MINUTES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
BOARD OF TRUSTEES MEETING
October 8, 2010

The Board of Trustees of the Medical University Hospital Authority convened Friday, October 8, 2010, with the following members present: Mr. Thomas L. Stephenson, Esquire, Chairman; Dr. James E. Wiseman, Jr., Vice Chairman; Dr. Stanley C. Baker, Jr.; Mr. Melvyn Berlinsky; Mr. William H. Bingham, Sr.; Dr. Cotesworth P. Fishburne, Jr.; Mr. William B. Hewitt; Dr. E. Conyers O'Bryan, Jr.; Dr. Thomas C. Rowland, Jr.; Mr. Charles W. Schulze; The Honorable Robin M. Tallon; and Dr. Charles B. Thomas, Jr. Emeritus: Mr. Allan E. Stalvey. Absent: Dr. Donald R. Johnson II; Dr. Paula E. Orr.

The following administrative officials were present: Dr. Raymond S. Greenberg, President; Dr. Mark Sothmann, Interim Vice President for Academic Affairs and Provost; Dr. Etta Pisano, 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; 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. Lisa Saladin, College of Health Professions; Dr. Etta Pisano, College of Medicine; Dr. Philip Hall, 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 10, 2010.

Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of August 13, 2010.

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. David Cole, Chairman of the Department of Surgery introduced Dr. Prabhakar Baliga who received his surgical training at Tulane and a transplant fellowship at the University of Michigan. Dr. Baliga is Professor of Surgery, Chief of the Division of Transplant Surgery and Medical Director of the Transplant Service Line. He is an

outstanding surgeon, an NIH-funded surgical investigator, a consummate academician who is dedicated to outstanding patient care.

Dr. Baliga introduced his colleagues in transplant surgery. He discussed the mission, vision and activities of the transplant program as well as the future of the program at MUSC.

Dr. Greenberg thanked Dr. Baliga for his presentation and his work. He said the transplant program is clearly one of the crown jewels of the University and we all need to work to make sure this is the national program, not just in our state and our region.

Recommendation of Administration: That these report 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: Mr. Stuart Smith had reported to committee that the hospital statistics remain stable. He reported that the Medical Center has initiated a cost reduction plan which is focused on decreasing cost per adjusted discharge in each of our 11 service lines as well as in 5 shared service areas (Radiology, OR, Laboratory, Pharmacy, Therapies). Each of these areas has developed a plan for reducing their costs by 10% within two years.

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: Ms. Montgomery said she had reported to committee that KPMG had completed the FY10 Audit and there no recommendations or material findings. For the first two months of this fiscal year the Authority is slightly behind budget but that is not unusual. She reported the change in net assets is $6.3 million; expenses are up slightly and labor costs are continuing to be monitored.

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. Policy C23 – Withdrawal of Life Support.

Statement: Dr. Baker stated the committee recommended approval of a policy change with regard to withdrawal of life support.

Recommendation of Administration: That the Policy C23 – Withdrawal of Life Support be approved.

Recommendation of Committee: That the Policy C23 – Withdrawal of Life Support be approved.

Board Action: A motion was made, seconded and unanimously voted to approve Policy C23 – Withdrawal of Life Support.

Item 10. Report by VP for Medical Affairs and Dean, COM.

Statement: Dr. Baker stated Dr. Pisano had provided a report to committee. In December we will expect a report on the hospital strategy for the outreach program and also for changes in preparation for the new healthcare rules at they become effective.

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 11. Report on University Medical Associates.

Statement: Dr. Baker stated there was no report from UMA but there will be a report in December regarding outreach programs.

Recommendation of Administration: That this be received as information.

Recommendation of Committee: That this be received as information.

Board Action: Received as information.

Item 12. Legislative Update.

Statement: Dr. Baker stated there Mr. Faulkner had provided a legislative update 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 13. Other Committee Business.

Statement: Dr. Baker presented a resolution authorizing MUHA to incur short-term indebtedness not to exceed $25 million for a term not exceeding one year, with an option for a one-year renewal, for operation of the hospital.

Recommendation of Administration: That the resolution be approved.

Recommendation of Committee: That the resolution be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the resolution authorizing short-term indebtedness not to exceed $25 million for a term not exceeding one year, with an option for a one-year renewal.

Item 14. Medical University Hospital Authority Appointments, Reappointments and Delineation of Privileges (Consent Item).

Statement: An updated 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 updated list of appointments, reappointments and delineation of privileges to the medical staff be approved. The motion was seconded, voted on and unanimously carried.

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

Statement: Minutes of the Medical Executive Committee for July, August and September 2010 meetings 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 July, August and September 2010 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 Proposed.

Statement: Mr. Bingham presented the following for approval:

- Lease of 2,883 sq.ft. of clinical space located at 2750 Dantzler Drive, Suite 102, North Charleston. Total cost of lease: $319,394.88.
- Lease-out renewal of 28,531 sq.ft. of clinical space located at Charleston Memorial Hospital to be used by Specialty Hospital of SC, Inc. Total amount of lease: $1,345,794.24.
- Selection of firms to provide A&E services under an IDC contract. Firms selected:
  - McMillan, Pazdan, Smith
  - Stevens & Wilkins
  - Stubbs, Muldrow, Herin Architects.

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

Recommendation of Committee: That these 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. None

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 annual compliance update for MUHA 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 Office of Internal Audit.

Statement: Mr. Stephenson stated the committee had received a report from the Director 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.

Mr. Stephenson stated the committee had also received a report from Ms. Annette Drachman regarding the favorable resolution of a long-standing lawsuit in MUHA's favor.

Board Action: Received as information.

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.

Chairman Stephenson stated, if there were no objections from the Board, the committee chairs would be re-elected and Mr. Hewitt would be the new chair of the Audit Committee. With no objection, the chairs were elected for a two-year term, by acclamation, as follows:

MUHA Operations & Finance Committee – Dr. Stanley C. Baker, Jr.
MUHA Facilities Committee – Mr. William H. Bingham, Sr.
MUHA Audit Committee – Mr. William B. Hewitt.

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,

H.B. Faulkner III

Hugh B. Faulkner III
Secretary

/wcj
Attachments

Medical University Hospital Authority
Board of Trustees
Committee on Hospital Operations and Finance
October 7, 2010
Minutes

Attendees:

Dr. Stanley Baker, Chair
Thomas Stephenson, Esq.
Mr. Melvyn Berlinsky
Mr. Charles Schulze
Mr. William Bingham
Dr. Cotesworth Fishburne
Mr. William Hewitt
Dr. Conyers O'Bryan
Dr. Paula Orr
Dr. Thomas Rowland
Hon. Robin Tallon
Dr. Charles Thomas
Dr. Raymond Greenberg
Mr. Stuart Smith
Ms. Lisa Montgomery
Dr. Etta Pisano
Mr. Jim Fisher
Dr. Philip Costello
Dr. Patrick Cawley
Annette Drachman, Esq.
Mr. Steve Hargett
Ms. Susan Barnhart
Mr. H. B. Faulkner
Mr. Mark Sweatman
Ms. Sarah King

The committee was called to order by Dr. Stanley Baker, Chair, at 12:45 p.m.

Item 6.MUSC Medical Center Status Report

Stuart Smith reported that average daily census had increased slightly over the first two months as compared to last year. Observation cases have increased by 14.6% and newborn activity has decreased. Operating Room cases have decreased by 6.3%, a large portion of which is related to the decline in the number of ophthalmology physicians. Outpatient activity has also decreased and this may also be related to a decrease in ophthalmology visits. ER visits have also decreased. Mr. Smith reported that there is a national trend of decreased physician visits. He also pointed out that our numbers are compared with the first two months of FY2009 when there was a very high incidence of activity related to H1N1 influenza.

He reported that the Medical Center has initiated a cost reduction plan which is focused on decreasing cost per adjusted discharge in each of our 11 service lines as well as in 5 shared service areas (Radiology, OR, Laboratory, Pharmacy, Therapies). Each of these areas has developed a plan for reducing their costs by 10% within two years. The areas present their progress once a month to hospital leadership. Areas of focus include staffing ratios, staffing mix, supply costs (standardization), and achieving efficiencies such as length of stay and operating room scheduling and turnover times. Initial plans have identified opportunities in utilization of blood and blood products, laboratory tests,

pharmaceutical usage, imaging usage, and are also focusing on practice variation. Both physician and administrative leaders are focusing on these issues and have been working collaboratively to identify opportunities.

This effort is extremely important in planning for accountable care organizations, and Mr. Smith stated that he would have more details on that topic at the December meeting of the Board.

Action: Received as information

Item 7. MUSC Medical Center Financial and Statistical Report

Ms. Montgomery reported that KPMG had finished our external audit and that we had a clean audit with no significant or material findings. The Medical Center finished the year with a 6% margin (which included the FICA settlement which should be received by December). The cash position at the end of FY 2010 is $44 million.

For the first two months of the Fiscal Year, revenue is ahead of last year. Although expenses are up slightly, the change in net assets is $6.3 million ahead of budget.

Ms. Montgomery also reported that Health and Human Services and the hospital providers are working together to manage the budget issues associated with Medicaid. She will keep the board informed about progress.

Action: Received as information

Item 8. Report on Quality and Patient Safety

Dr. Patrick Cawley reported on the UHC quarterly safety report card for the Medical Center. MUHA is currently doing well, but he stressed that this was a major focus nationally and MUHA must continue it's efforts. Institutions are ranked on mortality, effective care, readmit rates, safety, equity, and patient centerdness. MUHA does well in each of these, but has increased recently in our readmission rates. He attributed this mainly to congestive heart failure, sickle cell disease and chronic pancreatitis. MUHA is working on measures to correct these rates.
In the future, institutions will also be ranked on efficiency. For this reason, the work being done by service lines to increase efficiencies at MUHA becomes extremely important.

He also reported on a UHC study which compared three academic medical centers which had increased in rankings as compared with three centers which decreased in their rankings. While the decreases seemed to be for a number of reasons, the increases were found in institutions with the following attributes: a committed and visionary CEO, a strong leadership team, the formation of a supportive coalition, a focus on accountability, and a focus on quality and safety infrastructure.

The question was posed about whether MUHA should form a committee dedicated to quality and safety. This will receive further consideration.

Action: Received as information

Item 9. Policy C23 – Withdrawal of Life Support

The Medical Director presented the policy and it was reviewed by the committee.

Action: Recommended approval

Item 10. Report of Vice President for Medical Affairs and Dean, College of Medicine

Dr. Pisano reported that the clinical enterprise is working to position itself to respond to the accountable care model of healthcare delivery. A committee has been appointed within UMA to focus on healthcare reform. This is a major focus for the College of Medicine.

The College of Medicine and UMA are re-evaluating the use of clinical and academic space. Chairs have been engaged in this process and understand the need to allocate space in a more efficient manner.

Action: Received as information

Item 11 – UMA Outreach Activity Report

No report

Item 12. Legislataive Update

Mr. Faulkner reported that he and members of the Medical University have met recently with a number of legislators. Discussions included budget concerns, Medicaid cuts, and possible legislative changes with the upcoming elections. He also discussed possible goals for the upcoming legislative session.

Action: Received as information

Item 13. Other Committee Business

The board passed a resolution authorizing negotiation for a $25 million line of credit with a rate to be negotiated by the Treasurer's Office.

Action: Recommend approval

CONSENT AGENDA

Item 14. Medical University Hospital Authority Appointments, Reappointments, and Delineation of Privileges

The committee reviewed the request for appointments, reappointments and delineation of privileges. These have been approved by the appropriate hospital committees, and have been recommended by the Medical Executive Committee.

Action: Recommend approval

Item 15. Medical Executive Committee minutes

The minutes for July, August and September 2010 were presented. These were reviewed by the committee.

Action: Received as information

Item 16. Medical Center Contracts and Agreements.

The committee reviewed the contracts and agreements which have been entered into since the last meeting of the Board.

Action: Received as information

There being no further business, the committee adjourned at 1:50 p.m.

Teresa K. Rogers

Medical University Hospital Authority
Physical Facilities Committee
October 7, 2010
Minutes

Attendees:

Mr. William H. Bingham, Sr., Chair
Dr. Stanley C. Baker
Mr. Melvyn Berlinsky
Dr. Cotesworth P. Fishburne, Jr.
Mr. William B. Hewitt
Dr. E. Conyers O'Bryan, Jr.
Dr. Paula Orr
Dr. Thomas C. Rowland, Jr.
Mr. Charles W. Schulze
Thomas L. Stephenson, Esquire
The Honorable Robin M. Tallon
Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.
Dr. Raymond S. Greenberg
The Honorable Robert C. Lake
Mr. Allan Stalvey
Ms. Susan H. Barnhart
Dr. Phil Costello
Ms. Annette Drachman
Mr. Dennis Frazier
Mr. Jim Fisher
Dr. Stephen Lanier
Mr. John Malmrose
Ms. Lisa Montgomery
Ms. Jody O'Donnell
Dr. Etta Pisano
Ms. Gina Ramsey
Mr. Stuart Smith
Mr. Maurice Snook
Dr. Mark Sothmann
Mr. Steve Valerio
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:

- Lease of 2,883 sq.ft. of clinical space located at 2750 Dantzler Drive, Suite 102, North Charleston. Total cost of lease: $319,394.88.
- Lease-out renewal of 28,531 sq.ft. of clinical space located at Charleston Memorial Hospital to be used by Specialty Hospital of SC, Inc. Total amount of lease: $1,345,794.24.
- Selection of firms to provide A&E services under an IDC contract. Firms selected:
  - McMillan, Pazdan, Smith
  - Stevens & Wilkins
  - Stubbs, Muldrow, Herin Architects.

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

Item 18 Update on Projects.

Mr. Dennis Frazier provided an update on various Hospital Authority projects.

Recommendation of Committee: Received as information.

Item 19 Other Committee Business. None.

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 7, 2010
Minutes

Attendees:

Thomas L. Stephenson, Esquire, Chair
Dr. Stanley C. Baker
Mr. Melvyn Berlinsky
Mr. William H. Bingham, Sr.
Dr. Cotesworth P. Fishburne, Jr.
Mr. William B. Hewitt
Dr. E. Conyers O'Bryan, Jr.
Dr. Paula Orr
Dr. Thomas C. Rowland, Jr.
Mr. Charles W. Schulze
The Honorable Robin M. Tallon
Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.
Dr. Raymond S. Greenberg
Mr. Hugh B. Faulkner, III
The Honorable Robert C. Lake
Mr. Allan Stalvey
Ms. Julie Acker
Ms. Susan H. Barnhart
Dr. Phil Costello
Ms. Annette Drachman
Mr. Dennis Frazier
Mr. Jim Fisher
Mr. Joe Good
Dr. Stephen Lanier
Mr. John Malmrose
Ms. Lisa Montgomery
Ms. Jody O'Donnell
Dr. Etta Pisano
Ms. Reece Smith
Mr. Stuart Smith
Mr. Maurice Snook
Dr. Mark Sothmann
Mr. Mark Sweatman
Ms. Cindy Teeter
Mr. Steve Valerio
Mr. Patrick Wamsley

Mr. Stephenson called the meeting to order.

REGULAR Items

Item 21 MUHA Annual Compliance Update.

Ms. Reece Smith presented the MUHA Annual Compliance report to the board. She discussed compliance initiatives; university auditing and compliance office allegations and questions.

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

Item 22 Report of the Internal Auditor.

Mr. Stephenson reported Ms. Susan Barnhart had provided audit information to the Board and if they had any questions, she was available to respond.

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

Item 23 Other Committee Business.

Ms. Annette Drachman provided an update on several legal cases that have been resolved with the courts ruling in favor of MUHA.

Respectfully Submitted,

Celeste Jordan

MUSC Medical Center Policy Manual

Section	No	Title:		
PC-25	C-023	**Withholding/Withdrawing Life-Sustaining Treatment**		
Owner:		**Quality Department**		
Location/File:		I:\EllisT\Data\Word\MUHA Clinical Policies\C-23.Withdraw Life Support		
Date Originated: 06/97		**Reviewed:** 08/02, 10/06	**Revised:** 08/00, 10/07, 09/10	**Legal Review:** 09/10

Definitions:

Cardiopulmonary Resuscitation - The emergency application of electrical cardioversion, intubation, chest compression, or other advanced life support interventions to manage cardiopulmonary arrest.

Decisional Capacity - The patient's ability, based on reasonable medical judgment, to:
- Understand the risks, benefits, and alternatives to treatment
- Relate such information to personal values and preference
- Communicate personal preferences to caregivers and surrogate decision-makers.

Futile Treatment - (Medically Ineffective and Without Benefit) - Medical futility may be identified when further therapeutic interventions do not offer meaningful opportunities to fulfill patient's life values and goals.

Life-sustaining Treatment - Any medical intervention, technology, procedure, or medication that forestalls impending death, whether or not the treatment affects the underlying disease process. This includes but is not limited to:
- Mechanical ventilation (invasive or noninvasive)
- Vasopressors
- Transfusions
- Nutrition and hydration provided by invasive means
- Dialysis
- Antibiotics
- Cardiopulmonary resuscitation
- Laboratory procedures
- Invasive and noninvasive monitoring

Potential Organ Donor - Patient who:
- has severe, irreversible acute brain injury,
- is being mechanically ventilated, and
- is located in an intensive care unit or emergency department, and/or for whom
- withholding/withdrawing of life support is being contemplated.

Terminal Illness - An incurable or irreversible condition which would predictably result in death, within a relatively short time, without application of life-sustaining treatment; a condition in which the prospects for recovery of a quality of life acceptable to the patient/family are so minimal that the goal of patient care shifts from prolongation of life to palliative care as death approaches.

Treatment of a Co-existing Illness - Treatment of a co-existing reversible medical condition, unrelated to the terminal illness, may also be withheld or withdrawn whether or not this is a complication of the patient's primary disease.

Policy:

- To provide practitioners with guidelines and requirements for withholding and withdrawing lifesustaining treatments.
- The patient's medical care should be proportional to the desired outcome, in accordance with the patient's wishes, and should not violate the ethical or philosophical position of practitioners and the hospital.
- Life-sustaining treatment should be provided in conformity with current medical, ethical, and legal norms. Decisions to initiate life-sustaining treatments should be based on their anticipated benefits rather than their availability.
- In providing or withdrawing life-sustaining treatment, clinicians should consider potential harm to patients. Harm includes physical problems, such as pain, in addition to psychological, social, and economic consequences for the patient.
- The benefits of organ donation and the option to donate should be included in all discussions of withholding and withdrawing life-sustaining treatments in patient who could become eligible for organ donation.

Procedure:

A. Reasons for Considering Withholding/Withdrawing Life-Sustaining Treatment:

1. **Refusal of Life-Sustaining Treatment by Competent Adult Patient or Emancipated Minor** - Competent adult patients or emancipated minors (married, enlisted in the armed services, or has a valid declaration of emancipation) have the legal right to refuse any medical interventions, including life-saving interventions. Any patient, who understands the nature of his/her illness and can make informed, reasoned choices about treatment has the right to refuse life-sustaining treatment for medical or non-medical reasons.

2. **Refusal of Life-Sustaining Treatment Through an Advance Directive (Living Will or Durable Power of Attorney for Health Care)** - A competent, capable adult patient may explicitly refuse life-sustaining treatment by presenting a living will document. A living will instructs the physician in the patient's wishes regarding withholding life-sustaining treatment when the patient is in a terminal condition or a persistent vegetative state. Incapacitated patients, who made credible and explicit statements of their treatment wishes while still capable decision makers, should have those statements honored over any conflicting opinions or desires of family members. Patients' wishes should be honored.

    a. An adult patient with a Health Care Power of Attorney has legally named an adult as his/her agent for making health care decisions in the event the patient is no longer a capable decision maker. The agent has the legal authority to refuse life-sustaining treatment unless contradicted by a living will. If the agent's decision conflicts with the patient's expressed wishes or if there is reason to believe that the agent inadequately represents the patient, the physician can contact the Ethics Consultation Service or the Office of Legal Affairs for assistance.

3. **Refusal of Life-Sustaining Treatment by a Surrogate Decision Maker**

    a. **ADULTS -** If the patient is unable to understand the nature and consequences of his/her illness or is incapable of making informed choices about treatment, the physician should consult with the patient's surrogate decision maker, in the presence of at least one witness, to arrive at a substituted judgment about withholding/ withdrawing life-sustaining treatment.

1. According to the South Carolina Adult Health Care Consent Act (S.C. CODE ANN 44-66-10), the following persons may serve as surrogates, in order of priority:
   a) A legally appointed guardian or committee
   b) A person appointed under a Medical Power of Attorney or designated in the patient's written living will to make health care decisions for the patient
   c) The patient's spouse
   d) A parent or adult child
   e) An adult sibling, grandparent, or adult grandchild
   f) Any other relative by blood or marriage

2. The surrogate should base his/her decision on the patient's basic values and beliefs and any preferences regarding treatment previously expressed to the extent they are known, and if unknown or unclear, on the patient's best interests.

b. **MINORS -** If the patient is an unemancipated minor, the parent or legal guardian must be consulted in working toward a decision in the best interests of the child.
   1. A minor should be involved in these decisions to the extent of his/her developmental capacity and the wishes of the minor, particularly mature minors, should be given great weight in determining what is in the minor's best interests.
   2. If a minor is married, enlisted in the armed services, or has a valid declaration of emancipation, he or she has the authority to make decisions about life-sustaining treatment.

4. **Treatment is Futile (Medically Ineffective and Without Benefit) -** Treatment that would be medically ineffective in achieving the patient's goals should not be recommended or imposed upon a patient. Moreover, physicians have no obligation nor is it good practice to carry out or maintain such treatment; therefore, physicians should not present as valid options treatments that are medically ineffective."

5. **Terminal Condition -** If a medical judgment is made that intervention will only prolong suffering and the dying process or will fail to reverse or ameliorate the underlying illness, treatment should not be offered or imposed or maintained.

B. Guideline for Decision Making

1. Every adult with decisional capacity is legally and ethically entitled to make health care decisions for themselves. The attending physician, or designee, is responsible for providing the patient or surrogate with adequate information about applicable therapeutic and diagnostic options. This information should include the risks, side effects, potential benefits, and likelihood, if known, of whether treatment will succeed as well as estimated financial and other costs of treatment and alternatives.

2. The physician should provide advice about the treatment choices and should recommend the medically best option for the patient under the circumstances and should give reasons, based on medical, experiential, or ethical factors, for such judgment. The physician should remind patients and other decision-makers that they could accept or reject the physician's recommendations.

3. In the case of potential organ donors, the option of organ donation should be offered during discussion of withholding/withdrawal of life-sustaining treatment. It is strongly recommended that a designated requestor be present to discuss that option. See Policy C-17 (http://www.musc.edu/medcenter/policy/Med/C17.pdf).

4. The physician should elicit questions, provide truthful and complete answers to such questions, attempt to ascertain whether or not the decision maker understands the information and advice provided, and attempt to enhance understanding as needed.

C. Physician & Patient/Surrogate Disagreements Regarding Withholding or Withdrawing Life-Sustaining Treatment

1. A physician or other clinician is not compelled by the demand of a patient or surrogate to provide treatment that, in the professional judgment of that physician or clinician, is unlikely to benefit the patient (that would be medically ineffective and/or outside the standard of care). However, physicians should not take such a position merely as a justification for circumventing possibly difficult discussions with patients. Physicians should carefully consider the treatments that are presented to the patient and the patient's family in lieu of making a medical decision.

2. Ethical determinations are most acceptable if they are participatory, that is, if all parties affected by the disagreement participate both in identifying the relevant beliefs, expectations, and social norms involved in a decision, and in their assessment of proposed solutions. Factors to be considered during such discussions include:
   a. the patient's wishes, including consideration of the patient's written advance directives, personal values, personality, prior statements, and relevant philosophical, religious and ethical values;
   b. the benefits and burdens associated with the treatment options, including the patient's degree of humiliation, dependency and any physical pleasure, emotional enjoyment, or intellectual satisfaction the patient may derive from life with or without the treatment;
   c. the degree, expected duration and constancy of pain and other suffering with and without treatment, and the possibility that symptoms could be reduced by drugs or other means; and
   d. the patient's life expectancy, prognosis, and level of functioning with and without the treatment.

3. Medically ineffective treatment is not good practice and is contrary to medical professionalism, so physicians have no obligation to carry out such a treatment. Any treatment outside this standard of care can be withheld or withdrawn.

4. If a patient, either directly or through an advance directive, or the patient's surrogate requests treatment that the attending physician determines would be medically ineffective, the attending physician shall discuss fully with the patient or surrogate the medical reasons why it is inappropriate in the context of the overall goals of the patient's care.

5. If the patient or surrogate continues to demand inappropriate treatment after this explanation, the attending physician shall involve the following additional team members in communication with patients:
   a. Patient & Family Centered Care Group
   b. Additional ancillary services as appropriate:
      1) Ethics Consultation Service
      2) Social Services consultation
      3) Case Management consultation
      4) Psychiatric & Behavioral Services consultation
      5) Pastoral Care consultation
      6) Palliative Care Service consultation

6. If patient or surrogate continues to demand inappropriate treatment after involvement of the above services, the attending physician shall obtain a consultation with a second appropriately qualified physician to provide an independent assessment of the requested treatment's effectiveness. Every effort should be made to ensure that the physician selected has been approved by the patient and/or surrogate decision maker.
   a. If the second physician concurs with the determination of medical ineffectiveness, and disagreement between the attending physician and the patient or surrogate persists, the attending will discuss the situation with the Executive Medical Director.
   b. If all efforts to resolve the dispute continue to be unsuccessful, the family may be asked to arrange transfer of the patient to another physician or medical facility that is willing to abide by

the patient's or surrogate's request. The attending physician and hospital staff will provide the family with reasonable assistance in identifying a willing physician or facility.

7. If alternative care for the patient cannot be arranged within 10 days, the Executive Medical Director, upon request of the attending physician, may convene an Ad Hoc Committee (the Committee) to seek additional input into resolution of the conflict. The Committee's membership comprises at minimum seven individuals who are broadly representative of constituencies such as the medical staff, bioethics services, hospital administration, nursing services, pastoral care, social services, and the community at large. The Executive Medical Director will appoint the members of the committee and the chairperson of the Committee.

8. Within 2 working days after appointment of the Committee, the Executive Medical Director will meet with the patient and or surrogate and notifiy he/she that this administrative process has begun, and provides a copy of this policy (C-23 Withholding/Withdrawing Life Sustaining Treatment). The Committee may review all relevant documents and may interview any person or persons who have or may have information related to the issue in question. The Committee chairperson convenes a hearing when all appointed members can attend. The chairperson invites the attending, consulting physicians, the patient or surrogate, family members, and other parties who are directly affected by the situation. The hospital will offer the patient or surrogate the services of a patient liaison, who is responsible for guiding them through the process.

9. During the hearing, formal legal rules of evidence do not apply, but the chair may exclude testimony that is not relevant. If the patient or surrogate chooses to have legal counsel present, counsel may advise his/her client, but may not speak directly to the Committee. The Committee chair may eject from the hearing any counselor who persistently attempts to speak to the Committee, or any other person whom he/she deems disruptive.

10. At the conclusion of the hearing, the Committee goes into executive session. The facts and issues are discussed and a decision made by consensus of the members of the Committee as to whether the treatment requested in this case is medically ineffective. The Committee reports its findings and recommendations to the Executive Medical Director, who distributes the report to affected parties, including the attending physician and the patient or surrogate.

11. If the Committee does not concur with the attending physician's determination of medical ineffectiveness, the requested treatment will not be withheld without the patient's or surrogate's agreement. An alternative attending physician may be sought.

12. If the Committee affirms a finding of medical ineffectiveness, the Executive Medical Director convenes a meeting of the medical team and the patient or patient's surrogate with the palliative care service to discuss alternative treatment plans addressing comfort care and preservation of the patient's dignity. All MUSC patients have the right to considerate, respectful care recognizing their personal autonomy (policy C-01, Patients Rights), but standard of care avoids medically ineffective treatments.

13. However, if the patient or surrogate continues to demand the ineffective treatment, the institution MAY request a court of competent jurisdiction to authorize an order to withhold or withdraw the demanded medically ineffective treatment. The final decision to petition the court will be made by the Executive Director/Vice President for Clinical Operations.

14. The medical team should grant the patient or surrogate control of their end-of-life events where possible, listening to concerns but encouraging appropriate transition to palliative care. Patients should not be abandoned once Committee review affirms a finding of medical ineffectiveness. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.(AMA opinions E-2.21 & E-2.211).

D. **Organ Donation Procedure -** The benefits of organ donation and the option to donate should be included in all discussions of withholding and withdrawing life-sustaining treatments in patient who could become eligible for organ donation [42CFR482.45 (a)(1)]. The following procedures are in chronological order:

1. The primary care nurse or designee should notify the LifePoint Communication Center (LCC) (1-800-269-9777). Call LCC when the attending physician has determined that a patient has a severe, irreversible acute brain injury, is being mechanically ventilated, is located in an intensive care unit or emergency department, and withholding/withdrawing of life support is being contemplated.

2. If LCC (1-800-269-9777) determines that the patient is a potential organ donor, a plan must be developed to offer the family the option of organ/tissue donation as part of the discussion of the potential course of action. (See Policy C-17.)

3. In all cases in which this policy applies, an Allow Natural Death / Limited Resuscitation Progress Note will be entered in the patient's medical record documenting the process by which the decision to withhold/ withdraw life sustaining treatment was arrived. This note should include:
   - In the case of potential organ donors, referral to the LCC (1-800-269-9777) and the outcome of the referral
   - The patient's diagnosis and prognosis
   - Identification of the decision maker(s) with whom the issue of withdrawing or withholding life-sustaining treatment was discussed
   - A description of the discussion including specific reasons for withholding or withdrawing life-sustaining treatment
   - A description of the treatments to be withheld or withdrawn
   - Signature of the attending physician

4. A written Allow Natural Death / Limited Resuscitation Order should precede written orders to withhold or withdraw life-sustaining treatment, except under certain circumstances (e.g. withholding of blood products in a Jehovah Witness patient).

5. Once the decision is made to withhold/withdraw life-sustaining treatment, a plan of palliative care only should be established. Palliative care should have pain management and relief of suffering as a major objective.

6. The patient's condition should be reassessed to ensure the order(s) to withhold/ withdraw life-sustaining treatment continue to reflect the patient's current medical status, the physician's recommendations, and the preferences of the patient or patient's surrogate.

7. Refer to Clinical policy C-13, Procedure D. Review of Orders for Allow Natural Death / Limited Resuscitation.

8. The Ethics Consultation Service is available 24 hours a day to help clarify ethical issues in clinical situations and to help resolve conflicts and disagreements (e.g., among families, among staff, or between patients and their family/surrogates and staff) regarding decisions about withholding/ withdrawing life-sustaining treatment.

Related Policies:
C-1 Patients Rights and Responsibilities (http://www.musc.edu/medcenter/policy/Med/C01.pdf)
C-12 Advance Directives (http://www.musc.edu/medcenter/policy/Med/C12.pdf)
C-13 Resuscitation Orders (http://www.musc.edu/medcenter/policy/Med/C13.pdf)
C-15 Guidelines for the Determination of Death (http://www.musc.edu/medcenter/policy/Med/C15.pdf)
C-16 Decedent Care Program (http://www.musc.edu/medcenter/policy/Med/C16.pdf)
C-17 Organ/Tissue Donation (http://www.musc.edu/medcenter/policy/Med/C17.pdf)
C-50 Care at the End of Life (http://www.musc.edu/medcenter/policy/Med/C50.pdf)
C-125 Organ Donation after Cardiopulmonary Death (DCD) (https://www.musc.edu/medcenter/policy/Med/C125.pdf)

Approvals:

As Required	Date
List Hospital Committee(s)	
Ethics Committee	06/10
Medical Staff Executive Committee	08/10
Administration/Operations	08/10
Governing Body	10/10

Distribution:

Policy Applies to:	Physicians (Y/N): Y	Nursing (Y/N): Y
	Other Clinical Staff (Specify): All	Other Staff (Specify): All
Educational Plan	Rollout Committee	
Required Competencies		
Expected Implementation Date	October 31, 2010	

FACILITIES
HOSPITAL AUTHORITY
NEW LEASE
FOR APPROVAL

OCTOBER 8, 2010

DESCRIPTION OF LEASE: This lease is for 2,883 square feet of clinical space located at 2750 Dantzler Drive, Suite 102, North Charleston. This space will provide after hours care for non-emergent pediatric services. The per square foot rate for this lease is $18.00 and shall increase annually by 3%. The monthly rental rate for the first year will be $4,324.50, resulting in an annual rent amount of $51,894.00. In addition to the rent, $708.74 per month shall be charged for the tenant's pro-rata share of Common Area Maintenance (CAM) which includes: property taxes, property insurance and common maintenance. CAM will be adjusted annually based on actual costs.

The landlord agrees to pay for an estimated $150,000.00 in renovation costs and any amount over would be at MUHA's expense.

NEW LEASE AGREEMENT __X___
RENEWAL LEASE AGREEMENT ____

LANDLORD: PR Properties of Summerville, LLC

LANDLORD CONTACT: Robert Pratt, Property Manager/Owner, 576-2705

TENANT NAME AND CONTACT: Children's Hospital Administration, John Sanders, 792-6936

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Five (5) years [1/1/2011-12/31/2015]
AMOUNT PER SQUARE FOOT: $18.00
ANNUALIZED LEASE COST:

Year 1:	$51,894.00
Year 2:	$53,450.88
Year 3:	$55,054.44
Year 4:	$56,706.12
Year 5:	$58,407.24

TOTAL COST OF INITIAL TERM: $275,512.68

EXTENDED TERM(S): Five (5) terms of one (1) year [1/1/2016-12/31/2020]
ANNUALIZED LEASE COST:

Year 6:	$60,159.48
Year 7:	$61,964.28
Year 8:	$63,823.20
Year 9:	$65,737.92
Year 10:	$67,710.00

TOTAL COST OF EXTENDED TERM: $319,394.88

OPERATING COSTS:
FULL SERVICE ___
NET __X__

FACILITIES
HOSPITAL AUTHORITY
LEASE OUT RENEWAL
FOR APPROVAL

OCTOBER 8, 2010

DESCRIPTION OF LEASE: This lease-out renewal is for 28,531 square feet (use of 75 patient beds) of clinical space 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 per square foot rent rate for this renewal is $47.17 (rounded). The total monthly income shall be $112,149.52 resulting in an annual income of $1,345,794.24.

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 [12/1/2010-11/30/2011]
AMOUNT PER SQUARE FOOT: $47.17
ANNUALIZED LEASE AMOUNT: $1,345,794.24
TOTAL AMOUNT OF LEASE: $1,345,794.24

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

OPERATING COSTS:
FULL SERVICE __X__
NET ____

Board of Trustees Credentialing Subcommittee - July 28, 2010

The Medical Executive Committee reviewed the following applicants on July 21, 2010 and recommends approval by the Board of Trustees Credentialing Subcommittee effective July 28, 2010.

Medical Staff Initial Appointment and Privileges

Beckert, David	MD	Initial	Psych
Cardoni, Wayne	DO	Initial	Otol
Crookes, Bruce	MD	Initial	Surg
Delaney, Kevin	MD	Initial	Surg
Haren, William	MD	Initial	Psych
Huchingson, James	MD	Initial	Psych
Jaiyeoba, Oluwatosin	MD	Initial	ObGyn
Kang, Yubin	MD	Initial	Medi
Kavarana, Minoo	MD	Initial	Surg
Krayer, Joe	DDS	Initial	OralMax
Li, Zihai	MD	Initial	Medi
LoTempio, Maria	MD	Initial	Surg
Lybrand, Kelley	DDS	Initial	OralMax
Mickler, Casey	MD	Initial	Ophth
Pisano, Etta	MD	Initial	Rad
Ralston, Jonathan	MD	Initial	Path
Smalheiser, Stuart	MD	Initial	Medi
Spannuth, Whitney	MD	Initial	ObGyn
Todoran, Thomas	MD	Initial	Medi
Wince, William	MD	Initial	Medi

Medical Staff Reappointment and Privileges

Adams, Robert	MD	Active	Neuro
Aguero, Eric	MD	Active	RadOnc
Annibale, David	MD	Active	Peds
Antonovich, Diana	MD	Active	Derm
Bains, Sonia	MD	Active Prov	Medi
Bains, Sujeev	MD	Active Prov	Medi
Bergmann, Shayla	MD	Affill	Peds
Butts, Ryan	MD	Active Prov	Peds
Cahill, John	MD	Active	Peds
Caristi, Kimberly	MD	Affil RF	Peds
Castellone, David	MD	Affil RF	FamMed
Cawley, Patrick	MD	Active	Medi
Chalela, Julio	MD	Active	Neuro
Clifford, Robert	MD	Affil RF	Peds
Conway, William	MD	Active	Radio
Davis, Betsy	DMD	Active	Otol
Day, Terrence	MD	Active	Otol
DeLegge, Mark	MD	Active	Medi
Dillon, Alison	MD	Active	ObGyn
Doles, Lonnie	DDS	Affil RF	OralMax
Drummond, Fitzgerald	MD	Active Prov	Medi

Egidi, Maria	MD	Active	Medi
Gilbreth, Edward	MD	Affil RF	Medi
Graham, John	MD	Affil	OrthoSurg
Greenberg, Charles	MD	Active Prov	Medi
Guidry, Orin	MD	Active	Anes
Guldan, Joseph	MD	Active	Anes
Gupta, Monika	MBBS	Active	Medi
Halstead, Lucinda	MD	Active	Otol
Hammond, Kerry	MD	Active	Surg
Herring, Neil	MD	Affil RF	Peds
Huncik, Kara	MD	Affil RF	Peds
Kurent, Jerome	MD	Active	Medi
Lambert, Paul	MD	Active	Otol
Levy, Elliot	MD	Affil	Psych
Loeser, Caroline	MD	Active Prov	Medi
Marchell, Richard	MD	Active	Derm
Matheus, Maria	MD	Active	Radio
McConnell, Bright	MD	Affil RF	OrthoSurg
McFadden, John	MD	Affil	OrthoSurg
McGillicuddy, John	MD	Active	Surg
McLeod-Bryant, Stephen	MD	Active	Psych
Morrison, Edward	MD	Affil	Surg
Muirhead, Edward	MD	Active	OrthoSurg
Nahas, Ziad	MD	Active	Psych
Netherton, Mark	MD	Affil	Anes
Nielsen, Christopher	MD	Active	Medi
Patel, Narendra	MD	Active Prov	Ophth
Patel, Sunil	MD	Active	Neuro
Payne, Kenneth	MD	Active	Medi
Powell, Sandra	MD	Affil RF	Peds
Rajagopalan, P.R.	MD	Active	Surg
Randazzo, William	MD	Active	Peds
Reed, Frederick	MD	Active	OrthoSurg
Rhodes, Malcolm	MD	Affil RF	Peds
Rosen, Marianne	MD	Affil	Derm
Rowland, Melisa	MD	Active	Psych
Rubano, Judith	MD	Affil RF	Medi
Rupp, Ned	MD	Affil	Peds
Rustin, Dowse	MD	Affil RF	OrthoSurg
Schutte, Harold Del	MD	Active	OrthoSurg
Sexauer, James	MD	Affil	Psych
Shapshak, Dag	MD	Active	Medi
Sharma, Anand	MBBS	Active	RadOnc
Shawinsky, Arlene	MBBCh	Affil RF	Peds
Sturdivant, J. Lacy	MD	Active	Medi
Terranova, William	MD	Affil	Surg
Tomov, Svetozar	MD	Active Prov	Medi

Uflacker, Renan	MD	Active	Radio	
Upshaw, Jana	MD	Active	Peds	
Vaughan, Leigh	MD	Active Prov	Medi	
White, Janet	MD	Affil RF	Peds	
Wray, Dannah	MD	Active	Medi	
Zimlich, Kimberly	MD	Affil RF	Peds	

Medical Staff Reappointment and Change in Privileges

Ramsay, Alex	MD	Active	Urol	Switching to Refer and Follow Privileges
Selby, J. Bayne	MD	Active	Radio	Addition: Teleradiology

Medical Staff Change in Privileges

Clarke, Harry	MD	Active	Urol	Addition: Robotic Assist Privileges
Gentzler, Richard	MD	Active	Medi	Addition: Moderate Sedation Privileges
Giglio, Pierre	MD	Active	Neuro	Switching to Electronic Privileges
Hornig, Joshua	MD	Active	Otol	Addition: Robotic Assist Privileges
Savage, Stephen	MD	Active	Urol	Addition: Robotic Assist Privileges

Professional Staff Initial Appointment and Privileges

Allen, Vicki	PAC	Initial	Medi
Cogdill, Alyssa	PNP	Initial	Pediatrics
Shelton, Peter	PAC	Initial	OrthoSurg
Smith, Joshua	PhD	Initial	Psych
Springs, Lauren	PAC	Initial	Surg

Professional Staff Reappointment and Privileges

Bizal, Darrin	NNP	AHP	Peds
Conway-Orgel, Margaret	NNP	AHP	Peds
Cormack, Carrie	PNP	AHP	Peds
de Arellano, Michael	PhD	AHP	Psych
Embrey, Donna	CRNA	AHP	Anes
Griesemer, Kimberly	PNP	Prov AHP	Neuro
Horecky, Stephanie	NNP	AHP	Peds
Klumb, Ashley	NNP	AHP	Peds
Lambert, Debra	NNP	AHP	Peds
Lamont, Tammy	CRNA	AHP	Anes

Board of Trustees Credentialing Subcommittee - August 28, 2010

The Medical Executive Committee reviewed the following applicants on August 18, 2010 and recommends approval by the Board of Trustees Credentialing Subcommittee effective August 28, 2010

Medical Staff Initial Appointment and Privileges

Countryman, David	MD	Initial	Surg
Kutluay, Ekrem	MD	Initial	Neuro
Kylstra, Jan	MD	Initial	Ophth
Lentsch, Kristi	MD	Initial	Medi
Martz, Gabriel	MD	Initial	Neuro
Omran, M. Louay	MD	Initial	Medi
Roberts, Laura	MD	Initial	Anes
Simon, George	MD	Initial	Medi
Singh, Erick	MD	Initial	Medi
Sohn, Mimi	MD	Initial	Neuro
Sun, Shaoli	MD	Initial	Path

Medical Staff Reappointment and Privileges

Afrin, Lawrence	MD	Active	Medi
Baird, Rebecca	MD	Active	ObGyn
Book, Michael	MD	Affil RF	FamMed
Bowlby, Deborah	MD	Active	Peds
Carrick, Christina	MD	Active	Path
Chiaramida, Salvatore	MD	Active	Medi
Dantzler, Todd	MD	Active	Medi
Dimashkieh, Haytham	MD	Active	Path
Drabkin, Harry	MD	Active	Medi
Edwards, James	MD	Active	Psych
Geier, Carl	MD	Active	OrthoSurg
Halford, Jonathan	MD	Active	Neuro
Harvey, Susan	MD	Active	Anes
Hinson, Vanessa	MD	Active	Neuro
Hudspeth, Michelle	MD	Active	Peds
Hullett, Jonathan	MD	Active	Anes
McSwain, Julie	MD	Active	Anes
Moran, William	MD	Active	Medi
Scott, Lancer	MD	Active	Medi
Soper, David	MD	Active	ObGyn
Stickler, David	MD	Active	Neuro
Stickler, Laura	MD	Active	ObGyn
Villers, Margaret	MD	Active	ObGyn
Virella-Lowell, Isabel	MD	Active	Peds

Medical Staff Change in Privileges

Itharat, Prat	MD	Affil RF	Ophth	Addition: Switching from R&F to clinical privileges
Zwerner, Peter	MD	Active	Medi	Addition: Electronic privilege previously ommitted

Professional Staff Initial Appointment and Privileges

Canaday, Connie	APRN	Initial	Medi
Taylor, Kelly	PAC	Initial	Medi
Venancio, Daniel	PAC	Initial	Medi
West, Adrianne	CRNA	Initial	Anes
Wince, Meredith	ANP	Initial	Medi

Professional Staff Reappointment and Privileges

Acierno, Ronald	PhD	AHP	Psych
Taylor, Brandie	ANP	AHP	Surg
Vanek, Kenneth	PhD	Prov AHP	RadOnc
White, David	PAC	AHP	Medi