



**AGENDA**  
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES  
AND  
UNIVERSITY BOARD OF TRUSTEES

April 11, 2025

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES**  
**REGULAR AGENDA**  
April 11, 2025  
101 Colcock Hall

**Members of the Board of Trustees**

Mr. Charles W. Schulze, Chairman	Dr. Donald R. Johnson II
Dr. W. Melvin Brown III, Vice-Chairman	Ms. Barbara Johnson-Williams
Ms. Terri R. Barnes	Dr. James Lemon
The Honorable James A. Battle, Jr.	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.
Dr. Paul T. Davis	

**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 ..... Mark Sweatman  
*Senior Advisor to the Board of Trustees*
- Item 3. Date of Next Regular Meeting – May 16, 2025 ..... Mark Sweatman  
*Senior Advisor to the Board of Trustees*
- Item 4. Approval of Meeting Minutes .....Charles Schulze  
*Chairman*
- Item 4.1 Election of Trustee Emeritus of the Medical University Hospital  
Authority (MUHA) .....Charles Schulze  
*Chairman*
- In accordance with the MUHA Board of Trustees Bylaws, Section III. (F),  
election of a Trustee Emeritus will take place.

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

- Item 5. Item Removed.
- Item 6. Other Business.....Dr. David Cole  
*President*

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

- Item 7. MUSC Health Status Report ..... Dr. Patrick Cawley  
*Chief Executive Officer, MUSC Health*
- Item 8. Quality and Patient Safety Report..... Dr. Danielle Scheurer  
*Chief Quality Officer, MUSC Health*
- Item 9. College of Medicine Update ..... Dr. Terry Steyer  
*Dean, College of Medicine*
- Item 10. Government Affairs Update ..... Mark Sweatman  
*Vice President for Government Affairs*
- Item 11. Other Committee Business.....Dr. Murrell Smith  
*Committee Chair*

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

- Item 12. MUHA Lease(s) for Approval ..... Tom Crawford  
*Chief Operating Officer, MUSC Health*
- Item 13. MUSC Lease(s) for Approval.....Rick Anderson  
*Executive Vice President for Finance and Operations*
- Item 14. MUHA Establish Project(s) for Approval ..... Tom Crawford  
*Chief Operating Officer, MUSC Health*
- Item 15. MUHA Professional Selection(s) for Approval..... Tom Crawford  
*Chief Operating Officer, MUSC Health*
- Item 16. Resolution for Approval ..... Terri Barnes  
*Committee Chair*
- Item 16.1 Other Committee Business..... Terri Barnes  
*Committee Chair*

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

- Item 17. KPMG FY2025 External Audit Entrance Conference .....Alison Upton/Steve Reader/Andy Finley  
*KPMG*
- Item 18. Internal Audit Report..... Susan Barnhart  
*Chief Audit Executive*
- Item 19. Other Committee Business..... Tom Stephenson  
*Committee Chair*

**Other Business for the Board of Trustees**

Item 20. Approval of Consent Agenda.....Charles Schulze  
*Chairman*

Item 21. 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 22. New Business for the Board of Trustees .....Charles Schulze  
*Chairman*

Item 23. Report from the Chairman .....Charles Schulze  
*Chairman*

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

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 14,726 square feet of office space located at Roper MOB, 125 Doughty Street, 7<sup>th</sup> Floor, Charleston. The purpose of this lease is to accommodate the relocation of Charleston Division Executive Leadership from MUSC Main Hospital, and College of Medicine office space from Shawn Jenkins Children’s Hospital, which is necessary to increase hospital patient services. The rent per square foot is \$38.19 which includes CAM, taxes, insurance, and operating costs. The monthly rental payment will be \$46,865.50, resulting in an annual lease amount of \$562,385.94. Rent shall increase 4% annually. Landlord shall provide \$763,300.00 in tenant improvement allowance.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Roper MOB, LLC

LANDLORD CONTACT: Erreca White, Regional Leasing Director

TENANT CONTACT: Dr. Saj Joy, Chief Executive Officer

SOURCE OF FUNDS: General Hospital Funding

LEASE TERMS:

TERM: Fifteen (15) years: [Estimated Start August 2025]

TOTAL AMOUNT PER SQUARE FOOT: \$38.19

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1	\$562,385.94	Year 6	\$684,228.49	Year 11	\$832,468.57
Year 2	\$584,881.38	Year 7	\$711,597.63	Year 12	\$865,767.32
Year 3	\$608,276.63	Year 8	\$740,061.53	Year 13	\$900,398.01
Year 4	\$632,607.70	Year 9	\$769,663.99	Year 14	\$936,413.93
Year 5	\$657,912.01	Year 10	\$800,450.55	Year 15	\$973,870.49

TOTAL AMOUNT TERM: \$11,261,022.35

Extended Term(s): None

OPERATING COSTS:

FULL SERVICE   X    
MODIFIED

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

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 7,523 square feet of clinical space located at 1176 Sam Rittenberg Boulevard, 2<sup>nd</sup> Floor, Charleston. The purpose of this lease is to provide space for the relocation of MUHA Center for Eating Disorders and Revisions Outpatient Therapy from Cannon Park Place. The base rent per square foot is \$24.00 plus \$8.00 a square foot for CAM, property taxes, and insurance for a total square foot cost of \$32.00. The monthly rental payment will be \$20,061.33, resulting in an annual lease amount of \$240,736.00. Base Rent shall increase 3% annually and CAM shall increase annually based on actuals with a cap of 5% on controllable expenses. Landlord shall provide \$376,150.00 in tenant improvement allowance.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Sam Rittenberg, LLC

LANDLORD CONTACT: Clarke Attaway, Associate

TENANT CONTACT: Alice Edwards, Chief Ambulatory Officer

SOURCE OF FUNDS: General Hospital Funding

LEASE TERMS:

TERM: Ten (10) years: [8/1/2025 – 7/31/2035]  
TOTAL AMOUNT PER SQUARE FOOT: \$32.00  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$240,736.00      Year 6 \$286,120.98  
Year 2 \$249,161.76      Year 7 \$296,240.85  
Year 3 \$257,900.48      Year 8 \$306,741.12  
Year 4 \$266,964.55      Year 9 \$317,637.05  
Year 5 \$276,366.89      Year 10 \$328,944.55

TOTAL AMOUNT TERM: \$2,826,814.22

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

OPERATING COSTS:

FULL SERVICE       
MODIFIED   X

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

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 4,066 square feet of clinical space located at 2070 Northbrook Boulevard, Suite B4, North Charleston. The purpose of this lease is to provide space for MUSC Health Pediatric Physical/Occupational Therapy. The base rent per square foot is \$21.33 plus \$5.83 a square foot for CAM, property taxes, and insurance for a total square foot cost of \$27.17. The monthly rental payment will be \$9,206.10, resulting in an annual lease amount of \$110,473.22. Base Rent shall increase 3% annually and CAM shall increase annually based on actuals estimated at 4%. Landlord shall provide turnkey with \$59,688.00 in tenant improvements.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Northbrook, Ltd.

LANDLORD CONTACT: Duke Lechtman, Owner

TENANT CONTACT: Tripp Grooms, Executive Director of Operations, Charleston

SOURCE OF FUNDS: General Hospital Funding

LEASE TERMS:

TERM: Ten (10) years: [Estimated Start July 2025]

TOTAL AMOUNT PER SQUARE FOOT: \$27.17

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1	\$110,473.22	Year 6	\$129,431.23
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Year 2	\$114,024.87	Year 7	\$133,603.06
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Year 3	\$117,692.57	Year 8	\$137,911.61
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Year 4	\$121,480.18	Year 9	\$142,361.43
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Year 5	\$125,391.69	Year 10	\$146,957.25
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TOTAL AMOUNT TERM: \$1,279,327.10

Extended Term(s): One (1) term, five (5) years

OPERATING COSTS:

FULL SERVICE     

MODIFIED   X

**FACILITIES  
ACADEMIC  
NEW LEASE  
FOR APPROVAL**

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for up to 725 parking spaces located at 3600 Rivers Avenue, North Charleston. The purpose of this lease is to accommodate remote parking for MUSC students and employees necessary to relieve parking stress for the MUSC Charleston Campus parking system. The rent per space per month is \$100.00 and includes CAM, insurance and taxes. The total monthly rental payment will be \$72,500.00, resulting in an annual lease amount of \$870,000.00. The rent shall increase 2% annually.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Navy Hospital Partners, LP

LANDLORD CONTACT: Pete Harper, Lee & Associates

TENANT NAME AND CONTACT: Stewart Mixon, Chief Operations Officer

SOURCE OF FUNDS: Parking Management

LEASE TERMS:

TERM: One (1) year: 8/1/2025 – 7/31/2026  
TOTAL AMOUNT PER SPACE/MONTH: \$100.00  
TOTAL ANNUAL LEASE AMOUNT: \$870,000.00

Extended Term(s): Two (2) terms, one (1) year each

TOTAL AMOUNT INCLUDING OPTIONS: \$2,662,548.00

OPERATING COSTS:

FULL SERVICE   X    
NET

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

**ESTABLISH PROJECT FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT TITLE:** 334 Calhoun St –Site Preparation/Demolition and Conceptual Planning

**PROJECT NUMBER:** 254010

**SCOPE OF WORK:** Preparation of demolition drawings, securing approvals from City of Charleston and demolition of existing structures onsite. Preparation of Conceptual Design for new MOB-ASC + Cancer Center including programming and budgeting. Costs up to \$5,000,000.

**JUSTIFICATION:**

Approval will allow for the procurement of Architectural/Engineering services for preparation of all requisite drawings and obtaining necessary City of Charleston approvals for demolition of existing structures and preparing site for new building.

Approval will also allow for procurement of qualified Architects and Construction Managers to start planning activities including Conceptual Design, programming, site analysis, budget preparation.

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

**Selection of Architect/Engineer**

**FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT:** MUSC Health: Columbia DT ED Expansion and Renovation

**Project Number:** 243007

**Committee Members:** Charles Schulze, Terri Barnes, Barbara Johnson-Williams

Tom Crawford, Gopi OmRaju

**Staff Advisors:**

**7 Firms Submitted**

**3 Firms Selected for interview**

- Array Architects
- E4H
- GoodwynMillsCaywood

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

**Selection of Construction Manager-at-Risk (CM @ R)**

**FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT:** MUSC Health: Columbia DT ED Expansion and Renovation

**Project Number:** 243007

**Committee Members:** Charles Schulze, Terri Barnes, Barbara Johnson-Williams

**Staff Advisors:** Tom Crawford, Gopi OmRaju

**7 Firms Submitted**

**3 Firms Selected for interview**

- Hood Construction
- MB Kahn Construction
- Samet Construction

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

**Selection of Architect/Engineer**

**FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT:** Cellular Therapy Expansion

**Project Number:** 250002

**Committee Members:** Charles Schulze, Terri Barnes, Barbara Johnson-Williams

**Staff Advisors:** Tom Crawford, Gopi OmRaju

**3 Firms Submitted**

**3 Firms Selected for interview**

- Compass5 Partners
- Greenberg Farrow+HKS
- LS3P + HDR

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

**Selection of Construction Manager-at-Risk (CM @ R)**

**FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT:** Cellular Therapy Expansion

**Project Number:** 250002

**Committee Members:** Charles Schulze, Terri Barnes, Barbara Johnson-Williams

**Staff Advisors:** Tom Crawford, Gopi OmRaju

**8 Firms Submitted**

**3 Firms Selected for interview**

- Frampton Construction
- BalfourBeatty Construction
- Samet Construction

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

**Selection of Architect/Engineer**

**FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT:** HCC @ Florence

**Project Number:** 241002

**Committee Members:** Terri Barnes, Barbara Johnson-Williams, Michael Stavrinakis  
Tom Crawford, Gopi OmRaju

**Staff Advisors:**

**11 Firms Submitted**

**4 Firms Selected for interview**

- Array Architects
- Greenberg Farrow + HKS
- HDR + LS3P
- TsoiKobus + McMillanPazdanSmith

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

**Selection of Architect/Engineer**

**FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT:** HCC @ Florence

**Project Number:** 241002

**Committee Members:** Terri Barnes, Barbara Johnson-Williams, Michael Stavrinakis

**Staff Advisors:** Tom Crawford, Gopi OmRaju

**9 Firms Submitted**

**4 Firms Selected for interview**

- Hood Construction
- James R. Vannoy Construction
- MB Kahn Construction
- Samet Construction

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

**Selection of Design Engineering Firms for Indefinite Delivery and Quantity (IDQ)**

**Mechanical/Electrical/Plumbing/Fire Protection**

**FOR APPROVAL**

**DATE: April 10, 2025**

**PROJECT TITLE:** Indefinite Delivery and Quantity (IDQ) Contract for Engineering Design Services for MUHA

**IDQ #:** IDQ2024 – 2 MEP-FP

**SCOPE OF WORK:** Furnishing of Engineering Design Services for Mechanical/Electrical/Plumbing/Fire Protection engineering

**7 Firms Submitted**

**5 Firms Selected for interview**

- BR+A Consulting Engineers
- CMTA
- DWG Consulting Engineers
- HIPP Consulting
- RMF Engineers

**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES**  
**REGULAR AGENDA**  
April 11, 2025  
101 Colcock Hall

**Members of the Board of Trustees**

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

**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 ..... Mark Sweatman  
*Senior Advisor to the Board of Trustees*
- Item 3. Date of Next Regular Meeting – May 16, 2025 ..... Mark Sweatman  
*Senior Advisor to the Board of Trustees*
- Item 4. Approval of Meeting Minutes ..... Charles Schulze  
*Chairman*
- Item 4.1 Election of Trustee Emeritus of the Medical University of South  
Carolina (MUSC) ..... Charles Schulze  
*Chairman*
- In accordance with the MUSC Board of Trustees Bylaws, Section III. (F),  
election of a Trustee Emeritus will take place.

**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. Introduction of New Vice President for Institutional Advancement,  
Carol Shannon ..... Stuart Ames  
*CEO, MUSC Foundation*
- Item 8. Office of Research Report ..... Dr. Timothy Stemmler  
*Vice President for Research*
- Item 9. Other Committee Business..... Michael Stavrinakis  
*Committee Chair*

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

- Item 10. Provost Report..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*
- Item 11. Changes to Academic Tuition and Fees for FY2026 for Approval ..... Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*
- Item 12. Other Committee Business..... Barbara Johnson-Williams  
*Committee Chair*

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

- Item 13. MUSC Financial Report ..... Susie Edwards  
*Chief Financial Officer, MUSC*
- Item 14. MUSC Major Purchase(s) for Approval..... Susie Edwards  
*Chief Financial Officer, MUSC*
- Item 15. MUSC Health Financial Report ..... Doug Lischke  
*Chief Financial Officer, MUSC Health*
- Item 16. Budget Reprioritization Request(s) ..... 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. Resolution for Approval ..... Dr. Don Johnson  
*Committee Chair*
- Item 19.1 Other Committee Business..... Dr. Don Johnson  
*Committee Chair*

**Other Business for the Board of Trustees**

Item 20. Approval of Consent Agenda..... Charles Schulze  
*Chairman*

Item 21. 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 22. New Business for the Board of Trustees ..... Charles Schulze  
*Chairman*

Item 23. Report from the Chairman ..... Charles Schulze  
*Chairman*

**Medical University of South Carolina**

**Overview of Proposed Schedule of Academic Charges for FY 2026**

College of Dental Medicine	20% tuition decrease for In and Out-of-State Endodontics, MSD 50% and 54% tuition decrease for In and Out-of-State Digital Dentistry, MSD  15% tuition increase for Out-of-State Periodontics and Orthodontics, MSD  No fee changes
College of Graduate Studies	No tuition changes- Requesting to redistribute program cost so that each semester is equal  1 fee decreased
College of Health Professions	8% tuition increase for Out-of-State Doctor of Nurse Anesthesia Practice- Post-Baccalaureate 5% tuition increase for Out-of-State Master of Science in Physician Assistant Studies 4% tuition increase for Out-of-State Master of Genetic Counseling  2% tuition decrease for Out-of State Doctor of Nurse Anesthesia Practice- Post-Masters  New Track- Master of Science in Extracorporeal Science - International (Flex) New Track- Master of Science in Extracorporeal Science - International New Program- Doctor of Occupational Therapy- Post Professional (students now full time) New Program- Master of Science in Physician Assistant Studies - Hybrid New Program- Master of Science in Pathologists' Assistant Studies  2 new fees associated with new programs 3 fees deleted
College of Medicine	Redistribution of tuition starting with Class of '26 with an increase of tuition to equalize the first year student's tuition * No net change in total tuition cost for 4 years  No fee changes
College of Nursing	No tuition changes  1 new fee- All first semester International Ph.D. students
College of Pharmacy	2% tuition increase - Doctor of Pharmacy International (Full and Part Time)  New Program- Doctor of Pharmacy/Master of Public Health (PharmD/MPH)  4 new fees associated with new program
Institutional Charges	No fee changes

\* We will need to reserve the option to present tuition/fee updates at a future Board meeting based on the State's final decision on Tuition Mitigation

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**Monthly Financial Reports**  
**Table of Contents**  
**For the Seven (7) Month Period Ended January 31, 2025**

	<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 January 31, 2025**

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
<b>Assets &amp; Deferred Outflows</b>			
Cash and Cash Equivalents	\$ 434,067,421	\$ 11,777,443	\$ -
Cash and Cash Equivalents - Restricted	80,339,614	-	370,565
State Appropriation Receivable	109,696,899	7,586,474	-
Student Tuition and Fees Receivable	3,628,712	-	-
Student Loan Receivable	10,572,531	-	-
Grants and Contracts Receivable	70,996,912	285,974	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Lease Receivable	17,907,265	-	-
Other Receivables	-	-	-
Investments	-	-	-
Prepaid Items	12,594,522	-	-
Capital Assets, net of Accumulated Depreciation	468,131,930	-	-
Due from Hospital Authority	(5,748,796)	-	-
Due from Other Funds	147,682,356	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	-	-	-
Deferred Outflows-Pensions	92,491,551	-	-
Deferred Outflows-OPEB	162,128,297	-	-
Other Assets	-	-	-
<b>Total Assets &amp; Deferred Outflows</b>	<b>\$ 1,604,489,215</b>	<b>\$ 19,649,891</b>	<b>\$ 370,565</b>
<b>Liabilities &amp; Deferred Inflows</b>			
Accounts Payable	\$ 22,781,081	\$ 640,279	\$ -
Accrued Payroll and Other Payroll Liabilities	32,272,349	-	-
Accrued Compensated Absences	35,155,623	208,238	-
Deferred Revenue	117,043,817	6,324,559	-
Retainages Payable	559,427	-	-
Long-Term Debt	123,643,395	-	-
Lease Liability	70,865,674	-	-
SBITA Liability	3,828,998	-	-
Interest Payable	650,583	-	-
Deposits Held for Others	2,195,658	-	-
Due to Hospital Authority	-	-	-
Due to Other Funds	9,225,170	-	-
Federal Loan Program Liability	11,271,982	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	537,783,018	-	-
Net OPEB Liability	430,529,730	-	-
Deferred Inflows-Leases	17,358,684	-	-
Deferred Inflows-Pensions	14,005,012	-	-
Deferred Inflows-OPEB	255,645,445	-	-
Other Liabilities	49,930,610	-	-
<b>Total Liabilities &amp; Deferred Inflows</b>	<b>\$ 1,734,746,256</b>	<b>\$ 7,173,076</b>	<b>\$ -</b>
<b>Net Position</b>	<b>(130,257,042)</b>	<b>12,476,815</b>	<b>370,565</b>
<b>Total Liabilities &amp; Deferred Inflows and Net Position</b>	<b>\$ 1,604,489,215</b>	<b>\$ 19,649,891</b>	<b>\$ 370,565</b>

The Medical University of South Carolina  
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)  
 For the period ending January 31, 2025

	Budget	Prorated Budget (Note)	Actual	Variance	
<b>Revenues</b>					
Federal Grants & Contracts	\$ 167,614,832	\$ 97,775,319	\$ 104,169,969	\$ 6,394,650	F
Federal Grants Indirect Cost Recoveries	51,473,036	30,025,938	27,793,858	(2,232,080)	U
State Grants & Contracts	16,200,519	9,450,303	8,563,675	(886,628)	U
Private Grants & Contracts	41,735,992	24,345,995	34,092,483	9,746,488	F
Private Grants Indirect Cost Recoveries	2,838,389	1,655,727	3,666,943	2,011,216	F
<b>Total Grants &amp; Contracts</b>	<b>279,862,768</b>	<b>163,253,282</b>	<b>178,286,927</b>	<b>15,033,645</b>	<b>F</b>
State Appropriations	147,494,813	86,038,641	90,544,193	4,505,552	F
Tuition and Fees	110,054,394	64,198,397	66,017,681	1,819,284	F
Pass-Through Revenues	48,384,808	28,224,471	23,266,138	(4,958,333)	U
Gifts	29,410,234	17,155,970	16,591,523	(564,447)	U
Transfers from (to) MUSC Physicians	118,756,267	69,274,489	68,625,108	(649,381)	U
Sales and Services of Educational Departments	20,605,687	12,019,984	10,947,459	(1,072,525)	U
Sales and Services of Auxiliary Enterprises	22,965,431	13,396,501	9,816,821	(3,579,680)	U
Interest and Investment Income	2,191	1,278	174,997	173,719	F
Endowment Income	3,998,070	2,332,208	4,973,423	2,641,215	F
Miscellaneous	20,151,059	11,754,784	15,016,976	3,262,192	F
Miscellaneous - Residents	8,106,064	4,728,537	4,728,537	-	F
Authority Revenue	91,264,524	53,237,639	46,324,227	(6,913,412)	U
Authority Revenue - Residents	87,868,579	51,256,671	51,256,671	-	F
Intra-Institutional Sales	42,469,086	24,773,634	11,917,856	(12,855,778)	U
<b>Total Other</b>	<b>751,531,207</b>	<b>438,393,204</b>	<b>420,201,610</b>	<b>(18,191,594)</b>	<b>U</b>
<b>Total Revenues</b>	<b>1,031,393,975</b>	<b>601,646,486</b>	<b>598,488,537</b>	<b>(3,157,949)</b>	<b>U</b>
<b>Expenditures</b>					
Salaries	\$ 421,243,705	\$ 245,725,495	\$ 237,572,161	\$ 8,153,334	F
Miscellaneous Personnel Expenditures	-	-	2,754,725	(2,754,725)	U
Fringe Benefits	184,062,728	107,369,925	102,092,818	5,277,107	F
<b>Total Personnel</b>	<b>\$ 605,306,433</b>	<b>\$ 353,095,420</b>	<b>\$ 342,419,704</b>	<b>\$ 10,675,716</b>	<b>F</b>
Contractual Services	\$ 184,422,935	\$ 107,580,045	\$ 101,567,505	\$ 6,012,540	F
Pass-through Expenditures	48,384,808	28,224,471	23,266,138	4,958,333	F
Supplies	72,288,416	42,168,243	40,171,105	1,997,138	F
Fixed Charges	52,168,836	30,431,821	25,189,295	5,242,526	F
Equipment	10,308,326	6,013,190	-	6,013,190	F
Travel	6,608,194	3,854,780	5,546,749	(1,691,969)	U
Trainee / Scholarships	25,702,944	14,993,384	14,536,923	456,461	F
Other Expenses	12,096,105	7,056,061	14,574,331	(7,518,270)	U
Debt Service	11,723,644	6,838,792	6,838,792	(0)	U
<b>Total Other</b>	<b>\$ 423,704,208</b>	<b>\$ 247,160,787</b>	<b>\$ 231,690,840</b>	<b>\$ 15,469,947</b>	<b>F</b>
<b>Total Expenditures</b>	<b>\$ 1,029,010,641</b>	<b>\$ 600,256,207</b>	<b>\$ 574,110,544</b>	<b>\$ 26,145,663</b>	<b>F</b>
<b>Other Additions (Deductions)</b>					
Transfers from(to) Plant Funds	(49,768,631)	(29,031,701)	(30,580,899)	(1,549,198)	U
Other Transfers	-	-	-	-	F
Prior Year Fund Balance Usage	53,857,350	31,416,788	28,737,817	(2,678,971)	U
<b>Total Other Additions (Deductions)</b>	<b>\$ 4,088,719</b>	<b>\$ 2,385,087</b>	<b>\$ (1,843,082)</b>	<b>\$ (4,228,169)</b>	<b>U</b>
<b>NET INCREASE (DECREASE) in Fund Balance</b>	<b>\$ 6,472,053</b>	<b>\$ 3,775,366</b>	<b>\$ 22,534,911</b>	<b>\$ 18,759,545</b>	<b>F</b>
<b>Non-Budgeted Items</b>					
Net Unfunded Pension Expense			948,753		
Net Unfunded OPEB Expense			7,036,354		
Depreciation			(23,427,685)		
Endowment Gains/Losses			4,865,229		
Gain (Loss) on Disposition of Property			-		
Other Non-Budgeted Items			13,725,084		
<b>SRECNP Bottom Line</b>			<b>25,682,646</b>		

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
January 31, 2025

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	\$ 82,345,842
Land/Bldgs/Equipment/Accumulated depreciation	<u>385,786,088</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 468,131,930</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	\$ 68,855,965
Grants and contracts	12,045,848
Student tuition and fees	32,567,203
Other	<u>3,574,801</u>
Total Deferred Revenue	<u>\$ 117,043,817</u>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
January 31, 2025

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	23,437,193
Premium on State Institution bonds payable	4,457,939
Premium on Refunding Revenue Bonds	373,263
Bond Anticipation Note	<u>45,075,000</u>
Total Long Term Liabilities and Leases	<u>\$ 194,509,069</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			
	FY2024	FY2023	FY2022	FY2021
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-Jan-2025
<b>State Institution Bonds (SIB)</b>			
SIB 2016D	30,095	College of Dental Medicine Building	16,150
		College of Pharmacy Addition and Various	
SIB 2021D	23,415	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>\$ 23,437</u>
<b>TOTAL:</b>	<u><u>\$ 199,330</u></u>		<u><u>\$ 118,812</u></u>

**The Medical University of South Carolina and Affiliated Organizations**  
**Statement of Revenues, Expenses and Changes in Net Position**  
**For the Seven (7) Month Period Ending January 31, 2025**

	<b>Area Health Education Consortium</b>	<b>CHS Development Company</b>
<b>Operating Revenues</b>		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	618,989	-
State Grants and Contracts	1,470,713	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	118,249	-
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	174,115	-
<b>Total Operating Revenues</b>	<b>2,382,066</b>	<b>-</b>
<b>Operating Expenses</b>		
Compensation and Employee Benefits	1,802,973	-
Pension Benefits		
OPEB Expense		
Services and Supplies	3,244,433	-
Utilities	-	-
Scholarships and Fellowships	-	-
Refunds to Grantors	-	-
Interest Expense	-	-
Depreciation and Amortization	-	-
<b>Total Operating Expenses</b>	<b>5,047,406</b>	<b>-</b>
<b>Operating Income (Loss)</b>	<b>(2,665,340)</b>	<b>-</b>
<b>Nonoperating Revenues (Expenses)</b>		
State Appropriations	8,854,383	-
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>8,854,383</b>	<b>-</b>
<b>Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers</b>	<b>6,189,043</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	-	-
Transfer to Debt Service and Equity Deficits	-	-
Expenses Related to DHHS Supplemental Revenue	-	-
<b>Increase (Decrease) In Net Position</b>	<b>\$ 6,189,043</b>	<b>\$ -</b>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**Monthly Financial Reports**  
**Table of Contents**  
**For the Eight (8) Month Period Ended February 28, 2025**

	<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 February 28, 2025**

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
<b>Assets &amp; Deferred Outflows</b>			
Cash and Cash Equivalents	\$ 473,633,092	\$ 10,802,421	\$ -
Cash and Cash Equivalents - Restricted	62,762,146	-	370,565
State Appropriation Receivable	107,880,087	7,586,474	-
Student Tuition and Fees Receivable	27,898,556	-	-
Student Loan Receivable	10,760,536	-	-
Grants and Contracts Receivable	69,457,271	267,294	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Lease Receivable	17,907,265	-	-
Other Receivables	-	-	-
Investments	-	-	-
Prepaid Items	11,753,711	-	-
Capital Assets, net of Accumulated Depreciation	470,172,936	-	-
Due from Hospital Authority	(12,564,751)	-	-
Due from Other Funds	148,704,139	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	-	-	-
Deferred Outflows-Pensions	93,764,890	-	-
Deferred Outflows-OPEB	167,798,848	-	-
Other Assets	-	-	-
<b>Total Assets &amp; Deferred Outflows</b>	<b>\$ 1,649,928,726</b>	<b>\$ 18,656,189</b>	<b>\$ 370,565</b>
<b>Liabilities &amp; Deferred Inflows</b>			
Accounts Payable	\$ 13,953,567	\$ 121,780	\$ -
Accrued Payroll and Other Payroll Liabilities	32,326,121	-	-
Accrued Compensated Absences	35,155,623	208,238	-
Deferred Revenue	112,376,880	5,059,647	-
Retainages Payable	375,792	-	-
Long-Term Debt	123,366,859	-	-
Lease Liability	70,865,674	-	-
SBITA Liability	3,828,998	-	-
Interest Payable	650,583	-	-
Deposits Held for Others	(1,298,243)	-	-
Due to Hospital Authority	-	-	-
Due to Other Funds	10,015,160	-	-
Federal Loan Program Liability	11,271,982	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	537,358,894	-	-
Net OPEB Liability	432,848,058	-	-
Deferred Inflows-Leases	17,358,684	-	-
Deferred Inflows-Pensions	15,566,939	-	-
Deferred Inflows-OPEB	257,992,475	-	-
Other Liabilities	101,879,844	-	-
<b>Total Liabilities &amp; Deferred Inflows</b>	<b>\$ 1,775,893,889</b>	<b>\$ 5,389,665</b>	<b>\$ -</b>
<b>Net Position</b>	<b>(125,965,164)</b>	<b>13,266,524</b>	<b>370,565</b>
<b>Total Liabilities &amp; Deferred Inflows and Net Position</b>	<b>\$ 1,649,928,726</b>	<b>\$ 18,656,189</b>	<b>\$ 370,565</b>

The Medical University of South Carolina  
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)  
 For the period ending February 28, 2025

	Budget	Prorated Budget (Note)	Actual	Variance	
<b>Revenues</b>					
Federal Grants & Contracts	\$ 167,614,832	\$ 111,743,221	\$ 120,135,931	\$ 8,392,710	F
Federal Grants Indirect Cost Recoveries	51,473,036	34,315,357	31,890,636	(2,424,721)	U
State Grants & Contracts	16,200,519	10,800,346	10,353,121	(447,225)	U
Private Grants & Contracts	41,735,992	27,823,995	37,826,381	10,002,386	F
Private Grants Indirect Cost Recoveries	2,838,389	1,892,259	4,257,551	2,365,292	F
<b>Total Grants &amp; Contracts</b>	<b>279,862,768</b>	<b>186,575,178</b>	<b>204,463,620</b>	<b>17,888,442</b>	<b>F</b>
State Appropriations	147,494,813	98,329,875	103,479,078	5,149,203	F
Tuition and Fees	110,054,394	73,369,596	75,348,907	1,979,311	F
Pass-Through Revenues	48,384,808	32,256,539	26,589,872	(5,666,667)	U
Gifts	29,410,234	19,606,823	17,390,161	(2,216,662)	U
Transfers from (to) MUSC Physicians	118,756,267	79,170,845	78,560,092	(610,753)	U
Sales and Services of Educational Departments	20,605,687	13,737,125	11,396,243	(2,340,882)	U
Sales and Services of Auxiliary Enterprises	22,965,431	15,310,287	11,617,064	(3,693,223)	U
Interest and Investment Income	2,191	1,461	208,367	206,906	F
Endowment Income	3,998,070	2,665,380	4,975,100	2,309,720	F
Miscellaneous	20,151,059	13,434,039	14,779,616	1,345,577	F
Miscellaneous - Residents	8,106,064	5,404,043	5,404,043	-	F
Authority Revenue	91,264,524	60,843,016	53,273,045	(7,569,971)	U
Authority Revenue - Residents	87,868,579	58,579,053	58,579,053	-	F
Intra-Institutional Sales	42,469,086	28,312,724	13,502,638	(14,810,086)	U
<b>Total Other</b>	<b>751,531,207</b>	<b>501,020,806</b>	<b>475,103,280</b>	<b>(25,917,526)</b>	<b>U</b>
<b>Total Revenues</b>	<b>1,031,393,975</b>	<b>687,595,984</b>	<b>679,566,900</b>	<b>(8,029,084)</b>	<b>U</b>
<b>Expenditures</b>					
Salaries	\$ 421,243,705	\$ 280,829,137	\$ 272,955,681	\$ 7,873,456	F
Miscellaneous Personnel Expenditures	-	-	296,043	(296,043)	U
Fringe Benefits	184,062,728	122,708,485	117,226,082	5,482,403	F
<b>Total Personnel</b>	<b>\$ 605,306,433</b>	<b>\$ 403,537,622</b>	<b>\$ 390,477,806</b>	<b>\$ 13,059,816</b>	<b>F</b>
Contractual Services	\$ 184,422,935	\$ 122,948,623	\$ 112,076,714	\$ 10,871,909	F
Pass-through Expenditures	48,384,808	32,256,539	26,589,872	5,666,667	F
Supplies	72,288,416	48,192,277	46,919,956	1,272,321	F
Fixed Charges	52,168,836	34,779,224	28,172,160	6,607,064	F
Equipment	10,308,326	6,872,217	-	6,872,217	F
Travel	6,608,194	4,405,463	6,409,432	(2,003,969)	U
Trainee / Scholarships	25,702,944	17,135,296	16,780,392	354,904	F
Other Expenses	12,096,105	8,064,070	16,633,985	(8,569,915)	U
Debt Service	11,723,644	7,815,763	7,815,763	(0)	U
<b>Total Other</b>	<b>\$ 423,704,208</b>	<b>\$ 282,469,472</b>	<b>\$ 261,398,275</b>	<b>\$ 21,071,197</b>	<b>F</b>
<b>Total Expenditures</b>	<b>\$ 1,029,010,641</b>	<b>\$ 686,007,094</b>	<b>\$ 651,876,082</b>	<b>\$ 34,131,012</b>	<b>F</b>
<b>Other Additions (Deductions)</b>					
Transfers from(to) Plant Funds	(49,768,631)	(33,179,087)	(34,615,607)	(1,436,520)	U
Other Transfers	-	-	-	-	F
Prior Year Fund Balance Usage	53,857,350	35,904,900	32,781,773	(3,123,127)	U
<b>Total Other Additions (Deductions)</b>	<b>\$ 4,088,719</b>	<b>\$ 2,725,813</b>	<b>\$ (1,833,834)</b>	<b>\$ (4,559,647)</b>	<b>U</b>
<b>NET INCREASE (DECREASE) in Fund Balance</b>	<b>\$ 6,472,053</b>	<b>\$ 4,314,703</b>	<b>\$ 25,856,984</b>	<b>\$ 21,542,281</b>	<b>F</b>
<b>Non-Budgeted Items</b>					
Net Unfunded Pension Expense			1,084,289		
Net Unfunded OPEB Expense			8,041,494		
Depreciation			(26,310,590)		
Endowment Gains/Losses			4,865,229		
Gain (Loss) on Disposition of Property			-		
Other Non-Budgeted Items			16,437,118		
<b>SRECNP Bottom Line</b>			<b>29,974,524</b>		

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
February 28, 2025

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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	\$ 86,187,188
Land/Bldgs/Equipment/Accumulated depreciation	<u>368,042,270</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 454,229,458</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	\$ 59,762,453
Grants and contracts	12,045,848
Student tuition and fees	36,993,778
Other	<u>3,574,801</u>
Total Deferred Revenue	<u>\$ 112,376,880</u>

**THE MEDICAL UNIVERSITY OF SOUTH CAROLINA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
February 28, 2025

Note 7. *Long Term Liabilities and Leases*

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Energy Performance Note Payable	23,248,992
Premium on State Institution bonds payable	4,385,958
Premium on Refunding Revenue Bonds	356,909
Bond Anticipation Note	<u>45,075,000</u>
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Medical University of South Carolina  
Summary of Current Debt Obligations

(\$\$ in thousands)

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		College of Pharmacy Addition and Various	
SIB 2021D	23,415	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>			
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<b>Energy Performance Note Payable</b>			
EPNP 02-27-19	<u>\$ 30,000</u>	Energy Savings	<u>\$ 23,249</u>
<b>TOTAL:</b>	<u><u>\$ 199,330</u></u>		<u><u>\$ 118,624</u></u>

**The Medical University of South Carolina and Affiliated Organizations  
Statement of Revenues, Expenses and Changes in Net Position  
For the Eight (8) Month Period Ending February 28, 2025**

	<b>Area Health Education Consortium</b>	<b>CHS Development Company</b>
<b>Operating Revenues</b>		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	677,914	-
State Grants and Contracts	1,470,713	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	118,249	-
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	177,685	-
<b>Total Operating Revenues</b>	<b>2,444,561</b>	<b>-</b>
<b>Operating Expenses</b>		
Compensation and Employee Benefits	2,045,707	-
Pension Benefits		
OPEB Expense		
Services and Supplies	3,539,397	-
Utilities	-	-
Scholarships and Fellowships	-	-
Refunds to Grantors	-	-
Interest Expense	-	-
Depreciation and Amortization	-	-
<b>Total Operating Expenses</b>	<b>5,585,104</b>	<b>-</b>
<b>Operating Income (Loss)</b>	<b>(3,140,543)</b>	<b>-</b>
<b>Nonoperating Revenues (Expenses)</b>		
State Appropriations	10,119,295	-
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>10,119,295</b>	<b>-</b>
<b>Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers</b>	<b>6,978,752</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>\$ 6,978,752</b>	<b>\$ -</b>

## University Major Purchases Summary

April 2025

The **Pharmacology and Immunology Department** in College of Medicine requests the purchase of DNA sequencing services to be procured as professional services associated with NIH Grant # GR088953 Machine Learning to Identify Biomarkers for Risk of Chronic Graft-Versus-Host Disease NIH/NCI. The total amount of the contract is \$776,576 over three fiscal years. The Grant currently ends 11/30/26, and annual funding is dependent upon successful grant reviews.

The **Department of Lab and Animal Research** (DLAR) requests to fund \$471,249 as a down-payment on the purchase of caging and vent racks in FY2025. The total cost of the equipment will be \$1,713,092 with the remainder of the funds to be included in the FY2026 Capital Budget. The funding source for the purchase will be retained (clinical) funds.

**MUSC Health - Board Package**  
**MUHA - Medical University Hospital Authority**  
Interim Financial Statements  
February 28, 2025

<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 8 Month Period Ending - February 28, 2025**  
**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	\$302,543	\$292,231	\$10,312	3.53%	\$2,475,224	\$2,432,207	\$43,017	1.77%	\$2,178,252
HAWQ & Other Medicaid Directed Payments	36,164	34,608	1,556	4.50%	290,612	276,867	13,746	4.96%	259,211
Retail Pharmacy Revenue	75,929	55,315	20,614	37.27%	582,627	477,375	105,252	22.05%	438,195
Other Revenue	13,961	14,806	(846)	-5.71%	102,062	122,078	(20,016)	-16.40%	142,206
State Appropriations	6,592	6,117	475	7.77%	53,183	49,521	3,661	7.39%	54,236
<b>Total Operating Revenues</b>	<b>\$435,190</b>	<b>\$403,078</b>	<b>\$32,111</b>	<b>7.97%</b>	<b>\$3,503,707</b>	<b>\$3,358,048</b>	<b>\$145,660</b>	<b>4.34%</b>	<b>\$3,072,099</b>
<b>Operating Expenses</b>									
Salaries Wages	\$127,207	\$117,712	\$9,496	8.07%	\$994,326	\$963,758	\$30,567	3.17%	\$886,123
Benefits	41,162	41,169	(7)	-0.02%	322,944	329,470	(6,527)	-1.98%	292,225
Purchased Services	55,549	50,705	4,844	9.55%	461,473	414,995	46,478	11.20%	400,304
Physician Services	21,666	20,087	1,579	7.86%	163,510	161,584	1,927	1.19%	131,490
Pharmaceuticals	22,517	26,634	(4,117)	-15.46%	205,596	222,815	(17,220)	-7.73%	196,965
Retail Pharmaceuticals	35,988	29,337	6,652	22.67%	289,677	253,483	36,193	14.28%	229,694
Medical Supplies	56,749	47,297	9,453	19.99%	436,409	396,526	39,883	10.06%	374,010
Other Supplies	4,741	7,092	(2,350)	-33.14%	42,370	61,340	(18,970)	-30.93%	46,330
Utilities	2,758	3,297	(538)	-16.33%	25,285	27,052	(1,767)	-6.53%	25,901
Insurance	1,762	1,758	4	0.21%	13,004	14,373	(1,369)	-9.52%	11,304
Leases	2,783	1,932	851	44.05%	19,545	15,376	4,169	27.11%	17,752
Other (including HAWQ Provider Tax)	19,883	19,142	741	3.87%	157,553	153,390	4,163	2.71%	133,925
<b>Total Operating Expenses</b>	<b>\$392,767</b>	<b>\$366,161</b>	<b>\$26,606</b>	<b>7.27%</b>	<b>\$3,131,691</b>	<b>\$3,014,163</b>	<b>\$117,528</b>	<b>3.90%</b>	<b>\$2,746,023</b>
EBIDA	\$42,423	\$36,917	\$5,505	14.91%	\$372,016	\$343,885	\$28,131	8.18%	\$326,076
Depreciation	\$16,483	\$14,873	\$1,610	10.82%	\$125,313	\$122,370	\$2,943	2.41%	\$114,717
Interest	3,493	3,306	187	5.66%	28,479	27,598	881	3.19%	26,932
Operating Income (Loss)	\$22,446	\$18,738	\$3,708	19.79%	\$218,224	\$193,917	\$24,307	12.53%	\$184,426
Operating Margin	5.16%	4.65%			6.23%	5.77%			6.00%
<b>NonOperating Revenue (Expenses)</b>									
Gifts and Grants	\$3,081	\$194	\$2,887	1491.18%	\$17,513	\$1,549	\$15,964	1030.66%	\$2,713
Noncash Pension and Other Post Employment Benefits	(9,508)	(11,637)	\$2,129	-18.30%	(92,436)	(93,095)	\$659	-0.71%	(121,140)
Investment Income	4,664	2,869	1,795	62.59%	30,120	22,949	7,171	31.25%	23,128
Loss on Disposal of Capital Assets	52	77	(25)	-32.15%	368	618	(250)	-40.41%	(111)
Other NonOperating Revenues (Expenses)	(799)	(321)	(478)	148.58%	(7,440)	(2,572)	(4,868)	189.28%	1,017
Debt Issuance Costs	(135)	-	(135)	0.00%	(1,546)	-	(1,546)	0.00%	-
<b>Total NonOperating Revenues (Expenses)</b>	<b>(\$2,644)</b>	<b>(\$8,819)</b>	<b>\$6,174</b>	<b>-70.01%</b>	<b>(\$53,420)</b>	<b>(\$70,551)</b>	<b>\$17,130</b>	<b>-24.28%</b>	<b>(\$94,393)</b>
Income (Loss) before NonOperating Payments to MUSC Affiliates	\$19,802	\$9,919	\$9,882	99.63%	\$164,804	\$123,366	\$41,437	33.59%	\$90,033
Non Operating Payments to MUSC Affiliates	-	-	-	0.00%	-	-	-	0.00%	-
<b>Change in Net Position</b>	<b>\$19,802</b>	<b>\$9,919</b>	<b>\$9,882</b>	<b>99.63%</b>	<b>\$164,804</b>	<b>\$123,366</b>	<b>\$41,437</b>	<b>33.59%</b>	<b>\$90,033</b>
Total Margin	4.55%	2.46%			4.70%	3.67%			2.93%
Operating Cash Flow Margin	10.52%	9.04%			10.92%	10.09%			10.61%

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 February 28, 2025 (Unaudited)

*Actuals Compared to Fixed Budget*

**Revenue Explanation:** February year-to-date net patient service revenues were favorable to budget by 1.8%, or \$43.0M. Inpatient surgeries were favorable to budget by 0.9%, and outpatient surgeries were unfavorable to budget by 0.3%. Transplant procedures were favorable to budget by 12.4%. Case Mix Index was favorable \$9.5M and Payor Mix shift was unfavorable \$0.6M.

**Expense Explanation:** Salaries and wages were unfavorable to budget by \$30.6M driven by agency staffing and incentive pay. Benefits were favorable to budget \$6.5M.

Purchased Services were unfavorable to budget \$46.5M due to transplant costs and locum tenens coverage.

Pharmaceuticals, not explained by acuity and volume, were favorable to budget by \$10.5M due to savings in 340b costs. Retail pharmacy revenues, net of expenses, were \$69.1M favorable to budget.

Medical and Other Supplies, not explained by acuity and volume, were \$19.1M unfavorable to budget due to central supply utilization in the Regional markets.

Utilities, insurance, leases, and other expenses were unfavorable to budget by \$5.2M.

## **Statement of Net Position**

# Medical University Hospital Authority - Consolidated

## Statement of Net Position (in thousands)

February 28, 2025 and June 30, 2024

Assets and Deferred Outflows	As of 2/28/2025 (unaudited)	As of 06/30/2024 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 531,710	\$ 481,511
Cash Restricted for Capital Projects and Major Programs	78,383	104,609
Investments Unrestricted	261,536	233,673
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$366,100 and \$412,600	642,617	511,019
Due from Related Parties	35,276	-
Due from Third-Party Payors	7,638	22,455
Due from Joint Ventures and Partnerships	7,380	-
Other Current Assets	370,166	381,437
Total Current Assets	\$ 1,934,707	\$ 1,734,704
Investments Held by Trustees Mortgage Reserve Fund	\$ 88,133	\$ 85,848
Investments in Joint Ventures and Partnerships	61,540	61,540
Other Non-Current Assets	3,578	8,230
Capital Assets, Net	1,367,547	1,256,099
Total Assets	\$ 3,455,506	\$ 3,146,421
Deferred Outflows	\$ 880,188	\$ 857,431
<b>Total Assets and Deferred Outflows</b>	<b>\$ 4,335,694</b>	<b>\$ 4,003,852</b>
<b>Liabilities, Deferred Inflows and Net Position</b>		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 37,839	\$ 37,041
Current Installments of Capital Lease Obligations	41,878	41,267
Current Installments of Notes Payable	4,934	3,899
Due to Related Parties	-	26,907
Due to Joint Ventures and Partnerships	-	4,830
Accounts Payable	246,322	297,351
Accrued Payroll, Withholdings and Benefits	207,811	182,533
Other Accrued Expenses	204,503	113,466
Unearned Revenue	57,610	1,339
Total Current Liabilities	\$ 800,897	\$ 708,633
Long-Term Debt	\$ 612,627	\$ 637,987
Capital Lease Obligations	223,430	233,410
Notes Payable	10,490	12,136
Other Liabilities	31,478	31,478
RMC Net Pension Liability	28,553	27,322
Total MUHA Liabilities	\$ 1,707,475	\$ 1,650,966
Net Pension Liability (obligation of the state of SC)	1,393,916	1,340,264
Net OPEB Liability (obligation of the state of SC)	1,000,527	959,398
Total Liabilities	\$ 4,101,918	\$ 3,950,628
Deferred Inflows	\$ 561,292	\$ 544,948
<b>Total Liabilities and Deferred Inflows</b>	<b>\$ 4,663,210</b>	<b>\$ 4,495,576</b>
Net Position:		
Net Investment in Capital Assets	\$ 445,349	\$ 331,450
Restricted:		
Under Indenture Agreements	88,133	85,847
Expendable for:		
Capital Projects	49,293	74,995
Major Programs	50,350	53,543
Unrestricted (deficit)	(960,642)	(1,037,559)
Total Net Position	\$ (327,516)	\$ (491,724)
<b>Total Liabilities, Deferred Inflows and Net Position</b>	<b>\$ 4,335,694</b>	<b>\$ 4,003,852</b>

Unaudited - For Management Use

# MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 2/28/2025 (Unaudited) and 06/30/2024 (Audited) - (in thousands)

## Cash, Cash Equivalents and Investments

Unrestricted cash and cash equivalents increased by \$50.2M from June 30, 2024. Significant FY2025 events impacting cash include receipt of \$429.5M Health Access, Workforce, and Quality (HAWQ) Medicaid program, \$165.3M HAWQ tax payments, and 334 Calhoun purchase for \$30.3M.

<b>The Authority's cash balance is as follows:</b>	2/28/2025 Balance	6/30/2024 Balance
Carrying Amount (cash and cash equivalents)	\$ 531,710	\$ 481,511
Restricted (cash and cash equivalents)	78,383	104,609
<b>Total</b>	<b>\$ 610,093</b>	<b>\$ 586,120</b>

The Authority has unrestricted available cash of \$793.2M as detailed below

Cash and cash equivalents	\$ 531,710	\$ 481,511
Investments - unrestricted	261,536	233,673
<b>Total</b>	<b>\$ 793,246</b>	<b>\$ 715,184</b>

## Net Patient Accounts Receivable

Payor classes remained relatively stable compared to FY2024 as shown in the table below.

	2/28/2025 Balance	6/30/2024 Balance
Blue Cross	28%	27%
Medicare	35%	35%
Medicaid	11%	12%
Private insurance/managed care	18%	16%
Medically Indigent/self-pay/other	8%	10%
	<b>100%</b>	<b>100%</b>

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 2/28/2025 (Unaudited) and 06/30/2024 (Audited) - (in thousands)

### Other Current Assets

The composition of other current assets is as follows:

	2/28/2025	6/30/2024
	Balance	Balance
Inventory	\$ 123,981	\$ 121,108
Other Prepayments	117,516	107,829
Non-Patient Accounts Receivable	126,150	152,066
Lease Receivable	2,519	434
	<u>\$ 370,166</u>	<u>\$ 381,437</u>

### Other Non-Current Assets

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

	2/28/2025	6/30/2024
	Balance	Balance
Siemens - Service Portion	\$ -	\$ 3,619
Maintenance Contracts	2,373	3,383
Dept of Veterans Affairs Prepaid Rent	1,205	1,228
	<u>\$ 3,578</u>	<u>\$ 8,230</u>

### Third Party Payors

Medicare and Medicaid owe MUHA \$7.6M, a decrease of \$14.8M due to prior year Medicaid cost settlements.

	2/28/2025	6/30/2024
	Balance	Balance
Medicare/Medicaid Accounts Receivable	<u>\$ 7,638</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.

	2/28/2025	6/30/2024
	Balance	Balance
MUSC Health Partners (MHP)	\$ -	\$ (15)
Edgewater Surgery Center	129	690
MSV Health Inc (MHI)	241	(5,759)
Mainsail Health Partners	4,142	(2,306)
MUSC Strategic Ventures (MSV)	2,868	2,560
	<u>\$ 7,380</u>	<u>\$ (4,830)</u>

# MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 2/28/2025 (Unaudited) and 06/30/2024 (Audited) - (in thousands)

## Deferred Outflows

	2/28/2025	6/30/2024
	Balance	Balance
Pension	\$ 346,688	\$ 322,325
Other Post-Employment Benefits	523,476	523,476
Refunding bond amortization	10,024	11,630
	<u>\$ 880,188</u>	<u>\$ 857,431</u>

## Accounts Payable

Accounts Payable decreased by \$51.0M from June 30, 2024.

	2/28/2025	6/30/2024
	Balance	Balance
	<u>\$ 246,322</u>	<u>\$ 297,351</u>

## Other Accrued Expenses

The composition of other accrued expenses is as follows:

	2/28/2025	6/30/2024
	Balance	Balance
Other	\$ 33,066	\$ 27,496
Revenue Reserves	167,853	81,203
Accrued Interest	2,561	2,749
Amounts due to contractors	1,023	2,018
	<u>\$ 204,503</u>	<u>\$ 113,466</u>

## Unearned Revenue

Unearned revenue increased by \$56.3M from June 30, 2024 due to Quality Payment, Cost Settlement, and Leatherman Funding.

	2/28/2025	6/30/2024
	Balance	Balance
DSH & Other Medicaid Directed Payments	\$ 49,276	\$ -
Behavioral Health	1,667	\$ -
Health Innovation	1,795	-
GME Funding	138	-
Cost Settlement	827	827
Leatherman Funding	1,667	500
Health Solutions	1,000	-
Other	1,240	12
	<u>\$ 57,610</u>	<u>\$ 1,339</u>

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 2/28/2025 (Unaudited) and 06/30/2024 (Audited) - (in thousands)

### Long Term Debt

As of February 28, 2025, a table of outstanding balances by major issuance is listed below:

Project (mo/yr issued)	2/28/2025 Balance	6/30/2024 Balance
Shawn Jenkins Children's Hospital (06/2019)	\$ 258,327	\$ 264,850
Ashley River Tower (12/2012)	154,819	167,310
Community Health System Acquisition (03/2019)	109,467	112,306
Lifepoint Acquisition (07/2021)	71,424	72,966
Central Energy Plant (12/2013)	18,590	20,555
	\$ 612,627	\$ 637,987

As of February 28, 2025, 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)	2/28/2025 Balance	6/30/2024 Balance
Charleston Property Lease (various)	\$ 86,714	\$ 92,581
Charleston Equipment Lease (various)	33,221	36,306
Summey Medical Pavilion (04/2019)	38,280	39,054
RHN & Midlands Equipment Lease (various)	14,573	18,153
RHN & Midlands Property Lease (various)	36,966	33,815
Subscription-based Technology Agreement - ERP (10/22)	5,612	4,913
Medical Malls (02/2019)	7,984	8,352
Cardiovascular Equipment (03/2020)	80	236
	\$ 223,430	\$ 233,410

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

As of February 28, 2025, the net pension liability, inclusive of RMC, increased by \$54.9M from June 30, 2024.

As of February 28, 2025, the net other post-employment benefit liability increased by \$41.1M from June 30, 2024.

### Deferred Inflows

Deferred inflows increased by \$16.3M compared to June 30, 2024. The following breakdown is below:

	2/28/2025 Balance	6/30/2024 Balance
Pension	\$ 29,744	\$ 12,835
Other Post-Employment Benefits	526,625	526,625
Equipment	2,596	3,068
Property Leases	2,327	2,420
	\$ 561,292	\$ 544,948

# **Statements of Cash Flows**

## MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - (in thousands)

February 28, 2025 and June 30, 2024

	<b>As of 02/28/2025</b>	<b>As of 6/30/2024</b>
	<b>(unaudited)</b>	<b>(audited)</b>
Cash flows from operating activities:		
Receipts received from patients and third-party payors	\$ 3,278,578	\$ 4,452,524
Other cash receipts	131,641	165,854
Payments to suppliers and employees	(3,146,051)	(4,190,449)
State appropriations	51,592	\$ 75,494
Net cash provided (used) by operating activities	\$ 315,760	\$ 503,423
Cash flows from noncapital financing activities:		
Payments for CARES Funding	\$ -	(686)
Proceeds from noncapital grants and gifts	6,460	5,728
Nonoperating expenditures	(7,440)	(22,332)
Net cash provided (used) by noncapital financing activities	\$ (980)	\$ (17,290)
Cash flows from capital and related financing activities:		
Capital expenditures	\$ (206,219)	\$ (120,100)
Capital appropriations	-	16,000
Capital grants and gifts received	5,053	-
Proceeds from disposal of capital assets	368	5,640
Payments of principal on long-term debt	(33,539)	(82,618)
Proceeds from financing debt	8,365	2,444
Payments of bond issuance cost	(1,546)	(31)
Payments of mortgage insurance premium	-	(2,155)
Payments on lease obligations	(34,902)	(48,218)
Payments on equipment replacement obligations	(306)	(644)
Interest payments	(26,755)	(40,805)
Net cash provided (used) by capital and related financing activities	\$ (289,481)	\$ (270,487)
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	\$ 88,708	\$ 299,000
Investment income received	25,671	29,714
Purchases of investments	(113,247)	(218,080)
Contributions to joint ventures and partnerships	-	(30,000)
Net cash provided (used) by investing activities	\$ 1,132	\$ 80,634
Net increase (decrease) in cash and cash equivalents	26,431	296,280
Cash and cash equivalents at beginning of year	593,045	296,765
Cash and cash equivalents at end of year	\$ 619,476	\$ 593,045

**Medical University Hospital Authority - System**  
**Statement of Revenues, Expenses, and Change in Net Position**  
**For the 8 Month Period Ending - February 28, 2025**  
**Modified FASB Basis (in thousands)**

	Current Month						Fiscal Year To Date						
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Variance	Actual	Flex Budget	Variance	Var %	Fixed Budget	Variance	YTD Prior Year
<b>Operating Revenues</b>													
Net Patient Service Revenue	-	-	-	0.00%	-	-	(\$8,500)	-	(\$8,500)	0.00%	-	(\$8,500)	-
HAWQ & Other Medicaid Directed Payments	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Retail Pharmacy Revenue	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Other Revenue	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	17,280
State Appropriations	3,100	3,058	42	1.36%	3,058	42	24,300	24,467	(167)	-0.68%	24,467	(167)	28,133
<b>Total Operating Revenues</b>	<b>\$3,100</b>	<b>\$3,058</b>	<b>\$42</b>	<b>1.36%</b>	<b>\$3,058</b>	<b>\$42</b>	<b>\$15,800</b>	<b>\$24,467</b>	<b>(\$8,667)</b>	<b>-35.42%</b>	<b>\$24,467</b>	<b>(\$8,667)</b>	<b>\$45,413</b>
<b>Operating Expenses</b>													
Salaries Wages	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Benefits	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Purchased Services	64	-	64	0.00%	-	64	129	-	129	0.00%	-	129	-
Other Supplies	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Utilities	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Insurance	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Leases	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Other (including HAWQ Provider Tax)	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	439
<b>Total Operating Expenses</b>	<b>\$64</b>	<b>-</b>	<b>\$64</b>	<b>0.00%</b>	<b>-</b>	<b>\$64</b>	<b>\$129</b>	<b>-</b>	<b>\$129</b>	<b>0.00%</b>	<b>-</b>	<b>\$129</b>	<b>439</b>
EBIDA	\$3,036	\$3,058	(\$22)	-0.72%	\$3,058	(\$22)	\$15,671	\$24,467	(\$8,796)	-35.95%	\$24,467	(\$8,796)	\$44,974
Depreciation	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Interest	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Operating Income (Loss)	\$3,036	\$3,058	(\$22)	-0.72%	\$3,058	(\$22)	\$15,671	\$24,467	(\$8,796)	-35.95%	\$24,467	(\$8,796)	\$44,974
Operating Margin	97.95%	100.00%			100.00%		99.18%	100.00%			100.00%		99.03%
<b>NonOperating Revenue (Expenses)</b>													
Gifts and Grants	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Noncash Pension OPEB Noemployer Contribution	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Investment Income	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Loss on Disposal of Capital Assets	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Covid Funding	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
Other NonOperating Revenues (Expenses)	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
<b>Total NonOperating Revenues (Expenses)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>	<b>-</b>	<b>-</b>	<b>-</b>
Income (Loss) before NonOperating Payments to MUSC Affiliates	\$3,036	\$3,058	(\$22)	-0.72%	\$3,058	(\$22)	\$15,671	\$24,467	(\$8,796)	-35.95%	\$24,467	(\$8,796)	\$44,974
Non Operating Payments to MUSC Affiliates	-	-	-	0.00%	-	-	-	-	-	0.00%	-	-	-
<b>Change in Net Position</b>	<b>\$3,036</b>	<b>\$3,058</b>	<b>(\$22)</b>	<b>-0.72%</b>	<b>\$3,058</b>	<b>(\$22)</b>	<b>\$15,671</b>	<b>\$24,467</b>	<b>(\$8,796)</b>	<b>-35.95%</b>	<b>\$24,467</b>	<b>(\$8,796)</b>	<b>\$44,974</b>
Total Margin	97.95%	100.00%			100.00%		99.18%	100.00%			100.00%		99.03%
Operating Cash Flow Margin	97.95%	100.00%			100.00%		99.18%	100.00%			100.00%		99.03%

Unaudited - For Management Use

## **April BOT Budget Reprioritization Requests**

### **Item #1 Midlands MacLab System Replacement \$ 890,000**

Request to fund the replacement of the end-of-life MacLab system, which supports cath procedures, structural heart, and EP procedures

Funding Source: Swap of funds approved for Columbia ED Renovation budget of \$15M.

### **Item #2 Midlands Gynecological Oncology Surgical Equipment \$ 610,000**

Request to fund equipment to support a new service line for increased Gynecologic Oncology surgical cases

Funding Source: Swap of funds approved for Columbia ED Renovation budget of \$15M.

### **Item #3 Glytec Diabetes and Insulin Management Software \$745,000**

Request to fund the purchase of a diabetes and insulin management software package to optimize glycemic control for patients, resulting in LOS reductions and increased contingency.

Funding Source: Swap of funds approved for Market/Routine Capital Contingency budget of \$10M.

### **Item #4 Professional Pathology Services \$2,550,000**

Request to fund the acquisition of Professional Pathology Service to support pathology needs across the system

Funding Source: Swap of funds approved for Market/Routine Capital Contingency budget of \$10M.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES**  
**CONSENT AGENDA**  
April 11, 2025  
101 Colcock Hall

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

**Consent Agenda for Approval**

- Item 24. MUSC Health Charleston Division Appointments, Reappointments,  
and Delineation of Privileges..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 25. MUSC Health Regional Health Network Unified Appointments,  
Reappointments, and Delineation of Privileges ..... Dr. Michael Foster  
*President, RHN Unified Medical Staff*
  
- Item 26. MUSC Health Midlands Division Diagnostic and Interventional  
Radiology Privileges..... Dr. Michael Foster  
*President, RHN Unified Medical Staff*

**Consent Agenda for Information**

- Item 27. Medical Staff Leadership Committee Charleston Minutes ..... Dr. Erik Summers  
*Chief Medical Officer, MUSC Health Charleston*
  
- Item 28. Contracts and Agreements..... Annette Drachman  
*General Counsel*

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

**Consent Agenda for Information**

- Item 29. MUSC Community Physicians Leases for Information ..... Tom Crawford  
*Chief Operating Officer, MUSC Health*
  
- Item 30. MUSC FY2025 Active Projects >\$250,000 ..... David Attard  
*Chief Facilities Officer, MUSC*
  
- Item 31. MUSC Facilities Contracts Awarded ..... David Attard  
*Chief Facilities Officer, MUSC*
  
- Item 32. MUSC Professional Services Contracts Awarded ..... David Attard  
*Chief Facilities Officer, MUSC*

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

**Consent Agenda for Approval**

- Item 33. Revised Internal Audit Charter ..... Susan Barnhart  
*Chief Audit Executive*

Board of Trustees Credentialing Subcommittee February 2025  
The Medical Executive Committee reviewed the following applicants on February 26, 2025  
and recommends approval by the Board of Trustees Credentialing Subcommittee effective February 28, 2025

**Initial Appointment and Clinical Privileges**

Joseph Ryan Mazuk, D.O.	Active	Family Medicine
Michael Dennis Moxley, M.D.	Active	Obstetrics & Gynecology
Amanda Lea Faulkner, M.D., M.B.A.	Active	Anesthesiology
Ashwath Gurumurthi, M.B.B.S	Active	Medicine
David Scott Donaldson, M.D.	Active – Remote	Urology (Adult)
Solomon Jan, M.D.	Active – Remote	Family Medicine
Areg Levon Mekerian, D.O.	Active – Remote	Anesthesiology
Aboorva Kambiliampatti Sudhakar, M.D.	Active – Remote	Endocrinology (Adult)
Sarah Jess, M.D.	Active – Remote	Radiology - Orangeburg Campus
Nisarg Patel, D.O.	Active – Remote	Anesthesiology
Christopher David Perry, M.D.	Active – Remote	Sleep Medicine
Colin Daniel Strickland, M.D.	Active – Remote	Radiology - Orangeburg Campus
Pranay Sunku, M.D.	Active – Remote	Radiology - Orangeburg Campus
Jessica Ann Mills, P.A.	Affiliate	Family Medicine
Erika Edwards, N.P.	Allied Health	Surgery
Alexis Carleen Brown, P.A.	Allied Health - Remote	Orangeburg Campus
Kirsten Loeffler Dawson, P.A.C.	Allied Health CFC	Family Medicine
Caroline Vallano Campbell, P.A.C.	Allied Health	Endocrinology

**Reappointment and Clinical Privileges**

William Greer Albergotti, III, M.D.	Active	Otolaryngology
George Hamilton Baker, M.D.	Active	Pediatrics
Varsha Madhukar Bandisode, M.D.	Active	Pediatrics
Kelly Stephenson Barth, D.O.	Active	Psychiatry
Steven Lewis Carroll, M.D., Ph.D.	Active	Pathology & Lab. Med.
Benjamin Djulbegovic, M.D.	Active	Medicine
John A. Glaser, M.D.	Active	Orthopaedics
Donna Denise Johnson, M.D.	Active	Obstetrics & Gynecology
Henry Lewis Kearse, III, M.D.	Active	Dermatology
Emily Kleiman, M.D.	Active	Pediatrics
Jason John Madey, M.D.	Active	Neurology
Robert James Malcolm, Jr., M.D.	Active	Psychiatry
Matthew Morgan Moake, M.D., Ph.D.	Active	Pediatrics
Caroline Yasmin Nardi, M.D.	Active	Psychiatry
Jason Gabriel Newman, M.D.	Active	Otolaryngology
Christopher George Pelic, M.D.	Active	Psychiatry
Eric Scott Rovner, M.D.	Active	Urology
William Scott Russell, M.D.	Active	Pediatrics
Rodney Jon Schlosser, M.D.	Active	Otolaryngology
Edward Baron Short, M.D., M.S.C.R	Active	Psychiatry
Ronald John Teufel, II, M.D., M.S.C.R	Active	Pediatrics
Leslie Norris Thompson, M.D.	Active	Pediatrics
Tanya Nadine Turan, M.D., M.S.C.R	Active	Neurology
Frank Richard Voss, M.D.	Active	Orthopaedics
Simon Christopher Watson, M.D.	Active	Emergency Medicine
Timothy Patrick Matthew Whelan, M.D.	Active	Medicine
Kristin Rebecca Wise, M.D.	Active	Medicine
Jill Marie Peterson, M.D.	Affiliate CFC - Colleague	Family Medicine

Matthew Bogart, A.P.N.	Allied Health	Medicine
Ginger L. Brister, C.R.N.A.	Allied Health	Anesthesiology
Lori Jean Burton, A.P.R.N.	Allied Health	Pediatrics
Rachel Anne Cage, C.R.N.A.	Allied Health	Anesthesiology
Anna S. Callahan, LPCS	Allied Health	Department of Nursing
Jennifer Desiree Douglas, P.A.C.	Allied Health	Medicine
Loren Elizabeth Dupuis, P.A.C.	Allied Health	Surgery
Laura D. Eddy, Ph.D.	Allied Health	Psychiatry
Myra Coe Frick, C.R.N.A.	Allied Health	Anesthesiology
Ashton Elizabeth Getchell, P.A.C.	Allied Health	Otolaryngology
Hilary Moore Jackson, D.N.P.	Allied Health	Neurosurgery
Victoria Margaret Koke, C.R.N.A.	Allied Health	Anesthesiology
Mary C. Kral, Ph.D.	Allied Health	Pediatrics
Anna Chesson Landry, C.R.N.A.	Allied Health	Anesthesiology
Allison Anne Leveque, C.R.N.A.	Allied Health	Anesthesiology
Jennifer Dianne Marshall, P.A.C., M.S.J.	Allied Health	Neurosurgery
Katherine Jane McElmurray, A.C.N.P	Allied Health	Medicine
Aiken McDowell McNair, P.A.C.	Allied Health	Medicine
Jacqueline G. Moore, D.N.P.	Allied Health	Obstetrics & Gynecology
Pooja Patel, P.A.C.	Allied Health	Medicine
Marjorie Paul, F.N.P.	Allied Health	Medicine
Pamela Denise Perrella, F.N.P.	Allied Health	Medicine
Emma Grace Raidt, P.A.C.	Allied Health	Anesthesiology
Margaret Anna Sease, P.A.	Allied Health	Pediatrics
Morgan Joan Todd, P.A.C.	Allied Health	Neurosurgery
Rachel L. Tomko, Ph.D.	Allied Health	Psychiatry
Travis H. Turner, Ph.D.	Allied Health	Neurology
Allie Michelle Brooks, D.N.P.	Allied Health CFC	Family Medicine
Steven Robert Cumberledge, F.N.P.	Allied Health CFC	Family Medicine
Brittany Beth Albright, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Elizabeth Burguieres, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
James Emery Claytor, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Amy Eileen Jones, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Dale Eugene Marko, M.D., Ph.D.	Consulting/Courtesy	Telemedicine By-Proxy
Ngozi Patricia Nnadi, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Ervin D. Prewette, II, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Brenda Kay Myers Ratliff, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Jaclyn Leigh Sligar, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Gregory Eschol Smith, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Shalika Whig, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Alton Cleotha Williams, III, M.D.	Consulting/Courtesy	Telemedicine By-Proxy
Katelin Jean Williamson, D.O.	Consulting/Courtesy	Telemedicine By-Proxy
Gregory Compton, M.D.	Active	Internal Medicine

### Change in Privileges

Robert Lawrence Borowski, D.O.	Active	Update to Endo Privileges Adding Medtronic Stealth
William Alexander Vandergrift, III, M.D.	Active	Autoguide Changing from Medicine to
Katie McNamara Cathcart, D.N.P., FNP-BC	Allied Health	Pediatric Nephrology
Kristen Marie Cobb, AGAC-NP	Allied Health	Adding arterial Lines Adding myringotomy with tube
Dana Lynn Cundiff, M.S.N., F.N.P.	Allied Health	placement

Shannon Grube, N.P., BSN, B.Sc.	Allied Health	Adding central and arterial lines
Michelle Lee Hall, A.D.N., B.S.N., AGAC-NP	Allied Health	Addition of CVL and arterial line
Ashley Lynn Kidwell, A.P.R.N.	Allied Health	Changing from Pulmonary to Cardiology
Kaleigh Nolen, R.D.	Allied Health	Adding Inpatient Diabetes Privilege and Procedures
Emily Jean Ryttse, N.P.	Allied Health	Changing from Medicine to Radiation Oncology
Myranda Murphy Valyear, P.A.	Allied Health	Addition of paracentesis
Emily Nasser, M.D.	Active-Remote	Adding Orangeburg Location

END

**MUSC HEALTH PEE DEE - Credentialing Applications - February 2025**

MUSC HEALTH FLORENCE				
Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Saud El-Sayed Suleiman, M.D.	MUSC Florence	Gastroenterology	Active	
Nisarg Patel, D.O.	MUSC Florence	Anesthesiology	Active	
Vera Zaraket, M.D.	MUSC Florence	Gastroenterology	Active	
Matthew DeSalvo, MD	MUSC Florence	Emergency Medicine	Active	
Ademola Salami CRNA	MUSC Florence	CRNA-Anesthesiology	AHP	
Nicholas Douglas, CRNA	MUSC Florence	CRNA-Anesthesiology	AHP	
Linda K. Jones, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	AHP	
Patricia Kantz Kitt, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	AHP	
Mary Sue Kuchta Brewton, D.O.	MUSC Florence	Tele-Family Medicine	Telemedicine By-Proxy	
<b>Reappointment and Clinical Privileges</b>				
Kenneth Scott Burns, Jr., M.D.	MUSC Florence	Emergency Medicine	Active	
Temujin Tom Chavez, M.D.	MUSC Florence	Infectious Disease	Active	
Christo Courban, M.D.	MUSC Florence	Emergency Medicine	Active	
Stephen Andrew Dersch, M.D.	MUSC Florence	Hospitalist	Active	
Brendan Thomas Doherty, M.D.	MUSC Florence	Radiology CRA-Florence	Active	
Jennifer Nicole Georgi, M.D.	MUSC Florence	Anesthesiology	Active	
Geoffrey Thomas Gilleland, M.D.	MUSC Florence	Radiology CRA-Florence	Active	
Pamela Jean Gizzo, M.D.	MUSC Florence	Emergency Medicine	Active	
Steven Barry Glassman, M.D.	MUSC Florence	Radiology CRA-Florence	Active	
Joseph M. Grossman, M.D.	MUSC Florence	Pathology	Active	
Rozi Khan, M.D., M.B.B.S	MUSC Florence	Hospitalist	Active	
Steven H Nathanson, M.D.	MUSC Florence	Emergency Medicine	Active	
Samuel Kofi Osei Okoh, M.D.	MUSC Florence	Nephrology	Active	
Brian Orr, M.D., M.S.	MUSC Florence	OB-GYN	Active	
Jennifer Christy Patchett, M.D.	MUSC Florence	OB-GYN	Active	
Ketu Dinesh Patel, M.D.	MUSC Florence	Radiology CRA-MB	Active	
Philip John Quann, M.D.	MUSC Florence	Pathology	Active	
Daniel Carl Skipper, D.O.	MUSC Florence	Pathology	Active	
Kenneth Carl Staples, Jr., D.O.	MUSC Florence	Emergency Medicine	Active	
Rami Zebian, M.D.	MUSC Florence	Pulmonary Disease	Active	
Brandon Mitchell Cramer, M.D.	MUSC Florence	Interventional Radiology	Consulting	
Austin Thomas Cunningham, M.D.	MUSC Florence	Radiology CRA-MB	Consulting	
Christopher Woodruff Degn, M.D.	MUSC Florence	Tele-Radiology	Consulting	
Hersh Rajesh Patel, M.D.	MUSC Florence	Radiology CRA-MB	Consulting	
Brian William Thurber, M.D.	MUSC Florence	Radiology CRA-MB	Consulting	
Brian Michael Trotta, M.D.	MUSC Florence	Radiology CRA-MB	Consulting	
Brittany Beth Albright, M.D.	MUSC Florence	Tele-Psychiatry	Telemedicine By-Proxy	
Christine Anne Holmstedt, D.O.	MUSC Florence	Tele-Neurology	Telemedicine By-Proxy	
Gregory Eschol Smith, M.D.	MUSC Florence	Tele=Psychiatry	Telemedicine By-Proxy	
Majorie Paul, FNP	MUSC Florence	Tele-Endocrinology	Telemedicine By-Proxy	
Mary Bernadette Gallagher CNP	MUSC Florence	Tele-Palliative Care	Telemedicine By-Proxy	
Michael Todd Adams, C.R.N.A., M.S.N.	MUSC Florence	Anesthesiology	AHP	
Leslie Marie Armstrong, P.A.	MUSC Florence	Hospitalist	AHP	
Janet Marie Bennett, A.G.N.P.	MUSC Florence	Hospitalist	AHP	
Brittany Danielle Hein, P.A.C.	MUSC Florence	Pulmonary Disease	AHP	
Karis Elena Kellner, M.P.A.S., P.A.C.	MUSC Florence	Emergency Medicine	AHP	



Jessica Lynn Litchfield, N.P.	MUSC Florence	Hospitalist	AHP	
Gini G Moore, A.P.R.N.	MUSC Florence	Hospitalist	AHP	
Angela Gail Taylor, N.P., M.S.N., A.D.N.	MUSC Florence	Hospitalist	AHP	
Miranda Driggers Thomas, F.N.P., BSN	MUSC Florence	OB-GYN	AHP	
Ashley Reeves Tyner, CST, CSFA	MUSC Florence	Surgical First Assist	AHP	
Sonia Thomas Wicker, P.A.C., M.S., B.S.	MUSC Florence	General Surgery	AHP	
Jessica Devon Wiggins, P.A.C.	MUSC Florence	Emergency Medicine	AHP	
Cole Alan Winburn, M.P.A.S., B.S.	MUSC Florence	Hospital Medicine	AHP	
<b>Change in Privileges</b>				
Omanka Srinestha MD - Cardiomoracic - Adding Robotic Assist Privileges				
<b>Resignations</b>				
Arjun Varadarajan, M.D. - Anesthesiology				
<b>MUSC HEALTH MARION</b>				
<b>Practitioner name</b>	<b>Practice Name</b>	<b>Specialty</b>	<b>Status Request</b>	<b>Comments</b>
<b>Initial Appointment and Clinical Privileges:</b>				
Matthew J DeSalvo, MD	MUSC Marion	Emergency Medicine	Active	
Colin Daniel Strickland, M.D.	MUSC Marion	Tele-Radiology	Consulting - MUSC	
Nicholas Douglas, CRNA	MUSC Marion	CRNA-Anesthesiology	AHP	
Mary Sue Kuchta Brewton, D.O.	MUSC Marion	Tele-Family Medicine	Telemedicine ByProxy	
Ademola Salami CRNA	MUSC Marion	CRNA-Anesthesiology	Anesthesiology	
Mary Sue Kuchta Brewton, D.O.	MUSC Marion	Tele-Hospitalist	Tele-ByProxy	
Tahirali Hatim Motiwala, M.D.	MUSC Marion	Tele-Hospitalist	Tele-ByProxy	
Andrew Bottcher NeSmith, M.D., M.P.H	MUSC Marion	Tele-Hospitalist	Tele-ByProxy	
Jameson Hibbett Sorrels, M.D.	MUSC Marion	Tele-Hospitalist	Tele-ByProxy	
<b>Reappointment and Clinical Privileges:</b>				
Christo Courban, M.D.	MUSC Marion	Emergency Medicine	Active	
Stephen Andrew Dersch, M.D.	MUSC Marion	Hospitalist	Active	
Pamela Jean Gizzo, M.D.	MUSC Marion	Emergency Medicine	Active	
Steven Barry Glassman, M.D.	MUSC Marion	Radiology CRA-Florence	Active	
Rozi Khan, M.D., M.B.B.S	MUSC Marion	Hospitalist	Active	
Steven H Nathanson, M.D.	MUSC Marion	Emergency Medicine	Active	
Brian Orr, M.D., M.S.	MUSC Marion	Obstetrics and Gynecology	Active	
Hersh Rajesh Patel, M.D.	MUSC Marion	Radiology	Active	
Kenneth Carl Staples, Jr., D.O.	MUSC Marion	Emergency Medicine	Active	
Brian William Thurber, M.D.	MUSC Marion	Radiology CRA-MB	Active	
Brian Michael Trotta, M.D.	MUSC Marion	Radiology CRA-MB	Active	
Brandon Mitchell Cramer, M.D.	MUSC Marion	Radiology CRA-MB	Consulting	
Austin Thomas Cunningham, M.D.	MUSC Marion	Radiology CRA-MB	Consulting	
Christopher Woodruff Degn, M.D.	MUSC Marion	Radiology CRA-MB	Consulting	
Joseph M. Grossman, M.D.	MUSC Marion	Pathology / Laboratory	Consulting	
Ketu Dinesh Patel, M.D.	MUSC Marion	Radiology	Consulting	
Philip John Quann, M.D.	MUSC Marion	Pathology / Laboratory	Consulting	
Daniel Carl Skipper, D.O.	MUSC Marion	Pathology / Laboratory	Consulting	
Angela Taylor, NP	MUSC Marion	Hospitalist	AHP	
Leslie Armstrong, PA	MUSC Marion	Hospitalist	AHP	
Janet Marie Bennett, NP	MUSC Marion	Hospitalist	AHP	
Kim Ann James, NP	MUSC Marion	Hospitalist	AHP	
Gini Moore, NP	MUSC Marion	Hospitalist	AHP	
Jessica Litchfield, NP	MUSC Marion	Hospitalist	AHP	
Cole Alan Winburn, PA	MUSC Marion	Emergency Medicine	AHP	
Jessica Wiggins, PA	MUSC Marion	Emergency Medicine	AHP	

Karis E Kellner PA	MUSC Marion	Emergency Medicine	AHP	
Michael Todd Adams, C.R.N.A., M.S.N.	MUSC Marion	CRNA-Anesthesiology	AHP	
Brittany Beth Albright, M.D.	MUSC Marion	Tele-Psychiatry	Telemedicine By Proxy	
Christine Anne Holmstedt, D.O.	MUSC Marion	Tele-Neurology	Telemedicine By Proxy	
Gregory Eschol Smith, M.D.	MUSC Marion	Tele -Psychiatry	Telemedicine By Proxy	
Mary Bernadette Gallagher, CNP	MUSC Marion	Tele-Palliative	Telemedicine By Proxy	
Majorie Paul, FNP	MUSC Marion	Tele-Endocrinology	Telemedicine By Proxy	

**Resignations**

Robert Harrington Jr. MD - Hospitalist				
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**MUSC HEALTH BLACK RIVER**

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

Matthew J DeSalvo, MD	MUSC Black River	Emergency Medicine	Active	
Colin Daniel Strickland, M.D.	MUSC Black River	Tele-Radiology	Consulting - MUSC	
Ademola Salami CRNA	MUSC Black River	CRNA	Anesthesiology	
Nicholas Douglas, CRNA	MUSC Black River	CRNA	Anesthesiology	
Ademola Salami CRNA	MUSC Black River	CRNA	AHP	
Mary Sue Kuchta Brewton, D.O.	MUSC Black River	Tele-Hospitalist	By-Proxy	
Tahirali Hatim Motiwala, M.D.	MUSC Black River	Tele-Hospitalist	Tele-ByProxy	
Andrew Bottcher NeSmith, M.D., M.P.H	MUSC Black River	Tele-Hospitalist	Tele-ByProxy	
Jameson Hibbett Sorrels, M.D.	MUSC Black River	Tele-Hospitalist	Tele-ByProxy	

**Reappointment and Clinical Privileges;**

Steliyana Stoyanova Bakalova-Georgieva, M.D.	MUSC Black River	Hospitalist	Active	
Benjamin Will Barnette, M.D.	MUSC Black River	Hospitalist	Active	
Charles Allen Bickerstaff, Jr., M.D.	MUSC Black River	Internal Medicine	Active	
Kenneth Scott Burns, Jr., M.D.	MUSC Black River	Emergency Medicine	Active	
Christopher Thomas Cordeiro, M.D.	MUSC Black River	Hospitalist	Active	
Christo Courban, M.D.	MUSC Black River	Emergency Medicine	Active	
Stephen Andrew Dersch, M.D.	MUSC Black River	Hospitalist	Active	
Brendan Thomas Doherty, M.D.	MUSC Black River	Radiology	Active	
Ellen Nielsen Esposito, M.D.	MUSC Black River	Hospital Medicine	Active	
Jennifer Nicole Georgi, M.D.	MUSC Black River	Anesthesiology	Active	
Geoffrey Thomas Gilleland, M.D.	MUSC Black River	Radiology	Active	
Pamela Jean Gizzo, M.D.	MUSC Black River	Emergency Medicine	Active	
Steven Barry Glassman, M.D.	MUSC Black River	Radiology	Active	
William Clark Griggs, M.D.	MUSC Black River	Emergency Medicine	Active	
Joseph M. Grossman, M.D.	MUSC Black River	Pathology	Active	
Rozi Khan, M.D., M.B.B.S	MUSC Black River	Hospitalist	Active	
Ernest Etchegaray Murray, VI, M.D., M.S.	MUSC Black River	Hospitalist	Active	
Steven H Nathanson, M.D.	MUSC Black River	Emergency Medicine	Active	
Yotam Papo, M.D.	MUSC Black River	Hospital Medicine	Active	
Ketu Dinesh Patel, M.D.	MUSC Black River	Radiology	Active	
Philip John Quann, M.D.	MUSC Black River	Pathology	Active	
Wright Sparks Skinner, III, M.D.	MUSC Black River	Orthopaedic Surgery	Active	
Daniel Carl Skipper, D.O.	MUSC Black River	Pathology	Active	
Kenneth Carl Staples, Jr., D.O.	MUSC Black River	Emergency Medicine	Active	
Christopher Tan, M.D., B.S.	MUSC Black River	Hospital Medicine	Active	
Marva Denise Williams, M.D.	MUSC Black River	Emergency Medicine	Active	
Michael Todd Adams, C.R.N.A., M.S.N.	MUSC Black River	CRNA	AHP	
Leslie Marie Armstrong, P.A.	MUSC Black River	Hospital Medicine	AHP	
Janet Marie Bennett, A.G.N.P.	MUSC Black River	Hospitalist	AHP	



Kim Ann James, A.C.N.P	MUSC Black River	Hospitalist	AHP	
Karis Elena Kellner, M.P.A.S., P.A.C.	MUSC Black River	Hospitalist	AHP	
Jessica Lynn Litchfield, N.P.	MUSC Black River	Hospitalist	AHP	
Gini G Moore, A.P.R.N.	MUSC Black River	Hospitalist	AHP	
Angela Gail Taylor, N.P., M.S.N., A.D.N.	MUSC Black River	Hospitalist	AHP	
Jessica Devon Wiggins, P.A.C.	MUSC Black River	Emergency Medicine	AHP	
Cole Alan Winburn, M.P.A.S., B.S.	MUSC Black River	Emergency Medicine	AHP	
Brandon Mitchell Cramer, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
Austin Thomas Cunningham, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
Christopher Woodruff Degn, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
James David Freeman, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
Hersh Rajesh Patel, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
Katherine Louisa Sterner, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
Brian William Thurber, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
Brian Michael Trotta, M.D.	MUSC Black River	Radiology CRA-MB	Consulting	
Marjorie Paul, F.N.P.	MUSC Black River	Tele-Hospitalist	Telemedicine By Proxy	
Brittany Beth Albright, M.D.	MUSC Black River	Tele-Psychiatry	Telemedicine By Proxy	
Mary Bernadette Gallagher, CNP	MUSC Black River	Tele-Palliative Care	Telemedicine By Proxy	
Christine Anne Holmstedt, D.O.	MUSC Black River	Tele-Neurology	Telemedicine By Proxy	
Gregory Eschol Smith, M.D.	MUSC Black River	Tele-Psychiatry	Telemedicine By Proxy	

**Change in Privileges / Delineation of Privileges**

New Urology Privilege Form - Black River	
Barry Bodie - New Urology Privilege Form	

**Resignation**

Courtney K Hall, CRNA				
Robert Harrington Jr. MD - Hospitalist				
Sally Ann Webb MD - Tele-Pediatric Critical Care MUSC				

**MUSC HEALTH CATAWBA - Credentialing Applications - February 2025**

**MUSC HEALTH LANCASTER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Active</b>				
Patrick Jowdy, MD	MUSC	Neurosurgery	Active	
Nisarg Patel, DO	MUSC	Anesthesia	Active	
Chitharanjan Pullatrana, MD	MUSC	Bariatric Surgery	Consulting	
Saud El-Sayad Sulelman, MD	Contract	Gastroenterology	Consulting	
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Sheeneque C. Bailey, PMHNP	Contract	Psychiatry	AHP	
Onyiyechi P. Roseau, PMHNP	Contract	Psychiatry	AHP	
Jack C. Linfert, CRNA	Contract	CRNA	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Colin Strickland, MD	Diversified	Tele-Radiology	Consulting	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine By-Proxy</b>				
Mary S. Brewton, DO	MUSC	Tele-Medicine	Consulting	
Charmi M. Balsara, MD	Qler	Tele-Psychiatry	Consulting	
Reginald Deligent, MD	Qler	Tele-Psychiatry	Consulting	
Alessandra G. Ferrera, MD	Qler	Tele-Psychiatry	Consulting	
Cessar L. Scott, MD	Qler	Tele-Psychiatry	Consulting	
Jacob Kahn, MD	MUSC	Tele-Radiology	Consulting	Temporary Privileges Granted 1-24-25
<b>Reappointment and Clinical Privileges; Status : Active, Consulting &amp; Courtesy</b>				
Ketu Patel, MD	MUSC	Radiology	Active	



Joseph Pierce, MD	MUSC	Medicine	Active	
Derek R. McHaffie, MD	Southeast Rad	Rad Oncology	Consulting	
Benjamin J. Moeller, MD	Southeast Rad	Rad Oncology	Consulting	
Carolina E. Fasola, MD	Southeast Rad	Rad Oncology	Consulting	
Jennifer N. Georgi, MD	Contract	Anesthesia	Courtesy	
Jennifer Patchett, MD	MUSC	OBGYN	Consulting	
Cynthia M. Wesley, MD	Contract	OBGYN	To Consulting	
Asutosh S. Gor, MD	Carolina Blood	Hema/Oncology	Courtesy	

**Reappointment and Clinical Privileges; Status : Telemedicine By Proxy**

Christine A. Holmstedt, DO	MUSC	Tele-Neurology	Consulting	
James H. Richardson, MD	MUSC	Tele-Cardiology	Consulting	
Marquis T. Thompson, PA-C	MUSC	Tele-Cardiology	Consulting	
Ashley Kirinchich-Smith, NP	MUSC	Tele-Cardiology	Consulting	
Mary B. Gallagher, NP	MUSC	Tele-Palliative Care	Consulting	
Marjorie Paul, NP	MUSC	Tele-Endocrinology	Consulting	
Brittany B. Albright, MD	SCDHM	Tele-Psychiatry	Consulting	
Gregory Smith, MD	SCDMH	Tele-Psychiatry	Consulting	
Madhu S. Bajaj, MD	Hicuity Health	Tele-Critical Care	Consulting	
Jesse L. Chang, MD	Hicuity Health	Tele-Critical Care	Consulting	
Guy E. De Gent, MD	Hicuity Health	Tele-Critical Care	Consulting	
Iman A. Hassan, MD	Hicuity Health	Tele-Critical Care	Consulting	
Warren Isakow, MD	Hicuity Health	Tele-Critical Care	Consulting	
Daniel A. Katzman, MD	Hicuity Health	Tele-Critical Care	Consulting	
Edward F. Kilb, MD	Hicuity Health	Tele-Critical Care	Consulting	
Anthony M. Migura, MD	Hicuity Health	Tele-Critical Care	Consulting	
Francis D. Ntimba, MD	Hicuity Health	Tele-Critical Care	Consulting	
Nagarajan Ramakrishnan, MD	Hicuity Health	Tele-Critical Care	Consulting	
Lisa Rho, MD	Hicuity Health	Tele-Critical Care	Consulting	
Gary Shih, MD	Hicuity Health	Tele-Critical Care	Consulting	
Michelle C. Spiegel, MD	Hicuity Health	Tele-Critical Care	Consulting	
Ashwin K. Mani, MD	Hicuity Health	Tele-Critical Care	Consulting	
Jennifer Cunningham-Farbstein, MD	Hicuity Health	Tele-Critical Care	Consulting	
Rael D. Sundy, MD	Hicuity Health	Tele-Critical Care	Consulting	
Melissa N. Weis, MD	Hicuity Health	Tele-Critical Care	Consulting	
Ramesh Venkataraman, MD	Hicuity Health	Tele-Critical Care	Consulting	
Bryan A. Zorko, MD	Hicuity Health	Tele-Critical Care	Consulting	

**Reappointment and Clinical Privileges; Status: Allied Health Practitioner**

Alexandria Ingram, FNP	MUSC	Pulmonology	AHP	
Michael T. Adams, CRNA	MUSC	CRNA	AHP	

**Proctoring**

Monther Altiti, MD	Bariatric Surgery Proctoring Request :- 6 Sleeve Gastrectomy; 6 Roux-en-Y Gastric Bypass proctored by Dr. Pullatrana			
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**MUSC HEALTH CHESTER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Jack C. Linfert, CRNA	Contract	CRNA	AHP	
<b>Initial Appointment and Clinical Privileges; Status : Consulting</b>				
Colin D. Strickland, MD	Diversified	Consulting	Tele-Radiology	
<b>Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy</b>				
Mary S. Brewton, DO	MUSC	Tele-Medicine	Consulting	
Jacob A. Kahn, MD	MUSC	Tele-Radiology	Consulting	Temporary Privileges Granted 1/24/25
Charmi M. Balsara, MD	Qler	Tele-Psychiatry	Consulting	



Reginald Deligent, MD	Qler	Tele-Psychiatry	Consulting	
Alessandra G. Ferrera, MD	Qler	Tele-Psychiatry	Consulting	
Cessar L. Scott, MD	Qler	Tele-Psychiatry	Consulting	
<b>Reappointment and Clinical Privileges; Status: Active</b>				
Evan Ekman, MD	MUSC	Orthopedics	Active	
Ketu Patel, MD	MUSC	Radiology	Active	
<b>Reappointment and Clinical Privileges; Status: Allied Health Practitioner</b>				
Valencia Patterson, AGAC-NP	MUSC	Hospitalist	AHP	
Alexandra Ingram, FNP-BC	MUSC	Pulmology	AHP	
<b>Reappointment and Clinical Privileges; Status: Ambulatory / Rural Health Care</b>				
Holly P. Barber, FNP-BC	MUSC	Pediatrics	AHP-Amb. RHC	
Pamela Lewis, FNP-BC	MUSC	Medicine	AHP-Amb. RHC	
Charles A. Bickersaff, Jr, MD	MUSC	Medicine	Amb. RHC	
<b>Reappointment and Clinical Privileges; Status: Telemedicine By Proxy</b>				
James C. Lamousin, MD	Qler	Tele-Psychiatry	Consulting	
Gregory E. Smith, MD	SCDMH	Tele-Psychiatry	Consulting	
Brittany B. Albright, MD	SCDMH	Tele-Psychiatry	Consulting	
Christine Holmstedt, DO	MUSC	Tele-Neurology	Consulting	
Mary B. Gallagher, NP	MUSC	Tele-Palliative Care	AHP	
Marjorie Paul, NP	MUSC	Tele-Endocrinology	AHP	
Kathleen Riggan, NP	MUSC	Tele-Cardiology	AHP	
James Huger, MD	MUSC Col.	Tele-Cardiology	AHP	
Marquis T. Thompson, PA-C	MUSC	Tele-Cardiology	AHP	
Ashley Kirinchich-Smith, NP	MUSC	Tele-Cardiology	AHP	

## MUSC HEALTH MIDLANDS - Credentialing Applications - February 2025

### MUSC HEALTH COLUMBIA

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges</b>				
Corey Michael Brambley, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	Temporary Privileges for 2/9/2025
Jack C. Linfert, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Barrett Jay Littell, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Michael Wayne Rogers, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Ademola A Salami, B.S.N., M.S.N., C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Dhiraj Baruah, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Robert Russell DeVita, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Andrew Dean Hardie, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
John Frederick Hughes, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Jacob Aaron Kahn, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Joseph Ryan Miller, D.O.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Dag Pavic, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	
William Jefferson Rieter, M.D., Ph.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Nicholas Haddad Shaheen, III, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Seth Thomas Stalcup, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Saeed Elojeimy, M.D., Ph.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Kevin Paul Horn, M.D., Ph.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Erik Preston Eadie, M.D.	ARK Staffing Solutions	Diagnostic Radiology	Active	
Eric Matthew Edds, M.D.	ARK Staffing Solutions	Diagnostic Radiology	Active	
Michael Ugo Antonucci, M.D., B.A.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges for 2/23/25
Alec Joseph Tuchowski, D.N.P.	MUSC Health Surgical	General Surgery	AHP	Temporary Privileges for 1/12/25
Abieyuwa Ewaka, M.D.	Floyd Lee Locums	Interventional Radiology	Active	Temporary Privileges for 1/12/25

Emily Cecilia Martina Pate, N.N.P.	Locum Tenens	Neonatology	AHP	Temporary Privileges for 1/16/2025
Austin Daniel Hunt Rutledge, D.O.	MUSC Health Charleston	Neonatal / Perinatal	Active	Temporary Privileges for 1/13/2025
Pedro Salvador Argoti Torres, M.D.	MUSC Health Charleston	OBGYN	Active	
Amartha Nnegi Gore, M.D.	MUSC Health Charleston	OBGYN	Active	Temporary Privileges for 1/10/25
Christopher Gordon Smith, M.D., M.P.H	Kraemer's Womens Care	OBGYN	Active	
Scott Douglas Stahle, M.D.	Kraemer's Womens Care	OBGYN	Active	Temporary Privileges for 1/2/25
Octaviano Espinosa, M.D.	Kraemer's Womens Care	OBGYN	Active	
James Joseph Alonzo, M.D.	Kraemer's Womens Care	OBGYN	Active	Temporary Privileges for 2/7/2025
Mary Helen Johnson, M.D.	Medicus Healthcare Solutions	Pediatrics	Active	Temporary Privileges for 1/27/25
Mary Sue Kuchta Brewton, D.O.	MUSC Health Centers of	Telehealth - Family Medicine	By Proxy	
Reginald NMN Deligent, M.D.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Grace Kelly Vallejo, M.D.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Charmi Mukesh Balsara, M.D.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Megan E Dery, D.O.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Prince U Eleeh, M.D.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Alessandra Giannini Ferrera, M.D.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Sophia Array Lincoln, M.D.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Cessar Lenia Scott, M.D.	Qler Physician Medical Group	Telepsychiatry	By Proxy	
Travis Downes, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/23/25
Jonathan Lightfoot Brandon, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/23/25
Arthur Harvey Donahue, D.O.	Diversified Radiology of	Teleradiology	Telehealth	
Allison Shoshana Fraum, D.O.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/23/25
Scott Glasser, M.D.	Diversified Radiology of	Teleradiology	Telehealth	
Sarah Jess, M.D.	Diversified Radiology of	Teleradiology	Telehealth	
Trystain Darrell Johnson, M.D.	Diversified Radiology of	Teleradiology	Telehealth	
Robert James Johnston, M.D.	Diversified Radiology of	Teleradiology	Telehealth	
Jennifer L. Kemp, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/23/25
Christine Kassis, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/22/25
Yoel Kim, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/22/25.
Adam Edgar Kowalski, M.D.	Diversified Radiology of	Teleradiology	Telehealth	
J David Gilliland, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/23/25
Eric Matthew Lyders, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/24/25
Jeffrey Mark Meier, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/25/25
Keir Douglas Marshall, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/24/25
Arash K Momeni, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/22/25
Dipti Venkatesh Nevrekar, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/25/25
Brian Mckay Steele, M.D.	Diversified Radiology of	Teleradiology	Telehealth	
Clayton Louis Vandergriff, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/24/25
Lisa Marie Taylor, M.D.	Diversified Radiology of	Teleradiology	Telehealth	Temporary Privileges for 2/25/25
Dawn Pike, BSN, MSN, FNP	MUSC Health Urology	Urology	AHP	Temporary Privileges for 1/16/2025
Michael Monahan, D.O.	MUSC Health Urology	Urology	Active	
<b>Reappointment and Clinical Privileges</b>				
Jennifer Nicole Georgi, M.D.	Anesthesiology	Anesthesiology	Active	
Michael Todd Adams, C.R.N.A., M.S.N.	Anesthesiology	Anesthesiology	AHP	
Kimberly Dana Huffstetler, C.R.N.A.	Anesthesiology	Anesthesiology	AHP	
James Huger Richardson, M.D.	Vascular	Cardiovascular Disease	Active	
Donna S. Cambron, N.P.	Vascular	Cardiovascular Disease	AHP	
Kaitlin Nicole Corwin, P.A.	Vascular	Cardiovascular Disease	AHP	
Kathleen I Riggan, M.S.N., BSN	Vascular	Cardiovascular Disease	AHP	
Long Thang Quan, M.D., Ph.D.	Group	Dermatology	Courtesy	
Peter Scott Carnohan, M.D.	Apogee Physicians	Hospitalist	Active	

Colin English Widener, M.D.	Apogee Physicians	Hospitalist	Active	
Dana Mairi Isabel Nairn, M.D.	Inspired Health of SC	Internal Medicine	Active	
Matthew Alan Floyd, M.D.	Columbia Nephrology	Nephrology	Active	
Lisa Rho, M.D.	Telehealth	Telemedicine - Endocrinology	By Proxy	
Mary Bernadette Gallagher, CNP	Telehealth	Telemedicine - Internal Medicine	By Proxy	
Christine Anne Holmstedt, D.O.	Telehealth	Telemedicine -Neurology	By Proxy	
Marjorie Paul, F.N.P.	Telehealth	Telemedicine-Endocrinology	By Proxy	

**Change in Privileges**

Todd Michael Kraemer, M.D.	Kraemer's Womens Care	OBGYN	Active	Adding GYN
Orson Alphonso Ravenell, M.D., B.Sc.	Kraemer's Womens Care	OBGYN	Active	Adding GYN

**Proctoring**

Bernadette Goudreau, M.D.	Surgery Columbia Medical	Vascular Surgery	Active	5 cases - Vein Procedures
Keneth Robert Blind, P.A.	Medicine	Emergency Medicine	AHP	2 cases intubation-extubation
Timothy Killen Adams, M.D.	Anesthesiology	Anesthesiology	Active	Return to work plan

**Resignations**

Katherine Margaret Allen, C.R.N.A.	Anesthesiology	Anesthesiology	Voluntary Resignation	
Jeffrey Holden Greene, M.D.	Apogee Physicians- ICU	Critical Care	Provider no longer with group	
Bradley Allen Irvin, P.A.	Apogee Physicians- ICU	Critical Care	Voluntary Resignation	
Kelash Kumar Punjabi, M.D., M.B.B.S	Apogee Physicians	Hospitalist	Voluntary Resignation	
Cindy K. Snyder, C.R.N.A.	Anesthesiology	Anesthesiology	Voluntary Resignation	
Katherine Margaret Allen, C.R.N.A.	Anesthesiology	Anesthesiology	Voluntary Resignation	
Steven Garold Bentley, M.D.	Apogee Physicians- ICU	Critical Care	Provider no longer with group	
Brittany Jean Dietz, C.R.N.A.	Anesthesiology	Anesthesiology	Voluntary Resignation	
Charles Denver Gill, C.R.N.A.	Anesthesiology	Anesthesiology	Voluntary Resignation	
Thomas Patrick Giudice, M.D.	Lexington Urogynecology	OB/GYN	Voluntary Resignation	
Janet Ann Lee, C.R.N.A.	Anesthesiology	Anesthesiology	Voluntary Resignation	
Angela Renee Robinson, C.R.N.A.	Anesthesiology	Anesthesiology	Voluntary Resignation	
Martha Kathleen Russell, A.P.R.N.	Neurosurgery	Orthopedics	Provider no longer with group	

**MUSC HEALTH KERSHAW**

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

Janet Ann Lee, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	Temporary Privileges Granted 2/23/25
Ademola A Salami, B.S.N., M.S.N., C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Barrett Jay Littell, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Michael Wayne Rogers, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Jack C. Linfert, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP	
Erik Preston Eadie, M.D.	Ark Staffing Solutions	Diagnostic Radiology	Active	
Eric Matthew Edds, M.D.	Ark Staffing Solutions	Diagnostic Radiology	Active	
Dhiraj Baruah, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Robert Russell DeVita, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Saeed Elojeimy, M.D., Ph.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Andrew Dean Hardie, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Kevin Paul Horn, M.D., Ph.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
John Frederick Hughes, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Jacob Aaron Kahn, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	

Joseph Ryan Miller, D.O.	MUSC Health Charleston	Diagnostic Radiology	Active	
William Jefferson Rieter, M.D., Ph.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Nicholas Haddad Shaheen, III, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Seth Thomas Stalcup, M.D.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Dag Pavic, M.D.	Weatherby Healthcare	Diagnostic Radiology	Active	
Michael Ugo Antonucci, M.D., B.A.	MUSC Health Charleston	Diagnostic Radiology	Active	Temporary Privileges Granted 2/23/25
Daniel Francis Noltkamper, M.D.	MUSC Health Columbia Emergency Department	Emergency Medicine	Active	
Mary Catharine Philbeck, M.D.	MUSC Health Columbia Emergency Department	Emergency Medicine	Active	
Maureen Theresa Cadmus, C.R.N.P.	Apogee Physicians	Hospitalist	AHP	
Abieyuwa Eweka, M.D.	MUSC Radiology (Floyd Lee Locums)	Interventional Radiology	Active	
Katrina Leigh Fasen, M.S.N., A.P.R.N.	Kraemer Women's Care	OB/GYN	AHP	Temporary Privileges Granted 1/13/2025
Sheeneque Christel Bailey, B.S.N. TuR	River Region Psychiatry Associates	Psychiatry	AHP	
Onyiyechi Peace Roseau, N.P.	River Region Psychiatry Associates	Psychiatry	AHP	
Christopher David Perry, M.D.	MUSC Health Pulmonology & Sleep Medicine	Sleep Medicine	Active	
Mary Sue Kuchta Brewton, D.O.	MUSC Health Centers of Telehealth	Tele-Family med	By Proxy	
Reginald NMN Deligent, M.D.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Megan E Dery, D.O.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Prince U Eleeh, M.D.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Alessandra Giannini Ferrera, M.D.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Sophia Array Lincoln, M.D.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Cessar Lenia Scott, M.D.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Grace Kelly Vallejo, M.D.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Charmi Mukesh Balsara, M.D.	QLER Physician Medical Group	Tele-Psychiatry	By Proxy	
Travis Downes, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/23/25
Jonathan Lightfoot Brandon, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/23/25
Arthur Harvey Donahue, D.O.	Diversified Radiology of Colorado	Teleradiology	Telehealth	No Flags. Temporary Privileges for 2/25/25 2015-Case dismissed as resident
Allison Shoshana Fraum, D.O.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/23/25
Scott Glasser, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/22/25
Sarah Jess, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	
Trystain Darrell Johnson, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	

Robert James Johnston, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	
Jennifer L. Kemp, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/23/25
Christine Kassis, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/22/25
Yoel Kim, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/22/25
Adam Edgar Kowalski, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	
J David Gilliland, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/23/25
Eric Matthew Lyders, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/24/25
Jeffrey Mark Meier, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/25/25
Keir Douglas Marshall, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/24/25
Arash K Momeni, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/22/25
Dipti Venkatesh Nevrekar, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/25/25
Brian Mckay Steele, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/24/25
Clayton Louis Vandergriff, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/24/25
Lisa Marie Taylor, M.D.	Diversified Radiology of Colorado	Teleradiology	Telehealth	Temporary Privileges Granted 2/25/25
<b>Reappointment and Clinical Privileges</b>				
Colin English Widener, M.D.	Apogee Physicians	Hospitalist	Active	
Ashishkumar Chandrakant Amin, M.D.	Apogee Physicians	Hospitalist	Active	
Madhu Satya Bajaj, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Jesse Limmon Chang, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Jennifer Lori Cunningham-Farbstein, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Guy Elise Constant De Gent, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Iman Abdel Meguid Hassan, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Warren Isakow, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Daniel Ari Katzman, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Edward Francis Kilb, III, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Ashwin Kumar Mani, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Anthony Michael Migura, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Francis David Ntimba, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Nagarajan Ramakrishnan, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Lisa Rho, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Gary Shih, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Michelle Courtney Spiegel, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Rael David Sundry, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Ramesh Venkataraman, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Melissa Nicole Weis, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Bryan Adam Zorko, M.D.	Hicuity Health	Critical Care - Telemedicine	By Proxy	
Marjorie Paul, F.N.P.	Telehealth	Critical Care - Telemedicine	By Proxy	
Michael Todd Adams, C.R.N.A., M.S.N.	Anesthesiology	Anesthesia	Active AHP	

<b>Change In Privilege Request</b>				
Stephen Michael Pillinger, D.O., B.A.	Apogee Physicians	Hospitalist	Active	Changing privileges from IM to Hospitalist
<b>Proctoring</b>				
Yarlagadda, Bhavya MD	MUSC Health Kershaw Medical Center	Hospitalist	Active	Endotracheal Intubation, Arterial Line Placement, Central Vein Catheter Insertion
<b>Resignations</b>				
Allen Kenney, P.A.	MUSC Health Elgin Care	Internal Medicine	Provider no longer with group	
Angela Renee Robinson, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Voluntary resignation	
Brittany Jean Dietz, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Voluntary resignation	
Cindy K. Snyder, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Voluntary resignation	
Charles Denver Gill, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Voluntary resignation	
James Taylor Keen, P.A.	ity Internal Medicine	Internal Medicine	Voluntary resignation	
Janet Ann Lee, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Voluntary resignation	
Katherine Margaret Allen, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Voluntary resignation	
Robert Bruce Borucki, M.D.	Health - Urgent Care	Internal Medicine	Voluntary resignation	
Sabreen Rubaida Rahman, M.D.	qler Solutions	Telepsychiatry	Provider no longer with group	

**MUSC HEALTH PEE DEE - Credentialing Applications - March 2025**

MUSC HEALTH FLORENCE				
Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges;</b>				
Derek Lee Horstemeyer, M.D.	MUSC Florence	Anesthesiology	Active	
Gabriel Klein, M.D., M.S.	MUSC Florence	Plastic & Reconstructive Surgery	Active	
Benjamin Wells Weston, M.D.	MUSC Florence	Hospitalist	Active	
Theodore D Baker, MD	MUSC Florence	Radiology)	Consulting	
Wesley Ross Davis, N.P.	MUSC Florence	Surgery (Dr Keith Player)	AHP	
Kelly A. Lovett, A.P.R.N.	MUSC Florence	Hospitalist	AHP	
Stephanie Bennett Lee, F.N.P.	MUSC Florence	Surgery (Dr Carey Brewton)	AHP	
Alex Pena, C.R.N.A.	MUSC Florence	Anesthesiology	AHP	
Alexandra Letitia Anderson, P.A.	MUSC Florence	Hospitalist	AHP	
Lorenzo Lamont Ford, N.P.	MUSC Florence	Hospitalist	AHP	
Amanda Fox-Duncan, CRNA	MUSC Florence	Anesthesiology	AHP	
Diana Eileen Jones, C.R.N.A., BSN, B.S.	MUSC Florence	Anesthesiology	AHP	
Allison Eaddy Malone, C.R.N.A.	MUSC Florence	Anesthesiology	AHP	
Michael Munson, CRNA	MUSC Florence	Anesthesiology	AHP	Temp Privileges 3-6-25
Alessandra Goetz, P.A.C.	MUSC Florence	Family Medicine	AHP-Telemedicine	
Daniel Mulligan Knowles, P.A.C.	MUSC Florence	Family Medicine	AHP-Telemedicine	
Robert Lorek, P.A.	MUSC Florence	Family Medicine	AHP-Telemedicine	
Keegan Sturgill Mullins, M.D.	MUSC Florence	Family Medicine	Telemedicine	
Taylor Callinan Parker, P.A.C.	MUSC Florence	Family Medicine	AHP-Telemedicine	
Melody Paige Crews, N.P.	MUSC Florence	Tele-Psychiatry (MUSC)	Tele-ByProxy	
<b>Reappointment and Clinical Privileges;</b>				
Bamidele Ayotunde Ajibola, M.D.	MUSC Florence	Hospitalist	Active	
Charles Martin Andrews, M.D.	MUSC Florence	Neurology	Active	
Anu Chaudhry, M.D.	MUSC Florence	Obstetrics and Gynecology	Active	
Brian Randall Evans, M.D.,M.P.H.	MUSC Florence	Surgery	Active	
Emily Lauren Hamilton, M.D.	MUSC Florence	Pediatrics	Active	
Harry Alton Jordan, Jr., M.D.	MUSC Florence	Internal Medicine	Active	
Kimberly Price Kicielinski, M.D., M.S.P.H.	MUSC Florence	Surgery	Active	
Jonathan Ross Lena, M.D.	MUSC Florence	Surgery	Active	
Daniele C Parise, M.D.	MUSC Florence	Anesthesiology	Active	
Alejandro Marin Spiotta, M.D.	MUSC Florence	Surgery	Active	
David Joseph Steflik, M.D.	MUSC Florence	Pediatrics	Active	
Katherina Yanno Hsia, M.D.	MUSC Florence	Medicine	Active	
Richard Hartwell Bryant, Jr., D.M.D.	MUSC Florence	Surgery	Consulting	
William Ong Chu, M.D.	MUSC Florence	Radiology	Consulting	
Misty Nicole Lee, D.P.M., B.S.	MUSC Florence	Podiatry	Consulting	
Willie Stanley Edwards, Jr., M.D.	MUSC Florence	Surgery	Courtesy	
Heather Funke McCown, M.D.	MUSC Florence	Medicine	Courtesy	
David Carson Moore, P.A.	MUSC Florence	Emergency Medicine	AHP	
Byron R Navey, Ph.D.	MUSC Florence	Psychology	AHP	
Melissa Kellum Parent, A.N.P.	MUSC Florence	Hospital Medicine	AHP	
Hannah Elizabeth Pettigrew, C.R.N.A.	MUSC Florence	Anesthesia	AHP	
Sonal Bhatia, M.D.	MUSC Florence	Tele-EEG	Telemedicine By Proxy	
Joseph Robert Cantey, M.D.	MUSC Florence	Tele-Palliative Care	Telemedicine By Proxy	

Gregory Alan Compton, M.D.	MUSC Florence	Tele-Infectious Disease	Telemedicine By Proxy	
Jonathan Charles Edwards, M.D., M.B.A.	MUSC Florence	Tele-Palliative Care	Telemedicine By Proxy	
Carlene Kingston, M.D.	MUSC Florence	Tele-Neurology/Stroke	Telemedicine By Proxy	
Sarah Suzanne Kuhn, M.D.	MUSC Florence	Tele-Psychiatry	Telemedicine By Proxy	
Christopher George Pelic, M.D.	MUSC Florence	Tele-Infectious Disease	Telemedicine By Proxy	
Keith Alan Sanders, M.D.	MUSC Florence	Tele-Neurology/Stroke	Telemedicine By Proxy	
Eyad Almallouhi, M.D.	MUSC Florence	Tele-Neurology	Telemedicine By Proxy	
Anup Bhushan, M.D.	MUSC Florence	Tele-Palliative	Telemedicine By Proxy	
Alyssa Ashley Gitter, D.N.P. FNP-BC	MUSC Florence	Tele-Infectious Disease (MUSC)	Telemedicine By Proxy	
Katherine Kyle, A.P.R.N., D.N.P., ANP - C	MUSC Florence	Tele-Infectious Disease (MUSC)	Telemedicine By Proxy	
Dalila Lewis, M.D., B.S.	MUSC Florence	Tele-Neurology (MUSC)	Telemedicine By Proxy	
Jason John Madey, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Telemedicine By Proxy	
Ervin D. Prewette, II, M.D.	MUSC Florence	Tele-Psychiatry (SCDM)	Telemedicine By Proxy	
Mariana Grossi Bessa Szuchmacher, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Telemedicine By Proxy	
Charles Spencer Teixeira, D.O.	MUSC Florence	Tele- Infectious Disease (MUSC)	Telemedicine By Proxy	
Shalika Whig, M.D.	MUSC Florence	Tele-Psychiatry (SCDM)	Telemedicine By Proxy	
Lidia Bastos Yamada, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Telemedicine By Proxy	

**Adding Privileges - CIP**

James Mark Harris, MD - Add GI Privileges	MUSC Florence	Add GI Privileges (MUSC Florence)		
Aftab H Jafri, MD - Add GI Privileges	MUSC Florence	Add GI Privileges (MUSC Florence)		
Wesley Davis NP - RHC to NP	MUSC Florence	Changing from RHC to NP privileges		
Tony Glenn Lucas NP - Add -Pulmonary	MUSC Florence	Add Pulmonary Privileges (Dr Ar		
Natalie Prince NP - CIP	MUSC Florence	Change from MUSC Surgery (Amy Murrell		
Andrea Hall, CIP - Surgery	MUSC Florence	Change of Practice from medicine to Surgery (Dr Iva Smolens), MUSC		

**Resignations**

Joshua Schreiber, CRNA				
Matthew Daniel Schmitz, M.D. Radiology				
Segee Holley NP - Hospitalist				
Jeffrey Dorociak MD - Gastroenterology				

**MUSC HEALTH MARION**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges:</b>				
Benjamin Wells Weston, M.D.	MUSC Marion	Medicine	Active	
Theodore D Baker, M.D., B.S.E.E.	MUSC Marion	Radiology (CRA-Florence)	Consulting	
Wesley Ross Davis, N.P.	MUSC Marion	Surgery (Dr Keith Player)	AHP	
Stephanie Lee, NP	MUSC Marion	Surgery (Dr Carey Brewton)	AHP	
Natalie Prince NP	MUSC Marion	Surgery (Dr Amy Murrell)	AHP	
Alessandra Goetz, P.A.C.	MUSC Marion	Family Medicine - Telemedicine	AHP	
Daniel Mulligan Knowles, P.A.C.	MUSC Marion	Family Medicine - Telemedicine	AHP	
Robert Lorek, P.A.	MUSC Marion	Family Medicine - Telemedicine	AHP	
Keegan Sturgill Mullins, M.D.	MUSC Marion	Family Medicine - Telemedicine	AHP	
Taylor Callinan Parker, P.A.C.	MUSC Marion	Family Medicine - Telemedicine	AHP	
Kelly A. Lovett, A.P.R.N.	MUSC Marion	Hospitalist	AHP	
Amanda Fox-Duncan, CRNA	MUSC Marion	Anesthesiology	AHP	
Alex Pena, C.R.N.A.	MUSC Marion	Anesthesiology	AHP	
Alexandra Letitia Anderson, P.A.	MUSC Marion	Hospitalist	AHP	
Lorenzo Lamont Ford, N.P.	MUSC Marion	Hospitalist	AHP	
Allison Eaddy Malone, C.R.N.A.	MUSC Marion	Anesthesiology	AHP	
Melody Page Crews NP	MUSC Marion	Tele-Psychiatry	Tele-ByProxy	

<b>Reappointment and Clinical Privileges:</b>				
Daniele C Parise, M.D.	MUSC Marion	Anesthesia	Active	
Stuart Alva Smith, M.D.	MUSC Marion	Emergency Medicine	Active	
Bamidele A Ajibola, MD	MUSC Marion	Hospitalist	Active	
Katherina Yannoë Tillan-Hsia, M.D.	MUSC Marion	Hospitalist	Active	
David Carson Moore, P.A.	MUSC Marion	Emergency Medicine	AHP	
Melissa Kellum Parent, A.N.P.	MUSC Marion	Hospitalist	AHP	
Hannah Elizabeth Pettigrew, C.R.N.A.	MUSC Marion	Anesthesia	AHP	
Chirantan Banerjee, M.D., M.P.H	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Sonal Bhatia, M.D.	MUSC Marion	Tele-EEG	Tele-ByProxy	
Anup Bhushan, M.D.	MUSC Marion	Tele-Palliative Care	Tele-ByProxy	
Joseph Robert Cantey, M.D.	MUSC Marion	Tele-Palliative Care	Tele-ByProxy	
Gregory Alan Compton, M.D.	MUSC Marion	Tele-Infectious Disease	Tele-ByProxy	
Carlene Kingston, M.D.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Christopher George Pelic, M.D.	MUSC Marion	Tele-Infectious Disease	Tele-ByProxy	
Cassandra Danielle Salgado, M.D.	MUSC Marion	Tele-Infectious Disease	Tele-ByProxy	
Keith Alan Sanders, M.D.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Shalika Whig, M.D.	MUSC Marion	Tele-Psychiatry	Tele-ByProxy	
Eyad Almallouhi, M.D.	MUSC Marion	Tele-EEG	Tele-ByProxy	
Charles Martin Andrews, M.D.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Elizabeth Burguières, M.D.	MUSC Marion	Tele-Psychiatry	Tele-ByProxy	
Jonathan Charles Edwards, M.D., M.B.A.	MUSC Marion	Tele-EEG	Tele-ByProxy	
Kimberly Price Kicielinski, M.D., M.S.P.H.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Sarah Suzanne Kuhn, M.D.	MUSC Marion	Tele-Psychiatry	Tele-ByProxy	
Alyssa A Gitter NP	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Katherine Kyle, A.P.R.N., D.N.P., ANP - C	MUSC Marion	Tele-Infectious Disease	Tele-ByProxy	
Alain Zingraff Lekoubou Looti, M.D., M.S.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Jonathan Ross Lena, M.D.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Dalila Lewis, M.D., B.S.	MUSC Marion	Tele-EEG	Tele-ByProxy	
Jason John Madey, M.D.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Ervin D. Prewette, II, M.D.	MUSC Marion	Tele-Psychiatry	Tele-ByProxy	
Alejandro Marin Spiotta, M.D.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
Mariana Grossi Bessa Szuchmacher, M.D.	MUSC Marion	Tele-EEG	Tele-ByProxy	
Charles Spencer Teixeira, D.O.	MUSC Marion	Tele-Infectious Disease	Tele-ByProxy	
Lidia Bastos Yamada, M.D.	MUSC Marion	Tele-Neurology/Stroke	Tele-ByProxy	
<b>Resignations</b>				
Matthew Daniel Schmitz, M.D. Radiology				
Seegee Holley NP - Hospitalist				
Joshua Schreiber, CRNA				
<b>MUSC HEALTH BLACK RIVER</b>				
Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges:</b>				
Benjamin Wells Weston, M.D.	MUSC Black River	Hospitalist	Active	
Theodore D Baker, M.D., B.S.E.E.	MUSC Black River	Tele-Radiology	Active	
Keegan Sturgill Mullins, M.D.	MUSC Black River	Family Medicine - TeleMedicine	Active	
Alexandra Letitia Anderson, P.A.	MUSC Black River	Hospitalist	AHP	
Lorenzo Ford, NP	MUSC Black River	Hospitalist	AHP	
Alessandra Goetz, P.A.C.	MUSC Black River	Family Medicine - TeleMedicine	AHP	
Daniel Mulligan Knowles, P.A.C.	MUSC Black River	Family Medicine - TeleMedicine	AHP	

Robert Lorek, P.A.	MUSC Black River	Family Medicine - TeleMedicine	AHP
Allison Eaddy Malone, CRNA	MUSC Black River	Anesthesiology	AHP
Alex Pena CRNA	MUSC Black River	Anesthesiology	AHP
Amanda Fox-Duncan, CRNA	MUSC Black River	Anesthesiology	AHP
Taylor Callinan Parker, P.A.C.	MUSC Black River	Family Medicine - TeleMedicine	AHP
Natalie Prince, NP	MUSC Black River	Surgery (Dr Amy Murrell)	AHP
Wesley Ross Davis, N.P.	MUSC Black River	Surgery (Dr Keith Player)	AHP
Melody Paige Crews, N.P.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy
<b>Reappointment and Clinical Privileges:</b>			
Emily Helen Reams, MD	MUSC Black River	Hospitalist	Active
Katherina Yanno Tillian-Hsia, M.D.	MUSC Black River	Hospitalist	Active
Roger Pons, MD	MUSC Black River	Hospitalist	Active
William O Chu, MD	MUSC Black River	Radiology	Consultng
Kelly A. Lovett, A.P.R.N.	MUSC Black River	Hospitalist	AHP
David Carson Moore, P.A.	MUSC Black River	Emergency Medicine	AHP
Melissa Kellum Parent, A.N.P.	MUSC Black River	Hospitalist	AHP
Hannah Elizabeth Pettigrew, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	AHP
Eyad Almallouhi, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Charles Martin Andrews, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Joshua Ryan Arenth, M.D., B.E.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Kevin John Baker, M.D.	MUSC Black River	Tele-Hospitalist	Tele-ByProxy
Chirantan Banerjee, M.D., M.P.H	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Xavier Belcher, M.D.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy
Sonal Bhatia, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Anup Bhushan, M.D.	MUSC Black River	Tele-Palliative Care	Tele-ByProxy
Austin Biggs, M.D.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Elizabeth Burquieres, M.D.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy
TaCorey Sanchez Campbell, D.N.P	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Joseph Robert Cantey, M.D.	MUSC Black River	Tele-Infectious Disease	Tele-ByProxy
James Emery Claytor, M.D.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy
Gregory Alan Compton, M.D.	MUSC Black River	Tele-Palliative Care	Tele-ByProxy
Jonathan Charles Edwards, M.D., M.B.A.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Melissa Campbell Evans, M.D., F.A.A.P.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Alyssa Ashley Gitter, FNP-BC	MUSC Black River	Tele-Infectious Disease	Tele-ByProxy
Kimberly Price Kicielinski, M.D., M.S.P.H.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Carlene Kingston, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Sarah Suzanne Kuhn, M.D.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy
Katherine Kyle, A.P.R.N., D.N.P., ANP - C	MUSC Black River	Tele-Palliative Care	Tele-ByProxy
Jonathan Ross Lena, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Dalila Lewis, M.D., B.S.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Elizabeth Hayes Mack, M.D., M.S.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Elizabeth Rose MackDiaz, M.D.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Jason John Madey, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Whitney Erin Marvin, M.D.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Patricia Anne Meiers, B.S.N., M.S.N.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Rustin Anthony Meister, M.D., M.S.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy
Shelly Dawn Ozark, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy
Christopher George Pelic, M.D.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy
Ervin D. Prewette, II, M.D.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy

Cassandra Danielle Salgado, M.D.	MUSC Black River	Tele-Infectious Disease	Tele-ByProxy	
Keith Alan Sanders, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy	
Sara Rhodes Proctor Short, M.D., M.Ed.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy	
Alejandro Marin Spiotta, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy	
Mariana Grossi Bessa Szuchmacher, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy	
Charles Spencer Teixeira, D.O.	MUSC Black River	Tele-Infectious Disease	Tele-ByProxy	
Alice Aileen Walz, M.D.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy	
Shalika Whig, M.D.	MUSC Black River	Tele-Psychiatry	Tele-ByProxy	
Lidia Bastos Yamada, M.D.	MUSC Black River	Tele-Neurology/Stroke	Tele-ByProxy	
Elizabeth Emrath Zivick, M.D.	MUSC Black River	Tele-Pediatric Critical Care	Tele-ByProxy	

**Resignations:**  
Matthew Daniel Schmitz, M.D. Radiology

### MUSC HEALTH CATAWBA - Credentialing Applications - March 2025

#### MUSC HEALTH LANCASTER

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Nicholas V. Douglas, CRNA	Contract	CRNA	AHP	
Alex Pena, CRNA	Contract	CRNA	AHP	
Amanda Fox-Duncan, CRNA	Contract	CRNA	AHP	
Robin A. Secrist, PMHNP-BC	Contract	Psychiatry	AHP	
Robert L. Duffell-Hoffman, RD	Contract	Dietitian	AHP	
Abigale R. Clapham, RD	Contract	Dietitian	AHP	

#### Initial Appointment and Clinical Privileges; Status : Consulting

Timothy E. Dineen, MD	Contract	Radiology	Consulting	
Brittany Austin, MD	MUSC	OB/GYN	Consulting	
Sarah K. Shea, MD	MUSC	OB/GYN	Consulting	
Lauren L. Yacobucci, MD	MUSC	OB/GYN	Consulting	
Gregory H. Broering, MD	Contract	TeleRadiology	Consulting	

#### Initial Telemedicine; Status : Telemedicine - By Proxy

Marina Bogdanovic, MD	Qler	TelePsychiatry	Tele by Proxy	
Grace K. Vallejo, MD	Qler	TelePsychiatry	Tele by Proxy	
Joseph Delio, MD	Hicuity	TeleCritical Care	Tele by Proxy	

#### Reappointment and Clinical Privileges

Ifediora F. Afulukwe, MD	HS Medical	Pumonology/CC	Active	
Daniele C. Parise, MD	Contract	Anesthesia	Active	
Doug L. Tiedt, MD	MUSC	OB/GYN	Active	
Trevor G. Robinson, MD	MUSC	Emerg. Medicine	Active	
Paul Diegidio, MD	Virtu Cosmetics	Plastic Surgery	Consulting	
Wenting Han, CRNA	Contract	CRNA	AHP	
Jada S. Simpson, FNP	MUSC	Gen Surgery	AHP	
Eyad Almallouhi, MD	MUSC	TeleNeurology	Consulting	

Charles M. Andrews, MD	MUSC	TeleNeurology	Consulting	
Chirantan Banerjee, MD	MUSC	TeleNeurology	Consulting	
Sonal Bhatia, MD	MUSC	TeleNeurology	Consulting	
Kimberly P. Kicielinski, MD	MUSC	TeleNeurology	Consulting	
Carlene Kingston, MD	MUSC	TeleNeurology	Consulting	
Jonathan R. Lena, MD	MUSC	TeleNeurology	Consulting	
Jason J. Madey, MD	MUSC	TeleNeurology	Consulting	
Dalila Lewis, MD	MUSC	TeleNeurology	Consulting	
Shelly D. Ozark, MD	MUSC	TeleNeurology	Consulting	
Lidia B. Yamada, MD	MUSC	TeleNeurology	Consulting	
Keith A. Sanders, MD	MUSC	TeleNeurology	Consulting	
Mariana G. Szuchmacher, MD	MUSC	TeleNeurology	Consulting	
Alejandro M. Spiotta, MD	MUSC	TeleNeurology	Consulting	
Christopher G. Pelic, MD	MUSC	TelePsychiatry	Consulting	
Xavier Belcher, MD	SC DMH	TelePsychiatry	Consulting	
Elizabeth Burquieres, MD	SC DMH	TelePsychiatry	Consulting	
James E. Claytor, MD	SC DMH	TelePsychiatry	Consulting	
Sarah S. Kuhn, MD	SC DMH	TelePsychiatry	Consulting	
Shalika Whig, MD	SC DMH	TelePsychiatry	Consulting	
Ervin D. Prewette, II, MD	SC DMH	TelePsychiatry	Consulting	
Anup Bhushan, MD	MUSC	TelePalliative Care	Consulting	
Gregory A. Compton, MD	MUSC	TelePalliative Care	Consulting	
Katherine Kyle, DNP	MUSC	TelePalliative Care	Consulting	
Joseph R. Cantey, MD	MUSC	TeleInfect. Disease	Consulting	
Cassandra D. Salgado, MD	MUSC	TeleInfect. Disease	Consulting	
Charles S. Teixeira, DO	MUSC	TeleInfect. Disease	Consulting	
George B. Carter, MD	Hicuity	TeleCritical Care	Consulting	

**MUSC HEALTH LANCASTER**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner</b>				
Nicholas V. Douglas, CRNA	Contract	CRNA	AHP	
Alex Pena, CRNA	Contract	CRNA	AHP	
Amanda Fox-Duncan, CRNA	Contract	CRNA	AHP	
Kim A. James, ACNP	MUSC	Hospitalist	AHP	
<b>Initial Appointment and Clinical Privileges - Consulting</b>				
Timothy E. Dineen, MD	Contract	Radiology	Consulting	
Gregory H. Broering, MD	Contract	TeleRadiology	Consulting	
<b>Initial Telemedicine; Status : Telemedicine - By Proxy - Consulting</b>				
Andrew B. NeSmith, MD	MUSC	TeleHospitalist	Tele-by-proxy	
Tahirali H. Motiwala, MD	MUSC	TeleHospitalist	Tele-by-proxy	
Marina Bogdanovic, MD	Qler	TelePsychiatry	Tele-by-proxy	
Grace K. Vallejo, MD	Qler	TelePsychiatry	Tele-by-proxy	
<b>Reappointment and Clinical Privileges</b>				
Trevor G. Robinson, MD	MUSC	Emerg. Medicine	Active	
Siddharth Malhotra, MD	MUSC	Gen. Surgery	Active	
Daniel Crow, MD	MUSC	Hospitalist/ER	Active	
Douglas L. Tiedt, MD	MUSC	OB/GYN	Active-RHC	
Lindsey E. Crofford, NP	MUSC	Medicine	AHP-RHC	
Eyad Almallouhi, MD	MUSC	Tele-Neurology	Consulting	

Charles M. Andrews, MD	MUSC	Tele-Neurology	Consulting	
Chirantan Banerjee, MD	MUSC	TeleNeurology	Consulting	
Sonal Bhatia, MD	MUSC	TeleNeurology	Consulting	
Kimberly P. Kicielinski, MD	MUSC	TeleNeurology	Consulting	
Carlene Kingston, MD	MUSC	TeleNeurology	Consulting	
Shelly D. Ozark, MD	MUSC	TeleNeurology	Consulting	
Lidia B. Yamada, MD	MUSC	TeleNeurology	Consulting	
Jonathan R. Lena, MD	MUSC	TeleNeurology	Consulting	
Dalila Lewis, MD	MUSC	TeleNeurology	Consulting	
Jason J. Madey, MD	MUSC	TeleNeurology	Consulting	
Mariana G. Szuchmacher, MD	MUSC	TeleNeurology	Consulting	
Alejandro M. Spiotta, MD	MUSC	TeleNeurology	Consulting	
Keith A. Sanders, MD	MUSC	TeleNeurology	Consulting	
Christopher G. Pelic, MD	MUSC	TelePsychiatry	Consulting	
Sarah S. Kuhn, MD	SC DMH	TelePsychiatry	Consulting	
Xavier Belcher, MD	SC DMH	TelePsychiatry	Consulting	
Elizabeth Burguieres, MD	SC DMH	TelePsychiatry	Consulting	
Shalika Whig, MD	SC DMH	TelePsychiatry	Consulting	
Sarah S. Kuhn, MD	SC DMH	TelePsychiatry	Consulting	
Ervin D. Prewette, II, MD	SC DMH	TelePsychiatry	Consulting	
Gregory A. Compton, MD	MUSC	TelePalliative Care	Consulting	
Anup Bhushan, MD	MUSC	TelePalliative Care	Consulting	
Katherine Kyle, DNP	MUSC	TelePalliative Care	Consulting	
Charles S. Teixeira, DO	MUSC	TeleInfect. Disease	Consulting	
Cassandra D. Salgado, MD	MUSC	TeleInfect. Disease	Consulting	
Joseph R. Cantey, MD	MUSC	TeleInfect. Disease	Consulting	

**Resignation**

Duncan Holaday, MD	Emerg. Medicine (Retired)			
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**MUSC HEALTH MIDLANDS - Credentialing Applications - March 2025**

**MUSC HEALTH COLUMBIA**

Practitioner name	Practice Name	Specialty	Status Request	Comments
<b>Initial Appointment and Clinical Privileges</b>				
Alex Pena, C.R.N.A.	Innovative Anesthesia Staffing	Anesthesiology	Allied Health Professional	
Amanda Fox-Duncan, C.R.N.A.	Innovative Anesthesia Staffing	Anesthesiology	Allied Health Professional	Requesting Temporary privileges for 3/4/25
Florin-Mihai Orza, M.D.	Innovative Anesthesia Staffing	Anesthesiology	Active	
Nicholas Vivian Charles Douglas, C.R.N.A.	Innovative Anesthesia Staffing	Anesthesiology	Allied Health Professional	Temporary Privileges granted 2/13/25
Nisarg Patel, D.O.	MUSC Health Florence Medical Center	Anesthesiology	Active	
Raymond Ellis Atkinson, M.H.S., C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Allied Health Professional	
Ryan Michael Hickey, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	Allied Health Professional	
Leonie Rose-Bovino, Ph.D., M.S.N., B.Sc.	MUSC Health Heart and Vascular	Cardiology	Allied Health Professional	
Alexandra Samantha McKenzie, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Andrew A Hill, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Andrew Garrett Burke, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	Temps granted 2/22/25

Andrew Ray Weinberger, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Andrew Thomas Cibusas, M.D.	MUSC Charleston	Diagnostic Radiology	Active	
Annie Kyoung Lim, D.O.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Barry Alan Schoelch, D.O.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Benjamin Z Cooper, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Christopher Brinson Hartness, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Kornbluth, Craig MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Christopher Ryan Pettis, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Colin Daniel Strickland, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
David Alan Costantino, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Elias Taylor Gunnell, M.D., M.S., B.S.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Elizabeth Toby Chorney, M.D.	MUSC Charleston	Diagnostic Radiology	Active	
Gregory Horton Broering, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Gregory Michael Tomc, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
James Louis Landi, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Jane Catherine Cook, D.O.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Jennifer Rosemary Joyce, D.O.	MUSC Charleston	Diagnostic Radiology	Active	
Jesus Alberto Sanchez Contreras, Jr., D.O.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
John D. Wendel, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Justin Anthony Chetta, M.D.	MUSC Charleston	Diagnostic Radiology	Active	Temps granted 2/22/25
Lisa Holod Betz, M.D.	MUSC Charleston	Diagnostic Radiology	Active	
Marc Sarti, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Mark Alan Brinckman, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Mark Lee Murray, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Matthew Adam Lynn, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Michael Fitzgerald Oakes, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Paraag Ravi Bhatt, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Rajiv Kumar Sharma, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	

Russell William Chapin, M.D.	MUSC Charleston	Diagnostic Radiology	Active	
Sajal Sharma Pokharel, M.D., Ph.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Sean Bryant, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Shawn Alan Corey, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Shayan Vadie, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Thomas Alfred Pacicco, M.D., M.A., B.S.	MUSC Charleston	Diagnostic Radiology	Active	
Veronica Sue, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Vincent Brendan Herlihy, M.D.	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Lauren Kay Myers, D.N.P.	MUSC Health Primary Care	Family Medicine	Allied Health Professional	
Alex Salvaggio, P.A.	Apogee Physicians	Hospitalist (Adult) Privileges - NEW	Allied Health Professional	
Arthur Morris Freedman, M.D.	MPLT Healthcare	Interventional Radiology	Active	
Ricardo Tadayoshi Barbosa Yamada, M.D.	MUSC Charleston	Interventional Radiology	Active	
Thomas Scagnelli, M.D.	MUSC Charleston	Interventional Radiology	Active	
Grethe June Mortenson, A.P.N.	Floyed Lee Locums	Neonatal / Perinatal Physician - NEW	Allied Health Professional	
Katherine Grace Vincent, , N.N.P.	MUSC Health Charleston	Neonatal / Perinatal Physician - NEW	Allied Health Professional	
Tamatha M. Huneycutt, D.N.P.	MUSC Health Charleston	Neonatal / Perinatal Physician - NEW	Allied Health Professional	
Bridgette Norris Redick, N.P	Kraemer's Women's Care	OBGYN - revised 2/2024	Allied Health Professional	
Laurel Ann Dennis, P.A.	SCENT	Otolaryngology	Allied Health Professional	
Boyd Nicholas Hatton, M.D.	MUSC Charleston	Radiology	Active	
Cane Franklin Hoffman, M.D.	MUSC Charleston	Radiology	Active	
Grzybowski, Richard DO	Diversified Radiology of Colorado	Radiology	Telemedicine	
Donna Rae Roberts, M.D., M.S.	MUSC Charleston	Radiology	Active	
Eric Clinton Bass, D.O.	MUSC Charleston	Radiology	Active	
Hari Charan P Reddy, M.D.	Diversified Radiology of Colorado	Radiology	Telemedicine	
Jeanne Griffin Hill, M.D.	MUSC Charleston	Radiology	Active	
Jun Wei Lee, M.D.	Diversified Radiology of Colorado	Radiology	Telemedicine	
Leslie Hirsig Spence, M.D., F.A.A.P.	MUSC Charleston	Radiology	Active	
Maria Vittoria Spampinato, M.D.	MUSC Charleston	Radiology	Active	
Marie Vu Nguyen, M.D.	Diversified Radiology of Colorado	Radiology	Telemedicine	
Meryle Jocelyn Eklund, M.D., B.S.	MUSC Charleston	Radiology	Active	
Michael Alexander Letzing, M.D.	Diversified Radiology of Colorado	Radiology	Telemedicine	
Milad Yazdani, M.D.	MUSC Charleston	Radiology	Active	
Morgan Parker McBee, M.D., B.S.	MUSC Charleston	Radiology	Active	
Perry Morgan Stevens, M.D.	Diversified Radiology of Colorado	Radiology	Telemedicine	

Richard Hayden Jones, M.D.	MUSC Charleston	Radiology	Active	
Timothy Edward Dineen, M.D.	MUSC Charleston	Radiology	Active	
William Seth Magin, M.D.	MUSC Charleston	Radiology	Active	
<b>Reappointments</b>				
Daniele C Parise, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active	
Kathleen Marie Keiner, P.A.C., B.S.	MUSC Health Critical Care	Critical Care	Allied Health Professional	
Dina Villareal Hunter, M.D.	The Dermatology Group	Dermatology	Courtesy	
Allison Christine Quinn, M.D.	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Robert Blair Razick, M.D.	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Ryan Stewart Slife, M.D.	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Caitlin Brooke Tidwell, M.D.	MUSC Health Emergency Medicine	Emergency Medicine	Active	
Trevor George Robinson, M.D.	MUSC Health Emergency Medicine	Emergency Medicine- Fairfield Campus	Active	
Walter James Bristow, III, M.D.	Columbia Gastroenterology Associates	Gastroenterology	Active	
Jorge Lazaro Galan, D.O.	Columbia Gastroenterology Associates	Gastroenterology	Active	
Edward Ernest Kimbrough, IV, M.D.	Columbia Gastroenterology Associates	Gastroenterology	Active	
James Moss Mann, M.D.	Columbia Gastroenterology Associates	Gastroenterology	Active	
Georges Thomas Postic, M.D.	Columbia Gastroenterology Associates	Gastroenterology	Active	
Katie Weeks Livingston, F.N.P.	Columbia Gastroenterology Associates	Gastroenterology	AHP	
Shalini Ratnagiri, M.D.	Apogee Physicians	Hospitalist	Active	
Liubou Grigoryevna Simonovich, P.A.	Apogee Physicians	Hospitalist	AHP	
Joseph Robert Cantey, M.D.	MUSC Health Center for Telehealth	Infectious Diseases	Telemedicine- By Proxy	
Alyssa Ashley Gitter, D.N.P., A.P.R.N., FNP-BC	MUSC Health Center for Telehealth	Infectious Diseases	Telemedicine- By Proxy	
Cassandra Danielle Salgado, M.D.	MUSC Health Center for Telehealth	Infectious Diseases	Telemedicine- By Proxy	
Charles Spencer Teixeira, D.O.	MUSC Health Center for Telehealth	Infectious Diseases	Telemedicine- By Proxy	
David Peter McCarron, M.D.	Apogee Physicians	Hospitalist	Active	
Kishor V Patel, M.P.A.S.	Apogee Physicians	Hospitalist	AHP	
Anup Bhushan, M.D.	MUSC Health Center for Telehealth	Internal Medicine	Telemedicine- By Proxy	
Alejandro Marin Spiotta, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Eyad Almallouhi, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Charles Martin Andrews, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	

Chirantan Banerjee, M.D., M.P.H	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Jonathan Charles Edwards, M.D., M.B.A.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Carlene Kingston, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Dalila Lewis, M.D., B.S.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Jason John Madey, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Mariana Grossi Bessa Szuchmacher, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Jonathan Ross Lena, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Sonal Bhatia, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Kimberly Price Kicielinski, M.D., M.S.P.H.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
Gregory Alan Compton, M.D.	MUSC Health Center for Telehealth	Palliative Care	Telemedicine- By Proxy	
Katherine Kyle, A.P.R.N., D.N.P., ANP - C	MUSC Health Center for Telehealth	Palliative Care	Telemedicine- By Proxy	
Christopher George Pelic, M.D.	MUSC Health Center for Telehealth	Psychiatry	Telemedicine- By Proxy	
Lidia Bastos Yamada, M.D.	MUSC Health Center for Telehealth	Neurology	Telemedicine- By Proxy	
John Perry Sutton, III, M.D.	MUSC Health Cardiothoracic	Thoracic and Cardiac Surgery	Active	
Robert Paul Zurcher, M.D.	MUSC Health Cardiothoracic	Thoracic and Cardiac Surgery	Active	
<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>Resignation</b>				
Kitchen, Katie, CRNA	MUSC Health Anesthesiology	CRNA	Resigned	
Bedingfield, Carolina CRNA	MUSC Health Anesthesiology	CRNA	Resigned	
Abraham, Christopher D.O.	Prisma Health Radiology Group	Radiology	Contract Ended	
Aitchison, Paul M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Blackmon, Kevin M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Botstein, Jonathan M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Brinkley, Michael M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Bryant, Gregory M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Bull, Douglas M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	

Burns, Christopher D.O.	Prisma Health Radiology Group	Radiology	Contract Ended
Chappell, Matthew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Cho, Rachel M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Cooper, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Danziger, Todd M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Davenport, Jake M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Demartini, Nicholas M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Devane, Aron M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Dreyer, Frederick M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Eastlack, Jason M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Epling, James M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Evens, Ashley M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Evert, Michael M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Farnsworth, Samuel M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Garrett, Kevin M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Garrick, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Gilpin, Lewis M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Gize, Edward M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Graham, Cole M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hamm, Jacob M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Handran, Chauncy M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hanna, Jeffrey M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hardin, Harry M.D. B.S.	Prisma Health Radiology Group	Radiology	Contract Ended
Haritha, Abhishek M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Heaton, Charles M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Henderson, Benjamin M.D.	Prisma Health Radiology Group	Radiology	Contract Ended

Hewett, Lara M.D. B.S.	Prisma Health Radiology Group	Radiology	Contract Ended
Hinshelwood, Jonathan M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Holladay, Joseph M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hubbard, Charles M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Isbell, Andrew D.O. M.S.	Prisma Health Radiology Group	Radiology	Contract Ended
Jakes, Derek M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Jones, Sheila M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Knipfing, Michael D.O.	Prisma Health Radiology Group	Radiology	Contract Ended
Langdon, Benson M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lauver, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Le, Phong M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Leach, Richard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lee, Sylvester M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lovern, Mark M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lowe, Steven M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lynn, Jason M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Madeline, Lee M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Mahatma, Sanjay M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Mamrick, Richard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Marcus, Matthew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Masters, Bernard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Matthews, Gregory M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
McConnell, Douglas M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Meredith, William M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Moretz, Richard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Myczkowski, Christopher M.D.	Prisma Health Radiology Group	Radiology	Contract Ended

Parti, Naveen M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Reynolds, Donald D.O.	Prisma Health Radiology Group	Radiology	Contract Ended	
Rushe, Todd M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Saunders, Hal M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Shah, Pavani M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Starcevic, Vladimir M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Stubenrauch, Andrew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Taffoni, Matthew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Terry, Adrian M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Timmerman, Krista M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Udall, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Volin, Samuel M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Wienke, Jeffrey M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Woodard, Jesse M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
MUSC HEALTH KERSHAW				
Practitioner name	Practice Name	Specialty	Status Request	Comments
Initial Appointment and Clinical Privileges				
Douglas, Nicholas CRNA	Innovative Anesthesia Staffing	Anesthesiology	AHP	Temps granted 2/13/25
Fox-Duncan, Amanda CRNA	Innovative Anesthesia Staffing	Anesthesiology	AHP	
Mekerian, Areg DO	Innovative Anesthesia Staffing	Anesthesiology	Active	
Orza, Florin MD	Innovative Anesthesia Staffing	Anesthesiology	Active	
Pena, Alex CRNA	Innovative Anesthesia Staffing	Anesthesiology	AHP	
Hickey, Ryan CRNA	LocumTenens.com	Anesthesiology	AHP	
Patel, Nisarg DO	MUSC Health Florence Medical Center	Anesthesiology	Active	
Kithcart, Michael CRNA	MUSC Health Kershaw	Anesthesiology	AHP	
Rose-Bovino, Leonie AGACNP-BC	MUSC Health Heart & Vascular	Cardiology NP	AHP	
Bhatt, Paraag MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Brinckman, Mark MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Broering, Gregory MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Bryant, Sean MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Burke, Andrew MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	

Chorney, Elizabeth MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Cook, Jane DO	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Cooper, Benjamin MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Corey, Shawn MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Costantino, David MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Grzybowski, Richard DO	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Hartness, Christopher MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Herlihy, Vincent MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Hill, Andrew MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Kornbluth, Craig MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Landi, James MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Lee, Jun MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Letzing, Michael MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Lim, Annie DO	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Lynn, Matthew MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
McKenzie, Alexandra MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Murray, Mark MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Nguyen, Marie MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Oakes, Michael MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Pettis, Christopher MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Pokharel, Sajal MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Reddy, Hari MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Sanchez-Contreras Jr, Jesus DO	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Sarti, Marc MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Schoelch, Barry DO	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Sharma, Rajiv MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	

Stevens, Perry MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Strickland, Colin MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Sue, Veronica MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Tomc, Gregory MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Vadie, Shayan MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Weinberger, Andrew MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Wendel, John MD	Diversified Radiology of Colorado	Diagnostic Radiology	Telemedicine	
Betz, Lisa MD	MUSC Charleston	Diagnostic Radiology	Active	
Eklund, Meryle MD	MUSC Charleston	Diagnostic Radiology	Active	
Hill, Jeanne MD	MUSC Charleston	Diagnostic Radiology	Active	
Jones, Richard MD	MUSC Charleston	Diagnostic Radiology	Active	
McBee, Morgan MD	MUSC Charleston	Diagnostic Radiology	Active	
Bass, Eric DO	MUSC Health Charleston	Diagnostic Radiology	Active	
Chapin, Russell MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Chetta, Justin MD	MUSC Health Charleston	Diagnostic Radiology	Telemedicine	Temps granted 2/22/25
Cibulas, Andrew MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Gunnell, Elias MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Joyce, Jennifer DO	MUSC Health Charleston	Diagnostic Radiology	Active	
Magin, William MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Matheus, Maria MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Pacicco, Thomas MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Roberts, Donna MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Spampinato, Maria MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Spence, Leslie MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Yazdani, Milad MD	MUSC Health Charleston	Diagnostic Radiology	Active	
Dineen, Timothy MD	Weatherby Healthcare	Diagnostic Radiology	Telemedicine	
Hatton, B. Nicholas MD	Weatherby Healthcare	Diagnostic Radiology	Active	
Myhrer, Erik MD	MUSC Health Columbia Emergency Department	Emergency Medicine	Active	
Harley, Tomeka NP	Apogee Physicians	Hospitalist	AHP	
Patel, Jitendra MD	Apogee Physicians	Hospitalist	Active	
Freedman, Arthur MD	MPLT Healthcare	Interventional Radiology	Active	
Scagnelli, Thomas MD	MUSC Health Charleston	Interventional Radiology	Active	
Yamada, Ricardo MD	MUSC Health Charleston	Interventional Radiology	Active	
Hoffman, Cane MD	MUSC Lancaster Medical Center	IR & Diagnostic Radiology	Active	
Dennis, Laurel PA	South Carolina ENT, Allergy and Sleep Medicine, PA	Otolaryngology	AHP	
Gunnlaugsson, Chad MD	Southeastern ENT Allergy and Sleep Disorders Institute	Otolaryngology/Sleep	Active	Temps granted 2/13/25
Secrist, Robin NP	River Region Psychiatry Associates	Psychiatry	AHP	
Martin, Kayla FNP-C	MUSC Health Urgent Care-Elgin	Urgent Care	AHP	

**Reappointments**

Basile, Fritz DO	MUSC Health Emergency Department	Emergency Medicine	Active	
Bhatia, Sonal MD	MUSC Center for Telemedicine	Tele-Neurology	By Proxy	
Carter, George MD	Hicity Health	Critical Care Medicine - Telemedicine	By Proxy	
Killion, Carter MD	MUSC Health Emergency Department	Emergency Medicine	Active	
Kyle, Katherine NP	MUSC Center for Telemedicine	Tele-Internal Medicine	By Proxy	
Lewis, Dalila MD	MUSC Center for Telemedicine	Tele-Neurology	By Proxy	
Almallouhi, Eyad MD	MUSC Center for Telemedicine	Tele-Neurology	By Proxy	
Ratnagiri, Shalini MD	Apogee Physicians	Hospitalist	Active	
Razick, Robert MD	MUSC Health Emergency Department	Emergency Medicine	Active	
Szuchmacher, Mariana MD	MUSC Center for Telemedicine	Tele-Neurology	By Proxy	
Tidwell, Caitlin MD	MUSC Health Emergency Department	Emergency Medicine	Active	
Yamada, Lidia MD	MUSC Center for Telemedicine	Tele-Neurology	By Proxy	
<b>Change in Privileges</b>				
Eweka, Abieyuwa, MD	MUSC Health Charleston	IR & Diagnostic Radiology	Active	CIP to add special IR procedures
Gill, Cameron MD	MUSC Health Kershaw Surgical Associates	General Surgery	Active	CIP to add Davinci Robotics privileges
Johnson, Douglas MD	MUSC Health Charleston	Diagnostic Radiology	Active	CIP to add Telemedicine privileges
<b>Proctoring</b>				
Jones, Robert MD	Prisma Health	General Surgery	External Proctor	This external provider will be the proctor for 3 cases for Dr. Ed Gill for Davinci Robotics
Gill, Edward MD	MUSC Health Surgical Associates	General Surgery	Active	Proctoring for DaVinci Robotics
Yarlagadda, Bhavya MD	MUSC Health Kershaw Medical Center	Hospitalist	Active	Endotracheal Intubation, Arterial Line Placement, Central Vein Catheter Insertion
<b>Resignations</b>				
Kitchen, Katie, CRNA	MUSC Health Anesthesiology	CRNA	Resigned	
Osei, George MD	MUSC Health Elgin Primary Care	Family Medicine	Resigned	
Music, Dino NP	MUSC Health Emergency Department	Emergency Medicine	Resigned	
Abraham, Christopher D.O.	Prisma Health Radiology Group	Radiology	Contract Ended	
Aitchison, Paul M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Blackmon, Kevin M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Botstein, Jonathan M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Brinkley, Michael M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Bryant, Gregory M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Bull, Douglas M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Burns, Christopher D.O.	Prisma Health Radiology Group	Radiology	Contract Ended	
Chappell, Matthew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Cho, Rachel M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Cooper, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Danziger, Todd M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Davenport, Jake M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Demartini, Nicholas M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	
Devane, Aron M.D.	Prisma Health Radiology Group	Radiology	Contract Ended	

Dreyer, Frederick M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Eastlack, Jason M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Epling, James M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Evens, Ashley M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Evert, Michael M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Farnsworth, Samuel M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Garrett, Kevin M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Garrick, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Gilpin, Lewis M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Gize, Edward M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Graham, Cole M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hamm, Jacob M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Handran, Chauncy M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hanna, Jeffrey M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hardin, Harry M.D. B.S.	Prisma Health Radiology Group	Radiology	Contract Ended
Haritha, Abhishek M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Heaton, Charles M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Henderson, Benjamin M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hewett, Lara M.D. B.S.	Prisma Health Radiology Group	Radiology	Contract Ended
Hinshelwood, Jonathan M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Holladay, Joseph M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Hubbard, Charles M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Isbell, Andrew D.O. M.S.	Prisma Health Radiology Group	Radiology	Contract Ended
Jakes, Derek M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Jones, Sheila M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Knipfing, Michael D.O.	Prisma Health Radiology Group	Radiology	Contract Ended
Langdon, Benson M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lauver, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Le, Phong M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Leach, Richard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lee, Sylvester M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lovern, Mark M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lowe, Steven M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Lynn, Jason M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Madeline, Lee M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Mahatma, Sanjay M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Mamrick, Richard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Marcus, Matthew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Masters, Bernard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Matthews, Gregory M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
McConnell, Douglas M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Meredith, William M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Moretz, Richard M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Myczkowski, Christopher M.D.	Prisma Health Radiology Group	Radiology	Contract Ended

Parti, Naveen M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Reynolds, Donald D.O.	Prisma Health Radiology Group	Radiology	Contract Ended
Rushe, Todd M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Saunders, Hal M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Shah, Pavani M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Starcevic, Vladimir M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Stubenrauch, Andrew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Taffoni, Matthew M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Terry, Adrian M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Timmerman, Krista M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Udall, John M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Volin, Samuel M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Wienke, Jeffrey M.D.	Prisma Health Radiology Group	Radiology	Contract Ended
Woodard, Jesse M.D.	Prisma Health Radiology Group	Radiology	Contract Ended



**DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY-  
CREDENTIALS GUIDELINES- MIDLANDS DIVISION**

**In order to be eligible to request privileges for diagnostic and interventional radiology, an applicant must meet the following minimum threshold criteria:**

**EDUCATION:** MD or DO

**MINIMUM FORMAL TRAINING:** The applicant must be able to demonstrate successful completion of an ACGME or AOA approved residency-training program in radiology. The applicant must be certified or eligible for certification by the American Board of Radiology.

**REQUIRED PREVIOUS EXPERIENCE:** The applicant must demonstrate that he/she has performed or been actively involved in the performance and interpretation of radiological test or procedures during the past twelve (12) months and has maintained current clinical competence.

**REFERENCES:** A total of three (3) letters of reference must be provided. These may come from a residency director, chief of radiology or chairman of radiology from another hospital where the applicant has been previously affiliated; another radiologist from previous professional association; or a clinical practitioner in another field of medicine. All references should be acquainted with the applicant's current professional status, prior medical practice and his/her performance in the field of radiology.

**IF YOU MEET THE ABOVE CRITERIA, YOU MAY REQUEST CORE PRIVILEGES IN DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY.**

## DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY PRIVILEGE REQUEST FORM

To request privileges, please check the appropriate hospital column(s).

<b><i>Diagnostic Radiology Core Privileges I</i></b>	Requested	Granted	Monitored
Privileges include General Diagnostic Radiology (plain film interpretation, fluoroscopy, tomography), Computerized Tomography of the body, Magnetic Resonance Imaging of the body, mammography, Nuclear Medicine categories I & II (imaging & physiologic data collection) and Percutaneous organ Biopsy, aspiration & abscess drainage, ultrasound, <b>image guided procedures to include injections (joint and spine), fluid removal (thoracentesis, paracentesis, etc), and drain placement</b> , cardiac MRI/CT, IVC filter, general angiography/venography, myelography, PET imaging, History & Physicals (H&P).	?	?	?
<b><i>Interventional Radiology Core Privileges II</i></b>	Requested	Granted	Monitored
General angiography, percutaneous transluminal angioplasty/stent placement, lymph-angiography, percutaneous cholangiography, mechanical thrombectomy, percutaneous nephrostomy/ureteral stent placement, venous access device placement, percutaneous gastrostomy/ gastrojejunostomy, transjugular porto-systemic shunts (TIPS), transjugular liver biopsy, percutaneous biliary drainage/stent placement, intravascular infusion of lytic/nonlytic agents, transcatheter embolization, inferior vena caval filter, vertebroplasty/kyphoplasty, History & Physicals (H&P).	?	?	?
<b><i>Teleradiology</i></b>	Requested	Granted	Monitored
Perform general diagnostic radiology to diagnose diseases of patients of all ages via a teleradiography link. Responsible for communicating critical values and critical findings consistent with hospital policy. The core privileges in this specialty include General Diagnostic Radiology (plain film interpretation) to include: <ul style="list-style-type: none"> <li>• Computerized Tomography of the body</li> <li>• Magnetic Resonance Imaging of the body</li> <li>• Mammography</li> <li>• Nuclear Medicine</li> </ul>	?	?	?
<b><i>Special Requests*</i></b>	Requested	Granted	Monitored
<del>Admitting Privileges</del>	<del>?</del>	<del>?</del>	<del>?</del>
<del>Peripheral Vascular Laboratory</del>	<del>?</del>	<del>?</del>	<del>?</del>

\_\_\_\_\_ I do not wish to request full Diagnostic and Interventional Radiology Core Privileges. I have struck through any privileges that I do not wish to request or for which I am not currently trained.

### \*CRITERIA FOR SPECIAL PRIVILEGE REQUESTS

~~**Peripheral Vascular Laboratory:** Applicant must demonstrate experience in the interpretation of non-invasive vascular tests by providing one of the following: Certificate of completion of a course designed to teach interpretation of non-invasive vascular tests with a letter or brochure outlining the course content for each category requested. Letter of competency from Physician Director of residency or fellowship documenting amount of experience and level of competence for each category requested. There will be a three (3) month probationary status in which the Medical Director and/or his designee will review at least ten (10) interpretations in each category for which privileges are requested. All interpreters shall: Demonstrate knowledge in the principles of non-invasive vascular testing, be able to~~



~~correlate results to pathophysiologic states, and provide accurate diagnostic interpretation based upon agreement with radiology reports and quality assurance criterion. Complete ten (10) hours of CME Category I training and five (5) hours of CME Category II training in a three (3) year period, reviewed by the QA Committee. Actively participate in the QA Program of the Vascular Laboratory. Have a minimum of five (5) reports in each category reviewed yearly by the Medical Director and/or his designee.~~

**Core II:** Completion of an ACGME or AOA approved Radiology Residency with American Board of Radiology certification or eligibility **and** successful completion of a one (1) or two (2) year Interventional Radiology Fellowship **or** Certificate of Added Qualification (CAQ) certification in Vascular and Interventional Radiology. Moderate Sedation is required. **Those not meeting the above requirements for Category II that have held privileges since 2019 and prior will be grandfathered.**

~~The credentialing requirements in Core Privileges II should include education regarding radiation safety and its implementation during invasive procedures to minimize exposure to the patient, operator and technical support personnel. The applicant should also have a thorough knowledge of the pharmacology of contrast material, including its indications and contraindications, potential side effects and treatment of adverse reactions.~~

### DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY

<i>Non-Core Privileges - Special Requests*</i>	Requested	Granted	Monitored
<b>Non-Core Privilege: Adult Moderate Sedation</b>	☐	☐	☐
<del><b>Non-Core Privilege: Pediatric Moderate Sedation</b></del>	<del>☐</del>	<del>☐</del>	<del>☐</del>

Privileges are to be exercised within the parameters of the Moderate Sedation Policy.



**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which my education, training, current experience, and demonstrated performance that I am qualified to perform and for which I wish to exercise at MUSC Health Midlands, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restrictions on the clinical privileges granted to me is waived in an emergency situation, and in such situation, my actions are governed by the applicable section of the medical staff bylaws or related documents.

**New Procedures**

The Medical Staff maintains oversight with Board of Trustees approval of the development of the Delineation of Clinical Privileges and the privileges related to the use of New Technology. The processes to evaluate and implement these new criteria are created for this purpose. To submit a New Procedure, the *Procedure for Developing Privilege Criteria* must be followed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair/Chief's Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications
- Do not recommend the following requested privileges

Privilege	Condition/Modification/Explanation

**Notes:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Department Chief/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Anesthesiology Chief/Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(For Moderate Sedation Requests Only)*

\*Credentials Committee Approval Date: \_\_\_\_\_

\*Medical Executive Committee Approval Date: \_\_\_\_\_

\*Board of Trustees Approval Date: \_\_\_\_\_

*\*Documentation of approval is provided in meeting minutes*

Form Approval  
 MSLC: 03/12/2025  
 MEC:  
 BOT:

# MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Medical Executive Committee Presiding:</b> Dr. Prabhakar Baliga <b>Date:</b> January 15, 2025 <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> Prabhakar Baliga, Marc Heincelman, Libby Infinger, Erik Summers, Ben Clyburn, Megan Fulton, Jonathan Edwards, Andrew Atz, Mark Lockett, Cynthia Talley, Nimit Desai, Scott Reeves, Alice Boylan, Saj Joy, Brenda Kendall Bailey, Vivian Fairbairn, Kim Denty, Markita Ebersole, Kendall Brewer, Steven Carroll, Carlee Clark, David Marshall, Thomas Uhde, Vanessa Diaz, Thomas Keane, John Gutowski, Thomas DiSalvo, Shelby Kolo, Scott Russell, Danielle Scheurer, Mark Scheurer, Ashley Anderson, Terrence Steyer, Eugene Hong, Kathryn King, Diann Krywko  <b>Guest(s):</b> Christopher Plaveny		
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 December Medical Staff Leadership Committee-Charleston meeting approved	<b>Approval</b>	<b>Approved</b>
<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>– Falls and Pressure Injuries Metrics</li> <li>– Mortality</li> <li>– Inpatient Mortality by Admission Source</li> <li>– CAUTI</li> <li>– CLASBI</li> <li>– Infection Rates</li> </ul>	<b>Information</b>	 MSLCC Quality Update December 21
<b>CMO Report</b> <ul style="list-style-type: none"> <li>• <b>Dr. Erik Summers</b></li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>– Current Charleston Length of Stay</li> <li>– Finance Scorecard</li> <li>– High Inpatient Census</li> <li>– Current Inpatient Flow Projects</li> <li>– New Consult Policy (Charleston)</li> </ul>	<b>Information</b>	 ADM December CMO Update.pptx   CHS Consult Policy Slide.pptx

## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Request for Approval of Standing Order: Tissue Handling</b> <ul style="list-style-type: none"> <li>Christopher Plaveny</li> </ul>	See Attached Standing Order		<b>Approval</b>	<b>Approved</b>   Request For Approval of Standin
<b>Consent Items</b>				
<b>Policies</b> (Consent)	<b><u>Policies for Approval:</u></b> <ul style="list-style-type: none"> <li>6473 CHS - Adult Head and Neck Protocols</li> <li>C-165 CHS - Blood Conservation</li> <li>C-050 CHS - Care at the End of Life</li> <li>C-073 CHS-D Storage, Handling, and Documentation of Human Tissue</li> <li>C-012 SYS - Advanced Directives</li> </ul>		<b>Approval</b>	<b>Approved</b>
<b>Standing Orders</b> (Consent)	<b><u>Standing Orders for Approval:</u></b> <ul style="list-style-type: none"> <li>11826 CHS - Pediatric Sickle Cell Clinic Lab</li> <li>11836 CHS - EKG Standing Ordering Protocol</li> <li>6045 CHS - Adult Kidney Pancreas Post Transplant Medication Refills</li> <li>11851 - CHS - Adult Endocrinology Refills Changes to Meter &amp; Supplies Standing Order</li> <li>118484 CHS – Adult Endocrinology Routine Screenings for Patients with Diabetes</li> <li>11849 CHS – Adult Endocrinology Treatment of Hyperglycemia Standing Order</li> <li>11850 CHS – Adult Endocrinology Treatment of Hypoglycemia Standing Order</li> <li>4452 CHS Derm Medication Refill Standing Order</li> </ul>		<b>Approval</b>	<b>Approved</b>
<b>Subcommittee Minutes</b> (Consent)	<b>Committee Minutes:</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> 8:32 am	The next meeting of the Medical Executive Committee Charleston will be January 15, 2025, 2024 at 7:30 am via TEAMS			

*Libby Infinger, MD, MPH*  
 Libby Infinger, MD, Secretary of the Medical Staff

\*\*\*CONFIDENTIAL: SC STATUTE S40-71-10 & 40-71-20 protect this document from  
 "...discovery, subpoena, or introduction into evidence in any civil action..."\*\*\*

# MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

<b>Medical Executive Committee Presiding:</b> Dr. Prabhakar Baliga <b>Date:</b> January 15, 2025 <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> Prabhakar Baliga, Marc Heincelman, Libby Infinger, Erik Summers, Ben Clyburn, Megan Fulton, Jonathan Edwards, Andrew Atz, Mark Lockett, Cynthia Talley, Nimit Desai, Scott Reeves, Alice Boylan, Saj Joy, Brenda Kendall Bailey, Vivian Fairbairn, Kim Denty, Markita Ebersole, Kendall Brewer, Steven Carroll, Carlee Clark, David Marshall, Thomas Uhde, Vanessa Diaz, Thomas Keane, John Gutowski, Thomas DiSalvo, Shelby Kolo, Scott Russell, Danielle Scheurer, Mark Scheurer, Ashley Anderson, Terrence Steyer, Eugene Hong, Kathryn King, Diann Krywko  <b>Guest(s):</b> Jessica Hufham		
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 December Medical Staff Leadership Committee-Charleston meeting approved	<b>Approval</b>	<b>Approved</b>
<b>GME Report</b> <ul style="list-style-type: none"> <li>• Dr. Cynthia Talley</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>– BOT Presentation Highlights</li> <li>– Year of Change and Growth</li> <li>– Sponsoring Institution</li> <li>– South Carolina ACGME Approved Positions</li> <li>– GME Programs '24-25: Approved</li> <li>– Quantum Approvals</li> <li>– New Programs by July '25</li> <li>– Non-ACGME Programs</li> <li>– All GME Programs</li> <li>– Recruitment</li> <li>– Institutional Letter and Survey and Means</li> <li>– Clinical Learning Environment Review</li> <li>– GME Faculty Leadership</li> <li>– New GME Strategy</li> </ul>	<b>Information</b>	 BOT-Talley GME 1224.pptx
<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>– Quality Scorecard</li> <li>– Falls</li> <li>– Pressure Injuries</li> <li>– Mortality</li> </ul>	<b>Information</b>	 MSLCC CQO Update - January 20

## MEDICAL STAFF LEADERSHIP COMMITTEE CHARLESTON

	<ul style="list-style-type: none"> <li>- Joint Commission Results/Findings: Overall, High, Moderate, Low</li> </ul>		
<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 Charleston Length of Stay</li> <li>- MUSC Charleston FY25 YTD LOS Compared to Vizient Top AMC</li> <li>- MUSC Orangeburg FY25 YTD LOS Compared to Vizient Top AMC</li> <li>- Inpatient Flow Project Focus</li> <li>- Professionalism Committee Proposal</li> </ul>	<b>Information</b>	 MSLCC CMO Update - January 20
<b>Nursing Report</b> <ul style="list-style-type: none"> <li>•</li> </ul>	Announcement: Nursing redesignation by Magnet		
<b>Regulatory Report</b> <ul style="list-style-type: none"> <li>•</li> </ul>	See Attached Presentation <ul style="list-style-type: none"> <li>- Joint Commission Survey Top Clinical Findings</li> <li>- SmartSheet Response</li> <li>- Important Dates to Know</li> </ul>		 MSLCC Regulatory Update - January 20
<b>Standing Order Request</b> <ul style="list-style-type: none"> <li>• Jessica Hufham</li> </ul>	See Attached Presentation Standing Orders for Approval (Two Cases) <ol style="list-style-type: none"> <li>1. ED Case Management Consult Instant Order Using Generic Provider</li> <li>2. Ambulatory Referral to Community Health Workers/Social Workers Instant Order Using Generic Provider</li> </ol>	<b>Approval</b>	<b>Approved</b>   Medical Staff Leadership Committ
<b>Medical Executive Officers Vote</b>	<p>Dr. Baliga’s term serving on this Committee as Secretary, Vice President and President (6 years) is coming to an end. Thank you, Dr. Baliga for your hard work, commitment and leadership.</p> <p>There will be a transition as a vote for a new Committee Secretary is made. The ask is to consider nomination some colleagues in their fields, division, departments, etc. One the nominations are received; a formal vote will be sent out via e-mail in early February. This is a 6-year term: 2 years Secretary, 2 years Vice President and 2 years President.</p>		

## 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>• C-068 SYS - Standing Orders</li> <li>• 8616 CHS - Podiatry Standing Orders</li> </ul>		<b>Approval</b>	<b>Approved</b>
<b>Standing Orders</b> <i>(Consent)</i>	<b><u>Standing Orders for Approval:</u></b> <ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Subcommittee Minutes</b> <i>(Consent)</i>	<b>Committee Minutes:</b> <ul style="list-style-type: none"> <li>○ Quality Executive Committee</li> <li>○ Ethics Committee</li> <li>○ Health Information Management Committee</li> </ul>		<b>Information</b>	
<b>Adjournment</b> 8:31 am	The next meeting of the Medical Staff Leadership Committee Charleston will be February 19, 2025, 2024 at 7:30 am via TEAMS			

*Libby Infinger, MD, MPH*  
Libby Infinger, MD, Secretary of the Medical Staff

## **AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL**

### **AUTHORITY SINCE THE JANUARY 2025 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:

Evernorth Behavioral Health, Inc.  
South Carolina Department of Health & Human Services (SC DHHS)

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

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

#### **Affiliation Agreements –**

Adelphi University  
Floyd D. Johnson Technology Center  
John Hopkins School of Nursing  
Piedmont Medical Center  
Pitt Community College  
Ohio Dominican University  
Saint Louis University  
Williamsburg Technical College

#### **Clinical Services Agreements –**

Carolina Surgery Center, LLC d/b/a The Surgery Center at Edgewater

#### **Consulting Contracts over \$50k –**

Integral Leaders in Health, PBC, Inc.

**FACILITIES  
HOSPITAL AUTHORITY – COLUMBIA  
NEW LEASE  
FOR INFORMATION**

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 3,230 square feet of clinical space located at 460 Clemson Road, Columbia. The purpose of this lease is to provide space for MUSC Health Primary Care. The base rent per square foot is \$32.04 plus \$8.08 a square foot for CAM, property taxes, and insurance for a total square foot cost of \$40.12. The monthly rental payment will be \$10,965.93, resulting in an annual lease amount of \$131,591.20. Base Rent shall increase 3% annually and CAM shall increase annually based on actuals estimated at 4%. Landlord shall provide turnkey with \$50,000.00 in tenant improvements.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Dr. Todd Kraemer

LANDLORD CONTACT: T. Bruce Harper, Trinity Partners

TENANT CONTACT: Matthew Littlejohn, Chief Executive Officer

SOURCE OF FUNDS: MUSC Community Physicians

LEASE TERMS:

TERM: Ten (10) years: 5/1/2025 – 4/30/2035  
TOTAL AMOUNT PER SQUARE FOOT: \$40.12  
TOTAL ANNUALIZED LEASE AMOUNT:  
Year 1 \$131,591.20      Year 6 \$154,070.81  
Year 2 \$135,803.94      Year 7 \$159,015.34  
Year 3 \$140,153.65      Year 8 \$164,121.11  
Year 4 \$144,644.89      Year 9 \$169,393.47  
Year 5 \$149,282.32      Year 10 \$174,837.94

TOTAL AMOUNT TERM: \$1,522,914.67

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

OPERATING COSTS:

FULL SERVICE       
MODIFIED   X

**FACILITIES  
HOSPITAL AUTHORITY – COLUMBIA  
NEW LEASE  
FOR INFORMATION**

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 32 parking spaces located at 1616 Two Notch Road, Columbia. The purpose of this lease is to provide employee parking for MUSC Columbia Downtown Hospital Campus, necessary to relieve patient parking stress. The estimated cost per space per month is \$208.33. The monthly rental payment will be \$6,666.67, resulting in an annual lease amount of \$80,000.00. Rent shall increase 2.5% annually and taxes/insurance shall be paid separately, estimated at \$10,000.00 annually. Landlord shall provide parking lot in turnkey condition.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: WTC of Two Notch, LLC

LANDLORD CONTACT: Thomas Wyatt, Member

TENANT CONTACT: Matthew Littlejohn, Chief Executive Officer

SOURCE OF FUNDS: MUSC Community Physicians

**LEASE TERMS:**

TERM: Ten (50) years: [Estimated Start Summer 2025]

TOTAL AMOUNT PER SPACE/PER MONTH: \$208.33

**TOTAL ANNUALIZED LEASE AMOUNT:**

Year 1	\$80,000.00	Year 6	\$90,512.66	Year 11	\$102,406.76	Year 16	\$115,863.85
Year 2	\$82,000.00	Year 7	\$92,775.47	Year 12	\$104,966.93	Year 17	\$118,760.45
Year 3	\$84,050.00	Year 8	\$95,094.86	Year 13	\$107,591.11	Year 18	\$121,729.46
Year 4	\$86,151.25	Year 9	\$97,472.23	Year 14	\$110,280.88	Year 19	\$124,772.70
Year 5	\$88,305.03	Year 10	\$99,909.04	Year 15	\$113,037.91	Year 20	\$127,892.01
Year 21	\$131,089.32	Year 26	\$148,315.53	Year 31	\$167,805.41	Year 36	\$189,856.41
Year 22	\$134,366.55	Year 27	\$152,023.42	Year 32	\$172,000.54	Year 37	\$194,602.83
Year 23	\$137,725.71	Year 28	\$155,824.00	Year 33	\$176,300.56	Year 38	\$199,467.90
Year 24	\$141,148.85	Year 29	\$159,712.59	Year 34	\$180,708.07	Year 39	\$204,454.59
Year 25	\$144,098.08	Year 30	\$163,712.59	Year 35	\$185,225.77	Year 40	\$209,565.96
Year 41	\$214,805.11	Year 46	\$243,032.26				
Year 42	\$220,175.23	Year 47	\$249,108.07				
Year 43	\$225,679.62	Year 48	\$255,335.77				
Year 44	\$231,321.61	Year 49	\$261,719.16				
Year 45	\$237,104.65	Year 50	\$268,262.14				

TOTAL AMOUNT TERM: \$7,798,474.90

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

**OPERATING COSTS:**

FULL SERVICE       
NNN   X

**FACILITIES  
HOSPITAL AUTHORITY – COLUMBIA  
NEW LEASE  
FOR INFORMATION**

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 8,750 square feet of clinical space located at 1270 Knox Abbott Drive, Cayce. The purpose of this lease is to provide space for MUSC Health Primary Care. The base rent per square foot is \$38.70 plus an estimated \$5.50 a square foot for property taxes and insurance for a total square foot cost of \$44.20. The monthly rental payment will be \$32,229.17, resulting in an annual lease amount of \$386,750.00. Base Rent shall increase 3% annually and CAM shall increase annually based on actuals estimated at 4%. Landlord shall provide turnkey.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: CDG Health, LLC

LANDLORD CONTACT: George Schroder, Member

TENANT CONTACT: Matthew Littlejohn, Chief Executive Officer

SOURCE OF FUNDS: MUSC Community Physicians

**LEASE TERMS:**

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

TOTAL AMOUNT PER SQUARE FOOT: \$44.20

**TOTAL ANNUALIZED LEASE AMOUNT:**

Year 1	\$386,750.00	Year 6	\$451,110.60
Year 2	\$398,833.75	Year 7	\$465,229.44
Year 3	\$411,299.26	Year 8	\$479,795.25
Year 4	\$424,158.76	Year 9	\$494,822.40
Year 5	\$437,424.86	Year 10	\$510,325.70

TOTAL AMOUNT TERM: \$4,459,750.04

Extended Term(s): Four (4) terms, five (5) years

**OPERATING COSTS:**

FULL SERVICE     

NNN   X

**FACILITIES  
HOSPITAL AUTHORITY – COLUMBIA  
NEW LEASE  
FOR INFORMATION**

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 31,000 square feet of clinical laboratory space located at 1 Science Court, Columbia. The purpose of this lease is to provide pathology laboratory space for MUSC Health Pathology Services. The base rent per square foot is \$12.50, plus an estimated \$10.00 a square foot for CAM, property taxes, and insurance, for a total square foot cost of \$22.50. The monthly rental payment will be \$58,125.00, resulting in an annual lease amount of \$697,500.00. Base Rent shall increase 2% annually and CAM shall increase annually based on actuals estimated at 4%.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: Professional Pathology Services, LLC

LANDLORD CONTACT: Dr. Marcus

TENANT CONTACT: Tim Adams, Interim Chief Physician Executive

SOURCE OF FUNDS: MUSC Community Physicians

**LEASE TERMS:**

TERM: Ten (10) years: [Estimated Start April 2025]

TOTAL AMOUNT PER SQUARE FOOT: \$22.50

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1 \$697,500.00

Year 2 \$721,525.00

Year 3 \$476,324.75

Year 4 \$772,139.55

Year 5 \$798,790.82

TOTAL AMOUNT TERM: \$3,736,350.12

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

**OPERATING COSTS:**

FULL SERVICE     

NNN   X

**FACILITIES  
HOSPITAL AUTHORITY – COLUMBIA  
NEW LEASE  
FOR INFORMATION**

**APRIL 11, 2025**

DESCRIPTION OF NEW LEASE: This lease is for approximately 4,500 square feet of clinical space located at 5213 Trenholm Road, Columbia. The purpose of this lease is to provide space for MUSC Health Primary Care. The base rent per square foot is \$46.50 plus an estimated \$6.00 a square foot for CAM, property taxes, and insurance for a total square foot cost of \$52.50. The monthly rental payment will be \$19,687.50, resulting in an annual lease amount of \$236,250.00. Base Rent shall increase 3% annually, and CAM shall increase annually based on actuals estimated at 4%. Landlord shall provide turnkey up to \$1,350,000.00.

NEW LEASE AGREEMENT   X    
RENEWAL LEASE AGREEMENT     

LANDLORD: 5213 Trenholm, LLC

LANDLORD CONTACT: Brad Stutts, VP Operations

TENANT CONTACT: Matthew Littlejohn, Chief Executive Officer

SOURCE OF FUNDS: MUSC Community Physicians

**LEASE TERMS:**

TERM: Ten (10) years: [Estimated Start Fall 2025]

TOTAL AMOUNT PER SQUARE FOOT: \$52.50

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1	\$236,250.00	Year 6	\$275,427.73
Year 2	\$243,607.50	Year 7	\$284,019.06
Year 3	\$251,196.53	Year 8	\$292,881.26
Year 4	\$259,024.45	Year 9	\$302,023.00
Year 5	\$267,098.90	Year 10	\$311,453.21

TOTAL AMOUNT TERM: \$2,722,981.64

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

**OPERATING COSTS:**

FULL SERVICE     

Modified   X

University Active Project List > \$250,000		April 2025						
Project #	Description	MUSC Approved Budget	Funds Committed to Date	Balance to Finish	A/E	Contractor	Status	Projected Final Completion
<b>Approved Projects</b>								
9840	BSB Envelope Repairs	\$12,200,000	\$10,942,900	\$1,257,100	REI	WxTite	Construction	December 2025
9851	BSB AHU #1 Replacement	\$5,800,000	\$5,573,262	\$226,738	RMF	CR Hipp	Construction	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	\$186,447,435	\$13,552,565	Liollio	RTT	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	\$452,535	\$9,147,465	DWG		Design	December 2026
9859	HCC AHU #6 Replacement	\$2,300,000	\$2,275,000	\$25,000	DWG	Triad	Construction	December 2025
9860	HCC Medium Voltage Fedders A & B Replacement	\$1,500,000	\$855,000	\$645,000	GWA	Metro	Construction	June 2025
9861	MRE Chiller #1 Replacement	\$2,500,000	\$1,365,000	\$1,135,000	RMF	McCarter	Construction	June 2025
9863	T-G Generators Replacement	\$4,100,000	\$3,776,000	\$324,000	GWA	Metro	Construction	June 2025
9869	HCC Cooling Towers Replacement	\$1,740,000	\$1,648,000	\$92,000	RMF	McCarter	Construction	June 2025
9871	SEI HVAC Controls, Pumps, and Piping Replace	\$630,000	\$390,450	\$239,550	DWG	Triad	Construction	June 2025
9872	Campus Connector Bridges (PR002036)	\$950,000	\$706,000	\$244,000	SLAM		Design	TBD
9873	CSB 1st Floor Electrical Switchgear Replacement	\$1,350,000	\$1,252,000	\$98,000	RMF	Metro	Construction	June 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	June 2025
51358	Campus Elevators Modernization	\$4,950,000	\$153,000	\$4,797,000	RMF		Design	June 2026
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	\$1,053,000	\$247,000	Compass 5	Musselman	Construction	December 2025
51368	Waring Library Renovations	\$1,200,000	\$106,000	\$1,094,000	Liollio		Bidding	December 2025
51370	Garage Structural Repairs	\$2,675,000	\$2,375,000	\$300,000	WGI	Stone	Construction	December 2025
51371	HCC AHU #5 Replacement	\$4,600,000	\$44,620	\$4,555,380	DWG		Design	June 2025
51372	BSB MCC Refurbishment	\$1,200,000	\$955,000	\$245,000	RMF	Metro	Construction	June 2025
51373	CSB Shiller Surgical	\$1,000,000	\$99,000	\$901,000	Compass 5	Musselman	Construction	June 2025
51375	Psych Institute Data Center UPS Replacement	\$4,000,000	\$292,000	\$3,708,000	GWA		Design	December 2025
51376	COHP Buildings A & B Renovations	\$9,500,000	\$0	\$9,500,000	SMHa		Design Pends	March 2026
51378	McClennon Banks Elevators 130, 131, 132	\$1,250,000	\$0	\$1,250,000			Design Pends	
PR002168	TG Elevators 90,91, & 92 Replacement	\$999,999	\$925,000	\$74,999	VDA	Delaware Elev	Construction	June 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 Pend	June 2025
PR002384	HCC 3rd Floor Lobby Renovation	\$488,981	\$24,000	\$464,981	MPS		Design	December 2025

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
CONSTRUCTION CONTRACTS  
FOR REPORTING  
April 10, 2025**

**MUSC General Construction Projects:**

<b>Metro Electric Company, Inc.</b>	<b>\$ 155,658.97</b>
Thurmond Gazes Building Generators Replacement-Change Order 3	
<b>Thompson Turner Construction</b>	<b>\$ 143,707,512.00</b>
College of Medicine Office and Academic Building-Change Order 5	

**Miscellaneous Contracts:**

<b>Soil Consultants, Inc.-Inspection/Material Testing Order</b>	<b>\$ 388,003.00</b>
College of Medicine Office and Academic Building	

**MEDICAL UNIVERSITY OF SOUTH CAROLINA  
PROFESSIONAL SERVICES  
FOR REPORTING  
April 10, 2025**

**Professional Services Contracts:**

**DWG Consulting Engineers**

**\$ 115,946.00**

Children's Research Institute Building AHU #1 & #2 Replacement  
Amendment 2

**GWA Electrical Engineers, Inc.**

**\$277,600.00**

Psychiatric Institute Data Center UPS 1 Replacement

## **Summary of revisions to the Internal Audit Charter**

1. Revise the format and some wording to conform to the Master Internal Audit Charter proposed by the Institute of Internal Auditors. For example, the Scope section was moved to a different place in the document.
2. Revise some wording to reflect the practices employed by Internal Audit.
3. Add a Mandate.
4. Change the name from "Audit Committee" to "Audit, Compliance, and Risk Committee."
5. Change references to "Director of Internal Audit" to "Chief Audit Executive."



# Enterprise-wide Policy



<b>Section # **</b>	<b>Policy #</b> E-BOT-21	<b>Internal Audit Charter</b>	
<b>Responsible Department:</b> Internal Audit Department			
<b>Date Originated</b> 08/08/2008	<b>Last Reviewed</b> <del>12/08/2023</del> 11/2025	<b>Last Revised</b> <del>12/08/2023</del> 11/2025	<b>Effective Date*</b> <del>12/08/2023</del> 11/2025

### 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

This document sets forth the purpose, authority and responsibility of the internal audit function as required by professional standards.

*According to the Institute of Internal Auditors' **International Standards for the Professional Practice of Internal Auditing**, "The internal audit charter is a formal document that defines the internal audit activity's purpose, authority, and responsibility. The internal audit charter establishes the internal audit activity's position within the organization, including the nature of the chief audit executive's functional reporting relationship with the board; authorizes access to records, personnel, and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities. Final approval of the internal audit charter resides with the board." **The Global Internal Audit Standards** issued by the Institute of Internal Auditors require the chief audit executive (CAE) to develop an internal audit charter (charter). The charter is "a formal document that includes the internal audit function's mandate, organizational position, reporting relationships, scope of work, types of services, and other specifications."*

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~~This document sets forth the purpose, authority and responsibility of the internal audit function as required by professional standards.~~

## II. Scope

This charter covers internal audit activities for the University Medical University of South Carolina (MUSC), the Medical University Hospital Authority (MUHA), and their affiliated organizations and related parties (referred to collectively as "the organization").

## III. Policy

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.

**PURPOSE AND MISSION**

The purpose of the internal audit function is to strengthen the organization's ability to create, protect, and sustain value by providing the Board of Trustees of MUSC and MUHA (the Board) and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The internal audit function enhances the organization's:

- Successful achievement of its objectives.
- Governance, risk management, and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

The internal audit function is most effective when:

- Internal auditing is performed by competent professionals in conformance with applicable professional standards, which are set in the public interest.
- The internal audit function is independently positioned with direct accountability to the Board.
- Internal auditors are free from undue influence and committed to making objective assessments.

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve the operations of the organization. It aims to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. Internal Audit helps the organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

**COMMITMENT TO ADHERING TO PROFESSIONAL STANDARDS FOR INTERNAL AUDITING**

The Internal Audit Department ("Department") will adhere to the performance audit standards set forth in **Government Auditing Standards** (GAS) issued by the Comptroller General of the United States. GAS recognizes that auditors may use *The International Standards for the Professional Practice of Internal Auditing* or other standards in conjunction with GAS. Therefore, when applicable, the Department will govern itself by adherence to the mandatory elements of applicable professional standards. The chief audit executive CAE (also referred to as "Director") will report periodically to the Board of Trustees of the Medical University of South Carolina and the Medical University Hospital Authority (the "Board") and senior management regarding the Department's conformance with applicable professional and ethics standards, which will be assessed through a quality assurance and improvement program.

**MANDATE**

**Authority**

S.C. Code Ann. §59-123-60(E)(12) grants the Board as the governing body of MUSC and MUHA (or the authority) certain powers, including the responsibility to "establish management controls and staffing of personnel as the authority deems most appropriate for the prudent conduct of the activities and affairs of the hospital; provided, that they establish an internal audit function that would report directly to the authority." The Bylaws of the Board of Trustees of the MUSC and MUHA provide for a CAE who reports and is accountable directly to the Board and serves as CAE for both MUSC and MUHA. Further, the Board is responsible for managing the CAE's tenure and for setting the financial budget for the Department, including salaries, operational expenses, and support costs. The Board will approve this Internal Audit Charter that describes the authority and responsibilities of the CAE and the Department. See APPENDIX 1 – Explanation of Internal Audit Department Authority and Other Audit Related Procedures.

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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.

## **AUTHORITY**

The Department's authority is created by its direct reporting relationship to the Board. Such authority allows for unrestricted access to the Board primarily through its Audit, Compliance, and Risk Committee (Committee). The CAE will have unrestricted access to, and communicate and interact directly with, the Committee, including in private meetings without management present.

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The Director reports to the Board and is authorized by the Board to direct a broad, comprehensive program of internal audit within the organization. To establish, maintain, and assure the Department has sufficient authority to fulfill its duties, the Board, through its Audit, Compliance, and Risk Committee (the "Committee"), will:

- Approve the Department's charter.
- Review the risk-based internal audit plan.
- Approve the Department's budget and resource plan.
- Receive communications from the Director on the Department's performance relative to its plan and other matters.
- Approve decisions regarding the appointment and removal of the Director.
- Approve the remuneration of the Director.
- Make appropriate inquiries of the Director to determine whether there is inappropriate scope or resource limitations.

The Director will have unrestricted access to, and communicate and interact directly with, the Committee, including in private meetings without management present.

The Board authorizes the Department to:

- Have full, free, and unrestricted access to all functions, data records, information, physical property, and personnel pertinent to carrying out any engagement, internal audit responsibilities. Internal auditors are accountable for subject to accountability for confidentiality and safeguarding of records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications required to accomplish audit the function's objectives, and issue reports.
- Obtain assistance from the necessary personnel of the organization, as well as and other specialized services from within or outside the organization, in order to complete engagements internal audit services.

## **INDEPENDENCE AND OBJECTIVITY Independence, Organizational Position, and Reporting Relationships**

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The CAE will be positioned at a level in the organization that enables internal audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the Department. (See "Mandate" section.) The CAE will report functionally and administratively to the Board. This positioning provides the organizational authority and status to bring matters directly to the Board, when necessary, without interference and supports the internal auditors' ability to maintain objectivity. The Director will ensure that the Department remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If the Director determines that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties.

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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.

~~Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.~~

~~Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:~~

- ~~• Assessing specific operations for which they had responsibility within the previous year.~~
- ~~• Performing any operational duties for the organization.~~
- ~~• Initiating or approving transactions or operations external to the Department~~
- ~~• Directing any employee not employed by the Department, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist internal auditors.~~

~~Where the Director has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards will be established to limit impairments to independence or objectivity.~~

~~Internal auditors will:~~

- ~~• Disclose any impairment of independence or objectivity, in fact or appearance, to appropriate parties.~~
- ~~• Exhibit professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.~~
- ~~• Make balanced assessments of all available and relevant facts and circumstances.~~
- ~~• Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.~~

The ~~Director~~ CAE will confirm to the Board, at least annually, the organizational independence of the Department. If the governance structure does not support organizational independence, the CAE will document the characteristics of the governance structure limiting independence and any safeguards employed to achieve the principle of independence.

The ~~Director~~ CAE will disclose to the Board any interference internal auditors encounter related to the scope, performance, or communication of internal audit work and results. The disclosure will include communicating the implications of such interference on the Department's effectiveness and ability to fulfill its mandate and related implications in determining the scope of internal auditing, performing work, and/or communicating results.

#### **Changes to the Mandate and Charter**

Circumstances may justify a follow-up discussion between the CAE and the Board on the internal audit mandate or other aspects of the charter. Such circumstances may include but are not limited to:

- A significant change in the applicable professional standards.
- A significant reorganization within the organization.
- Significant changes in the CAE, Board, and/or senior management.
- Significant changes to the organization's strategies, objectives, risk profile, or the environment in which the organization operates.
- New laws or regulations that may affect the nature and/or scope of internal audit services.

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**BOARD OVERSIGHT**

To the extent provided by the Board Bylaws and the Audit, Compliance, and Risk Committee's Charter, the Board delegates oversight of internal audit activities to the Committee.

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**CHIEF AUDIT EXECUTIVE ROLES AND RESPONSIBILITIES**

**Ethics and Professionalism**

The CAE will ensure that internal auditors:

- Conform with applicable professional standards, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- Understand, respect, meet, and contribute to the legitimate and ethical expectations of the organization and can recognize conduct that is contrary to those expectations.
- Encourage and promote an ethics-based culture in the organization.
- Report organizational behavior that is inconsistent with the organization's ethical expectations, as described in applicable policies and procedures.

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**Objectivity**

The CAE will ensure that the Department remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the CAE determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

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Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgment on audit matters to others, either in fact or appearance.

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Internal auditors will have no direct operational responsibility or authority over any of the activities they review. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, or engage in other activities that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing operational duties for MUSC, MUHA, or their affiliates.
- Initiating or approving transactions external to the Department.
- Directing the activities of any employee that is not employed by the Department, except to the extent that such employees have been appropriately assigned to internal audit teams or to assist internal auditors.

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Internal auditors will:

- At least annually, disclose impairments of independence or objectivity, in fact or appearance, to appropriate parties, such as the CAE, the Board, management, or others.
- Exhibit professional objectivity in gathering, evaluating, and communicating information.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

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**Managing the Internal Audit Function**

The CAE has the responsibility to:

- At least annually, develop a risk-based internal audit plan that considers the input of the Board and

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~~The CAE will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program will include external and internal assessments of the internal audit function's conformance with **Government Auditing Standards**, as well as performance measurement to assess the internal audit function's progress toward the achievement of its objectives and promotion of continuous improvement. The program also will assess, if applicable, compliance with laws and/or regulations relevant to internal auditing. Also, if applicable, the assessment will include plans to address the Department's deficiencies and opportunities for improvement.~~

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~~Annually, the CAE will communicate with the Board about the internal audit function's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments. External assessments will be conducted at least once every three years by a qualified, independent assessor or assessment team from outside of the organization.~~

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### **SCOPE OF INTERNAL AUDIT ACTIVITIES**

The Board desires that the Department provide services to the organization. ~~The scope of internal audit services covers the entire breadth of the organization, including all of the organization's activities, assets, and personnel.~~ The scope of internal audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent ~~assessments-assurance and advisory services~~ to the Board, ~~and~~ management, ~~and outside parties~~ on the adequacy and effectiveness of governance, risk management, and control processes for the organization.

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~~The nature and scope of advisory services may be agreed with the party requesting the service, assuming the Department does not assume management responsibility. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.~~

Internal audit assessments include evaluating whether:

- Risks relating to the achievement of the organization's strategic objectives are appropriately identified and managed.
- The actions of officers, directors, management, employees, and contractors or other relevant parties comply ~~are in compliance~~ with the organization's policies, procedures, and applicable laws, regulations, and governance standards.
- The results of operations or programs are consistent with established goals and objectives.
- Operations or programs are being carried out effectively, ~~and~~ efficiently, ethically, and equitably.
- Established processes and systems enable compliance with the laws, regulations, policies, and procedures that could significantly impact the organization.
- Information and the means used to identify, measure, analyze, classify, and report such information are reliable and have integrity.
- Resources and assets are acquired economically, used efficiently and sustainably, and safeguarded-protected adequately.

~~The Director will report periodically to the Board regarding:~~

- ~~• The Department's purpose, authority, and responsibility.~~
- ~~• The Department's plan and performance relative to its plan.~~
- ~~• The Department's conformance with applicable professional and ethics standards, and action plans~~

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.

~~to address any significant conformance issues.~~

- ~~• Significant risk exposures and control issues, including fraud risks, governance issues, and other matters requiring the attention of, or requested by, the Board.~~
- ~~• Results of audit engagements or other activities.~~
- ~~• Resource requirements.~~
- ~~• Any response to risk by management that may be unacceptable to the organization.~~

~~The Director also coordinates activities, where possible, and considers relying upon the work of other internal and external assurance and consulting service providers as needed. The Department may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided the Department does not assume management responsibility.~~

~~Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.~~

#### **RESPONSIBILITY**

~~The Director reports directly, and solely, to the Board of Trustees of the Medical University of South Carolina and the Medical University Hospital Authority. The Director is responsible for the following:~~

##### **Annual Audit Plan**

- ~~• Submit, at least annually, to the Board a risk-based internal audit plan for review. Communicate to the Board the impact of resource limitations on the internal audit plan as they arise. Request resources when appropriate.~~
- ~~• Review and adjust the internal audit plan, as necessary, in response to changes in business, risks, operations, programs, systems, and controls.~~
- ~~• Communicate to the Board any significant interim changes to the internal audit plan.~~

##### **Conducting Audits and Reporting Results**

- ~~• Ensure the internal audit plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programs and testing results, and appropriate communication of engagement results and recommendations for improvement(s) to appropriate parties.~~
- ~~• Ensure the principles of integrity, objectivity, confidentiality, and competency are applied and upheld.~~
- ~~• Follow up on engagement findings and corrective actions, and report periodically to the Board and senior management any corrective actions not effectively implemented.~~

##### **Other**

- ~~• Submit the Department's budget to the Committee Chair for review and approval each fiscal year. The budget should include funding for all expected operations and salaries.~~
- ~~• Ensure the Department collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the Internal Audit Charter.~~
- ~~• Ensure trends and emerging issues that could impact the organization are considered and communicated to senior management and the Board as appropriate.~~
- ~~• Ensure emerging trends and successful practices in internal auditing are considered.~~
- ~~• Establish and ensure adherence to policies and procedures designed to guide the Department.~~

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.

- ~~Ensure adherence to the organization's relevant policies and procedures, unless such policies and procedures conflict with the Internal Audit Charter. Any such conflicts will be resolved or otherwise communicated to the Board and senior management.~~
- ~~Ensure conformance of the Department with applicable standards, with the following qualification:
 
  - ~~If the Department is prohibited by law or regulation from conformance with certain parts of applicable standards, the Director will ensure appropriate disclosures and will ensure conformance with all other parts of the applicable standards.~~~~

**QUALITY ASSURANCE AND IMPROVEMENT PROGRAM**

~~The Department will maintain a quality assurance and improvement program that covers all aspects of the Department. The program will include an evaluation of the Department's conformance with applicable standards and an evaluation of whether internal auditors adhere to ethical standards. The program will also assess the efficiency and effectiveness of the Department and identify opportunities for improvement.~~

~~The Director will communicate to the Board on the Department's quality assurance and improvement program, including results of internal assessments (both ongoing and periodic) and external assessments conducted at least once every three years by a qualified, independent assessor or assessment team from outside the organization.~~

**IV. Definitions for the purposes of this policy \*\***

N/A

**V. Related Policies \*\***

N/A

**VI. Applicable Laws and/or Regulations (not meant to be all inclusive) \*\***

**This policy is intended to promote the Enterprise's compliance with federal and state laws.**

N/A

**VII. References (Internal and External) and Citations \*\***

Institute of Internal Auditors, ~~**International Standards for the Professional Practice of Internal Auditing**~~~~**The Global Internal Audit Standards**~~ (Revised ~~4/1/2017~~~~2024~~):  
<https://www.theiia.org/en/standards/2024-standards/global-internal-audit-standards/>  
<https://na.theiia.org/standards-guidance/Public%20Documents/ISPPF-Standards-2017.pdf>  
 (Note: Upon publication of this Charter, the ~~**Global Internal Audit Standards**~~ were under revision. The revised standards will become effective one year after the publication date.)

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Comptroller General of the United States, ~~**Government Auditing Standards**~~ (Revised ~~December 2018~~~~2024~~): <https://www.gao.gov/assets/d24/106786.pdf>~~GAO-21-368G, **Government Auditing Standards: 2018 Revision Technical Update April 2021**~~

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**VIII. Distribution and Communication Plan**

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N/A

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

**APPENDIX 1 – Explanation of Internal Audit Department Authority and Other Audit Related Procedures**

The Board of Trustees of the Medical University of South Carolina depends on the Internal Audit Department to monitor enterprise wide compliance with policies and procedures established by the Board and certain outside agencies.

The Internal Audit Department and its Director report directly to the Board of Trustees. It is recommended that all employees of the Medical University of South Carolina and all of its affiliates read and become familiar with the Internal Audit Department’s Charter as approved by the Board of Trustees. The link to the Charter may be found on the Department’s web page at: <https://web.musc.edu/about/leadership/institutional-offices/internal-audit/services>.

The Board of Trustees has given the Internal Audit Department the following authority and expects employees of MUSC and all affiliates to comply with the policy.

**AUTHORITY**

The Director of Internal Audit is authorized by the Board of Trustees to direct a broad, comprehensive program of internal audit within the organization. Internal Audit examines and evaluates the adequacy and effectiveness of the systems of management control provided by the University, the Authority, and the affiliates and related parties to direct their activities toward the accomplishment of their missions and objectives in accordance with applicable policies and plans. In accomplishing his/her activities, the Director of Internal Audit and his/her representatives are authorized to have full, free, and unrestricted access to all University, Authority, and affiliated organization and related party functions, records, property, systems and personnel.

**PROCEDURES**

In many situations, the Internal Audit Department performs engagements at the request of management. Generally, these engagements will be coordinated with departments or areas under review.

At other times, the Internal Audit Department may perform engagements on behalf of the Board of Trustees. Many of these procedures will be coordinated in advance with those under review. However, there are times where such reviews will be conducted on an unannounced basis at the request of the Board.

The Board of Trustees requires that under all circumstances, employees of MUSC and its affiliates comply with all requests that Internal Audit Department personnel may make. No one can deny the Internal Audit Department immediate access to any information they may request. Their requests do not require advance approval by management and such requests must be complied with promptly.

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.

Failure to comply with Internal Audit Department policies and procedures will be reported to the Board. In most situations, employees may notify their supervisor's after the fact of such requests.

There may be situations where employees are instructed to keep engagements confidential from their direct reporting lines and others. Such requests have to be authorized in person by the Director of Internal Audit and will be evidenced by a mutually signed document. The Board expects all employees to comply with such requests.

In those situations where employees are unsure about compliance with such requests, the procedure shall be for the employee to comply with the request and forward in writing their questions after the fact to the Audit Committee of the Board of Trustees. Such communication will be held confidential and should be mailed to the following address:

**MUSC Board of Trustees Audit Committee  
179 Ashley Avenue  
MSC 001  
Charleston, South Carolina 29425-0010**

HISTORY: This document was originally approved by the MUSC Board of Trustees on August 8, 2008.

\* **Policies become effective on the date of publication**  
\*\* **If not applicable, enter NA**

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**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES**  
**CONSENT AGENDA**  
April 11, 2025  
101 Colcock Hall

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

**Consent Agenda for Approval**

- Item 24. APT Criteria Modifications – College of Nursing .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Nursing Appointment Promotion Tenure Criteria modifications effective April 14, 2025.

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

College of Nursing

**Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN.**, as Affiliate Associate Professor, in the College of Nursing, Department of Nursing, effective March 1, 2025.

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

College of Medicine

**Harry S. Clarke, Jr., M.D., Ph.D.**, Professor, Department of Urology and Radiation Medicine, for appointment as a Distinguished University Professor, effective April 14, 2025.

**David M. Mahvi, M.D.**, Professor, College of Medicine, Department of Surgery, for appointment as a Distinguished University Professor, effective April 14, 2025.

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

College of Nursing

**Martina Mueller, Ph.D.**, Professor Emeritus, in the College of Nursing, Department of Nursing, effective May 31, 2025.

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

Academic Affairs Faculty

**Renee H. Connolly, Ph.D.**, as Associate Professor, non-tenure track, in the Academic Affairs Faculty, March 14, 2025.

College of Dental Medicine

**Jacqueline Medina, DDS**, Associate Professor on the Academic Clinical tenure track, in the Department of Reconstructive and Rehabilitation Sciences, Division of Pre-Doctoral Prosthodontics, effective March 1, 2025.

College of Health Professions

**Steven Dischiavi, PT, DPT, Ph.D., MPT, SCS**, Associate Professor, Department of Rehabilitation Sciences, Division of Physical Therapy – Hybrid Program, effective July 1, 2025.

**Lauren LeBeau, M.D., MBA**, [Secondary Appointment] as Associate Professor, in the Department of Clinical Sciences, Master of Science in Pathologists' Assistant Studies Division, effective March 3, 2025. Dr. LeBeau's primary appointment rests in College of Medicine.

**Michael Richardson, PT, DPT, DHSc**, as Associate Professor, Department of Rehabilitation Sciences, Division of Physical Therapy – Hybrid Program, effective July 1, 2025.

**Sandra Rogers, Ph.D., OTR/L, FAOTA**, Professor, Department of Rehabilitation Sciences, Division of Occupational Therapy – Hybrid Program, effective March 10, 2025.

College of Medicine

Dual/Secondary Appointment for **Jason William Caldwell, MCS, DO**, in the Department of Pediatrics, effective July 1, 2025. Dr. Caldwell's primary appointment rests in the Department of Medicine.

**Dionne F. Peacher, M.D.**, as Associate Professor, on the Clinician Educator track, in the Department of Anesthesia and Perioperative Medicine, effective March 1, 2025.

**Amol Sharma, M.D., MS** as Professor, on the Clinician Educator track, in the Department of Medicine, Division of Gastroenterology and Hepatology, effective March 1, 2025.

**Justin G. Wikle, M.D.**, as Associate Professor, on the Clinician Educator track, in the Department of Anesthesia and Perioperative Medicine, effective March 1, 2025.

College of Nursing

**Matthew J. Hayat, Ph.D.**, as Professor on the Educator Researcher track in the College of Nursing, Department of Nursing, and a Joint Secondary appointment in the College of Medicine, Department of Public Health Sciences, both effective May 19, 2025. Dr. Hayat's primary appointment rests in the College of Nursing.

Item 29. Promotions .....Dr. Lisa Saladin  
*Executive Vice President for Academic Affairs and Provost*

College of Health Professions

**Thomas Crawford, Ph.D., MBA, FACHE**, from Affiliate Associate Professor to Affiliate Professor, academic educator non-tenure track, Department of Healthcare Leadership and Management, effective July 1, 2025.

**Jesse Dean, Ph.D.**, from Associate Professor to Professor on the academic researcher track, in the Department of Rehabilitation Sciences, Division of Physical Therapy, effective July 1, 2025.

**Lori-Ann Ferraro, Ph.D., CCC-SLP**, from Assistant Professor to Associate Professor on the academic educator non-tenure track, in the Department of Rehabilitation Sciences, Division of Speech-Language Pathology, effective July 1, 2025.

**Amanda Giles, OTD, OTR/L, FAOTA**, from Associate Professor to Professor on the academic educator track in the Department of Rehabilitation Sciences, Division of Occupational Therapy, effective July 1, 2025.

**Theresa Hopkins-Rossabi, Ph.D., MS, CCC-SLP**, from Assistant Professor to Associate Professor on the academic educator non-tenure track in the Department of Rehabilitation Sciences, Division of Speech-Language Pathology, effective July 1, 2025.

**Sabrina Horvath, Ph.D., CCC-SLP**, from Assistant Professor to Associate Professor on the academic educator tenure track, in the Department of Rehabilitation Sciences, Division of Speech-Language Pathology, effective July 1, 2025.

**Kenneth Miller, PT, DPT, MA**, from Assistant Professor to Associate Professor on the academic educator non-tenure track in the Department of Rehabilitation Sciences, Division of Physical Therapy, effective July 1, 2025.

**Cory Robinson, Ph.D., MHA, PMP, FACHE**, from Adjunct Instructor to Adjunct Assistant Professor, Academic Educator, non-tenure track, in the Department of Healthcare Leadership and Management, effective July 1, 2025.

**Jodie Smith, PT, DPT, COMT, OCS**, from Instructor to Assistant Professor, Academic Educator, non-tenure track, Department of Rehabilitation Sciences, Division of Physical Therapy, effective July 1, 2025.

**Janina Wilmskoetter, Ph.D., CCC-SLP**, from Assistant Professor to Associate Professor, Academic Researcher tenure track in the Department of Rehabilitation Sciences, Division of Speech-Language Pathology, effective July 1, 2025.

#### College of Nursing

**Leigh Ridings, Ph.D.**, from Assistant Professor to Associate Professor on the educator research track in the Department of Nursing, effective July 1, 2025.

**Janelle Wagner, PhD.**, from Research Associate Professor to Research Professor in the Department of Nursing, College of Nursing, effective July 1, 2025.

**Tatiana Davidson, Ph.D.**, from Associate Professor to Professor on the Educator/Researcher Track in the Department of Nursing, College of Nursing effective July 1, 2025.

**Emily Johnson, Ph.D.**, Professor on the Educator/Researcher Track in the Department of Nursing, College of Nursing effective July 1, 2025.

**Shannon Phillips, Ph.D., RN**, from Associate Professor to Professor on the Educator Researcher Track in the Department of Nursing, College of Nursing effective July 1, 2025.

#### College of Pharmacy

**Taylor Morrisette, PharmD.**, from Assistant Professor to Associate Professor (non-tenure track) in the Department of Clinical Pharmacy and Outcomes Sciences, effective July 1, 2025.

**Jennifer Wisniewski, PharmD.**, from Assistant Professor to Associate Professor (Non-tenure Track) in the Department of Clinical Pharmacy and Outcomes Sciences, effective July 1, 2025.

### **MUHA and MUSC Finance and Administration Committee: Jim Battle, Chair**

#### **Consent Agenda for Information**

- Item 30. MUSC Physicians Financial Report ..... Fred Borrelli  
*Chief Financial Officer, MUSC Physicians*
- Item 31. FY2025 Consulting, Contractual, and Professional Services Contracts  
over \$50,000.00..... Rick Anderson  
*Executive Vice President for Finance and Operations*  
Doug Lischke  
*Chief Financial Officer, MUSC Health*

## **Appointment, Promotion, and Tenure (APT) Committee**

### **Summary of Proposed Revisions to Promotion Criteria**

**March 2025**

We are excited to share updates to our APT criteria, aligning with the AACN's updated definition of scholarship. These revisions reflect the broad contributions of our faculty in education, practice, research, and leadership, providing a more inclusive and supportive path for advancement. These updates apply to tenure-track faculty.

#### **Key Changes:**

- **Teaching:** Expanded to include mentorship, course development, implementation, and evaluation for all types of adult learners.
- **Service:** Now includes interprofessional collaboration and contributions to healthcare policy and practice initiatives.
- **Scholarship:**
  - **Program Development:** Criteria for promotion from Instructor to Assistant Professor now include seeking mentorship in developing quality improvement programs or research activities.
  - **Publications:** Adjusted peer-reviewed publication requirements to align with aspirational peer institutions, including book chapters, health guidelines, policies, and strategic plans.
  - **Funding:** Internal funded awards like the SCTR KL2 are now included in promotion criteria for Associate and Full Professor. Consistent application for external and internal awards is recognized for promotion to Associate Professor in the educator-clinician track.

SECTION V  
APPOINTMENT, PROMOTION  
and TENURE

Approved by Faculty: ~~April 15~~February 17, 2024

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## **Section V** **Appointment, Promotion, and Tenure**

### **Titles and Ranks**

This policy is in keeping with University “Faculty Ranks and Status,” Section 4, *Medical University of South Carolina Faculty Handbook*. These guidelines for use in the College of Nursing (CON) should facilitate the appointment and approval process for faculty.

**Regular Faculty.** Regular faculty members are those who meet criteria related to teaching, scholarship, and service. The initial appointment letter and/or contract will state specific responsibilities, term of appointment, and benefits as well as the rank.

**Modified or Special Faculty.** Modified or special faculty appointments refer to faculty members whose responsibilities are important to the CON and its mission but may be for a limited time (e.g., visiting faculty) or extent (e.g., adjunct, research, or clinical faculty). Faculty with modified or special appointments are strongly encouraged to participate actively in faculty affairs, collaborate with other MUSC and CON faculty members and teams, mentor faculty members and students, and maintain involvement in CON initiatives and strategic priorities. Modified faculty may not seek tenure. Faculty with modified or special appointments who are employed full time by the College of Nursing may vote on faculty business. The initial appointment letter and/or contract will state specific responsibilities, term of appointment, and benefits as well as the modified rank or special appointment. Designated University modifiers that precede rank are *Visiting, Adjunct, Research, or Clinical*. Specialty faculty appointments in the CON include Research Associate and Professor Emeritus/Emerita. See MUSC *University Handbook*, Section 4.

**Affiliate Faculty.** Criteria for appointment of Affiliate faculty are as follows: The individual must (1) demonstrate the ability to provide a valuable service to the College of Nursing mission(s); (2) be appropriately qualified for the service the individual provides; and (3) receive no state compensation from the college or unit that issues the Affiliate faculty appointment. The individual’s qualifications and contributions are vetted by the CON Appointment, Promotion and Tenure (APT) committee, then approved by the Dean and then the Provost and the Board of Trustees, if the appointment is at the Associate or Professor rank. An individual paid by a college or unit is ineligible to be an Affiliate faculty in that college/unit; if a faculty position in that college/unit is warranted, the individual should be so designated in accordance with the MUSC Faculty Handbook (including appropriate rank modifiers such as Visiting or Adjunct). The title “Affiliate” shall not be used in conjunction with other faculty rank modifiers (e.g., Adjunct, Visiting, Research, or Clinical).

### **Procedure for Appointment of Faculty to Modified, Affiliate or Special Rank**

- Letter(s) of recommendation for appointment, applicant’s current resume or curriculum vitae and official transcript of highest degree, as well as recommendations concerning rank appropriate to qualifications are to be provided to the Office of the Dean. If the faculty candidate has a terminal degree that is not in nursing, then an official transcript of the terminal degree as well as highest nursing degree, if applicable, is required.
- Rank will be guided by the “appointment” criteria listed in the CON APT rank criteria, described later in this section of the Faculty Handbook.

- The Dean may make recommendations to the Vice President for Academic Affairs and Provost of the Medical University of South Carolina for special appointments and appointments to the modified ranks of instructor or assistant professor.
- Nominations for modified appointments to the ranks of associate professor or professor must first go to the CON Appointment, Promotion, and Tenure (APT) Committee for review before the Dean makes a recommendation to the Vice President for Academic Affairs and Provost who reviews the qualifications of the individual and makes recommendation to the President. Appointments at the level of associate professor and professor are transmitted to the Board of Trustees for final decision.
- Nominations for Affiliate faculty appointments must first go to the CON APT Committee for review before the Dean makes a recommendation to the Vice President for Academic Affairs and Provost, who reviews the qualifications of the individual and makes a recommendation to the President. Affiliate appointments at the level of associate professor and professor are transmitted of the Board of Trustees for final decision.

Faculty appointment to more than one unit of the University. See Section 4.07 of the *University Handbook*.

Approved December 16, 1996; revised April 20, 1998, revised October 15, 2007; revised and approved by the Faculty June 17, 2019, revised May 2022.  
(Responsibility for Review - Appointment, Promotion, and Tenure Committee)

## **Purpose/Philosophy of a Two-Track System for Faculty Appointment in the College of Nursing <sup>1</sup>**

The effectiveness of a College of Nursing in an academic health science center depends largely on the ability of its faculty to meet the University's goals of teaching, scholarship, and service. The College of Nursing faculty must possess the credentials and expertise demanded by its various roles to ensure the vitality of its educational programs, scholarly productivity, and service commitments. It is essential that the faculty includes persons who are academically and experientially qualified to conduct research and contribute to knowledge development within the discipline. At the same time, faculty members who are clinicians are needed to provide evidence-based health care and translate new knowledge into practice.

Depending on the needs of the Medical University of South Carolina College of Nursing and the academic and experiential background of faculty candidates, appointment may be made to the Educator/Researcher or Educator/Clinician Tracks. These tracks allow for the expertise needed within the College of Nursing. Both tracks provide vital contributions to the advancement of nursing as a discipline and a profession.

### **Historical Background**

On November 22, 1989, faculty of the College of Nursing voted by ballot *against* the implementation of the "up-or-out rule" for the tenure track. On February 9, 1990, the Board of Trustees was presented "Clinical Track Criteria for College of Nursing." On March 19, 1990, the College of Nursing faculty approved implementation of the clinical track policy (approved by College of Nursing faculty on May 4, 1990) for July 1, 1990. Thus, the College of Nursing established a two-track system. The tracks were described as: (a) tenure (research) track, and (b) clinical (non-tenure) track.

With projected changes in the health care system, the need for more masters and doctoral faculty in clinical roles resulted in the College of Nursing APT Committee revisiting the two-track system of the College. The criteria for both tracks were revised in the Fall of 1993 to reflect these changes. It was determined at this time that faculty members *in either track* who hold the rank of associate professor or higher are eligible for tenure.

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<sup>1</sup>Accepted by Faculty May 9, 1994  
Revised by Faculty May 13, 1996, April 20, 1998; revised June, 2019; revised February 2021  
(Responsibility for Review - APT Committee)

## College of Nursing Polices and Procedures

### Definitions

*Educator/Researcher Track* faculty are those faculty members who meet criteria related to teaching, scholarship, and service for appointment to the Educator/Researcher Track. The primary focus generally is on teaching and the conduct of research or other scholarly activities related to the development of new knowledge and advancing science in nursing, health care, or a related field.

*Educator/Clinician Track* faculty are those faculty members who meet criteria related to teaching, scholarship, and service for appointment to the Educator/Clinician Track. The primary focus generally is on teaching and practice in the delivery of evidence-based health care in a practice setting. Scholarly activities are related to translating new knowledge into innovations and quality improvements in teaching and/or practice.

### Faculty Selection of Educator/Researcher or Educator/Clinician Tracks

1. Initial academic rank and selection of track are determined by the criteria for appointment to the Educator/Researcher or Educator/Clinician Tracks.
2. Faculty responsibilities related to teaching, service, and scholarship will be negotiated with the responsible Assistant Dean (of Undergraduate Programs, Graduate Practice Programs, or Ph.D. in Nursing Science).
3. Faculty members in both tracks are reviewed for initial appointment as well as promotion by the Appointment, Promotion, and Tenure (APT) Committee.
4. Documentation for promotion is similar for either track, only differing in the criteria for each track.
5. The suggested time frames for time in rank for faculty members in the Educator/Researcher and Educator/Clinician Tracks are similar. It is expected that all new faculty hires to the College of Nursing, regardless of rank, complete at least one academic year and annual performance evaluation with the responsible Assistant Dean prior to applying for promotion.
6. Faculty will be evaluated annually by the responsible Assistant Dean (with consultation from the appropriate Associate Dean(s) depending on track).
7. A faculty member wishing to change tracks will seek consultation from the responsible Assistant Dean. If both agree that a track change is appropriate, the responsible Assistant Dean will communicate this recommendation to the APT committee and Associate Deans for review and discussion. Once the APT committee has reviewed, the APT Chair will provide a recommendation to the Dean. If approved, the Dean will forward a letter of approval to the APT Committee and Associate Deans for information.

## Appointment, Promotion and Tenure Committee

1. The Appointment, Promotion and Tenure (APT) Committee is composed of six elected faculty members who hold the rank of assistant professor or above. Member term is 3 years in length; members may serve 2 consecutive terms.
2. At least two (2) members will be tenured, at least one member will be non-tenured; at least one member will be on the educator/clinician track; at least one member will be on the educator/researcher track; and at least one member will be (primarily) from each of the Undergraduate, Graduate/DNP and PhD programs.
3. The chair is elected annually by members of the APT Committee. The chair must be tenured. The chair shall serve a one-year term. The chair may be re-elected to serve one additional term (maximum of two consecutive years).
4. Faculty members serving on the APT Committee are not permitted to write letters of recommendation for faculty members seeking promotion or tenure.
5. Members of the APT Committee who are in the process of applying for promotion or tenure during their term of office must recuse themselves from all APT committee roles and responsibilities that relate to their own application, but can continue to participate in their usual APT roles in the review of other applications within the same review cycle.
6. Responsibilities of the APT committee:
  - a.) The APT Committee participates in the interview process for potential faculty candidates for appointment and review of their accomplishments based on the APT Criteria for rank and track as set forth in the Appointment, Promotion, and Tenure document. A written recommendation for rank and track will be submitted to the Dean within 24 hours of the candidates' interviews.
  - b.) The APT Committee serves in a consultative role with a faculty member seeking promotion. Consultation will consist of a discussion of merits relative to the criteria. All members of the committee may participate in the discussion. The APT committee members may provide guidance at this time to the applicant, and the applicant may wish to respond to this guidance by sending revised materials to the committee for review prior to a vote by the committee. Once an application is ready for a vote, all APT members may vote on the candidacy of applicants seeking promotion to Assistant or Associate Professor. However, APT members who have not yet attained the rank of Professor may not vote on the candidacy of faculty members applying for promotion to Professor. For applicants seeking promotion to Professor, the APT committee chair will invite all professors in the College of Nursing to review the faculty member's APT Checklist for Promotion; CV; Cover Letter; evidence of most recent scholarly, peer reviewed publications; and documentation to support achievement of rank criteria. This portfolio will be available on the College's secure group shares folder for review. The professors will provide confidential feedback in a meeting convened by the APT committee chair. Professors who cannot attend this meeting will provide written confidential feedback in advance of the meeting. The APT Chair will share the APT committee's collective feedback with the faculty member. Once the promotion portfolio is complete, including reference letters and teaching scores for the

prior semester, all professors in the College of Nursing will be requested to convene and vote on the candidate. If unable to attend this meeting in person, the voting professor will provide his or her written confidential vote to the APT committee chair. The chair will forward, in writing, the professors' recommendation to the Dean.

- c.) The APT Committee serves in a consultative role with a faculty member seeking tenure. Faculty members applying for tenure will follow a process that is similar to that described above for faculty members seeking promotion to Professor. After the initial APT Committee's consultation session with a faculty candidate seeking tenure and revisions are made to the tenure portfolio (if needed), the APT committee chair will invite all tenured faculty members in the College of Nursing to review the faculty candidate's tenure portfolio including the APT Checklist for Tenure; CV; Cover Letter; several of his/her most recent scholarly, and peer reviewed publications. This portfolio will be available on the College's secure group shares folder for review. The tenured faculty members will provide confidential feedback in a meeting convened by the APT committee chair prior to the January 1<sup>st</sup> deadline. Tenured faculty members who cannot attend this meeting will provide written confidential feedback in advance of the meeting. The APT Chair will share the APT committee's collective feedback with the faculty member. Once the entire tenure portfolio is complete, including reference letters obtained, the tenured faculty will convene to vote on the candidate. If unable to attend this meeting in person, the voting tenured faculty member will provide his or her written confidential vote to the APT committee chair. The chair will forward, in writing, the tenured faculty members' recommendation to the Dean.

Approved by Faculty August 1, 2008, Revised May 19, 2014, Revised May 2016, Revised February 2017; Revised & Approved June 17, 2019; revised and approved by the Faculty February 15, 2021.

### Faculty Appointment

1. Regular faculty may be appointed to the College of Nursing with the following academic titles:
  - a. Professor
  - b. Associate Professor
  - c. Assistant Professor
  - d. Instructor
2. Academic title is determined by the established criteria for that rank.
3. Criteria for each rank are described under broad categories and **ARE INTENDED TO SERVE AS GUIDELINES**. To be initially appointed or promoted to a rank higher than instructor, the criteria for all preceding ranks, as well as criteria for the rank being sought, need to be met.

### Procedure for Consideration of Candidates for Appointment

1. The APT Committee members will be notified in writing of a confirmed date, time, and place of a prospective faculty member's interview with the APT Committee. The Dean's executive assistant will make the applicant's curriculum vitae and itinerary available to each member of the APT Committee.

2. If known, position, rank, and tenure consideration being sought by an applicant will be communicated to the APT Committee by the Office of the Dean.
3. The Office of the Dean will send the candidate a copy of the interview schedule, guidelines for appointment, promotion, and tenure (Section V of the Faculty Handbook), and other pertinent information deemed valuable for a particular candidate prior to the interview.
5. Following the faculty candidate interview, all APT members present are responsible for independently evaluating the candidate for fit with the College and the applied position.
6. The APT chair will notify the Office of the Dean of the committee's recommendation for appointment – including rank, track, and tenure as appropriate – within 24 hours of the candidate's interview.

### **Promotion in Academic Rank**

1. Eligibility for promotion to the next academic rank is based upon established criteria for appointment to that rank. Each successive rank subsumes the qualifications of the previous rank. All required qualifications for the rank to which the candidate is requesting promotion must be accomplished prior to submission of the final promotion portfolio. Candidates' full body of work at all ranks will be considered during the promotion review process (e.g., publications from a previous rank count toward established minimum thresholds), but accomplishments during the current rank are weighted most heavily and should be the central point of emphasis in candidates' application materials.
2. *Suggested* time frames for progress from rank to rank follow. Faculty members who have consistently demonstrated strong trajectories of growth, success, and impact over these time frames may be good candidates for promotion. The focus of promotion, however, is one of consistent productivity and excellence in each of the areas of teaching, scholarship, and service. Actual time spent in rank depends on achievement of all criteria relevant for promotion to the next rank. Generally, faculty are able to demonstrate accomplishments of rank criteria within the following timelines:
  - a. Instructor: 3 years
  - b. Assistant Professor: 6 years
    - i. Third Year Review after 3 years in rank as Assistant Professor to assess the faculty member's trajectory relative to promotion criteria
  - c. Associate Professor: 6 years
    - i. Third Year Review after 3 years in rank as Associate Professor to assess the faculty member's trajectory relative to promotion criteria
3. Faculty members are expected to meet the criteria for promotion over a period of time. Therefore, planning objectives and goals over several years is encouraged. The preceding model for time/movement in rank is a guide to planning career advancement so that productivity is evident over time.

- a. Assistant and Associate Professors, in preparation for third year review, will prepare a portfolio demonstrating their interim progress toward promotion and/or tenure.
  - b. The APT committee will review the portfolio and provide guidance to faculty members in their third year at the Assistant and Associate Professor level, identified as a *Third Year Review*, which will yield a written assessment and recommendations concerning the faculty members' trajectory relative to each area within the promotion criteria.
4. Faculty members are encouraged to keep a cumulative record of professional activities in which they are involved. New faculty members should begin gathering relevant data immediately upon employment. Faculty members should annually review their compiled data in relation to the criteria for promotion and seek the guidance of the responsible Assistant/Associate Dean and assigned faculty mentor, if applicable, to assess progress and plans for promotion.
  5. All publications are reviewed for academic merit, appropriateness for track, and publication in a variety of scholarly, professional journals. Publications and professional scholarly presentations must demonstrate independent work (e.g., consistent pattern of first, second, or senior-authored publications). Publications must be accepted, in-press or published to be considered. If the publication is accepted or in-press, verification of the status, in the form of an email or letter from the editor, is required and is to be submitted with the promotion portfolio materials by December 1.

#### **Procedure for Promotion**

This section lists procedures for promotion. These procedures do not apply to the Third Year Review, which is described in a later section.

1. Six months prior to applying for promotion, the faculty member is expected to conduct a formal self-evaluation utilizing the APT Criteria for the rank sought for promotion.
2. The faculty member must consult with the responsible Assistant Dean and their assigned faculty mentor, if applicable, between March and May (no later than May 31) to review supporting materials in order to evaluate readiness of applying for promotion. The faculty member must provide adocumented recommendation (for example a copy of an email) by the responsible Assistant/Associate Dean to the APT Committee and the Dean.
3. Following the meeting with the responsible Assistant Dean, the faculty member is expected to contact the APT committee chair to schedule a consultation meeting with the APT committee between June and September. Consultation with the APT committee should include review of the faculty member's CV and Cover Letter that presents a self-assessment of whether and how the faculty member has met criteria for appointment to the academic rank for which the faculty member is applying. The APT Chair communicates outcomes of the consultation and recommendations to the responsible Assistant Dean and the Dean.
4. Faculty members confirm to the Office of the Dean by **December 1st**, via the Intent to Seek Promotion Form, their wish to apply for promotion. The Intent to Seek Promotion Form is submitted to the Office of the Dean via letter or e-mail. Candidates will include a

detailed Cover Letter documenting their accomplishments in the areas of teaching, service and scholarship as it relates to the rank sought, as well as other documentation required (see Documentation for Promotion section below). For faculty members seeking promotion to the ranks of Assistant Professor, Associate Professor, or Professor, Cover Letter and supporting materials addressing the rank for which they are seeking promotion must prioritize work accomplished since time in rank. Candidates' full body of work at all ranks will be considered during the promotion review process (e.g., publications from a previous rank count toward established minimum thresholds), but accomplishments during the current rank are weighted most heavily and should be the central point of emphasis in candidates' application materials.

5. Faculty members seeking promotion are expected to submit by **December 1<sup>st</sup>**, the names (to the Office of the Dean) of potential, well qualified, external referees, at the rank equal to or above the rank to which the faculty member is seeking promotion. For faculty members applying for promotion to Associate Professor or above, names of external referees should be independent experts in the field who can impartially evaluate (i.e., but who have not had a close previous professional or working relationship with the candidate), the faculty candidate's work. The number of required referees varies by rank being sought, and is outlined below. These potential referees will be considered for external review. Candidates should provide a brief statement of why these external reviewers are appropriate evaluators of their work. Only letters solicited by the APT chairperson or College will be included in the candidate's portfolio. Note: external letters must come from referees from PhD granting institutions or nationally recognized universities.
6. All remaining documentation for promotion (see Documentation for Promotion section below) is submitted to the Office of the Dean by **February 1<sup>st</sup>**.
7. The candidate's promotion portfolio is reviewed by the APT Committee and a recommendation is made to the Dean.
8. The Dean reviews the APT recommendation along with the candidate's promotion portfolio and then meets with the faculty member to discuss approval to move forward in the promotion process. The Dean has final approval on recommendation for promotion (writes a letter of support to accompany the packet to the Provost).
9. The final approved promotion portfolio is forwarded to the Vice President for Academic Affairs (Provost) and then to the Board of Trustees (if applicable) for approval.
10. When the promotion portfolio has been approved at all review levels, the candidate will receive a letter from Dean between May and June. Promotion is generally effective July 1.

### **Documentation for Promotion**

The candidate must submit the following information (items 1-6) to the Office of the Dean by **December 1<sup>st</sup>**:

1. Intent to Seek Promotion Form
2. APT Promotion Checklist
3. Detailed Cover Letter providing an overview of accomplishments and impact of your work in the areas of teaching, service, and scholarship (not to exceed 4 pages in length with a minimum 11-point font and 1 inch margins) to include:

**Teaching** (brief statements regarding the following *as applicable*):

1. Philosophy of teaching
2. Summary of all student evaluations and selected comments; a tabular format is suggested. (Candidates who have minimal time in rank may include evaluations from other institutions to equal the same amount of time.)
3. Peer evaluations
4. Contributions to curriculum development or appropriate activities
5. Personal assessment of teaching and steps taken to improve
6. Examples of innovative teaching methods; scholarship related to education
7. Examples of serving as mentor to junior faculty members, postdoctoral fellows, interns, and students
8. Future goals regarding teaching

**Scholarship** (brief statements regarding the following *as applicable*):

- Focused area of scholarship
  - Publications and submitted and/or funded grant applications that support the candidate's focused area of scholarship
  - Professional development related to scholarship
  - Evidence demonstrating independence, when applying to ranks above the level of Assistant Professor
  - Examples of significant scholarship (submission of several selected relevant\* scholarly, peer-reviewed publications written within the past 5 years). Proof of acceptance is required for manuscripts that are accepted for publication, but not yet published
  - Examples of serving as mentor for junior faculty members, postdoctoral fellows, interns, and students
  - Future goals regarding scholarship
- \* Relevant refers to practice, program of research, current policy and/or teaching issues.

**Service** (brief statements regarding the following *as applicable*):

- To the Institution, College, and Professional Organizations (e.g., conference leadership, editorial boards, grant review committees)
  - Community services
  - Contributions to faculty development within the College
  - Consultation services
  - Faculty practice
  - Future goals regarding service
4. Up-to-date curriculum vitae using the University CV Database (e.g, Interfolio)
  5. Names and addresses of professional references who can comment substantially

regarding the candidate's ability to meet criteria of the rank to which promotion is sought. Letters will be solicited by the Dean of the College of Nursing (including letters from appropriate administrative officer(s), such as the responsible Assistant/Associate Deans). References must be at least at the rank to which promotion is sought, not current rank or below.

For **promotion to assistant professor**, three professional external references will be required. In rare circumstances, one professional reference may be internal to MUSC, but outside the College.

For **promotion to associate professor**, four professional external references will be required. In rare circumstances, one professional reference may be internal to MUSC, but outside the College.

For **promotion to full professor**, five professional external references will be required. In rare circumstances, one professional reference may be internal to MUSC, but outside the College.

6. Copies of at least 3 of the candidate's most relevant\* scholarly, peer-reviewed publications written within the past 5 years. Documentation of accepted publications is required.

\* Relevant refers to practice, program of research, current policy and/or teaching issues.

7. Annual Performance Specification/Evaluations, for the time in rank, to include summary of all student evaluations and comments, submitted in tabular form as soon as available after the end of the fall semester. Mentored student accomplishments should be highlighted.

All remaining materials (items 8-9) documenting the candidate's achievement of the criteria for the rank to which promotion is sought must be collected and submitted to the Office of the Dean by **February 1<sup>st</sup>**. These materials include:

8. Internal letters of support from the responsible Assistant/Associate Dean and APT, which will be added by the Office of the Dean when received.
9. External letters of support as required for rank being sought. These will be added by the Office of the Dean when received.

The following materials, while of value to the individual, **should not** be included in the candidate's file for promotion:

- Thank you notes or cards
- Personal memoranda/correspondence
- Copies of Awards
- CEU certificates
- Copies of certification
- Newspaper articles

### **Third Year Review**

College of Nursing faculty members at the rank of Assistant or Associate Professor shall receive, in their third year of service at the Assistant or Associate Professor rank, a formal review at the college level by the APT committee. This review is in addition to the appraisals of progress toward promotion and tenure that are conducted annually by the responsible Assistant/Associate Dean and the faculty member's assigned mentor, if applicable. The purpose of the Third Year Review is to ensure that faculty members receive the appropriate information, guidance, and feedback necessary to assess their professional development trajectory, achievements, and opportunities as they relate to promotion and tenure criteria. This review will improve faculty members' understanding and readiness to build upon areas of relative strength, address areas of relative weakness, and capitalize on opportunities that will position them well for promotion in the coming years.

In the College of Nursing, the Third Year Review will occur in the spring term of the faculty member's third year of appointment to the Assistant or Associate Professor rank (or the equivalent for those who transitioned from other institutions). The APT committee will request the list of faculty from the Office of the Dean, at the Assistant or Associate Professor level and will notify faculty members of their upcoming review.

#### ***Process for Third Year Review- Assistant Professor***

1. The faculty member will assemble a Third Year Review portfolio that will include a detailed Cover Letter providing a self-assessment overview of accomplishments in the areas of teaching, service, and scholarship (not to exceed 4 pages in length with a minimum 11-point font and 1 inch margins), documentation of teaching or peer review evaluations and a current curriculum vitae.
2. The portfolio will be reviewed by the APT committee as well as the faculty member's assigned mentor, if applicable. The APT committee will meet with the faculty member to discuss progress toward promotion and tenure. The discussion shall use the relevant criteria for promotion and tenure to review the faculty member's record in teaching, scholarship, and service.
3. The APT Committee will provide a written narrative account of the discussion that is acceptable to all members. The account will accurately summarize the various points of view expressed during the discussion. It should describe perceived strengths and weaknesses during the three year period, and should recommend areas for improvement that address readiness for promotion and tenure, in each area – teaching, scholarship, and service . No vote is expected or required. The goal of this collegial process is to provide useful information to the faculty member about progress toward promotion and tenure.
4. A report with recommendations will be forwarded to the Dean. A copy will be given to the faculty member by the APT Chair. The Dean, the faculty member, and the assigned faculty mentor, if applicable, will discuss and sign the summary. The Dean will discuss the report with the faculty member and advise the faculty member on a course of action. The APT committee recommends that the final portfolio as well as the results from the review be discussed with the appropriate Assistant/Associate Dean(s) during the annual evaluation.

The appraisal of progress toward promotion is not binding on any level of review or recommendation in the promotion process, but is meant to provide guidance from APT committee and the college.

#### **Process for Third Year Review- Associate Professor**

1. The faculty member will assemble a Third Year Review portfolio that will include a detailed Cover Letter providing a self-assessment overview of accomplishments in the areas of teaching, service, and scholarship (not to exceed 4 pages in length with a minimum 11-point font and 1 inch margins), documentation of teaching or peer review evaluations and a current curriculum vitae.
2. The portfolio will be reviewed by the APT committee as well as the faculty member's assigned mentor, if applicable. The APT committee will meet with the faculty member to discuss progress toward promotion and tenure (if not already achieved). The discussion shall use the relevant criteria for promotion and tenure to review the faculty member's record in teaching, scholarship, and service.
3. The APT Committee will provide a written narrative account of the discussion that is acceptable to all members. The account will accurately summarize the various points of view expressed during the discussion. It should describe perceived strengths and weaknesses during the three year period, and should recommend areas for improvement that address readiness for promotion and tenure, in each area – teaching, scholarship, and service, as well as overall impact of work at department, university, and national level. No vote is expected or required. The goal of this collegial process is to provide useful information to the faculty member about progress toward promotion and tenure.
4. A report with recommendations will be forwarded to the Dean. A copy will be given to the faculty member by the APT Chair. The Dean, the faculty member, and the assigned faculty mentor, if applicable, will discuss and sign the summary. The Dean will discuss the report with the faculty member and advise the faculty member on a course of action. The APT committee recommends that the final portfolio as well as the results from the review be discussed with the appropriate Assistant/Associate Dean(s) during the annual evaluation.

The appraisal of progress toward promotion is not binding on any level of review or recommendation in the promotion process, but is meant to provide guidance from the APT committee and the college.

#### **Tenure**

1. Faculty members who have consistently met the criteria for Associate Professor or full Professor with a record of ***sustained excellence*** and distinctive contributions may be ready to apply for tenure. Tenure is the assurance of continuous appointment to a particular faculty rank, with continuation of salary commensurate with the rank, as long as duties are performed in accordance with the guidelines in the *MUSC Faculty Handbook*, section 5.04.

Tenure is distinct from promotion in that sustained contributions to the College and University mission and strategic goals are required as opposed to evidence of meeting goals for accomplishment according to rank. Candidates must demonstrate a history and likelihood of continued contributions towards stewardship to the College and University and promotion of

development of colleagues and students. Examples include: 1) demonstration of continuous or near continuous mentorship of junior faculty and students; 2) service in leadership roles at the College and University; 3) advocacy for colleagues, students, and the populations served; and 4) respect for and cooperation with colleagues and students.

Progress toward tenure occurs in the following dimensions:

1. *Sustained contributions.* To qualify for tenure, the faculty member must demonstrate a record of sustained contributions and excellence over time to the College, University, and profession. Exact contributions will vary dependent on the faculty member's primary focus in the areas of education, research, and practice. Examples of contributions include: a) changes in policy or public health that came about due to the leadership of the faculty member; b) administrative leadership and responsibilities in the design, organization, coordination, management, and evaluation of programs such as academics, research, or practice; c) demonstration of a record of sustained funding and scholarship in a defined area; and d) clinical or teaching innovations that are of value to the College, University, and/or profession.
2. *Continued growth.* As the arenas of healthcare, nursing, and academia are continually evolving based on new practices and evidence, the faculty member should demonstrate the evolution of their work in response to these changes over time. Examples include: a) adopting new practices in teaching and clinical care to improve student and patient/family outcomes; b) evolution of administrative and leadership approaches to meet the needs of colleagues and students; c) a history of research and scholarship that builds on new evidence; d) progression of mentorship roles with colleagues and students.
3. *Potential for continued contributions and growth.* In addition to demonstrating a history of growth, the faculty member must also provide evidence to support the likelihood of long-term contributions to the College, University, and profession. The faculty member should convey a spirit of adaptability and willingness to assume future formal or informal academic and leadership responsibilities to support evolving needs and missions of the College, University and profession.

As per the *MUSC Faculty Handbook*, the following full-time faculty members are not eligible for tenure:

- a. Faculty holding limited term appointments
- b. Faculty holding modified ranks or special appointments

### **Process for Tenure**

1. Prior to applying for tenure, a faculty member should do a formal self-evaluation. Those intending to apply for tenure must request consultation of the APT Committee.
2. A faculty member seeking tenure must also consult with the responsible Assistant/Associate Dean (or appropriate CON leadership) and Dean concerning the appropriateness of applying for tenure. This consultation should include assessing whether the faculty member has a sustained record of excellence and distinctive contributions over time. If the faculty member has met the criteria for associate professor or professor with a sustained record of excellence, the faculty member confirms to the Office of the Dean via an *Intent to Seek Tenure* Form by **January 1<sup>st</sup>** that the faculty wishes to apply for tenure. The candidate is to include a detailed Cover Letter documenting their accomplishments in the areas of teaching, service and scholarship, as

well as other documentation required as noted below.

3. All remaining documentation for tenure must be received to the Office of the Dean by **April 1<sup>st</sup>** as noted below.

**Documentation for Tenure (Approved May 8, 2017; Revised/Approved June 17, 2019; Revised/Approved February 15, 2021)**

The candidate must submit the following information by **January 1<sup>st</sup>** along with the names of 6 potential reviewers.

1. Intent to Seek Tenure Form
2. APT Tenure Checklist
3. Detailed Cover Letter (personal statement) is to accompany documentation highlighting past contributions/achievements in teaching and scholarship. The letter should have a heavy emphasis on evidence of the faculty member's significant and sustained impact via contributions to the larger community; a focused field of study; and the advancement of teaching, practice, and/or research within the discipline. The evidence presented in the cover letter should illustrate sustained excellence and distinctive contributions. There is no page limit for the Cover Letter, but a maximum of 5 pages is recommended.
4. Detailed current curriculum vitae including appointments, grants, publications, teaching and service, using the University CV (e.g., Interfolio) database.
5. Selective documentation of presentations, publications, and *other contributions that demonstrate that the faculty member is an independent scholar and recognized expert in their focused area of scholarship (research or practice), and teaching*, should be provided. Candidates should highlight their most prestigious publications and itemize others. Candidates should identify which publications are in refereed journals. Candidates should submit at least three exemplars of their most recent, **relevant** and impactful scholarly, peer-reviewed publications published within the past 5 years. *Relevant* refers to specialty practice, program of research, current policy and/or teaching issues.
6. Evidence of teaching experience and effectiveness. A summary of all student evaluations and comments that support their tenure application in tabular form needs to be included, and accomplishments of mentored students and their impact should be highlighted.
7. A list of the names and addresses of at least six professional references for tenure should be submitted to the Office of the Dean (as it can be difficult to find reviewers). All of the references should be individuals outside of MUSC who can provide an unbiased assessment. References must be at the applicant's rank or higher who can comment on the impact and quality of the faculty member's work and indicate the basis for tenure. Professional references should be selected who have the expertise and experience needed to address the faculty member's accomplishments in teaching, scholarship, and service. Letters from prestigious leaders in the faculty member's field are especially useful. There may be an additional letter internal to MUSC. Candidates should provide a brief statement about why these external reviewers are appropriate evaluators of their

work for tenure. Only letters solicited by the APT chairperson or Office of the Dean will be included in the candidate's portfolio. Note: external letters must come from referees from PhD granting institutions or nationally recognized universities.

The next 4 items will be submitted to the Office of the Dean directly.

8. Letter of recommendation from the responsible Assistant/Associate Dean (or appropriate CON leadership) outlining the significant past contributions to MUSC (or previous institution, for new appointments) and expected future contributions to the MUSC community, indicating the basis for tenure.
9. Letter signed by Chair of the APT Committee reporting results of the review by the committee.
10. Letter of recommendation from the dean, indicating the basis for tenure.
11. The University Tenure guidelines require letters from at least three tenured or tenure equivalent professional references that specifically recommend tenure and address the MUSC tenure criteria.

Letters will be solicited by the Office of the Dean in early spring semester, including letters from the appropriate administrative officers (e.g., responsible Assistant Dean (or appropriate CON leadership), APT Chair).

The remaining documentation is due by **April 1<sup>st</sup>** and includes the following:

12. Any additional evidence of teaching experience and effectiveness including student evaluations and comments, and accomplishments of mentored students available since January 1<sup>st</sup>.
13. Evidence of experience and effectiveness in institutional service (may be provided in personal statement).
14. Letters of internal support, as appropriate. These will be added by the Office of the Dean when received.
15. Letters of external support as required. These will be added by the Office of the Dean when received.

**The candidate should also review University specific criteria in the MUSC Faculty Handbook.**

#### **Post-Tenure Review**

The responsible Assistant/Associate Dean will maintain an updated list of Tenured Faculty; and review and initiate the overall procedures as indicated in Best Practices for Post Tenure Review, Appendix 5.05 in the University's Faculty Handbook:

## 5.05 Post-Tenure Review

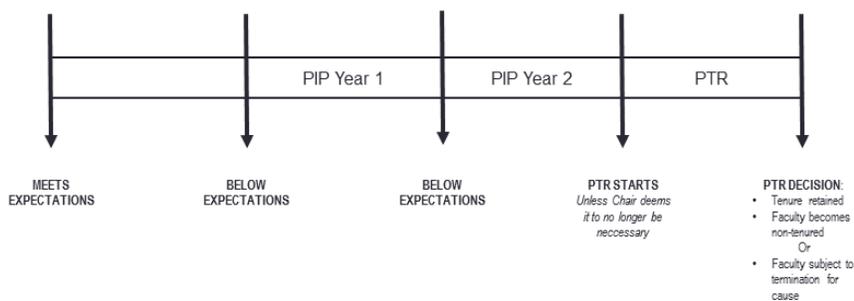
At every stage of a faculty member's career, the responsible Assistant/Associate Dean and/or appropriate CON leadership will review the faculty member's performance through the annual review process and reviews for promotion and tenure. Post-tenure review serves to evaluate a tenured faculty member's professional ongoing contributions and value to the University. During these reviews, efforts should be made to identify realistic long-range goals for career enhancement, evaluate the faculty member's strengths and weaknesses in performance, and, through appropriate advice and action, provide opportunities to correct any weaknesses to enable the faculty member to realize her/his full professional development. The review should be used to ensure that all tenured faculty members: (a) continue to perform at a level to achieve their long and short range career goals and (b) serve the needs of the students and the institution.

All tenured faculty members are subject to post-tenure review. There are two mechanisms of post-tenure review: a streamlined post-tenure review (described in 5.05, subsection 2 below) and a full post-tenure review (described in 5.05, subsection 4 below). A streamlined post-tenure review occurs every six years for those who have been evaluated as adequate or superior in each of the six years. The full post-tenure review occurs either every six years if a faculty member has received an inadequate evaluation during the prior six years, or is triggered if a faculty member's performance is deemed to be inadequate in two consecutive years. In either mechanism, the post-tenure review is reliant on the annual review.

- 1) **Each tenured faculty member undergoes annual reviews.** The faculty member's annual review is integral in determining performance. The responsible Assistant Dean/CON leadership will use the three-point scale (superior, adequate, inadequate). Each year, the faculty member must be made aware of specific requirements to attain an adequate annual review so that the faculty member is given the chance to meet these specific requirements.
- 2) **If the tenured faculty member receives no ratings of inadequate, they undergo streamlined post-tenure review every sixth year.** For a tenured faculty member who has received overall ratings of adequate or superior in all annual performance evaluations in the preceding six years, the responsible Assistant Dean/CON leadership will send a letter to the Appointment, Promotions and Tenure (APT) Committee of the faculty member's college stating that the faculty member satisfies the requirements of a favorable post-tenure review. A copy of this letter will be sent to the faculty member under review and the College Dean, and placed in the faculty member's personnel file. The faculty then starts a new six-year cycle.
- 3) **If the faculty member receives a rating of inadequate in a majority of applicable performance categories, they undergo a full post-tenure review.** There are two mechanisms that lead to a full post-tenure review: (i) If a faculty member has received an inadequate in a majority of applicable performance categories evaluation during the six-year cycle, the faculty member is subject to full post-tenure review at the end of that cycle (see (b) below), or (ii) If the faculty is rated as inadequate in a majority of applicable performance categories in two consecutive years, a full post-tenure review is triggered, which starts after the second year of the performance improvement plan (see (c) below).

- (a) **Upon the first rating of inadequate in a majority of applicable performance categories in an annual review, a Performance Improvement Plan (PIP) is implemented.** If a tenured faculty member is rated inadequate in a majority of applicable performance categories on an annual evaluation, the responsible Assistant Dean/CON leadership shall meet with the faculty member to outline the steps of improvement to be taken to correct the deficiencies, to establish criteria for the satisfaction of those deficiencies and to indicate what resources are available to support the plan, as appropriate. This Performance Improvement Plan (PIP) should be approved by the College Dean, reported to the Executive Vice President for Academic Affairs and Provost, and described in the associated annual contract. The faculty member will be given two years beyond the date of the contract to execute the plan successfully. The goal shall be restoration of adequate performance. A written summary of the meeting shall be prepared for the faculty member by the responsible Assistant Dean/CON leadership and copied to the College Dean, the College APT committee, and the Executive Vice President for Academic Affairs and Provost.
- (b) **Upon a rating of adequate or superior in the year after a rating of inadequate on annual review, the faculty member will undergo a full post-tenure review at the end of the six-year period.** The responsible Assistant Dean/CON leadership shall send a letter to the College Dean, the College APT Committee, and the Executive Vice President for Academic Affairs and Provost stating that the faculty member has received an overall rating of adequate or superior on their subsequent annual performance evaluation, noting that deficiencies have been corrected. A copy of this letter will be sent to the faculty member under review and placed in the faculty member's personnel file. The faculty member then continues their cycle for post-tenure review, but at the end of the six years will be subject to a full post-tenure review, as described in Number 4 of this section.
- (c) **Upon the second rating of inadequate in a majority of applicable performance categories in an annual review, a full post-tenure review is triggered.** If the responsible Assistant Dean/CON leadership finds that the tenured faculty member fails to make substantial progress toward meeting the performance goals that had been set in the performance improvement plan and receives a second inadequate evaluation on the subsequent annual evaluation, the faculty member begins year 2 of the performance improvement plan. Two consecutive inadequate evaluations are also the trigger for a full post-tenure review to be conducted at the end of year 2 of the performance improvement plan, which is described in Number 4 of this section. If, however, the performance of the faculty has improved significantly at the end of year 2 of the performance improvement plan, the responsible Assistant Dean/CON leadership may recommend that the full post-tenure review not occur until the end of the six-year period.

The process leading to full post-tenure review after two inadequate evaluations is illustrated in Figure 1.



**Figure 1:** The full post-tenure process as triggered by two consecutive inadequate evaluations. PIP=performance improvement plan; PTR=full post-tenure review.

- 4) **Full Post-Tenure Review:** The full post-tenure review is initiated by the responsible Assistant Dean/CON leadership or supervising administrator. The responsible Assistant Dean/CON leadership submits a letter to the College APT Committee detailing the deficiencies of the faculty member under review with corroborating documentation. The responsible Assistant Dean/CON leadership must also notify the College Dean and the Executive Vice President for Academic Affairs and Provost. A copy of the letter will also be sent to the faculty member under review and placed in the faculty member's personnel file.

The charge of the College APT Committee is to recommend for or against the removal of tenure. The College APT Committee will review the faculty member's performance based upon written standards and criteria that are developed by the individual College APT Committees. The criteria should reflect the specific missions of the individual Colleges and the University. Each College APT Committee shall publish and distribute these criteria to its faculty. The basic standard for evaluation shall be whether the faculty member under review discharges the duties appropriately associated with her or his position as documented by annual faculty contracts and the initial offer letter for the position, if applicable. The review must also be flexible enough to acknowledge different expectations in different disciplines and changing expectations at different stages of faculty careers. In reviewing a faculty member's performance, the College APT Committee will recognize not only the talents, activities and accomplishments of faculty within that College, but also that individual faculty are expected, in consultation with their responsible Assistant Dean/CON leadership, to focus their efforts in selected areas of endeavor. The College APT Committee will also verify that an adequate environment was provided by the responsible Assistant Dean/CON leadership to support the faculty member in performance of these directives. The College APT Committee must include a tenured MUSC faculty member from outside of the College to review the faculty member's performance. The responsible Assistant Dean/CON leadership may suggest outside reviewers to the APT Committee.

- (a) For its deliberations, the College APT Committee will utilize the following:
- (i) A full report on the faculty member will be prepared by the responsible Assistant Dean/CON leadership, consisting of copies of the previous six

- years' annual performance evaluations conducted by the responsible Assistant Dean/CON leadership using the college-specific faculty performance evaluation forms, and when applicable, written summaries that document deficiencies and plan(s) of remediation, plus the responsible Assistant/Associate Dean's letter outlining efforts to remedy the deficiencies, supplemented by any other documents and information that the responsible Assistant Dean/CON leadership wishes to submit.
- (ii) The faculty member under review shall be given the opportunity to appear before the committee and/or submit any documents that the faculty member wishes to be considered. During the time in which the post-tenure review process is being conducted, the faculty member can submit new materials relevant to the consideration as they become available. Examples of types of documents that a faculty member may wish to submit include: evaluations of teaching performance, documentation related to service and clinical practice, evidence of research or scholarship and any other material regarding activities pertinent to the college's mission.
  - (iii) The College APT Committee may request the submission of further documentation in addition to that provided by the responsible Assistant Dean/CON leadership.
- (b) After completing their review, the College APT Committee shall submit a written report to the responsible Assistant Dean/CON leadership. The report, which shall be a permanent part of the faculty member's personnel file, will contain:
- (i) An evaluation of the faculty member's performance and progress, including the perceived strengths and weaknesses.
  - (ii) An analysis of the faculty member's potential for further professional development. If applicable, opportunities for development should be identified (e.g., encouragement of research initiatives, potential mentorships in teaching and research, or appropriate professional development courses that could be taken).
- (c) The College APT Committee shall forward the report to the College Dean with a clear recommendation for retention of tenure when the faculty member, in the Committee's judgment, is rated superior or adequate. A rating of inadequate by the College APT Committee shall be forwarded to the College Dean with a recommendation pertaining to continuation of tenure. The written report and recommendation of the APT committee shall be provided simultaneously to the faculty member under review and the Dean. The College Dean reviews the recommendation and if the Dean determines the removal of tenure is warranted, forwards the recommendation to the Executive Vice President for Academic Affairs and Provost for review and action by the University Tenure Committee. The College Dean shall provide to the faculty member, responsible Assistant Dean/CON leadership and College APT Committee memoranda indicating her/his action.
- (d) If the University APT Committee, after a full hearing of the case, supports the recommendation for removal of tenure, this recommendation will be forwarded to the Executive Vice President for Academic Affairs and Provost. The faculty member then has the option to file a Grievance and Appeal Procedure, as

described in the MUSC Faculty Handbook (Section 8.02). The Executive Vice President for Academic Affairs and Provost will make the final determination and, if necessary, make a recommendation to the Board of Trustees for action.

If the Executive Vice President for Academic Affairs and Provost's decision and, if used, the Grievance and Appeal Procedure, results in the decision to remove the faculty member's tenure, there are two possible outcomes: the faculty will continue as a non-tenured faculty or the faculty member will be subject to termination for cause under Section 9.01 of the MUSC Faculty Handbook. In the event of termination for cause, the process of full post-tenure review will have fulfilled Section 9.02 of the MUSC Faculty Handbook.

- (5) **Policies:** The following policies are applicable to post-tenure review:
- (a) The full post-tenure review process, (as described above in 4), of this document, must be concluded within 12 months. Responsibility for adhering to this timetable rests with the Executive Vice President for Academic Affairs and Provost's office.
  - (b) The outcomes of all evaluations shall be confidential; that is, confined to the appropriate college or university persons or bodies and faculty member being evaluated, and shall be released only with the written consent of the faculty member.
  - (c) In accordance with the review process mandated by the Faculty Handbook, the above policy and standards and criteria developed to carry out this policy should be evaluated with respect to the effectiveness in supporting faculty development and redressing problems of faculty performance.

**EDUCATOR/CLINICIAN TRACK CRITERIA**

The primary focus generally is on teaching and practice in the delivery of evidence-based health care in a practice setting. Scholarly activities are related to translating new knowledge into innovations and quality improvements in teaching and/or practice.

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**INSTRUCTOR**  
Educator/Clinician  
Educator/Clinician

This is the first academic rank at the University. Individuals achieving this rank should have demonstrated advanced clinical skills or appropriate advanced skills in a related field.

**Appointment**

1. Advanced degree and experience in a defined area of specialization and national certification, when required, or an equivalent degree and experience in a related field.
2. A minimum of 2 years of post-baccalaureate clinical and/or research experience.

**Teaching**

1. Demonstrates competence in knowledge, judgment, and skills in area of specialization.
2. Shows capacity for development, implementation, and/or evaluation of educational activities consistent with specialty area.

**Service**

1. Demonstrates interest and capacity to actively contribute to College and/or University committees and programs.
2. Active member in local nursing, professional, and/or interprofessional association(s).

**Scholarship Criteria for Educator-Clinician Track**

1. Actively engages in clinical education or practice utilizing evidence-based guidelines.
2. Demonstrates clinical expertise in specialty area.

**Scholarship Criteria for Educator-Researcher Track**

1. Develops a researchable area of interest.
2. Demonstrates the cultivation of research skills by participating in nursing or interprofessional research teams.

## ASSISTANT PROFESSOR

### Educator/Clinician Educator/Clinician

This is the second academic rank at the University. Individuals achieving this rank should have demonstrated advanced clinical or research skills, teaching competency, service, and beginning scholarship.

#### Appointment

- ~~4.~~ Doctorate required (final semester DNP or PhD candidates considered) and national specialty certification when required for practice, or an equivalent degree and experience in a related field.
- ~~1.~~
- ~~2.~~ Demonstrates achievement in education, practice, research, and/or service in a post-doctoral or faculty role in an academic setting reflecting a commitment to growth and contribution to the academic community. Demonstration of developing achievement in education, practice, and/or research in a post-doctoral or faculty role in an academic setting.
- ~~2.~~

#### Teaching

1. Demonstrates competence and knowledge, judgment, and skills in area of specialization in knowledge, judgment, and skills in area of specialization.
2. Participates in development, implementation, and/or evaluation of educational activities consistent with specialty area.
- ~~2-3.~~ Participates in ongoing professional development to integrate current trends (e.g., conferences, webinars, applying current evidence) into teachings.

#### At Third Year Review (not required at the time of appointment to rank):

1. Demonstrates teaching effectiveness as documented by student-learner outcomes and/or student-learner and faculty evaluations.
2. Participates in course development, implementation, and/or evaluation consistent with identified area of scholarship.
3. Participates in development, implementation and/or evaluation of innovative teaching techniques that promote student-learner critical thinking and independent learning.

#### Service

- ~~1.~~ Membership on at least one committee or task force within the CON, University, community, or ~~1.~~ affiliated institution(s). Readiness to make meaningful contributions to committees or task forces within the College of Nursing, University, community, or affiliated institution(s).  
~~Membership and involvement in professional organizations.~~
- ~~2.~~ Membership and involvement in one or more of the following: Professional organizations, community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings. Serves on committees, task forces, or programs in professional or community-based organizations.
- ~~3.~~ Participates in interprofessional collaboration (e.g., serve as facilitator for IPE courses or IPE day, simulation, case conference participation, interdisciplinary research projects, quality improvement, and evidence-based practice).
- ~~4.~~ Begins to mentor/precept peers and learners/trainees in area of expertise.

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**At Third Year Review (not required at the time of appointment to rank):**

- 1. Actively participates on at least one committee or task force within the College of Nursing, University, or affiliated institution(s).
- 2. Actively participates in team science/collaborative initiatives or interprofessional partnerships.
- ~~2-3.~~ Actively participates in mentoring and scholarly contribution through guidance of peers and learners.

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**Scholarship Criteria for Educator-Clinician Track**

- 1. Participates in a defined area of practice (e.g., direct caregiver, educator, consultant, or administrator).
- ~~2.~~ Record of publication in peer-reviewed journals; usually\* a minimum of 3 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]), of which at least one is first author publication, ~~of which at least one is first author publication.~~
- ~~2.~~ ~~3.~~ Participates in practice, education, or implementation - or research-based presentations (e.g., posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international meetings, ~~at regional, national, and/or international meetings.~~
- ~~3.~~ Participates in interprofessional practice; and/or innovative implementation - or research, practice, and scholarship. ~~in interprofessional practice; team science; and/or innovative implementation - or research, practice, and scholarship.~~
- ~~4-5.~~ Actively pursues mentorship to develop a program focused on quality improvement or implementation of evidence-based interventions and/or practice. This includes, but is not limited to, joining relevant groups, engaging in related activities, identifying internal and external mentors, and collaborating with interdisciplinary colleagues to advance these efforts.

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**At Third Year Review (not required at the time of appointment to rank):**

- 1. Has received or applied for at least one competitive intra- or extramurally funded award or a grant award from a federal, foundation, -or professional association or institutional organization OR participates as Co-Investigator on NIH R21/R01, HRSA awards, OR equivalent (Duke Endowment Foundation, PCORI, SAMHSA, RWJF, Macy Foundation, etc.) extramurally funded awards.
- 2. Record of publication in peer-reviewed journals in focused field of scholarship; usually\* a minimum of 46 peer-reviewed publications of which there should be an emerging pattern (e.g., at least 3 publications) of first, second, or senior author.
- 3. Local or regional recognition of the candidate's practice or scholarship program area, as evidenced by participating in professional societies, documented consultation requests, and/or having stimulated the work of researchers/providers/innovators within or outside the CON.
- 4. Serves as a peer reviewer for scholarly work of others (e.g., peer reviewer of journals, abstracts, professional meetings, foundational funding).
- 5. Actively participates in peer and student-learner mentorship activities (e.g., think tank and/or research-for-lunch sessions; mentors trainees, postdoctoral fellows, or junior faculty).

\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10). Similarly, this criterion may be satisfied if there are less than the required peer-reviewed

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publications, but the candidate was lead/anchor author on book chapters, scientific standards, health-related guidelines, policies (e.g., white papers), strategic plans for organizations or committees aimed at influencing policy, healthcare briefings for elected officials or agency leaders to draft policy changes (e.g., drafting legislation, creating tax incentives, etc), and/or other forms of enduring scholarly work.

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\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10).

## ASSOCIATE PROFESSOR Educator/Clinician

This is the third academic rank at the University. Individuals achieving this rank should have demonstrated effectiveness and contributions in the three areas of academic pursuit: teaching, service, and scholarship.

### Appointment

4. Doctorate required and national specialty certification (when required) and a developed area of scholarship.

- 1.
2. Demonstrates ongoing achievement in education, practice, research, and/or service characterized by a consistent record of contributions that enhance learning, advance knowledge, and foster community engagement. Demonstration of ongoing achievement in teaching as well as practice or research.

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### Teaching

1. Demonstrates application of competence and knowledge in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.
  2. Provides leadership via mentorship of learners, course development, implementation, evaluation consistent with identified area of expertise and/or scholarship, curricular changes/updates to meet accreditation standards and/or improve learner outcomes.
  3. Displays leadership in development, implementation, and/or evaluation of innovative teaching techniques that promote learners critical thinking and independent learning.
1. Effective teacher with mastery of both content and method, as documented by student outcomes and/or student and faculty evaluations.
  2. Provides leadership via mentorship, course development, implementation, and/or evaluation consistent with identified area of expertise and/or scholarship.
  3. Has shown leadership in development, implementation, and/or evaluation of innovative teaching techniques that promote student critical thinking and independent learning.

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### At Third Year Review (not required at the time of appointment to rank):

- *Demonstrates teaching effectiveness as documented by student-learner outcomes and/or student learner and faculty evaluations.*
- *Leads curriculum and course development, implementation, and/or evaluation consistent with identified area of scholarship and/or expertise.*
- *Participates in development, implementation and/or evaluation of innovative teaching techniques that promote student critical thinking and independent learning.*
- *Engages in mentorship activities (e.g., dissertation committee member, research mentor, clinical supervision) consistent with identified areas scholarship and/or expertise"*

### Service

1. Leads a committee or task force in the CON, the University, or an affiliated institution that is of benefit to the college, University, or affiliated institution.
2. Holds or has held a leadership position in one or more of the following: professional or community organizations, health advocacy, health care policy, health promotion, and/or clinical practice

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3. Leads collaboration activities (e.g., interdisciplinary quality improvement projects, present at grand rounds, lead interdisciplinary research, create simulation activities, community health initiatives).
  4. Demonstrates leadership in mentoring and scholarly contribution through successful guidance of peers and learners in areas such as teaching, research, or quality improvement (e.g., serving as a research-for-lunch reviewer, guest speaker, or mentor to junior faculty) and through active participation in professional service (e.g., serving on editorial boards, conference planning committees, boards of directors, or as an external peer reviewer for journals, abstracts, national meetings, grants, and foundational funding).
1. Provides leadership on a committee or task force in the College of Nursing, the University, or an affiliated institution that is of benefit to the college.
  2. Holds or has held a leadership position in a professional or community organization.
  3. Participates in interprofessional collaboration.

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**At Third Year Review (not required at the time of appointment to rank):**

- Serves in a leadership capacity in at least one committee or task force within the College of Nursing, University, or affiliated institution(s).
- Actively leads in team science/collaborative initiatives or interprofessional partnerships.
- Serves in a leadership capacity (or identified one) in professional organization.

**Scholarship Criteria for Educator-Clinician Track**

In addition to meeting the criteria for the rank of Assistant Professor, these faculty members must demonstrate a sustained record of excellence and established leadership in practice.

1. Over the course of time in rank demonstrates consistent record of applying for and/or participates as PI/MPI on externally and/or internally funded awards (including but not limited to: Duke Endowment Foundation, PCORI, SAMHSA, RWJF, HRSA, Macy Foundation, American Nurses Foundation (ANF), Sigma Theta Tau International Honor Society of Nursing (Sigma), AACN Faculty Scholars, Education Cabinet Innovation fund, Betty Moore Foundation, Fogarty, NIH R21/R34/R01/P/T32/K/CDA, SCTR KL2 is (or was, while in rank) PI/MPI on at least one extramurally funded award (Duke Endowment Foundation, PCORI, SAMHSA, RWJF, HRSA, Macy Foundation, NIH R21/R34/R01/P/T32/K/CDA etc.) and/or has a strong record of success in extramurally funded awards (e.g., major, specialized role as a Co-Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical]).
2. Strong record of publication in peer-reviewed journals in focused field of scholarship; usually\* a minimum of 840 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non- databased]) of which there should be a sustained pattern of first, second, or senior author of which there should be a sustained pattern of first, second, or senior author.
3. Leads practice, education, or implementation- or research-based presentations (for example, posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international professional meetings at regional, national, and/or international professional meetings.
4. Regional, national, and/or international recognition of the candidate's scholarship program area, as evidenced by high citation/impact of publications, leadership in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators, election as a leader/fellow in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators.
5. Demonstrates leadership in the science of teaching and learning (SoTL), simulation,

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interprofessional initiatives (e.g., lead author within one's discipline on interprofessional and/or collaborative publication) and/or implementation of innovative initiatives in research, practice, teaching, and scholarship.

Serves on an editorial board or conference program planning/review committee and/or routinely serves as an external peer reviewer for scholarly work of others (e.g., peer reviewer of journals, abstracts, national professional meetings, foundational funding).

2. Demonstrates leadership in team science practice (e.g., lead author *within one's discipline* on team science publication) and/or innovative implementation or research, practice, and scholarship.

3. Actively participates in peer mentorship activities (e.g., serves as a research-for-lunch reviewer, mentor to junior faculty, is invited to serve as an external reviewer).

**At Third Year Review (not required at the time of appointment to rank):**

- *Has received or applied for at least one competitive intra- or extramurally funded award or a grant award from a foundation or professional association for projects including practice initiatives OR participates as Co-Investigator on NIH R21/R01, HRSA awards, OR equivalent (Duke Endowment Foundation, PCORI, SAMHSA, RWJF, Macy Foundation, etc.) extramurally funded awards.*
- *Record of publication in peer-reviewed journals in focused field of scholarship; usually a minimum of 103 peer-reviewed publications of which there should be an emerging pattern (e.g., at least 56 publications) of first, second, or senior author.*
- *Regional or national recognition of the candidate's practice or scholarship program area, as evidenced by participating in professional societies, documented consultation requests, and/or having stimulated the work of researchers/providers/innovators within or outside the CON.*
- *Serves as a peer reviewer for scholarly work of others (e.g., peer reviewer of journals, abstracts, professional meetings, foundational funding).*
- *Actively participates in peer and student learner mentorship activities (e.g., think tank and/or research-for-lunch sessions; mentors trainees, postdoctoral fellows, or junior faculty).*
- *Maintains current licensure and clinical practice that supports nurse practitioner specialties and contributes to the education of students.*

\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10). Similarly, this criterion may be satisfied if there are less than the required peer-reviewed publications, but the candidate was lead/anchor author on book chapters, scientific standards, health-related guidelines, policies (e.g., white papers), strategic plans for organizations or committees aimed at influencing policy, healthcare briefings for elected officials or agency leaders to draft policy changes (e.g., drafting legislation, creating tax incentives, etc), and/or other forms of enduring scholarly work.

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## **Professor** **Educator/Clinician**

This is the highest rank at the University. For appointment at, or promotion to, the rank of full professor, an individual will have demonstrated excellence in the three areas of academic pursuit: teaching, service, and scholarship. In addition, the individual will have made significant contributions to the profession.

### **Appointment**

1. Doctorate required and national specialty certification (when required) for practice, or a well-developed area of research specialization; or an equivalent degree and experience in a related field.
2. Demonstration of ongoing high level of achievement in education, practice, research, and/or service defined as sustained excellence and leadership evidenced by impactful contributions, high-quality scholarly work, and recognition at regional, national, or international levels. ~~teaching as well as practice or research.~~

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### **Teaching**

4. Demonstrates ongoing competence and leadership in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics. ~~sustained~~

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~~teaching excellence and expertise in both content and method, as documented by student outcomes and/or student and faculty evaluations.~~

- ~~1.~~
- ~~2. Provides leadership in program and/or curriculum development, implementation, and/or evaluation consistent with identified area of scholarship via mentorship, program and/or curriculum development, implementation, and/or evaluation consistent with identified area of scholarship.~~

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- ~~2.~~
- ~~3. Demonstrates continued leadership in development, implementation and/or evaluation of innovative teaching techniques that promote student/learner critical thinking and independent learning.~~

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- ~~3-4. Administrative leadership and responsibility, if applicable and as appropriate to one's position and contract, in the design, organization, coordination, management, and evaluation of a program(s) such as academics, research, or practice that are important to the College and its priority mission areas.~~

- ~~4. Has demonstrated continued leadership in development, implementation and/or evaluation of innovative teaching techniques that promote student critical thinking and independent learning.~~

### Service

- 1. Provides leadership on CON and University committees as well as national or international professional organizations.
- ~~2. Contributes to health care policy or practice initiatives through leadership roles (e.g., board member, partner) with community, professional, and/or academic organizations, or through active participation in academic and research responsibilities such as collaboration on health care projects, serving on advisory/review boards, or partnering in scholarly initiatives as a board member or partner with community, professional, and/or academic organizations; or serves on editorial boards, grant review committees, or in related engaged service roles.~~

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- ~~2.~~
- ~~3. Demonstrate excellence in interprofessional collaboration through leadership of regional, state, national, and/or international interprofessional collaborations.~~

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- ~~4. Demonstrates excellence and recognition as a leader or content expert through active service on editorial boards, conference program planning/review committees, boards of directors, and/or as an external peer reviewer for scholarly work (e.g., peer reviewer of journals, abstracts, national meetings, grants, and foundational funding).~~

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~~3.~~

### Scholarship Criteria for Educator-Clinician Track

In addition to meeting the criteria for the rank of Associate Professor, these faculty members demonstrate a sustained record of excellence and established leadership in practice.

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- ~~1. Consistent (s or was, while in rank) PI/MPI on at least one NIH R01-like award OR equivalent (including but not limited to, Duke Endowment Foundation, PCORI, SAMHSA, RWJF, HRSA, VA Merit, NIH P/T32), extramurally funded awards and/or has sustained a record of success in extramurally funded research (e.g., major role as Co- Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical, clinical, educational]).~~

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- ~~4. ~~2.~~ record of applying for and maintaining funding as a PI/MPI on extramurally funded awards (Duke Endowment Foundation, PCORI, SAMHSA, RWJF, Macy Foundation, NIH R21/R34/R01/P/T32/K/CDA, etc.)~~

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Strong record of publication in peer-reviewed journals in focused field of scholarship; usually\* a minimum of 205 peer-reviewed publications, (e.g., original research, reviews, case studies, brief reports, manuscripts [non- databased]), of which there should be a sustained pattern of first, second, or senior author, of which there should be a sustained pattern of first, second, or senior

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author.

3. Lead or senior author of scholarly work of exceptional quality that is frequently cited and recognized as a major contribution in the field.
4. Invited to give featured presentations at regional, national, and/or international professional meetings.
- Leads practice, education or implementation or research-based presentations at regional, national, and/or international professional meetings.
- National and/or international recognition of the candidate's scholarship program area, demonstrated by high citation/impact of publications, leadership in professional societies, documented consultation requests, and/or innovative contributions to research, practice, and scholarship that stimulate the work of external researchers, providers, or innovators as evidenced by high citation/impact of publications, election as a fellow in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators.
5. Recognized as an expert and leader in the field through invitations to deliver (e.g., posters, podium talks, panels, webinars, invited commentary) featured SoTL, simulation, interprofessional initiatives, and/or implementation and maintenance of innovative initiatives in research, practice, teaching, and scholarship. Serves on editorial boards, conference program planning/review committees, boards of directors, and/or routinely serves as an external peer reviewer for scholarly work of others (e.g., peer reviewer of journals, abstracts, national meetings, foundational funding).
6. Demonstrates continued leadership in team science and/or innovative implementation or research, practice, and scholarship.
7. Actively mentors students, predoctoral interns, postdoctoral fellows, junior faculty members, and/or mid-level faculty members.

#### Scholarship Criteria for Educator-Researcher Track

In addition to meeting the criteria for the rank of Associate Professor, these faculty members demonstrate a sustained record of excellence and established leadership in research:

1. Is (or was, while in rank) PI/MPI on at least one NIH R01-like award OR equivalent (e.g., SAMHSA, VA Merit, NIH P or T32 award, NSF, etc.) extramurally funded awards and/or has sustained a record of success in extramurally funded research (e.g., major role as Co-I based upon a unique demonstrated area of expertise).
2. Strong record of publication of research and databased articles in *focused field of research* in peer-reviewed journals; usually\* a minimum of 25 peer-reviewed publications, of which there should be a sustained pattern of first, second, or senior author.
3. Lead or senior author of scholarly work of exceptional quality that is frequently cited and recognized as a major contribution in the field.
4. Invited to give featured presentations at regional, national, and/or international professional meetings.
5. Leads research, education or implementation-based presentations at regional, national, and/or international professional meetings.
6. National and/or international recognition of the candidate's scholarship program area, as evidenced by high citation/impact of publications, election as a fellow in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators.
7. Serves on editorial boards, conference program planning/review committees, boards of directors, study sections for funding agencies, and/or as a consultant on grants.

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8. ——— Demonstrates continued leadership in team science and/or innovative research, practice, and scholarship.

9. ——— Actively mentors students, predoctoral interns, postdoctoral fellows, junior faculty members, and/or mid-level faculty members.

\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10).

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\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10). Similarly, this criterion may be satisfied if there are less than the required peer-reviewed publications, but the candidate was lead/anchor author on book chapters, scientific standards, health-related guidelines, policies (e.g., white papers), strategic plans for organizations or committees aimed at influencing policy, healthcare briefings for elected officials or agency leaders to draft policy changes (e.g., drafting legislation, creating tax incentives, etc), and/or other forms of enduring scholarly work.

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<b>APPOINTMENT</b>		
<b>Instructor to Assistant Professor</b>	<b>Assistant to Associate Professor</b>	<b>Associate to Full Professor</b>
<u>Doctorate required (final semester DNP or PhD candidates considered) and national specialty certification when required for practice, or an equivalent degree and experience in a related field.</u>	<u>Doctorate required and national specialty certification (when required) and a developed area of scholarship.</u>	<u>Doctorate required and national specialty certification (when required) for practice, or a well-developed area of research specialization; or an equivalent degree and experience in a related field.</u>

<u>Demonstrates achievement in education, practice, research, and/or service in a post-doctoral or faculty role in an academic setting reflecting a commitment to growth and contribution to the academic community.</u>	<u>Demonstrates ongoing achievement in education, practice, research, and/or service characterized by a consistent record of contributions that enhance learning, advance knowledge, and foster community engagement.</u>	<u>Demonstrates ongoing high achievements in education, practice, research, and/or service defined as sustained excellence and leadership evidenced by impactful contributions, high-quality scholarly work, and recognition at regional, national, or international levels.</u>
<b>TEACHING</b>		
<b><u>Instructor to Assistant Professor</u></b>	<b><u>Assistant to Associate Professor</u></b>	<b><u>Associate to Full Professor</u></b>
<u>Demonstrates competence and knowledge, judgment, and skills in area of specialization.</u>	<u>Demonstrates application of competence and knowledge in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.</u>	<u>Demonstrates ongoing competence and leadership in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.</u>
<u>Participates in development, implementation, and/or evaluation of educational activities consistent with specialty area.</u>	<u>Provides leadership via mentorship of learners, course development, implementation, evaluation consistent with identified area of expertise and/or scholarship, curricular changes/updates to meet accreditation standards and/or improve learner outcomes.</u>	<u>Provides leadership in program and/or curriculum development, implementation, and/or evaluation consistent with identified area of scholarship.</u>
<u>Participates in ongoing professional development to integrate current trends (e.g., conferences, webinars, applying current evidence) into teachings.</u>	<u>Displays leadership in development, implementation, and/or evaluation of innovative teaching techniques that promote learners critical thinking and independent learning.</u>	<u>Demonstrates continued leadership in development, implementation and/or evaluation of innovative teaching techniques that promote student/learner critical thinking and independent learning.</u>
		<u>Administrative leadership and responsibility, if applicable and as appropriate to one's position and contract, in the design, organization, coordination, management, and evaluation of a program(s) such as academics, research, or practice that are important to the College and its priority mission areas.</u>
<b>SERVICE</b>		
<b><u>Instructor to Assistant Professor</u></b>	<b><u>Assistant to Associate Professor</u></b>	<b><u>Associate to Full Professor</u></b>
<u>Membership on at least one committee or task force within the CON, University, community, or affiliated institution(s).</u>	<u>Leads a committee or task force in the CON, the University, or an affiliated institution that is of benefit to the college, University, or affiliated institution.</u>	<u>Provides leadership on CON and University committees as well as national or international professional organizations.</u>
<u>Membership and involvement in one or more of the following: Professional organizations, community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings.</u>	<u>Holds or has held a leadership position in one or more of the following: professional or community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings.</u>	<u>Contributes to health care policy or practice initiatives through leadership roles (e.g., board member, partner) with community, professional, and/or academic organizations, or through active participation in academic and research responsibilities such as collaboration on health care projects, serving on advisory/review boards, or partnering in scholarly initiatives.</u>

<u>Participates in interprofessional collaboration (e.g., serve as facilitator for IPE courses or IPE day, simulation, case conference participation, interdisciplinary research projects, quality improvement, and evidence-based practice).</u>	<u>Leads collaboration activities (e.g., interdisciplinary quality improvement projects, present at grand rounds, lead interdisciplinary research, create simulation activities, community health initiatives).</u>	<u>Demonstrate excellence in interprofessional collaboration through leadership of regional, state, national, and/or international interprofessional collaborations.</u>
<u>Begins to mentor/precept peers and learners/trainees in area of expertise.</u>	<u>Demonstrates leadership in mentoring and scholarly contribution through successful guidance of peers and learners in areas such as teaching, research, or quality improvement (e.g., serving as a research-for-lunch reviewer, guest speaker, or mentor to junior faculty) and through active participation in professional service (e.g., serving on editorial boards, conference planning committees, boards of directors, or as an external peer reviewer for journals, abstracts, national meetings, grants, and foundational funding).</u>	<u>Demonstrates excellence and recognition as a leader or content expert through active service on editorial boards, conference program planning/review committees, boards of directors, and/or as an external peer reviewer for scholarly work (e.g., peer reviewer of journals, abstracts, national meetings, grants, and foundational funding).</u>
<b>SCHOLARSHIP</b>		
<b><u>Instructor to Assistant Professor</u></b>	<b><u>Assistant to Associate Professor</u></b>	<b><u>Associate to Full Professor</u></b>
<u>Participates in a defined area of practice (e.g., direct caregiver, educator, consultant, or administrator).</u>	<u>Over the course of time in rank demonstrates consistent record of applying for and/or participates as PI/MPI on externally and/or internally funded awards (including but not limited to: Duke Endowment Foundation, PCORI, SAMHSA, RWJF, HRSA, Macy Foundation, American Nurses Foundation (ANF), Sigma Theta Tau International Honor Society of Nursing (Sigma), AACN Faculty Scholars, Education Cabinet Innovation fund Betty Moore Foundation, Fogarty, NIH R21/R34/R01/P/T32/K/CDA, SCTR KL2) and/or has a strong record of success in extramurally funded awards (e.g., major, specialized role as a Co-Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical, clinical, educational]).</u>	<u>Is (or was, while in rank) PI/MPI on at least one NIH R01-like award OR equivalent (including but not limited to, Duke Endowment Foundation, PCORI, SAMHSA, RWJF, HRSA, VA Merit, NIH P/T32), extramurally funded awards and/or has sustained a record of success in extramurally funded research (e.g., major role as Co- Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical, clinical, educational]).</u>
<u>Record of publication in peer-reviewed journals; usually* a minimum of 3 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]), of which at least one is first author publication.</u>	<u>Strong record of publication in peer-reviewed journals in focused field of scholarship; usually* a minimum of 8 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]) of which there should be a sustained pattern of first, second, or senior author.</u>	<u>Strong record of publication in peer-reviewed journals in focused field of scholarship; usually* a minimum of 20 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]), of which there should be a sustained pattern of first, second, or senior author.</u>

<u>Participates in practice, education, or implementation - or research-based presentations (e.g., posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international meetings.</u>	<u>Leads practice, education, or implementation- or research-based presentations (for example, posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international professional meetings.</u>	<u>Lead or senior author of scholarly work of exceptional quality that is frequently cited and recognized as a major contribution in the field.</u>
<u>Participates in interprofessional practice; and/or innovative implementation - or research, practice, and scholarship.</u>	<u>Regional, national, and/or international recognition of the candidate's scholarship program area, as evidenced by high citation/impact of publications, leadership in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators.</u>	<u>National and/or international recognition of the candidate's scholarship program area, demonstrated by high citation/impact of publications, leadership in professional societies, documented consultation requests, and/or innovative contributions to research, practice, and scholarship that stimulate the work of external researchers, providers, or innovators.</u>
<u>Actively pursues mentorship to develop a program focused on quality improvement or implementation of evidence-based interventions and/or practice. This includes, but is not limited to, joining relevant groups, engaging in related activities, identifying internal and external mentors, and collaborating with interdisciplinary colleagues to advance these efforts.</u>	<u>Demonstrates leadership in the science of teaching and learning (SoTL), simulation, interprofessional initiatives (e.g., lead author within one's discipline on interprofessional and/or collaborative publication) and/or implementation of innovative initiatives in research, practice, teaching, and scholarship.</u>	<u>Recognized as an expert and leader in the field through invitations to deliver (e.g., posters, podium talks, panels, webinars, invited commentary) featured SoTL, simulation, interprofessional initiatives, and/or implementation and maintenance of innovative initiatives in research, practice, teaching, and scholarship.</u>

**EDUCATOR/RESEARCHER TRACK CRITERIA**

The primary focus generally is on teaching and the conduct of research or other scholarly activities related to the development of new knowledge and advancing science in nursing, health care, or a related field.

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**INSTRUCTOR**  
**Educator/Researcher**

This is the first academic rank at the University. Individuals achieving this rank should have demonstrated advanced clinical skills or appropriate advanced skills in a related field.

**Appointment**

- 3-1. Advanced degree and experience in a defined area of specialization and national certification, when required, or an equivalent degree and experience in a related field.
- 4-2. A minimum of 2 years of post-baccalaureate clinical and/or research experience.

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**Teaching**

- 3-1. Demonstrates competence in knowledge, judgment, and skills in area of specialization.
- 4-2. Shows capacity for development, implementation, and/or evaluation of educational activities consistent with specialty area.

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**Service**

- 3-1. Demonstrates interest and capacity to actively contribute to College and/or University committees and programs.
- 4-2. Active member in local nursing, professional, and/or interprofessional association(s).

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**Scholarship Criteria for Educator-Clinician Track**

- 3-1. Actively engages in clinical education or practice utilizing evidence-based guidelines.
- 4-2. Demonstrates clinical expertise in specialty area.

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**Scholarship Criteria for Educator-Researcher Track**

- 3-1. Develops a researchable area of interest.
- 4-2. Demonstrates the cultivation of research skills by participating in nursing or interprofessional research teams.

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**ASSISTANT PROFESSOR**  
**Educator/Researcher**

This is the second academic rank at the University. Individuals achieving this rank should have demonstrated advanced clinical or research skills, teaching competency, service, and beginning scholarship.

## **Appointment**

- ~~3~~-1. \_\_\_\_\_ Doctorate required (final semester DNP or PhD candidates considered) and national specialty certification when required for practice, or an equivalent degree and experience in a related field.
- ~~4~~-2. \_\_\_\_\_ Demonstrates achievement in education, practice, research, and/or service in a post-doctoral or faculty role in an academic setting reflecting a commitment to growth and contribution to the academic community.

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## **Teaching**

- ~~3~~-1. \_\_\_\_\_ Demonstrates competence and knowledge, judgment, and skills in area of specialization.
- ~~4~~-2. \_\_\_\_\_ Participates in development, implementation, and/or evaluation of educational activities consistent with specialty area.
- ~~5~~-3. \_\_\_\_\_ Participates in ongoing professional development to integrate current trends (e.g., conferences, webinars, applying current evidence) into teachings.

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### ***At Third Year Review (not required at the time of appointment to rank):***

- ~~4~~-1. \_\_\_\_\_ *Demonstrates teaching effectiveness as documented by learner outcomes and/or learner and faculty evaluations.*
- ~~5~~-2. \_\_\_\_\_ *Participates in course development, implementation, and/or evaluation consistent with identified area of scholarship.*
- ~~6~~-3. \_\_\_\_\_ *Participates in development, implementation and/or evaluation of innovative teaching techniques that promote learner critical thinking and independent learning.*

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## **Service**

- ~~1. Membership on at least one committee or task force within the CON, University, community, or affiliated institution(s).~~
- ~~2. Membership and involvement in one or more of the following: Professional organizations, community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings.~~
- ~~3. Participates in interprofessional collaboration (e.g., serve as facilitator for IPE courses or IPE day, simulation, case conference participation, interdisciplinary research projects, quality improvement, and evidence-based practice).~~
- ~~4. Begins to mentor/precept peers and learners/trainees in area of expertise. Membership on at least one committee or task force within the CON, University, community, or affiliated institution(s).~~
- ~~2. Membership and involvement in one or more of the following: Professional organizations, community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings.~~
- ~~3. Participates in interprofessional collaboration (e.g., serve as facilitator for IPE courses or IPE day, simulation, case conference participation, interdisciplinary research projects, quality improvement, and evidence-based practice).~~
- ~~4. Begins to mentor/precept peers and learners/trainees in area of expertise.~~

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### ***At Third Year Review (not required at the time of appointment to rank):***

- ~~3~~-1. \_\_\_\_\_ *Actively participates on at least one committee or task force within the College of Nursing, University, or affiliated institution(s).*
- ~~4~~-2. \_\_\_\_\_ *Actively participates in collaborative initiatives or interprofessional partnerships.*

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~~5.3.~~ Actively participates in mentoring and scholarly contribution through guidance of peers and learners.

### Scholarship

~~4.~~ Has received or applied for at least 1 competitive intra- or extramurally funded award or a grant award from a foundation or professional association OR participates as Co-Investigator on NIH R21/R01 awards OR equivalent (Duke Endowment Foundation, PCORI, SAMHSA, RWJF, Macy Foundation, etc.) extramurally funded awards.

~~1.~~  
~~2.~~ Publishes research and databased articles in peer-reviewed journals; usually\* a minimum of 3 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]) of which at least one should be as first author. Record of publication of research and databased articles in peer-reviewed journals; usually\* a minimum of 3 peer-reviewed publications, of which at least one should be as first author.

~~3.~~ Participates in research-based presentations at local, regional, or national professional meetings. Participates in practice, education, or implementation - or research-based presentations (for example, posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international meetings.

~~4.~~ Participates in collaborative science (e.g., co-author on a interprofessional publication) and/or innovative research, practice, and scholarship, team science (e.g., co-author on a team science publication) and/or innovative research, practice, and scholarship.

~~4.~~  
~~5.~~ Actively seeks mentorship to develop a program of research activity. This may involve, but is not limited to, affiliation with a research group and active participation in research, identification of internal and/or external mentors, and collaboration with interdisciplinary colleagues.  
~~5.~~

#### **At Third Year Review (not required at the time of appointment to rank):**

1. Has submitted at least 2 internally-funded pilot project proposals OR is/was PI/PD on at least 1 internally-funded pilot level award OR submitted at least 1 externally-funded pilot-level multi-year grant proposal.
2. Record of publication of research and data-based articles in focused field of research in peer-reviewed journals; usually a minimum of 46 peer-reviewed publications of which there should be an emerging pattern (e.g., at least 3 publications) of first, second, or senior author.
3. Local or regional recognition of the candidate's scholarship program area, as evidenced by increasing citation/impact of publications, and/or potential for stimulating the work of outside (i.e., external to CON) researchers/providers/innovators.
4. Serves as peer reviewer for scholarly work of others (e.g., peer reviewer of journals, abstracts, professional meetings, foundational funding).
5. Actively participates in peer and student-learner mentorship activities (e.g., think tank and/or research-for-lunch sessions; mentors trainees, postdoctoral fellows, or junior faculty).

\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10). Similarly, this criterion may be satisfied if there are less than the required peer-reviewed publications, but the candidate was lead/anchor author on book chapters, scientific standards, health-related guidelines, policies (e.g., white papers), strategic plans for organizations or committees aimed at influencing policy, healthcare briefings for elected officials or agency leaders to draft policy changes (e.g., drafting legislation, creating tax incentives, etc), and/or other forms of enduring scholarly work.

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## ASSOCIATE PROFESSOR Educator/Researcher

This is the third academic rank at the University. Individuals achieving this rank should have demonstrated effectiveness and contributions in the three areas of academic pursuit: teaching, service, and scholarship.

### Appointment

- 3.1. \_\_\_\_\_ Doctorate required and national specialty certification (when required) and a developed area of scholarship.
- 4.2. \_\_\_\_\_ Demonstrates ongoing achievement in education, practice, research, and/or service characterized by a consistent record of contributions that enhance learning, advance knowledge, and foster community engagement.

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### Teaching

- ~~1. Demonstrates application of competence and knowledge in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.~~
  - ~~2. Provides leadership via mentorship of learners, course development, implementation, evaluation consistent with identified area of expertise and/or scholarship, curricular changes/updates to meet accreditation standards and/or improve learner outcomes.~~
  - ~~3. Displays leadership in development, implementation, and/or evaluation of innovative teaching techniques that promote learners critical thinking and independent learning.~~
1. Demonstrates application of competence and knowledge in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.
  2. Provides leadership via mentorship of learners, course development, implementation, evaluation consistent with identified area of expertise and/or scholarship, curricular changes/updates to meet accreditation standards and/or improve learner outcomes.
  3. Displays leadership in development, implementation, and/or evaluation of innovative teaching techniques that promote learners critical thinking and independent learning.

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### At Third Year Review (not required at the time of appointment to rank):

- *Demonstrates teaching effectiveness as documented by learner outcomes and/or learner and faculty evaluations.*
- *Leads curriculum and course development, implementation, and/or evaluation consistent with identified area of scholarship and/or expertise.*
- *Participates in development, implementation and/or evaluation of innovative teaching techniques that promote student critical thinking and independent learning.*

- Engages in mentorship activities (e.g., dissertation committee member, research mentor, clinical supervision) consistent with identified areas scholarship and/or expertise”

**Service**

1. Leads a committee or task force in the CON, the University, or an affiliated institution that is of benefit to the college, University, or affiliated institution.
2. Holds or has held a leadership position in one or more of the following: professional or community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings.
3. Leads collaboration activities (e.g., interdisciplinary quality improvement projects, present at grand rounds, lead interdisciplinary research, create simulation activities, community health initiatives).
4. Demonstrates leadership in mentoring and scholarly contribution through successful guidance of peers and learners in areas such as teaching, research, or quality improvement (e.g., serving as a research-for-lunch reviewer, guest speaker, or mentor to junior faculty) and through active participation in professional service (e.g., serving on editorial boards, conference planning committees, boards of directors, or as an external peer reviewer for journals, abstracts, national meetings, grants, and foundational funding).

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**At Third Year Review (not required at the time of appointment to rank):**

- Serves in a leadership capacity in at least one committee or task force within the College of Nursing, University, or affiliated institution(s).
- Actively leads in collaborative initiatives or interprofessional partnerships.
- Serves in a leadership capacity (or identified one) in professional organization.

**Scholarship**

In addition to meeting the criteria for the rank of Assistant Professor, these faculty members must demonstrate a sustained record of excellence and established leadership in research.

1. Is (or was, while in rank) PI/MPI on at least one NIH R21/R34/R01/K awards OR equivalent (including but not limited to, Duke Endowment Foundation, PCORI, SAMHSA, RWJF, HRSA, Macy Foundation, NIH R21/R34/R01/P/T32/K/CDA, SCTR, KL2) extramurally and/or internally funded awards and/or has a strong record of success in extramurally funded research (e.g., major, specialized role as Co-Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical, clinical, educational] on at least one NIH R21/R34/R01/K awards OR equivalent (Duke Endowment, PCORI, SAMHSA, RWJF, Macy, VA Career Development Award, etc.) extramurally funded awards and/or has a strong record of success in extramurally funded research (e.g., major, specialized role as a Co-Investigator based upon

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a unique demonstrated area of expertise [e.g., methodological, statistical]).

2. Strong record of publication of research and databased articles *in focused field of research* in peer-reviewed journals; usually\* a minimum of ~~8-10~~ peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]) of which there should be a sustained pattern of first, second, or senior author.

3. Leads research-based presentations (for example, posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international professional meetings at regional, national, and/or international professional meetings.

4. Regional, national, and/or international recognition of the candidate's scholarship program area, as evidenced by high citation/impact of publications, election as a fellow in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators.

5. Demonstrates leadership in collaborative science (e.g., lead author within one's discipline on a interprofessional and/or collaborative publication) and/or innovative research, practice, and scholarship. Serves on an editorial board or conference program planning/review committee and/or routinely serves as an external peer reviewer for scholarly work of others (e.g., peer reviewer of journals, abstracts, national professional meetings, foundational funding).

3. Demonstrates leadership in team science (e.g., lead author within one's discipline on a team science publication) and/or innovative research, practice, and scholarship.

4. Actively participates in peer mentorship activities (e.g., serves as a research-for-lunch reviewer; mentors students, postdoctoral fellows, junior faculty; is invited to serve as an external reviewer).

**At Third Year Review (not required at the time of appointment to rank):**

1. Has applied for at least 2 NIH R01-like awards OR equivalent (e.g., SAMHSA, VA Merit, NIH P or T32 award, NSF, etc.) extramurally funded awards OR made significant contributions to the application for an externally-funded U award OR was PI/MPI on at least one NIH R01-like award OR equivalent (e.g., SAMHSA, VA Merit, NIH P or T32 award, NSF, etc.) extramurally funded awards and/or has demonstrated an emerging record of success in extramurally funded research (e.g., major role as Co-I based upon a unique demonstrated area of expertise).
- Record of publication of research and data-based articles in focused field of research in peer-reviewed journals; usually a minimum of ~~13-10~~ peer-reviewed publications\* of which there should be an emerging pattern (e.g., at least ~~56~~ publications) of first, second, or senior author.
- Regional and national recognition of the candidate's scholarship program area, as evidenced by increasing citation/impact of publications, and/or potential for stimulating the work of outside (i.e., external to CON) researchers/providers/innovators.
- Has been invited to serve on Pub-med indexed editorial boards and has served as a peer reviewer for scholarly work of others (e.g., peer reviewer of journals, abstracts, professional meetings, foundational funding).
- Serves in leadership capacity on regional/national/international organizations, board of directors, participates in study sections, as a consultant on grants.
- Actively leads and participates in peer and student mentorship activities (e.g., think tank and/or research-for-lunch sessions; mentors PhD students, trainees, postdoctoral fellows, or junior faculty).

\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10). Similarly, this criterion may be satisfied if there are less than the required peer-reviewed publications, but the candidate was lead/anchor author on book chapters, scientific standards, health-

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[related guidelines, policies \(e.g., white papers\), strategic plans for organizations or committees aimed at influencing policy, healthcare briefings for elected officials or agency leaders to draft policy changes \(e.g., drafting legislation, creating tax incentives, etc\), and/or other forms of enduring scholarly work.](#)

**Professor**  
[Educator/Researcher](#)

This is the highest rank at the University. For appointment at, or promotion to, the rank of full professor, an individual will have demonstrated excellence in the three areas of academic pursuit: teaching, service, and scholarship. In addition, the individual will have made significant contributions to the profession.

### Appointment

- 3-1. Doctorate required and national specialty certification (when required) for practice, or a well-developed area of research specialization; or an equivalent degree and experience in a related field.
- 4-2. Demonstration of ongoing high level of achievement in education, practice, research, and/or service defined as sustained excellence and leadership evidenced by impactful contributions, high-quality scholarly work, and recognition at regional, national, or international levels.

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### Teaching

- ~~5-1. Demonstrates ongoing competence and leadership in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.~~
- ~~6-1. Provides leadership in program and/or curriculum development, implementation, and/or evaluation consistent with identified area of scholarship.~~
- ~~7-1. Demonstrates continued leadership in development, implementation and/or evaluation of innovative teaching techniques that promote student/learner critical thinking and independent learning.~~
- ~~8-1. Administrative leadership and responsibility, if applicable and as appropriate to one's position and contract, in the design, organization, coordination, management, and evaluation of a program(s) such as academics, research, or practice that are important to the College and its priority mission areas.~~
1. Demonstrates ongoing competence and leadership in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.
2. Provides leadership in program and/or curriculum development, implementation, and/or evaluation consistent with identified area of scholarship.
3. Demonstrates continued leadership in development, implementation and/or evaluation of innovative teaching techniques that promote student/learner critical thinking and independent learning.
4. Administrative leadership and responsibility, if applicable and as appropriate to one's position and contract, in the design, organization, coordination, management, and evaluation of a program(s) such as academics, research, or practice that are important to the College and its priority mission areas.

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### Service

4. Provides leadership on CON and University committees as well as national or international professional organizations.
- 1.
2. ~~Contributes, Engages in the generation and dissemination of knowledge to advance scientific field, health care policy or practice initiatives through leadership roles (e.g., board member, strategic partner) with community, professional, and/or academic organizations, or actively contributes to academic and research initiatives by collaborating on research projects, health care projects, serving on advisory/review boards, or participating in scholarly initiatives and partnerships that inform and shape evidence-based practices.~~
4. ~~to health care policy or practice initiatives through leadership roles (e.g., board member, partner) with community, professional, and/or academic organizations, or through active participation in academic and research responsibilities such as collaboration on health care projects, serving on advisory/review boards, or partnering in scholarly initiatives.~~

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2. Demonstrate excellence in interprofessional collaboration through leadership of regional, state, national, and/or international interprofessional collaborations.

3.

4. Demonstrates excellence and recognition as a leader or content expert through active service on editorial boards, conference program planning/review committees, boards of directors, and/or as an external peer reviewer for scholarly work (e.g., peer reviewer of journals, abstracts, national meetings, grants, and foundational funding).

excellence and recognition as a leader or content expert through active service on editorial boards, conference program planning/review committees, boards of directors, and/or as an external peer reviewer for scholarly work (e.g., peer reviewer of journals, abstracts, national meetings, grants, and foundational funding).

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### Scholarship

In addition to meeting the criteria for the rank of Associate Professor, these faculty members demonstrate a sustained record of excellence and established leadership in research.

1. Is (or was, while in rank) PI/MPI on at least one NIH R01-like award OR equivalent (including VA Merit, PCORI, SAMHSA, NIHP/T32) OR consistent record of maintaining extramurally funded awards (including but not limited to, Duke Endowment Foundation, RWJF, HRSA) and/or has sustained a record of success in extramurally funded research (e.g., major role as Co-Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical, clinical, educational]).

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10. 2. equivalent (e.g., SAMHSA, VA Merit, NIH P or T32 award, NSF, etc.) extramurally funded awards and/or has sustained a record of success in extramurally funded research (e.g., major role as Co-I based upon a unique demonstrated area of expertise).

Strong record of publication of research and databased articles in focused field of research in peer-reviewed journals; usually\* a minimum of 205 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]), of which there should be a sustained pattern of first, second, or senior author.

3. Lead or senior author of scholarly work of exceptional quality that is frequently cited and recognized as a major contribution in the field.

4. National and/or international recognition of the candidate's scholarship program area, demonstrated by high citation/impact of publications, leadership in professional societies, documented consultation requests, and/or innovative contributions to research, practice, and scholarship that stimulate the work of external researchers, providers, or innovators. Invited to give featured presentations at regional, national, and/or international professional meetings.

5. Recognized as an expert and leader in the field through invitations to deliver featured practice, education, implementation, and/or research-based sessions (e.g., posters, podium talks, panels, webinars, invited commentary) at regional, national, and/or international professional meetings.

12. Leads research, education or implementation based presentations at regional, national, and/or international professional meetings.

13. National and/or international recognition of the candidate's scholarship program area, as evidenced by high citation/impact of publications, election as a fellow in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators.

14. Serves on editorial boards, conference program planning/review committees, boards of directors, study sections for funding agencies, and/or as a consultant on grants.

15. Demonstrates continued leadership in team science and/or innovative research, practice, and scholarship.

16. Actively mentors students, predoctoral interns, postdoctoral fellows, junior faculty members, and/or mid-level faculty members.

5.

\*Under exceptional circumstances, a candidate who does not exceed the publication threshold may satisfy this criterion if, for example, it is observed that the impact factor of scholarly journals in which they have published as lead or anchor author at the current rank is unusually high (e.g., impact factor > 10). Similarly, this criterion may be satisfied if there are less than the required peer-reviewed publications, but the candidate was lead/anchor author on book chapters, scientific standards, health-related guidelines, policies (e.g., white papers), strategic plans for organizations or committees aimed at influencing policy, healthcare briefings for elected officials or agency leaders to draft policy changes (e.g., drafting legislation, creating tax incentives, etc), and/or other forms of enduring scholarly work.

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<b>APPOINTMENT</b>		
<b><u>Instructor to Assistant Professor</u></b>	<b><u>Assistant to Associate Professor</u></b>	<b><u>Associate to Full Professor</u></b>
<u>Doctorate required (final semester DNP or PhD candidates considered) and national specialty certification when required for practice, or an equivalent degree and experience in a related field.</u>	<u>Doctorate required and national specialty certification (when required) and a developed area of scholarship.</u>	<u>Doctorate required and national specialty certification (when required) for practice, or a well-developed area of research specialization; or an equivalent degree and experience in a related field.</u>

<u>Demonstrates achievement in education, practice, research, and/or service in a post-doctoral or faculty role in an academic setting reflecting a commitment to growth and contribution to the academic community.</u>	<u>Demonstrates ongoing achievement in education, practice, research, and/or service characterized by a consistent record of contributions that enhance learning, advance knowledge, and foster community engagement.</u>	<u>Demonstrates ongoing high achievements in education, practice, research, and/or service defined as sustained excellence and leadership evidenced by impactful contributions, high-quality scholarly work, and recognition at regional, national, or international levels.</u>	
<b>TEACHING</b>			
<b><u>Instructor to Assistant Professor</u></b>	<b><u>Assistant to Associate Professor</u></b>	<b><u>Associate to Full Professor</u></b>	
<u>Demonstrates competence in knowledge, judgment, and skills in area of specialization.</u>	<u>Demonstrates application of competence and knowledge into effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.</u>	<u>Demonstrates ongoing competence and leadership in effective teaching practices, as documented by learner outcomes, learner/faculty evaluations, or similar metrics.</u>	
<u>Participates in development, implementation, and/or evaluation of educational activities consistent with specialty area.</u>	<u>Provides leadership via mentorship of learners, course development, implementation, evaluation consistent with identified area of expertise and/or scholarship, curricular changes/updates to meet accreditation standards and/or improve learner outcomes.</u>	<u>Provides leadership in program and/or curriculum development, implementation, and/or evaluation consistent with identified area of scholarship.</u>	
<u>Participates in ongoing professional development to integrate current trends (e.g., conferences, webinars, applying current evidence) into teachings.</u>	<u>Displays leadership in development, implementation, and/or evaluation of innovative teaching techniques that promote learners critical thinking and independent learning.</u>	<u>Demonstrates continued leadership in development, implementation and/or evaluation of innovative teaching techniques that promote student/learner critical thinking and independent learning.</u>	
		<u>Administrative leadership and responsibility, if applicable and as appropriate to one's position and contract, in the design, organization, coordination, management, and evaluation of a program(s) such as academics, research, or practice that are important to the College and its priority mission areas</u>	
<b>SERVICE</b>			
<b><u>Instructor to Assistant Professor</u></b>	<b><u>Assistant to Associate Professor</u></b>	<b><u>Associate to Full Professor</u></b>	
<u>Membership on at least one committee or task force within the CON, University, community, or affiliated institution(s).</u>	<u>Leads a committee or task force in the CON, the University, or an affiliated institution that is of benefit to the college, University, or affiliated institution(s).</u>	<u>Provides leadership on CON and University committees as well as national or international professional organizations.</u>	
<u>Membership and involvement in one or more of the following: Professional organizations, community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings.</u>	<u>Holds or has held a leadership position in one or more of the following: professional or community organizations, health advocacy, health care policy, health promotion, and/or clinical practice settings.</u>	<u>Engages in the generation and dissemination of knowledge to advance scientific field, health care policy or practice initiatives through leadership roles (e.g., board member, strategic partner) with community, professional, and/or academic organizations, or actively contributes to academic and research initiatives by collaborating on research projects, health care projects,</u>	

		<u>servicing on advisory/review boards, or participating in scholarly initiatives and partnerships that inform and shape evidence-based practices.</u>
<u>Participates in interprofessional collaboration (e.g., serve as facilitator for IPE courses or IPE day, simulation, case conference participation, interdisciplinary research projects).</u>	<u>Leads collaboration activities (e.g., interdisciplinary quality improvement projects, present at grand rounds, lead interdisciplinary research, create simulation activities, community health initiatives).</u>	<u>Demonstrate excellence in interprofessional collaboration through leadership of regional, state, national, and/or international interprofessional collaborations.</u>
<u>Begins to mentor/precept peers and learners/trainees in area of expertise.</u>	<u>Demonstrates leadership in mentoring and scholarly contribution through successful guidance of peers and learners in areas such as teaching, research, or quality improvement (e.g., serving as a research-for-lunch reviewer, guest speaker, or mentor to junior faculty) and through active participation in professional service (e.g., serving on editorial boards, conference planning committees, boards of directors, or as an external peer reviewer for journals, abstracts, national meetings, grants, and foundational funding).</u>	<u>Demonstrates excellence and recognition as a leader or content expert through active service on editorial boards, conference program planning/review committees, boards of directors, and/or as an external peer reviewer for scholarly work (e.g., peer reviewer of journals, abstracts, national meetings, grants, and foundational funding).</u>
<b>SCHOLARSHIP</b>		
<b><u>Instructor to Assistant Professor</u></b>	<b><u>Assistant to Associate Professor</u></b>	<b><u>Associate to Full Professor</u></b>
<u>Has received or applied for at least 1 competitive intra- or extramurally funded award or a grant award from a foundation or professional association OR participates as Co-Investigator on NIH R21/R01 awards OR equivalent (Duke Endowment Foundation, PCORI, SAMHSA, RWJF, Macy Foundation, etc.) extramurally funded awards.</u>	<u>Is (or was, while in rank) PI/MPI on at least one NIH R21/R34/R01/K awards OR equivalent (including but not limited to, Duke Endowment Foundation, PCORI, SAMHSA, RWJF, HRSA, Macy Foundation, NIH R21/R34/R01/P/T32/K/CDA, SCTR KL2) extramurally and/or internally funded awards and/or has a strong record of success in extramurally funded research (e.g., major, specialized role as Co-Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical, clinical, educational]).</u>	<u>Is (or was, while in rank) PI/MPI on at least one NIH R01-like award OR equivalent (including VA Merit, PCORI, SAMHSA, NIHP/T32) OR consistent record of maintaining extramurally funded awards (including but not limited to, Duke Endowment Foundation, RWJF, HRSA) and/or has sustained a record of success in extramurally funded research (e.g., major role as Co-Investigator/key leadership role based upon a unique demonstrated area of expertise [e.g., methodological, statistical, clinical, educational]).</u>
<u>Publishes research and databased articles in peer-reviewed journals; usually* a minimum of 3 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]) of which at least one should be as first author.</u>	<u>Strong record of publication of research and databased articles in focused field of research in peer-reviewed journals; usually* a minimum of 8 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]) of which</u>	<u>Strong record of publication of research and databased articles in focused field of research in peer-reviewed journals; usually* a minimum of 20 peer-reviewed publications (e.g., original research, reviews, case studies, brief reports, manuscripts [non-databased]),</u>

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	<u>there should be a sustained pattern of first, second, or senior author.</u>	<u>of which there should be a sustained pattern of first, second, or senior author.</u>
<u>Participates in practice, education, or implementation - or research-based presentations (for example, posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international meetings.</u>	<u>Leads research-based presentations (for example, posters, podium talks, panels, webinars, invited commentary) at local, state, regional, national, and/or international professional meetings.</u>	<u>Lead or senior author of scholarly work of exceptional quality that is frequently cited and recognized as a major contribution in the field.</u>
<u>Participates in collaborative science (e.g., co- author on a interprofessional publication) and/or innovative research, practice, and scholarship.</u>	<u>Regional, national, and/or international recognition of the candidate's scholarship program area, as evidenced by high citation/impact of publications, leadership in professional societies, documented consultation requests, and/or having stimulated the work of outside (i.e., external to CON) researchers/providers/innovators.</u>	<u>National and/or international recognition of the candidate's scholarship program area, demonstrated by high citation/impact of publications, leadership in professional societies, documented consultation requests, and/or innovative contributions to research, practice, and scholarship that stimulate the work of external researchers, providers, or innovators.</u>
<u>Actively seeks mentorship to develop a program of research activity. This may involve, but is not limited to, affiliation with a research group and active participation in research, identification of internal and/or external mentors, and collaboration with interdisciplinary colleagues.</u>	<u>Demonstrates leadership in collaborative science (e.g., lead author within one's discipline on a interprofessional and/or collaborative publication) and/or innovative research, practice, and scholarship.</u>	<u>Recognized as an expert and leader in the field through invitations to deliver featured practice, education, implementation, and/or research-based sessions (e.g., posters, podium talks, panels, webinars, invited commentary) at regional, national, and/or international professional meetings.</u>

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Harry S. Clarke Jr, MD, PhD  
**Abbreviated Curriculum Vitae**  
Professor  
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Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

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

Post-Graduate Training

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

Additional Training

2010-04-26, 2010-04-26, Northside Hospital, Atlanta, GA , Da Vinci Surgical System Off-Site Training, Training Certificate  
2009-10-11, 2009-10-11, Hands-On Ultrasound Course (Linthicum, MD), Hands-On Ultrasound Course, Course  
2006-05-31, 2006-05-31, PVP Procedure using the GreenLight PVTM Laser System (Charleston, SC), PVP Procedure using the GreenLight PVTM Laser System, Training Certificate

Certifications

The American Board of Urology, Type of Certification: Board Certification, Specialty: Urology, Certification Number: 10653, Effective Date: 1994-02-12, Expiration Date (if none, see note above): 2034-02-28

Professional Licensures

South Carolina Medical License, Month / Year Originally Conferred: January 2003, Month/Year Expires: June 2025  
Ohio Medical License, Month / Year Originally Conferred: September 1998, Month/Year Expires: April 2025, 057278  
Georgia Medical License, Month / Year Originally Conferred: June 1992, Month/Year Expires: March 2025, 35589

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Radiation Medicine, 2024-09-01  
Professor, Medical University of South Carolina, College of Medicine, Urology, 2002-12-02  
Professor, Medical University of South Carolina, College of Graduate Studies, 2009-06-19

Non-MUSC Rank and Promotion History

Professor, Hollings Cancer Center, Urology, 2002-01-01  
Associate Professor, Winship Cancer Institute, Urology, 1998-01-01, 2002-12-31  
Associate Professor, Emory University School of Medicine, Urology, 1998-01-01, 2002-12-31

David M. Mahvi, MD  
**Abbreviated Curriculum Vitae**  
Professor  
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mahvi@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1981 M.D., Medicine, Medical University of South Carolina, South Carolina, United States

Post-Graduate Training

Post-Doctorate, Duke University Medical Center, Durham, North Carolina, Tumor Immunology, September 1983, September 1985

Additional Training

No activities entered.

Certifications

National Board of Medical Examiners, Effective Date: 1981

American Board of Surgery, Effective Date: 1990; 1998-2007

Professional Licensures

State of Wisconsin #30313

State of Illinois #036.121086

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Surgery, Oncologic and Endocrine Surgery, 2016-07-15

Non-MUSC Rank and Promotion History

Professor with Tenure, Northwestern University Chicago, Illinois, 2008-07-01, 2099-01-01

Professor with Tenure, University of Wisconsin Madison, Wisconsin, Surgery, General Surgery, Section of Surgical Oncology, 2006-09-01

Professor (by courtesy), McCormick school of engineering Northwestern University Evanston, IL, Biomedical engineering, 2013-09-01, 2099-01-01

Professor, University of Wisconsin Madison, Wisconsin, Surgery, General Surgery, Section of Surgical Oncology, 2001-09-01

Associate Professor, University of Wisconsin Madison, Wisconsin, Surgery, General Surgery, Section of Surgical Oncology, 1997-09-01

Assistant Professor, University of Wisconsin Madison, Wisconsin, Surgery, General Surgery, Section of Surgical Oncology, 1989-09-01















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

Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Pulmonary and Sleep Medicine, 2025-07-01  
Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary & Critical Care Medicine, 2024-10-15

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

Dionne Peacher, MD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
peacher@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2010	M.D., Medicine, Duke University
2006	B.A., Latin and Biology, Boston University

Post-Graduate Training

Fellowship, Brigham and Women's Hospital, Adult Cardiothoracic Anesthesiology, July 2014, June 2015  
Internship, Duke University Medical Center, Anesthesiology, June 2010, June 2011  
Residency, Duke University Medical Center, Anesthesiology, July 2011, June 2014

Additional Training

2023-07-14, 2023-07-14, University of Iowa, Belmont Training, Training  
2022-12-21, 2022-12-21, University of Iowa, Anesthesia Team Training, Training  
2020-08-28, 2021-05-08, University of Iowa Hospitals and Clinics, Executive Leadership Academy, Training

Certifications

National Board of Echocardiography, Type of Certification: Board Certification, Specialty: Advanced Perioperative Transesophageal Echocardiography, Certification Number: N/A, Effective Date: 201-09-01  
American Heart Association, Type of Certification: Life Support, Specialty: BLS, Certification Number: N/A, Effective Date: 2015-04-01, Expiration Date (if none, see note above): 2017-04-30  
American Heart Association, Type of Certification: Life Support, Specialty: ACLS, Certification Number: N/A, Effective Date: 2010-01-01, Expiration Date (if none, see note above): 2025-01-31  
American Board of Preventive Medicine, Type of Certification: Board Certification, Specialty: Clinical Informatics, Certification Number: N/A, Effective Date: 2024-01-01, Expiration Date (if none, see note above): 2033-12-31  
American Board of Anesthesiology, Type of Certification: Board Certification, Specialty: Anesthesiology, Certification Number: N/A, Effective Date: 2015-03-01, Expiration Date (if none, see note above): 2025-12-31

Professional Licensures

State of Iowa Board of Medical Examiners, Month / Year Originally Conferred: March 2016, Month/Year Expires: June 2026  
Pennsylvania Medical License, Month / Year Originally Conferred: February 2015, Month/Year Expires: December 2016  
Iowa Controlled Substance License, Month / Year Originally Conferred: March 2016, Month/Year Expires: June 2026  
Commonwealth of Massachusetts Medical License, Month / Year Originally Conferred: March 2014, Month/Year Expires: June 2016

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Instructor, University of Pennsylvania, Anesthesiology and Critical Care, 2015-07-01, 2016-06-30

Clinical Associate Professor, University of Iowa Health Care, Carver College of Medicine, Anesthesia, 2021-07-01

Clinical Assistant Professor, University of Iowa Health Care, Carver College of Medicine, Anesthesia, 2017-07-01,  
2021-06-30

Amol Sharma, MD  
**Abbreviated Curriculum Vitae**  
Professor  
sharmaam@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2008	M.D., Medicine, VCU School of Medicine
2004	B.S., Biomedical Engineering, Case Western Reserve University M.S., Biomedical Engineering, Case Western Reserve University

Post-Graduate Training

Fellowship, Penn State Hershey Medical Center, Gastroenterology , July 2012, June 2015  
Residency, Temple University Hospital, Internal Medicine, July 2008, June 2011

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

Associate Professor, Medical College of Georgia, Medicine, 2020-07-01  
Assistant Professor, Medical College of Georgia, Medicine, 2024-12-05, 2020-06-30

Justin Wikle, MD  
**Abbreviated Curriculum Vitae**  
Associate Professor  
wikle@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2011	M.D., Medicine, Chicago Medical School at Rosalind Franklin University of Medicine and Science
2007	M.S., Science, Rosalind Franklin University of Medicine and Science
2005	B.S., Science, University of Iowa

Post-Graduate Training

Fellowship, Hospital of the University of Pennsylvania, Interventional/Chronic Pain Medicine, July 2015, June 2016

Internship, Weiss Memorial Hospital, Medicine, July 2011, June 2012

Residency, Duke University Medical Center, Medicine, July 2012, June 2015

Additional Training

No activities entered.

Certifications

American Heart Association, Type of Certification: Life Support, Specialty: ACLS, Certification Number: N/A, Effective Date: 2023-01-18, Expiration Date (if none, see note above): 2025-01-31

American Board of Medical Specialties, Type of Certification: Board Certification, Specialty: Chronic Pain, Certification Number: N/A, Effective Date: 2017, Expiration Date (if none, see note above): 2023

American Board of Anesthesiology, Type of Certification: Board Certification, Specialty: Anesthesiology, Certification Number: N/A, Effective Date: 2016-09-17, Expiration Date (if none, see note above): 2026-12-31

Professional Licensures

State of Iowa Medical License, Month / Year Originally Conferred: April 2016

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Clinical Assistant Professor, University of Iowa , Carver College of Medicine, Anesthesia, 2017-03-01



# **MUSC Physicians and MUSC Health Partners**

## **Interim Financial Statements For the eight month period ending February 28, 2025**

<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 8 Month Period Ending - February 28, 2025

	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	371,838,148	-	3,586,343	5,383,447	20,846,009	998,018	402,651,963	386,714,208	15,937,755
Supplemental medicaid	28,012,027	-	-	-	2,133,333	-	30,145,360	29,762,613	382,747
Other operating revenue	5,184,592	2,391,641	-	3,151,565	4,205,980	208,509	15,142,287	15,798,126	(655,839)
Intercompany transfers	(122,138,614)	126,597,182	(405,257)	(4,053,311)	-	-	-	-	-
Purchased services revenue	123,443,154	7,400,814	2,513,309	15,343,598	2,101,846	3,875,026	154,677,747	148,709,510	5,968,237
Grant salary reimb. from MUSC	12,084,381	-	-	318,790	-	-	12,403,171	11,226,873	1,176,298
<b>Total operating revenues</b>	<b>418,423,688</b>	<b>136,389,637</b>	<b>5,694,395</b>	<b>20,144,089</b>	<b>29,287,168</b>	<b>5,081,552</b>	<b>615,020,528</b>	<b>592,211,330</b>	<b>22,809,199</b>
<b>Operating expenses:</b>									
Salaries, wages and benefits	339,443,001	50,432,367	278,088	14,760,787	19,972,777	5,408,182	430,295,201	417,862,153	(12,433,049)
MUSCP reimb. for education and research	78,128,027	-	-	188,577	-	-	78,316,603	78,128,027	(188,577)
Supplies	856,226	46,005,113	74,885	123,931	2,361,267	539,297	49,960,718	47,743,722	(2,216,997)
Contractual services	2,436,304	9,070,440	678,135	4,706,927	634,048	3,350,713	20,876,567	25,539,865	4,663,298
Purchased services	44,832	17,300,708	5,423,621	1,513,435	1,152,772	(5,064,466)	20,370,901	21,232,124	861,223
Facilities	51,530	6,752,486	308,625	(1,646,896)	1,575,759	(735,676)	6,305,828	6,857,461	551,634
Insurance	6,418,246	615,110	-	102,049	334,411	39,456	7,509,273	8,032,060	522,787
Depreciation	-	4,593,037	89,105	2,710,503	346,258	740,237	8,479,140	9,135,185	656,045
Meals and travel	2,534,681	267,854	1,877	435,453	32,864	47,297	3,320,026	3,303,030	(16,996)
Other expenses	1,025,060	3,823,558	32,113	1,399,560	402,872	21,078	6,704,241	5,794,525	(909,716)
Faculty and staff recruitment	746,027	190,190	-	139,275	16,537	409,181	1,501,211	1,269,750	(231,460)
MUSCP corporate shared services	-	-	-	-	1,982,262	-	1,982,262	1,982,262	-
<b>Total operating expenses</b>	<b>431,683,932</b>	<b>139,050,864</b>	<b>6,886,448</b>	<b>24,433,601</b>	<b>28,811,827</b>	<b>4,755,300</b>	<b>635,621,972</b>	<b>626,880,163</b>	<b>(8,741,809)</b>
<b>Operating income (loss)</b>	<b>(13,260,245)</b>	<b>(2,661,227)</b>	<b>(1,192,053)</b>	<b>(4,289,512)</b>	<b>475,341</b>	<b>326,252</b>	<b>(20,601,444)</b>	<b>(34,668,834)</b>	<b>14,067,390</b>
<b>Operating margin</b>	<b>(3.2%)</b>	<b>(2.0%)</b>	<b>(20.9%)</b>	<b>(21.3%)</b>	<b>1.6%</b>	<b>6.4%</b>	<b>(3.3%)</b>	<b>(5.9%)</b>	
<b>Nonoperating revenue (expenses):</b>									
Donations - transfer to MUSCF	(166,059)	-	-	(1,388,386)	-	-	(1,554,445)	(1,053,690)	(500,755)
Investment income	7,422,654	48,197	-	9,953,160	2,806	-	17,426,817	5,307,242	12,119,575
Interest expense	-	(270,104)	-	(270,001)	(27,066)	(68,666)	(635,837)	(377,800)	(258,036)
Rental income	-	572,561	-	1,942,910	30,115	(163)	2,545,423	2,510,069	35,354
Rent expense	-	-	-	(144,322)	-	-	(144,322)	(144,322)	-
Gain (loss) on disposal of assets	-	(273)	-	(24,612)	-	-	(24,884)	-	(24,884)
Other nonoperating revenue (expenses)	-	757,093	-	-	(45,593)	-	711,500	-	711,500
<b>Total Nonoperating revenue (expenses)</b>	<b>7,256,595</b>	<b>1,107,474</b>	<b>-</b>	<b>10,068,750</b>	<b>(39,737)</b>	<b>(68,829)</b>	<b>18,324,252</b>	<b>6,241,500</b>	<b>12,082,752</b>
<b>Change in net position</b>	<b>\$ (6,003,650)</b>	<b>\$ (1,553,753)</b>	<b>\$ (1,192,053)</b>	<b>\$ 5,779,238</b>	<b>\$ 435,604</b>	<b>\$ 257,423</b>	<b>\$ (2,277,192)</b>	<b>\$ (28,427,334)</b>	<b>\$ 26,150,142</b>
<b>Net margin</b>	<b>(1.4%)</b>	<b>(1.1%)</b>	<b>(20.9%)</b>	<b>28.7%</b>	<b>1.5%</b>	<b>5.1%</b>	<b>(0.4%)</b>	<b>(4.8%)</b>	

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 eight-month period ending February 28, 2025

#### Charges:

- **YTD: 6% over budget and 17% over last year**
- Month of February: 6% over budget and 14% over last year

#### Payments:

- **YTD: 3% over budget and 13% over last year**
- Month of February: (7%) under budget and 5% over last year
- 41.7 days in AR as of February 2025 and 38.2 days in AR as of June 2024
- \$87 per wRVU as of February 2025 and \$84 per wRVU as of June 2024

#### Income/(Loss):

- **(\$21.4M) Operating Loss; (3.7%) Operating Margin**
  - \$13.5M favorable variance to fixed budget
    - \$15.2M net clinical service revenue
      - \$20.0M COM Epic patient revenue over budget
      - (\$4.3M) Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)
    - \$6.2M purchased services revenue
      - \$4.7M College of Medicine over budget (unbudgeted professional services agreements)
      - \$2.1M funded cost centers over budget (offset by expenses)
      - (\$1.1M) Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)
    - (\$13.0M) salaries, wages and benefits
      - (\$11.4M) College of Medicine over budget (includes \$7.8M Z incentive)
      - (\$1.6M) funded cost centers over budget (offset by purchased services revenue)
      - (\$1.1M) Hollings Cancer Center over budget (offset by favorable revenue)
      - \$1.6M Ambulatory under budget (due to vacancies)
    - (\$2.4M) supplies
      - (\$2.4M) Infusion over budget (due to increases in volumes and new drugs)
    - \$1.1M contractual services
      - \$1.1M College of Medicine under budget (timing of Verge credentialing bill)
      - \$1.0M College of Dental Medicine under budget (timing of transfer to MUSC Foundation or MUSC)
      - \$0.4M Enterprise Funding under budget - due to timing
      - (\$1.2M) Ambulatory over budget due to agency nursing services (offset by favorable salaries)
    - \$5.2M purchased services
      - \$4.7M Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)
      - \$0.9M Enterprise Funding / OneMUSC under budget - due to timing
- **\$18.4M Nonoperating Income**
  - \$12.2M favorable variance to fixed budget
    - \$12.1M investment income
      - \$9.2M unrealized/realized gain on investments – unbudgeted
      - \$3.0M interest and dividend income over budget
- **(\$3.0M) Net Loss; (0.5%) Net Margin**
  - \$25.6M favorable variance to fixed budget

#### Balance Sheet:

- Days cash on hand: 117 days
- Net Position: \$471.3M; decreased by (\$3.0M) compared to June 2024

**MUSC Physicians**  
(A Component Unit of MUSC)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 8 Month Period Ending - February 28, 2025

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
<b>Operating revenues:</b>					
Net clinical service revenue	\$ 380,807,937	\$ 365,625,595	\$ 15,182,342	4%	\$ 335,004,211
Supplemental medicaid	28,012,027	27,629,280	382,747	1%	32,064,198
Other operating revenue	10,727,798	11,538,501	(810,703)	(7%)	11,817,655
Purchased services revenue	148,700,875	142,542,748	6,158,128	4%	104,537,608
Grant salary reimb. from MUSC	12,403,171	11,226,873	1,176,298	10%	11,452,695
Total operating revenues	580,651,808	558,562,996	22,088,813	4%	494,876,365
<b>Operating expenses:</b>					
Salaries, wages and benefits	404,914,242	391,948,975	(12,965,267)	(3%)	336,684,919
MUSCP reimb. for education and research	78,316,603	78,128,027	(188,577)	(0%)	71,866,693
Supplies	47,060,155	44,662,539	(2,397,616)	(5%)	37,358,553
Contractual services	16,891,806	18,027,171	1,135,364	6%	16,580,314
Purchased services	24,282,595	29,444,708	5,162,113	18%	14,984,377
Facilities	5,465,745	5,929,558	463,814	8%	5,870,984
Insurance	7,135,405	7,692,043	556,638	7%	6,143,120
Depreciation	7,392,646	8,050,551	657,906	8%	6,084,844
Meals and travel	3,239,865	3,248,594	8,729	0%	2,759,384
Other expenses	6,280,291	5,344,074	(936,217)	(18%)	1,432,084
Faculty and staff recruitment	1,075,492	959,504	(115,989)	(12%)	1,014,535
Total operating expenses	602,054,846	593,435,744	(8,619,102)	(1%)	500,779,810
Operating income (loss)	(21,403,037)	(34,872,748)	13,469,711	39%	(5,903,444)
Operating margin	(3.7%)	(6.2%)			(1.2%)
<b>Nonoperating revenue (expenses):</b>					
Donations - transfer to MUSCF	(1,554,445)	(1,053,690)	(500,755)	(48%)	(7,809,829)
Investment income	17,424,011	5,307,079	12,116,931	228%	15,107,827
Interest expense	(540,106)	(327,529)	(212,577)	(65%)	(1,943,420)
Rental income	2,515,471	2,487,203	28,268	1%	4,331,012
Rent expense	(144,322)	(144,322)	-	0%	(879,198)
Gain (loss) on disposal of assets	(24,884)	-	(24,884)	(100%)	16,700,731
Other nonoperating revenue (expenses)	757,093	-	757,093	100%	8,520,000
Total nonoperating revenue (expenses)	18,432,819	6,268,742	12,164,076	194%	34,027,122
Change in net position	\$ (2,970,219)	\$ (28,604,005)	\$ 25,633,786	90%	\$ 28,123,678
Net margin	(0.5%)	(5.1%)			5.7%

**Notes:**

Operating revenue:

- Net clinical service revenue: \$20.0M COM Epic patient revenue over budget; (\$4.3M) Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)
- Purchased services revenue: \$4.7M College of Medicine over budget (unbudgeted professional services agreements); \$2.1M funded cost centers over budget (offset by expenses); (\$1.1M) Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line)

Operating expense:

- Salaries, wages and benefits: (\$11.4M) College of Medicine over budget (includes \$7.8M Z incentive); (\$1.6M) funded cost centers over budget (offset by purchased services revenue); (\$1.1M) Hollings Cancer Center over budget (offset by favorable revenue); \$1.6M Ambulatory under budget (due to vacancies)
- Supplies: (\$2.4M) Infusion over budget (due to increases in volumes and new drugs)
- Contractual services: \$1.1M College of Medicine under budget (timing of Verge credentialing bill); \$1.0M College of Dental Medicine under budget (timing of transfer to MUSC Foundation or MUSC); \$0.4M Enterprise Funding under budget - due to timing; (\$1.2M) Ambulatory over budget due to agency nursing services (offset by favorable salaries)
- Purchased services under budget: \$4.7M Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line); \$0.9M Enterprise Funding / OneMUSC - due to timing

Nonoperating revenue:

- Donations - transfer to MUSCF: President's Fund surplus transfer
- Investment income: \$9.2M unrealized/realized gain on investments; \$3.0M interest and dividend income over budget
- Other nonoperating revenue (expenses): \$1.2M funds received from MUSC Foundation for West Campus Upright MRI; (\$0.4M) JEDA 2025 bond issuance costs

	Actual	Fixed Budget	Variance	Var %
<b>Atlantic Cardiovascular Associates - UMA</b>				
Net clinical service revenue	\$ 2,617,338	\$ 6,916,131	\$ (4,298,793)	(62%)
Other revenue	2,217,550	2,740,930	(523,380)	(19%)
Operating expenses	(4,834,888)	(9,657,061)	4,822,173	(50%)
Change in net position	\$ -	\$ -	\$ -	0%

## MUSC Physicians

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

### Statement of Net Position

#### ASSETS

	February 28, 2025	June 30, 2024	Variance
<b>Current Assets:</b>			
Cash and investments	\$ 300,078,861	\$ 293,891,042	\$ 6,187,819
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$275,986,720	75,588,721	66,140,456	9,448,265
Due from the Medical University of South Carolina	13,853,799	25,607,989	(11,754,190)
Due from the Medical University Hospital Authority	38,588,287	55,030,764	(16,442,477)
Due from Mainsail	-	9,818	(9,818)
Due from the Medical University Foundation	419,617	593,656	(174,039)
Note receivable from CFC/MHP	917,337	1,256,273	(338,936)
Due from Comprehensive Psychiatric Services	12,011	64,544	(52,533)
Due from MUSC Health Alliance	17,564	11,055	6,509
Lease receivable	2,494,497	2,494,497	-
Other current assets	5,251,585	6,279,248	(1,027,663)
<b>Total Current Assets</b>	<b>437,222,278</b>	<b>451,379,340</b>	<b>(14,157,063)</b>
<b>Noncurrent assets:</b>			
Capital assets:			
Land	28,180,473	22,510,764	5,669,709
Buildings	53,700,021	52,381,476	1,318,545
Furniture and equipment	42,770,985	36,175,483	6,595,502
Leasehold improvements	31,004,662	25,732,666	5,271,995
Construction in progress	15,996,912	3,493,616	12,503,296
Computer software	15,037,921	14,774,652	263,270
Right of use assets	22,670,264	22,494,230	176,034
Subscription assets	8,951,225	8,951,225	-
Accumulated depreciation and amortization	(73,701,282)	(66,303,786)	(7,397,497)
Lease receivable	111,859	1,406,952	(1,295,093)
Restricted bond fund	48,994,929	-	48,994,929
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>229,428,292</b>	<b>156,100,156</b>	<b>73,328,135</b>
<b>Total Assets</b>	<b>666,650,570</b>	<b>607,479,496</b>	<b>59,171,072</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>\$ 667,032,059</b>	<b>\$ 607,860,985</b>	<b>\$ 59,171,074</b>

#### Notes:

##### Current assets:

- Cash and investments: (\$24.2M) FY24 Z incentive payments; (\$15.2M) FY24 Q4 Y incentive payments; (\$30.3M) FY25 Q1 & FY25 Q2 Y incentives; (\$17.5M) Wells Fargo line of credit principal paydown; \$29.9M FY24 Q3 & FY23 Q4 MCO payments; \$9.5M FY24 DHHS payment; \$25.5M JEDA 2025 bond proceeds received; \$11.4M Epic collections over budget YTD; \$10.0M realized/unrealized gain on investments
- Due from MUSC: (\$9.5M) FY24 DHHS payment; (\$3.0M) Rutledge Tower bond payoff; (\$2.7M) MUSC investment funds payment; \$6.8M FY25 DHHS accruals (includes \$2.1M due to CFC)
- Due from MUHA: (\$29.9M) FY24 Q3 & FY23 Q4 MCO payments; (\$8.0M) hospital physicians bill payments; \$23.0M FY25 MCO accrual

##### Noncurrent assets:

- Land: \$5.3M Clements Ferry land; \$0.4M Moncks Corner property (5000 Epton Plantation Drive)
- Furniture and equipment: West Campus: \$1.9M 3T MRI and \$0.8M Upright MRI
- Leasehold improvements: \$2.3M Nexton Expansion; West Campus: \$1.5M 3T MRI and \$1.5M Upright MRI
- Construction in progress: includes projects: Clements Ferry MOB (FY25 balance increase of \$15.3M)
- Restricted bond fund: \$49.0M JEDA 2025 bond proceeds held in restricted BNY bond fund

## MUSC Physicians

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

### Statement of Net Position

#### LIABILITIES

	<u>February 28, 2025</u>	<u>June 30, 2024</u>	<u>Variance</u>
<b>Current Liabilities:</b>			
Accounts payable	\$ 1,804,810	\$ 2,085,489	\$ 280,679
Accrued interest payable	129,459	83,182	(46,276)
Accrued payroll	26,574,934	48,494,629	21,919,695
Accrued payroll withholdings	736,853	1,232,390	495,537
Accrued pension contribution	3,911,238	2,837,278	(1,073,960)
Unapplied cash - patient services	24,759,630	14,388,534	(10,371,095)
Due to Medical University Hospital Authority	20,698,164	21,299,428	601,264
Due to MCP	12,157	(1,303,020)	(1,315,177)
Due to Carolina Family Care, Inc.	1,073,901	2,921,704	1,847,802
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	3,086,345	-	(3,086,345)
Bonds payable	1,790,714	1,620,000	(170,714)
Other accrued liabilities	8,228,965	7,911,600	(317,365)
<b>Total current liabilities</b>	<u>103,549,928</u>	<u>112,313,973</u>	<u>8,764,045</u>
<b>Noncurrent Liabilities:</b>			
Lease liability	13,054,140	14,414,321	1,360,181
Subscription liability	1,890,868	2,106,517	215,649
Bonds payable	73,749,286	-	(73,749,286)
Deferred inflows-leases	2,499,574	3,767,692	1,268,118
Deferred inflows-OPEB	591,404	591,404	-
Net OPEB liability	399,730	399,730	-
<b>Total noncurrent liabilities</b>	<u>92,185,003</u>	<u>21,279,664</u>	<u>(70,905,338)</u>
<b>Total liabilities</b>	<u>195,734,931</u>	<u>133,593,637</u>	<u>(62,141,293)</u>
<b>NET POSITION</b>			
Invested in capital assets, net of related debt	98,430,751	98,430,751	-
Unrestricted (deficit)	372,866,377	375,836,597	2,970,219
<b>Total Net Position</b>	<u>471,297,128</u>	<u>474,267,347</u>	<u>2,970,219</u>
<b>Total Liabilities, Inflows &amp; Net Position</b>	<u>\$ 667,032,059</u>	<u>\$ 607,860,985</u>	<u>\$ (59,171,074)</u>

#### Notes:

##### Current liabilities:

-Accrued payroll: FY25 balance includes \$19.4M Y and Z incentive (salary + fringe) accruals; (\$45.0M) reversal of FY24 year-end accruals

-Line of credit: \$3.1M Wells Fargo line of credit: purchase of Clements Ferry land and improvements

-Bonds payable: \$1.3M current portion of JEDA 2025 taxable bond issued; (\$1.1M) Parkshore bond pay-off

##### Noncurrent liabilities:

-Bonds payable: \$68.0M JEDA 2025 tax exempt bond issued; \$5.7M noncurrent portion of JEDA 2025 taxable bond issued

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

Executive Summary

For the eight-month period ending February 28, 2025

**Charges:**

- **YTD: 4% over budget and 14% over last year**
- Month of February: 5% over budget and 13% over last year

**Payments:**

- **YTD: At budget and 8% over last year**
- Month of February: (6%) under budget and 2% over last year
- 28.1 Days in AR as of February 2025 and 21.1 Days in AR as of June 2024
- \$111 per wRVU as of February 2025 and \$109 per wRVU as of June 2024

**Income/(Loss):**

- **\$0.8M Operating Income; 2.3% Operating Margin**
  - \$0.6M favorable variance to fixed budget
    - \$0.7M favorable net clinical service revenue
      - \$623K Lab over budget
      - \$131K Centerspace over budget (funded clinic; revenue offset by expenses)
      - \$121K Mt Pleasant Community PM&R over budget (unbudgeted collections)
      - (\$141K) CFC Primary Care excluding Lab under budget
    - \$0.5M favorable salaries
      - \$836K Atlantic Cardiovascular Associates under budget (3-month delay in opening clinic; no impact to bottom line)
      - (\$327K) CFC Primary Care over budget
        - \$399K Patient Care Medical Home under budget (offset by unfavorable purchased services revenue)
        - (\$726K) Other CFC Primary Care cost centers over budget
    - \$3.5M favorable contractual services
      - \$3.8M Atlantic Cardiovascular Associates under budget (3-month delay in opening clinic; no impact to bottom line)
    - (\$4.3M) unfavorable purchased services
      - (\$4.7M) Atlantic Cardiovascular Associates over budget (3-month delay in opening clinic; no impact to bottom line)
- **\$0.7M Net Income; 2.0% Net Margin**
  - \$0.5M favorable variance to fixed budget

**Balance Sheet:**

- Current ratio: 1.0
- Net Position: \$6.4M; increased by \$0.7M compared to June 2024

**MUSC Health Partners**

(Including Carolina Family Care, Inc.)

Statement of Revenues, Expenses and Changes in Net Position  
For the 8 Month Period Ending - February 28, 2025

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
<b>Operating revenues:</b>					
Net clinical service revenue	\$ 21,844,026	\$ 21,088,613	\$ 755,413	4%	\$ 19,945,687
Supplemental medicaid	2,133,333	2,133,333	-	0%	2,133,333
Other operating revenue	4,414,488	4,259,625	154,864	4%	4,949,283
Purchased services revenue	5,976,872	6,166,763	(189,891)	(3%)	4,920,368
Total operating revenues	34,368,720	33,648,334	720,386	2%	31,948,671
<b>Operating expenses:</b>					
Salaries, wages and benefits	25,380,959	25,913,177	532,218	2%	20,042,914
Supplies	2,900,564	3,081,183	180,619	6%	2,660,242
Contractual services	3,984,761	7,512,694	3,527,934	47%	1,339,612
Purchased services	(3,911,694)	(8,212,584)	(4,300,890)	52%	1,382,462
Depreciation	1,086,495	1,084,634	(1,861)	(0%)	858,600
Facilities	840,083	927,903	87,820	9%	981,290
Insurance	373,868	340,017	(33,851)	(10%)	239,376
Meals and travel	80,161	54,436	(25,725)	(47%)	42,806
Faculty and staff recruitment	425,718	310,247	(115,471)	(37%)	316,371
MUSCP corporate shared services	1,982,262	1,982,262	-	0%	1,688,712
Other expenses	423,950	450,451	26,501	6%	4,586
Total operating expenses	33,567,126	33,444,420	(122,707)	(0%)	29,556,970
Operating income (loss)	801,593	203,914	597,679	293%	2,391,701
Operating margin	2.3%	0.6%			7.5%
<b>Nonoperating revenue (expenses):</b>					
Investment income	2,806	163	2,643	1622%	156
Interest expense	(95,731)	(50,272)	(45,460)	(90%)	(57,930)
Rental income	29,952	22,866	7,086	31%	44,065
Other nonoperating revenue (expenses)	(45,593)	-	(45,593)	0%	-
Total nonoperating revenue (expenses)	(108,566)	(27,243)	(81,324)	(299%)	(13,709)
Change in net position	\$ 693,027	\$ 176,671	\$ 516,356	292%	\$ 2,377,992
Net margin	2.0%	0.5%			7.4%

**Notes:**

Operating revenue:

-Net clinical service revenue: \$623K Lab over budget; \$131K Centerspace over budget (funded clinic; revenue offset by expenses);  
\$121K Mt Pleasant Community PM&R over budget (unbudgeted collections); (\$141K) CFC Primary Care excluding Lab under budget

Operating expense:

-Salaries and benefits: \$836K Atlantic Cardiovascular Associates under budget (3 month delay in opening clinic; no impact to bottom line);  
CFC Primary Care (\$327K) over budget - Patient Care Medical Home \$399K under budget (offset by unfavorable purchased services revenue)  
and other CFC Primary Care cost centers (\$726K) over budget  
-Contractual services under budget: \$3.8M Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)  
-Purchased services over budget: (\$4.7M) Atlantic Cardiovascular Associates (3 month delay in opening clinic; no impact to bottom line)

Lab:

\$6.3M operating revenue: \$0.6M over budget  
\$3.0M net margin: \$0.9M over budget

Atlantic Cardiovascular Associates - CFC	Actual	Fixed Budget	Variance	Var %
Salaries, wages and benefits	\$ 894,873	\$ 1,730,886	\$ 836,013	48%
Contractual services	3,016,406	6,843,696	3,827,290	56%
Purchased services	(3,911,279)	(8,574,582)	(4,663,303)	54%
Change in net position	\$ -	\$ -	\$ -	0%

## MUSC Health Partners

Including Carolina Family Care, Inc.

### Statement of Net Position

	February 28, 2025	June 30, 2024	Variance
<b>ASSETS</b>			
<b>Current Assets:</b>			
Cash and cash equivalents	\$ 1,346,386	\$ 1,595,827	\$ (249,440)
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$7,622,226	3,252,684	2,448,623	804,061
Due from the Medical University Hospital Authority	621,937	850,773	(228,835)
Due from UMA	1,073,901	2,921,704	(1,847,802)
Due from MCP	215,652	1,577,620	(1,361,968)
Due from MUSC Health Alliance	39,538	63,551	(24,014)
Due from MSV	302,742	466,475	(163,732)
Lease receivable	21,287	21,287	-
Other current assets	1,955,276	399,219	1,556,057
<b>Total Current Assets</b>	<b>8,829,403</b>	<b>10,345,078</b>	<b>(1,515,673)</b>
<b>Noncurrent assets:</b>			
Capital assets:			
Furniture and equipment	2,238,575	2,211,911	26,664
Leasehold improvements	3,915,017	3,915,017	-
Construction in progress	2,382,757	445,490	1,937,267
Computer software	46,563	46,563	-
Right of use assets	9,935,487	9,935,487	-
Accumulated depreciation and amortization	(7,832,442)	(6,821,642)	(1,010,799)
Lease receivable	13,206	23,739	(10,533)
Investment in partnerships	209,000	209,000	-
<b>Total noncurrent assets</b>	<b>10,908,162</b>	<b>9,965,564</b>	<b>942,599</b>
<b>Total Assets</b>	<b>\$ 19,737,565</b>	<b>\$ 20,310,641</b>	<b>\$ (573,077)</b>

#### Current assets:

-Other current assets: \$1.6M Carolina Kidney deposit

#### Noncurrent assets:

-Construction in progress: includes projects: Maybank Highway (FY25 balance increase of \$1.8M)

**MUSC Health Partners**

Including Carolina Family Care, Inc.

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

	<b>February 28, 2025</b>	<b>June 30, 2024</b>	<b>Variance</b>
<b>Current Liabilities:</b>			
Accounts payable	\$ 46,119	\$ 207,811	\$ 161,692
Accrued interest payable	28,263	43,488	15,225
Accrued payroll	1,542,859	1,174,561	(368,298)
Accrued payroll withholdings	365,837	693,788	327,952
Unapplied cash - patient services	1,319,529	1,387,612	68,083
Due to Medical University of South Carolina	28,576	32,895	4,319
Due to Medical University Hospital Authority	104,187	188,085	83,898
Note Payable to UMA	917,337	1,256,273	338,936
Note Payable to MSV	474,224	458,420	(15,804)
Accrued compensated absences	969,946	969,946	-
Lease liability	1,442,395	1,442,395	-
Other accrued liabilities	1,389,582	1,296,622	(92,960)
<b>Total current liabilities</b>	<b>8,628,854</b>	<b>9,151,897</b>	<b>523,043</b>
<b>Noncurrent Liabilities:</b>			
Lease liability	4,706,612	5,439,296	732,685
Deferred inflows-leases	32,856	43,232	10,376
<b>Total noncurrent liabilities</b>	<b>4,739,468</b>	<b>5,482,528</b>	<b>743,061</b>
<b>Total liabilities</b>	<b>13,368,322</b>	<b>14,634,425</b>	<b>1,266,104</b>
<b>NET POSITION</b>	<b>6,369,243</b>	<b>5,676,216</b>	<b>(693,027)</b>
<b>Total Liabilities, Inflows &amp; Net Position</b>	<b>\$ 19,737,565</b>	<b>\$ 20,310,641</b>	<b>\$ 573,076</b>

**MUSC Health Partners**  
(Including Carolina Family Care, Inc.)  
Statement of Revenues, Expenses and Changes in Net Position  
For the 8 Month Period Ending - February 28, 2025

	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	14,010,910	6,835,098	142,481	855,537	-	21,844,026
Supplemental medicaid	2,133,333	-	-	-	-	2,133,333
Other operating revenue	4,205,980	-	-	29,584	178,925	4,414,488
Intercompany transfers	570,698	(570,698)	-	-	-	-
Purchased services revenue	2,101,846	-	38,007	3,502,954	334,065	5,976,872
Total operating revenues	23,022,767	6,264,400	180,488	4,388,075	512,989	34,368,720
<b>Operating expenses:</b>						
Salaries, wages and benefits	18,201,968	1,770,808	2,028,534	3,045,583	334,065	25,380,959
Supplies	1,409,687	951,580	-	539,297	-	2,900,564
Contractual services	473,195	160,853	3,334,094	16,619	-	3,984,761
Purchased services	1,035,356	117,416	(5,372,527)	308,061	-	(3,911,694)
Depreciation	185,066	161,191	-	740,237	-	1,086,495
Facilities	1,477,473	98,286	6,358	(742,034)	-	840,083
Insurance	328,214	6,198	33,592	5,865	-	373,868
Meals and travel	32,864	-	1,869	45,428	-	80,161
Faculty and staff recruitment	16,537	-	-	409,181	-	425,718
MUSCP corporate shared services	1,982,262	-	-	-	-	1,982,262
Other expenses	372,798	30,074	8,475	12,603	-	423,950
Total operating expenses	25,515,420	3,296,406	40,395	4,380,840	334,065	33,567,126
Operating income (loss)	(2,492,653)	2,967,994	140,093	7,235	178,925	801,593
Operating margin	(10.8%)	47.4%	77.6%	0.2%	34.9%	2.3%
<b>Nonoperating revenue (expenses):</b>						
Investment income	2,806	-	-	-	-	2,806
Interest expense	(27,066)	-	-	(68,666)	-	(95,731)
Rental income	30,115	-	-	(163)	-	29,952
Other nonoperating revenue (expenses)	(45,593)	-	-	-	-	(45,593)
Total nonoperating revenue (expenses)	(39,737)	-	-	(68,829)	-	(108,566)
Change in net position	\$ (2,532,390)	\$ 2,967,994	\$ 140,093	\$ (61,594)	\$ 178,925	\$ 693,027
Net margin	(11.0%)	47.4%	77.6%	(1.4%)	34.9%	2.0%

**Notes:**

*CFC Community Physicians:*

- \$121K Mt Pleasant Community PM&R operating income
- \$21K Grace Internal Medicine operating income
- Community Physicians column includes the following entities which are fully funded: Atlantic Cardiovascular Associates and Gastro

*Other Departments:*

- (\$16K) Corporate Executive Admin costs operating loss (to be funded by UMA)
- (\$12K) Institutional Advancement operating loss
- Other column includes the following entities which are fully funded: Tidlands Multispecialty, Modern Minds, Centerspace (\$37K loss to be billed to outside funding), MCP Leadership, and MUHA Midlands

**FY2025 MUSCP Consolidated Approved Unbudgeted Expenses  
As of 02/28/25**

<b>Unbudgeted Capital Projects</b>	<b>Amount</b>
Investment in Carolina Kidney Partners	\$ 1,600,000
<b>Total</b>	<b>\$ 1,600,000</b>
<b>Unbudgeted Operating Expenses</b>	<b>Amount</b>
<b>Total</b>	\$ -
<b>Total FY25 Approved Unbudgeted Expenses</b>	<b>\$ 1,600,000</b>

<b>Entity</b>	<b>Classification</b>	<b>Total YTD Expenses &gt;\$50,000 as of 2/28/25</b>
MUHA	Consulting Services	\$ 5,691,292
MUHA	Contractual Services	\$ 311,981,033
MUHA	Professional Services	\$ 86,805,644
MUSC	Consulting Services	\$ 124,488
MUSC	Contractual Services	\$ 166,191,302
MUSC	Professional Services	\$ 48,449,511
MUSCP	Consulting Services	\$ 751,302
MUSCP	Contractual Services	\$ 17,263,655
MUSCP	Professional Services	\$ 755,298
Grand Total		\$ 638,013,525