

**MINUTES**  
**MEDICAL UNIVERSITY HOSPITAL AUTHORITY**  
**BOARD OF TRUSTEES MEETING**  
**February 10, 2012**

The Board of Trustees of the Medical University Hospital Authority convened Friday, February 10, 2012, with the following members present: Thomas L. Stephenson, Esquire, Chairman; Dr. James E. Wiseman, Jr., Vice Chairman; Dr. Stanley C. Baker, Jr.; Mr. William H. Bingham, Sr.; Dr. Cotesworth P. Fishburne, Jr.; Mr. William B. Hewitt; Dr. Harold W. Jablon; Dr. Donald R. Johnson II; Dr. E. Conyers O'Bryan, Jr.; Dr. Thomas C. Rowland, Jr.; Mr. Charles W. Schulze; The Honorable Robin M. Tallon; Dr. Charles B. Thomas, Jr.

The following administrative officials were present: Dr. Raymond S. Greenberg, President; Dr. Mark Sothmann, 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 and Alumni Affairs.

The following deans were present: Dr. Jack Sanders, College of Dental Medicine; Dr. Etta Pisano, College of Medicine; Dr. Philip Hall, College of Pharmacy; Dr. Gail Stuart, College of Nursing.

**Item 1. Call to Order-Roll Call.**

There being a quorum present, Chairman Stephenson called the meeting to order. 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, April 13, 2012.

**Item 3. Approval of Minutes of the Regular Meeting of the Medical University Hospital Authority of December 9, 2011.**

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 called on Dr. Ed Jauch, the head of emergency medicine, to introduce the speakers. Dr. Jauch introduced Drs. Christine Carr and Steven Saef. Dr. Carr is one of the original members of the Division of Emergency Medicine and has served as the Medical Director for the last four years. Dr. Carr has been keenly interested in medical informatics and instrumental in the Carolina eHealth Alliance which she has helped develop. She is also responsible for the \$9.3 Million grant which was just submitted for the CMMI Innovations Award. Dr. Steve Saef has been at MUSC for 14 years and, as Co-Investigator, Study Coordinator for the CeHA Research Project, has been instrumental in the gathering the data and the justification for the project.

Dr. Carr discussed the Carolina eHealth Alliance (CeHA) which is a health information exchange partnership with local hospitals. The Alliance establishes the ability to view medical records that are available at any of the major hospitals in our area to improve patient care, improve efficiency and reduce costs. In 2008, MUSC was awarded a grant from the Duke Endowment for \$2.3 million for start up costs for the project. In December, MUSC received an additional \$600,000 grant to expand the program to the primary care clinics which will significantly increase the impact of the program.

Dr. Saef discussed the study to gather data measuring the impact of CeHA on our practice. He reviewed the specifics of the study and noted that it was a pilot study with very specific data which showed that CeHA was having a positive impact and worth going forward with.

Dr. Carr stated the key element of the program are to significantly improve care and patient satisfaction while avoiding a lot of costs through improved efficiency.

Dr. Greenberg said, without the Duke Endowment grant, which Frank Clark wrote and the cooperation of the CEO's at the major hospitals in the area, we would not be this far along with the Alliance. He felt this is a very significant project and would not be happening without having an academic medical center pushing this change. This is a great example of new technology and how the innovative application of it can transform the way care is delivered. This is something the institution should be proud of.

Board Action: Received as information.

**Item 5. Office of General Counsel.**

Statement: Dr. Greenberg presented a proposal to restructure the general counsel position to integrate the offices of general counsel on the University side and the Hospital Authority legal office. He asked for approval to create an integrated office of General Counsel and appoint a Senior General Counsel and an Associate General Counsel for Health Affairs.

Recommendation of Administration: That the recommendation to create an integrated office of general counsel and appoint a Senior General Counsel and an Associate General counsel for Health Affairs be approved.

Board Action: A motion was made, seconded and unanimously approved to create an integrated office of general counsel and appoint a Senior General Counsel and an Associate General Counsel for Health Affairs.

**Item 6. Other Business.**

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY OPERATIONS, QUALITY AND FINANCE COMMITTEE. CHAIRMAN: DR. STANLEY C. BAKER, JR.**

**OLD BUSINESS:**

**NEW BUSINESS:**

**Item 7. MUSC Medical Center Status Report.**

Statement: Dr. Baker said Stuart Smith provided a report to committee on the FY 12 pillar goals and also a progress report on the Gamma Knife.

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

Recommendation of Committee: Received as information.

Board Action: Received as information.

**Item 8. Medical University Hospital Authority Financial and Statistical Report.**

Statement: Dr. Baker said Ms. Montgomery reported to committee that the Authority is meeting budget goals.

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

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

Board Action: Received as information.

**Item 9. Report on Quality and Patient Safety.**

Statement: Dr. Baker said Dr. Cawley gave a report on sentinel events which was received as information.

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

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

Board Action: Received as information.

**Item 10. Report on Outreach Activity and MUSC Physicians.**

Statement: Dr. Baker said Dr. Costello gave a report on Outreach Activities and MUSC Physicians.

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

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

Board Action: Received as information.

**Item 11. Legislative Update.**

Statement: Dr. Baker said Mr. Sweatmann and Mr. Faulkner gave an update to committee on legislative issues.

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. Letter of Support for SC DHEC Pediatric Level I Trauma Designation (Consent Item).**

Statement: A Letter of Support for SC DHEC Pediatric Level I Trauma was presented for approval.

Recommendation of Administration: That the Letter of Support for SC DHEC Pediatric Level I Trauma be approved.

Recommendation of Committee: That the Letter of Support for SC DHEC Pediatric Level I Trauma be approved.

Board Action: A motion was made to approve the Letter of Support for SC DHEC Pediatric Level I Trauma. The motion was seconded, voted on and unanimously carried.

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

Statement: An list of appointments, reappointments and delineation of privileges to the medical staff for November 28, 2011 and December 28, 2011 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: A motion was made 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 15. Medical Record Oversight Policy (Consent Item).**

Statement: The Medical Record Oversight Policy was presented for approval.

Recommendation of Administration: That the policy be approved.

Recommendation of Committee: That the policy be approved.

Board Action: A motion was made, seconded and unanimously voted to approve the Medical Record Oversight Policy.

**Item 16. Amendment and Resolution – Special Health Alternative Retirement Plan (SHARP) (Consent Item).**

Statement: A resolution authorizing an amendment to the Authority's Special Health Alternative Retirement Plan (SHARP) was presented for approval.

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 amendment to SHARP.

**Item 17. Medical Executive Committee Minutes (Consent Item).**

Statement: Minutes of the Medical Executive Committee for November 16, 2011 and December 21, 2011 were presented for information.

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 were received as information.

**Item 18. 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 19. Facilities Procurements/Contracts Proposed.**

Statement: Mr. Bingham presented the Facilities Procurements/Contracts for approval:

- New lease for 9,000 square feet located at 1001 Michigan Avenue in North Charleston for Psychiatry's Day Treatment Program. Total lease: \$1,170,000.
- IDC selections for Interior Planning and Design Services. Two firms selected: Lauren Sanchez Design Ltd & Innovink, LLC and LeVino Jones Medical Interiors, Inc.
- Electrical IDC Professional services selection. Two firms selected: GWA and Live Oak Consultants, LLC.

Recommendation of Administration: That the Procurements/Contract 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 proposed.

**Item 20. Update on Projects.**

Statement: Mr. Bingham stated Mr. Dennis Frazier had provided an update to committee on various Authority projects, including the Sabin Street Infrastructure Relocation Project. He asked for approval of the following:

- MUHA's continuation of the Sabin Street Infrastructure Relocation Project as presented with a total budget of \$35 million which includes a \$3 million FEMA grant.

Recommendation of Administration: That the Sabin Street Infrastructure Relocation Project be approved as presented.

Recommendation of Committee: That the Sabin Street Infrastructure Relocation Project be approved as presented.

Board Action: A motion was made, seconded and unanimously voted to approve MUHA's continuation of the Sabin Street Infrastructure Relocation Project as presented with a total budget of \$35 million which includes a \$3 million FEMA grant.

**Item 21. Other Committee Business.** None.

**Item 22. 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: MR. WILLIAM B. HEWITT. (Detailed committee minutes are attached to these minutes).**

**OLD BUSINESS:** None

**NEW BUSINESS:**

**Item 23. Compliance Update – Federal Recovery Audits.**

Statement: Mr. Hewitt stated this report was deferred to the April meeting.

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

Recommendation of Committee: That this item be deferred.

Board Action: Item Deferred.

**Item 24. Legal Update.**

Statement: Mr. Hewitt stated Ms. Annette Drachman briefly reported to committee that the Department of Justice is conducting a civil investigation and has asked MUHA for some information. MUHA is not an object of the investigation, but has been asked to respond to a request for information.

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 25. Report of the Office of Internal Audit.**

Statement: Mr. Hewitt stated a report had been received from Ms. Susan Barnhart, the Internal Auditor and there were no questions from 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 26. External Auditor Evaluation.**

Statement: Mr. Hewitt presented the results of the survey of KPMG's performance of the FY11 financial statement audit. The results were favorable as follows:

- Completed timely (100% favorable)
- Organized (67% favorable)
- Conducted professionally (78% favorable)
- Adequate scope (83% favorable)
- KPMG is knowledgeable of the organization and the industries in which we operate (78% favorable)
- KPMG appeared objective and independent (89% favorable)

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 27. Audit Committee Self-Assessment.**

Statement: Mr. Hewitt reviewed the results of the Audit Committee's Self-Assessment as shown below:

**Audit Committee Self-Assessment**

Category	Average Score	Items indicated "Needs Improvement"
Composition and quality	4.41	Orientation Program for New Committee Members (25%)
Roles and Responsibilities	4.67	
Ethics and Compliance	4.63	
Understanding Business and Risks	4.30	Understanding management's process to identify, assess and respond to key risks (25%)
Oversight of Audit Processes	4.68	
Overall Evaluation	4.25	

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 28. External Auditor for FY 2012-2016.**

Statement: Mr. Hewitt stated this contractual item had been discussed in committee in executive session with no action being taken.

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 29. Other Committee Business.** None.

**OTHER BUSINESS FOR THE BOARD OF TRUSTEES:**

**Item 30. 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 31. New Business for the Board of Trustees.**

**Item 32. 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

/wcj  
Attachments

**Medical University Hospital Authority  
Board of Trustees  
Committee on Hospital Operations, Quality and Finance  
February 9, 2012 Minutes**

Dr. Stanley C. Baker, Jr., Chair  
Thomas L. Stephenson, Esq.  
Mr. William H. Bingham, Sr.  
Dr. Cotesworth P. Fishburne, Jr.  
Mr. William B. Hewitt  
Dr. Harold Jablon  
Dr. Donald R. Johnson, II  
Dr. E. Conyers O'Bryan, Jr.  
Dr. Thomas Rowland  
Mr. Charles W. Schulze  
Hon. Robin M. Tallon  
Charles B. Thomas  
Dr. James E. Wiseman, Jr.  
Dr. Raymond Greenberg  
Mr. Stuart Smith  
Dr. Etta Pisano  
Ms. Lisa Montgomery  
Mr. Jim Fisher

Dr. Patrick Cawley  
Dr. Mark Lyles  
Mr. Thomas Anderson  
Dr. Phillip Costello  
Annette Drachman, Esq.  
Mr. Betts Ellis  
Mr. Dennis Frazier  
Mr. Casey Liddy  
Mr. Steve Hargett  
Mr. John Cooper  
Joseph Good, Esq.  
Mr. Hugh B. Faulkner  
Mr. Mark Sweatman  
Ms. Susan Barnhart  
Mr. Chris Rees  
Dr. Sabra Slaughter  
Ms. Sarah King

The meeting was called to order by Dr. Stanley Baker, Chair at 12:40 pm

**Item 7. MUSC Medical Center Status Report**

Organizational Goals:

Mr. Smith gave an update on the Medical Center's FY12 organizational goals. The HCAHPS goal for FY12 is to be at the 75<sup>th</sup> percentile in 7 of 10 dimensions. For the second quarter of FY 12, we are at 5 out of 10. For the overall patient perception goal we are currently at 92.08 with a goal of 92.34. Under Quality pillar, for FY12, one of the goals is "Ideal Care" which includes mortality and five other dimensions. Under the goal for Hand Hygiene, the national average for patient care givers is less than 50% compliance with hand hygiene. MUHA set a stretch goal of 90% with current results at 88%. Compliance is measured with self-evaluation and staff form the quality office performing audits. The cost per CMI adjusted discharge has increased which can be attributed to the decrease in volume and cost of overhead. Mr. Smith will give a more detailed report at the next meeting. We are short of budget on net income but optimistic that this goal will be met by year end. We are currently exceeding our inpatient admissions goal of 2.0% with current results at 4.6%. For FY12, the Outpatient visit goal was set at 0% with current results at 1.26%.

Gamma Knife Progress Report:

Mr. Smith gave a report on the Gamma Knife that was approved for purchase at a previous Board of Trustees meeting. At the time of purchase, there was only one other in operation in South Carolina which was at Palmetto Richland. Based on market assessment, there was a potential of 1,000 cases in SC, with approximately 310 in our 9 county market area. The

pro forma that was presented was equipment cost of \$4.82M and installation/facility construction of \$1.15M for a total cost of \$6M. The personnel budget was 3.5 FTEs. The Gamma Knife has been operation since January 2010. The projected volume for year one was 110 with 128 actual and year two was 127 with 161 actual. We have most recently hit the 300 mark. In most cases, the projected revenue was close to actual revenue and we actually exceeded with Medicaid. In summary, procedures have exceeded projections by 18% over the first two years. Projected expenses have been lower due to phased personnel ramp-up and revenue in year 2 is now at projected level.

Action: Report received as information.

### **Item 8. Financial and Statistical Report**

Ms. Lisa Montgomery reported that for the month of December we finished on budget. Both, net patient revenues and expenditures were about 1% below budget. Historically we tend to do better the latter part of the year so we should get back on budget year to date provided volume holds. Cash has improved over last year fiscal year.

Mr. Steve Hargett gave an executive summary on the proposed MUHA refinancing plans. Mr. Hargett reported that absolute interest rates are near historic lows. MUHA can utilize the proceeds of a taxable GNMA Collateralized Bond Sale for a refunding of its Series 2004 bonds and realize substantial cash flow saving. MUHA can potentially save more than \$183,000 per month or \$2.19 million annually by refinancing. Current market allows for a mortgage rate reduction with no change to mortgage amount or final maturity date. A formal request for a resolution to move forward with refinancing will be presented at the April Board meeting.

Action: Report received as information

### **Item 9. Report on Quality and Patient Safety**

Dr. Patrick Cawley presented the sentinel event review. Sentinel events are unexpected occurrences involving death, serious physical or psychological injury, or the risk thereof. Any event determined to be serious is evaluated and requires a 45 day action plan. MUHA's Administrative Review Group makes a determination of whether an event is considered sentinel. The Administrative Review Group reviewed 40 cases and deemed 19 of them as sentinel. Following this review all sentinel events have a root cause analysis done, a facilitator assigned and then are taken to an IMPROVE meeting and eventually to the Hospital Administrators and Quality Council for final action. An event deemed serious but not sentinel has a facilitator assigned, is presented at the IMPROVE meeting and is also taken to Hospital Administrators and Quality Council for final action. MUHA had 28 serious events which were evaluated in 2011

Causes for most sentinel events included retained items, chemotherapy errors and process issues. The main issue related to the serious events was coordination of care.

Improvements in Women's Services have been made since last year. We have also seen a decrease in cases involving failure to rescue.

MUHA continues to have a policy of notifying the patient or family of any sentinel event. We also evaluate if any sentinel events are related to staffing issues. Our evaluation indicates that staffing levels played no part in any of our sentinel events.

Dr. Cawley presented a number of actions which have improved patient safety. These actions were the result of event root cause analysis or proactive assessment and included standardization of practice in telemetry patients; tandem heart patients; patients transferring to the OR from the ICU and psychiatric patient outside of IOP. The complete list was reviewed in the presentation.

Action: Report received as information

#### **Item 10. Report on Outreach Activity and MUSC Physicians**

Dr. Costello reported that the new East Cooper facility is scheduled to open in July 2012. He also gave a progress report on the plans for the West Ashley facility.

Action: Report received as information

#### **Item 11. Legislative Update**

Mr. Mark Sweatman gave a status report on the state budget. Currently it looks like there will be no budget reductions but at the same, most likely no surplus funds available.

Action: Report received as information

#### **Item 12. Other Committee Business**

No items

Consent Agenda

#### **Item 13. Letter of Support for SC DHEC Pediatric Level 1 Trauma Designation**

The Board endorsed a letter of support for Pediatric Level 1 Trauma Designation

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

Credentialing Rosters from November 28, 2011 and December 28, 2011 were presented to the committee. These have been reviewed and recommended for approval by the Medical Executive Committee.

Action: Recommend approval

Item 15. Medical Record Oversight Policy

The Medical Record Oversight Policy was presented to the committee for approval. The intent of this policy is to clarify that the medical record is a joint medical record for the MUSC Clinical Enterprise and to establish oversight of such record.

Action: Recommend approval

**Item 16. Amendment and Resolution – Special Health Alternative Retirement Plan (SHARP)**

A resolution authorizing an amendment to Authority's Special Health Alternative Retirement Plan (SHARP) was presented. The changes to the plan are IRS required and do not increase benefits costs under the plan. This was reviewed by the committee and recommended for approval.

Action: Recommend approval

**Item 17. Medical Executive Committee Minutes**

The minutes from November 16, 2011, and December 21, 2011, were presented to the committee. They were approved as presented.

Action: Recommend approval.

**Item 18. Medical Center Contracts and Agreements**

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

Action: Received as information

There being no further business, the committee adjourned at 1:15 pm.

Jane L. Scutt

**Medical University Hospital Authority  
Physical Facilities Committee  
February 9, 2012  
Minutes**

**Attendees:**

Mr. William H. Bingham, Sr., Chair	Ms. Susan Barnhart
Dr. Stanley C. Baker, Jr.	Dr. Pat Cawley
Mr. William B. Hewitt	Ms. Annette Drachman
Dr. Cotesworth P. Fishburne, Jr.	Mr. Dennis Frazier
Dr. Harold Jablon	Mr. Joe Good
Dr. Donald R. Johnson II	Mr. Chip Hood
Dr. E. Conyers O'Bryan, Jr.	Mr. Mark Lyles
Dr. Thomas C. Rowland, Jr.	Mr. John Malmrose
Mr. Charles W. Schulze	Ms. Lisa Montgomery
Thomas L. Stephenson, Esquire	Dr. Etta Pisano
The Honorable Robin M. Tallon	Mr. Stuart Smith
Dr. Charles B. Thomas, Jr.	Dr. Mark Sothmann
Dr. James E. Wiseman, Jr.	Mr. Patrick Wamsley
Dr. Raymond S. Greenberg	

Mr. Bingham called the meeting to order.

**REGULAR Items**

**Item 19      Facilities Procurements/Contracts Proposed.**

Mr. Dennis Frazier presented the following for approval:

- New lease for 9,000 square feet located at 1001 Michigan Avenue in North Charleston for Psychiatry's Day Treatment Program. Total lease: \$1,170,000.
- IDC selections for Interior Planning and Design Services. Two firms selected: Lauren Sanchez Design Ltd & Innovink, LLC and LeVino Jones Medical Interiors, Inc.
- Electrical IDC Professional services selection. Two firms selected: GWA and Live Oak Consultants, LLC.

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

**Item 20      Update on Projects.**

Mr. Frazier provided an update on various Authority projects including ART-7 addition of 40 patient beds; planned traffic changes at Calhoun and Courtenay streets; and the Sabin Street Infrastructure Relocation Project. After a review of the Sabin Street Project, Mr. Frazier asked the Board to approve MUHA's continuation of the Sabin Street Infrastructure Relocation Project as presented with a total

budget of \$35 million which includes a \$3 million FEMA grant.

Recommendation of Committee: A motion was made, seconded and unanimously voted to approve MUHA's continuation of the Sabin Street Infrastructure Relocation Project as presented with a total budget of \$35 million which includes a \$3 million FEMA grant.

**Item 21**      **Other Committee Business**

**CONSENT Items for Information:**

**Item 22**      **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  
February 9, 2012  
Minutes**

**Attendees:**

Mr. William B. Hewitt, Chair	Ms. Susan Barnhart
Dr. Stanley C. Baker, Jr.	Dr. Pat Cawley
Mr. William H. Bingham, Sr.	Ms. Annette Drachman
Dr. Cotesworth P. Fishburne, Jr.	Mr. Dennis Frazier
Dr. Harold Jablon	Mr. Joe Good
Dr. Donald R. Johnson II	Mr. Chip Hood
Dr. E. Conyers O'Bryan, Jr.	Mr. Mark Lyles
Dr. Thomas C. Rowland, Jr.	Mr. John Malmrose
Mr. Charles W. Schulze	Ms. Lisa Montgomery
Thomas L. Stephenson, Esquire	Dr. Etta Pisano
The Honorable Robin M. Tallon	Mr. Stuart Smith
Dr. Charles B. Thomas, Jr.	Dr. Mark Sothmann
Dr. James E. Wiseman, Jr.	Mr. Patrick Wamsley
Dr. Raymond S. Greenberg	

Mr. Hewitt called the meeting to order.

**REGULAR Items**

**Item 23. Compliance Update – Federal Recovery Audits.**

Report deferred until the April Board meeting.

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

**Item 24. Legal Update.**

Ms. Annette Drachman briefly reported that the Department of Justice is conducting a civil investigation and has asked MUHA for some information. MUHA is not an object of the investigation, but has been asked to respond to a request for information.

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

**Item 25. Report of the Office of Internal Audit.**

Ms. Susan Barnhart had provided a written report to the Board. There were no questions regarding the report.

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



**Item 26. External Auditor Evaluation.**

Mr. Hewitt presented the results of the survey of KPMG's performance of the FY11 financial statement audit. The results were favorable as follows:

- Completed timely (100% favorable)
- Organized (67% favorable)
- Conducted professionally (78% favorable)
- Adequate scope (83% favorable)
- KPMG is knowledgeable of the organization and the industries in which we operate (78% favorable)
- KPMG appeared objective and independent (89% favorable)

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

**Item 27. Audit Committee Self-Assessment.**

Statement: Mr. Hewitt reviewed the results of the Audit Committee's Self-Assessment as shown below:

**Audit Committee Self-Assessment**

Category	Average Score	Items indicated "Needs Improvement"
Composition and quality	4.41	Orientation Program for New Committee Members (25%)
Roles and Responsibilities	4.67	
Ethics and Compliance	4.63	
Understanding Business and Risks	4.30	Understanding management's process to identify, assess and respond to key risks (25%)
Oversight of Audit Processes	4.68	
Overall Evaluation	4.25	

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 28. External Auditor for FY 2012-2016.**

A motion was made and seconded to go into executive session for a discussion of a contractual matter. At the conclusion of the discussion and back in open session, it was

stated that no action had been taken.

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

**Item 21.      Other Committee Business.**

Respectfully Submitted,

Celeste Jordan

**FACILITIES  
HOSPITAL AUTHORITY  
NEW LEASE  
FOR APPROVAL**

**FEBRUARY 10, 2012**

DESCRIPTION OF NEW LEASE: This lease is for 9,000 square feet of space located at 7035 Dorchester Road in North Charleston. The purpose of this lease is to provide space for Psychiatry's Day Treatment Program. This department is combining two existing locations into one central location. The cost per square foot for this lease is \$8.00. The monthly rental amount will be \$6,000.00, resulting in an annual rent amount of \$72,000.

In addition to the rent, MUHA shall pay no more than \$225,000.00 for renovations that will be paid separate from the lease agreement.

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

LANDLORD: The Trustees of the Riverbend Baptist Church

LANDLORD CONTACT: Jessie Gibbs, Member, 906-6803

TENANT NAME AND CONTACT: Department of Psychiatry, Steve Rublee, 792-7274

SOURCE OF FUNDS: Hospital General Operating Funds

LEASE TERMS:

TERM: Five (5) years [5/1/2012-4/30/2017]  
AMOUNT PER SQUARE FOOT: \$8.00  
ANNUALIZED LEASE AMOUNT: \$72,000.00  
TOTAL AMOUNT OF LEASE: \$360,000.00

EXTENDED TERM(S): Two (2) terms, five (5) years [5/1/2017-4/30/2027]  
AMOUNT PER SQUARE FOOT: \$9.00  
ANNUALIZED LEASE AMOUNT: \$81,000.00  
TOTAL AMOUNT OF EXTENDED TERM: \$810,000.00

TOTAL AMOUNT INCLUDING EXTENDED TERMS: \$1,170,000.00

OPERATING COSTS:

FULL SERVICE   X    
NET \_\_\_\_\_



February 5, 2012

**Board of Trustees**  
Colcock Hall  
179 Ashley Avenue  
MSC 001  
Charleston SC 29425-0010

Thomas L. Stephenson, JD  
*Chairman*

James E. Wiseman, Jr., DMD  
*Vice Chairman*

Stanley C. Baker, Jr., MD  
Melvyn Berlinsky

William H. Bingham, Sr., PE  
Cotesworth P. Fishburne, Jr., DDS  
Donald R. Johnson II, MD  
E. Conyers O'Bryan, Jr., MD  
Thomas C. Rowland, Jr., MD  
Charles W. Schulze, CPA  
The Honorable Robin M. Tallon  
Charles B. Thomas, Jr., MD

Governor Marshall C. Sanford, Jr.  
William B. Hewitt, MSEE (At-large)  
Paula E. Orr, MD (Designee)  
*Ex-Officio Members*

Margaret M. Addison, MEd  
Charles B. Hanna, MD  
The Honorable Robert C. Lake, Jr., LLB  
Claudia W. Peeples, BA  
The Honorable Phillip D. Sasser, JD  
Allan E. Stalvey, MBA  
*Emeritus*

Hugh B. Faulkner III  
*Secretary*

Christian J. Streck MD  
Medical Director, Pediatric Trauma Services  
MUSC Medical Center  
169 Ashley Avenue  
Charleston, SC, 29425

Dear Dr. Streck,

I am pleased to express my support and that of the Board of Trustees for the Pediatric Trauma Center at the Children's Hospital at the Medical University of South Carolina (MUSC).

As the only Level I pediatric trauma center in the Low Country, the Children's Trauma Center at the Children's Hospital provides quality care for the severely injured children from our community and the surrounding region. We recognize that trauma is the leading cause of death for children. The personal and economic costs of injury are staggering and the opportunity to mitigate the consequences of injury is part of our mission.

Along with an increase in patient volume and acuity, the children's trauma center has experienced tremendous development over the last several years in research, education and injury prevention activities. These accomplishments fully support MUSC's mission to provide quality care and to improve the health of our diverse communities.

The Pediatric Trauma Program has demonstrated its commitment to the patient, the community, and the University by continuing to focus on performance improvement, by improving efficiency and by providing leadership and education in this important area. In addition, it has established partnerships with external programs and community organizations with the goal of improving care and preventing death and disability from trauma. We are committed to providing the best available care to our patients and fostering an environment of excellence in patient care, education, and research. We support the Pediatric Trauma programs pursuit of Level I state designation by the South Carolina Department of Health and Environmental Control.

Thank you for your leadership and service excellence in pediatric trauma care.

Sincerely,

Thomas L. Stephenson, Esquire  
Chairman, MUSC Board of Trustees

## Board of Trustees Credentialing Subcommittee - November 2011

**The Medical Executive Committee reviewed the following applicants on November 16, 2011 and recommends approval by the Board of Trustees Credentialing Subcommittee effective November 28, 2011**

### Medical Staff Initial Appointment and Privileges

Luciano V. Del Priore M.D. Ph.D.	Ophthalmology	Initial
Stephen A. Fann M.D.	Surgery	Initial
Dipinpreet Kaur M.D.	Family Medicine	Initial
Arni Nutting M.D.	Pediatrics	Initial
Stephen K. Baker M.D. Ph.D.	Psychiatry	Initial
Nicole B. Cain, MD	Pediatrics	Initial

### Medical Staff Reappointment and Privileges

Calvert Clay Alpert M.D.	Anesthesiology	Active
Athena Beldecos M.D.	Medicine	Affiliate - R&F
Steve Chin M.D.	Psychiatry	Active
Lisa David M.D.	Neurosciences	Affiliate
Richard Gregg Dwyer M.D.	Psychiatry	Active
Melissa Campbell Evans M.D.	Pediatrics	Active
Samir M Fakhry M.D.	Surgery	Active
Christopher Scott Fields M.D.	Psychiatry	Active
	Oral & Maxillofacial	
Jennifer Fogle D.M.D.	Surgery	Affiliate - R&F
Matthew Kornegay M.D.	Pediatrics	Affiliate
Chitra Lal M.D.	Medicine	Active
Franklin C. Lee M.D.	Pediatrics	Affiliate - R&F
Eric J Lentsch M.D.	Otolaryngology	Active
Philip J. McGaha M.D.	Pediatrics	Affiliate - R&F
	Oral & Maxillofacial	
Frederick Thomas Moore Jr. D.M.D.	Surgery	Affiliate - R&F
Michael C. Noone M.D.	Otolaryngology	Affiliate - R&F
William S. Ottinger M.D.	Ob/Gyn	Affiliate - R&F
Scott T. Reeves M.D.	Anesthesiology	Active
Donna Roberts M.D.	Radiology	Active
Girish S. Shirali M.B.B.S	Pediatrics	Active
Mark Siegel M.D.	Ophthalmology	Affiliate - R&F
Michael T. Smith M.D.	Path & Lab. Med.	Active
Gwendolyn F. Todd-Houston M.D.	Pediatrics	Affiliate - R&F
Yalani L. Vanzura M.D.	Medicine	Active
Robert Warters M.D.	Anesthesiology	Active
Rodney B. Young III M.D.	Surgery	Affiliate

### Medical Staff Reappointment and Change in Privileges

William M. Rambo Sr. M.D.	Surgery	Active	Switching to First Assist only
Ettaleah Coplon Bluestein M.D.	Ophthalmology	Affiliate	Switching to Refer & Follow

**Medical Staff Change in Privileges**

Gweneth Bratton Lazenby M.D.	Ob/Gyn	Active	Addition: Ob/Gyn Telemedicine
Ashlyn Holstein Savage M.D.	Ob/Gyn	Active	Addition: Robotic Assist
John M. Toole M.D.	Surgery	Active	Addition: Cardiac Transplant (correcting admin error)

**Professional Staff Initial Appointment and Privileges**

Matthew K. Ewald P.A.C.	Medicine	Initial
Kevin M Hampton M.S.	Psychiatry	Initial
Kristin Lorraine Hartley F.N.P.	Anesthesiology	Initial
Molly A. Valerio M.S.W.	Psychiatry	Initial
Karen Mary van Bakergem M.S.W.	Pediatrics	Initial
Alison Vollmer P.A.C.	Medicine	Initial

**Professional Staff Reappointment and Privileges**

Jeffrey Raymond Acell C.C.P.	Surgery	Allied Health
Michele Marie Ballister C.R.N.A.	Anesthesiology	Allied Health
Tamara Noel Bowman A.N.P.	Medicine	Allied Health
Laura Arnstein Carpenter Ph.D.	Pediatrics	Allied Health
Rhiannan Mize Davis C.R.N.A.	Anesthesiology	Allied Health
Merriman L. Dowdle P.A.C.	Medicine	Allied Health
Katherine Geneva Fabrizio F.N.P.	Pediatrics	Allied Health
Adam Luis Fernandez C.C.P.	Surgery	Allied Health
Carly M. Freilich P.A.C.	Neurosciences	Allied Health
Barbara A. Haase P.N.P.	OBGYN	Allied Health
Ashley B Hodge C.C.P.	Surgery	Allied Health
Sharon Kelly-Brown P.N.P.	Pediatrics	Allied Health
Alice Q. Libet Ph.D.	Psychiatry	Allied Health
Angela Mund C.R.N.A.	Anesthesiology	Allied Health
Emily Munday C.R.N.A.	Anesthesiology	Allied Health
Jill Neumann M.S. P.A.C.	Surgery	Allied Health
Crispin Francis Reeves P.A.C.	Medicine	Allied Health
Alicia Sievert C.C.P. M.S.	Surgery	Allied Health
Erika Stewart A.N.P.	Surgery	Allied Health

**Professional Staff Change in Privileges**

Sherrill Grover Bradsher F.N.P.	Medicine	Provisional Allied Health	Switching to Department of Medicine
---------------------------------	----------	------------------------------	-------------------------------------

**Board of Trustees Credentialing Subcommittee - December 2011**

**The Medical Executive Committee reviewed the following applicants on December 21, 2011 and recommends approval by the Board of Trustees Credentialing Subcommittee effective December 28, 2011**

<b>Medical Staff Initial Appointment and Privileges</b>		
Carrie O'Neal Alexander M.D.	Medicine	Initial
Russell William Chapin M.D.	Radiology	Initial
Harriet Settle Hansen D.O.	Family Medicine	Initial
John A. Knepper D.O.	Family Medicine	Initial
Samuel Hunt McNulty M.D.	Medicine	Initial
Jared C. Mills M.D.	Radiology	Initial
Bradley C. Presley M.D.	Medicine	Initial

<b>Medical Staff Reappointment and Privileges</b>		
Melinda K. Bailey M.D.	Anesthesiology	Active
Laurence S. Blumenthal M.D.	Medicine	Affiliate - Refer & Follow
Sarah W. Book M.D.	Psychiatry	Active
Olga Brawman-Mintzer M.D.	Psychiatry	Active
Michael Jeffrey Caplan M.D.	Pathology & Lab. Med.	Active Provisional
Jane M. Charles M.D.	Pediatrics	Active
Neal Paul Christiansen M.D.	Medicine	Active
Harry St. Clair Clarke Jr. M.D.	Urology	Active
Joel B. Cochran D.O.	Pediatrics	Active
Joel Cook M.D.	Dermatology	Active
Deborah V. Deas M.D.	Psychiatry	Active
Denise H. Devine M.D.	Services	Affiliate - Refer & Follow
Howard A. Evert M.D.	Medicine	Affiliate CFC
John R. Feussner M.D.	Medicine	Active
Laura M. Goetzl M.D.	Ob/Gyn	Active
Airody K. Hebbar M.D.	Family Medicine	Active
Mary Noreen Herring M.D.	Neurosciences	Active
Antonio M. Hernandez M.D.	Medicine	Affiliate CFC - Refer & Follow
Edward Mark Kantor M.D.	Psychiatry	Active
Henry Kears M.D.	Dermatology	Active
Janice D. Key M.D.	Pediatrics	Active
Dana E. King M.D.	Family Medicine	Active
Michelle D. Lally M.D.	Pediatrics	Active
Ana Maria Medina M.D.	Pathology & Lab. Med.	Active Provisional
R. Layton McCurdy M.D.	Psychiatry	Active
Diana M. Mullis M.D.	Psychiatry	Active
James C. Oates M.D.	Medicine	Active
Christopher Parsons M.D.	Medicine	Active
Ellen C. Riemer M.D.	Pathology & Lab. Med.	Active
James R. Roberts M.D.	Pediatrics	Active
Tamas A. Szabo M.D. Ph.D.	Anesthesiology	Affiliate
Sally E. Self M.D.	Pathology & Lab. Med.	Active

**Professional Staff Initial Appointment and Privileges**

Alison Shannonhouse Stevons P.A.C.	Medicine	Initial
------------------------------------	----------	---------

**Professional Staff Reappointment and Privileges**

Anna Goodman Bailey M.S.W.	Psychiatry	Provisional Allied Health
Carla Bistrick C.C.P.	Surgery	Allied Health
Jeffrey J. Borckardt Ph.D.	Psychiatry	Allied Health
Jennifer L. Cannon C.R.N.A.	Anesthesiology	Allied Health
Kara Cole A.N.P.	Medicine	Allied Health
Peter A. Dodge Sr. P.A.C.	Family Medicine	Allied Health
Kristen Drake F.N.P.	Pediatrics	Provisional Allied Health
Melissa Marie Dunham N.N.P.	Pediatrics	Allied Health
Walter Huda Ph.D.	Radiology	Provisional Allied Health
Mary Anita Johnson P.N.P.	Pediatrics	Allied Health
Cheryl E. Kerrigan P.N.P.	Pediatrics	Allied Health
Dean G. Kilpatrick Ph.D.	Psychiatry	Allied Health
Amy Jo King C.R.N.A.	Anesthesiology	Allied Health
Damon Licari P.A.C. M.S.	Medicine	Provisional Allied Health
Kate Hansson Mack F.N.P.	Urology	Provisional Allied Health
Mary McCall C.C.P.	Surgery	Allied Health
Cameron Burch Oswald P.A.C.	Medicine	Allied Health
Anthony George Shackelford C.C.P.	Surgery	Allied Health
Brenda B. Toohey F.N.P.	Surgery	Allied Health
Judy R. Walling F.N.P. MSN	Medicine	Allied Health





# MUSC Medical Center Policy Manual

<b>Section</b>	<b>No</b>	<b>Title</b>		
		<b>Medical Record Oversight</b>		
<b>Owner:</b>				
<b>Location/File:</b>				
<b>Date Originated:</b> 1/12	<b>Reviewed:</b>	<b>Revised:</b>	<b>Legal Review:</b> 1/12	

**Definitions:**

Refer to HIPAA Policy #92 HIPAA Definitions  
(<https://www.musc.edu/medcenter/policy/Med/A092.pdf>)

**Policy:**

The MUSC Organized Health Care Arrangement (MUSC OHCA) Medical Record shall consist of all final documentation, whether handwritten or electronically generated, related to the diagnosis, care, or treatment of an individual patient regardless of storage site or media. The Medical Record shall include all inpatient, outpatient, and clinical research data elemental to clinical care, including but not limited to appropriate consents, maintained on an individual patient regardless of the entity or location where care was provided or where the records are physically maintained. The Medical Record shall be considered a single record encompassing the documentation of a patient's evaluation, treatment and change in condition as may be more fully defined in the MUHA Medical Staff Bylaws, or other applicable policies or procedures.

**Procedure:**

**A. Oversight of the Medical Record**

1. The Health Information Management Committee or any successor thereto shall provide oversight of the management of any Medical Record developed, maintained, or disclosed by members of the MUSC OHCA.
2. Policies and Procedures
  - a. Policies, procedures, or other governing documents related to the content, storage media, etc. shall be developed and recommended by the Health Information Management Committee and adopted by entities of the MUSC OHCA.
  - b. Policies shall be approved and implemented in accordance with the requirements of each member of the MUSC OHCA.

**Approvals: Required**

<b>As Required</b>	<b>Date</b>
List Hospital Committee(s) : Health Information Management Committee	1/20/12
Ethics Committee	
Medical Staff Executive Committee	
Administration/Operations	
Governing Body	

**Distribution: Required**

<b>Policy Applies to:</b>	<b>Physicians (Y/N):</b>	<b>Nursing (Y/N):</b>
	<b>Other Clinical Staff (Specify):</b>	<b>Other Staff (Specify):</b>
<b>Educational Plan</b>		
<b>Required Competencies</b>		
<b>Expected Implementation Date</b>		

**Related Forms: As applicable**

**Related Policies: As applicable**

**AMENDMENT NEEDED FOR SPECIAL RETIREMENT PLAN  
TO COMPLY WITH FEDERAL TAX LEGISLATION**

**KEY POINTS**

The Medical University Hospital Authority adopted the Special Healthcare Alternative Retirement Plan (SHARP) in July 2002.

The MUSC Physicians (UMA) and Hospital Authority leadership advocated implementation of the SHARP to minimize burden on Ambulatory Care employees who were required to transfer to the Authority payroll in July 2002. The State Retirement System authorized the Authority to implement the SHARP.

The SHARP, unlike the State Retirement Plan, does not require an employee contribution. The Authority's employer contribution to SHARP for which employees can become vested is the same as the State's Optional Retirement Plan.

A SHARP amendment is required as referenced in the attached. These changes are IRS required and do not increase benefit costs under the plan.

Operationally the SHARP has been in compliance with the IRS regulation change; however, formal approval of an amendment to the plan is needed by the Board of Trustees.

**A RESOLUTION**

AUTHORIZING AN AMENDMENT TO THE MEDICAL UNIVERSITY HOSPITAL  
AUTHORITY'S SPECIAL HEALTHCARE ALTERNATIVE RETIREMENT PLAN

WHEREAS, the Authority sponsors the Special Healthcare Retirement Plan, has reserved authority to amend the Plan, and desires to exercise such authority as required in relation to U.S. federal tax legislation known as "PPA", "HEART" and "WRERA".

NOW, THEREFORE, BE IT RESOLVED that the Plan amendment is authorized ratified and approved to comply with IRS Code effective December 28, 2011.

\_\_\_\_\_  
Secretary, Medical University Hospital Authority

\_\_\_\_\_  
Date