

MINUTES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
BOARD OF TRUSTEES MEETING
October 9, 2009

The Board of Trustees of the Medical University Hospital Authority convened Friday, October 9, 2009, with the following members present: Dr. Charles B. Thomas, Jr., Chairman; Mr. Thomas L. Stephenson, Esquire, Vice Chairman; Dr. Stanley C. Baker, Jr.; Mr. Melvyn Berlinsky; Mr. William H. Bingham, Sr.; Dr. Cotesworth P. Fishburne, Jr.; Dr. Donald R. Johnson II; Dr. E. Conyers O'Bryan, Jr.; Dr. Paula E. Orr; Dr. Thomas C. Rowland, Jr.; Mr. Charles W. Schulze; The Honorable Robin M. Tallon and Dr. James E. Wiseman, Jr.; Emeritus: Mr. Allan E. Stalvey. Absent: Mr. William B. Hewitt

The following administrative officials were present: Dr. Raymond S. Greenberg, President; Dr. John Raymond, Vice President for Academic Affairs and Provost; Dr. Jerry Reves, Vice President for Medical Affairs, and Dean, College of Medicine; Ms. Lisa Montgomery, Vice President for Finance and Administration; Mr. Stuart Smith, Vice President for Clinical Operations and Executive Director, MUHA; and Dr. Frank Clark, Vice President for Information Technology and CIO; Mr. Jim Fisher, Vice President for Development.

The following deans were present: Dr. Jack Sanders, College of Dental Medicine; Dr. Mark Sothmann, College of Health Professions; Dr. Jerry Reves, College of Medicine; Dr. Arnold Karig, College of Pharmacy, Dr. Joseph DiPiro, South Carolina College of Pharmacy; Dr. Gail Stuart, College of Nursing; Dr. Perry Halushka, College of Graduate Studies.

Item 1. Call to Order-Roll Call.

There being a quorum present, Chairman Thomas called the meeting to order at 9:00 a.m. Ms. Celeste Jordan called the roll.

Item 2. Secretary to Report Date of Next Meeting.

The date of the next regularly scheduled meeting is Friday, December 11, 2009.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of August 14, 2009.

Board Action: It was moved that the Minutes be approved. The motion was seconded, voted on and unanimously carried.

RECOMMENDATIONS AND INFORMATIONAL REPORTS OF THE PRESIDENT

OLD BUSINESS: None.

NEW BUSINESS:

Item 4. General Informational Report of the President.

Dr. Greenberg asked Dr. David Cole, Chair of the Department of Surgery, to introduce the guest speaker for the meeting. Dr. Cole introduced Dr. Joseph Hart who joined the University in 2008 as head of endovascular surgical services. He trained in general surgery and did a vascular fellowship at the Medical College of Wisconsin. He also did a research fellowship in cardiothoracic surgery research at Columbia and vascular training in Ireland. He joined the faculty at the University of Rochester in 2006 before coming to MUSC in 2008.

Dr. Hart shared information about his background. He is broadly interested in all vascular surgery, particularly arterial surgery and endovascular surgery. He spent a year as an interventional radiology trainee as part of his vascular fellowship in Milwaukee. The emphasis for his post-fellowship work in Belgium was carotid stenting and intervention for critical limb ischemia. While at Rochester, he had a strong interest in endovascular stent grafting for aortic disease and carotid intervention.

Dr. Hart discussed the collaboration at MUSC between the division of vascular surgery and interventional radiology. He said he was eager to come to MUSC for the opportunity to work at a time when vascular surgery and interventional radiology groups have increased their collaborative efforts.

Recommendation of Administration: That these reports be received as information.

Board Action: Received as information.

Item 5. Other Business. None.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY OPERATIONS AND FINANCE COMMITTEE. CHAIRMAN: DR. STANLEY C. BAKER, JR. (Detailed committee minutes are attached to these minutes).

OLD BUSINESS: None.

NEW BUSINESS:

Item 6. MUSC Medical Center Status Report.

Statement: Dr. Baker stated that Mr. Stuart Smith brief the committee on medical center activity. The average daily census was up by 40 over the same period last year. Total activity has increased by 1.1% with operating room activity up 10%. We can anticipate a Joint Commission survey within the next month.

Recommendation of Administration: Received as information.

Recommendation of Committee: Received as information.

Board Action: Received as information.

Item 7. MUSC Medical Center Financial and Statistical Report.

Statement: Dr. Baker stated Ms. Montgomery gave a brief report on the finances. We are in much better shape than we were last year with a 9% higher net revenue income and a net income of 4.5% higher at \$7.2 million. We currently have \$33 million cash on hand which represents 13-14 days cash on hand. FTEs per adjusted occupied bed are currently 6.44 which is better than the 50th percentile of UHC hospitals. MUHA is meeting all bond covenants.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

Item 8. Report on Quality and Safety Report.

Statement: Dr. Baker stated the committee had received a report on quality and patient safety from Dr. Cawley.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

Item 9. Report of Vice President for Medical Affairs and Dean, College of Medicine.

Statement: Dr. Baker reported Dean Reves had provided a report at an earlier session.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

Item 10. Outreach Activity Report on University Medical Associates.

Statement: Dr. Baker stated Mr. Valerio had presented a report to committee on the UMA's outreach activities. The activities included: radiology services in West Ashley; Mammography and Orthopedic services in the North Area; Urology in Clarendon County; General Internal Medicine at United Hospice of Charleston; Ophthalmology services for neonates at local Charleston area hospitals; and Cardiology services in Florence. He recommended approval of their outreach activities and continuation of their present course.

Recommendation of Administration: That the outreach activities be approved and present course continued..

Recommendation of Committee: That the outreach activities be approved and the present course continued.

Board Action: A motion was made, seconded and unanimously voted to approve the outreach activities and continuation of present course.

Item 11. Legislative Update.

Statement: Dr. Baker stated there was no report.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

Item 12. Other Committee Business. None

Item 13. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges (Consent Item).

Statement: A list of appointments, reappointments and delineation of privileges to the medical staff were presented for approval.

Recommendation of Administration: That the appointments, reappointments and delineation of privileges to the medical staff be approved.

Recommendation of Committee: That the appointments, reappointments and delineation of privileges to the medical staff be approve.

Board Action: Dr. Baker moved that the list of appointments, reappointments and delineation of privileges to the medical staff be approved. The motion was seconded, voted on and unanimously carried.

Item 14. Medical Staff Bylaws Change, February 2008. (Consent Item).

Statement: Updates to the Medical Staff Bylaws were presented for approval effective February 2008.

Recommendation of Administration: That the updates to the Medical Staff Bylaws be approved.

Recommendation of Committee: That the updates to the Medical Staff Bylaws be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the updates to the Medical Staff Bylaws effective February 2008.

Item 15. Medical Executive Committee Minutes (Consent Item).

Statement: Minutes of the Medical Executive Committee for June, July and August, 2009 meeting were presented to the Board.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: The minutes of the Medical Executive Committee for June, July and August, 2009 were received as information.

Item 16. Medical Center Contracts and Agreements (Consent Item).

Statement: Contracts and Agreements which have been signed since the last board meeting were presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY PHYSICAL FACILITIES COMMITTEE.
CHAIRMAN: MR. WILLIAM H. BINGHAM, SR. (Detailed committee minutes are attached to these minutes).**

OLD BUSINESS: None

NEW BUSINESS:

Item 17. Facilities Procurements/Contracts.

Statement: Mr. Bingham presented the following lease for approval:

- Renovation of 10E (Backfill Planning). Projected budget: \$1,750,000.
- Renovation of 7th floor ART for patient care. Projected budget: \$1.2M
- Renewal of lease of 76 beds located at Charleston Memorial Hospital to be used by Specialty Hospital of South Carolina (a/k/a Kindred Healthcare). Lease terms for 1 year: \$1,281,807.97.

Recommendation of Administration: That the procurements/contracts be approved.

Recommendation of Committee: That the procurements/contracts be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the procurements/contracts as presented.

Item 18. Update on Projects.

Statement: Mr. Bingham reported that Mr. Frazier presented an update on Authority projects to the committee.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

Item 19. Other Committee Business.

Statement: Mr. Frazier asked for approval of an increase to the FY 10 Capital Budget of \$1.2M for the renovation of the 7th floor ART.

Recommendation of Committee: That the FY 10 Capital Budget be increased \$1.2M for the 7th Floor ART Renovation Project.

Board Action: A motion was made, seconded and unanimously voted to increase the Medical Center's FY'10 Capital Budget by \$1.2M for the renovation of the 7th floor ART.

Mr. Frazier reported Mr. Bingham had chaired a selection committee including Drs. Baker, Rowland and Wiseman to select the architect/engineering firm for the 7th Floor ART renovation. The firm selected:

- Design Strategies - Greenville, SC

Recommendation of Committee: That the selection of Design Strategies be received for information.

Board Action: Received as information.

Item 20. Facilities Contracts Awarded (Consent Item).

Statement: Facilities Contracts awarded since the last meeting were presented for information.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY AUDIT COMMITTEE. CHAIRMAN: THOMAS L. STEPHENSON, ESQUIRE. (Detailed committee minutes are attached to these minutes).

OLD BUSINESS: None

NEW BUSINESS:

Item 21. MUHA Annual Compliance Update.

Statement: Mr. Stephenson stated the MUHA Annual Compliance Update had been presented to committee.

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

Item 22. Report of the Internal Auditor.

Statement: Mr. Stephenson stated Ms. Barnhart had provided a report on the activities of the office of Internal Audit

Recommendation of Administration: That this report be received as information.

Recommendation of Committee: That this report be received as information.

Board Action: Received as information.

Item 23. Other Committee Business.

OTHER BUSINESS FOR THE BOARD OF TRUSTEES:

Item 24. Approval of Consent Agenda.

Statement: Approval of the Medical University Hospital Authority consent agenda was requested.

Recommendation of Administration: That the consent agenda be approved.

Board Action: It was moved, seconded and unanimously voted that the consent agenda be approved.

Item 25. New Business for the Board of Trustees.

Mr. Belinsky made a motion for an executive session to discuss personnel and contractual matters. The motion was seconded and unanimously voted.

At the conclusion of the executive session, Chairman Thomas reported no action had been taken during the session.

Item 26. Report from the Chairman.

There being no further business, the Hospital Authority meeting was adjourned and the University Board of Trustees meeting was convened.

Respectfully submitted,



Hugh B. Faulkner III
Secretary

**Medical University Hospital Authority
Board of Trustees
Hospital Operations and Finance Committee
October 8, 2009
Minutes**

Attendees:

| | |
|--------------------------|------------------------|
| Dr. Stanley Baker, Chair | Ms. Lisa Montgomery |
| Mr. Melvyn Berlinsky | Dr. John Raymond |
| Mr. William Bingham | Dr. J. G. Reves |
| Dr. Cotesworth Fishburne | Mr. Jim Fisher |
| Dr. Conyers O'Bryan, Jr. | Ms. Susan Barnhart |
| Dr. Thomas Rowland | Mr. Chris Rees |
| Mr. Charles Schulze | Mr. Casey Liddy |
| Thomas Stephenson, Esq. | Dr. Marilyn Schaffner |
| Dr. Charles Thomas | Dr. Phil Costello |
| Hon. Robin Tallon | Mr. Steve Valerio |
| Dr. James Wiseman | Joseph Good, Esq. |
| Dr. Raymond Greenberg | Annette Drachman, Esq. |
| Mr. Stuart Smith | Dr. Patrick Cawley |

The meeting was called to order by Dr. Stanley Baker, Chair, at 12:30 p.m.

Item 6. MUSC Medical Center Status Report

Mr. Smith briefed the committee on medical center activity. Average daily census through September has increased by 40 over last year. Total activity has increased by 1.1% with operating room cases increasing 10.1% and outpatient activity increasing by 9.3%.

Mr. Smith also reported that the three year JCAHO survey for the Medical Center is expected at any time. He will keep the board updated.

Action: Received as information

Item 7. MUSC Medical Center Financial and Statistical Report

Ms. Montgomery briefed the committee on the medical center financial status. For the first two months of the fiscal year the Medical Center net revenue is 9% higher than last year. Net income is 4.5% higher at \$7.2 million. We currently have \$33 million cash on hand which equates to 13-14 days. FTEs per adjusted occupied bed are currently 6.44. This is better than the 50th percentile of UHC hospitals. MUHA is meeting all bond covenants.

Action: Received as information

Item 8. Report on Quality and Patient Safety

Dr. Pat Cawley, Executive Medical Director, briefed the committee on current patient safety rankings. The UHC Quality and Accountability scorecard currently ranks MUHA 16th of 90 hospitals. The components which are measured are mortality, effectiveness, safety, equity and patient centeredness. MUHA is doing well on all these measures.

Action: Received as information

Item 9. Report of Vice President for Medical Affairs and Dean, College of Medicine

Report presented at earlier session

Item 10. Report on University Medical Associates

Mr. Steve Valerio, CEO, University Medical Associates, briefed the committee on outreach initiatives including radiology services in West Ashley, Mammography and Orthopedic services in the North Area, Urology in Clarendon County, General Internal Medicine at United Hospice of Charleston, Ophthalmology services for neonates at local Charleston area hospitals, and Cardiology services in Florence.

Action: Recommend approval of outreach activities presented as well as approval to continue to pursue outreach activities.

Item 11. Legislative Update

No report

Item 12. No other committee business

CONSENT AGENDA:

Item 13. Medical University Hospital Authority Appointments, Reappointments, and Delineation of Privileges

The Committee reviewed and ratified appointments, reappointments and delineation of privileges which were approved by the Board of Trustees Credentialing Subcommittee on July 15 and August 19. These were approved effective July 28 and August 28 respectively.

Action: Recommend Approval

Item 14. Medical Staff Bylaws Change, February 2008

Bylaws of the Medical Staff were presented and updates were approved effective February 2008.

Action: Recommend approval

Item 15. Medical Executive Committee Minutes

The minutes for June 17, July 15, and August 19, 2009 were presented to the committee.

Action: Recommend approval

Item 16. Medical Center Contracts and Agreements

Contracts and agreements entered into since the last meeting of the Board were presented for information.

Action: Received as information

There being no further business, the committee adjourned at 1:00 p.m.

Respectfully Submitted,

Teresa K. Rogers

**Medical University Hospital Authority
Physical Facilities Committee
October 8, 2009
Minutes**

Attendees:

| | |
|------------------------------------|---------------------|
| Mr. William H. Bingham, Sr., Chair | Ms. Susie Edwards |
| Dr. Stanley C. Baker, Jr. | Mr. Jim Fisher |
| Mr. Melvyn Berlinsky | Mr. Dennis Frazier |
| Dr. Cotesworth P. Fishburne, Jr. | Mr. Joe Good |
| Dr. E. Conyers O'Bryan, Jr. | Mr. Mike Keels |
| Dr. Paula E. Orr | Mr. John Malmrose |
| Dr. Thomas C. Rowland, Jr. | Ms. Lisa Montgomery |
| Mr. Charles W. Schulze | Ms. Jody O'Donnell |
| Thomas L. Stephenson, Esquire | Ms. Gina Ramsey |
| The Honorable Robin M. Tallon | Dr. Jerry Reves |
| Dr. Charles B. Thomas, Jr. | Ms. Peggy Schachte |
| Dr. James E. Wiseman, Jr. | Dr. Darlene Shaw |
| Dr. Raymond S. Greenberg | Mr. Stuart Smith |
| Ms. Susan H. Barnhart | Mr. Maurice Snook |
| Dr. Phil Costello | Mr. Steve Valerio |
| Ms. Annette Drachman | Mr. Patrick Wamsley |

Mr. Bingham called the meeting to order.

REGULAR Items

Item 17. Facilities Procurements/Contracts.

Mr. Dennis Frazier presented the following for approval:

- Renovation of 10E (Backfill Planning). Projected budget: \$1,750,000.
- Renovation of 7th floor ART for patient care. Projected budget: \$1.2M
- Renewal of lease of 76 beds located at Charleston Memorial Hospital to be used by Specialty Hospital of South Carolina (a/k/a Kindred Healthcare). Lease terms for 1 year: \$1,281,807.97.

Recommendation of Committee: That the projects/leases be approved as presented.

Item 18. Update on Projects

Mr. Frazier provided an update on various Authority projects including the renovations of the cafeteria and the chest pain center.

Recommendation of Committee: That the report be received as information.

Item 19. Other Committee Business

Mr. Frazier asked for approval of an increase to the FY 10 Capital Budget of \$1.2M for the renovation of the 7th floor ART.

Recommendation of Committee: That the FY 10 Capital Budget be increased \$1.2M for the 7th Floor ART Renovation Project.

Mr. Frazier reported Mr. Bingham had chaired a selection committee including Drs. Baker, Rowland and Wiseman to select the architect/engineering firm for the 7th Floor ART renovation. The firm selected:

- Design Strategies - Greenville, SC

Recommendation of Committee: That the selection of Design Strategies be received for information.

CONSENT Items for Information:

Item 20. Facilities Contracts Awarded

The facilities contracts since the last board meeting were presented for information.

Recommendation of Committee: That this report be received as information.

With no further business, the meeting was adjourned.

Respectfully submitted,

Celeste Jordan

**Medical University Hospital Authority
Audit Committee
October 8, 2009
Minutes**

Attendees:

| | |
|--------------------------------------|-----------------------|
| Thomas L. Stephenson, Esquire, Chair | Ms. Susie Edwards |
| Dr. Stanley C. Baker, Jr. | Mr. Jim Fisher |
| Mr. Melvyn Berlinsky | Mr. Dennis Frazier |
| Mr. William H. Bingham, Sr. | Ms. Michelle Garbiras |
| Dr. Cotesworth P. Fishburne, Jr. | Mr. Joe Good |
| Dr. E. Conyers O'Bryan, Jr. | Mr. Mike Keels |
| Dr. Paula E. Orr | Mr. John Malmrose |
| Dr. Thomas C. Rowland, Jr. | Ms. Lisa Montgomery |
| Mr. Charles W. Schulze | Ms. Jody O'Donnell |
| The Honorable Robin M. Tallon | Ms. Gina Ramsey |
| Dr. Charles B. Thomas, Jr. | Dr. Jerry Reves |
| Dr. James E. Wiseman, Jr. | Ms. Peggy Schachte |
| Dr. Raymond S. Greenberg | Dr. Darlene Shaw |
| Ms. Julie Acker | Mr. Stuart Smith |
| Ms. Susan H. Barnhart | Mr. Maurice Snook |
| Dr. Phil Costello | Ms. Cindy Teeter |
| Ms. Annette Drachman | Mr. Steve Valerio |
| | Mr. Patrick Wamsley |

Mr. Stephenson called the meeting to order.

REGULAR Items

Item 21. MUHA Annual Compliance Update.

Ms. Reece Smith provided the annual compliance update for the Authority. She provided a broad overview of audits, discussed the HiTech project as well as allegations and questions received by the office which were mainly HIPPA and billing questions.

Recommendation of Committee: That the report be received as information.

Item 22. Report of the Internal Auditor.

Mr. Stephenson stated Ms. Susan Barnhart had provided a report to the Board and if there were any questions, she was available to answer them.

Recommendation of Committee: That the report be received as information.

Item 23. Other Committee Business. None

Respectfully submitted,

Celeste Jordan

**FACILITIES
HOSPITAL AUTHORITY
CONSTRUCTION PROJECT
FOR APPROVAL**

October 9, 2009

Project Title: Renovate 10E (Backfill Planning)

Budget: \$1,750,000

Source of Funds: Hospital Generated Funds

Justification:

Scope of work:

Design and renovate 10E patient care unit to be used by multiple units as patient care swing space for completing the planned backfill renovations. The project includes replacing the fan coil HVAC units, upgrading electrical distribution, emergency power, and mechanical changes as needed, to add 3 negative pressure patient rooms, medical gas enhancements, and alarms. New finishes will include flooring, ceiling, painted walls, hand rails, nurse station cabinetry, etc.

Why renovating 10E helps us with other renovations-

The backfill plan for renovations has been underway since ART opened in 2008. 10W, 9E, 9W, and 10C have been completed. 7E and STICU are now in construction.

6E, 6W, 7W, 8E, and 8W await renovations using 10 E as a swing space with each unit temporarily relocating to 10E while it is renovated. As each unit is completed, the temporary unit on 10E will return to its newly renovated space, and the next unit will begin the cycle again.

**FACILITIES
HOSPITAL AUTHORITY
CONSTRUCTION PROJECT
FOR APPROVAL**

October 9, 2009

Project Title: Renovate ART-7 for Patient Care

Budget: \$1,200,000

Source of Funds: Hospital Generated Funds

Justification:

Scope of work:

ART-7 Patient Care-Program and Design

Program, plan, design and renovate ART-7, converting it from offices to patient care. A clinical master plan review for the Medical Center will be included as needed.

This request will provide for multiple meetings to program the use of the space for patient care. The program will enable the 30,000 SF floor to be designed for 38-40 patient rooms, similar to the other patient units in the Patient Tower of ART. The ART-7 design documents will enable us to finalize a construction and equipment budget for the project, to be reported at a future Board Meeting.

The project also plans for the move of present offices on ART-7 so that ART-7 may be vacant at the start of construction. 182 staff members now on the 30,000 SF ART-7 are involved in this planned move. McClennan Banks and Charleston Memorial Hospital are envisioned as the sites for these offices. We will return to the Board at a future meeting with a project request for those offices.

**FACILITIES
HOSPITAL AUTHORITY
LEASE OUT RENEWAL
FOR APPROVAL**

OCTOBER 9, 2009

DESCRIPTION OF LEASE: This lease-out renewal is for 76 beds located at Charleston Memorial Hospital. This space will continue to be used by Specialty Hospital of South Carolina, Inc. (a.k.a. Kindred Healthcare). The annual per bed rent rate for this renewal is \$16,865.89 (rounded). The total monthly income shall be \$106,817.33 resulting in an annual income of \$1,281,807.97.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: Medical University Hospital Authority

LANDLORD CONTACT: Stuart Smith, Vice President for Clinical Operations, 792-4000

TENANT NAME AND CONTACT: Specialty Hospital of South Carolina, Inc., Marilyn Weaver, Corporate Administrative Manager of Leased Property, 502-596-7243

SOURCE OF FUNDS: Specialty Hospital of South Carolina, Inc.
LEASE TERMS:

TERM: One (1) Year
AMOUNT PER BED: \$16,865.89
ANNUALIZED LEASE COST: \$1,281,807.97
TOTAL COST OF LEASE: \$1,281,807.97

EXTENDED TERM(S): ~~N/A, To be negotiated~~

OPERATING COSTS:
FULL SERVICE X
NET _____

ROSTER
Board of Trustees Credentialing Subcommittee
July 28, 2009

The Medical Executive Committee reviewed the following applicants
on July 15, 2009 and recommends approval by the Board of Trustees effective July 28, 2009.

Medical Staff--Initial Appointment and Privileging

| | | | |
|----------|------------|----|--------------------|
| Sonia | Bains | MD | Medicine |
| Sujeev | Bains | MD | Medicine |
| K. Drew | Baker | MD | Pediatrics |
| Colin | Goudelocke | MD | Urology |
| Marc | Hassid | MD | Anesthesiology |
| Emily | Kmetz | MD | Dermatology |
| Lee | Leddy | MD | Orthopedic Surgery |
| Rebecca | Leddy | MD | Radiology |
| Caroline | Loeser | MD | Medicine |
| Dana | Moody | MD | Urology |
| Paige | Teller | MD | Surgery |
| Svetozar | Tomov | MD | Medicine |
| Lee | White | MD | Pediatrics |

Medical Staff--Reappointment and Reprivileging

| | | | |
|------------|--------------------|--------|----------------------------------|
| Jill | Aiken | MD | Pediatrics |
| Walter | Brzezinski | MD | Medicine |
| Milos | Budisavljevic | MD | Medicine |
| DeAnna | Cheek | MD | Pediatrics |
| Jeffrey | Cluver | MD | Psychiatry |
| Luciano | Costa | MD PhD | Medicine |
| Grayce | Davis | MD | Anesthesiology |
| Angela | Dempsey-Fanning | MD MPH | Obstetrics & Gynecology Services |
| Mitchell | Devlin | DO | Medicine |
| Rebecca | Eglen | MD | Pediatrics |
| Silkia | Figueuroa-Martinez | MD | Pediatrics |
| Harry | Fisch | MD | Urology |
| Alvaro | Giraldo | MD | Psychiatry |
| John | Gross | MD | Ophthalmology |
| Barry | Hainer | MD | Family Medicine |
| Angelle | Harper | MD | Radiology |
| Sherron | Jackson | MD | Pediatrics |
| J. Michael | Kilby | MD | Medicine |
| Seth | Kupferman | MD | Orthopaedic Surgery |
| Sarat | Kuppachi | MD | Medicine |
| Robert | Lake | MD | Medicine |
| Christos | Lazaridis | MD | Neurosciences |
| Cara | Litvin | MD | Medicine |
| Robert | Lowery | MD | Orthopaedic Surgery |
| Camelia | Marculescu | MD | Medicine |
| Keith | Merrill | MD | Orthopaedic Surgery |
| Robert | Post II | MD | Family Medicine |
| John | Reed | MD MPH | Pediatrics |
| Daryl | Reust | MD | Anesthesiology |
| John | Roberts | MD | Psychiatry |

| | | | |
|-----------|------------|--------|------------|
| Daniel | Steinberg | MD | Medicine |
| Christian | Streck Jr. | MD | Surgery |
| Melanie | Thomas | MD | Medicine |
| Bryan | Tolliver | MD PhD | Psychiatry |
| John | Toole | MD | Surgery |
| Benjamin | Weinstein | MD | Psychiatry |

Medical Staff--Reappointment with a Request for Change in Privileges

| | | | | |
|------------|----------|----|-----------------|---|
| Annette | Anderson | MD | Family Medicine | Replacement: Refer and Follow |
| Hugh | Durrence | MD | Family Medicine | Replacement: Refer and Follow |
| Anne-Marie | Fields | MD | Medicine | Replacement: Refer and Follow |
| Heather | Skeens | MD | Ophthalmology | Addition: Corneal Transplant and Use of Laser |
| Maria | Streck | MD | Pediatrics | Replacement: Refer and Follow |

Professional Staff--Reappointment and Reprivileging

| | | | |
|-----------|---------------|------|----------------------------------|
| Michael | Criswell | OD | Ophthalmology |
| Tracey | Gordon | PNP | Pediatrics |
| Frederica | Hughes-Joyner | PNP | Family Medicine |
| Muriel | Labonte | APRN | Medicine |
| Julie | Mansfield | PAC | Surgery |
| Larry | Neupert | CRNA | Anesthesiology |
| Adrian | Novit | PhD | Psychiatry |
| Kelly | Singleton | OD | Ophthalmology |
| E. Blair | Tiller | CNM | Obstetrics & Gynecology Services |
| Shannan | Toole | PNP | Pediatrics |
| Tiffany | Williams | PNP | Family Medicine |

Professional Staff--Reappointment with a Request for Change in Privileges

| | | | | |
|-------------|------|-----|------------|-------------------------------|
| L. Randolph | Waid | PhD | Psychiatry | Replacement: Refer and Follow |
|-------------|------|-----|------------|-------------------------------|

Professional Staff--Request for Change in Privileges

| | | | | |
|-----------|-------|-----|----------------|--|
| Catherine | Kelso | PAC | Otolaryngology | Replacement: Departmental Change |
| Janna | Licht | FNP | Psychiatry | Addition: Increase in Prescriptive Authority |

ROSTER
Board of Trustees Credentialing Subcommittee
August 28, 2009

The Medical Executive Committee reviewed the following applicants
on August 19, 2009 and recommends approval by the Board of Trustees effective August 28, 2009.

Medical Staff--Initial Appointment and Privileging

| | | | |
|------------|-------------|----|---------------|
| Michael | Boger | MD | Medicine |
| Ryan | Butts | MD | Pediatrics |
| Cindy | Cheng | MD | Medicine |
| Fitzgerald | Drummond | MD | Medicine |
| Charles | Greenberg | MD | Medicine |
| Kelly | Holes-Lewis | MD | Psychiatry |
| Darlene | Moak | MD | Psychiatry |
| Narendra | Patel | MD | Ophthalmology |
| Leigh | Vaughan | MD | Medicine |

Medical Staff--Reappointment and Reprivileging

| | | | |
|----------|------------|-----|------------------------------------|
| Amy | Cassidy | MD | Anesthesiology |
| Kenneth | Chavin | MD | Surgery |
| Larry | Field, Jr. | MD | Anesthesiology |
| Cory | Furse | MD | Anesthesiology |
| David | Gregg, IV | MD | Medicine |
| Timothy | Hartzog | MD | Pediatrics |
| Ram | Kalpatthi | MD | Pediatrics |
| Mary | Leathers | DDS | Oral & Maxillofacial Surgery |
| Kimberly | Lee | MD | Pediatrics |
| Rebecca | McPherson | MD | Pediatrics |
| Robert | Miller | MD | Medicine |
| Denise | Mulvihill | MD | Radiology |
| Jennifer | Murphy | MD | Medicine |
| Jennifer | Peura | MD | Medicine |
| Angela | Savatiel | MD | Obstetrics and Gynecology Services |
| Scott | Stewart | MD | Psychiatry |
| Shane | Woolf | MD | Orthopedic Surgery |

Medical Staff--Reappointment with a Request for Change in Privileges

| | | | | |
|--------|------|----|---------|---|
| Joseph | Hart | MD | Surgery | Addition: Vascular Surgery Specialty Procedures |
|--------|------|----|---------|---|

Medical Staff--Request for Change in Privileges

| | | | | |
|--------|---------|----|------------|--|
| Thomas | Pollehn | MD | Medicine | Addition: Deep Sedation |
| Amy | Ramsay | MD | Medicine | Addition: Deep Sedation |
| Maria | Streck | MD | Pediatrics | Addition: Core Allergy and Immunology Privileges |

Professional Staff--Initial Appointment and Privileging

| | | | |
|----------|-----------|-----|---------------|
| Kimberly | Griesemer | PNP | Neurosciences |
|----------|-----------|-----|---------------|

Professional Staff--Reappointment and Reprivileging

| | | | |
|----------|------------|------|--------------------|
| Cynthia | Allen | FNP | Family Medicine |
| Cindy | Carter | PhD | Radiation Oncology |
| Sarah B. | Kimble | PAC | Medicine |
| Timothy | McAdams | CRNA | Anesthesiology |
| James | Richardson | CRNA | Anesthesiology |

| | | | |
|----------|------------|------|-----------------|
| Shelley | Richardson | CRNA | Anesthesiology |
| Caroline | Scruggs | CNM | Family Medicine |



***Medical University of South Carolina
Medical Center***

Medical Staff Bylaws

February, 2008

ARTICLE I PURPOSE AND RESPONSIBILITIES

The purpose of the organized Medical Staff of the MUSC Medical Center is to bring the professionals, who practice at the Medical Center together into a self governing cohesive body to:

1. provide oversight of quality of care, treatment and services to patients of the MUSC Medical Center.
2. determine the mechanism for establishing and enforcing criteria and standards for Medical Staff membership
3. determine the mechanism for establishing and enforcing criteria for delegating oversight responsibilities for non-member practitioners with independent privileges.
4. review new and on-going privileges of members and non-member practitioners with independent privileges.
5. approve and amend medical staff bylaws, and rules and regulations.
6. provide a mechanism to create a uniform standard of care, treatment, and service.
7. evaluate and assist in improving the work done by the staff, provide education, and offer advice to the Vice President for Clinical Operations/Executive Director of the MUSC Medical Center.

The organized medical staff is also responsible for:

1. the ongoing evaluation of the competency of practitioners who are privileged,
2. delineating the scope of privileges that will be granted to practitioners
3. providing leadership in performance improvement activities within the organization.
4. assuring that practitioners practice only within the scope of their privileges.

The Medical University Hospital Authority, that includes the Medical University hospitals, clinics, and other health care related facilities, shall hereinafter be referred to in the body of this document as the Medical University of South Carolina Medical Center (MUSC Medical Center).

ARTICLE II BILL OF RIGHTS

I Member Staff Rights

Members of the Medical Staff are afforded the following rights:

- A. Right of Notification- Any matter of performance or conduct that could result in denial, suspension, or reduction of privileges will cause the Department Chairperson to notify the affected member before formal activity commences.
- B. Access to Committees - Members of the Medical Staff are entitled to be present at any committee meeting except during peer review proceedings. Members present for a specific agenda item shall be recognized by the Chairperson as time permits. Members can petition the Medical Executive Committee (MEC) for a specific agenda item or issue.

- C. Right of Information - Activities of the various committees (with the exception of peer review proceedings) may be reviewed by the Medical Staff members in the Medical Staff office. The MEC will provide to the active membership all changes to the Rules & Regulations, Credentials Policy Manual, and the Fair Hearing Document.
- D. Fair Hearing - Members are entitled to a fair hearing as described in the Fair Hearing Document.
- E. Access to Credentials File - Each member shall be afforded an opportunity to review his/her own credentials file before submission for approval. This review will occur at the time of initial appointment and at the time of reappointment as specified in the Credentials Policy Manual.
- F. Physician Health and Well-Being - Any member may call upon the resources of the Medical Staff in personal, professional, and peer matters to seek help and improvement.
- G. Confidentiality - Matters discussed in committee and otherwise undertaken in the performance of Medical Staff duties and privileges are strictly confidential. Violation of this provision is grounds for expulsion from the Medical Staff.

ARTICLE III MEDICAL STAFF MEMBERSHIP

I MEDICAL STAFF APPOINTMENT

Appointment to the Medical Staff of the MUH is a privilege that shall be extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and associated policies of the Medical Staff and MUH.

II QUALIFICATIONS FOR MEMBERSHIP

- A. Only physicians with Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degrees, or Dentists or podiatrists holding a current, valid license to practice in the State of South Carolina shall be qualified for appointment to the Medical Staff. Additional requirements include:
 - documentation of background, experience, training, judgment, individual character and demonstrated competence, and physical and mental capabilities, with sufficient adequacy to assure the Medical Staff and Board that any patient treated by them in the hospitals will be given a high quality of patient care,
 - demonstrated adherence to the ethics of their profession, and ability to work with others

No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges at the MUSC Medical Center merely by virtue of licensure to practice in this or any other state, or of membership in any professional organization, or of privileges at another Medical Center.

- B. Must be free from government sanctions and bans as outlined by Medicare and the Department of Health and Human Services - Office of the Inspector General (DHHS-OIG).
- C. Must meet appointment requirements as specified in the Credentials Policy Manual.
- D. An MD, DO or Dentist member, appointed after December 11,1992, shall be eligible for or have obtained board certification and comply with individual board requirements in his/her respective medical or dental specialty board. This Board must have been approved by the American Medical Association, the American Osteopathic Association, or the American Board of Medical Specialties. A five (5) year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. Newly hired physicians who are not board certified or are more than 5 years out from initial eligibility are required to attain Board Certification within two (2) years, or reappointment will not be granted. In special cases where a need exists, an exception to these qualifications can be made, only after the applicant has demonstrated competency to the satisfaction of the Department Chairperson in the department in which they are assigned and the Department Chairperson has attested either in a written or oral format to the Medical Executive Committee for approval.

Waiver of board certification requirement can be granted when no board specialty exists and the Department Chairperson attests (in written and oral format) to adequacy of training and competency.

Foreign Board Certification may be an appropriate substitute for United States Board approval. The delegated committee (Credentials Committee) may choose to accept or reject such certification. In the event the certification is rejected by the Credentials Committee, the Department Chairperson may petition the Medical Executive Committee for approval.

- E. A member of the Medical Staff must be a member of the faculty of the Medical University of South Carolina.
- F. Maintain malpractice insurance as specified by the MEC, MUH and Board of Trustees.

III NON-DISCRIMINATION

The Medical University Hospital will not discriminate in granting staff appointment and/or clinical privileges on the basis of age, sex, race, creed, color, or nationality.

IV CONDITIONS AND DURATION OF APPOINTMENT

- A. Initial appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall act on appointments and reappointments only after there has been a recommendation from the Credentials Committee and MEC.

- B. All initial appointments shall be for a provisional period of one year.
- C. Appointments to the staff will be for no more than 24 calendar months.
- D. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board.
- E. Medical Staff membership, clinical privileges and prerogatives will be terminated immediately if the practitioner is under government sanctions as listed by the DHHS – Office of the Inspector General.

V PRIVILEGES AND PRACTICE EVALUATION

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

Initial requests for privileges are made simultaneously with the filing of the application for Medical Staff membership. Following procedures stated in the Credentials Policy Manual, and with a recommendation of the appropriate Department Chairperson, the Medical Staff organization will evaluate and make recommendations to the Board. Privileges will only be granted or renewed, after applicant meets the criteria related to current licensure, relevant education, training and experience, demonstrated current competence, physical ability and the clinical ability to perform the requested privileges. For new procedures and at the time of reappointment, members' requests for privileges will be subject again to the procedures outlined in the Credentials Policy Manual.

When considering privileges for a new practitioner, current data should be collected during the provisional time period for those privileges selected by the Department Chairperson.

Prior to the granting of a privilege, the Department Chairperson determines the resources needed for each requested privilege and must assure the resources necessary to support the requested privilege are currently available or define the timeframe for availability. These resources include sufficient space, equipment, staffing, and financial. The Chairperson will work with hospital to ensure resources are available.

At the time of appointment and reappointment each candidate applying for privileges will be evaluated using the following six areas of general competence as a reference:

- a. Patient Care
- b. Medical/Clinical Knowledge
- c. Practice-based learning and improvement
- d. Interpersonal and communication skills
- e. Professionalism
- f. System-based practices

A Focused Professional Practice Evaluation allows the medical staff to focus on specific aspects of a practitioner's performance. This evaluation is used when:

- a. A practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organizations' setting.
- b. Questions arise regarding a practitioner's professional practice during the course of the Ongoing Professional Practice Evaluation
- c. For all initially requested privileges (Effective January 2008)

Ongoing Professional Practice is designed to continuously evaluate a practitioner's professional performance. It allows potential problems to be identified and also fosters a more efficient, evidence-based privilege renewal process. The type of data to be collected is approved by the organized medical staff but is determined by individual departments and is uniformly applied to all members within the department. The frequency of data collection is determined by the organized Medical Staff in collaboration with the Executive Medical Director and the Center for Clinical Effectiveness and Patient Safety. Information from ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privileges.

VI TEMPORARY and DISASTER PRIVILEGES

- A. Temporary privileges may be granted by the Executive Director of the Medical Center or his designee for a stated limited time upon the recommendation of the applicable Department Chairperson or the President of the Medical Staff, in all other circumstances, as detailed in the Credentials Policy Manual.
- B. Disaster privileges may be granted by the Executive Director of the Medical Center or the President of the Medical Staff or the Medical Director of the Medical Center, according to Medical Center Policy C-35 "Disaster Privileges for Licensed Independent Practitioners, when the Emergency Management Plan for the Medical Center has been activated and when the Medical Center cannot handle the needs of patients with just the available credentialed staff. The Department Chairperson will be responsible for monitoring the professional performance of volunteer practitioners with disaster privileges. This monitoring will be accomplished through direct observation, staff feedback, and when appropriate, medical record review. The Department Chairperson is responsible for reviewing the continuation of disaster privileges within 72 hours of granting the disaster privileges.

VII LEAVE OF ABSENCE

Any member may apply to the Credentials Committee for a leave of absence not to exceed one (1) year. Reinstatement of privileges may be requested from the Credentials Committee without formal re-application. Absence for a period longer than one (1) year will require formal re-application. In some special cases, (i.e., military service) a Department Chairperson through the Credentials Committee can recommend to the MEC that a leave of absence be extended beyond a year without the necessity for formal reappointment. At no time can a special circumstance leave of absence extend beyond a two year re-appointment cycle.

VIII RESPONSIBILITIES OF MEMBERSHIP

Each staff member will:

- A. Provide timely, appropriate and continuous care/treatment/services for his/her patients and supervise the work of any allied health professional or trainee under his/her direction when appropriate.
- B. Assist the MUH in fulfilling its responsibilities by participating in the on-call coverage of the emergency room and other coverage as determined by the MEC.
- C. Assist other practitioners in the care of their patients when asked.
- D. Act in an ethical and professional manner.
- E. Treat employees, patients, visitors, and other physicians in a dignified and courteous manner.
- F. Actively participate in the measurement, assessment, and improvement of patient care processes.
- G. Participate in peer review as appropriate.
- H. Abide by the bylaws, rules and regulations, department rules, and other policies and procedures of the MUSC Medical Center.
- I. Participate in continuing education as directed by state licensure and the MEC.
- J. Speak as soon as possible with hospitalized patients who wish to contact the attending about their medical care in accordance with the South Carolina Lewis Blackman Hospital Patient Safety Act.
- K. When required as a part of the practitioner well being program, comply with recommended actions.
- L. Manage and coordinate their patients care, treatment, and services.

**ARTICLE IV
CATEGORIES OF THE MEDICAL STAFF**

I THE ACTIVE CATEGORY

A. Qualifications - Appointee to this category must:

1. Be involved on a regular basis in patient care delivery at the Medical University hospitals and clinics annually, providing the majority of their services/activities within the MUSC Medical Center.
2. Have completed at least one (1) year of satisfactory performance on the Medical Staff. (See Provisional Status MUSC Credentials Policy Manual)

B. Prerogatives - Appointees to this category may:

1. Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
2. Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he is appointed.
3. Hold office, sit on or be chairperson of any committee, unless otherwise specified elsewhere in these Bylaws.
4. Admit patients to the MUSC Medical Center.

C. Responsibilities: Appointee to this category must:

1. Contribute to the organizational and administrative affairs of the Medical Staff.
2. Actively participate in recognized functions of staff appointment, including performance improvement and other monitoring activities, monitoring initial appointees during their provisional period, and in discharging other staff functions as may be required from time to time.
3. Accept their individual responsibilities in the supervision and training of students and House Staff members as assigned by their respective department, division or section head and according to Medical Center Policy C-74 "Resident Supervision".
4. Participate in the emergency room and other specialty coverage programs as scheduled or as required by the MEC or Department Chairperson.

D. Removal:

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

II AFFILIATE CATEGORY

A. Qualifications - Appointees to this category must:

1. Participate in the clinical affairs of the MUSC Medical Center.
2. Be involved in the care or treatment of at least six (6) patients of the MUSC Medical Center hospitals or clinics during his/her appointment period, or
3. Refer patients to other physicians on staff of the MUSC Medical Center or those who order diagnostic or therapeutic services at the MUSC Medical Center

B. Prerogatives - Appointees to this category may

1. Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Rules and Regulations, or by specific privilege restriction.
2. Attend meetings of the Staff and Department to which she is appointed and any staff or MUSC Medical Center education programs.
3. Request admitting privileges.

C. Limitations - Appointees to the Affiliate Category do not have general Medical Staff voting privileges.

III HONORARY / ADMINISTRATIVE CATEGORY

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

Physicians with the MUSC Medical Center whose duties include both administrative and clinical activities must be members of the Medical Staff, and must obtain clinical privileges in the same manner as any other Medical Staff member. When a contract exists, the contract of the physician who has both administrative and clinical duties shall clearly define the relationship between termination of the contract by the MUSC Medical Center and reduction or termination in privileges.

IV OTHER / NON-MEDICAL STAFF MEMBERS

House Staff - The House Staff consists of those practitioners, who by virtue of a contract, are in the postgraduate training program at the Medical University of South Carolina. They are not eligible to hold a Medical Staff office and are not eligible to vote unless otherwise indicated in these Bylaws.

Only practitioners who are graduates of an approved, recognized medical, osteopathic or dental school, who are legally licensed to practice in the State of South Carolina and who, continue to perform and develop appropriately in their training are qualified for assignment to the House Staff. The Chairperson of the House Staff member's department and Associate Dean for Graduate Medical Education will be responsible for monitoring performance and will notify the Chairperson of the Executive Committee of any status changes.

Allied (affiliated) Health Professionals - Allied (affiliated) Health Professionals are those health practitioners, not a licensed MD, DO or Dentist, who, although not members of the Medical Staff are credentialed through the Medical Staff process as described in the Credentials Policy Manual.

ARTICLE V OFFICERS

I OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be:

- A. President
- B. Vice President
- C. Secretary

II QUALIFICATIONS OF OFFICERS

Officers must be members of the Active Medical Staff at the time of nomination and election and must remain members in good standing during their terms of office. Officers should possess some Medical Staff administrative experience. In addition, Medical Staff officers must be committed to put in the required time to assist the functioning of the organized Medical Staff.

III SELECTION OF OFFICERS

- A. A nominating committee shall be appointed by the Medical Staff president at the meeting prior to biennial elections. This committee shall present a slate of officers to the Medical Staff at its annual meeting.
- B. Medical Staff members may submit names for consideration to members of the nominating committee.
- C. Only Active Staff shall be eligible to vote. A plurality vote of those Active Staff present at the annual meeting is required.

IV TERM OF OFFICE

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

V VACANCIES IN OFFICE

Vacancies in office during the Medical Staff year, except the Office of President, shall be filled by the MEC of the Medical Staff. If there is a vacancy in the Office of the President, the Vice President shall serve the remainder of the term.

VI DUTIES OF OFFICERS

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

VII REMOVAL FROM OFFICE

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

ARTICLE VI DEPARTMENTS

I ORGANIZATION OF DEPARTMENTS

- A. The Medical Staff shall be organized into departments, divisions, and or sections, in a manner as to best assure:
 - 1. the supervision of clinical practices within the Hospital;
 - 2. the conduct of teaching and training programs for students and House Staff;
 - 3. the discovery of new knowledge;
 - 4. the dissemination of new knowledge;
 - 5. the appropriate administrative activities of the Medical Staff; and an integrated quality management program to monitor objectively and systematically evaluate the quality and appropriateness of patient care, objectively establish and monitor criteria for the effective utilization of hospital and physician services, and pursue opportunities to improve patient care and resolve identified problems.
 - 6. the active involvement in the measurement, assessment and improvement of patient care processes.

II QUALIFICATIONS AND SELECTION OF DEPARTMENT CHAIRPERSON

- A. Each Chairperson shall be a member of the Active Category of the Medical Staff and be well qualified by training and experience and demonstrated ability for the position. The Chairperson should be certified in an appropriate specialty board.
- B. The appointment and removal of Department Chairpersons shall be the responsibility of the Dean of the appropriate College, in accordance with Article IV of the General Rules and Regulations of the Faculty of the Medical University of South Carolina. Such appointment must then be submitted to the Board of Trustees for approval.

III FUNCTIONS OF DEPARTMENT

Through the department Chairperson each department shall:

- A. Recommend to the Medical Staff the objective and evidenced based criteria consistent with the policies of the Medical Staff and the Board of Trustees for the granting and renewal of clinical privileges.
- B. Recommend clinical privileges for each member of the Department
- C. Develop and uniformly apply criteria for a focused time limited professional practice evaluation for all initially requested privileges of independent practitioners within their department.
- D. Develop and uniformly apply criteria for the on-going professional evaluation of all independent practitioners within their department.
- E. Assure the decision to deny a privilege(s) is objective and evidenced based.
- F. Establish policies and procedures and scope of practice for House Staff supervision. The character of supervision will depend upon the level of training and demonstrated competence of each House Staff member.
- G. As required by the Board of Trustees through the Performance Improvement Plan, each department shall participate in a medical care evaluation program and/or quality improvement program as required by accrediting bodies, federal regulations and state statutes. This plan shall include a process that assures active participation in the ongoing measurement, assessment and improvement of the quality of care and treatment and may include quality control processes as appropriate.
- H. Shall establish standards and a recording methodology for the orientation and continuing education of its members. Such continuing education should (1) represent a balance between intra-institutional and outside activities, (2) be based, when applicable, on the findings of the quality improvement effort, (3) be appropriate to the practitioner's privileges and will be considered as part of the reappointment process. Participation in the roles of both students and teachers is recognized as the means of continuously improving the services rendered by the Medical Staff.
- I. Coordinate clinical activities of the department and integrate all patient care and clinical activities with MUSC Medical Center.

- J. Monitor on a continuing basis, departmental activities and compliance with Medical Staff Bylaws or other accrediting bodies.
- K. Define the circumstances and implement the process of focused peer review activities within the department.
- L. Assess and recommend off-site sources for needed patient care, treatment and service when not provided by the department.
- M. Conduct administrative duties of the department when not otherwise provided by the hospital.
- N. Coordinate and integrate all inter and intra departmental services.
- O. Develop and implement department policies and procedures for the provision of safe and quality care, treatment, and services.
- P. Recommend sufficient qualified and competent staff to provide care within the department and with Clinical Services determine the qualifications and competencies of non LIP's within the department.
- Q. Recommend space and resource needs of the department.
- R. Ensure the timely and appropriate completion of MUSC Medical Center administrative responsibilities assigned to departmental physicians.
- S. Supervise the completion of the assigned responsibilities of departmental members who serve as MUSC Medical Center Medical Directors.
- T. With MUSC Medical Center leaders determine the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services.

IV ASSIGNMENT TO DEPARTMENTS

All members of the Medical Staff shall be assigned to a department as part of the appointment process.

ARTICLE VII COMMITTEES

I. MEDICAL EXECUTIVE COMMITTEE

- A. Composition: The MEC shall include the elected officers of the Medical Staff, Past President of the Medical Staff, the Vice President for Clinical Operations/Executive Director of MUSC Medical Center, Senior Associate Dean for Clinical Affairs , the Medical Director and/ or designee, Administrator of Clinical Services, Department of Medicine Chairperson, Department of Surgery Chairperson, the Director of Quality, Administrator of

Ambulatory Care, the Vice President for Medical Affairs, the CEO of UMA, President of the House Staff (voting), Chairperson of Credentials Committee, Physician Director of Children's Health Services, the Director for Graduate Medical Education, the President of UMA, the Director of Emergency Medicine, and a designee appointed by the Chairpersons of the Departments of Laboratory Medicine & Pathology, Anesthesiology and Peri-operative Medicine, and Radiology, , three (3) elected Medical Staff representatives: one (1) each to represent the Institute of Psychiatry, primary care and surgical specialties to be elected by the Medical Staff members of those represented departments , **three elected Medical Directors from service lines**, and two (2) Department Chairpersons not already assigned . Membership for elected members and unassigned Department Chairpersons will be for a two year period.

- B. The Medical Executive Committee will be chaired by the Vice President for Medical Affairs (or his/her designee) and Co-chaired by the Medical Staff President.
- C. All members will have voting rights.
- D. Duties - The duties of the MEC shall be to:
 - 1. Ensure high quality cost-effective patient care across the continuum of the MUSC Medical Center
 - 2. Represent and to act on behalf of the Medical Staff
 - 3. Coordinate the activities and general policies of the Medical Staff;
 - 4. Determine and monitor committee structure of the Medical Staff;
 - 5. Receive and act upon reports and recommendations from departments, committees, and officers of the Medical Staff;
 - 6. Implement Medical Staff policies not otherwise the responsibility of the departments;
 - 7. Provide a liaison between the Medical Staff and the Executive Director of the MUSC Medical Center;
 - 8. Recommend action to the Executive Director of the MUSC Medical Center on medico-administrative matters;
 - 9. Make recommendations to the Board of Trustees regarding: the Medical Staff structure, membership, delineated clinical privileges, appointments, and reappointments to the Medical Staff, and performance improvement activities;
 - 10. Ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the MUSC Medical Center
 - 11. Fulfill the Medical Staff organization's accountability to the Board for the medical care of patients in the MUSC Medical Center;

12. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance for all members with clinical privileges;
 13. Conduct such other functions as are necessary for effective operation of the Medical Staff;
 14. Report at each general staff meeting; and
 15. Ensure that Medical Staff is involved in performance improvement and peer review activities.
 16. The organized medical staff delegates the authority to the Medical Executive Committee the ability to act on its behalf in between organized meetings of the medical staff
- E. Meetings - The MEC shall meet at least six (6) times a year or as often as necessary to fulfill its responsibility and maintain a permanent record of its proceedings and actions. Special meetings of the MEC may be called at any time by the Chairperson.

II OTHER MEDICAL STAFF FUNCTIONS

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

- A. Conduct or coordinate quality, appropriateness, and improvement activities, including but not limited to operative, invasive, and high risk procedures review, tissue review, blood usage review, drug usage review, medical record review, mortality and morbidity review, autopsy review, sentinel event and other reviews;
- B. Conduct or coordinate utilization activities;
- C. Peer review.
- D. Conduct or coordinate credentials investigations for staff membership and granting of clinical privileges;
- E. Provide continuing education opportunities responsive to quality assessment/improvement activities, new state-of-the-art developments, and other perceived needs;

- F. Develop and maintain surveillance over drug utilization policies and practices;
- G. Investigate and control nosocomial infections and monitor the MUSC Medical Center infection control program;
- H. Plan for response to fire and other disasters;
- I. Direct staff organizational activities, including staff Bylaws, review and revision, Staff officer and committee nominations, liaison with the Board and MUSC Medical Center administration, and review and maintenance of MUSC Medical Center accreditation.

ARTICLE VIII MEDICAL STAFF MEETINGS

I REGULAR MEETINGS

- A. The Medical Staff shall meet at least quarterly or more often, as needed. Appropriate action will be taken as indicated.
- B. An Annual Medical Staff Meeting shall be held during the last quarter of each year. Written notice of the meeting shall be sent to all Medical Staff members and conspicuously posted.
- C. The primary objective of the meetings shall be to report on the activities of the staff, elect officers if necessary, and conduct other business as may be on the agenda. Written minutes of all meetings shall be prepared and recorded.

II SPECIAL MEETINGS

The President of the Medical Staff, the Medical Director, the Dean of the College of Medicine, the Vice President of Academic Affairs or the Medical Executive Committee may call a special meeting after receipt of a written request for same signed by not less than five (5) members of the Active and Affiliate Staff and stating the purpose for such meeting. The President of the Medical Staff shall designate the time and place of any special meeting. Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally or by mail, including electronic mail, to each member of the Active Category of the Medical Staff not less than 48 hours before the date of such meeting, by or at the direction of the President of the Medical Staff. If mailed, the notice of the meeting shall be deemed delivered when deposited in the Campus Mail addressed to each Staff member at his address as it appears on the records of the Hospital. Notice may also be sent to members in other Medical Staff categories who have so requested. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

IV QUORUM

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

V ATTENDANCE REQUIREMENTS

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

VI PEER REVIEW

All members of the MUSC Medical Center Medical Staff are subject to Peer Review as the result of numerous quality review activities.

Peer Review is initiated at a Medical Staff Committee level, or at a Medical Staff Department level through the Department Chairperson to the MEC as outlined in the Medical Staff Rules and Regulations and the Medical Staff Policy "Peer Review". A peer review committee will be maintained by the Medical Executive Committee. This committee will be chaired by the vice president of the medical staff and will consist of members appointed by the MEC

All peer review activities whether conducted as a part of a department quality plan or as a part of a medical staff committee will be considered medical staff quality activities and fall under the protection of SC Code Section 40-71-10.

VII PARTICIPATION BY EXECUTIVE DIRECTOR OF THE MUSC MEDICAL CENTER

The Executive Director of the MUSC Medical Center or his/her designee may attend any Committee, Department, or Section meeting of the Medical Staff.

VIII ROBERT'S RULES OF ORDER

The latest edition of *ROBERT'S RULES OF ORDER* shall prevail at all meetings of the General Staff, MEC, and Department Meetings unless waived by the Chairperson.

IX NOTICE OF MEETINGS

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

X ACTION OF COMMITTEE/DEPARTMENT

The action of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee or department.

XI MINUTES

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

ARTICLE IX TERMINATION, REDUCTION, AND SUSPENSION OF PRIVILEGES

I SUSPENSION

In the event that an individual practitioner's action may pose a danger to patients, other Medical Staff members, or the Hospital or its personnel, then either the President of the Medical Staff or Medical Director or the Chairperson of the clinical department to which the practitioner is a member, shall each have the authority, as independent action, to suspend all or any portion of the Clinical Privileges of the Medical Staff member in question. Such precautionary suspension does not imply final findings of fact or responsibility for the situation that caused the suspension.

Such precautionary suspension is immediately effective, is immediately reported to all the individuals named above, and the Medical Staff Office, and remains in effect until a remedy is effected following the provision of this Article of the Medical Staff Bylaws. Immediately upon the imposition of a suspension, the appropriate Department Chairperson or the Chief of Staff assigns to another Medical Staff member the responsibility for care of any hospitalized patients of the suspended individual. As soon as practical, but in no event later than three (3) days after a precautionary suspension, the Medical Executive Committee shall convene to review the action. The affected practitioner may request to be present at this meeting, which is not a hearing and is not to

be construed as such. The MEC may continue the suspension, or take another action pursuant to this Article. If the action taken entitles the affected practitioner to a hearing, then the Hearing and Appeals Procedure Fair Hearing Plan shall apply.

II EFFECT OF OTHER ACTIONS ON MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

Failure to Complete Medical Records - All portions of each patient's medical record shall be completed within the time period after the patient's discharge as stated in Medical Staff Rules and Regulations. Failure to do so (unless there are acceptable extenuating circumstances) automatically results in (a) the record being defined as delinquent and (b) notification of the practitioner.

A temporary suspension in the form of withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the medical records are complete, shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records within a seven (7) day period after delivery of such warning to him/her either orally or in writing.

Having three (3) suspensions in one (1) consecutive 12 month period will be reason for removal from the Medical Staff. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).

Actions Affecting State License to Practice - If a practitioner's state license to practice or DEA registration is revoked, suspended, limited for disciplinary reasons, not renewed by the relevant agency, or voluntarily relinquished by the individual, then staff membership and privileges are automatically revoked, suspended, or limited to at least the same extent, subject to re-application by the practitioner when or if his/her license or DEA registration is reinstated, or limitations are removed, whatever is the case.

Lapse of Malpractice Coverage - If the MEC and Board have established a requirement for liability coverage for practitioners with clinical privileges, and if a staff member's malpractice coverage lapses without renewal, then the practitioner's clinical privileges are automatically suspended until the effective date of his/her new malpractice coverage, unless otherwise determined by the Board.

Governmental Sanction or Ban - Imposition of governmental sanction or ban as outlined by Medicare and the DHHS -Office of the Inspector General is cause for immediate loss of all clinical privileges.

Felony Conviction - conviction of a felony offense is cause for immediate loss of all clinical privileges.

Loss of Faculty Appointment - Loss of faculty appointment shall result in immediate revocation of clinical privileges and appointment to the Medical Staff.

Failure to Meet Application Requirements - Failure to comply with deadlines or other application requirements will result in loss of appointment and privileges as outlined in the Credentials Policy Manual.

IV HEARING/APPEAL

Any physician has a right to a hearing/appeal pursuant to the institution's Fair Hearing Plan in the event any of the following actions are taken or recommended:

- A. Denial of initial staff appointment,
- B. Denial of reappointment,
- C. Revocation of staff appointment,
- D. Denial or restriction of requested clinical privileges,
- E. Reduction in clinical privileges,
- F. Revocation of clinical privileges,
- G. Individual application of, or individual changes in, the mandatory consultation requirement, and
- H. Suspension of staff appointment or clinical privileges if such suspension is for more than 14 days.

ARTICLE X REVIEW, REVISION, ADOPTION, AND AMENDMENT OF THE BYLAWS

I MEDICAL STAFF RESPONSIBILITY

The Medical Staff shall have the responsibility to formulate, review, adopt, and recommend to the Board, Medical Staff Bylaws and Amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner.

II METHODS OF ADOPTION AND AMENDMENT

All proposed amendments, whether originated by the MEC, another standing committee, or by a member of the Active Category of the Medical Staff, must be reviewed and discussed by the MEC prior to a MEC vote. Such amendments may be recommended to the Board:

- A. The Bylaws may be amended or revised after submission of the proposed amendment at any regular or special meeting of the Medical Staff or **by email** or US mail submission to all Active Medical Staff members. To be adopted, an amendment or revisions shall require a majority vote of the Active members. **Voting can be completed either in person at a Medical Staff meeting or by electronic ballot vote of those who are eligible to vote on the Bylaws.** Amendments so made shall be effective when approved by the Board of Trustees.
- B. The Executive Committee is authorized to make minor changes/corrections when necessary due to spelling, punctuation and/or grammar.
- C. These Bylaws shall be reviewed at least every two (2) years by the Officers of the Medical Staff. Findings shall be reported at a regular meeting of the Medical Staff or at a special meeting called for such purpose or **by email to** active Staff members. Any recommended changes shall be amended in accordance with these Bylaws.

III RULE CHALLENGE

Any practitioner may raise a challenge to any rule or policy established by the MEC. In the event that a rule, regulation or policy is felt to be inappropriate, any physician may submit a petition signed by 25% of the members of the Active Staff. When such petition has been received by the MEC, it will either:

- A. Provide the petitions with information clarifying the intent of such rule, regulation, or policy and/or
- B. Schedule a meeting with the petitioners to discuss the issue.

IV RELATED PROTOCOLS AND MANUALS

The MEC will provide to the Board a set of Medical Staff Rules and Regulations, a Credentials Policy Manual, a Fair Hearing Plan, that further defines the general policies contained in these Bylaws. These manuals will be incorporated by reference and become part of these Medical Staff Bylaws.

Approved by the Medical Executive Committee on November 28, 2007, and by majority vote of the Medical Staff on January 28, 2008.

Revisions approved by the Board of Trustees as of this February 8, 2008.