



**AGENDA**  
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES  
AND  
UNIVERSITY BOARD OF TRUSTEES

December 13, 2024

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES**  
**REGULAR AGENDA**  
December 13, 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 – February 14, 2025..... 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. MUSC Health Status Report ..... Dr. Patrick Cawley  
*Chief Executive Officer, MUSC Health*
  
- Item 8. MUHA Consolidated Financial Report.....Doug Lischke  
*Chief Financial Officer, MUSC Health*

Item 9. Budget Reprioritization Request.....Doug Lischke  
*Chief Financial Officer, MUSC Health*

Item 10. Indian Land Resolution for Approval.....Doug Lischke  
*Chief Financial Officer, MUSC Health*

A resolution accepting the Feasibility Study related to the Indian Land Hospital Project and Approving the Financing of the Project will be presented for approval.

Item 11. Nexton Resolution for Approval.....Doug Lischke  
*Chief Financial Officer, MUSC Health*

A resolution accepting the Feasibility Study related to the Nexton Hospital Project and Approving the Financing of the Project will be presented for approval.

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

Item 13. Government Affairs Update ..... Mark Sweatman  
*Vice President of Government Affairs, MUSC*

Item 14. Dean, College of Medicine and MUSC Physicians Update .....Dr. Terry Steyer/Dr. Gene Hong

Item 15. Other Committee Business.....Dr. Murrell Smith  
*Committee Chair*

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

Item 16. MUHA Leases for Approval ..... Tom Crawford  
*Chief Operating Officer, MUSC Health*

Item 17. MUSC Leases for Approval ..... Tom Crawford  
*Chief Operating Officer, MUSC Health*

Item 18. MUHA Easement for Approval ..... Tom Crawford  
*Chief Operating Officer, MUSC Health*

Item 19. MUHA Property Acquisition for Approval ..... Tom Crawford  
*Chief Operating Officer, MUSC Health*

Item 20. MUSC Establish Project(s) for Approval ..... Dave Attard  
*Chief Facilities Officer, MUSC*

Item 21. MUSC Professional Selection(s) for Approval ..... Dave Attard  
*Chief Facilities Officer, MUSC*

- Item 22. MUHA Establish Project(s) for Approval ..... Gopi Omraju  
*Senior Program Director, EPMO, MUSC Health*
- Item 23. Professional Selection(s) 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. KPMG Exit Conference .....Alison Upton/Steve Reader  
*KPMG*
- Item 26. Internal Audit Report..... Susan Barnhart  
*Chief Audit Executive*
- Item 27. Compensation Subcommittee Charter for Approval ..... Tom Stephenson  
*Committee Chair*
- Item 28. Other Committee Business..... Tom Stephenson  
*Committee Chair*

**Other Business for the Board of Trustees**

- Item 29. Revised MUHA Bylaws for Approval .....Charles Schulze  
*Chairman*
- Item 30. Approval of Consent Agenda.....Charles Schulze  
*Chairman*
- Item 31. 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 32. New Business for the Board of Trustees .....Charles Schulze  
*Chairman*
- Item 33. Report from the Chairman .....Charles Schulze  
*Chairman*



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

<b>Medical University Hospital Authority (MUHA)</b>	
<b>Statement of Revenues, Expenses and Changes in Net Assets</b>	
Consolidated	2 - 3
<b>Statement of Net Position</b>	
Consolidated	5 - 9
<b>Statements of Cash Flows</b>	
Consolidated	11

**Medical University Hospital Authority - Consolidated**  
**Statement of Revenues, Expenses, and Change in Net Position**  
**For the 4 Month Period Ending - October 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	\$338,802	\$315,626	\$23,175	7.34%	\$1,254,829	\$1,225,037	\$29,792	2.43%	\$1,075,827
HAWQ & Other Medicaid Directed Payments	36,164	34,608	1,556	4.50%	144,657	138,433	6,223	4.50%	72,197
Retail Pharmacy Revenue	77,709	60,803	16,906	27.81%	287,044	241,163	45,881	19.02%	214,450
Other Revenue	11,950	16,551	(4,601)	-27.80%	49,875	61,196	(11,321)	-18.50%	70,631
State Appropriations	6,507	6,117	390	6.37%	26,159	25,054	1,106	4.41%	25,524
<b>Total Operating Revenues</b>	<b>\$471,132</b>	<b>\$433,706</b>	<b>\$37,426</b>	<b>8.63%</b>	<b>\$1,762,563</b>	<b>\$1,690,883</b>	<b>\$71,681</b>	<b>4.24%</b>	<b>\$1,458,629</b>
<b>Operating Expenses</b>									
Salaries Wages	\$131,641	\$127,380	\$4,261	3.35%	\$496,268	\$484,694	\$11,574	2.39%	\$445,084
Benefits	42,163	43,322	(1,158)	-2.67%	159,145	164,256	(5,111)	-3.11%	150,660
Purchased Services	63,626	53,000	10,626	20.05%	226,816	206,620	20,196	9.77%	190,630
Physician Services	20,858	20,501	357	1.74%	78,550	80,649	(2,099)	-2.60%	67,739
Pharmaceuticals	28,537	28,550	(14)	-0.05%	107,073	112,786	(5,714)	-5.07%	93,303
Retail Pharmaceuticals	34,693	32,310	2,383	7.37%	142,298	128,080	14,217	11.10%	110,555
Medical Supplies	55,901	51,903	3,998	7.70%	214,528	202,109	12,419	6.14%	182,283
Other Supplies	5,198	7,277	(2,080)	-28.58%	20,934	28,874	(7,940)	-27.50%	25,080
Utilities	3,558	3,445	113	3.28%	13,323	13,625	(302)	-2.21%	15,124
Insurance	1,733	1,793	(60)	-3.35%	6,533	7,091	(558)	-7.87%	6,105
Leases	1,495	1,942	(447)	-23.01%	8,707	7,588	1,119	14.75%	9,521
Other (including HAWQ Provider Tax)	21,218	19,410	1,808	9.32%	77,487	76,294	1,193	1.56%	42,882
<b>Total Operating Expenses</b>	<b>\$410,620</b>	<b>\$390,834</b>	<b>\$19,787</b>	<b>5.06%</b>	<b>\$1,551,661</b>	<b>\$1,512,666</b>	<b>\$38,995</b>	<b>2.58%</b>	<b>\$1,338,966</b>
EBIDA	\$60,511	\$42,872	\$17,639	41.14%	\$210,903	\$178,217	\$32,686	18.34%	\$119,662
Depreciation	\$14,880	\$15,287	(\$408)	-2.67%	\$61,181	\$61,874	(\$693)	-1.12%	\$59,191
Interest	3,566	3,432	134	3.89%	13,580	13,797	(217)	-1.57%	13,336
Operating Income (Loss)	\$42,066	\$24,153	\$17,913	74.17%	\$136,142	\$102,546	\$33,597	32.76%	\$47,135
Operating Margin	8.93%	5.57%			7.72%	6.06%			3.23%
<b>NonOperating Revenue (Expenses)</b>									
Gifts and Grants	\$890	\$194	\$696	359.91%	\$7,874	\$774	\$7,100	916.72%	\$1,004
Noncash Pension and Other Post Employment Benefits	(12,348)	(11,637)	(\$711)	6.11%	(48,818)	(46,548)	(\$2,270)	4.88%	(58,010)
Investment Income	2,360	2,869	(509)	-17.73%	16,899	11,475	5,424	47.27%	6,988
Loss on Disposal of Capital Assets	4	77	(73)	-94.46%	(1)	286	(287)	-100.51%	104
Other NonOperating Revenues (Expenses)	(832)	(321)	(511)	158.92%	(3,301)	(1,262)	(2,039)	161.47%	744
Debt Issuance Costs	(589)	-	(589)	0.00%	(695)	-	(695)	0.00%	-
<b>Total NonOperating Revenues (Expenses)</b>	<b>(\$10,515)</b>	<b>(\$8,819)</b>	<b>(\$1,696)</b>	<b>19.23%</b>	<b>(\$28,042)</b>	<b>(\$35,275)</b>	<b>\$7,233</b>	<b>-20.50%</b>	<b>(\$49,170)</b>
Income (Loss) before NonOperating Payments to MUSC Affiliates	\$31,551	\$15,334	\$16,218	105.76%	\$108,100	\$67,270	\$40,830	60.70%	(\$2,035)
Non Operating Payments to MUSC Affiliates	-	-	-	0.00%	-	-	-	0.00%	-
<b>Change in Net Position</b>	<b>\$31,551</b>	<b>\$15,334</b>	<b>\$16,218</b>	<b>105.76%</b>	<b>\$108,100</b>	<b>\$67,270</b>	<b>\$40,830</b>	<b>60.70%</b>	<b>(\$2,035)</b>
Total Margin	6.70%	3.54%			6.13%	3.98%			-0.14%
Operating Cash Flow Margin	12.48%	9.74%			12.37%	10.39%			7.90%

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 October 31, 2024 (Unaudited)

*Actuals Compared to Fixed Budget*

**Revenue Explanation:** October year-to-date net patient service revenues were favorable to budget by 2.4%, or \$29.8M. Inpatient surgeries were favorable to budget by 4.8%, and outpatient surgeries were favorable to budget by 1.8%. Transplant procedures were favorable to budget by 22.5%. Case Mix Index was favorable \$12.7M and Payor Mix shift was unfavorable \$0.2M.

**Expense Explanation:** Salaries and wages were unfavorable to budget by \$11.6M driven by agency staffing and incentive pay. Benefits were favorable to budget \$5.1M.

Purchased Services were unfavorable to budget \$20.2M due to dietary costs and locum tenens coverage.

Pharmaceuticals, not explained by acuity and volume, were unfavorable to budget by \$2.5M due to increased productivity in Ambulatory and Radiologic departments. Retail pharmacy revenues, net of expenses, were \$31.7M favorable to budget.

Medical and Other Supplies, not explained by acuity and volume, were \$0.1M favorable to budget due to improved spending utilization.

Utilities, insurance, leases, and other expenses were unfavorable to budget by \$1.5M.

## **Statement of Net Position**

# Medical University Hospital Authority - Consolidated

## Statement of Net Position (in thousands)

October 31, 2024 and June 30, 2024

Assets and Deferred Outflows	As of 10/31/2024 (unaudited)	As of 06/30/2024 (unaudited)
<b>Current Assets:</b>		
Cash and Cash Equivalents	\$ 460,778	\$ 482,075
Cash Restricted for Capital Projects and Major Programs	116,688	104,045
Investments Unrestricted	255,109	233,673
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$394,200 and \$412,600	609,823	427,175
Due from Related Parties	19,174	1,347
Due from Third-Party Payors	18,112	22,455
Due from Joint Ventures and Partnerships	-	5,486
Other Current Assets	376,760	375,145
<b>Total Current Assets</b>	<b>\$ 1,856,444</b>	<b>\$ 1,651,401</b>
Investments Held by Trustees Mortgage Reserve Fund	\$ 86,576	\$ 85,847
Investments in Joint Ventures and Partnerships	61,540	62,492
Other Non-Current Assets	8,677	3,993
Capital Assets, Net	1,289,317	1,249,986
<b>Total Assets</b>	<b>\$ 3,302,554</b>	<b>\$ 3,053,720</b>
Deferred Outflows	\$ 856,620	\$ 856,434
<b>Total Assets and Deferred Outflows</b>	<b>\$ 4,159,175</b>	<b>\$ 3,910,154</b>
<b>Liabilities, Deferred Inflows and Net Position</b>		
<b>Current Liabilities:</b>		
Current Installments of Long-Term Debt	\$ 37,438	\$ 37,041
Current Installments of Capital Lease Obligations	41,095	41,409
Current Installments of Notes Payable	4,102	3,899
Due to Related Parties	-	-
Due to Joint Ventures and Partnerships	3,665	-
Accounts Payable	253,103	272,300
Accrued Payroll, Withholdings and Benefits	194,958	200,768
Other Accrued Expenses	35,098	32,201
Unearned Revenue	23,155	4,339
Other Current Liabilities	132,989	-
<b>Total Current Liabilities</b>	<b>\$ 725,603</b>	<b>\$ 591,957</b>
Long-Term Debt	\$ 625,375	\$ 637,987
Capital Lease Obligations	231,472	232,939
Notes Payable	12,949	12,136
Other Liabilities	31,478	31,478
RMC Net Pension Liability	26,035	23,314
<b>Total MUHA Liabilities</b>	<b>\$ 1,652,911</b>	<b>\$ 1,529,811</b>
Net Pension Liability (obligation of the state of SC)	1,366,254	1,340,264
Net OPEB Liability (obligation of the state of SC)	979,962	959,396
<b>Total Liabilities</b>	<b>\$ 3,999,127</b>	<b>\$ 3,829,471</b>
Deferred Inflows	\$ 544,464	\$ 543,922
<b>Total Liabilities and Deferred Inflows</b>	<b>\$ 4,543,591</b>	<b>\$ 4,373,393</b>
<b>Net Position:</b>		
Net Investment in Capital Assets	\$ 345,688	\$ 294,188
Restricted:		
Under Indenture Agreements	86,576	85,847
Expendable for:		
Capital Projects	62,957	76,660
Major Programs	51,395	51,314
Unrestricted (deficit)	(931,032)	(971,248)
<b>Total Net Position</b>	<b>\$ (384,416)</b>	<b>\$ (463,239)</b>
<b>Total Liabilities, Deferred Inflows and Net Position</b>	<b>\$ 4,159,175</b>	<b>\$ 3,910,154</b>

Unaudited - For Management Use

# MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 10/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

## Cash, Cash Equivalents and Investments

Unrestricted cash and cash equivalents decreased by \$21.3M from June 30, 2024. Significant FY2025 events impacting cash include receipt of \$140.9M Health Access, Workforce, and Quality (HAWQ) Medicaid program and \$110.1M HAWQ tax payments.

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

	10/31/2024 Balance	6/30/2024 Balance
Carrying Amount (cash and cash equivalents)	\$ 460,778	\$ 482,075
Restricted (cash and cash equivalents)	116,688	104,045
Total	<u>\$ 577,466</u>	<u>\$ 586,120</u>

The Authority has unrestricted available cash of \$715.9M as detailed below

	10/31/2024 Balance	6/30/2024 Balance
Cash and cash equivalents	\$ 460,778	\$ 482,075
Investments - unrestricted	255,109	233,673
Total	<u>\$ 715,887</u>	<u>\$ 715,748</u>

## 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.

	10/31/2024 Balance	6/30/2024 Balance
Blue Cross	29%	27%
Medicare	34%	35%
Medicaid	10%	12%
Private insurance/managed care	16%	16%
Medically Indigent/self-pay/other	11%	10%
	<u>100%</u>	<u>100%</u>

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 10/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

### Other Current Assets

The composition of other current assets is as follows:

	10/31/2024	6/30/2024
	Balance	Balance
Inventory	\$ 125,327	\$ 124,658
Other Prepayments	118,610	123,912
Non-Patient Accounts Receivable	130,522	123,877
Lease Receivable	2,361	2,698
	<u>\$ 376,760</u>	<u>\$ 375,145</u>

### Other Non-Current Assets

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

	10/31/2024	6/30/2024
	Balance	Balance
Siemens - Service Portion	\$ 4,610	\$ -
Maintenance Contracts	2,861	2,765
Dept of Veterans Affairs Prepaid Rent	1,206	1,228
	<u>\$ 8,677</u>	<u>\$ 3,993</u>

### Third Party Payors

Medicare and Medicaid owe MUHA \$18.1M, a decrease of \$4.3M due to prior year Medicaid cost settlements.

	10/31/2024	6/30/2024
	Balance	Balance
Medicare/Medicaid Accounts Receivable	<u>\$ 18,112</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.

	10/31/2024	6/30/2024
	Balance	Balance
MUSC Health Partners (MHP)	\$ (8)	\$ (46)
Edgewater Surgery Center	698	381
MSV Health Inc (MHI)	(5,759)	241
Mainsail Health Partners	(1,149)	2,507
MUSC Strategic Ventures (MSV)	2,553	2,403
	<u>\$ (3,665)</u>	<u>\$ 5,486</u>

# MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 10/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

## Deferred Outflows

	10/31/2024	6/30/2024
	Balance	Balance
Pension	\$ 322,325	\$ 322,184
Other Post-Employment Benefits	523,476	522,620
Refunding bond amortization	10,819	11,630
	<u>\$ 856,620</u>	<u>\$ 856,434</u>

## Accounts Payable

Accounts Payable decreased by \$19.2M from June 30, 2024.

	10/31/2024	6/30/2024
	Balance	Balance
	<u>\$ 253,103</u>	<u>\$ 272,300</u>

## Other Accrued Expenses

The composition of other accrued expenses is as follows:

	10/31/2024	6/30/2024
	Balance	Balance
Other	30,214	27,442
Accrued Interest	2,865	2,741
Amounts due to contractors	2,019	2,018
	<u>\$ 35,098</u>	<u>\$ 32,201</u>

## Unearned Revenue

Unearned revenue increased by \$18.8M from June 30, 2024 due to Quality Payment, Cost Settlement, and Leatherman Funding.

	10/31/2024	6/30/2024
	Balance	Balance
DSH & Other Medicaid Directed Payments	\$ 3,105	\$ 3,000
State Appropriations	8,500	-
Behavioral Health	3,333	-
Health Innovation	3,591	-
GME Funding	277	-
Cost Settlement	827	827
Leatherman Funding	500	500
Health Solutions	2,000	-
Other	1,022	12
	<u>\$ 23,155</u>	<u>\$ 4,339</u>



## MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 10/31/2024 (Unaudited) and 06/30/2024 (Unaudited) - (in thousands)

### Long Term Debt

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

Project (mo/yr issued)	10/31/2024 Balance	6/30/2024 Balance
Shawn Jenkins Children's Hospital (06/2019)	\$ 261,608	\$ 264,850
Ashley River Tower (12/2012)	161,095	167,310
Community Health System Acquisition (03/2019)	110,894	112,306
Lifepoint Acquisition (07/2021)	72,199	72,966
Central Energy Plant (12/2013)	19,579	20,555
	\$ 625,375	\$ 637,987

As of October 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)	10/31/2024 Balance	6/30/2024 Balance
Charleston Property Lease (various)	\$ 90,893	\$ 92,673
Charleston Equipment Lease (various)	36,723	36,302
Summey Medical Pavilion (04/2019)	38,669	38,894
RHN & Midlands Equipment Lease (various)	16,371	18,153
RHN & Midlands Property Lease (various)	35,568	33,415
Subscription-based Technology Agreement - ERP (10/22)	4,913	4,913
Medical Malls (02/2019)	8,176	8,352
Cardiovascular Equipment (03/2020)	159	237
	\$ 231,472	\$ 232,939

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

As of October 31, 2024, the net pension liability, inclusive of RMC, increased by \$28.7M from June 30, 2024.

As of October 31, 2024, the net other post-employment benefit liability increased by \$20.6M from June 30, 2024.

### Deferred Inflows

Deferred inflows increased by \$0.5M compared to June 30, 2024. The following breakdown is below:

	10/31/2024 Balance	6/30/2024 Balance
Pension	\$ 12,835	\$ 11,707
Other Post-Employment Benefits	526,625	526,625
Equipment	2,832	3,068
Property Leases	2,172	2,522
	\$ 544,464	\$ 543,922

# **Statements of Cash Flows**

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - (in thousands)

October 31, 2024 and June 30, 2024

	As of 10/31/2024 (unaudited)	As of 6/30/2024 (unaudited)
Cash flows from operating activities:		
Receipts received from patients and third-party payors	\$ 1,475,912	\$ 4,527,847
Other cash receipts	98,194	186,022
Payments to suppliers and employees	(1,497,645)	(4,299,044)
State appropriations	42,760	\$ 75,966
Net cash provided (used) by operating activities	\$ 119,221	\$ 490,791
Cash flows from noncapital financing activities:		
Proceeds from noncapital grants and gifts	1,875	5,303
Nonoperating revenues (expenditures)	(2,349)	(7,517)
Net cash provided (used) by noncapital financing activities	\$ (474)	\$ (2,214)
Cash flows from capital and related financing activities:		
Capital expenditures	\$ (82,665)	\$ (119,010)
Capital appropriations	-	16,000
Capital grants and gifts received	-	-
Payments of principal on long-term debt	(12,297)	(80,554)
Proceeds from financing debt	1,097	2,444
Payments of bond issuance cost	(695)	(31)
Payments of mortgage insurance premium	-	(2,155)
Payments on lease obligations	(13,961)	(48,205)
Proceeds on equipment replacement obligations	-	(644)
Interest payments	(12,644)	(40,791)
Net cash provided (used) by capital and related financing activities	\$ (121,165)	\$ (272,946)
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	\$ 25,188	\$ 299,000
Investment income received	13,616	29,729
Purchases of investments	(35,100)	(218,080)
Contributions to joint ventures and partnerships	-	(30,000)
Net cash provided (used) by investing activities	\$ 3,704	\$ 80,649
Net increase (decrease) in cash and cash equivalents	1,286	296,280
Cash and cash equivalents at beginning of year	593,044	296,764
Cash and cash equivalents at end of year	\$ 594,330	\$ 593,044

## Budget Reprioritization Requests

### **Item #1            System Mobile Clean Room Unit \$ 1,008,666**

Request to fund the purchase of a mobile clean room unit to support hazardous and non-hazardous compounding.

Funding source: Usage of funds approved for System HAWQ Capital Contingency budget of \$25.8M.

### **Item #2            Charleston Radiology NES Biplane Phase 1 Construction \$1,300,000**

Request to fund construction of the radiology biplane replacement at Main Hospital 3rd floor.

Funding Source: Swap of funds approved for Charleston Siemens Phase 2 Ultrasound Commitment budget of \$1.3M.

### **Item #3            Charleston SPD Stryker Ortho Power Equipment \$1,100,000**

Request to fund replacement of SPD/Ortho small drill fleet, which are the primary instruments breaking during procedures.

Funding Source: Swap of funds approved for Charleston Sleep Lab at Cannon Park Place budget of \$2.8M.

### **Item #4            Charleston Med One Bed End of Lease Buyout \$905,000**

Request to buyout two Stryker bed leases that are end of term. The option to buyout provides \$400K in savings.

Funding Source: Swap of funds approved for Charleston Sleep Lab at Cannon Park Place budget of \$2.8M.

### **Item #5            Orangeburg Sterile Process Department (SPD) upfit \$ 864,860**

Request to fund construction upfit costs to complete the Orangeburg Sterile Process Department upfit.

Funding Source: Swap of funds approved for Orangeburg Patient Safety budget of \$2.3M.

### **Item #6            Midlands CICU \$ 2,000,000**

Request to fund a new Cardiac Intensive Care Unit (ICU) at the Columbia Medical Center Downtown to meet the growing patient census.

Funding Source: Usage of funds approved for Midland's Contingency budget of \$4.3M.

**Item #7            Kershaw Call Bell Replacement \$ 1,500,000**

Request to fund the replacement of the call bell system at Kershaw Medical Center which allows patients to alert staff when assistance is needed.

Funding Source: Usage of funds approved for System Market/Routine Capital Contingency budget of \$12.0M.

**Item #8            Marion Nursing Home Upfit \$ 1,300,000**

Request to fund the upfit of the 3<sup>rd</sup> floor of Marion Hospital, where the Mullins Nursing Home now resides. These funds support licensure and regulatory requirements.

Funding Source: Swap of funds approved for Pee Dee – Med Mall A Expansion budget of \$3.4M.

**Item #9            Nexton Pediatric Sub-Specialty Clinic Upfit \$ 1,600,000**

Request to fund the upfit of the Nexton pediatric subspecialty clinic. This space will be used to provide advanced pediatric care, including specialized services such as cardiology, endocrinology, and neurology, to meet the growing healthcare needs of the community.

Funding Source: Swap of funds approved for Charleston – West Campus Phase 3 OR Expansion budget of \$7.0M.

**Item #10          Midlands Accel Health \$ 406,141**

Request to fund upfit and FFE for the expansion of Accel Health primary care program in the Midlands market.

Funding Source: Usage of funds approved for System HAWQ Capital Contingency budget of \$25.8M.

**Item #11          System Ambient Scribe Program Licenses \$ 1,718,000**

Request to fund the expansion of the Ambient Scribe Program, which automates clinical documentation to improve provider wellbeing and enhanced patient experiences.

Funding Source: Usage of funds approved for System HAWQ Capital Contingency budget of \$25.8M.

**Item #12          CDI/Coding Inpatient Request Up to \$ 4,500,000**

Request to fund professional services to support inpatient CDI/coding efforts.

Funding Source: Usage of one-time operating expenditures approved for Strategy and Affiliations work.

**Item #13          CDI/Coding Outpatient Request Up to \$ 500,000**

Request to fund professional services to support outpatient CDI/coding efforts.

Funding Source: Usage of one-time operating expenditures approved for Strategy and Affiliations work.

**RESOLUTION OF THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY HOSPITAL  
AUTHORITY  
ACCEPTING THE FEASIBILITY STUDY RELATED TO A PROJECT AND APPROVING THE  
FINANCING OF THE PROJECT**

**WHEREAS**, on April 12, 2024, the Board of Trustees (the “*Board of Trustees*”) of Medical University Hospital Authority (the “*Authority*”) passed a Resolution authorizing and approving the financing of construction of a hospital and ancillary facilities in Lancaster County, South Carolina (collectively, the “*Hospital*”) and further authorized the payment of costs incurred in connection with such financing (collectively, the “*Project*”); and

**WHEREAS**, on April 12, 2024, the Board of Trustees further authorized the Authority to prepare and submit to HUD an application for FHA mortgage loan insurance under Section 241 of the National Housing Act, as amended, for the Project and to finance the Project through a taxable mortgage loan made by a GNMA lender; and

**WHEREAS**, the Board of Trustees wishes to authorize the use of either a tax-exempt bond financing or a GNMA guaranteed mortgage loan financing structure to finance the Project; and

**WHEREAS**, on April 12, 2024, the Board of Trustees agreed to review and consider, when completed, a feasibility study with respect to the Project that was commissioned by the Authority and was being prepared by WIPFLi LLP (the “*Feasibility Study*”); and

**WHEREAS**, WIPFLi, LLP has completed the Feasibility Study and has submitted it to the Board of Trustees for acceptance and approval.

**NOW, THEREFORE BE IT** Resolved by the Board of Trustees as follows:

**Section 1.** The Board of Trustees hereby approves the financing of the Project with either a tax-exempt bond financing or a taxable mortgage loan made by a GNMA lender upon such terms and conditions as an Authorized Officer (as defined herein) shall determine provided that the principal amount of the mortgage loan shall (a) not exceed \$395,000,000, (b) be amortized over no more than twenty-five (25) years and have a final maturity no later than thirty (30) years after incurrence, and (c) bear interest at a rate not in excess of nine percent (9%) percent per annum.

**Section 2.** Except as limited by Section 1, the Board of Trustees hereby authorizes and delegates to an Authorized Officer the development of, and agreement to, the terms of any financing for the Project to be secured by a FHA-insured Section 241 mortgage, including but not limited to (i) selection of a tax-exempt bonds financing structure or a taxable GNMA-guaranteed mortgage loan made by GNMA lender to finance the Project, (ii) negotiation, execution, delivery, and performance of agreements and any other documents that such Authorized Officer, with advice of counsel, shall deem necessary or advisable to effectuate the transactions described in or contemplated by this Resolution and the Board of Directors’ resolution, dated April 12, 2024, and (iii) if necessary or advisable, entering into a letter of credit arrangement with a financial institution in order to comply with the HUD requirement relating to the Authority’s equity contribution for the Project.

**Section 3.** The Board of Trustees further accepts and approves the Feasibility Study and agrees to be bound by its terms.

**Section 4.** The Board of Trustees authorizes and delegates to the President, the Chief Executive Officer, MUSC Health and Vice President for Health Affairs, University and Chief Financial Officer (collectively, the “*Authorized Officers*” and each, an “*Authorized Officer*”), either individually or collectively, the authority to take such actions, make such determinations, enter into such agreements, and execute such documents as may be necessary or advisable (subject, in all respects, to any applicable approvals of certain terms and conditions that may need to be obtained from the South Carolina State Treasurer) in order obtain a commitment for HUD Section 241 Mortgage Insurance, including but not limited to, binding the Authority to abide by, the HUD Regulatory Agreement and the required standard covenants contained therein.

**Section 5.** The Board of Trustees hereby authorizes and delegates to an Authorized Officer the authority to enter into and execute contracts on behalf of the Authority to retain such contractors, advisors and counsel, including, specifically, the engagement of bond counsel if a tax-exempt bond financing is utilized to finance the Project, as such Authorized Officer, with the advice of Hospital counsel, shall deem necessary or advisable to carry out the purposes and intent of the financing of the Project and this Resolution or any requirement of HUD relating to FHA mortgage insurance and the Commitment.

**Section 6.** Section 1 of the Resolution of the Board of Trustees entitled “RESOLUTION OF THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY AUTHORIZING OBTAINING A COMMITMENT FOR U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SECTION 241 MORTGAGE INSURANCE TO SECURE THE FINANCING OF A PROJECT,” adopted April 12, 2024, is hereby amended to read as follows:

“The Board of Trustees hereby authorizes and approves the financing of the Project with either a tax-exempt bond financing or a taxable mortgage loan made by a GNMA lender upon such terms and conditions as an Authorized Officer (as defined herein) shall determine provided that the principal amount of the mortgage loan shall (a) not exceed \$395,000,000, (b) be amortized over no more than twenty-five (25) years and have a final maturity no later than thirty (30) years after incurrence, and (c) bear interest at a rate not in excess of nine percent (9%) percent per annum.”

**Section 7.** The Board of Trustees hereby ratifies, confirms, and approves as the acts and deeds of the Authority, any actions taken by an Authorized Officer prior to the date of this Resolution that are within the authority conferred hereby.

Adopted by the Board of Trustees of Medical University Hospital Authority this 13<sup>th</sup> day of December, 2024.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
BOARD OF TRUSTEES**

By \_\_\_\_\_  
Charles W. Schulze, CPA, Chairman

By \_\_\_\_\_  
Katherine S. Haltiwanger, Secretary



**RESOLUTION OF THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY HOSPITAL  
AUTHORITY  
ACCEPTING THE FEASIBILITY STUDY RELATED TO A PROJECT AND APPROVING THE  
FINANCING OF THE PROJECT**

**WHEREAS**, on April 12, 2024, the Board of Trustees (the “*Board of Trustees*”) of Medical University Hospital Authority (the “*Authority*”) passed a Resolution authorizing and approving the financing of construction of a hospital and ancillary facilities in Berkeley County, South Carolina (collectively, the “*Hospital*”) and further authorized the payment of costs incurred in connection with such financing (collectively, the “*Project*”); and

**WHEREAS**, on April 12, 2024, the Board of Trustees further authorized the Authority to prepare and submit to HUD an application for FHA mortgage loan insurance under Section 241 of the National Housing Act, as amended, for the Project and to finance the Project through a taxable mortgage loan made by a GNMA lender; and

**WHEREAS**, the Board of Trustees wishes to authorize the use of either a tax-exempt bond financing or a GNMA guaranteed mortgage loan financing structure to finance the Project; and

**WHEREAS**, on April 12, 2024, the Board of Trustees agreed to review and consider, when completed, a feasibility study with respect to the Project that was commissioned by the Authority and was being prepared by WIPFLi LLP (the “*Feasibility Study*”); and

**WHEREAS**, WIPFLi, LLP has completed the Feasibility Study and has submitted it to the Board of Trustees for acceptance and approval.

**NOW, THEREFORE BE IT** Resolved by the Board of Trustees as follows:

**Section 1.** The Board of Trustees hereby approves the financing of the Project with either a tax-exempt bond financing or a taxable mortgage loan made by a GNMA lender upon such terms and conditions as an Authorized Officer (as defined herein) shall determine provided that the principal amount of the mortgage loan shall (a) not exceed \$395,000,000, (b) be amortized over no more than twenty-five (25) years and have a final maturity no later than thirty (30) years after incurrence, and (c) bear interest at a rate not in excess of nine percent (9%) percent per annum.

**Section 2.** Except as limited by Section 1, the Board of Trustees hereby authorizes and delegates to an Authorized Officer the development of, and agreement to, the terms of any financing for the Project to be secured by a FHA-insured Section 241 mortgage, including but not limited to (i) selection of a tax-exempt bonds financing structure or a taxable GNMA-guaranteed mortgage loan made by GNMA lender to finance the Project, (ii) negotiation, execution, delivery, and performance of agreements and any other documents that such Authorized Officer, with advice of counsel, shall deem necessary or advisable to effectuate the transactions described in or contemplated by this Resolution and the Board of Directors’ resolution, dated April 12, 2024, and (iii) if necessary or advisable, entering into a letter of credit arrangement with a financial institution in order to comply with the HUD requirement relating to the Authority’s equity contribution for the Project.

**Section 3.** The Board of Trustees further accepts and approves the Feasibility Study and agrees to be bound by its terms.

**Section 4.** The Board of Trustees authorizes and delegates to the President, the Chief Executive Officer, MUSC Health and Vice President for Health Affairs, University and Chief Financial Officer (collectively, the “*Authorized Officers*” and each, an “*Authorized Officer*”), either individually or collectively, the authority to take such actions, make such determinations, enter into such agreements, and execute such documents as may be necessary or advisable (subject, in all respects, to any applicable approvals of certain terms and conditions that may need to be obtained from the South Carolina State Treasurer) in order obtain a commitment for HUD Section 241 Mortgage Insurance, including but not limited to, binding the Authority to abide by, the HUD Regulatory Agreement and the required standard covenants contained therein.

**Section 5.** The Board of Trustees hereby authorizes and delegates to an Authorized Officer the authority to enter into and execute contracts on behalf of the Authority to retain such contractors, advisors and counsel, including, specifically, the engagement of bond counsel if a tax-exempt bond financing is utilized to finance the Project, as such Authorized Officer, with the advice of Hospital counsel, shall deem necessary or advisable to carry out the purposes and intent of the financing of the Project and this Resolution or any requirement of HUD relating to FHA mortgage insurance and the Commitment.

**Section 6.** Section 1 of the Resolution of the Board of Trustees entitled “RESOLUTION OF THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY AUTHORIZING OBTAINING A COMMITMENT FOR U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SECTION 241 MORTGAGE INSURANCE TO SECURE THE FINANCING OF A PROJECT,” adopted April 12, 2024, is hereby amended to read as follows:

“The Board of Trustees hereby authorizes and approves the financing of the Project with either a tax-exempt bond financing or a taxable mortgage loan made by a GNMA lender upon such terms and conditions as an Authorized Officer (as defined herein) shall determine provided that the principal amount of the mortgage loan shall (a) not exceed \$395,000,000, (b) be amortized over no more than twenty-five (25) years and have a final maturity no later than thirty (30) years after incurrence, and (c) bear interest at a rate not in excess of nine percent (9%) percent per annum.”

**Section 7.** The Board of Trustees hereby ratifies, confirms, and approves as the acts and deeds of the Authority, any actions taken by an Authorized Officer prior to the date of this Resolution that are within the authority conferred hereby.

Adopted by the Board of Trustees of Medical University Hospital Authority this 13<sup>th</sup> day of December, 2024.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
BOARD OF TRUSTEES**

By \_\_\_\_\_  
Charles W. Schulze, CPA, Chairman

By \_\_\_\_\_  
Katherine S. Haltiwanger, Secretary

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

**DECEMBER 13, 2024**

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 2,692 square feet of clinical space located at 1003 Grove Road, Greenville. The purpose of this lease renewal is to continue to provide space for MUSC Health Cardiology and Transplant. The rent per square foot is \$18.50 plus an additional \$8.67 a square foot for CAM, taxes, insurance and operating costs for a total square foot cost of \$27.17. The total monthly rental payment will be \$6,094.39, resulting in an annual lease amount of \$73,132.72. Rent shall increase 3% annually and operating cost shall increase based on actual costs with estimated 4% cap.

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

LANDLORD: Coker & Carlin Properties, LLC

LANDLORD CONTACT: Brian Sparks and Matt VanVick, Members

TENANT NAME AND CONTACT: MUSC Health Transplant & Cardiology, Alice Edwards

SOURCE OF FUNDS: General Hospital Funds

LEASE TERMS:

TERM: Five (5) years: [7/1/2025 – 6/30/2029]  
TOTAL AMOUNT PER SQUARE FOOT: \$27.17  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$73,132.72  
Year 2 \$75,560.01  
Year 3 \$78,069.45  
Year 4 \$80,663.88  
Year 5 \$83,346.23

TOTAL AMOUNT OF TERM: \$390,772.29

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE \_\_\_\_\_  
MODIFIED   X   [excludes utilities and maintenance repair costs]

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

**DECEMBER 13, 2024**

DESCRIPTION OF LEASE AMENDMENT: The Medical University Hospital Authority currently leases 71,760 square feet of office space at 1 South Park Circle, Charleston. This building is currently occupied by Human Resources, ERP, Community Trainers, Health Information System, Controller's Office, and SC AHEC. This amendment shall add an additional 3,843 square feet of space for MUHA Human Resources Orientation and support services. The rent per square foot is \$16.01 plus an additional \$12.02 a square foot for CAM, taxes, insurance and operating costs for a total square foot cost of \$28.03. The total monthly rental payment for this additional space will be \$8,976.61, resulting in an annual lease amount of \$107,719.29. In accordance with the terms of the current lease agreement the base rent shall increase 2.5% annually and operating cost shall increase based on actual costs with estimated 4% cap.

NEW LEASE AGREEMENT \_\_\_\_\_  
LEASE AMENDMENT   X  

LANDLORD: Charleston SC I SGF, LLC

LANDLORD CONTACT: Jessica King, Property Manager

TENANT NAME AND CONTACT: MUHA Human Resources Orientation, Steven Walesch

SOURCE OF FUNDS: General Hospital Funds

LEASE TERMS:

TERM: Four (4) years: [1/1/2025 – 1/16/2024]  
TOTAL AMOUNT PER SQUARE FOOT: \$28.03  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$107,719.29  
Year 2 \$111,412.80  
Year 3 \$115,235.59  
Year 4 \$119,192.28

TOTAL TERM NOT TO EXCEED: \$435,559.95

Extended Term(s): Two (2) terms, five (5) years each

OPERATING COSTS:

FULL SERVICE   X    
NET \_\_\_\_\_

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

**DECEMBER 13, 2024**

DESCRIPTION OF LEASE AMENDMENT: The Medical University Hospital Authority currently leases 2,124 square feet of clinic space at 2750 Laurel Street, Suite 104. This amendment shall add Suite 102, for an additional 2,598 square feet resulting in a total of 4,722 square feet for MUHA Imaging. The total rent per square foot is \$34.28 which includes a base rate of \$12.76 for CAM, taxes, insurance and operating costs. The total monthly rental payment for both suites will be \$13,489.18, resulting in an annual lease amount of \$161,870.16. The rent shall increase 3% annually and the base operating rate shall increase on actual costs estimated 5% cap. Landlord shall provide \$580,000.00 for tenant improvements.

NEW LEASE AGREEMENT \_\_\_\_\_  
LEASE AMENDMENT   X  

LANDLORD: PMOB Associates, LLC

LANDLORD CONTACT: Erreca White, Property Manager

TENANT NAME AND CONTACT: MUHA Imaging, Matthew Littlejohn

SOURCE OF FUNDS: General Hospital Funds

LEASE TERMS:

TERM: Ten (10) years: [3/1/2025 – 2/28/2035]  
TOTAL AMOUNT PER SQUARE FOOT: \$34.28  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$161,870.16                      Year 6 \$191,313.76  
Year 2 \$169,738.90                      Year 7 \$197,126.41  
Year 3 \$174,891.32                      Year 8 \$203,117.10  
Year 4 \$180,201.33                      Year 9 \$209,291.36  
Year 5 \$185,673.79                      Year 10 \$215,654.88

TOTAL TERM NOT TO EXCEED: \$1,888,879.00

Extended Term(s): Two (2) terms, five (5) years each

OPERATING COSTS:

FULL SERVICE   X    
NET \_\_\_\_\_

**FACILITIES  
HOSPITAL AUTHORITY – LANCASTER  
NEW LEASE  
FOR APPROVAL**

**DECEMBER 13, 2024**

DESCRIPTION OF NEW LEASE: This lease is for approximately 1,737 square feet of clinical space located at 1245 Rosemont Drive, Suite 101, Indian Land. The purpose of this lease is to provide space for MUHA Physical Therapy. The rent per square foot is \$26.00 plus and additional \$5.00 a square foot for CAM, taxes and insurance for a total square foot cost of \$31.00. Operating costs shall be paid outside the lease agreement. The total monthly rental payment will be \$4,487.25, resulting in an annual lease amount of \$53,847.00. Rent shall increase 2.5% annually and CAM shall increase based on actuals with an annual estimated 5% cap.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Cherry Tree, LLC

LANDLORD CONTACT: Debra Buck, Property Manager

TENANT NAME AND CONTACT: MUSC Physical Therapy, Richard Warrin

SOURCE OF FUNDS: General Hospital Funding

LEASE TERMS:

TERM: Three (3) years: [1/1/2025 – 12/31/2027]  
TOTAL AMOUNT PER SQUARE FOOT: \$31.00  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$53,847.00  
Year 2 \$55,410.30  
Year 3 \$57,030.05

TOTAL AMOUNT TERM: \$166,287.35

Extended Term(s): Three (3) terms, one (1) year each, same terms and conditions

TOTAL AMOUNT INCLUDING EXTENTION OPTIONS: \$347,572.94

OPERATING COSTS:

FULL SERVICE       
MODIFIED   X   [excludes janitorial, utilities, maintenance]

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

**DECEMBER 13, 2024**

DESCRIPTION OF NEW LEASE: This lease is for approximately 7,001 square feet of clinical space located at 318 Brighton Park, Summerville. The purpose of this lease is to provide space for MUHA Specialty Pediatrics. The rent per square foot is \$34.00 plus an additional \$10.00 a square foot for CAM, taxes and insurance for a total square foot cost of \$44.00. Operating Costs shall be paid outside the lease agreement. The total monthly rental payment will be \$25,670.33, resulting in an annual lease amount of \$53,847.00. Rent shall increase 3% annually and CAM shall increase based on actuals with an annual estimated 4% cap. Landlord shall provide \$525,075.00 in tenant improvement allowance.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: MBTWO, LLC

LANDLORD CONTACT: John Schnorr, Member

TENANT NAME AND CONTACT: MUSC Specialty Pediatrics, Alice Edwards

SOURCE OF FUNDS: General Hospital Funding

LEASE TERMS:

TERM: Ten (10) years: [9/1/2025 – 8/31/2035]  
TOTAL AMOUNT PER SQUARE FOOT: \$44.00  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$308,044.00                      Year 6 \$361,124.51  
Year 2 \$317,985.42                      Year 7 \$372,810.18  
Year 3 \$328,253.09                      Year 8 \$384,880.18  
Year 4 \$338,857.91                      Year 9 \$397,347.87  
Year 5 \$349,811.16                      Year 10 \$410,226.44

TOTAL AMOUNT TERM: \$3,569,340.61

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

OPERATING COSTS:

MODIFIED   X   [excludes janitorial, utilities, maintenance]  
NET



**FACILITIES  
HOSPITAL ACADEMIC – CHARLESTON  
LEASE RENEWAL  
FOR APPROVAL**

**DECEMBER 13, 2024**

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 5,542 square feet of office space located at 29 C Leinbach Drive, Charleston. The purpose of this lease renewal is to continue to provide space for MUSC Community and Public Safety Psychiatry Division. The rent per square foot is \$24.00 with all CAM, taxes, insurance and operating expenses included in the rent. The total monthly rental payment will be \$11,084.00, resulting in an annual lease amount of \$133,008.00. Rent shall not increase annually.

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

LANDLORD: VRN Investments, LLC

LANDLORD CONTACT: Gupta Rajiv, Member

TENANT NAME AND CONTACT: MUSC Community and Public Safety Psychiatry Division,  
Diana Mullis, M.D.

SOURCE OF FUNDS: Psychiatry

LEASE TERMS:

TERM: Five (5) years: [8/1/2025 – 7/31/2030]  
TOTAL AMOUNT PER SQUARE FOOT: \$24.00  
TOTAL ANNUALIZED LEASE AMOUNT: \$133,080.00

TOTAL AMOUNT OF TERM: \$665,040.00

EXTENDED TERM(S): One (1) term, five (5) years at rate to be negotiated

OPERATING COSTS:

FULL SERVICE   X    
NET \_\_\_\_\_

**FACILITIES  
ACADEMIC  
NEW SUBLEASE  
FOR APPROVAL**

**DECEMBER 13, 2024**

DESCRIPTION OF NEW SUBLEASE: This sublease is for approximately 49,762 square feet of clinical and office space located at Rutledge Tower. The purpose of this lease is to provide space for MUSC College of Medicine. The rent per square foot is \$37.00 and includes all CAM, operating costs and insurance. The total monthly rental payment will be \$153,432.83, resulting in an annual lease amount of \$1,841,194.00.

Mainsail purchased Rutledge Tower in January 2024 and leases the entire building to MUHA who in turn shall sublease a portion to MUSC. The square footage assignment between MUSC and MUHA may fluctuate over the term of the sublease due to internal department moves. The sublease agreement between MUHA and MUSC shall be amended as needed to reflect space updates throughout the term of the sublease.

NEW SUBLEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

SUBLANDLORD: Medical University Hospital Authority

SUBLANDLORD CONTACT: Doug Lischke

SUBTENANT NAME AND CONTACT: MUSC College of Medicine, Rick Anderson

SOURCE OF FUNDS: College of Medicine

**SUBLEASE TERMS:**

TERM: Three (3) years: [8/1/2024 – 7/31/2027]

\*90 day option to terminate

TOTAL AMOUNT PER SQUARE FOOT: \$37.00

TOTAL ANNUALIZED LEASE AMOUNT: \$1,841,194.00

TOTAL AMOUNT TERM: \$5,523,582.00

Extended Term(s): Two (2) terms, three (3) years each at rate to be negotiated

**OPERATING COSTS:**

FULL SERVICE   X  

NET

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

**DECEMBER 13, 2024**

DESCRIPTION OF EASEMENT: Chester County Wastewater Project

PROPERTY OWNER: Chester County Hospital Board of Chester County, South Carolina  
LESSEE: Medical University Hospital Authority

REQUESTOR: Chester County Wastewater Recovery

REQUESTOR CONTACT: Phillip Thompson-King, Executive Director

LOCATION: TMS 125-00-00-074-000 3909 Lewisville High School Road, Richburg

DESCRIPTION: Chester County Wastewater Recovery requests an easement for temporary access to complete a utility project. This property is owned by Chester County Hospital Board of Chester County and leased to Medical University Hospital Authority under a long-term ground lease agreement.

DISPOSITION PRICE: \$10

**FACILITIES**  
**ACADEMIC/RESEARCH**  
**ESTABLISH PROJECT**  
**FOR APPROVAL**  
**DATE: December 2024**

PROJECT TITLE: College of Health Professions Buildings A & B Renovations

PROJECT NUMBER: TBD

TOTAL ESTIMATED BUDGET: \$9,500,000

SOURCE(S) OF FUNDS: Institution Capital Project Funds (ICPF) and Department Funds

SCOPE OF WORK: This project will renovate various internal areas of the CHP-A and CHP-B buildings located on Rutledge Avenue to support growth in the College of Health Professions. The renovations will address current inadequacies in the buildings concerning student services, classrooms, communications, teaching labs, faculty offices, and facility support spaces. Student services improvements will include a new student lounge, a student engagement area, a reception area, classrooms, and teaching labs. The renovations will create new information technology, administration, and faculty offices to support the College's growth. Facility services improvements include restroom renovations, a new mother's lactation room, and additional conference rooms.

JUSTIFICATION: The existing CHP-A and CHP-B buildings are 20 years old, outdated, and require renovation to effectively support the growth in the College of Health Professions academic program.

**MUSC HEALTH - Office of PLANNING, DESIGN and CONSTRUCTION**

**ESTABLISH PROJECT**

**FOR APPROVAL**

**DATE: December 12, 2024**

PROJECT TITLE: Expansion of Center for Cellular Therapy at Cannon Park Place

PROJECT NUMBER: 250002

TOTAL ESTIMATED BUDGET: Not-to-Exceed \$35,000,000

SOURCE(S) OF FUNDS: Approved FY25 Capital Funds

SCOPE OF WORK: Renovation and modification of Cannon Park Place to accommodate new CAR T-Cell manufacturing Clean Rooms with needed support spaces and all infrastructure required to support the clean rooms.

JUSTIFICATION – This project supports the programmatic growth for the Integrated Center for Cellular Therapy (ICCT). This entity will build upon MUSC’s research and clinical expertise in cellular therapies. Increasing our footprint will enable our clinical scientists the ability to accelerate the discovery and development of new cell therapies from pre-clinical studies through clinical trials and position MUSC nationally to bring forward therapies for the patients we serve within South Carolina and beyond.

**MUSC HEALTH - Office of PLANNING, DESIGN and CONSTRUCTION**

**ESTABLISH PROJECT**

**FOR APPROVAL**

**DATE: December 12, 2024**

PROJECT TITLE: Hollings Cancer Center at Florence

PROJECT NUMBER: 241002

TOTAL ESTIMATED BUDGET: \$50,000,000

SOURCE(S) OF FUNDS: Approved FY25 Capital Funds - \$7,000,000

SCOPE OF WORK: Build a new 55,000sf Cancer Center at MUSC Health – Florence. To include spaces for oncology care, infusion services and radiation oncology. Other spaces to include a new compounding pharmacy to support the oncology treatment needs.

JUSTIFICATION – Construction of a new state-of-the-art Cancer Center with increased treatment spaces and the latest technology at the Florence Hospital which will allow MUSC Health to increase Oncology presence and expertise in the Pee Dee region.

**MUSC HEALTH - Office of PLANNING, DESIGN and CONSTRUCTION**

**ESTABLISH PROJECT**

**FOR APPROVAL**

**DATE: December 12, 2024**

PROJECT TITLE: MUSC Children's Health After Hours Care - Nexton

PROJECT NUMBER: 250049

TOTAL ESTIMATED BUDGET: \$1,600,000

SOURCE(S) OF FUNDS: Capital Fund Swap from FY25 Capital Project #77 – West Campus  
OR Expansion

SCOPE OF WORK: Buildout of 7,000 sf of Medical Office Building space in 310 Brighton  
Pkwy leased facility.

JUSTIFICATION – MUSC Health Children's has two new providers starting in spring 2025 to  
establish Pediatrics market share in the rapidly growing Nexton/Summerville area.

**MUSC HEALTH - Office of PLANNING, DESIGN and CONSTRUCTION**

**ESTABLISH PROJECT**

**FOR APPROVAL**

**DATE: December 12, 2024**

PROJECT TITLE: GME Spaces in Ashley River Tower (ART) and UH/MH

PROJECT NUMBER: 250050

TOTAL ESTIMATED BUDGET: \$290,779

SOURCE(S) OF FUNDS: Oct FY25 Approved Capital Fund Swap - \$290,779 from Capital Project #81 – Sleep Lab at Cannon Park Place

SCOPE OF WORK: Buildout of spaces as required by Graduate Medical Education (GME) including collaborative work spaces and conf. rooms.

JUSTIFICATION – ACGME requires certain collaborative learning and teaching spaces for the continued accreditation of GME program.



**MUSC HEALTH - Office of PLANNING, DESIGN and CONSTRUCTION**

**ESTABLISH PROJECT**

**FOR APPROVAL**

**DATE: December 12, 2024**

PROJECT TITLE: Construction for NES Bi-Plane in Main Hospital 3<sup>rd</sup> Floor

PROJECT NUMBER: 250051

TOTAL ESTIMATED BUDGET: \$1,300,000

SOURCE(S) OF FUNDS: Capital Swap from FY25 Capital Project #90 – Ultra Sound Fleet Replacement

SCOPE OF WORK: Construction of new NES room to install new Siemens Bi-Plane

JUSTIFICATION – Was slated for replacement in the Siemens Roadmap for FY26 due to reaching end of life, however experienced critical malfunction and will need to be replaced.

**Medical University of South Carolina  
Medical University Hospital Authority  
Board of Trustees  
Compensation Subcommittee Charter**

**Purpose:**

The Compensation Subcommittee (Subcommittee) of the Audit, Compliance, and Risk Committee (Committee) serves as the representative of the MUSC and MUHA Board of Trustees (Board) in overseeing the employment, retention, succession planning, and compensation of the President, the Board staff, and certain other senior executives of MUSC and MUHA as determined from time to time by the Board. [Hereafter, the President, the Board staff, and other senior executives are collectively referred to as the Senior Executives.]

**Authority:**

The Subcommittee has the authority to take the actions necessary to fulfill the responsibilities delegated to it by the Board as described in this Charter (unless prohibited by law or the MUSC or MUHA Board Bylaws (Bylaws)), including to inquire into any matter that it considers appropriate to carry out its responsibilities, with access to all books, records, facilities, and personnel of MUSC and MUHA and their affiliates, and the authority to retain and oversee the activities of outside counsel and advisors to assist the Subcommittee in carrying out its activities.

**Responsibilities:**

The Subcommittee is authorized to carry out the activities set forth below and other actions reasonably related to its purposes or as assigned by the Board from time to time. To fulfill its purposes, the Subcommittee shall:

Succession Planning

Collaborate with the Senior Executives (to the extent necessary and appropriate) to develop succession plans for these key positions, oversee the implementation of such plans, including but not limited to, the evaluation and training of future successors, and provide the Board with regular updates on these efforts.

Performance Reviews

1. Evaluate the President's performance on an annual basis using goals and objectives agreed upon with him or her at the beginning of the evaluation cycle.
2. Review the President's performance evaluations of Senior Executives, as applicable, based on MUSC's predetermined performance measures.

Employment Agreements

Coordinate with management and MUSC General Counsel to prepare the agreements and other documentation necessary to effectuate the employment of Senior Executives

and confirm that such agreements are consistent with the compensation guidelines and requirements set forth in this Charter.

#### Executive Compensation and Benefits

1. Adopt, regularly review, and revise (when necessary) the formal compensation philosophy that governs compensation arrangements between MUSC and MUHA and Senior Executives and other members of management, which will reflect the Board's commitment to the furtherance of its mission and its desire to employ and retain highly qualified individuals who are also committed to this mission.
2. Adopt, regularly review, and revise (when necessary) the compensation guidelines and parameters that apply to the development of Senior Executive compensation arrangements, which will identify the market comparability survey data that will be referenced when developing the terms of such compensation arrangements.
3. Approve specific compensation arrangements and programs offered to Senior Executives, including but not limited to executive benefit and incentive compensation programs (e.g., incentive compensation, pension, supplemental pension, executive flexible benefits, and other perquisites), and provide reports to the Board about the programs, as needed.
4. Annually review specific compensation and benefit amounts provided to Senior Executives to confirm that such arrangements are still consistent with the Board's compensation philosophy, approved compensation policies, parameters and guidelines, and that such amounts approximate fair market value considering the applicable market comparability data and other relevant facts and circumstances.
5. Select an independent compensation consultant to advise the Subcommittee on executive compensation and benefits, periodically evaluate the consultant's performance, and review and evaluate all reports furnished by the compensation consultant.

#### Report to the Board

Report at least annually to the Board on key Subcommittee activities and decisions, material changes to the compensation philosophy, the process and diligence used to review and approve executive compensation, and any other matters that warrant the Board's attention.

#### **Procedures:**

The Subcommittee will meet periodically as to best meet the responsibilities outlined in this Charter. Notice of meetings shall be given to all Subcommittee members, or may be waived, in the manner set forth in the Bylaws.

Meetings of the Subcommittee may be in person, via teleconference, or video conference. Participation in such a manner shall constitute presence in person at the meeting.

The Subcommittee may request that any Trustees, officers or employees of MUSC, MUHA, or any affiliates, or other person whose advice and counsel are sought by the Subcommittee, attend any meeting of the Subcommittee to provide such pertinent information as the Subcommittee may request.

**Composition:**

The Subcommittee will consist of no less than three members, all of whom shall be members of the Board and who have business and/or financial experience.

None of the individuals serving on the Subcommittee may be employees of MUSC, MUHA, or any affiliates, or *ex-officio* members of the Board.

No Subcommittee member may review or approve a compensation arrangement with which he or she has a conflict of interest.

Effective Date of Approval: December 13, 2024

# Bylaws of the MUHA Board of Trustees

## Summary of Revisions

Other than edits correcting scrivener's errors, minor grammatical and punctuation errors, minor clarifications, and eliminating redundancies, the following revisions are proposed.

### Organizational Chart - (Page 2)

- Corrected titles of Chief Audit Executive, Senior Advisor to the Board of Trustees & Vice President for Government Affairs, and Chief Affiliations Officer & Chief Executive Officer, Regional Health Network
- Added Chief Innovation Officer, Chief People Officer, Chief Digital Transformation Officer, and Chief Wellbeing Officer

### Section III. Officers of the Board of Trustees

- **(D) Secretary:**
  - Corrected title to Secretary to the Board of Trustees – (Page 6)
  - Added statements clarifying the Secretary's accountability to the Board, and the Secretary's staff is accountable to the Secretary. The Board manages the Secretary's tenure and budget – (Page 6)
- **(E) Internal Auditor:**
  - Corrected title to Chief Audit Executive (CAE) – (Page 7)
  - Added verbiage clarifying the support staff's accountability to the CAE – (Page 7)
  - Added a statement that the CAE's and the Internal Audit Department's duties are outlined in a Board approved Internal Audit Charter – (Page 8)
- **(F) Trustees Emeriti**, corrected verbiage related to invitations to Board meetings and events to agree with actual practice and the Board Travel Policy – (Page 8)

### Section IV. Committees of the Board

- **(A) Standing Committees:**
  - Added a Finance and Administration Committee – (Page 8)
  - Changed the name of the Operations, Quality, and Finance Committee to the Operations and Quality Committee – (Page 8)
  - Added *"The Audit, Compliance, and Risk; Finance and Administration; and Physical Facilities Committees may meet jointly for MUSC and MUHA."* – (Page 8)
- **(B) Organization and Terms of Office**, deleted *"Trustees may only serve as Chairman of more than one standing committee of the MUSC or MUHA Boards when the same committee (e.g., Physical Facilities, Audit, Compliance, and Risk) serves both entities."* – (Page 9)
- **(D)(1) Audit, Compliance, and Risk Committee:**
  - Changed the name of the Management Development and Compensation Subcommittee to Compensation Subcommittee – (Page 10)
  - Revised the duties of the subcommittee to correspond and refer to the Compensation Subcommittee Charter – (Pages 10-11)
- **(D)(2) Finance and Administration Committee**, added the duties of the new MUHA Finance and Administration Committee – (Page 11)
- **(D)(3) Operations and Quality Committee**, removed finance and administration related duties moved under the Finance and Administration Committee – (Pages 12-13)
- **(D)(4) Physical Facilities Committee**, changed references to "project committee" to "subcommittee" – (Page 13)



# Bylaws of the Medical University Hospital Authority Board of Trustees

169 ASHLEY AVENUE  
CHARLESTON, SOUTH CAROLINA 29425  
[DECEMBER 13, 2024](#)

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**TABLE OF CONTENTS**

FOREWORD ..... 1

MEDICAL UNIVERSITY HOSPITAL AUTHORITY ORGANIZATIONAL CHART ..... 2

BYLAWS OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY BOARD OF TRUSTEES ..... 2

Section I. Powers and Duties of the Board of Trustees ..... 3

Section II. Meetings of the Board of Trustees ..... 3

Section III. Officers of the Board of Trustees ..... 5

Section IV. Committees of the Board ..... 8

Section V. The Officers and Administration of the Authority ..... 14

Section VI. The Medical Staff ..... 15

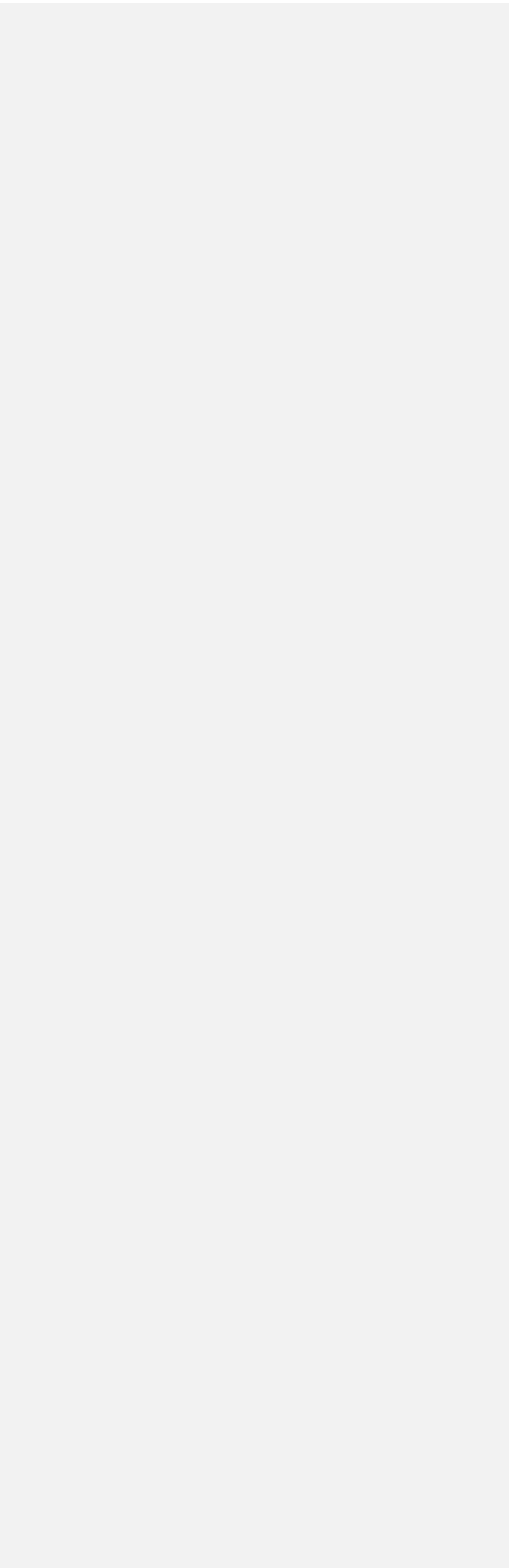
Section VII. Appeals to the Board ..... 16

Section VIII. Certain Income Tax Exemption Purposes Matters ..... 16

Section IX. Requirements of Section 242 of National Housing Act, As Amended ..... 17

Section X. Amendment ..... 17

|

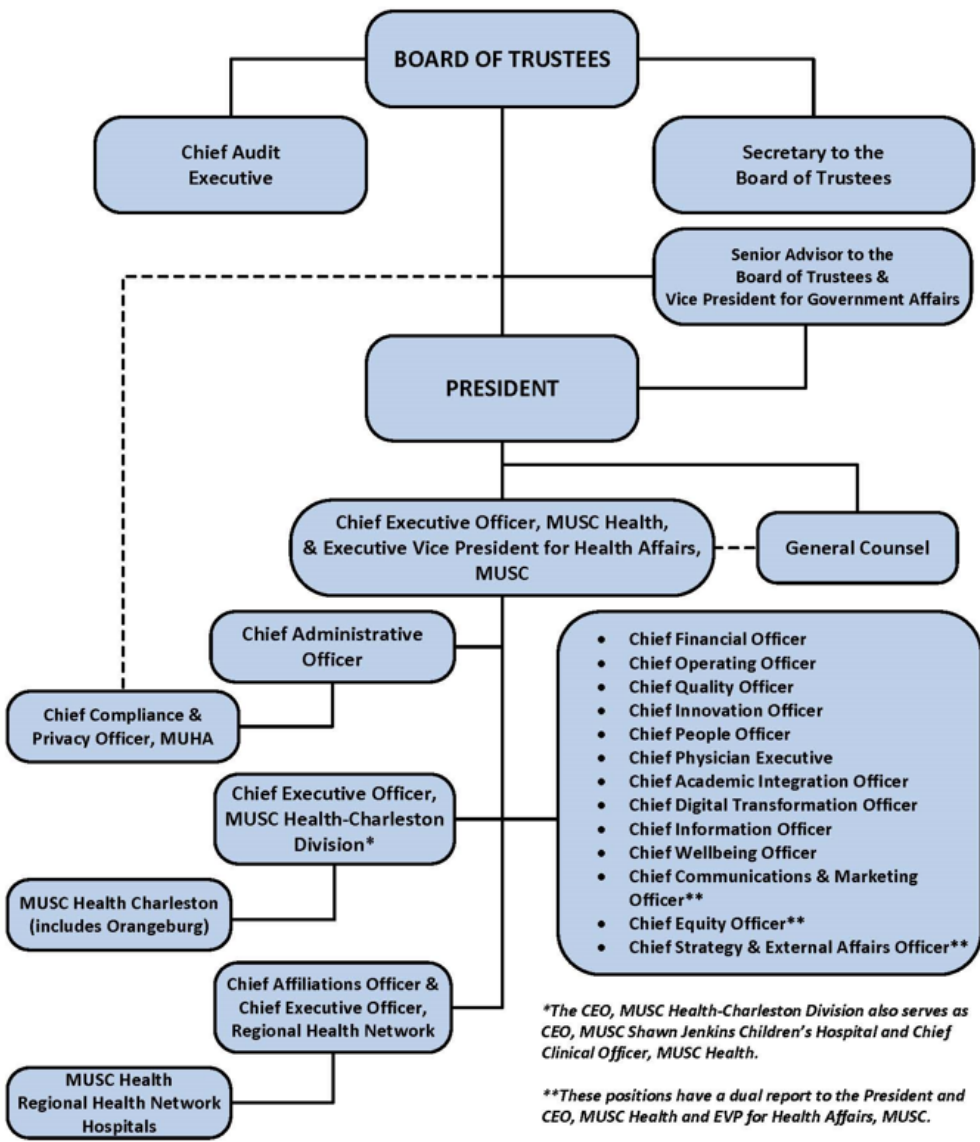


## FOREWORD

1. The Medical University Hospital Authority does not discriminate on the basis of 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.
2. Since the English language contains no singular pronoun that includes both sexes, wherever a masculine term appears in this document it signifies both genders.
3. The meetings of the Board of Trustees are held in conformance with the Freedom of Information Act as amended, S.C. Code Ann. §30-4-10, *et seq.*



**MEDICAL UNIVERSITY HOSPITAL AUTHORITY  
ORGANIZATIONAL CHART**  
(As referenced in the MUHA Board of Trustees Bylaws)



*\*The CEO, MUSC Health-Charleston Division also serves as CEO, MUSC Shawn Jenkins Children's Hospital and Chief Clinical Officer, MUSC Health.*

*\*\*These positions have a dual report to the President and CEO, MUSC Health and EVP for Health Affairs, MUSC.*

## BYLAWS OF THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY BOARD OF TRUSTEES

### Section I. Powers and Duties of the Board of Trustees.

(A) The final authority and responsibility for the governance of the Medical University Hospital Authority (the "Authority" or "MUHA"), its hospitals (including the Charleston division and hospitals within the MUSC Health Regional Health Network); clinics; outreach programs, and ancillary functions are vested in the Board of Trustees ("Board") of the Authority in accordance with the statutes of the State of South Carolina pertaining thereto. The MUHA hospitals, including remote campus(es) of the Charleston division and hospitals within the MUSC Health Regional Health Network, may have advisory boards who serve in an advisory capacity to the MUHA Board. The MUHA Board, however, retains fiduciary authority over the operations of all hospitals owned and operated by MUHA.

(B) MUSC Health is the clinical health system of the Medical University of South Carolina (MUSC) which includes MUHA, the University Medical Associates of MUSC, MUSC Community Physicians, physician practices, and other affiliated organizations.

(C) The Board, directly or through its authorized committees, shall adopt policies, rules, and regulations as it may deem proper for its own governance and the governance and management of the activities and resources of the Authority; define its general program of educational, research and clinical activity, and annually at or before its August meeting fix and approve the Authority's request for State appropriations, if any, and approve the budget for the next fiscal year.

(D) The Board shall avoid any conflict of interest. Any Trustee having a potential or perceived conflict of interest shall provide a written and signed statement of the facts to the Chairman and refrain from voting, participating, or influencing a decision on the matter. The meeting minutes shall include a copy of the written statement that reflects the reason(s) and the Trustee shall be excused from any votes, deliberations, and other actions on the matter in accordance with S.C. Code Ann. §8-13-700.

(E) The Board shall name the principal officers of the Authority as prescribed in Section V. of these Bylaws, but it may delegate to those elected officers the employment of subordinate officers and employees.

(F) The Board shall review or review and revise these Bylaws at least every four (4) years or earlier if a material change occurs.

### Section II. Meetings of the Board of Trustees.

#### (A) Regular Meetings.

(1) Regular meetings of the Board shall be held on the second Friday of February, April, August, October, and December, and on the day before the commencement exercises of MUSC,

provided that the date, place, time, and/or medium of any regular meeting may be changed by the Chairman.

(2) Regular meetings of the Board may be in person, via teleconference, or video conference.

(3) All regular meetings and any changes in the date, place, time, and/or medium thereto, shall be publicly noticed in accordance with S.C. Code Ann. §30-4-80.

**(B) Special and Emergency Meetings.**

(1) Special or emergency meetings of the Board may be called at the will of the Chairman; or

(2) Upon the written request of three or more Trustees, the Chairman shall call a special meeting of the Board.

(3) At least 24 hours' notice of any special meeting shall be given to the Trustees and shall be publicly noticed in accordance with S.C. Code Ann. §30-4-80.

(4) The 24-hour notice will not apply to emergency meetings in accordance with S.C. Code Ann. §30-4-80.

(5) Special or emergency meetings of the Board may be in person, via teleconference, or video conference.

**(C) Meeting Cancellation.** Any regular, special, or emergency meetings of the Board may be postponed or canceled by the Chairman due to unforeseen circumstances including, but not limited to, acts of God, government regulation, and/or a declared public health emergency.

**(D) Agenda.** Prior to each regular meeting of the Board and with the notice of any special or emergency meeting, the Secretary ~~of~~ to the Board shall provide a proposed agenda and pertinent information for the meeting. Any changes to the agenda shall be made in accordance with S.C. Code Ann. §30-4-80.

**(E) Executive Session.** All meetings of the Board and its committees shall be public unless the matter being discussed falls within the provisions of S.C. Code Ann. §30-4-70 or as otherwise allowed by law, in which event the Board or committee, as applicable, may enter into executive session for the purpose of considering such matter. If it is determined either by the Chairman or by a majority of the Board or committee during the course of such considerations in executive session that the matter is not properly the subject of an exception to the South Carolina Freedom of Information Act, the Board or committee shall discontinue consideration of the matter and move on to other matters, if any, appropriate for consideration in executive session. Thereafter, the Chairman or presiding officer of the Board or committee shall terminate the executive session and reconvene the public session for consideration of such matters requiring action. Only voting members of the Board or committees shall remain for the executive session unless the Chairman deems otherwise and specifically requests such other person or persons to be in attendance.

(F) **Quorum.** A majority of the elected and ex-officio voting Trustees shall constitute a quorum. Except as otherwise provided in these Bylaws or as required by South Carolina law, the act of the majority of the Trustees in attendance at a meeting at which a quorum is present shall be the act of the Board.

(G) **Voting.** All votes will occur publicly. Except as otherwise specifically provided herein, all matters coming before the Board or a committee thereof for determination shall be determined by a majority of the Trustees in attendance by voice acclamation. Upon request of any Trustee or committee member, or as otherwise required by law, a vote by the Board or committee, as applicable, shall be by a call of the roll or signed written ballot. The results of all votes shall be recorded in the minutes of the Board or committee.

(H) **Order of Business.** The order of business for all meetings of the Board shall be as follows:

- (1) **Roll call.** When MUSC and MUHA Board meetings are held concurrently, a single roll call will be taken and will serve for both meetings.
- (2) Corrections and approval of all minutes of regular, special, or emergency Board or committee meetings not previously approved.
- (3) Reports and recommendations of the President, who may at his discretion call upon other officials of the Authority for reports on their areas of authority.
- (4) Reports of standing committees.
- (5) Reports of special committees.
- (6) Old business.
- (7) New business.

(I) **Rules of Order.** Except as changed by specific rules and regulations of the Board, the current edition of *Robert's Rules of Order* shall constitute the rules of parliamentary procedure applicable to all meetings of the Board and its several committees.

### **Section III. Officers of the Board of Trustees.**

(A) **Ex-Officio Chairman.** The Governor of the State of South Carolina is the voting ex-officio Chairman of the Board, and he shall preside at those meetings of the Board that he attends. The Governor's designee will vote for the Governor in his absence.

(B) **Chairman.** The Chairman of the MUSC Board shall serve as the Chairman of the MUHA Board.

The Chairman shall:

- (1) Preside at all meetings at which the ex-officio Chairman does not preside;

(2) Create board committees not otherwise provided for, including ad hoc and subcommittees, and appoint Trustees to serve;

(3) Be an ex-officio member of all standing committees of the Board;

(4) Execute all legal documents and instruments on behalf of the Board;

(5) Represent the Board in making any budget requests to the General Assembly of the State; and;

(6) Serve as the official spokesperson of the Board.

(C) **Vice Chairman.** The Vice Chairman of the MUSC Board shall serve as the Vice Chairman of the MUHA Board. The Vice Chairman shall perform the duties of the Chairman in his absence, disability, or unavailability.

(D) **Secretary to the Board of Trustees.**

(1) The Secretary ~~of~~ to the MUSC Board shall serve as the Secretary ~~of~~ to the MUHA Board and serve as Secretary ~~of~~ to all Board committees. The Board directs that the Secretary shall report and be accountable directly to the Board. The Secretary's support staff shall report and be accountable directly to the Secretary. It is further directed that the Board shall be responsible for managing the Secretary's tenure and for setting the financial budget for the Secretary's office, including salaries, operational expenses, and support costs.

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(2) **Duties.** It is the duty of the Secretary to arrange for all Board meetings and to act as Secretary to all Board committees, to keep records and minutes of Board actions, to review and prepare proposed revisions to the Bylaws of the Board every four (4) years or earlier if a material change occurs, and to complement the links with the President. In this role, the Secretary's primary responsibility is to the Trustees.

The Secretary and staff will:

(a) Prepare agenda, place requests in proper format for Board meetings and Board action, record minutes of all meetings, and mail notices and other information to Trustees;

(b) Assist the Board in the review and preparation of proposed revisions to the Bylaws of the Board every four (4) years or earlier if a material change occurs. Upon completion of the review by the Board, incorporate all adopted amendments, and submit changes to other parts of the Bylaws which are reasonably implied by the adopted amendments;

(c) Obtain necessary legal opinions pertaining to the Board as an entity and to individual Trustees in their official capacities;

- (d) Receive all direct correspondence, reports, telephone calls, etc., for the Board. Formulate proposed actions and communicate results to the Chairman and Trustees;
- (e) Relay to the President requests received by Trustees from constituents;
- (f) Make all arrangements for meetings of the Board and committees; make travel accommodations and meal arrangements, including social functions when appropriate;
- (g) Keep all records of Board actions taken via mail or telephone between meetings;
- (h) Process the Board's expenses including supplies, printing, binding, travel, subsistence, and per diem;
- (i) Handle routine correspondence on behalf of the Chairman and Trustees;
- (j) Provide copies of minutes of Board meetings to Trustees and others as appropriate;
- (k) Keep a log of term of office and appropriate filing duties and procedures for Trustees;
- (l) Collaborate with the Office of the General Counsel on compliance with the requirements of the South Carolina Freedom of Information Act as it pertains to Board meetings and records; and
- (m) Advise the Chairman on filling certain seats on affiliate boards, as specified by the affiliates' bylaws. As such positions become available, Trustees will be made aware of the open seat prior to the Chairman appointing an individual to fill the seat. Where two or more seats are available on an affiliate board consideration shall be given to filling the slots with one professional and one layperson from the Board.

(E) ~~Internal Auditor~~ **Chief Audit Executive.**

(1) The ~~Internal Auditor~~ **Chief Audit Executive (CAE)** of MUSC shall serve as the ~~Internal Auditor~~ **CAE** of MUHA. The Board directs that the ~~Internal Auditor~~ **CAE's position and its support staff** shall report and be accountable directly to the Board. ~~The CAE's support staff shall report and be accountable directly to the CAE. It is further directed that the Board shall be responsible for managing the CAE's tenure and for setting the financial budget for the Internal Audit Department, including salaries, operational expenses, and support costs. It is further directed that the Board shall be responsible for managing the Internal Auditor CAE's tenure and for setting the financial budget for the Internal Audit Department, including salaries, operational expenses, and support costs.~~

(2) **Duties.** The ~~Internal Auditor~~ **CAE** is responsible for managing a professional Internal Audit Department to provide analyses, appraisals, recommendations, counsel, and information concerning the activities reviewed to management, and ultimately to the Board.

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(3) The ~~Internal Auditor~~CAE is also responsible for providing the Board with information about the adequacy and effectiveness of the organization's system of internal control and the quality of performance.

(4) The ~~Internal Auditor~~CAE will assist the Audit, Compliance, and Risk Committee in carrying out its duties as stated in Section IV(D)(1) of these Bylaws.

(5) The ~~Internal Auditor will assist the Audit, Compliance, and Risk Committee~~Board will approve an Internal Audit Charter that describes the authority and responsibilities of the CAE and the Internal Audit Department ~~in the selection, oversight, and evaluation of the external auditor.~~

(F) **Trustees Emeriti.** The Board may recognize a former Trustee for loyal, dedicated, and significant service to the Authority. Trustee Emeritus status will be granted when a former Trustee is nominated in writing by a current Trustee and elected by a two-thirds majority vote. To be eligible, the former Trustee must have served at least eight (8) consecutive years or have been awarded an honorary degree by MUSC.

Trustees Emeriti are non-voting, ex-officio members who are elected for life and provide support for the Authority as knowledgeable friends and ambassadors. Trustees Emeriti ~~will~~may be invited to ~~all~~Board events and will be reimbursed in accordance with the Board Travel Policy.

#### Section IV. Committees of the Board.

(A) **Standing Committees.** In addition to special or ad hoc committees, there shall be the following standing committees:

- (1) Audit, Compliance, and Risk
- (2) Finance and Administration Committee
- (3) Operations, ~~and~~ Quality, ~~and~~ Finance
- (4) Physical Facilities

The Audit, Compliance, and Risk; Finance and Administration; and Physical Facilities Committees may meet jointly for MUHA and MUSC.

(B) **Organization and Terms of Office.** All standing committee assignments shall be made by the Chairman from the membership of the Board within 30 days following the August meeting each even-numbered year. Their terms of service shall be for two (2) years. Each standing committee shall be composed of a minimum of three (3) members. Each standing committee shall elect its chairman from its members by a majority vote taken by voice acclamation at the first committee meeting following the August meeting of the Board at which the Chairman is elected, excluding special elections, or at the first regular meeting of a new standing committee. Upon request of any standing committee member, a vote by the committee shall be by a call of the roll, and the results of such roll call vote shall be recorded in the minutes of the committee. ~~Trustees may only serve as Chairman of more than one standing committee of the Authority or MUSC Boards when the same committee (e.g., Physical Facilities, Audit, Compliance, and Risk) serves both entities.~~

(C) **Quorum.** A majority of the membership of any standing committee shall constitute a quorum.

(D) **Powers and Duties of Standing Committees.** Standing committees will make appropriate and timely reports and recommendations to the Board which, upon approval by the Board, shall become established policy. Standing committees shall also report to the Board on all financial matters in its area of concern. Members of committees shall uphold their duty of care by attending and participating in meetings, strengthening their understanding of the institution and its operations, maintaining professional skepticism, addressing appropriate subjects, gathering adequate facts, making reasonable and prudent inquiries before making a decision, and seeking outside counsel when necessary. The standing committees shall have the following powers and duties:

(1) **Audit, Compliance, and Risk Committee.**

(a) The Audit, Compliance, and Risk Committee shall concern itself with assisting the Board in discharging its fiduciary and stewardship obligations relative to the reliability and integrity of 1) systems of internal control, 2) accounting practices, 3) annual reporting, 4) internal and external audit processes, 5) management of business exposures, and 6) compliance with legal, regulatory, and ethical requirements.

(b) The committee will provide an open avenue of communication among the internal and external auditors, management, compliance teams, enterprise risk, and the Board. The full Board will continue to have complete access to management and the Internal Audit, Compliance, Enterprise Risk, and Legal departments and may request these departments to review areas of concern to them.

(c) The committee will also review the scope of the Audit, Compliance and Risk programs of MUHA in accordance with the Audit, Compliance, and Risk Committee Charter.

(d) The role of the committee is oversight. It is not the duty of the committee to prepare financial statements or to conduct audits to independently verify management's representations or to determine that the financial statements are complete and fairly present the financial condition of MUHA. These are the responsibilities of management and the external auditors.

(e) The committee has the full authority to review/investigate any matter or activity within the scope of its responsibilities. ~~It shall have direct access to management, Internal Audit, Compliance Officers, Enterprise Risk Management, Office of General Counsel, and any other members of or resources within MUHA and its affiliated organizations.~~ All employees shall be directed to cooperate as requested by members of the committee. The committee shall also have the resources and authority to retain special legal, accounting, or other experts it deems necessary in the performance of its responsibilities.



(f) Each member of the committee, including the chairman, shall be independent and by reason of education or experience possess such degree of financial literacy as required to oversee the performance of the internal and external auditors, review MUHA's financial statements, and otherwise faithfully execute the role of the ~~Audit, Compliance, and Risk C~~committee set forth in the Bylaws. At least one member of the committee should have appropriate experience with internal controls, an understanding of applicable accounting principles, the application of such principles in preparing or auditing financial statements, health care compliance, and an understanding of audit committee functions.

(g) The ~~Audit, Compliance, and Risk C~~committee shall meet at least two times per year.

(h) The committee will set the appropriate tone in communicating the importance of internal control and direct management to establish appropriate internal controls.

(i) The ~~Management Development and Compensation~~ Subcommittee shall be a subcommittee of the ~~Audit, Compliance, and Risk C~~committee and reports to the Board through the ~~Audit, Compliance, and Risk Committee~~committee.

i. The subcommittee shall concern itself overseeing the employment, retention, succession planning, and compensation of the President and certain other senior executives of MUHA as determined from time to time by the Board.~~ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and longer-term budget goals. The subcommittee will review all policy matters related to the evaluation and compensation of the President, the Vice Presidents, the Administrators, the Secretary of the Board (collectively "Executive Leadership"), the Internal Auditor, and any other positions the subcommittee may decide. The subcommittee will make recommendations to the Board via the Audit, Compliance, and Risk Committee regarding these matters. The subcommittee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Leadership.~~

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ii. The subcommittee has the authority to take the actions necessary to fulfill the responsibilities delegated to it by the Board as described in the Compensation C~~Subcommittee Charter, unless prohibited by law or these Bylaws, including 1) adoption of formal compensation philosophy and compensation guidelines and parameters; 2) oversight of succession plans for select key positions; 3) coordination of the compensation and evaluation of the President and Board staff; 5) annual review and approval of specific compensation arrangements for senior executives.~~shall review, at least annually, MUHA's assessment of potential candidates for promotion (Key Employees) to, at a minimum, a Vice President, Administrator, or other senior executive position designated by the Board. The assessment should identify candidates' potential for promotion, professional development needed to address perceived deficiencies in a candidate's

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~~preparedness for promotion, or other actions to develop a “deep bench” of potential MUHA leaders. The subcommittee shall assist the President in determining appropriate professional development assistance for the MUHA Key Employees and in determining the best approaches to providing that assistance. The subcommittee shall review, at least annually, the Management Development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.~~

iii. Members of this subcommittee will be appointed by the Chairman of the Board ~~and are not limited to members of the Audit, Compliance, and Risk Committee.~~ The ~~Chairman~~ chairman of the ~~Audit, Compliance, and Risk C~~ommittee will serve as the chairman of this subcommittee.

~~iv. The subcommittee shall meet as needed. All Trustees are encouraged to attend and participate in the subcommittee meetings.~~

iv. ~~No~~ Any offer of compensation ~~included under (ii.) above to any vice president, dean, or other senior executive position designated by the subcommittee,~~ whether written or oral, shall be presented to the committee chairman for review and guidance on required approvals, ~~subject to the review of by the Management Development and Compensation Subcommittee~~ subcommittee, No offer of compensation shall be effective as binding on the entities without the required approval(s).

v. The subcommittee, whenever needed, shall make available to the Board reports and recommendations related to compensation, succession planning, evaluation of personnel, and other matters under its purview.

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## (2) Finance and Administration Committee.

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(a) The Finance and Administration Committee shall concern itself with the broad financial overview of MUHA, as well as with the operation, routine care, and funding of maintenance of the existing physical facilities of the Authority. Specific financial details will be provided in the other respective standing committees of the Board.

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(b) The committee shall especially concern itself with such matters as procurement, accounting, budgeting, and information systems.

(c) The committee will concern itself with the financial and fiscal policies and procedures of MUHA.

(d) The annual requests for appropriation and the proposed annual budgets shall be prepared by the appropriate MUHA officers for review by the committee.

(e) The committee shall concern itself with personnel policies and personnel administrative programs to achieve satisfactory quality, productivity, and morale of personnel of MUHA.

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[\(f\) The committee will assist the Audit, Compliance, and Risk Committee in setting the appropriate tone in communicating the importance of internal control and directing management to establish appropriate internal controls.](#)

~~(2)~~(3) **Operations, ~~and Quality, and Finance~~ Committee.**

(a) The principal objectives of the Authority, to include all hospitals and clinics, outreach programs, and all services rendered to all patients, are to support the tripartite mission of MUSC and the Authority including:

- i. To deliver direct health services as a corollary to the primary objective of education and to establish a healthcare system to support the needs of the State of South Carolina, and
- ii. To improve the organization and delivery of the healthcare system to society as a demonstration of responsibility, in conjunction with the appropriate State professional organizations.

(b) In order to implement these objectives, the ~~Operations, Quality, and Finance Committee~~ [committee](#) shall concern itself with the operations of the Authority, including its hospitals, clinics, outreach programs, and all services rendered to patients. This committee will recommend and seek Board approval for necessary outpatient clinics in off-campus locations. With Board approval, these recommendations will be forwarded to the Physical Facilities Committee.

(c) In like manner, the planning of hospital services; the organizational structure for the delivery of health care; human, financial, and informational resources of the Authority and related activities to include the development and approval of the budget, and all other specific financial and contractual matters, quality of care, quality assurance mechanisms, credentials review and privilege delineation, and review of the committee's performance annually, are also responsibilities of this committee.

(d) The Chief Executive Officer (CEO), MUSC Health, or his designee, shall report quality assurance findings to the committee at each meeting. This report shall include quality indicators, departmental activities, and mechanisms for resolving patient care problems. The quality assurance findings of the committee shall be reported to and acted upon by the full Board. These reports should include activities related to quality assurance within the MUSC Health system.

(e) The committee shall review the recommendation of the President for the CEO, MUSC Health, pursuant to Section V.B., and the medical staff pursuant to Section VI.A. and shall make its recommendations thereon to the Board.

~~(f) The committee shall concern itself with the broad financial overview of the Authority, as well as with the operation, routine care, and maintenance of the existing physical facilities~~

~~of the Authority. Specific financial details for physical facilities will be provided in the Physical Facilities Committee of the Board.~~

~~(g) The committee shall especially concern itself with such matters as procurement, accounting, budgeting, and information systems.~~

~~(h) The committee shall concern itself with the financial and fiscal policies and procedures of the Authority.~~

~~(i) The committee will assist the Audit, Compliance, and Risk Committee in setting the appropriate tone in communicating the importance of internal control and directing management to establish appropriate internal controls.~~

~~(j) The proposed annual budget for the Authority shall be prepared by the appropriate Authority officers for review by the committee.~~

~~(k) The committee shall concern itself with personnel policies and personnel administrative programs to achieve satisfactory quality, productivity, and morale of personnel of the Authority.~~

**(34) Physical Facilities Committee.**

(a) The Physical Facilities Committee shall concern itself with the real property and improvements thereto of the Authority. It shall be responsible for prioritizing and implementing all development plans for Authority properties and their improvements. It shall solicit, evaluate, and select suggestions and proposals from administration, consultants, and other professionals relating to the development and capital improvements of the physical facilities and make recommendations to the Board. This committee will only be concerned with capital projects exceeding cost limits specified in approved Board policies. This committee shall assume full responsibility of the Authority Facility Plan, to include, but not limited to, 1) selecting architects, engineers, and other related professionals; 2) prioritizing all requests for facilities; 3) conducting feasibility studies; and 4) reviewing major renovations required for the installation of equipment.

(b) To help carry out the duties of the committee, the committee chairman can appoint one member of the ~~Physical Facilities C~~committee and two members of the Board at large as a separate ~~project sub~~committee for each major building project and for architect/engineer and related construction professionals' selections. There may be multiple ~~project sub~~committees with different Trustees functioning concurrently for different projects. A ~~project sub~~committee is an active part of the ~~Physical Facilities C~~committee and serves at the supervision, control, and direction of the ~~Physical Facilities C~~committee. The committee chairman shall take into account any expertise or experience of Trustees and their willingness to serve.

(c) The committee shall be charged with the responsibility of all Board matters relating to the physical facilities and real properties of the Authority; the design and location of new buildings, master planning, improvements or remodeling of buildings, and all other matters

having to do with the preservation of the Authority's physical facilities. It shall report to the Board with its recommendations thereon and on all contracts relating to new construction, capital improvements, and major repairs/renovations to existing buildings and grounds.

(d) The committee will establish a formal mechanism decreeing the time and appropriate ceremony to formally accept any completed project.

(e) The CEO, MUSC Health, or his designee will update the ~~Physical Facilities C~~committee as needed on 1) preliminary details of costs associated with various developments and improvements of physical facilities, 2) construction progress, 3) budgetary increases on construction/facility improvements; and 4) all change orders to date.

(f) Once the committee accepts and prioritizes capital project(s) for development, the project(s) will be forwarded to the Operations, ~~and~~ Quality, ~~and~~ Finance Committee for funding consideration. The Operations ~~and~~ Quality, ~~and~~ Finance Committee will have the responsibility for seeking appropriate funding in consideration of the Authority's budgetary status, bonding requirements, and other financial requirements or restrictions of the Authority. In accordance with approved Board policies, the Operations ~~and~~ Quality, ~~and~~ Finance Committee will make recommendations for the approval of expenditures to the full Board.

#### **Section V. The Officers and Administration of the Authority.**

(A) **The President.** The Chief Executive Officer of the Authority shall be its President who shall be the President of MUSC.

(1) The President shall have and exercise full executive powers over the Authority and its related operations within the framework of the policies established by the Board.

(2) The President shall be authorized to bind the Authority and make delegations as he deems necessary in accordance with South Carolina law, except for powers that the Board retains.

(3) More specifically, the President shall be charged with the organization of the administrative and professional personnel of the Authority and the method of selecting the personnel, subject only to the limitations imposed by these Bylaws, South Carolina laws, and applicable State policies and procedures. He shall be the medium of formal communication between the Board and the administrative organization of the Authority and also the official spokesman of the Authority except as to matters within the special province of the Board, in which realm the Chairman shall be the official spokesman. The President, with his appropriate executive officers and the appropriate committees, shall prepare or receive and forward all requisite reports, budgets, and presentations to public agencies and to the Board.

(4) The President shall present to the Board an organizational chart showing divisions, departments, and lines of reporting and command in the administrative organization of the Authority. After approval of such organizational chart, any changes shall be made only after the proposed change has been approved by the Board.

**(B) Chief Executive Officer, MUSC Health and Executive Vice President for Health Affairs.** By and with the advice of the President and/or appropriate standing committee, the Board shall elect the CEO, MUSC Health, and Executive Vice President for Health Affairs. The Board shall also approve his total compensation package and subsequent changes thereto. The CEO, MUSC Health, and Executive Vice President of Health Affairs, will be elected by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.G. of these Bylaws.

(1) The CEO, MUSC Health, and Executive Vice President for Health Affairs, is administratively responsible to the President and Board for all clinical services delivery of MUSC Health as well as human, financial, informational resources, and related activities. The CEO shall exercise overarching control and responsibility for all hospitals owned and operated by MUHA including remote campus(es) of the Charleston Division and hospitals within the MUSC Health Regional Health Network.

(2) The CEO, MUSC Health and Executive Vice President for Health Affairs, is expected to align strategically with the Executive Vice President for Academic Affairs and Provost related to the development and implementation of joint initiatives to ensure overall alignment of the mission and vision of the clinical enterprise and shall ensure that MUSC Health provides a supportive environment for high quality sophisticated clinical teaching and research programs carried out by MUSC Faculty. This officer shall formulate policies with respect to the clinical, educational, and research activities of MUSC Health and is expected to align strategically with the Dean, College of Medicine, and Vice President for Medical Affairs, for all College of Medicine clinical activities as well as MUSC Physicians.

(3) The CEO, MUSC Health, shall be authorized to bind the Authority and make delegations as he deems necessary in accordance with South Carolina law, except for powers that the Board or the President retains.

(4) The CEO, MUSC Health, shall appoint the officers and administrators of the Authority including, but not limited to, the CEO, of MUSC Health-Charleston Division and the Chief System Development and Affiliations Officer.

#### **Section VI. The Medical Staff.**

(A) The Board shall create a medical staff organization (the "Medical Staff"), whose membership shall be comprised of professional healthcare providers (i.e., physicians, dentists, osteopaths, etc.), who are privileged to attend to patients in Authority hospitals. The selection of the Medical Staff is made by the Board upon the review and recommendation of the Operations, Quality, and Finance Committee. The Medical Staff shall propose and adopt bylaws for its internal governance, as specified in its Medical Staff Bylaws, which shall be effective when approved by the Board. According to Joint Commission standards, neither the Board nor the Medical Staff can unilaterally amend the Medical Staff Bylaws or Rules and Regulations. These Bylaws shall set forth the policies by which the Medical Staff exercises and accounts for its delegated authority and responsibilities. The Bylaws shall include a mechanism for the review of decisions, including the right to be heard at each step of the process, when requested by a member of the Medical Staff. Whenever the Board

does not concur with the Medical Staff recommendation relative to appointment and clinical privileges, there must be a provision in the Bylaws for a review of the recommendation by a joint committee of the Medical Staff and the Board before a final decision is reached by the Board.

(B) While the medical care provided to the patients in Authority hospitals is the ultimate responsibility of the Board, it is the policy of the Board to delegate this function, insofar as is legally permissible, to the Medical Staff. Thus, the Medical Staff is responsible for the delivery of health services, keeping pace with advances in medical science, evolving new concepts of improved organization, and promoting better health care, education, and research. Nevertheless, the Board shall review the efforts of the Medical Staff in its conduct of ongoing appraisal of the quality of care provided at Authority facilities. In addition, the Board shall have the final authority on all appointments, reappointments, and other changes in the Medical Staff, the granting of clinical privileges, and disciplinary actions, including a provision for the termination of professional healthcare providers who are members of the Medical Staff in a medico-administrative position in accordance with procedures as established in the Medical Staff Bylaws, and all matters relating to professional competency.

#### **Section VII. Appeals to the Board.**

(A) **Medical Staff.** The right of appeal to the Board by any member of the Medical Staff or the administration is a right recognized by the Board and shall be exercised in accordance with the respective grievance procedures for the Medical Staff as approved by the Board as outlined in the Medical Staff Bylaws.

(B) **Administrative Personnel.** With respect to administrative personnel, the Board, in its sole discretion, may grant a review of any adverse administrative action. However, if this review is granted, the Board shall not be required to conduct a hearing or hear arguments but shall review the record of any proceedings.

#### **Section VIII. Certain Income Tax Exemption Purposes Matters.**

(A) **General.** In addition to the other purposes of the Authority as set forth in the Authority's enabling legislation which is codified under S.C. Code Ann. §59-123-10 et seq., and other purposes set forth below, the Authority is constituted so as to attract substantial support from contributions, directly or indirectly, from a representative number of persons in the community in which it operates and other sources which are appropriate under the applicable provisions of the Internal Revenue Code of 1986, as amended ("Code"), governing income tax-exempt organizations, and has not been formed for pecuniary profit or financial gain, and no part of the assets, income, or profits of the Authority is or shall be distributable to, or inure to the benefit of, its trustees or officers except to the extent permitted under the applicable laws of South Carolina, and the applicable provisions of the Code governing income tax-exempt organizations. No substantial part of the activities of the Authority shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Authority shall not participate in, nor intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of the Authority's enabling legislation, which is identified above, the Authority shall not carry on any other activities not permitted to be carried on

(i) by a corporation exempt from federal income tax under Code section 501(c)(3) or (ii) by a corporation, contributions to which are deductible under Code section 170(c).

(B) The funds or assets of the Authority shall not be distributed or otherwise made available to any organization or entity other than the State of South Carolina and its agencies and instrumentalities (including, without limitation, MUSC) unless such funds or assets are transferred or exchanged in accordance with applicable South Carolina law; and in return for goods or services of equal value or unless such funds or assets are distributed or otherwise made available in furtherance of a scientific, educational, or charitable purpose, or for the purpose of lessening the burdens of government, qualifying as exempt under the aforementioned provisions of the Code.

#### **Section IX. Requirements of Section 242 of the National Housing Act, As Amended.**

(A) The Authority shall provide on a nonprofit basis hospital facilities and services for the care and treatment of persons who are acutely ill who otherwise require medical and related services of the kind customarily furnished most effectively by hospitals, pursuant to Section 242 of the National Housing Act, as amended.

~~(A)~~

(B) The Authority shall have the power to mortgage or otherwise hypothecate its real and personal property and to do and perform all acts reasonably necessary to accomplish the purposes of the Authority including the execution of a Regulatory Agreement with the Secretary of Housing and Urban Development, acting by and through the Federal Housing Commissioner, and of such other instruments and undertakings as may be necessary to enable the Authority to secure the benefits of financing with the assistance of mortgage insurance under the provisions of the National Housing Act. Such Regulatory Agreement and other instruments and undertakings shall remain binding upon the Authority, its successor and assigns, so long as a mortgage on the Authority's property is insured or held by the Secretary of Housing and Urban Development.

(C) So long as a mortgage on the Authority's property is insured or held by the U.S. Department of Housing and Urban Development, these provisions within the Authority's Bylaws may not be amended without the prior written approval of the said Secretary.

(D) In the event of a conflict between any of the provisions of these Bylaws and any of the provisions of the Note, Mortgage, Security Agreement, or Regulatory Agreement (the "HUD Loan Documents"), the provisions of the HUD Loan Documents shall govern and be controlling in all aspects.

(E) The Authority may adopt Bylaws at any regular meeting of the Authority or at any special meeting called for that purpose, so long as they are not inconsistent with these Articles or with the Regulatory Agreement between the Authority and the Secretary of the U.S. Department of Housing and Urban Development.

#### **Section X. Amendment.**

These Bylaws may be amended at any regular meeting of the Board by a favorable vote of at least two-thirds of the members present and voting, but the proposed amendment must first have been

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stated in writing and sent to each member of the Board at least 15 calendar days prior to such meeting.

*Revisions: June 16, 2000~~;~~ October 12, 2001~~;~~ December 12, 2003~~;~~ February 13, 2004~~;~~ April 7, 2006~~;~~ April 11, 2008~~;~~ April 9, 2010~~;~~ December 14, 2012~~;~~ August 9, 2013~~;~~ April 11, 2014~~;~~ October 9, 2014~~;~~ October 9, 2015~~;~~ December 9, 2016~~;~~ April 2, 2020~~;~~ April 8, 2022~~;~~ October 13, 2023~~;~~ [December 13, 2024](#).*

**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES**  
**REGULAR AGENDA**  
December 13, 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 – February 14, 2025..... 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*

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

- Item 7. Institutional Advancement Report ..... Linda Cox  
*Interim Vice President for Institutional Advancement*
- Item 8. Office of Research Report ..... Dr. Anand Mehta  
*Interim Vice President for Research*

Item 9. Other Committee Business..... Michael Stavrinakis  
*Committee Chair*

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

Item 10. Provost Report..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

Item 11. Vice President for Research for Approval ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

Item 12. Other Committee Business..... Barbara Johnson-Williams  
*Committee Chair*

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

Item 13. MUSC Financial Report..... Susie Edwards  
*Chief Financial Officer, MUSC*

Item 14. Major Purchase(s) for Approval ..... Susie Edwards  
*Chief Financial Officer*

Item 15. Revised MUSC Budget Policy for Approval..... Rick Anderson  
*EVP for Finance & Operations, MUSC*

Item 16. Revised MUHA Budget Policy for Approval..... Doug Lischke  
*Chief Financial Officer, MUSC Health*

Item 17. Other Committee Business..... Jim Battle  
*Committee Chair*

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

Item 18. Hollings Cancer Center Update ..... Dr. Ray DuBois  
*Director, Hollings Cancer Center*

Item 19. Other Committee Business..... Dr. Don Johnson  
*Committee Chair*

**Other Business for the Board of Trustees**

Item 20. Senior Leader Compensation Review..... Charles Schulze  
*Chairman*

Item 21. Revised MUSC Bylaws for Approval ..... Charles Schulze  
*Chairman*

Item 22. Approval of Consent Agenda..... Charles Schulze  
*Chairman*

Item 23. 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 24. New Business for the Board of Trustees ..... Charles Schulze  
*Chairman*

Item 25. Report from the Chairman ..... Charles Schulze  
*Chairman*

# MUSC Board of Trustees Institutional Advancement Update

December 12, 2024





## Goal 1: Raise \$100 million

*FY25 progress as of November 30, 2025*

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

Achieved:  
**\$19,417,000**

Progress to  
Goal: **19.4%**

**Gifts Solicited  
\$176,000,000**

# MUSC Upcoming Events

- Reindeer Run to Support SJCH; December 14
- MUSC Bicentennial Gala; January 9
- Alumni Awards; January 30<sup>th</sup>, 2025
- Gourmet and Grapes; January 30-February 2
- 2025 Alumni Weekend/Golden Grads;  
February 27-March 1
- Affair of the Heart Gala; March 22

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**Monthly Financial Reports**  
**Table of Contents**  
**For the Four (4) Month Period Ended October 31, 2024**

	<u>Page</u>
Statement of Net Position	1
University Budgeted Funds Comparison to Budget	2
Notes to the Financial Statements	3-4
Summary of Current Debt Obligations and Analysis of Available Bonded Debt Capacity	5
Statement of Revenues, Expenses and Changes in Net Position For Affiliated Organizations	6



**The Medical University of South Carolina and Affiliated Organizations**  
**Statement of Net Position**  
**As of October 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	\$ 437,329,862	\$ 8,515,002	\$ -
Cash and Cash Equivalents - Restricted	80,339,614	-	370,565
State Appropriation Receivable	147,789,440	12,001,802	-
Student Tuition and Fees Receivable	2,404,272	-	-
Student Loan Receivable	10,655,681	-	-
Grants and Contracts Receivable	58,474,811	266,989	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Lease Receivable	17,907,265	-	-
Other Receivables	-	-	-
Investments	-	-	-
Prepaid Items	24,095,557	-	-
Capital Assets, net of Accumulated Depreciation	453,109,400	-	-
Due from Hospital Authority	(12,636,990)	-	-
Due from Other Funds	141,372,299	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	-	-	-
Deferred Outflows-Pensions	86,311,891	-	-
Deferred Outflows-OPEB	145,116,644	-	-
Other Assets	-	-	-
<b>Total Assets &amp; Deferred Outflows</b>	<b><u>\$ 1,592,269,745</u></b>	<b><u>\$ 20,783,793</u></b>	<b><u>\$ 370,565</u></b>
<b>Liabilities &amp; Deferred Inflows</b>			
Accounts Payable	\$ 13,896,548	\$ 123,768	\$ -
Accrued Payroll and Other Payroll Liabilities	28,476,528	-	-
Accrued Compensated Absences	35,155,623	208,238	-
Deferred Revenue	149,264,307	10,119,295	-
Retainages Payable	559,427	-	-
Long-Term Debt	124,470,283	-	-
Lease Liability	70,865,674	-	-
SBITA Liability	3,828,998	-	-
Interest Payable	650,583	-	-
Deposits Held for Others	(1,429,316)	-	-
Due to Hospital Authority	-	-	-
Due to Other Funds	14,918,264	-	-
Federal Loan Program Liability	11,277,932	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	542,984,681	-	-
Net OPEB Liability	423,574,749	-	-
Deferred Inflows-Leases	17,358,684	-	-
Deferred Inflows-Pensions	2,444,772	-	-
Deferred Inflows-OPEB	248,604,354	-	-
Other Liabilities	44,864,406	-	-
<b>Total Liabilities &amp; Deferred Inflows</b>	<b><u>\$ 1,731,766,496</u></b>	<b><u>\$ 10,451,301</u></b>	<b><u>\$ -</u></b>
<b>Net Position</b>	<b><u>(139,496,752)</u></b>	<b><u>10,332,492</u></b>	<b><u>370,565</u></b>
<b>Total Liabilities &amp; Deferred Inflows and Net Position</b>	<b><u>\$ 1,592,269,744</u></b>	<b><u>\$ 20,783,793</u></b>	<b><u>\$ 370,565</u></b>

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

	Budget	Prorated Budget (Note)	Actual	Variance	
<b>Revenues</b>					
Federal Grants & Contracts	\$ 167,614,832	\$ 55,871,611	\$ 60,472,844	\$ 4,601,233	F
Federal Grants Indirect Cost Recoveries	51,473,036	17,157,679	14,847,471	(2,310,208)	U
State Grants & Contracts	16,200,519	5,400,173	3,816,204	(1,583,969)	U
Private Grants & Contracts	41,735,992	13,911,997	17,494,096	3,582,099	F
Private Grants Indirect Cost Recoveries	2,838,389	946,130	1,897,522	951,392	F
<b>Total Grants &amp; Contracts</b>	<b>279,862,768</b>	<b>93,287,590</b>	<b>98,528,137</b>	<b>5,240,547</b>	<b>F</b>
State Appropriations	147,494,813	49,164,938	48,846,790	(318,149)	U
Tuition and Fees	110,054,394	36,684,798	37,137,738	452,940	F
Pass-Through Revenues	48,384,808	16,128,269	16,128,269	-	F
Gifts	29,410,234	9,803,411	10,132,301	328,890	F
Transfers from (to) MUSC Physicians	118,756,267	39,585,422	39,000,739	(584,683)	U
Sales and Services of Educational Departments	20,605,687	6,868,562	5,856,917	(1,011,645)	U
Sales and Services of Auxiliary Enterprises	22,965,431	7,655,144	5,415,855	(2,239,289)	U
Interest and Investment Income	2,191	730	-	(730)	U
Endowment Income	3,998,070	1,332,690	4,889,436	3,556,746	F
Miscellaneous	20,151,059	6,717,020	14,363,532	7,646,512	F
Miscellaneous - Residents	8,106,064	2,702,021	2,702,021	-	F
Authority Revenue	91,264,524	30,421,508	28,645,990	(1,775,518)	U
Authority Revenue - Residents	87,868,579	29,289,526	29,289,526	-	F
Intra-Institutional Sales	42,469,086	14,156,362	5,802,874	(8,353,488)	U
<b>Total Other</b>	<b>751,531,207</b>	<b>250,510,401</b>	<b>248,211,986</b>	<b>(2,298,415)</b>	<b>U</b>
<b>Total Revenues</b>	<b>1,031,393,975</b>	<b>343,797,991</b>	<b>346,740,123</b>	<b>2,942,132</b>	<b>F</b>
<b>Expenditures</b>					
Salaries	\$ 421,243,705	\$ 140,414,568	\$ 134,964,445	\$ 5,450,123	F
Miscellaneous Personnel Expenditures	-	-	967,148	(967,148)	U
Fringe Benefits	184,062,728	61,354,243	57,078,480	4,275,763	F
<b>Total Personnel</b>	<b>\$ 605,306,433</b>	<b>\$ 201,768,811</b>	<b>\$ 193,010,074</b>	<b>\$ 8,758,737</b>	<b>F</b>
Contractual Services	\$ 184,422,935	\$ 61,474,312	\$ 61,061,136	\$ 413,176	F
Pass-through Expenditures	48,384,808	16,128,269	16,128,269	-	F
Supplies	72,288,416	24,096,139	23,250,620	845,519	F
Fixed Charges	52,168,836	17,389,612	17,898,622	(509,010)	U
Equipment	10,308,326	3,436,109	-	3,436,109	F
Travel	6,608,194	2,202,731	2,963,232	(760,501)	U
Trainee / Scholarships	25,702,944	8,567,648	6,434,925	2,132,723	F
Other Expenses	12,096,105	4,032,035	959,348	3,072,687	F
Debt Service	11,723,644	3,907,881	3,907,882	(1)	U
<b>Total Other</b>	<b>\$ 423,704,208</b>	<b>\$ 141,234,736</b>	<b>\$ 132,604,033</b>	<b>\$ 8,630,703</b>	<b>F</b>
<b>Total Expenditures</b>	<b>\$ 1,029,010,641</b>	<b>\$ 343,003,547</b>	<b>\$ 325,614,107</b>	<b>\$ 17,389,440</b>	<b>F</b>
<b>Other Additions (Deductions)</b>					
Transfers from(to) Plant Funds	(49,768,631)	(16,589,544)	(17,358,741)	(769,197)	U
Other Transfers	-	-	-	-	F
Prior Year Fund Balance Usage	53,857,350	17,952,450	16,623,738	(1,328,712)	U
<b>Total Other Additions (Deductions)</b>	<b>\$ 4,088,719</b>	<b>\$ 1,362,906</b>	<b>\$ (735,003)</b>	<b>\$ (2,097,909)</b>	<b>U</b>
<b>NET INCREASE (DECREASE) in Fund Balance</b>	<b>\$ 6,472,053</b>	<b>\$ 2,157,350</b>	<b>\$ 20,391,013</b>	<b>\$ 18,233,663</b>	<b>F</b>
<b>Non-Budgeted Items</b>					
Net Unfunded Pension Expense			1,127,669		
Net Unfunded OPEB Expense			4,020,773		
Depreciation			(14,499,103)		
Endowment Gains/Losses			-		
Gain (Loss) on Disposition of Property			-		
Other Non-Budgeted Items			5,402,584		
<b>SRECNP Bottom Line</b>			<b>16,442,936</b>		

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
October 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	\$ 58,194,363
Land/Bldgs/Equipment/Accumulated depreciation	<u>394,915,037</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 453,109,400</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	\$ 115,393,737
Grants and contracts	12,045,848
Student tuition and fees	18,249,921
Other	<u>3,574,801</u>
Total Deferred Revenue	<u>\$ 149,264,307</u>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
October 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	23,999,076
Premium on State Institution bonds payable	4,673,882
Premium on Refunding Revenue Bonds	422,325
Bond Anticipation Note	<u>45,075,000</u>
Total Long Term Liabilities and Leases	<u>\$ 195,335,957</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 2024, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$1.1 million for a total of \$219.2 million. In fiscal year 2023, excluding the GASB 68 and GASB 75 impact, the University's 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 unrestricted net position increased \$39.6 million for at 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 a total of \$160.6 million.

	Per annual ACFR			
	<u>FY2024</u>	<u>FY2023</u>	<u>FY2022</u>	<u>FY2021</u>
Net investment in capital assets	\$ 247,825,690	\$ 272,606,591	\$ 264,898,753	\$ 256,273,784
Restricted				
Nonexpendable	91,804,303	96,695,036	94,737,549	93,450,804
Expendable	286,455,456	248,944,820	204,093,027	172,064,021
Unrestricted (exclusive of GASB 68 and 75 liabilities)	219,168,321	218,124,473	200,247,718	160,633,515
Unrestricted (including GASB 68 and 75 liabilities)	<u>(994,905,686)</u>	<u>(1,001,836,676)</u>	<u>(961,299,272)</u>	<u>(908,652,076)</u>
Total net position	<u>\$ (149,651,916)</u>	<u>\$ (165,465,756)</u>	<u>\$ (197,322,225)</u>	<u>\$ (226,229,952)</u>

Medical University of South Carolina  
Summary of Current Debt Obligations

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 31-Oct-2024
<b>State Institution Bonds (SIB)</b>			
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>		
<b>Current SIB Debt Authorized and Issued</b>			<u>\$ 80,850</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>\$ 23,999</u>
<b>TOTAL:</b>	<u><u>\$ 199,330</u></u>		<u><u>\$ 119,374</u></u>

**MUSC Affiliated Organizations**  
**Statement of Revenues, Expenses and Changes in Net Position**  
**For the Four (4) Month Period Ending October 31, 2024**

	<b>Area Health Education Consortium</b>	<b>CHS Development Company</b>
<b>Operating Revenues</b>		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	263,663	-
State Grants and Contracts	1,211,572	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	112,309	-
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	127,387	-
<b>Total Operating Revenues</b>	<b>1,714,931</b>	<b>-</b>
<b>Operating Expenses</b>		
Compensation and Employee Benefits	1,052,063	-
Pension Benefits		
OPEB Expense		
Services and Supplies	1,677,795	-
Utilities	-	-
Scholarships and Fellowships	-	-
Refunds to Grantors	-	-
Interest Expense	-	-
Depreciation and Amortization	-	-
<b>Total Operating Expenses</b>	<b>2,729,858</b>	<b>-</b>
<b>Operating Income (Loss)</b>	<b>(1,014,927)</b>	<b>-</b>
<b>Nonoperating Revenues (Expenses)</b>		
State Appropriations	5,059,647	-
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>5,059,647</b>	<b>-</b>
<b>Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers</b>	<b>4,044,720</b>	<b>-</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>\$ 4,044,720</b>	<b>\$ -</b>



**ACADEMIC  
MAJOR PURCHASES FOR  
BOARD OF TRUSTEES' APPROVAL  
December 12-13, 2024**

**Description of Purchase:** FujiFilm Visual Sonics Vevo Imaging System

**Estimated Cost of Purchase:** \$399,100.00

**Requisition Number:**

**Department Name(s) and Workday Cost Center:**

Regenerative Medicine, CC001060, FD008, FN07

**Department Contact Person:** Evelyn Fabunan

**Name of Procurement Specialist:** Cindy Gruenbaum

**Method of Purchase:** Purchase Order

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

**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:** N/A

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

**Name of Equipment:** N/A

**Value:** N/A

**How Will This Purchase Benefit MUSC:** PI is transferring to MUSC from Washington University where this equipment was available for PI use. Equipment is required to continue NIH-funded research requiring serial non-invasive assessment of cardiac structure and function after genetic, pharmacological, and occasionally surgical modeling of the mouse heart. The equipment would be valuable and available for other departmental investigators, especially those involved in cancer research or who require non-invasive imaging of developing fetuses, or of adult liver, kidney and heart.

**Why and How This Purchase Will Benefit MUSC By Having a Vendor Provide This Service vs. MUSC Staff Providing the Service:** N/A



**ACADEMIC  
FINANCIAL INFORMATION  
MAJOR PURCHASES  
BOARD OF TRUSTEES' APPROVAL  
December 12-13, 2024**

**Item to be approved for purchase:** FujiFilm Visual Sonics Vevo Imaging System

- 1. Source of Revenue/Savings:** N/A
- 2. Amount of Revenue/Savings to be generated:** N/A
- 3. Initial cost:**
  - a. Item:** \$396,800.00
  - b. Physical Plant Requirements (renovations):** None
- 4. Annual cost (Maintenance, supplies, etc.):** \$5,000, to be funded by PI NIH grant
- 5. Personnel Cost (to include base salary, fringes, training, etc.):** None
- 6. Financial Analysis:** N/A. Equipment maintenance and supplies will be supported from the NIH grant. Instrument will be available to other investigators.

ACADEMIC MAJOR PURCHASES FOR BOARD OF TRUSTEES' APPROVAL  
December 12-13, 2024

Description of Purchase: Consulting fees for a Project Manager to create a development plan for MUSC Institute of Neuroscience Discovery.

Estimated Cost of Purchase: \$75,000

Requisition Number: REQ-00539968

Department Name(s) and Ourday Cost Center(s): Neurosurgery

Company = C001, Cost Center = CC000986, Fund =FD006, Function = FN20, Program = PG001707

Department Contact Person: Alese Berry

Name of Procurement Specialist: Brad Byrd

Method of Purchase: Sole Source by MUSC Foundation Funds. Donor stipulation

Vendor Name (If Sole Source): Megan Bordon

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: n/a

Name and Value of Equipment the Requested Purchase Will Be Used In Conjunction With: n/a

Name of Equipment: n/a

Value: n/a

How Will This Purchase Benefit MUSC: Please see below.

ACADEMIC  
FINANCIAL INFORMATION  
MAJOR PURCHASES  
BOARD OF TRUSTEES' APPROVAL  
December 12-13, 2024

Why and How This Purchase Will Benefit MUSC By Having a Vendor Provide This Service vs. MUSC Staff Providing the Service: Megan Bordon, as contract project manager, provides specialized expertise in strategic planning, allowing MIND to efficiently develop a comprehensive growth plan. A project manager with the necessary expertise is critical to meeting these expectations. This initiative requires a highly specialized contractor to develop a strategic plan for the center, as it involves the creation of a unique neuroscience institute that will offer critical and innovative services in the healthcare landscape. The complexity of this project necessitates expert project management to guide the process from inception to execution.

Item to be approved for purchase:

1. Source of Revenue/Savings: n/a
2. Amount of Revenue/Savings to be generated: n/a
3. Initial cost: \$75,000 over 6 months
  - a. Item: n/a
  - b. Physical Plant Requirements (renovations): n/a

**4. 5. Annual cost (Maintenance, supplies, etc.):**

Personnel Cost (to include base salary, fringes, training, etc.):  
\$75,000 no fringe, over 6 months

6. Financial Analysis:

The donor's funds were allocated specifically for the execution of this project, which involves developing the MUSC Institute for Neuroscience Discovery. Foundation funds are being used to fund this project manager. The donor specifically allocated these funds for the development and execution of the MUSC Institute for Neuroscience Discovery.

# Summary of Changes to MUSC and MUHA Budget Policies

- Heading:
  - “Policy Applicable To” modified:
    - Added all MUSC Health divisions under Medical University Hospital Authority
  
- Section III: The Policy
  - Operating Budget
    - Revised criteria for providing a separate detailed schedule in budget:
      - Current threshold for Consulting with the addition of Professional Fees and Contractual Services Expenditures will remain at \$50,000.
      - Current threshold for Real Estate Leases **raised** from \$150,000 up to \$500,000 for the term of the lease
  
    - Current threshold for Real Estate Leases not detailed in Operating Budget and requiring prior BoT approval **raised** from \$150,000 up to \$500,000
  
  - Capital Budget:
    - Administration’s ask for Unspecified Capital Purchases **raised** from \$5,000,000 up to \$10,000,000
  
    - Current threshold for BoT approval for Capital Purchased (Equipment and Improvements) which will exceed Original Approved Budget **raised** from 10% up to 20% of total approved budget
  
    - Thresholds for purchasing unspecified capital purchases without prior BoT approval:
      - Capital Equipment Under \$1,000,000 – threshold **raised** from \$250,000 up to \$500,000
      - Capital Improvements Under \$5,000,000 – threshold **raised** from \$250,000 up to \$2,500,000
      - Total Aggregate Limit for Capital Purchases not requiring BoT approval is \$10,000,000
  
    - Criteria for capital purchases not requested in original approved budget and requiring BoT approval prior to Purchase:
      - All Capital Equipment **above** \$500,000
      - All Capital Improvements **above** \$2,500,000
  
  - Threshold for MUSC President and MUSC Health Chief Executive Officer authorizing unspecified purchases on his behalf **raised** from \$50,000 up to \$500,000
  
  - Threshold for Emergency Procurement of Capital Purchases by MUSC President and/or MUSC Health Chief Executive Officer **raised** from \$250,000 up to \$10,000,000
  
  - Threshold for Capital Purchased not needing BoT approval if total cost does not exceed original budget amount **raised** from 10% up to 20%.

<b>Section # **</b>	<b>Policy #</b> U-FIN-003	<b>MUSC Budget Policy</b>	
<b>Responsible Department:</b> University Finance			
<b>Date Originated</b> 10/13/2006	<b>Last Reviewed</b> 04/13/2018	<b>Last Revised</b> 04/13/2018	<b>Effective Date*</b> <del>02/09/2022</del> 10/11/2024

## I. Policy Statement

The Bylaws of the Board of Trustees states, “The Board of Trustees, directly or through its authorized committees, shall establish the general policies of the University, shall define its general program of educational activity, shall annually at or before its August meeting, fix and approve the University’s application for State appropriations, and shall approve the budget for the next fiscal year.”

## II. Scope

All MUSC colleges and departments

## III. Approval Authority

Board of Trustees

## IV. Purpose of This Policy

This policy defines the composition of the annual budget of the Medical University of South Carolina (MUSC) and sets forth guidelines for reporting to the Board of Trustees (“Board”) and the approval of certain purchases by the Board ~~of Trustees~~. It is not intended to supersede any State purchasing regulations.

## V. The Policy

### Operating Budget:

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

- Consulting, professional fees and contractual services ~~contracts~~ expenditures of \$50,000 or more, including all expenses; and
- Real estate leases where the value exceeds ~~\$150,000~~ \$500,000 for the term of the lease ~~including options~~.

In compliance with the Board’s ~~of Trustees~~ retained authority, leases of real estate where the value exceeds ~~\$150,000~~ \$500,000 for the term of the lease including options that were not detailed in the operating budget, shall have prior approval of the Board ~~of Trustees~~. The decision to incur operating expenses that will continue into subsequent years shall receive prior written approval from the Board ~~of~~

Trustees.

### Capital Budget:

Each fiscal year, MUSC shall submit a Capital Budget to the Board ~~of Trustees~~ for approval. The Capital Budget will be submitted to the Board prior to the start of the fiscal year unless otherwise authorized by the Board ~~of Trustees~~. This budget will include expected capital improvement projects (as defined below) and capital equipment purchases. The Board's approval of the Capital Budget is line-item approval for the specified capital purchases. The Capital Budget must provide sufficient line-item detail to track capital purchases back to the line-item Capital Budget. Each year, ~~management~~ Administration may include in the Capital Budget an amount for unspecified capital purchases. This amount will not exceed \$~~5~~10 million and the line-item will be included in the Capital Budget that will be brought to the Board for approval. For all line items over ~~\$250,000~~\$500,000 for capital equipment and \$2,500,000 for capital improvements, Administration must seek additional approval for capital purchases if the purchase exceeds by ~~10% or \$250,000, whichever is less~~20% of the line-item amount approved in the Capital Budget prior to expending any funds on the item. Any additional cost over the line-item amount will come from the Board-approved allowance for unspecified items unless other funds are identified, disclosed, and available.

For line items under ~~\$250,000~~\$500,000 for capital equipment and \$2,500,000 for capital improvements, amounts in excess of the line-item approved amount will come out of the Board approved allowance for unspecified capital purchases as long as the total cost does not exceed ~~\$250,000~~20% of the approved capital line item. The Capital Budget shall include capital leases and will include details of each capital lease, such as the lease term and total extended cost of the lease.

Permanent Improvements are defined by the State as:

1. Any acquisition of land, regardless of cost;
2. Any acquisition (as opposed to the construction) of buildings or other structures); regardless of cost;
3. Construction of facilities and any work on existing facilities including their renovation, repair, maintenance, alteration, or demolition in those instances where the total cost of all work involved is \$~~250,000~~100,000 or more;
4. Architectural, engineering, and other types of planning and design work, regardless of the cost, which is intended to result in a permanent improvement project. Master plans and feasibility studies are not permanent improvement projects and, therefore, are not to be included;
5. Capital lease purchase of any facility acquisition or construction; and
6. Equipment that either becomes a permanent fixture of a facility or does not become permanent but is included in the construction contract.
- 6.7. Any project authorized by the General Assembly including without limitation any project funded by appropriated capital improvement bond funds, capital reserve funds, state appropriated funds, or state infrastructure bond funds, regardless of cost.

~~Any capital equipment purchases, or Capital Improvement projects valued at more than \$250,000 that were not included in the annual Capital Budget shall have prior approval of the Board of Trustees.~~

Unspecified capital purchases (those items that were not specified in the Capital Budget) up to ~~\$250,000~~\$500,000 for capital equipment and \$2,500,000 for capital improvements must be approved in writing by the President or the Executive Vice President for Finance and Operations, until the aggregate amount of these unspecified expenses meets the Board approved allowance for unspecified capital purchases (not to exceed \$510 million) as provided for in the Capital Budget. Any capital purchase over \$500,000 or capital improvement project over \$2,500,000 that was not included in the annual Capital Budget, shall have prior approval of the Board. The President or the Executive Vice President for Finance and Operations may designate an individual in writing to approve unspecified capital purchases ~~between \$5,000 and \$50,000~~up to \$1,000,000500,000 on his/her behalf. In the event of urgent circumstances, the President may approve capital improvement projects ~~valued at more than \$250,000~~or capital

equipment purchases valued at more than \$2,500,000 and \$500,000 respectively with the concurrence of the Chairman of the Board and seek the full Board's approval at the next Board-~~of Trustees~~ meeting.

When a Capital Improvement project has been submitted to and approved by the Board-~~of Trustees~~, consequential individual ~~construction~~-contracts shall follow all established construction procurement criteria and, ~~which are mandated by law to be awarded to the lowest responsible and responsive bidder,~~ shall not require a second Board-~~of Trustees~~ approval (unless the cumulative amount of all such contracts exceeds the initial approval by ~~1020% or \$250,000, whichever is less~~). When construction contracts fall within the approved amount for the project, the final contract amount, once the project accounting is completed, will be submitted to the Board-~~of Trustees~~ for information.

The Total Budget for MUSC shall be the sum of the Operating Budget and the Capital Budget. The total budget shall not exceed expected revenues unless management identifies additional funding, and the Board approves such excess.

**Grant Expenditures:**

Expenditures that are fully funded from active grant funds for grant-specified equipment supplies, services, etc. do not require separate approval by the Board-~~of Trustees~~ if the grant contains sufficient detail regarding the items to be purchased, except consultant and construction services. All purchases for consultant and professional fee services in excess of ~~\$50,000~~250,000, equipment in excess of \$500,000, and construction services in excess of ~~\$100,000~~2,500,000 including expenses, shall receive prior approval from the Board-~~of Trustees~~.

**Affiliated Organizations:**

At a minimum, all purchases, Capital Improvement projects, contracts, and leases in excess of ~~\$50,000~~500,000 will be presented as information to the Board-~~of Trustees~~. All affiliation agreements between MUSC and its affiliate organizations shall have prior approval of the Board-~~of Trustees~~.

# Summary of Changes to MUSC and MUHA Budget Policies

- Heading:
  - “Policy Applicable To” modified:
    - Added all MUSC Health divisions under Medical University Hospital Authority
- Section III: The Policy
  - Operating Budget
    - Revised criteria for providing a separate detailed schedule in budget:
      - Current threshold for Consulting with the addition of Professional Fees and Contractual Services Expenditures will remain at \$50,000.
      - Current threshold for Real Estate Leases **raised** from \$150,000 up to \$500,000 for the term of the lease
    - Current threshold for Real Estate Leases not detailed in Operating Budget and requiring prior BoT approval **raised** from \$150,000 up to \$500,000
  - Capital Budget:
    - Administration’s ask for Unspecified Capital Purchases **raised** from \$5,000,000 up to \$10,000,000
    - Current threshold for BoT approval for Capital Purchased (Equipment and Improvements) which will exceed Original Approved Budget **raised** from 10% up to 20% of total approved budget
    - Thresholds for purchasing unspecified capital purchases without prior BoT approval:
      - Capital Equipment Under \$1,000,000 – threshold **raised** from \$250,000 up to \$500,000
      - Capital Improvements Under \$5,000,000 – threshold **raised** from \$250,000 up to \$2,500,000
      - Total Aggregate Limit for Capital Purchases not requiring BoT approval is \$10,000,000
    - Criteria for capital purchases not requested in original approved budget and requiring BoT approval prior to Purchase:
      - All Capital Equipment **above** \$500,000
      - All Capital Improvements **above** \$2,500,000
  - Threshold for MUSC President and MUSC Health Chief Executive Officer authorizing unspecified purchases on his behalf **raised** from \$50,000 up to \$500,000
  - Threshold for Emergency Procurement of Capital Purchases by MUSC President and/or MUSC Health Chief Executive Officer **raised** from \$250,000 up to \$10,000,000
  - Threshold for Capital Purchased not needing BoT approval if total cost does not exceed original budget amount **raised** from 10% up to 20%.



Document ID: 8926	Revision Number: <u>2</u>	Status: - <u>Draft</u>
Origination Date: 10/13/2006	Effective Date: <u>10-11-24</u> <del>Not Set</del>	

**Applicable To:**

- Medical University Hospital Authority (MUHA)**
- MUSC Health – Charleston**
- MUSC Health – Florence**
- MUSC Health – Catawba**
- MUSC Health – Midlands**
- MUSC Health – Orangeburg**

**I. Purpose**

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

**II. Scope**

All staff of the Medical University Hospital Authority (MUHA)

**II. The Policy**
**Operating Budget:**

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

- Consulting, professional fees and contractual services expenditures ~~contracts~~ of \$50,000 or more, including all expenses; and
- Real estate leases where the value exceeds \$~~150,000~~ 500,000 for the term of the lease ~~including options~~.

In compliance with the Board’s ~~of Trustees’~~ retained authority, leases of real estate where the value exceeds \$~~150,000~~ 500,000 for the term of the lease including options that were not

detailed in the Operating Budget, shall have prior approval of the Board-of-Trustees. The decision to incur operating expenses that will continue into subsequent years shall receive prior written approval from the Board-of-Trustees.

**Capital Budget:**

Each fiscal year, MUHA shall submit a Capital Budget to the Board-of-Trustees for approval. The Capital Budget will be submitted to the Board prior to the start of the fiscal year unless otherwise authorized by the Board-of-Trustees. This budget will include expected ~~C~~capital ~~I~~improvement projects (as defined below) and capital equipment purchases. The Board's approval of the Capital Budget is line-item approval for the specified capital purchases. The Capital Budget must provide sufficient line-item detail to track capital purchases back to the line-item Capital Budget. Each year, ~~management~~-Administration may include in the Capital Budget an amount for unspecified capital purchases. This amount will not exceed ~~\$5-10~~ million, and the line item will be included in the Capital Budget that will be brought to the Board for approval. ~~For all line items over \$250,000~~ \$500,000 for capital equipment and \$5,000,000-2,500,000 for Capital Improvements, ~~administration~~-Administration must seek additional approval for capital purchases if the purchase exceeds by ~~10~~20% ~~or \$250,000, whichever is less,~~ of the line-item amount approved in the Capital Budget prior to expending any funds over the original approved budget. Any additional cost over the line-item amount will come from the Board-approved allowance for unspecified items unless other funds are identified, disclosed, and available.

For line items under ~~\$250,000~~\$500,000 for capital equipment and \$2,500,000 for capital improvements, amounts in excess of the line-item approved amount will come out of the Board approved allowance for unspecified capital purchases as long as the total cost does not exceed ~~\$250,000~~20% of the approved Capital Line item. The Capital Budget shall include capital leases and will include details of each capital lease, such as the lease term and total extended cost of the lease.

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

1. Any acquisition of land, regardless of cost;
2. Any acquisition (as opposed to the construction) of buildings or other structures, regardless of cost;
3. Construction of facilities and any work on existing facilities including their renovation, repair, maintenance, alteration, or demolition in those instances where the total cost of all work involved is ~~\$100,000~~\$250,000 or more;
4. Architectural, engineering, and other types of planning and design work, regardless of the cost, which is intended to result in a permanent improvement project. Master plans and feasibility studies are not permanent improvement projects and, therefore, are not to be included;
5. Capital lease purchase of any facility acquisition or construction; and
- ~~6.~~7. Any project authorized by the General Assembly including without limitation any projected by appropriated capital improvement funds, capital reserve funds, state appropriated funds, or state infrastructure bond funds, regardless of cost.

~~Any capital equipment purchases, or Capital Improvement projects valued at more than \$250,000~~\$,000,000 that were not included in the annual Capital Budget shall have prior approval of the Board of Trustees.

Unspecified capital purchases (those items that were not specified in the Capital Budget) up to ~~\$250,000~~\$500,000 for Capital Equipment or up to \$2,500,000 for Capital Improvements must be approved in writing by the President or the Chief Executive Officer of MUSC Health, until the aggregate amount of these unspecified expenses meets the Board approved allowance for unspecified capital purchases (not to exceed \$510 million) as provided for in the Capital Budget.

Any capital equipment purchase valued at over \$1,000,000~~500,000~~ or capital improvement project valued at more than \$5,000,000~~2,500,000~~ that was not included in the annual Capital Budget, shall have prior approval of the Board of Trustees.

The President or the Chief Executive Officer of MUSC Health may designate an individual in writing to approve unspecified capital purchases ~~between \$5,000 and up to \$1,000,000~~500,000 on his/her behalf.

In the event of urgent circumstances, the President or the Chief Executive Officer may approve ~~Capital Improvement projects or capital equipment purchases valued at more than \$250,000~~\$2,500,000 and \$500,000, respectively with the concurrence of the Chairman of the Board, and seek the full Board's approval at the next Board ~~of Trustees~~ meeting.

When a ~~Capital Improvement~~ project has been submitted to and approved by the Board of Trustees, consequential individual ~~construction contracts (sub-contracts), which are mandated by law to be awarded to the lowest responsible and responsive bidder, and which have~~ shall followed all established selection Construction Procurement criteria, ~~and~~ shall not require a second Board of Trustees approval, (unless the cumulative amount of all such contracts exceeds the initial approval approved by total project budget by 1020%, ~~or \$250,000~~\$1,000,000, whichever is less). When construction contracts fall within the approved amount for the project, the final contract amount, once the project accounting is completed, will be submitted to the Board ~~of Trustees~~ for information.

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

### Grant Expenditures:

Expenditures that are fully funded from active grant funds for grant-specified equipment, supplies, services, etc. do not require separate approval by the Board of Trustees if the grant contains sufficient detail regarding the items to be purchased, ~~except including~~ consultants and professional fee services, equipment and/or construction services. All purchases for consultant services in excess of ~~\$50,000~~250,000, equipment in excess of \$1,000,000~~500,000~~, and construction services in excess of ~~\$100,000~~2,500,000, including expenses, shall receive prior approval from the Board ~~of Trustees~~.

**Affiliated Organizations:**

At a minimum, all capital equipment purchases ~~over \$500,000~~~~1,000,000~~, ~~capital~~ ~~improvement~~ projects ~~over \$5,02,500,000~~, contracts, and leases in excess of ~~\$500,000~~~~50,000~~ will be presented as information to the Board ~~of Trustees~~. All affiliation agreements between MUHA and its affiliate organizations shall have prior approval of the Board ~~of Trustees~~.

**H.III. Definitions**

N/A

**H.IV. Related Policies**

N/A

**IV.V. Applicable Laws and/or Regulations**

N/A

**V.VI. References**

N/A

**VI.VII. Distribution and Communication Plan**In policy management system and for communication to operational leaders,**VH.VIII. Appendices (e.g., forms, procedures, i.e., the “who, when, how” the policy will be implemented, FAQs)**

N/A

# Bylaws of the MUSC Board of Trustees

## Summary of Revisions

Other than edits correcting scrivener's errors, minor grammatical and punctuation errors, minor clarifications, and eliminating redundancies, the following revisions are proposed.

### Organizational Chart - (Page 2)

- Corrected titles of Chief Audit Executive and Senior Advisor to the Board of Trustees & Vice President for Government Affairs
- Corrected the note (\*\*) on the reporting of the Vice President for Institutional Advancement

### Section III. Officers of the Board of Trustees

- **(B) Chairman**, added *"The term of the newly elected Chairman begins at the conclusion of the meeting at which he is elected."* - (Page 5)
- **(D) Secretary:**
  - Corrected title to Secretary to the Board of Trustees – (Page 6)
  - Added statements clarifying the Secretary's accountability to the Board, and the Secretary's staff is accountable to the Secretary. The Board manages the Secretary's tenure and budget – (Page 6)
- **(E) Internal Auditor:**
  - Corrected title to Chief Audit Executive (CAE) – (Page 7)
  - Added verbiage clarifying the support staff's accountability to the CAE – (Page 7)
  - Added a statement that the CAE's and the Internal Audit Department's duties are outlined in a Board approved Internal Audit Charter – (Page 8)
- **(F) Trustees Emeriti**, corrected verbiage related to invitations to Board meetings and events to agree with actual practice and the Board Travel Policy – (Page 8)

### Section IV. Committees of the Board

- **(A) Standing Committees**, added *"The Audit, Compliance, and Risk; Finance and Administration; and Physical Facilities Committees may meet jointly for MUSC and MUHA."* – (Page 8)
- **(B) Organization and Terms of Office**, deleted *"Trustees may only serve as Chairman of more than one standing committee of the MUSC or MUHA Boards when the same committee (e.g., Physical Facilities, Audit, Compliance, and Risk) serves both entities."* – (Page 9)
- **(D)(1) Audit, Compliance, and Risk Committee:**
  - Changed the name of the Management Development and Compensation Subcommittee to Compensation Subcommittee – (Page 10)
  - Revised the duties of the subcommittee to correspond and refer to the Compensation Subcommittee Charter – (Page 10)
- **(D)(4) Physical Facilities Committee**, changed references to "project committee" to "subcommittee" – (Page 13)

### Section V. The Officers and Administration of the University

- **(B) Other Executive Officers**, added **(4) Senior Advisor to the Board of Trustees and Vice President for Government Affairs**, and his related duties – (Page 16)

### Section VI. The Faculty

- **(C) Faculty Privileges and Immunities**, added a provision that corrections of scrivener's errors and other minor corrections may be made to the Faculty Handbook without Board approval – (Page 18)



# **Bylaws of the Medical University of South Carolina Board of Trustees**

179 ASHLEY AVENUE  
CHARLESTON, SOUTH CAROLINA 29425  
~~October 11~~ **DECEMBER 13**, 2024

**TABLE OF CONTENTS**

FOREWORD ..... 1

MEDICAL UNIVERSITY OF SOUTH CAROLINA ORGANIZATIONAL CHART ..... 2

BYLAWS OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA BOARD OF TRUSTEES..... 3

Section I. Powers and Duties of the Board of Trustees ..... 3

Section II. Meetings of the Board of Trustees ..... 3

Section III. Officers of the Board of Trustees..... 5

Section IV. Committees of the Board ..... 8

Section V. The Officers and Administration of the University ..... 13

Section VI. The Faculty ..... 16

Section VII. Appeals to the Board..... 17

Section VIII. Board of Visitors ..... 17

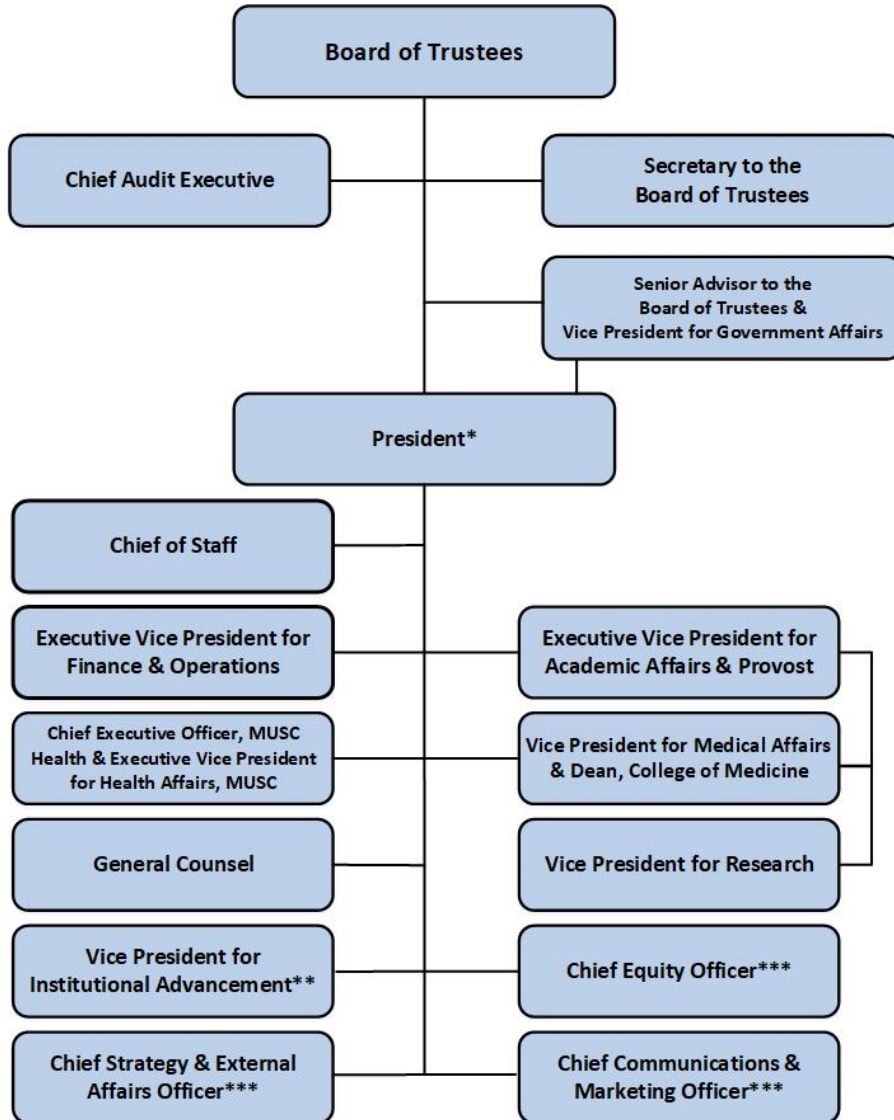
Section IX. Amendment..... 18

## FOREWORD

1. The Medical University of South Carolina does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, genetic information, sexual orientation, or gender identity in the administration of admission policies, educational policies, financial aid, employment, or any other University activity, except where sex is a bona fide occupational qualification.
2. Since the English language contains no singular pronoun that includes both sexes, wherever a masculine term appears in this document it signifies both genders.
3. The meetings of the Board of Trustees are held in conformance with the Freedom of Information Act as amended, S.C. Code Ann. §30-4-10, *et seq.*



MEDICAL UNIVERSITY OF SOUTH CAROLINA  
ORGANIZATIONAL CHART



*\*Only positions defined within these Bylaws and having solid line reporting to the President are depicted on this chart.*

*\*\*This position has a dual report to the President and the CEO, MUSC Foundation.*

*\*\*\*This position has a dual report to the President and the CEO, MUSC Health and EVP for Health Affairs.*

## BYLAWS OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA BOARD OF TRUSTEES

### Section I. Powers and Duties of the Board of Trustees.

(A) The final authority and responsibility for the governance of the Medical University of South Carolina (MUSC), its colleges, outreach programs, and ancillary functions are vested in the Board of Trustees ("Board") of the Institution in accordance with the statutes of the State of South Carolina pertaining thereto.

(B) The Board, directly or through its authorized committees, shall adopt policies, rules, and regulations as it may deem proper for its own governance and the governance and management of the activities and resources of the University; define its general program of educational activity; and annually, at or before its August meeting, fix and approve the University's request for State appropriations, and approve the budget for the next fiscal year.

(C) The Board shall avoid any conflict of interest. Any Trustee having a potential or perceived conflict of interest shall provide a written and signed statement of the facts to the Chairman and refrain from voting, participating, or influencing a decision on the matter. The meeting minutes shall include a copy of the written statement that reflects the reason(s), and the Trustee will be excused from any votes, deliberations, and other actions on the matter in accordance with S.C. Code Ann. §8-13-700.

(D) The Board shall name the principal officers of the University as prescribed in Section V. of these Bylaws, but it may delegate to those elected officers the employment of subordinate officers and employees.

(E) The Board shall confer appropriate degrees in medicine, dental medicine, pharmacy, nursing, health professions, and graduate studies in related health fields. These degrees shall be conferred upon students and such other persons as the Board deems qualified to receive them.

(F) The Board may confer honorary degrees to individuals deemed appropriate and worthy by a majority vote of the Board.

(G) The Board shall review or review and revise these Bylaws at least every four (4) years or earlier if a material change occurs.

### Section II. Meetings of the Board of Trustees.

#### (A) Regular Meetings.

(1) Regular meetings of the Board shall be held on the second Friday of February, April, August, October, and December and on the day before the commencement exercises provided that the date, place, time, and/or medium of any regular meeting may be changed by the Chairman.

(2) Regular meetings of the Board may be in person, via teleconference, or video conference.

(3) All regular meetings and any changes in the date, place, time, and/or medium thereto, shall be publicly noticed in accordance with S.C. Code Ann. §30-4-80.

**(B) Special and Emergency Meetings.**

(1) Special or emergency meetings of the Board may be called by the Chairman; or

(2) Upon the written request of three or more Trustees, the Chairman shall call a special meeting of the Board.

(3) At least 24 hours' notice of any special meeting shall be given to the Trustees and shall be publicly noticed in accordance with S.C. Code Ann. §30-4-80.

(4) The 24-hour notice will not apply to emergency meetings in accordance with S.C. Code Ann. §30-4-80.

(5) Special or emergency meetings of the Board may be in person, via teleconference, or video conference.

**(C) Meeting Cancellation.** Any regular, special, or emergency meetings of the Board may be postponed or canceled by the Chairman due to unforeseen circumstances including, but not limited to, acts of God; government regulation; and/or a declared public health emergency.

**(D) Agenda.** Prior to each regular meeting of the Board and with the notice of any special or emergency meeting, the Secretary ~~of~~ to the Board shall provide a proposed agenda and pertinent information for the meeting. Any changes to the agenda shall be made in accordance with S.C. Code Ann. §30-4-80.

**(E) Executive Session.** All meetings of the Board and its committees shall be public unless the matter being discussed falls within the provisions of S.C. Code Ann. §30-4-70 or as otherwise allowed by law, in which event the Board or committee, as applicable, may enter into executive session for the purpose of considering such matter. If it is determined either by the Chairman or by a majority of the Board or committee during the course of such considerations in executive session that the matter is not properly the subject of an exception to the South Carolina Freedom of Information Act, the Board or committee shall discontinue consideration of that matter and move on to other matters, if any, appropriate for consideration in executive session. Thereafter, the Chairman or the presiding officer of the Board or committee shall terminate the executive session and reconvene the public session for consideration of such matters requiring action. Only voting members of the Board or committees shall remain for executive session unless the Chairman deems otherwise and specifically requests such other person or persons to be in attendance.

**(F) Quorum.** A majority of the elected and ex-officio voting Trustees shall constitute a quorum. Except as otherwise provided in these Bylaws or as required by South Carolina law, the act of the majority of the Trustees in attendance at a meeting at which a quorum is present shall be the act of the Board.

(G) **Voting.** All votes will occur publicly. Except as otherwise specifically provided herein, all matters coming before the Board or a committee thereof for determination shall be determined by a majority of the Trustees in attendance by voice acclamation. Upon request of any Trustee or committee member, or as otherwise required by law, a vote by the Board or committee, as applicable, shall be by a call of the roll or signed written ballot. The results of all votes shall be recorded in the minutes of the Board or committee.

(H) **Order of Business.** The order of business for all meetings of the Board shall be as follows:

- (1) **Roll Call.** When MUSC and the Medical University Hospital Authority (MUHA) Board meetings are held concurrently, a single roll call will be taken and will serve for both meetings.
- (2) Corrections and approval of all minutes of regular, special, or emergency Board or committee meetings not previously approved.
- (3) Reports and recommendations of the President of the University, who may at his discretion call upon other officials of the University for reports on their areas of authority.
- (4) Reports of standing committees.
- (5) Reports of special committees.
- (6) Old business.
- (7) New business.

(I) **Rules of Order.** Except as charged by specific rules and regulations of the Board, the current edition of *Robert's Rules of Order* shall constitute the rules of parliamentary procedure applicable to all meetings of the Board and its several committees.

### **Section III. Officers of the Board of Trustees.**

(A) **Ex-Officio Chairman.** The Governor of the State of South Carolina is the voting ex-officio Chairman of the Board, and he shall preside at those meetings of the Board that he attends. The Governor's designee will vote for the Governor in his absence.

(B) **Chairman.** Biennially (every even-numbered year), at its August meeting, the Board shall elect from its membership a Chairman to serve for a term of two years or until his successor is elected. The Chairman will be elected by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.G. of these Bylaws. [The term of the newly elected Chairman begins at the conclusion of the meeting at which he is elected.](#)

Should the office of Chairman become vacant, or should the Chairman suffer a disability that obviously would be of an extended duration, a special election shall be held for a new Chairman. Such election

shall take place no later than the second Board meeting following such an eventuality. A Chairman cannot serve more than two terms consecutively.

The Chairman shall:

- (1) Preside at all meetings at which the ex-officio Chairman does not preside;
- (2) Create board committees not otherwise provided for, including ad hoc and subcommittees, and appoint Trustees to serve;
- (3) Be an ex-officio member of all standing committees of the Board;
- (4) Execute all legal documents and instruments on behalf of the Board;
- (5) Represent the Board in making its budget requests to the South Carolina General Assembly; and,
- (6) Serve as the official spokesman of the Board.

(C) **Vice Chairman.** At the same time, by a like method and for a like term of office as the Chairman, the Board shall elect from its membership a Vice Chairman to perform the duties of the Chairman in his absence, disability, or unavailability.

(D) **Secretary [to the Board of Trustees.](#)**

(1) ~~A-The~~ Secretary ~~of-to~~ the Board ([Secretary](#)) shall be elected by the Board to serve at the will of the Board. The Secretary will be elected by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.G. of these Bylaws. The Secretary need not be a Trustee and may be an officer or employee of the institution in another capacity. The Secretary shall also serve as Secretary ~~of-to~~ all committees of the Board. [The Board directs that the Secretary shall report and be accountable directly to the Board. The Secretary's support staff shall report and be accountable directly to the Secretary. It is further directed that the Board shall be responsible for managing the Secretary's tenure and for setting the financial budget for the Secretary's office, including salaries, operational expenses, and support costs.](#)

(2) Duties. It is the duty of the Secretary to arrange for all Board meetings and to act as Secretary to all Board committees, to keep records and minutes of Board actions, to review and prepare proposed revisions to the Board Bylaws every four (4) years or earlier if a material change occurs, and to complement the links with the President. In this role, the Secretary's primary responsibility is to the Trustees.

The Secretary and staff will:

- (a) Prepare agenda, place requests in the proper format for Board meetings and Board actions, record minutes of all meetings, and mail notices and other information to Trustees.

(b) Assist the Board in the review and preparation of proposed revisions to the Board Bylaws every four (4) years or earlier if a material change occurs. Upon completion of the review by the Board, incorporate all adopted amendments, and submit changes to other parts of the Bylaws which are reasonably implied by the adopted amendments.

(c) Obtain necessary legal opinions pertaining to the Board as an entity and to individual Trustees in their official capacities.

(d) Receive all direct correspondence, reports, telephone calls, etc., for the Board. Formulate proposed actions and communicate results to the Chairman and Trustees.

(e) Relay to the President requests received by Trustees from constituents.

(f) Make all arrangements for meetings of the Board and committees, including travel accommodations, meal arrangements, and social functions when appropriate.

(g) Keep all records of Board actions taken via mail or telephone between meetings.

(h) Process the Board's expenses including but not limited to, supplies, printing, travel, subsistence, and per diem.

(i) Handle routine correspondence on behalf of the Chairman and Trustees.

(j) Provide copies of minutes of Board meetings to Trustees and others as appropriate.

(k) Keep a log of terms of office and appropriate filing duties and procedures for Trustees.

(l) Collaborate with the Office of General Counsel on compliance with the requirements of the South Carolina Freedom of Information Act as it pertains to Board meetings and records.

(m) Advise the Chairman on filling certain seats on affiliate boards, as specified by the affiliates' bylaws. As such positions become available, Trustees will be made aware of the open seat prior to the Chairman appointing an individual to fill the seat. Where two or more seats are available on an affiliate board, consideration shall be given to filling the slots with one professional and one layperson from the Board.

(E) ~~Internal Auditor~~ Chief Audit Executive.

(1) The ~~Internal Auditor~~ Chief Audit Executive (CAE) shall be elected by the Board to serve at the will of the Board. The ~~Internal Auditor~~ CAE will be elected by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.G. of these Bylaws. The Board directs that the ~~Internal Auditor~~ CAE's position and its support staff shall report and be accountable directly to the Board. The CAE's support staff shall report and be accountable directly to the CAE. It is further directed that the Board shall be responsible for managing the ~~Internal~~

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~~Auditor~~CAE's tenure and for setting the financial budget for the Internal Audit Department, including salaries, operational expenses, and support costs.

(2) Duties. The ~~Internal Auditor~~CAE is responsible for managing a professional Internal Audit Department to provide analyses, appraisals, recommendations, counsel, and information concerning the activities reviewed to management, and ultimately to the Board.

(3) The ~~Internal Auditor~~CAE is also responsible for providing the Board with information about the adequacy and effectiveness of the organization's system of internal control and the quality of performance.

(4) The ~~Internal Auditor~~CAE will assist the Audit, Compliance, and Risk Committee in carrying out its duties as stated in Section IV(D)(1) of these Bylaws.

(5) The ~~Internal Auditor will assist the Audit, Compliance, and Risk Committee in~~Board will approve [an Internal Audit Charter that describes the authority and responsibilities of the CAE and the Internal Audit Department.](#) ~~the selection, oversight, and evaluation of the External Auditor.~~

(F) **Trustees Emeriti.** The Board may recognize a former Trustee for loyal, dedicated, and significant service to the University. Trustee Emeritus status will be granted when a former Trustee is nominated in writing by a current Trustee and elected by a two-thirds majority vote of Trustees in attendance. To be eligible, the former Trustee must have served at least eight (8) consecutive years or have been awarded an honorary degree by MUSC.

Trustees Emeriti are non-voting, ex-officio members who are elected for life and provide support for the University as knowledgeable friends and ambassadors. Trustees Emeriti ~~will~~may be invited to ~~all~~ Board events and will be reimbursed in accordance with the Board Travel Policy.

#### **Section IV. Committees of the Board.**

(A) **Standing Committees.** In addition to special or ad hoc committees, there shall be the following standing committees:

- (1) Audit, Compliance, and Risk
- (2) Education, Faculty, and Student Affairs
- (3) Finance and Administration
- (4) Physical Facilities
- (5) Research and Institutional Advancement

[The Audit, Compliance, and Risk; Finance and Administration; and Physical Facilities Committees may meet jointly for MUSC and MUHA.](#)

(B) **Organization and Terms of Office.** All standing committee assignments shall be made by the Chairman from the membership of the Board within 30 days following the August meeting each even-numbered year. Their terms of service shall be for two (2) years. Each standing committee shall be

composed of a minimum of three (3) members. Each standing committee shall elect its Chairman from its members by a majority vote taken by voice acclamation at the first committee meeting following the August meeting of the Board at which the Chairman is elected, excluding special elections, or at the first regular meeting of a new standing committee. Upon request of any standing committee member, a vote by the committee shall be by the call of the roll, and the results of such roll call vote shall be recorded in the minutes of the committee. ~~Trustees may only serve as Chairman of more than one standing committee of the MUSC or MUHA Boards when the same committee (e.g., Physical Facilities, Audit, Compliance, and Risk) serves both entities.~~

(C) **Quorum.** A majority of the membership of any standing committee shall constitute a quorum.

(D) **Powers and Duties of Standing Committees.** Standing committees will make appropriate and timely reports and recommendations to the Board which, upon approval by the Board, shall become established policy. Standing committees shall also report to the Board on all financial matters in its area of concern. Committee members shall uphold their duty of care by attending and participating in meetings, strengthening their understanding of the institution and its operations, maintaining professional skepticism, addressing appropriate subjects, gathering adequate facts, making reasonable and prudent inquiries before making a decision, and seeking outside counsel when necessary. The standing committees shall have the following powers and duties:

(1) **Audit, Compliance, and Risk Committee.**

(a) The Audit, Compliance, and Risk Committee shall concern itself with assisting the Board in discharging its fiduciary and stewardship obligations relative to the reliability and integrity of 1) systems of internal control, 2) accounting practices, 3) annual reporting, 4) internal and external audit processes, 5) management of business exposures, and 6) compliance with legal, regulatory, and ethical requirements.

(b) The committee will provide an open avenue of communication among the internal and external auditors, management, compliance teams, enterprise risk, and the Board. The full Board will continue to have complete access to management and the Internal Audit, Compliance, Enterprise Risk, and Legal departments and may request these departments to review areas of concern to them.

(c) The committee will also review the scope of the [audit, Compliance](#)~~compliance~~, and [Risk](#)~~risk~~ programs of MUSC in accordance with the Audit, Compliance, and Risk Committee Charter.

(d) The role of the committee is oversight. It is not the duty of the committee to prepare financial statements or to conduct audits to independently verify management's representations or to determine that the financial statements are complete and fairly present the financial condition of MUSC and its affiliates. These are the responsibilities of management and the external auditors.

(e) The committee has the full authority to review/investigate any matter or activity within the scope of its responsibilities. ~~It shall have direct access to management, Internal Audit,~~



~~Compliance Officers, Enterprise Risk Management, Office of General Counsel, and any other members of or resources within MUSC and its affiliated organizations.~~ All employees shall be directed to cooperate as requested by members of the committee. The committee shall also have the resources and authority to retain special legal, accounting, or other experts it deems necessary in the performance of its responsibilities.

(f) Each member of the committee, including the chairman, shall be independent and by reason of education or experience possess such degree of financial literacy as required to oversee the performance of the internal and external auditors, review MUSC's financial statements, and otherwise faithfully execute the role of the ~~Audit, Compliance, and Risk C~~ommittee set forth in the Bylaws. At least one member of the committee should have appropriate experience with internal controls, an understanding of applicable accounting principles, the application of such principles in preparing or auditing financial statements, and an understanding of audit committee functions.

(g) The ~~Audit, Compliance, and Risk C~~ommittee shall meet at least two times per year.

(h) The committee will set the appropriate tone in communicating the importance of internal control and direct management to establish appropriate internal controls.

(i) The ~~Management Development and Compensation Subcommittee~~ shall be a subcommittee of the ~~Audit, Compliance, and Risk C~~ommittee and reports to the Board through the ~~Audit, Compliance, and Risk Committee~~committee.

i. The subcommittee shall concern itself with overseeing the employment, retention, succession planning, and compensation of the President, Executive Officers identified below, and certain other senior executives of MUSC as determined from time to time by the Board.~~ensure that executive management and employees of the entities receive compensation that is market-level competitive, supports achieving the entities' strategic objectives, and is relevant to the individual's annual job performance while being sensitive to funding availability and long-term budget goals. The subcommittee will review all policy matters related to the evaluation and compensation of the President, Executive Vice Presidents, Vice Presidents, Deans, Secretary of the Board, the Internal Auditor (collectively "Executive Leadership"), and any other positions the subcommittee may decide. The subcommittee will make recommendations to the Board via the Audit, Compliance, and Risk Committee regarding these matters. The subcommittee will assist the Board in determining a compensation package for the President and advise the President regarding appropriate compensation structures for other members of Executive Leadership.~~

ii. The subcommittee has the authority to take the actions necessary to fulfill the responsibilities delegated to it by the Board as described in the Compensation Subcommittee Charter, unless prohibited by law or these Bylaws, including 1) adoption of formal compensation philosophy and compensation guidelines and parameters; 2) oversight of succession plans for select key positions; 3) coordination of the

compensation and evaluation of the President and Board staff; 5) annual review and approval of specific compensation arrangements for senior executives.

~~shall review, at least annually, MUSC's assessment of potential candidates for promotion (Key Employees) to, at a minimum, a vice president, dean, or other senior executive positions designated by the Board. The assessment should identify candidates' potential for promotion, professional development needed to address perceived deficiencies in a candidate's preparedness for promotion, or other actions to develop a "deep bench" of potential MUSC leaders. The subcommittee shall assist the President in determining appropriate professional development assistance for the MUSC Key Employees and in determining the best approaches to providing that assistance. The subcommittee shall review, at least annually, the management development plans in place and planned to ensure that all employees are encouraged to continuously improve their professional capabilities.~~

~~ii.iii. Members of this subcommittee will be appointed by the Chairman of the Board, and are not limited to members of the Audit, Compliance, and Risk Committee. The Chairman chairman of the Audit, Compliance, and Risk Committee will serve as chairman of this subcommittee.~~

~~iii. The subcommittee shall meet as needed. All Trustees are encouraged to attend and participate in the subcommittee meetings.~~

~~iv. No Any offer of compensation to any position included under (ii.) above vice president, dean, or other senior executive position designated by the subcommittee, whether written or oral, shall be presented to the committee chairman for review and guidance on required approvals. subject to the review of the Management Development and Compensation Subcommittee No offer of compensation shall be effective as binding on the entities without the required approval(s).~~

~~v. The subcommittee, whenever needed, shall make available to the Board reports and recommendations related to compensation, succession planning, evaluation of personnel, and other matters under its purview.~~

## (2) Education, Faculty, and Student Affairs Committee.

(a) The Education, Faculty, and Student Affairs Committee shall concern itself with the formation of policy regarding matters affecting the quality, character, extent, and relative standards in instruction and research.

(b) The committee shall concern itself with the formation of policy affecting student life, welfare, and morale.

(c) The committee shall concern itself with the faculty organization, quality, effectiveness, welfare, and morale.

(d) The committee shall create, with the approval of the Board, multi-specialty group practice plan(s) whose membership shall be comprised of qualifying faculty and employees of the University. These practice plan(s) will develop administrative board(s) and bylaws for approval by the Board. Faculty members shall have but one annual contract which shall accurately reflect their activities and compensation from MUSC, MUHA, Veterans Administration, clinical practice plan, and all other approved sources. Such compensation shall be considered part of the total MUSC compensation package and shall, pursuant to law, receive prior approval by the President and/or the Board.

(e) The committee, whenever needed, shall make available to the Board reports and recommendations regarding grants and scholarships from trust funds and endowments. Upon approval by the Board, these recommendations shall become established policy. The committee shall also report to the Board the recipients of such grants and scholarships.

**(3) Finance and Administration Committee.**

(a) The Finance and Administration Committee shall concern itself with the broad financial overview of the University, as well as with the operation, routine care, and funding of maintenance of the existing physical facilities of the University. Specific financial details will be provided in the other respective standing committees of the Board.

(b) The committee shall especially concern itself with such matters as procurement, accounting, budgeting, and information systems.

(c) The committee will concern itself with the financial and fiscal policies and procedures of the University.

(d) The annual requests for appropriation and the proposed annual budgets shall be prepared by the appropriate university officers for review by the committee.

(e) The committee shall concern itself with personnel policies and personnel administrative programs to achieve satisfactory quality, productivity, and morale of personnel of the university.

(f) The committee will assist the Audit, Compliance, and Risk Committee in setting the appropriate tone in communicating the importance of internal control and directing management to establish appropriate internal controls.

**(4) Physical Facilities Committee.**

(a) The Physical Facilities Committee shall concern itself with the real property and improvements thereto of MUSC and its affiliates. It shall be responsible for prioritizing and implementing all development plans for University properties and their improvements. It shall solicit, evaluate, and select suggestions and proposals from administration, consultants, and other professionals relating to the development and capital improvements of the physical

facilities and make recommendations to the Board. This committee will only be concerned with capital projects exceeding cost limits specified in approved Board policies. This committee shall assume full responsibility of the MUSC Facility Plan, including, but not limited to, 1) selecting architects, engineers, and other related professionals; 2) prioritizing all requests for facilities; 3) conducting feasibility studies; and 4) reviewing major renovations required for the installation of equipment.

(b) To help carry out the duties of the ~~Physical Facilities C~~committee, the committee chairman can appoint one member of the ~~Physical Facilities C~~committee and two Trustees at large as a separate ~~project-sub~~committee for each major building project ~~and~~ for architect/engineer and related construction professionals' selections. There may be multiple ~~project-sub~~committees with different Trustees functioning concurrently for different projects. A ~~project-sub~~committee is an active part of the ~~Physical Facilities C~~committee and serves under the supervision, control, and direction of the ~~Physical Facilities C~~committee. The committee chairman shall consider any expertise or experience of Trustees and their willingness to serve.

(c) The committee shall be charged with the responsibility of all Board matters relating to the physical ~~facilities and real~~ properties of the University; the design and location of new buildings, master planning, improvements or remodeling of buildings, and all other matters having to do with the maintenance of the University's physical facilities. It shall report to the Board with its recommendations thereon and on all contracts relating to new construction, capital improvements, and major repairs/renovations to existing buildings and grounds.

(d) The committee will establish a formal mechanism decreeing the time and appropriate ceremony to formally accept any completed project.

(e) The Executive Vice President for Finance and Operations or his designee will update the ~~Physical Facilities C~~committee as needed on 1) preliminary details of costs associated with various developments and improvements of physical facilities, 2) construction progress, 3) budgetary increases on construction/facility improvements, and 4) all change orders to date.

(f) Once the committee accepts and prioritizes capital project(s) for development, the project(s) will be forwarded to the Finance and Administration Committee for funding consideration. The Finance and Administration Committee will have the responsibility of seeking appropriate funding in consideration of the University's budgetary status, bonding requirements, and other financial requirements or restrictions of the University. In accordance with approved Board policies, the Finance and Administration Committee will make recommendations for the approval of expenditures to the full Board.

**(5) Research and Institutional Advancement Committee.**

(a) The Research and Institutional Advancement Committee shall concern itself with the development, promotion, and stimulation of research efforts of the University. In addition, the committee shall concern itself with the development of the strategic fundraising priorities of the institutional advancement programs of the University as well as the review of the Affiliation

Agreement between the University and the MUSC Foundation for the provision of development and institutional advancement services (the “Services”). The MUSC Board shall approve funds budgeted for the Services provided under the Affiliation Agreement through its standard process. Should the Board decide not to approve the MUSC portion of the budget allocated for the Services under the Affiliation Agreement, the Services will transition back to MUSC.

(b) The committee shall make reports and recommendations to the Board on institutional advancement, research advancement, animal care, and the establishment and maintenance of research facilities.

(c) The committee will recommend and seek Board approval for necessary changes to academic facilities as determined by the academic community within the University. The committee will recommend to the Physical Facilities Committee any changes, deletions, or additions to the physical plant for their consideration.

(d) The committee shall study and report to the Board on future opportunities for academic development. This committee shall be directly and specifically interested in fundraising, both in the private and public sectors, in order to provide future revenues for the academic and operational needs of the University.

(e) The committee shall be concerned with matters related to the University’s efforts in industrial recruitment.

(f) The committee shall concern itself with the identification, cultivation, solicitation, and stewardship of leadership philanthropy to ensure the maximization of private investment in the University’s academic, research, and clinical care programs.

(g) The committee shall recommend to the Board appropriate policies and/or programs required to achieve these objectives and shall report to the Board on the implementation, performance, and progress in these areas.

#### **Section V. The Officers and Administration of the University.**

(A) **The President.** The Chief Executive Officer of the University shall be its President who shall be elected by the Board to serve at the will of the Board at a rate of remuneration specified by the Board. The President will be elected by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.G. of these Bylaws.

(1) The President shall have and exercise full executive powers over the University and its related operations within the framework of the policies established by the Board.

(2) The President shall be authorized to bind the University and make delegations as he deems necessary in accordance with South Carolina law, except for powers that the Board retains by state statute.

(3) More specifically, the President shall be charged with the organization of the administrative and professional personnel of the University and the method of selecting personnel, subject only to the limitations imposed by these Bylaws, South Carolina laws, and applicable state policies and procedures. He shall be the medium of formal communication between the Board and the faculty and administrative organization of the University and the official spokesman of the University except as to matters within the special province of the Board, in which realm the Chairman of the Board shall be the official spokesman. The President, with his appropriate executive officers and the appropriate committees, shall prepare or receive and forward all requisite reports, budgets, and presentations to public agencies and to the Board.

(4) The President shall present to the Board an organizational chart showing divisions, departments, and lines of reporting and command in the instructional and administrative organization of the University. After approval of such organizational chart, any changes to the positions covered by these Bylaws shall be made only after the proposed change has been approved by the Board.

**(B) Other Executive Officers.** By and with the advice of the President and/or appropriate standing committee, the Board shall elect and approve the total compensation packages and subsequent changes thereto of the following additional executive officers unless otherwise indicated. Other executive officers will be elected by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.G. of these Bylaws.

**(1) Executive Vice President for Academic Affairs and Provost.** This officer is administratively responsible to the President for all academic matters. In the absence of the President, he shall act as the Chief Executive Officer. He is responsible for the coordination of planning for education and research and shall formulate plans to implement policy approved by the President and the Board. The deans of all colleges and the directors of the academic support units shall report to and through this officer to the President. Associated duties include responsibilities for overseeing the educational and clinical activities of the MUSC affiliates (those organizations that are included as component units in MUSC's financial statements), except those affiliates who are part of the clinical enterprise, including but not limited to University Medical Associates (UMA) of MUSC, and MUHA, collectively referred to as MUSC Health, and the MUSC Foundation, including purview over the organizations as they relate to the total program of the Medical University.

The chief executive officers of the MUSC affiliates, except the MUSC Health entities and MUSC Foundation, will report to the Executive Vice President for Academic Affairs and Provost.

**(2) Executive Vice President for Finance and Operations.** This officer is administratively responsible to the President for financial and administrative matters. He shall have immediate oversight of all general and financial operations of the University and responsibility for the physical facilities of the University. All financial and administrative support services of the University shall report to and through him to the President. This officer shall be the financial advisor to the President and the Board and serve as Treasurer of the University.

**(3) Chief Executive Officer, MUSC Health and Executive Vice President for Health Affairs, MUSC.**

The CEO, MUSC Health and Executive Vice President for Health Affairs, MUSC, is administratively responsible to the President and Board for all clinical services, as well as human, financial, informational resources, and related activities. The CEO, MUSC Health and Executive Vice President for Health Affairs, MUSC, shall formulate policies with respect to the clinical, education, and research activities of the Authority. The CEO shall exercise overarching control and responsibility for all hospitals owned and operated by MUHA including remote campus(es) of the Charleston division and hospitals within the MUSC Health Regional Health Network as set forth more fully in the MUHA Bylaws. The CEO, MUSC Health and Executive Vice President for Health Affairs, MUSC, shall be responsible for the development and implementation of joint initiatives to ensure overall alignment of the mission and vision of the clinical enterprise and shall ensure that MUSC Health provides a supportive environment for high-quality, sophisticated clinical teaching and research programs carried out by MUSC faculty. This officer shall formulate policies concerning the clinical, educational, and research activities of MUSC Health and is expected to align strategically with the Dean, College of Medicine and Vice President for Medical Affairs, for all College of Medicine clinical activities.

(4) **Senior Advisor to the Board of Trustees and Vice President for Government Affairs.** As Senior Advisor to the Board of Trustees, this officer provides guidance and strategic counsel to the Board. As Vice President for Government Affairs, this officer is administratively responsible to the President and is the liaison between federal, state, and local governments on matters affecting the MUSC enterprise. This role maintains close contact with state agencies whose programs and missions involve the enterprise, tracks pertinent legislation, and keeps abreast of public policy which effects the daily operation of the MUSC enterprise. This officer is responsible for securing state and federal funding to further MUSC's mission.

(5) ~~(5)~~ **Vice President for Institutional Advancement (VPIA).** The Board and the MUSC Foundation shall jointly approve the appointment of the VPIA. The VPIA will be approved by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.G. of these Bylaws. The VPIA is administratively responsible to the President and the MUSC Foundation CEO and has immediate oversight in the procurement of private funds for the development of the University's projected and long-range plans. This officer shall have the responsibility for the Office of Development, the Office of Alumni Affairs, and for overseeing development activities of the University through the MUSC Foundation, of which he may serve as vice president. This officer is also responsible for the management of the University's Board of Visitors. The VPIA will have responsibility to the University to ensure compliance with the MUSC strategic priorities but will be an officer of the MUSC Foundation. As a result, the compensation package and any subsequent changes will be recommended by the MUSC Foundation Board and approved by the MUSC Board. Compensation of the VPIA will be consistent with the MUSC enterprise compensation philosophy and guidelines.

(6) **Dean, College of Medicine and Vice President for Medical Affairs.** The Dean is the Chief Academic Officer for the College of Medicine (COM) and reports directly to the Executive Vice President for Academic Affairs and Provost for all COM academic and research activities. All department chairs in the COM report to the Dean. In the role of Vice President for Medical Affairs, he is expected to align strategically with the CEO, MUSC Health System, for all COM clinical

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activities, and is ultimately accountable to the President of MUSC. The Dean, COM and Vice President for Medical Affairs, is responsible for the vision setting, strategic planning, oversight, and investment for education and research in the COM and integration and alignment of the COM clinical mission with the MUSC Health System. As Vice President for Medical Affairs, he serves in critical clinical leadership roles within the MUSC Health System through direct supervision of COM clinical chairs, as a member of the strategic-decision making body for the University (President's Council), as a member of the MUSC Health System committees, and serving to monitor and enforce MUSC Health System clinical performance standards.

~~(5) **Vice President for Institutional Advancement (VPIA).** The Board and the MUSC Foundation shall jointly approve the appointment of the VPIA. The VPIA will be approved by a majority vote of the Trustees in attendance and the vote shall be conducted in accordance with Section II.C. of these Bylaws. The VPIA is administratively responsible to the President and the MUSC Foundation CEO and has immediate oversight in the procurement of private funds for the development of the University's projected and long range plans. This officer shall have the responsibility for the Office of Development, the Office of Alumni Affairs, and for overseeing development activities of the University through the MUSC Foundation, of which he may serve as vice president. This officer is also responsible for the management of the University's Board of Visitors. The VPIA will have responsibility to the University to ensure compliance with the MUSC strategic priorities but will be an officer of the MUSC Foundation. As a result, the compensation package and any subsequent changes will be recommended by the MUSC Foundation Board and approved by the MUSC Board. Compensation of the VPIA will be consistent with the MUSC enterprise compensation philosophy and guidelines.~~

(6) **Vice President for Research.** This officer serves as the institution's Chief Research Officer and is responsible for defining and implementing strategies to advance the research mission of MUSC. The Vice President for Research reports directly to the Executive Vice President for Academic Affairs and Provost. This officer has oversight of research administrative offices supporting the University's research enterprise, including the Office of Research and Sponsored Programs, Office of Research Development, and the Office of Research Integrity. This officer oversees and supports research policy development, sponsored program administration (pre-award), and research compliance and safety. Responsibilities include monitoring institutional extramural and intramural research funding, assuring compliance with research integrity and risk protection guidelines, and coordinating research strategic planning. This officer provides input and expertise in research resource utilization including facilities development and management.

## **Section VI. The Faculty.**

(A) **Employment.** The President is responsible to the Board for the qualitative and quantitative performance of the faculty. Therefore, the President is vested with the power to select the membership of the faculty. He shall appoint the instructional staff of the University. Upon recommendation of the President, the Board shall appoint the following:

- (1) Deans
- (2) Associate Professor (regular, adjunct, or clinical)



- (3) Professor (regular, adjunct, or clinical)
- (4) Any faculty position to tenured rank

(B) **Organization of the Faculty.** All members of the instructional staff of the University shall be embraced in one or more organizations within the University faculty. This will allow the Administration and the Board to have the benefit of the aid and advice of the faculty in those matters which are the special concern of the faculty. Such matters include curricula, leaves of absence, sabbatical leaves, termination of employment, and academic matters of concern to both faculty and students. It will also facilitate communication and understanding among the faculty, the administration, and the Board.

The Faculty Senate of MUSC acts as the sole representative body for organizing and executing the business of the faculty submitted to it by members of the faculty, the administration, or the Senate itself. The Senate advises the faculty and administration in matters pertaining to the faculty.

(C) **Faculty Privileges and Immunities.** The rules, regulations, conditions, and definitions of such matters of faculty concern as tenure, leaves of absence, outside practice, conflict of interest, and the presentation of grievances shall be clearly set forth by the Board and established as policies of the University. These policies and procedures are documented in the Faculty Handbook, which is made available to all members of the faculty and others concerned. The Faculty Handbook is subject to periodic revision, with changes reviewed and approved by the Board, upon the recommendation of the Faculty Senate and the Administration. [Corrections of scrivener's errors and minor grammatical and punctuation errors that do not change the context of the document do not require Board approval.](#)

#### **Section VII. Appeals to the Board.**

(A) **Faculty.** The right of appeal to the Board by any faculty member is a right recognized by the Board and shall be exercised in accordance with the respective grievance procedures for the faculty as set forth in the MUSC Faculty Handbook and approved by the Board.

(B) **Administrative Personnel.** With respect to non-faculty administrative personnel, the Board, in its sole discretion, may grant a review of any adverse administrative action. However, if this review is granted, the Board shall not be required to conduct a hearing or hear arguments but shall review the record of any proceedings.

#### **Section VIII. Board of Visitors.**

##### **(A) Membership.**

- (1) The members of the Board of Visitors shall be elected by a vote of the Board upon nominations made by Trustees to the President.
- (2) Nominations for membership on the Board of Visitors shall be made as follows:
  - (a) The two (2) Trustees from each of the Congressional Districts shall each submit up to two (2) nominations which may be from in-state or out-of-state.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES**  
**CONSENT AGENDA**  
December 13, 2024  
101 Colcock Hall

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

**Consent Agenda for Approval**

- Item 34. MUSC Health Charleston Division Appointments, Reappointments,  
and Delineation of Privileges..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 35. MUSC Health Charleston Orangeburg Campus  
Family Medicine Obstetrics Clinical Privileges ..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 36. Revised MUSC Health Charleston Division Credentialing Manual ..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 37. Letter of Support for ACS Level III Trauma Verification ..... Dr. Danielle Scheurer  
*Chief Quality Officer, MUSC Health*
  
- Item 38. MUSC Health Regional Health Network Unified Appointments,  
Reappointments, and Delineation of Privileges ..... Dr. Michael Foster  
*President, RHN Unified Medical Staff*
  
- Item 39. MUSC Health Regional Health Network Medical Staff Bylaws ..... Dr. Michael Foster  
*President, RHN Unified Medical Staff*
  
- Item 40. MUSC Health Regional Health Network Credentials Manual ..... Dr. Michael Foster  
*President, RHN Unified Medical Staff*

**Consent Agenda for Information**

- Item 41. MUSC Health Charleston Division MEC Minutes..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 42. Contracts and Agreements..... Annette Drachman  
*General Counsel*

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

**Consent Agenda for Information**

- Item 43. MUSC FY2025 Active Projects >\$250,000 .....David Attard  
*Chief Facilities Officer, MUSC*

Item 44. MUSC Facilities Contracts Awarded .....David Attard  
*Chief Facilities Officer, MUSC*

Board of Trustees Credentialing Subcommittee October 2024  
The Medical Executive Committee reviewed the following applicants on October 23, 2024  
and recommends approval by the Board of Trustees Credentialing Subcommittee effective October 28, 2024

**Initial Appointment and Clinical Privileges**

Alyson Ryan Sullivan, P.A., B.S.	Medicine	Allied Health
MaKenna West, P.A., B.S.	Surgery	Allied Health
Madelyn Grace Fowler-Robson, P.A.	Medicine	Allied Health
Colton Glenn Mebane, C.R.N.A.	Anesthesiology	Allied Health
Eileen Janet Matos, M.D.	Pediatrics	Active
Kimberly Kay Caristi, M.D.	Pediatrics	Active
Sean Phillip Carter, M.D.	Medicine	Active
Joseana Lopes Ferreira, M.D.	Family Medicine	Active
Natalie Julie Pudalov, M.D.	Pediatrics	Active
Katelyn Elizabeth Reeve, P.A.	Emergency Medicine	Active
Jason Aaron David Smith, Ph.D.	Neurology	Active
Gregory Thomas Squires, M.D., B.S.	Anesthesiology	Active
Lauren Gabriel Tapp, M.D.	Pediatrics	Active
Natalia Trehan, D.M.D.	Oral & Maxillofacial Surgery	Active
Norman Horace Ward, III, M.D.	Orthopaedics	Active
Justin Scot Caskey, M.D.	Orangeburg Campus	Active – Remote
Chadwick Van Thomas, M.D.	Orangeburg Campus	Active – Remote
Saud Abdulelah O Alsaleh, M.D.	Orangeburg Campus	Active – Remote
Patrick Anthony Brooks, M.D.	Orangeburg Campus	Active – Remote
Jun Wei Lee, M.D.	Orangeburg Campus	Active – Remote
Holli Kervin Johnston, A.P.N.	Family Medicine	Affiliate
Amy Elizabeth Rush, A.P.N.	Pediatrics	Affiliate
Devon Palermo Miller, N.P.	Pediatrics	Affiliate
Emily Elizabeth Phillips, M.D.	Pediatrics	Affiliate
Zuhdija Puric, A.A.	Anesthesiology	Allied Health
Ashlei N. Robinson, LPC	Psychiatry	Allied Health
Sethe Michael Wetter, C.R.N.A.	Anesthesiology	Allied Health
Jesse Lee White, C.R.N.A.	Anesthesiology	Allied Health
Margaret Ellen Baxley, P.A.C.	Medicine	Allied Health
Suzanne Livengood Britt, P.A.C.	Anesthesiology	Allied Health
Chelsea Lynn Clay, P.A.	Medicine	Allied Health
Chelsea Lee Cruise, LISW-CP	Psychiatry	Allied Health
Bailey Edge, R.D.	MUHA Dietetic Services	Allied Health
Lisa Ann Hahl, A.P.N.	Medicine	Allied Health
Erin McKittrick Jones, LISW-CP	Psychiatry	Allied Health
Shenae Ashley Long, A.P.N.	Family Medicine	Allied Health
Jacqueline Grace Mongeau, N.P.	Pediatrics	Allied Health
Brittany Marie Peterburs, AGAC-NP	Neurosurgery	Allied Health
Marcelaine G. Reneau, A.P.N.	Medicine	Allied Health
Laura J. Seiverling, Ph.D.	Psychiatry	Allied Health
Amy Marie Smith, D.N.P., A.P.R.N., A.G.N.P.-C	Department of Nursing	Allied Health
Katherine Margaret Allen, C.R.N.A.	Orangeburg Campus	Allied Health - Remote
Anita McNeil Dixon, A.G.N.P.-C	Orangeburg Campus	Allied Health - Remote
John M. Stas, C.R.N.A.	Orangeburg Campus	Allied Health - Remote

**Reappointment and Clinical Privileges**

Andrea Marie Abbott, M.D., M.S.	Surgery	Active
Eyad Almallouhi, M.D.	Neurology	Active

Milton Byran Armstrong, M.D.	Surgery	Active
Prabhakar Kalyanpur Baliga, M.D.	Surgery	Active
Marissa Blanco Knowlton, M.D.	Pediatrics	Active
Mary Hart Bryan, M.D.	Psychiatry	Active
Christine Marie Carr, M.D.	Emergency Medicine	Active
Marc-Andre Cornier, M.D.	Medicine	Active
Kathryn King Cristaldi, M.D., M.H.S.	Pediatrics	Active
Colleen Ashley Donahue, M.D.	Surgery	Active
Isabel G Driggers, D.M.D.	Oral & Maxillofacial Surgery	Active
Kristina Kay Gustafson, M.D., M.S.C.R., F.A.A.P.	Pediatrics	Active
Michelle Sausan Hwang, M.D.	Otolaryngology	Active
Daniel Judge, M.D.	Medicine	Active
Matthew Fessler Kohler, M.D.	Obstetrics & Gynecology	Active
Zipporah Krishnasami, M.D.	Medicine	Active
Rahn Antonio Ravenell, D.P.M.	Orthopaedics	Active
John Flint Rhodes, Jr., M.D.	Pediatrics	Active
LalithKumar Solai, M.D.	Psychiatry	Active
Jeffrey Sutton, M.D.	Surgery	Active
Harold Michael Szerlip, M.D.	Medicine	Active
Adam Tanious, M.D., M.M.Sc, M.B.A.	Surgery	Active
Aljoeson Walker, M.D.	Neurology	Active
John Scott Walton, M.D., B.S.	Anesthesiology	Active
Alicia Marie Zukas, M.D.	Neurosurgery	Active
Woodrow Jenkins Coker, M.D.	Medicine	Affiliate - Colleague - Other
John Woodbury McDonald, M.D.	Medicine	Affiliate CFC - Colleague
Vanessa Adams, B.S.N., M.S.N.	Pediatrics	Allied Health
Demetress Keyonia Adams-Ludd, LMSW	Psychiatry	Allied Health
Ellen Jill Baldino, P.A.C.	Medicine	Allied Health
Mary Margaret Barrow, M.S., P.A.	Radiology	Allied Health
Brittany Tyler Benson, C.R.N.A.	Anesthesiology	Allied Health
Erin M Bisca, M.A., LPC	Psychiatry	Allied Health
Shanna Alayne Black, C.R.N.A., M.S.N.	Anesthesiology	Allied Health
Deborah L. Brooks, A.N.P.	Medicine	Allied Health
LaQuandra Dionne Brown, A.P.R.N.	Psychiatry	Allied Health
Kiften Stephens Carroll, MSN, FNP, CPNP	Surgery	Allied Health
Katherine Chike Harris, D.N.P., M.S.N., B.S.N.	Pediatrics	Allied Health
Rebekah Marie Countryman, LPC, LADC	Psychiatry	Allied Health
Matthew Ryan Daylami, C.R.N.A., B.S.N., B.S.	Anesthesiology	Allied Health
Krista M Dickerson, LMSW, M.P.H.	Psychiatry	Allied Health
Marianne Fiutem, C.R.N.A.	Anesthesiology	Allied Health
Lauren Blankstein Fogelgren, P.A.	Pediatrics	Allied Health
Molly Saxon Fragopoulos, B.S., M.P.A.S.	Anesthesiology	Allied Health
Alexandra Lee Garcia, C.R.N.A.	Anesthesiology	Allied Health
Jennifer Lynne Hale, C.R.N.A., D.N.A.P, B.S.N.	Anesthesiology	Allied Health
Tenelle O. Jones, LMFT, Certificate	Psychiatry	Allied Health
Olga Leonidivna Junkulis, C.R.N.A., R.N., M.S.	Anesthesiology	Allied Health
Marissa Helen Kemp, B.S.N., M.S.N., D.N.P.	Pediatrics	Allied Health
Sarah Ricker King, P.A.C.	Pediatrics	Allied Health
Kimberly Ann Kirby, C.R.N.A., BSN	Anesthesiology	Allied Health
Kymerley Lenn Kittle, P.A.C.	Otolaryngology	Allied Health
Katherine Kyle, A.P.R.N., D.N.P., ANP - C	Medicine	Allied Health
Megan LaTorre McManus, P.A., M.Sc., B.S.	Anesthesiology	Allied Health
Karen Mohrwinkel Miller, C.R.N.A., R.N.	Anesthesiology	Allied Health

Katelyn Ann Mistretta, C.R.N.A.	Anesthesiology	Allied Health
Jennifer Brashier Moylan, C.R.N.A.	Anesthesiology	Allied Health
Rosaura E. Orengo-Aguayo, Ph.D.	Psychiatry	Allied Health
Blake Alexandra Parkes, AGAC-NP, BSN	Neurosurgery	Allied Health
Richelle Lee Peveler, M.S.N., BSN	Medicine	Allied Health
Marianna Polito Ross, C.R.N.A., M.S.N.	Anesthesiology	Allied Health
Suzanne Marie Ruda, C.R.N.A.	Anesthesiology	Allied Health
Alanna Michelle Shiflett, N.N.P.	Pediatrics	Allied Health
Jennifer Johnson Vollmer, P.A.C., M.H.S.	Orthopaedics	Allied Health
Megan Lynne Walters, P.A.C., M.P.A.S., B.A.	Surgery	Allied Health
Heidi Michele Warren, LMSW	Psychiatry	Allied Health
Elyse Eun-Min Wertis, B.S., M.S.	Radiology	Allied Health
Christopher C. Cornor, C.R.N.A.	Anesthesiology	Allied Health - Colleague - Other

<b>Change in Privileges</b>
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John Aruny, M.D.	Radiology	Active
Shahryar Majeed Chowdhury, M.D., M.S.C.R.	Pediatrics	Active
Kevin Webster Dickey, M.D.	Radiology	Active
Steven Edward Swift, M.D.	Obstetrics & Gynecology	Active
John Austin Fry, M.D.	Orangeburg Campus	Active – Remote
John Frederick Hughes, M.D.	Radiology	Active Provisional
Laura Elizabeth Baker, N.P.	Medicine	Allied Health
Jacob Alan Bennett, N.P., A.C.N.P	Anesthesiology	Allied Health
Alison Paige Bull, B.S., M.S., P.A.C.	Medicine	Allied Health
Karen Rivera, P.A.	Medicine	Allied Health
Madison Brianna Sheheane, N.P.	Medicine	Allied Health
Myranda Murphy Valyear, P.A.	Medicine	Allied Health
Co Ho, M.D.	Medicing & OBGYN	Active - Remote

<b>Delineation of Privilege Forms</b>
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MUSC Charleston Family Medicine Obstetrics Privileges	Drafted and Approved by Dr. Cynthia Talley, Dr. Donna Johnson, and Dr. Tori Sullivan
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**Family Medicine Obstetrics  
Clinical Privileges**

Staff Member Type: Physician

Qualifications (Education):

To be eligible for privileges in Family Medicine Obstetrics, the applicant must meet the following qualifications:

1. Successful completion of an ACGME or AOA accredited residency in family medicine with obstetrics focus or a family medicine obstetrics fellowship. **AND**
2. Documentation of the performance of at least **100** deliveries in the past two years **OR** successful completion of a hospital–affiliated formalized residency or clinical fellowship; **AND**
3. Current certification or active participation in the examination process leading to certification in family medicine by the American Board of Family Medicine.
4. Current Advanced Life Support in Obstetrics (ALSO) Certification
5. Current Electronic Fetal Monitoring (EFM) Certification

Reappointment:

- a. Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.
- b. 10-20 Vaginal Deliveries over a 12-month period.
- c. Continuing education related to obstetrics is required:
  - a. Maintain Advanced Life Support in Obstetrics (ALSO) Certification
  - b. Maintain Electronic Fetal Monitoring (EFM) Certification

Specialty (Board certification): ABFM

Department: Family Medicine.

Division: Orangeburg

<u>Specialty</u>	<u>Type</u>	<u>Title</u>	<u>Charleston</u>	<u>Orangeburg</u>
General Family Medicine Gynecology	Core	Family Medicine Gynecology Core Procedures	☐	☐
<u>Description</u> Procedures include but are not limited to Colposcopy, Perform history and physical exam; Vulvar biopsy; Endometrial Biopsy; Placement of IntraUterine Device (IUD); Exceptions are listed below as special procedures.				
<u>Criteria</u>				
<u>Criteria for Reappointment</u>				

<u>Specialty</u>	<u>Type</u>	<u>Title</u>	<u>Charleston</u>	<u>Orangeburg</u>
Family Medicine Obstetrics	Core	Non-operative Core Privileges	<input type="checkbox"/>	<input type="checkbox"/>

Description

Admit, perform history and physical exam, evaluate, diagnose, treat, and provide consultation to female patients of all ages (inpatient, outpatient, and emergency) presenting in any condition or stage of pregnancy, providing medical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy excluding placental abnormalities, complex multiple gestation, renal disease, liver disease, severe cardiovascular disease, or restrictive pulmonary disease requiring oxygen. May assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Criteria

Criteria for Reappointment

Family Medicine Obstetrics	Core	Non-Operative Obstetric core procedures	<input type="checkbox"/>	<input type="checkbox"/>
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Description

Procedures include but are not limited to: Amnioinfusion Amniotomy; Application of internal fetal and uterine monitors; Augmentation and induction of labor; Circumcision of newborn; Interpretation of fetal monitoring; Management of high-risk pregnancy, including of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor; Management of patients with/without medical surgical or obstetrical complications for normal labor, including preeclampsia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise; Manual removal of placenta; Medication to induce fetal lung maturity; Normal spontaneous vaginal delivery; Obstetrical ultrasound, Level I = fetal position, placenta localization; Operative vaginal delivery (including vacuum extraction, breech extraction, low forceps; Perform history and physical exam; Pudendal and paracervical blocks; repair of first and second degree perineal lacerations; Treatment of medical complications of pregnancy, including pregnancy-induced hypertension, chronic hypertension, gestational diabetes mellitus, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, medically managed ectopic pregnancy, and other accidents of pregnancy, such as incomplete, complete, or missed abortion except placental abnormalities, renal disease, liver disease, severe cardiovascular disease, or restrictive pulmonary disease requiring oxygen; Vaginal birth after cesarean delivery (VBAC). Exceptions are listed below as special procedures.

Criteria

Criteria for reappointment

10-20 Vaginal Deliveries over a 12-month period

Family Medicine Obstetrics	Special	Family Medicine Obstetrics Operative Specialty Privileges	<input type="checkbox"/>	<input type="checkbox"/>
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Description

Procedures include but are not limited to: Amnioinfusion Amniotomy; Application of internal fetal and uterine monitors; Augmentation and induction of labor; Circumcision of newborn; External version of breech; Interpretation of fetal monitoring; Management of high-risk pregnancy, including of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor and dichorionic diamniotic\_multiple gestation; Management of patients with/without medical surgical or obstetrical complications for normal labor, including preeclampsia, threatened



abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise; Manual removal of placenta, uterine curettage; primary and secondary **caesarean section**, tertiary caesarean and beyond with direct OB/GYN involvement; Operations for sterilization (tubal ligation and bilateral salpingectomy) in the immediate postpartum period; Medication to induce fetal lung maturity; Normal spontaneous vaginal delivery; Obstetrical ultrasound, Level I = fetal position, placenta localization; Operative vaginal delivery; Perform history and physical exam; Pudendal and paracervical blocks; Repair of first and second degree perineal lacerations; Treatment of medical complications of pregnancy, including pregnancy-induced hypertension, chronic hypertension, gestational diabetes mellitus, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, medically managed ectopic pregnancy, and other accidents of pregnancy, such as incomplete, complete, or missed abortion, except management of placental abnormalities, renal disease, liver disease, severe cardiovascular disease, or restrictive pulmonary disease requiring oxygen; Vaginal birth after cesarean delivery (VBAC); BMI >50. Exceptions are listed below as special procedures.

Criteria

Demonstrate the successful completion of a 12-month, full-time obstetrics or maternal and child care fellowship

Criteria for reappointment

10-15 caesarean sections over a 12-month period

Family Medicine Obstetrics	Specialty	Nexplanon Implant Specialty Procedure	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>Description</u> Insertion or removal of Nexplanon Implant Device.</p> <p><u>Criteria</u> Completion of Merck (or equivalent manufacturer) Clinical Training Course, online or in person. Additionally, NPs, PAs, and CNMs must attest that they have met all specific state conditions and requirements, including but not limited to signing a collaborative agreement with an MD/DO.</p> <p><u>Criteria for Reappointment</u> Maintain volume of 15 procedures in one calendar year or must recertify with Clinical Training Course.</p>				

## **Summary of changes to October 2024 draft Credentials Manual**

**All of these changes have already been submitted in the MEC and Board approved bylaws as of October 2024. This is just ensuring that the language in both the bylaws and the credential manual are consistent.**

- Added the Credentials Committee will review all requests for all campuses. (Pg.2)
- Added podiatrist to Medical Staff per bylaws for Orangeburg (Pg.4)
- Added the Active Staff Remote campus for Orangeburg (Pgs. 5 and 6)
- Clarified that Main campus members may admit patients to both the main campus and the remote Medical Center facilities. (Pgs. 4 and 5)
- Added Rural Health Care Clinic category for Orangeburg (Pgs. 7 and 8)
- Changed reappointment time frame to up to three years (Pg.18)
- Minor changes to appropriate titles i.e., Executive Director to CEO (throughout document)

<b>Section #</b> {External Reference #}	<b>Policy #</b> MS-001	<b>MS-001 Credentialing-Manual Medical Staff Office</b>	
<b>Responsible Department:</b> CHS - Medical Staff Office (Main)			
<b>Date Originated</b> 02/01/2006	<b>Last Reviewed</b> 12.28.2022	<b>Last Revised</b> 04.12.2024	<b>Effective Date</b> 04.12.2024

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

## MUSC Medical Center Credentialing Policy and Procedure Manual

~~April 2024~~

[Draft October 2024](#)

## **I. Credentialing Process**

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

### **A. Purpose**

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

### **B. Scope**

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

### **C. Credentials Committee**

#### **1. Purpose**

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

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

## 2. Membership

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

## 3. Reporting Channels

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

## 4. Meetings

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

## 5. Minutes

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

## D. Confidentiality

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

## III. CLASSIFICATION OF APPOINTED PRACTITIONERS

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

Appointment to the Medical Staff of MUSC Medical Center is a prerogative that shall be

extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in the Bylaws, the Credentialing Manual and associated policies of the MUSC Medical Staff.

## **B. Qualifications for Medical Staff Membership**

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

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

## **C. Medical Staff Appointment with Privileges**

### **1. Active Medical Staff- [Main Campus](#)**

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

and clinics and annually providing the majority of his/her services/activities within the Medical Center main campus.

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

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

**Responsibilities:** Appointees to this category must:

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

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

## 2. ACTIVE CATEGORY – REMOTE HOSPITAL LOCATION

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 the Medical Center.

PREROGATIVES: Appointees to this category may:

- Exercise those clinical privileges granted by the Board.

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

**RESPONSIBILITIES: Appointees to this category must:**

- 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.
- 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.
- Comply with the Medical Staff Bylaws, and with all applicable rules, regulations, policies and procedures of the medical staff and Hospital.
- Participate in providing ED call coverage and other patient coverage arrangements as defined in policies adopted by the MEC and Hospital Board.
- 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.
- 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

**Removal: Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Chairperson of the department, during the appointment period will result in automatic transfer to Affiliate Category. The practitioner shall not have the rights afforded by ~~Article X~~ fair hearing plan of the Medical Staff Bylaws.**

### **3Affiliate Medical Staff**

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

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



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

- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentialing Manual of the Medical Staff or by specific privilege restriction. Attend meetings of the Staff and Department to which he/she is appointed and any staff or MUSC Medical Center education programs.
- May request admitting privileges. Dentists are not eligible for admitting privileges.

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

**4. 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.

**Qualifications:**

- Have a valid and unrestricted medical/dental license to practice in the State of South Carolina;
- Be board certified or eligible to obtain board certification in his/her respective specialty (ABMS approved) unless the Department Chairperson requests otherwise based on demonstrated equivalent competency. A five-year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification;
- Maintain a Federal DEA number and State DHEC License/Certification where applicable;
- Provide satisfactory evidence of appropriate training, education, and competency in the designated specialty;
- Hold current professional malpractice insurance at levels acceptable to MUSC Medical Center;
- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentials Manual of the Medical Staff or by specific privilege restriction.

**53. RURAL HEALTH CLINIC (RHC) /AMBULATORY CATEGORY**

**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.**

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.

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.

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

##### **1. Honorary/Administrative Members**

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

##### **2. AFFILIATE COLLEAGUES**

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

#### **E. Professional Staff ~~Appointment~~ with Privileges**

## **1. Allied Health Professionals**

Allied Health Professionals are those health professionals who:

- Are licensed in the state with a doctorate in psychology, or are licensed as advanced practice nurses, physician assistants, optometrists, podiatrists, or acupuncturists;
- Are others who are appropriately licensed or certified and are designated as Allied Health Professionals by the Governing Board;
- Are subject to licensure requirements or other legal limitations, exercise independent judgment within areas of their professional competence; and
- Are qualified to render direct or indirect care as delineated in their respective scopes of practice, job descriptions, or privileging forms.

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

## **2. Physician Extenders (Allied Health External)**

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

## **F. Telemedicine Providers**

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

## **IV. Initial Appointment Application**

### **A. Nature of the Application**

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

## B. Application Requirements

The initial application shall include:

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

clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

### **C. Applicant's Responsibility for Producing Information:**

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

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

### **D. Applicant's Agreement**

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

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

- that govern clinical practice; and
- That he/ she will adhere to the MUSC Standards of Behavior.

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

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

#### **E. Applicant's Rights Regarding Information:**

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

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

#### **F. Verification Process:**

After receipt of the completed application for membership, the Medical Staff Office via the Credentials Verification Organization (CVO) will collect and verify the references, licensure and other qualification evidence submitted. Primary source verification will be conducted regarding current licensure, relevant training, and current competence. When collection

and verification is completed, the CVO will promptly transmit the application and supporting material to the department in which the applicant seeks clinical privileges.

Verification will include the following:

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

## **G. Inability to Obtain Information:**

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

If there is delay in obtaining such required information, or if the Medical Center requires

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

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

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

## **V. Initial Appointment and Privileging Process**

### **A. Review/Approval Process**

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

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

### **B. Credentials Committee Review**



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

### **C. Medical Executive Committee Action**

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

#### **Effect of Medical Executive Committee Action**

##### **1. Deferral**

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

##### **2. Recommendation for Approval**

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

##### **3. Adverse Recommendation**

When the Medical Executive Committee's recommendation to the Board is averse to

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

## **D. Board Action**

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

### **Effect of Board Action**

#### **1. Deferral**

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

#### **2. Approval**

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

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

#### **3. Adverse Action**

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

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

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

#### **4. Expedited Action**

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

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

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

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

### **E. Initial Privileges**

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

## **VI. Reappointment/Renewal of Privileges Application**

### **A. Nature of the Application**

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

### **B. Review/Approval Process**

Reappointments to the Medical and Professional Staffs shall be for a period not to exceed ~~two~~ three (3) years. Reappointments and/or the renewal of privileges are not automatic and shall be based on information concerning the individual's performance, ability to work with other professionals at MUSC Medical Center, judgment, quality of care, and clinical skills. The reappointment/renewal process from time of application attestation to final Board decision cannot exceed 180 days.

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

- Current copy of license and, if applicable, State DHEC and Federal DEA certificate or license;
- Certificate of professional liability coverage;
- Request for clinical privileges;
- Information pertaining to malpractice claims activity including malpractice claims

pending, or judgments or settlements made, as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;

- CME: In accordance with South Carolina Medical Board guidelines (40 hours every 2 years are required for renewal of South Carolina Medical License). The predominant number of hours must be related to the clinician's specialty. Professional staff will be required to complete the number of hours dictated by their respective license;
- Peer Recommendations: Medical staff are required to submit two (2) peer references from practitioners in the applicant's field with knowledge of their clinical abilities. These recommendations must include an assessment of current competence, health status and any relevant training or experience as well as the six general competencies. Professional staff are required to submit three (3) references: two (2) from current peers and one (1) from the current supervising physician (as applicable);
- Health status relative to ability to perform the clinical privileges requested;
- Current PPD;
- Chairperson Recommendation: Evaluation form electronically completed by Chairperson/Chairperson designee recommending privileges including documentation of health status or the ability to perform the requested privileges;
- Information from the National Practitioner Data Bank and HIPDB;
- Hospital Affiliations: Evaluation of clinical activities from other hospital affiliations;
- Current board certification or eligibility as outlined in the Medical Staff Bylaws;
- Information since initial appointment or previous appointment that includes:
- Details regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following licenses or registrations have been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:
  - Board certification
  - License to practice
  - State DHEC and/or federal DEA license or certification;
- Details about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions, information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institutions, and voluntary or involuntary changes in membership, privileges, or status at other healthcare organizations; The results of Ongoing Professional Practice Evaluation and the results of any Focused Professional Practice Evaluations;
- Any additional practitioner specific data as compared to aggregate data, when available;
- Morbidity and mortality data, when available;
- Release of information; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information

may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

#### **D. Continuing Duties of Medical Staff and Professional Staff Members**

It shall be a continuing duty of all Medical Staff and Professional Staff members to promptly update credentials information on an ongoing basis, for review by the Department Chairman and/or respective Peer Review or Medical Staff Leadership Committees no later than 30 days from the reporting or release. Failure to do so may result in immediate reappraisal by the Credential Committee of the member's staff appointment. This information shall include but not be limited to the following:

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

The Medical Staff Office will promptly notify the Department Chairman of any adverse actions or exclusions related to the above disclosure from the practitioner, or via notification from the following monthly reports for the purposes of ongoing monitoring:

- CMS Opt-Out;
- State specific Medicaid Exclusion List, Termination and Program Integrity List(s);
- System of Award Management (SAM); AND
- Office of Inspector General (OIG)

#### **E. Ongoing Professional Practice Evaluation**

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

## **F. Insufficient Activity for Evaluation**

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

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

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

## **G. Failure to Complete the Reappointment Application**

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

## **H. Reappointment Verification Process**

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

- Primary source verification of current South Carolina licensure;
- Primary source verification of any training necessary for increase of privileges;
- Status of current DEA;
- Specialty Board status;
- Status of affiliations with other hospitals or healthcare organizations;
- Status of group affiliations;
- Status of malpractice claims history for the past five years;
- Peer recommendations;
- System of Award Management (SAM);
- Office of Inspector General (OIG);
- National Provider Identifier (NPI);
- SSA DMF (Death Master); Information from the National Practitioner Data Bank; and
- State specific Medicaid Exclusion List, Termination and Program Integrity List(s)
- CMS Opt-Out; and
- Medicare/Medicaid sanctions and investigations from websites of the Office of Inspector General and the Excluded Parties Listing System.



## VII. Reappointment/Privilege Renewal Review Process

### A. Department Chairperson Review

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

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

At the time of reappointment, a Department Chairperson may request, based on physician specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Credentials Committee and the Medical Executive Committee, that a practitioner within his/her department be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the Department Chairperson with

approval by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

## **B. Credentials Committee Review**

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

## **C. Medical Executive Committee Action**

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

### **Effect of Medical Executive Committee Action**

#### **1. Deferral**

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

#### **2. Recommendation for Approval**

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

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

### **3. Adverse Recommendation**

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

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

## **D. Board's Action**

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

### **Effects of Board Action**

#### **1. Deferral**

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

#### **2. Approval**

When the Board has reached a favorable decision, the ~~CEO-Executive Director~~ or the

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

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

### 3. Adverse Action

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

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

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

### 4. Expedited Action

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

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

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

- The applicant submits an incomplete application;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or

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

## **VIII. Privileges**

### **A. Granting of Privileges**

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

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

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

Practitioners may request an increase of privileges at any time during the appointment period by completing a change in privileging form included with the reappointment application, or if not during reappointment by requesting a change in privileges form from the Medical Staff Office. When a request is received in the Medical Staff Office with

appropriate documentation, including the Department Chairperson's recommendation, the request will be forwarded to the Credentials Committee for review as a part of the reappointment process. If a change is requested at another time during the appointment cycle, the Medical Staff Office via the CVO will verify the following prior to submitting the request to the Credentials Committee:

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

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

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

## **B. Medical Staff Temporary Privileges**

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

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

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

### **1. Care of Specific Patients**

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

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

## 2. New Applicants

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

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

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

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

**Termination of Temporary Privileges: The [CEO](#)~~Executive Director~~ or his/her designee** after consultation with the appropriate Department Chairperson or designee



may terminate a practitioner's temporary privileges at any time and must terminate a practitioner's temporary privileges upon the discovery of information or the occurrence of an event that raises questions about the practitioner's professional qualifications or ability to exercise any or all his/her temporary privileges. If it is determined that the practitioner is endangering the life or well-being of a patient, any person who has the authority to impose summary suspension may terminate the practitioner's temporary privileges.

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

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

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

### **Disaster Privileges**

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

### **C. Emergency Privileges**

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

In the case of an emergency any practitioner, to the degree permitted by his license and regardless of Staff status or lack of it, shall be permitted and assigned to do everything possible to prevent serious and permanent harm or to save the life of a patient, using every facility of the Medical Center necessary, including calling for any consultation necessary or desirable. When an emergency no longer exists, the practitioner must request the privileges to continue to treat the patient. In the event such privileges are denied, or he does not wish to request such privileges, the patient shall be assigned to a



member of the Medical Staff by the appropriate Department Chairperson. Under conditions of extreme patient risk, the President of the Medical Staff, the Chief Medical Officer, the appropriate Department Chairperson, Credentials Committee Chairperson, or the [CEO](#) ~~Executive Director~~ (or his/her designee) may grant emergency privileges for that patient alone. These conditions would apply if the physician in question was the only one capable of rendering appropriate professional services (i.e. no qualified staff members were available). Such privileges shall be based on the information then available which may reasonably be relied upon to affirm the competency, ethical standing and licensure of the physician who desires such emergency privileges. In the exercise of such privileges, such physician shall act under the direct supervision of the Department Chairperson or his/her designee to which he/she is assigned.

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

**Proposed Revisions approved 04.12.24 by the Board of Trustees.**

**[Draft October 2024](#)**

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Charleston SC 29425-0010

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## Trauma Verification

Synopsis: Support of the application for Level III trauma verification is proposed.

WHEREAS the mission of MUSC Health Orangeburg is to improve health and maximize quality of life through optimal patient care.

WHEREAS MUSC Health Orangeburg continues to provide emergency and collaborative specialty clinical trauma services, as well as professional and public outreach education, injury prevention, and performance improvement programs (collectively, the “Trauma Program”); and,

WHEREAS MUSC Health Orangeburg intends to continue to meet all requirements and criteria to maintain Level III trauma center verification and support its trauma program.

NOW THEREFORE BE IT RESOLVED that the Medical University of South Carolina Board of Trustees commits to maintain the high standards needed to provide optimal care of all trauma patients and supports the application for Level III trauma verification by the American College of Surgeons, Committee on Trauma.

### CERTIFIED

This is to certify that the foregoing is a true and accurate excerpt from the minutes of the Medical University of South Carolina Board of Trustees meeting December 13, 2024.

---

Katherine S. Haltiwanger, Secretary

**MUSC HEALTH PEE DEE - Credentialing Applications - October 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>				
Patrick Anthony Brooks, M.D.	MUSC Florence	Anesthesiology	Active	
Balbir Singh Minhas, M.D.	MUSC Florence	Gastroenterology	Active	
Dimitrios Constantinos Papadouris, M.D.	MUSC Florence	Radiology - CRA MB	Active	
Benjamin Josef Phelps, D.O.	MUSC Florence	IM - Critical Care	Active	
Leopoldo Vicente Rodriguez, M.D., M.B.A.	MUSC Florence	Anesthesiology	Active	
Charles Joseph Court, M.D., B.S.	MUSC Florence	Anesthesiology	Active	
Ginger Y Rodgers, C.R.N.A.	MUSC Florence	CRNA	AHP	
Raymond Atkinson, CRNA	MUSC Florence	CRNA	AHP	
John M. Stas, C.R.N.A.	MUSC Florence	CRNA	AHP	
Katherine Margaret Allen, C.R.N.A.	MUSC Florence	CRNA	AHP	
Nicholas Miller Chiaravalloti, R.D., M.S.	MUSC Florence	Registered Dietician	Ambulatory Rural Health	
Anna Caitlin Rhoads, R.D., M.S., CDE	MUSC Florence	Registered Dietician	Ambulatory Rural Health	
Caroline D Thompson, B.S., R.D.	MUSC Florence	Registered Dietician	Ambulatory Rural Health	
Hailey Vivona New, P.A.	MUSC Florence	Endocrinology	AHP	
Jennifer Passantino, PA	MUSC Florence	Emergency Medicine	AHP	
Beverly Jane Testerman, N.P.	MUSC Florence	Emergency Medicine	AHP	
Rajiv Kumar Sharma, M.D.	MUSC Florence	Radiology - Div-Rad	Consulting	
Jamie Doster McIntyre, M.D.	MUSC Florence	Radiology - CRA MB	Consulting	
Priya Kanu Patel, M.D.	MUSC Florence	MUSC Tele-Psych	Telemedicine By Proxy	
Jessica Lynne Principe, M.D., M.S.	MUSC Florence	MUSC Tele-Psych	Telemedicine By Proxy	
<b>Reappointment and Clinical Privileges</b>				
David Darrell Arrington, M.D.	MUSC Florence	Radiology - CRA	Active	
Hanaa Benchekroun Belabbes, M.D.	MUSC Florence	Hospitalist	Active	
Mohamad Hussein Bourji, M.D.	MUSC Florence	Cardiology	Active	
Stephen Richard Christian, M.D.	MUSC Florence	Radiology - CRA	Active	
Matthew Leighton Draughon, M.D.	MUSC Florence	Anesthesia	Active	
Shayla Cristal Freeman, M.D.	MUSC Florence	Emergency Medicine	Active	
Abdallah Kamouh, M.D.	MUSC Florence	Cardiology	Active	
Apryle Yvette Kennedy, M.D.	MUSC Florence	Pediatrics	Active	
Bradley Stokes Russell, M.D.	MUSC Florence	Emergency Medicine	Active	
John Bayne Selby, Jr., M.D.	MUSC Florence	Radiology MUSC	Active	
Stephan Klaus Stamato, M.D., M.B.B.S.	MUSC Florence	Radiology CRA	Active	
Lauren Xu, M.D.	MUSC Florence	Pathology / Laboratory	Active	
Anthony Wayne Alexander, M.D.	MUSC Florence	PM&R	Consulting	
Joseph G Moyer, M.D.	MUSC Florence	Allergy & Immunology	Consulting	
William Bernhard Naso, M.D.	MUSC Florence	Neurosurgery	Courtesy	
Jennifer Lynn Weigt, N.P.	MUSC Florence	Hospitalist	AHP-Locums	
Inyene Sunday Amos, AGAC-NP, RN, MSN	MUSC Florence	Hospitalist	AHP	
Tricia Anderson Brown, A.C.N.P	MUSC Florence	Surgery	AHP	
Diana Lee Collins, F.N.P., D.N.P.	MUSC Florence	Surgery	AHP	
Nathan Rutledge Dail, C.R.N.A., A.D.N., B.Sc.	MUSC Florence	Anesthesia	AHP	
Sarah Marie Finch, C.R.N.A., M.S.N., B.S.N.	MUSC Florence	Allied Health	AHP	
Ashton Cagle Godwin, F.N.P.	MUSC Florence	Hematology/Oncology	AHP	
Brittany Leigh Hempton, F.N.P.	MUSC Florence	Hematology/Oncology	AHP	
Tammy G Huckabee, F.N.P., MSN	MUSC Florence	Emergency Medicine	AHP	
Catherine E Lindler, N.P.	MUSC Florence	Hospitalist	AHP	
Brittney Lael McClannahan, C.R.N.A.	MUSC Florence	Anesthesiology	AHP	

Gary A. Summerfield, Jr., F.N.P., BSN, A.D.N.	MUSC Florence	Emergency Medicine	AHP	
Jennifer Passantino, PA	MUSC Florence	Emergency Medicine	AHP	
Logan Elizabeth Turner, P.A.C., B.S.	MUSC Florence	Emergency Medicine	AHP	
Joshua Charles Brown, M.D., Ph.D.	MUSC Florence	Tele-Neurology MUSC	Telemedicine By Proxy	
Alain Zingraff Lekoubou Looti, M.D., M.S.	MUSC Florence	Tele-Neurology MUSC	Telemedicine By Proxy	
Kelly Suzanne Matmati, M.D., M.S.	MUSC Florence	Tele-Neurology MUSC	Telemedicine By Proxy	
Mary Elizabeth Stoermann, D.O.	MUSC Florence	Tele-Psychiatry MUSC	Telemedicine By Proxy	
Robert Lawrence Borowski, D.O.	MUSC Florence	Tele-Internal Medicine MUSC	Telemedicine By Proxy	

**MUSC HEALTH MARION**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Patrick Anthony Brooks, M.D.	MUSC Marion	Anesthesia	Active	
Dimitrios Constantinos Papadouris, M.D.	MUSC Marion	Radiology CRA MB	Active	
Charles Joseph Court, M.D., B.S.	MUSC Marion	Anesthesiology	Active	
Nathaniel G Gray, M.D., B.A.	MUSC Marion	Radiology DivRad	Active	
Leopoldo Vicente Rodriguez, M.D., M.B.A.	MUSC Marion	Anesthesiology	Active	
Julie Scott Webster, M.D.	MUSC Marion	Radiology DivRad	Active	
Justin Scot Caskey, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Elizabeth Toby Chorney, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Benjamin Z Cooper, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Jamie Doster McIntyre, M.D.	MUSC Marion	Radiology DivRad	Consulting	
J David Gilliland, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Richard Grzybowski, D.O.	MUSC Marion	Radiology DivRad	Consulting	
Andrew A Hill, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Robert J Johnston, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Jeffrey Mark Meier, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Lisa Marie Taylor, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Rajiv Kumar Sharma, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Shayan Vadie, M.D.	MUSC Marion	Radiology DivRad	Consulting	
Katherine Margaret Allen, C.R.N.A.	MUSC Marion	CRNA	AHP	
Raymond Atkinson, CRNA	MUSC Marion	CRNA	AHP	
John M. Stas, C.R.N.A.	MUSC Marion	CRNA	AHP	
Beverly Jane Testerman, N.P.	MUSC Marion	Emergency Medicine	AHP	
Jennifer Passantino, PA	MUSC Marion	Emergency Medicine	AHP	
Priya Kanu Patel, M.D.	MUSC Marion	MUSC Tele-Psych	Telemedicine By Proxy	
Jessica Lynne Principe, M.D., M.S.	MUSC Marion	MUSC Tele-Psych	Telemedicine ByProxy	
<b>Reappointment and Clinical Privileges;</b>				
Hanaa Benchekroun Belabbes, M.D.	MUSC Marion	Hospitalist	Active	
Matthew Leighton Draughon, M.D.	MUSC Marion	Anesthesiology	Active	
Shayla Cristal Freeman, M.D.	MUSC Marion	Emergency Medicine	Active	
Gangatharan Mathisuthan, M.D., M.B.B.S	MUSC Marion	Internal Medicine	Active	
Mark Dozier Roberts, M.D.	MUSC Marion	Pediatrics	Active	
Bradley Stokes Russell, M.D.	MUSC Marion	Emergency Medicine	Active	
Lauren Xu, M.D.	MUSC Marion	Pathology / Laboratory	Active	
David Darrell Arrington, M.D.	MUSC Marion	Radiology CRA	Consulting	
Stephen Richard Christian, M.D.	MUSC Marion	Radiology CRA	Consulting	
Abdallah Kamouh, M.D.	MUSC Marion	Interventional Cardiology	Consulting	
Stephan Klaus Stamato, M.D., M.B.B.S.	MUSC Marion	Radiology CRA	Consulting	
Joshua Charles Brown, M.D., Ph.D.	MUSC Marion	Tele-Neurology	Neurology	
Kelly Suzanne Matmati, M.D., M.S.	MUSC Marion	Tele-Neurology	Telemedicine By Proxy	
Mary Elizabeth Stoermann, D.O.	MUSC Marion	Tele-Psychiatry MUSC	Telemedicine By Proxy	

Sami Al Kasab, M.D.	MUSC Marion	Tele-Neurology	Telemedicine - By Proxy	
Robert Lawrence Borowski, D.O.	MUSC Marion	Tele-Internal Medicine MUSC	Telemedicine - By Proxy	
Catherine Lindler NP	MUSC Marion	Hospitalist	AHP	
Gary Summerfield, NP	MUSC Marion	Emergency Medicine	AHP	
Inyene Sunday Amos, AGAC-NP, RN, MSN	MUSC Marion	Hospitalist	AHP	
Nathan Rutledge Dail, C.R.N.A., A.D.N., B.Sc.	MUSC Marion	Anesthesiology	AHP	
Tammy G Huckabee, F.N.P., MSN	MUSC Marion	Emergency Medicine	AHP	
Candida Maria Loiselle, F.N.P.	MUSC Marion	Allied Health Professional	AHP	
Brittney Lael McClannahan, C.R.N.A.	MUSC Marion	Anesthesiology	AHP	
Gary A. Summerfield, Jr., F.N.P., BSN, A.D.N.	MUSC Marion	Emergency Medicine	AHP	
Jennifer Passantino, PA	MUSC Marion	Emergency Medicine	AHP	
Logan Elizabeth Turner, P.A.C., B.S.	MUSC Marion	Emergency Medicine	AHP	
Jennifer Lynn Weigt, N.P.	MUSC Marion	Hospitalist	AHP	

**MUSC HEALTH BLACK RIVER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Dimitrios Constantinos Papadouris, M.D.	MUSC Black River	Radiology CRA MB	Active	
Patrick Anthony Brooks, M.D.	MUSC Black River	Anesthesiology	Active	
Charles Joseph Court, M.D., B.S.	MUSC Black River	Anesthesiology	Active	
Leopoldo Vicente Rodriguez, M.D., M.B.A.	MUSC Black River	Anesthesiology	Active	
Justin Scot Caskey, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Elizabeth Toby Chorney, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Benjamin Z Cooper, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Jamie Doster McIntyre, M.D.	MUSC Black River	Radiology DivRad	Consulting	
J David Gilliland, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Richard Grzybowski, D.O.	MUSC Black River	Radiology DivRad	Consulting	
Andrew A Hill, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Robert J Johnston, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Jeffrey Mark Meier, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Lisa Marie Taylor, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Rajiv Kumar Sharma, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Shayan Vadie, M.D.	MUSC Black River	Radiology DivRad	Consulting	
Katherine Margaret Allen, C.R.N.A.	MUSC Black River	CRNA	AHP	
May Fun Suen, C.R.N.A.	MUSC Black River	CRNA	AHP	
Randy Atkinson, CRNA	MUSC Black River	CRNA	AHP	
John M. Stas, C.R.N.A.	MUSC Black River	CRNA	AHP	
Beverly Jane Testerman, N.P.	MUSC Black River	Emergency Medicine	AHP	
Madison Brianna Graham PA	MUSC Black River	Family Medicine	AHP Ambulatory Rural Health	
Priya Kanu Patel, M.D.	MUSC Black River	MUSC Tele-Psych	Telemedicine By Proxy	
Jessica Lynne Principe, M.D., M.S.	MUSC Marion	MUSC Tele-Psych	Telemedicine ByProxy	
<b>Reappointment and Clinical Privileges;</b>				
David Darrell Arrington, M.D.	MUSC Black River	Radiology CRA	Active	
Hanaa Benchekroun Belabbes, M.D.	MUSC Black River	Hospitalist	Active	
Stephen Richard Christian, M.D.	MUSC Black River	Radiology CRA	Active	
Matthew Leighton Draughon, M.D.	MUSC Black River	Anesthesiology	Active	
Shayla Cristal Freeman, M.D.	MUSC Black River	Emergency Medicine	Active	
Nathaniel G Gray, M.D., B.A.	MUSC Black River	Radiology DivRad	Active	
Bradley Stokes Russell, M.D.	MUSC Black River	Emergency Medicine	Active	
John Bayne Selby, Jr., M.D.	MUSC Black River	Radiology MUSC	Active	
Stephan Klaus Stamato, M.D., M.B.B.S.	MUSC Black River	Radiology CRA	Active	

Lauren Xu, M.D.	MUSC Black River	Pathology / Laboratory	Active	
Hannah Carsten Craig, F.N.P.	MUSC Black River	Family Medicine	AHP	
Nathan Rutledge Dail, C.R.N.A., A.D.N., B.Sc.	MUSC Black River	CRNA	AHP	
Jessica McKenzie Grimsley, F.N.P., M.S.N., B.S.N.	MUSC Black River	Family Medicine	AHP	
Tammy G Huckabee, F.N.P., MSN	MUSC Black River	Emergency Medicine	AHP	
Gary A. Summerfield, Jr., F.N.P., BSN, A.D.N.	MUSC Black River	Emergency Medicine	AHP	
Logan Elizabeth Turner, P.A.C., B.S.	MUSC Black River	Emergency Medicine	AHP	
Jennifer Lynn Weigt, N.P.	MUSC Black River	Hospitalist	AHP	
Catherine E Lindler, N.P.	MUSC Black River	Hospitalist	AHP	
Sami Al Kasab, M.D.	MUSC Black River	Tele-Neurology	Telemedicine By Proxy	
Mohamad Hussein Bourji, M.D.	MUSC Black River	Tele-Cardiology	Telemedicine By Proxy	
Joshua Charles Brown, M.D., Ph.D.	MUSC Black River	Tele-Neurology	Telemedicine By Proxy	
Abdallah Kamouh, M.D.	MUSC Black River	Tele-Cardiology	Telemedicine By Proxy	
Alain Zingraff Lekoubou Looti, M.D., M.S.	MUSC Black River	Tele-Neurology	Telemedicine By Proxy	
Kelly Suzanne Matmati, M.D., M.S.	MUSC Black River	Tele-Neurology	Telemedicine By Proxy	
Mary Elizabeth Stoermann, D.O.	MUSC Black River	MUSC Tele-Psychiatry	Telemedicine By Proxy	

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

**MUSC HEALTH LANCASTER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Active</b>				
Ahmed K. Abdelkader, MD	MUSC	Transplant Nephro	Active	Pathway for Board Cert. Temps 9-23-24
Ahmed M. Daoud, MD	MUSC	Transplant Nephro	Active	Pathway for Board Cert. Temps 9-10-24
Arun K. Grover, MD	Contract	Hospitalist	Active	
Chioma R. Ekechukwe, MD	Contract	Psychiatry	Active	
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Ashley Simpson, PMHNP-BC	Contract	Psychiatry	AHP	
Narlin J. Smith, PMHNP-BC	Contract	Psychiatry	AHP	
Chiquita P. Anderson, PMHNP-BC	Contract	Psychiatry	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Allen Nanney, III, MD	MUSC	Neurosurgery	Courtesy	
Curtis Worthington, MD	MUSC	Neurosurgery	Courtesy	
Kelsey Thomas, MD	MUSC	Family Medicine	Consulting	Temps 9-24-24
Malal Freeman-Kwaku, MD	Contract	OB/GYN	Consulting	
Harish Mangipudi, DO	Contract	Tele-Psychiatry	Consulting	
Corey Hopkins, MD	Contract	Tele-Psychiatry	Consulting	
Shankar Yalamanchili, MD	Contract	Tele-Psychiatry	Consulting	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Jessica L. Principe, MD	MUSC	Tele-Psychiatry	Consulting	
Priya K. Patel, MD	MUSC	Tele-Psychiatry	Consulting	
<b>Reappointment and Clinical Privileges; Status : Active, Consulting &amp; Courtesy</b>				
Vijay K. Talreja, MD	Core	Hospitalist	Active	
Avinash Juneja, MD	Core	Hospitalist	Active	
Nikhila Velivela, MD	Core	Hospitalist	Active	
William Chinery, MD	MUSC	Pediatrics	Active	
Darniya Belton, MD	MUSC	Pediatrics	Active	
Xaviera M. Carter, MD	MUSC	OBGYN	Active	

Matthew L. Draughon, MD	Contract	Anesthesia	Active	
Nathaniel Gray, MD	MUSC	Radiology	Active	
Jerome M. Bulter, MD	Southeast	Radiation Oncology	Consulting	
Kevin S. Roof, MD	Southeast	Radiation Oncology	Consulting	
Chad S. Kessler, MD	Char-ENT	Otolaryngology	Courtesy	
Chris S. McCauley, MD	Weatherby	OBGYN	Consulting	

**Reappointment and Clinical Privileges; Status: Allied Health Practitioner**

Tammi Boswell, NNP	MUSC	Neonatal NP	AHP	
Sheresa B. Catoe, ACNP-BC	Carolina Beh	Psychiatry/Palliative	AHP	
Nicole R. McKenzie, PA-C	Contract	Hospitalist	AHP	
Jessy George, FNP	Contract	Hospitalist	AHP	
Justin Meier, FNP	Contract	Hospitalist	AHP	
Cristy L. Blackmon, FNP	MUSC	Medicine	AHP	
Ivanna Ross, PA-C	MUSC	OBGYN	AHP	
Sarah Finch, CRNA	Contract	CRNA	AHP	

**Reappointment and Clinical Privileges; Status: Tele by Proxy**

Robert L. Borowski, DO	MUSC	Tele-Endocrinology	Consulting	
Sami Al Kasab, MD	MUSC	Tele-Neurology	Consulting	
Alain Z. Looti, MD	MUSC	Tele-Neurology	Consulting	
Kelly S. Matmati, MD	MUSC	Tele-Neurology	Consulting	
Mary E. Stoermann, DO	MUSC	Tele-Psychiatry	Consulting	

**Change in Privilege Request**

Brandy Billingsly, FNP-BC	Change in Office Practice			
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**MUSC HEALTH CHESTER**

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

Peter Billas, MD	MUSC	Anesthesia	Active	
Arun Grover, MD	Core	Hospitalist	Active	

**Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy**

Jessica L. Principe, MD	MUSC	Tele-Psychiatry	Consulting	
Priya K. Patel, MD	MUSC	Tele-Psychiatry	Consulting	

**Reappointment and Clinical Privileges; Status: Active**

Nathaniel Gray, MD	MUSC	Radiology	Active	
Avinash Juneja, MD	Core	Hospitalist	Active	
Nikhila Velivela, MD	Core	Hospitalist	Active	
Darniya Belton, MD	MUSC	Pediatrics	Active-Amb. Rural	
William Chinery, MD	MUSC	Pediatrics	Active-Amb. Rural	
Xaviera M. Carter, MD	MUSC	OBGYN	Active-Amb. Rural	
Chris S. McCauley, MD	Contract	OBGYN	Active-Amb. Rural	
Benjamin W. Lamb, MD	MUSC	Medicine	Active-Amb. Rural	
Gangatharan Mathisuthan, MD	MUSC	Medicine	Active-Amb. Rural	
Albert D. Mims, MD	MUSC	Medicine	Active-Amb. Rural	
Mark D. Roberts, MD	MUSC	Medicine	Active-Amb. Rural	

**Reappointment and Clinical Privileges; Status: Allied Health Practitioner**

Jessy George, FNP-BC	Core	Hospitalist	AHP	
Nicole McKenzie, FNP-BC	Core	Hospitalist	AHP	
Justin Meier, FNP-BC	Contract	Hospitalist	AHP	
Tammi Boswell, NNP	MUSC	Neonatal NP	AHP-Rural Health	
Diana L. Collins, FNP-BC	MUSC	Medicine	AHP-Rural Health	
Hannah C. Craig, FNP-BC	MUSC	Medicine	AHP-Rural Health	
Johnlyn O. Nettles, FN-BC	MUSC	Medicine	AHP-Rural Health	
Tammy Ward, FNP-BC	MUSC	Medicine	AHP-Rural Health	
Jessica M. Grimsley, FNP-BC	MUSC	Medicine	AHP-Rural Health	
Cristy Blackmon, FNP-BC	MUSC	Medicine	AHP-Rural Health	
Ivanna Ross, PA-C	MUSC	OBGYN	AHP-Rural Health	
Marlon D. Shelby, PA-C	MUSC	Medicine	AHP-Rural Health	

**Reappointment and Clinical Privileges; Status: Telemedicine By-Proxy**

Sami Al Kasab, MD	MUSC	Tele-Neurology	Consulting	
Kelly S. Matmati, MD	MUSC	Tele-Neurology	Consulting	
Alain Z. Looti, MD	MUSC	Tele-Neurology	Consulting	
Robert L. Borowski, DO	MUSC	Tele-Endocrinology	Consulting	
Mary E. Stoermann, DO	MUSC	Tele-Psychiatry	Consulting	
Paul A. Zimmermann, MD	MUSC	Tele-Cardiology	Consulting	
M. Todd Alderson, MD	MUSC	Tele-Cardiology	Consulting	
Gerald C. Bauknight, Jr., MD	MUSC	Tele-Cardiology	Consulting	
Brandon E. Brown, MD	MUSC	Tele-Cardiology	Consulting	
Jeffrey C. Clevenger, MD	MUSC	Tele-Cardiology	Consulting	
Venkateshwar K. Gottipay, MD	MUSC	Tele-Cardiology	Consulting	
Glen N. Dougherty, Jr., MD	MUSC	Tele-Cardiology	Consulting	
Bashir A. Lone, MD	MUSC	Tele-Cardiology	Consulting	
Himaxi Maisurai, MD	MUSC	Tele-Cardiology	Consulting	
Himadri Dasgupta, MD	MUSC	Tele-Cardiology	Consulting	
Charlie W. Devlin, MD	MUSC	Tele-Cardiology	Consulting	
Norma M. Houry, MD	MUSC	Tele-Cardiology	Consulting	
Loren G. Morgan, MD	MUSC	Tele-Cardiology	Consulting	

**MUSC HEALTH MIDLANDS - Credentialing Applications - October 2024**

**MUSC HEALTH COLUMBIA**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges</b>				
Alex DiBona, M.D.	MUSC Health Radiology	Radiology	Active	
Nathaniel G Gray, M.D., B.A.	MUSC Health Radiology	Radiology	Active	
Benjamin Reid Henderson, M.D.	MUSC Health Radiology	Radiology	Active	
Shaun Patrick Hinen, M.D.	MUSC Health Radiology	Radiology	Active	
Cameron Gill, M.D.	MUSC Health Surgical Associates - Roberts St.	Surgery	Active	Temporary Privileges 10/18/24
Phong Le, M.D.	MUSC Health Radiology	Radiology	Active	
Dino Peter Massoglia, M.D., Ph.D., M.S.	MUSC Health Radiology	Radiology	Active	



Ketu Dinesh Patel, M.D.	MUSC Health Radiology	Radiology	Active	
Darryl Randolph Pauls, M.D., M.H.A.	MUSC Health Radiology	Radiology	Active	
Vivek Singh, M.D.	MUSC Health Radiology	Radiology	Active	No Flags
Julie Scott Webster, M.D.	MUSC Health Radiology	Radiology	Active	No Flags
Edwin Wu, M.D.	MUSC Health Critical Care	Critical Care	Active	Temprary Privileges 10/1/24
Joby Reagan Edmonds, C.R.N.A., MSN	MUSC Health Anesthesiology	Anesthesiology	AHP	Temporary Privileges 10/13/24
Mark Edward Henning, D.N.A.P, M.N., C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Chasity McCray, P.A.	MUSC Health Primary Care	Family Medicine	AHP	Temporary Privileges 10/9/24
Rachel de Andrade Pereira	Medicine- Fairfield	Emergency Medicine	Active	
Kevin Craig Pierce, P.A.	Medicine	Emergency Medicine	AHP	
Nikki Mooneyhan Sawyer, A.D.N., B.S.N., D.N.P.	MUSC Health Primary Care	Family Medicine	AHP	Temporary Privileges 10/6/24
Esther O Adedokun, PMHNP, M.S.N.	Associates	Psychiatry	Ambulatory	Temporary Privileges 10/1/24
Priya Kanu Patel, M.D.	Telehealth	Tele-Psychiatry	By Proxy	
Jessica Lynne Principe, M.D., M.S.	Telehealth	Tele-Psychiatry	By Proxy	
<b>Reappointment and Clinical Privileges</b>				
M Todd Alderson, M.D., MD, MBA	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Gerald Conrad Bauknight, Jr., M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Brandon Eric Brown, M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Himadri Dasgupta, M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Charlie Wayne Devlin, M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Glen Noble Dougherty, Jr., M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Matthew Leighton Draughon, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active	
John Dewayne Gaskins, M.D., Pharm.D.	MUSC Health Emergency Medicine- Fairfield	Emergency Medicine	Active	
Venkateshwar K Gottipaty, M.D., Ph.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Norma Marie Khoury, M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Bashir Ahmad Lone, M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Himaxi Maisuria, M.D., MD, FACC	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Loren Garrison Morgan, M.D., MD, FACC	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Mary Elizabeth Stoermann, D.O.	MUSC Charleston Center for Telehealth	Psychiatry	By Proxy	
Stella Ifeoma Okoye, M.B.B.S	Apogee Physicians	Hospitalist	Active	
Narendra Chhaotabhai Patel, M.D.	MUSC Health Emergency Medicine- Fairfield	Emergency Medicine	Active	

Paul Anthony Zimmermann, M.D.	MUSC Health Heart and Vascular	Cardiovascular Disease	Active	
Sami Al Kasab, M.D.	MUSC Charleston Center for Telehealth	Neurology	By Proxy	
Alain Zingraff Lekoubou Looti, M.D., M.S.	MUSC Charleston Center for Telehealth	Neurology	By Proxy	
Kelly Suzanne Matmati, M.D., M.S.	MUSC Charleston Center for Telehealth	Neurology	By Proxy	
Robert Lawrence Borowski, D.O.	MUSC Charleston Center for Telehealth	Internal Medicine	By Proxy	
Joshua Charles Brown, M.D., Ph.D.	MUSC Charleston Center for Telehealth	Neurology	By Proxy	
Summer Jungwha Noel, N.P.	Columbia Nephrology	Nephrology	AHP	
<b>Proctoring</b>				
Keneth Robert Blind, P.A.	MUSC Health Emergency Medicine	Emergency Medicine	AHP	2 cases intubation-extubation
Timothy Killen Adams, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active	Return to work plan
Benjamin Blackmon, M.D.	MUSC Health Anesthesiology	Anesthesiology	Voluntary Resignation	
William Dewolf, M.D.	QLER	Tele-Psychiatry	Provider no longer with QLER	
BryAna Gillespie, CRNA	MUSC Health Anesthesiology	Anesthesiology	Contract has ended with MUSC Health Columbia	
Jacob Martin, CRNA	MUSC Health Anesthesiology	Anesthesiology	Contract has ended with MUSC Health Columbia	
Larry Shannon, M.D.	Midlands Orthopedics and Neurosurgery	Neurosurgery	Provider no longer with Midlands Orthopedics	
Joshua Baisden, M.D.	MUSC Health Anesthesiology	Anesthesiology	Contract has ended with MUSC Health Columbia	
Saad Yousef Al-Kadhi, M.D.	Palmetto Retina Center	Ophthalmology	Provider no longer with Palmetto Retina Center	
Lawrence Lough, M.D.	Prisma Health Radiology	Radiology	Provider no longer with Prisma Health Radiology	
Cheryl Lynn Baluh, CRNA	MUSC Health Anesthesiology	Anesthesiology	Contract has ended with MUSC Health Columbia	
Katreashe Watson, CRNA	MUSC Health Anesthesiology	Anesthesiology	Contract has ended with MUSC Health Columbia	
Jennifer Templeton PA	SCENT	Otolaryngology	Provider no longer with SCENT	
Misty Polson, NP	MUSC Health Primary Care	Family Medicine	Provider no longer with MUSC	
Paul Appleby, MD	MUSC Health Surgical Associates	General Surgery	Provider no longer with MUSC	
<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; Status : Active</b>				
Henning, Mark CRNA	MUSC Health Anesthesiology	Anesthesia	AHP	
Ushakumari, Deepu MD	MUSC Health Anesthesiology	Anesthesia	Active	
Trippe (Kershaw), Julia CRNA	MUSC Health Anesthesiology	Anesthesiology	Active	

Edmonds, Joby CRNA	Midwest Anesthesia Staffing	Anesthesia	AHP	
Chau, Bang MD	MUSC Health Emergency Department	Emergency Medicine	Active	
Davis, Cale MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Mullin, Andrew MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	Temps Granted 10/9/24
Pierce, Kevin PA	MUSC Health Emergency Medicine	Emergency Medicine	AHP	
De Andrade Pereira, Rachel MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Gill, Cameron MD	MUSC Health Surgical Associates - Roberts St.	General Surgery/Trauma & Acute Care	Active	Temps Granted 9/26/24
Freeman-Kwaku, Mala MD	MUSC Women's Health at Lancaster Medical Center	OBGYN	Active	
Portee, Artralia FNP-C	MUSC Health Oncology Infusion Clinic at Kershaw Medical Center	Oncology	AHP	
Adedokun, Esther PMHNP	River Region Psychiatry Associates	Psychiatry	AHP	
Anderson, Chiquita PMHNP	River Region Psychiatry Associates	Psychiatry	AHP	
Danzy, Swandelle PMHNP	River Region Psychiatry Associates	Psychiatry	AHP	
Hopkins, Corey MD	River Region Psychiatry Associates	Psychiatry	Active	
Mangipudi, Harish DO	River Region Psychiatry Associates	Psychiatry	Active	
Simpson, Ashley NP	River Region Psychiatry Associates	Psychiatry	AHP	
Smith, Narlin PMHNP	River Region Psychiatry Associates	Psychiatry	AHP	
Dibona, Alex MD	MUSC Radiology	Radiology	Active	
Gray, Nathan MD	MUSC Radiology	Radiology	Active	
Hinen, Shaun MD	MUSC Radiology	Radiology	Active	
Massoglia, Dino MD	MUSC Radiology	Radiology	Active	
Patel, Ketu MD	MUSC Radiology	Radiology	Active	
Pauls, Darryl MD	MUSC Radiology	Radiology	Active	
Singh, Vivek MD	MUSC Radiology	Radiology	Active	
Webster, Julie MD	MUSC Radiology	Radiology	Active	
Henderson, Benjamin MD	Prisma Health Department of Radiology	Radiology	Active	
Le, Phong MD	Prisma Health Department of Radiology	Radiology	Active	
Patel, Priya MD	MUSC Telemedicine	Tele-Psychiatry	By Proxy	
Principe, Jessica MD	MUSC Telemedicine	Tele-Psychiatry	By Proxy	
<b>Reappointment and Clinical Privileges</b>				
Alderson, M. Todd MD	Camden Heart & Vascular	Cardiovascular Disease	Active	

Devlin, Charlie MD	Camden Heart & Vascular	Cardiovascular Disease	Active	
Zimmermann, Paul MD	Camden Heart & Vascular	Cardiovascular Disease	Active	
Borowski, Robert DO	MUSC Telemedicine	Internal medicine	By Proxy	
Brown, Joshua, MD	MUSC Telemedicine	Tele-Stroke	By Proxy	
Bens Clare, Michelle, MD	MUSC Health Kershaw Emergen	Emergency Medicine	Active	
<b>Change In Privilege Request</b>				
Roberts, Tyler PA	SC Ear, Nose & Throat	Otolaryngology	AHP	Correcting his DOP to match other PA's at SCENT
Johnson, Mary MD	Kershaw Women's Center (Locums)	Pediatrics	Active	Completed proctoring for newborn circumcision. Adding this privilege.
<b>Proctoring</b>				
Mullins, Julie MD	MUSC Health Women's Center Lugoff	OB/GYN	Active	Continuing proctoring for the following procedures: Laparoscopic Enterolysis
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 - November 2024**

**MUSC HEALTH FLORENCE**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Barry Gibney, D.O.	MUSC Florence	Cardiothoracic Surgery	Active	
Steven Dandalides, M.D.	MUSC Florence	Gastroenterology	Active	
Brian Samuel Dooreck, M.D.	MUSC Florence	Gastroenterology	Active	
Jerome Rene Doyen, M.D.	MUSC Florence	Anesthesiology	Active	
Nathaniel G Gray, M.D., B.A.	MUSC Florence	Radiology	Active	
John Vernon Holeman, M.D.	MUSC Florence	Hospitalist	Active	
Nilesh Haribhai Patel, M.D.	MUSC Florence	Radiology - CRA	Active	
Jeffrey Scott Plotkin, M.D.	MUSC Florence	Anesthesiology	Active	
Niral A Shah, M.D.	MUSC Florence	Internal Medicine - Critical Care	Active	
Moncy Thullaparampil Mathews, C.R.N.A.	MUSC Florence	CRNA	AHP	
John Andrew Noland, Jr., C.R.N.A.	MUSC Florence	CRNA	AHP	
Cathy Jean Sheehy, C.R.N.A.	MUSC Florence	CRNA	AHP	
Jason Edward Welch, C.R.N.A., MSN, B.S.N.	MUSC Florence	CRNA	AHP	
Elizabeth Anne Cook, PA	MUSC Florence	Neurosurgery	AHP	
Nathan Paul DeTurk, M.D., M.B.A.	MUSC Florence	Tele-Neuro/Stroke MUSC	Consulting	
Chetan Saini, M.D.	MUSC Florence	Tele-Neurology MUSC	Consulting	
Janice Joo, MD	MUSC Florence	Tele-IONM- Neurology	Consulting	

**Reappointment and Clinical Privileges**

Dana Patete Giarrizzi, D.O.	MUSC Florence	Medicine	Active	
Venugopal S. Govindappa, M.D.	MUSC Florence	Nephrology	Active	
Louise Sutton Boyd MD	MUSC Florence	OB-GYN	Active	
Peter Papapetrou, M.D.	MUSC Florence	Anesthesiology	Active	
Inderpal Singh, M.D.	MUSC Florence	Nephrology	Active	
Hsiao Liu Soriano, M.D.	MUSC Florence	Hospitalist	Active	
Donald Gene Nordstrom, MD	MUSC Florence	Radiation Oncology	Active -Locums	
Gregory Douglas Phillips, Jr., M.D.	MUSC Florence	Tele- IONM Neurology	Consulting	
John Joseph Daly, Jr., M.D.	MUSC Florence	Radiology	Consulting	
Russell Lamar Derrick, M.D., B.S.	MUSC Florence	Radiology	Consulting	
Steven Todd Pirttima, M.D.	MUSC Florence	Radiology	Consulting	
Richard John Wunder, M.D.	MUSC Florence	Radiology	Consulting	
Katelin Jean Williamson, D.O.	MUSC Florence	Tele-Psychiatry	Consulting	
Dustin Hayes, PA	MUSC Florence	EMM	AHP	
April Lockamy, NP	MUSC Florence	Family Medicine	AHP	

**MUSC HEALTH MARION**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Jerome Rene Doyen, M.D.	MUSC Marion	Anesthesiology	Active	
Carla C Graham, MD	MUSC Marion	Plastic Surgery	Active	
John Vernon Holeman, M.D.	MUSC Marion	Hospitalist	Active	
Nilesh Haribhai Patel, M.D.	MUSC Marion	Radiology - CRA	Active	
Jeffrey Scott Plotkin, M.D.	MUSC Marion	Anesthesiology	Active	
John Andrew Noland, Jr., C.R.N.A.	MUSC Marion	CRNA	AHP	

Cathy Jean Sheehy, C.R.N.A.	MUSC Marion	CRNA	AHP	
Jason Edward Welch, C.R.N.A., MSN, B.S.N.	MUSC Marion	CRNA	AHP	
Kathryn A Klima, MD	MUSC Marion	Radiology - DivRad	Consulting	
Chetan Saini, M.D.	MUSC Marion	Tele-Neurology MUSC	Consulting	
Mark Maratka Brodie, MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Taylor Ellen Christian MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Rahoul Vijay Ahuja MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Steliyana Stoyanova Bakalova-Georgieva MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Kevin John Baker, MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Benjamin Will Barnette, MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Graham Wesley Beattie, MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Stacy Blecher, MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Jamel Lekeif Fraizer Brown, MD	MUSC Marion	MUSC Tele-Hospitalist	By-Proxy	
Nathan Paul DeTurk, M.D., M.B.A.	MUSC Marion	Tele-Neuro/Stroke MUSC	Consulting	
<b>Reappointment and Clinical Privileges;</b>				
Russell Lamar Derrick, M.D., B.S.	MUSC Marion	Radiology	Consulting	
Dana Patete Giarrizzi, D.O.	MUSC Marion	Medicine	Active	
Venugopal S. Govindappa, M.D.	MUSC Florence	Nephrology	Active	
Peter Papapetrou MD	MUSC Marion	Anesthesiology	Active	
Steven Todd Pirttima, M.D.	MUSC Marion	Radiology (CRA-MB)	Active	
Richard Wunder, MD	MUSC Marion	Radiology (CRA-MB)	Active	
John Joseph Daly, MD	MUSC Marion	Radiology (CRA-MB)	Consulting	
Inderpal Singh, MD	MUSC Marion	Nephrology	Consulting	
Katelin Jean Williamson, DO	MUSC Marion	Tele-Psychiatry (SCDMH)	By-Proxy	
April Lockamy, NP	MUSC Marion	Family Medicine	AHP	
Dustin Hayes, PA	MUSC Florence	EMM	AHP	
<b>MUSC HEALTH BLACK RIVER</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>				
Jerome Rene Doyen, M.D.	MUSC BRMC	Anesthesiology	Active	
Carla C Graham, MD	MUSC BRMC	Plastic Surgery	Active	
John Vernon Holeman, M.D.	MUSC BRMC	Hospitalist	Active	
Nilesh Haribhai Patel, M.D.	MUSC BRMC	Radiology - CRA	Active	
Jeffrey Scott Plotkin, M.D.	MUSC BRMC	Anesthesiology	Active	
John Andrew Noland, Jr., C.R.N.A.	MUSC BRMC	CRNA	AHP	
Cathy Jean Sheehy, C.R.N.A.	MUSC BRMC	CRNA	AHP	
Jason Edward Welch, C.R.N.A., MSN, B.S.N.	MUSC BRMC	CRNA	AHP	
Kathryn A. Klima, M.D.	MUSC BRMC	Radiology -DivRad	Consulting	
Chetan Saini, M.D.	MUSC MUSC	Tele-Neurology MUSC	Consulting	
Nathan Paul DeTurk, M.D., M.B.A.	MUSC BRMC	Tele-Neuro/Stroke MUSC	Consulting	
Rahoul Vijay Ahuja MD	MUSC BRMC	MUSC Tele-Hospitalist	By-Proxy	
Jennifer Passantino, PA	MUSC Black River	Emergency Medicine	AHP	
<b>Reappointment and Clinical Privileges;</b>				
Dana Patete Giarrizzi, D.O.	MUSC Black River	Hospitalist	Active	
Steven Todd Pirttima, M.D.	MUSC Black River	Radiology (CRA-MB)	Consulting	
Inderpal Singh, M.D.	MUSC Black River	Nephrology	Active	
Dustin Eric Hayes, P.A.C.	MUSC Black River	EMM	AHP	

April Shawn Lockamy, N.P.	MUSC Black River	Family Medicine	AHP	
John Joseph Daly, Jr., M.D.	MUSC Black River	Radiology (CRA-MB)	Consulting	
Russell Lamar Derrick, M.D., B.S.	MUSC Black River	Radiology (CRA-MB)	Consulting	
Richard John Wunder, M.D.	MUSC Black River	Radiology (CRA-MB)	Consulting	
Katelin Jean Williamson, DO	MUSC Marion	Tele-Psychiatry (SCDMH)	By-Proxy	

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

**MUSC HEALTH LANCASTER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Active</b>				
Leopoldo V. Rodriguez, MD	MUSC	Anesthesia	Active	
Patrick A. Brooks, MD	Contract	Anesthesia	Active	
Jeffrey S. Plotkin, MD	Contract	Anesthesia	Active	
Jerome R. Doyen, MD	Contract	Anesthesia	Active	
Ioannis Karamelas, MD	MUSC	NeuroSurgery	Active	
Robert Brizzolara, MD	Contract	Hospitalist	Active	
Willman S. Pearcey, Jr. DPM	Carolina Pod.	Podiatry	Active	
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Cheryl E. Good, AGAC-NP	MUSC	Hospitalist	AHP	
Lakisha L. McDonald, AGNP-C	Carolina Blood	Hema/Oncology	AHP	
Ellen M. Walker, PMHNP-BC	Contract	Psychiatry	AHP	
Cathy J. Sheehy, CRNA	MUSC	CRNA	AHP	
John M. Stas, CRNA	MUSC	CRNA	AHP	
Phyllis L. Arthur, CRNA	MUSC	CRNA	AHP	
Jason E. Welch, CRNA	Contract	CRNA	AHP	
John A. Noland, Jr. CRNA	Contract	CRNA	AHP	
Diana B. Brown, CRNA	Contract	CRNA	AHP	
Moncy Mathews, CRNA	Contract	CRNA	AHP	
Ginger Y. Rodgers, CRNA	Contract	CRNA	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Balbir S. Minhas, MD	Contract	Gastroenterology	Consulting	
Alicia S. Reams, MD	MUSC	Medicine-Clinic	Consulting	Temps 11-18-24
Martha Smith, MD	Contract	TelePsychiatry	Active	
Justin S. Caskey, MD	Contract	Tele-Radiology	Consulting	
Rajiv K. Sharma, MD	Contract	Tele-Radiology	Consulting	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Nathan P. DeTurk, MD	MUSC	Tele-Neurology	Teled By Proxy	
Chetan Saini, MD	MUSC	Tele-Neurology	Teled By Proxy	
<b>Reappointment and Clinical Privileges; Status : Active, Consulting &amp; Courtesy</b>				
Peter Papapetrou, MD	MUSC	Anesthesia	Active	
Amit G. Shah, MD	Palmetto	Palliative Care	Consulting	
Naresh A. Mori, MD	Carolina Heart	Cardiology	Courtesy	
Douglas K. Nicholson, DO	RH Nephro	Nephrology	Courtesy	
<b>Reappointment and Clinical Privileges; Status: Allied Health Practitioner</b>				
Donald W. Bowers, Jr., FNP-BC	MUSC	Emergency Med.	AHP	

Brittney L. McClannahan, CRNA	Contract	CRNA	AHP	
<b>Reappointment and Clinical Privileges; Status: Tele by Proxy</b>				
Eric Clinton Bass, DO	MUSC	Tele-Radiology	Telemed By Proxy	
Joshua C. Brown, MD	MUSC	Tele-Neurology	Telemed By Proxy	
Ekrem Kutlay, MD	MUSC	Tele-Neurology	Telemed By Proxy	
Hayley B. Walter, MD	MUSC	Tele-Rheumatology	Telemed By Proxy	
Katelin J. Williamson, DO	SCDMH	Tele-Psychiatry	Telemed By Proxy	
<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>				
Leopoldo V. Rodriguez, MD	MUSC	Anesthesiology	Active	
Patrick A. Brooks, MD	Contract	Anesthesiology	Active	
Robert Brizzolara, MD	Contract	Hospitalist	Active	
Jerome R. Doyen, MD	Contract	Anesthesiology	Active	
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Cheryl E. Good, AGAC-NP	MUSC	Hospitalist	AHP	
Diana B. Brown, CRNA	Contract	CRNA	AHP	
John A. Noland, Jr. CRNA	Contract	CRNA	AHP	
John M. Stas, CRNA	MUSC	CRNA	AHP	
Phyllis L. Arthur, CRNA	MUSC	CRNA	AHP	
Cathy J. Sheehy, CRNA	MUSC	CRNA	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Justin S. Caskey, MD	Contract	Tele-Radiology	Consulting	
Rajiv K. Sharma, MD	Contract	Tele-Radiology	Consulting	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Chetan Saini, MD	MUSC	Tele-Neurology	Telemed By Proxy	
Nathan P. DeTurk, MD	MUSC	Tele-Neurology	Telemed By Proxy	
Jamel L. Fraizer Brown, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
Taylor E. Christian, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
Steliyana Bakalova-Georgieva, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
Kevin J. Baker, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
Benjamin W. Barnette, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
Graham W. Beattie, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
Stacy Blecher, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
Mark M. Brodie, MD	MUSC	Tele-Hospitalist	Telemed By Proxy	
<b>Reappointment and Clinical Privileges; Status: Active</b>				
Inderpal Singh, MD	MUSC	Nephrology	Active–Amb. RHC	
<b>Reappointment and Clinical Privileges; Status: Allied Health Practitioner</b>				
Donald W. Bowers, Jr., FNP-BC	MUSC	Emergency Medicine	AHP	
<b>Reappointment and Clinical Privileges; Status: Telemedicine By-Proxy</b>				
Katelin J. Williamson, DO	SCDMH	Tele-Psychiatry	Telemed By Proxy	



Hayley B. Walter, MD	MUSC	Tele-Rheumatology	Telemed By Proxy	
Ekrem Kutluay, MD	MUSC	Tele-Neurology	Telemed By Proxy	
Joshua C. Brown, MD	MUSC	Tele-Neurology	Telemed By Proxy	
Eric Clinton Bass, DO	MUSC	Tele-Radiology	Telemed By Proxy	
MUSC HEALTH MIDLANDS - Credentialing Applications - November 2024				
MUSC HEALTH COLUMBIA				
Practitioner name	Practice Name	Specialty	Status Request	Comments
Initial Appointment and Clinical Privileges				
Allen, Katherine CRNA	CRNA Locum Jobs	Anesthesiology	AHP	
Cadmus, Maureen NP	Apogee Physicians	Hospitalist	AHP	
Chapman, Carly DPM	Columbia Foot Clinic	Podiatry	Active	
Court, Charles MD	MUSC Health Anesthesiology	Anesthesiology	Active	
DeTurk, Nathan MD	MUSC Center for Telehealth	Tele-Stroke	By Proxy	
Dhuey, Nadia FNP	MUSC Primary Care - Forest Drive	Family Medicine	AHP	Temporary Privileges 10/16/2024.
Gilani, Syed MD	Apogee Physicians	Hospitalist	Active	
Goudreau, Bernadette MD	MUSC Health Vascular Surgery Columbia Medical Park DT I	Vascular Surgery	Active	
Harley, Tomeka NP	Apogee Physicians	Hospitalist	AHP	Temporary Privileges 11/15/2024
Natrajan, Mohan DO	MUSC Health Primary Care Forest Drive	Family Medicine	Active	Temporary Privileges 11/03/2024
Patel, Pauline NP	Columbia Gastroenterology Associates	Gastroenterology	AHP	
Phillips, Kaylee PA	MUSC Health Neurosurgery Columbia Medical Park NE	Neurosurgery	AHP	Temporary Privileges 10/20/24
Rodgers, Ginger CRNA	Midwest Anesthesia Staffing	Anesthesiology	AHP	
Rodriguez, Leopoldo MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Sanders, Stacy NP	MUSC Heart & Vascular	Cardiology	AHP	Temporary Privileges 10/20/24
Sheehy, Cathy CRNA	MUSC Health Anesthesia	Anesthesiology	AHP	
Stas, John CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	Temporary Privileges 11/1/2024
Strickland, Jaime CRNA	Midwest Anesthesia Alliance	Anesthesiology	AHP	
Thompson, David CRNA	Harmony Anesthesia	Anesthesiology	AHP	Temporary Privileges 11/03/2024
Welch, Jason Edwards, CRNA	MUSC Health Anesthesiology	Anesthesiology	AHP	
Reappointment and Clinical Privileges				
Chaudhry, Hina MD	MUSC Pulmonary, CC & Sleep	Sleep Med	Active	
Gill, Edward MD	MUSC Surgical Associates	General Surgery	Active	
Moses, Helen MD	SC Ear, Nose & Throat	Otolaryngology	Active	

O'Neil, Michael DO	MUSC Emergency Department	Emergency Medicine	Active	
Papapetrou, Peter MD	MUSC Health Anesthesiology	Anesthesiology	Active	
Pezzella, Andrea MD	Southern Urogynecology	Gynecology	Active	
Powell, Kaitlyn MD	Carolinas Dermatology Group	Dermatology	Active	
Richard, Jason CRNA	MUSC Health Anesthesiology	Anesthesiology	Active	
Rivera, Kelly PAC	SC Ear, Nose & Throat	Otolaryngology	AHP	
Roberts, Princilla FNP	MUSC Heart & Vascular	Cardiology	Active	
Schmitt, Elisabeth DO	Apogee Physicians	Hospitalist	Active	
Schmitt, Michael DO	Apogee Physicians	Hospitalist	Active	
Sexton, Gregory MD	Capital Plastic Surgery	Plastic Surgery	Active	
Wilkes, Sarah AGAC-NP	MUSC Heart & Vascular	Primary Care	AHP	
<b>Change in Privileges</b>				
Chaudhry, Hina MD	MUSC Pulmonary, CC & Sleep	Sleep Med	Active	Updating to new DOP
<b>Proctoring</b>				
Bernadette Goudreau, M.D.	MUSC Health Vascular Surgery Columbia Medical Park DT I	Vascular Surgery	Active	5 cases - Vein Procedures
Keneth Robert Blind, P.A.	MUSC Health Emergency Medicine	Emergency Medicine	AHP	2 cases intubation-extubation
Timothy Killen Adams, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active	Return to work plan
<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>				
Allen, Katherine CRNA	CRNA Locum Jobs	Anesthesia	AHP	Temps granted 11/14/2024
Atkinson, Ray CRNA	Innovative Anesthesia Staffing	Anesthesia	AHP	
Brigman, Robert DO	MUSC Health Midlands Emergency Department	Emergency Medicine	Active	
Cene, John Tyler MD	MUSC Health Midlands Emergency Department	Emergency Medicine	Active	
Court, Charles MD	MUSC Health Anesthesiology	Anesthesia	Active	
DeTurk, Nathan MD	MUSC Center for Telehealth	Tele-Stroke	By Proxy	
Freeman, Shayla MD	Floyd Lee Locums	Emergency Medicine	Active	
Gonzalez, Jose MD	MUSC Health Midlands Emergency Department	Emergency Medicine	Active	
Hardy, Zachary MD	MUSC Health Midlands Emergency Department	Emergency Medicine	Active	
Jacks, Mariah PA	MUSC Health Elgin Urgent Care	Tele-Urgent Care	AHP	
Mercier, Mark MD	CRNA Together	Emergency Medicine	Active	Temps granted 10/24/24

Messer, Benson MD	MUSC Health Midlands Emergency Department	Emergency Medicine	Active	
Muto, Deidra MD	Professional Pathology Services	Pathology	Active	
Paul, Jeevan NP	MUSC Health Heart & Vascular - Pinnacle Point	Cardiology	AHP	
Powell, Hollie PAC	MUSC Health Advances Urology & Women's Center	Urology PA	AHP	
Rodgers, Ginger CRNA	Midwest Anesthesia Staffing	Anesthesia	AHP	
Rodriguez, Leopoldo MD	MUSC Health Anesthesiology	Anesthesia	Active	
Saini, Chetan MD	MUSC Health Midlands Neurology	Tele-Neurology	By Proxy	
Sheehy, Cathy CRNA	MUSC Health Anesthesia	Anesthesia	AHP	
Smith, Nikki FNP	MUSC Health Urgent Care - Elgin Medical Pavillion	Urgent Care Medicine	AHP	
Stas, John CRNA	MUSC Health Anesthesiology	Anesthesia	AHP	
Strickland, Jaime CRNA	Midwest Anesthesia Alliance	Anesthesia	AHP	
Tanner, Steven MD	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Thompson, David CRNA	Harmony Anesthesia	Anesthesia	AHP	
Welch, Jason CRNA	MUSC Health Anesthesiology	Anesthesia	AHP	
Wilson, Timothy MD	MUSC Health Lugoff Primary Care	Primary Care	Ambulatory	Temps granted 10/6/24
<b>Reappointment and Clinical Privileges</b>				
Chaudhry, Hina MD	MUSC Pulmonary, CC & Sleep	Sleep Med	Active	
Keen, James PA	MUSC Elgin Urgent Care	Urgent Care	AHP	
Richard, Jason CRNA	MUSC Health Anesthesiology	Anesthesiology	Active	
Rivera, Kelly PAC	SC Ear, Nose & Throat	Otolaryngology	AHP	
Schmitt, Elisabeth DO	Apogee Physicians	Hospitalist	Active	
Schmitt, Michael DO	Apogee Physicians	Hospitalist	Active	
Wilkes, Sarah AGAC-NP	MUSC Heart & Vascular	Primary Care	AHP	
<b>Change In Privilege Request</b>				
Chaudhry, Hina MD	MUSC Pulmonary, CC & Sleep	Sleep Med	Active	Updating to new DOP
<b>Proctoring</b>				
Mullins, Julie MD	MUSC Health Women's Center Lugoff	OB/GYN	Active	Continuing proctoring for the following procedures: Laparoscopic Enterolysis
Yarlagadda, Bhavya MD	MUSC Health Kershaw Medical Center	Hospitalist	Active	Endotracheal Intubation, Arterial Line Placement, Central Vein Catheter Insertion



## MUSC HEALTH REGIONAL HEALTH NETWORK

### UNIFIED MEDICAL STAFF BYLAWS

#### Summary of Proposed Bylaws and Credentials Manual Revisions

**1. Minor Verbiage Adjustments for Titles:**

- Updated references to the roles of Divisional and/or Medical Center Chief Medical Officers.
- *Affected Pages in RHN Unified Bylaws:* 19, 36, 38, 39, 42

**2. Transition to a Three-Year Appointment Cycle:**

- Updated from a two-year to a three-year cycle, aligning with DNV and TJC standards.
- *Affected Pages:*
  - **RHN Unified Bylaws:** 12, 13, 17
  - **RHN Credentialing Manual:** 19

**3. Introduction of “Refer and Follow” Category:**

- New category designed for community and referring practitioners to support continuity of care for patients admitted to the hospital under a hospitalist or other service.
- Provides access to EPIC (EHR) for reviewing patient progress and collaborating on care plans.
- *Affected Pages:*
  - **RHN Unified Bylaws:** 22
  - **RHN Credentialing Manual:** 8

**4. Establishment of a Two-Year Term for Department Chairs:**

- Terms will be two years, with no limits on consecutive terms. Elections to be held at the end of each term.
- *Affected Page in RHN Unified Bylaws:* 32

**5. Unified Medical Staff Membership Continuation Vote:**

- Each RHN Medical Staff voted in favor of maintaining a unified Medical Staff for the Regional Health Network, as required biennially.



**MUSC HEALTH REGIONAL HEALTH NETWORK**

**UNIFIED MEDICAL STAFF BYLAWS**

**LAST REVIEWED: ~~JANUARY 1, 2023~~**

**OCTOBER 2024**

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**MUSC Health Florence Medical Center**

**MUSC Health Marion Medical Center**

**MUSC Health Black River Medical Center**

**MUSC Health Lancaster Medical Center**

**MUSC Health Chester Medical Center**

**MUSC Health Columbia Medical Center Downtown**

**MUSC Health Columbia Medical Center Northeast**

**MUSC Health Kershaw Medical Center**

## TABLE OF CONTENTS

DEFINITIONS.....	6
Article I. PURPOSE AND RESPONSIBILITIES .....	8
Section 1.01 PURPOSE .....	8
Section 1.02 MEDICAL STAFF RESPONSIBILITIES.....	8
Section 1.03 MUSC HEALTH FACILITIES ARRANGEMENTS.....	9
Article II. BILL OF RIGHTS .....	10
Section 2.01 MEDICAL STAFF MEMBER RIGHTS .....	10
Article III. MEDICAL STAFF MEMBERSHIP & STRUCTURE .....	11
Section 3.01 MEDICAL STAFF APPOINTMENT.....	11
Section 3.02 QUALIFICATIONS FOR MEMBERSHIP .....	11
Section 3.03 NON-DISCRIMINATION.....	12
Section 3.04 CONDITIONS AND DURATION OF APPOINTMENT .....	12
Section 3.05 CONTRACT SERVICES .....	12
Section 3.06 PRIVILEGES AND PRACTICE EVALUATION .....	13
Section 3.07 TEMPORARY, DISASTER, AND EMERGENCY PRIVILEGES .....	14
Section 3.08 LEAVE OF ABSENCE .....	17
Section 3.09 RESPONSIBILITIES OF MEMBERSHIP.....	17
Section 3.10 RESPONSIBILITIES OF MEMBERSHIP - ATTENDING PHYSICIANS.....	18
Article IV. CATEGORIES OF THE MEDICAL STAFF .....	19
Section 4.01 ACTIVE CATEGORY.....	19
Section 4.02 COURTESY CATEGORY.....	20
Section 4.03 CONSULTING CATEGORY .....	21
Section 4.04 HONORARY / ADMINISTRATIVE CATEGORY .....	21
<b>Section 4.05 RURAL HEALTH CLINIC (RHC) /AMBULATORY CATEGORY .....</b>	<b>22</b>
<i>Section 4.06 REFER AND FOLLOW CATEGORY.....</i>	<i>22</i>
Section 4.07 NON MEMBER CATEGORIES.....	22
Section 4.08 MODIFICATION IN STAFF CATEGORIES AND CLINICAL PRIVILEGES .....	23
Article V. OFFICERS OF MEDICAL CENTER MEDICAL STAFF .....	24

<i>Section 5.01</i>	OFFICERS OF THE MEDICAL STAFF .....	24
<i>Section 5.02</i>	QUALIFICATIONS OF OFFICERS .....	24
<i>Section 5.03</i>	SELECTION OF OFFICERS .....	24
<i>Section 5.04</i>	TERM OF OFFICE.....	24
<i>Section 5.05</i>	VACANCIES IN OFFICE .....	24
<i>Section 5.06</i>	DUTIES OF OFFICERS.....	24
<i>Section 5.07</i>	REMOVAL FROM OFFICE.....	25
ARTICLE VI.	MEDICAL STAFF OFFICERS OF THE DIVISIONAL MEDICAL STAFF LEADERSHIP COMMITTEE .....	27
<i>Section 6.01</i>	OFFICERS.....	27
<i>Section 6.02</i>	QUALIFICATIONS OF DIVISIONAL OFFICERS.....	27
<i>Section 6.03</i>	SELECTION OF DIVISIONAL OFFICERS .....	27
<i>Section 6.04</i>	TERM OF OFFICE OF DIVISIONAL OFFICERS .....	27
<i>Section 6.05</i>	VACANCIES IN DIVISIONAL OFFICE .....	27
<i>Section 6.06</i>	DUTIES OF DIVISIONAL OFFICERS .....	27
<i>Section 6.07</i>	REMOVAL FROM OFFICE.....	28
ARTICLE VII.	MEDICAL STAFF OFFICERS OF THE UNIFIED MUSC HEALTH REGIONAL HEALTH CARE NETWORK.....	29
<i>Section 7.01</i>	MEDICAL STAFF OFFICERS OF THE UNIFIED MUSC HEALTH REGIONAL HEALTH CARE NETWORK .....	29
<i>Section 7.02</i>	QUALIFICATIONS OF RHN OFFICERS.....	29
<i>Section 7.03</i>	SELECTION OF RHN OFFICERS.....	29
<i>Section 7.04</i>	TERM OF OFFICE OF RHN OFFICERS.....	29
<i>Section 7.05</i>	VACANCIES IN RHN OFFICERS.....	29
<i>Section 7.06</i>	DUTIES OF RHN OFFICERS.....	29
<i>Section 7.07</i>	REMOVAL FROM RHN OFFICE.....	30
Article VIII.	DEPARTMENTS.....	31
<i>Section 8.01</i>	ORGANIZATION OF DEPARTMENTS.....	31
<i>Section 8.02</i>	DIVISIONAL DEPARTMENTS.....	31
<i>Section 8.03</i>	QUALIFICATIONS AND SELECTION OF DEPARTMENT CHIEF .....	31
<i>Section 8.04</i>	FUNCTIONS OF DEPARTMENT .....	32
<i>Section 8.05</i>	ASSIGNMENT TO DEPARTMENTS .....	33
Article IX.	COMMITTEES AND FUNCTIONS.....	34

<i>Section 9.01</i>	STRUCTURE OF COMMITTEES .....	34
<i>Section 9.02</i>	MEDICAL EXECUTIVE COMMITTEE (MEC).....	34
<i>Section 9.03</i>	MEDICAL STAFF LEADERSHIP COMMITTEE .....	36
<i>Section 9.04</i>	MEDICAL STAFF OPERATING COMMITTEE (MSOC).....	38
<i>Section 9.05</i>	PEER REVIEW COMMITTEES .....	38
<i>Section 9.06</i>	OTHER FUNCTIONS .....	38
Article X.	HISTORY AND PHYSICAL REQUIREMENTS .....	40
<i>Section 10.01</i>	COMPREHENSIVE HISTORY AND PHYSICAL.....	40
<i>Section 10.02</i>	H&P REQUIREMENTS .....	40
<i>Section 10.03</i>	FOCUSED HISTORY AND PHYSICAL.....	40
<i>Section 10.04</i>	PRIMARY CARE CLINICS .....	40
<i>Section 10.05</i>	H&P NOT PRESENT.....	40
<i>Section 10.06</i>	UPDATING AN H&P.....	41
<i>Section 10.07</i>	H&P RESPONSIBILITY .....	41
<i>Section 10.08</i>	ATTENDING PHYSICIAN.....	41
Article XI.	MEDICAL STAFF MEETINGS .....	42
<i>Section 11.01</i>	REGULAR MEETINGS.....	42
<i>Section 11.02</i>	SPECIAL MEETINGS.....	42
<i>Section 11.03</i>	QUORUM .....	42
<i>Section 11.04</i>	ATTENDANCE REQUIREMENTS.....	43
<i>Section 11.05</i>	PARTICIPATION BY EXECUTIVE DIRECTOR OF THE MUSC HEALTH MEDICAL CENTERS .....	43
<i>Section 11.06</i>	ROBERT’S RULES OF ORDER.....	43
<i>Section 11.07</i>	NOTICE OF MEETINGS .....	43
<i>Section 11.08</i>	ACTION OF COMMITTEE/DEPARTMENT .....	43
<i>Section 11.09</i>	MINUTES .....	43
Article XII.	TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES .....	44
<i>Section 12.01</i>	SUSPENSION.....	44
<i>Section 12.02</i>	EFFECT OF OTHER ACTIONS ON MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES .....	44
Article XIII.	CONFLICT MANAGEMENT AND RESOLUTION .....	46
<i>Section 13.01</i>	MEC AND MEDICAL STAFF.....	46
<i>Section 13.02</i>	MEC AND BOARD .....	46



Article XIV.	OFFICIAL MEDICAL STAFF DOCUMENTS/ MISCELLANEOUS .....	47
Section 14.01	OFFICIAL GOVERNING DOCUMENTS .....	47
Section 14.02	BYLAWS .....	47
Section 14.03	UNIFIED BYLAWS .....	47
Section 14.04	RULES AND REGULATIONS AND OTHER RELATED DOCUMENTS .....	48
Section 14.05	RULE CHALLENGE.....	48
Section 14.06	COMPLIANCE WITH LAWS AND REGULATIONS .....	49
Section 14.07	ELECTRONIC RECORD KEEPING.....	49
Section 14.08	HEADINGS.....	49
Section 14.09	IDENTIFICATION .....	49
Section 14.10	COUNTING OF DAYS.....	49
Section 14.11	SEVERABILITY.....	49
Section 14.12	INDEMNIFICATION.....	49

## DEFINITIONS

1. "Affiliated Health Professional" or "AHP" means a credentialed individual, other than a physician, dentist, or podiatrist, who is qualified to render direct or indirect medical or surgical care in collaboration with a physician who has been afforded Clinical Privileges to provide such care in the Medical Center. For such purposes of these Medical Staff Bylaws, "AHP" shall be deemed to refer only to advanced practice professionals who are credentialed as AHPs pursuant to the Medical Staff credentialing process. Such AHPs shall include, without limitation, physician assistants ("PA-C"), advanced practice registered nurses ("APRN"), certified registered nurse anesthetists ("CRNA"), and other such professionals. For purposes of these Bylaws, "Affiliated Health Professional" shall not be deemed to include those non-credentialed individuals ("Clinical Assistants" pursuant to applicable Medical Center policy) whose appointment and competencies are handled outside the Medical Staff process. The authority of an AHP to provide specified patient care services is established by the Medical Staff based on the professional's qualifications, licensure, and approved written practice agreement for APRNs or written scope of practice guidelines for PA-Cs.
2. "Board" means the Board of Trustees of Medical University Hospital Authority.
3. "Board Certification" shall mean certification in a member board of the American Board of Medical Specialties, the American Board of Osteopathic Specialists, or other applicable specialty boards.
4. "Chief Executive Officer" or "CEO" means the individual designated by the Board to provide for the overall management of the Medical Center or his/her designee.
5. "Chief Medical Officer" or "CMO" means the individual serving as the executive administrative medical leader of each Medical Center and/or Division or his/her designee.
6. "Chief of Staff" means the member of the Active Medical Staff who is duly elected in accordance with these Bylaws to serve as chief officer of the Medical Staff of this Medical Center or his/her designee.
7. "Clinical Privileges" means the Board's recognition of the Practitioners' competence and qualifications to render specific diagnostic, therapeutic, medical, dental, podiatric, chiropractic or surgical services..
8. "Credentials Policy Manual" means the procedure adopted by the Medical Staff to approve and extend a Practitioner's Clinical Privileges at each MUSC Health Medical Center. The Credentials Policy Manual is incorporated into these Bylaws and is contained in Appendix B hereto.
9. "Data Bank" means the National Practitioner Data Bank (or any state designee thereof) established pursuant to the Health Care Quality Improvement Act of 1986, for the purposes of reporting of adverse actions and Medical Staff malpractice information.
10. "Department" means the major clinical departments at each Medical Center as further defined in Article VIII.
11. "Designee" means one selected by the CEO, Chief of Staff or other officer to act on his/her behalf with regard to a particular responsibility or activity as permitted by these Bylaws.
12. "Division" means a group of Medical Centers in a specific geographic area of the State of South Carolina. Divisions may be expanded by the addition of new Medical Centers within MUHA or may be decreased by the subtraction of Medical Centers that cease to be a part of MUHA.
13. "Ex-Officio" means service as a member of a body by virtue of an office or position held, and unless otherwise expressly provided, means without voting rights.
14. "Fair Hearing Plan" means the procedure adopted by the Medical Staff with the approval of the Board to provide for an evidentiary hearing and appeals procedure when a Practitioner's Clinical Privileges are adversely affected by a determination based on the Practitioner's professional conduct or competence.

The Fair Hearing Plan is incorporated into these Bylaws and is contained in Appendix A hereto.

15. "Medical Center" means any of the MUHA hospitals and their provider-based clinics that have opted in to these Unified Medical Staff Bylaws.
16. "Medical Executive Committee" or "MEC" means the Executive Committee of the Medical Staff.
17. "Medical Staff" means the formal organization of practitioners who have been granted Clinical Privileges by the Board to attend patients in the Medical Center(s).
18. "Medical Staff Bylaws" or "Bylaws" means the Bylaws of the Medical Staff and the accompanying Rules & Regulations; Fair Hearing Plan and such other rules and regulations as may be adopted by the Medical Staff subject to the approval of the Board.
19. "Medical Staff Leadership Committee" or "MSLC" means the divisional Medical Staff committee further described in Section 9.03 of these Bylaws.
20. "Medical Staff Operating Committee" or "MSOC" means the Medical Center committee further described in Section 9.04 of these Bylaws.
21. "Medical Staff Rules & Regulations" or "Rules & Regulations" means the MUSC Health Medical Center Rules & Regulations duly adopted by the Medical Staff and approved by the Board.
22. "Medical Staff Year" means January 1 through December 31 of the same year.
23. "Member" means a practitioner who has been granted Medical Staff membership and Clinical Privileges pursuant to these Bylaws.
24. "Medical University Hospital Authority" or "MUHA" means the South Carolina state authority that owns and operates the Medical Centers, clinics, and other health-care related facilities.
25. "MUSC Health Regional Health Network" means all of the Medical Centers owned and operated by MUHA other than the MUSC Health University Medical Center in Charleston, South Carolina.
26. "Peer Review Policy" means the policy and procedure adopted by the Medical Staff with the approval of the Board to provide evidence of objective monitoring of quality concerns for clinical management and evaluation of outcomes, provide oversight of the professional performance of all Practitioners with delineated Clinical Privileges, evaluate the competence of Practitioner performance, establish guidelines and triggers for referring cases identified or suspected as variations from quality indicators, and facilitate delivery of quality services that meet professionally recognized standards. This policy is incorporated into these Bylaws and is contained in Appendix D hereto and can be referenced at <https://musc.policytech.com/docview/?docid=7251>.
27. "Physician" means an individual with a D.O. or M.D. degree who is properly licensed to practice medicine in South Carolina.
28. "Practitioner" means an appropriately licensed physician, dentist, podiatrist, Affiliated Health Professional, including APRN, PA-C and CRNA, or any other individual who exercises independent judgment within areas of his professional judgment and applicable state practice who has been granted Clinical Privileges at the Medical Center(s).
29. "Prerogative" means a participatory right granted by the Medical Staff and exercised subject to the conditions imposed in these Bylaws and in other Medical Center and Medical Staff policies.
30. "Unified and Integrated Medical Staff" means a single Medical Staff formed from a recommendation by the Board and acceptance by a majority vote of the members of the Medical Staffs at each of the Medical Centers.

## **Article I. PURPOSE AND RESPONSIBILITIES**

### **Section 1.01 PURPOSE**

Provisions shall be made in these Bylaws or by resolution of the Medical Executive Committee, approved by the Board, either through assignment to Departments, to Medical Staff committees, to Medical Staff Officers or officials, or to interdisciplinary hospital committees, for the effective performance of the Medical Staff functions specified in this Section and described in Medical Staff Policies, and such other Medical Staff functions as the Medical Executive Committee or the Body shall reasonably require.

The purpose of the Unified and Integrated Medical Staff of MUSC Health Regional Health Network is to bring the professionals, who practice at the Medical Center(s) together into a self-governing cohesive body, to:

- a. Provide oversight of quality of care, treatment, and services to patients of the Medical Centers.
- b. To be the organization through which the benefits of membership on the Medical Staff (mutual education, consultation, and professional support) may be obtained and the obligations of staff membership may be fulfilled.
- c. Determine the mechanism for establishing and enforcing criteria and standards for Medical Staff membership
- d. Determine the mechanism for establishing and enforcing criteria for delegating oversight responsibilities for non-member practitioners with independent privileges.
- e. Review new and on-going privileges of Medical Staff members and Affiliated Health Professionals who, while not members of the Medical Staff, have Clinical Privileges.
- f. Provide a mechanism to ensure that all patients admitted to or treated in any of the facilities or services of the Medical Centers shall receive a uniform level of appropriate quality care, treatment and services commensurate with community resources during the length of stay with the organization, by accounting for and reporting regularly to the Board on patient care evaluation, including monitoring and other Quality Assessment Performance Improvement (QAPI) activities in accordance with the Medical Centers' QAPI program.
- g. Conduct peer review for Practitioners as defined and outlined in the Peer Review Policy.
- h. Approve and amend Medical Staff Bylaws, credential requirements, and Rules and Regulations.
- i. Provide a mechanism to create a uniform standard of care, treatment, and service.
- j. Evaluate and assist in improving the work done by the staff and to provide education and offer advice to the CEOs of the Medical Centers.

### **Section 1.02 MEDICAL STAFF RESPONSIBILITIES**

The organized Medical Staff is also responsible for:

- a. Ongoing evaluation of the competency of Practitioners who are privileged.

- b. Delineating the scope of Clinical 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 Clinical Privileges.
- e. Selecting and removing Medical Staff officers.
- f. Developing, adopting, reviewing, amending, monitoring, and enforcing compliance with these Bylaws, the Medical Staff(s) policies governing medical practices, and other Medical Staff policies necessary for the proper functioning of the Medical Staff and the integration and coordination of Medical Staff members with the functions of the Medical Center (s).
- g. Communicating with and accounting to the Board for the quality of medical care provided to Medical Center's patients, assisting the Board by serving as a professional review body, and cooperating with the Board, Medical Center administration, and Medical Center staff to resolve conflicts regarding issues of mutual concern.
- h. Accomplishing its goals through appropriate committees, departments, and services.

**Section 1.03 MUSC HEALTH FACILITIES ARRANGEMENTS**

MUHA owns and operates multiple health care facilities. The unified Medical Staff acknowledges that the difference in scope of services among these facilities may necessitate adoption of policies, and procedures applicable on a Medical Center-specific basis. However, wherever possible, the unified 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 the Medical Centers, while at the same time accommodating the uniqueness of each Medical Center and its practice culture.

MUHA may enter arrangements with other MUSC Health affiliated clinical entities (e.g., other MUSC Health owned Medical Centers, 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 Medical Center Medical Staff or professional staff support resources to assist in the processing of applications for appointment, reappointment, and Clinical Privileges. The Medical Staff may collaborate with other MUSC Health affiliated clinical entities and the Board to develop coordinated, cooperative, or joint corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, giving timely notice of emerging or pending problems, notice of corrective actions imposed and/or recommended, and coordinated hearings and appeals.

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

### **Section 2.01 MEDICAL STAFF MEMBER RIGHTS**

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 Clinical Privileges will cause the Department Chief 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 Chief as time permits. Members can petition the Medical Executive Committee for a specific agenda item or issue.
- c. Right of Information - Activities of the various committees (except for peer review proceedings) may be reviewed by the Members in the Medical Staff office. The MEC will provide to the active membership all changes to the Bylaws, 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 Clinical 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 MUSC Health Medical Centers Medical Staff 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 MUSC Health Medical Centers.

### **Section 3.02 QUALIFICATIONS FOR MEMBERSHIP**

- a. Only physicians with Doctor of Medicine (MD) Doctor of Osteopathy (DO) degrees, or equivalent foreign medical degree such as MBBS, or Dentists or Podiatrists (DPM) 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 that any patient treated by them in the Medical Centers will receive 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 any MUSC Health Medical Centers merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another Medical Center.
- c. Must be free from government sanctions and bans as outlined by Medicare and the Department of Health and Human Services - Office of the Inspector General ("DHHS-OIG").
- d. Must meet appointment requirements as specified in the Credentials Policy Manual.
- e. After the Effective Date of these Medical Staff Bylaws, any new applicant for MD, DO, MBBS, DPM or Dentist membership shall be eligible for or have obtained board certification and comply with individual board requirements in his/her respective medical or dental specialty board at the time of appointment. Any members of the Medical Staff prior to the Effective Date of these Bylaws shall not be required to meet this standard. 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, or longer if allowed for the applicant's specialty as detailed in the [ABMS Member Boards Eligibility Periods and Transition Dates \(rev July 2021\)](#) may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification, or, if an alternative pathway for board certification is allowed for the applicant's specialty, a grace period commensurate with the alternative pathway timeframe. Board recertification and maintenance certification should be in accordance with the criteria established by the applicable specialty and/or in accordance with the criteria established by the applicable specialty and/or subspecialty board. Satisfaction of all maintenance

criteria will be assessed at reappointment. If no criteria applicable, recertification must be obtained within two (2) years following any expiration of certification. Failure to achieve or maintain board certification within the time frames required herein may be grounds for revocation and/or denial of Medical Staff membership to be determined by the Medical Executive Committee and Board. In special cases, for recertification, 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 Chief in the department in which they are assigned, and the Department Chief has attested either in a written or oral format to the divisional Medical Staff Leadership Committee and the MEC for approval. Waiver of board certification requirement can be granted when no board specialty exists, and the Department Chief attests (in written and oral format) to adequacy of training and competency. Should the practitioner become eligible for board certification, s/he will be required to attain Board Certification within two (2) years, or reappointment will not be granted. Foreign Board Certification may be an appropriate substitute for United States Board approval. The Medical Staff Leadership Committee may choose to accept or reject such certification. In the event the certification is rejected, the Department Chief may petition the MEC for approval.

- f. Maintain malpractice insurance as specified by the MEC, MUSC Health Medical Centers and Board.
- g. Maintain Federal DEA and State DHEC license/certification where applicable.

### **Section 3.03 NON-DISCRIMINATION**

The MUSC Health Medical Centers will not discriminate in granting staff appointment and/or Clinical Privileges on the basis of age, sex, race, creed, color, nationality, gender, sexual orientation, or type of procedure or patient population in which the practitioner specializes.

### **Section 3.04 CONDITIONS AND DURATION OF APPOINTMENT**

- a. Initial appointments and reappointments to the Medical Staff shall be made by the MUHA Board.
- b. The Board 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 Policy Manual.
- c. Appointments to the staff will be for no more than ~~twenty-four (24)~~ **thirty-six (36)** calendar months.
- d. Appointment to the Medical Staff shall confer on the appointee only such Clinical Privileges as have been granted by the Board.
- e. Only those practitioners assigned to the Active Medical Staff have general Medical Staff voting privileges.
- f. 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.

### **Section 3.05 CONTRACT SERVICES**

The Clinical Privileges of any Practitioner who has a contractual or employment relationship with an entity other



than MUHA to provide professional services to patients shall be subject to those provisions contained in said contract regarding the termination of Medical Staff membership and Clinical Privileges upon the expiration, lapse, cancellation, or termination of the contract. If no provisions for termination of membership or Clinical 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 Clinical Privileges.

### **Section 3.06 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 Clinical 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 Chief, the Medical Staff organization will evaluate and make recommendations to the Board. Clinical 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 Clinical Privileges. For new procedures and at the time of reappointment, Members' requests for Clinical Privileges will be subject again to the procedures and associated details outlined in the Credentials Policy Manual.
- b. Initial appointment and reappointment and Clinical Privileges shall be granted for a specific period not to exceed ~~two (2)~~ three (3) years upon final approval of the Governing Body.
- c. The privilege to admit patients to a Medical Center shall be specifically delineated. Prescribing privileges shall be limited to the classes of drugs granted to the Applicant by the DEA and the Applicant's scope of practice and current competence.
- d. When considering Clinical Privileges for a new practitioner, current data should be collected during the provisionalltime period for those Clinical Privileges selected by the Department Chief.
- e. Prior to the granting of a Clinical Privilege, the Department Chief determines the resources needed for each requested Clinical Privilege and must assure the resources necessary to support the requested privilege are currently available or define the timeframe for availability. These resources include sufficient space, equipment, staffing, and financial resources. The Department Chief will work with Medical Center(s) to ensure resources are available.
- f. At the time of appointment and reappointment, each candidate applying for Clinical 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
- g. 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 Clinical Privileges
- h. 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 Officers (CMOs), APP Best Practice Center and Chief Quality Officers. Information from ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing Clinical Privileges.

**Section 3.07 TEMPORARY, DISASTER, AND EMERGENCY PRIVILEGES**

a. Temporary Privileges - Important Patient Care Need – Pending Application

Temporary privileges may be granted when there is an important patient care, treatment, or service need that mandates an immediate authorization to practice, for a limited period of time, to a new applicant with a fully completed, fully verified application that raises no concerns following review and recommendation by the Department Chief and pending MEC review and Board approval. "New applicant" includes an individual applying for Clinical Privileges at the Medical Center for the first time and an individual currently holding Clinical Privileges who is requesting one or more additional Clinical Privileges. In these cases only, the CEO or his/her designee, upon recommendation of the Medical Center Chief of Staff may grant such Clinical Privileges upon establishment of current competence for the Clinical Privileges requested, completion of the appropriate application, consent, and release, proof of current licensure, DEA certificate, appropriate malpractice insurance, and completion of the required Data Bank query, and upon verification that there are no current or prior successful challenges to licensure or registration, that the Practitioner has not been subject to involuntary termination of medical staff membership at another facility, and likewise has not been subject to involuntary limitation, reduction, denial, or loss of Clinical Privileges at another facility. Such privileges may be granted for no more than one hundred twenty (120) days of service.

b. Temporary Privileges—Important Patient Care Need—No Pending Application

Temporary privileges may be granted by the CEO upon recommendation of the Medical Center Chief of Staff when there is an important patient care, treatment or service need that mandates an immediate authorization to practice, for a limited period of time, when no application for Medical Staff membership or Clinical Privileges is pending. Upon receipt of a written request, an appropriately licensed person who is serving as a substitute for a Member of the Medical Staff during a period of absence for any reason, or a practitioner temporarily providing services to cover an important patient care, treatment or service need (which may include care of one (1) specific patient), may, without applying for membership on the staff, be granted temporary privileges for an initial period not to exceed thirty (30) days. Such privileges may be renewed for one (1) successive consecutive period not to exceed thirty (30) days (for no more than sixty (60) consecutive days), but only upon the practitioner establishing his/her qualifications to the satisfaction of the MEC and the Board and in no event to exceed one hundred and twenty (120) days of service within a calendar year. All practitioners providing coverage for other practitioners must ensure that all legal requirements, including billing and reimbursement regulations, are met. The Data Bank query must be completed prior to any award of temporary privileges pursuant to this section. Further, prior to award of temporary privileges, due to important patient care need, the applicant must submit a written request for specific privileges and evidence of current competence to perform them, a photograph, proof of appropriate malpractice insurance, the consent and release required by these bylaws, copies of the practitioner's license to practice medicine, DEA certificate and telephone confirmation of privileges at the practitioner's primary hospital. The letter approving temporary privileges shall identify the specific privileges granted. Members of the Medical Staff seeking to facilitate coverage for their practice via a substitute practitioner shall, where possible, advise the Medical Center at least thirty (30) days in advance of the identity of the practitioner and the dates during which the services will be utilized to allow adequate time for appropriate verification to be completed. Failure to do so without good cause shall be grounds for corrective action.

- c. Temporary and proctoring privileges shall be granted only when the information available reasonably supports a favorable determination regarding the requesting Practitioner's qualifications, ability and judgment to exercise the privileges granted. Special requirements of consultation and reporting may be imposed by the Chief of Staff, including a requirement that the patients of such Practitioner be admitted upon dual admission with a member of the Active Staff.
- d. Before temporary privileges are granted, the Practitioner must acknowledge in writing that he/she has received and read the Medical Staff Bylaws, and Rules & Regulations, and that he/she agrees to be bound by the terms thereof in all matters relating to his/her privileges.
- e. A Practitioner shall not be entitled to the procedural rights afforded by these bylaws because of his/her inability to obtain temporary privileges or because of any termination or suspension of such privileges.
- f. Proctoring privileges- Upon receipt of a written request, an appropriately licensed person who is serving

as a proctor for a Member of the Medical Staff may, without applying for membership on the staff, be granted temporary privileges for an initial period not to exceed thirty (30) days. Such privileges may be renewed for successive periods not to exceed thirty (30) days, but only upon the practitioner establishing his/her qualifications to the satisfaction of the MEC and the Board and in no event to exceed the period of proctorship, or a maximum of one hundred twenty (120) days. The Data Bank query must be completed prior to any award of proctoring privileges pursuant to this section. Further, prior to award of proctoring privileges, the applicant must submit a written request for specific privileges and evidence of current competence to perform them, a photograph, proof of appropriate malpractice insurance, the consent and release required by these bylaws, copies of the practitioner's license to practice medicine, DEA certificate and confirmation of privileges at the practitioner's primary hospital. The letter approving proctoring privileges shall identify the specific privileges granted. In these cases, only, the CEO or his/her designee, upon recommendation of the Chief Medical Officer or Chief of the Credentials Committee may grant such privileges upon receipt of the required information.

- g. No term of temporary or proctoring privileges shall exceed a total of one hundred and twenty (120) days.
- h. On the discovery of any information or the occurrence of any event of a professionally questionable nature concerning a Practitioner's qualifications or ability to exercise any or all of the privileges granted, the CEO may, after consultation with the Medical Center Chief of Staff terminate any or all of such Practitioner's temporary privileges.
- i. Disaster Privileges - Disaster privileges may be granted by the Division CEO, or the Division **and/or Medical Center** Chief Medical Officer, according to Medical Center Policy C-035 Disaster Privileges for Licensed Independent Practitioners, when the Emergency Management Plan for the Medical Center(s) has been activated and when the Medical Center(s) cannot handle the needs of patients with just the available credentialed staff. The Department Chief 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 Chief is responsible for reviewing the continuation of disaster privileges within 72 hours of granting the disaster privileges.
- j. Emergency Privileges. For the purpose of this section, an "emergency" is defined as a condition in which serious and permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.
  - (i) In the case of an emergency any practitioner, to the degree permitted by his license and regardless of Medical Staff status or lack of it, shall be permitted and assigned to do everything possible to prevent serious and permanent harm or to save the life of a patient, using every facility of the Medical Center necessary, including calling for any consultation necessary or desirable. When an emergency situation no longer exists, the practitioner must request the privileges to continue to treat the patient. In the event such privileges are denied or he does not wish to request such privileges, the patient shall be assigned to a member of the Medical Staff by the appropriate Department Chief.

- (ii) Under conditions of extreme patient risk, the Chief of the Medical Staff, the Division **and/or Medical Center** Chief Medical Officer, the appropriate Department Chief, Credentials Committee Chairperson, or the Division CEO (or his/her designee) may grant emergency privileges for that patient alone. These conditions would apply if the physician in question was the only one capable of rendering appropriate professional services (i.e. no qualified Medical Staff members were available). Such privileges shall be based on the information then available which may reasonably be relied upon to affirm the competency, ethical standing and licensure of the physician who desires such emergency privileges. In the exercise of such privileges, such physician shall act under the direct supervision of the Department Chief or his/her designee to which he/she is assigned.

### **Section 3.08 LEAVE OF ABSENCE**

Any Member may apply to the Medical Staff Leadership Committee for a leave of absence not to exceed one (1) year. Reinstatement of privileges may be requested from the Medical Staff Leadership 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 Chief or Medical Center Chief of Staff through the MSLC 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)~~ **three (3)** year re-appointment cycle.

### **Section 3.09 RESPONSIBILITIES OF MEMBERSHIP**

Each Medical Staff Member will:

- a. Provide timely, appropriate and continuous care/treatment/services for his/her patients and supervise the work of any AHP or trainee under his/her direction when appropriate.
- b. Assist the MUSC Health Medical Center(s) in fulfilling its responsibilities by participating in the on-call coverage of the emergency room and other coverage as determined by the individual Medical Centers' MSOC.
- c. Assist other Practitioners in the care of his/her patients when asked.
- d. Act in an ethical and professional manner. Acceptance of membership and/or request for Clinical Privileges on the Medical Staff shall constitute the agreement that they will strictly abide by: all applicable laws and regulations of the United States and the State of South Carolina, the Principles of Medical Ethics of the American Medical Association, the Principles of Medical Ethics of the American Osteopathy Association, the Code of Ethics of the American Podiatric Medical Association, or the Code of Ethics of the American Dental Association and the Code of Conduct of MUSC Health.
- e. Treat employees, patients, visitors, and other Practitioners 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 according to the MUSC Health Peer Review Policy.
- h. Abide by the bylaws, rules and regulations, department rules, and other policies and procedures of

MUHA. This includes participating in focused professional practice evaluation (FPPE), performance monitoring, performance improvement, and ongoing professional practice evaluation (OPPE) as required by the Medical Staff.

- i. Abide by all standards from regulatory bodies. (i.e., The Joint Commission, DHEC and others)
- j. Participate in continuing education as directed by state licensure and the MEC.
- k. Speak as soon as possible with Medical Center(s) patients who wish to contact the attending about his/her care in accordance with the South Carolina Lewis Blackman Medical Center Patient Safety Act.
- l. When required as a part of the practitioner well-being program, comply with recommended actions.
- m. Discharge such department and committee functions or office for which they are responsible by appointment or election.
  
- n. Prepare and complete in a timely and legible manner the medical and other required records for all patients they admit or otherwise provides care to in a Medical Center.

**Section 3.10 RESPONSIBILITIES OF MEMBERSHIP - ATTENDING PHYSICIANS**

- a. Hospitalized patients shall be seen by the attending physician or his/her designated credentialed provider at least daily and more frequently if their status warrants. Attendings will also see patients at the patient's request.
- b. Hospitalized surgery patients or out-patients receiving moderate sedation or greater shall be seen by the attending physician at least once within the first 24 hours post-surgery. Outpatients may be seen by the attending surgeon during the recovery period.

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

### **Section 4.01 ACTIVE CATEGORY**

- a. Qualifications – An appointee to this category must:
  - (i) Be involved on a regular basis in patient care delivery at the MUSC Health Medical Centers and annually provide the majority of his/her services/activities within the MUSC Health Medical Centers; or
  - (ii) Each divisional **and/or Medical Center** Chief Medical Officer shall be a Member of the active Medical Staff.
  
- b. Prerogatives – An appointee to this category may:
  - (i) Exercise the Clinical Privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific Clinical Privilege restriction.
  - (ii) Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he is appointed.
  - (iii) Hold office, sit on or be chairperson of any committee, unless otherwise specified elsewhere in these Bylaws.
  - (iv) Admit patients to the appropriate MUSC Health Medical Center.
  
- c. Responsibilities - Appointee to this category must:
  - (i) Contribute to the organizational and administrative affairs of the Medical Staff.
  - (ii) Actively participate in recognized functions of staff appointment, including performance improvement and other monitoring activities, monitoring initial appointees during his/her provisional period, and in discharging other staff functions as may be required from time to time.
  - (iii) Accept his/her individual responsibilities in the supervision and training of students and House Staff members as assigned by his/her respective department, division or section head and according to Medical Center Policy C-074 Resident Supervision.
  - (iv) Participate in the emergency room and other specialty coverage programs in their primary Medical Center or Division as set forth in each Medical Center's on-call policy as approved by the MSOC, each of which shall be incorporated herein by reference. The Active Staff member may be required to provide Emergency Department coverage at their primary Medical Center or Division and to accept assignment of patients that do not have an attending physician.
  - (v) Participate in focused professional practice evaluations to establish competency for Clinical Privileges requested as necessary.
  
- d. Removal - Failure to satisfy the requirements for activity for the MUSC Health Medical Center(s), as deemed by the MSLC or the MEC during the appointment period will result in automatic transfer to Courtesy Category.

## **Section 4.02 COURTESY CATEGORY**

- a. Qualifications – An appointee to this category must:
- (i) Participate in the clinical affairs of the MUSC Health Medical Centers
  - (ii) Be involved in the care or treatment of at least six (6) patients of the MUSC Health Medical Center(s) or clinics during his/her appointment period, or
  - (iii) Refer patients to other physicians or staff of the MUSC Health Medical Center (s) or those who order diagnostic or therapeutic services at the MUSC Health Medical Center (s).
  - (iv) Do not admit or regularly participate in the care of more than 25 patients in a calendar year. Should a Practitioner exceed the 25-patient encounter threshold, he/she shall automatically advance to Active Staff status for the remainder of the calendar year and must abide by the Prerogatives and responsibilities outlined in Section 4.01
  - (v) Physicians who meet the following criteria shall not be subject to the aforementioned 25 patient encounter limitation: (i) the physician provides a service that is not otherwise available at the Medical Center; and (ii) the physician's primary practice is located outside of the community.
  - (vi) The MSLC 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 another MUSC Health affiliated Medical Center and who continue to meet the qualifications for appointment to the Courtesy Staff of MUSC Health. Additionally, this exception would only occur if physician specific quality and outcomes information has been provided by the affiliated Medical Center upon request. Such information shall be sufficient quality and quantity to allow a reappointment and privileging recommendation by the Credentials Committee.
- b. Prerogatives
- (i) An appointee to this category may exercise the Clinical Privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege exception.
  - (ii) Attend meetings of the Staff and Department to which he/she is appointed and any MUSC Health education programs.
  - (iii) Request admitting privileges.
- c. Responsibilities
- (i) Discharge the basic responsibilities specified in Section 3.09.
  - (ii) Retain responsibility within his/her area of professional competence for the care and supervision of each patient in the Medical Center for who he/she is providing service.
  - (iii) Satisfy the requirements set forth in these Bylaws for attendance at meetings of the Medical Staff and of the committees of which he/she is a member.
  - (iv) Participate in the emergency department on-call rotation as directed by the MEC and Board when there is an inadequate number of current Active Staff members to address an important patient coverage need, as determined by the MEC and Board. Any unassigned patient encounters incurred as a result of and while participating on the emergency department on-call rotation as



assigned by the MEC and Board shall not count toward the patient encounter limitation described in Section 4.02 (a.iv).

- d. Removal – Failure to satisfy the requirements for activity for the MUSC Health Medical Centers, as deemed by the MSLC, during the appointment period will result in automatic transfer to the Consulting category.

#### **Section 4.03 CONSULTING CATEGORY**

- a. Qualifications: Consulting Staff shall consist of a special category of physicians, dentists, or podiatrists, each of whom is, because of board certification, training and experience, recognized by the medical community as an authority within his/her specialty.
- b. Prerogatives of a Consulting Staff member shall be to consult on patients within his/her specialty to the extent he/she holds delineated Clinical Privileges to do so; and attend all meetings of the Medical Staff that he/she may wish to attend as a non-voting visitor.
- c. Consulting Staff members shall not hold office nor be eligible to vote in the Medical Staff organization.
- d. Consulting Staff members must have fewer than fifteen (15) encounters in which they manage direct patient care.
- e. For Consulting Staff members who have their primary practice outside the community, such members may provide or manage direct patient care, within the scope of their granted Clinical Privileges, in an unlimited number of cases, where there is, as determined by the Board in consultation with and on the recommendation of the Medical Executive Committee, an otherwise unfulfilled community need for the services to be provided by the particular Consulting Staff member.
  - i. A determination by the Medical Executive Committee and/or Board that there is not an unfulfilled community need for the services of a particular Consulting Staff member shall not be subject to appeal nor entitle the member to any of the procedural rights under these Bylaws.
  - ii. Consulting Staff members whose primary practice is located in the community, and who exceed the accepted number of encounters referenced above must transfer to Active Staff and meet all the requirements as outlined in Section 4.01
- f. Each member of the Consulting Staff shall assume responsibility for consultation, treatment and appropriate documentation thereof with regard to his/her patients.

#### **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 Health Medical Centers, 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 Health Medical Centers 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 Health Medical Centers and reduction or termination in Clinical Privileges.

**Section 4.05 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 4.06 REFER AND FOLLOW CATEGORY**

- a. Qualifications - To qualify for the "Refer and Follow" category, practitioners must meet the requirements of the MUSC Regional Health Network Credentialing Manual, hold an appropriate medical license, have the necessary training and experience in their specialty, and be in good standing with the medical staff.
- b. Prerogatives - Practitioners who are granted privileges in the "Refer and Follow" category may refer patients for care and follow the progress of their patients while they are under the care of a hospitalist or other designated attending physician. These practitioners do not have admitting privileges, and their involvement in the patient's care is limited to consultation, referral, and monitoring the patient's progress.

**Section 4.07 NON-MEMBER CATEGORIES**

- a. House Staff/Residents -The House Staff consists of those practitioners, who by virtue of a contract, are in the post-graduate training program at the Medical University of South Carolina. House Staff are not eligible to hold a Medical Staff office and are not eligible to vote unless otherwise indicated in these Bylaws. 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. The Chief of the House Staff member's department and the Associate DIO for the respective Division will be responsible for monitoring performance and will notify the MSLC of any change in status.

- b. Professional Staff – Members of the Professional Staff are those AHPs who are not a licensed MD, DO or Dentist, and who, although not Members of the Medical Staff, are credentialed through the Medical Staff process as described in the Credentials Manual.
- 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 4.08            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 4. 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.

## **Article V. OFFICERS OF MEDICAL CENTER MEDICAL STAFF**

### **Section 5.01 OFFICERS OF THE MEDICAL STAFF**

There shall be officers elected at each Medical Center within the MUSC Health Regional Health Network. The officers shall include:

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

### **Section 5.02 QUALIFICATIONS OF OFFICERS**

Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during his/her terms of office.

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

### **Section 5.03 SELECTION OF OFFICERS**

A Nominating Committee shall be appointed by the then current Chief of Staff at the meeting prior to biennial elections to nominate a Secretary or other officers if vacant.

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

### **Section 5.04 TERM OF OFFICE**

All officers shall take office on the first day of the calendar year and serve a term of two years. Officers at the time of the passing of these Bylaws shall serve until the first day of the immediate next calendar year when new officers are selected as outlined in Section 5.03.

### **Section 5.05 VACANCIES IN OFFICE**

Vacancies in office during the Medical Staff year, except the Chief of Staff, shall be filled by vote of the local Medical Center Medical Staff. If there is a vacancy in the office of Chief of Staff, the Vice Chief shall serve the remainder of the term.

### **Section 5.06 DUTIES OF OFFICERS**

- a. Chief of Staff -The Chief of Staff shall serve as the chief officer of the Medical Staff and will fulfill the following duties:
  - 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;

- be responsible to the MSLC for the quality and efficiency of clinical services and professional performance within the Medical Center and for the effectiveness of patient care evaluations and maintenance functions delegated to the Medical Staff;
  - work with the MEC, MSLC and/or Board in implementation of the MEC, MSLC, and/or Board's quality, performance, efficiency and other standards;
  - in concert with the MSLC 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;
  - participate in the selection or appointment of Medical Staff representatives to Medical Staff and Medical Center administration committees;
  - report to the MSOC, MSLC, the Division CEO, and Division CMO concerning the opinions, policies, needs and grievances of the Medical Staff;
  - 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;
  - serve as chairperson of the MSOC;
  - serve as liaison for the Medical Center Medical Staff in its external professional and public relations;
  - confer with the Division CEO, CMO, COO, CFO, 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
  - assist the Department Chiefs as to the types and amounts of data to be collected and compared in determining and informing the Medical Center 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 Medical Center's quality, patient safety, and resource utilization programs, and serve as the local liaison for medical staff peer review activities. 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 Medical Staff meetings. The secretary serves as the Vice Chief elect.

**Section 5.07 REMOVAL FROM OFFICE**

- a. The Medical Staff and/or Board may remove any Medical Staff Officer for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC Medical Centers and/or the Medical Staff, or a physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.
- b. Removal from elected office shall not entitle the Practitioner to procedural rights.
- c. 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 Medical Staff and be presented to the Medical Staff Leadership Committee. Upon presentation, the MSLC will schedule a general Medical Staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote.
- d. Any Medical Staff Officer may resign at any time by giving written notice to the Medical Executive Committee.

## **ARTICLE VI. MEDICAL STAFF OFFICERS OF THE DIVISIONAL MEDICAL STAFF LEADERSHIP COMMITTEE**

### **Section 6.01 OFFICERS**

The Officers of each Divisional MSLC shall be:

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

### **Section 6.02 QUALIFICATIONS OF DIVISIONAL 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 Centers

### **Section 6.03 SELECTION OF DIVISIONAL 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 6.04 TERM OF OFFICE OF DIVISIONAL OFFICERS**

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

### **Section 6.05 VACANCIES IN DIVISIONAL 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 6.06 DUTIES OF DIVISIONAL 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 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. report to the MSLC, MEC, the Division CEO and Division CMO concerning the opinions, policies, needs and grievances of the Medical Staff;
  - vii. 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. serve as chairperson of the MSLC;
  - ix. serve as liaison for the Medical Center Medical Staff in its external professional and public relations;
  - x. 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. 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 Centers' 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.

**Section 6.07 REMOVAL FROM OFFICE**

- a. The Medical Staff of the Division and/or the Board may remove any divisional MSLC officer for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC Medical Centers within the Division and/or the Medical Staff, or a physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.
- b. Removal from elected office shall not entitle the Practitioner to procedural rights.
- c. Any Medical Staff member within the division has the right to initiate a recall election of a Divisional 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 Medical Staff Leadership Committee. Upon presentation, the MSLC will schedule a general Divisional Medical Staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote.
- d. Any Divisional MSLC Officer may resign at any time by giving written notice to the Medical Executive Committee.



## **ARTICLE VII. MEDICAL STAFF OFFICERS OF THE UNIFIED MUSC HEALTH REGIONAL HEALTH CARE NETWORK**

### **Section 7.01 MEDICAL STAFF OFFICERS OF THE UNIFIED MUSC HEALTH REGIONAL HEALTH CARE NETWORK**

The officers of the MUSC Health Regional Health Care Network Medical Staff (“RHN Officers”) shall be:

- a. President
- b. Vice President
- c. Vice President Elect

### **Section 7.02 QUALIFICATIONS OF RHN OFFICERS**

Officers must be Members of the Active Medical Staff of at least one (1) MUSC Health Medical Center 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 Centers.

### **Section 7.03 SELECTION OF RHN OFFICERS**

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

### **Section 7.04 TERM OF OFFICE OF RHN OFFICERS**

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

### **Section 7.05 VACANCIES IN RHN OFFICERS**

Vacancies in an office during a Medical Staff Officer’s two (2) year term shall be filled by the Medical Executive Committee pursuant to the nomination and voting procedures in Sections 7.02 and 7.03 above. The individual filling the vacancy shall serve out the remaining term. If there is a vacancy in the office of President, the Vice President shall serve the remainder of the term.

### **Section 7.06 DUTIES OF RHN OFFICERS**

- a. President. The President shall serve as the organized Medical Staff’s chief administrative officer and will fulfill those duties specified in these bylaws, and shall:
  - i. act in coordination and cooperation with the Chief Medical Officers, the MSLCs and the Medical Executive Committee members in all matters of mutual concern within the Medical Centers;
  - ii. call, preside at, and be responsible for the agenda of all Medical Executive Committee meetings;
  - iii. serve as a voting member on the Medical Executive Committee;
  - iv. be responsible for the enforcement of these Bylaws, medical staff policies, and associated policies; for implementation of sanctions where these Bylaws are indicated; and for the Medical Staff’s compliance with procedural safeguards in all instances where remedial action has been requested against a Staff Member;
  - v. present the views, policies, needs and grievances of the Medical Staff to the Board and to receive, and interpret the policies of the Board to the Medical Staff and report to the Board on quality

improvement review with respect to the Medical Staff's delegated responsibility to provide medical care;

vi. ensure that attendance is taken at and accurate and complete minutes are kept of all Medical Executive Committee meetings

b. Vice President shall:

i. be a voting member of the Medical Executive Committee.

ii. in the absence of the President assume all the duties and have the authority of the President.

iii. attend to and perform such other duties as ordinarily pertain to such office.

c. Vice President Elect -The Vice President Elect shall ensure that the recording, transcription, and communication processes produce accurate and complete minutes of all Medical Staff meetings.

#### **Section 7.07 REMOVAL FROM RHN OFFICE**

a. The Medical Staff and/or Board may remove any Medical Staff officer for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the Medical Centers and/or the Medical Staff, or a physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the office.

b. Removal from elected office shall not entitle the Practitioner to procedural rights.

c. 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 Medical Executive Committee. Upon presentation, the MEC will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote.

d. Any Medical Staff Officer may resign at any time by giving written notice to the Medical Executive Committee.

## **Article VIII. DEPARTMENTS**

### **Section 8.01 ORGANIZATION OF DEPARTMENTS**

The Medical Staff at each division shall be organized into departments and/or sections, in a manner as to best assure:

- a. The supervision of clinical practices within the 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, including peer review, objectively establish and monitor criteria for the effective utilization of Medical Center 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 8.02 DIVISIONAL DEPARTMENTS**

Each Division shall have the following Departments:

- a. Department of Medicine
- b. Department of Surgery
- c. Department of Emergency Medicine
- d. Department of Pediatrics
- e. Department of Obstetrics/GYN
- f. Department of Anesthesia
- g. Department of Radiology
- h. Department of Pathology/Laboratory
- i. Department of Cardiology (Midlands Division only)

### **Section 8.03 QUALIFICATIONS AND SELECTION OF DEPARTMENT CHIEF**

- a. Each Department shall have a Chief, who shall be approved by the Board after election by the department members. Each Chief shall be a Member of the Active Category of the Medical Staff and be well qualified by training and experience and demonstrated competency for the position. The Chief must be certified in an appropriate specialty board or have comparable competence that has been affirmatively established through the credentialing process.
- b. A Department Chief must be eligible for privileging within the Department and meet all credentials

requirements within the Division.

- c. The Department Chief must have the ability to work with and represent all Medical Centers in the Division and dedicate the time necessary to perform such duties.
- d. The Department Chief shall take office on the first day of the calendar year and serve a term of two years. There shall be no specific term limit or restriction on the number of consecutive terms a Department Chair may serve.
- e. Vacancies in an office during an Department Chief's two (2) year term shall be filled by approval from the Divisional MSLC for the remainder of the existing term.
- f. Department Chiefs may be removed by affirmative vote of two-thirds (2/3) of the Department members as provided for removal of officers in Section 5.07.

#### **Section 8.04 FUNCTIONS OF DEPARTMENT**

Through the Department Chief each department shall:

- a. Recommend to the Medical Staff the objective and evidenced based criteria consistent with the policies of the Medical Staff and the Board for the granting and renewal of Clinical Privileges related to patient care provided within the department.
- b. Recommend Clinical Privileges for each member of the Department.
- c. Develop and uniformly apply criteria for a focused time limited professional practice evaluation for all initially requested Clinical Privileges of practitioners within his/her department.
- d. Develop and uniformly apply criteria for the on-going professional evaluation of all practitioners within his/her department.
- e. Assure the decision to deny a privilege(s) is objective and evidenced based.
- f. Establish policies and procedures and scope of practice for House Staff supervision. The character of supervision will depend upon the level of training and demonstrated competence of each House Staff member.
- g. Each department shall participate in a medical care evaluation program and/or quality improvement program as required by accrediting bodies, federal regulations and state statutes. This plan shall include a process that assures active participation in the ongoing measurement, assessment and improvement of the quality of care and treatment and include quality control processes as appropriate.
- h. Shall establish standards and a recording methodology for the orientation and continuing education of its members. Participation in the roles of both students and teachers is recognized as the means of continuously improving the services rendered by the Medical Staff. Such continuing education should:
  - i. Represent a balance between intra-institutional and outside activities.
  - ii. Be based, when applicable, on the findings of the quality improvement effort.
  - iii. Be appropriate to the Practitioner's Clinical Privileges and will be considered as part of the reappointment process.
- i. Coordinate clinical activities of the department and integrate all patient care and clinical activities with

MUSC Health Medical Centers.

- j. Monitor on a continuing basis, departmental activities and compliance with Medical Staff Bylaws and other accrediting bodies' standards.
- k. Define the circumstances and implement the process of focused peer review activities within the department.
- l. Assess and recommend off-site sources for needed patient care, treatment and service when not provided by the Department.
- m. Conduct administrative duties of the Department when not otherwise provided by the Medical Center.
- n. Coordinate and integrate all inter and intra departmental services.
- o. Develop and implement Department policies and procedures that guide and support the provision of safe and quality care, treatment, and services.
- p. Recommend sufficient qualified and competent staff to provide care within the Department and work with Clinical Services and MUSC Health Medical Centers leaders to determine the qualifications and competencies of non-licensed independent practitioners within the Department who provide patient care, treatment, and services.
- q. Recommend space and resource needs of the Department.
- r. Ensure the timely and appropriate completion of MUSC Health Medical Centers administrative responsibilities assigned to departmental physicians.
- s. Supervise the completion of the assigned responsibilities of departmental members who serve as MUSC Health Medical Centers Medical Directors.
- t. Assess and improve on a continuing basis the quality of care, treatment, and services provided in the Department.
- u. Divisional Departments shall meet at least quarterly and may meet more often, as needed.

#### **Section 8.05 ASSIGNMENT TO DEPARTMENTS**

All Members of the Medical Staff shall be assigned to a department as part of the appointment process.

## **Article IX. COMMITTEES AND FUNCTIONS**

### **Section 9.01 STRUCTURE OF COMMITTEES**

- a. There shall be a single MEC for all MUSC Health Medical Centers and provider-based clinics governed by these Bylaws. There shall be a Medical Staff Leadership Committee (MSLC) for each Division (Florence, Lancaster, Midlands). The MSLC will also serve as the Credentials Committee for each division. There shall be a divisional Peer Review Committee. There shall be a Medical Staff Operating Committee (MSOC) at each Medical Center within a Division.
- b. Permanent medical staff committees may be established by the MEC. Committees may be established by the MSLCs for their respective locations. Temporary (ad hoc) committees may be established by the MEC, MSLCs, or by an individual department or service.

### **Section 9.02 MEDICAL EXECUTIVE COMMITTEE (MEC)**

- a. Composition: The members of the MEC include:
  - i. Chief of Staff of each MUSC Health Medical Center – elected by each individual Medical Center Medical Staff
  - ii. Vice Chief of Staff of each MUSC Health Medical Center – elected by each individual Medical Center Medical Staff
  - iii. CMO'S as voting members with ability to abstain for conflicts
  - iv. MUSC Chief Quality Officer (non-voting)
  - v. Chief Physician Executive CPE for Regional Health Network (non-voting)
  - vi. Nursing Representative (non-voting)
  - vii. Divisional CEOs (or designee) as non-voting members
  - viii. Advanced Practice Professional leader (non-voting)
- b. Membership for all elected members and appointees will be for a two-year period starting on the first day of the calendar year.
- c. Officers shall include a President, Vice President, and Vice President-Elect will be elected.
- d. The MEC will be chaired by the President elected by the MEC.
- e. All members unless specified will have voting rights.
- f. If an emergent situation arises between meetings of the MEC that, requires a vote and approval by the MEC, the MEC President 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 internal mail, email, fax, text, or

as instructed (i.e., electronic survey) to either the office of the MEC President 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 MEC office and presented to the MEC at the next scheduled MEC meeting.

g. Duties-The duties of the MEC shall be to:

- i. Ensure high quality cost-effective patient care across the continuum of the MUSC Health Medical Centers.
- ii. Represent and to act on behalf of the Unified and Integrated Medical Staff
- iii. Coordinate the activities and general policies of the Unified and Integrated Medical Staff
- iv. Determine and monitor committee structure of the Unified and Integrated Medical Staff
- v. Receive and act upon reports and recommendations from departments, committees, and officers of the Unified and Integrated Medical Staff.
- vi. Implement Medical Staff policies not otherwise the responsibility of the Departments, Medical Centers, or Divisions.
- vii. Provide a liaison between the Unified and Integrated Medical Staff and the Chief Executive of MUSC Health Medical Centers.
- viii. Recommend action to the Chief Executive of the MUSC Health Medical Centers on medico-administrative matters.
- ix. Make recommendations to the Board regarding: the Unified and Integrated Medical Staff structure, membership, delineated Clinical Privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities.
- x. Ensure that no medical staff officer or department chief at the local, divisional or system level hold two offices during the same time period unless extenuating circumstances exist and the MEC approves.
- xi. Ensure that the Unified and Integrated Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the MUSC Health Medical Centers
- xii. Fulfill the Medical Staff organization's accountability to the Board for the medical care of patients in the MUSC Health Medical Centers.
- xiii. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with Clinical Privileges.
- xiv. Conduct such other functions as are necessary for effective operation of the Medical Staff.
- xv. Report at each general staff meeting
- xvi. Ensure that Medical Staff is involved in performance improvement and peer review activities and
- xvii. Communicate decisions and discussions of the MEC to their respective, department, division, service line members or employees

- h. The Medical Staff delegates the authority to the MEC the ability to act on its behalf in between organized meetings of the medical staff. The Medical Staff delegates authority to the MEC to make amendments and submit directly to the Board 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. However, the MEC shall notify the Medical Staff of said changes prior to Board submission.

- i. 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 Clinical Privileges, the processes or indications for recommending termination or suspension of a Medical Staff Member 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 Policy Manual of the Medical Staff, the Fair Hearing Plan, or other Medical staff policies.
- j. 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 medical staff has the ability to adopt medical staff bylaws, rules and regulations, and policies, and amendments thereto, and to propose them directly to the governing body after communicating the proposed changes to the Medical Executive Committee.
- k. The authority to amend these bylaws cannot be delegated.
- l. 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. Meetings can be either in person or virtual. Special meetings of the MEC may be called at any time by the MEC Chief.
- m. Removal from MEC - The Medical Staff and/or the Board may remove any member of the MEC for failure to fulfill his/her responsibilities, conduct detrimental to the interests of the MUSC Health Medical Centers and/or the Medical Staff, physical or mental infirmity to the degree that renders him incapable of fulfilling the duties of the MEC. 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 if the recall is for the majority or all the MEC members. Upon presentation, the MEC or Board will schedule a general staff meeting to discuss the issue(s) and, if appropriate, entertain a no confidence vote. Removal of an MEC member shall require a 2/3 majority vote of voting members. Removal from the MEC shall not entitle the practitioner to procedural rights.

**Section 9.03 MEDICAL STAFF LEADERSHIP COMMITTEE**

- a. Each of the divisions within the Regional Health network will have a MLSC.
- b. Composition- The MSLC is a leadership committee consisting of:
  - i. Divisional **and/or Medical Center** Chief Medical Officer



- ii. Chief of Staff- each Medical Center
  - iii. Vice Chief of Staff- each Medical Center
  - iv. Secretary – each Medical Center
  - v. At members – one (1) per Medical Center Large
  - vi. Chief from the divisional department of Medicine
  - vii. Chief from the divisional department of Surgery
  - viii. Chief from the divisional department of OBGYN
  - ix. Chief from the divisional department of Peds
  - x. Chief from the divisional department of ED
  - xi. Chief from the divisional department of Anesthesia
  - xii. Chief from the divisional department of Radiology
  - xiii. Chief from the divisional department of Path/Lab
  - xiv. Chief from the Midlands divisional department of Cardiology
  - xv. Chief of Peer Review from the division
  - xvi. Non-voting (CEOs, CNOs, Chief Quality Officers, APPs) for the division
  - xvii. Ad hoc members as demand requires
  - xviii. The MSLC shall elect one of its members to serve as the MSLC Chief to preside over meetings at its first (1<sup>st</sup>) meeting of each new Medical Staff Year.
- c. 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 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 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, service line members or care team members.
  - ix. Implement Medical Staff policies for Departments, Medical Centers, or Divisions.
  - x. Provide a liaison between the Medical Staffs of a division 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 9.04 MEDICAL STAFF OPERATING COMMITTEE (MSOC)**

- a. Each Medical Center within a Division will have a MSOC.
- b. Members will be the local Chief of Staff, Vice Chief of Staff, and Secretary, as well as two elected members from the Medical Center medical staff.
- c. Duties will include coordinating Medical Staff activities with the division MSLC.
- d. The MSOC may meet as often as necessary as determined by the Chief of Staff.

**Section 9.05 PEER REVIEW COMMITTEES**

- a. Each division will have a peer review committee appointed by the MSLC or Service Line/Department chiefs (or a designee) including:
  - i. Division Chief of Medicine
  - ii. Division Chief of Surgery
  - iii. Division Chief of Emergency Medicine
  - iv. Division Chief of Pediatrics
  - v. Division Chief of OB/GYN
  - vi. Division Chief of Cardiology (Midlands Division only)
  - vii. Additional At-Large Members as needed
  - viii. Division **and/or Medical Center** Chief Medical Officer (non-voting)
- b. The Chief is appointed by Division Medical Staff Leadership Committee annually.
- c. Just Culture onboarding is required.
- d. The Peer Review Committee shall follow the procedures set forth in the Peer Review Policy.
- e. All peer review activities, whether conducted as a part of a department quality plan or as a part of a medical staff committee, will be considered medical staff quality activities and fall under the protection of SC Code Section 40-71-10 and 40-71-20.

**Section 9.06 OTHER FUNCTIONS**

- a. 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 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 MSLC and the MEC, and in MEC reports to the Board. These functions can be carried out by a Medical Staff Committee, a Medical Center interdisciplinary committee, a responsible group, or individual. These functions include, but are not limited to:

- i. Conduct or coordinate quality, appropriateness, and improvement activities, including but not limited to operative, invasive, and high-risk procedures review, tissue review, blood usage review, drug usage review, medical record review, mortality and morbidity review, autopsy review, sentinel event and other reviews.
  - ii. Conduct or coordinate utilization activities.
  - iii. Conduct or coordinate credentials investigations for staff membership and granting of Clinical Privileges
  - iv. Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the-art developments, and other perceived needs.
  - v. Develop and maintain surveillance over drug utilization policies and practices.
  - vi. Investigate and control nosocomial infections and monitor the MUSC Health Medical Centers infection control program.
  - vii. Plan for response to fire and other disasters.
  - viii. Direct Medical Staff organizational activities, including Medical Staff Bylaws, review and revision, Medical Staff officer and committee nominations, liaison with the Board and MUSC Health Medical Centers administration, and review and maintenance of MUSC Health Medical Centers accreditation
- b. 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 MSOC.
  - 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 Chief Medical Officer of the Division **and/or respective Medical Center** from the committee for failure to remain as a Member of the Medical Staff in good standing, for failure to attend meetings, for unsatisfactory performance of the duties assigned to the committee, or by action of the Medical Executive Committee.

## **Article X. HISTORY AND PHYSICAL REQUIREMENTS**

### **Section 10.01 COMPREHENSIVE HISTORY AND PHYSICAL**

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

### **Section 10.02 H&P REQUIREMENTS**

A complete H&P (except in circumstances allowing a focused H&P) must include (as information is available):

- a. chief complaint,
- b. details of present illness (history),
- c. past history (relevant - includes illnesses, injuries, and operations),
- d. social history,
- e. allergies and current medications,
- f. family history,
- g. review of systems pertinent to the diagnosis,
- h. physical examination pertinent to the diagnosis,
- i. pertinent normal and abnormal findings,
- j. conclusion or a planned course of action.

### **Section 10.03 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 10.04 PRIMARY CARE CLINICS**

H&Ps are required in all provider-based Medical Center 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 10.05 H&P NOT PRESENT**

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

#### **Section 10.06            UPDATING AN H&P**

When using an H&P that was performed within 30 days prior to admission or procedure, and that H&P is in the patient's medical record, a review of the H&P and a re-examination of the patient must take place as a part of the H&P update within 24 hours of admission for inpatients or prior to the procedure whichever comes first. Any changes in the patient's condition not consistent or otherwise reflected in the H&P must be documented. If there have been any changes in the patient's condition that are not consistent with or noted in the history and physical, those must be documented within twenty-four (24) hours of admission and prior to any surgical procedure or invasive diagnostic procedure requiring anesthesia by a qualified physician or other licensed Practitioner who has been credentialed and granted Clinical Privileges to perform a history and physical examination. For all surgeries and other procedures requiring an H&P, this update may be completed in combination with the pre-anesthesia assessment.

#### **Section 10.07    H&P RESPONSIBILITY**

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

#### **Section 10.08    ATTENDING PHYSICIAN**

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

- a.        Residents, appropriately privileged, may complete the H&P with the attending physician's countersignature.
- b.        AHPs, appropriately privileged, may complete the H&P without attending co-signature. This includes H&P's completed for in-patients, ED patients, and MUSC Health provider based clinic patients.
- 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 XI. MEDICAL STAFF MEETINGS**

### **Section 11.01 REGULAR MEETINGS**

- a. The Medical Staff shall meet at least annually or more often, as needed. This meeting can either be in person or virtual or both. 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. 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 internal mail, email, fax, text, or as instructed (i.e., electronic survey) to either the office of the Chief Medical Officer of each division **and/or Medical Center** 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 MEC and presented to the MEC at the next scheduled MEC meeting.

### **Section 11.02 SPECIAL MEETINGS**

The Chief of Staff of any Medical Staff, a Chief Medical Officer, the MSLC, 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, Courtesy, and Consulting 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 internal mail addressed to each Medical Staff Member at his/her address as it appears on the records of the 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 11.03 QUORUM**

The quorum requirements for all meetings shall be those present, either physically or virtually, and voting, unless otherwise indicated in these Bylaws.

**Section 11.04 ATTENDANCE REQUIREMENTS**

- a. Although attendance at the annual meeting is encouraged, Medical Staff members are not required to attend general Medical 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 Chief.
- c. Members of the MEC, MSLC and Credentials Committee are required to attend fifty percent (50%) of the committee meetings, either in person or virtually, during each year unless otherwise excused.

**Section 11.05 PARTICIPATION BY EXECUTIVE DIRECTOR OF THE MUSC HEALTH MEDICAL CENTERS**

The CEO of the MUSC Health Medical Centers or his/her designee may attend any Committee, Department, or Section meeting of the Medical Staff.

**Section 11.06 ROBERT'S RULES OF ORDER**

The latest edition of Robert's Rules of Order shall prevail at all meetings of the General Medical Staff, MEC, and Department Meetings unless waived by the Chief or one of the Co-Chairs.

**Section 11.07 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. Notices can be delivered by internal mail, email, text, or in person. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

**Section 11.08 ACTION OF COMMITTEE/DEPARTMENT**

The action of a majority of its members presents at a meeting at which a quorum is present shall be the action of a committee or department.

**Section 11.09 MINUTES**

Minutes of each regular and special meetings 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 MSLC and MEC. The minutes from other committee meetings shall be signed by the presiding officer and copies thereof submitted to the appropriate departments.

## **Article XII. TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES**

### **Section 12.01 SUSPENSION**

In the event that an individual Practitioner's action may pose a danger to patients, other Medical Staff members, or the Medical Center or its personnel, then either the Medical Center Chief of Staff, Chief Medical Officer or the Chief of the clinical Department of 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 Chief assigns to another Medical Staff member the responsibility for care of any Medical Center 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 of the Fair Hearing Plan shall apply

### **Section 12.02 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. **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 Medical Staff Membership and Clinical 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.
- d. **Lapse of Malpractice Coverage** - If the MEC and Board 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.
- e. **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.
- f. **Felony Conviction** - conviction of a felony offense is cause for immediate loss of all Clinical Privileges.
- g. **Loss of Faculty Appointment** - Loss of faculty appointment with cause shall result in immediate revocation of Clinical Privileges and appointment to the Medical Staff.
- h. **Failure to Meet Application Requirements** - Failure to comply with deadlines or other application requirements will result in loss of appointment and Clinical Privileges as outlined in the Credentials Policy Manual.

**Article XIII. CONFLICT MANAGEMENT AND RESOLUTION**

**Section 13.01 MEC AND MEDICAL STAFF**

If a conflict arises between the MEC and the voting members of the Medical Staff regarding issues pertaining to the Medical Staff including but not limited to proposals for adoption or amendment of bylaws, rules and regulations, or medical staff policies and when MUSC Health Medical Centers Policy A- 115 Conflict Management does not apply, the voting members of the Medical Staff by a two-thirds (2/3) vote may appoint a Conflict Management Team consisting of six (6) Active members of the Medical Staff who are not on the MEC. In such an event, the action or recommendation of the MEC at issue shall not go into effect until thirty (30) days after the appointment of the Conflict Management Team, during which time the MEC and the Conflict Management Team shall use their best efforts to resolve or manage the conflict. If the conflict is not resolved, the Medical Staff, by a two-thirds (2/3) vote of the Active Members may make a recommendation directly to the Board for action.

**Section 13.02 MEC AND BOARD**

If a conflict arises between the MEC and the Board regarding a matter pertaining to the quality or safety of care or to the adoption or amendment of MedicalStaff Bylaws, Rules and Regulations, or Medical Staff Policies and when MUSC Health Medical Centers Policy A-115 Conflict Management does not apply, the Chief Executive of the MUSC Health Medical Centers may convene an ad-hoc committee of MUSC Health Medical Centers, Board and Medical Staff leadership to manage or resolve the conflict. This committee shall meet as early as possible and within thirty (30) days of its appointment shall report its work and report to the MEC and the Board its recommendations for resolution or management of the conflict.

## **Article XIV. OFFICIAL MEDICAL STAFF DOCUMENTS/ MISCELLANEOUS**

### **Section 14.01 OFFICIAL GOVERNING DOCUMENTS**

The official governing documents of the Medical Staff shall be these Bylaws, the Rules and Regulations of the Medical Staff, the Medical Staff Credentials Manual, the Fair Hearing Plan, the Peer Review Policy and other Medical Staff policies pursuant to these bylaws. Adoption and amendment of these documents shall be as provided below.

### **Section 14.02 BYLAWS**

The Medical Staff shall have the responsibility to formulate, review, adopt, and recommend to the Board, Medical Staff Bylaws and Amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner. Neither the Medical Staff nor the Board may unilaterally amend these bylaws and the authority to adopt or amend them may not be delegated to any group. If a conflict exists between the Bylaws and other documents as outlined in this section, the Bylaws will supersede.

- a. Methods of Adoption and Amendment- Adoption of and/or amendments to these Bylaws may be on recommendation from the MEC approved by the voting members of the Medical Staff or after notification to the MEC on a proposal directly from a two thirds (2/3) majority of voting Medical Staff to the Board. The Bylaws may be adopted, amended or revised after submission of the proposed Bylaws or amendment at least seven (7) calendar days in advance of any regular or special meeting of the Medical Staff or by email or US mail submission to all Active Medical Staff members. To be adopted, the Bylaws or an amendment or revisions shall require a majority vote of the voting Active members. Voting can be completed either in person at a Medical Staff meeting or by electronic ballot vote of those who are eligible to vote on the Bylaws. Amendments so made shall be effective only when approved by the Board.
- b. The MEC is authorized to make minor changes/corrections when necessary due to spelling, punctuation and/or grammar.
- c. These Bylaws shall be reviewed at least every two (2) years by the MEC, which can appoint an ad hoc Bylaws Committee as detailed in Section 7.02(b). Findings shall be reported at a regular meeting of the Medical Staff or at a special meeting called for such purpose or by email to Active Medical Staff members. Any recommended changes shall be amended in accordance with these Bylaws.

### **Section 14.03 UNIFIED BYLAWS**

- a. Initial Unification - Each Medical Center's previously separate medical staff members have voted by majority, in accordance with the Medical Center's previous medical staff bylaws, to approve these Bylaws and accept the Unified Medical Staff structure provided herein.
- b. The Medical Executive Committee shall consider each Medical Center's unique circumstances and any significant differences in patient populations and services offered at each Medical Center. The Medical

Executive Committee shall establish and implement policies and procedures to make certain the needs and concerns expressed by Medical Staff Members of each Medical Center are given due consideration and shall ensure that mechanisms are in place to make certain that issues localized to a particular Medical Center are duly considered and addressed.

- c. Each Medical Center has the right to opt out of the Unified Medical Staff by a majority vote of the Staff Members with active Clinical Privileges at the applicable Medical Center who are eligible to vote on the adoption and amendment of Medical Staff Bylaws.
- d. Medical Centers may not hold opt out votes more than once every two (2) years, except for voting on the introduction of the Unified Bylaws, which may be reconsidered for vote during the twelve (12) months following the initial vote.

#### **Section 14.04 RULES AND REGULATIONS AND OTHER RELATED DOCUMENTS**

The MEC will provide to the Board a set of Medical Staff Rules and Regulations, a Credentials Policy Manual, a Peer Review Policy, and a Fair Hearing Plan that further defines the general policies contained in these Bylaws.

- a. These manuals will be incorporated by reference and become part of these Medical Staff Bylaws. The MEC has the delegated authority to make amendments to the Rules and Regulations of the Medical Staff, the Credentials Manual of the Medical Staff, the Fair Hearing Plan, the Peer Review Policy and other Medical Staff policies.
- b. Alternatively, the Medical Staff may propose an amendment to the Rules and Regulations and other aforementioned associated documents directly to the Board. Such a proposal shall require a two-thirds (2/3) majority vote of the Active Medical Staff and shall require notification to the MEC.
- c. When there is a documented need for an urgent amendment to the Rules and Regulations to comply with a law or regulation, the voting members of the organized medical staff delegate the authority to the MEC who by a majority vote of the MEC members provisionally adopt such amendments and seek provisional Board approval without prior notification to the medical staff. The MEC will immediately notify the Medical Staff of such provisional approval by the Board. The Medical Staff at its next meeting, at a called meeting, or through electronic communication will retrospectively review the provisional amendment. If there is no conflict between the organized medical staff and the MEC regarding the amendment, the provisional amendment stands. If there is a conflict over the provisional amendment(s) the Conflict Management process as outlined in these bylaws will be implemented.
- d. If necessary, a revised amendment is then submitted to the Board for action.
- e. The Rules and Regulations of the Medical Staff, the Credentials Manual, the Fair Hearing Plan, the Peer Review Policy, and other policies of the Medical Staff are intended to provide the associated details necessary to implement these Bylaws of the MUSC Medical Staff.

#### **Section 14.05 RULE CHALLENGE**

Any Practitioner may raise a challenge to any rule or policy established by the MEC. If a rule, regulation or policy is felt to be inappropriate, any Practitioner may submit a petition signed by twenty-five percent (25%) of the members of the Active Staff. When such petition has been received by the MEC, it will either:

- a. Provide the petitions with information clarifying the intent of such rule, regulation, or policy and/or
- b. Schedule a meeting with the petitioners to discuss the issue.

**Section 14.06 COMPLIANCE WITH LAWS AND REGULATIONS**

Any act or omission that may be considered inconsistent with the provisions set forth in these Medical Staff Bylaws and/or the Policies Governing Medical Practices, but which was undertaken to comply with applicable federal or state statutes or regulations, shall not be considered in violation of these Medical Staff Bylaws and/or the Policies Governing Medical Practices. In the event these Medical Staff Bylaws and/or the Policies Governing Medical Practices are inconsistent with such statutes or regulations, the MEC shall initiate in a timely manner the applicable amendment process.

**Section 14.07 ELECTRONIC RECORD KEEPING**

Whenever these Bylaws call for maintenance of written records, such records may be recorded and/or maintained in an electronic format.

**Section 14.08 HEADINGS**

The captions or heading used in these Medical Staff Bylaws are for convenience only and are not intended to limit or otherwise define the scope of effects of any provisions of these Medical Staff Bylaws.

**Section 14.09 IDENTIFICATION**

Although the masculine gender and singular are generally used throughout these Bylaws and associated policies for simplicity, words which import one gender may be applied to any gender and words which import the singular or plural may be applied to the plural or the singular, all as a sensible construction of the language so requires.

**Section 14.10 COUNTING OF DAYS**

In any instance in which the counting of days is required in these Bylaws in connection with the giving of a notice or for any other purpose, the day of the event shall not count, but the day upon which the notice is given shall count. In any case where the date on which some action is to be taken, notice given or period expired occurs on a holiday, a Saturday or a Sunday, such action shall be taken, such notice given, or such period extended to the next succeeding Monday, Tuesday, Wednesday, Thursday or Friday which is not a holiday. For the purposes of this Section, the term "holiday" shall mean such days as are commonly recognized as holidays by the U.S. Federal Government.

**Section 14.11 SEVERABILITY**

If any provision of these Bylaws shall be determined to be invalid, illegal, or unenforceable, the validity, enforceability of the remaining provisions shall not in any way be affected or impaired by such a determination.

**Section 14.12 INDEMNIFICATION**

Any individuals acting in good faith for and on behalf of the Medical Center(s) in discharging their responsibilities and participating in Professional Review Activities and Professional Review Actions pursuant to these Bylaws, including, but not limited to, all Governing Body members, Medical Staff committee members, Medical Staff Officers,

Department Chiefs, Section Chairpersons, and other Staff Members or Medical Center employees and/or agents, shall be indemnified when acting in those capacities, to the fullest extent permitted by law. In furtherance of the foregoing, each Applicant shall, upon request of any Medical Center(s), execute releases in favor of Medical Center representatives and third parties from whom information has been requested by the Medical Center(s) or an authorized Medical Center representative.



## MUSC HEALTH REGIONAL HEALTH NETWORK

### UNIFIED MEDICAL STAFF BYLAWS

#### Summary of Proposed Bylaws and Credentials Manual Revisions

**1. Minor Verbiage Adjustments for Titles:**

- Updated references to the roles of Divisional and/or Medical Center Chief Medical Officers.
- *Affected Pages in RHN Unified Bylaws:* 19, 36, 38, 39, 42

**2. Transition to a Three-Year Appointment Cycle:**

- Updated from a two-year to a three-year cycle, aligning with DNV and TJC standards.
- *Affected Pages:*
  - **RHN Unified Bylaws:** 12, 13, 17
  - **RHN Credentialing Manual:** 19

**3. Introduction of “Refer and Follow” Category:**

- New category designed for community and referring practitioners to support continuity of care for patients admitted to the hospital under a hospitalist or other service.
- Provides access to EPIC (EHR) for reviewing patient progress and collaborating on care plans.
- *Affected Pages:*
  - **RHN Unified Bylaws:** 22
  - **RHN Credentialing Manual:** 8

**4. Establishment of a Two-Year Term for Department Chairs:**

- Terms will be two years, with no limits on consecutive terms. Elections to be held at the end of each term.
- *Affected Page in RHN Unified Bylaws:* 32

**5. Unified Medical Staff Membership Continuation Vote:**

- Each RHN Medical Staff voted in favor of maintaining a unified Medical Staff for the Regional Health Network, as required biennially.



**MUSC Regional Health  
Network Medical Centers**

**Credentialing  
Policy and Procedure Manual**

**Effective: January 1, 2023**



## **I. Credentialing Process**

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

### **A. Purpose**

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

### **B. Scope**

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

### **C. Credentials Committee**

#### **1. Purpose**

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

## **2. Membership**

The Medical Staff Leadership Committee/MSLC of each Regional Health Network division shall serve as the Credentials Committee for the division. The Chairperson of the Credentials Committee is appointed by the Divisional Chief Medical Officer. The appointment for Chairperson shall be for a three (3) year term with eligibility for reappointment for two additional terms. Members of the Credentials Committee shall serve a term concurrent with their membership on the Division MSLC.

## **3. Reporting Channels**

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

## **4. Meetings**

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

## **5. Minutes**

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

## **D. Confidentiality**

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

## **II. CLASSIFICATION OF APPOINTED PRACTITIONERS**

### **A. Conditions and Requirements for Appointment to the Medical Staff**

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

## B. Qualifications for Medical Staff Membership

Only physicians with Doctor of Medicine (MD) Doctor of Osteopathy (DO) degrees, or equivalent foreign medical degree such as MBBS, or Dentists or Podiatrists (DPM) 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. To be considered for appointment and clinical privileges at each MUSC Health Regional Health Network Medical Center, an applicant must meet all of the following criteria:

- Have a valid and unrestricted license to practice in the State of South Carolina;
- After the Effective Date of the unified Medical Staff Bylaws, any new applicant for MD, DO, MBBS, DPM or Dentist membership shall be eligible for or have obtained board certification and comply with individual board requirements in his/her respective medical or dental specialty board at the time of appointment. 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, or longer if allowed for the applicant's specialty as detailed in the [ABMS Member Boards Eligibility Periods and Transition Dates \(rev July 2021\)](#) may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification, or, if an alternative pathway for board certification is allowed for the applicant's specialty, a grace period commensurate with the alternative pathway timeframe. Board recertification and maintenance certification should be in accordance with the criteria established by the applicable specialty and/or in accordance with the criteria established by the applicable specialty and/or subspecialty board. Satisfaction of all maintenance criteria will be assessed at reappointment. If no criteria applicable, recertification must be obtained within two (2) years following any expiration of certification. Failure to achieve or maintain board certification within the time frames required herein may be grounds for revocation and/or denial of Medical Staff membership to be determined by the Medical Executive Committee and Board.. In special cases, for recertification, 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 Chief in the department in which they are assigned, and the Department Chief has attested either in a written or oral format to the divisional Medical Staff Leadership Committee and the MEC for approval. Waiver of board certification requirement can be granted when no board specialty exists, and the Department Chief attests (in written and oral format) to adequacy of training and competency. Should the practitioner become eligible for board certification, s/he will be required to attain Board Certification within two (2) years, or reappointment will not be granted. Foreign Board Certification may be an appropriate substitute for United States Board approval. The Medical Staff Leadership Committee may choose to accept or reject such certification. In the event the certification is rejected, the Department Chief may petition the MEC for approval
- Maintain a Federal DEA number and State DHEC License/Certification where applicable;
- Provide satisfactory evidence of appropriate training, education, and competency in the designated specialty;

- Hold current professional malpractice insurance at levels acceptable to the Medical Center(s).

## C. Medical Staff Appointment with Privileges

### 1. Active Medical Staff

The Active Medical Staff shall consist of full-time and part-time practitioners with Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), or Doctor of Dental Medicine (DMD) degrees who are professionally responsible for specific patient care and/or education and/or research activities in the healthcare system and who assume all the functions and responsibilities of membership on the active staff.

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

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

**Responsibilities:** Appointees to this category must:

- Contribute to the organizational and administrative affairs of the Medical Staff.
- Actively participate in recognized functions of staff appointment, including professional practice evaluation, performance improvement and other monitoring activities.
- Monitor practitioners with new privileges during a focused review period.
- Participate in the emergency room and other specialty coverage programs as scheduled or as required by the MEC, MSLC or Department Chief.

**Removal:** Failure to satisfy the requirements for activity for the MUSC Medical Center, as deemed by the Department Chief, during the appointment period will result in automatic transfer to Courtesy Category. The Practitioner shall have the rights afforded by Article XII and the Fair Hearing Plan of the Medical Staff Bylaws.

### 2. Courtesy Medical Staff

Members of the Courtesy Medical Staff shall meet the following criteria:

- Participate in the clinical affairs of the MUSC Health Medical Centers
- Be involved in the care or treatment of at least six (6) patients of the MUSC Health Medical Center(s) or clinics during his/her appointment period, or
- Refer patients to other physicians or staff of the MUSC Health Medical Center (s) or

those who order diagnostic or therapeutic services at the MUSC Health Medical Center (s).

- Not admit or regularly participate in the care of more than 25 patients in a calendar year. Should a Practitioner exceed the 25-patient encounter threshold, he/she shall automatically advance to Active Staff status for the remainder of the calendar year and must abide by the Prerogatives and responsibilities outlined in Section 4.01
  - Physicians who meet the following criteria shall not be subject to the aforementioned 25 patient encounter limitation: (i) the physician provides a service that is not otherwise available at the Medical Center; and (ii) the physician's primary practice is located outside of the community.
  - The MSLC 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 another MUSC Health affiliated Medical Center and who continue to meet the qualifications for appointment to the Courtesy Staff of MUSC Health. Additionally, this exception would only occur if physician specific quality and outcomes information has been provided by the affiliated Medical Center upon request. Such information shall be sufficient quality and quantity to allow a reappointment and privileging recommendation by the Credentials Committee.

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

- An appointee to this category may exercise the Clinical Privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege exception.
- Attend meetings of the Medical Staff and Department to which he/she is appointed and any MUSC Health education programs.
- Request admitting privileges.

Responsibilities: Appointees to this category must:

- Discharge the basic responsibilities specified in Section 3.09.
- Retain responsibility within his/her area of professional competence for the care and supervision of each patient in the Medical Center for who he/she is providing service.
- Satisfy the requirements set forth in the Bylaws for attendance at meetings of the Medical Staff and of the committees of which he/she is a member.
- Participate in the emergency department on-call rotation as directed by the MEC and Board when there is an inadequate number of current Active Staff members to address an important patient coverage need, as determined by the MEC and Board. Any unassigned patient encounters incurred as a result of and while participating on the emergency department on-call rotation as assigned by the MEC and Board shall not count toward the patient encounter limitation described in Section 4.02 (a.iv) of the Bylaws.

Removal: Failure to satisfy the requirements for activity for the MUSC Health Medical Centers, as deemed by the MSLC, during the appointment period will result in automatic transfer to the Consulting category.

### **3. Consulting Medical Staff**

Qualifications: Consulting Staff shall consist of a special category of physicians, dentists, or podiatrists, each of whom is, because of board certification, training and experience, recognized by the medical community as an authority within his/her specialty.

Prerogatives: Members of the Consulting Staff may consult on patients within his/her specialty to the extent he/she holds delineated Clinical Privileges to do so; and attend all meetings of the Medical Staff that he/she may wish to attend as a non-voting visitor.

Responsibilities: Appointees to this category must follow these conditions:

- Consulting Staff members shall not hold office nor be eligible to vote in the Medical Staff organization.
- Consulting Staff members must have fewer than fifteen (15) encounters in which they manage direct patient care.
- For Consulting Staff members who have their primary practice outside the community, such members may provide or manage direct patient care, within the scope of their granted Clinical Privileges, in an unlimited number of cases, where there is, as determined by the Board in consultation with and on the recommendation of the Medical Executive Committee, an otherwise unfulfilled community need for the services to be provided by the particular Consulting Staff member.
  - A determination by the Medical Executive Committee and/or Board that there is not an unfulfilled community need for the services of a particular Consulting Staff member shall not be subject to appeal nor entitle the member to any of the procedural rights under these Bylaws.
  - Consulting Staff members whose primary practice is located in the community, and who exceed the accepted number of encounters referenced above must transfer to Active Staff and meet all the requirements as outlined in Section 4.01 of the Bylaws.
- Each member of the Consulting Staff shall assume responsibility for consultation, treatment and appropriate documentation thereof with regard to his/her patients.

### **4. 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 currently providers in an MUSC Health Rural Health Care Clinic.

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.

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.

## **5. Refer and Follow Category**

a. **Qualifications-** To qualify for the "Refer and Follow" category, practitioners must meet the requirements of the MUSC Regional Health Network Credentialing Manual, hold an appropriate medical license, have the necessary training and experience in their specialty, and be in good standing with the medical staff.

b. **Prerogatives -** Practitioners who are granted privileges in the "Refer and Follow" category may refer patients for care and follow the progress of their patients while they are under the care of a hospitalist or other designated attending physician. These practitioners do not have admitting privileges, and their involvement in the patient's care is limited to consultation, referral, and monitoring the patient's progress. Members of this category may not vote unless assigned to a standing committee and do not have call responsibility.

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

### **1. Honorary/Administrative Members**

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.

- Such staff appointees are not eligible to admit patients to the MUSC Health Medical Centers, 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.
- Physicians with the MUSC Health Medical Centers 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 Health Medical Centers and reduction or termination in Clinical Privileges.

## **E. Privileges without Membership**

### **1. Allied Health Professionals**

Allied Health Professionals are those health professionals who:

- Are licensed in the state with a doctorate in psychology, or are licensed as advanced practice nurses, physician assistants, optometrists, podiatrists, or acupuncturists;
- Are others who are appropriately licensed or certified and are designated as Allied Health Professionals by the Board;
- Are subject to licensure requirements or other legal limitations, exercise independent judgment within areas of their professional competence; and
- Are qualified to render direct or indirect care as delineated in their respective scopes of practice, job descriptions, or privileging forms.

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

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

### **2. Telehealth Practitioners**

- Telehealth Practitioner-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 this Credentials Manual and Medical Staff Bylaws. An exception is outlined 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.
- Scope of Privileges--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.

- In circumstances in which the distant-site entity or hospital is Joint Commission accredited, the Medical Staff and Board may rely on the Telehealth Practitioner's credentialing information from the distant-site entity or distant-hospital to credential and privilege the telehealth physician ONLY if the Medical Center has ensured through a written agreement with the distant-site entity or distant-site hospital that all the following provisions are met:
  - The distant-site entity or distant-site hospital meets the requirements of 42 CFR § 482.12(a)(1)- (7), regarding the distant-site entity's or distant-site hospital's physicians and practitioners providing telehealth services.
  - The distant-site entity, if not a distant-site hospital, is a contractor of services to the Medical Center and as such, in accordance with 42 CFR § 482.12(e), furnishes the contracted services in a manner that permits the Medical Center to comply with all applicable federal regulations for the contracted services.
  - The distant-site organization is either a Medicare-participating hospital or a distant-site telehealth entity with medical staff credentialing and privileging processes and standards that at least meet the standards set forth in the CMS Hospital Conditions of Participation and the Joint Commission Medical Staff (MS) chapter for hospitals or ambulatory care organizations, as applicable.
  - The Telehealth Practitioner is privileged at the distant-site entity or distant-site hospital providing the telehealth services, and the distant-site entity or distant-site hospital provides the Hospital with a current list of the Telehealth Practitioner's privileges at the distant-site entity or distant-site hospital.
  - The Telehealth Practitioner holds a license issued or recognized by the State of South Carolina; and
  - The Medical Center has evidence, or will collect evidence, of an internal review of the Telehealth Practitioner's performance of telehealth privileges at the Medical Center and shall send the distant-site entity or distant-site hospital such performance information (including, at a minimum, all adverse events that result from telehealth services provided by the Telehealth Practitioner and all complaints the Medical Center has received about the Telehealth Practitioner) for use in the periodic appraisal of the Telehealth Practitioner by the distant-site entity or distant-site hospital.
- For the purposes of this Section, the term "distant-site entity" shall mean an entity that: (1) provides telehealth services; (2) is not a Medicare-participating hospital; (3) is Joint Commission accredited; and (4) provides contracted services in a manner that enables a hospital using its services to meet all

applicable CMS Hospital Conditions of Participation, particularly those related to the credentialing and privileging of physicians providing telehealth services. For the purposes of this Section, the term “distant-site hospital” shall mean a Medicare-participating and Joint Commission accredited hospital that provides telehealth services. If the Telehealth Practitioner’s site is also accredited by Joint Commission, and the Telehealth Practitioner is privileged to perform the services and procedures for which privileges are being sought in the Medical Center, then the Telehealth Practitioner’s credentialing information from that site may be relied upon to credential the Telehealth Practitioner in the Medical Center. However, this Medical Center will remain responsible for primary source verification of licensure, professional liability insurance, Medicare/Medicaid eligibility and for the query of the Data Bank.

### **III. Initial Appointment Application**

#### **A. Nature of the Application**

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

#### **B. Application Requirements**

The initial application shall include:

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

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

### **C. Applicant's Responsibility for Producing Information:**

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

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

### **D. Applicant's Agreement**

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

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

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

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

#### **E. Applicant's Rights Regarding Information:**

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

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

## **F. Verification Process:**

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

Verification will include the following:

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

- Relevant practitioner specific data compared to aggregate when available including mortality and morbidity data; and,
- Any other relevant information requested from any person, organization, or society that has knowledge of the applicant's clinical ability, ethical character, and ability to work with others.

## **G. Inability to Obtain Information:**

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

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

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

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

## **IV. Initial Appointment and Privileging Process**

### **A. Review/Approval Process**

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

### **B. Departmental Chief Review**

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

### **C. Credentials Committee Review**

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

### **D. Medical Executive Committee Action**

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

#### **Effect of Medical Executive Committee Action**

##### **1. Deferral**

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

## **2. Recommendation for Approval**

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

## **3. Adverse Recommendation**

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

## **E. Board Action**

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

### **Effect of Board Action**

#### **1. Deferral**

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

#### **2. Approval**

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

A decision and notice to appoint includes:

- a) The Staff category to which the applicant is appointed (if applicable);



- b) The clinical department to which he is assigned;
- c) The clinical privileges he may exercise; and
- d) Any special conditions attached to the appointment.

### **3. Adverse Action**

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

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

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

### **4. Expedited Action**

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

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

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

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

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

## **F. Initial Privileges**

For all newly appointed practitioners or for all newly approved privileges, this provisional period shall include an initial period of focused professional practice evaluation. Criteria for the focused evaluation of all practitioners requesting new privileges shall be determined by the Department Chief or their designee. The focused evaluation will include a monitoring plan specific to the requested privileges, the duration of the monitoring plan, and circumstances under which monitoring by an external source is required. Focused evaluation may be conducted by using chart review, direct observation, monitoring of diagnostic or treatment techniques, feedback from other professionals involved in patient care or other methodology determined by the Department. All new appointees must complete a focused evaluation during the initial year; however, the focused evaluation period will be for a time frame determined by the Department Chief or their designee. If at the end of the focused evaluation period, a decision is made to deny privileges to the practitioner, the practitioner is afforded the rights outlined in the Fair Hearing Plan of the MUSC Health Regional Health Network.

## **V. Reappointment/Renewal of Privileges Application**

### **A. Nature of the Application**

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

### **B. Review/Approval Process**

Reappointments to the Medical and Professional Staffs shall be for a period not to exceed ~~two (2)~~ three (3) years. Reappointments and/or the renewal of privileges are not automatic and shall be based on information concerning the individual's performance, ability to work with other professionals at the Medical Center, judgment, quality of care, and clinical skills. The reappointment/renewal process from time of application attestation to final Board decision cannot exceed 180 days.

### **C. Application for Reappointment Requirements**

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

- Current copy of license and, if applicable, State DHEC and Federal DEA certificate or

license;

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

- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

#### **D. Continuing Duties of Medical Staff Members and Privileged Practitioners**

It shall be a continuing duty of all Medical Staff and privileged practitioners to promptly update credentials information on an ongoing basis, for review by the Department Chairman and/or respective Peer Review or Medical Staff Leadership Committees no later than 30 days from the reporting or release. Failure to do so may result in immediate reappraisal by the Credential Committee of the member's staff appointment. This information shall include but not be limited to the following:

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

The Medical Staff Office will promptly notify the Department Chairman of any adverse actions or exclusions related to the above disclosure from the practitioner, or via notification from the following monthly reports for the purposes of ongoing monitoring:

- CMS Opt-Out;
- State specific Medicaid Exclusion List, Termination and Program Integrity List(s);
- System of Award Management (SAM); AND
- Office of Inspector General (OIG)

## **E. Ongoing Professional Practice Evaluation**

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

## **F. Insufficient Activity for Evaluation**

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

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

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

## **G. Failure to Complete the Reappointment Application**

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

## **H. Reappointment Verification Process**

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

- Primary source verification of current South Carolina licensure;
- Primary source verification of any training necessary for increase of privileges;
- Status of current DEA;
- Specialty Board status;
- Status of affiliations with other hospitals or healthcare organizations;
- Status of group affiliations;
- Status of malpractice claims history for the past five years;
- Peer recommendations;
- System of Award Management (SAM);
- Office of Inspector General (OIG);
- National Provider Identifier (NPI);
- SSA DMF (Death Master);
- Information from the National Practitioner Data Bank;
- State specific Medicaid Exclusion List, Termination and Program Integrity List(s)
- CMS Opt-Out; and
- Medicare/Medicaid sanctions and investigations from websites of the Office of Inspector General and the Excluded Parties Listing System.

## **VI. Reappointment/Privilege Renewal Review Process**

### **A. Department Chief Review**

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

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

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

### **B. Credentials Committee Review**

After approval of completed reappointment application with all attachments by the

Department Chief, the application is presented at the next regularly scheduled Credentials Committee meeting. The Credentials Committee members shall review the completed application and make a recommendation to approve, deny, or defer pending further evaluation/information. If the recommendation is to deny or defer pending additional information, the applicant and Chief must be informed in writing within seven (7) days after the meeting. If the recommendation is to approve, the applicants are presented at the next regularly scheduled Medical Executive Committee meeting. At the time of reappointment, the Credentials Committee may request based on practitioner specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Medical Executive Committee, that a practitioner be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

### **C. Medical Executive Committee Action**

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

#### **Effect of Medical Executive Committee Action**

##### **1. Deferral**

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

##### **2. Recommendation for Approval**

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

##### **3. Adverse Recommendation**

When the Medical Executive Committee's recommendation to the Board is adverse to the applicant, the Division CEO or the Division Chief Medical Officer or their designee through the Medical Staff Office, so informs the applicant within 30 days by special notice with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article XII and the Fair Hearing Plan of



the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny, in full or in part, reappointment, requested staff category, and/or requested clinical privileges. No such adverse recommendation needs to be forwarded to the Board until after the practitioner has exercised his procedural rights or has been deemed to have waived his/her right to a hearing as provided in the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

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

## **D. Board's Action**

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

### **Effects of Board Action**

#### **1. Deferral**

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

#### **2. Approval**

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

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

#### **3. Adverse Action**

"Adverse action" by the Board means action to deny, in full or in part, reappointment,

requested staff category, or requested clinical privileges.

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

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

#### 4. Expedited Action

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

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

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

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

## **VII. Privileges**

## A. Granting of Privileges

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

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

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

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

- Current license and challenges to any licensure or registration
- Voluntary or involuntary relinquishment of any license or registration, or medical staff membership
- Voluntary or involuntary limitation, reduction, or loss of clinical privileges
- Involvement in a professional liability action including any final judgment or settlement
- Documentation of health status

- Practitioner specific quality information including mortality and morbidity data, if available
- Peer recommendations, and
- National Practitioner Data Bank Healthcare Integrity Data Bank Query

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

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

## **B. Medical Staff Temporary Privileges**

**Circumstances:** There are two circumstances in which temporary privileges may be granted, which are further described in Section 3.07 of the Bylaws. Each circumstance has different criteria for granting privileges. The circumstances for which the granting of temporary privileges is acceptable include the following:

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

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

### **1. Care of Specific Patients**

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

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

### **2. New Applicants**

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

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

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

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

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

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

**Rights of the Practitioner Who Has Temporary Privileges:** In the following cases, a practitioner is not entitled to the procedural rights afforded by the hearing and appeal

procedures outlined in the Medical Staff Bylaws:

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

### **C. Disaster Privileges**

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



### **D. Emergency Privileges**

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


In the case of an emergency, any practitioner, to the degree permitted by his license and regardless of Medical Staff status or lack of it, shall be permitted and assigned to do everything possible to prevent serious and permanent harm or to save the life of a patient, using every facility of the Medical Center necessary, including calling for any consultation necessary or desirable. When an emergency situation no longer exists, the practitioner must request the privileges to continue to treat the patient. In the event such privileges are denied or he does not wish to request such privileges, the patient shall be assigned to a member of the Medical Staff by the appropriate Department Chief.

Under conditions of extreme patient risk, the Chief of the Medical Staff, the Division Chief Medical Officer, the appropriate Department Chief, Credentials Committee Chairperson, or the Division CEO (or his/her designee) may grant emergency privileges for that patient alone. These conditions would apply if the physician in question was the only one capable of rendering appropriate professional services (i.e. no qualified Medical Staff members were available). Such privileges shall be based on the information then available which may reasonably be relied upon to affirm the competency, ethical standing and licensure of the physician who desires such emergency privileges. In the exercise of such privileges, such physician shall act under the direct supervision of the Department Chief or his/her designee to which he/she is assigned.

# MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Medical Executive Committee</b> <b>Presiding:</b> Dr. Prabhakar Baliga <b>Date:</b> September 18, 2024 <b>Meeting Place:</b> MS Teams <b>Recording:</b> Sarah de Barros <b>Meeting Time:</b> 7:30 am <b>Adjournment:</b> 8:31 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 Lebar, J. Melroy, Dr. Munden, Dr. Reeves, Dr. Russell, Dr. Salgado, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Summers, 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 the August Medical Staff Leadership Committee-Charleston meeting approved	<b>Approval</b>	<b>Approved</b>
<b>GME Report</b> <ul style="list-style-type: none"> <li>• <b>Dr. Cynthia Talley</b></li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- GME Resident Recruitment and Retention Program</li> <li>- GME Programs –Quantum year 1 (AY25)</li> <li>- Graduate Medical Education Approval Process</li> <li>- SMP Requests for AY26</li> <li>- ACGME and Non-ACGME Program Quantum year 2 (AY26)</li> <li>- Rural Tracts</li> </ul>	<b>Information</b>	 GME MSLCCUpdate 9.18.24.pptx
<b>Quality Report</b> <ul style="list-style-type: none"> <li>• <b>Dr. Mark Lockett</b></li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Quality Scorecard</li> <li>- MUSC Q&amp;A Period 3 Overall Ranking Results</li> <li>- 10 Biggest Opportunities</li> <li>- FY24 HAI Outcome Data: Facility-wide</li> <li>- Morality Trend</li> <li>- Falls Data</li> <li>- Transfers</li> <li>- Palliative Care/Hospice</li> <li>- AP Path TAT</li> </ul>	<b>Information</b>	 MSLCC Quality Update 9.18.24.pptx

## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Nursing Report</b> <ul style="list-style-type: none"> <li>Brenda Kendall-Bailey</li> </ul>	See Attached Magnet Presentation in “New Business”		<i>Information</i>	
<b>Magnet Site Redesignation</b> <ul style="list-style-type: none"> <li>Kimberly Pitsinger</li> <li>Cheryl Jones</li> <li>Brenda Kendall-Bailey</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Magnet® Designation</li> <li>- Magnet® Hospitals</li> <li>- Post Document Submission Timeline</li> <li>- Purpose of Site Survey</li> <li>- Potential Questions to Medical Executive Leadership</li> </ul>		<i>Approval</i>	 Magnet Site Visit Prep Med Exec.pptx
<b>Consent Items</b>				
<b>Policies</b> <i>(Consent)</i>	<u><b>Policies for Approval:</b></u> <ul style="list-style-type: none"> <li>9070 SYS - MUSC Utilization Review Plan</li> </ul>		<i>Approval</i>	<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>11727 CHS - Voiding Trial Standing Order</li> <li>4806 CHS - Children's GI IBD Lab Orders</li> <li>4808 CHS - Children's Pill Cam GI</li> <li>4805 CHS - Children’s Depo Standing Order All Specialty Clinics</li> <li>4828 CHS - Standing Order for Triage AHC</li> <li>4829 CHS - Standing Orders for AHC GI</li> <li>5284 CHS - Children’s Urology Topical Anesthetic</li> <li>5286 CHS - Children’s Urology Enema and Catheter</li> <li>5289 CHS - Children’s Urology Ultrasound Orders</li> <li>5287 CHS - Children's Urology KUB Standing Order</li> <li>5288 CHS - Children's Urology Lab Order</li> <li>11730 CHS - Children's Urology POCT Orders</li> <li>4812 CHS - Clinic ECHOs Peds Cardiology Standing Orders</li> </ul>		<i>Approval</i>	To be reviewed for approval at the October meeting
<b>Data &amp; Service Reports</b> <i>(Consent)</i>	<u><b>Data Reports:</b></u> ○	<u><b>Service reports reviewed:</b></u>	<i>Information</i>	






## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<p style="text-align: center;"><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>		<b>Information</b>	
<p style="text-align: center;"><b>Adjournment</b> 8:31 am</p>	<p>The next meeting of the Medical Executive Committee Charleston will be October 16, 2024, 2024 at 7:30 am via TEAMS</p>			

*Libby Infinger, MD, MPH*  
 Libby Infinger, MD, Secretary of the Medical Staff

# MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Medical Executive Committee Presiding:</b> Dr. Prabhakar Baliga <b>Date:</b> October 16, 2024 <b>Meeting Place:</b> MS Teams <b>Recording:</b> Sarah de Barros <b>Meeting Time:</b> 7:30 am <b>Adjournment:</b> 8:25 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 Lebar, J. Melroy, Dr. Munden, Dr. Reeves, Dr. Russell, Dr. Salgado, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Summers, 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 the September 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>	See Attached Presentation <ul style="list-style-type: none"> <li>- FY25 Scorecard</li> <li>- Falls</li> <li>- Pressure Injuries</li> <li>- Current Issues</li> </ul>	<b>Information</b>	 MSLCC Quality Update October 202
<b>CMO Report</b> <ul style="list-style-type: none"> <li>• Dr. Erik Summers</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Current Length of Stay for MUSC Charleston</li> <li>- MUSC Charleston FY25 YTD LOS Compared to Vizient Top AMC</li> <li>- Next Steps</li> </ul>	<b>Information</b>	 MSLCC CMO Update October 202
<b>CEO Report</b> <ul style="list-style-type: none"> <li>• Dr. Saj Joy</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Chief Operating Officer Update</li> <li>- Financial Update</li> </ul>	<b>Information</b>	 MSLCC CEO October 2024.pptx

## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

Consent Items			
<b>Policies</b> <i>(Consent)</i>	<b><u>Policies for Approval:</u></b> <ul style="list-style-type: none"> <li>• 9070 SYS - MUSC Utilization Review Plan</li> </ul>		<b>Approval</b>  <span style="color: blue;">Approved</span>
<b>Standing Orders</b> <i>(Consent)</i>	<b><u>Standing Orders for Approval:</u></b> <ul style="list-style-type: none"> <li>• 11727 CHS - Voiding Trial Standing Order</li> <li>• 4806 CHS - Children's GI IBD Lab Orders</li> <li>• 4808 CHS - Children's Pill Cam GI</li> <li>• 4805 CHS - Children's Depo Standing Order All Specialty Clinics</li> <li>• 4828 CHS - Standing Order for Triage AHC</li> <li>• 4829 CHS - Standing Orders for AHC GI</li> <li>• 5284 CHS - Children's Urology Topical Anesthetic</li> <li>• 5286 CHS - Children's Urology Enema and Catheter</li> <li>• 5289 CHS - Children's Urology Ultrasound Orders</li> <li>• 5287 CHS - Children's Urology KUB Standing Order</li> <li>• 5288 CHS - Children's Urology Lab Order</li> <li>• 11730 CHS - Children's Urology POCT Orders</li> <li>• 4812 CHS - Clinic ECHOs Peds Cardiology Standing Orders</li> </ul>		<b>Approval</b>  <span style="color: blue;">Approved</span>
<b>Data &amp; Service Reports</b> <i>(Consent)</i>	<b><u>Data Reports:</u></b> ○	<b><u>Service reports reviewed:</u></b>	<b>Information</b>
<b>Subcommittee Minutes</b> <i>(Consent)</i>	<b><u>Committee Minutes:</u></b> <ul style="list-style-type: none"> <li>• MUSC Health Clinical Lab Advisory Council</li> <li>• MUSC Health Patient Blood Management Council</li> <li>• Ethics Committee</li> <li>• Quality Executive Committee</li> <li>• HIMC Committee</li> </ul>		<b>Information</b>
<b>Adjournment</b> 8:31 am	The next meeting of the Medical Executive Committee Charleston will be November 20, 2024, 2024 at 7:30 am via TEAMS		

# MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

Libby Infinger, MD, Secretary of the Medical Staff

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

Absolute Total Care, Inc.  
Medical Audit & Review Solutions (MARS)  
Select Health of 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:

Bell's Professional Residential Clinic  
Hampton Regional Medical Center

**Affiliation Agreements –**

United States of America  
Academy of Career Technologies – Marion County School of Practical Nursing  
AMERICAN CANCER SOCIETY INC- North Charleston  
Care Solutions Nurse Aide  
Daemen University  
East Tennessee State University  
Florence Public School District One  
University of Miami  
Coastal Carolina University  
DeVry University  
University at Buffalo, The State University of New York  
VANDERBILT UNIVERSITY

**Clinical Services Agreements –**

Cardiac Advanced Resuscitation Education, LLC  
Doctors Care, P.A.  
Grifols USA, LLC  
Johnson & Johnson Health Care Systems, Inc.  
Vertex

**Consulting Contracts over \$50k –**

Forsberg Engin & Surveying Inc

University Active Project List > \$250,000		December 2024	Funds Committed to Date	Balance to Finish	A/E	Contractor	Status	Projected Final Completion
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	WxTitte	Construction	December 2025
9851	BSB AHU #1 Replacement	\$5,800,000	\$5,573,262	\$226,738	RMF	CR Hipp	Construction	April 2025
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	\$42,348,978	\$157,651,022	Liوليو	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	DWVG		Design	December 2026
9859	HCC AHU #6 Replacement	\$2,300,000	\$2,275,000	\$25,000	DWVG	Triad	Construction	December 2025
9860	HCC Medium Voltage Feeders 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	\$1,004,000	\$996,000	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	DWVG	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		Design	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	Liوليو		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	DWVG		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	Musselman	Construction	June 2025
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	June 2025
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  
December 12, 2024**

**MUSC General Construction Projects:**

<b>EnviroPro Solution, Inc.</b> CSB Schiller Surgical Innovation Center-Abatement	<b>\$ 63,500.00</b>
<b>J Davis Construction</b> College of Nursing 1 <sup>st</sup> Floor Renovation-Change Order 4	<b>\$ 133,865.38</b>
<b>Metro Electric Co., Inc.</b> HCC Generator 3 Replacement-Change Order 4	<b>\$ 63,725.00</b>
<b>Rodgers Thompson Turner</b> COM Office and Academic Building-Change Order 1	<b>\$ 26,391,496.00</b>
<b>Triad Mechanical Contractors Inc.</b> Miscellaneous Research Buildings Exhaust Fans Replacements	<b>\$ 1,993,000.00</b>

**Miscellaneous Contracts:**

<b>Herald Office Equipment</b> College of Nursing 1 <sup>st</sup> Floor Renovation	<b>\$ 331,403.92</b>
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**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PROFESSIONAL SERVICES  
FOR REPORTING  
December 12, 2024**

**Professional Services Contracts:**

<b>Brownstone Construction Group</b>	<b>\$ 231,601.50</b>
CoHP President Street Academic Building Amendment #2	



**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES**  
**CONSENT AGENDA**  
December 13, 2024  
101 Colcock Hall

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

**Consent Agenda for Approval**

- Item 26. Sabbatical .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

Academic Affairs Faculty

**E. Brooke Fox, MS.**, Professor in the Academic Affairs Faculty, for a one-year sabbatical effective January 1, 2025, through December 31, 2025.

- Item 27. Distinguished University Professor .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**Steven Carroll, M.D.**, Ph.D., Distinguished University Professor in the Department of Pathology & Laboratory Medicine, effective December 13, 2024.

- Item 28. Endowed Chair Appointments .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**Jennifer Dahne, Ph.D.**, Associate Professor in the Department of Psychiatry and Behavioral Sciences for appointment to the Melvyn Berlinski Distinguished Endowed Chair in Cancer Research, effective December 13, 2024.

**Libby Infinger, M.D., MPH**, Associate Professor in the Department of Neurosurgery, for appointment to the Dr. Phanor Perot Endowed Chair, effective December 13, 2024.

**Eric M. Wallen, M.D.**, Professor in the Dept. of Urology, for appointment to the Brockmann Endowed Chair of Urologic Oncology, effective November 1, 2024.

- Item 29. Emerita/Emeritus .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**William T. Basco, Jr, M.D., MS**, Professor Emeritus, in the Department of Pediatrics, Division of General Pediatrics, effective October 5, 2024.

Item 30. Affiliate Faculty Appointments.....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Pharmacy

**John A. Pieper, PharmD.**, as Affiliate Professor (Non-tenure track) in the Department of Clinical Pharmacy and Outcomes Sciences, effective December 15, 2024.

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

College of Health Professions

**Karen Hartwell, M.D.**, as a [Secondary] Professor, in the Department of Clinical Sciences, Division of Physician Assistant Studies - Hybrid Program, effective November 1, 2024. Dr. Hartwell's primary appointment rests in the College of Medicine.

**Thomas Longbottom, PT, DPT, NCS**, Professor in the Department of Rehabilitation Sciences, Division of Physical Therapy - Hybrid Program, effective January 1, 2025.

**Titus Reaves Jr., PhD**, as a [Secondary] Associate Professor, in the Department of Clinical Sciences, Division of Anesthesia for Nurses, effective September 1, 2024. Dr. Reaves' primary appointment rests in the College of Medicine.

**Eric Richardson, PhD, MBA, MPH**, Professor, Department of Healthcare Leadership & Management, effective January 2, 2025. Dr. Richardson will be serving as the Chair of the Department of Healthcare Leadership & Management.

**Robert Rowe, PT, DPT, DMT, MHS**, Associate Professor, in the Department of Health Studies, effective November 1, 2024. Dr. Rowe will be serving as the Associate Dean of Clinical Affairs.

**Ann-Catherin Simpson, PhD**, Adjunct Professor, in the Department of Clinical Sciences, Division of Physician Assistant Studies, effective November 25, 2024.

College of Nursing

**Hermes Florez, M.D., Ph.D., MPH**, [Secondary Joint Appointment] in the College of Nursing, Department of Nursing effective November 1, 2024. Dr. Florez's primary appointment rests in the College of Medicine, Department of Public Health Sciences.

College of Medicine

**Jason William Caldwell, MCS, DO** as Professor, on the Clinician Educator track, in the Department of Medicine, Division of Pulmonary and Critical Care, effective October 15, 2024

**Aaron J. Masino, Ph.D.** as Adjunct Associate Professor, in the Department of Public Health Sciences, effective August 1, 2024

**Mark A. Mataosky, M.D.** as Affiliate Associate Professor, in the Department of Medicine, Division of Cardiology, effective September 15, 2024

**Brandon A. Miller, M.D., Ph.D.**, as a [Dual Secondary] in the Department of Neuroscience, effective August 1, 2024. Dr. Miller's primary appointment rests in the Department of Neurosurgery.

**Eric M. Wallen, M.D.**, as Professor with Tenure on the Academic Clinician Track in the Department of Urology, effective November 1, 2024. He will also assume the roles of Chair of the Department of Urology, and the Brockmann Endowed Chair of Urologic Oncology.

Item 32. Change in Faculty Status .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**Mark Andrew Eckert, Ph.D.**, from Professor to Adjunct Professor, in the Department of Otolaryngology, effective October 1, 2024

Correction from October Board Meeting:

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

**Catrina Sims Robinson, Ph.D.**, from Associate Professor to Affiliate Associate Professor, in the Department of Neurology, effective September 6, 2024

Item 33. Faculty Promotions.....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Medicine

**Jennifer Dahne, Ph.D.** from Associate Professor to Professor on the Academic Clinician track in the Addiction Sciences Division (ASD) Department of Psychiatry & Behavioral Sciences, effective January 1, 2025.

Item 34. Tenure .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Dental Medicine

**Abhiram Maddi, DDS, MSc, Ph.D.**, Associate Professor, Department of Advanced Specialty Sciences, Academic Clinician Track, effective December 13, 2024.

College of Health Professions

**Daniel Brinton, Ph.D., MHA, MAR**, Associate Professor, Department of Healthcare Leadership and Management, Academic Educator Track, effective December 13, 2024.

**Angela Mund, DNP**, Professor, Department of Clinical Sciences, Academic Educator Track, effective December 13, 2024.

**Aiko Thompson, Ph.D.**, Professor, Department of Health Sciences and Research, Academic Researcher, effective December 13, 2024.

College of Medicine

**Jennifer R. Dahne, Ph.D.**, Associate Professor, Department of Psychiatry and Behavioral Sciences, Academic Clinician track, effective December 13, 2024.

**Andrew J. Goodwin, M.D., MSCR**, Professor, Department of Medicine, Division of Pulmonary and Critical Care Medicine, Clinician Educator track, effective December 13, 2024.

**James T. McElligott, M.D., MSCR**, Associate Professor, Department of Pediatrics, Division of General Pediatrics, Academic Clinician track, effective December 13, 2024.

**Kimberly E. McHugh, M.D.**, Associate Professor, Department of Pediatrics, Division of Pediatric Cardiology, Clinician Educator track, effective December 13, 2024.

**Theodore R. McRackan, M.D.**, Professor, Department of Otolaryngology-Head and Neck Surgery, Academic Clinician track, effective December 13, 2024.

**Rupak Mukherjee, Ph.D.**, Associate Professor, Department of Surgery, Division of Cardiothoracic Surgery; Dual in Department of Pediatrics, Division of Pediatric Cardiology, Academic Investigator/Educator track, effective December 13, 2024.

**Brian H. Neelon, Ph.D.**, Professor, Department of Public Health Sciences, Academic Clinician track, effective December 13, 2024.

**Mae Millicent W. Peterseim, M.D.**, Professor, Department of Ophthalmology; Dual in Pediatrics, Division of General Pediatrics, Clinician Educator track, effective December 13, 2024.

**Gonzalo J. Revuelta, MSc, DO**, Associate Professor, Department of Neurology, Academic Clinician track, effective December 13, 2024.

**Jean Marie Ruddy, M.D.**, Associate Professor, Department Surgery, Division of Vascular Surgery, Clinician Educator track, effective December 13, 2024.

**Katherine M. Ruzhansky, M.D., MS**, Associate Professor, Department of Neurology, Clinician Educator track, effective December 13, 2024.

**Sara E. Schmitt, M.D.**, Associate Professor, Department of Neurology, Academic Clinician track, , effective December 13, 2024.

**Edward Baron Short, Ph.D.**, Associate Professor, Department of Psychiatry and Behavioral Sciences; Dual in Medicine, Division of General Internal Medicine, Clinician Educator track, effective December 13, 2024.

**Maria V. Spampinato, M.D.**, Professor, Department of Radiology and Radiological Science, Clinician Educator track, effective December 13, 2024.

**Nichole T. Tanner, M.D., MSCR**, Professor, Department of Medicine, Division of Pulmonary and Critical Care Medicine, Academic Clinician track, effective December 13, 2024.

**Bethany J. Wolf, Ph.D.**, Professor, Department of Public Health Sciences, Academic Clinician track, effective December 13, 2024.

College of Nursing

**Kathleen Lindell, Ph.D., RN, ATSF, FAAN**, Associate Professor, Department of Nursing, Educator Researcher track, effective December 13, 2024.

**Teresa M. Stephens, Ph.D., MSN, RN, CNE**, Professor, Department of Nursing, Educator Clinician track, effective December 13, 2024.

**Consent Agenda for Information**

Item 35. Input of Board of Trustees on Search Committees .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

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

**Consent Agenda for Information**

Item 36. MUSC Physicians Financial Report ..... Fred Borrelli  
*Chief Financial Officer, MUSC Physicians*

**Other Business for the Board of Trustees: Charles Schulze, Chairman**

**Consent Agenda for Approval**

Item 37. Revised Board Policy on Travel ..... Charles Schulze  
*Chairman*



Steven L. Carroll, MD, PhD  
**Abbreviated Curriculum Vitae**  
Professor  
(843) 792-3121  
carrolst@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

No activities entered.

#### Degrees

1988	M.D., Medicine, Baylor College of Medicine, Texas, United States
1986	Ph.D., Cell Biology, Baylor College of Medicine, Texas, United States
1981	B.S., Chemistry, Memphis State University, Tennessee, United States

#### Post-Graduate Training

Post-Doctorate, Department of Pathology, Washington University School of Medicine, St. Louis, MO, Anatomic Pathology Resident, July 1988, June 1994

Post-Doctorate, Department of Pathology, Washington University School of Medicine, St. Louis, MO, Neuropathology Fellow, July 1989, June 1991

Post-Doctorate, Department of Pathology, Washington University School of Medicine, St. Louis, MO, Postdoctoral Research Fellow, July 1990, June 1993

#### Additional Training

No activities entered.

#### Certifications

American Board of Pathology - Special Qualification in Neuropathology, Effective Date: 05/1995

American Board of Pathology - Certified in Anatomic Pathology, Effective Date: 05/1995

#### Professional Licensures

South Carolina Medical License, Month / Year Originally Conferred: February 2014

Missouri Medical License, Month / Year Originally Conferred: March 1994

Alabama Medical License, Month / Year Originally Conferred: July 1997

#### MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Pathology and Laboratory Medicine, 2014-02-15

Professor, Medical University of South Carolina, College of Graduate Studies, 2014-03-21

Professor, Medical University of South Carolina, College of Dental Medicine, Pathology and Laboratory Medicine, 2014-02-15

#### Non-MUSC Rank and Promotion History

Senior Scientist, University of Alabama at Birmingham, Comprehensive Cancer Center, 2008-10-01, 2014-02-01

Scientist, University of Alabama at Birmingham, Center for Glial Biology in Medicine, 2006-08-01, 2014-02-01

Scientist, University of Alabama at Birmingham, Center for Neurodegeneration and Experimental Therapeutics, 2007-06-01, 2014-02-01

Scientist, University of Alabama at Birmingham, Department of Neurology/Alzheimer's Disease Center, 1997-07-01, 2014-02-01

Scientist, University of Alabama at Birmingham, Intellectual and Developmental Disabilities Research Center, 2000-07-01, 2014-02-01

Scientist, University of Alabama at Birmingham, Center for Aging, 2001-10-01, 2014-02-01

Scientist, University of Alabama at Birmingham, Civitan International Research Center, 2006-02-01, 2014-02-01

Scholar, University of Alabama at Birmingham, Center for Clinical and Translational Science (CCTS), 2012-03-01, 2014-02-01

Professor, University of Alabama at Birmingham, Department of Cell Developmental and Integrative Biology, 2012-10-01, 2014-02-01

Professor, University of Alabama at Birmingham, Department of Neurobiology, 2008-10-01, 2014-02-01

Professor, University of Alabama at Birmingham, Department of Cell Biology, 2008-10-01, 2012-10-01

Professor, University of Alabama at Birmingham, Department of Pathology, 2008-10-01, 2014-02-01

Member, University of Alabama at Birmingham, Skin Disease Research Center, 2013-06-01, 2014-02-01

Instructor, Washington University School of Medicine, Department of Pathology, 1992-07-01, 1994-06-01

Graduate Faculty, University of Alabama at Birmingham, Molecular and Cellular Pathology Graduate Program, 1997-09-01, 2008-10-01

Graduate Faculty, University of Alabama at Birmingham, Interdisciplinary Genetics Graduate Program, 2006-10-01, 2008-10-01

Graduate Faculty, University of Alabama at Birmingham, Graduate Biomedical Sciences Pathobiology and Molecular Medicine Training Pathway, 2008-10-01, 2014-02-01

Graduate Faculty, University of Alabama at Birmingham, Graduate Biomedical Sciences Neuroscience Training Pathway, 2008-10-01, 2014-02-01

Graduate Faculty, University of Alabama at Birmingham, Graduate Biomedical Sciences Cancer Biology Training Pathway, 2008-10-01, 2014-02-01

Graduate Faculty, University of Alabama at Birmingham, Neuroscience Graduate Program, 1997-09-01, 2008-10-01

Graduate Faculty, University of Alabama at Birmingham, Medical Scientist Training Program, 1997-09-01, 2014-02-01

Graduate Faculty, Washington University School of Medicine, The Division of Biology and Biomedical Sciences, 1994-07-01, 1997-06-01

Faculty Member, University of Alabama at Birmingham, Comprehensive Neuroscience Center, 2006-12-01, 2014-02-01

Associate Scientist, University of Alabama at Birmingham, Comprehensive Cancer Center, 1998-07-01, 2008-10-01

Associate Professor with tenure, University of Alabama at Birmingham, Department of Pathology, 2001-10-01, 2008-09-01

Associate Professor, University of Alabama at Birmingham, Department of Neurobiology, 2001-10-01, 2008-09-01

Associate Professor, University of Alabama at Birmingham, Department of Cell Biology, 2001-10-01, 2008-09-01

Assistant Professor, University of Alabama at Birmingham, Department of Cell Biology, 1998-07-01, 2001-10-01

Assistant Professor, University of Alabama at Birmingham, Department of Neurobiology, 1998-07-01, 2001-09-01

Assistant Professor, University of Alabama at Birmingham, Department of Pathology, 1997-07-01, 2001-09-01

Assistant Professor, Washington University School of Medicine, Department of Pathology, 1994-07-01, 1997-06-01



Jennifer Dahne, PhD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
(843) 876-2280  
dahne@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2016	Ph.D., Clinical Psychology, University of Maryland, Maryland, United States
2014	M.S., University of Maryland, Maryland, United States
2010	B.S., Psychology, University of Maryland, Maryland, United States

Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, Postdoctoral Fellow, September 2016, January 2019

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

Licensed Psychologist - South Carolina #1482

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, Addiction Sciences, 2021-07-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2018-04-01, 2021-06-30

Non-MUSC Rank and Promotion History

Instructor, University of Maryland Center for Addictions, Personality, and Emotion Research, 2014-09-01

Libby Kosnik Infinger, MD, MPH  
**Abbreviated Curriculum Vitae**  
 Associate Professor  
 (843) 792-5379  
 kosnik@musc.edu

**Personal Information**

No activities entered.

**Contact Information**

City: Charleston State or Province: South Carolina Zip / Postal Code: 29425

**Degrees**

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
M.D.	Medicine	Northeastern Ohio University		Ohio	United States	2007	
M.P.H.	Public Health (Epidemiology)	Ohio State University		Ohio	United States	2003	
B.S.	Biology	College of William and Mary		Virginia	United States	2001	

**Post-Graduate Training**

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Cincinnati Children's Hospital Medical Center	Fellowship- Pediatric Neurosurgery	September 2014	September 2015
Post-Doctorate	Medical University of South Carolina	Residency- Neurosurgery	September 2007	September 2014

**Additional Training**

Start Date	End Date	Institution	Specialty	Type
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**Certifications**

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
American Board of Pediatric Neurosurgery					5/2019-	Present	
American Board of Neurological Surgery					5/2019-	Present	
ACLS, BLS					2015-	Present	

**Professional Licensures**

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
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State of South  
Carolina Medical  
License. #29998

State of Ohio  
Training  
Certificate.  
#57.024164

### MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	Medical University of South Carolina	College of Medicine	Neurosurgery		2015-07-01	2020-06-30
Assistant Professor	Medical University of South Carolina	College of Medicine	Surgery	Plastic Surgery	2016-11-01	2020-06-30
Associate Professor	Medical University of South Carolina	College of Medicine	Neurosurgery		2020-07-01	
Associate Professor	Medical University of South Carolina	College of Medicine	Surgery	Plastic Surgery	2020-07-01	

### Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
	Ralph H. Johnson VA Medical Center		Surgical Services	Neurosurgery	2015-09-01	2099-01-01

Eric Wallen, MD  
**Abbreviated Curriculum Vitae**  
Professor  
wallene@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1994 M.D., Medicine, University of California Los Angeles  
1989 B.A., Political Science, Yale University

Post-Graduate Training

Residency, Stanford University Medical Center, Surgery, July 1994, June 2000

Additional Training

2010-12-01, 2010-12-08, First Affiliated Hospital of Nanjing Medical University, Visiting Professorship, Visiting Professorship

2006-01-19, 2006-01-27, Hospital Hermanos Amejeiras, Visiting Professorship, Visiting Professorship

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Professor, University of North Carolina at Chapel Hill, 2011-01-01

Clinical Associate Professor, University of North Carolina at Chapel Hill, Urology, 2006-01-01, 2011-12-31

Assistant Professor, Dartmouth Medical School, Surgery, Urology, 2000-01-01, 2003-12-31

Assistant Professor, University of North Carolina at Chapel Hill, Surgery/Urology, 2003-01-01, 2006-12-31

William T. Basco Jr, MD, MS  
**Abbreviated Curriculum Vitae**

Professor

(843) 876-8512

bascob@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2009 M.S., Clinical Research, Medical University of South Carolina, South Carolina, United States

1992 M.D., Medicine, Louisiana State University, Louisiana, United States

1988 B.S., Biology, Tulane University

Post-Graduate Training

Internship, Medical University of South Carolina, Internship, Pediatrics, September 1992, September 1993

Residency, Medical University of South Carolina, Residency, Pediatrics, September 1993, September 1995

Post-Doctorate, Johns Hopkins University School of Medicine, Fellowship, General Pediatric Academic Development (Clinical Research), September 1995, September 1997

Additional Training

No activities entered.

Certifications

Pediatrics Specialty Board Certification, Effective Date: 1992

Certified in Pediatric Advanced Life Support

American Board of Pediatrics, Type of Certification: Specialty/Subspecialty, Specialty: Pediatrics, Sub-Specialty: Pediatric Hospital Medicine, Certification Number: 1329, Effective Date: 2022-11-09

Professional Licensures

South Carolina Medical License

Maryland Medical License

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2012-01-01

Professor, Medical University of South Carolina, College of Graduate Studies, 2003-01-15

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2003-07-01, 2011-12-31

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 1997-07-01, 2003-06-30

Non-MUSC Rank and Promotion History

No activities entered.

Medical University of South Carolina  
College of Pharmacy  
ABBREVIATED CURRICULUM VITAE

Name: Pieper John A  
**Last First Middle**

Citizenship and/or Visa USA  
Status: \_\_\_\_\_

Office Address: 182 Mary Ellen Drive Telephone: (314) 724-9319  
Charleston, South Carolina 29403

**Education: (*Baccalaureate and above*)**

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>University of Colorado</u>	<u>1970 - 1974</u>	<u>BA</u>	<u>Biology</u>
<u>University of Wyoming</u>	<u>1974 - 1977</u>	<u>BS</u>	<u>Pharmacy</u>
<u>State University of New York, Buffalo</u>	<u>1977 - 1979</u>	<u>PharmD</u>	<u>Pharmacy</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Graduate Medical Training: (*Chronological*)**

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

<u>Residencies or Postdoctoral:</u>	<u>Place</u>	<u>Dates</u>
Post-Doctoral Fellow, State University of New York, Buffalo	_____	<u>1979 - 1980</u>
_____	_____	_____
_____	_____	_____

**Board Certification:** Pharmacotherapy **Date:** 1991 - 2006  
**Licensure:** Wyoming **Date:** 1979 - present

**Faculty appointments: (*Begin with initial appointment*)**

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>1980 - 1984</u>	<u>Assistant Professor</u>	<u>University of Florida</u>	<u>Pharmacy Practice</u>
<u>1984 - 1988</u>	<u>Associate Professor</u>	<u>University of Tennessee</u>	<u>Pharmacy Practice</u>
<u>1988 - 1994</u>	<u>Associate Professor &amp; Associate Dean</u>	<u>University of Colorado</u>	<u>Pharmacy Practice</u>
<u>1989 - 1994</u>	<u>Chair and Professor</u>	<u>University of Colorado</u>	<u>Pharmacy Practice</u>
<u>1994 - 2002</u>	<u>Chair and Professor</u>	<u>University of North Carolina</u>	<u>Pharmacotherapy</u>
<u>2002 - 2010</u>	<u>Dean and Professor</u>	<u>University of New Mexico</u>	<u>College of Pharmacy</u>
<u>2010 - 2021</u>	<u>President and Professor</u>	<u>University of Health Sciences and Pharmacy, St. Louis</u>	_____

**Total Number of Publications in peer-reviewed journals:** 82

**First Appointment to MUSC: Rank** Affiliate Professor **Date:** \_\_\_\_\_



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

Date: 09/12/2024

Name: Hartwell Karen Jane  
Last First Middle

Citizenship and/or Visa Status: US

Office Address: Dept of Psychiatry Roper Medical Office Bldg Telephone: 843-792-4606  
125 Doughty St. Ste 190, Charleston, SC 29403

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>State University of New York Albany</u>	<u>1972-1976</u>	<u>BS</u>	<u>Nursing</u>
<u>SUNY Upstate Medical University</u>	<u>1979-1983</u>	<u>MD</u>	<u>Medicine</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
<u>Internal Medicine</u>	<u>West Virginia University School of Medicine</u>	<u>7/83-12/84</u>
<u> </u>	<u> </u>	<u> </u>

<u>Residencies or Postdoctoral:</u>	<u>Place</u>	<u>Dates</u>
<u>Internal Medicine &amp; Psychiatry</u>	<u>West Virginia University School of Medicine</u>	<u>7/83-8/87</u>
<u>Addiction Psychiatry Fellowship</u>	<u>Medical University of South Carolina</u>	<u>7/06-6/07</u>
<u>NIDA T32 Postdoctoral Fellowship</u>	<u>Medical University of South Carolina</u>	<u>7/07-6/08</u>

<b>Board Certification:</b> <u>Psychiatry</u>	<b>Date:</b> <u>1988</u>
<u>Addiction Psychiatry</u>	<b>Date:</b> <u>2008</u>
<b>Licensure:</b> <u>SC 28901</u>	<b>Date:</b> <u>Ex 6/25</u>
<u>NC 31833</u>	<b>Date:</b> <u>Ex 5/26</u>

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>1994-2006</u>	<u>Adjunct Asst Professor</u>	<u>UNC Chapel Hill</u>	<u>Psychiatry</u>
<u>2007-2009</u>	<u>Clinical Instructor</u>	<u>MUSC</u>	<u>Psychiatry</u>
<u>2009-2014</u>	<u>Assistant Professor</u>	<u>MUSC</u>	<u>Psychiatry</u>
<u>2015-2022</u>	<u>Associate Professor</u>	<u>MUSC</u>	<u>Psychiatry</u>
<u>2022-present</u>	<u>Professor</u>	<u>MUSC</u>	<u>Psychiatry</u>

First Appointment to MUSC: Rank Clinical Instructor Date: 2007



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

Date: 08/28/2024

Name: Longbottom Thomas Andrew  
Last First Middle

Citizenship and/or Visa Status: USA

Office Address: 180 Rolling Hills Dr Telephone: (509)834-0138  
Yakima, WA 98908-9071

Education: (Baccalaureate and above)

Institution	Years Attended	Degree/Date	Field of Study
Nova Southeastern University	2022-present	DHSc anticipated 12/2024	Concentration in Global Health
University of Montana-Missoula	2009-2011	IDPT/2011	Physical Therapy
Texas Woman's University	1990-1992	MSPT	Physical Therapy
Baylor University	1982-1987	BA	Asian Studies

Graduate Medical Training: (Chronological)

Place	Dates
Internship	

Place	Dates
Residencies or Postdoctoral:	

Board Certification: Neurologic Clinical Specialist-Emeritus #42564 (American Board of Physical Therapy Specialties) Date: 2013

Licensure: Physical Therapist PT00006243 (Washington State Department of Health) Date: 1994

Faculty appointments: (Begin with initial appointment)

Years	Rank	Institution	Department
2013-2016	Assistant Professor	Pacific Northwest University	Anatomy
2016-2018	Clinical Associate Professor	Baylor University	Health, Human Performance & Recreation
2018-2024	Clinical Associate Professor	Baylor University	Physical Therapy

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





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

Date: 6.24.2024

Name: Reaves Last Titus First Antonio Middle

Citizenship and/or Visa Status: USA

Office Address: BSB 619A Telephone: 2-9372

Education: (Baccalaureate and above)

Table with 4 columns: Institution, Years Attended, Degree/Date, Field of Study. Includes University of SC School of Medicine and University of SC.

Graduate Medical Training: (Chronological)

Table with 3 columns: Internship, Place, Dates.

Table with 3 columns: Residencies or Postdoctoral, Place, Dates.

Board Certification: Date:

Licensure: Date: Date:

Faculty appointments: (Begin with initial appointment)

Table with 4 columns: Years, Rank, Institution, Department. Includes appointments from 2005, 2017, and 2023.

First Appointment to MUSC: Rank Assistant Professor Date: 2005



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

**Date:** 09/16/2024

**Name:** Richardson Eric Lee  
**Last First Middle**

**Citizenship and/or Visa Status:** U.S. Citizen

**Office Address:** \_\_\_\_\_ **Telephone:** 276-971-7918

**Education: (Baccalaureate and above)**

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>Liberty University</u>	<u>2017</u>	<u>2018</u>	<u>MPH: Health Promotion</u>
<u>Capella University</u>	<u>2006</u>	<u>2011</u>	<u>Ph.D. Organization and Management: Human Resource Management</u>
<u>Liberty University</u>	<u>2004</u>	<u>2006</u>	<u>MBA</u>
<u>University of Virginia College at Wise</u>	<u>2002</u>	<u>2004</u>	<u>BS: Psychology</u>
<u>Capella University</u>	<u>2006</u>	<u>2011</u>	<u>Post-Bacc Cert in Business: Human Resource Management</u>
<u>Capella University</u>	<u>2006</u>	<u>2011</u>	<u>Post-Bacc Cert in Human Svcs: Health Administration</u>

**Graduate Medical Training: (Chronological)**

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
<u>Americorps / Clinch Valley Medical Center / 900 Hour Internship</u>		<u>1999-2001</u>
<u>HLTH 698 Practicum / Liberty University</u>		<u>2018</u>

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

<b>Board Certification:</b>	<u>Professional in Human Resources (PHR) from Human Resources Certification Institute (HRCI)</u>	<b>Date:</b> <u>2010-Present</u>
	<u>Certified Healthcare Human Resources (CHHR) from American Society for Healthcare Human Resources Administration (ASHHRA)</u>	<b>Date:</b> <u>2015-Present</u>
	<u>SHRM-Certified Professional (SHRM-CP) from Society for Human Resource Management</u>	<b>Date:</b> <u>2015-Present</u>

**Licensure:** N/A **Date:** \_\_\_\_\_

**Faculty appointments: (Begin with initial appointment)**

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>2006-2008</u>	<u>Assistant Professor</u>	<u>Virginia Intermont College (Bristol, VA)</u>	<u>Business Administration</u>
<u>2009-2013</u>	<u>Assistant Professor</u>	<u>King University (Bristol, TN)</u>	<u>School of Business and Economics</u>
<u>2013-2018</u>	<u>Professor</u>	<u>Liberty University (Lynchburg, VA)</u>	<u>School of Business</u>
<u>2018-2024</u>	<u>Associate Professor (tenured)</u>	<u>University of North Carolina at Wilmington (Wilmington, NC)</u>	<u>School of Health and Applied Human Sciences</u>

**First Appointment to MUSC: Rank** Professor **Date:** 2025





Hermes Jose Florez, MD, PhD, MPH  
**Abbreviated Curriculum Vitae**  
Professor  
(843) 792-0915  
florez@musc.edu

Personal Information

Country of Origin: Venezuela, Bolivarian Republic Of Languages: English, Spanish

Contact Information

No activities entered.

Degrees

2006	Ph.D., Epideminology
1998	MPH, Public Health, University of Miami School of Medicine
1993	M.D., Medicine, University of Zulla School of Medicine

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

Professor, Medical University of South Carolina, College of Medicine, Medicine, Endocrinology, 2020-05-25

Professor, Medical University of South Carolina, College of Medicine, Public Health Sciences, 2020-05-25

Non-MUSC Rank and Promotion History

No activities entered.

Jason Caldwell, MCS, DO  
**Abbreviated Curriculum Vitae**  
Professor  
caldwjas@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2004	D.O., Osteopathic Medicine, Touro University College of Osteopathic Medicine
1998	MCS, Master of Combined Science (Microbiology/Immunology, University of Mississippi Medical Center
1992	B.S., Zoology, North Carolina State University

Post-Graduate Training

Fellowship, All Children's Hospital, Allergy/Immunology, July 2007, June 2009

Residency, University of South Florida COM , Pediatrics, July 2004, June 2007

Additional Training

No activities entered.

Certifications

American Board of Pediatrics, Type of Certification: Board Certification, Specialty: Pediatrics, Certification Number: N/A, Effective Date: 2008-10-27, Expiration Date (if none, see note above): 2025-02-15

American Board Allergy/Immunology, Type of Certification: Board Certification, Specialty: Allergy/Immunology, Certification Number: N/A, Effective Date: 2009-10-09, Expiration Date (if none, see note above): 2029-12-31

Professional Licensures

State of Florida License, Month / Year Originally Conferred: June 2006, Month/Year Expires: March 2010, OS9850

North Carolina Medical License, Month / Year Originally Conferred: August 2006, 2009-01500

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Associate Professor, Wake Forest University School of Medicine , Internal Medicine and Pediatrics, Pulmonary, Critical Care, Allergic and Immunological Diseases, 2016-01-01

Assistant Professor, Wake Forest University School of Medicine , Internal Medicine and Pediatrics, Pulmonary, Critical Care, Allergic and Immunological Diseases, 2009-01-01, 2016-12-31

Aaron Masino, PhD  
**Abbreviated Curriculum Vitae**  
Adjunct Associate Professor  
masinoa@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2004	Ph.D., Mathematics, University of Central Florida
1998	M.E., Aerospace Engineering, University of Colorado
1997	B.A., Mathematics, Rutgers University

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

Non-MUSC Rank and Promotion History

Dr. Gary Spitzer Endowed Distinguished Professor of Genomics , Clemson University , 2024-01-01  
Associate Professor of Computer Science , Clemson University , 2024-01-01  
Assistant Professor of Informatics in Anesthesiology and Critical Care , University of Pennsylvania Perelman School of Medicine , 2019-01-01, 2021-12-31  
Adjunct Assistant Professor of Informatics , University of Pennsylvania Perelman School of Medicine , Biostatistics, Epidemiology, & Informatics, 2022-01-01

Mark Mataosky, MD  
**Abbreviated Curriculum Vitae**  
Affiliate Associate Professor  
mataosky@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1990	M.D., Medicine, Georgetown University School of Medicine
1986	M.S., Human Anatomy, University of Maryland
1985	B.S., Loyola College of Maryland

Post-Graduate Training

Fellowship, Medical College of Georgia, Cardiology, July 2001, June 2004  
Internship, Eisenhower Army Medical Center, Family Medicine, July 1990, June 1991  
Residency, Eisenhower Army Medical Center, Internal Medicine, July 1993, June 1996

Additional Training

No activities entered.

Certifications

National Board of Medical Examiners, Type of Certification: Board Certification, Certification Number: N/A, Effective Date: 1991  
American Heart Association, Type of Certification: Life Support, Specialty: ACLS Instructor, Certification Number: N/A, Effective Date: 1991  
American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Internal Medicine, Certification Number: N/A, Effective Date: 1996-08-21, Expiration Date (if none, see note above): 2016-12-31  
American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Cardiovascular Disease, Certification Number: N/A, Effective Date: 2006-11-01, Expiration Date (if none, see note above): 2025-04-01

Professional Licensures

State of South Carolina Medical License, Month / Year Originally Conferred: August 2004, Month/Year Expires: June 2025, 26990

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Assistant Professor of Medicine, Uniformed Services University of Health Sciences, 1998-01-01, 1998-12-31  
Assistant Clinical Professor, Medical College of Georgia, 1999-01-01, 1999-12-31



Brandon Miller, MD, PhD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
millbran@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2009	M.D., Medicine, Ohio State University
2007	Ph.D., Neuroscience, Ohio State University
2000	B.A., Biology, Washington University in St. Louis

Post-Graduate Training

Fellowship, Washington University in St. Louis, Washington University in St. Louis, July 2016, June 2017  
Residency, Emory University, Neurological Surgery, July 2009, June 2016

Additional Training

No activities entered.

Certifications

American Board of Neurological Surgery, Type of Certification: Board Certification , Specialty: Pediatric Neurological Surgery, Certification Number: 201140048, Effective Date: 2020, Expiration Date (if none, see note above): 2030  
American Board of Neurological Surgery, Type of Certification: Board Certification , Specialty: Neurological Surgery, Certification Number: 201140048, Effective Date: 2020, Expiration Date (if none, see note above): 2030

Professional Licensures

Texas Medical License, Month / Year Originally Conferred: April 2021, Month/Year Expires: May 2024  
Kentucky Medical License, Month / Year Originally Conferred: June 2017, Month/Year Expires: February 2024

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2024-08-01  
Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Neurology, 2024-07-01  
Associate Professor, Medical University of South Carolina, College of Medicine, Neurosurgery, 2024-07-01

Non-MUSC Rank and Promotion History

Clinical Assistant Professor, MD Anderson Cancer Center, 2021-10-01  
Associate Professor, Pediatric Surgery/Neurosurgery, UTHealth Houston/Children's Memorial Hermann, 2023  
Assistant Professor, UTHealth Houston/Children's Memorial Hermann, 2021, 2023  
Assistant Professor, University of Kentucky Hospital/Kentucky Children's Hospital, 2017, 2021

Eric Wallen, MD  
**Abbreviated Curriculum Vitae**  
Professor  
wallene@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1994 M.D., Medicine, University of California Los Angeles  
1989 B.A., Political Science, Yale University

Post-Graduate Training

Residency, Stanford University Medical Center, Surgery, July 1994, June 2000

Additional Training

2010-12-01, 2010-12-08, First Affiliated Hospital of Nanjing Medical University, Visiting Professorship, Visiting Professorship

2006-01-19, 2006-01-27, Hospital Hermanos Amejeiras, Visiting Professorship, Visiting Professorship

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Professor, University of North Carolina at Chapel Hill, 2011-01-01

Clinical Associate Professor, University of North Carolina at Chapel Hill, Urology, 2006-01-01, 2011-12-31

Assistant Professor, Dartmouth Medical School, Surgery, Urology, 2000-01-01, 2003-12-31

Assistant Professor, University of North Carolina at Chapel Hill, Surgery/Urology, 2003-01-01, 2006-12-31

Mark A. Eckert, PhD  
**Abbreviated Curriculum Vitae**  
Adjunct Professor  
843-792-5914  
eckert@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1998	Ph.D., Psychobiology, University of Florida, Florida, United States
1994	M.A., Psychology, George Mason University
1992	B.A., Psychology, Villanova University

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

Adjunct Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck Surgery, 2024-10-01, 2025-06-30

Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck Surgery, 2017-07-01, 2024-09-30

Professor, Medical University of South Carolina, College of Graduate Studies, 2007-11-26

Professor, Medical University of South Carolina, College of Health Professions, Health Sciences and Research, 2017-07-01

Associate Professor, Medical University of South Carolina, College of Health Professions, Health Sciences and Research, 2011-07-01, 2017-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck Surgery, 2009-07-01, 2017-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck Surgery, 2006-01-01, 2009-06-30

Non-MUSC Rank and Promotion History

No activities entered.

John Donald Melville, MD, MS  
**Abbreviated Curriculum Vitae**  
Professor  
843-723-3600  
melvillj@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

Catrina Sims Robinson, PhD  
**Abbreviated Curriculum Vitae**  
Affiliate Associate Professor  
843-792-0851  
robinsoc@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

No activities entered.

#### Degrees

2007	Ph.D., Pharmaceutical Sciences, Auburn University, Alabama, United States
2004	B.S., Laboratory Technician, Auburn University, Alabama, United States

#### Post-Graduate Training

Post-Doctorate, Department of Neurology, University of Michigan, Ann Arbor, Michigan, Postdoctoral Research Fellow, September 2008, September 2011

#### Additional Training

No activities entered.

#### Certifications

No activities entered.

#### Professional Licensures

No activities entered.

#### MUSC Rank and Promotion History

Affiliate Associate Professor, Medical University of South Carolina, College of Medicine, Neurology, 2024-09-06, 2027-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Neurology, 2021-07-01, 2024-09-05

Associate Professor, Medical University of South Carolina, College of Health Professions, Health Sciences and Research, 2024-03-01, 2024-09-06

Associate Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2021-07-01, 2024-09-05

Assistant Professor, Medical University of South Carolina, College of Medicine, Neurology, 2015-07-01, 2021-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Neurology, 2014-08-01, 2015-06-30

Assistant Professor, Medical University of South Carolina, College of Graduate Studies, 2015-10-16

Assistant Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2015-08-01, 2021-06-30

#### Non-MUSC Rank and Promotion History

Research Investigator, University of Michigan, Neurology, 2011-09-01

Adjunct Research Assistant Professor, University of Michigan, Neurology, 2014-09-01, 2099-01-01

Jennifer Dahne, PhD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
(843) 876-2280  
dahne@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

No activities entered.

#### Degrees

2016	Ph.D., Clinical Psychology, University of Maryland, Maryland, United States
2014	M.S., University of Maryland, Maryland, United States
2010	B.S., Psychology, University of Maryland, Maryland, United States

#### Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, Postdoctoral Fellow, September 2016, January 2019

#### Additional Training

No activities entered.

#### Certifications

No activities entered.

#### Professional Licensures

Licensed Psychologist - South Carolina #1482

#### MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, Addiction Sciences, 2021-07-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2018-04-01, 2021-06-30

#### Non-MUSC Rank and Promotion History

Instructor, University of Maryland Center for Addictions, Personality, and Emotion Research, 2014-09-01



Medical University of South Carolina  
COLLEGE OF DENTAL MEDICINE  
ABBREVIATED CURRICULUM VITAE

Date: 08.23.2021

Name: Maddi Abhiram  
**Last** **First** **Middle**

Citizenship and/or Visa Status: US Citizen

Office Address: 250 Squire Hall, 3435 Main Street Telephone: 7161-829-6182  
Buffalo, NY 14214

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>Manipal College of Dental Sciences</u>	<u>5</u>	<u>BDS/08.2002</u>	<u>Dentistry</u>
<u>National University of Singapore</u>	<u>3</u>	<u>MSc</u>	<u>Oral &amp; Maxillofacial Surgery</u>
<u>University at Buffalo</u>	<u>4</u>	<u>PhD</u>	<u>Oral Biology</u>
<u>University at Buffalo</u>	<u>3</u>	<u>Certificate</u>	<u>Periodontics</u>

Graduate Medical Training: (*Chronological*)

<u>Place</u>	<u>Dates</u>
<u>Manipal College of Dental Sciences</u>	<u>07.2001-08.2002</u>

<u>Place</u>	<u>Dates</u>
<u>Post-doctoral Research (Part-time)</u>	<u>07.10-12.11</u>
<u>Post-doctoral Research (Part-time)</u>	<u>01.12-06.13</u>

<u>Board Certification:</u>	<u>NBDE Part I</u>	<u>Date:</u>	<u>2012</u>
	<u>NBDE Part II</u>	<u>Date:</u>	<u>2012</u>
	<u>American Board of Periodontology</u>	<u>Date:</u>	

<u>Licensure:</u>	<u>Dental Faculty License</u>	<u>Date:</u>	<u>12.01.13-</u>
		<u>Date:</u>	
		<u>Date:</u>	
		<u>Date:</u>	

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>7</u>	<u>Assistant Professor</u>	<u>University at Buffalo</u>	<u>Periodontics &amp; Endodontics</u>
<u>7</u>	<u>Adjunct Assistant Professor</u>	<u>University at Buffalo</u>	<u>Oral Biology</u>
<u>2</u>	<u>Associate Professor</u>	<u>University at Buffalo</u>	<u>Periodontics &amp; Endodontics</u>
<u>2</u>	<u>Adjunct Associate Professor</u>	<u>University at Buffalo</u>	<u>Oral Biology</u>
<u>3</u>	<u>Adjunct Assistant Professor</u>	<u>Manipal University, Mangalore, India</u>	<u>Manipal College of Dental Sciences</u>
<u>1</u>	<u>Adjunct Associate Professor</u>	<u>Manipal University, Mangalore, India</u>	<u>Manipal College of Dental Sciences</u>

\_\_\_\_\_  
\_\_\_\_\_  
**First Appointment to MUSC: Rank** Associate Professor

\_\_\_\_\_  
\_\_\_\_\_  
**Date:** 10.15.2021

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

Date: April 19, 2024

Name: Brinton Daniel Lee  
**Last First Middle**

Citizenship and/or Visa Status: U.S.A. Citizen

Office Address: 151-B Rutledge Avenue, MSC 962, B405 Telephone: 843-792-8383  
Charleston, SC 29425-9620

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>Liberty University</u>	<u>2004-2006</u>	<u>BS/2006</u>	<u>Religion</u>
<u>Liberty Baptist Theological Seminary</u>	<u>2009-2011</u>	<u>MAR/2011</u>	<u>Religion—Church Ministries</u>
<u>Medical University of South Carolina</u>	<u>2011-2013</u>	<u>MHA/2013</u>	<u>Health Administration</u>
<u>Medical University of South Carolina</u>	<u>2015-2018</u>	<u>PhD/2018</u>	<u>Health &amp; Rehabilitation Science—Health Services Research</u>

Graduate Medical Training: (*Chronological*)

	<u>Place</u>	<u>Dates</u>
Internship		
<u>N/A</u>		

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

Board Certification: N/A Date:

Date:

Licensure: N/A Date:

Date:

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>2016-2018</u>	<u>Research Associate</u>	<u>Medical University of South Carolina</u>	<u>CHP – Department of Healthcare Leadership &amp; Management</u>
<u>2018-2023</u>	<u>Assistant Professor</u>	<u>Medical University of South Carolina</u>	<u>CHP - Department of Healthcare Leadership &amp; Management</u>
<u>2022-Present</u>	<u>Graduate Faculty</u>	<u>Medical University of South Carolina</u>	<u>College of Graduate Studies (CGS)</u>
<u>2023-Present</u>	<u>Associate Professor</u>	<u>Medical University of South Carolina</u>	<u>CHP - Department of Healthcare Leadership &amp; Management</u>

First Appointment to MUSC: Rank Research Associate Date: 8/8/2016

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

Date: March 8<sup>th</sup> 2024

Name: Mund Angela R  
Last First Middle

Citizenship and/or Visa Status: US

Office Address: 151B Rutledge Ave Suite 424 Telephone: 8437927016  
Charleston SC 29425

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>University of Minnesota, Minneapolis MN</u>	<u>2007-2008</u>	<u>DNP</u>	<u>Nursing</u>
<u>University of Minnesota, Minneapolis MN</u>	<u>1996-1999</u>	<u>MS</u>	<u>Nursing</u>
<u>Veteran's Affairs Medical Center School of Nurse Anesthesia, Minneapolis MN</u>	<u>1996-1998</u>	<u>Certificate</u>	<u>Nurse Anesthesia</u>
<u>University of Minnesota, Minneapolis MN</u>	<u>1985-1990</u>	<u>BSN</u>	<u>Nursing</u>

Graduate Medical Training: (*Chronological*)

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

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

Board Certification: National Board for Certification and Recertification of CRNAs **Date:** 1998

**Date:** \_\_\_\_\_

Licensure: South Carolina APRN **Date:** 2010

**Date:** \_\_\_\_\_

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>2004-2010</u>	<u>Clinical Director</u>	<u>Univ of MN/ Veteran's Affairs Medical Center</u>	
<u>2010-2016</u>	<u>Assistant Professor</u>	<u>MUSC</u>	
<u>2016-2023</u>	<u>Associate Professor</u>	<u>MUSC</u>	
<u>2023-present</u>	<u>Professor</u>	<u>MUSC</u>	

First Appointment to MUSC: Rank Assistant Professor **Date:** August 2010

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

Date: 4/18/2024

Name: Thompson Last Aiko First Kido Middle

Citizenship and/or Visa Status: Permanent Resident

Office Address: 77 President Street, MSC700 Charleston, SC 29425 Telephone: 843-792-7136

Education: (Baccalaureate and above)

Institution	Years Attended	Degree/Date	Field of Study
Nara Women's University, Nara, Japan	04/93 - 03/97	BA	Kinesiology/Phys. Ed.
Nara Women's University, Nara, Japan	04/97 - 03/99	MA	Kinesiology/Phys. Ed.
University of Alberta, Edmonton, AB, Canada	01/00 - 11/04	Ph.D.	Neuroscience

Graduate Medical Training: (Chronological)

Internship	Place	Dates

Residencies or Postdoctoral:	Place	Dates
Postdoctoral Fellowship Training in Neuroscience - Wadsworth Center, Albany, NY, USA		02/05 - 10/07

Board Certification: \_\_\_\_\_ Date: \_\_\_\_\_  
Licensure: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Faculty appointments: (Begin with initial appointment)

Years	Rank	Institution	Department
2007-2014	Research Scientist	Helen Hayes Hospital	NY State Department of Health
2007-2014	Research Scientist	Wadsworth Center	NY State Department of Health
2010-2014	Assistant Professor of Neuroscience	Columbia University College of Physicians and Surgeons	Department of Neurology
2011-2014	Associate Professor of Neuroscience	State University of New York at Albany	Department of Biomedical Sciences
2015-present	Associate Professor	College of Health Professions, Medical University of South Carolina	Health Sciences and Research

First Appointment to MUSC: Rank Associate Professor Date: 01/2015

Jennifer Dahne, PhD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
(843) 876-2280  
dahne@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2016	Ph.D., Clinical Psychology, University of Maryland, Maryland, United States
2014	M.S., University of Maryland, Maryland, United States
2010	B.S., Psychology, University of Maryland, Maryland, United States

Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, Postdoctoral Fellow, September 2016, January 2019

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

Licensed Psychologist - South Carolina #1482

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, Addiction Sciences, 2021-07-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2018-04-01, 2021-06-30

Non-MUSC Rank and Promotion History

Instructor, University of Maryland Center for Addictions, Personality, and Emotion Research, 2014-09-01

# **Andrew J. Goodwin, M.D.**

## Abbreviated Curriculum Vitae

### **Degrees**

- 2013 M.S.C.R., Clinical Research, Medical University of South Carolina, South Carolina
- 2004 M.D., Medicine, Stony Brook School of Medicine, New York
- 2000 B.S., Bioengineering, Syracuse University, New York

### **Post-Graduate Training**

- 2004-2005 Internship, Internal Medicine, Massachusetts General Hospital, Boston, MA
- 2005- 2007 Resident, Internal Medicine, Massachusetts General Hospital, Boston, MA
- 2007-2011 Fellowship, Pulmonary and Critical Care Medicine, Harvard Combined Fellowship, Massachusetts General Hospital, Brigham and Women's Hospital, Beth Israel Deaconess Medical Center, Boston, MA

### **Certifications**

- American Board of Internal Medicine-Pulmonary Disease, Effective Date: 2009, 2019
- American Board of Internal Medicine-Critical Care, Effective Date: 2010, 2020
- American Board of Internal Medicine, Effective Date: 2007

### **Professional Licensures**

- South Carolina, Effective Date: 2011-Present
- Massachusetts, Effective Date: 2007-2011

### **MUSC Rank and Promotion History**

- Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary and Critical Care Medicine, 2021-Present
- Associate Faculty, Medical University of South Carolina, College of Graduate Studies, 2014-Present
- Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary and Critical Care Medicine, 2017-2021
- Assistant Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary and Critical Care Medicine, 2011-2017

# James T McElligott, MD

Abbreviated Curriculum Vitae

(843) 792-7437

mcellig@musc.edu

## Degrees

- 2009 M.S.C.R., Clinical Research, Medical University of South Carolina, South Carolina, United States
- 2004 M.D., Medicine, Wake Forest University, North Carolina, United States
- 2000 B.S., Public Health, University of North Carolina, North Carolina, United States

## Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, Internship, September 2004 - September 2005

Post-Doctorate, Medical University of South Carolina, Residency, September 2005 - September 2007

Post-Doctorate, Medical University of South Carolina, Chief Resident, September 2007 - September 2008

Post-Doctorate, Medical University of South Carolina, Academic Generalist Fellowship, Master of Science in Clinical Research, July 2007 - June 2009

## Certifications

West Virginia University, Type of Certification: Travel Medicine, Effective Date: 2023-07-01

Board Certified Pediatrics, Effective Date: 2008

## Professional Licensures

SC Medical License

## MUSC Rank and Promotion History

Clinical Instructor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2007-07-01, 2010-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2017-01-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2010-07-01, 2016-12-31



# **Kimberly E. McHugh, MD, MSCR**

Abbreviated Curriculum Vitae

(843) 876-2273

mchughke@musc.edu

## **Personal Information**

Country of Origin: United States

Languages: English, Basic Spanish

## **Degrees**

- |      |  |
|------|--|
| 2013 | M.S.C.R., Clinical Research, Medical University of South Carolina, South Carolina, United States |
| 2006 | M.D., Medicine, Medical University of South Carolina, South Carolina, United States              |
| 2002 | B.S., Biological Sciences, Clemson University, South Carolina, United States                     |

## **Post-Graduate Training**

Fellowship, Medical University of South Carolina, Charleston, SC, Pediatric Cardiology, July 2009 - June 2012

Fellowship, Medical University of South Carolina, Charleston, SC, Pediatric Cardiac Critical Care, July 2012 - June 2013

Residency, University of Virginia Health System, Pediatric Residency, June 2006 - June 2009

Post-Doctorate, Medical University of South Carolina, Masters of Science, July 2011 - June 2013

## **Certifications**

Promed Certifications, Type of Certification: Basic Life Support, Certification Number: 416813, Effective Date: 2023-05-07, Expiration Date: 2025-05-07

Pediatric Advanced Life Support, Type of Certification: ProMed, Certification Number: 416813, Expiration Date: 2025-05-07

American Board of Pediatrics, Board Certification, Specialty: General Pediatrics,  
Certification Number: 95357, Effective Date: 2009

American Board of Pediatrics, Board Certification, Specialty: Pediatric Cardiology,  
Certification Number: 2574, Effective Date: 2012

### **Professional Licensures**

South Carolina Medical License, Originally Conferred: July 2009, South Carolina Board of  
Medical Examiners, South Carolina, 31547

### **MUSC Rank and Promotion History**

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics,  
Pediatric Cardiology, 2019/07/01

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics,  
Pediatric Cardiology, 2013/07/01 – 2019/06/30

Theodore Richardson McRackan, MD,  
**Abbreviated Curriculum Vitae**  
Associate Professor  
(843) 792-8299  
mcrackan@musc.edu

#### Contact Information

Department of Otolaryngology-  
Head and Neck Surgery  
135 Rutledge Ave, MSC 550  
Charleston, SC 29425

#### Degrees

2017	M.S.C.R., Clinical Research, Medical University of South Carolina, South Carolina, United States
2008	M.D., Medicine, Medical University of South Carolina, South Carolina, United States
2004	B.S., Biology, College of Charleston, South Carolina, United States

#### Post-Graduate Training

House Ear Clinic, University of Southern California, Fellowship- Neurotology-Skull Base Surgery,  
July 2013, June 2015

Vanderbilt University Medical Center, Department of Otolaryngology, Residency, Head and  
Neck Surgery, July 2009, June 2013

Vanderbilt University Medical Center, Department of Otolaryngology, Internship, Head and Neck  
Surgery, June 2008, June 2009

#### Additional Training

No activities entered.

#### Certifications

Neurotology-Skull Base Surgery, Effective Date: 2016 to present

American Board of Otolaryngology, Effective Date: 2014 to present

#### Professional Licensures

South Carolina Medical License - 37983

#### MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck  
Surgery, 2019-07-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head and Neck  
Surgery, 2015-08-01, 2019-06-30

#### Non-MUSC Rank and Promotion History

Attending Staff Association, University of Southern California Medical Center, 2014-07-01, 2015-06-30

Rupak Mukherjee, PhD  
Abbreviated Curriculum Vitae  
Associate Professor  
(843) 792-1698  
mukherr@musc.edu

### Personal Information

No activities entered.

### Contact Information

No activities entered.

### Degrees

1996	Ph.D., Physiology, Medical University of South Carolina, South Carolina, United States
1990	M.S., Bioengineering, Clemson University, South Carolina, United States
1988	B.E., Electronic Engineering, University of Poona

### Post-Graduate Training

No activities entered.

### Additional Training

No activities entered.

### Certifications

Public Responsibility in Medicine and Research, Type of Certification: Ethical Foundations of Animal Care and Use, Certification Number: -, Effective Date: 2019-04-17

ALAT 971XXXXXX3382, Effective Date: 1997

### Professional Licensures

No activities entered.

### MUSC Rank and Promotion History

Research Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Cardiology, 2004-07-01, 2021-08-31

Research Associate Professor, Medical University of South Carolina, College of Graduate Studies, 1998-09-10

Research Associate Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2004-07-01, 2021-08-31

Research Associate Professor, Medical University of South Carolina, College of Medicine, Surgery, Cardiothoracic Surgery, 2004-07-01, 2021-08-31

Research Assistant Professor, Medical University of South Carolina, College of Medicine, Surgery, Cardiothoracic Surgery, 1998-07-01, 2004-06-30

Research Assistant Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2003-08-01, 2003-06-30

Research Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, 1999-08-01, 2004-06-30

Research Associate, Medical University of South Carolina, College of Medicine, Surgery, 1996-05-01, 1998-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Surgery, Cardiothoracic Surgery, 2021-09-01

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Cardiology, 2021-09-01

Associate Professor, Medical University of South Carolina, College of Medicine, Surgery, Cardiothoracic Surgery, 2021-09-01

### Non-MUSC Rank and Promotion History

No activities entered.

Brian Hugh Neelon, PhD  
**Abbreviated Curriculum Vitae**  
Professor  
(843)876-1140  
neelon@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

Office Number: 303K  
Office Building: Cannon Place  
Street 1: 135 Cannon Street  
City: Charleston  
State or Province: South Carolina  
Zip / Postal Code: 29401

#### Degrees

2005	Ph.D., Biostatistics, University of North Carolina at Chapel Hill, North Carolina, United States
1999	M.S., Biostatistics, University of North Carolina at Chapel Hill, North Carolina, United States
1988	B.A., Philosophy, Duke University, North Carolina, United States

#### Post-Graduate Training

Post-Doctorate, Nicholas School of the Environment, Duke University, Postdoctoral Fellow, September 2009, August 2011  
Post-Doctorate, Department of Health Care Policy, Harvard Medical School, Postdoctoral Fellow, September 2007, August 2009

#### Additional Training

No activities entered.

#### Certifications

No activities entered.

#### Professional Licensures

No activities entered.

#### MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Public Health Sciences, 2021-01-01  
Associate Professor, Medical University of South Carolina, College of Medicine, Public Health Sciences, 2015-01-01, 2020-12-31

#### Non-MUSC Rank and Promotion History

Research Assistant Professor, University of North Carolina at Chapel Hill, School of Public Health , Biostatistics, 2006-09-01, 2007-08-31  
Faculty Statistician, Secondary Appointment, Durham Veterans Administration, Health Services Research and Development, 2012-09-01, 2014-12-31  
Core COIN Investigator, Secondary Appointment, Ralph H. Johnson VA Medical Center, Health Equity and Rural Outreach Innovation Center (HEROIC), 2015-09-01

Assistant Professor, Primary Appointment, Duke University , School of Medicine, Biostatistics and Bioinformatics, 2012-09-01, 2014-12-31

Adjunct Associate Professor, University of North Carolina, Chapel Hill, School of Public Health, Biostatistics, 2015-12-01, 2018-12-31

Mae Millicent Winfrey Peterseim, MD  
Abbreviated Curriculum Vitae  
Professor  
(843) 792-3758  
petersem@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

No activities entered.

#### Degrees

1988	M.D., Medicine, Washington University School of Medicine
1984	B.A., Duke University, North Carolina, United States

#### Post-Graduate Training

Post-Doctorate, Duke University Eye Center, Durham, NC, Pediatric Ophthalmology and Adult Strabismus Fellowship, September 1995, September 1997

Post-Doctorate, Duke University Medical Center, Durham, NC, Family and Community Medicine Internship, September 1988, September 1989

Post-Doctorate, University of North Carolina Hospital, Chapel Hill, NC, Ophthalmology Residency, September 1989, September 1992

#### Additional Training

No activities entered.

#### Certifications

American Board of Ophthalmology, Effective Date: 1993; 2003; 2013

#### Professional Licensures

South Carolina (current) #20719

#### MUSC Rank and Promotion History



Clinical Associate Professor, Medical University of South Carolina, College of Medicine,  
Ophthalmology, 2010-01-01, 2010-10-31

Clinical Assistant Professor, Medical University of South Carolina, College of Medicine,  
Ophthalmology, 1999-02-01, 2009-12-31

Professor, Medical University of South Carolina, College of Graduate Studies, 2021-12-02, 2026-12-02

Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics,  
2018-07-01

Professor, Medical University of South Carolina, College of Medicine, Ophthalmology, 2018-07-01

Associate Professor, Medical University of South Carolina, College of Medicine, Ophthalmology, 2010-  
11-01, 2018-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General  
Pediatrics, 2012-12-01, 2018-06-30

### Non-MUSC Rank and Promotion History

Assistant Professor, Penn State Hershey Medical Center, Ophthalmology, 1997-09-01

Gonzalo J. Revuelta, DO  
Abbreviated Curriculum Vitae  
Associate Professor  
(843) 792-7262  
revuelta@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

No activities entered.

#### Degrees

2004	D.O., Osteopathic Medicine, University of Medicine and Dentistry of New Jersey, New Jersey, United States
2000	M.S., Biomedical Science, Barry University, Miami Shores, Florida, United States
1997	B.A., Philosophy, Florida International University, Florida, United States

#### Post-Graduate Training

Post-Doctorate, Drexel University College of Medicine, Hahnemann University Hospital, Philadelphia, PA, Neurology Resident, September 2005, September 2008

Post-Doctorate, Emory University School of Medicine, Department of Neurology, Movement Disorders Fellow, September 2008, September 2010

Post-Doctorate, Mercy Catholic Medical Center, Philadelphia, PA, Transitional Resident, September 2004, September 2005

#### Additional Training

No activities entered.

#### Certifications

National Board of Osteopathic Medical Examiners (Parts I, II and III), Effective Date: 2005

American Board of Psychiatry and Neurology, Adult Neurology (# 55194), Effective Date: 11/14/2008-12/31/2018

#### Professional Licensures

South Carolina Medical License (# 1400)

### MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Neurology, 2016-01-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Neurology, 2010-07-01,  
2015-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Neurology, 2015-07-01,  
2015-12-31

### Non-MUSC Rank and Promotion History

Instructor, Clinical Track, Emory University School of Medicine, Atlanta, GA, Neurology, 2008-09-01

Jean Marie Ruddy, MD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
843-876-4855  
ruddy@musc.edu

Personal Information

No activities entered.

Contact Information

City: Charleston  
State or Province: South Carolina  
Zip / Postal Code: 29425

Degrees

2005                      M.D., Medicine, Jefferson Medical College  
2001                      B.S., Biology, Lafayette College

Post-Graduate Training

Post-Doctorate, Emory University, Fellow, Vascular Surgery, September 2012, September 2014  
Post-Doctorate, Medical University of South Carolina, Resident, General Surgery, September 2005, September 2012

Additional Training

No activities entered.

Certifications

Vascular Surgery, Effective Date: 05/2015  
General Surgery, Effective Date: 04/2013

Professional Licensures

South Carolina

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Surgery, Vascular Surgery, 2019-07-01  
Assistant Professor, Medical University of South Carolina, College of Medicine, Surgery, Vascular Surgery, 2014-07-15, 2019-06-30

Non-MUSC Rank and Promotion History

Vascular Surgeon, Ralph H. Johnson VAMC, Surgical Services, Vascular Surgery, 2014-07-01, 2099-01-01

Katherine Michelle Ruzhansky, MD  
Abbreviated Curriculum Vitae  
Associate Professor  
(843) 792-4161  
ruzhansk@musc.edu

## Personal Information

No activities entered.

## Contact Information

- City: Charleston
- State or Province: South Carolina
- Zip / Postal Code: 29425

## Degrees

2008	M.D., Medicine, Albany Medical College, New York, United States
2005	M.S., Health Sciences, Union University
2004	B.S., Biology, Union College

## Post-Graduate Training

Post-Doctorate, Columbia University Medical Center, New York Presbyterian Hospital, New York, NY,  
Peripheral Neuropathy Clinical Fellow, September 2013, September 2014

Post-Doctorate, Columbia University Medical Center, New York Presbyterian Hospital, New York, NY,  
Clinical Neurophysiology Fellow, September 2012, September 2013

Post-Doctorate, Stamford Hospital, Stamford, CT, Internal Medicine Intern, September 2008,  
September 2009

Post-Doctorate, Yale-New Haven Hospital, New Haven, CT, Neurology Resident, September 2009,  
September 2012

## Additional Training

No activities entered.

## Certifications

United Council for Neurologic Subspecialties, Type of Certification: Autonomic Disorders, Certification  
Number: AD00226-16, Effective Date: 2016

American Board of Psychiatry and Neurology, Type of Certification: Clinical Neurophysiology,  
Certification Number: 57810, Effective Date: 2013

American Board of Psychiatry and Neurology, Type of Certification: General Neurology, Certification  
Number: 2494, Effective Date: 2012

## Professional Licensures

South Carolina Medical License

SC DHEC

New York State Medical License

New York Limited License

Federal DEA

Expert witness license , Month / Year Originally Conferred: December 2019, Month/Year Expires:  
December 2021, Florida, Certificate 7468

Connecticut Medical License

## MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Neurology, 2019-07-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Neurology, 2015-07-01,  
2019-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Neurology, 2014-08-01,  
2015-06-30

## Non-MUSC Rank and Promotion History

Adjunct Assistant Professor, Columbia University Medical Center, Neurology, 2014-09-01, 2019-07-01

Sarah Elizabeth Schmitt, MD  
Abbreviated Curriculum Vitae  
Associate Professor  
843-792-3383  
schmitts@musc.edu

#### Personal Information

No activities entered.

#### Contact Information

No activities entered.

#### Degrees

2003	M.D., Medicine, Washington University School of Medicine
1999	Sc.B., Neuroscience, Brown University, Rhode Island, United States

#### Post-Graduate Training

Post-Doctorate, Hospital of the University of Pennsylvania, Internship- Internal Medicine, September 2003, September 2004

Post-Doctorate, Hospital of the University of Pennsylvania, Residency- Neurology, September 2004, September 2007

Post-Doctorate, Hospital of the University of Pennsylvania, Fellowship- Epilepsy, September 2007, September 2008

#### Additional Training

No activities entered.

#### Certifications

American Board of Psychiatry and Neurology, subspecialty: epilepsy, Effective Date: 2013

American Board of Psychiatry and Neurology, specialty: Neurology, Effective Date: 2007

American Board of Clinical Neurophysiology, specialty: Epilepsy monitoring, Effective Date: 2008

#### Professional Licensures

Medical License, Month / Year Originally Conferred: June 2007, Month/Year Expires: December 2015,  
Pennsylvania State Board of Medicine, Pennsylvania, MD182234

Medical License, Month / Year Originally Conferred: July 2015, South Carolina

#### MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Neurology, 2015-08-01

Associate Professor, Medical University of South Carolina, College of Nursing, Office of Research,  
2015-09-01

#### Non-MUSC Rank and Promotion History

Instructor, University of Pennsylvania School of Medicine, Neurology, 2008-09-01

Assistant Professor, University of Pennsylvania School of Medicine, Clinical Neurology, 2010-09-01,  
2015-08-01



Medical University of South Carolina  
College of Medicine  
ABBREVIATED CURRICULUM VITAE

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Citizenship and/or Visa Status: \_\_\_\_\_

Office Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Education: (*Baccalaureate and above*)**

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Graduate Medical Training: (*Chronological*)**

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

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

<b>Board Certification:</b>	<u>Internal Medicine</u>	Date:	2006
	<u>Psychiatry</u>	Date:	2007
		Date:	
		Date:	

<b>Licensure:</b>	<u>South Carolina Medical License</u>	Date:	2006
		Date:	
		Date:	

**Faculty appointments: (*Begin with initial appointment*)**

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

First Appointment to MUSC: Rank \_\_\_\_\_ Date: 2006

**MARIA VITTORIA SPAMPINATO, MD**  
Curriculum Vitae

**ADDRESS**

Department of Radiology and Radiological Science  
College of Medicine  
96 Jonathan Lucas St, Suite 210 CSB, MSC 323  
Charleston SC 29425

Work Email: [spampin@musc.edu](mailto:spampin@musc.edu)

Work Phone: 843-792-0209

Work Fax: 843-792-1767

**POSITION**

Professor of Radiology  
Department of Radiology and Radiological Science  
Medical University of South Carolina, Charleston, SC

**LANGUAGES**

English, Italian, French

**EDUCATION**

<b>Year</b>	<b>Institution</b>	<b>Degree</b>
1996	Università Cattolica del Sacro Cuore	M.D.

Post-Doctoral Education

<b>Year</b>	<b>Institution</b>	<b>Role</b>
1995 - 1996	Università Cattolica del Sacro Cuore, Rome, Italy	Medicine Intern
1996 - 2000	Università Cattolica del Sacro Cuore, Rome, Italy	Radiology Resident
2002 - 2004	National Institutes of Health, Bethesda, MD	Research Fellow
2004 - 2005	University of North Carolina, Chapel Hill, NC	Neuroradiology Fellow

**LICENSURE AND CERTIFICATION**

<b>Year</b>	<b>Description</b>
1997	Licensure - Italian Medical License
2000	Certification - Italian Board of Radiology, Diagnostic Radiology

# **Nichole T. Tanner, M.D., MSCR**

Abbreviated Curriculum Vitae

## **Degrees**

- 2013 M.S.C.R., Clinical Research, Medical University of South Carolina, South Carolina, United States
- 2005 M.D., Medicine, University of Miami School of Medicine, Florida, United States
- 2001 B.S., Nutrition, University of Florida, Florida, United States
- 2000 B.S., Zoology, University of Florida, Florida, United States

## **Post-Graduate Training**

- 2005-2008 Residency, Internal Medicine, Medical University of South Carolina, Charleston, SC
- 2008-2011 Fellowship, Pulmonary and Critical Care, Medical University of South Carolina, Charleston, SC

## **Certifications**

Pulmonary Medicine, Effective Date: 2021

Internal Medicine, Effective Date: 2008

Critical Care, Effective Date: 2011

## **Professional Licensures**

South Carolina, Effective Date: 2005-Present

## **MUSC Rank and Promotion History**

Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary and Critical Care Medicine, 2021-Present

Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary and Critical Care Medicine, 2016-2021

Assistant Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary and Critical Care Medicine, 2011-2016

Bethany Jacobs Wolf, PhD

**Abbreviates Curriculum Vitae**

Professor

843-876-1940

[wolfb@musc.edu](mailto:wolfb@musc.edu)

**Degrees**

2010 Ph.D., Biostatistics, Medical University of South Carolina, South Carolina, United States  
2000 M.S., Chemistry, University of North Carolina, North Carolina, United States  
1995 B.S., Chemistry and Anthropology, Rice University, Texas, United States

**Post-Graduate Training**

Post-Doctorate, Medical University of South Carolina, Post-Doctoral Fellow on and ACS-IRG grant,  
May 2010, December 2010

**Certifications**

No activities entered.

**Professional Licensures**

No activities entered.

**MUSC Rank and Promotion History**

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	Medical University of South Carolina	College of Medicine	Medicine	Biostatistics, Epidemiology	2010-12-06	2012-12-31
Assistant Professor	Medical University of South Carolina	College of Medicine	Public Health Sciences	Biostatistics	2013-01-01	2017-12-31
Assistant Professor	Medical University of South Carolina	College of Graduate Studies			2013-04-19	
Associate Professor	Medical University of South Carolina	College of Medicine	Public Health Sciences	Biostatistics	2018-01-01	2022-30-06
Professor	Medical University of South Carolina	College of Medicine	Public Health Sciences	Biostatistics	2022-01-07	

**Non-MUSC Rank and Promotion History**

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

Kathleen Lindell  
**Abbreviated Curriculum Vitae**  
Associate Professor  
(843) 792-9763  
lindellk@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2007	Ph.D. in Nursing, Nursing, University of Pittsburgh, Pittsburgh, Pennsylvania, United States
1987	M.S.N., Nursing, University of Pittsburgh, Pittsburgh, Pennsylvania, United States
1982	B.S.N., Nursing, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

Post-Graduate Training

No activities entered.

Additional Training

2023-02-02, 2023-02-03, Ralph Johnson VA Medical Center, Palliative Care, Conversations Training

2022-10-20, 2022-10-21, End of Life Nursing Education Consortium (ELNEC), Palliative Care, Train the Trainer

2022-08-17, 2023-03-24, Medical University of South Carolina, Advanced Leadership Program, Leadership Training

2022-03-09, 2022-04-13, PCRC Mentorship Selective, Mentorship, Academic

2021-08-25, 2021-12-02, MUSC, Leadership Institute, Fall 2021 Emerging Leaders Program

2020-09-02, 2025-09-02, Relias Academy, End of Life Nursing Education Consortium Curriculum, ELNEC Palliative Care Graduate Curriculum

2014-12-08, 2014-12-12, Virginia Commonwealth University supported by The Y.C. Ho/Helen & Michael Chiang Foundation, New York, APRN Palliative Care Externship, APRN Palliative Care Education

1984-01-01, 1996-12-31, American Association of Critical Care Nurses, CCRN, Critical Care Registered Nurse Certification

Certifications

South Carolina, Type of Certification: Registered Nurse License , Certification Number: 255928, Effective Date: 2020-04-30, Expiration Date (if none, see note above): 2026-04-30

Pennsylvania RN, Type of Certification: Registered Nurse License , Certification Number: 224741-L, Effective Date: 1978-01-01, Expiration Date (if none, see note above): 2020-10-30

End-of-Life Nursing Education Consortium (ELNEC) , Type of Certification: Advanced Practice Registered Nurse (APRN) Certification, Certification Number: XXXXX, Effective Date: 2020-06-01

End-of-Life Nursing Education Consortium (ELNEC) , Type of Certification: Train the Trainer, Specialty: Palliative Care, Certification Number: 0000, Effective Date: 2022-10-20, Expiration Date (if none, see note above): 2026-10-21

Counselor Geisinger Medical Center, Type of Certification: Smoking Cessation , Specialty: Smoking Cessation , Certification Number: xxxxxx, Effective Date: 1994-03-01, Expiration Date (if none, see note above): 2000-03-01

CEN Emergency Nurses Association, Type of Certification: Emergency, Certification Number: xxxxx, Effective Date: 1988-03-01, Expiration Date (if none, see note above): 1991-03-01

CCRN American Association of Critical Care Nurses, Type of Certification: Critical Care Nurses, Certification Number: xxxxx, Effective Date: 1984-03-01, Expiration Date (if none, see note above): 1996-03-01

American Lung Association of PA , Type of Certification: Attack Asthma Program Trainer, Certification Number: xxxxxx, Effective Date: 2000-01-01, Expiration Date (if none, see note above): 2000-12-29

American Heart Association, Type of Certification: CPR Instructor , Certification Number: xxxxxx, Effective Date: 1983-01-01, Expiration Date (if none, see note above): 1992-01-01

ACLS American Heart Association, Type of Certification: Heart Association, Certification Number: xxxxx, Effective Date: 1986-03-01, Expiration Date (if none, see note above): 1990-03-01

#### Professional Licensures

Registered Nurse, Month / Year Originally Conferred: April 2020, Month/Year Expires: April 2026, South Carolina, RN.255928 R, Registered Nurse License

#### MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Nursing, 2020-11-15

Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary & Critical Care Medicine, 2021-03-01

#### Non-MUSC Rank and Promotion History

Pulmonary Clinical Nurse Specialist & Practice Nurse Manager , Hospital of the University of Pennsylvania, Philadelphia, PA, Pulmonary and Critical Care Division, 1990, 2000

Program Director, University of Pennsylvania Health System, Philadelphia, PA, The PENN Quit Smoking Program, 1994, 2000

Outpatient Nurse Coordinator, University of Pittsburgh Medical Center, Pittsburgh, PA, Pulmonary, Comprehensive Lung Center, 2000, 2001

Instructor, LaSalle University, Philadelphia, PA, College of Nursing, 1990, 1991

Clinical Teacher, University of Pennsylvania, Philadelphia, PA, School of Nursing, Adult Health & Illness Track, 1995, 1996

Clinical Nurse Specialist & Nurse Manager, Director of Quality of Life Program, , University of Pittsburgh, Pittsburgh, PA, Dorothy P. & Richard P. Simmons Center for Interstitial Lung Disease at UPMC,, 2001, 2020

Associate Professor of Nursing, University of Pittsburgh, Pittsburgh, PA, School of Nursing, Acute Care and Tertiary, 2019, 2020

Associate Professor of Medicine, University of Pittsburgh, Pittsburgh, PA, School of Medicine, Medicine, PACCM, Dorothy P. & Richard P. Simmons Center for Interstitial Lung Disease, 2018, 2020

Adjunct Faculty, University of Delaware, Newark, DE, College of Nursing, 1994, 2000

Adjunct Associate Professor of Medicine, University of Pittsburgh, Pittsburgh, PA, School of Medicine, 2020

Adjunct Assistant Professor of Acute and Tertiary Care, University of Pittsburgh, Pittsburgh, PA, School of Nursing, 2014, 2019

Adjunct Assistant Professor , University of Pittsburgh, Pittsburgh, PA, School of Nursing, 2001, 2014

Teresa Lynn Stephens, RN, PhD, CNE

**Abbreviated Curriculum Vitae**

Professor

stephent@musc.edu

Personal Information

Country of Origin: United States

Contact Information

No activities entered.

Degrees

2012 Ph.D., Nursing, University of Tennessee - Knoxville, Tennessee, United States

2009 M.S.N., Nursing, King College

1987 B.S.N., Nursing, East Tennessee State University, Tennessee, United States

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

Post-Graduate Certificate Nursing Education, Effective Date: 08/2010

Certified Nurse Educator, Effective Date: 12/2015

Professional Licensures

Registered Nurse

MUSC Rank and Promotion History

Clinical Associate Professor, Medical University of South Carolina, College of Nursing, Department of Nursing, 2023-11-06, 2024-02-29

Clinical Instructor, Medical University of South Carolina, College of Nursing, Office of Research, 2016-08-15, 2017-07-31

Professor, Medical University of South Carolina, College of Nursing, Department of Nursing, 2024-03-01

Associate Professor, Medical University of South Carolina, College of Nursing, Department of Nursing, 2017-08-01, 2020-08-31

Non-MUSC Rank and Promotion History

No activities entered.

<b>Section #</b>	<b>Policy #</b> E-BOT-011	<b>Input of Board of Trustees on Search Committees</b>	
<b>Responsible Department: Provost's Office</b>			
<b>Date Originated</b> 02/11/1994	<b>Last Reviewed</b> 04/13/2018	<b>Last Revised</b> 04/13/2018	<b>Effective Date*</b> 03/18/2022

**Policy Scope:**

<b>Applicable</b>	<b>Entity</b>
X	MUHA
X	University
	MUSCP

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

**I. Policy Statement**

In order to clarify and facilitate processes to ensure the interaction between the MUSC Administration and the Board, the President or the Executive Vice President for Academic Affairs and Provost (EVP) will notify the Secretary to the Board of Trustees of all vacancies and of the formation of all search committees to fill vacancies occurring for all Vice Presidents, Deans, and the Executive Officers of the Medical University Hospital Authority (MUHA), as set forth in the Bylaws of the Board of Trustees.

**II. Scope**

This policy applies to all University and MUHA executive leadership positions.

**III. Approval Authority**

Board of Trustees

**IV. Purpose of This Policy**

The purpose of this policy is to ensure communication and engagement of the Board in all executive leadership recruitment.

**V. The Policy**

The President or the EVP shall notify the Board Secretary of the three (3) finalists for each position. The Board, through the Secretary, shall receive a curriculum vitae (CV) for each finalist.

Before an offer of employment is made, the name and on-campus schedule of the finalist shall be forwarded to the Board (via the Board Secretary) so Board members have a reasonable amount of time in which to meet the finalist, should they desire.

Should a Board member object to the finalist, the member will notify the President or Executive Vice President so the objections can be reviewed and appropriate consideration given.

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.



# **MUSC Physicians and MUSC Health Partners**

**Interim Financial Statements  
For the four month period ending  
October 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>
<b>MHP Executive Summary</b>	<b>6</b>
<b>MHP Actual to Budget Variance</b>	<b>7</b>
<b>MHP Statement of Net Position</b>	<b>8-9</b>
<b>MHP Statement of Revenues, Expenses and Changes in Net Position – detailed</b>	<b>10</b>
<b>Listing of Approved Unbudgeted Expenses</b>	<b>11</b>

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 4 Month Period Ending - October 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	189,348,540	-	363,736	3,400,220	10,508,946	655,688	204,277,130	190,748,774	13,528,356
Supplemental medicaid	13,814,640	-	-	-	1,066,667	-	14,881,307	14,881,307	-
Other operating revenue	2,844,571	1,173,826	-	1,608,529	1,676,540	13,334	7,316,801	7,899,063	(582,262)
Intercompany transfers	(62,038,513)	63,328,297	(41,102)	(1,248,681)	-	-	-	-	-
Purchased services revenue	57,390,888	3,816,858	748,507	6,988,306	1,057,840	1,863,781	71,866,180	74,111,430	(2,245,250)
Grant salary reimb. from MUSC	5,955,120	-	-	135,810	-	-	6,090,930	5,613,436	477,493
Total operating revenues	207,315,247	68,318,981	1,071,141	10,884,184	14,309,992	2,532,803	304,432,347	293,254,009	11,178,338
<b>Operating expenses:</b>									
Salaries, wages and benefits	161,725,438	25,689,866	97,905	6,438,941	9,418,097	2,336,294	205,706,541	206,478,228	771,687
MUSCP reimb. for education and research	39,064,013	-	-	-	-	-	39,064,013	39,064,013	-
Supplies	382,194	22,606,106	24,942	96,127	1,147,950	324,500	24,581,820	24,562,065	(19,755)
Contractual services	398,925	4,348,092	11,350	2,328,982	258,371	742,600	8,088,319	12,038,166	3,949,847
Purchased services	19,760	8,020,668	1,508,350	774,145	607,202	(1,326,702)	9,603,423	9,659,549	56,127
Facilities	15,347	3,401,104	63,603	(827,550)	748,124	(351,630)	3,048,998	3,544,948	495,950
Insurance	3,209,123	315,136	-	49,809	161,252	19,728	3,755,047	4,011,508	256,461
Depreciation	-	2,027,653	-	1,357,826	173,129	378,508	3,937,116	4,429,306	492,190
Meals and travel	816,516	97,700	250	224,739	8,853	22,466	1,170,524	1,652,799	482,275
Other expenses	519,207	1,450,932	6,032	460,130	124,755	25,338	2,586,394	2,581,040	(5,355)
Faculty and staff recruitment	378,616	78,327	-	34,078	5,401	197,690	694,111	634,875	(59,236)
MUSCP corporate shared services	-	-	-	-	991,131	-	991,131	991,131	-
Total operating expenses	206,529,138	68,035,584	1,712,432	10,937,226	13,644,266	2,368,792	303,227,438	309,647,629	6,420,191
Operating income (loss)	786,108	283,397	(641,291)	(53,042)	665,726	164,011	1,204,909	(16,393,620)	17,598,529
Operating margin	0.4%	0.4%	(59.9%)	(0.5%)	4.7%	6.5%	0.4%	(5.6%)	
<b>Nonoperating revenue (expenses):</b>									
Donations - transfer to MUSCF	(166,059)	-	-	(731,282)	-	-	(897,342)	(526,845)	(370,497)
Investment income	3,323,253	23,621	-	6,408,693	2,476	-	9,758,043	2,653,621	7,104,421
Interest expense	-	(43,056)	-	(140,119)	(13,965)	(35,904)	(233,043)	(188,900)	(44,143)
Rental income	-	267,208	-	728,195	18,578	(76)	1,013,904	1,004,263	9,642
Rent expense	-	-	-	(72,161)	-	-	(72,161)	(72,161)	-
Gain (loss) on disposal of assets	-	-	-	(24,612)	-	-	(24,612)	-	(24,612)
Total Nonoperating revenue (expenses)	3,157,194	247,773	-	6,168,714	7,089	(35,980)	9,544,789	2,869,978	6,674,811
Change in net position	\$ 3,943,302	\$ 531,170	\$ (641,291)	\$ 6,115,672	\$ 672,816	\$ 128,031	\$ 10,749,699	\$ (13,523,642)	\$ 24,273,341
Net margin	1.9%	0.8%	(59.9%)	56.2%	4.7%	5.1%	3.5%	(4.6%)	

**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 four-month period ending October 31, 2024

#### Charges:

- **YTD: 8% over budget and 19% over last year**
- Month of October: 8% over budget and 14% over last year

#### Payments:

- **YTD: 7% over budget and 16% over last year**
- Month of October: 7% over budget and 27% over last year
- 39.8 days in AR as of October 2024 and 38.2 days in AR as of June 2024
- \$89 per wRVU as of October 2024 and \$84 per wRVU as of June 2024

#### Income/(Loss):

- **\$0.4M Operating Income; 0.1% Operating Margin**
  - \$16.8M favorable variance to fixed budget
    - \$12.9M net clinical service revenue
      - \$16.5M favorable COM Epic patient revenue
      - (\$3.5M) Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)
    - (\$2.0M) purchased services revenue
      - (\$2.0M) College of Medicine hospital coverage support under budget due to favorable collections
    - (\$0.5M) salaries
      - \$1.0M Ambulatory under budget (due to vacancies offset by (\$523K) in agency nurses)
      - \$0.7M Corporate Revenue Cycle under budget (future hires to occur at MUHA)
      - (\$1.6M) Group Health Insurance deficit
    - \$1.2M contractual services
      - \$669K College of Medicine under budget (timing of Verge credentialing bill)
      - \$521K College of Dental Medicine under budget (timing of transfer to MUSC Foundation or MUSC)
      - (\$523K) Ambulatory over budget due to agency nursing services (offset by favorable salaries)
    - \$3.4M purchased services
      - \$3.5M Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)
- **\$9.6M Nonoperating Income**
  - \$6.7M favorable variance to fixed budget
    - \$7.1M investment income
      - \$6.5M unrealized/realized gain on investments – unbudgeted
      - \$0.6M interest and dividend income over budget
- **\$9.9M Net Income; 3.5% Net Margin**
  - \$23.5M favorable variance to fixed budget

#### Balance Sheet:

- Days cash on hand: 121 days
- Net Position: \$484.2M; increased by \$9.9M compared to June 2024

## MUSC Physicians

(A Component Unit of MUSC)

Statement of Revenues, Expenses and Changes in Net Position  
For the 4 Month Period Ending - October 31, 2024

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
<b>Operating revenues:</b>					
Net clinical service revenue	\$ 193,112,497	\$ 180,219,316	\$ 12,893,181	7%	\$ 167,912,492
Supplemental medicaid	13,814,640	13,814,640	-	0%	16,040,902
Other operating revenue	5,626,927	5,769,250	(142,324)	(2%)	4,727,575
Purchased services revenue	68,944,559	70,981,276	(2,036,716)	(3%)	50,222,948
Grant salary reimb. from MUSC	6,090,930	5,613,436	477,493	9%	4,916,928
Total operating revenues	287,589,552	276,397,918	11,191,634	4%	243,820,845
<b>Operating expenses:</b>					
Salaries, wages and benefits	193,952,150	193,419,671	(532,478)	(0%)	162,055,037
MUSCP reimb. for education and research	39,064,013	39,064,013	-	0%	36,135,847
Supplies	23,109,369	23,015,347	(94,023)	(0%)	17,884,309
Contractual services	7,087,349	8,285,665	1,198,317	14%	6,443,732
Purchased services	10,322,923	13,724,865	3,401,942	25%	7,276,740
Facilities	2,652,504	3,086,776	434,272	14%	3,001,814
Insurance	3,574,068	3,846,022	271,954	7%	2,984,089
Depreciation	3,385,479	3,888,252	502,773	13%	2,741,157
Meals and travel	1,139,204	1,625,581	486,377	30%	1,131,711
Other expenses	2,436,301	2,361,126	(75,176)	(3%)	65,989
Faculty and staff recruitment	491,021	479,752	(11,269)	(2%)	419,620
Total operating expenses	287,214,380	292,797,070	5,582,690	2%	240,140,046
Operating income (loss)	375,172	(16,399,152)	16,774,324	102%	3,680,799
Operating margin	0.1%	(5.9%)			1.5%
<b>Nonoperating revenue (expenses):</b>					
Donations - transfer to MUSCF	(897,342)	(526,845)	(370,497)	(70%)	(6,855,000)
Investment income	9,755,566	2,653,540	7,102,027	268%	(8,131,827)
Interest expense	(183,174)	(163,764)	(19,410)	(12%)	(1,140,176)
Rental income	995,403	992,830	2,573	0%	2,407,366
Rent expense	(72,161)	(72,161)	-	0%	(514,306)
Gain (loss) on disposal of assets	(24,612)	-	(24,612)	(100%)	-
Total nonoperating revenue (expenses)	9,573,680	2,883,599	6,690,081	232%	(14,233,944)
Change in net position	\$ 9,948,852	\$ (13,515,553)	\$ 23,464,405	174%	\$ (10,553,144)
Net margin	3.5%	(4.9%)			(4.3%)

**Notes:**

Operating revenue:

-Net clinical service revenue: \$16.5M favorable COM Epic patient revenue; (\$3.5M) Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)

-Purchased services revenue: (\$2.0M) College of Medicine hospital coverage support under budget due to favorable collections

Operating expense:

-Salaries, wages and benefits: \$1.0M Ambulatory under budget (due to vacancies); \$0.7M Corporate Revenue Cycle (future hires to occur at MUHA); (\$1.6M) Group Health Insurance deficit

-Contractual Services: \$669K College of Medicine under budget (timing of Verge credentialing bill); \$521K College of Dental Medicine under budget (timing of transfer to MUSC Foundation or MUSC); (\$523K) Ambulatory over budget due to agency nursing services (offset by favorable salaries)

-Purchased Services under budget: \$3.5M Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)

Nonoperating revenue:

-Donations - transfer to MUSCF: President's Fund surplus transfer

-Investment income: \$6.5M unrealized/realized gain on investments; \$0.6M interest and dividend income over budget

Atlantic Cardiovascular Associates - UMA	Actual	Fixed Budget	Variance	Var %
Net clinical service revenue	\$ 44,465	\$ 3,562,855	\$ (3,518,390)	(99%)
Other revenue	743,482	1,270,845	(527,363)	(41%)
Operating expenses	(787,948)	(4,833,700)	4,045,753	(84%)
Change in net position	\$ -	\$ -	\$ -	0%

## MUSC Physicians

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

### Statement of Net Position

#### ASSETS

	October 31, 2024	June 30, 2024	Variance
<b>Current Assets:</b>			
Cash and investments	\$ 288,622,679	\$ 293,891,042	\$ (5,268,364)
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$255,550,104	71,323,910	66,140,456	5,183,454
Due from the Medical University of South Carolina	11,251,317	25,607,989	(14,356,672)
Due from the Medical University Hospital Authority	28,054,325	55,030,764	(26,976,438)
Due from MCP	269,863	1,303,020	(1,033,157)
Due from Mainsail	9,818	9,818	-
Due from the Medical University Foundation	291,301	593,656	(302,355)
Due from Carolina Family Care, Inc.	1,963,776	(2,921,704)	4,885,479
Note receivable from CFC/MHP	917,337	1,256,273	(338,936)
Due from Comprehensive Psychiatric Services	33,340	64,544	(31,204)
Due from MUSC Health Alliance	14,784	11,055	3,729
Lease receivable	2,494,497	2,494,497	-
Other current assets	20,767,504	6,279,248	14,488,256
<b>Total Current Assets</b>	<b>426,014,449</b>	<b>449,760,657</b>	<b>(23,746,208)</b>
<b>Noncurrent assets:</b>			
Capital assets:			
Land	28,105,473	22,510,764	5,594,709
Buildings	52,956,911	52,381,476	575,435
Furniture and equipment	37,472,450	36,175,483	1,296,967
Leasehold improvements	25,745,999	25,732,666	13,333
Construction in progress	13,958,559	3,493,616	10,464,943
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	(69,644,857)	(66,303,786)	(3,341,071)
Lease receivable	761,303	1,406,952	(645,649)
Investment in partnerships	3,440,323	2,212,878	1,227,445
Investment / Advancements consolidated CFC	32,270,000	32,270,000	-
<b>Total noncurrent assets</b>	<b>171,286,267</b>	<b>156,100,155</b>	<b>15,186,112</b>
<b>Total Assets</b>	<b>597,300,716</b>	<b>605,860,812</b>	<b>(8,560,096)</b>
<b>Deferred outflows of resources:</b>			
Deferred outflows-OPEB	381,489	381,489	-
<b>Total deferred outflows</b>	<b>381,489</b>	<b>381,489</b>	<b>-</b>
<b>Total Assets and Deferred Outflows</b>	<b>\$ 597,682,205</b>	<b>\$ 606,242,301</b>	<b>\$ (8,560,096)</b>

#### Notes:

##### Current assets:

-Cash and investments: (\$24.2M) FY24 Z incentive payments; (\$15.2M) FY24 Q4 Y incentive payments; FY25 Q1 Y incentives (\$14.4M); \$20.6M FY24 Q4 MCO payment; \$9.5M FY24 DHHS payment; \$11.7M Epic collections over budget YTD;

Realized/unrealized gain on investments of \$6.9M

-ST Other current assets: accrual of FY25 STP payments \$13.8M; FY25 COM revenue accruals \$2.4M; reversal of year end accruals (\$0.7M)

##### Noncurrent assets:

-Land: \$5.2M Clements Ferry land; \$0.4M Moncks Corner property (5000 Epson Plantation Drive)

-Leasehold improvements: includes projects: Clements Ferry MOB (FY25 balance increase of \$6.4M);

Upright MRI West Campus (FY25 balance increase of \$1.7M); Nexton Expansion (FY25 balance increase of \$1.1M)

## MUSC Physicians

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

### Statement of Net Position

#### LIABILITIES

	<u>October 31, 2024</u>	<u>June 30, 2024</u>	<u>Variance</u>
<b>Current Liabilities:</b>			
Accounts payable	\$ 2,257,487	\$ 2,085,489	\$ (171,998)
Accrued interest payable	115,800	83,182	(32,617)
Accrued payroll	12,218,406	48,494,629	36,276,224
Accrued payroll withholdings	-	1,232,390	1,232,390
Accrued pension contribution	6,689,354	2,837,278	(3,852,076)
Unapplied cash - patient services	19,890,340	14,388,534	(5,501,806)
Due to Medical University Hospital Authority	21,115,281	21,299,428	184,147
Accrued compensated absences	7,102,227	7,102,227	-
Lease liability	3,077,726	3,077,726	-
Subscription liability	562,805	562,805	-
Line of credit	11,658,851	-	(11,658,851)
Bonds payable	1,080,000	1,620,000	540,000
Other accrued liabilities	7,818,430	7,911,600	93,170
<b>Total current liabilities</b>	<u>93,586,707</u>	<u>110,695,290</u>	<u>17,108,583</u>
<b>Noncurrent Liabilities:</b>			
Lease liability	13,648,015	14,414,321	766,306
Subscription liability	2,106,517	2,106,517	-
Deferred inflows-leases	3,133,633	3,767,692	634,059
Deferred inflows-OPEB	591,404	591,404	-
Net OPEB liability	399,730	399,730	-
<b>Total noncurrent liabilities</b>	<u>19,879,299</u>	<u>21,279,664</u>	<u>1,400,365</u>
<b>Total liabilities</b>	<u>113,466,006</u>	<u>131,974,954</u>	<u>18,508,948</u>
<b>NET POSITION</b>			
Invested in capital assets, net of related debt	98,430,751	98,430,751	-
Unrestricted (deficit)	385,785,448	375,836,597	(9,948,852)
<b>Total Net Position</b>	<u>484,216,199</u>	<u>474,267,347</u>	<u>(9,948,852)</u>
<b>Total Liabilities, Inflows &amp; Net Position</b>	<u>\$ 597,682,205</u>	<u>\$ 606,242,301</u>	<u>\$ 8,560,096</u>

#### Notes:

##### Current liabilities:

-Accrued payroll: FY25 balance includes Y incentive (salary + fringe) accruals of (\$5.8M); biweekly accrual (\$4.7M); reversal of \$44.6M FY24 year-end accruals

-Line of credit: \$11.7M Wells Fargo line of credit: purchase of Clements Ferry land and improvements

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

Executive Summary

For the four-month period ending October 31, 2024

**Charges:**

- **YTD: At budget and 15% over last year**
- Month of October: 11% over budget and 18% over last year

**Payments:**

- **YTD: (3%) under budget and 6% over last year**
- Month of October: 8% over budget and 19% over last year
- 28.1 Days in AR as of October 2024 and 21.1 Days in AR as of June 2024
- \$110 per wRVU as of October 2024 and \$109 per wRVU as of June 2024

**Income/(Loss):**

- **\$0.8M Operating Income; 4.9% Operating Margin**
  - \$0.8M favorable variance to fixed budget
    - \$0.6M favorable net clinical service revenue
      - \$422K Lab over budget
      - \$205K Mt Pleasant Community PM&R over budget (unbudgeted collections)
      - (\$80K) CFC Primary Care excluding Lab under budget
    - (\$0.4M) unfavorable other operating revenue
      - (\$321K) MUHA New Provider Support under budget (\$142K due to budget spread of future hires)
      - (\$52K) Accel subscription fees under budget
    - \$1.3M favorable salaries
      - \$714K Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)
      - \$486K CFC Primary Care under budget (\$277K due to new chronic care management team vacancies)
    - \$2.8M favorable contractual services
      - \$2.8M Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)
    - (\$3.3M) unfavorable purchased services
      - (\$3.5M) Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)
- **\$0.8M Net Income; 4.8% Net Margin**
  - \$0.8M favorable variance to fixed budget

**Balance Sheet:**

- Current ratio: 1.2
- Net Position: \$6.5M; increased by \$0.8M compared to June 2024

**MUSC Health Partners**

(Including Carolina Family Care, Inc.)

Statement of Revenues, Expenses and Changes in Net Position  
For the 4 Month Period Ending - October 31, 2024

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
<b>Operating revenues:</b>					
Net clinical service revenue	\$ 11,164,634	\$ 10,529,458	\$ 635,175	6%	\$ 9,879,195
Supplemental medicaid	1,066,667	1,066,667	-	0%	1,066,667
Other operating revenue	1,689,874	2,129,812	(439,938)	(21%)	2,575,935
Purchased services revenue	2,921,621	3,130,154	(208,533)	(7%)	2,411,043
Total operating revenues	16,842,795	16,856,091	(13,296)	(0%)	15,932,840
<b>Operating expenses:</b>					
Salaries, wages and benefits	11,754,392	13,058,557	1,304,165	10%	9,786,524
Supplies	1,472,451	1,546,719	74,268	5%	1,300,835
Contractual services	1,000,970	3,752,501	2,751,530	73%	733,409
Purchased services	(719,500)	(4,065,315)	(3,345,815)	82%	642,123
Depreciation	551,637	541,054	(10,583)	(2%)	443,409
Facilities	396,494	458,172	61,678	13%	504,384
Insurance	180,980	165,486	(15,494)	(9%)	115,680
Meals and travel	31,320	27,218	(4,102)	(15%)	18,932
Faculty and staff recruitment	203,090	155,123	(47,967)	(31%)	137,894
MUSCP corporate shared services	991,131	991,131	-	0%	861,244
Other expenses	150,093	219,914	69,821	32%	214
Total operating expenses	16,013,057	16,850,559	837,502	5%	14,544,647
Operating income (loss)	829,737	5,532	824,205	14898%	1,388,193
Operating margin	4.9%	0.0%			8.7%
<b>Nonoperating revenue (expenses):</b>					
Investment income	2,476	82	2,395	2938%	17
Interest expense	(49,869)	(25,136)	(24,733)	(98%)	(16,412)
Rental income	18,502	11,433	7,069	62%	21,994
Total nonoperating revenue (expenses)	(28,891)	(13,621)	(15,270)	(112%)	5,599
Change in net position	\$ 800,846	\$ (8,089)	\$ 808,935	10000%	\$ 1,393,792
Net margin	4.8%	(0.0%)			8.7%

**Notes:**

Operating revenue:

- Net clinical service revenue: \$422K Lab over budget; \$205K Mt Pleasant Community PM&R over budget (unbudgeted collections); (\$80K) CFC Primary Care excluding Lab under budget
- Other operating revenue under budget: (\$321K) MUHA New Provider Support (\$142K due to budget spread of future hires); (\$52K) Accel subscription fees

Operating expense:

- Salaries and benefits under budget: \$714K Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line); \$486K CFC Primary Care under budget (\$277K due to new chronic care management team vacancies)
- Contractual services under budget: \$2.8M Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)
- Purchased services over budget: (\$3.5M) Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)

Lab:

- \$3.2M operating revenue: \$0.4M over budget
- \$1.6M net margin: \$0.6M over budget

Atlantic Cardiovascular Associates - CFC	Actual	Fixed Budget	Variance	Var %
Salaries, wages and benefits	\$ 170,370	\$ 884,076	\$ (713,706)	(81%)
Contractual services	603,281	3,421,848	(2,818,567)	(82%)
Purchased services	(773,651)	(4,305,924)	3,532,273	(82%)
Change in net position	\$ -	\$ -	\$ -	0%



**MUSC Health Partners**

Including Carolina Family Care, Inc.

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

	<u>October 31, 2024</u>	<u>June 30, 2024</u>	<u>Variance</u>
<b>Current Assets:</b>			
Cash and cash equivalents	\$ 4,910,172	\$ 1,595,827	\$ 3,314,345
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$7,271,623	3,132,758	2,448,623	684,135
Due from the Medical University Hospital Authority	120,869	850,773	(729,904)
Due from MCP	185,659	1,577,620	(1,391,961)
Due from MUSC Health Alliance	48,005	63,551	(15,546)
Due from MSV	141,813	466,475	(324,662)
Lease receivable	21,287	21,287	-
Other current assets	4,061,496	399,219	3,662,277
<b>Total Current Assets</b>	<u>12,622,058</u>	<u>7,423,374</u>	<u>5,198,684</u>
<b>Noncurrent assets:</b>			
Capital assets:			
Furniture and equipment	2,228,886	2,211,911	16,975
Leasehold improvements	3,915,017	3,915,017	-
Construction in progress	352,819	445,490	(92,671)
Computer software	46,563	46,563	-
Right of use assets	9,935,487	9,935,487	-
Accumulated depreciation and amortization	(7,297,583)	(6,821,642)	(475,941)
Lease receivable	18,478	23,739	(5,261)
Investment in partnerships	209,000	209,000	-
<b>Total noncurrent assets</b>	<u>9,408,666</u>	<u>9,965,564</u>	<u>(556,898)</u>
<b>Total Assets</b>	<u>\$ 22,030,724</u>	<u>\$ 17,388,938</u>	<u>\$ 4,641,786</u>

**MUSC Health Partners**

Including Carolina Family Care, Inc.

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

	<b>October 31, 2024</b>	<b>June 30, 2024</b>	<b>Variance</b>
<b>Current Liabilities:</b>			
Accounts payable	\$ 138,624	\$ 207,811	\$ 69,187
Accrued interest payable	82,166	43,488	(38,679)
Accrued payroll	1,477,444	1,174,561	(302,883)
Accrued payroll withholdings	95,573	693,788	598,215
Unapplied cash - patient services	1,417,839	1,387,612	(30,227)
Due to Medical University of South Carolina	13,530	32,895	19,366
Due to Medical University Hospital Authority	212,404	188,085	(24,320)
Due to UMA	1,963,776	(2,921,704)	(4,885,479)
Note Payable to UMA	917,337	1,256,273	338,936
Note Payable to MSV	466,949	458,420	(8,528)
Accrued compensated absences	969,946	969,946	-
Lease liability	1,442,395	1,442,395	-
Other accrued liabilities	1,251,858	1,296,623	44,765
<b>Total current liabilities</b>	<b>10,449,841</b>	<b>6,230,194</b>	<b>(4,219,647)</b>
<b>Noncurrent Liabilities:</b>			
Lease liability	5,065,776	5,439,296	373,520
Deferred inflows-leases	38,044	43,232	5,188
<b>Total noncurrent liabilities</b>	<b>5,103,820</b>	<b>5,482,528</b>	<b>378,708</b>
<b>Total liabilities</b>	<b>15,553,662</b>	<b>11,712,722</b>	<b>(3,840,939)</b>
<b>NET POSITION</b>	<b>6,477,062</b>	<b>5,676,216</b>	<b>(800,846)</b>
<b>Total Liabilities, Inflows &amp; Net Position</b>	<b>\$ 22,030,724</b>	<b>\$ 17,388,938</b>	<b>\$ (4,641,785)</b>

**MUSC Health Partners**  
(Including Carolina Family Care, Inc.)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 4 Month Period Ending - October 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	7,035,132	3,473,814	224,661	431,027	-	11,164,634
Supplemental medicaid	1,066,667	-	-	-	-	1,066,667
Other operating revenue	1,676,540	-	-	13,334	-	1,689,874
Intercompany transfers	285,349	(285,349)	-	-	-	-
Purchased services revenue	1,057,840	-	-	1,684,582	179,199	2,921,621
Total operating revenues	11,121,527	3,188,465	224,661	2,128,943	179,199	16,842,795
<b>Operating expenses:</b>						
Salaries, wages and benefits	8,559,104	858,993	695,631	1,461,465	179,199	11,754,392
Supplies	665,117	482,833	-	324,500	-	1,472,451
Contractual services	201,531	56,840	737,035	5,565	-	1,000,970
Purchased services	548,494	58,708	(1,482,727)	156,025	-	(719,500)
Depreciation	92,533	80,596	-	378,508	-	551,637
Facilities	686,055	62,070	29,053	(380,684)	-	396,494
Insurance	158,153	3,099	16,796	2,932	-	180,980
Meals and travel	8,853	-	-	22,466	-	31,320
Faculty and staff recruitment	5,401	-	-	197,690	-	203,090
MUSCP corporate shared services	991,131	-	-	-	-	991,131
Other expenses	117,141	7,614	5,474	19,864	-	150,093
Total operating expenses	12,033,513	1,610,753	1,261	2,188,332	179,199	16,013,057
Operating income (loss)	(911,986)	1,577,712	223,400	(59,389)	-	829,737
Operating margin	(8.2%)	49.5%	99.4%	(2.8%)	0.0%	4.9%
<b>Nonoperating revenue (expenses):</b>						
Investment income	2,476	-	-	-	-	2,476
Interest expense	(13,965)	-	-	(35,904)	-	(49,869)
Rental income	18,578	-	-	(76)	-	18,502
Total nonoperating revenue (expenses)	7,089	-	-	(35,980)	-	(28,891)
Change in net position	\$ (904,897)	\$ 1,577,712	\$ 223,400	\$ (95,369)	\$ -	\$ 800,846
Net margin	(8.1%)	49.5%	99.4%	(4.5%)	0.0%	4.8%

**Notes:**

*CFC Community Physicians:*

- \$205K Mt Pleasant Community PM&R operating income

*Other Departments:*

- (\$12K) Group Health deficit to be transferred to UMA
- (\$12K) Community Corporate Executive costs operating loss
- (\$5K) GASB 87 Leases Impact
- Other column includes the following entities which are fully funded: Tidelands Multispecialty, Modern Minds, Centerspace (\$68K loss to be billed to outside funding), MCP Leadership, and MUHA Midlands

**FY2025 MUSCP Consolidated Approved Unbudgeted Expenses  
As of 10/31/24**

<b>Unbudgeted Capital Projects</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</b>	<b>\$ 7,398,000</b>
<b>Unbudgeted Operating Expenses</b>	<b>Amount</b>
<b>Total</b>	<b>\$ -</b>
<b>Total FY25 Approved Unbudgeted Expenses</b>	<b>\$ 7,398,000</b>

<b>Section # **</b>	<b>Policy #</b> E-BOT-31	<b>MUSC Board Policy on Travel</b>	
<b>Responsible Department:</b> UMA ENTRP FND MUSC Board Expenses CC			
<b>Date Originated</b> 04/10/2015	<b>Last Reviewed</b> 12/13/2024	<b>Last Revised</b> 12/13/2024	<b>Effective Date*</b> 12/13/2024

**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/Purpose**

The Board of Trustees desires to act lawfully and in compliance with policy at all times. This policy provides guidance for compliant reimbursement of expenses incurred by the Board of Trustees members (Trustees) and Trustees Emeriti (Emeriti).

This policy defines how Trustees and Emeriti are reimbursed for expenses incurred while on official MUSC/MUHA business.

**II. Scope**

This policy applies to Trustees and Trustees Emeriti.

**III. Policy**

MUSC Internal Audit staff will review board expenses on an annual basis to determine compliance with the policy. Trustees and Emeriti are responsible for all other expenses not covered by the policy. Should an over-reimbursement occur, the Trustee or Emeriti will be asked to reimburse MUSC the amount of the overpayment.

**MILEAGE**

Trustees and Emeriti will be reimbursed at the state mileage rate for one personal vehicle used while on official MUSC/MUHA business.

**MEALS**

Trustees and Emeriti will be reimbursed for meals not otherwise provided. Guests having a clear connection or future/potential connection to MUSC may be invited to dinner by the Trustees at MUSC’s expense. If a Trustee is unsure whether a guest qualifies as “invited,”

he/she should contact the Board Secretary for guidance. Names of the guests and a clear business purpose should be included on the reimbursement request form.

No meal reimbursements are to be paid from state appropriated funds. The cost of meals should not be excessive, and reimbursements will be limited to \$163.20 per person per day including taxes, fees, and tips.

### **LODGING**

The Board of Trustees will contract from time to time with a local hotel for rooms for Trustees, Emeriti, and guests invited by the Board. The following items will be covered:

- A room up to the current rate of the contracted hotel before taxes and fees.
- One valet parking space per night.

If there is an advance cancellation requirement for room reservations, Trustees and Emeriti will be responsible for charges incurred when the hotel's cancellation requirement is not met.

Reimbursements for lodging are not to be paid from state appropriated funds.

### **PER DIEM**

Trustees will be paid per diem in the amount specified in the South Carolina General Appropriations Act, Part 1B while conducting official business. In accordance with this policy, per diem will be paid for any day or any portion of a day while a Trustee is on official business as defined in Section IV.

### **REIMBURSEMENT**

Trustees are responsible for submitting the required documents for reimbursement to include agendas, calendars, receipts, and any other required documentation.

### **TRUSTEES EMERITI**

Emeriti provide support for the University as knowledgeable friends and ambassadors. The Board of Trustees may extend an invitation to Emeriti to attend Board meetings and/or special events subject to all travel policies. Emeriti will not receive per diem payments. Reimbursements for Emeriti expenses are not to be paid from state appropriated funds.

### **BOARD SECRETARY**

The Board Secretary will comply with all laws and policies regarding meals, entertainment, gifts, or other similar items. All requests for reimbursement should specify the business purpose and a list of attendees.

## **IV. Definitions \*\***

For purposes of this policy, MUSC/MUHA is defined as the MUSC enterprise which includes but is not limited to MUSC; MUHA; MUSC Physicians; various foundations, boards, committees, and subcommittees of the MUSC enterprise; in addition, this policy applies to all affiliates in which MUSC/MUHA or another entity supports MUSC or MUHA has an ownership

interest; and any and all future affiliates and partnerships associated with the MUSC Enterprise.

Official business is defined as all meetings, non-social events, conferences, and scheduled audio/video meetings, all of which have a direct connection to the operations of the MUSC enterprise and/or its affiliates and partners.

For further clarification, official business does not include conference calls between Trustees and MUSC enterprise leadership, MUSC enterprise management, faculty, vendors, and other customers of the MUSC enterprise. Trustees are to exercise good judgment before requesting any per diem or expense reimbursement.

Per diem may only be requested when a Trustee is performing official business on behalf of MUSC or MUHA.

Duplicative reimbursements are defined as applying for reimbursement from an affiliate or partner and MUSC/MUHA for the same official business and such practice is prohibited.

**V. Related Policies \*\***

n/a

**VI. Applicable Laws and/or Regulations \*\***

n/a

**VII. References (Internal and External) and Citations \*\***

SC Appropriation Act, General Provisions, Per Diem:  
<http://www.scstatehouse.gov/budget.php>

**VIII. Distribution and Communication Plan**

This policy will be provided to all Trustees and Emeriti.

**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**