed Name of Program (include degree designation and all concentrations, options, and tracks): **Pharm.D./MPH Generalist**

Program Designation:

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

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

- Yes
- No

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

- Yes
- No

Proposed Date of Implementation: **August 2025**

CIP Code: **512001**

Current delivery site(s) and modes: 50501 (Pharm.D.) and 85750 (MPH Generalist)

Proposed delivery site(s) and modes: **85500 (in person required for Pharm.D.; MPH Generalist is online)**

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

Jacketta R. Cobbs, PhD, MPH  
Assistant Professor, Program Director  
843-876-1891  
[cobbsj@musc.edu](mailto:cobbsj@musc.edu)

Institutional Approvals and Dates of Approval:  
Pharm.D. and MPH Program Faculty: 7/11/24  
Education Advisory Council: 8/6/24  
Provost Council: 8/19/24  
BOT:

### **Background Information**

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

This proposed modification seeks to integrate the existing Master of Public Health (MPH) Generalist curriculum with the existing Doctor of Pharmacy (Pharm.D.) curriculum to allow Pharm.D. students with a career interest in public health to gain a deep understanding of healthcare at a population level, enhancing their ability to address pressing public health issues, manage medication-related public health initiatives, and actively contribute to policy development and healthcare system improvement. The proposed curriculum will permit students to earn both credentials in less time (and less expense) than it would for them to earn both separately.

Graduates of this combined degree program will be uniquely positioned to bridge the gap between individual patient care and broader public health concerns, broadening their career prospects in diverse areas such as epidemiology, health policy, pharmaceutical industry, and healthcare administration.

This modification further aligns with the MUSC strategic goal of “forging innovative partnerships to increase scale, scope and impact” in the following ways:

1. This combined degree program brings together expertise from both public health (MPH program) and pharmacy (Pharm.D. program). The interdisciplinary approach enhances the breadth and depth of knowledge among graduates, allowing them to address complex health issues from multiple perspectives.
2. Graduates with a combined Pharm.D./MPH Generalist degree are better equipped to engage with communities, assess their healthcare needs, and implement interventions. This community-centered approach aligns with public health principles and can increase the university’s impact on population health.
3. The combined degree program will also prepare graduates to address global health challenges by understanding the interconnectedness of health issues on a global scale. This aligns with the goal of increasing scale, scope, and impact by contributing to international health efforts and collaborations.
4. Pharm.D./MPH Generalist graduates will play a crucial role in advocating for policy changes and leading healthcare initiatives. Their understanding of both clinical and public health aspects positions them as effective leaders who can influence policies and contribute to system improvements in healthcare.
5. Offering a unique combined degree program should attract a diverse range of students interested in both pharmacy and public health.

A well-designed Pharm.D./MPH Generalist program will enhance the university's reputation and standing in the academic and professional communities and contribute significantly to the mission and strategic plan of MUSC.

### **Assessment of Need**

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

MUSC's MPH Generalist degree was proposed to the CHE specifically to help students enrolled in clinical healthcare programs earn an additional degree in public health via online study while simultaneously receiving their education to be a clinical practitioner. The insight and perspective that healthcare providers gain from an education in public health allows them to be more effective leaders in their field, in their place of employment, and in their communities.

The proposed Pharm.D./MPH Generalist degree will provide an in-depth education in both the field of pharmacy and public health, giving pharmacy students an opportunity to gain expertise within the following areas of core competency: evidence-based approaches to public health, public health, and health care systems, planning and management to promote health, policy in public health, leadership, communication, interprofessional teams, and systems thinking. Having the generalist focus allows for concepts that are relevant to the field to be applied with pharmacy positions, policy development, or applied research.

Developing and offering a Pharm.D./MPH Generalist combined degree program at MUSC is crucial for addressing the state's unique public health challenges and improving overall health outcomes. This interdisciplinary program aligns with South Carolina's health priorities, enhances workforce versatility, and may eventually foster collaborative research. By producing graduates with expertise in both clinical and public health domains, MUSC can actively contribute to reducing health disparities, promoting health equity, and strengthening our standing as a regional and national leader in healthcare education and research. The program's uniqueness is intended to attract diverse and high-caliber students, faculty, and partnerships, further elevating MUSC's reputation and impact in the academic and healthcare communities.

Here at MUSC and in our state, there is a need for this combined degree program to serve our own MUSC Pharmacists in response to the changing healthcare environment. This would give them a broad-based perspective about healthcare needs within the community.

### **Transfer and Articulation**

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

### Description of the Program

Projected Enrollment						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2025	2	2	0	2	0	2
2026	2	4	0	4	0	4
2027	2	4	0	4	0	4
2028	2	4	0	4	0	4

Explain how the enrollment projections were calculated.

We have estimated the number of Pharm.D. students who are in their second year of study and would wish to enter the program based on informal inquiry and discussion with students about the program. Students in good academic standing in the Pharm.D. program following **Spring semester Year 1** may apply to the Pharm.D./MPH Generalist degree program through an online application that will be reviewed by the MPH program.

**To be eligible for the Pharm.D./MPH applicants must:**

1. Accepted to the Pharm.D. program and have **completed the first year** with a minimum 3.0 cumulative GPA
2. Submit official transcripts
3. Submit one letter of recommendation
4. Submit personal statement
5. Submit resume



## Curriculum

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

Pharm.D. + MPH				
<i>Year</i>	<i>Semester</i>	<i>Course</i>	<i>Title</i>	<i>Cr Hr</i>
1	Fall	COP-601	Foundations Patho & Pharm I	2
		COP-609	PharmChem & Pharmgenomics I	2
		COP-607	Dosage Forms & Drug Deliv Sys	4
		COP-615	Pharmaceutical Biochemistry	3
		COP-605	Intro to Pharmacy Practice	2
		COP-625	Pharmacy Calculations	1
		COP-627	Medical Terminology	1
		COP-620	Intro to Drug Information	1
		COP-630	Compounding & App Pharm Lab	1
			<b>Total Semester Hours</b>	<b>17</b>
1	Spring	COP-603	Foundations Patho & Pharm II	4
		COP-611	PharmChem & Pharmgenomics II	3
		COP-616	Pharmaceutical Biotechnology	2
		COP-618	Self Care & Comp Medicine	4
		IP-711	IP Foundations & Teamstepps	1
		IP-###	IP Concentration Course of choice	1
		COP-640	Clinical Applications I	1
		COP-632	Intro to Community Pharm Lab	2
			<b>Total Semester Hours</b>	<b>18</b>
1	Summer	COP-650	Intro Pharm Pract Exper Comm (or)	4
		COP-651	Advanced IPPE I - Community	
			<b>Total Semester Hours</b>	<b>4</b>
2	Fall	COP-713	Disease Proc & Ther I	3
		COP-715	Disease Proc & Ther II	4
		COP-717	Clinical Microbiology	2
		COP-722	Biopharm & Pharmacokinetics	2
		COP-732	Intravaneous Admixtures Lab	0.5

		COP-735	Applied Pham Calculations Lab	0.5
		COP-742	Clinical Applications II	1
		PHGEN-706	Intro to Public Health	3
		PHEPI-736	Foundations of Epi I	3
			<b>Total Semester Hours</b>	<b>19</b>
2	Spring	COP-716	Disease Proc & Ther III	3
		COP-718	Disease Proc & Ther IV	4
		COP-720	Clinical Pharmacokinetics	3
		COP-725	Outcomes Design & Assessment	3
		COP-733	Applied Health Systems Lab	1
		COP-744	Clinical Applications III	1
		PHGEN-708	Principles of Environmental Health	3
			<b>Total Semester Hours</b>	<b>18</b>
2	Summer	COP-750	Intro Pharm Prac Exp Hospital (or)	4
		COP-753	Advanced Hospital IPPE	
		PHGEN-717	Applied Research Methods	3
		PHGEN-716	Public Health Ethics & Leadership	3
			<b>Total Semester Hours</b>	<b>10</b>
3	Fall	COP-822	Disease Proc & Ther V	3
		COP-823	Disease Proc & Ther VI	4
		COP-804	Health Care Syst & Management	3
		COP-821	Advanced Drug Information	2
		COP-846	Clinical Applications IV	1
		COP-834	Applied Community Pharmacy Lab	2
		PHBIO-700	Biostats Methods I	3
		PHEPI-759	Health disparities epi	3
			<b>Total Semester Hours</b>	<b>21</b>
3	Spring	COP-825	Disease Proc & Ther VII	4
		COP-826	Disease Proc & Ther VIII	3
		COP-805	Pharmacy Law and Ethics	3
		COP-836	Clinical Assessment	3
		COP-848	Clinical Applications V	1

		PHHBP-700	Social behavior sciences	3
			<b>Total Semester Hours</b>	<b>17</b>
3	Summer		Advanced Pharmacy Practice Experience (APPE) x 1 **	4
		COP-990	Pharmacy Board Prep I	1
		PHGEN-715	Program planning, development, and evaluation	3
			<b>Total Semester Hours</b>	<b>8</b>
4	Fall		APPE x 5 **	20
		COP-991	Pharmacy Board Prep II	1
		PHGEN-760	Topics in public health	3
			<b>Total Semester Hours</b>	<b>24</b>
4	Spring		APPE x 2 **	8
		COP-950	Grand Rounds	4
		COP-992	Pharmacy Board Prep III	1
		PHGEN-780	MPH Applied practice experience **	6
		PHGEN-970	MPH Integrative learning experience	3
			<b>Total Semester Hours</b>	<b>22</b>
			**APPE hours	38.00
			*Elective hours	0.00
			Total Pharm.D. Credit Hours	139.00
			Total MPH Credit Hours	39.00
			Total Pharm.D.+MPH	178.00

### New Courses

There are no new courses for this combined degree program. While the MPH curriculum is 45 credit hours, students of this program will complete 39 credit hours of the MPH Generalist curriculum beginning in year 2 of the Pharm.D. curriculum. The COP 804 Health Systems and Management course will count towards the 3 credits for PHGEN 710 Intro to Health Systems and Policy course, and COP 725 Outcomes Design and Assessment course in the Pharm.D. curriculum will count for 3 credit elective hours for the MPH Generalist curriculum. Additionally, the PHGEN 780 Applied Practice Experience for the MPH Generalist curriculum (6 credit hours) will count towards the Advanced Pharmacy Practice Experience (APPE Elective) x 1 for 6 credit hours.

**Similar Programs in South Carolina offered by Public and Independent Institutions**

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

Program Name and Designation	Total Credit Hours	Institution	Similarities	Differences
MPH Health Promotion, Education, and Behavior	45 credits	University of South Carolina	Program is offered online	USC's online MPH in Health Promotion, Education, and Behavior is designed with a focus of health education providing training in leadership and advocacy, program development, and program evaluation. Our MPH Generalist program has a focus of general public health competencies.
Pharm.D.	155 credits	University of South Carolina	Program is offered in-person	USC does not offer a combined degree Pharm.D./MPH with their MPH program.

### Faculty

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

**No new faculty, staff, or administrative personnel will be needed to implement the program modification.**

### Resources

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

Library Resources: **No new library resources are needed to meet the proposed program's needs.**

Equipment: **No new equipment is needed to meet the proposed program's needs.**

Facilities: **No new facilities are needed to meet the proposed program's needs.**

### Impact on Existing Programs

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

Yes

No

### Financial Support

Estimated Sources of Financing for the New Costs						
Category	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Total
Tuition Funding	\$46,710	\$93,420	\$108,990	\$108,990	\$108,990	\$467,100
Program-Specific Fees	\$16,524	\$26,640	\$33,828	\$33,828	\$33,828	\$144,648
Special State Appropriation						
Reallocation of Existing Funds						
Federal, Grant, or Other Funding						
<b>Total</b>	\$63,234	\$120,060	\$142,818	\$142,818	\$142,818	\$611,748
Estimated New Costs by Year						
Category	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Total
Program Administration and Faculty and Staff Salaries	\$44,406	\$55,757	\$57,429	\$59,152	\$60,927	\$277,671
Facilities, Equipment, Supplies, and Materials	\$1,700	\$1,751	\$1,804	\$1,858	\$1,914	\$9,028
Library Resources						
Other (specify)						
<b>Total</b>	\$46,107	\$57,508	\$59,233	\$61,010	\$62,841	\$286,699
<b>Net Total</b> (i.e., Sources of Financing Minus Estimated New Costs)	\$17,127	\$62,552	\$83,585	\$81,808	\$79,977	\$325,049

## Budget Justification

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

While there will be no new costs for this program, students enrolled in this joint degree program will have a single tuition bill each semester. There will be a separate tuition rate for students enrolled in the Pharm.D./MPH, to be considered for approval by the BOT in Spring 2025. This new tuition rate will be shared appropriately between the College of Pharmacy and the College of Medicine. The College of Pharmacy will request a journal entry from the Controller's office for each term in which tuition payments are received. The tuition and fees for the MPH program will be moved by the controller's office to the College of Medicine under transfer code 68895 to ensure proper credit to both colleges for the purposes of state allocation calculation and the Investment fund contribution.

## Evaluation and Assessment

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment
<b>Pharm.D. Outcomes</b>		
<b>Outcome 1: Graduates will have essential foundational knowledge and essential skills for practice and care</b>		
	Scaled mean score of NAPLEX area 1.	NABP
	Scaled mean score of NAPLEX area 2.	NABP
	First time pass rate on OSCE.	Clinical Assessment COP course
	Rate of agree/strongly agree to "Pharmacy practice experiences allowed collaboration with other health care professionals."	AACP Graduating Student Survey
<b>Outcome 2: Graduates will learn skills essential for personal and professional development</b>		
	Number of students involved in student organizations.	COP Assessment
	Rate of agree/strongly agree to "My pharmacy practice experiences allowed me to have direct interaction with diverse patient populations."	AACP Graduating Student Survey
	Evaluation of Leader Academy.	COP Assessment
<b>MPH Generalist Outcomes</b>		
<b>Outcome 4: Evidence of ability to apply public health knowledge to practice</b>		
4.1	Percentage of students demonstrating mastery of interdisciplinary/cross-cutting core competencies of the capstone grading rubric	For the capstone, each student completes a final paper and poster that demonstrates proficiency among the foundational and concentration specific competencies. The advisor uses a

		rubric to grade the paper and poster regarding the competencies addressed, oral and written presentation of the capstone project.
4.2	Percentage of students demonstrating mastery of interdisciplinary/cross-cutting core competencies of the internship grading rubric	For the internship, each student identifies an internship opportunity within a public health setting to apply public health knowledge to field practice experience. During the internship, each student is producing two products (i.e. strategic plan, needs assessment, educational material, data collection, data analysis, etc.) that is beneficial to the public health organization they are completing the internship. The internship addresses foundational and concentration specific competencies. The advisor of each student uses a rubric to grade the two deliverables.
<b>Outcome 5: Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.</b>		
5.1	Percentage of students who agree the program taught core competencies of public health ethics and leadership	A course evaluation is administered to each student at the end of each semester. Students are asked to report their confidence in understanding the public health ethics and leadership competencies.
5.2	Percentage of students demonstrating mastery of leadership skills through oral presentation.	For the capstone, each student completes a final poster that includes an oral presentation of capstone project, research background, methods, results, and public health competencies. The advisor uses a rubric to grade the poster presentation regarding the oral presentation of the capstone project.
<b>Outcome 6: Perform effectively on interprofessional teams.</b>		
6.1	Percentage of students who agree program taught core competencies of interprofessional team collaboration.	The final evaluation of the internship completed by each student as part of the internship assess students' knowledge of interprofessional competencies.
6.2	Percentage of students demonstrating mastery of skills of	The grading rubric used by the advisor and internship preceptor



	interprofessional team collaboration.	for the internship evaluates student's ability to perform on interprofessional teams.
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Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

- Yes  
 No

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

- Yes  
 No

The accrediting body for all schools and programs of public health is the Council on Education for Public Health. The current MPH program (as reflected by the three MPH degrees we offer) at MUSC received full accreditation status March 2022 for the residential program; thereby being eligible to submit a change request to include the online MPH degree. The process will include the submission of a 'Substantive Change' form to CEPH that outlines the purpose and goals of the combined degree program, course list, faculty and staff resources, and schedule of courses. The approval of this form is done on a rolling basis; therefore, we will submit our Substantive request after approval by the Commission on Higher Education.

Accreditation of the Pharm.D. program will not be affected by this proposed modification. The Pharm.D. program is not required to submit this modification to the Accreditation Council for Pharmacy Education (ACPE), as this proposed modification does not meet ACPEs definition of "substantive change".

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

- Yes  
 No

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

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

- Yes  
 No

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**Monthly Financial Reports**  
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**For the Two (2) Month Period Ended August 31, 2024**

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**The Medical University of South Carolina and Affiliated Organizations**  
**Statement of Net Position**  
**As of August 31, 2024**

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
<b>Assets &amp; Deferred Outflows</b>			
Cash and Cash Equivalents	\$ 439,069,788	\$ 6,775,076	\$ -
Cash and Cash Equivalents - Restricted	80,339,614	-	370,565
State Appropriation Receivable	186,169,800	15,172,948	-
Student Tuition and Fees Receivable	8,365,990	-	-
Student Loan Receivable	10,798,568	-	-
Grants and Contracts Receivable	60,161,626	401,657	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Lease Receivable	17,907,265	-	-
Other Receivables	-	-	-
Investments	-	-	-
Prepaid Items	791,244	-	-
Capital Assets, net of Accumulated Depreciation	451,204,268	-	-
Due from Hospital Authority	33,400,254	-	-
Due from Other Funds	139,390,382	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	-	-	-
Deferred Outflows-Pensions	84,945,032	-	-
Deferred Outflows-OPEB	133,775,542	-	-
Other Assets	-	-	-
	<u>\$ 1,646,319,374</u>	<u>\$ 22,349,681</u>	<u>\$ 370,565</u>
<b>Liabilities &amp; Deferred Inflows</b>			
Accounts Payable	\$ 13,360,415	\$ 29,080	\$ -
Accrued Payroll and Other Payroll Liabilities	29,454,035	-	-
Accrued Compensated Absences	35,155,623	208,238	-
Deferred Revenue	203,480,892	12,649,118	-
Retainages Payable	559,427	-	-
Long-Term Debt	125,019,287	-	-
Lease Liability	70,865,674	-	-
SBITA Liability	3,828,998	-	-
Interest Payable	650,583	-	-
Deposits Held for Others	5,626,562	-	-
Due to Hospital Authority	-	-	-
Due to Other Funds	10,639,136	-	-
Federal Loan Program Liability	11,279,332	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	541,868,281	-	-
Net OPEB Liability	418,938,094	-	-
Deferred Inflows-Leases	21,009,221	-	-
Deferred Inflows-Pensions	2,758,148	-	-
Deferred Inflows-OPEB	243,910,294	-	-
Other Liabilities	53,515,728	-	-
	<u>\$ 1,791,919,729</u>	<u>\$ 12,886,436</u>	<u>\$ -</u>
<b>Net Position</b>	<u>(145,600,356)</u>	<u>9,463,245</u>	<u>370,565</u>
<b>Total Liabilities &amp; Deferred Inflows and Net Position</b>	<u>\$ 1,646,319,374</u>	<u>\$ 22,349,681</u>	<u>\$ 370,565</u>

The Medical University of South Carolina  
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)  
 For the period ending August 31, 2024

	Budget	Prorated Budget (Note)	Actual	Variance	
<b>Revenues</b>					
Federal Grants & Contracts	\$ 167,614,832	\$ 27,935,805	\$ 27,736,596	\$ (199,209)	U
Federal Grants Indirect Cost Recoveries	51,473,036	8,578,839	6,824,535	(1,754,304)	U
State Grants & Contracts	16,200,519	2,700,087	2,166,733	(533,354)	U
Private Grants & Contracts	41,735,992	6,955,999	9,026,379	2,070,380	F
Private Grants Indirect Cost Recoveries	2,838,389	473,065	848,263	375,198	F
<b>Total Grants &amp; Contracts</b>	<b>279,862,768</b>	<b>46,643,795</b>	<b>46,602,505</b>	<b>(41,290)</b>	<b>U</b>
State Appropriations	147,494,813	24,582,469	23,089,786	(1,492,683)	U
Tuition and Fees	110,054,394	18,342,399	17,685,658	(656,741)	U
Pass-Through Revenues	48,384,808	8,064,135	8,064,135	-	F
Gifts	29,410,234	4,901,706	5,716,002	814,296	F
Transfers from (to) MUSC Physicians	118,756,267	19,792,711	19,498,835	(293,876)	U
Sales and Services of Educational Departments	20,605,687	3,434,281	2,750,339	(683,942)	U
Sales and Services of Auxiliary Enterprises	22,965,431	3,827,572	2,684,572	(1,143,000)	U
Interest and Investment Income	2,191	365	29,542	29,177	F
Endowment Income	3,998,070	666,345	3,698,443	3,032,098	F
Miscellaneous	20,151,059	3,358,510	6,837,945	3,479,435	F
Miscellaneous - Residents	8,106,064	1,351,011	1,351,011	-	F
Authority Revenue	91,264,524	15,210,754	14,847,381	(363,373)	U
Authority Revenue - Residents	87,868,579	14,644,763	14,644,763	-	F
Intra-Institutional Sales	42,469,086	7,078,181	4,496,772	(2,581,409)	U
<b>Total Other</b>	<b>751,531,207</b>	<b>125,255,202</b>	<b>125,395,184</b>	<b>139,982</b>	<b>F</b>
<b>Total Revenues</b>	<b>1,031,393,975</b>	<b>171,898,997</b>	<b>171,997,689</b>	<b>98,692</b>	<b>F</b>
<b>Expenditures</b>					
Salaries	\$ 421,243,705	\$ 70,207,284	\$ 66,933,705	\$ 3,273,579	F
Miscellaneous Personnel Expenditures	-	-	1,040,197	(1,040,197)	U
Fringe Benefits	184,062,728	30,677,121	28,671,942	2,005,179	F
<b>Total Personnel</b>	<b>\$ 605,306,433</b>	<b>\$ 100,884,405</b>	<b>\$ 96,645,843</b>	<b>\$ 4,238,562</b>	<b>F</b>
Contractual Services	\$ 184,422,935	\$ 30,737,156	\$ 28,223,438	\$ 2,513,718	F
Pass-through Expenditures	48,384,808	8,064,135	8,064,135	-	F
Supplies	72,288,416	12,048,069	11,972,949	75,120	F
Fixed Charges	52,168,836	8,694,806	8,809,841	(115,035)	U
Equipment	10,308,326	1,718,054	-	1,718,054	F
Travel	6,608,194	1,101,366	1,351,643	(250,277)	U
Trainee / Scholarships	25,702,944	4,283,824	2,364,280	1,919,544	F
Other Expenses	12,096,105	2,016,018	661,957	1,354,061	F
Debt Service	11,723,644	1,953,941	2,613,300	(659,359)	U
<b>Total Other</b>	<b>\$ 423,704,208</b>	<b>\$ 70,617,369</b>	<b>\$ 64,061,544</b>	<b>\$ 6,555,825</b>	<b>F</b>
<b>Total Expenditures</b>	<b>\$ 1,029,010,641</b>	<b>\$ 171,501,774</b>	<b>\$ 160,707,387</b>	<b>\$ 10,794,387</b>	<b>F</b>
<b>Other Additions (Deductions)</b>					
Transfers from(to) Plant Funds	(49,768,631)	(8,294,772)	(8,394,772)	(100,000)	U
Other Transfers	-	-	-	-	F
Prior Year Fund Balance Usage	53,857,350	8,976,225	9,212,540	236,315	F
<b>Total Other Additions (Deductions)</b>	<b>\$ 4,088,719</b>	<b>\$ 681,453</b>	<b>\$ 817,768</b>	<b>\$ 136,315</b>	<b>F</b>
<b>NET INCREASE (DECREASE) in Fund Balance</b>	<b>\$ 6,472,053</b>	<b>\$ 1,078,676</b>	<b>\$ 12,108,070</b>	<b>\$ 11,029,394</b>	<b>F</b>
<b>Non-Budgeted Items</b>					
Net Unfunded Pension Expense			563,835		
Net Unfunded OPEB Expense			2,010,387		
Depreciation			(6,188,875)		
Endowment Gains/Losses			-		
Gain (Loss) on Disposition of Property			190,295		
Other Non-Budgeted Items			5,496,453		
<b>SRECNP Bottom Line</b>			<b>14,180,165</b>		

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
August 31, 2024

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	\$ 50,716,485
Land/Bldgs/Equipment/Accumulated depreciation	<u>429,999,808</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 480,716,293</u>

Note 5. *Construction in Progress*

The itemized construction-in-progress will be updated in future months.

Note 6. *Deferred Revenue*

The University's deferred revenue consists of the following:

State appropriations	\$ 150,704,934
Grants and contracts	12,045,848
Student tuition and fees	37,155,309
Other	<u>3,574,801</u>
Total Deferred Revenue	<u>\$ 203,480,892</u>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
August 31, 2024

Note 7. *Long Term Liabilities and Leases*

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

Lease Liability	\$ 70,865,674
Higher Ed Refunded Revenue bond payable	14,525,000
State Institution bonds payable	35,775,000
Energy Performance Note Payable	24,371,410
Premium on State Institution bonds payable	4,817,844
Premium on Refunding Revenue Bonds	455,033
Bond Anticipation Note	<u>45,075,000</u>
Total Long Term Liabilities and Leases	<u>\$ 195,884,961</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 2023, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$17.9 million for a total of \$218.1 million. In fiscal year 2022, excluding the GASB 68 and GASB 75 impact, the University's net position increased \$39.6 million for a total of \$200.2 million. In fiscal year 2021, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$2.3 million for at total of \$160.6 million. In fiscal year 2020, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position decreased \$7.1 million for a total of \$158.3 million.

	Per annual CAFR			
	FY2023	FY2022	FY2021	FY2020
Net investment in capital assets	\$ 272,606,591	\$ 264,898,753	\$ 256,273,784	\$ 273,745,547
Restricted				
Nonexpendable	96,695,036	94,737,549	93,450,804	92,884,333
Expendable	248,944,820	204,093,027	172,064,021	119,736,905
Unrestricted (exclusive of GASB 68 and 75 liabilities)	218,124,473	200,247,718	160,633,515	158,323,021
Unrestricted (including GASB 68 and 75 liabilities)	<u>(1,001,836,676)</u>	<u>(961,299,272)</u>	<u>(908,652,076)</u>	<u>(868,396,874)</u>
Total net position	<u>\$ (165,465,756)</u>	<u>\$ (197,322,225)</u>	<u>\$ (226,229,952)</u>	<u>\$ (223,707,068)</u>

Medical University of South Carolina  
Summary of Current Debt Obligations

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 31-Aug-2024
<b>State Institution Bonds (SIB)</b>			
SIB 2012B refunding	12,645	Various Building Renovations	-
SIB 2016D	30,095	College of Dental Medicine Building	16,150
SIB 2021D	23,415	College of Pharmacy Addition and Various Building Renovations	19,625
BAN 2024	45,075	College of Health Professions Academic Building	45,075
	<u>\$ 111,230</u>		<u>          </u>
<b>Current SIB Debt Authorized and Issued</b>			<u>\$ 80,850</u>
<b>Notes Payable - JEDA</b>	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ -</u>
<b>Refunding Revenue Bonds, Series 2017</b>			
2017	<u>\$ 25,115</u>	Bee Street Garage	<u>\$ 14,525</u>
<b>Energy Performance Note Payable</b>			
EPNP 02-27-19	<u>\$ 30,000</u>	Energy Savings	<u>\$ 24,371</u>
<b>TOTAL:</b>	<u><b>\$ 199,330</b></u>		<u><b>\$ 119,746</b></u>

**The Medical University of South Carolina and Affiliated Organizations**  
**Statement of Revenues, Expenses and Changes in Net Position**  
**For the Two (2) Month Period Ending August 31, 2024**

	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
<b>Operating Revenues</b>		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	89,408	-
State Grants and Contracts	1,211,572	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	7,153	-
Sales and Services to Hospital Authority	-	-
Sales and Services of Educational and Other Activities	-	-
Sales and Services of Auxiliary Enterprises	-	-
Interest Income	-	-
Other Operating Revenues	16,094	-
<b>Total Operating Revenues</b>	<b><u>1,324,227</u></b>	<b><u>-</u></b>
<b>Operating Expenses</b>		
Compensation and Employee Benefits	525,894	-
Pension Benefits		
OPEB Expense		
Services and Supplies	152,684	-
Utilities	-	-
Scholarships and Fellowships	-	-
Refunds to Grantors	-	-
Interest Expense	-	-
Depreciation and Amortization	-	-
<b>Total Operating Expenses</b>	<b><u>678,578</u></b>	<b><u>-</u></b>
<b>Operating Income (Loss)</b>	<b><u>645,649</u></b>	<b><u>-</u></b>
<b>Nonoperating Revenues (Expenses)</b>		
State Appropriations	2,529,824	-
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	-	-
<b>Net Nonoperating Revenues (Expenses)</b>	<b><u>2,529,824</u></b>	<b><u>-</u></b>
<b>Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers</b>	<b><u>3,175,473</u></b>	<b><u>-</u></b>
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	-	-
Transfers From (To) Facilities Corporation	-	-
<b>Increase (Decrease) In Net Position</b>	<b><u>\$ 3,175,473</u></b>	<b><u>\$ -</u></b>



**ACADEMIC  
MAJOR PURCHASES FOR  
BOARD OF TRUSTEES APPROVAL  
October 11, 2024**

**Description of Purchase:** Femto 3D Atlas Dichroic Plug and Play Acousto- optic Microscope and FemtoSmart Galvo Microscope Microscope Modules & Accessories, ALCOR Lasers, Software, Installation and training.

**Estimated Cost of Purchase:** \$884,769.37

**Requisition Number:** REQ-00466714

**Department Name(s) and UDAK numbers(s):** Neuroscience FD001 CC000984 FN09

**Department Contact Person:** Crystal Brown

**Name of Procurement Specialist:** Brad Byrd

**Method of Purchase:** Sole Source

**Vendor Name (If Sole Source):**

**New Purchase**  **Yes**  **No**

**New Contract for Existing Services?**  **Yes**  **No**

**Extension of Existing Contract?**  **Yes**  **No**

**Replacement of Existing Item(s)**  **Yes**  **No**

**Name of Item(s) Being Replaced:** None

**Name and Value of Equipment the Requested Purchase Will Be Used In Conjunction With:**

**Name of Equipment:** None

**Value:** None

**How Will This Purchase Benefit MUSC:** This equipment will enable Neuroscience researchers to build and test models of cortical circuit development, plasticity, and function, which will be essential in understanding how such circuits are disrupted in Neurodevelopment disorders.

**Why and How This Purchase Will Benefit MUSC By Having a Vendor Provide This Service vs. MUSC Staff Providing the Service:** Not Applicable

**ACADEMIC  
FINANCIAL INFORMATION  
MAJOR PURCHASES  
BOARD OF TRUSTEES APPROVAL  
October 11, 2024**

**Item to be approved for purchase:**

1. **Source of Revenue/Savings:** Not applicable
2. **Amount of Revenue/Savings to be generated:** Not applicable
3. **Initial cost:**\$884,769.37
  - a. **Item:** \$884,769.37
  - b. **Physical Plant Requirements (renovations):** None
4. **Annual cost (Maintenance, supplies, etc.):** not applicable
5. **Personnel Cost (to include base salary, fringes, training, etc.):** no new personnel
6. **Financial Analysis:** not applicable

# **MUSC Physicians and MUSC Health Partners**

**Interim Financial Statements  
For the two month period ending  
August 31, 2024**

<b>Consolidated Actual to Budget Variance</b>	<b>1</b>
<b>MUSCP Executive Summary</b>	<b>2</b>
<b>MUSCP Actual to Budget Variance</b>	<b>3</b>
<b>MUSCP Statement of Net Position</b>	<b>4-5</b>
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<b>MHP Statement of Revenues, Expenses and Changes in Net Position – detailed</b>	<b>10</b>
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Unaudited – For Management Use

**MUSC Physicians and MUSC Health Partners**  
(A Component Unit of MUSC)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 2 Month Period Ending - August 31, 2024

	MUSC Physicians				MUSC Health Partners		Total		
	College of Medicine Actual	Corporate and Ambulatory Care Actual	Community Physicians Actual	Other Actual	Primary Care Actual	Other Actual	Total Actual	Total Fixed Budget	Total Variance
<b>Operating revenues:</b>									
Net clinical service revenue	92,883,610	-	127,647	1,252,884	4,973,239	310,604	99,547,984	91,783,370	7,764,614
Supplemental medicaid	6,907,320	-	-	-	533,333	-	7,440,653	7,440,653	-
Other operating revenue	1,000,717	569,702	-	226,458	941,097	13,334	2,751,308	3,574,531	(823,223)
Intercompany transfers	(31,861,477)	32,733,231	(14,424)	(857,330)	-	-	-	-	-
Purchased services revenue	26,932,350	1,782,838	-	3,553,769	625,160	941,839	33,835,955	37,282,291	(3,446,336)
Grant salary reimb. from MUSC	2,599,320	-	-	43,319	-	-	2,642,638	2,806,718	(164,080)
Total operating revenues	98,461,840	35,085,771	113,223	4,219,099	7,072,829	1,265,777	146,218,539	142,887,564	3,330,975
<b>Operating expenses:</b>									
Salaries, wages and benefits	78,877,776	12,427,265	25,028	3,564,268	4,580,704	1,084,008	100,559,049	103,973,386	3,414,336
MUSCP reimb. for education and research	19,532,007	-	-	-	-	-	19,532,007	19,532,007	-
Supplies	175,812	11,171,085	115	51,006	456,061	180,716	12,034,795	12,352,555	317,759
Contractual services	203,863	1,944,974	2,430	1,100,428	92,121	40,559	3,384,376	6,406,916	3,022,541
Purchased services	9,880	3,587,779	245,811	281,765	286,478	(164,006)	4,247,707	5,172,943	925,235
Facilities	7,738	1,507,621	31,634	10,104	380,760	10,062	1,947,919	2,436,314	488,395
Insurance	1,591,241	155,164	-	21,911	71,708	6,605	1,846,629	2,001,833	155,204
Depreciation	-	995,091	-	131,137	86,564	-	1,212,792	1,443,576	230,784
Meals and travel	302,125	29,279	-	103,422	3,256	9,150	447,232	824,931	377,699
Other expenses	16,881	724,483	-	120,014	45,873	19,144	926,395	1,308,037	381,642
Faculty and staff recruitment	152,932	17,714	-	19,728	1,882	81,725	273,981	318,104	44,123
MUSCP corporate shared services	-	-	-	-	495,565	-	495,565	495,565	-
Total operating expenses	100,870,256	32,560,454	305,019	5,403,783	6,500,973	1,267,964	146,908,449	156,266,166	9,357,718
Operating income (loss)	(2,408,416)	2,525,316	(191,796)	(1,184,683)	571,856	(2,187)	(689,910)	(13,378,603)	12,688,693
Operating margin	(2.4%)	7.2%	(169.4%)	(28.1%)	8.1%	(0.2%)	(0.5%)	(9.4%)	
<b>Nonoperating revenue (expenses):</b>									
Donations - transfer to MUSCF	(166,059)	-	-	(307,789)	-	-	(473,848)	(263,422)	(210,426)
Investment income	3,845,104	783,656	-	5,013,876	2,333	-	9,644,969	1,326,811	8,318,158
Interest expense	-	(11,111)	-	(8,354)	(6,983)	(4,366)	(30,813)	(10,873)	(19,940)
Rental income	-	133,892	-	370,314	11,140	-	515,345	510,550	4,796
Rent expense	-	-	-	(36,080)	-	-	(36,080)	(36,080)	-
Gain (loss) on disposal of assets	-	-	-	(24,612)	-	-	(24,612)	-	(24,612)
Total Nonoperating revenue (expenses)	3,679,044	906,437	-	5,007,355	6,490	(4,366)	9,594,961	1,526,985	8,067,976
Change in net position	\$ 1,270,628	\$ 3,431,753	\$ (191,796)	\$ 3,822,672	\$ 578,346	\$ (6,552)	\$ 8,905,051	\$ (11,851,618)	\$ 20,756,669
Net margin	1.3%	9.8%	(169.4%)	90.6%	8.2%	(0.5%)	6.1%	(8.3%)	

**Notes:**

MUSC Physicians Other includes other Colleges (Nursing CoHP, Dental), Presidents Fund, Rental Properties, Investment Account and Funded Leadership  
MUSC Health Partners Other includes MHA Population Health, CFC Community Physicians, and Funded Leadership

## Medical University of South Carolina Physicians

### Executive Summary

For the two-month period ending August 31, 2024

#### Charges:

- **YTD: 8% over budget and 20% over last year**
- Month of August: 2% over budget and 11% over last year
- Top clinical departments (% over budget): Pathology & Lab Medicine, Otolaryngology, Anesthesiology, Orthopedics, OB/GYN

#### Payments:

- **YTD: 9% over budget and 14% over last year**
- Month of August: 12% over budget and 9% over last year
- Top clinical departments (% over budget): Anesthesiology, OB/GYN, Neurology, Urology, Infusion
- 38.6 days in AR as of August 2024 and 38.2 days in AR as of June 2024
- \$90 per wRVU as of August 2024 and \$84 per wRVU as of June 2024

#### Income/(Loss):

- **(\$1.3M) Operating Loss; (0.9%) Operating Margin**
  - \$12.2M favorable variance to fixed budget
    - \$7.7M net clinical service revenue
      - \$9.3M favorable COM Epic revenue
      - (\$1.8M) Community Cardiology under budget (3 month delay in opening clinic; no impact to bottom line)
    - (\$3.4M) purchased services revenue
      - (\$2.8M) College of Medicine under budget (timing of hospital physicians services bill)
      - (\$0.8M) Community Cardiology under budget (3 month delay in opening clinic; no impact to bottom line)
    - \$2.8M salaries, wages and benefits
      - \$2.7M College of Medicine under budget
    - \$1.3M contractual services
      - \$344K College of Medicine under budget
      - \$270K HCC under budget
      - \$261K CDM Dean Office under budget
      - \$191K Funded MUHA Revenue Cycle vendor fees under budget
    - \$3.0M purchased services
      - \$2.2M Community Cardiology under budget (3 month delay in opening clinic; no impact to bottom line)
      - \$203K Enterprise/OneMUSC cost centers under budget
- **\$9.6M Nonoperating Income**
  - \$8.1M favorable variance to fixed budget
    - \$8.3M investment income
      - \$8.3M unrealized/realized gain on investments – unbudgeted
      - \$0.3M interest and dividend income over budget
- **\$8.3M Net Income; 6.0% Net Margin**
  - \$20.3M favorable variance to fixed budget

#### Balance Sheet:

- Days cash on hand: 135 days
- Net Position: \$482.7M; increased by \$8.3M compared to June 2024

## MUSC Physicians

(A Component Unit of MUSC)

Statement of Revenues, Expenses and Changes in Net Position  
For the 2 Month Period Ending - August 31, 2024

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
<b>Operating revenues:</b>					
Net clinical service revenue	\$ 94,264,141	\$ 86,555,225	\$ 7,708,916	9%	\$ 81,284,960
Supplemental medicaid	6,907,320	6,907,320	-	0%	8,029,255
Other operating revenue	1,796,877	2,509,625	(712,748)	(28%)	2,029,015
Purchased services revenue	32,268,956	35,711,085	(3,442,129)	(10%)	23,510,455
Grant salary reimb. from MUSC	2,642,638	2,806,718	(164,080)	(6%)	2,175,057
Total operating revenues	137,879,933	134,489,973	3,389,960	3%	117,028,742
<b>Operating expenses:</b>					
Salaries, wages and benefits	94,894,337	97,669,714	2,775,377	3%	78,866,783
MUSCP reimb. for education and research	19,532,007	19,532,007	-	0%	18,067,923
Supplies	11,398,018	11,581,517	183,498	2%	8,927,962
Contractual services	3,251,695	4,529,763	1,278,068	28%	2,618,843
Purchased services	4,125,235	7,149,616	3,024,381	42%	3,131,877
Facilities	1,557,097	2,014,549	457,451	23%	1,932,355
Insurance	1,768,316	1,923,011	154,694	8%	1,433,125
Depreciation	1,126,228	1,354,115	227,887	17%	1,008,975
Meals and travel	434,826	811,322	376,496	46%	297,853
Other expenses	861,379	1,190,580	329,201	28%	37,613
Faculty and staff recruitment	190,374	240,543	50,169	21%	198,916
Total operating expenses	139,139,512	147,996,735	8,857,223	6%	116,522,225
Operating income (loss)	(1,259,579)	(13,506,762)	12,247,184	91%	506,517
Operating margin	(0.9%)	(10.0%)			0.4%
<b>Nonoperating revenue (expenses):</b>					
Donations - transfer to MUSCF	(473,848)	(263,422)	(210,426)	(80%)	(6,500,000)
Investment income	9,642,636	1,326,770	8,315,866	627%	(158,317)
Interest expense	(19,465)	(10,138)	(9,327)	(92%)	(532,923)
Rental income	504,206	504,764	(559)	(0%)	1,191,252
Rent expense	(36,080)	(36,080)	-	0%	(257,153)
Gain (loss) on disposal of assets	(24,612)	-	(24,612)	(100%)	-
Total nonoperating revenue (expenses)	9,592,836	1,521,894	8,070,943	530%	(6,257,140)
Change in net position	\$ 8,333,258	\$ (11,984,869)	\$ 20,318,127	170%	\$ (5,750,623)
Net margin	6.0%	(8.9%)			(4.9%)

**Notes:**

Operating revenue:

-Net clinical service revenue: \$9.3M favorable COM Epic revenue; (\$1.8M) Community Cardiology under budget (3 month delay in opening clinic; no impact to bottom line)

-Purchased services revenue: (\$2.8M) College of Medicine under budget (timing of hospital physicians bill); (\$0.8M) Community Cardiology under budget (3 month delay in opening clinic; no impact to bottom line)

Operating expense:

-Salary, wages and benefits: \$2.7M College of Medicine under budget

-Contractual Services under budget: \$344K College of Medicine, \$270K HCC, \$261K CDM Dean Office, and \$191K Funded MUHA Revenue Cycle vendor fees

-Purchased Services: \$2.2M Community Cardiology under budget (3 month delay in opening clinic; no impact to bottom line);

\$203K Enterprise/OneMUSC cost centers under budget

Nonoperating revenue:

-Donations - transfer to MUSCF: Transfer from President's Fund over budget

-Investment income: \$8.3M unrealized/realized gain on investments; \$0.3M interest and dividend income over budget

## MUSC Physicians

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

### Statement of Net Position

#### ASSETS

UNAUDITED

	August 31, 2024	June 30, 2024	Variance
<b>Current Assets:</b>			
Cash and investments	\$ 312,127,584	\$ 293,891,042	\$ 18,236,542
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$10,861,478	68,400,148	66,140,456	2,259,692
Due from the Medical University of South Carolina	12,815,448	28,976,656	(16,161,208)
Due from the Medical University Hospital Authority	32,176,261	55,030,764	(22,854,502)
Due from MCP	481,921	1,303,020	(821,099)
Due from Mainsail	9,818	9,818	-
Due from the Medical University Foundation	500,114	593,656	(93,542)
Due from Carolina Family Care, Inc.	2,428,659	(2,921,704)	5,350,363
Note receivable from CFC/MHP	999,888	1,256,273	(256,385)
Due from Comprehensive Psychiatric Services	19,720	64,544	(44,823)
Due from MUSC Health Alliance	29,727	11,055	18,672
Lease receivable	2,494,497	2,494,497	-
Other current assets	13,181,834	6,279,248	6,902,587
<b>Total Current Assets</b>	<b>445,665,619</b>	<b>453,129,323</b>	<b>(7,463,703)</b>
<b>Noncurrent assets:</b>			
Capital assets:			
Land	22,510,764	22,510,764	-
Buildings	52,381,476	52,381,476	-
Furniture and equipment	36,271,878	36,175,483	96,395
Leasehold improvements	30,735,650	29,226,282	1,509,368
Computer software	14,774,652	14,774,652	-
Right of use assets	22,494,230	22,494,230	-
Subscription assets	8,951,225	8,951,225	-
Accumulated depreciation and amortization	(67,423,351)	(66,303,786)	(1,119,565)
Lease receivable	1,406,952	1,406,952	-
Investment in partnerships	2,212,878	2,212,878	-
Investment / Advancements consolidated CFC	32,270,000	32,270,000	-
<b>Total noncurrent assets</b>	<b>156,586,353</b>	<b>156,100,156</b>	<b>486,198</b>
<b>Total Assets</b>	<b>602,251,973</b>	<b>609,229,479</b>	<b>(6,977,505)</b>
<b>Deferred outflows of resources:</b>			
Deferred outflows-OPEB	581,138	581,138	-
<b>Total deferred outflows</b>	<b>581,138</b>	<b>581,138</b>	<b>-</b>
<b>Total Assets and Deferred Outflows</b>	<b>\$ 602,833,111</b>	<b>\$ 609,810,617</b>	<b>\$ (6,977,506)</b>

#### Notes:

##### Current assets:

-Cash and investments: (\$24.2M) FY24 Z incentive payments; (\$15.2M) FY24 Q4 Y incentive payments; (\$4.7M) FY24 on call payments; \$20.6M FY24 Q4 MCO payment; \$9.5M FY24 DHHS payment; Realized/unrealized gain on investments of \$8.3M; \$7.2M COM collections over budget

##### Noncurrent assets:

-Leasehold improvements: includes projects: Nexton Expansion (FY25 balance increase of \$796K)

## MUSC Physicians

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

### Statement of Net Position

#### LIABILITIES

UNAUDITED

	August 31, 2024	June 30, 2024	Variance
<b>Current Liabilities:</b>			
Accounts payable	\$ 3,857,801	\$ 2,085,489	\$ (1,772,312)
Accrued interest payable	83,182	83,182	-
Accrued payroll	18,859,186	48,494,629	29,635,443
Accrued payroll withholdings	1,352,291	1,232,390	(119,901)
Accrued pension contribution	7,152,158	2,837,278	(4,314,880)
Unapplied cash - patient services	16,427,923	14,388,534	(2,039,389)
Due to Medical University of South Carolina	253,351	3,368,667	3,115,316
Due to Medical University Hospital Authority	31,748,994	21,299,428	(10,449,567)
Accrued compensated absences	7,102,227	7,102,227	-
Lease liability	3,077,726	3,077,726	-
Subscription liability	562,805	562,805	-
Bonds payable	1,350,000	1,620,000	270,000
Other accrued liabilities	6,925,547	7,911,600	986,054
<b>Total current liabilities</b>	<b>98,753,193</b>	<b>114,063,956</b>	<b>15,310,764</b>
<b>Noncurrent Liabilities:</b>			
Lease liability	14,414,321	14,414,321	-
Subscription liability	2,106,517	2,106,517	-
Deferred inflows-leases	3,767,692	3,767,692	-
Deferred inflows-OPEB	633,852	633,852	-
Net OPEB liability	473,427	473,427	-
<b>Total noncurrent liabilities</b>	<b>21,395,809</b>	<b>21,395,809</b>	<b>-</b>
<b>Total liabilities</b>	<b>120,149,002</b>	<b>135,459,766</b>	<b>15,310,764</b>
<b>NET POSITION</b>			
Invested in capital assets, net of related debt	98,430,751	98,430,751	-
Unrestricted (deficit)	384,253,359	375,920,101	(8,333,258)
<b>Total Net Position</b>	<b>482,684,109</b>	<b>474,350,851</b>	<b>(8,333,258)</b>
<b>Total Liabilities, Inflows &amp; Net Position</b>	<b>\$ 602,833,111</b>	<b>\$ 609,810,617</b>	<b>\$ 6,977,505</b>

#### Notes:

##### Current liabilities:

-Accrued payroll: FY25 balance includes Y incentive (salary + fringe) accruals of (\$11.6M); reversal of \$44.6M FY24 year-end accruals



**MUSC Health Partners**  
**Including Carolina Family Care, Inc.**

Executive Summary

For the two-month period ending August 31, 2024

**Charges:**

- **YTD: (4%) under budget and 15% over last year**
- Month of August: (9%) under budget and 3% over last year

**Payments:**

- **YTD: (8%) under budget and 4% over last year**
- Month of August: (11%) under budget and (2%) under last year
- 25.9 Days in AR as of August 2024 and 21.1 Days in AR as of June 2024
- \$107 per wRVU as of August 2024 and \$109 per wRVU as of June 2024

**Income/(Loss):**

- **\$0.6M Operating Income; 6.8% Operating Margin**
  - \$0.4M favorable variance to fixed budget
    - \$0.1M favorable net clinical service revenue
      - \$126K Lab over budget
      - \$110K Mt Pleasant Community PM&R over budget (unbudgeted collections)
      - (\$200K) CFC Primary Care excluding Lab under budget
    - (\$0.1M) unfavorable other operating revenue
      - (\$38K) South Carolina Ports Authority Primary Care under budget
      - (\$28K) Accel subscription fees under budget
      - (\$20K) PCMH under budget
    - \$0.6M favorable salaries
      - \$442K Community Cardiology (3 month delay in opening clinic; no impact to bottom line)
      - \$153K new chronic care management team vacancies
    - \$1.7M favorable contractual services
      - \$1.7M Community Cardiology (3 month delay in opening clinic; no impact to bottom line)
    - (\$2.1M) unfavorable purchased services
      - (\$2.1M) Community Cardiology (3 month delay in opening clinic; no impact to bottom line)
- **\$0.6M Net Income; 6.9% Net Margin**
  - \$0.4M favorable variance to fixed budget

**Balance Sheet:**

- Current ratio: 1.2
- Net Position: \$6.2M; increased by \$0.6M compared to June 2024

**MUSC Health Partners**  
(Including Carolina Family Care, Inc.)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 2 Month Period Ending - August 31, 2024

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
<b>Operating revenues:</b>					
Net clinical service revenue	\$ 5,283,843	\$ 5,228,145	\$ 55,697	1%	\$ 4,684,384
Supplemental medicaid	533,333	533,333	-	0%	533,333
Other operating revenue	954,431	1,064,906	(110,475)	(10%)	1,298,918
Purchased services revenue	1,566,999	1,571,206	(4,207)	(0%)	1,197,478
Total operating revenues	8,338,606	8,397,591	(58,985)	(1%)	7,714,113
<b>Operating expenses:</b>					
Salaries, wages and benefits	5,664,712	6,303,671	638,959	10%	4,309,322
Supplies	636,777	771,038	134,261	17%	679,726
Contractual services	132,681	1,877,153	1,744,472	93%	344,230
Purchased services	122,473	(1,976,674)	(2,099,146)	106%	313,808
Depreciation	86,564	89,461	2,897	3%	41,823
Facilities	390,822	421,766	30,943	7%	396,196
Insurance	78,313	78,822	509	1%	56,823
Meals and travel	12,406	13,609	1,203	9%	7,208
Faculty and staff recruitment	83,607	77,562	(6,045)	(8%)	43,401
MUSCP corporate shared services	495,565	495,565	-	0%	431,526
Other expenses	65,017	117,457	52,440	45%	165
Total operating expenses	7,768,937	8,269,432	500,495	6%	6,624,228
Operating income (loss)	569,669	128,160	441,509	344%	1,089,885
Operating margin	6.8%	1.5%			14.1%
<b>Nonoperating revenue (expenses):</b>					
Investment income	2,333	41	2,292	5625%	(9)
Interest expense	(11,348)	(735)	(10,613)	(1444%)	-
Rental income	11,140	5,785	5,355	93%	10,936
Total nonoperating revenue (expenses)	2,125	5,091	(2,966)	58%	10,927
Change in net position	\$ 571,794	\$ 133,251	\$ 438,543	329%	\$ 1,100,812
Net margin	6.9%	1.6%			14.3%

**Notes:**

Operating revenue:

-Net clinical service revenue: \$126K Lab over budget; \$110K Mt Pleasant Community PM&R over budget (unbudgeted collections); (\$200K) CFC Primary Care excluding Lab under budget

-Other operating revenue under budget: (\$38K) South Carolina Ports Authority Primary Care, (\$28K) Accel subscription fees, and (\$20K) PCMH

Operating expense:

-Salaries and benefits under budget: \$442K Community Cardiology (3 month delay in opening clinic; no impact to bottom line); \$153K new chronic care management team vacancies

-Contractual services under budget: \$1.7M Community Cardiology (3 month delay in opening clinic; no impact to bottom line)

-Purchased services over budget: (\$2.1M) Community Cardiology (3 month delay in opening clinic; no impact to bottom line)

Lab:

\$1.6M operating revenue: \$0.1M over budget

\$0.9M net margin: \$0.3M over budget

**MUSC Health Partners**

Including Carolina Family Care, Inc.

**Statement of Net Position**

ASSETS	<b>UNAUDITED</b>		
	<b>August 31, 2024</b>	<b>June 30, 2024</b>	<b>Variance</b>
<b>Current Assets:</b>			
Cash and cash equivalents	\$ 4,438,322	\$ 1,595,827	\$ 2,842,495
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$6,452,691	2,817,083	2,448,623	368,460
Due from the Medical University of South Carolina	14,590	14,590	-
Due from the Medical University Hospital Authority	164,002	850,773	(686,770)
Due from MCP	2,001,953	1,577,620	424,334
Due from MUSC Health Alliance	93,592	63,551	30,041
Due from MSV	764,453	466,475	297,978
Lease receivable	21,287	21,287	-
Other current assets	3,302,249	399,219	2,903,030
<b>Total Current Assets</b>	<b>13,617,532</b>	<b>7,437,964</b>	<b>6,179,568</b>
<b>Noncurrent assets:</b>			
Capital assets:			
Furniture and equipment	2,304,581	2,211,911	92,671
Leasehold improvements	4,267,836	4,360,507	(92,671)
Computer software	46,563	46,563	-
Right of use assets	9,935,487	9,935,487	-
Accumulated depreciation and amortization	(6,908,207)	(6,821,642)	(86,564)
Lease receivable	23,739	23,739	-
Investment in partnerships	209,000	209,000	-
<b>Total noncurrent assets</b>	<b>9,878,999</b>	<b>9,965,564</b>	<b>(86,564)</b>
<b>Total Assets</b>	<b>\$ 23,496,531</b>	<b>\$ 17,403,528</b>	<b>\$ 6,093,003</b>

**MUSC Health Partners**

Including Carolina Family Care, Inc.

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

	August 31, 2024	June 30, 2024	Variance
<b>Current Liabilities:</b>			
Accounts payable	\$ 35,300	\$ 207,811	\$ 172,512
Accrued interest payable	50,470	43,488	(6,983)
Accrued payroll	1,556,241	1,174,561	(381,680)
Accrued payroll withholdings	410,502	693,788	283,286
Unapplied cash - patient services	1,444,210	1,387,612	(56,598)
Due to Medical University of South Carolina	558,535	47,486	(511,049)
Due to Medical University Hospital Authority	101,911	188,085	86,174
Due to UMA	2,428,659	(2,921,704)	(5,350,363)
Note Payable to UMA	999,888	1,256,273	256,385
Note Payable to MSV	462,786	458,420	(4,366)
Accrued compensated absences	969,946	969,946	-
Lease liability	1,442,395	1,442,395	-
Other accrued liabilities	1,305,150	1,296,623	(8,528)
<b>Total current liabilities</b>	<b>11,765,993</b>	<b>6,244,784</b>	<b>(5,521,210)</b>
<b>Noncurrent Liabilities:</b>			
Lease liability	5,439,296	5,439,296	-
Deferred inflows-leases	43,232	43,232	-
<b>Total noncurrent liabilities</b>	<b>5,482,528</b>	<b>5,482,528</b>	<b>-</b>
<b>Total liabilities</b>	<b>17,248,521</b>	<b>11,727,312</b>	<b>(5,521,210)</b>
<b>NET POSITION</b>	<b>6,248,010</b>	<b>5,676,216</b>	<b>(571,794)</b>
<b>Total Liabilities, Inflows &amp; Net Position</b>	<b>\$ 23,496,531</b>	<b>\$ 17,403,528</b>	<b>\$ (6,093,003)</b>

**Notes:**Current liabilities:*-Accrued payroll: reversal of \$214K FY24 year-end bonus accruals*

**MUSC Health Partners**  
(Including Carolina Family Care, Inc.)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 2 Month Period Ending - August 31, 2024

	CFC Primary Care	CFC Primary Care Lab	CFC Community Physicians	Other Departments	MHA Population Health	CFC Total
<b>Operating revenues:</b>						
Net clinical service revenue	3,331,423	1,641,816	114,351	196,253	-	5,283,843
Supplemental medicaid	533,333	-	-	-	-	533,333
Other operating revenue	941,097	-	-	13,334	-	954,431
Purchased services revenue	625,160	-	-	850,747	91,092	1,566,999
Total operating revenues	5,431,013	1,641,816	114,351	1,060,334	91,092	8,338,606
<b>Operating expenses:</b>						
Salaries, wages and benefits	4,145,066	435,638	227,359	765,556	91,092	5,664,712
Supplies	228,953	227,108	-	180,716	-	636,777
Contractual services	84,404	7,718	37,027	3,533	-	132,681
Purchased services	257,124	29,354	(232,354)	68,349	-	122,473
Depreciation	46,267	40,298	-	-	-	86,564
Facilities	343,390	37,370	15	10,047	-	390,822
Insurance	70,348	1,359	5,213	1,392	-	78,313
Meals and travel	3,256	-	-	9,150	-	12,406
Faculty and staff recruitment	1,882	-	-	81,725	-	83,607
MUSCP corporate shared services	495,565	-	-	-	-	495,565
Other expenses	45,723	150	847	18,297	-	65,017
Total operating expenses	5,721,979	778,994	38,107	1,138,765	91,092	7,768,937
Operating income (loss)	(290,966)	862,822	76,244	(78,431)	-	569,669
Operating margin	(5.4%)	52.6%	66.7%	(7.4%)	0.0%	6.8%
<b>Nonoperating revenue (expenses):</b>						
Investment income	2,333	-	-	-	-	2,333
Interest expense	(6,983)	-	-	(4,366)	-	(11,348)
Rental income	11,140	-	-	-	-	11,140
Total nonoperating revenue (expenses)	6,490	-	-	(4,366)	-	2,125
Change in net position	\$ (284,476)	\$ 862,822	\$ 76,244	\$ (82,796)	\$ -	\$ 571,794
Net margin	(5.2%)	52.6%	66.7%	(7.8%)	0.0%	6.9%

**Notes:**

*CFC Community Physicians:*

- \$73K Mt Pleasant Community PM&R operating income

*Other Departments:*

- Other column includes the following entities which are fully funded: Tidelands Multispecialty, Modern Minds, Centerspace (\$55K loss to be billed to outside funding), MCP Leadership, and MUHA Midlands

**FY2025 MUSCP Consolidated Approved Unbudgeted Expenses  
As of 8/31/24**

<b>Unbudgeted Expenses</b>	<b>Amount</b>
MUSC Physicians Strategic Fund	\$ 5,000,000
Investment in Carolina Kidney Partners	1,600,000
MUSC Student Loan Program	798,000
<b>Total FY25 Approved Unbudgeted Expenses</b>	<b>\$ 7,398,000</b>

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES**  
**CONSENT AGENDA**  
October 11, 2024  
101 Colcock Hall

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

**Consent Agenda for Approval**

- Item 35. MUSC Health Charleston Division Appointments, Reappointments,  
and Delineation of Privileges..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 36. MUSC Health Regional Health Network Appointments,  
Reappointments, and Delineation of Privileges ..... Dr. Michael Foster  
*President, RHN Unified Medical Staff*
  
- Item 37. Revised Charleston Division Medical Staff Bylaws ..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*

**Consent Agenda for Information**

- Item 38. MUSC Health Charleston Division MEC Minutes..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 39. Contracts and Agreements..... Annette Drachman  
*General Counsel*

**MUHA and MUSC Physical Facilities Committee: Terri Barnes, Chair**

**Consent Agenda for Information**

- Item 40. MUSC FY2025 Active Projects >\$250,000 .....David Attard  
*Chief Facilities Officer, MUSC*
  
- Item 41. MUSC Facilities Contracts Awarded .....David Attard  
*Chief Facilities Officer, MUSC*

Board of Trustees Credentialing Subcommittee August 2024  
The Medical Executive Committee reviewed the following applicants on August 27, 2024  
and recommends approval by the Board of Trustees Credentialing Subcommittee effective August 28, 2024

<b>Initial Appointment and Clinical Privileges</b>		
Kevin Douglas Becker, MD	Medicine	Active
Alyaa Adnan Yaqoob Irhayyim, MD	Pathology & Lab Med	Active
Gregory Atwood Miller, MD	Obstetrics & Gynecology	Active
Kristen Amanda Milleville, MD	Orthopaedics	Active
Joshua David Mixson, MD	Medicine	Active
Austin Daniel Hunt Rutledge, DO	Pediatrics	Active
Jella Angela An, MD	Ophthalmology	Active
Isabel Chandana Balachandran, MD	Medicine	Active
Shailesh Bhattarai, MD	Medicine	Active
Haley Mae Bizaro, MD	Obstetrics & Gynecology	Active
Kasey Elizabeth Broom, MD	Psychiatry	Active
Maureen Regina Burke, MD	Pediatrics	Active
Catherine E Byrne, PhD	Psychiatry	Active
Joseph Daniel Caveney, MD	Medicine	Active
Mark Collie, DO	Anesthesiology	Active
Michael R Cotter, DDS	Oral & Maxillofacial Surgery	Active
Chesika Crump, MD	Psychiatry	Active
Dennis Ryan Delany, MD	Pediatrics	Active
Brandon Ithiel Esianor, MD	Otolaryngology	Active
K Frances B Frigon, MD	Pediatrics	Active
Laura Jean Gardner, MD	Dermatology	Active
Kelly Garrity, MD	Pediatrics	Active
Cain Sanders Green, MD	Radiology	Active
Lauren Taylor Hall, MSN	Psychiatry	Active
Kimberly Bowerman Hashemi, MD	Dermatology	Active
Firas Jadaan, MD	Psychiatry	Active
Robert Elliott James, MD	Psychiatry	Active
Adria Faith Johnson, MD	Surgery	Active
Manish Sunder Karamchandani, MD	Psychiatry	Active
Chun Li, MD	Surgery	Active
Harriet Mather, MD	Medicine	Active
Elizabeth Koutoufas Milliron, MD	Pediatrics	Active
Patrick Connor Mullane, MD	Pathology & Lab Med	Active
Emily Franko-Tobin Nasser, MD	Anesthesiology	Active
Soldrea Roberts, MD	Orangeburg Campus; Maternal and Child Care	Active
Christopher Roxon, MD	Family Medicine	Active
Ashley Clark Royer, DNP	Psychiatry	Active
Caroline Bolarinwa Sam, MD	Psychiatry	Active
Tanya C Saraiya, PhD	Psychiatry	Active
Caroline Campelo Smith, MD	Orthopaedics	Active
Graham Hasty Smith, MD	Medicine	Active
Ciara Monet Styles, MD	Psychiatry	Active
Lauren Joyce Sullivan, MD	Medicine	Active



Zi Tan, MD, Medicine, Active	Medicine	Active
Thais Valadares-Alawie, MD	Medicine	Active
Amelia Katherine Watson, MD	Psychiatry	Active
Rachel Lauren Parker, MD	Orangeburg Campus; Maternal and Child Care	Active - Remote
Patrick Robert Moyer, DO	Orangeburg Campus; Emergency & Ambulatory Medicine	Active-Remote
Suzanne B Storch, MD	Orangeburg Campus; Medicine	Active-Remote
Alex DiBona, MD	Orangeburg Campus; Radiology	Active-Remote
Worku Mengesha Wondafrash, MD	Orangeburg Campus; Medicine	Active-Remote
Rae Rochel Quigley, MD	Pediatrics	Affiliate
Victoria Dendy Talley, MD	Medicine	Affiliate
Samantha Lynn Ball, RD	MUHA Dietetic Services	Allied Health
Bradley Allen Irvin, PA	Medicine	Allied Health
Marc Anthony Krzystek, PAC	Medicine	Allied Health
Kaleigh Nolen, RD	MUHA Dietetic Services	Allied Health
Anna Warfield, PA	Medicine	Allied Health
Diana Busjra Brown, CRNA	Orangeburg Campus; Surgery	Allied Health-Remote
Mark Edward Henning, DNAP	Orangeburg Campus; Surgery	Allied Health-Remote
Corinthia L Shupp, APRN	Orangeburg Campus;	Allied Health-Remote
Tarah Nichole Simmons, FNP	Orangeburg Campus; Surgery	Allied Health-Remote
Elizabeth Lynne Baker, MD	Orangeburg Campus; Medicine	Telemedicine By-Proxy
<b>Reappointment and Clinical Privileges</b>		
Nagraj Kasi, MD	Pediatrics	Active
Ahmad Saleh Alqassieh, MD	Surgery	Active
Ali Abdullahi Annaim, MD	Pediatrics	Active
Eric Lee Berman, MD	Ophthalmology	Active
Kirstin Lee Campbell, MD	Pediatrics	Active
David Brian Carroll Jr, DO	Anesthesiology	Active
Rachael Bryan Cowherd, MD	Obstetrics & Gynecology	Active
Dane Nicholas Daley, MD	Orthopaedics	Active
Susan Elizabeth Dorman, MD	Medicine	Active
Rindy Cecilia Fernandes, DO	Psychiatry	Active
Natalie Freidin, MD	Medicine	Active
Burke Marshall Gallagher, MD	Anesthesiology	Active
Christopher Edward Gross, MD	Orthopaedics	Active
Jonathan Jacob Halford, MD	Neurology	Active
Ashley Bailey Hink, MD	Surgery	Active
Vanessa Karsch Hinson, MD	Neurology	Active
Laura Elizabeth Hollinger, MD	Surgery	Active
Michelle Phillips Hudspeth, MD	Pediatrics	Active
Walter Ennis James IV, MD	Medicine	Active
Sami Al Kasab, MD	Neurosurgery	Active
Carlotta Jenkins Lalich, MD	Psychiatry	Active
Scott Michael Lindhorst, MD	Neurosurgery	Active
Mark Alan Lockett, MD	Surgery	Active
Lilia Christina Lovera, MD	Neurology	Active
Anbukarasi Maran, MD	Medicine	Active
Pinckney Johnstone Maxwell IV, MD	Surgery	Active

Nicole Courtois McCoy, MD	Anesthesiology	Active
Alex Myles McNabb, MD	Psychiatry	Active
Julie Ryan McSwain, MD	Anesthesiology	Active
Lisa Durham Mims, MD	Family Medicine	Active
Robert Francis Murphy, MD	Orthopaedics	Active
Rishi A Patel, MD	Anesthesiology	Active
Travis James Pecha, MD	Anesthesiology	Active
Christopher Robert Pryor, MD	Psychiatry	Active
Kristoff Rewi Reid, MD	Orthopaedics	Active
Habib Rizk, MD	Otolaryngology	Active
Ian Christopher Bostock Rosenzweig, MD	Surgery	Active
Michel Joseph Sabbagh, MD	Anesthesiology	Active
Christine Bobotas San Giovanni, MD	Pediatrics	Active
Lancer Alan Scott, MD	Emergency Medicine	Active
Meron Selassie, MD	Anesthesiology	Active
Daniel Nathan Silverman, MD	Medicine	Active
Allison Jean Smith, MD	Psychiatry	Active
Alison Pierce Smock, MD	Neurology	Active
David Edward Soper, MD	Obstetrics & Gynecology	Active
Nicole Ilana Sussman, MD	Psychiatry	Active
Mariah Kincaid Tanious, MD	Anesthesiology	Active
Dennis William Vane, MD	Surgery	Active
Allison Marie Whalen, MD	Pediatrics	Active
Brett Fornell Ziegler, MD	Psychiatry	Active
Michael Raymond Book, MD	Family Medicine	Affiliate CFC - Colleague
Joshua Joel Visserman, MD	Family Medicine	Affiliate CFC
Kelli Wong Williams, MD	Pediatrics	Affiliate CFC
Ronald Ettore Acierno, PhD	Psychiatry	Allied Health
Annie Brooke Bass, PAC	Surgery	Allied Health
Christina Grace Baxter, DNP	Pediatrics	Allied Health
Lauren H Carter, PhD	Psychiatry	Allied Health
Jenny Lee DeSart, CRNA	Anesthesiology	Allied Health
Kristen Traynor Elmore, NNP	Pediatrics	Allied Health
David Christopher Fitzgerald, CCP	Surgery	Allied Health
Yulia Gavrilova, PhD	Psychiatry	Allied Health
Alyssa Ashley Gitter, DNP	Medicine	Allied Health
Cassandra A Goyal, MSN	Medicine	Allied Health
Mary Ann Hegedus, DNP	Neurology	Allied Health
James F Hill III, OD	Ophthalmology	Allied Health
Kylie Marie Hopkins, NNP	Pediatrics	Allied Health
Jennifer M Jones, CRNA	Anesthesiology	Allied Health
Rebecca Ladd Kilpatrick, PhD	Psychiatry	Allied Health
Darian Nicole Manger, PA	Medicine	Allied Health
Abby L Mulay, PhD	Psychiatry	Allied Health
Karen Louise O'Brien, NP	Pediatrics	Allied Health
Ashleigh Marie Petrides, DNP	Pediatrics	Allied Health
Lydia Byrd Redden, ACNP	Otolaryngology	Allied Health

Mary Elizabeth Shearer, APRN	Medicine	Allied Health
Josh Whibley, PA	Orthopaedics	Allied Health
Allison K Wilkerson, PhD	Psychiatry	Allied Health
Donna Lee Williams, DNP	Psychiatry	Allied Health
Lesley Nicole Richard, CRNA	Orangeburg Campus; Surgery	Allied Health-Remote
Scott Steven Lloyd, MD	Family Medicine	Colleague
Anne B Blake, FNP	Family Medicine	Colleague-Other
Prince Mohan Anand, MD	Medicine	Colleague-Other
Jessica Leigh Davis Atkinson, APRN	Psychiatry	Colleague-Other
Ashley Tara Beckum, MD	Family Medicine	Colleague-Other
Jennifer Henry Carter, PA	Family Medicine	Colleague-Other
Hina Chaudhry, MD	Medicine	Colleague-Other
Bryan Lee Christensen, MD	Orthopaedics	Colleague-Other
Justin Milton Crawford, NP	Family Medicine	Colleague-Other
Kelley Brown Davis, FNP	Family Medicine	Colleague-Other
Anita Marie Dubose, CNP	Family Medicine	Colleague-Other
Adarsh Kumar Srivastava, MD	Medicine	Colleague-Other
<b>Change in Privileges</b>		
Stephen Daniel Ballis, MD	Pediatrics	Active
Eric Clinton Bass, DO	Radiology	Active
Adam Tanius, MD	Surgery	Active
Shawnequa Latrina Brown, MD	Orangeburg Campus, Obstetrics & Gynecology	Active-Remote
Bassem Hanna Roupael, MD	Orangeburg Campus, Surgery	Active-Remote
Erika Leigh Bell, MPAS	Medicine	Allied Health
Grace Bertoli, PA	Medicine	Allied Health
Joy Johnstone Geter, AGAC-NP	Medicine	Allied Health
Chloe Jackson, PA	Medicine	Allied Health
Emily Caroline Johnson, NP	Surgery	Allied Health
Paige Nicole Laverick, PA	Medicine	Allied Health
Karen Rivera, PA	Anesthesiology	Allied Health
Kennedy August Stout, NP	Medicine	Allied Health

Board of Trustees Credentialing Subcommittee September 2024  
The Medical Executive Committee reviewed the following applicants on September 25, 2024  
and recommends approval by the Board of Trustees Credentialing Subcommittee effective September 28, 2024.

<b>Initial Appointment and Clinical Privileges</b>		
Abirami Thiyagarajan, MD	Medicine	Active
Adam Michael Jurdak, APRN, BSN	Psychiatry	Allied Health
Alexandria Leigh Boyatt, LMSW	Psychiatry	Allied Health
Allison A Megale, PhD	Pediatrics	Active
Amanda U Green, DNP, FNP-BC	Family Medicine	Affiliate
Andrew Michael Mendelson, DO	Anesthesiology	Active
Anna Grace McElduff, PA, BS, MSc	Medicine	Allied Health
Ashley Elizabeth Valiquette, DNP, APRN, AGNP-C	Family Medicine	Affiliate
Benjamin Lapke Coenen, DDS	Oral & Maxillofacial Surgery	Active
Claudia Milena Johnson, NP, MSN	Medicine	Affiliate
Courtney Lynn Zeyfang, NP	Pediatrics	Allied Health
Delisa G Brown, PhD	Psychiatry	Allied Health
Elise Erin Steinberger, MS, MD	Ophthalmology	Active
Emmanuel C Anekwe, MD	Orangeburg Campus; Surgery	Active – Remote
Eric Mark Wallen, MD	Urology	Active
Erik Christian Summers, MD	Medicine	Active
Gregory Samson, MD	Orangeburg Campus; Medicine	Active – Remote
Harris Hartwell Parker, III, MD	Orangeburg Campus; Surgery	Active – Remote
Jason William Caldwell, DO	Medicine	Active
Kannan Pudur Samy, MD	Surgery	Active
Karen Lee Hines, CRNA	Anesthesiology	Allied Health
Katerina Anne Boucek, MD, BA	Pediatrics	Active
Katherine Antel, MD, PhD	Medicine	Active
Kimberly McClure, PA	Otolaryngology	Allied Health
Kyle Mitchell Le, PA	Orangeburg Campus; Medicine	Allied Health - Remote
Larry Gene Padget, Jr, MD, BA	Family Medicine	Active
Lauren Jean Leasure, APRN	Pediatrics	Allied Health
Luke Domaleski, MD, MA, BS	Medicine	Active
M Daud Nawabi, MD, BA	Medicine	Active
Mala Freeman-Kwaku, MD	Orangeburg Campus; Maternal and Child Care	Active – Remote
Mallory Eidson Stavrinakis, BSN, MSN	Pediatrics	Active
Marcella Louise Costello, DO	Pediatrics	Active
Mariah Kay Jacks, PAC, BSc	Family Medicine	Allied Health
Michael Connor Self, DNP, ACNP	Medicine	Allied Health
Michael R McCart, PhD	Psychiatry	Allied Health
Michelle C Hammack, BS, MSW	Psychiatry	Allied Health
Miranda Shilelagh Schmidt, PAC	Medicine	Allied Health
Mollie Quinn Allen, CRNA	Anesthesiology	Allied Health
Narayana Sarma Venkata Singam, MD	Orangeburg Campus; Medicine	Telemedicine by Proxy
Nathan Paul DeTurk, MD, MBA	Neurology	Active
Ngoc-Quynh Thi Chu, MD	Surgery	Active
Patricia L Litts, MD	Obstetrics & Gynecology	Active
Peter Billas, MD	Orangeburg Campus; Surgery	Active – Remote
Robert Michael Sutter, NP, BSN	Family Medicine	Affiliate
Sabrina Noelle Archibald, DO	Pediatrics	Affiliate
Sami Tarabishy, MD	Surgery	Active
Susan M Carnes, NP, APRN, RN, MSN	Family Medicine	Allied Health
Travis Robert Benzing, MD	Medicine	Active
<b>Reappointment and Clinical Privileges</b>		
Alain Zingraff Lekoubou Looti, MD, MS	Neurology	Active
Alice Maxine Boylan, MD	Medicine	Active
Alyssa Wenona Cleveland, CRNA	Anesthesiology	Allied Health
Amanda Elizabeth Geiter, BS, MS, PA	Surgery	Allied Health
Amelia Kaasa Rowland, CNM, MSN	Obstetrics & Gynecology	Allied Health

Amy Hardin Cook, RN, MSN, FNP, RN, MSN, FNP	Medicine	Allied Health
Amy Osguthorpe Wisse, DNP, BSN	Medicine	Allied Health
Anna Dunn Hoffius, MD	Pediatrics	Active
Anouk L Grubaugh, PhD	Psychiatry	Allied Health
Candi S Jump, DO	Pediatrics	Active
Carolyn Friedland Wahl, AGNP-C, DNP, BSN	Anesthesiology	Allied Health
Carrie L Cormack, PNP, MSN, DNP	Pediatrics	Allied Health
Carrie Marie Thompson, PAC, MS	Medicine	Allied Health
Charles Sidney Rittenberg, MD, MHA	Obstetrics & Gynecology	Active
Christine Kathryn Hahn, PhD	Psychiatry	Allied Health
Christopher Hume Daly, Jr, MD	Pediatrics	Active
Clarice Seifert Clemmens, MD	Otolaryngology	Active
Cynthia Marie Oliva, MD	Emergency Medicine	Active
Danielle Cassels, AuD, MA, BS	Otolaryngology	Allied Health
David Randall White, MD	Otolaryngology	Active
Deborah A Disco, BSN, MSN, CPNP	Pediatrics	Allied Health
Dennis J McKenna, BSN, MHS, DNAP	Anesthesiology	Allied Health
Dorthe Lorraine Hall, LISW-CP	Psychiatry	Allied Health
Elizabeth Rogers Johnson, FNP, BS, BS	Radiology	Allied Health
Emily Hill De Quattro, LISW-CP	Psychiatry	Allied Health
Emily Joyce de Guzman, PAC	Orthopaedics	Allied Health
Emily Maureen Long, CRNA, BSN	Anesthesiology	Allied Health
Evert Austin Eriksson, MD	Surgery	Active
Frances K Woodard, PNP	Pediatrics	Allied Health
Gregory Daniel Puthoff, DO	Radiology	Active
Hannah Rebecca Rustin, DMD, MSD	Oral & Maxillofacial Surgery	Active
Henry Martyn Lemon, MD, MSCR	Pediatrics	Active
Istvan Takacs, MD	Neurosurgery	Active
James David Bowsher, MD	Ophthalmology	Active
James Lawrence, MD, MBA, BA	Orthopaedics	Active
Jan Neil Basile, MD	Medicine	Active
Jeffrey P Blice, MD	Ophthalmology	Active
Jenna L McCauley, PhD	Psychiatry	Allied Health
Jerry Ewing Squires, MD, M Phil, PhD	Pathology & Lab Med	Active
Judith Marie Skoner, MD	Otolaryngology	Active
Karen Jane Hartwell, MD	Psychiatry	Active
Karen Karpick Anderson, PAC, MS	Surgery	Allied Health
Karin Kay Bierling-Slowey, CRNA, MSN	Anesthesiology	Allied Health
Kasey Lynne Hamlin-Smith, PhD	Pediatrics	Allied Health
Katerina Yanushevich, CRNA, BSN, BS	Anesthesiology	Allied Health
Kathryn O'Brien Smith, CRNA, BSN, BS	Anesthesiology	Allied Health
Kelly Michelle Graves, MD, BS	Medicine	Active
Kelly Suzanne Matmati, MD, MS	Neurology	Active
Kevin Steven Hughes, MD	Surgery	Active
Lauren Gillespie, CRNA	Anesthesiology	Allied Health
Leah Allen Stem, MD	Family Medicine	Active
Lester J Kitten, CRNA, MHS, BSN	Anesthesiology	Allied Health
Lisa M Trautman, MSN, APRN	Psychiatry	Allied Health
Lori Beth Lundergan Huff, MD	Pediatrics	Active
Margaret Halladay, CRNA, DNP, BSN	Anesthesiology	Allied Health
Margaret Johnson Prewitt, CRNA, APRN, MSN	Anesthesiology	Allied Health - Colleague - Other
Maria Eastlack, MD	Anesthesiology	Affiliate - Colleague - Other
Matthew Edward Gibson, MD	Surgery	Active
Megan Ellen Fulton, PAC	Family Medicine	Allied Health
Meghan Purves Ciccarelli, CRNA, BSN	Anesthesiology	Allied Health

Melissa Trapani Paladino, BS, BSN, CRNA	Anesthesiology	Allied Health
Michael Craig Mostoller, PAC	Radiology	Allied Health
Michael P Madaio, MD	Medicine	Active
Mileka Richelle Gilbert, MD, PhD	Pediatrics	Active
Nicholas Shungu, MD	Family Medicine	Active
Sarah Elizabeth Schmitt, MD	Neurology	Active
Satya Sowjanya Villuri, MBBS, MPH	Medicine	Active
Selene R Forrestall, AS, BSN, MSN	Anesthesiology	Allied Health - Remote
Shannon Vaillancourt D'Alton, MSN, APRN, PNP	Pediatrics	Allied Health
Tiffany Gray Baker, MD, PhD	Pathology & Lab Med	Active
Tracy Williams Halasz, PNP	Pediatrics	Allied Health
Virgilio Valeriano George, MD	Surgery	Active
Wendy E Balliet, PhD	Psychiatry	Allied Health
William H Moore, Jr, OD, BS	Ophthalmology	Affiliate - Colleague - Other
William Michael Pullen, MD	Orthopaedics	Active
<b>Change in Privileges</b>		
Amanda Grace Beverly, BA, BSN, AGAC-NP	Medicine	Allied Health
Jessica Sarah Snyder, PA	Radiology	Allied Health
Joseph Salvatore Anthony Asaro, MD	Orangeburg Campus; Surgery	Active – Remote
Moustafa Ashraf Hamed Moustafa, MD	Orangeburg Campus; Medicine	Active – Remote
Myranda Murphy Valyear, PA	Medicine	Allied Health
Tara Lynn Scharadin, APRN, RN, MSN, ACNP	Radiology	Allied Health
Teresa Johelen Carleton, MD	Orangeburg Campus; Surgery	Active – Remote
Whitney Nagel Pasquini, MSN, BSN, BA	Radiology	Allied Health

END

**MUSC HEALTH PEE DEE - Credentialing Applications - August 2024**

**MUSC HEALTH FLORENCE**

<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges;</b>				
Anushri Vijay Desai, M.D.	MUSC Florence	Anesthesiology	Active	
Sergio Grajeda, MD	MUSC Florence	Hospital Medicine	Active	
Abdullah Khalifah Almebash, M.D.	MUSC Florence	Emergency Medicine	Active	
Anderson G Wang, DO	MUSC Florence	Emergency Medicine	Active	
Diana Busjra Brown, C.R.N.A., M.H.A., B.S.	MUSC Florence	Anesthesiology	Allied Health	
Jaime Michele Adams, MD	MUSC Florence	Anesthesiology	Active	
Ellen Legare Hay Johnson, M.D.	MUSC Florence	Anesthesiology	Active	
Rishi A Patel, M.D.	MUSC Florence	Anesthesiology	Active	
Sabyasachi Mohapatra, M.D.	MUSC Florence	Gastroenterology	Active	
Justin Fulkerson, CRNA	MUSC Florence	Anesthesiology	Allied Health	
Tyler Gerard Nelson, C.R.N.A., D.N.P., B.S.N.	MUSC Florence	Anesthesiology	Allied Health	
Kevin B Simmons, C.R.N.A.	MUSC Florence	Anesthesiology	Allied Health	
Rebecca Jo Ulrich, P.A., B.S.	MUSC Florence	Emergency Medicine	Allied Health	
Mark Edward Henning, D.N.A.P, M.N., C.R.N.A.	MUSC Florence	Anesthesiology	Allied Health	
Lester E Hilbert, Jr., C.R.N.A., M.A.	MUSC Florence	Anesthesiology	Allied Health	
Jessica Leigh Metzler, C.R.N.A.	MUSC Florence	Anesthesiology	Allied Health	
Jason Heweitt, NP	MUSC Florence	Emergency Medicine	Allied Health	
Sallie Clark Giblin, M.D.	MUSC Florence	Tele-Hematology- Immunology	Tele-Medicine ByProxy	
Sarah Proctor Fender, B.S., M.S., P.A.C.	MUSC Florence	Tele-Dermatology	Tele-Medicine ByProxy	
Elizabeth Lynne Baker, MD	MUSC Florence	Tele-Psychiatry	Tele-Medicine ByProxy	
<b>Reappointment and Clinical Privileges</b>				
Scott Hagood Allen, M.D.	MUSC Florence	Radiology	Active	
Nathan Chadwick Davis, M.D.	MUSC Florence	Gen Surgery	Active	
Samuel Crawford Hill, IV, M.D.	MUSC Florence	Radiology	Active	
Pongstorn Pitiranggon, M.D.	MUSC Florence	Nephrology	Active	
Carolyn Anne Hans, N.P.	MUSC Florence	Emergency Medicine	Active	
Cherryl Ann Premdass, M.D.	MUSC Florence	Hospitalist	Active	
Rebecca May Dessez, MSN, FNP, AGAC-NP	MUSC Florence	Hospitalist	Allied Health	
Kimberly Denise Fleming, A.G.N.P.	MUSC Florence	Nephrology	Allied Health Practitioner	
Carolyn Anne Hans, N.P.	MUSC Florence	Hospitalist	Allied Health Practitioner	
Amanda Latasha Savage, F.N.P., B.S.N.	MUSC Florence	Nephrology	Allied Health Practitioner	
May Fun Suen, C.R.N.A.	MUSC Florence	Anesthesiology	Allied Health Practitioner	
Syed A Akbar, M.D.	MUSC Florence	Radiology	Consulting	
Ryan Eric Embertson, M.D.	MUSC Florence	Radiology	Consulting	
Elizabeth Ann Kelley, M.D.	MUSC Florence	Radiology	Consulting	
Paul Makoto Kuperman, M.D.	MUSC Florence	Radiology	Consulting	
Niren Kapoor, MD	MUSC Florence	Tele-Neuro Stroke MUSC	Tele-Medicine ByProxy	
Luz Elizabeth Pacheco, M.D.	MUSC Florence	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	

Daniel Keith Snelgrove, M.D., B.S.	MUSC Florence	Tele-Neuro Stroke MUSC	Tele-Medicine ByProxy	
Jimmy Suh, M.D.	MUSC Florence	Tele-Neuro Stroke MUSC	Tele-Medicine ByProxy	
Alton Cleotha Williams, III, M.D.	MUSC Florence	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	
<b>Change in Status</b>				
Kimberly Powell NP - Gastroenterology				
Roger Polsky NP - Gastroenterology				
<b>Change in Privileges</b>				
Jessica Litchfield - Adding EMM Privileges				
<b>MUSC HEALTH MARION</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges;</b>				
Anderson G Wang, DO	MUSC Marion	Emergency Medicine	Active	
Abdullah Khalifah Almebash, M.D.	MUSC Marion	Emergency Medicine	Active	
Jaime Michele Adams, MD	MUSC Marion	Anesthesia	Active	
Anushri Vijay Desai, M.D.	MUSC Marion	Anesthesia	Active	
Rishi A Patel, M.D.	MUSC Marion	Anesthesia	Active	
Sergio Grajeda, MD	MUSC Marion	Hospital Medicine	Active	
Tyler Gerard Nelson, C.R.N.A., D.N.P., B.S.N.	MUSC Marion	CRNA-Anesthesiology	AHP	
Jason Hewett NP	MUSC Marion	Emergency Medicine	AHP	
Rebecca Jo Ulrich, P.A., B.S.	MUSC Marion	Emergency Medicine	AHP	
Diana Busjra Brown, CRNA	MUSC Marion	CRNA-Anesthesiology	AHP	
Mark Edward Henning, D.N.A.P, M.N., C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	AHP	
Lester E Hilbert, Jr., C.R.N.A., M.A.	MUSC Marion	CRNA-Anesthesiology	AHP	
Jessica Leigh Metzler, C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	AHP	
Kevin B Simmons, C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	AHP	
Gregory M Tomc MD	MUSC Marion	Radiology - DivRAD	Consulting	
Mark Lee Murray, MD	MUSC Marion	Radiology - DivRAD	Consulting	
Gregory Horton Broering, M.D.	MUSC Marion	Radiology - DivRAD	Consulting	
Russell William Chapin, M.D.	MUSC Marion	Radiology - DivRAD	Consulting	
Robert Russell DeVita, M.D.	MUSC Marion	Radiology - DivRAD	Consulting	
Vincent Brendan Herlihy, M.D.	MUSC Marion	Radiology - DivRAD	Consulting	
John Frederick Hughes, M.D.	MUSC Marion	Radiology - DivRAD	Consulting	
Jacob Aaron Kahn, M.D.	MUSC Marion	Radiology - DivRAD	Consulting	
Sandra Rutigliano MD	MUSC Marion	Radiology - DivRAD	Consulting	
Trystain Johnson, MD	MUSC Marion	Radiology - DivRAD	Consulting	
Sallie Clark Giblin, M.D.	MUSC Marion	Tele-Hematology- Immunology	Tele-Medicine ByProxy	
Sarah Proctor Fender, B.S., M.S., P.A.C.	MUSC Marion	Tele-Dermatology	Tele-Medicine ByProxy	
Elizabeth Lynn Baker M.D.	MUSC Marion	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	
<b>Reappointment and Clinical Privileges;</b>				
Ryan Eric Embertson, M.D.	MUSC Marion	Radiology	Active	
Elizabeth Ann Kelley, M.D.	MUSC Marion	Radiology	Active	
Paul Makoto Kuperman, M.D.	MUSC Marion	Radiology	Active	
Sandy Tyrone Cooper, M.D.	MUSC Marion	Emergency Medicine	Active	
Pongstorn Pitiranggon, M.D.	MUSC Marion	Nephrology	Active	
Syed A Akbar, M.D.	MUSC Marion	Radiology	Consulting	
Scott Hagood Allen, M.D.	MUSC Marion	Radiology	Consulting	



Samuel Crawford Hill, IV, M.D.	MUSC Marion	Radiology	Consulting	
Niren Kapoor, M.D., Ph.D.	MUSC Marion	Tele-Neurology MUSC	Tele-Medicine ByProxy	
Luz Elizabeth Pacheco, M.D.	MUSC Marion	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	
Jimmy Suh, M.D.	MUSC Marion	Tele-Neurology MUSC	Tele-Medicine ByProxy	
Alton Cleotha Williams, III, M.D.	MUSC Marion	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	
Danuel Keith Snelgrove, M.D., B.S.	MUSC Marion	Tele-Neurology MUSC	Tele-Medicine ByProxy	
Rebecca Dessez NP	MUSC Marion	Hospitalist	AHP	
Carolyn Anne Hans NP	MUSC Marion	Hospitalist	AHP	
Mary F Suen CRNA	MUSC Marion	CRNA-Anesthesiology	AHP	
Kimberly Fleming, NP	MUSC Marion	MEDICINE	AHP	
May Fun Suen, C.R.N.A.	MUSC Florence	Anesthesiology	AHP	

**Change in Privileges**

Jessica Litchfield - Adding EMM Privileges

**MUSC HEALTH BLACK RIVER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Daniele C Parise, M.D.	MUSC Black River	Anesthesia	Active	
Jaime Michele Adams, MD	MUSC Black River	Anesthesia	Active	
Anderson G Wang, DO	MUSC Black River	Emergency Medicine	Active	
Abdullah Khalifah Almebhash, M.D.	MUSC Black River	Emergency Medicine	Active	
Sergio Grajeda, MD	MUSC Black River	Hospitalist	Active	
Anushri Vijay Desai, M.D.	MUSC Black River	Anesthesia	Active	
Rishi A Patel, M.D.	MUSC Black River	Anesthesia	Active	
Jason Hewett, NP	MUSC Black River	Emergency Medicine	AHP	
Diana Busjra Brown, CRNA	MUSC Black River	CRNA-Anesthesiology	AHP	
Jessica Leigh Metzler, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	AHP	
Tyler Gerard Nelson, C.R.N.A., D.N.P., B.S.N.	MUSC Black River	CRNA-Anesthesiology	AHP	
Kevin B Simmons, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	AHP	
Rebecca Jo Ulrich, P.A., B.S.	MUSC Black River	CRNA-Anesthesiology	AHP	
Mark Edward Henning, D.N.A.P, M.N., C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	AHP	
Lester E Hilbert, Jr., C.R.N.A., M.A.	MUSC Black River	CRNA-Anesthesiology	AHP	
Sandra Rutigliano, MD	MUSC Black River	Radiology - DivRad	Consulting	
Gregory Horton Broering, M.D.	MUSC Black River	Radiology - DivRAD	Consulting	
Russell William Chapin, M.D.	MUSC Black River	Radiology - DivRAD	Consulting	
Robert Russell DeVita, M.D.	MUSC Black River	Radiology - DivRAD	Consulting	
Vincent Brendan Herlihy, M.D.	MUSC Black River	Radiology - DivRAD	Consulting	
John Frederick Hughes, M.D.	MUSC Black River	Radiology - DivRAD	Consulting	
Trystain D Johnson, M.D.	MUSC Black River	Radiology - DivRAD	Consulting	
Gregory M Tomc MD	MUSC Black River	Radiology - DivRAD	Consulting	
Mark Lee Murray, MD	MUSC Black River	Radiology - DivRAD	Consulting	
Jacob Aaron Kahn, M.D.	MUSC Black River	Radiology - DivRAD	Consulting	
Sallie Clark Giblin, M.D.	MUSC Black River	Tele-Hematology- Immunology	Tele-Medicine ByProxy	
Sarah Proctor Fender, B.S., M.S., P.A.C.	MUSC Black River	Tele-Dermatology	Tele-Medicine ByProxy	
Elizabeth Lynn Baker, M.D.	MUSC Black River	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	
<b>Reappointment and Clinical Privileges;</b>				
Scott Hagood Allen, M.D.	MUSC Black River	Radiology - Florence CRA	Active	

Samuel Crawford Hill, IV, M.D.	MUSC Black River	Radiology-Florence CRA	Active	
Rebecca May Dessez, MSN, FNP, AGAC-NP	MUSC Black River	Hospitalist	AHP	
Carolyn Anne Hans, N.P.	MUSC Black River	Hospitalist	AHP	
Syed A Akbar, M.D.	MUSC Black River	Radiology	Consulting	
Ryan Eric Embertson, M.D.	MUSC Black River	Radiology	Consulting	
Elizabeth Ann Kelley, M.D.	MUSC Black River	Radiology	Consulting	
Paul Makoto Kuperman, M.D.	MUSC Black River	Radiology	Consulting	
Niren Kapoor, M.D., Ph.D.	MUSC Black River	Tele-Neurology MUSC	Tele-Medicine ByProxy	
Luz Elizabeth Pacheco, M.D.	MUSC Black River	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	
Danuel Keith Snelgrove, M.D., B.S.	MUSC Black River	Tele-Neurology MUSC	Tele-Medicine ByProxy	
Jimmy Suh, M.D.	MUSC Black River	Tele-Psychiatry SCDMH	Tele-Medicine ByProxy	
Alton Cleotha Williams, III, M.D.	MUSC Black River	Tele-Neurology MUSC	Tele-Medicine ByProxy	

**Change in Privileges**

Jessica Litchfield - Adding EMM Privileges

**MUSC HEALTH CATAWBA - Credentialing Applications - August 2024**

**MUSC HEALTH LANCASTER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Active</b>				
Abdullah K. Almehbash, MD	MUSC	Emerg. Medicine	Active	
Kerry P. Briones, MD	MUSC	Internal Med	Consulting	
Shaun P. Hinen, MD	MUSC	Radiology	Active	Board Eligible
Michael A. Coker, MD	MUSC	Radiology	Active	Board Eligible
Austin Ditmer, MD	MUSC	Radiology	Active	Board Eligible
Philip M. Kyles, DO	MUSC	Radiology	Active	Board Eligible
Brittany L. Dobson, MD	MUSC	Radiology	Active	
Joseph R. Miller, DO	MUSC	Radiology	Active	Board Eligible
William S. Magin, MD	MUSC	Radiology	Active	Board Eligible
Darby Shuler, MD	MUSC	Radiology	Active	Board Eligible
Ian B. Smith, DO	MUSC	Radiology	Active	
Courtney Stewart, MD	MUSC	Radiology	Active	
Tristan Rory Young, MD	MUSC	Radiology	Active	Board Eligible
Francis G. Vento, MD	MUSC	Radiology	Active	
James E. Connelly, MD	MUSC	Radiology	Active	Board Eligible
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Amanda Lanthier, ACNP-BC	MUSC	Gastroenterology	AHP	
Wesley K. Maughon, MD	MUSC	CRNA	AHP	
Angela L. Stacks, FNP-BC	Contract	Hospitalist	AHP	DEA Pending
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Penny Jo Williams, MD	Contract	Critical Care Medicine	Consulting	
<b>Initial Appointment and Clinical Privileges; Status : Courtesy</b>				
Thomas W. Faust, Sr., MD	MUSC	Gastro/Hepatology	Courtesy	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Sallie Clark Giblin, MD	MUSC	Tele-Rheumatology	Telemed-By Proxy	

Sarah P. Fender, PA-C	MUSC	Tele-Dermatology	Teled-By Proxy	
Elizabeth Baker, MD	SC DMH	Tele-Psychiatry	Teled-By Proxy	
Chhavi Chaudhary, MD	Qler	Tele-Psychiatry	Teled-By Proxy	
<b>Reappointment and Clinical Privileges; Status : Active</b>				
Christopher P. Davis, MD	MUSC	Emergency Medicine	Active	
Jonathan Averi Elias, MD	Carolina Heart	Cardiology	Active	
Marion L. Gibbons, MD	MUSC	Pediatrics	Active	
Craig Franklin Hart, MD	Contract	Pathology	Active	
Robert E. Thomas, Jr., MD	Contract	Pathology	Active	
<b>Reappointment and Clinical Privileges; Status: Allied Health Practitioner</b>				
Wendy A. Hall, CST, CSFA	MUSC	CSFA	AHP	
Kathryn O. Lusenhop, CRNA	Contract	CRNA	AHP	
Odis B. Owen, CRNA	Contract	CRNA	AHP	
<b>Reappointment and Clinical Privileges; Status: Tele by Proxy</b>				
Jimmy Suh, MD	MUSC	Tele-Neurology	Teled-By Proxy	
Danuel K. Snelgrove, MD	MUSC	Tele-Neurology	Teled-By Proxy	
Niren Kapoor, M.D., Ph.D.	MUSC	Tele-Neurology	Teled-By Proxy	
Stephen Hurwitz, MD	Qler	Tele-Psychiatry	Teled-By Proxy	
Andrew G. Smith, MD	Qler	Tele-Psychiatry	Teled-By Proxy	
Luz E. Pacheco, MD	SC DMH	Tele-Psychiatry	Teled-By Proxy	
Alton C. Williams, III, MD	SC DMH	Tele-Psychiatry	Teled-By Proxy	
<b>Change in Privilege Request</b>				
Brittany Smith, PA-C, additional privileges proctored by Dr. Cane Hoffman	•Thoracentesis •Nephrostomy Tube Exchange •Thyroid Biopsy •PICC Line Placement/Exchange •Paracentesis			
Aran O'Malley, MD - Additional Privilege Request	Zimmer Biomet ROSA Knee and Hip Robotics			
<b>MUSC HEALTH CHESTER</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges; Status : Active</b>				
Abdullah K. Almehbash, MD	MUSC	Emerg. Medicine	Active	
Michael A. Coker, MD	MUSC	Radiology	Active	Board Eligible
Austin Ditmer, MD	MUSC	Radiology	Active	Board Eligible
Brittany L. Dobson, MD	MUSC	Radiology	Active	
Tristan R. Young, MD	MUSC	Radiology	Active	Board Eligible
James E. Connelly, MD	MUSC	Radiology	Active	Board Eligible
Shaun P. Hinen, MD	MUSC	Radiology	Active	Board Eligible
Philip M. Kyles, DO	MUSC	Radiology	Active	Board Eligible
William S. Magin, MD	MUSC	Radiology	Active	Board Eligible
Joseph R. Miller, DO	MUSC	Radiology	Active	Board Eligible
Darby Shuler, MD	MUSC	Radiology	Active	Board Eligible
Ian B. Smith, DO	MUSC	Radiology	Active	
Courtney E. Stewart, MD	MUSC	Radiology	Active	

Francis G. Vento, MD	MUSC	Radiology	Active	
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Angela Stacks, FNP-BC	Contract	Hospitalist	AHP	
Ulysse Everall, FNP-BC	MUSC	Medicine	AHP-Amb/Rural Hlth	
Amanda Lanthier, ACNP-BC	MUSC	Gastroenterology	AHP	
Wesley K. Maugon, CRNA	Employed	CRNA	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Sallie C. Giblin, MD	MUSC	Tele-Rheumatology	Telemed-By Proxy	
Sarah P. Fender, PA-C	MUSC	Tele-Dermatology	Telemed-By Proxy	
Elizabeth Baker, MD	SC DMH	Tele-Psychiatry	Telemed-By Proxy	
Chhavi Chaudhary, MD	Qler	Tele-Psychiatry	Telemed-By Proxy	
<b>Reappointment and Clinical Privileges; Status: Active</b>				
Christopher P. Davis, MD	MUSC	Emergency Medicine	Active	
Nathan C. Davis, MD	MUSC	Neurosurgery	Active	Board Eligible
Marion L. Gibbons, MD	MUSC	Pediatrics	Active	
Robert Thomas, MD	Contract	Pathology	Active	
Craig Hart, MD	Contract	Pathology	Active	
<b>Reappointment and Clinical Privileges; Status: Allied Health Practitioner</b>				
Wendy A. Hall, CSFA	MUSC	Surgical Asst.	AHP	
Drewid P. Poulos, PA-C	MUSC	Medicine	AHP-Amb/Rural Hlth	
Kathryn O. Lusenhop, CRNA	Contract	CRNA	AHP	
Odis B. Owen, CRNA	Contract	CRNA	AHP	
<b>Reappointment and Clinical Privileges; Status: Courtesy</b>				
Zafar Iqbal, MD	Carolina Heart	Cardiology	Courtesy	
Jonathan A. Elias, MD	Carolina Heart	Cardiology	Courtesy	Open Claim
Michael C. Foster, MD	MUSC	Cardiology	Courtesy/Amb Health	
<b>Reappointment and Clinical Privileges; Status: Telemedicine By-Proxy</b>				
Daniel K. Snelgrove, MD	MUSC	Tele-Neurology	Telemed - By Proxy	
Jimmy Suh, MD	MUSC	Tele-Neurology	Telemed - By Proxy	
Niren Kapoor, MD, Ph.D.	MUSC	Tele-Neurology	Telemed - By Proxy	
Stephen S. Hurwitz, MD	Qler	Tele-Psychiatry	Telemed - By Proxy	
Andrew G. Smith, MD	Qler	Tele-Psychiatry	Telemed - By Proxy	
Luz E. Pacheco, MD	SC DMH	Tele-Psychiatry	Telemed - By Proxy	
Alton C. Williams, III, MD	SC DMH	Tele-Psychiatry	Telemed - By Proxy	
<b>Change I Privilege Request</b>				
Brittany Smith, PA-C, additional privileges proctored by Dr. Cane Hoffman	<ul style="list-style-type: none"> <li>•Thoracentesis •Nephrostomy Tube Exchange</li> <li>•Thyroid Biopsy •PICC Line Placement/Exchange •Paracentesis</li> </ul>			
<b>MUSC HEALTH MIDLANDS - Credentialing Applications - August 2024</b>				
<b>MUSC HEALTH COLUMBIA</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges</b>				

Hargrave, Paul MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Suen, May CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Adams, Jaime MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Desai, Anushri MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Johnson, Ellen MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Metzler, Jessica CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Moore, Laura MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Patel, Rishi MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Paul, Jeevan NP	MUSC Health Heart & Vascular Pinnacle Point	Cardiology	AHP	
Frazier, Brittney FNP	MUSC Health Heart & Vascular	Cardiovascular Disease	Active AHP	
Ugowe , Francis MD	MUSC Health Heart & Vascular	Cardiovascular Disease	Active	
Bentley, Steven MD	Apogee Physicians	Critical Care	Active	
Udebulu, Ehizode MD	Apogee Physicians	Critical Care	Active	
Almehbash, Abdullah MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Moize, Julie NP	MUSC Health Kershaw	Emergency Medicine	AHP	
LaPorte, Mari MD	MUSC Health Primary Care Columbia Medical Park NE	Family Medicine	Ambulatory	
Lin, Ying MD	Apogee Physicians	Hospitalist	Active	
Woolsey, Karen NP	Apogee Physicians	Hospitalist	AHP	Temps granted 7/11/24.
Fowler, Teresa MD	Palmetto Retina Center	Ophthalmology	Active	Temps granted 7/10/24.
Regan, Brennan PAC	SCENT Allergy & Sleep Medicine, PA	Otolaryngology	AHP	
Muto, Deidra MD	Professional Pathology Services	Pathology	Active	
Bates, John DO	Plastic Surgery Consultants LLC	Plastic Surgery	Active	
Cluver, Abbie MD	MUSC Radiology	Radiology	Active	
Dobson, Brittany MD	MUSC Radiology	Radiology	Active	
Irshad, Abid MD	MUSC Radiology	Radiology	Active	
Leddy, Rebecca MD	MUSC Radiology	Radiology	Active	
Paolini, Brielle MD	MUSC Radiology	Radiology	Active	
Smith, Ian (Blake) MD	MUSC Radiology	Radiology	Active	
Stewart, Courtney MD	MUSC Radiology	Radiology	Active	

Vasquez, Leonel MD	MUSC Radiology	Radiology	Active	
Vento, Francis MD	MUSC Radiology	Radiology	Active	
Burns, Christopher DO	Prisma Health Medical Group Department of Radiology	Radiology	Active	
Isbell, Andrew DO	Prisma Health Medical Group Department of Radiology	Radiology	Active	
Stubenrauch, Andrew MD	PRISMA Health Medical Group Department of Radiology	Radiology	Active	
Vannucci, Anthony PA	MUSC Health Columbia	Surgery	AHP	Temps granted 7/10/24.
Fender, Sarah PA	MUSC Health Telehealth	Tele-Dermatology	By Proxy	
Giblin, Sallie MD	MUSC Department of Telemedicine	Tele-Rheumatology	By Proxy	
Simmons, Matthew MD	MUSC Health Urology - Laurel Street	Urology	Active	Temps granted 7/29/24.
<b>Reappointment and Clinical Privileges</b>				
Ballou , Christopher M.D.	SC Oncology Associates	Internal Medicine	Active	
Bowman , Seth M.D.	Midlands Orthopedics and Neurosurgery	Orthopaedic Surgery	Active	
Bridgers , David M.D.,	Three Rivers Medical Associates	Internal Medicine	Courtesy	
Chang , Binyue M.D.	Apogee Physicians	Hospitalist	Active	
Crook , Erik M.D.	The Columbia Medical Group	Internal Medicine	Courtesy	
Davis , Nathan M.D.	MUSC Health Columbia NE Neurosurgery	Neurological Surgery - revised 9/2023	Active	
Eastlack , Jason M.D.	Prisma Radiology	Diagnostic Radiology	Active	
Foster , Michael M.D.	MUSC Heart & Vascular Laurel St	Cardiovascular Disease - revised 9/2023	Active	
Goodson , James NP	MUSC Primary Clemson Rd	Family Medicine	Active	
Gould III, John D.O.,	Three Rivers Medical Associates	Internal Medicine	Courtesy	
Huggins , Emily M.D.	Apogee Physicians	Hospitalist	Active	
Kapoor , Niren M.D.,	MUSC Center for Telehealth	Neurology	Telemed By Proxy	
Kingston , Carlene M.D.	MUSC Center for Telehealth	Neurology	By Proxy	
Lee , Jonathan F.N.P.	Apogee Physicians	Hospitalist	Active AHP	
Mullaney , Stephen N.P.,	MUSC Primary Laurel St	Internal Medicine	Active AHP	
Oates , Andrea F.N.P.	SC Oncology Associates	Hematology/Oncology	Active AHP	
Owen , Odis C.R.N.A.	MUSC Health Anesthesiology	Anesthesia	Active AHP	
Robinson , Jerry M.D.,	MUSC Primary Columbia	Internal Medicine	Active	
Smith , Andrew M.D.,	QLER Solutions	Tele-psychiatry	By Proxy	

Snelgrove , Danuel M.D.,	MUSC Center for Telehealth	Tele-Neurology	By Proxy	
Studnicka , Benedict M.D.	MUSC Primary Columbia NE	Internal Medicine	Ambulatory	
Word , Bradley M.D.	The Columbia Medical Group	Internal Medicine	Active	
<b>Proctoring</b>				
Kenneth Robert Blind, P.A.	MUSC Health Emergency Medicine	Emergency Medicine	AHP	2 cases - intubation-extubation
Timothy Killen Adams, Jr., M.D., M.B.A.	MUSC Health Anesthesiology	Anesthesiology	Active	Return to work plan
Todd Michael Kraemer, M.D.	Kraemer Women's Care	OB/GYN	Active	Proctoring ended - Approved to post Cases - 5 Robotic Hysterectomies to be reviewed
<b>MUSC HEALTH KERSHAW</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
Hargrave, Paul MD	MUSC Health Anesthesiology	Anesthesia	Active	
Adams, Jaime MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Desai, Anushri MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Johnson, Ellen MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Metzler, Jessica CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Patel, Rishi MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Sepe, Christopher CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Thomason, Anna CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	Temps granted 7/1/24.
Almehbash, Abdullah MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Farthing, John MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Fuchs, Robin DO	MUSC Health Primary Care - E. Marion St.	Family Medicine	Ambulatory	
Hasan, Aamir MD	Apogee Physicians	Hospitalist	Active	
Dakarai, Shelly-Ann MD	MUSC Health Women's Services	Neonatology	Active	Temps granted 7/29/24.
Regan, Brennan PAC	SCENT Allergy & Sleep Medicine, PA	Otolaryngology	AHP	
Cluver, Abbie MD	MUSC Radiology	Radiology	Active	
Dobson, Brittany MD	MUSC Radiology	Radiology	Active	
Irshad, Abid MD	MUSC Radiology	Radiology	Active	
Leddy, Rebecca MD	MUSC Radiology	Radiology	Active	
Paolini, Brielle MD	MUSC Radiology	Radiology	Active	

Smith, Ian (Blake) MD	MUSC Radiology	Radiology	Active	
Stewart, Courtney MD	MUSC Radiology	Radiology	Active	
Vasquez, Leonel MD	MUSC Radiology	Radiology	Active	
Vento, Francis MD	MUSC Radiology	Radiology	Active	
Burns, Christopher DO	Prisma Health Medical Group Department of Radiology	Radiology	Active	
Isbell, Andrew DO	Prisma Health Medical Group Department of Radiology	Radiology	Active	
Stubenrauch, Andrew MD	PRISMA Health Medical Group Department of Radiology	Radiology	Active	
Fender, Sarah PA	MUSC Health Telehealth	Tele-Dermatology	By Proxy	
Giblin, Sallie MD	MUSC Department of Telemedicine	Tele-Rheumatology	By Proxy	
Kenney, Allen PA	MUSC Health Elgin Urgent Care	Urgent Care Medicine	AHP	
<b>Reappointment and Clinical Privileges</b>				
Peck , Wesley C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Active AHP	
Suen , May C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Active AHP	
Eastlack , Jason M.D.	Prisma Radiology	Diagnostic Radiology	Active	
Hinshelwood , Heather M.D.	Interim Physicians	Emergency Medicine	Prov Active	
Chang , Binyue M.D.	Apogee Physicians	Hospitalist	Active	
Huggins , Emily M.D.	Apogee Physicians	Hospitalist	Active	
Lee , Jonathan F.N.P.	Apogee Physicians	Hospitalist	Active AHP	
Smith , Andrew M.D.,	QLER Solutions	Tele-psychiatry	By Proxy	
<b>Proctoring</b>				
Mullins, Julie MD	MUSC Health Women's Center Lugoff	OB/GYN	Active	Continuing proctoring for the following procedures: Myomectomy, Laparoscopic Enterolysis, Laparoscopic Oophorectomy, Laparoscopic Vaginal Hysterectomy.
Gomillion, Angelan NNP	MUSC Health Kershaw Women's Center	Neonatology	AHP	Continuing proctoring for newborn circumcision.
Yarlagadda, Bhavya MD	MUSC Health Kershaw Medical Center	Hospitalist	Active	Endotracheal Intubation, Arterial Line Placement, Central Vein Catheter Insertion



**MUSC HEALTH PEE DEE - Credentialing Applications - September 2024**

**MUSC HEALTH FLORENCE**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Griffin John Salzer, M.D.	MUSC Florence	Emergency Medicine	Active	
John Mitchell Farthing, D.O.	MUSC Florence	Emergency Medicine	Active	
James Corwin Johnson, D.O.	MUSC Florence	Hospital Medicine	Active	
Tonyan Melanie-Rose Thompson, M.D., M.S., B.S.	MUSC Florence	PM&R	Active	
Peter Billas, M.D.	MUSC Florence	Anesthesiology	Active	
Yvette Denise Page-Turner, M.D.	MUSC Florence	Anesthesiology	Active	
Sejong Lee, M.D.	MUSC Florence	Radiology - CRA MB	Consulting	
Jun Wei Lee, M.D.	MUSC Florence	Radiology- DivRad	Consulting	
Kevin Scott Henson, C.R.N.A.	MUSC Florence	Anesthesiology	AHP	
Kim Ann James, A.C.N.P	MUSC Florence	Hospital Medicine	AHP	
Wesley Nobles, ADN, BSN, MSN, FNP	MUSC Florence	Medicine	AHP	
Gina Vitale-Amos NP	MUSC Florence	Emergency Medicine	AHP	
Cassidy Catron, NP	MUSC Florence	Emergency Medicine	AHP	
Jennifer Passantino, PA	MUSC Florence	Emergency Medicine	AHP	
Matthew Ryan Bingham, P.A.C.	MUSC Florence	Emergency Medicine	AHP	
Manish Sunder Karamchandani, M.D.	MUSC Florence	Tele-Psychiatry MUSC	Tele-ByProxy	
<b>Reappointment and Clinical Privileges</b>				
Gary Lee Dove, M.D.	MUSC Florence	Anesthesia	Active	
Michael Hsueh-Ching Hsia, M.D.	MUSC Florence	Urology	Active	
Kenneth Lange Ries, M.D.	MUSC Florence	Pathology	Active	
Sahaj Devin Vallabh, M.D.	MUSC Florence	Hospital Medicine	Active	
Tresa Nesbitt, MD	MUSC Florence	Hospital Medicine	Active	
Mohamad Zein, M.D.	MUSC Florence	Medicine	Active	
Carla Camille Graham, MD	MUSC Florence	Surgery	Courtsey	
Timothy Ellis Crouch, M.D.	MUSC Florence	Medicine	Consulting	
Christopher Robert Durst, M.D.	MUSC Florence	Radiology	Consulting	
Mark Robertson Stokes, M.D.	MUSC Florence	Medicine	Consulting	
Christopher Michael Tyree, D.P.M.	MUSC Florence	Podiatry	Consulting	
Michael Craig Browning, C.R.N.A., M.S.N.	MUSC Florence	Anesthesiology	AHP	
Sterling Simmons Capotosti, P.A.	MUSC Florence	Orthopaedic Surgery	AHP	
Kara Ariana Smith, A.P.R.N.	MUSC Florence	Hospital Medicine	AHP	
Jordan Bennett Wicker, P.A.	MUSC Florence	Radiology	AHP	
Scott Douglas Hurley, F.N.P., B.S.N.	MUSC Florence	Tele-Palliative Care-MUSC	Tele ByProxy	
Jonathan Jacob Halford, M.D.	MUSC Florence	Tele-Neurology - MUSC	Tele ByProxy	
Forrest Justin Lowe, M.D., B.S.	MUSC Florence	Tele-Neurology-MUSC	Tele ByProxy	
<b>Change in Status</b>				
Austin Cunningham - Tele-Radiology CRA- Myrtle Beach				
Ryan Embertson MD - Tele-Radiology CRA - Myrtle Beach				

**MUSC HEALTH MARION**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Griffin John Salzer, M.D.	MUSC Marion	Emergency Medicine	Active	
Peter Billas, M.D.	MUSC Marion	Anesthesiology	Active	
Yvette Denise Page-Turner, M.D.	MUSC Marion	Anesthesiology	Active	
James Corwin Johnson, D.O.	MUSC Marion	Hospital Medicine	Active	
Marc Sarti, MD	MUSC Marion	Radiology- DivRad	Consulting	
Arthur Harvey Donahue, D.O.	MUSC Marion	Radiology - DivRad	Consulting	
Travis Downes, M.D.	MUSC Marion	Radiology- DivRad	Consulting	
Allison Shoshana Fraum, D.O.	MUSC Marion	Radiology- DivRad	Consulting	
Craig Marc Kornbluth, M.D.	MUSC Marion	Radiology - DivRad	Consulting	

Sejong Lee, M.D.	MUSC Marion	Radiology -CRA MB	Consulting	
Jun Wei Lee, M.D.	MUSC Marion	Radiology- DivRad	Consulting	
Alexandra Samantha McKenzie, M.D.	MUSC Marion	Radiology - DivRad	Consulting	
Michael Fitzgerald Oakes, M.D.	MUSC Marion	Radiology- DivRad	Consulting	
Gina Vitale-Amos NP	MUSC Marion	Emergency Medicine	AHP	
Jennifer Passantino, PA	MUSC Marion	Emergency Medicine	AHP	
Cassidy Catron, NP	MUSC Marion	Emergency Medicine	AHP	
Matthew Ryan Bingham, P.A.C.	MUSC Marion	Emergency Medicine	AHP	
Kevin Scott Henson, C.R.N.A.	MUSC Marion	Anesthesiology	AHP	
Wesley Nobles, ADN, BSN, MSN, FNP	MUSC Marion	Medicine	AHP	
Natasha Alicia Williams, N.P.	MUSC Marion	Hospital Medicine	AHP	
Manish Sunder Karamchandani, M.D.	MUSC Marion	Tele-Psychiatry MUSC	Tele-ByProxy	

**Reappointment and Clinical Privileges;**

Matthew David Cooper, M.D.	MUSC Marion	Emergency Medicine	Active	
Gary Lee Dove, M.D.	MUSC Marion	Anesthesia	Active	
Christopher Robert Durst, M.D.	MUSC Marion	Radiology	Active	
Sahaj Devin Vallabh, M.D.	MUSC Marion	Hospital Medicine	Active	
Tresa Nesbitt, MD	MUSC Marion	Hospital Medicine	Active	
Kenneth Lange Ries, M.D.	MUSC Marion	Pathology	Consulting	
Scott Douglas Hurley, F.N.P., B.S.N.	MUSC Marion	Tele-Palliative Care-MUSC	Tele ByProxy	
Jonathan Jacob Halford, M.D.	MUSC Marion	Tele-Neurology - MUSC	Tele ByProxy	

**Change in Status**

Austin Cunningham - Tele-Radiology CRA- Myrtle Beach  
Ryan Embertson MD - Tele-Radiology CRA - Myrtle Beach

**MUSC HEALTH BLACK RIVER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
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**Initial Appointment and Clinical Privileges;**

Griffin John Salzer, M.D.	MUSC BRMC	Emergency Medicine	Active	
John Mitchell Farthing, D.O.	MUSC BRMC	Emergency Medicine	Active	
James Corwin Johnson, D.O.	MUSC BRMC	Hospital Medicine	Active	
Peter Billas, M.D.	MUSC BRMC	Anesthesiology	Active	
Yvette Denise Page-Turner, M.D.	MUSC BRMC	Anesthesiology	Active	
Marc Sarti, MD	MUSC BRMC	Radiology-DivRad	Consulting	
Arthur Harvey Donahue, D.O.	MUSC BRMC	Radiology-DivRad	Consulting	
Travis Downes, M.D.	MUSC BRMC	Radiology-DivRad	Consulting	
Allison Shoshana Fraum, D.O.	MUSC BRMC	Radiology-DivRad	Consulting	
Craig Marc Kornbluth, M.D.	MUSC BRMC	Radiology-DivRad	Consulting	
Sejong Lee, M.D.	MUSC BRMC	Radiology - CRA-MB	Consulting	
Jun Wei Lee, M.D.	MUSC BRMC	Radiology-DivRad	Consulting	
Alexandra Samantha McKenzie, M.D.	MUSC BRMC	Radiology-DivRad	Consulting	
Michael Fitzgerald Oakes, M.D.	MUSC BRMC	Radiology-DivRad	Consulting	
Matthew Ryan Bingham, P.A.C.	MUSC BRMC	Emergency Medicine	AHP	
Kevin Scott Henson, C.R.N.A.	MUSC BRMC	Anesthesia	AHP	
Wesley Nobles, ADN, BSN, MSN, FNP	MUSC BRMC	Medicine	AHP	
Natasha Alicia Williams, N.P.	MUSC BRMC	Hospital Medicine	AHP	
Gina Vitale-Amos NP	MUSC BRMC	Emergency Medicine	AHP	
Cassidy Catron, NP	MUSC BRMC	Emergency Medicine	AHP	
Jennifer Passantino, PA	MUSC BRMC	Emergency Medicine	AHP	
Manish Sunder Karamchandani, M.D.	MUSC BRMC	Tele-Psychiatry MUSC	Tele-ByProxy	
Shailesh Bhattarai, M.D.	MUSC BRMC	Tele-Hospitalist MUSC	Tele-ByProxy	

**Reappointment and Clinical Privileges;**

Matthew David Cooper, M.D.	MUSC BRMC	Emergency Medicine	Active	
Kenneth Lange Ries, M.D.	MUSC BRMC	Pathology	Active	

Jordan Bennett Wicker, P.A.	MUSC BRMC	Radiology	AHP	
Jonathan Jacob Halford, M.D.	MUSC BRMC	Tele-Palliative Care-MUSC	Tele ByProxy	
Scott Douglas Hurley, F.N.P., B.S.N.	MUSC BRMC	Tele-Neurology - MUSC	Tele ByProxy	
Forrest Justin Lowe, M.D., B.S.	MUSC BRMC	Tele-Neurology-MUSC	Tele ByProxy	
Christopher Durst, MD	MUSC BRMC	Radiology	Active	

**Change in Privileges**

Austin Cunningham - Tele-Radiology CRA- Myrtle Beach  
 Ryan Embertson MD - Tele-Radiology CRA - Myrtle Beach

**MUSC HEALTH CATAWBA - Credentialing Applications - September 2024**

**MUSC HEALTH LANCASTER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Active</b>				
Dua'a Alkhader, MD	MUSC	Internal Medicine	Active	Temps 9-3-24
Gregory Miller, MD	MUSC	OBGYN	Active	
John Smith, MD	MUSC	OBGYN	Active	
Eliza Samgmuah, MD	Core	Hospitalist	Active	
Jaime M. Adams, MD	MUSC	Anesthesia	Active	
Yvette D. Page-Turner, MD	MUSC	Anesthesia	Active	
Peter Billas, MD	MUSC	Anesthesia	Active	
Samuel Karns, MD	MUSC	Radiology	Active	Temps 8-20-24
Abbie Cluver, MD	MUSC	Radiology	Active	
Alex DiBona, MD	MUSC	Radiology	Active	
Rebecca J. Leddy, MD	MUSC	Radiology	Active	
Brielle Paolini, MD	MUSC	Radiology	Active	
Leonel A. Vasquez, MD	MUSC	Radiology	Active	
Abid Irshad, MD	MUSC	Radiology	Active	
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Mark E. Henning, CRNA	MUSC	CRNA	AHP	
Kayla M. Bonilla, CRNA	MUSC	CRNA	AHP	
Esther O. Adedokun, PMHNP	Contract	Psychiatry	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Jun Wei Lee, MD	Diversified	Tele-Radiology	Consulting	
Robert Grumbach, MD	Locums	OBGYN	Consulting	Temps 7-30-24
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Henry K. Onyeaka, MD	Qler	Tele-Psychiatry	Consulting	
Narayana S. Singam, MD	Hicuity	Tele-Critical Care	Consulting	
Manish S. Karamchandani, MD	MUSC	Tele-Neurology	Consulting	Temps 9-11-24
<b>Reappointment and Clinical Privileges; Status : Active, Consulting &amp; Courtesy</b>				
Victor Amato, MD	MUSC	Gastroenterology	Active	
Arfana Kishan, MD	Core Clinical	Hospitalist	Active	
Tracey K. Topacio, DO	Core Clinical	Hospitalist	Active	
Santhosh Bayambe, MD	Core Clinical	Hospitalist	Active	
Ramesh Bhoothapuri, MD	Nephro Assoc.	Nephrology	Active	
Brian C. Erb, MD	Nephro Assoc.	Nephrology	Active	
Gary L. Dove, MD	MUSC	Anesthesia	Active	
Stuart Burri, MD	Southeast Rad	Rad Oncology	Consulting	
Justin P. Hart, MD	Southeast Rad	Rad Oncology	Consulting	

Lamar S. McGinnis, III, MD	Southeast Rad	Rad Oncology	Consulting	
Paul A. Slota, MD	Carolina Heart	Cardiology	Courtesy	
Murad Abdelsalam, MD	Carolina Card	Cardiology	Courtesy	
Pooja Mehrota, DDS	Nobel Dental	Dentist	Consulting	
<b>Reappointment and Clinical Privileges; Status: Allied Health Practitioner</b>				
Craig G. Cox, FNP	MUSC	Medicine	AHP	
Michael C. Browning, CRNA	Contract	CRNA	AHP	
<b>Reappointment and Clinical Privileges; Status: Tele by Proxy</b>				
Dwayne A. Narayan, MD	Qler	Tele-Psychiatry	Consulting	
Forrest J. Lowe, MD	MUSC	Tele-Neurology	Consulting	
Scott D. Hurley, FNP	MUSC	Tele-Palliative Care	Consulting	
<b>Change in Privilege Request</b>				
Deepak Joshi, MD	Insertion of loop recorders (training to take place 9/13)			
<b>MUSC HEALTH CHESTER</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges; Status : Active</b>				
Gregory Miller, MD	MUSC	OB/GYN	Active-Rural Health	
John Smith, MD	MUSC	OB/GYN	Active-Rural Health	
Duu'a Alkhader, MD	MUSC	Internal Medicine	Consulting	
Jaime Adams, MD	MUSC	Anesthesia	Active	
Deepu Ushakumari, MD	MUSC	Anesthesia	Active	
Samuel Karns, MD	MUSC	Radiology	Active	Temps 8-20-24
Abbie R. Cluver, MD	MUSC	Radiology	Active	
Alex DiBona, MD	MUSC	Radiology	Active	
Rebecca J. Leddy, MD	MUSC	Radiology	Active	
Brielle Paloni, MD	MUSC	Radiology	Active	
Leonel A. Vasquez, MD	MUSC	Radiology	Active	
Abid Irshad, MD	MUSC	Radiology	Active	
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Jun Wei Lee, MD	Diversified	Tele-Radiology	Consulting	
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Mark E. Henning, CRNA	MUSC	CRNA	AHP	
Kayla M. Bonilla, CRNA	MUSC	CRNA	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Henry K. Onyeaka, MD	Qler	Tele-Psychiatry		
Manish S. Karamchandani, MD	MUSC	Tele-Neurology	Consulting	Temps 9-11-24
<b>Reappointment and Clinical Privileges; Status: Active</b>				
Tracey K. Topacio, DO	Core Clinical	Hospitalist	Active	
Arfana Kishan, MD	Core Clinical	Hospitalist	Active	
Zafar Iqbal, MD	Carolina Heart	Cardiology	Active	
Gary L. Dove, MD	MUSC	Anesthesia	Active	
<b>Reappointment and Clinical Privileges; Status: Allied Health Practitioner</b>				
Craig G. Cox, FNP	MUSC	Medicine	AHP-Rural Health	
<b>Reappointment and Clinical Privileges; Status: Telemedicine By-Proxy</b>				
Dwayne A. Narayan, MD	Qler	Tele-Psychiatry	Consulting	
Forrest J. Lowe, MD	MUSC	Tele-Neurology	Consulting	
Scott D. Hurley, FNP	MUSC	Tele-Palliative Care	Consulting	

Jonathan J. Halford, MD	MUSC	Tele-Neurology	Consulting	
<b>Change In Privilege Request</b>				
Deepak Joshi, MD	Insertion of Loop Recorders (training to be completed 9-13)			
<b>Resignations</b>				
Mary Shearer, FNP	MUSC	Tele-Nephrology		
<b>MUSC HEALTH MIDLANDS - Credentialing Applications - September 2024</b>				
<b>MUSC HEALTH COLUMBIA</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges</b>				
Adam Combs Abram, M.D.	SC ENT Allergy and Sleep Medicine	Otolaryngology	Active	
Alexandra Smith Burley, P.A., M.P.H, B.S.	Apogee Physicians	Hospitalist	AHP	
Andrew Francis Wells, M.D.	MJUSC Health Heart and Vascular	Cardiovascular Disease	Active	Temporary privileges 8/26/2024
Diana Busjra Brown, C.R.N.A., M.H.A., B.S.	MUSC Health Columbia Anesthesiology	Anesthesiology	AHP	
Edward William Duffy, III, M.D.	SC Oncology Associates	Hematology/Oncology	Active	Temporary Privileges 9/9/2024
Jason Michael Forche, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	Temporary Privileges 9/8/2024
John Thomas Connelly, III, P.A.C., B.H.S., M.P.A.S.	Ear Noe & Throat	Otolaryngology	AHP	
Charles Denver Gill, CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Calvin Hu, M.D.	MUSC Health Neurology	Neurology	Active	
Thomas Wilson Faust, SR., M.D, M.A., B.A	MUSC Transplant	Gastroenterology	Active	
Julia Glazebrook Trippe, C.R.N.A., BSN	MUSC Health Anesthesiology	Anesthesiology	AHP	
Nikita Kumar Theophilus, M.D.	Columbia Nephrology	Nephrology	Active	
Peter Billas, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active	
Robert Buchard Browning, M.D.	Midlands Orthopedics	Orthopaedic Surgery	Active	Temporary Privileges 9/9/2024
Samuel Lloyd Karns, M.D.	MUSC Health Radiology	Diagnostic Radiology	Active	
Sarah Peeler Peden, A.P.R.N.	SC Oncology Associates	Hematology/Oncology	AHP	
Henry Kosorochi Onyeaka, M.D.	QLER Physician Medical Group	Telepsychiatry - MD/DO	Telemedicine- By Proxy	
Chhavi Chaudhary, M.D.	QLER Physician Medical Group	Telepsychiatry - MD/DO	Telemedicine- By Proxy	
Manish Sunder Karamchandani, M.D., M.S.	MUSC Centers of Telehealth	Teleneurology	Telemedicine- By Proxy	
<b>Reappointment and Clinical Privileges</b>				
Amanda Suzanne Clark, F.N.P., MSN, FNP-BC	MUSC Health Primary Care	Internal Medicine	AHP	
Charles James Hildebrand, D.O.	Apogee Physicians	Hospitalist	Active	
Christin Lee Van Hoy, P.A.	Apogee Physicians	Hospitalist	AHP	
Christopher Raymond Kebberly, RN, MSN, FNP	Apogee Physicians	Hospitalist	AHP	
Christopher Travis Shady, D.O.	Apogee Physicians	Hospitalist	Active	
Gary Lee Dove, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active	
James Benjamin Tribble, M.D.	Prisma Health General Surgery	General Surgery	Courtesy	
Kevin Brennen Corley, RN, MSN, FNP	MUSC Health Emergency Medicine	Emergency Medicine	AHP	
Leonid Zamdborg, M.D.	SC Oncology Associates	Radiation Oncology	Courtesy	

Marquis Tre'Shawn Thompson, P.A.	MUSC Health Heart and Vascular	Cardiovascular Disease	AHP	
Nene Nkechi Adanma Azubuikwe, M.D.	Apogee Physicians	Hospitalist	Active	
Porsche Danyetta Montgomery, MSN, FNP-BC	MUSC Health Heart and Vascular	Cardiovascular Disease	AHP	
Gregory Richard Renck, M.D.	QLER Physician Medical Group	Telepsychiatry - MD/DO	Telemedicine- By Proxy	
Jonathan Jacob Halford, M.D.	MUSC Health Centers of Telehealth	Neurology	Telemedicine- By Proxy	
Scott Douglas Hurley, F.N.P., B.S.N.	MUSC Health Centers of Telehealth	Internal Medicine	Telemedicine- By Proxy	
Forrest Justin Lowe, M.D., B.S.	MUSC Health Centers of Telehealth	Neurology	Telemedicine- By Proxy	
Dwayne Avanish Narayan, M.D.	QLER Physician Medical Group	Telepsychiatry - MD/DO	Telemedicine- By Proxy	
<b>Change in Privilege Request</b>				
Kaitlin Corwin PA	MUSC Health Heart and Vascular	Cardiology	AHP	Adding ICU privileges
Georgina Muth Maurelli	MUSC Health Heart and Vascular	Cardiology	AHP	Adding NP privileges in the specialty of Cardiology
<b>Proctoring</b>				
Kenneth Robert Blind, P.A.	MUSC Health Emergency Medicine	Emergency Medicine	AHP	2 cases - intubation-extubation
Timothy Killen Adams, Jr., M.D., M.B.A.	MUSC Health Anesthesiology	Anesthesiology	Active	Return to work plan
<b>Resignations</b>				
Samual Adefeyisan, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active	Provider no longer with MUSC
Cecilia Wang, M.D.	Hicuity Health	Tele-Critical Care	Telemedicine- By Proxy	Provider no longer with Hicuity
Mallory Cauthen, PA	MUSC Health Neurosurgery	Neurosurgery	AHP	Provider no longer in Columbia
Liuba Soldatova, M.D.	SC ENT Allergy and Sleep Medicine	Otolaryngology	Active	Provider no longer with SCENT
Mary Ellen Gibbons, CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	Provider no longer with MUSC
Vlastimil Smetka, M.D.	Lighthouse Hospice	Hospice	Active	Practice not contracted with MUSC
Elizabeth Hackley NP	MUSC Lung and Cancer Treatment		RHC	Voluntary Resignation
<b>MUSC HEALTH KERSHAW</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges</b>				
Forche, Jason CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Billas, Peter MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Brown, Diana CRNA	MUSC Health Florence	Anesthesiology	AHP	
Salzer, Griffin MD	Ark Staffing Solutions / MUSC Kershaw ED	Emergency Medicine	Active	Temps granted 8/19/24
Velickovic, Marko MD	Jackson & Coker / MUSC Kershaw ED	Emergency Medicine	Active	
Ramsey, William MD	MUSC Health Columbia Emergency Medicine	Emergency Medicine	Active	
Rowell, Jeremy MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	Temps granted 8/15/24
Srivastava, Adarsh MD	MUSC Lancaster Critical Care	Emergency Medicine	Active	Temps granted 9/10/24

Charles Denver Gill, CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Peden, Sarah APRN	SC Oncology Associates	GYN Oncology	AHP	
Abram, Adam MD	SC Ear Nose & Throat	Otolaryngology	Active	
Connelly, John PA	SC Ear Nose & Throat	Otolaryngology	AHP	
Karns, Samuel MD	MUSC Radiology	Radiology	Active	
Karamchandani, Manish, MD	MUSC Health Telemedicine	Tele-Neurology	By Proxy	
Onyeaka, Henry MD	QLER Physicians Medical Group	Tele-Psychiatry	By Proxy	
Chaudhary, Chhavi MD	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Vawter, Jean NP	MUSC Health Advanced Urology & Women's Health	Urology-NP	Ambulatory	
<b>Reappointment and Clinical Privileges</b>				
Clark, Amanda NP	MUSC Elgin Urgent Care	Family Nurse Practitioner	Provisional AHP	
Dove, Gary MD	MUSC Health Anesthesiology	Anesthesia	Active	
Evans, Anna NP	MUSC Elgin Urgent Care	Nurse Practitioner Emergency Department	Provisional AHP	
Hildebrand, Charles DO	Apogee Physicians	Internal Medicine - Hospitalist	Active	
Narayan, Dwayne MD	QLER Physicians Medical Group	Tele Psychiatry	Telemedicine - by Proxy	
Shady, Travis DO	Apogee Physicians	Internal Medicine	Provisional Active	
<b>Change In Privilege Request</b>				
Roberts, Tyler PA	SCENT	Otolaryngology	AHP	Correcting his DOP to align with other ENT PAs for Kershaw.
<b>Proctoring</b>				
Mullins, Julie MD	MUSC Health Women's Center Lugoff	OB/GYN	Active	Continuing proctoring for the following procedures: Myomectomy, Laparoscopic Enterolysis, Laparoscopic Oophorectomy, Laparoscopic Vaginal Hysterectomy.
Yarlagadda, Bhavya MD	MUSC Health Kershaw Medical Center	Hospitalist	Active	Endotracheal Intubation, Arterial Line Placement, Central Vein Catheter Insertion
<b>COMPLETED: Gomillion, Angelan NNP</b>	MUSC Health Kershaw Women's Center	Neonatology	AHP	Completed required proctoring for newborn circumcision.
<b>COMPLETED: Johnson, Mary MD</b>	MUSC Health Kershaw Medical Center	Pediatrics	Active	Completed required newborn circumcision cases.

Changes to Charleston Division Medical Staff Bylaws  
September 2024

Throughout the document minor editing changes were made to names of facilities. All changes listed below are mechanisms to meet Joint Commission (JC) standards and to continue to integrate the Medical Staff of Charleston and Orangeburg into one Charleston Division Medical Staff while allowing for some local autonomy and community considerations.

Change	Reason
Development of a Medical Staff Leadership Committee for both campuses (MSLC)- (Pgs. 18 and 19)	Mechanism to have medical staff representation at both campuses. Already in place and functioning
Streamlining the membership of the Medical Executive Committee which represents both campuses. (Pgs. 23 and 24)	Despite multiple campuses Joint Commission requires one MEC. Already in place and functioning
Added a Rural Healthcare Clinic category of the medical staff (pg.16)	To accommodate RHCs in Orangeburg
Added language to accommodate Telehealth practitioner (pg. 15)	Already in credentials manual. Clean up of language per Joint Commission
Changed the reappointment timeline from two years to three years (pg.8)	Per Joint Commission
New titles, with descriptions, and duties of medical staff officers on each of the Medical Staff Leadership Committees. (Pgs. 18 and 19)	Titles changed but duties, although spelled out, remain similar. Since three committees wanted to make sure there was a title distinction between officers of MSLC and MEC per Joint Commission
Added sections of the medical staff to accommodate pre-existing departments in Orangeburg (pg.22)	Departments in Orangeburg become sections and there will be one department for Orangeburg
On call duties are now spelled out in local policy and referenced in bylaws (Pg. 11)	Need to reflect local needs and presence of specialists.
Fair Hearing Plan now an Appendix. (attached)	Some changes to plan per legal.
Added required responsibilities of active medical staff members (Pgs.12 and 13)	Per Joint Commission
Clarified bylaws guidelines (Pg. 46)	Per Joint Commission





# MUSC Health – Charleston

<b>Section #</b> {External Reference #}	<b>Policy #</b> <del>8602</del>	<b><del>Medical Staff Bylaws</del></b>	
<b>Responsible Department:</b>			
<b>Date Originated</b> <del>Not Set</del>	<b>Last Reviewed</b> <del>02/08/2019</del>	<b>Last Revised</b> 12/2022	<b>Effective Date</b>

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

## Medical University of South Carolina Medical Center

### Medical Staff Bylaws

~~February 2023~~  
September 2024

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## Article I. PURPOSE AND RESPONSIBILITIES

*Section 1.01* The purpose of the organized Medical Staff of the MUSC Medical Center is to bring the professionals, who practice at the Medical Center [\(as hereinafter defined\)](#) together into a self-governing cohesive body to:

- a. Provide oversight of quality of care, treatment, and services to patients of the ~~MUSC~~ Medical Center.
- b. Determine the mechanism for establishing and enforcing criteria and standards for Medical Staff membership.
- c. Determine the mechanism for establishing and enforcing criteria for delegating oversight responsibilities for non-member practitioners with independent privileges.
- d. Review new and on-going privileges of members and non-member practitioners with independent privileges.
- e. Approve and amend medical staff bylaws, and rules and regulations.
- f. Provide a mechanism to create a uniform standard of care, treatment, and service.
- g. Evaluate and assist in improving the work done by the staff, provide education, and offer advice to the CEO of the ~~MUSC~~-Medical Center.
- h. Satisfy continuing medical education requirements as may be required.
- i. Supervise the work of any allied health professional with whom the member has a collaboration agreement or contractual obligation to provide oversight.

*Section 1.02* The organized medical staff is also responsible for:

- a. Ongoing evaluation of the competency of practitioners who are privileged.
- b. Delineating the scope of privileges that will be granted to practitioners.
- c. Providing leadership in performance improvement activities within the organization.
- d. Assuring that practitioners practice only within the scope of their privileges.
- e. Selecting and removing medical staff officers.

*Section 1.03* The Medical University Hospital Authority (MUHA) owns and operates the Medical University hospitals and remote locations of such hospitals, clinics, and other health care related facilities, which shall hereinafter be referred to in the body of this document as the "Medical Center" ~~(MUSC Medical Center or the Medical Center)~~.

*Section 1.04* MUHA owns and operates multiple health care facilities. The Medical Staff acknowledges that the difference in scope of services among these facilities may necessitate adoption of special rules, regulations, policies, and procedures applicable on a hospital-specific basis. However, wherever possible, the desire of the Medical Staff is to consolidate resources, to standardize policies and procedures, to minimize unnecessary variance in operations to promote their maximum efficiency and effectiveness, and to facilitate a comparably high standard of care at all [of the MUHA h](#)Hospitals, while at the same time accommodating the uniqueness of each hospital and its practice culture. MUHA may enter into arrangements with other MUSC Health affiliated clinical entities (e.g., other MUHA owned hospitals, surgery centers, or their successor entities-) for the purpose of sharing information relevant to the activities of the medical staff and individual medical staff members. Such arrangements may include, without limitation, sharing of credentialing and peer review information between MUSC Health affiliated clinical entities, and participation in joint committees among MUSC Health affiliated clinical entities to address credentialing, privileging, peer review, and performance improvement matters. In addition, the Medical Staff may rely on hospital medical or professional staff support resources to assist in the processing of applications for appointment, reappointment, and privileges. The Medical Staff may collaborate with other MUSC Health affiliated clinical entities and the Board to develop coordinated, cooperative, or joint corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, giving timely notice of emerging or pending problems, notice of corrective actions

imposed and/or recommended, and coordinated hearings and appeals. The Medical Staff also is provided with the opportunity and has the right to opt in or out of the MUSC Health Regional Health Care Network Medical Staff Unified Bylaws (“Unified Bylaws”). If the Medical Staff opts into the Unified Bylaws, they will follow the Unified Bylaws and are afforded the right to vote to opt out every two (2) years.

## **Article II. BILL OF RIGHTS**

*Section 2.01* Members of the Medical Staff are afforded the following rights:

- a. Right of Notification- Any matter of performance or conduct that could result in denial, suspension, or reduction of privileges will cause the Department Chairperson to notify the affected member before formal activity commences.
- b. Access to Committees - Members of the Medical Staff are entitled to be present at a committee meeting except during peer review proceedings. Members present for a specific agenda item shall be recognized by the Co-Chairperson as time permits. Members can petition the Medical Executive Committee (“MEC”) for a specific agenda item or issue.
- c. Right of Information - Activities of the various committees (with the exception of peer review proceedings) may be reviewed by the Medical Staff members in the Medical Staff office. The MEC will provide to the active membership all changes to the Rules & Regulations, Credentials Policy Manual, and the Fair Hearing Plan.
- d. Fair Hearing - Members are entitled to a fair hearing as described in the Fair Hearing Plan.
- e. Access to Credentials File - Each member shall be afforded an opportunity to review his/her own credentials file before submission for approval. This review will occur at the time of initial appointment and at the time of reappointment as specified in the Credentials Policy Manual.
- f. Physician Health and Well-Being - Any member may call upon the resources of the Medical Staff in personal, professional, and peer matters to seek help and improvement.
- g. Confidentiality - Matters discussed in committee and otherwise undertaken in the performance of Medical Staff duties and privileges are strictly confidential. Violation of this provision is grounds for expulsion from the Medical Staff.

## **Article III. MEDICAL STAFF MEMBERSHIP & STRUCTURE**

*Section 3.01* MEDICAL STAFF APPOINTMENT - Appointment to the Medical Staff of the ~~MUSC~~-Medical Center is a privilege that shall be extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and associated policies of the Medical Staff and ~~MUSC~~-Medical Center.

*Section 3.02* QUALIFICATIONS FOR MEMBERSHIP

- a. Only physicians with Doctor of Medicine (MD) Doctor of Osteopathy (DO) degrees, or Dentists or Podiatrists holding a current, valid academic license or unrestricted license to practice in the State of South Carolina shall be qualified for appointment to the Medical Staff. Additional requirements include:
  - (i) documentation of background, experience, training, judgment, individual character and demonstrated competence, and physical and mental capabilities, with sufficient adequacy to assure the Medical Staff and Board of Trustees that

- any patient treated by them in the ~~hospitals~~ Medical Center will be given a high quality of patient care,
- (ii) Demonstrated adherence to the ethics of his/her profession, and ability to work with others
  - b. No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges at the ~~MUSC~~-Medical Center merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another ~~Medical Center~~hospital.
  - c. Must be free from government sanctions and bans as outlined by Medicare and the Department of Health and Human Services - Office of the Inspector General (DHHS-OIG).
  - d. Must meet appointment requirements as specified in the Credentials Policy Manual.
  - e. An MD, DO or Dentist member shall be eligible for or have obtained board certification and comply with individual board requirements in his/her respective medical or dental specialty board. This Board must have been approved by the American Medical Association, the American Osteopathic Association, or the American Board of Medical Specialties. A five (5) year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. Newly hired physicians who are not board certified or are more than five (5) years out from initial eligibility are required to attain Board Certification within two (2) years, or reappointment will not be granted. In special cases where a need exists, an exception to these qualifications can be made, only after the applicant has demonstrated competency to the satisfaction of the Department Chairperson in the department in which they are assigned, and the Department Chairperson has attested either in a written or oral format to the MEC for approval. Waiver of board certification requirement can be granted when no board specialty exists, and the Department Chairperson attests (in written and oral format) to the adequacy of training and competency. Should the practitioner become eligible for board certification, s/he will be required to attain Board Certification within two (2) years, or reappointment will not be granted. Foreign Board Certification may be an appropriate substitute for United States Board approval. The delegated committee ("Credentials Committee") may choose to accept or reject such certification. In the event the certification is rejected by the Credentials Committee, the Department Chairperson may petition the MEC for approval. In addition, board certification requirements are waived for all members who joined the medical staff of a hospital that became a remote hospital location of the ~~MUSC~~-Medical Center and/or were granted privileges at such hospital prior to November 29, 2005.
  - f. Any member of the Medical Staff who is a member of the University Medical Associates of the Medical University of South Carolina or an employee of MUSC Health Partners must have and maintain a faculty appointment at the Medical University of South Carolina.
  - g. Maintain malpractice insurance as specified by the MEC, ~~MUSC~~-Medical Center and Board of Trustees.  
Maintain Federal DEA and State DHEC license/certification where applicable.

*Section 3.03 NON-DISCRIMINATION* - The ~~MUSC~~-Medical Center will not discriminate in granting staff appointment and/or clinical privileges based on age, sex, race, creed, color, nationality, gender, sexual orientation, or type of procedure or patient population in which the practitioner specializes.

*Section 3.04 CONDITIONS AND DURATION OF APPOINTMENT*

- a. Initial appointments and reappointments to the Medical Staff shall be made by the Board of Trustees.

- b. The Board of Trustees shall act on appointments and reappointments only after there has been a recommendation from the Credentials Committee and MEC as outlined with associated details in the Credentials Manual.
- c. All appointments to the staff shall be for a period not to exceed ~~two~~ three (3) years.
- d. Re-appointments to the staff will be for no more than ~~24~~ thirty-six (36) calendar months.
- e. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.
- f. Only those practitioners assigned to the Active Medical Staff have general Medical Staff voting privileges.
- g. Medical Staff membership, clinical privileges and prerogatives will be terminated immediately if the practitioner is under government sanctions as listed by the Department of Health and Human Services – Office of the Inspector General.
- h. Members of the Medical Staff ~~A~~ agree to undergo any type of health evaluation, including random or 'for cause' drug testing, as requested by any officer of the ~~medical~~ Medical Staff, the Medical Center CEO or Chief Medical Officer for the relevant hospital campus, and/or the MEC when it appears necessary to protect the well-being of patients and/or staff, or when requested by the MEC or Credentials Committee as part of an evaluation of the member's ability to exercise privileges safely and competently, or as part of a post-treatment monitoring plan consistent with the provisions of any Medical Staff and ~~Hospital~~ Medical Center policies addressing physician health or impairment.
- i. CONTRACT SERVICES - The clinical privileges of any practitioner who has a contractual relationship with an entity that has a contractual relationship with ~~MUSC~~ the Medical Center to provide professional services to patients of the Medical Center shall be subject to those provisions contained in said contract with regard to the termination of Medical Staff membership and privileges upon the expiration, lapse, cancellation, or termination of the contract. If no provisions for termination of membership or privileges are contained in the contract, the affected practitioners' membership and clinical privileges will be terminated at the time of the contract termination, lapse, expiration or cancellation date. The affected practitioners shall have no right to a hearing regarding termination of Medical Staff membership or privileges.

*Section 3.05 PRIVILEGES AND PRACTICE EVALUATION* - The privileging process is described as a series of activities designed to collect verify and evaluate data relevant to a practitioner's professional performance and focuses on objective, evidence-based decisions regarding appointment and reappointment.

- a. Initial requests for privileges are made simultaneously with the filing of the application for Medical Staff membership. Following procedures and the associated details stated in the Credentials Policy Manual, and with a recommendation of the appropriate Department Chairperson, the Medical Staff organization will evaluate and make recommendations to the Board. Privileges will only be granted or renewed, after applicant meets the criteria related to current licensure, relevant education, training, and experience, demonstrated current competence, physical ability, and the clinical ability to perform the requested privileges. For new procedures and at the time of reappointment, members' requests for privileges will be subject again to the procedures and associated details outlined in the Credentials Policy Manual.
- b. When considering privileges for a new practitioner, current data should be collected during the provisional time period for those privileges selected by the Department Chairperson
- c. Prior to the granting of a privilege, the Department Chairperson determines the resources needed for each requested privileges and must assure the resources necessary to support the requested privilege are currently available or define the timeframe for availability. These resources include sufficient space, equipment, staffing,

and financial. The Chairperson will work with ~~hospital~~ [Medical Center](#) to ensure resources are available.

- d. At the time of appointment and reappointment each candidate applying for privileges will be evaluated using the following six areas of general competence as a reference:
  - (i) Patient Care
  - (ii) Medical/Clinical Knowledge
  - (iii) Practice-based learning and improvement
  - (iv) Interpersonal and communication skills
  - (v) Professionalism
  - (vi) System-based practices
- e. A Focused Professional Practice Evaluation (FPPE) allows the medical staff to focus on specific aspects of a practitioner's performance. This evaluation is used when:
  - (i) A practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organizations' setting.
  - (ii) Questions arise regarding a practitioner's professional practice during the course of the Ongoing Professional Practice Evaluation.
  - (iii) For all initially requested privileges (~~e~~Effective January 2008).
- f. Ongoing Professional Practice Evaluation (OPPE) is designed to continuously evaluate a practitioner's professional performance. It allows potential problems to be identified and fosters a more efficient, evidence-based privilege renewal process. The type of data to be collected is approved by the organized medical staff but is determined by individual departments and is uniformly applied to all members within the department. The frequency of data collection is determined by the organized Medical Staff in collaboration with the Chief Medical Officer, APP Best Practice Center and Chief Quality Officer. Information from ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privileges.

### Section 3.06 TEMPORARY and DISASTER PRIVILEGES

- a. Temporary Privileges - Temporary privileges may be granted by the Chief Medical Officer of the Medical Center or his/her designee for a stated limited time upon the recommendation of the applicable Department Chairperson or the President of the Medical Staff, in all other circumstances, as detailed in the Credentials Policy Manual.
- b. Disaster Privileges - Disaster privileges may be granted by the CEO of the Medical Center, the President of the Medical Staff, or the Chief Medical Officer of the of the Medical Center, according to Medical Center Policy C-035 Disaster Privileges for Licensed Independent Practitioners ([Disaster Privileges for Licensed Independent Practitioners](#)), when the Emergency Management Plan for the Medical Center has been activated and when the Medical Center cannot handle the needs of patients with ~~just~~ the available credentialed [Medical S](#)staff. The Department Chairperson will be responsible for monitoring the professional performance of volunteer practitioners with disaster privileges. This monitoring will be accomplished through direct observation, staff feedback, and when appropriate, medical record review. The Department Chairperson is responsible for reviewing the continuation of disaster privileges within 72 hours of granting the disaster privileges.

Section 3.07 LEAVE OF ABSENCE - Any member may apply to the Credentials Committee for a leave of absence not to exceed one (1) year. Reinstatement of privileges may be requested from the Credentials Committee without formal re-application. Absence for a period longer than one (1) year will require formal re- application. In some special cases, (i.e., military service) a Department Chairperson through the Credentials Committee can recommend to the MEC that a leave of absence be extended beyond a year without the necessity for formal reappointment. At

no time can a special circumstance leave of absence extend beyond a two (2) year re-appointment cycle.

**Section 3.08 RESPONSIBILITIES OF MEMBERSHIP - Each staff member will:**

- a. Provide timely, appropriate, and continuous care/treatment/services for his/her patients and supervise the work of any allied health professional or trainee under his/her direction when appropriate.
- b. Assist the ~~MUSC~~-Medical Center in fulfilling its responsibilities by participating in the on-call coverage of the emergency room and other coverage as determined by the ~~MEC-~~ specific hospital Medical Center policy and approved by the respective MSLC and the MEC.
- c. Assist other practitioners in the care of his/her patients when asked.
- d. Act in an ethical and professional manner.
- e. Treat employees, patients, visitors, and other practitioner in a dignified and courteous manner.
- f. Actively participate in the measurement, assessment, and improvement of patient care processes.
- g. Participate in peer review as appropriate.
- h. Abide by the bylaws, rules and regulations, department rules, and other policies and procedures of the ~~MUSC~~-Medical Center.
- i. Abide by all standards from regulatory bodies. Example – Joint Commission National Patient Safety Goals
- j. Participate in continuing education as directed by state licensure and the MEC.
- k. Speak as soon as possible with hospitalized patients who wish to contact the attending about his/her medical care in accordance with the South Carolina Lewis Blackman Hospital Patient Safety Act.
- l. When required as a part of the practitioner well-being program, comply with recommended actions.

**Article IV. CATEGORIES OF THE MEDICAL STAFF**

**Section 4.01 ACTIVE CATEGORY – MAIN CAMPUS**

- a. Qualifications – An appointee to this category must:
  - (i) Be involved on a regular basis in patient care delivery at the ~~MUSC~~-Medical Center hospitals and clinics and annually providing the majority of his/her services/activities within the ~~MUSC~~-Medical Center main campus.
- b. Prerogatives – An appointee to this category may:
  - (i) Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
  - (ii) Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he is appointed.
  - (iii) Hold office, sit on or be chairperson of any committee, unless otherwise specified elsewhere in these Bylaws.
  - (iv) Admit patients ~~to both~~ to both the main campus and the remote ~~MUSC~~-Medical Center facilities.
- c. Responsibilities - Appointee to this category must:
  - (i) Contribute to the organizational and administrative affairs of the Medical Staff.
  - (ii) Actively participate in recognized functions of Medical Staff appointment as required or requested, including performance improvement; peer review; risk and utilization management; quality assurance and patient safety initiatives,



including but not limited to morbidity and mortality conferences; monitoring of initial appointees through Focused Professional Practice Evaluation (FPPE); credentialing activities; medical records completion and the discharge of other medical staff functions; and medical staff committee and clinical department obligations as may be required from time to time~~Actively participate in recognized functions of staff appointment, including performance improvement and other monitoring activities, monitoring initial appointees during his/her provisional period, and in discharging other staff functions as may be required from time to time.~~

(iii) Accept his/her individual responsibilities in the supervision and training of students and House Staff members as assigned by his/her respective department, division, or section head and according to Medical Center Policy C-074 Resident Supervision Resident Supervision

(iv) ~~Participate in the emergency room and other specialty coverage programs as scheduled or as required by the MEC Co-Chairs or Department Chairperson.~~ Participate in providing emergency department ("ED") call coverage and other patient coverage arrangements as defined in policies, approved by the specific Medical Center Medical Staff Leadership Committee ("MSLC", as hereinafter defined), and adopted by the MEC and Hospital Medical Center Board.

~~(iv)~~

d. Removal - Failure to satisfy the requirements for activity for the ~~MUSC~~ Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to Affiliate Category.

#### Section 4.02 ACTIVE CATEGORY – SATELLITE REMOTE HOSPITAL LOCATION

a. QUALIFICATIONS: Appointees to this category must:

Be a physician, dentist, oral surgeon, or podiatrist appointed to the medical staff and who provides clinical care in a service area of a remote hospital location of the~~the~~ ~~MUSC~~ Medical Center.

b. PREROGATIVES: Appointees to this category may:

- 1) Exercise those clinical privileges granted by the Board.
- 2) Vote on all matters presented to the medical staff, and at meetings of the clinical departments and committees to which he is appointed.
- 3) Hold office and sit on or act as chair of any committee, unless otherwise specified in these Bylaws.
- 4) Admit patients to the remote hospital location.
- 5) Apply for and meet the requirements for affiliate faculty or faculty appointment.
- 6) Apply for and meet criteria for admitting privileges at main campus.

c. RESPONSIBILITIES: Appointees to this category must:

- 1) Meet the basic responsibilities of medical staff membership, as defined in Section 3.08, and contribute to the organizational and administrative affairs of the medical staff.
- 2) Actively participate in recognized functions of Medical Staff appointment as required or requested, including performance improvement; peer review; risk and utilization management; quality assurance and patient safety initiatives, including but not limited to morbidity and mortality conferences; monitoring of initial appointees through Focused Professional Practice Evaluation (FPPE); credentialing activities; medical records

~~completion and the discharge of other medical staff functions; and medical staff committee and clinical department obligations as may be required from time to time. Actively participate in recognized functions of staff appointment as required or requested, including performance improvement, peer review, risk and utilization management, the monitoring of initial appointees through Focused Professional Practice Evaluation (FPPE), credentialing activities, medical records completion, and the discharge of other medical staff functions, medical staff committee and clinical department obligations as may be required from time to time.~~

- 3) Comply with the Medical Staff Bylaws, and with all applicable rules, regulations, policies and procedures of the medical staff and ~~Hospital~~ [Medical Center](#).
- 4) Participate in providing ED call coverage and other patient coverage arrangements as defined in policies, approved by the specific Medical Center MSLC, and adopted by the MEC and ~~Hospital~~ [Medical Center](#) Board.
- 5) Perform such further duties as may be required under these Bylaws or medical staff policies, procedures, rules and regulations, as all may be amended from time to time.
- 6) If a faculty member accept his/her individual responsibilities in the supervision and training of students and House Staff members as assigned by his/her respective department, division, or section head and according to Medical Center Policy C-074 [Resident Supervision](#).

#### Section 4.03 AFFILIATE CATEGORY

- a. Qualifications – An appointee to this category must:
  - (i) Participate in the clinical affairs of the ~~MUSC~~ Medical Center
  - (ii) Be involved in the care or treatment of at least six (6) patients of the ~~MUSC~~ Medical Center hospitals or clinics during his/her appointment period, or
  - (iii) The Credentials Committee may waive the requirement to care for at least six (6) patients during an appointment period for physicians who are members in good standing with an MUSC Health affiliated hospital and who continue to meet the qualifications for appointment to the Affiliate Staff of ~~MUSC~~ [the Medical Staff](#). Additionally, this exception would only occur if physician specific quality and outcomes information has been provided by the affiliated hospital upon request. Such information shall be sufficient quality and quantity to allow a reappointment and privileging recommendation by the Credentials Committee.
- b. Prerogatives – An appointee to this category may
  - (i) Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
  - (ii) Attend meetings of the Staff and Department to which he/she is appointed and any staff of ~~MUSC~~ Medical Center education programs.
  - (iii) Request admitting privileges specifically for each Medical Center [campus \(main or remote\)](#).
  - (iv) Apply for and meet the requirements for affiliate faculty or faculty appointment.
- c. Removal – Failure to satisfy the requirements for activity for the ~~MUSC~~ Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to affiliate colleague category.

Section 4.04 HONORARY / ADMINISTRATIVE CATEGORY - This category is restricted to those individuals the Medical Staff wishes to honor or to those physicians who have only administrative positions or administrative appointments and no clinical privileges.

- a. Such staff appointees are not eligible to admit patients to the ~~MUSC~~ Medical Center, vote, or exercise clinical privileges. They may, however, attend Medical Staff and department meetings. This category is exempt from the malpractice insurance requirements and Board Certification requirements, unless required within his/her position description.
- b. Physicians with the ~~MUSC~~ Medical Center whose duties include both administrative and clinical activities must be members of the Medical Staff and must obtain clinical privileges in the same manner as any other Medical Staff member. When a contract exists, the contract of the physician who has both administrative and clinical duties shall clearly define the relationship between termination of the contract by the ~~MUSC~~ Medical Center and reduction or termination in privileges.

*Section 4.05 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 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 unless required by their respective facility.

*Section 4.06 OTHER / NON-MEDICAL STAFF MEMBERS*

- a. House Staff - The House Staff consists of those practitioners, who by virtue of a contract, are in the postgraduate training program at the Medical University of South Carolina.
  - (i) They are not eligible to hold a Medical Staff office and are not eligible to vote unless otherwise indicated in these Bylaws.
  - (ii) Only practitioners who are graduates of an approved, recognized medical, osteopathic, or dental school, who are legally licensed to practice in the State of South Carolina and who, continue to perform and develop appropriately in his/her training are qualified for assignment to the House Staff.
  - (iii) The Chairperson of the House Staff member's department and Associate Dean for Graduate Medical Education will be responsible for monitoring performance and will notify the Co- Chairpersons of the Executive Committee of any status changes.
- b. Professional Staff – Members of the Professional Staff are those health practitioners, not a licensed MD, DO or Dentist, who, although not members of the Medical Staff are credentialed through the Medical Staff process as described in the Credentials Policy.
- c. Telehealth Practitioners- Any Practitioner who prescribes, renders a diagnosis, or otherwise provides clinical treatment to a patient at the Medical Center through a telehealth procedure (the "Telehealth Physician"), must be credentialed and privileged through the Medical Staff pursuant to the credentialing and privileging procedures described in these Medical Staff Bylaws and associated Credentials Manual. The Medical Staff shall make recommendations to the Board regarding which clinical services are appropriately delivered through the medium of telehealth, and the scope of such services. Clinical services offered through this means shall be provided consistent with commonly accepted quality standards. An exception is outlined in the Credentials Manual below for those circumstances in which the Practitioner's distant-site entity or distant-site hospital is Joint Commission accredited and the Medical Center places in the Practitioner's credentialing file a copy of written documentation confirming such accreditation.

*Section 4.07 LOCUM PROVIDERS*- This category is restricted to those Medical Staff and Professional Staff under contract with a Locum agency who temporarily fulfill the duties of another provider or provide independent short-term services. Such members are not eligible for faculty appointments or voting privileges. Qualifications are described in the Credentials Policy.

*Section 4.08 RURAL HEALTH CLINIC (RHC) /AMBULATORY CATEGORY*

- a. Qualifications - The RHC staff shall consist of physicians, dentists, or podiatrists, who meet the basic qualifications for Medical Staff membership set forth in these Bylaws and who are currently providers in an MUSC Health Rural Health Care Clinic.
- b. Prerogatives - The RHC member may refer his or her patients for admission to the Medical Center for care by another physician unless otherwise privileged. The referring physician may visit the patient and provide follow-up care, exercise such clinical privileges as are granted and may attend meetings of the Medical Staff and any Medical Staff or Medical Center education programs. Members of this category may not vote unless assigned to a standing committee and do not have call responsibility.
- c. Responsibilities - The RHC Member shall discharge the basic responsibilities of membership and retain responsibility within his/her area of professional competence for the care and supervision of each patient in the Rural Health Clinic for who he/she is providing service. The RHC staff participate in performance improvement and quality activities of the Medical Center sufficient to evaluate outcomes.

*Section 4.09 MODIFICATION IN STAFF CATEGORIES AND CLINICAL PRIVILEGES*

- a. The MSLC may recommend to the MEC, and then the MEC may recommend to the Board, that a change in staff category of a current Medical Staff Member be made in accordance with this Article IV. In the event the Practitioner is not eligible for any other category, his/her Medical Staff membership shall automatically terminate.
- b. No such transfer or termination shall be subject to the provisions of the Fair Hearing ~~Process~~Plan.

**Article V. OFFICERS OF THE DIVISIONAL MEDICAL STAFF**

*Section 5.01 OFFICERS OF THE MEDICAL STAFF* – The officers of the Medical Staff shall be:

- a. President
- b. Vice President
- c. Secretary

*Section 5.02 QUALIFICATIONS OF OFFICERS* - Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during his/her terms of office.

Officers should possess some Medical Staff administrative experience. In addition, Medical Staff officers must be committed to put in the required time to assist the functioning of the organized Medical Staff.

*Section 5.03 SELECTION OF OFFICERS* - The Chief of Staff of the Charleston Medical Center campus MSLC shall be the President of the Medical Staff ~~shall be the Chief of Staff of the Charleston Medical Staff Leadership Committee~~. A nominating committee **representing**

both the main and ~~satellite remote campus~~ hospitals shall be appointed by the Medical Staff ~~president~~ President at the meeting prior to biennial elections to nominate a Vice President and Secretary or other officers if vacant.

- a. This committee shall present a list of names for consideration to the Medical Staff at its annual meeting.
- b. Medical Staff members may submit names for consideration to members of the nominating committee.
- c. Only Active Staff shall be eligible to vote. A plurality vote of those Active Staff present at the annual meeting is required.

*Section 5.04 TERM OF OFFICE* - All officers shall take office on the first day of the calendar year and serve a term of two (2) years.

*Section 5.05 VACANCIES IN OFFICE* - Vacancies in office during the Medical Staff year, except the Office of President, shall be filled by vote of the MEC of the Medical Staff. If there is a vacancy in the Office of the President, the Vice President shall serve the remainder of the term.

#### *Section 5.06 DUTIES OF OFFICERS*

- a. President -The President shall serve as the chief administrative officer of the Medical Staff and will fulfill those duties as specified in the organization and functions manual.
- b. Vice President - In the absence of the President, Vice President shall assume all the duties and have the authority of the President. He/she shall perform such further duties to assist the President as the President may, from time-to-time request, including the review and revision of bylaws as necessary, supervision of the Medical Center's quality, patient safety, and resource utilization programs, and the MEC liaison for medical staff peer review activities The Vice President will serve as the President-Elect.
- c. Secretary -The secretary shall ensure that the recording, transcription, and communication processes produce accurate and complete minutes of all Medical Staff meetings. The secretary serves as the MEC liaison to the house staff peer review committee. The Secretary will serve as Vice- President elect.

#### *Section 5.07 REMOVAL FROM OFFICE*

- a. The Medical Staff and/or Board of Trustees may remove any Medical Staff officer for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC
- b. Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.
- c. Elected officers may be removed by 2/3 majority vote of the Medical Staff for the reasons stated in 5.07(a) and (b) above.
- d. Removal from elected office shall not entitle the practitioner to procedural rights.
- e. Any Medical Staff member has the right to initiate a recall election of a Medical Staff Officer. A petition to recall must be signed by at least 25% of the members of the active staff and presented to the MEC. Upon presentation, the MEC will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote.

#### *Section 5.08 OFFICERS of the Medical Staff Leadership Committees ("MSLC")*

The Officers of each Medical Center campus MSLC shall be:

- a. Chief of Staff
- b. Vice Chief of Staff
- c. Secretary /Vice Chief elect

#### Section 5.09 QUALIFICATIONS OF MSLC OFFICERS

Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during his/her terms of office. They must constructively participate in Medical Staff affairs, including active participation in peer review activities and on Medical Staff committees and demonstrate an interest in maintaining quality patient care at the Medical Center campus that they serve.

#### Section 5.010 SELECTION OF MSLC OFFICERS

The MSLC members shall vote for MSLC Officers nominated from among the current MSLC members. MSLC Officers shall be elected every other year at a meeting of the MSLC (or via electronic voting if applicable) and shall be confirmed by the Governing Body.

#### Section 5.11 TERM OF OFFICE OF OFFICERS

All MSLC Officers shall take office on the first day of the calendar year and serve a term of two years.

#### Section 5.12 VACANCIES IN OFFICE

Vacancies in an office during an MSLC Officer's two (2) year term shall be filled by the vacancies in office during the Medical Staff year, except the ~~Divisional~~ Chief of Staff shall be filled by vote of the MSLC of the division. If there is a vacancy in the Office of the ~~Divisional~~ Chief of Staff, the ~~Divisional~~ Vice Chief shall serve the remainder of the term.

#### Section 5.13 DUTIES OF OFFICERS

- a. Chief of Staff -The Chief of Staff shall serve as the chief administrative officer of the MSLC and will fulfill the following duties for the MSLC:
  - i. Aid in coordinating the activities of the Medical Center administration and of nursing and other non-physician patient care services with those of the Medical Staff;
  - ii. ~~With the local Medical Center Chiefs of Staff, be~~ Be responsible to the MSLC for the quality and efficiency of clinical services and professional performance within the ~~Division~~ Medical Centers and for the effectiveness of patient care evaluations and maintenance functions delegated to the Medical Staff;
  - iii. Work with the MEC, MSLC and/or Board in implementation of the MEC, MSLC, and/or Board's quality, performance, efficiency and other standards;
  - iv. In concert with the MSLC, ~~MSOCs~~, and Departments, support development and implementation of methods for credentials review and for delineation of privileges; along with the continuing medical education programs, utilization review, monitoring functions and patient care evaluation studies;
  - v. Participate in the selection or appointment of Medical Staff representatives to Medical Staff and Medical Center administration committees;
  - vi. ~~R~~ Report to the MSLC, MEC, the Division CEO and Division CMO concerning the

- opinions, policies, needs and grievances of the Medical Staff;
  - vii. ~~b~~Be responsible for enforcement and clarification of Medical Staff Bylaws and Rules & Regulations, for the implementation of sanctions where indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a Practitioner;
  - viii. ~~s~~Serve as chairperson of the MSLC;
  - ix. ~~s~~Serve as liaison for the Medical Center Medical Staff in its external professional and public relations;
  - x. ~~e~~Confer with the Division CEO, CFO, COO, CNO and Department on at least a quarterly basis as to whether there exists sufficient space, equipment, staffing, and financial resources or that the same will be available within a reasonable time to support each Clinical Privilege requested by applicants to the Medical Staff and report on the same to the MSLC; and
  - xi. ~~a~~Assist the Department Chiefs as to the types and amounts of data to be collected and compared in determining and informing the ~~Division~~ Medical Staff of the professional practice of its Members.
- b. Vice Chief of Staff- In the absence of the Chief of Staff, the Vice Chief of Staff shall assume all the duties and have the authority of the Chief of Staff. He/she shall perform such further duties to assist the Chief of Staff as the Chief of Staff may, from time-to-time request, including the review and revision of Bylaws as necessary, supervision of the ~~divisional~~ Medical Center's' quality, patient safety, and resource utilization programs. The Vice Chief of Staff will serve as the Chief of Staff-Elect.
- c. Secretary -The Secretary shall ensure that the recording, transcription, and communication processes produce accurate and complete minutes of all MSLC meetings. The secretary serves as the Vice Chief elect.

## Article VI. DEPARTMENTS

*Section 6.01 ORGANIZATION OF DEPARTMENTS* - The Medical Staff shall be organized into departments, divisions, and or sections, in a manner as to best assure:

- a. the supervision of clinical practices within the ~~Hospital~~Medical Center;
- b. the conduct of teaching and training programs for students and House Staff;
- c. the discovery of new knowledge;
- d. the dissemination of new knowledge;
- e. the appropriate administrative activities of the Medical Staff; and an integrated quality management program to monitor objectively and systematically evaluate the quality and appropriateness of patient care, objectively establish, and monitor criteria for the effective utilization of hospital and practitioner services and pursue opportunities to improve patient care and resolve identified problems.
- f. the active involvement in the measurement, assessment, and improvement of patient care processes.

### *Section 6.02 QUALIFICATIONS AND SELECTION OF DEPARTMENT CHAIRPERSON*

- a. ~~Each~~The Chairperson of the main campus department(s) shall be a member of the Active Category main campus of the Medical Staff and be well qualified by training and experience and demonstrated ability for the position. The Chairperson must be certified in an appropriate specialty board or have comparable competence that has been affirmatively established through the credentialing process.
- b. The appointment and removal of Department Chairpersons shall be the responsibility of the

Dean of the appropriate College, in accordance with the Board of Trustees approved Rules and Regulations of the Faculty of the Medical University of South Carolina (“Faculty Handbook”). Such appointment must then be submitted to the Board of Trustees for approval.

- c. The Chairperson of the remote department(s) shall be a member of the Active Category remote campus of the Medical Staff and be well qualified by training and experience and demonstrated ability for the position. The Chairperson must be certified in an appropriate specialty board or have comparable competence that has been affirmatively established through the credentialing process. The appointment and removal of the remote department chairperson shall be the responsibility of the CEO of ~~MUSC~~ the Medical Center.

*Section 6.03 FUNCTIONS OF DEPARTMENT* - Through the ~~department~~ Department Chairperson each ~~department~~ Department shall:

- a. Recommend to the Medical Staff the objective and evidenced based criteria consistent with the policies of the Medical Staff and the Board of Trustees for the granting and renewal of clinical privileges related to patient care provided within the ~~department~~ Department.
- b. Recommend clinical privileges for each member of the Department.
- c. Develop and uniformly apply criteria for a focused time limited professional practice evaluation for all initially requested privileges of independent practitioners within ~~his/her~~ the department Department.
- d. Develop and uniformly apply criteria for the on-going professional evaluation of all independent practitioners within ~~his/her~~ the D department.
- e. Assure the decision to deny a privilege(s) is objective and evidenced ~~based.~~ Establish based.
- e-f. Establish policies and procedures and scope of practice for House Staff supervision. The character of supervision will depend upon the level of training and demonstrated competence of each House Staff member.
- g. Each ~~department~~ Department shall participate in a medical care evaluation program and/or quality improvement program as required by accrediting bodies, federal regulations, and state statutes. This plan shall include a process that assures active participation in the ongoing measurement, assessment, and improvement of the quality of care and treatment and include quality control processes as appropriate.
- f.h. Shall establish standards and a recording methodology for the orientation and continuing education of its members. Participation in the roles of both students and teachers is recognized as the means of continuously improving the services rendered by the Medical Staff. Such continuing education should:
- (i) Represent a balance between intra-institutional and outside activities.
  - (ii) Be based, when applicable, on the findings of the quality improvement effort.
  - (iii) Be appropriate to the practitioner’s privileges and will be considered as part of the reappointment process.
- g-i. Coordinate clinical activities of the department and integrate all patient care and clinical activities with ~~MUSC~~ Medical Center.
- h-j. Monitor on a continuing basis, departmental activities and compliance with Medical Staff Bylaws or other accrediting bodies.
- i.k. Define the circumstances and implement the process of focused peer review activities within the ~~department~~ Department.
- j-l. Assess and recommend off-site sources for needed patient care, treatment and service when not provided by the ~~department~~ Department.
- k-m. Conduct administrative duties of the ~~department~~ Department when not otherwise provided by the hospital.
- l-n. Coordinate and integrate all inter and intra departmental services.



- m.o. Develop and implement ~~department~~ Department policies and procedures that guide and support the provision of safe quality care, treatment, and services.
- n.p. Recommend sufficient qualified and competent staff to provide care within the ~~department~~ Department and with Clinical Services and ~~MUSC~~ Medical Center leaders determine the qualifications and competencies of non- licensed independent practitioners ("LIPs") within the department who provide patient care, treatment, and services.
- e.g. Recommend space and resource needs of the ~~department~~ Department.
- p.r. Ensure the timely and appropriate completion of ~~MUSC~~ Medical Center administrative responsibilities assigned to departmental physicians.
- e.s. Supervise the completion of the assigned responsibilities of departmental members who serve as ~~MUSC~~ Medical Center Medical Directors.
- f.t. Assess and improve on a continuing basis the quality of care, treatment, and services provided in the ~~department~~ Department.

*Section 6.04 ASSIGNMENT TO DEPARTMENTS* - All members of the Medical Staff shall be assigned to a ~~department~~ Department as part of the appointment process. In addition to the College of Medicine Departments, the remote campus will have a singular ~~department~~ Department as a whole. The remote Medical Center campus ~~department~~ Department shall carry out its responsibilities through other ~~decentralized departments and divisions~~, sections, committees and individuals assigned specific tasks.

#### Section 6.05 MEDICAL STAFF SECTIONS

The following factors will be considered in determining whether a clinical section should be created:

- (a) there exists a number of members of the Medical Staff who are available for appointment to, and are reasonably expected to actively participate in, the proposed new section (this number must be sufficiently large to enable the section to accomplish its functions as set forth in the Bylaws);
- (b) the level of clinical activity that will be affected by the section is substantial enough to warrant imposing the responsibility to accomplish sectional functions on a routine basis; and
- (c) it has been determined by the Medical Staff leadership and the Chief Executive Officer that there is a clinical and administrative need for a section; and the voting Medical Staff members of the proposed section have offered a reasonable proposal for how the section will fulfill the designated responsibilities and functions, including, where applicable, meeting requirements.

The following factors will be considered in determining whether the dissolution of a clinical section is warranted:

- (a) there is no longer an adequate number of members of the Medical Staff in the clinical section to enable it to accomplish the functions set forth in the Bylaws and related policies;
- (b) there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties on the members in the section;
- (c) the section fails to fulfill designated responsibilities and functions, including, where applicable, its meeting requirements;
- (d) no qualified individual is willing to serve as chairperson of the section; or
- (e) a majority of the voting members of the section vote for its dissolution.

The Medical Staff of the remote Medical Center campuses will be organized into sections approved by the MEC, with: Sections ~~shall~~ reporting to the remote Medical Center campus ~~d~~ Department .

## Article VII. COMMITTEES AND FUNCTIONS

### Section 7.01 MEDICAL EXECUTIVE COMMITTEE ("MEC")

a. Composition: The ~~Medical Executive Committee (MEC)~~ is the executive committee of the organized Medical Staff. The majority of members are physicians. Other ~~Hospitals~~ Medical Center and University leaders shall have membership to allow the committee to have an integrated leadership role within ~~MUSC~~ the Medical Center. The MEC shall include:

- 1) The three (3) Officers of the Charleston (Main) campus Medical Staff
- 2) Chief Medical Officer (CMO) of MUSC Charleston
- 3) Credentials Committee Chairperson
- 4) Peer Review Committee Chairperson (if different than Officer)
- 5) Designated Institutional Officer for Graduate Medical Education
- 6) Chief of Staff Remote campus~~remote~~
- 7) Vice Chief of Staff- Remote campus
- 8) Secretary remote staff
- 9) CMO of Remote~~satellite~~ campus
- 10) Division APP Representative
- 11) Division Quality Chief

b. Non-voting:

The Dean of the College of Medicine

CEO Charleston

CEO Orangeburg or Remote campus

Charleston CNO

Director, Accreditation

~~Senior Healthcare Counsel~~ MUSC Office of General Counsel representative

- 1) ~~The three (3) officers of the Medical Staff~~
- 2) ~~Immediate Past President of the Medical Staff~~
- 3) ~~CEO of MUSC Medical Center or his/her designee~~
- 4) ~~The Dean of the College of Medicine or his/her designee~~
- 5) ~~The Chief Physician Executive for MUSC Physicians~~
- 6) ~~Chief Medical Officer (CMO) of MUHA~~
- 7) ~~Chief Medical Officer Remote~~ Satellite ~~Campus~~
- 8) ~~Executive Chief Nursing Officer~~
- 9) ~~Department of Medicine Chairperson~~
- 10) ~~Department of Surgery Chairperson~~
- 11) ~~Chief Quality Officer~~
- 12) ~~Department Chair Remote~~ Satellite ~~Campus~~  
Chief of Staff Remote Satellite Campus  
~~One (1) Elected at large member of Remote~~ Satellite Campus  
~~CEO of Remote~~ Satellite Campus
- 13) ~~CMO of MUSC Physicians or designee~~
- 14) ~~President of MUSC Physicians~~
- 15) ~~One (1) member as elected by the House Staff (voting)~~
- 16) ~~Credentials Committee Chairperson~~
- 17) ~~Department of Pediatrics Chairperson~~
- 18) ~~Designated Institutional Officer for Graduate Medical Education~~

- 19) ~~Department Chair of Emergency Medicine~~
- 20) ~~Department of Laboratory Medicine & Pathology Chairperson or his/her designee~~
- 21) ~~Department of Anesthesiology and Perioperative Medicine Chairperson or his/her designee~~
- 22) ~~Department of Radiology Chairperson or his/her designee~~
- 23) ~~Three (3) elected Medical Staff representatives: one (1) each to represent mental health, primary care and surgical specialties to be elected by the Medical Staff members of those represented Departments~~
- 24) ~~Four ICCE Chiefs appointed by the Chief Medical Officer of MUHA that are not serving on the Medical Center Operations or Quality Executive Committees concurrently.~~

b. ~~Ex-Officio / Non-voting Members:~~

- 1) ~~Director of Pharmacy~~
- 2) ~~Senior Healthcare Counsel~~
- 3) ~~Director of Accreditations~~
- 4) ~~Director, Risk Management~~
- 5) ~~Manager, Medical Staff Affairs~~
- 6) ~~Faculty Senate Representative~~
- 7) ~~APP Representative~~

- c. Membership for all elected members and appointees will be for a two (2)-year period starting on the first day of the calendar year. The house staff member will serve for one (1) year. The MEC will be co-chaired by the Division Chief Medical Officer ~~of MUHA~~ and the Medical Staff President.
- d. All members will have voting rights.
- e. If an emergent situation arises between meetings of the MEC that, requires a vote and approval by the MEC, the President of the Medical Staff or the Chief Medical Officer may by written, verbal, or printed notice request a virtual meeting, a vote, or both. The notice shall include a description/explanation of the matter that requires a vote and a mechanism for voting. This request for a vote shall be delivered, either personally or by mail, including electronic mail to each member of the MEC not less than three (3) days before the return deadline for voting. Members may submit their vote either in person or in writing via campus mail, email, fax, text, or as instructed (i.e., electronic survey) to either the office of the Chief Medical Officer of MUHA or as designated. A quorum for this voting would be the majority vote of returned ballots. A record of the official vote will be recorded and maintained by the office of the CMO of MUHA and presented to the MEC at the next scheduled MEC meeting.
- f. Duties-The duties of the MEC shall be to:
  - (i) Ensure high quality cost-effective patient care across the continuum of the ~~MUSC~~ Medical Center.
  - (ii) Represent and to act on behalf of the Medical Staff
  - (iii) Coordinate the activities and general policies of the Medical Staff
  - (iv) Determine and monitor committee structure of the Medical Staff
  - (v) Receive and act upon reports and recommendations from departments,

- committees, and officers of the Medical Staff.
- (vi) Implement Medical Staff policies not otherwise the responsibility of the departments
- (vii) Provide a liaison between the Medical Staff and the CEO of the ~~MUSC~~ Medical Center
- (viii) Recommend action to the CEO of the ~~MUSC~~-Medical Center on medico- administrative matters
- (ix) Make recommendations to the Board of Trustees regarding: the Medical Staff structure, membership, delineated clinical privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities
- (x) Ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the ~~MUSC~~-Medical Center
- (xi) Fulfill the Medical Staff organization's accountability to the Board of Trustees for the medical care of patients in the ~~MUSC~~-Medical Center;
- (xii) Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges;
- (xiii) Conduct such other functions as are necessary for effective operation of the Medical Staff;
- (xiv) Report at each general staff meeting; and
- (xv) Ensure that Medical Staff is involved in performance improvement and peer review activities.
- (xvi) Communicate decisions and discussions of the MEC to their respective, department, division, service line members or employees.

g. Delegated Authority-

~~(i)~~ The Medical Staff delegates the authority to the MEC the ability to act on its behalf in between organized meetings of the medical staff.

~~(i)~~

~~(ii)~~ The Medical Staff delegates authority to the MEC to make amendments and submit directly to the Board of Trustees for adoption those associated details of processes defined in these bylaws that reside in the Credentials Manual of the Medical Staff, the Rules and Regulations of the Medical Staff, and the Fair Hearing Plan of the Medical Staff or other Medical Staff policies. Such detail changes / amendments shall not require Medical Staff approval prior to submission to the Board. The MEC shall however notify the Medical Staff of said changes prior to Board of Trustees submission. The associated details are defined as those details for the processes of qualifications of the Medical Staff, appointment and re-appointment to the Medical Staff, credentialing/privileging and re-credentialing/ re-privileging of licensed independent practitioners and other practitioners credentialed by the Medical Staff, the processes and indications for automatic and or summary suspension of medical staff membership or privileges, the processes or indications for recommending termination or suspension of a medical staff membership and / or termination, suspension or reduction of clinical privileges and other processes contained in these bylaws where the details reside either in The Rules and Regulations of the Medical Staff, the Credentials Manual of the Medical Staff, the Fair Hearing Plan, or other Medical staff policies.

~~(ii)~~~~(iii)~~ The Medical Staff, after notification to the MEC and the Board, by two thirds vote of voting members shall have the ability to remove this delegated authority of the MEC. The ~~organized m~~Medical ~~S~~staff has the ability to adopt ~~medical~~-~~Medical S~~staff ~~B~~ylaws, rules and regulations, and policies, and amendments thereto, and to propose them directly to the governing body after

- communicating the proposed changes to the ~~Medical-Executive-Committee~~.
- ~~(iii)~~(iv) The authority to amend these bylaws cannot be delegated.
- h. Meetings - The MEC shall meet at least six (6) times a year or as often as necessary to fulfill its responsibility and maintain a permanent record of its proceedings and actions. Special meetings of the MEC may be called at any time by either of the Chairpersons.
- i. Removal from MEC - The Medical Staff and/or the Board of Trustees may remove any member of the MEC for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the ~~MUSC~~ Medical Center and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the committee. Any Medical Staff member has the right to initiate a recall of a MEC member. A petition to recall must be signed by at least 25% of the members of the Active staff and presented to the MEC or to the Board of Trustees if the recall is for the majority or all of the MEC members. Upon presentation, the MEC or Board of Trustees will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote. Removal of an MEC member chaired by the Vice shall require a 2/3 majority vote of voting members. Removal from the MEC shall not entitle the practitioner to procedural rights.

### Section 7.02 Medical Staff Leadership Committee (“MSLC”)

~~a. Each of the divisions within the Regional Health network will have a MSLC.~~

a. Composition- The MSLC is a leadership committee of the main Medical Center campus and shall ~~will~~ consist of:

- 1) The three (3) officers of the Medical Staff
- 2) Chief Medical Officer (CMO) of MUSC Charleston
- 3) Department of Medicine Chairperson
- 4) Department of Surgery Chairperson
- 5) APP Representative
- 6) Credentials Committee Chairperson
- 7) Peer Review Chairperson ( if different from officer )
- 8) Department of Pediatrics Chairperson
- 9) Chief Quality Officer
- 10) Designated Institutional Officer for Graduate Medical Education
- 11) One (1) member as elected by the House Staff
- 12) One Department Chair appointed by the CMO of MUSC Charleston
- 13) One ICCE Chief appointed by the Chief Medical Officer of MUSC Charleston
- 14) Non-voting members:
  - CEO of ~~MUSC~~ Medical Center or his/her designee
  - Executive Chief Nursing Officer
  - Director of Accreditation
  - Director Risk Mgt

The MSLC of ~~the~~ a remote Medical Center campus will consist of:

- 1) Chief of Staff
- 2) Vice Chief of Staff
- 3) Chief Medical Officer (CMO) of campus
- 4) The ~~Division~~ campus Department Chair if different than an officer
- 5) The Chairperson of each Medical Staff Section
- 6) Chair of Medical Staff Quality
- 7) Secretary/Vice Chief Elect
- 8) CMO of Charleston
- 9) APP Representative
- 10) Non-voting members :

Chief Executive Officer (CEO)  
Chief Nursing Officer (CNO)  
Director of Quality  
Accreditation Director **Manager**

- b. Duties-The duties of the MSLC are to provide the medical staff leadership forum and coordinating mechanism for relating medical staff functions to activities of individual campuses of the Medical Centers, nursing, and administration ~~within the division~~, as well as to act on any responsibilities delegated to MSLC by the MEC and/or the Board. This includes:
- i. Receiving and act upon reports and recommendations from departments, committees, and officers of the Medical Staffs ~~within the division~~.
  - ii. ~~Serving as the Credentials Committee of the division.~~
  - iii. Making recommendations to the MEC regarding the Medical Staff structure, membership, delineated Clinical Privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities and peer review activities ~~within the division~~.
  - iv. Ensuring that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the ~~MUSC Health-Medical Centers within the division~~.
  - v. Fulfilling the Medical Staff organization's accountability to the Board for the medical care of patients ~~within the division~~.
  - vi. Taking all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all Medical Staff members ~~within the division~~ with Clinical Privileges.
  - vii. Conduct such other functions as are necessary for effective operation of the Medical Staff ~~within the division~~.
  - viii. Communicate decisions and discussions of the MSLC to their respective, department, ~~division~~ section, service line members or care team members.
  - ix. Implement Medical Staff policies for Departments and ~~Medical Centers, of Divisions~~.
  - x. Provide a liaison between the Medical Staffs of a ~~division~~ campus and the MEC.
  - xi. The MSLC may appoint committees as needed.
- d. Meetings- The MSLC shall meet monthly or as often as necessary to accomplish their assigned functions. A record of these proceedings shall be kept.
- e. Relevant reports shall be made to the MEC, relevant clinical Departments of the Medical Staff, nursing services, CEO, and relevant Medical Center departments ~~within the division~~.

## Section 7.032 OTHER MEDICAL STAFF FUNCTIONS

- a. Peer Review - All members of the ~~MUSC~~ Medical Center Medical Staff, House Staff, and Allied Health Professional Staff will be included in the Medical Staff's peer review process.
- (i) Peer Review is initiated as outlined in the Medical Center Policy Peer Review Policy, which is attached hereto as **Exhibit A** and incorporated herein by reference. A peer review committee for the Medical Staff will be maintained by the MEC. This committee will be chaired by the President of the Medical Staff, as will a subcommittee for Professional Staff peer review. A subcommittee for House Staff peer review will be chaired by the Secretary of the Medical Staff. Members of each of these committees will be appointed by the MEC.
  - (ii) All peer review activities whether conducted as a part of a department quality

plan or as a part of a medical staff committee will be considered medical staff quality activities and fall under the protection of SC Code Sections ~~40-71-3910~~ and ~~44-71-3920~~ and ~~44-7-394~~.

(iii) Credentials Committee - A Credentials Committee will be maintained by the MEC according to the ~~MUSC~~ Medical Center Credentialing Policy and Procedure Manual, which is attached hereto as Exhibit B and incorporated herein by reference.

~~(iii)~~(iv) There shall be one Peer Review Committee and one Credentials Committee for both the main and remote campuses.

b. Other Functions - The accomplishment of the following functions may or may not require the existence of separate, established committees. The functions consist of collection of relevant information (monitoring), and presentation to the appropriate Clinical Departments, discussion, and action (evaluation and problem solving). Evidence that these functions are being effectively accomplished at the departmental level is included in departmental reports to the MEC, and in MEC reports to the Board. These functions can be carried out by a Medical Staff Committee, a ~~MUSC~~ Medical Center interdisciplinary committee, a responsible group, or individual.

(i) Delegation of Functions: ~~(1) When a function is to be carried out by a member of the Hospital Medical Center Administration, by a member of the Medical Staff, or by a Medical Staff committee, the individual, or the committee through its chairperson, may delegate performance of the function to one or more designees. When a Medical Staff member is unavailable or unable to perform an assigned function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.~~

~~(iv)~~(ii) Other These Functions include, but are not limited to:

- Conduct or coordinate quality, appropriateness, and improvement activities, including but not limited to operative, invasive, and high-risk procedures review, tissue review, blood usage review, drug usage review, medical record review, mortality and morbidity review, autopsy review, sentinel event and other reviews;
- Conduct or coordinate utilization activities;
- Conduct or coordinate credentials investigations for staff membership and granting of clinical privileges;
- Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the-art developments, and other perceived needs;
- Develop and maintain surveillance over drug utilization policies and practices;
- Investigate and control nosocomial infections and monitor the ~~MUSC~~ Medical Center infection control program;
- Plan for response to fire and other disasters;
- Direct staff organizational activities, including staff Bylaws, review and revision, Staff officer and committee nominations, liaison with the Board of Trustees and ~~MUSC~~ Medical Center administration, and review and maintenance of ~~MUSC~~ Medical Center accreditation

~~b-c.~~ Committees- When committees have been assigned or sanctioned as Medical Staff Committees the following will apply:

(i) These committees shall serve as advisory committees to the ~~MEC~~ Medical Executive Committee.

(ii) Each committee shall prepare minutes or a report of its meetings.

(iii) Reports of the committees shall be presented to the MEC upon request.

(iv) Any Medical Staff member serving on a committee including the chairperson may

be removed by the President of the Medical Staff or Chief Medical Officer from the committee for failure to remain as a member of the staff in good standing, for failure to attend meetings, for unsatisfactory performance of the duties assigned to the committee, or by action of the ~~Medical Executive Committee~~ MEC.

## Article VIII. HISTORY AND PHYSICAL REQUIREMENTS

*Section 8.01* Comprehensive History and Physical - A comprehensive history and physical ("H&P's") shall be completed no later than twenty-four (24) hours after admission (includes inpatient or observation status) or at the initial visit to an ambulatory clinic, or prior to any operative, invasive, high-risk diagnostic or therapeutic procedure, or procedures requiring deep sedation or anesthesia regardless of setting.

### *Section 8.02*

- a. A complete H&P (except in circumstances allowing a focused H&P) must include (as information is available):
- (i) chief complaint,
  - (ii) details of present illness (history),
  - (iii) past history (relevant - includes illnesses, injuries, and operations),
  - (iv) social history,
  - (v) allergies and current medications,
  - (vi) family history,
  - (vii) review of systems pertinent to the diagnosis,
  - (viii) physical examination pertinent to the diagnosis,
  - (ix) pertinent normal and abnormal findings,
  - (x) conclusion or a planned course of action.

*Section 8.03* Focused History and Physical - For other non-inpatients procedures, a focused history and physical may be completed based on the presenting problem. A focused H&P must include at a minimum:

- a. present illness,
- b. past medical/surgical history,
- c. medications,
- d. allergies,
- e. focused physical exam to include the presenting problem and mental status.
- f.         impression and plan including the reason for the procedure.

[Section 8.04 – H&Ps documented in the progress notes must contain all required elements as stated in Sections 8.02 and 8.03.](#)

*Section 8.054* Primary Care Clinics - H&Ps are required in all primary care clinics. On subsequent primary care visits and in specialty clinics, the H&P can be focused, based on the presenting problem(s). The focused H&P must meet the requirements for a focused H&P.

*Section 8.065* H&P Not Present - When the H&P examination is not on the chart prior to the surgery or high-risk diagnostic or therapeutic procedure, the said procedure shall be delayed until the H&P is completed unless it is an emergency.

*Section 8.067* Updating an H&P - When using an H&P that was performed within 30 days prior to admission or a procedure, and that H&P is in the patient's medical record, a re-examination of the patient must take place as a part of the history and physical update within 24 hours of admission for inpatients or prior to the procedure whichever comes first. This includes intra campus admissions from the Medical Center (i.e., TCU, IOP). For all surgeries and other



procedures requiring an H&P, this update may be completed in combination with the pre-anesthesia assessment.

*Section 8.07-08* H&P Responsibility:

- a. Dentists are responsible for the part of his/her patient's H&P that relates to dentistry.
- b. Oral and maxillofacial surgeons may perform a medical H&P examination to assess the status and risk of the proposed surgery or procedures.
- c. Podiatrists are responsible for the part of his/her patient's H&P that relates to podiatry.
- d. Optometrists are responsible for the part of his/her patient's H&P that relates to optometry.
- e. Anesthesiologists can perform H&P's.

*Section 8.08-09* The attending physician is responsible for the complete H&P.

- a. Residents, appropriately privileged, may complete the H&P with the attending physician's counter signature.
- b. Advanced Registered Nurse Practitioners and physician assistants, appropriately privileged, may complete the H&P without attending co-signature.
- c. The attending physician may complete an additional attestation sheet to confirm or change the initial history and physical.
- d. If changes are needed, the attestation must be completed by the attending within 48 hours of admission or prior to any procedure requiring H&P's.

## **Article IX. MEDICAL STAFF MEETINGS**

### *Section 9.01* REGULAR MEETINGS

- a. The Medical Staff shall meet at least annually or more often, as needed. Appropriate action will be taken as indicated.
- b. The annual Medical Staff Meeting shall be held during the last quarter of each calendar year. Written notice of the meeting shall be sent to all Medical Staff members.
- c. The primary objective of the meetings shall be to report on the activities of the staff, elect officers if necessary, and conduct other business as may be on the agenda. Written minutes of all meetings shall be prepared and recorded.
- d. In lieu of the annual meeting, matters that require a vote and approval by Medical Staff members as determined by the MEC or by regulation or law throughout the year may be presented to the Medical Staff members by written or printed notice. The notice will include a description/explanation of the matter that requires a vote and a mechanism for voting. This request for a vote shall be delivered, either personally or by mail, including electronic mail to each member of the Active Category of the Medical Staff not less than three (3) days before the return deadline for voting. Members may submit their vote either in person or in writing via campus mail, email, fax, text, or as instructed (i.e., electronic survey) to either the office of the Chief Medical Officer of MUHA or as designated. A quorum for this voting would be the majority vote of returned ballots. A record of the official vote will be recorded and maintained by the office of the CMO of MUHA and presented to the MEC at the next scheduled MEC meeting.

*Section 9.02* SPECIAL MEETINGS - The President of the Medical Staff, the Chief Medical Officer of the main Medical Center campus, ~~the Dean of the College of Medicine~~, or the MEC may call a special meeting after receipt of a written request for same signed by not less than five (5) members of the Active and Affiliate Staff and stating the purpose for such meeting. The President of the Medical Staff shall designate the time and place of any special meeting. Written or printed notice stating the place, day, and hour of any special meeting of the Medical Staff shall be delivered, either personally or by mail, including electronic mail, to each member of the

Active Category of the Medical Staff not less than three (3) days before the date of such meeting, by or at the direction of the President of the Medical Staff. If mailed, the notice of the meeting shall be deemed delivered when deposited in the Campus Mail addressed to each Staff member at his/her address as it appears on the records of the ~~Hospital~~[Medical Center](#). Notice may also be sent to members in other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

*Section 9.03 QUORUM* - The quorum requirements for all meetings shall be those present and voting, unless otherwise indicated in these Bylaws.

*Section 9.04 ATTENDANCE REQUIREMENTS*

- a. Although attendance at the annual meeting is encouraged, Medical Staff members are not required to attend general staff meetings. Medical staff meeting attendance will not be used as a reappointment measurement.
- b. Attendance requirements for department meetings are at the discretion of the Department Chairpersons.
- c. Members of the MEC and Credentials Committee are required to attend fifty percent (50%) of the committee meetings during each year unless otherwise excused.

*Section 9.05 PARTICIPATION BY CEO OF THE ~~MUSC~~-MEDICAL CENTER* - The CEO of the ~~MUSC~~-Medical Center or his/her designee may attend any Committee, Department, or Section meeting of the Medical Staff.

*Section 9.06 ROBERT'S RULES OF ORDER* - The latest edition of *Robert's Rules of Order* shall prevail at all meetings of the General Staff, MEC, and Department Meetings unless waived by the Chairperson or one of the Co-Chairs.

*Section 9.07 NOTICE OF MEETINGS* - Written notice stating the place, day, and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be delivered or sent to each member of the committee or department not less than three (3) days before the time of such meeting by the person or persons calling the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

*Section 9.08 ACTION OF COMMITTEE/DEPARTMENT* - The action of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee or department.

*Section 9.09 MINUTES* - Minutes of each regular and special meeting of a Committee or Department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes from the Departments and Credentials Committee Meetings shall be signed, electronically or physically, by the presiding officer and copies thereof submitted to the MEC. The minutes from other committee meetings shall be signed by the presiding officer and copies thereof submitted to the appropriate departments.

**Article X. TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES**

*Section 10.01 SUSPENSION* - In the event that an individual practitioner's action may pose a danger to patients, other Medical Staff members, or the ~~Hospital~~[Medical Center](#) or its personnel, then either the President of the Medical Staff, Chief Medical Officer, or the Chairperson of the clinical department to which the practitioner is a member, shall each have

the authority, as independent action, to suspend all or any portion of the Clinical Privileges of the Medical Staff member in question.

- a. Such precautionary suspension does not imply final findings of fact or responsibility for the situation that caused the suspension.
- b. Such precautionary suspension is immediately effective, is immediately reported to all the individuals named above, and the Medical Staff Office, and remains in effect until a remedy is affected following the provision of this Article of the Medical Staff Bylaws.
- c. Immediately upon the imposition of a suspension, the appropriate Department Chairperson, or the Chief of Service assigns to another Medical Staff member the responsibility for care of any hospitalized patients of the suspended individual.
- d. As soon as practical, but in no event later than three (3) days after a precautionary suspension, the MEC shall convene to review the action. The affected practitioner may request to be present at this meeting, which is not a hearing and is not to be construed as such. The MEC may continue the suspension or take another action pursuant to this Article. If the action taken entitles the affected practitioner to a hearing, then the ~~Hearing and Appeals Procedure~~ Fair Hearing Plan shall apply.

#### *Section 10.02* EFFECT OF OTHER ACTIONS ON MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

- a. Failure to Complete Medical Records - All portions of each patient's medical record shall be completed within the time period after the patient's discharge as stated in Medical Staff Rules and Regulations. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in the record being defined as delinquent and notification of the practitioner.
  - (i) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the medical records are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records.
  - (ii) Having three (3) suspensions in one (1) consecutive 12-month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).
- b. Failure to Complete Education Requirements – The Medical Staff recognizes the need to mandate certain education requirements for all Medical Staff to ensure ongoing success of quality improvement.
  - (i) The MEC will regularly review and approve the education requirements, including time periods, for Medical Staff members. All education requirements for Medical Staff members shall be completed within the time period. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in an education delinquency and notification to the practitioner of temporary suspension.
  - (ii) A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the education requirements are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such education requirement within a seven (7) day period after delivery of such warning to him/her either orally or in writing.
  - (iii) Having three (3) suspensions in one (1) consecutive 12-month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent education requirements.
- c. Failure to Perform Appropriate Hand Hygiene – The Medical Staff recognizes the need

to ensure a high level of hand hygiene compliance for all Medical Staff to ensure ongoing success of the infection control and prevention plan of the Medical Center

- (i) Understanding that noncompliance with hand hygiene is often the result of distraction or simple forgetfulness, rather than a blatant disregard for patient safety, medical staff will be reminded in a positive manner when not compliant with the hand hygiene policy. Medical staff are expected to readily respond in a positive manner to a reminder and adjust their actions accordingly.
  - (ii) Medical staff who fail to respond in a positive manner to a reminder are subject to the medical staff Peer Review Process.
  - (iii) Medical staff who have recurrent hand hygiene noncompliance will be subject to an MEC approved progressive education and discipline process.
  - (iv) Medical staff having four (4) hand hygiene noncompliance events in one (1) consecutive 12-month period will be reason for suspension from the Medical Staff. Re-application for reinstatement is allowed immediately upon completion of a MEC approved process.
  - (v) Medical staff having two (2) suspensions in a consecutive 12-month period will result in removal of Medical Staff membership and clinical privileges.
  - (vi) Medical staff may formally respond to each noncompliance event with subsequent adjudication by the peer review committee.
- d. Actions Affecting State License to Practice - If a practitioner's state license to practice or DEA registration is revoked, suspended, limited for disciplinary reasons, not renewed by the relevant agency, or voluntarily relinquished by the individual, then staff membership and privileges are automatically revoked, suspended, or limited to at least the same extent, subject to re-application by the practitioner when or if his/her license or DEA registration is reinstated, or limitations are removed, whatever is the case.
- e. Lapse of Malpractice Coverage - If the MEC and Board of Trustees have established a requirement for liability coverage for practitioners with clinical privileges, and if a staff member's malpractice coverage lapses without renewal, then the practitioner's clinical privileges are automatically suspended until the effective date of his/her new malpractice coverage, unless otherwise determined by the Board.
- f. Governmental Sanction or Ban - Imposition of governmental sanction or ban as outlined by Medicare and the DHHS -Office of the Inspector General is cause for immediate loss of all clinical privileges.
- g. Felony Conviction - conviction of a felony offense is cause for immediate loss of all clinical privileges.
- h. Loss of Faculty Appointment - Loss of faculty appointment shall result in immediate revocation of clinical privileges and appointment to the Medical Staff.
- i. Failure to Meet Application Requirements - Failure to comply with deadlines or other application requirements will result in loss of appointment and privileges as outlined in the Credentials Policy Manual.

*Section 10.03 FAIR HEARING PLAN - Any practitioner has a right to a hearing/appeal pursuant to the institution's Fair Hearing Plan-, [attached hereto as Exhibit C and incorporated herein by reference](#).~~in the event any of the following actions are taken or recommended:~~*

~~Denial of initial staff appointment,  
Denial of reappointment,  
Revocation of staff appointment,  
Denial or restriction of requested clinical privileges,  
Reduction in clinical privileges,  
Revocation of clinical privileges,  
Individual application of, or individual changes in, the mandatory consultation~~

requirement, and

Suspension of staff appointment or clinical privileges if such suspension is for more than 14 days.

a. ~~PROFESSIONAL REVIEW ACTION~~

(i) ~~DEFINITIONS~~

- 1) ~~The term "professional review action" means an action or recommendation of the professional review body which is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual practitioner which affects (or could affect) adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the clinical privileges of the practitioner or the practitioner's membership. Such term includes a formal decision of the professional review body not to take an action or make a recommendation described in the previous sentence and includes professional review activities relating to professional review action.~~
- 2) ~~An action not considered to be based on the competence or professional conduct of a practitioner if the action taken is primarily based on:~~
  - (i) ~~The practitioner's association or lack of association with a professional society or association;~~
  - (ii) ~~The practitioner's fees or the practitioner's advertising or engaging in other competition acts intended to solicit or retain business;~~
  - (iii) ~~The practitioner's participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;~~
  - (iv) ~~A practitioner's association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with a member of members of a particular class of health care practitioner or professional;~~ or
  - (v) ~~Any other matter that does not related to the competence or professional conduct of a practitioner.~~
    - 1) ~~The term "professional review activity" means an activity of the Hospital with respect to an individual practitioner.~~
  - (vi) ~~To determine whether the practitioner may have clinical privileges with respect to or membership;~~
  - (vii) ~~To determine the scope or conditions of such clinical privileges or membership; or~~
  - (viii) ~~To change or modify such clinical privileges or membership.~~
    - 1) ~~The term "Professional Review Body" means the Hospital and the Hospital's governing body or the committee of the Hospital which conducts the professional review activity and includes any committee of the Medical Staff of the Hospital when assisting the governing body of the Hospital in a professional review activity.~~
    - 3) ~~The term "adversely affecting" includes reducing, restricting, suspending, revoking, denying, or failing to renew clinical privileges or membership.~~
    - 4) ~~The term "Board of Medical Examiners", "Board of Dental Examiners", and Board of Nursing are those bodies established by law with the responsibility for the licensing of physicians, APRNs, PA-Cs, dentists, and Affiliated Health Care Professionals respectively.~~
    - 5) ~~The term "clinical privileges" includes privileges, membership, and the other circumstances pertaining to the furnishing of medical care under which a practitioner is permitted to furnish such care in the Hospital.~~
    - 6) ~~The term "medical malpractice action or claim" means a written claim of~~

## EXHIBIT C- FAIR HEARING PLAN

### SECTION 10.3 OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER MEDICAL STAFF BY LAWS

This Fair Hearing Plan ("Plan") is adopted in connection with the Medical Staff Bylaws and made a part thereof. The following definitions and terminologies in the Bylaws also apply to the Fair Hearing Plan and proceedings hereunder, but should a conflict exist, the below definitions shall take precedence.

#### **DEFINITIONS**

The following definitions, in addition to those stated in the Medical Staff Bylaws or herein, shall apply to this Plan.

- a. "Appellate Review Body" means the group designated pursuant to this Plan to hear a request for Appellate Review that has been properly requested and pursued by the practitioner.
- b. "Board" means the Board of Trustees of Medical University Hospital Authority.
- c. "Hearing Committee" means the committee appointed pursuant to this Plan to hear a request for a hearing that has been properly requested and pursued by a practitioner.
- d. "Parties" means the practitioner who requested the hearing or Appellate Review and the body or bodies upon whose adverse action a hearing or Appellate Review request is predicated.
- e. "Practitioner," for purposes of this Plan, means a provider to include a physician, dentist, podiatrist, or advanced practice practitioner who has been granted clinical privileges at the Medical Center.
- f. "Clinical privileges" include privileges, membership, and the other circumstances pertaining to the furnishing of medical care under which a practitioner is permitted to furnish such care in the Hospital.
- g. "Professional Review Activity" means an activity of the Hospital with respect to an individual practitioner:
  - (i) To determine whether the practitioner may have clinical privileges or membership;
  - (ii) To determine the scope or conditions of such clinical privileges or membership; or
  - (iii) To change or modify such clinical privileges or membership.
- h. "Professional Review Action" means an action or recommendation of the professional review body that is taken or made in the conduct of professional review activity, which is based on the competence or professional conduct of an individual practitioner which affects (or could affect) adversely the health or welfare of a patient or patients, and which affects (or may affect) adversely the clinical privileges of the practitioner or the practitioner's membership. Such term includes a formal decision of the professional review body not to take an action or make a recommendation described in the previous sentence and includes professional review activities relating to professional review action. An action not considered to be based on the competence or professional conduct of a practitioner if the action taken, is solely administrative.
- i. "Professional Review Body" means the Hospital, the committee and/or Board of the Hospital which conducts the professional review activity.
- j. "Notice" means notification sent by certified or registered mail, return receipt requested, and/or personally delivered by hand or by courier service designed for overnight or same-day delivery.

- k. "Adversely Affecting" or "Adverse Action" shall mean any **non-administrative** action which does or recommends reducing, restricting, suspending, revoking, denying, or failing to renew Clinical Privileges or membership on the Medical Staff which lasts longer than fourteen (14) days. Letters of reprimand or warning, requirements of proctoring or consultations, suspensions less than fourteen (14) calendar days, automatic administrative related suspensions, requirements of further continuing medical education or training, and imposition of terms of probation which do not prevent a Practitioner from exercising any privileges which have been granted to him or her shall not constitute "Adverse Action."
- l. "Corrective Action" means Adverse or non-Adverse Action taken against a Practitioner's Staff membership or Clinical Privileges.
- m. "Days" as included in this Plan with respect to time allowed for delivery or receipt of any Notice, shall be defined to mean calendar days unless the due date for such Notice or receipt falls on a Saturday, Sunday, or legal holiday, in which case the due date shall be the first weekday thereafter.
- n. "Direct Economic Competition" shall mean any individual who would with reasonable probability have a personal financial interest in the outcome of any Adverse Action taken against a Physician pursuant to this Plan.
- o. "Hearing Committee" or "Hearing Body" means the body appointed under this Plan to conduct a hearing properly filed and pursued by an affected Physician.
- p. "Federal Health Program" means Medicare, Medicaid or any other federal or state program providing health care benefits, which is funded directly or indirectly by the United States Government.
- q. "Criminal Convictions" shall include conviction, or a plea of guilty or nolo contendere for any felony, or for any misdemeanor related to the practice of a health care profession, Federal Health Program fraud, or abuse (including but not limited to any finding of liability under the False Claims Act), third party reimbursement, or controlled substances.

## **SECTION 1. PROFESSIONAL REVIEW RECOMMENDATIONS OR ACTIONS**

- a. The following recommendations or actions shall, if deemed adverse pursuant to this Plan, entitle the practitioner affected thereby to a hearing under this Fair Hearing Plan:  
Denial of initial staff appointment or clinical privileges unless based upon failure to submit completed application or failure to meet the basic objective criteria for appointment;
  - (i) Denial of reappointment, unless based upon failure to submit a completed application or failure to meet the basic objective criteria for appointment;
  - (ii) Suspension of staff membership or clinical privileges for a period of fourteen (14) days or more
  - (iii) Revocation of staff membership or clinical privileges.
  - (iv) Denial or restriction of clinical privileges, unless based upon a non-reportable (e.g. administrative) adverse action or failure to meet the basic objective criteria for the privilege.
  - (v) Reduction of clinical privileges for a period of more than fourteen (14) days;
- b. For the purposes of the protection provided by Section 411(a) of the Health Care Quality Improvement Act of 1986 and to improve the quality of medical care, a professional review action shall be taken:
  - (i) In the reasonable belief that the action was in the furtherance of quality health care.

- (ii) After a reasonable effort to obtain the facts of the matter.
  - (iii) After adequate notice and hearing procedures are afforded to the practitioner involved or after such other procedures are fair to the practitioner under the circumstances; and
  - (iv) In the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after adequate notice and hearing procedures are afforded.
  - (v) A professional review action shall be presumed to have met the preceding standards unless the presumption is rebutted by a preponderance of the evidence.
- c. Impaired Practitioners: The MUSC Health Medical Centers and staff will also follow the procedures of MUSC Health Drug-Free Workplace policies in dealing with any practitioner who has an addiction to drugs and/or alcohol which impairs his/her ability to function or otherwise disables them from the practice of medicine.

## 1.2 NOTICE OF ADVERSE RECOMMENDATION OR ACTION

A practitioner against whom an adverse recommendation or action has been recommended or taken Pursuant to Section 1, of this Plan shall promptly be given notice of such action by the Medical Staff Office or their designee. Such notice shall:

- a. Advise the practitioner of the basis for the recommendation or adverse action and their right to a hearing pursuant to the provisions of this Plan;
- b. Specify that the practitioner has thirty (30) days following the date of receipt of notice within which a request for a hearing, and notifying the practitioner that their request must be submitted in writing and in a timely manner to the Medical Staff Office;
- c. State that failure to request a hearing in a timely manner shall constitute a waiver of rights to a hearing or any Appellate Review of the matter;
- d. State that following receipt of a timely hearing request, the practitioner will be notified by the Medical Staff Office of the date, time and place of the hearing, the basis of the adverse action;
- e. Provide a summary of the practitioner's rights; and
- f. Inform the practitioner if the recommended action is reportable to the National Practitioner Data Bank and appropriate licensing agencies.

## 1.3 REQUEST FOR HEARING

A practitioner shall have thirty (30) days following their receipt of a notice pursuant to SECTION 1 of the Plan, to file a written request for a hearing. Such request shall be delivered to the Medical Staff Office either in person, certified mail return receipt, or overnight courier delivery.

## 1.4 WAIVER BY FAILURE TO REQUEST A HEARING

A practitioner who fails to request a hearing within the time and in the manner specified waives any right to such hearing and to any Appellate Review to which they otherwise have been entitled. If such waiver occurs:

- a. The adverse recommendation or action shall thereupon become and remain effective pending the final decision of the Board. The Board shall consider MEC's recommendation at its next regular meeting following the waiver. The Board may review all relevant information and



material considered by the MEC. The Board's action on the matter shall constitute a final decision of the Board.

- b. Upon finalization, the Chief of Staff shall promptly send the practitioner notice informing the practitioner of the action(s) taken and shall notify the MEC of such action(s).

## **SECTION 2. HEARING PREREQUISITES**

### **2.1 NOTICE OF TIME & PLACE FOR HEARING**

Upon receipt of a timely request for a hearing, the Medical Staff Office shall deliver such request to the Division CEO. The Medical Staff Office shall send the practitioner notice of the time, place and date of the hearing. The hearing date shall not be less than thirty (30) nor more than ninety (90) days from the date of receipt of the request for hearing; provided, however, that a hearing for a practitioner who is under suspension then in effect shall, at the practitioner's request, be held as soon as arrangements for it reasonably may be made from the date of receipt of the request for hearing.

If a hearing is requested on a timely basis, the practitioner involved shall be given notice of:

- a. The time, place, and date of a pre-hearing conference in order to review or clarify procedures that will be utilized.
- b. The place, time, and date of hearing.
- c. A list of witnesses (if any) expected to testify at the hearing on behalf of the Professional Review Body.
- d. A short and plain statement of the basis of the recommendation or adverse action to include any specific violations of rules, regulations or statutes involved and the matters to be asserted.

### **2.2 EXCHANGE OF WITNESS LISTS AND EXHIBITS**

At a time after the hearing date has been noticed, the Hearing Officer shall fix and notify the parties of a date, time, and place for the exchange of exhibits and witness lists. That date shall be fixed not less than ten (10) days prior to the scheduled date of the hearing. Any witnesses (and their testimony) not then listed, and any exhibits not provided during the exchange may, in the discretion of the Hearing Officer, be excluded from the hearing. Failure to appear for the exchange of evidence (witness lists and exhibits) will not result in a delay of the hearing.

All material contained in a Physician's credentials and/or personal file may be considered by the Committee as part of the hearing record and the practitioner shall have the right of access to any such material in advance of the hearing.

Copies of patient's medical records which form a basis for the adverse action shall be made available to the Practitioner, within a reasonable time after a request is made for same.

### **2.3 APPOINTMENT OF HEARING COMMITTEE**

#### **By Medical Staff**

A hearing pursuant to Section 1 of this Plan, shall be conducted by a Hearing Committee appointed by the Chief Medical Officer. The Committee shall be composed of three (3) members of the Active Medical Staff from the MUSC Health Medical Centers one of which may serve as the Hearing Officer. None of the Hearing Committee members shall be partners, associates, relatives or in direct economic competition with the affected individual.

The affected individual shall have ten (10) days after notice of the appointment of the Hearing Committee members to object and identify in writing, any conflict of interest with any Hearing Committee members which the affected individual believes should disqualify the Hearing Committee member(s) from service. The failure of the affected individual to object and identify any conflict of interest as stated above shall constitute a waiver of any such right. Within seven (7) days of the receipt of the objections, the Chief Medical Officer shall determine whether such grounds asserted by the affected individual are sufficient for disqualification. If a determination is made that a disqualification is appropriate, a replacement shall be appointed within seven (7) days of the determination. The Chief Medical Officer shall advise the affected individual accordingly. One (1) of the members so appointed may be designated as the Hearing Officer.

Service on Hearing Committee

A Medical Staff member shall not be disqualified from serving on a Hearing Committee solely because he/she has participated in investigating the action or matter at issue.

### **SECTION 3. HEARING PROCEDURE**

#### **3.1 PERSONAL PRESENCE**

The personal presence of the practitioner who requested the hearing shall be required. A practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived their rights in the same manner and with the same consequence as provided in Section 1.4.

#### **3.2 HEARING OFFICER/CHAIRPERSON**

The Hearing Officer or Chairperson shall preside over the hearing to determine the order of procedure during the hearing to assure that the parties have a reasonable opportunity to call, examine and cross-examine witnesses, present and respond to relevant oral and documentary evidence, and to present arguments. The Hearing Officer/Chairperson shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of procedure, law, and the admissibility of offered evidence.

#### **3.3 REPRESENTATION**

The practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by an attorney, a member of the Medical Staff in good standing, a member of their local professional society, or other individual of the physician's choice. The MEC shall appoint an individual to present the facts in support of its adverse recommendation or action, and to examine the witnesses. Representation of either party by an attorney at law shall be governed by the provisions of this Plan.

#### **3.4 RIGHTS OF THE PARTIES**

- a. During a hearing, each of the parties shall have the right to:
  - (i) To representation by an attorney or any other person of the party's choice, at their expense;
  - (ii) Call, examine and cross examine witnesses on relevant issues;
  - (iii) Present evidence determined to be relevant by the Hearing Officer, regardless of its admissibility in a court of law;
  - (iv) Have a record made of the proceeding, copies of which may be obtained by the physician upon payment of any reasonable charges associated with the preparation thereof; and
  - (vi) Submit a written statement at the close of the hearing.

- b. The hearing and all proceedings shall be considered confidential, and all proceedings shall be in closed session. Witnesses will be advised by the Hearing Officer not to discuss the case except with the designated parties, their attorneys, or other individuals involved in the Fair Hearing Plan process.

### 3.5 PROCEDURE & EVIDENCE

The hearing need not be conducted strictly according to rules of evidence or law relating to the examination of witnesses or presentation of evidence, although these rules may be considered in determining the weight of the evidence. Any relevant matter upon which responsible persons customarily rely upon maybe admitted at the discretion of the Hearing Officer, regardless of admissibility of such evidence in a court of law. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record.

### 3.6 OFFICIAL NOTICE

In reaching a decision, the Hearing Committee may take official notice of any generally accepted technical, medical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the record of the hearing. Any party shall be given opportunity on timely motion, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the Hearing Committee.

### 3.7 BURDEN OF PROOF

- a. When a hearing relates to denial of staff appointment or clinical privileges the practitioner who requested the hearing shall have the burden of proving, by a preponderance of the evidence, that the adverse recommendation or action lacks basis or that the action is arbitrary, capricious or impermissibly discriminatory.
- b. For the other matters listed Section 1, the adverse recommendation or action which occasioned the hearing shall have the initial obligation to present evidence in support thereof; but the practitioner thereafter shall be responsible for supporting their challenge to the adverse recommendation or action by a preponderance of the evidence on that the recommendation or adverse action lack factual basis such that the conclusions drawn are arbitrary, capricious or impermissibly discriminatory. The standards of proof set forth herein shall apply and be binding upon the Hearing Committee and on any subsequent review or appeal.

### 3.8 RECORD OF HEARING

A record of the hearing shall be kept and may be called upon for Appellate review. The method of recording the hearing shall be by creation of a recording. Copies of the record may be obtained by the practitioner upon payment of any reasonable charges associated with the preparation thereof.

### 3.9 POSTPONEMENT

Postponement of a hearing shall be at the sole discretion of the Hearing Officer and granted only upon a showing of good cause.

### 3.10 PRESENCE OF HEARING COMMITTEE MEMBERS & VOTING

The Hearing Committee must be present throughout the hearing and deliberations. Recommendations must be made by a simple majority vote of the members.

### 3.11 RECESSES & ADJOURNMENT

The Hearing Committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants, or for the purpose of obtaining additional evidence. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties and without a record of the deliberation being made. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

## **SECTION 4. HEARING COMMITTEE'S REPORT & FURTHER ACTION**

### 4.1 HEARING COMMITTEE REPORT

Within 30 days after the hearing concludes, the Hearing Committee shall make a written report of its findings and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the MEC, for action. All findings and recommendations by the Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it. The practitioner who requested the hearing shall be entitled to receive a copy of the Hearing Committee's report.

### 4.2 ACTION ON HEARING COMMITTEE REPORT

The MEC shall consider the report and take action by way of a simple majority on the Hearing Committee report no later than thirty (30) days after receipt of the Hearing Committee's report, and prior to any appeal by the practitioner. The MEC shall issue a decision and may uphold, set aside or modify the recommendations or action taken and notify the Division CEO of its decision.

### 4.3 NOTICE & EFFECT OF RESULT

#### a. Notice

The Division CEO shall promptly send a copy of the Committee's report and MEC's decision to the practitioner by certified mail return receipt, and/or personal delivery by hand or by courier service designed for overnight or same day delivery.

#### b. Effect of Favorable Result

If the MEC's result is favorable to the practitioner, the Division CEO shall promptly forward the decision, together with all supporting documentation, to the Board for its final action. The Board shall take action thereon by adopting or rejecting the MEC's result in whole or in part, or by referring the matter back to the MEC for further consideration. Any such referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such subsequent recommendation the Board shall take action. The Division CEO shall promptly send the practitioner notice informing him/her of the final action(s) taken, and the matter shall be considered finally closed.

#### c. Effect of Adverse Result

If MEC's result continues to be adverse to the practitioner in any of the respects listed in Section 1 of this Plan, the practitioner shall be informed, by notice of MEC's decision and their right to request an Appellate Review. Said notice shall be delivered to the practitioner by the Medical Staff Office no later than fourteen (14) days after MEC's recommendation.

## **SECTION 5. APPELLATE REVIEW**

### **5.1 REQUEST FOR APPELLATE REVIEW**

A practitioner shall have fourteen (14) days following his/her receipt of a notice pursuant to Section 5, to file a written request for an Appellate Review. Such request shall be delivered to the Division CEO either in person or by certified mail return receipt or by courier service designed for overnight or same day delivery and should include a request for the record of the hearing.

### **5.2 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW**

A practitioner who fails to request an Appellate Review within the time and manner specified in Section 5.1 shall be deemed to have waived any right to such review and the Hearing Committee decision same shall be submitted to the Board for final action. Such waiver shall have the same force and effect as that provided in Section 1.4, of this Plan.

### **5.3 NOTICE OF TIME & PLACE FOR APPELLATE REVIEW**

Upon receipt of a timely request for Appellate Review, the Division CEO shall deliver such request to the Chairman of the Board. As soon as practicable, the Board shall appoint an Appellate Review Body who shall then schedule and arrange for an Appellate Review which shall be not less than thirty (30) days from the date of receipt of the Appellate Review request; provided, however, that an Appellate Review for a practitioner who is under a suspension then in effect shall be held as soon as the arrangements for it may reasonably be made. At least ten (10) days prior to the Appellate review, the Division CEO shall send the practitioner notice of the time, place and date of the Appellate review. The time for the Appellate Review may be extended by the Appellate Review Body for good cause.

### **5.4 APPELLATE REVIEW BODY**

The Appellate Review Body shall be composed of the MUHA Board of Trustees or a committee of at least three (3) members of the MUHA Board of Trustees. One (1) of its members or their designee shall be designated as the Chairperson/Hearing Officer of the Appellate Review Body.

## **SECTION 6. APPELLATE REVIEW PROCEDURE**

### **6.1 NATURE OF PROCEEDINGS**

The proceedings of the Appellate Review Body shall be in the nature of an Appellate Review based upon the record of the hearing before the Hearing Committee, and the Committee's report and MEC's decision. The Appellate Review Body also shall consider the written statements, if any, submitted pursuant to Section 6 of this Plan. The Appellate Review Body shall apply the standards of proof set forth in this Plan.

### **6.2 WRITTEN STATEMENTS**

The practitioner seeking the review shall submit a written statement detailing the findings of fact, conclusions, and procedural matters with which they disagree, and their reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process, but may not raise new factual matters not presented at the hearing. The statement shall be submitted to the Appellate Review Body through the Division CEO at least seven (7) days prior to the scheduled date of the Appellate Review, except if such time limit is waived by the Appellate Body. A written statement in reply may be submitted, and if submitted, the Division CEO shall

provide a copy thereof to the practitioner at least three (3) days prior to the scheduled date of the Appellate Review.

### 6.3 HEARING OFFICER

The Appellate Review Body select a Hearing Officer. They shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

### 6.4 ORAL STATEMENT

At the discretion of the Appellate Review Body, oral argument may be permitted. If the Appellate Review Body allows one of the parties to make an oral statement, the other party shall be allowed to do so.

### 6.5 CONSIDERATION OF NEW OR ADDITIONAL MATTERS

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report, and not otherwise reflected in the record shall not be introduced at the Appellate Review, except by leave of the Appellate Review Body. The Appellate Review Body, in its sole discretion, shall determine whether such matters or evidence shall be considered or accepted, following establishment of good cause by the party requesting the consideration of such matter or evidence as to why it was not presented earlier. If such additional evidence is considered, it shall be subject to cross examination and rebuttal.

### 6.6 PRESENCE OF MEMBERS & VOTING

The Appellate Review Body must be present throughout the review and deliberations. Vote shall be by simple majority.

### 6.7 RECESSES & ADJOURNMENT

The Appellate Review Body may recess the review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of consultation. Upon the conclusion of oral statements, if allowed, the Appellate Review shall be closed. The Appellate Review Body shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of those deliberations, the Appellate Review shall be declared finally adjourned.

### 6.8 ACTIONS TAKEN

The Appellate Review Body may uphold, set aside or modify the action taken by the MEC pursuant to this Plan or, in its discretion, may refer the matter back to the MEC for further review and recommendation to be returned to it within fourteen (14) days and in accordance with its instructions. Within seven (7) days after such receipt of such recommendations after referral, the Appellate Review Body shall make its final determination. The Appellate Review Body may uphold, set aside or, modify the recommendation or adverse action.

### 6.9 NOTICE & EFFECT OF RESULT

- a. Notice  
The Appellate Reviewing Body shall promptly send a copy of its findings to the Chairman of the Full Board and the Practitioner.
- b. Effect of Favorable Result

If the Appellate reviewing Body's decision is favorable to the practitioner, the Division CEO shall promptly forward the decision, together with all supporting documentation, to the Board for its final action. The Board shall take action thereon by adopting or rejecting the decision. The Division CEO shall promptly send the practitioner notice informing him/her of the final action(s) taken, and the matter shall be considered finally closed.

c. Effect of Adverse Result

If the Appellate Reviewing Body's decision continues to be adverse to the practitioner in any of the respects listed in Section 1 of this Plan, the Full Board's Chairperson for final action, and the practitioner shall be noticed. Said notice shall be delivered promptly to the practitioner by the Division CEO.

6.10 DECISIONS OF THE FULL BOARD

Decisions made by the full Board on action(s), will be deemed final, subject to no further appeal under the provisions of this Fair Hearing Plan. The action(s) of the full Board will be promptly communicated to the practitioner in writing by certified mail return receipt or courier service for overnight or same-day delivery. The action(s) of the Board will also be reported to the President of the University, the MEC, and the MUSC Health CEO.

**SECTION 7. REPORTS TO THE NATIONAL DATA PRACTITIONERS BANK**

When an adverse action, as defined in this Plan is taken the MUSC CEO shall consult with General Counsel to determine any applicable reporting obligations.

**SECTION 8. GENERAL PROVISIONS**

8.1 HEARING OFFICER APPOINTED & DUTIES

The Hearing Officer shall act as the Hearing Officer of the hearing or Appellate Review and participate in the hearing, review, and or deliberations.

8.2 ATTORNEYS

If the affected practitioner desires to be represented by an attorney at any hearing or any Appellate Review appearance, their initial request for the hearing or Appellate review should state that they will be represented by an attorney and identify their attorney. The MEC or the Board may be represented by an attorney.

8.3 NUMBER OF HEARINGS & REVIEWS

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no practitioner shall be entitled as of right to more than one (1) evidentiary hearing and Appellate Review with respect to an adverse recommendation or action.

8.4 RELEASE

By requesting a hearing or Appellate Review under this Fair Hearing Plan, a practitioner agrees to be bound by the provisions of the Medical Staff Bylaws relating to immunity from liability in all matters relating thereto and agrees to release and hold harmless any and all individuals involved in the process.

8.5 WAIVER

If any time after receipt of notice of an adverse recommendation, action or result, a practitioner fails to make a required request in a timely manner or otherwise fails to comply with this Fair Hearing Plan, they shall be deemed to have consented to such adverse recommendation, action or result and to have voluntarily waived all rights to which they might otherwise have been entitled under the Medical Staff Bylaws respect to an adverse recommendation or action.

8.6 COMPLIANCE

Failure to strictly comply with the procedures and processes set forth in the Fair Hearing Plan will not be a strict defense to the practitioner, but the doctrine of substantial compliance will apply.

FAIR HEARING PLAN

APPROVED & ADOPTED:

MEDICAL STAFF:

By: \_\_\_\_\_ Date \_\_\_\_\_  
Chief of Staff

MUHA BOARD OF TRUSTEES:

By: \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson

MEDICAL UNIVERSITY HOSPITAL AUTHORITY




By: \_\_\_\_\_ Date \_\_\_\_\_  
Chief Executive Officer

APPROVED AS TO FORM:



By: \_\_\_\_\_ Date \_\_\_\_\_  
Corporate Legal Counsel



# MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON




<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Prabhakar Baliga <b>Date:</b> July 17, 2024 <b>Meeting Place:</b> MS Teams <b>Recording:</b> Sarah de Barros <b>Meeting Time:</b> 7:30 am <b>Adjournment:</b> 8:30 am	<b>Members:</b> Dr. Basco, Dr. Boylan, Dr. Clark, Dr. Craig, Dr. Crookes, K. Denty, Dr. DiSalvo, Dr. Edwards, Dr. Eiseman, V. Fairbairn, M. Fulton, Dr. Lockett, Dr. Heincelman, L. Infinger, Brenda Kendall-Bailey, L. Kerr, Jessica Johnson, Kiersten Leban, J. Melroy, Dr. Munden, Dr. Reeves, T. Roscoe, Dr. Russell, Dr. Salgado, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Talley, Dr. Zukas, Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Steyer, Dr. Carroll, Dr. Costello, T. Crawford, M. Field, Dr. Hong, M. Kocher, Dr. Krywko, L. Leddy, Dr. Mack, S. Patel, Dr. Reeves, Dr. Streck, Dr. Joy  <b>Guest(s):</b> Vivian Fairbairn, Catherine Flanagan		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation / Follow-Up What/When/Who
<b>Executive Session</b>	n/a	n/a	
<b>Review of Minutes</b>	Minutes from June Medical Staff Leadership Committee-Charleston meeting approved	<b>Approval</b>	<b>Approved</b>
<b>GME Report</b> <ul style="list-style-type: none"> <li>• Dr. Cynthia Talley</li> </ul>	<ul style="list-style-type: none"> <li>- Revised Supervision Policy</li> <li>- Weather Event Planning</li> <li>-</li> </ul>		
<b>Quality Report</b> <ul style="list-style-type: none"> <li>• Dr. Mark Lockett</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Regional Rankings</li> <li>- AHA 2024 Get with the Guidelines Gold Plus Achievement</li> <li>- CHS Clinical Help Chain</li> </ul>	<b>Information</b>	 MSLCC Quality Update 7.17.2024.ppt
<b>Nursing Report</b> <ul style="list-style-type: none"> <li>• Brenda Kendall-Bailey</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- WINS</li> <li>- Leader Announcements</li> <li>- New Graduate Interview Blitz</li> <li>- 1<sup>st</sup> Annual MUSC Nursing Golf Tournament</li> </ul>	<b>Information</b>	 MSLCC Nursing Update 7.17.2024.ppt
<b>Regulatory Update</b> <ul style="list-style-type: none"> <li>• Kim Denty</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Charleston/Orangeburg Certification Programs</li> <li>- Upcoming Joint Commission Accreditation Survey</li> </ul>		 MSLCC Regulatory Update 7.17.2024.ppt

## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON



<b>Moderate Sedation Policy</b> <ul style="list-style-type: none"> <li>• Dr. Carlee Clark</li> </ul>	See Attached Presentation - Recommended Changes			 Moderate Sedation Changes July 2024.p
<b>Patient Comment Publishing</b> <ul style="list-style-type: none"> <li>• Catherine Flanagan</li> </ul>	See Attached Presentation - Patient Survey Comment Publishing Background - Benefit Highlights - Resources			 Review-comments MEC Presentations 2
<b>Consent Items</b>				
<b>Policies</b> <i>(Consent)</i>	<u><b>Policies for Approval:</b></u> <ul style="list-style-type: none"> <li>• C-044 SYS - Sedation Guidelines</li> <li>• C-015A SYS - Guidelines for Determination of Brain Death in Adults</li> <li>• C-015B CHS - Guidelines for Determination of Death of Infants and Children</li> </ul>		<b>Approval</b>	<b>Approved</b>
<b>Standing Orders</b> <i>(Consent)</i>	<u><b>Standing Orders for Approval:</b></u> <ul style="list-style-type: none"> <li>• 6483 CHS - Adult Occlusion Line Management with Alteplase (TPA)</li> <li>• 4821 CHS - Peds Endocrinology Continuous Glucose Monitor (CGM) and Insulin Pump Supply Refills Standing Order</li> </ul>		<b>Approval</b>	<b>Approved</b>
<b>Data &amp; Service Reports</b> <i>(Consent)</i>	<u><b>Data Reports:</b></u> ○	<u><b>Service reports reviewed:</b></u>	<b>Information</b>	
<b>Subcommittee Minutes</b> <i>(Consent)</i>	<u><b>Committee Minutes:</b></u> <ul style="list-style-type: none"> <li>○ System Pharmacy &amp; Therapeutics Committee</li> <li>○ Quality Executive Committee</li> <li>○ Ethics Committee</li> <li>○ Perinatal Quality</li> </ul>		<b>Information</b>	
<b>Adjournment</b> 8:31 am	The next meeting of the Medical Executive Committee Charleston will be August 21, 2024, 2024 at 7:30 am via TEAMS			

Marc Heincelman, MD, Secretary of the Medical Staff

# MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Prabhakar Baliga <b>Date:</b> August 21, 2024 <b>Meeting Place:</b> MS Teams <b>Recording:</b> Sarah de Barros <b>Meeting Time:</b> 7:30 am <b>Adjournment:</b> 8:33 am	<b>Members:</b> Dr. Basco, Dr. Boylan, Dr. Clark, Dr. Craig, Dr. Crookes, K. Denty, Dr. DiSalvo, Dr. Edwards, Dr. Eiseman, V. Fairbairn, M. Fulton, Dr. Lockett, Dr. Heincelman, L. Infinger, Saj Joy, Brenda Kendall-Bailey, L. Kerr, Kiersten Leban, J. Melroy, Dr. Munden, Dr. Reeves, Dr. Russell, Dr. Salgado, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Talley, Dr. Zukas, Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Steyer, Dr. Carroll, Dr. Costello, T. Crawford, M. Field, Dr. Hong, M. Kocher, Dr. Krywko, L. Leddy, S. Patel, Dr. Reeves, Dr. Streck  <b>Guest(s):</b>		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation / Follow-Up What/When/Who
<b>Executive Session</b>	N/A	N/A	
<b>Review of Minutes</b>	Minutes from June Medical Staff Leadership Committee-Charleston meeting approved	<b>Approval</b>	<b>Approved</b>
<b>Quality Report</b> <ul style="list-style-type: none"> <li>• Dr. Mark Lockett</li> </ul>	<ul style="list-style-type: none"> <li>- Quality Scorecard</li> <li>- Hurricane Debby</li> <li>- Discharge Lounge – ART &amp; Main: Criteria and Talking Points</li> <li>- Blood Culture Update</li> <li>- Joint Commission</li> <li>- OR humidity / temps</li> <li>- SPD</li> <li>- Falls and pressure injuries</li> </ul>	<b>Information</b>	 MSLCC Quality Update 8.21.24.pptx
<b>CMO/CEO Report</b> <ul style="list-style-type: none"> <li>• Dr. Saj Joy</li> </ul>	See Attached Presentation CEO: <ul style="list-style-type: none"> <li>- Leadership Update</li> <li>- Financial Update</li> </ul> CMO: <ul style="list-style-type: none"> <li>- Length of Stay Update</li> <li>- Charleston Finance Scorecard</li> </ul>	<b>Information</b>	 MSLCC August 2020 CEO-CMO Presentatic
<b>Nursing Report</b> <ul style="list-style-type: none"> <li>• Brenda Kendall-Bailey</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- WINS</li> <li>- Leader Announcements</li> <li>- Service Scorecard</li> <li>- Quality Win - Year over Year Decrease in CAUTI, CLABSI, and IVAC +</li> <li>- New Graduate Interview Blitz</li> </ul>	<b>Information</b>	 MSLCC Nursing Update 8.21.24.odp

## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Regulatory Update</b> <ul style="list-style-type: none"> <li>• Kim Denty</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- 2024 Regulatory Activity – Health System Numbers</li> <li>- 2024 Regulatory Activity – Charleston Numbers</li> <li>- CMS Return Visits</li> <li>- The Joint Commission Updates</li> </ul>		<b>Information</b>	 MSLCC Regulatory Update MSLCC - 08.2
<b>Issues Arising from Bylaws</b> <ul style="list-style-type: none"> <li>• Lois Kerr</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Draft Charleston Division Medical Staff Structure</li> <li>- Assumptions</li> <li>- Review of each Committee/Division structure</li> <li>- Summary of Other Changes to Bylaws</li> <li>- Next Steps</li> </ul>		<b>Approval</b>	 Bylaws Discussion August 2024.pptm
	-			
<b>Consent Items</b>				
<b>Policies</b> <i>(Consent)</i>	<u><b>Policies for Approval:</b></u> <ul style="list-style-type: none"> <li>• C-125 Organ Donation After Cardiopulmonary Death</li> <li>• SYS - Sedation Guidelines for Non-Anesthesiologists</li> </ul>		<b>Approval</b>	<b>Approved</b>
<b>Standing Orders</b> <i>(Consent)</i>	<u><b>Standing Orders for Approval:</b></u> <ul style="list-style-type: none"> <li>• 11726 CHS - RPM Standing Order -Blood Pressure</li> <li>• CFRespCulture(002) - Cystic Fibrosis Respiratory Cultures</li> <li>• CFOGTT1 - Oral Glucose Tolerance Test</li> <li>• CHS - Children's Lab Orders Rheumatology</li> <li>• CHS - Children's Urine Dip Nephrology</li> <li>• CHS - Children's Nephrology Ultrasound Orders</li> <li>• Primary Care Medication Refills</li> </ul>		<b>Approval</b>	<b>Approved</b>
<b>Data &amp; Service Reports</b> <i>(Consent)</i>	<u><b>Data Reports:</b></u> ○	<u><b>Service reports reviewed:</b></u>	<b>Information</b>	

## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<p><b>Subcommittee Minutes</b> <i>(Consent)</i></p>	<p><b>Committee Minutes:</b></p> <ul style="list-style-type: none"> <li>o System Pharmacy &amp; Therapeutics Committee</li> <li>o Quality Executive Committee</li> <li>o Ethics Committee</li> <li>o Perinatal Quality</li> </ul>		<p><b>Information</b></p>
<p><b>Adjournment</b> 8:31 am</p>	<p>The next meeting of the Medical Executive Committee Charleston will be September 18, 2024, 2024 at 7:30 am via TEAMS</p>		

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Libby Infinger, MD, Secretary of the Medical Staff

DRAFT

**AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL  
AUTHORITY SINCE THE AUGUST 2024 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:

Correctional Risk Services, Inc. (CRS)  
Medicaid branches of DHHS  
Molina Healthcare of South Carolina, Inc.  
Wellpoint South Carolina, Inc.

**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:

Carolina Surgery Center, LLC d/b/a The Surgery Center at Edgewater  
Georgetown Hospital System dba Tidelands Health

**Affiliation Agreements –**

Board of Regents of the University System of Georgia by and  
on behalf of Albany State University  
Carson- Newman University  
Florence Darlington Technical College  
Northern Kentucky University  
Purdue University Global, Inc., d/b/a Purdue Global  
Ralph H. Johnson Veterans Affairs Medical Center  
Stepful  
UNIVERSITY OF SOUTH CAROLINA  
City University of New York (CUNY)

**Clinical Services Agreements –**

Bluebird Bio, Inc.  
Cardiac Advanced Resuscitation Education, LLC  
Global Healthcare Services  
South Carolina Department of Mental Health (SCDMH)

**Consulting Contracts over \$50k –**

Kaufman Hall & Associates Inc – Smokie  
Keith & Keith, Ltd., d/b/a The Keith Corporation  
Mary Alexander

University Active Project List > \$250,000		October 2024						
Project #	Description	MUSC Approved Budget	Funds Committed to Date	Balance to Finish	A/E	Contractor	Status	Projected Final Completion
<b>Approved Projects</b>								
9840	BSB Envelope Repairs	\$12,200,000	\$10,942,900	\$1,257,100	REI	WxTite	Construction	December 2025
9851	BSB AHU #1 Replacement	\$5,800,000	\$5,573,262	\$226,738	RMF	CR Hipp	Construction	December 2024
9854	CoHP President Street Academic Building	\$79,933,236	\$67,105,402	\$12,827,834	SMHa	RTT	Construction	December 2025
9855	COM Office/Academic Building	\$200,000,000	\$15,492,000	\$184,508,000	Liollo	RTT	MRE Construction	June 2027
9856	Anderson House Interior Repairs	\$1,400,000	\$1,244,138	\$155,862	Compass 5	Huss	Construction	June 2025
9857	CRI AHU #1 and #2 Replacement	\$9,600,000	\$328,000	\$9,272,000	DWG		Design	December 2026
9859	HCC AHU #6 Replacement	\$2,300,000	\$184,000	\$2,116,000	DWG		Bidding	June 2025
9860	HCC Medium Voltage Fedders A & B Replacement	\$1,500,000	\$855,000	\$645,000	GWA	Metro	Construction	December 2024
9861	MRE Chiller #1 Replacement	\$2,500,000	\$1,365,000	\$1,135,000	RMF	McCarter	Construction	March 2025
9862	T-G AHU 3 Replacement	\$2,500,000	\$1,387,215	\$1,112,785	MECA	CR Hipp	Construction	December 2024
9863	T-G Generators Replacement	\$4,100,000	\$3,776,000	\$324,000	GWA	Metro	Construction	December 2024
9865	CSB Exterior Wall Repairs	\$2,000,000	\$1,600,000	\$400,000	BEE	EBS	Construction	December 2024
9869	HCC Cooling Towers Replacement	\$1,740,000	\$1,648,000	\$92,000	RMF	McCarter	Construction	March 2025
9871	SEI HVAC Controls, Pumps, and Piping Replace	\$630,000	\$390,450	\$239,550	DWG	Triad	Construction	March 2025
9872	Campus Connector Bridges (PR002036)	\$950,000	\$456,000	\$494,000	SLAM		Design	TBD
9873	CSB 1st Floor Electrical Switchgear Replacement	\$1,350,000	\$1,252,000	\$98,000	RMF	Metro	Construction	March 2025
9874	Research Building Strobic Fan Replacement	\$2,550,000	\$2,217,000	\$333,000	CEMS	Triad	Construction	July 2025
51355	BSB Chiller #6 Replacement	\$1,500,000	\$1,271,000	\$229,000	MECA	McCarter	Construction	June 2025
51356	HCC Generator #3 Replacement	\$3,000,000	\$2,924,000	\$76,000	GWA	Metro	Construction	December 2024
51358	Campus Elevators Modernization	\$4,950,000	\$153,000	\$4,797,000	RMF	Carolina	Construction Award Pends	December 2025
51361	CON 1st Floor Renovation	\$4,950,000	\$3,277,000	\$1,673,000	Coe	J Davis	Construction	December 2024
51362	135 Cannon AHU #1 - #4 Replacement	\$1,800,000	\$1,681,000	\$119,000	CEMS	Triad	Construction	June 2025
51367	BSB 7 East Lab and Office Renovations	\$1,300,000	\$148,000	\$1,152,000	Compass 5		Design	June 2025
51368	Waring Library Renovations	\$1,200,000	\$106,000	\$1,094,000	Liollo		Design	December 2025
51370	Garage Structural Repairs	\$2,675,000	\$2,375,000	\$300,000	WGI	Stone	Construction	December 2025
51371	HCC AHU #5 Replacement	\$4,600,000	\$44,620	\$4,555,380	DWG		Design	June 2025
51372	BSB MCC Refurbishment	\$1,200,000	\$68,000	\$1,132,000	RMF		Bidding	June 2025
51373	CSB Shiller Surgical	\$1,000,000	\$99,000	\$901,000	Compass 5		Bidding	December 2024
PR002168	TG Elevators 90,91, & 92 Replacement	\$999,999	\$925,000	\$74,999	VDA	Delaware Elev	Construction	March 2025
PR002357	Wellness Center Pool Renovation	\$729,000	\$68,175	\$660,825	RMF		Design	June 2025
PR002373	Colcock Hall AHU 1 & 2 Replacement	\$737,332	\$7,500	\$729,832	RMF	McCarter	Construction Pends	December 2024
PR002384	HCC 3rd Floor Lobby Renovation	\$488,981	\$24,000	\$464,981	MPS		Design	March 2025
PR002393	CODM 1st Floor Lobby Renovations	\$351,949	\$339,000	\$12,949	Compass 5	Chastain	Construction	December 2024

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
CONSTRUCTION CONTRACTS  
FOR REPORTING  
October 10, 2024**

MUSC General Construction Projects:

<b>J Davis Construction</b>	\$ 62,503.85
College of Nursing 1 <sup>st</sup> Floor Renovation CO#3	

<b>Triad Mechanical Contractors</b>	\$ 298,000.00
Storm Eye Institute Piping, Controls, and Pump Replacement	

Other Contracts:

Task Order Contract Releases:

<b>Chastain Construction</b>	\$ 195,890.00
CODM Oral & Maxillofacial Clinic Renovations	

CM-R Contracts:

<b>Rodgers Thompson Turner CO#5</b>	\$ 62,973.00
CoHP President Street Academic Building	



**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PROFESSIONAL SERVICES  
FOR REPORTING  
October 10, 2024**

**Professional Services Contracts: Other**

**Soil Consultants-Inspection/Testing Order**  
Mechanical Room Expansion

**\$ 52,272.50**

**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES**  
**CONSENT AGENDA**  
October 11, 2024  
101 Colcock Hall

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

**Consent Agenda for Approval**

Item 32. Distinguished University Professor ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**Thomas W. Uhde, M.D.**, Distinguished University Professor in the Department of Psychiatry and Behavioral Sciences, effective October 11, 2024.

Item 33. Endowed Chair Appointments ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**Diego Martin di Sabato, M.D.**, Associate Professor in the Department of Transplant Surgery as the P.K. Baliga Endowed Chair in Organ Transplant, effective September 1, 2024.

**Eric Rovner, M.D.**, Professor in the Department of Urology, for appointment to the Spaulding-Paolozzi Endowed Chair in Female Pelvic Medicine and Reconstructive Surgery, effective October 11, 2024.

Item 34. Emerita/Emeritus ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

Academic Affairs Faculty

**Teri Lynn Herbert, MS**, Professor Emerita in the Academic Affairs Faculty, effective January 31, 2025.

College of Dental Medicine

**Charles D. Ferguson, D.M.D.**, Professor Emeritus in the Department of Biomedical and Community Health Sciences, effective January 16, 2024.

College of Medicine

**John Melville, M.S., M.D.**, Professor Emeritus, in the Department of Pediatrics, Division of Child Abuse Pediatrics, effective July 1, 2024.

**Stephen Irwin Schabel, M.D.**, Professor Emeritus in the Department of Radiology and Radiological Science, effective July 1, 2024.

Item 35. Faculty Appointments ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Health Professions

**Amber Armstead, DrPh, OTR, BCPR**, as Associate Professor, Department of Rehabilitation Sciences, Division of Occupational Therapy – Hybrid Program, effective October 1, 2024.

**David Griswold, Ph.D., DPT**, as Associate Professor, Department of Rehabilitation Sciences, Division of Physical Therapy – Hybrid Program, effective August 15, 2024.

**Ronald Schenk, PT, Ph.D.**, as Professor, Department of Rehabilitation Sciences, Division of Physical Therapy – Hybrid Program, effective January 1, 2025.

College of Medicine

**Harry S. Clarke, Jr., M.D., Ph.D.**, [Secondary Dual] as Professor in the Department of Radiation Medicine, effective September 1, 2024. Dr. Clarke’s primary appointment rests in the Department of Urology.

**Diego Martin di Sabato, M.D.**, as Associate Professor on the Clinician Educator track in the Department of Transplant Surgery, effective September 1, 2024. Dr. di Sabato will also hold the P.K. Baliga Endowed Chair in Organ Transplant.

**Gerald W. Dorn, II, M.D.**, as Professor on the Academic Investigator track in the Department of Regenerative Medicine and Cell Biology, effective January 1, 2025.

**Pál Maurovich Horvat, M.D., Ph.D., MPH**, as Adjunct Professor in the Department of Radiology and Radiological Science, effective July 1, 2024.

**Sonali Rathore, BDS, MS**, [Secondary Joint] as Associate Professor in the Department of Radiology and Radiological Science, effective July 1, 2024. Dr. Rathore’s primary appointment is with the College of Dental Medicine, Department of Stomatology.

**Timothy J. Tremont, D.M.D., MS**, [Secondary Joint] as Professor in the Department of Otolaryngology-Head and Neck Surgery, effective July 1, 2024. Dr. Tremont’s primary appointment is with the College of Dental Medicine, Department of Orthodontics.

**Ali Ziada, MBBCh, MSc**, as Clinical Professor in the Department of Urology, effective September 1, 2024.

Item 36. Change in Faculty Status ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**Patricia L. Streicher Litts, M.D.**, from Affiliate Associate Professor to Clinical Associate Professor, in the Department of Obstetrics and Gynecology, Division of Benign Obstetrics and Gynecology, effective October 1, 2024.

**Christopher G. Pelic, M.D.**, from Professor to Adjunct Professor, in the Department of Psychiatry and Behavioral Sciences, effective October 1, 2024.

**Paula S. Ramos, Ph.D.**, from Associate Professor to Adjunct Associate Professor, in the Department of Medicine, Division of Rheumatology and Immunology, effective September 25, 2024

Item 37. Faculty Promotions..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Nursing

**Catherine O. Durham, DNP, APRN, FNP-C**, Associate Professor to Professor in the College of Nursing, Department of Nursing, effective October 11, 2024.

Item 38. Faculty Appointment Transfers..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

From the Department of Orthopaedics and Physical Medicine to the Department of Orthopaedics and Physical Medicine and Rehabilitation, effective August 12, 2024

Adehshina Adeyemo, BSN, M.D., Clinical Instructor  
Kivanc Atesok, M.D., MSc, Clinical Instructor  
Alexander Baker, DO, Clinical Assistant Professor  
Shelli Francesca Ciandella, M.D., Assistant Professor  
Dane N. Daley, M.D., Associate Professor  
Charles Andrew Daly, M.D., Associate Professor  
Harry A. Demos, M.D., Professor  
Josef Karl Eichinger, M.D., Professor  
James Eubanks, M.D., Clinical Assistant Professor  
Amanda Flamman, DPM, MPH, Assistant Professor  
Richard J. Friedman, M.D., Professor  
James Gardner, M.D., Clinical Assistant Professor  
Christopher Edward Gross, M.D., Professor  
Erik James Hansen, M.D., Associate Professor  
Langdon A. Hartsock, M.D., Professor  
Eugene Hong, M.D., Clinical Professor  
James P. Lawrence, M.D., MBA, Professor  
Lee R. Leddy, M.D., Professor  
Campbell Miller, DO, Clinical Assistant Professor  
Kristen A. Milleville, M.D., Clinical Assistant Professor  
Caroline Campelo Smith, M.D., Clinical Assistant Professor  
Lindsay Mohny, DO, Clinical Assistant Professor  
David Landrum Morrow, M.D., Assistant Professor  
Robert Francis Murphy, M.D., Professor  
Ameet S. Nagpal, M.D. Professor  
Keith Polston, M.D., MS, Clinical Assistant Professor  
William Pullen, M.D., Associate Professor  
Rahn Ravenell, DPM. Assistant Professor

Robert Andrew Ravinsky, M.D., CM, MPH, Assistant Professor  
Kristoff R. Reid, M.D., Associate Professor  
Charles Alan Reitman, M.D. Professor  
Brandon Rogalski, M.D., Assistant Professor  
Renee Rosati, DO, Assistant Professor  
Daniel J. Scott, M.D., Associate Professor  
Matthew Chrisman Sherrier, M.D., Assistant Professor  
Harris S. Slone, M.D., Professor  
Sara S. Van Nortwick, M.D., Associate Professor  
Frank R Voss, M.D., Associate Professor  
William R. Barfield, M.D., Adjunct Professor  
James Frank Bethea, M.D., Clinical Assistant Professor  
John A. Glaser, M.D., Professor  
John F. Johnson, M.D., Clinical Instructor  
George Richard Richardson, M.D., Clinical Instructor  
Peter Weiss, M.D., Professor  
Bryan Lee Christensen, M.D., Affiliate Instructor  
John David DesJardinis, Ph.D., Adjunct Assistant Professor  
Hunter Hsu, DO, Affiliate Instructor  
Donald R. Johnson, M.D., Affiliate Associate Professor  
Michael McCann, DPM, Affiliate Instructor  
Keith D. Merrill, M.D., Affiliate Associate Professor  
Thesselon W. Monderson, M.D., Affiliate Instructor  
Mitchell Brian Oetken, DO, Affiliate Instructor  
Vincent D. Pellegrini, M.D., Adjunct Professor  
Carson L. Sanders, M.D., Affiliate Instructor  
John C. Saunders, M.D., Affiliate Assistant Professor  
Jay N. Shah, M.D., Affiliate Assistant Professor  
William Skakun, DO, Affiliate Instructor  
Carl L. Stanitski, M.D., Professor Emeritus  
Deborah F. Stantski, M.D., Professor Emerita  
Sophia Anglinea Traven, M.D., Research Instructor  
William F. Vogenitz, M.D., Affiliate Assistant Professor  
Nathan A. Wigner, M.D., Affiliate Instructor  
Yongren Wu, Ph.D., Adjunct Assistant Professor

Dual and Secondary Faculty Appointments from the Department of Orthopaedics and Physical Medicine to the Department of Orthopaedics and Physical Medicine and Rehabilitation, effective August 12, 2024.

Scott Evan Benjamin, M.D., Clinical Associate Professor  
Sarah Breevoort, M.D., Ph.D., Assistant Professor  
Thomas Charles Crawford, MBA, Ph.D., Adjunct Assistant Professor  
Alexei O. DeCastro, M.D., Associate Professor  
Camelia Marculescu, M.D., MSCR, Professor  
Elizabeth B. Winton, M.D., Assistant Professor  
Hai Yao, Ph.D., Adjunct Assistant Professor

Item 40. Institutional Commitment to GME..... Dr. Cynthia Talley  
*Senior Associate Dean for GME and DIO, MUSC*

**Finance & Administration Committee: Jim Battle, Chair**

**Consent Agenda for Information**

Item 41. Reaffirmation of Commitment to Equal Opportunity ..... Dr. Michael de Arellano  
*Chief Equity Officer*

**Thomas W. Uhde, MD**  
**Abbreviated Curriculum Vitae**  
Professor  
(843) 792-0028  
uhde@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

1975                      M.D., Medicine, University of Louisville School of Medicine, Kentucky, United States  
1971                      B.S., Duke University, North Carolina, United States

**Post-Graduate Training**

Post-Doctorate, Yale University, Department of Psychiatry, Rotating Internship, September 1975, September 1976  
Post-Doctorate, Yale University, Department of Psychiatry, Postdoctoral Fellow (Residency), September 1976, September 1979

**Additional Training**

No activities entered.

**Certifications**

No activities entered.

**Professional Licensures**

South Carolina AL31638 (Active)  
SC State DHEC# 2531638  
Pennsylvania MD424693 (Active)  
Michigan H355063 (Active)  
Maryland D24282 (Inactive)  
Kentucky 18653 (Inactive)  
Federal DEA# BU1401152  
Connecticut 19518 (Inactive)

**MUSC Rank and Promotion History**

Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2007-11-01  
Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2012-01-01

**Non-MUSC Rank and Promotion History**

Professor (Clinical), Uniformed Services University of the Health Sciences School of Medicine, Psychiatry, 1991-09-01, 2099-01-01  
Professor, Penn State University College of Medicine (COM)/Milton S. Hershey Medical Center (HMC), Psychiatry, 2004-09-01

**Professor, Wayne State University, Psychiatry & Behavioral Neurosciences, 2004-09-01, 2099-01-01**

**Professor, Wayne State University, Psychiatry & Behavioral Neurosciences, 1993-09-01**

**Professor, Wayne State University, Pharmacology, 1993-09-01**

**Associate Clinical Professor, Uniformed Services University of the Health Sciences School of Medicine, Psychiatry, 1985-09-01**

**Assistant Clinical Professor, Uniformed Services University of the Health Sciences School of Medicine, Psychiatry, 1982-09-01**



**Diego di Sabato**  
**Abbreviated Curriculum Vitae**  
Associate Professor  
disabato@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

No activities entered.

**Post-Graduate Training**

Fellowship, Northwestern University Feinberg School of Medicine, Transplantation and Hepatobiliary Surgery, July 2012, June 2013

Fellowship, Northwestern University Feinberg School of Medicine, Transplantation , July 2010, June 2012

Residency, Center of Medical Education and Clinical Research, Surgery, July 2000, June 2005

Residency, Cardiovascular Institute of Buenos Aires, Vascular Surgery, July 2005, June 2005

**Additional Training**

2016-09-11, 2016-09-14, Northwestern University Kellogg School of Management, 7th Annual ASTS Leadership Development Program , Training

2016-05-09, 2016-05-13, Asan Medical Center, Living Donor Liver Transplantation , Visiting Surgeon

**Certifications**

Argentinean Board of Vascular Surgery. Type of Certification: Board Certification, Specialty: Vascular Surgery, Certification Number: N/A, Effective Date: 2008-06-01

Argentinean Board of Surgery, Type of Certification: Board Certification, Specialty: Surgery, Certification Number: N/A, Effective Date: 2005-06-01

American Heart Association, Type of Certification: Life Support, Specialty: ACLS, Certification Number: N/A, Effective Date: 2010

American Heart Association, Type of Certification: Life Support, Specialty: ATLS, Certification Number: N/A, Effective Date: 2004

**Professional Licensures**

Illinois Physician and Surgeon License. Month / Year Originally Conferred: January 2012, Month/Year Expires: July 2026, 036.129490

**MUSC Rank and Promotion History**

No activities entered.

**Non-MUSC Rank and Promotion History**

Instructor , Feinberg School of Medicine , Northwestern University , Surgery, Surgical Education, 2010-01-01, 2013-12-31

Clinical Instructor , Stritch School of Medicine, Loyola University , Surgery, . Intra-abdominal Transplant Surgery, 2013-01-01, 2014-12-31

Associate Professor, Pritzker School of Medicine, University of Chicago , Surgery, Transplant Surgery, 2022-01-01

**Assistant Professor, Stritch School of Medicine, Loyola University, Surgery, Intra-abdominal Transplant Surgery, 2014-01-01, 2019-12-31**

**Assistant Professor, Pritzker School of Medicine, University of Chicago, Surgery, Transplant Surgery, 2019-01-01**

**Assistant Instructor, Center of Medical Education and Clinical Research, Anatomy, 2001-01-01, 2005-12-31**

**Assistant Instructor, University of Buenos Aires School of Medicine, Anatomy, 1997-01-01, 2003-12-31**

**Eric S. Rovner, MD**  
**Abbreviated Curriculum Vitae**  
Professor  
(843) 792-0212  
rovner@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

1991                      M.D., Medicine, Albert Einstein College of Medicine  
1987                      B.A., Johns Hopkins University, Maryland, United States

**Post-Graduate Training**

Post-Doctorate, Hospital of the University of Pennsylvania, Philadelphia, PA, Intern in Surgery, June 1991, June 1992

Post-Doctorate, Hospital of the University of Pennsylvania, Philadelphia, PA, Resident in Urology, July 1992, June 1995

Post-Doctorate, Hospital of the University of Pennsylvania, Philadelphia, PA, Chief Resident in Urology, July 1995, July 1996

Post-Doctorate, UCLA Medical Center, Los Angeles, CA, Fellow in Reconstructive Urology and Urodynamics, July 1996, July 1997

**Additional Training**

No activities entered.

**Certifications**

Female Pelvic Medicine and Reconstructive Surgery, Effective Date: 2013

American Board of Urology, Recertified, Effective Date: 2007

American Board of Urology, Effective Date: 1999

**Professional Licensures**

South Carolina- Active

Pennsylvania- Inactive

New Jersey (Inactive)

California (Inactive)

**MUSC Rank and Promotion History**

Professor, Medical University of South Carolina, College of Medicine, Urology, 2008-07-01

Professor, Medical University of South Carolina, College of Graduate Studies, 2012-02-07

Associate Professor, Medical University of South Carolina, College of Medicine, Urology, 2004-07-12, 2008-06-30

**Non-MUSC Rank and Promotion History**

Clinical Instructor, UCLA Medical Center, Los Angeles, CA, Urology, 1996-07-01, 1997-07-01

**Assitant Professor of Surgery in Radiology, University of Pennsylvania School of Medicine, Philadelphia, PA,  
Radiology, 1997-07-01, 2004-07-01**

**Assistant Professor of Urology in Surgery, University of Pennsylvania School of Medicine, Philadelphia, PA,  
Surgery, 1997-07-01, 2004-07-01**


Medical University of South Carolina  
Academic Affairs Faculty  
ABBREVIATED CURRICULUM VITAE

Date: September 11, 2024

Name: Herbert Teri Lynn  
Last First Middle

Citizenship and/or Visa Status: USA

Office Address: 171 Ashley Avenue Suite 415, MSC 403 Telephone: 843-792-1370  
Charleston, SC 29425

Education: *(Baccalaureate and above)*

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
University of North Carolina, Chapel Hill		MLIS/1978	Librarianship and Information Sciences
University of North Carolina, Chapel Hill		MS/1975	Marine Sciences: Microbiology and Chemistry
University of Memphis		BS/1970	Zoology/Biology

Graduate Medical Training: *(Chronological)*

<u>Place</u>	<u>Dates</u>
Internship	

<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:	

Board Certification:	Date:
	Date:
	Date:
	Date:
Licensure:	Date:
	Date:
	Date:
	Date:

Faculty appointments: *(Begin with initial appointment)*

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1985-2016	Assistant Professor	MUSC	Library Sciences & Informatics
2016-	Associate Professor	MUSC	Academic Affairs Faculty

First Appointment to MUSC: Rank Assistant Professor Date: January 1985



John Donald Melville, MD, MS  
**Abbreviated Curriculum Vitae**  
Professor  
843-723-3600  
melvllj@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

2012	M.S., Clinical Investigation, University of Texas Health Science Center, San Antonio, Texas, United States
2002	M.D., Medicine, University of California, San Diego, California, United States
1998	M.S., Computer Science, Brigham Young University, Utah, United States
1997	B.S., Computer Science, Brigham Young University, Utah, United States

**Post-Graduate Training**

Fellowship, University of Texas Health Science Center, Pediatrics, July 2010, June 2013  
Residency, Akron General Medical Center and Akron Children's Hospital, Internal Medicine and Pediatrics, July 2005, June 2006

**Additional Training**

No activities entered.

**Certifications**

Pediatric Advanced Life Support, Effective Date: 2013  
CPR for Healthcare Providers, Effective Date: 2013  
American Board of Pediatrics, Type of Certification: Board Certification, Specialty: Pediatrics, Certification Number: 86974, Effective Date: 2006-07-01  
American Board of Pediatrics, Type of Certification: Board Certification, Specialty: Pediatrics, Sub-Specialty: Child Abuse Pediatrics, Certification Number: 300, Effective Date: 2013-07-01  
American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Internal Medicine, Certification Number: 259528, Effective Date: 2007-07-01, Expiration Date (if none, see note above): 2010-06-30

**Professional Licensures**

Texas Medical License, Month / Year Originally Conferred: February 2010, Month/Year Expires: March 2015, Texas Medical Board, Texas, N5242  
South Carolina Medical License, Month / Year Originally Conferred: July 2016, Month/Year Expires: June 2023, South Carolina Board of Medical Examiners, South Carolina, 39702  
Ohio Medical License, Month / Year Originally Conferred: April 2013, Month/Year Expires: July 2018, Ohio Professional License, Ohio, 35.121093  
DEA Registration, Month / Year Originally Conferred: August 2017, Drug Enforcement Agency, FM3839783  
California Medical License, Month / Year Originally Conferred: August 2008, Month/Year Expires: July 2010, Medical Board of California, California, A 105284  
Alaska Medical License, Month / Year Originally Conferred: November 2008, Month/Year Expires: December

2010, Alaska Department of Commerce, Community, and Economic Development, Alaska, MEDS5800

**MUSC Rank and Promotion History**

Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Child Abuse Pediatrics, 2023-01-01, 2024-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Child Abuse Pediatrics, 2016-09-26, 2022-12-31

**Non-MUSC Rank and Promotion History**

Assistant Professor, Northeast Ohio Medical University, Pediatrics, 2013-09-01, 2016-09-23



**Stephen I. Schabel, MD**  
**Abbreviated Curriculum Vitae**  
Professor  
843-792-4033  
schabels@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

1972                      M.D., University of Chicago, Illinois, United States  
1968                      B.A., Washington University

**Post-Graduate Training**

Post-Doctorate, University of Rochester, Rochester, NY, Internship in Radiology, July 1972, June 1973  
Post-Doctorate, University of Rochester, Rochester, NY, Resident, July 1973, June 1976

**Additional Training**

No activities entered.

**Certifications**

Special Purpose Exam (SPEX), Effective Date: 1988  
National Board of Medical Examiners - Diplomat, Effective Date: 1973  
International Labor Office - OSHA, Certified as B" Reader Pneumoconiosis Radiographs, Effective Date: 04/1989  
- Present  
Federal Licensing Exam (FLEX), Effective Date: 1991  
American Board of Radiology (Diagnostic), Effective Date: 06/1976  
Effective Date: 1994

**Professional Licensures**

South Carolina Board of Medical Examiners

**MUSC Rank and Promotion History**

Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 2024-07-01  
Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 1985-07-01, 2024-06-30  
Associate Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 1980-07-01, 1985-06-30  
Assistant Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 1976-06-01, 1980-06-30

**Non-MUSC Rank and Promotion History**

No activities entered.



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

Date: 8/12/2024

Name: Armstead Amber Bianca  
 Last First Middle

Citizenship and/or Visa Status: US Citizen

Office Address: \_\_\_\_\_ Telephone: 281-217-0644

Education: *(Baccalaureate and above)*

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
University of Texas at San Antonio	2000-2004	BS 5/8/2004	Community Health and Biology
University of Texas Medical Branch	2005-2008	MOT 4/2008	Occupational Therapy
University of Texas Health Science Ctr	2013-2018	DrPH 8/1/2018	Public Health: Health promotion and behavioral science
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Harris Health Ben Taub NeuroPysch	Houston, TX	10/08-12/08
Houston Methodist Hospital	Houston, TX	01/08-03/08
_____	_____	_____

<u>Residencies or Postdoctoral:</u>	<u>Place</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

Board Certification:	National Board of Occupational Therapy Examiners	Date: 05/2008
	AOTA Board Certification in Physical Rehabilitation	Date: 12/19
Licensure:	Texas Board of Occupational Therapy Examiners	Date: 06/2008
		Date: _____

Faculty appointments: *(Begin with initial appointment)*

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2018-2024, August 31	Assistant Professor	University of Texas Medical Branch	Occupational Therapy
2022-2024 August 31	Adjunct Assistant Professor	University of Texas Medical Branch	Population Health and Health Disparities
9/1/24-9/5/24	Associate Professor	University of Texas Medical Branch	Occupational Therapy
9/1/24-present	Adjunct Associate Professor	University of Texas Medical Branch	Population Health and Health Disparities
_____	_____	_____	_____

First Appointment to MUSC: Rank Associate Professor Date: 10/1/24





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

Date: 08/21/2024

Name: Schenk Ronald J  
 Last First Middle

Citizenship and/or Visa Status: US

Office Address: 401 Oakwood Drive Telephone: 716-566-8756  
 Ocean Springs, MS 39564

Education: (Baccalaureate and above)

Institution	Years Attended	Degree/Date	Field of Study
Ithaca College	1978-1982	09/1982	Physical Therapy
Ithaca College	1982-1984	09/1984	Physical Education/Sportsmedicine
University at Buffalo	1992-1995	02/1995	Science Education

Graduate Medical Training: (Chronological)

Internship	Place	Dates
Diploma Mechanical Diagnosis and Therapy	Austin, TX	2012

Residencies or Postdoctoral:	Place	Dates
Gulf Coast Graduate Physical Therapy Institute	Gulfport, MS	1986-1987

Board Certification: Orthopaedic Clinical Specialist	Date: 1992-present
	Date: 1983-present
Licensure: Mississippi	Date: 2021-present
New York	Date: 1983-present

Faculty appointments: (Begin with initial appointment)

Years	Rank	Institution	Department
1989-1999	Assistant Professor	D'Youville College	Physical Therapy
1999-2003	Associate Professor	State University of New York at Buffalo	Physical Therapy
2003-2004	Associate Professor	Elon University	Physical Therapy
2004-2020	Professor	Daemen University	Physical Therapy
2020-2024	Clinical Professor	Tufts University	Physical Therapy

First Appointment to MUSC: Rank Professor Date: 01/01/2025

Harry S. Clarke Jr, MD, PhD  
**Abbreviated Curriculum Vitae**  
Professor  
843-792-1389  
clarkeh@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

No activities entered.

#### Degrees

1987	M.D., Medicine, Medical College of Ohio, Toledo, Ohio, United States
1984	Ph.D., Applied Computational Analysis, Medical College of Ohio, Toledo, Ohio, United States
1972	B.S., Biology, Moravian College, Pennsylvania, United States

#### Post-Graduate Training

Residency, Medical College of Ohio, Urology, July 1987, June 1992

#### Additional Training

2010-04-26, 2010-04-26, Northside Hospital, Atlanta, GA , Da Vinci Surgical System Off-Site Training, Training Certificate

2009-10-11, 2009-10-11, Hands-On Ultrasound Course (Linthicum, MD), Hands-On Ultrasound Course, Course

2006-05-31, 2006-05-31, PVP Procedure using the GreenLight PVTM Laser System (Charleston, SC), PVP Procedure using the GreenLight PVTM Laser System, Training Certificate

#### Certifications

The American Board of Urology, Type of Certification: Board Certification, Specialty: Urology, Certification Number: 10653, Effective Date: 1994-02-12, Expiration Date (if none, see note above): 2034-02-28

#### Professional Licensures

South Carolina Medical License, Month / Year Originally Conferred: January 2003, Month/Year Expires: June 2025

Ohio Medical License, Month / Year Originally Conferred: September 1998, Month/Year Expires: April 2025, 057278

Georgia Medical License, Month / Year Originally Conferred: June 1992, Month/Year Expires: March 2025, 35589

#### MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Urology, 2002-12-02

Professor, Medical University of South Carolina, College of Graduate Studies, 2009-06-19

#### Non-MUSC Rank and Promotion History

Professor, Hollings Cancer Center, Urology, 2002-01-01

Associate Professor, Winship Cancer Institute, Urology, 1998-01-01, 2002-12-31

Associate Professor, Emory University School of Medicine, Urology, 1998-01-01, 2002-12-31

**Diego di Sabato**  
**Abbreviated Curriculum Vitae**  
Associate Professor  
disabato@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

No activities entered.

**Post-Graduate Training**

Fellowship, Northwestern University Feinberg School of Medicine, Transplantation and Hepatobiliary Surgery, July 2012, June 2013

Fellowship, Northwestern University Feinberg School of Medicine, Transplantation , July 2010, June 2012

Residency, Center of Medical Education and Clinical Research, Surgery, July 2000, June 2005

Residency, Cardiovascular Institute of Buenos Aires, Vascular Surgery, July 2005, June 2005

**Additional Training**

2016-09-11, 2016-09-14, Northwestern University Kellogg School of Management, 7th Annual ASTS Leadership Development Program , Training

2016-05-09, 2016-05-13, Asan Medical Center, Living Donor Liver Transplantation , Visiting Surgeon

**Certifications**

Argentinean Board of Vascular Surgery, Type of Certification: Board Certification, Specialty: Vascular Surgery, Certification Number: N/A, Effective Date: 2008-06-01

Argentinean Board of Surgery, Type of Certification: Board Certification, Specialty: Surgery, Certification Number: N/A, Effective Date: 2005-06-01

American Heart Association, Type of Certification: Life Support, Specialty: ACLS, Certification Number: N/A, Effective Date: 2010

American Heart Association, Type of Certification: Life Support, Specialty: ATLS, Certification Number: N/A, Effective Date: 2004

**Professional Licensures**

Illinois Physician and Surgeon License, Month / Year Originally Conferred: January 2012, Month/Year Expires: July 2026, 036.129490

**MUSC Rank and Promotion History**

No activities entered.

**Non-MUSC Rank and Promotion History**

Instructor , Feinberg School of Medicine , Northwestern University , Surgery, Surgical Education, 2010-01-01, 2013-12-31

Clinical Instructor , Stritch School of Medicine, Loyola University , Surgery, . Intra-abdominal Transplant Surgery, 2013-01-01, 2014-12-31

Associate Professor, Pritzker School of Medicine, University of Chicago . Surgery, Transplant Surgery, 2022-01-01

**Assistant Professor, Stritch School of Medicine, Loyola University, Surgery, Intra-abdominal Transplant Surgery, 2014-01-01, 2019-12-31**

**Assistant Professor, Pritzker School of Medicine, University of Chicago , Surgery, Transplant Surgery, 2019-01-01**

**Assistant Instructor , Center of Medical Education and Clinical Research, Anatomy, 2001-01-01, 2005-12-31**

**Assistant Instructor, University of Buenos Aires School of Medicine, Anatomy, 1997-01-01, 2003-12-31**

Gerald Dorn, MD  
**Abbreviated Curriculum Vitae**  
Professor  
dorn@muscc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

1981 M.D., Medicine, Medical University of South Carolina  
1977 B.S., Biology, Lander College

**Post-Graduate Training**

Fellowship, Medical University of South Carolina, Cardiology, January 1985, December 1988  
Fellowship, Medical University of South Carolina, Pharmacology, January 1984, December 1985  
Internship, Medical University of South Carolina, Internal Medicine , January 1981, December 1982  
Residency, Medical University of South Carolina, Internal Medicine , July 1982, June 1984

**Additional Training**

No activities entered.

**Certifications**

American Board of Internal Medicine , Type of Certification: Subspecialty of Cardiovascular Disease,  
Certification Number: n/a, Effective Date: 1987  
American Board of Internal Medicine, Type of Certification: Board Certification , Certification Number: n/a,  
Effective Date: 1984

**Professional Licensures**

Texas Medical License, Month / Year Originally Conferred: 1988, Month/Year Expires: 2018, Texas  
South Carolina Medical License , Month / Year Originally Conferred: 1982, Month/Year Expires: 2017  
Ohio Medical License , Month / Year Originally Conferred: 1990, Month/Year Expires: 2018  
Missouri Medical License , Month / Year Originally Conferred: 2008

**MUSC Rank and Promotion History**

Professor, Medical University of South Carolina, College of Medicine, Regenerative Medicine and Cell Biology,  
2025-01-01

**Non-MUSC Rank and Promotion History**

University of Texas Health Science Center, Assistant Professor, Medicine , 1988, 1990  
Professor, Phillip and Sima K. Needleman, 2008  
Associate Professor with Tenure, University of Cincinnati, 1993, 1999  
Assistant Professor, University of Cincinnati, 1990, 1993



**Pal Horvat, MD, PhD, MPH**  
**Abbreviated Curriculum Vitae**  
Adjunct Professor  
horvatp@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

2012	MPH, Public Health, Cardiology specialization, Harvard University, School of Public Health, Boston, Massachusetts
2008	Ph.D., Philosophy, Semmelweis University, Budapest, Hungary
2006	M.D., Medicine, Semmelweis University, Faculty of Medicine, Budapest, Hungary

**Post-Graduate Training**

Fellowship, Harvard University, Cardiac MR PET CT Program (Research), June 2008, June 2010  
Post-Doctorate, Hungarian Academy of Sciences, D.Sc. degree, January 2020, December 2020

**Additional Training**

2014-01-01, 2014-12-31, Interacademy Medical Panel (IAMP) , Young Physician Leadership (YPL) , Training

**Certifications**

No activities entered.

**Professional Licensures**

No activities entered.

**MUSC Rank and Promotion History**

**Non-MUSC Rank and Promotion History**

No activities entered.

**Sonali Rathore**  
**Abbreviated Curriculum Vitae**  
Associate Professor  
rathore@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

- |      |   |
|------|---|
| 2009 | M.S., Oral and Maxillofacial Radiology, University of North Carolina School of Dentistry at Chapel Hill, Chapel Hill, North Carolina, United States |
| 2000 | B.D.S., Dental Surgery, Bharati Vidyapeeth Dental College & Hospital, Pune, India, 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, Radiology and Radiological Science, 2024-07-01

Associate Professor, Medical University of South Carolina, College of Dental Medicine, Department of Biomedical & Community Health Sciences, Division of Diagnostic Sciences & Services, 2023-07-01

Associate Professor, Medical University of South Carolina, College of Dental Medicine, Stomatology, 2022-01-17, 2023-06-30

**Non-MUSC Rank and Promotion History**

No activities entered.

**Timothy Tremont**  
**Abbreviated Curriculum Vitae**  
Professor  
(843) 792-5642  
tremont@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

1980	M.S., Orthodontics, University of Buffalo, New York, United States
1977	D.M.D., Dental Medicine, University of Pittsburgh - School of Dental Medicine, Pennsylvania, United States
1975	B.S., Biology, University of Pittsburgh, Pennsylvania, United States

**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**

Clinical Associate Professor, Medical University of South Carolina, College of Dental Medicine, Pediatric Dentistry, 2017-04-03, 2017-07-31

Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck Surgery, 2024-07-01

Professor, Medical University of South Carolina, College of Dental Medicine, Department of Advance Specialty Sciences, Division of Applied Craniofacial Sciences, 2023-07-01

Professor, Medical University of South Carolina, College of Dental Medicine, Orthodontics, 2018-07-01, 2023-06-30

Associate Professor, Medical University of South Carolina, College of Dental Medicine, Orthodontics, 2017-08-01, 2018-06-30

**Non-MUSC Rank and Promotion History**

No activities entered.

**Ali Ziada, MBBCH, MSc, MD**  
**Abbreviated Curriculum Vitae**  
Clinical Professor  
ziada@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

2001	M.D., Urology, Cairo University
1996	M.Sc., Kasr El-Aini Cairo University
1991	M.B.,B.Ch., Medicine, Kasr El-Aini Cairo University

**Post-Graduate Training**

Fellowship, University of Texas Southwestern Dallas, Pediatric Urology , July 2006, June 2007  
Fellowship, Christian Albrechts Universitat, Urology, July 1999, September 1999  
Fellowship, University of Colorado , Urologic Oncology, July 1997, June 1999  
Internship, Cairo University , Surgery, March 1992, March 1993  
Residency, Cairo University, Urology, September 1993, September 1996

**Additional Training**

No activities entered.

**Certifications**

European Board of Urology , Type of Certification: Board Certification, Specialty: Urology, Certification Number:  
4494, Effective Date: 2003-06-01

**Professional Licensures**

Pennsylvania Bureau of Professional & Occupational Affairs , Month / Year Originally Conferred: September  
2021, Month/Year Expires: December 2024, MD475729  
Kentucky Board of Medical Licensure, Month / Year Originally Conferred: June 2013, Month/Year Expires:  
February 2025, 46363

**MUSC Rank and Promotion History**

**Non-MUSC Rank and Promotion History**

Professor, Milton S Hershey Medical Center, Penn State University, Urology, 2021-12-01  
Associate Professor, University of Kentucky, Urology/Pediatrics, 2015-07-01, 2021-12-31  
Assistant Professor, Cairo University Hospital, Urology, 1996-06-01, 2010-07-31  
Assistant Professor, University of Kentucky, Urology, 2010-07-01, 2015-06-30

**Patricia Litts, MD**  
**Abbreviated Curriculum Vitae**  
Affiliate Associate Professor  
littsp@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

1991                      M.D., Medicine, Chicago Medical School, Illinois, United States  
1985                      B.S., Microbiology, University of Michigan, Michigan, United States

**Post-Graduate Training**

Residency, Wayne State University, Obstetrics and Gynecology, June 1991, June 1995

**Additional Training**

2006-01-01, 2007-06-07, Grant Hospital , House Officer , Training

**Certifications**

American Board of Obstetrics and Gynecology, Type of Certification: Board Certification, Specialty: Obstetrics and Gynecology, Certification Number: N/A, Effective Date: 1997-11-01

**Professional Licenses**

South Carolina Medical License, Month / Year Originally Conferred: June 2002, Month/Year Expires: June 2025, 23060

Florida Medical License, Month / Year Originally Conferred: May 2005, Month/Year Expires: January 2021, ME109840

**MUSC Rank and Promotion History**

Affiliate Associate Professor, Medical University of South Carolina, College of Medicine, Obstetrics and Gynecology, Benign Ob/Gyn, 2023-07-01, 2024-09-30

Clinical Associate Professor, Medical University of South Carolina, College of Medicine, Obstetrics and Gynecology, Benign Ob/Gyn, 2024-10-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Obstetrics and Gynecology, 2002-08-01, 2005-04-26

**Non-MUSC Rank and Promotion History**

Clinical Associate Professor, University of Pennsylvania, Obstetrics and Gynecology, 1997-08-01, 1998-06-30

**Christopher G. Pelic, MD**  
**Abbreviated Curriculum Vitae**  
Professor  
(843) 792-5523  
pelicc@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

No activities entered.

**Degrees**

2000	M.D., Medicine, Medical College of Ohio, Ohio, United States
1996	B.A., Psychology, University of Notre Dame, Indiana, United States

**Post-Graduate Training**

Post-Doctorate, Medical University of South Carolina, General Psychiatry Residency, September 2000, September 2004

**Additional Training**

No activities entered.

**Certifications**

Basic Life Support, Effective Date: 2009

American Board of Sports and Performance Psychiatry, Type of Certification: Board Eligible, Certification Number: N/A, Effective Date: 2024-03-01

American Board of Psychology and Neurology, Psychosomatic Medicine, Effective Date: 2008

American Board of Psychiatry and Neurology, Effective Date: 2005

**Professional Licensures**

South Carolina #22839

Georgia- #73782

Florida Medical License, Month / Year Originally Conferred: June 2020

**MUSC Rank and Promotion History**

Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, Office of the Chair, 2019-01-01

Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2010-07-01, 2018-12-31

Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2004-07-01, 2010-06-30

**Non-MUSC Rank and Promotion History**

Staff Physician, Ralph H. Johnson VAMC, Mental Health Service, 2009-09-01, 2009-01-01

Clinical Associate Professor, Augusta University, 2016-01-01, 2019-12-31

Paula S. Ramos, PhD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
(843) 792-7081  
ramosp@musc.edu

**Personal Information**

Country of Origin: Portugal Languages: English, French, Portuguese, Spanish

**Contact Information**

No activities entered.

**Degrees**

2007	Ph.D., Molecular and Cellular and Developmental Biology and Genetics, University of Minnesota, Minnesota, United States
1997	M.S., Developmental Biology, Lusophone University of Humanities and Technologies, Portugal/Azores
1996	B.S., Biology, University of Aveiro, Portugal/Azores

**Post-Graduate Training**

Post-Doctorate, Wake Forest School of Medicine, Public Health Sciences, Postdoctoral Fellow In Statistical Genetics, July 2007, July 2011

**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 Graduate Studies, 2022-07-01  
Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Rheumatology & Immunology, 2022-07-01  
Associate Professor, Medical University of South Carolina, College of Medicine, Public Health Sciences, 2022-07-01  
Assistant Professor, Medical University of South Carolina, College of Medicine, Medicine, Rheumatology & Immunology, 2011-08-22, 2022-06-30  
Assistant Professor, Medical University of South Carolina, College of Medicine, Public Health Sciences, 2015-04-15, 2022-06-30  
Assistant Professor, Medical University of South Carolina, College of Graduate Studies, 2012-02-07, 2022-06-30

**Non-MUSC Rank and Promotion History**

No activities entered.

# **Summary of Changes**

## **Appointment of Affiliate Faculty**

### **Section III. Policy**

#### **A. Eligibility**

Reworded language around appointments that must be approved by the Provost and Board of Trustees.

#### **B: Appointment Process**

Updated language to reflect approval by Dean or Chair of AAF for appointments below Associate Professor and Professor



<b>Section # **</b>	<b>Policy #</b> U-AFFFAC-001	<b>Appointment of Affiliate Faculty</b>	
<b>Responsible Department: Office of the Provost</b>			
<b>Date Originated</b> 05/18/2018	<b>Last Reviewed</b> 05/15/2023	<b>Last Revised</b> 05/15/2023	<b>Effective Date*</b> 05/18/2018

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

## I. Policy Statement/Purpose

This policy is created to specify a university-wide standard for the appointment and maintenance of Affiliate faculty designation.

An MUSC faculty appointment connotes a position of authority and service and is a designation to be protected with clear standards and procedures. This policy is to specify the criteria and process for appointing and maintaining an individual as an MUSC Affiliate faculty member.

## II. Scope

This policy applies to MUSC colleges and units that have the authority to initiate a faculty appointment.

All Deans, the Chair of Academic Affairs Faculty (AAF), Department Chairs, Division Directors, College Administrators, members of promotion and appointment committees within each college and AAF, the Executive Vice President for Academic Affairs and Provost, and administrators in the Provost's office should be knowledgeable about this policy.

## III. Policy

### A. Eligibility

Criteria for appointing Affiliate faculty are as follows:

- (1) the individual must provide a valuable service to the MUSC mission.
- (2) the individual must be appropriately qualified for the service s/he provides.
- (3) the individual's qualifications and contributions are vetted by department chair/unit leader and then by the committee that approves the college or unit's appointment and promotion applications, then approved by the Dean or Chair of AAF. If the appointment is at the Associate Professor or Professor rank, and they must be approved by the Provost and by the Board of Trustees (BOT) ~~if the appointment is at the Associate Professor or Professor rank.~~
- (4) the individual must receive no state compensation from the college or unit that issues the Affiliate faculty appointment.

An individual paid by a college or unit is ineligible to be an Affiliate faculty in that college/unit; if a paid faculty position in that college/unit is warranted, s/he should be so designated in accordance with the MUSC Faculty Handbook (including appropriate rank modifiers such as Visiting or Adjunct) and the college/unit's APT guidelines. The title Affiliate shall not be used in conjunction with other faculty rank modifiers (e.g., Adjunct, Visiting, Research, or Clinical).

## **B. Appointment Process**

Upon approval by the ~~Provost~~ [Dean](#) or Chair of AAF (or by the BOT if the appointment is at the rank of Associate Professor or Professor), an appointment letter is issued by the appropriate college/unit, to be signed by the Affiliate faculty member and returned to the appropriate college/unit, following which, the individual is issued their MUSC MNA and NetID. All appointment (and renewal) letters shall make explicit that the title Affiliate must be included any time the individual refers to his/her MUSC faculty title (letterhead, e-mail signature, etc). The appointment and renewal letters will also make clear that Affiliate faculty are ineligible for tenure.

## **C. Standardization of designation**

The term "Volunteer faculty" is retired as of June 30, 2018. Former Volunteer faculty who meet the criteria for an Affiliate faculty appointment have been transitioned to Affiliate faculty.

Individuals with current or future appointments as AHEC faculty in the College of Medicine may retain their designation as "AHEC faculty" if they continue to meet all requirements specified by the AHEC Faculty appointment and reappointment policies in the College of Medicine.

## **D. Renewal of Affiliate designation**

On a 3-year cycle, all Affiliate faculty appointments will be reviewed by the issuing college or unit to determine whether the appointment will be renewed. Renewal is based on continued qualifications and provision of valued service to the college/unit that issued the initial appointment. An Affiliate faculty appointment may be terminated at any time at the discretion of the Dean (or in the case of an Affiliate faculty appointment in the AAF unit, the Chair of the AAF).

## **E. Special Situations**

If a situation occurs that warrants departure from the policy and standards outlined herein, the Dean of the College or Chair of AAF is required to request special consideration from the Provost for exemption. The Provost has ultimate decision-making authority to determine if the exemption is granted.

## **F. Sanctions for Non-compliance**

Affiliate faculty appointments that fail to adhere to these standards will not be approved by the Provost.

## **IV. Definitions for the purposes of this policy \*\***

N/A

## **V. Related Policies \*\***

- This policy does not conflict with information contained in the MUSC Faculty Handbook.
- This policy does not nullify the policy regarding appointment and promotion of AHEC faculty as specified by the College of Medicine.
- The faculty designation of Affiliate as addressed in this policy is a different use of the term than that used in the phrase "affiliate salary" used by Grants and Contracts Accounting and from other uses of the term affiliate found in several MUSC policies and procedures in reference to associated organizations or entities.

## **VI. Applicable Laws and/or Regulations (not meant to be all inclusive) \*\***

This policy is intended to promote the University's compliance with federal and state laws.

**VII. References (Internal and External) and Citations \*\***

N/A

**VIII. Distribution and Communication Plan**

The policy will be published in Policy Tech and will be disseminated to each Dean and the chair of each respective appointment/promotion committee.

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

N/A

\* **Policies become effective on the date of publication**

\*\* **If not applicable, enter NA**

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**Institutional Commitment to Graduate Medical Education**

Medical education is a major component of the mission of the Medical University of South Carolina, the Medical University Hospital Authority, and the College of Medicine. The Board of Trustees, the President of MUSC, the Dean of the College of Medicine, the Hospital Chief Executive Officer (CEO), and the Designated Institutional Officer (DIO) are committed to ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources to include:

1. **Financial Support:** Allocation of adequate financial resources to support GME programs. This includes funding for resident salaries, benefits, educational resources, faculty development, and administrative costs associated with program operations.
2. **Clinical Resources:** Providing access to diverse and sufficient clinical settings where residents can gain hands-on experience and training under the supervision of qualified faculty. This includes ensuring that there are appropriate patient volumes and case diversity to support comprehensive learning.
3. **Faculty Development:** Investing in the professional development of faculty members who serve as educators, mentors, and supervisors for residents. This includes supporting faculty in maintaining their clinical skills, teaching effectiveness, and staying updated with advancements in medical practice and education.
4. **Educational Resources:** Offering access to libraries, research facilities, simulation centers, and technology necessary for resident education and training. Ensuring residents have opportunities for scholarly activities, research, and continuing medical education.
5. **Support for Resident Well-being:** Promoting resident well-being by providing resources and support systems aimed at addressing the physical, emotional, and mental health needs of residents. These include access to counseling services, wellness programs, and initiatives to mitigate burnout.
6. **Commitment to Inclusive Excellence:** Ensuring that GME programs promote inclusion excellence among residents, faculty, and patient populations. This includes fostering a supportive and inclusive learning environment that values diversity in perspectives and backgrounds.
7. **Fostering a Robust Learning Environment:** Preparing medical graduates for successful careers in healthcare while upholding high standards of patient care, education, and professional ethics.

**Compliance and Accreditation:** We commit that all ACGME accredited programs will be in substantial compliance with ACGME Common, Specialty and Subspecialty-specific Program, and Institutional requirements including but not limited to guidelines in the following areas:

- Patient Safety - including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.
- Quality Improvement - including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes.
- Transitions in Care - including how sponsoring institutions demonstrate effective standardization and oversight of transitions in care.
- Supervision - including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.
- Clinical and educational work hour oversight, Fatigue Management, and Mitigation - including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition and fatigue mitigation.



# Enterprise-wide Policy

<b>Section #</b>	<b>Policy #</b> E-DEI-001	<b>Reaffirmation of Commitment to Equal Opportunity</b>	
<b>Responsible Department:</b> Diversity, Equity & Inclusion			
<b>Date Originated</b> 12/13/2014	<b>Last Reviewed</b> 04/13/2018	<b>Last Revised</b> 04/13/2018	<b>Effective Date*</b> 02/09/2022

**Policy Scope:**

Applicable	Entity
X	MUHA
X	University
X	MUSCP

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

**I. Policy Statement**

MUSC is an Equal Opportunity Employer, supporting workplace diversity.

**II. Scope**

This is an enterprise-wide policy.

**III. Purpose of This Policy**

The Board of Trustees of the Medical University of South Carolina reaffirms the institution’s commitment to Equal Opportunity.

**IV. Who Should Be Knowledgeable about This Policy**

All MUSC enterprise employees

**V. The Policy**

It has been, and will continue to be, the policy of the Medical University of South Carolina (MUSC) and its affiliates to recruit, hire, train, and promote into all job levels the most qualified persons without regard to race, color, religion, sex, age, national origin, disability, veteran status, genetic information, sexual orientation or gender identity except where sex is a bona fide occupational qualification. All employment and promotional decisions are based upon job-related requirements, and must comply with the principles of equal employment opportunity.

Similarly, all related personnel matters such as compensation, benefits, transfers, reassignments, layoffs, returns from layoff, terminations, University-sponsored training, education, tuition assistance, social and recreation programs will be administered in accordance with this equal opportunity policy.

To advance these ends, MUSC has developed an Affirmative Action Program (AAP), supported by the President of the University, with specific and results-oriented procedures to ensure equal employment opportunity. This AAP as written is not to be considered a permanent document. The AAP will be evaluated on an ongoing basis through a defined audit and reporting system in order to assess progress

Enterprise-wide policies are those policies that apply to the Medical University of South Carolina, the Medical University Hospital Authority, and affiliates (including but not limited to University Medical Associates of the Medical University of South Carolina, the MUSC Foundation and the Foundation for Research Development), which derive their not-for-profit status from MUSC, MUHA or such other affiliate. These entities shall as a condition of conducting business with MUSC, develop and implement policies and procedures substantially similar to and consistent with this policy.

and detect potential problems. This program shall also be evaluated, and updated on an annual basis and modified or revised at other times as appropriate.

Overall responsibility and accountability for the implementation of the AAP is assigned to the Director of the Office of Equal Employment Opportunity and Affirmative Action Compliance, who will monitor the affirmative action compliance function for MUSC. The day-to-day responsibility for administration and implementation of the AAP is assigned to the Human Resources Division. Administrators, directors, managers, and supervisors are individually and collectively accountable for implementing this program. The cooperation and diligence of everyone involved in implementation is expected and is included as a component of their individual performance evaluation.

Enterprise-wide policies are those policies that apply to the Medical University of South Carolina, the Medical University Hospital Authority, and affiliates (including but not limited to University Medical Associates of the Medical University of South Carolina, the MUSC Foundation and the Foundation for Research Development), which derive their not-for-profit status from MUSC, MUHA or such other affiliate. These entities shall as a condition of conducting business with MUSC, develop and implement policies and procedures substantially similar to and consistent with this policy.