



AGENDA
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES
AND
UNIVERSITY BOARD OF TRUSTEES

August 12, 2022

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
REGULAR AGENDA
August 12, 2022
101 Colcock Hall

Members of the Board of Trustees

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

Trustees Emeriti

Ms. Margaret M. Addison	Dr. Charles B. Thomas, Jr.
Mr. Allan E. Stalvey	Dr. James E. Wiseman, Jr.

- | | | |
|---------|--|---|
| Item 1. | Call to Order | Dr. James Lemon
<i>Chairman</i> |
| Item 2. | Roll Call..... | Katherine Haltiwanger
<i>Board Secretary</i> |
| Item 3. | Date of Next Meeting – October 14, 2022 | Katherine Haltiwanger
<i>Board Secretary</i> |
| Item 4. | Approval of Meeting Minutes of May 19, May 20, and June 24, 2022 | Dr. James Lemon
<i>Chairman</i> |
| Item 5. | Election of Chair and Vice-Chair of MUHA and MUSC Board of Trustees..... | Dr. James Lemon
<i>Chairman</i> |

In accordance with the MUHA and MUSC Board of Trustees Bylaws, Section III.B. and C., the election of Chair and Vice-Chair will take place.

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

- | | | |
|---------|---|------------------------------------|
| Item 6. | General Informational Report of the President | Dr. David Cole
<i>President</i> |
| Item 7. | Other Business | Dr. David Cole
<i>President</i> |

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

Item 8. MUSC Health Status ReportDr. Patrick Cawley
Chief Executive Officer, MUSC Health

Item 9. Request to Apply for Certificate for Need ApplicationsDr. Patrick Cawley
Chief Executive Officer, MUSC Health

Dr. Patrick Cawley, CEO, MUSC Health, will present for approval a request for the Medical University Hospital Authority to apply for Certificate of Need (CON) Applications for the following:

MUSC Health Charleston Division

- 2 Operating Rooms at MUSC Health Charleston West Campus
- 1 CT machine at MUSC Health Charleston University Medical Center
- 1 Single Port da Vinci Robot at MUSC Health Charleston University Medical Center
- 1 Catheterization Lab at MUSC Health Charleston Ashley River Tower

MUSC Health Florence Division

- Infusion suite relocation and expansion to MUSC Health Florence Medical Center Medical Mall
- 1 da Vinci Robot to be located at MUSC Health Florence Medical Center
- 1 3T MRI machine at MUSC Health Florence Medical Center

MUSC Health Midlands Division

- 1 Hybrid Operating Room to be located at MUSC Health Columbia Medical Center Downtown
- Expansion of existing home health services to Richland County by MUSC Health Kershaw Medical Center

Item 10. MUHA Financial Report.....Lisa Goodlett
Chief Financial Officer, MUSC Health

Item 11. FY2023 MUSC Health Budget for Approval.....Lisa Goodlett
Chief Financial Officer, MUSC Health

Item 12. Property Divestiture Resolution for ApprovalLisa Goodlett
Chief Financial Officer, MUSC Health

Item 13. Quality and Patient Safety Report.....Dr. Danielle Scheurer
Chief Quality Officer, MUSC Health

Item 14. MUSC Governmental Affairs Report Mark Sweatman
Chief, Governmental Affairs

Item 15. MUSC Physicians ReportDr. Jonathan Edwards
President, MUSC Physicians

Item 16. Other Committee BusinessDr. Murrell Smith
Committee Chair

MUHA and MUSC Physical Facilities Committee: Bill Bingham, Chair

Item 17. MUHA Leases for Approval Jessica Paul
Chief Real Estate Officer, MUSC Health

Item 18. MUSC Leases for Approval Jessica Paul
Chief Real Estate Officer, MUSC Health

Item 19. Clinical Science Building Wound Care Clinic Project
Budget Adjustment for Approval Greg Weigle
Interim Chief Facilities Officer, MUSC

Item 20. Item removed.

Item 21. College of Health Professions President Street Academic Building Project
Budget Adjustment for Approval Greg Weigle
Interim Chief Facilities Officer, MUSC

Item 22. Construction Manager At-Risk Selections for Approval Greg Weigle
Interim Chief Facilities Officer, MUSC

Item 23. Other Committee BusinessBill Bingham
Committee Chair

MUHA and MUSC Audit Committee: Tom Stephenson, Chair

Item 24. Strategic Risk Management Update.....Reece Humphreys
Director, Strategic Risk Management

Item 25. Office of Internal Audit Report..... Susan Barnhart
Director, Internal Audit

Item 26. Other Committee BusinessTom Stephenson
Committee Chair

Other Business for the Board of Trustees

Item 27. Approval of Consent Agenda Dr. James Lemon
Chairman

Item 28. Executive Session Dr. James Lemon
Chairman

Upon proper motion and vote, the Board may convene a closed session pursuant to SC Code Ann. §30-4-70. Although the Board will not vote on any items discussed in closed session, the Board may return to public session to vote on items discussed.

Item 29. New Business for the Board of Trustees Dr. James Lemon
Chairman

Item 30. Report from the Chairman Dr. James Lemon
Chairman

MUSC Health - Board Package
MUHA - Medical University Hospital Authority
Interim Financial Statements
June 30, 2022

Medical University Hospital Authority (MUHA) Statement of Revenues, Expenses and Changes in Net Assets Consolidated	2 - 3
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Statements of Cash Flows Consolidated	12 - 13
MUHA FASB to GASB Report Consolidated	15

Note:

1) MUHA has recognized CARES stimulus funding related to COVID expenditures as non-operating revenue per GASB guidance.

2) In FY2018, the internal financial statement format was changed to a FASB basis report to appropriately match the income stream of state appropriations and expenses incurred in addition to a presentation format that matches HUD and the credit market expectations.

Medical University Hospital Authority - Consolidated
Statement of Revenues, Expenses and Change in Net Position
For the 12 Month - *amounts in thousands*
Period Ending - June 30, 2022
Modified FASB Basis

	Current Month				Fiscal Year To Date				
	Actual	Fixed Budget	Variance	Var %	Actual	Fixed Budget	Variance	Var %	YTD Prior Year
Operating Revenues:									
Net Patient Service Revenue	\$ 192,913	\$ 215,823	\$ (22,910)	-10.62%	\$ 2,508,001	\$ 2,520,996	\$ (12,995)	-0.52%	\$ 1,957,295
DSH	3,739	5,784	(2,046)	-35.36%	70,775	68,565	2,211	3.22%	61,244
Retail Pharmacy Revenue	44,673	23,444	21,229	90.55%	404,004	278,672	125,332	44.97%	266,965
Other Revenue	10,583	7,923	2,660	33.57%	108,698	94,028	14,670	15.60%	92,339
State Appropriations	3,312	2,210	1,102	49.88%	30,967	27,467	3,500	12.74%	114,034
Total Operating Revenues	\$ 255,220	\$ 255,184	\$ 36	0.01%	\$ 3,122,445	\$ 2,989,728	\$ 132,717	4.44%	\$ 2,491,877
Operating Expenses:									
Salaries Wages	\$ 91,309	\$ 75,439	\$ 15,869	21.04%	\$ 954,474	\$ 875,115	\$ 79,359	9.07%	\$ 687,328
Benefits	27,307	26,540	766	2.89%	297,787	306,998	(9,211)	-3.00%	238,129
Noncash Pension Expense	5,428	5,705	(277)	-4.86%	44,905	72,042	(27,137)	-37.67%	115,879
Noncash Other Post Employment Benefits	14,778	5,445	9,333	171.42%	106,371	66,900	39,471	59.00%	67,209
Purchased Services	44,256	35,035	9,221	26.32%	427,184	410,897	16,288	3.96%	369,149
Physician Services	13,876	15,810	(1,934)	-12.23%	169,900	178,419	(8,519)	-4.77%	151,189
Pharmaceuticals	17,184	15,067	2,118	14.06%	212,708	183,543	29,165	15.89%	171,935
Retail Pharmaceuticals	14,303	11,269	3,034	26.92%	192,039	134,188	57,851	43.11%	126,396
Medical Supplies	48,517	35,161	13,356	37.99%	449,074	428,316	20,758	4.85%	342,661
COVID Supplies	11,249	-	11,249	0.00%	24,060	-	24,060	0.00%	44,824
Other Supplies	7,142	3,696	3,446	93.25%	61,008	58,527	2,482	4.24%	62,056
Utilities	2,938	2,188	750	34.28%	30,721	29,092	1,629	5.60%	22,985
Insurance	(174)	1,079	(1,253)	-116.13%	10,298	12,288	(1,990)	-16.19%	8,213
Leases	6,363	3,794	2,569	67.73%	50,102	44,778	5,324	11.89%	35,266
Other	1,764	7,090	(5,326)	-75.13%	38,090	60,584	(22,494)	-37.13%	26,240
Physician Clinic Expense	(1,836)	2,112	(3,948)	-186.91%	8,412	26,645	(18,232)	-68.43%	19,467
Total Operating Expenses	\$ 304,403	\$ 245,430	\$ 58,974	24.03%	\$ 3,077,134	\$ 2,888,331	\$ 188,803	6.54%	\$ 2,488,925
EBIDA	\$ (49,184)	\$ 9,754	(58,938)	-604.23%	\$ 45,311	\$ 101,397	(56,086)	-55.31%	\$ 2,952
Depreciation	\$ 9,428	\$ 9,602	\$ (174)	-1.81%	\$ 113,170	\$ 114,786	\$ (1,616)	-1.41%	\$ 109,246
Interest	\$ 2,263	\$ 3,389	\$ (1,126)	-33.23%	\$ 37,472	\$ 40,732	\$ (3,260)	-8.00%	\$ 38,871
Operating Income (Loss)	\$ (60,875)	\$ (3,237)	\$ (57,638)	1780.72%	\$ (105,331)	\$ (54,122)	\$ (51,209)	94.62%	\$ (145,165)
Operating Margin	-23.85%	-1.27%			-3.37%	-1.81%			-5.83%
One Time Acquisition Costs	\$ 534	\$ 2,302	\$ (1,767)	-76.78%	\$ 10,429	\$ 23,516	\$ (13,088)	-55.65%	\$ 0
Adjusted Operating Income (Loss)	\$ (61,409)	\$ (5,539)	\$ (55,871)	1008.75%	\$ (115,760)	\$ (77,638)	\$ (38,121)	49.10%	\$ (145,165)
Adjusted Operating Margin	-24.06%	-2.17%			-3.71%	-2.60%			-5.83%
NonOperating Revenues (Expenses):									
Gifts and Grants	\$ 2,174	\$ 3,129	\$ (955)	-30.53%	\$ 7,369	\$ 34,823	\$ (27,454)	-78.84%	\$ 8,809
Noncash Pension OPEB Nonemployer Contribution	(3,105)	665	(3,770)	-566.99%	4,340	7,979	(3,639)	-45.61%	9,406
Investment Income	(1,547)	50	(1,597)	-3199.69%	(10,467)	599	(11,066)	-1847.46%	57
Loss on Disposal of Capital Assets	(136)	-	(136)	0.00%	(226)	(219)	(8)	3.54%	(810)
COVID Funding	37,706	53,000	(15,294)	-28.86%	132,846	53,000	79,846	150.65%	117,819
Other NonOperating Expenses	(2)	(365)	364	-99.58%	(1,467)	(4,020)	2,553	-63.50%	(3,517)
Debt Issuance Costs	-	-	-	0.00%	(1,727)	-	(1,727)	0.00%	(16)
Total NonOperating Revenues (Expenses)	\$ 35,090	\$ 56,479	\$ (21,388)	-37.87%	\$ 130,667	\$ 92,162	\$ 38,505	41.78%	\$ 131,747
Income (Loss) Before NonOperating Payments to MUSC Affiliates	\$ (26,319)	\$ 50,940	\$ (77,259)	-151.67%	\$ 14,907	\$ 14,524	\$ 383	2.64%	\$ (13,418)
Non Operating Payments to MUSC Affiliates	(6,000)	(3,000)	(3,000)	100.00%	(6,000)	(6,000)	-	0.00%	-
Change in Net Position	\$ (32,319)	\$ 47,940	(80,259)	-167.42%	\$ 8,907	\$ 8,524	383	4.50%	\$ (13,418)
Total Margin	-12.66%	18.79%			0.29%	0.29%			-0.54%
Operating Cash Flow Margin	0.16%	26.66%			8.62%	8.50%			10.82%

Unaudited - For Management Use

Medical University Hospital Authority – Consolidated

Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD June 30, 2022 (Unaudited)

Actuals Compared to Fixed Budget

Revenue Explanation: June year-to-date net patient service revenues were unfavorable to budget by 0.5%, or \$13.0M. Adjusted discharges were unfavorable to budget by 2.5%. Inpatient surgeries were unfavorable to budget by 11.6% and outpatient surgeries were favorable to budget by 2.8%. Transplant procedures was favorable to budget by 7.6%. Case Mix Index was unfavorable \$0.4M and Payor Mix shift was favorable \$8.3M. Charity care and bad debt expenses were \$68.5M favorable to budget. Retail pharmacy revenues were favorable by \$125.3M. Other Revenues were \$14.7M favorable to budget.

Expense Explanation: The salary rate variance was unfavorable to budget by \$79.4M due to clinical staff vacancies driving the utilization of premium and contract labor.

Based on the most recent PEBA report, the estimated FY22 impact for noncash pension expense was \$27.1M favorable for the fiscal year. The favorable position was driven by the improved investment performance in the PEBA Pension Plan. Noncash OPEB (Other Post-Employment Benefits) expense is estimated to be \$43.1M unfavorable due to a decrease in the discount rate for assumption charges and increase in MUHA's proportionate share. The net of these two variance is \$16.0M unfavorable YTD.*

*Increase in Net Position without noncash pension and OPEB expense results in \$155.8M year-to-date.

Purchased Services were unfavorable to budget \$16.3M due to maintenance contracts and other contractual services and budget alignment with physician services.

Pharmaceuticals, not explained by volume, were unfavorable to budget by \$32.5M due to higher COVID & Oncology drug costs, as well as the national drug supply shortage. Retail pharmacy revenues, net of expenses, were favorable to budget by \$67.5M.

Medical and Other Supplies, not explained by volume, were \$40.9M unfavorable to budget due to an increase in implant prosthetic supplies.

Utilities were unfavorable to budget by \$1.6M due seasonality.

Insurance was favorable to budget by \$2.0M due to unanticipated savings in premium.

Leases and Other were favorable to budget by \$17.2M due to unplanned equipment leases and reclassification of expenses to Purchased Services.

Statements of Net Position

Medical University Hospital Authority - Consolidated

Statements of Net Position - amount in thousands

June 30, 2022 and June 30, 2021

Assets and Deferred Outflows	As of 6/30/2022 (unaudited)	As of 6/30/2021 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 386,580	\$ 399,102
Cash Restricted for Capital Projects and Major Programs	74,373	35,469
Cash Restricted for COVID-19 Stimulus Funding	8,913	34,937
Investments Unrestricted	263,439	216,100
Investments Restricted for Capital Projects and Major Programs	35,163	31,600
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$353,600,000 and \$224,400,000	396,835	280,238
Due from Related Parties	7,012	1,070
Due from Third-Party Payors	6,416	5,382
Due from Joint Ventures and Partnerships	-	8,557
Other Current Assets	230,727	191,093
Total Current Assets	\$ 1,409,457	\$ 1,203,548
Investments Held by Trustees Under Indenture Agreements	70,449	63,421
Investments in Joint Ventures and Partnerships	32,844	7,007
Other Non-Current Assets	6,479	9,197
Capital Assets, Net	1,043,305	965,878
Total Assets	\$ 2,562,534	\$ 2,249,051
Deferred Outflows	857,341	741,843
Total Assets and Deferred Outflows	\$ 3,419,875	\$ 2,990,894
Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 35,442	\$ 32,276
Current Installments of Capital Lease Obligations	16,114	8,582
Current Installments of Notes Payable	1,169	2,159
Short-Term Debt	80,000	-
Advance Medicare Funding	76,980	104,156
Due to Joint Ventures and Partnerships	2,705	-
Accounts Payable	188,011	148,508
Accrued Payroll, Withholdings and Benefits	148,448	106,968
Other Accrued Expenses	28,900	25,603
Unearned Revenue	-	77,804,527
Total Current Liabilities	\$ 577,769	\$ 78,232,779
Long-Term Debt	744,606	700,534
Capital Lease Obligations	117,521	73,782
Notes Payable	-	1,169
Other Liabilities	-	78,644
Net Pension Liability	1,027,557	1,174,094
Net OPEB Liability	1,327,515	1,060,313
Total Liabilities	\$ 3,794,968	\$ 3,516,894
Deferred Inflows	217,619	73,644
Total Liabilities and Deferred Inflows	\$ 4,012,587	\$ 3,590,538
Net Position:		
Net Investment in Capital Assets	\$ 140,283	\$ 162,707
Restricted:		
Under Indenture Agreements	70,448,729	126,841,428
Expendable for:		
Capital Projects	25,760	45,995
Major Programs	33,776	30,798
COVID-19 Stimulus Funding	8,913	34,937
Unrestricted (deficit)	(871,891)	(937,502)
Total Net Position	\$ (592,711)	\$ (599,644)
Total Liabilities, Deferred Inflows and Net Position	\$ 3,419,875	\$ 2,990,894

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 06/30/2022 (Unaudited) and 06/30/2021 (Audited) - amounts in thousands

Cash and Cash Equivalents

Unrestricted cash and cash equivalents decreased by \$12.5M from June 30, 2021. Significant FY22 events increasing cash include \$85.9M in Provider Relief Funds, a \$80M RAN received for Midlands working capital, \$21M in DSH UPL payments \$12M in Disproportionate Share Hospital (DSH) and Graduate Medical Education (GME) programs and \$1.2M in Managed Care Organization Teaching payments, and maturity of federal bonds since June 30, 2021.

	6/30/2022
	<u>Balance</u>
Bank Balance:	
Carrying Amount (cash and cash equivalents)	\$ 386,580
Investment Unrestricted (cash and cash equivalents)	263,439
Total	<u>\$ 650,019</u>
	6/30/2022
	<u>Balance</u>
Investment Income comprises the following:	
Dividend and interest income	\$ 3,022
Realized and unrealized loss on investments	(13,489)
	<u>\$ (10,467)</u>

Net Accounts Receivable

Net patient accounts receivable increased \$116M from June 30, 2021 due to a positive Case Mix Index and slower collections from payors. June 2022 net accounts receivable days were 50 compared to June 30, 2021 at 45.

	6/30/2022	6/30/2021
	<u>Balance</u>	<u>Balance</u>
Charleston Market	\$ 271,014	\$ 217,428
Florence Market	45,987	43,006
Midlands Market	36,349	-
MUSC Community Physicians	23,500	-
Lancaster Market	17,526	18,976
MUHA Rural Health Clinics	2,459	828
	<u>\$ 396,835</u>	<u>\$ 280,238</u>

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 06/30/2022 (Unaudited) and 06/30/2021 (Audited) - amounts in thousands

Other Current Assets

The composition of other current assets is as follows:

	6/30/2022	6/30/2021
	Balance	Balance
Inventory	\$ 86,724	\$ 81,781
Non-Patient Accounts Receivable	73,687	51,167
Other Prepayments	70,316	58,144
	<u>\$ 230,727</u>	<u>\$ 191,093</u>

Medicare and Medicaid owes MUHA \$6.4M, an increase of \$1.0M due to prior year Medicare cost adjustments.

	6/30/2022	6/30/2021
	Balance	Balance
Medicare/Medicaid Accounts Receivable (Payable)	<u>\$ 6,416</u>	<u>\$ 5,382</u>

The total net payable to MSV, MHI, Mainsail, Edgewater and MHP is reflected as a component of due from joint ventures and partnerships, net on the Statement of Net Position.

	6/30/2022	6/30/2021
	Balance	Balance
MUSC Health Partners (MHP)	\$ (385)	\$ 8,994
Edgewater Surgery Center	1,159	1,179
MUSC Health Initiatives (MHI)	207	207
Mainsail Health Partners	494	96
MUSC Strategic Ventures (MSV)	<u>(4,181)</u>	<u>(1,918)</u>
	<u>\$ (2,705)</u>	<u>\$ 8,557</u>

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 06/30/2022 (Unaudited) and 06/30/2021 (Audited) - amounts in thousands

Advance Medicare Funding

The Authority received \$182.8M in requested Accelerated Medicare Payments in September 2020. The payback provision amount of accelerated Medicare payment requests due within one year are recorded in in the Statement of Net Position as Advanced Medicare funding, with a current portion due \$77.0M as of June 30, 2022.

Accounts Payable

Accounts Payable increased by \$39.5M from June 30, 2021 due to an increase in volume from the Midlands acquisition.

Other Accrued Expenses

The composition of other accrued expenses is as follows:

	6/30/2022 Balance	6/30/2021 Balance
Accrued Interest	\$ 5,258	\$ 2,126
Amounts due to contractors	1,660	329
Amounts due to South Carolina Medicaid		
Disproportionate Share Hospital Program	-	2,467
Lease Obligation	15,220	16,555
Other	6,761	4,126
	<u>\$ 28,900</u>	<u>\$ 25,603</u>

Unearned Revenue

Unearned revenue decreased \$0.1M from June 30, 2021 due to State Appropriations deferral.

	6/30/2022 Balance	6/30/2021 Balance
Disproportionate Share Hospital (DSH)	\$ -	\$ 74
Managed Care Supplement	-	32
	<u>\$ -</u>	<u>\$ 106</u>

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 06/30/2022 (Unaudited) and 06/30/2021 (Audited) - amounts in thousands

Long Term Debt

As of June 30 2022, Current Installments of Long-Term Debt relates to HUD debt for Ashley River Tower (ART), Shawn Jenkins Children’s Hospital (SJCH) and the Central Energy Plant (CEP). Current Installments of Notes Payable relate to the Sabin Street Energy Plant. A table of outstanding balances by major issuance is listed below:

Project (mo/yr issued)	6/30/2022 Balance	6/30/2021 Balance
SJCH (06/2019)	\$ 292,351	\$ 300,880
ART (12/2012)	220,589	237,331
Capital Leases (various - see below)	133,635	82,364
CHS Acquisition (03/2019)	118,285	121,894
Lifepoint Acquisition (07/2021)	79,510	-
Nexton and Consolidated Service Center (10/2018)	34,398	35,059
CEP (12/2013)	28,799	31,342
Edgewater (03/2019)	6,117	6,304
Sabin Street (04/2013)	1,169	2,732
Lease Buy-Outs (various)	-	596
	\$ 914,851	\$ 818,502

As of June 30, 2022, capital leases relate to various pieces of equipment and properties. A table of outstanding balances by equipment description is listed below:

Project (month/year issued)	6/30/2022 Balance	6/30/2021 Balance
Summey Medical Pavilion (04/2019)	\$ 46,277	\$ 43,775
Equipment Lease - Charleston (12/2021)	18,247	-
Equipment Lease - Midlands (12/2021)	16,422	-
Imaging Equipment (01/2019)	17,887	16,622
Equipment Lease - Regional Health (12/2021)	12,000	-
Medical Malls (02/2019)	9,424	9,637
Patient Monitors (07/2016)	6,617	9,636
1 Poston Road (10/2021)	5,278	-
Cardiovascular Equipment (03/2020)	967	2,010
Ultrasound (03/2019)	234	379
Midlands Property Lease (08/2021)	165	-
Computer software (09/2019)	118	168
Generator (11/2014)	-	122
Lab Equip (01/2018)	-	16
	\$ 133,635	\$ 82,364

Unaudited – For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 06/30/2022 (Unaudited) and 06/30/2021 (Audited) - amounts in thousands

Annual debt service costs for FY2021 totaled \$119.1M. A table of debt service by major issuance is listed below, as well as by equipment description as it relates to capital leases:

Project (month/year issued)	Monthly Debt Service
ART (12/2012)	\$ 17,241
Capital Leases (various - see below)	16,114
SJCH (06/2019)	8,840
CHS Acquisition (03/2019)	3,719
CEP (12/2013)	2,643
Lifepoint Acquisition (07/2021)	2,111
Sabin Street (04/2013)	1,169
Nexton and CSC (10/2018)	695
Edgewater (03/2019)	192
	\$ 52,725

Project (month/year issued)	Monthly Debt Service
Patient Monitors (07/2016)	\$ 3,240
Imaging Equipment (01/2019)	2,846
Equipment Lease - Charleston (12/2021)	2,687
Equipment Lease - Midlands (12/2021)	2,418
1 Poston Road (10/2021)	1,724
Equipment Lease - Regional Health (12/2021)	1,244
Summey Medical Pavilion (04/2019)	1,200
Cardiovascular Equipment (03/2020)	280
Medical Malls (02/2019)	273
Ultrasound (03/2019)	150
Computer Software (09/2019)	53
Midlands Property Lease (08/2021)	-
	\$ 16,114

Pension and Other Post Employment Benefit (OPEB) Liabilities

As of June 30, 2022, the net pension liability decreased by \$146.5M from June 30, 2021.

As of June 30, 2022, the net other post-employment benefit liability increased \$267.2M from June 30, 2021.

Unaudited – For Management Use

Statements of Cash Flows

MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - *amounts in thousands*

June 30, 2022 and June 30, 2021

	As of 06/30/2022	As of 6/30/2021
	(unaudited)	(audited)
Cash flows from operating activities:		
Receipts received from patients and third-party payors	\$ 2,750,400	\$ 2,518,919
Other cash receipts	133,005	55,182
Payments to suppliers and employees	(2,840,691)	(2,260,225)
Net cash provided (used) by operating activities	<u>\$ 42,714</u>	<u>\$ 313,876</u>
Cash flows from noncapital financing activities:		
State appropriations	\$ 30,967	\$ 78,034
Proceeds from CARES Funding	87,938	116,345
Proceeds from noncapital grants and gifts	2,631	-
Proceeds from revenue anticipation notes	80,000	-
Payments of revenue anticipation notes	-	(120,000)
Nonoperating expenditures	(1,467)	(3,517)
Net cash provided (used) by noncapital financing activities	<u>\$ 200,069</u>	<u>\$ 70,861</u>
Cash flows from capital and related financing activities:		
Capital expenditures	\$ (118,299)	\$ (91,971)
Capital appropriations	-	39,000
Capital grants and gifts received	4,561	5,883
Proceeds from disposal of capital assets	2	104
Payments of principal on long-term debt	(110,983)	(34,270)
Proceeds from financing lease	129,683	2,264
Payment of bond issuance cost	(1,680)	(16)
Proceeds of escrow accounts	-	1,749
Payments of mortgage insurance premium	(975)	-
Payments on capital lease obligations	(15,398)	(12,843)
Proceeds on equipment replacement obligations	901	215
Interest payments	(36,610)	(39,103)
Net cash provided (used) by capital and related financing activities	<u>\$ (148,799)</u>	<u>\$ (128,987)</u>
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	\$ 242,922	\$ 259,764
Investment income received	2,973	3,692
Distributions from joint ventures and partnerships	1,498	-
Purchases of investments	(309,880)	(410,252)
Contributions to joint ventures and partnerships	(26,733)	(4,000)
Net cash provided (used) by investing activities	<u>\$ (89,221)</u>	<u>\$ (150,796)</u>
Net increase (decrease) in cash and cash equivalents	4,763	104,954
Cash and cash equivalents at beginning of year	<u>479,017</u>	<u>374,063</u>
Cash and cash equivalents at end of year	<u>\$ 483,780</u>	<u>\$ 479,018</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - *amounts in thousands*

June 30, 2022 and June 30, 2021

	<u>As of 06/30/2022</u> <u>(unaudited)</u>	<u>As of 6/30/2021</u> <u>(audited)</u>
Reconciliation of operating income to net cash provided by operating activities:		
Operating income (loss)	\$ (102,818)	\$ (220,328)
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	113,417	109,246
Provision for uncollectible accounts	166,017	257,803
Changes in operating assets and liabilities:	-	-
Patient accounts receivable	(282,614)	(239,763)
Due from (to) third-party payors	(1,034)	14,578
Due from (to) joint ventures and partnerships	10,660	(5,853)
Other current assets	22,996	(31,952)
Accounts payable	42,041	50,135
Other accrued/prepaid expenses and accrued payroll, withholding and benefits	34,862	9,812
Advanced Medicare funding (recoupment)	(105,820)	182,801
Pension obligations	44,905	115,879
OPEB obligations	106,371	67,209
Note payable	-	2,264
Related parties, net	(6,163)	7,152
Unearned revenue	(106)	(2,841)
Net cash provided by operating activities	<u>\$ 42,714</u>	<u>\$ 316,140</u>
Reconciliation of cash and cash equivalents at end of year to the statement of net position:		
Cash and cash equivalents	\$ 386,580	\$ 399,102
Restricted for capital projects and other programs	83,286	70,405
Included in investments held by trustees under indenture agreements	<u>13,913</u>	<u>9,509</u>
Cash and cash equivalents at end of year	<u>\$ 483,779</u>	<u>\$ 479,017</u>
Noncash transactions:		
Capital assets acquired by capital lease, other financing	\$ 16,503	\$ 19,840
Capital assets and working capital acquired via debt	76,380	-
Change in fair value of investments	(11,458)	(3,426)
Change in capital assets payable	(2,130)	(27,741)
Pro rata income from joint ventures and partnerships	602	1,650

**Crosswalk of Financial Accounting Standards Board (FASB)
Income Statement Presentation to Government Accounting
Standards Board (GASB)**

Medical University Hospital Authority - Consolidated
Statement of Revenues, Expenses and Change in Net Position - *amounts in thousands*
For the 12 Month Period Ending - June 30, 2022
Modified FASB Basis

Crosswalk from FASB to GASB

	FASB			GASB			
	Actual	Fiscal Year To Date Budget	Variance	Actual	Fiscal Year To Date Budget	Variance	
Operating Revenues:				Operating Revenues:			
Net Patient Service Revenues	\$ 2,478,999	\$ 2,520,996	-1.67%	Net Patient Service Revenues	\$ 2,478,999	\$ 2,520,996	-1.67%
Other Revenues - DHS Revenue	70,775	68,565	3.22%	Other Revenues - DSH Revenue	70,775	68,565	3.22%
Retail Pharmacy Revenue	404,004	278,672	44.97%	Retail Pharmacy Revenue	404,004	278,672	44.97%
Other Revenues	106,076	94,029	12.81%	Other Revenues	106,076	94,029	12.81%
State Appropriations	30,967	27,467	12.74%				
Total Operating Revenues	\$ 3,091	\$ 2,989,729	-99.90%	Total Operating Revenues	\$ 3,059,854	\$ 2,962,262	3.29%
Operating Expenses:				Operating Expenses:			
Salaries Wages	\$ 920,982	\$ 875,115	5.24%	Salaries Wages	\$ 920,982	\$ 875,115	5.24%
Benefits	291,173	306,998	-5.15%	Benefits	291,173	306,998	-5.15%
Noncash Pension Expense	44,905	72,042	-37.67%	Noncash Pension Expense	44,905	72,042	-37.67%
Noncash Other Post Employment Benefits	106,371	66,900	59.00%	Noncash Other Postemployment Benefits	106,371	66,900	59.00%
Purchased Services	419,403	410,897	2.07%	Purchased Services	419,403	410,897	2.07%
Physician Services	169,047	178,419	-5.25%	Physician Services	169,047	178,419	-5.25%
Pharmaceuticals	212,627	183,543	15.85%	Pharmaceuticals	212,627	183,543	15.85%
Retail Pharmaceuticals	192,039	134,188	43.11%	Retail Pharmaceuticals	192,039	134,188	43.11%
Medical Supplies	448,353	428,316	4.68%	Medical Supplies	448,353	428,316	4.68%
COVID Supplies	24,060	-	100.00%	COVID-19 Supplies	24,060	-	-100.00%
Other Supplies	60,899	58,527	4.05%	Other Supplies	60,899	58,527	4.05%
Utilities	30,580	29,092	5.12%	Utilities	30,580	29,092	5.12%
Insurance	8,186	12,288	-33.38%	Insurance	8,186	12,288	-33.38%
Leases	48,483	44,778	8.27%	Leases	48,483	44,778	8.27%
Other	37,878	60,584	-37.48%	Other	37,878	60,584	-37.48%
Physician Clinic Expense	30,525	26,645	14.56%	Physician Clinic Expense	30,525	26,645	14.56%
Total Operating Expenses	\$ 3,046	\$ 2,888	5.44%	Total Operating Expenses	\$ 3,045,509	\$ 2,888,330	5.44%
EBIDA	\$ 44	\$ 2,987	-98.52%	EBIDA	\$ 14,345	\$ 73,931	-80.60%
Depreciation	\$ 113,170	\$ 114,786	-1.41%	Depreciation	\$ 113,170	\$ 114,786	-1.41%
Interest Expense	\$ 37,472	\$ 40,732	-8.00%				
Operating Income (Loss)	\$ (106)	\$ (153)	-30.29%	Operating Income (Loss)	\$ (98,826)	\$ (40,855)	141.89%
Operating Margin	-3.44%	-0.01%	67330.40%	Operating Margin	-3.23%	-1.38%	134.18%
One Time Acquisition Costs	\$ 10,429	\$ 23,516	-55.65%	One Time Acquisition Costs	\$ 10,429	\$ 23,516	-55.65%
Adjusted Operating Income (Loss)	\$ (10,534)	\$ (23,669)	-55.49%	Adjusted Operating Income (Loss)	\$ (109,254)	\$ (64,371)	69.73%
Adjusted Operating Margin	-340.82%	-0.79%	42950.23%	Adjusted Operating Margin	-3.57%	-2.17%	64.31%
NonOperating Revenues (Expenses):				NonOperating Revenues (Expenses):			
Gifts and Grants	\$ 7,369	\$ 34,823	-78.84%	State Appropriations	\$ 30,967	\$ 27,467	12.74%
Pension OPEB Nonemployer Contribution	4,340	7,979	-45.61%	Gifts and Grants	7,369	34,823	-78.84%
Investment Income	(10,467)	599	-1847.47%	Pension OPEB Nonemployer Contribution	4,340	7,979	-45.61%
Loss on Disposal of Capital Assets	(226)	(219)	-3.54%	Investment Income	(10,467)	599	-1847.47%
COVID-19 Stimulus Funding	132,846	53,000	-150.65%	Interest Expense	(37,472)	(40,732)	-8.00%
Other NonOperating Expenses	(1,467)	(4,020)	63.50%	Loss on Disposal of Capital Assets	(226)	(219)	-3.54%
Debt Issuance Costs	(1,727)	-	-100.00%	COVID-19 Stimulus Funding	132,846	53,000	-150.65%
				Other NonOperating Expenses	(1,467)	(4,020)	63.50%
				Debt Issuance Costs	(1,727)	-	-100.00%
Total NonOperating Revenues (Expenses)	\$ 130,666	\$ 92,162	41.78%	Total NonOperating Revenues (Expenses)	\$ 124,162	\$ 78,897	57.37%
Income (Loss) Before NonOperating Payments to MUSC Entities	\$ 120,132	\$ 14,524	727.13%	Income (Loss) Before NonOperating Payments to MUSC Entities	\$ 14,907	\$ 14,527	2.62%
NonOperating Payments to MUSC Entities	(6,000)	(6,000)	0.00%	NonOperating Payments to MUSC Entities	(6,000)	(6,000)	0.00%
Change in Net Position	\$ 114,132	\$ 8,524	1238.97%	Change in Net Position	\$ 8,907	\$ 8,527	4.46%
Total Margin	3692.60%	0.29%		Total Margin	0.29%	0.29%	

**FACILITIES
HOSPITAL AUTHORITY - KERSHAW
LEASE RENEWAL
FOR APPROVAL**

AUGUST 12, 2022

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 5,614 square feet of clinical space located at 1102 Roberts Street, Camden. The purpose of this lease renewal is to continue to provide office space for MUSC Health General Surgery. The cost per square foot is \$15.30. The monthly rental payment will be \$7,157.85, resulting in an annual lease amount of \$85,894.20 beginning June 2024. Rent shall increase 2% in year four of the renewal term.

The current lease agreement expires 6/18/2024 and as an incentive the landlord agrees to replace flooring, paint interior and exterior of premises, restripe and make minor repairs to the parking lot upon execution of lease renewal.

The Medical University Hospital Authority intends to enter into a Memorandum of Understanding with MUSC Community Physicians for this renewal.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: Roberts Street Real Estate, LLC

LANDLORD CONTACT: Vincent Sheheen, Landlord Representative

TENANT NAME AND CONTACT: MUSC Health General Surgery, Susan Burroughs

SOURCE OF FUNDS: Kershaw Health Surgery

LEASE TERMS:

TERM: Seven (7) years: [6/19/2024 – 6/18/2031]

AMOUNT PER SQUARE FOOT: \$15.30

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1 \$85,894.29 Year 5 \$87,612.08

Year 2 \$85,894.29 Year 6 \$87,612.08

Year 3 \$85,894.29 Year 7 \$87,612.08

Year 4 \$87,612.08

TOTAL AMOUNT OF LEASE TERM: \$608,131.19

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE _____

NET X

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

AUGUST 12, 2022

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 2,124 square feet of space located in MOB I at 2750 Laurel Street, Suite 104, Columbia. The purpose of this lease renewal is to continue provide space for MUSC Health Imaging. The cost per square foot is \$25.25. The monthly rental payment will be \$4,469.25, resulting in an annual lease amount of \$53,631.00. Rent shall increase annually 3% with the tenant paying operating costs and taxes over the 2023 base year which is estimated at \$3.38 a square foot.

The landlord shall provide a renewal allowance of \$21,240.00.

The Medical University Hospital Authority intends to enter into a Memorandum of Understanding with MUSC Community Physicians for this renewal.

NEW LEASE AGREEMENT _____
LEASE RENEWAL X

LANDLORD: PMOB, LLC

LANDLORD CONTACT: Brandon Shockley, Trinity Partners

TENANT NAME AND CONTACT: MUSC Health Imaging, Joe Bernard and Dr. Tim Adams

SOURCE OF FUNDS: General Operating Funds

LEASE TERMS:

TERM: Five (5) years: [1/1/2023-12/31/2027]

AMOUNT PER SQUARE FOOT: \$25.25

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1	\$53,631.00
Year 2	\$55,239.93
Year 3	\$56,897.13
Year 4	\$58,604.04
Year 5	\$60,362.16

TOTAL AMOUNT OF LEASE TERM: \$284,734.26

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE X
NET _____

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

AUGUST 12, 2022

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 5,807 square feet of space located in MOB I at 2750 Laurel Street, Suite 200, Columbia. The purpose of this lease renewal is to continue provide space for MUSC Health Cardiothoracic Surgery. The cost per square foot is \$25.25. The monthly rental payment will be \$12,218.90, resulting in an annual lease amount of \$146,626.75. Rent shall increase annually 3% with the tenant paying operating costs and taxes over the 2023 base year which is estimated at \$3.38 a square foot.

The landlord shall provide a renewal allowance of \$58,070.00.

The Medical University Hospital Authority intends to enter into a Memorandum of Understanding with MUSC Community Physicians for this renewal.

NEW LEASE AGREEMENT _____
LEASE RENEWAL X

LANDLORD: PMOB, LLC

LANDLORD CONTACT: Brandon Shockley, Trinity Partners

TENANT NAME AND CONTACT: MUSC Health Cardiothoracic Surgery, Joe Bernard and Dr. Tim Adams

SOURCE OF FUNDS: General Operating Funds

LEASE TERMS:

TERM: Five (5) years: [1/1/2023-12/31/2027]

AMOUNT PER SQUARE FOOT: \$25.25

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1 \$146,262.75

Year 2 \$151,025.55

Year 3 \$155,556.32

Year 4 \$160,223.01

Year 5 \$165,029.70

TOTAL AMOUNT OF LEASE TERM: \$778,097.33

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE X

NET _____

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

AUGUST 12, 2022

DESCRIPTION OF LEASE: This new lease is for 1,972 square feet of space located at 1 Science Court, Suite 200, Columbia. The purpose of this lease is to provide space for MUSC Laboratory Services. The cost per square foot is \$18.83. Rent shall include all operating costs except for separately metered utilities specific to the occupant use. The monthly rental payment will be \$3,094.40, resulting in an annual lease amount of \$37,132.76. Rent shall increase annually 2%.

MUHA shall complete renovations outside of this lease agreement as needed.

NEW LEASE AGREEMENT X
LEASE RENEWAL

LANDLORD: PPS Services, LLC

LANDLORD CONTACT: Vickie Cox, Landlord Representative

TENANT NAME AND CONTACT: MUSC Laboratory Services, Tony Bull

SOURCE OF FUNDS: General Operating Funds

LEASE TERMS:

TERM: Five (5) years: Estimated Start Date - January 2023

AMOUNT PER SQUARE FOOT: \$18.83

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1 \$37,132.76

Year 2 \$37,875.42

Year 3 \$38,632.92

Year 4 \$39,405.58

Year 5 \$40,193.69

TOTAL AMOUNT OF LEASE TERM: \$193,240.37

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

MODIFIED X

NET

**FACILITIES
HOSPITAL AUTHORITY - MARION
LEASE RENEWAL
FOR APPROVAL**

AUGUST 12, 2022

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 9,597 square feet of space located at 1205 North Main Street, Marion. The purpose of this lease renewal is to continue provide space for MUSC Internal Medicine. The cost per square foot is \$11.33. Rent shall include taxes and insurance. The monthly rental payment will be \$9,061.17, resulting in an annual lease amount of \$108,734.01. There is no annual rent increase for this property, annual rent shall remain constant throughout the renewal term.

NEW LEASE AGREEMENT _____
LEASE RENEWAL X

LANDLORD: BAS Partners, LLC

LANDLORD CONTACT: Kenneth Cobb, Landlord Representative

TENANT NAME AND CONTACT: MUSC Internal Medicine, Jay Hinesley

SOURCE OF FUNDS: General Operating Funds

LEASE TERMS:

TERM: Five (5) years: [9/1/2022-8/31/2027]

AMOUNT PER SQUARE FOOT: \$11.33

TOTAL ANNUALIZED LEASE AMOUNT: \$108,734.01

TOTAL AMOUNT OF LEASE TERM: \$543,670.05

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

MODIFIED X

NET _____

**FACILITIES
ACADEMIC
LEASE RENEWAL
FOR APPROVAL**

AUGUST 12, 2022

DESCRIPTION OF LEASE RENEWAL: This lease renewal is for 10,016 square feet of office, clinical and research space located at 30 Bee Street, Charleston. The purpose of this lease is to continue to provide office space for College of Medicine, OB/GYN Chair Research, Student Health Services, Department of Neurosciences and Center for Biomedical Imaging. The cost per square foot is \$11.51 (rounded). The monthly rental payment will be \$9,606.33, resulting in an annual lease amount of \$115,275.96. There is no annual rent increase for this property, annual rent shall remain constant throughout the renewal term.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: University Medical Associates of the Medical University of South Carolina

LANDLORD CONTACT: Eva Greenwood, Chief Financial Officer

TENANT NAME AND CONTACT: College of Medicine, Student Health Services, Department of Neurosciences and Center for Biomedical Imaging, Rick Anderson

SOURCE OF FUNDS: College of Medicine, OB/GYN Chair Research, Student Services and Department of Neurosciences

LEASE TERMS:

TERM: Five (5) years: [4/1/2023 – 3/31/2027]

AMOUNT PER SQUARE FOOT: \$11.51

TOTAL ANNUALIZED LEASE AMOUNT: \$115,275.96

TOTAL AMOUNT OF LEASE TERM: \$576,379.80

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE _____

NET X

**FACILITIES
ACADEMIC
NEW LEASE
FOR APPROVAL**

AUGUST 12, 2022

DESCRIPTION OF LEASE: This lease is for 2,300 rentable square feet of clinical space located at Nexton MOB, 5500 Front Street, Suite 450 in Summerville. The purpose of this lease is to provide space for MUSC College of Dental Medicine. The cost per square foot is \$37.15 and comprised of \$25.00 a square foot for base rent and \$12.15 per square foot for CAM including taxes and insurance. The monthly rental payment will be \$7,120.42, resulting in an annual lease amount of \$85,445.00. The base rent will increase annually 3% beginning and CAM shall increase annually based on actual costs with a 5% cap on controllable expense.

Landlord shall build out space based on Tenant specifications and provide an upfit allowance of \$126,500.00 for renovations. Any renovation overage shall be reimbursed by the Tenant to the Landlord.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: HP Summerville Palmetto, LLC

LANDLORD CONTACT: XXXXXXXX

TENANT NAME AND CONTACT: College of Dental Medicine, Dr. Sorin Teich

SOURCE OF FUNDS: College of Dental Medicine

LEASE TERMS:

TERM: Five (5) years: [estimated 2/1/2023 – 1/31/2028]

AMOUNT PER SQUARE FOOT: \$37.15

TOTAL ESTIMATED ANNUALIZED LEASE AMOUNT:

Year 1 \$85,445.00

Year 2 \$88,567.25

Year 3 \$91,811.11

Year 4 \$95,181.63

Year 5 \$98,684.08

TOTAL AMOUNT OF LEASE TERM: \$459,689.07

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE

MODIFIED X

FACILITIES
MEDICAL UNIVERSITY HOSPITAL AUTHORITY
BUDGET ADJUSTMENT
FOR APPROVAL
DATE: August 12, 2022

PROJECT TITLE: Clinical Sciences Building – Wound Care and Hyperbaric Clinic

PROJECT NUMBER: 210066

TOTAL ESTIMATED BUDGET: \$ 900,000

SOURCE(S) OF FUNDS: MUSC Health Funds – FY23 Capital Carryover Funding

SCOPE OF WORK: This project is to effect all required renovations and repairs to accommodate a new Wound Care Suite including exam rooms and a new wound care room hyperbaric chamber room and all requisite infrastructure to support the hyperbaric chambers.

JUSTIFICATION: The Wound Care Unit and Hyperbaric project is a crucial component of MUSC Health’s strategy to deliver comprehensive and advanced care within the State of South Carolina. The Wound Care Clinic and Hyperbaric chamber is located within the Clinical Sciences Building and due to on-going clinical operations by the previous clinical occupancy, many areas of the building structure and utilities were not fully accessible to the design team for verification and documentation. Once areas were uncovered during construction operations, many of these building components, including building utilities are requiring to be brought up to code and/or repaired in order to provide reliable and uninterrupted patient care. Additionally, this project was budgeted in early 2021 and during bidding in 2022, overall construction bids received were approximately 30% above budgeted amounts due to market pressures on construction materials and labor

In, closing we are asking the Board to approve a budget increase of \$400,000 of prior approved funds to allow for the completion of the Wound Care Clinic and Hyperbaric Chamber.

FACILITIES

ACADEMIC/RESEARCH

BUDGET ADJUSTMENT

FOR APPROVAL

DATE: August 12, 2022

PROJECT TITLE: College of Health Professions President Street Academic Building

PROJECT NUMBER: H51-9854

TOTAL ESTIMATED BUDGET: \$50,000,000.00

SOURCE(S) OF FUNDS: \$19.775 MM CHP Clinical Reserves
\$5MM Institutional Support (Clinical)
\$25.225 MM State Institution Bonds

SCOPE OF WORK: Project will construct a six story, approximately 89,000 gross square foot building on President Street directly north of the Bioengineering building. The bottom four floors will be finished for current occupancy, the top two floors will be shell space for future College of Health Professions expansion. The building will include 5000 square feet of research space, a 6000 square foot auditorium, and faculty and staff office and support space. An elevated pedestrian bridge is included connecting to the 2nd floor of the existing Bioengineering building.

JUSTIFICATION: The College of Health Professions has taken action to increase overall student numbers by 20% by FY24 in response to a projected healthcare workforce shortage in South Carolina and MUSC Board of Trustees directive in Fall 2018 for academic growth across programs expected to face this deficiency. The following table shows the positive growth trend over the past few years. We expect this number to continue to increase over the next few years, which will more than exceed our 20% proposed growth in student numbers.

Year:	2018	2019	2020	2021
Total CHP Enrolled Students:	763	769	888	1049

The College has taken additional steps to address the healthcare workforce shortage in South Carolina to include adding new academic programs.

- Proposal for Master’s in Speech-Language Pathology program (Spring 2019)
 - Fall 2021 – first cohort of 40+ SLP students matriculate

- Physician Assistant Studies (PAS) received approval from the Accreditation Review Commission on Education for the Physician Assistant, Inc, (ARC-PA) to increase the class size from 60 students to 96 students per cohort
- Proposal for Master's in Genetic Counseling program (Fall 2019)
 - Fall 2023 – first cohort of Genetic Counseling students expected to matriculate
- Proposal for a Master's in Clinical Neurophysiology
 - Fall 2024 – first cohort of Clinical Neurophysiology students expected to matriculate
- Proposal for a Bachelor's / Master's in Respiratory Therapy (Fall 2021)
 - Fall 2024 - first cohort of Respiratory Therapy students expected to matriculate

To adequately accommodate this growth in student numbers and programs, it is imperative that our College expand our physical footprint on the downtown campus. Additional offices for faculty and staff, a large auditorium that can accommodate the increased class sizes, and additional research space are all critical to our continued growth and sustainability.

This request is for approval to increase the budget by \$10,225,000.00. There has been significant cost escalation in construction since previous approval in 2021. Also, approximately 14,000 additional square feet has been added to the footprint of the proposed building.

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
REGULAR AGENDA
August 12, 2022
101 Colcock Hall

Members of the Board of Trustees

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

Trustees Emeriti

Ms. Margaret M. Addison	Dr. Charles B. Thomas, Jr.
Mr. Allan E. Stalvey	Dr. James E. Wiseman, Jr.

- | | | |
|---------|--|---|
| Item 1. | Call to Order..... | Dr. James Lemon
<i>Chairman</i> |
| Item 2. | Roll Call..... | Katherine Haltiwanger
<i>Board Secretary</i> |
| Item 3. | Date of Next Meeting – October 14, 2022 | Katherine Haltiwanger
<i>Board Secretary</i> |
| Item 4. | Approval of Meeting Minutes of May 19, May 20, and June 24, 2022..... | Dr. James Lemon
<i>Chairman</i> |
| Item 5. | Election of Chair and Vice-Chair of MUHA and MUSC Board of Trustees..... | Dr. James Lemon
<i>Chairman</i> |

In accordance with the MUHA and MUSC Board of Trustees Bylaws, Section III.B. and C., election of Chair and Vice-Chair will take place.

Recommendations and Informational Report of the President

- | | | |
|---------|----------------------|------------------------------------|
| Item 6. | Other Business | Dr. David Cole
<i>President</i> |
|---------|----------------------|------------------------------------|

Research and Institutional Advancement Committee: Terri Barnes, Chair

- Item 7. Institutional Advancement Update Kate Azizi
Vice President for Institutional Advancement
- Item 8. Office of Research Update Dr. Lori McMahon
Vice President for Research
- Item 9. MUSC Foundation Update Stuart Ames
Chief Executive Officer, MUSC Foundation
- Item 10. Other Committee Business Terri Barnes
Committee Chair

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

- Item 11. Provost Report Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 12. Changes to Faculty Handbook Section 5.06: Faculty Evaluations Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 13. Other Committee Business Barbara Johnson-Williams
Committee Chair

Finance and Administration Committee: Jim Battle, Chair

- Item 14. MUSC Financial Report..... Patrick Wamsley
Chief Financial Officer, MUSC
- Item 15. FY2023 MUSC and AHEC Budgets for Approval Patrick Wamsley
Chief Financial Officer, MUSC
- Item 16. Amended Resolution of General Obligation State Institution Bonds for Approval Patrick Wamsley
Chief Financial Officer, MUSC

An amended resolution authorizing the issuance of not exceeding \$25,225,000 of General Obligation State Institution Bonds will be presented for approval. The proceeds of the Bonds shall be applied to defray a portion of the costs associated with the construction of the new 89,000 SF College of Health Professions Academic Building; reimburse the University for expenses incurred in anticipation of the issuance of such bonds; and, pay the costs of issuance of such bonds.

- Item 17. MUSC Physicians Financial Report Eva Greenwood
Chief Financial Officer, MUSC Physicians
- Item 18. FY2023 MUSC Physicians Operating Budget for Information Eva Greenwood
Chief Financial Officer, MUSC Physicians

- Item 19. FY2023 MUSC Physicians Budget for Capital Asset Purchases
In Excess of \$50,000 for Approval Eva Greenwood
Chief Financial Officer, MUSC Physicians
- Item 20. Diversity and Inclusion Update Dr. Willette Burnham-Williams
Interim Chief Equity Officer
- Item 21. Other Committee Business Jim Battle
Committee Chair

Other Business for the Board of Trustees

- Item 22. FY2022 Performance Evaluation of MUSC President Dr. James Lemon
Chairman

As required by the State Agency Head Salary Commission, the FY2022 Agency Head performance evaluation for Dr. David Cole will be submitted to the agency by August 15, 2022. The results of the performance evaluation will be discussed in closed session.

- Item 23. Item removed.
- Item 24. Approval of Consent Agenda Dr. James Lemon
Chairman
- Item 25. Executive Session Dr. James Lemon
Chairman

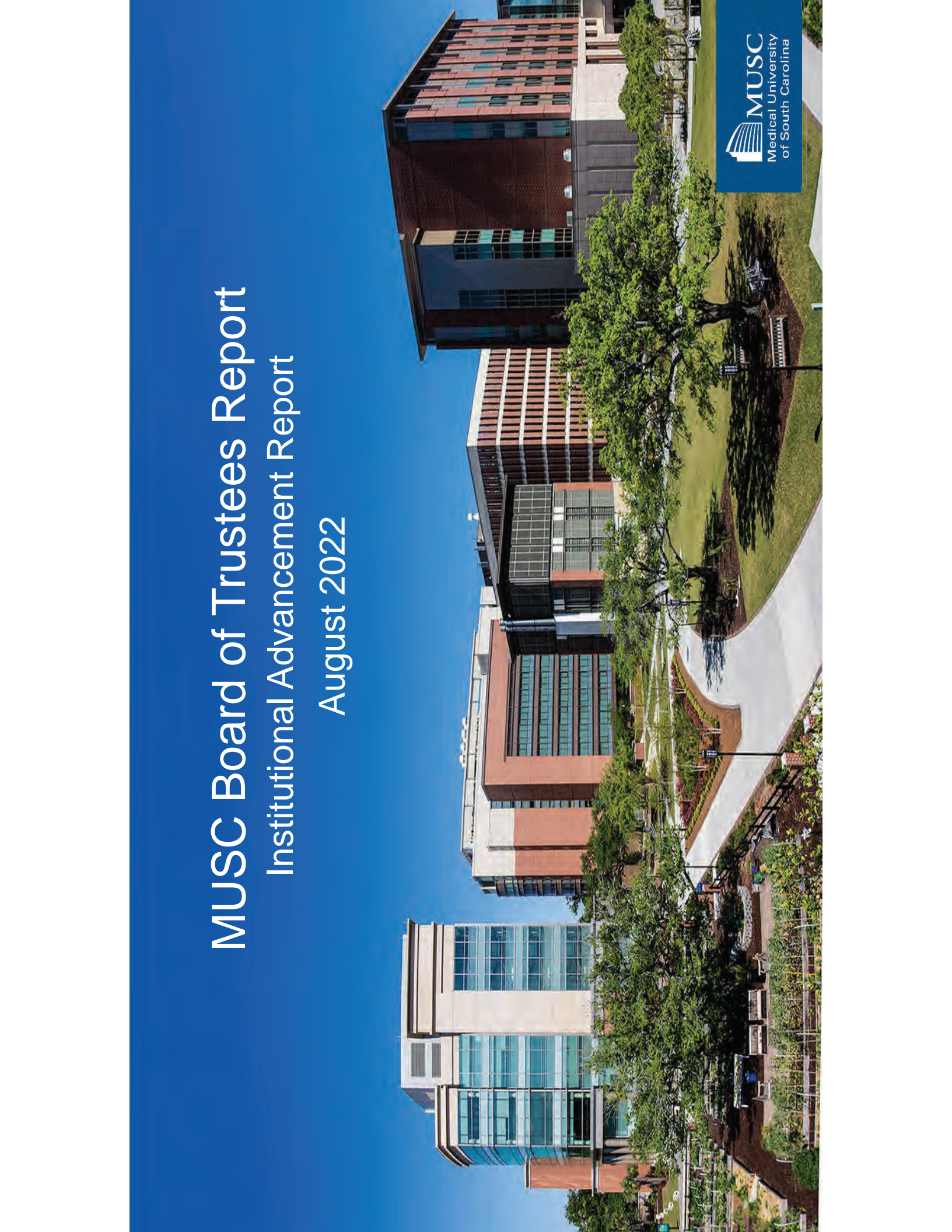
Upon proper motion and vote, the Board may convene a closed session pursuant to SC Code Ann. §30-4-70. Although the Board will not vote on any items discussed in closed session, the Board may return to public session to vote on items discussed.

- Item 26. New Business for the Board of Trustees Dr. James Lemon
Chairman
- Item 27. Report from the Chairman Dr. James Lemon
Chairman

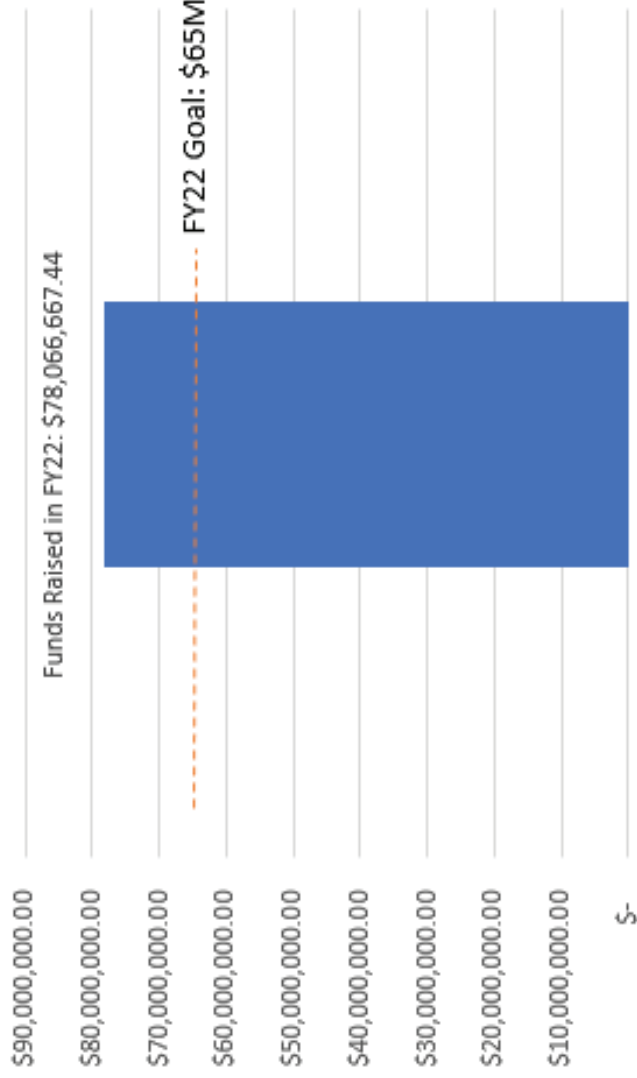
MUSC Board of Trustees Report

Institutional Advancement Report

August 2022



Fundraising update: FY22



We raised 120% of our FY22 goal!

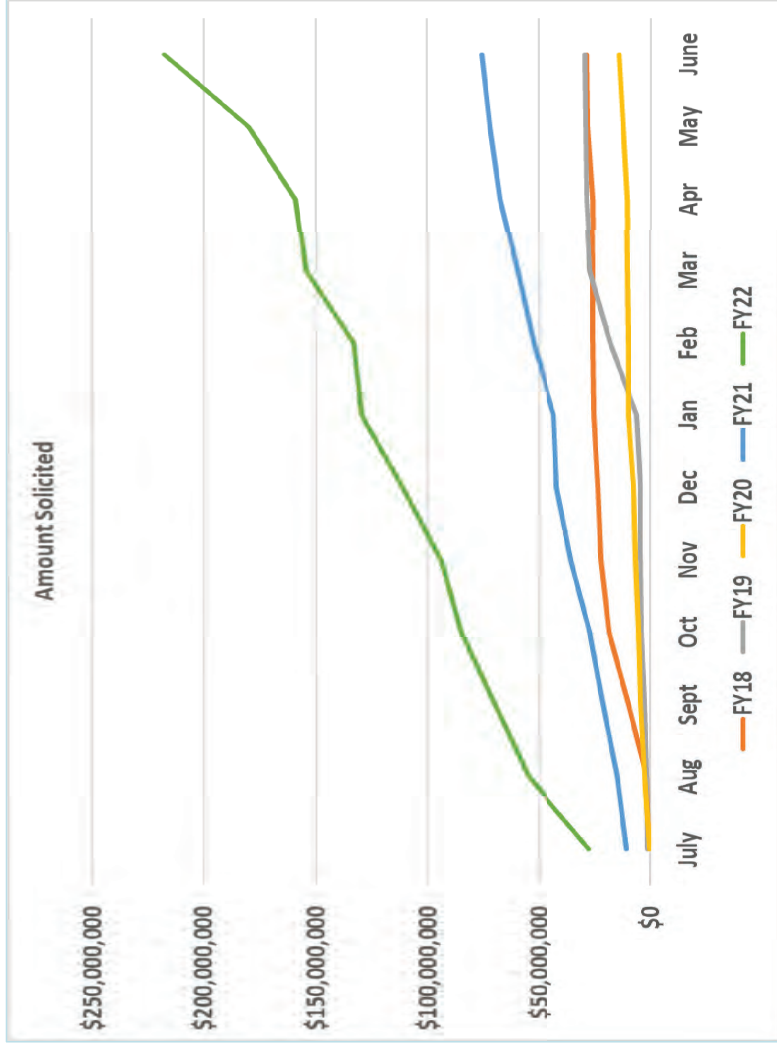
FY22 IA Team Accomplishments Compared to FY21

We closed
50% more
dollars in FY22
(that's \$25M+
more!)

We brought in
1,219 more
gifts, which is
an increase of
more than 11%
of total number
of gifts.

Our average
gift size
increased from
\$4,565 to
\$6,186 (an
increase of
over 36%!)

FY22 IA Team Accomplishments: Dollars Asked



• We solicited 441 gifts in FY22 (FY21 was 327 for the full year, we're at 135% of FY21's total).

• Skyrocketed to a mean of \$493,580 in FY22 (compared to \$241,100 in FY21 and \$150,481 in FY20).

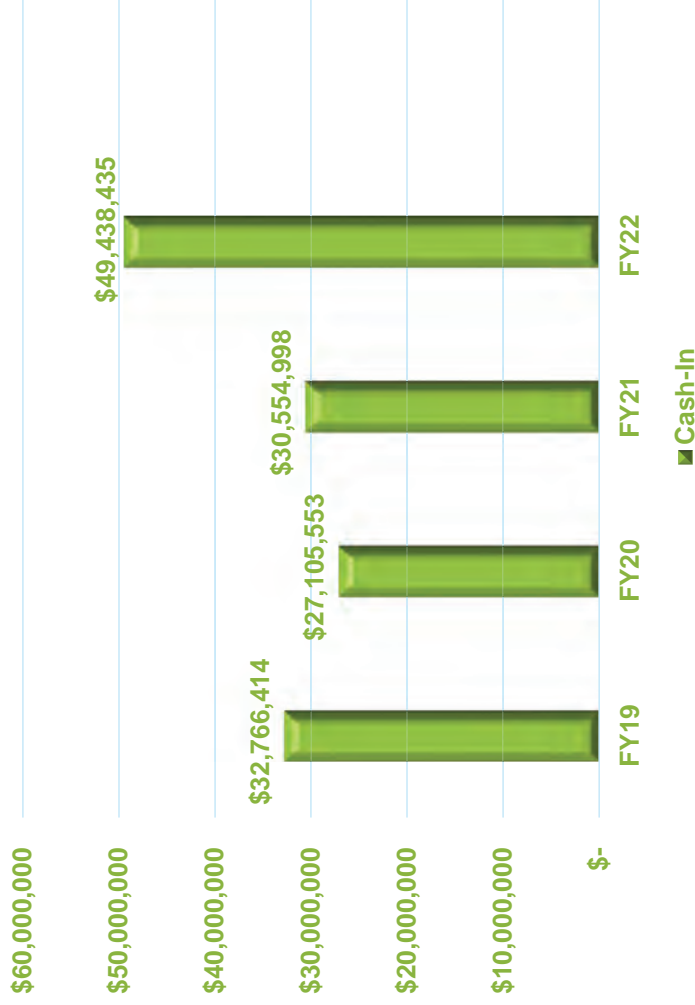
• Making more solicitations at a higher average amount!

We've solicited more money to date in FY22 than we have in the last four fiscal years in their entirety!



FY22 IA Team Accomplishments: Cash into MUSC Foundation

Cash into MUSC Foundation FY22



We exceeded our FY22 cash goal!

We brought in \$18,883,437 more cash in FY22 compared to FY21!

This is a:

- 62% increase over FY21
- 82% increase over FY20
- 51% increase over FY19

5.06 Faculty Evaluation

Senate Approval Date	Provost's Council Approval Date	Provost's Approval Date	Board of Trustees Approval Date	Reviewed for Accuracy and Consistency	Related Compliance Information
Nov 2017 <u>Jun 2021</u>	Mar 2018	Mar 2018	Apr 2018	May 2018	
<u>Aug 2020</u>					

The State of South Carolina requires that all state universities and colleges evaluate faculty performance. In order to comply with this requirement, MUSC has developed a faculty evaluation procedure which has been approved by the division of Human Resources of the State ~~Fiscal Accountability Authority (FAA) Budget and Control Board.~~

~~Each college of the~~The university has ~~established an approved standardized evaluation categories and a standardized rating scale~~ Performance Appraisal form (for use in faculty evaluations) ~~across for all colleges and AAF maintained in Interfolio an electronic database maintained in the office of the Provost and Executive Vice President.~~ A 2021 university-approved electronic system is used ~~The university has decided to utilize Interfolio as the system to conduct and house the faculty evaluation process.~~ Evaluation categories approved to evaluate ~~on all~~ faculty performance are the following:

- Teaching/Instruction/Mentorship (e.g., Curriculum Support / Instructional Development / Academic Consultation / Student Advising / Teaching)
- Research/Scholarly Activity (e.g., Presentations / Publications / Professional Development / Innovation)
- Service/Institutional Activity: (e.g., Institutional / Community)
- Administration: (e.g., Leadership / Mentoring / Supervision / Management)
- Professional Practice (e.g., maintenance of accreditation and certifications for clinical practice; patient care)
- Other (activities that do not fall into one of the above categories)

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Not all categories must be used for each faculty member, but for categories that are applicable, the following three-point scale will be used: "Does not Meet / Meets / Exceeds Expectations." Categories that do not apply to a faculty member are labelled as "not applicable" and no rating will be provided. ~~"not applicable" may be utilized if a category does not apply to a faculty member.~~

~~above Faculty should Consult with their respective Dean's Office for copies of these form criteria as needed.~~ Specific criteria used to evaluate each category are agreed to by the Chair or Direct Supervisor and faculty member on an annual basis. Colleges and AAF may provide examples of appropriate criteria to their faculty. The evaluation form is completed

annually for each faculty member, and a copy of the evaluation is maintained in the university-approved electronic system. ~~Interfolio is kept in a permanent file under the purview of the dean or director.~~ The faculty member has a right to full disclosure of their Performance ~~Appraisal~~Evaluation~~Appraisal~~Evaluation.

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~~The faculty member is required to sign the appraisal, indicating s/he has read the evaluation form, but has~~ Faculty members have the right to make written comments concerning agreement or disagreement with the evaluation and to have those comments included within their evaluation record.

~~College of Health Professions:~~

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~~http://academicdepartments.musc.edu/chp/academic_faculty_affairs/faculty_fa/faculty_evaluation.htm~~

~~College of Dental Medicine:~~

~~<https://education.musc.edu/colleges/dental/about/resources/development>~~

~~College of Medicine:~~

~~<http://academicdepartments.musc.edu/com/faculty/apt/forms/FacPerfEval.doc>~~

~~College of Nursing:~~

~~https://horseshoe.musc.edu/university/colleges/college_of_nursing/faculty/resources/faculty_evaluation_and_process_forms~~

~~College of Pharmacy:~~

~~—— The MUSC COP Evaluation form is located inside of the Faculty Resources File within MUSC Box – COP~~

~~Academic Affairs Faculty:~~

~~<http://colbert.library.musc.edu/dlsifac/>~~

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THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Twelve (12) Month Period Ended June 30, 2022

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of June 30, 2022

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
Assets & Deferred Outflows			
Cash and Cash Equivalents	\$ 458,133,490	\$ 4,953,533	\$ -
Cash and Cash Equivalents - Restricted	17,234,526	-	746,168
State Appropriation Receivable	27,041,664	-	-
Student Tuition and Fees Receivable	1,582,540	-	-
Student Loan Receivable	11,364,514	-	-
Grants and Contracts Receivable	43,168,221	29,873	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Lease Receivable	14,105,044	-	4,717,842
Other Receivables	3,717,799	-	-
Investments	-	-	884,843
Prepaid Items	7,860,810	-	239,064
Capital Assets, net of Accumulated Depreciation	403,658,228	-	-
Due from Hospital Authority	8,956,044	-	-
Due from Other Funds	118,985,040	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	13,636	-	37,986
Deferred Outflows-Pensions	15,383,720	-	-
Deferred Outflows-OPEB	177,193,231	-	-
Other Assets	-	-	-
Total Assets & Deferred Outflows	\$ 1,308,398,507	\$ 4,983,406	\$ 6,625,903
Liabilities & Deferred Inflows			
Accounts Payable	\$ 12,094,433	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	23,207,216	12,942	-
Accrued Compensated Absences	31,891,281	205,450	-
Deferred Revenue	35,017,895	-	-
Retainages Payable	-	-	-
Long-Term Debt	167,470,336	-	5,450,000
Interest Payable	942,985	-	61,312
Deposits Held for Others	4,112,798	87,919	-
Due to Hospital Authority	-	(15)	-
Due to Other Funds	11,955,031	-	-
Federal Loan Program Liability	11,417,914	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	476,645,126	-	-
Net OPEB Liability	663,622,222	-	-
Deferred Inflows-Leases	14,771,605	-	-
Deferred Inflows-Pensions	4,763,452	-	-
Deferred Inflows-OPEB	44,963,865	-	-
Other Liabilities	20,123,977	-	-
Total Liabilities & Deferred Inflows	\$ 1,523,000,136	\$ 306,296	\$ 5,511,312
Net Position	(214,601,629)	4,677,110	1,114,591
Total Liabilities & Deferred Inflows and Net Position	\$ 1,308,398,507	\$ 4,983,406	\$ 6,625,903

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending June 30, 2022

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
Federal Grants & Contracts	\$ 146,101,198	\$ 146,101,198	\$ 153,965,502	\$ 7,864,304	F
Federal Grants Indirect Cost Recoveries	40,160,347	40,160,347	42,004,045	1,843,698	F
State Grants & Contracts	9,613,629	9,613,629	10,378,618	764,989	F
Private Grants & Contracts	30,399,388	30,399,388	35,902,559	5,503,171	F
Private Grants Indirect Cost Recoveries	5,400,344	5,400,344	6,567,040	1,166,696	F
Total Grants & Contracts	231,674,906	231,674,906	248,817,764	17,142,858	F
State Appropriations	119,466,076	119,466,076	126,282,154	6,816,078	F
Tuition and Fees	112,510,653	112,510,653	110,907,165	(1,603,488)	U
Pass-Through Revenues	118,009,537	118,009,537	98,837,039	(19,172,498)	U
Gifts	17,162,252	17,162,252	24,165,481	7,003,229	F
Transfers from (to) MUSC Physicians	91,669,459	91,669,459	100,118,006	8,448,547	F
Sales and Services of Educational Departments	18,855,778	18,855,778	17,998,053	(857,725)	U
Sales and Services of Auxiliary Enterprises	14,622,507	14,622,507	14,210,236	(412,271)	U
Interest and Investment Income	21,702	21,702	55,330	33,628	F
Endowment Income	4,401,640	4,401,640	4,296,841	(104,799)	U
Miscellaneous	16,880,163	16,880,163	14,889,530	(1,990,633)	U
Miscellaneous - Residents	8,140,000	8,140,000	8,891,247	751,247	F
Authority Revenue	92,200,126	92,200,126	93,900,211	1,700,085	F
Authority Revenue - Residents	69,717,575	69,717,575	67,524,999	(2,192,576)	U
Intra-Institutional Sales	42,588,049	42,588,049	41,341,337	(1,246,712)	U
Total Other	726,245,517	726,245,517	723,417,629	(2,827,888)	U
Total Revenues	957,920,423	957,920,423	972,235,393	14,314,970	F
Expenditures					
Salaries	\$ 336,998,827	\$ 336,998,827	\$ 325,231,720	\$ 11,767,107	F
Miscellaneous Personnel Expenditures	5,011,011	5,011,011	6,289,133	(1,278,122)	U
Fringe Benefits	133,909,134	133,909,134	129,871,239	4,037,895	F
Total Personnel	\$ 475,918,972	\$ 475,918,972	\$ 461,392,092	\$ 14,526,880	F
Contractual Services	\$ 165,546,428	\$ 165,546,428	\$ 155,422,218	\$ 10,124,210	F
Pass-through Expenditures	118,009,537	118,009,537	98,837,039	19,172,498	F
Supplies	56,462,643	56,462,643	61,225,197	(4,762,554)	U
Fixed Charges	54,092,026	54,092,026	53,577,175	514,851	F
Equipment	8,913,903	8,913,903	12,916,768	(4,002,865)	U
Travel	3,800,334	3,800,334	1,937,320	1,863,014	F
Trainee / Scholarships	21,575,690	21,575,690	28,174,542	(6,598,852)	U
Other Expenses	6,519,084	6,519,084	3,154,029	3,365,055	F
Debt Service	8,294,082	8,294,082	18,123,388	(9,829,306)	U
Total Other	\$ 443,213,727	\$ 443,213,727	\$ 433,367,676	\$ 9,846,051	F
Total Expenditures	\$ 919,132,699	\$ 919,132,699	\$ 894,759,768	\$ 24,372,931	F
Other Additions (Deductions)					
Transfers from(to) Plant Funds	(56,846,519)	(56,846,519)	(62,827,805)	(5,981,286)	U
Other Transfers	51,690	51,690	(257,428)	(309,118)	U
Prior Year Fund Balance Usage	28,170,406	28,170,406	25,025,122	(3,145,284)	U
Total Other Additions (Deductions)	\$ (28,624,423)	\$ (28,624,423)	\$ (38,060,111)	\$ (9,435,688)	U
NET INCREASE (DECREASE) in Fund Balance	\$ 10,163,301	\$ 10,163,301	\$ 39,415,514	\$ 29,252,213	F
Non-Budgeted Items					
Net Unfunded Pension Expense			1,521,425		
Net Unfunded OPEB Expense			(34,375,695)		
Net Lease Activity - GASB 87			(514,674)		
Depreciation			(36,209,573)		
Endowment Gains/Losses			(7,863,730)		
Gain (Loss) on Disposition of Property			(437,457)		
Other Non-Budgeted Items			55,222,665		
SRECNP Bottom Line			16,758,475		

The Medical University of South Carolina

Direct Expenditures on Federal Grants and Contracts

(By Responsibility Center)

For the 12 Month Period Ending June 30, 2022

Administration	2,740,494
College of Dental Medicine	1,903,979
College of Graduate Studies	2,363,340
College of Health Professions	9,129,026
College of Medicine	106,929,436
College of Nursing	3,288,192
College of Pharmacy	931,220
Hollings Cancer Center	2,848,474
Library	1,267,347
Office of Sponsored Programs	31,765
	<hr/>
	\$131,433,274
	<hr/> <hr/>

NOTE: The federal direct expenditures shown above were incurred by the University. The federal grant and contract revenue earned to cover these direct expenditures was \$131,433,274.

In addition to this federal grant and contract revenue, the University received \$42,004,045 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts. \$41,824,949 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$179,096 represents the F+A recoveries on non-research federal grants and contracts. This amount is required to be remitted to the State.

University direct federal expenditures	\$131,433,274
Facilities and Administration costs	\$42,004,045
Federal operating grants and contracts	<hr/>
	\$173,437,320
	<hr/> <hr/>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2022

Note 1. *Basis of Presentation*

This financial statement provides summarized information for The Medical University of South Carolina (MUSC) and its affiliated organizations in discrete columns on the same page. The purpose of this financial report is to provide information that will be helpful to those who must make decisions about MUSC.

Note 2. *State Appropriations*

State appropriations revenue is prorated evenly over the twelve month period for which the funds are to be spent.

Note 3. *Cash and Cash Equivalents - Restricted*

Cash and cash equivalents - restricted include bond proceeds, the debt service reserve accounts, and the debt service fund accounts.

Note 4. *Capital Assets, Net of Accumulated Depreciation*

The University's capital assets, net of accumulated depreciation consists of the following:

Construction in progress	\$ 34,796,065
Projects in progress	513,308
Land/Bldgs/Equipment/Accumulated depreciation	<u>368,348,855</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 403,658,228</u>

Note 5. *Construction in Progress*

Construction in progress consists of the following projects and expenditures to date and is included in Capital Assets, Net of Accumulated Depreciation on the Statement of Net Position.

	Jun 30, 2021 Balance	Fiscal Year 2022 Added	Capitalized	Jun 30, 2022 Balance
SEI Chiller Replacement	\$ 2,343,134	\$ 68,965	\$ -	\$ 2,412,099
New College of Pharmacy Addition	7,171,858	18,702,792	-	25,874,650
BSB AHU #4 and #4A Replacement	38,704	1,439,426	-	1,478,130
Combined Heat & Power Facility	-	1,500,000	-	1,500,000
Others less than \$1,000,000 (ending balance)	<u>6,210,290</u>	<u>7,188,647</u>	<u>(9,867,751)</u>	<u>3,531,186</u>
Total construction in progress	<u>\$ 15,763,986</u>	<u>\$ 28,899,830</u>	<u>\$ (9,867,751)</u>	<u>\$ 34,796,065</u>

Note 6. *Deferred Revenue*

The University's deferred revenue consists of the following:

State appropriations	\$ -
Grants and contracts	17,683,420
Student tuition and fees	14,007,743
Other	<u>3,326,732</u>
Total Deferred Revenue	<u>\$ 35,017,895</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2022

Note 7. *Long Term Liabilities*

The University's long term liabilities consist of the following:

Lease Obligations	\$ 70,930,731
Higher Ed Refunded Revenue bond payable	17,900,000
State Institution bonds payable	41,985,000
Energy Performance Note Payable	29,051,688
Premium on State Institution bonds payable	6,722,684
Premium on Refunding Revenue Bonds	880,233
	<hr/>
Total Long Term Liabilities	<u>\$ 167,470,336</u>

Note 8. *Summary of Net Position*

The University implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions* in fiscal year 2015 and GASB Statement No. 75, *Accounting and Financial Reporting for Post Employment Benefits Other Than Pensions (OPEB)* in fiscal year 2018. These statements require participating employers to report their proportionate share of the plans' net pension liability and OPEB liabilities, pension and OPEB expense and deferred outflows and inflows. In fiscal year 2021, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$2.3 million for a total of \$160.6 million. In fiscal year 2020, excluding the GASB 68 and GASB 75 impact, the University's net position decreased \$7.1 million for a total of \$158.3 million. In fiscal year 2019, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$28.2 million for a total of \$165.4 million. In fiscal year 2018, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$0.6 million for a total of \$137.2 million.

	Per annual CAFR			
	FY2021	FY2020	FY2019	FY2018
Net investment in capital assets	\$ 256,273,784	\$ 273,745,547	\$ 290,960,785	\$ 318,787,398
Restricted				
Nonexpendable	93,450,804	92,884,333	91,997,286	91,314,812
Expendable	172,064,021	119,736,905	113,211,622	99,701,424
Unrestricted (exclusive of GASB 68 and 75 liabilities)	160,633,515	158,323,021	165,423,830	137,210,133
Unrestricted (including GASB 68 and 75 liabilities)	(908,652,076)	(868,396,874)	(841,631,771)	(812,662,227)
Total net position	<u>\$ (226,229,952)</u>	<u>\$ (223,707,068)</u>	<u>\$ (180,038,248)</u>	<u>\$ (165,648,460)</u>

Medical University of South Carolina
Summary of Current Debt Obligations

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 30-Jun-2022
State Institution Bonds (SIB)			
SIB 2011D	18,950	Deferred maintenance projects	-
SIB 2012B refunding	12,645	Refunding SIB 2001C, 2003D, & 2003J	1,645
SIB 2016D	30,095	Refunding SIB 2001C, 2003D, & 2003J	18,135
SIB 2021D	23,415	Refunding SIB 2011D & to fund construction of capital projects	22,205
	<u>\$ 146,150</u>		
Current SIB Debt Authorized and Issued			<u>\$ 41,985</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ 5,450</u>
Refunding Revenue Bonds, Series 2017			
2017	<u>\$ 25,115</u>	Refunding of Higher Ed Revenue Bonds	<u>\$ 17,900</u>
Energy Performance Note Payable			
EPNP 02-27-19	<u>\$ 30,000</u>	Energy Savings	<u>\$ 29,052</u>

The MUSC Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve (12) Month Period Ending June 30, 2022

	Area Health Education Consortium	CHS Development Company
Operating Revenues		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	867,031	-
State Grants and Contracts	156,568	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	50,000	-
Sales and Services to Hospital Authority	130,000	-
Sales and Services of Educational and Other Activities	-	-
Sales and Services of Auxiliary Enterprises	-	-
Interest Income	-	278,100
Other Operating Revenues	67,691	-
Total Operating Revenues	1,271,290	278,100
Operating Expenses		
Compensation and Employee Benefits	3,009,641	-
Pension Benefits		
OPEB Expense		
Services and Supplies	10,056,574	4
Utilities	-	-
Scholarships and Fellowships	13,605	-
Refunds to Grantors	-	-
Interest Expense	-	170,923
Depreciation and Amortization	-	156,349
Total Operating Expenses	13,079,820	327,276
Operating Income (Loss)	(11,808,530)	(49,176)
Nonoperating Revenues (Expenses)		
State Appropriations	11,353,530	-
State Appropriations - MUHA	-	-
Gifts and Grants Received	-	-
Investment Income	-	-
Interest Expense	-	-
Gain (Loss) on Disposal of Capital Assets	-	-
Transfers From (To) Other State Agencies	-	-
Other Nonoperating Revenues (Expenses), net	-	-
Net Nonoperating Revenues (Expenses)	11,353,530	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	(455,000)	(49,176)
Capital Appropriations	-	-
Capital Grants and Gifts	-	-
Additions to Permanent Endowments	-	-
Transfers From (To) MUSC Physicians (UMA)	-	-
Transfers From (To) AHEC	1,958	-
Transfers From (To) CHS Development	-	7,158
Transfers From (To) Facilities Corporation	-	-
Increase (Decrease) In Net Position	\$ (453,042)	\$ (42,018)

AMENDED RESOLUTION

REQUESTING THE ISSUANCE OF NOT EXCEEDING TWENTY-FIVE MILLION TWO HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$25,225,000) OF GENERAL OBLIGATION STATE INSTITUTION BONDS FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA PURSUANT TO CHAPTER 107, TITLE 59, CODE OF LAWS OF SOUTH CAROLINA 1976, AS AMENDED

Adopted by

BOARD OF TRUSTEES
OF
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

August 12, 2022

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AMENDED RESOLUTION

REQUESTING THE ISSUANCE OF NOT EXCEEDING TWENTY-FIVE MILLION TWO HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$25,225,000) OF GENERAL OBLIGATION STATE INSTITUTION BONDS FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA PURSUANT TO CHAPTER 107, TITLE 59, CODE OF LAWS OF SOUTH CAROLINA 1976, AS AMENDED

BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA IN A MEETING DULY ASSEMBLED:

SECTION 1. Findings of Fact. As an incident to the adoption of this Amended Resolution, the Board of Trustees of The Medical University of South Carolina (the "Board of Trustees"), the governing body of The Medical University of South Carolina (the "University") hereby finds and determines as follows:

(a) This Amended Resolution is adopted by the Board of Trustees pursuant to Title 59, Chapter 107, Code of Laws of South Carolina 1976, as amended (the "Enabling Act").

(b) Pursuant to Section 59-107-40 of the Enabling Act, the Board of Trustees is authorized to make application to the South Carolina State Fiscal Accountability Authority (the "State Authority") for the issuance of General Obligation State Institution Bonds ("State Institution Bonds"), the proceeds of which may be used: (i) to construct, equip and furnish a six-story, approximately 89,000 square foot building and related improvements on the University's campus (the "Project," as such term is more particularly described in paragraph (c) of this Section 1); (ii) to reimburse the University for expenses incurred in anticipation of the issuance of such bonds; and (iii) to pay the costs of issuance of such bonds.

(c) The Board of Trustees has determined that, in order to accommodate the growth in student numbers and programs, the need for the Project exists, and is anticipated to be used for general University purposes and by the University's College of Health Professions, and will include space for classrooms, office and support space for University faculty and staff, research space, as well as an elevated pedestrian bridge connecting the building to the existing Bioengineering building.

(d) The University estimates that the total cost of the Project will be approximately \$50,000,000. In order to fund a portion of the projected costs of the Project, and taking into account certain other sources, the Board of Trustees desires to make application to the State Authority to issue not exceeding Twenty-Five Million Two Hundred Twenty-Five Thousand Dollars (\$25,225,000) aggregate principal amount of General Obligation State Institution Bonds (Issued on Behalf of The Medical University of South Carolina) of the State of South Carolina (the "Bonds") pursuant to the Enabling Act, on the basis that a definite and immediate need exists for constructing and furnishing the Project, and therefore for issuing such Bonds. The proceeds of the Bonds shall be applied to defray a portion of the costs of the Project, reimburse the University for expenses incurred in anticipation of the issuance of the Bonds, and to pay the costs of issuance of the Bonds.

(e) Accordingly, this Amended Resolution is adopted pursuant to Section 59-107-40 of the Enabling Act, in order to make formal application to the State Authority for the issuance of

the Bonds, the proceeds of which will be used for the purposes set forth in paragraph (d) of this Section 1.

SECTION 2. Application for Issuance of State Institution Bonds. The Board of Trustees hereby makes formal application to the State Authority for funds through the issuance of the Bonds pursuant to the provisions of the Enabling Act, in order that the proceeds thereof may be used for the purposes set forth in paragraph (d) of Section 1 hereof.

SECTION 3. Tuition Fees Received in Previous Fiscal Year. Based on tuition fees as defined in the Enabling Act and as described in Section 4 below, for fiscal year July 1, 2021 through June 30, 2022, tuition fees available to pay debt service on State Institution Bonds amounted to the sum of \$15,185,306.

SECTION 4. Current Schedule of Tuition Fees. The schedule of tuition fees, as defined in the Enabling Act and as now in effect at the University, is as set forth as Exhibit A to this Amended Resolution, which schedule is hereby reaffirmed and approved.

SECTION 5. Maturity Schedule for Bonds. The suggested maturity schedule for the Bonds requested to be issued pursuant to this Amended Resolution is set forth as Exhibit B to this Amended Resolution. Said Exhibit B assumes that the principal amount of the Bonds will be \$25,225,000.

SECTION 6. Debt Service on Outstanding State Institution Bonds. A statement showing all State Institution Bonds heretofore issued on behalf of the University now outstanding and not defeased, together with the annual interest and principal payments to become due thereon, is set forth as Exhibit C to this Amended Resolution.

SECTION 7. Debt Service on Outstanding Bonds Including Bonds Authorized Hereby. A table showing debt service on all State Institution Bonds to be outstanding for the University following the issuance of the Bonds (at an assumed principal amount of the Bonds of \$25,225,000 and at prevailing rates of interest) is set forth as Exhibit D to this Amended Resolution. Upon the issuance of the Bonds, the maximum annual debt service on all State Institution Bonds secured by tuition fees of the University may not be greater than 90% of the tuition fees received by the University for the preceding fiscal year.

A calculation establishing the right of the University to seek the issuance of Bonds to the extent set forth in this Amended Resolution is set forth as Exhibit E to this Amended Resolution.

SECTION 8. Request for Issuance of Bonds and Bond Anticipation Notes.

(a) The State Authority is requested to make the findings required by the Enabling Act and to request the Governor and the State Treasurer to provide for the issuance of the Bonds by the State of South Carolina (the "State"). If the State Treasurer should determine that all or a portion of the proceeds needed to defray the costs of the Project should be funded by the issuance of bond anticipation notes (the "Notes") pursuant to Chapter 17, Title 11 of the Code of Laws of South Carolina 1976, as amended (the "BAN Act") rather than the Bonds and that the issuance of the Notes would be in the best interest of the State under prevailing market conditions or, in light of the subsequent borrowings necessary to finance the completion of the Project, would be more efficient than issuing Bonds at this time, the Governor and the State Treasurer are further requested to effect the issuance of Notes pursuant to the BAN Act. If Notes are issued and if, upon maturity thereof, the State Treasurer should determine that further issuance of Notes rather than the Bonds would be in the best interest of the State under prevailing market conditions, the Governor and the State Treasurer are requested to continue the issuance of Notes, in a

principal amount not to exceed \$25,225,000 until the Governor and the State Treasurer determine to issue the Bonds on the basis as aforesaid, and the Bonds are issued.

(b) The Board of Trustees hereby covenants and agrees that the University will, and hereby directs the President and the Secretary to the Board of Trustees of the University to deposit and designate sufficient tuition fees during each fiscal year to satisfy the requirement that debt service on all State Institution Bonds issued on behalf of the University (including the Bonds herein requested) shall not exceed 90% of such tuition fees so deposited and designated. The President and the Secretary of the Board of Trustees are hereby authorized to certify the amount so deposited and designated to the State Authority. In the event this application is submitted to the State Authority, or the Bonds herein requested are delivered, in a fiscal year subsequent to the fiscal year in which this Amended Resolution is adopted, the request herein made is expressly conditioned on such certification being made and showing that debt service on all State Institution Bonds issued on behalf of the University (including the Bonds herein requested) does not exceed 90% of such tuition fees so deposited and designated.

SECTION 9. Covenant to Impose Tuition Fees Sufficient to Pay Bonds. The Board of Trustees hereby covenants and agrees that the schedule of tuition fees now in effect at the University will be revised from time to time and whenever necessary in order to provide the annual principal and interest requirements of all State Institution Bonds now or hereafter to be outstanding, which have been or will be issued on behalf of the University.

SECTION 10. Tax Covenants. To the extent that the State Authority provides for the issuance of Bonds on a federally tax-exempt basis, the University will covenant as follows:

(a) Federal Guarantee Prohibition. The University shall not take any action or permit or suffer any action to be taken if the result of the same would be to cause the Bonds to be “federally guaranteed” within the meaning of Section 149(b) of the Internal Revenue Code of 1986, as amended (the “Code”), and regulations promulgated thereunder (the “Regulations”).

(b) Private Business Limitation. The University shall ensure that (i) not in excess of 10% of the amount actually or constructively received from the sale of the Bonds, together with the investment earnings thereon (“Net Proceeds”), is used directly or indirectly in a trade or business carried on by a natural person or in any activity carried on by a person other than a natural person, excluding, however, use by a state or local governmental unit and use as a member of the general public but not use by the federal government of the United States of America or any agency or instrumentality thereof (“Private Business Use”), if, in addition, the payment of more than ten percent of the principal or ten percent of the interest due on the Bonds during the term thereof is, under the terms thereof or any underlying arrangement, directly or indirectly, secured by any interest in property used or to be used for a Private Business Use or in payments in respect of property used or to be used for a Private Business Use or is to be derived from payments, whether or not to the State, in respect of property or borrowed money used or to be used for a Private Business Use; and (ii) in the event that both (a) in excess of five percent of the Net Proceeds are used for a Private Business Use, and (b) an amount in excess of five percent of the principal or five percent of the interest due on the Bonds during the term thereof is, under the terms thereof or any underlying arrangement, directly or indirectly, secured by any interest in property used or to be used for said Private Business Use or in payments in respect of property used or to be used for said Private Business Use or is to be derived from payments, whether or not to the State, in respect of property or borrowed money used or to be used for said Private Business Use, then said excess over said five percent of Net Proceeds used for a Private Business Use shall be used for a Private Business Use related to the governmental use of a portion of the facilities financed with the proceeds of the Bonds and shall not exceed the proceeds used for the governmental use of the portion of the undertaking to which such Private Business Use is related.

(c) Private Loan Limitation. The University shall ensure that not in excess of the lesser of (i) \$5,000,000 or (ii) 5% of the Net Proceeds will be used, directly or indirectly, to make or finance a loan to persons other than state or local government units.

(d) No Arbitrage. The University represents that it does not expect any portion of the proceeds of the Bonds to be used directly or indirectly to acquire higher yielding investments, or to replace funds which were used directly or indirectly to acquire higher yielding investments for other than a “temporary period” as defined in the Code and the Regulations. The University further covenants that it will not intentionally use any portion of the proceeds of the Bonds to acquire higher yielding investments or to replace funds which were used directly or indirectly to acquire higher yielding investments. In making the foregoing representation and covenant, the University understands and intends that words or phrases contained herein have meanings provided therefor under Section 148 of the Code and under the Regulations.

SECTION 11. Secretary to Present Resolution to State Authority. The Secretary to the Board of Trustees is hereby directed to present a certified copy of this Amended Resolution, together with the Exhibits and any certification required by Section 8 to this Amended Resolution, to the State Authority as evidence of the Board of Trustees’ formal request for the issuance of the Bonds on behalf of the University, and as evidence that all conditions precedent to the issuance of such Bonds have been met prior to the issuance of the Bonds. The date of application for purposes of the Enabling Act shall be such date as this Amended Resolution and any certificate required by Section 8 hereof is submitted to the State Authority.

SECTION 12. Execution of Closing Documents and Certificates. The Chairman of and the Secretary to the Board of Trustees, and all other officers of the University, are fully authorized and empowered to take such further action and to execute and deliver such closing documents as may be necessary and proper in order to complete the borrowing herein authorized and the action of such officers or any one or more of them in executing and delivering any of such documents in such form as he or they shall approve, is hereby fully authorized. In particular, such officers of the University are authorized to abide by covenants made by or on behalf of the State Authority in connection herewith relating to Sections 9 and 10 hereof or relating to Rule 15c2-12 of the United States Securities and Exchange Commission or relating to Section 11-1-85 of the Code of Laws of South Carolina 1976, as amended.

SECTION 13. Reimbursement Declaration. The University hereby confirms its intention to reimburse itself for a portion of the costs of the Project with the proceeds of the Bonds or the Notes, as the case may be, requested to be issued herein. To that end, the Board of Trustees determines and declares as follows:

(a) no funds from any sources other than the Bonds or the Notes, as the case may be, are, or are reasonably expected to be, reserved, allocated on a long-term basis or otherwise set aside by the University pursuant to the budget or financial policies of the University for the financing of the portion of the costs of constructing, equipping and furnishing the Project to be funded with the Bonds or the Notes, as the case may be;

(b) the University reasonably expects that all or a portion of the expenditures incurred for the Project and the issuance of the Bonds or the Notes, as the case may be, will be paid prior to the issuance of the Bonds or the Notes, as the case may be;

(c) the University intends and reasonably expects to reimburse itself for all such expenditures paid by it with respect to the Project prior to the issuance of the Bonds or the Notes, as the case may be,

from the proceeds of the Bonds or the Notes, as the case may be, and such intention is consistent with the budgetary and financial circumstances of the University;

(d) all of the costs to be paid or reimbursed from the proceeds of the Bonds or the Notes, as the case may be, will be for costs incurred in connection with the issuance of the Bonds or the Notes, as the case may be, or will, at the time of payment thereof, be properly chargeable to the capital account of the Project (or would be so chargeable with a proper election) under general federal income tax principles; and

(e) this Amended Resolution shall constitute a declaration of official intent under United States Department of the Treasury Regulation Section 1.150-2.

SECTION 14. Law and Place of Enforcement of this Amended Resolution. This Amended Resolution shall be construed and interpreted in accordance with the laws of the State. All suits and actions arising out of this Amended Resolution shall be instituted in a court of competent jurisdiction in the State.

SECTION 15. Effect of Section Headings. The heading or titles of the several Sections hereof are solely for convenience of reference and shall not affect the meaning, construction, interpretation or effect of this Amended Resolution.

SECTION 16. Repeal of Inconsistent Resolutions. All resolutions of the Board of Trustees, and any part of any resolution, inconsistent with this Amended Resolution are hereby repealed to the extent of such inconsistency.

SECTION 17. Effectiveness of this Amended Resolution. This Amended Resolution shall become effective upon its adoption and except as provided in the last sentence of this Section 17, shall amend in its entirety the Resolution approving the issuance of Not Exceeding Twenty Million Dollars (\$20,000,000) of General Obligation State Institution Bonds adopted by the Board of Trustees on April 8, 2022 (the "Original Resolution"). The University's reimbursement declaration under Section 13 of the Original Resolution shall survive the amendment of the Original Resolution.

Done in meeting duly assembled this 12th day of August 2022.

**BOARD OF TRUSTEES OF THE MEDICAL
UNIVERSITY OF SOUTH CAROLINA**

(SEAL)

Chairman

Attest:

Secretary

EXHIBIT A

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
SCHEDULE OF TUITION FEES IN EFFECT FOR PURPOSES OF
SECTIONS 59-107-10 ET SEQ., CODE OF LAWS OF
SOUTH CAROLINA 1976, AS AMENDED

Set forth below are the tuition and fees charged by each of the Academic Division's Colleges for resident and non-resident students for the 2022-2023 academic year (excluding the summer term) on an annual basis (except as shown):

	<u>In-State¹</u>	<u>Out-of-State¹</u>
Dental Medicine		
Doctor of Dental Medicine	\$17,150	\$30,000
Dental Scientist Training Program	7,905	7,905
Master of Science in Dentistry - Endodontics	20,338	20,338
Master of Science in Dentistry – Periodontics	3,218	3,902
Master of Science in Dentistry - Orthodontics	3,218	3,902
Master of Science in Dentistry – Digital Dentistry	20,167	20,167
Graduate Studies		
Master of Science in Biomedical Sciences	\$ 6,752	\$9,484
Master of Science in Clinical Research	6,887	10,538
Master of Science in Medical Sciences	7,025	10,538
Ph.D. Program	7,954	10,686
Health Professions		
Bachelor of Science in Healthcare Studies	\$4,900	\$4,900
Cardiovascular Perfusion	8,149	12,831
Master in Extracorporeal Science		6,000
Master in Genetic Counseling	9,000	12,831
Doctor of Nurse Anesthesia Practice - Post-Masters	7,724	7,956
Doctor of Nurse Anesthesia Practice - Post-Baccalaureate	7,724	11,397
Master in Health Administration-Executive	8,525	9,682
Master in Health Administration-Residential	8,525	12,828
Master of Science in Health Informatics	8,525	8,525
Master of Science in Speech Pathology	8,349	12,465
Master of Science in Physical Assistant Studies	8,274	14,787
Doctor of Health Administration – Health Professional	10,290	10,290
Doctor of Health Administration - Health Administrator	10,290	10,290
Doctor of Health Administration –Interprofessional	6,958	6,958
Doctor of Health Administration- Information Systems	6,958	6,958
Ph. D. in Health and Rehabilitation Science	6,202	6,569
Doctor of Physical Therapy	8,142	12,280
Doctor of Occupational Therapy	8,346	12,465
Medicine		
First Year	\$12,500	\$22,283
Second Year	10,800	19,333

	<u>In-State¹</u>	<u>Out-of-State¹</u>
Third Year	14,533	24,000
Fourth Year	14,122	25,826
Master of Public Health	6,752	10,538
Nursing		
Undergraduate-BSN	\$ 7,811	\$14,092
Undergraduate-RN-BSN	5,480	5,926
Graduate – DNP	8,116	10,542
Graduate & Ph.D.	8,116	10,332
Pharmacy		
Doctor of Pharmacy-First, Second, Third Years	\$13,413	\$13,413
Doctor of Pharmacy-Fourth Year	11,691	11,691
International Doctor of Pharmacy-First, Second, Third Years		20,208
International Doctor of Pharmacy-Fourth Year		17,505
Doctor of Pharmacy/Master of Science in Health Informatics (PharmD/MSHI) – Second & Third Year		
Fall Term	18,603	19,311
Spring Term	16,008	16,362
– Fourth Year	14,286	14,640
Graduate Certificate Program in Clinical Pharmacy	55,125	55,125

For the fiscal year ended June 30, 2022, the amount of receipts designated as tuition for state institution bonds purposes was not less than the sum of \$15,185,306. The tuition and fees generated for the 2022 summer term are not included.

The maximum principal and interest debt service payment prior to the issuance contemplated herein is \$4,789,075, which occurs in the fiscal year ending June 30, 2023.

The maximum principal and interest debt service payment after the issuance contemplated herein is anticipated to be \$6,703,862, which is anticipated to occur in the fiscal year ending June 30, 2024.

¹ All tuition per semester unless otherwise noted

EXHIBIT B

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
PRO-FORMA DEBT SERVICE REQUIREMENTS OF
NOT EXCEEDING \$25,225,000 STATE OF SOUTH CAROLINA
GENERAL OBLIGATION STATE INSTITUTION BONDS,
COMPUTED AT PREVAILING RATES OF INTEREST

Fiscal Year Ending	New Issue Debt Service*		Total Debt Service
	Principal	Interest	
June 30, 2023	\$ 585,000	\$ 636,022	\$ 1,221,022
June 30, 2024	935,000	985,587	1,920,587
June 30, 2025	960,000	959,781	1,919,781
June 30, 2026	990,000	931,941	1,921,941
June 30, 2027	1,020,000	902,340	1,922,340
June 30, 2028	1,050,000	870,924	1,920,924
June 30, 2029	1,085,000	836,904	1,921,904
June 30, 2030	1,120,000	800,448	1,920,448
June 30, 2031	1,160,000	762,032	1,922,032
June 30, 2032	1,200,000	721,200	1,921,200
June 30, 2033	1,245,000	678,000	1,923,000
June 30, 2034	1,290,000	629,818	1,919,818
June 30, 2035	1,345,000	577,186	1,922,186
June 30, 2036	1,400,000	520,158	1,920,158
June 30, 2037	1,460,000	458,978	1,918,978
June 30, 2038	1,530,000	393,716	1,923,716
June 30, 2039	1,595,000	324,101	1,919,101
June 30, 2040	1,670,000	250,412	1,920,412
June 30, 2041	1,750,000	171,922	1,921,922
June 30, 2042	1,835,000	88,447	1,923,447
Total	<u>\$ 25,225,000</u>	<u>\$ 12,499,912</u>	<u>\$ 37,724,912</u>

* Preliminary, subject to change.

DEBT SERVICE REQUIREMENTS
ON ALL STATE INSTITUTION BONDS
ISSUED BY THE STATE OF SOUTH CAROLINA
ON BEHALF OF
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

Fiscal Year Ending	Existing Debt Service		Total Debt Service
	Principal	Interest	
June 30, 2023	\$ 3,040,000	\$ 1,749,075	\$ 4,789,075
June 30, 2024	3,170,000	1,613,275	4,783,275
June 30, 2025	2,445,000	1,475,650	3,920,650
June 30, 2026	2,565,000	1,353,400	3,918,400
June 30, 2027	2,705,000	1,225,150	3,930,150
June 30, 2028	2,835,000	1,089,900	3,924,900
June 30, 2029	2,985,000	948,150	3,933,150
June 30, 2030	3,105,000	824,900	3,929,900
June 30, 2031	3,240,000	696,350	3,936,350
June 30, 2032	2,190,000	561,950	2,751,950
June 30, 2033	2,270,000	480,850	2,750,850
June 30, 2034	2,355,000	396,550	2,751,550
June 30, 2035	2,440,000	308,900	2,748,900
June 30, 2036	2,530,000	217,900	2,747,900
June 30, 2037	985,000	123,300	1,108,300
June 30, 2038	1,010,000	93,750	1,103,750
June 30, 2039	1,040,000	63,450	1,103,450
June 30, 2040	1,075,000	32,250	1,107,250
Total	<u>\$ 41,985,000</u>	<u>\$ 13,254,750</u>	<u>\$ 55,239,750</u>

EXHIBIT D

SCHEDULE SHOWING PRO-FORMA TOTAL DEBT SERVICE REQUIREMENTS OF
ALL GENERAL OBLIGATION STATE INSTITUTION BONDS
ISSUED BY THE STATE OF SOUTH CAROLINA
ON BEHALF OF
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
INCLUDING THE PROPOSED ISSUE OF
TWENTY-FIVE MILLION TWO HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$25,225,000)
OF GENERAL OBLIGATION STATE INSTITUTION BONDS
COMPUTED AT PREVAILING RATES OF INTEREST

Fiscal Year Ending	Combined Debt Service*		Total Debt Service
	Principal	Interest	
June 30, 2023	\$ 3,625,000	\$ 2,385,097	\$ 6,010,097
June 30, 2024	4,105,000	2,598,862	6,703,862
June 30, 2025	3,405,000	2,435,431	5,840,431
June 30, 2026	3,555,000	2,285,341	5,840,341
June 30, 2027	3,725,000	2,127,490	5,852,490
June 30, 2028	3,885,000	1,960,824	5,845,824
June 30, 2029	4,070,000	1,785,054	5,855,054
June 30, 2030	4,225,000	1,625,348	5,850,348
June 30, 2031	4,400,000	1,458,382	5,858,382
June 30, 2032	3,390,000	1,283,150	4,673,150
June 30, 2033	3,515,000	1,158,850	4,673,850
June 30, 2034	3,645,000	1,026,368	4,671,368
June 30, 2035	3,785,000	886,086	4,671,086
June 30, 2036	3,930,000	738,058	4,668,058
June 30, 2037	2,445,000	582,278	3,027,278
June 30, 2038	2,540,000	487,466	3,027,466
June 30, 2039	2,635,000	387,551	3,022,551
June 30, 2040	2,745,000	282,662	3,027,662
June 30, 2041	1,750,000	171,922	1,921,922
June 30, 2042	1,835,000	88,447	1,923,447
Total	<u>\$ 67,210,000</u>	<u>\$ 25,754,662</u>	<u>\$ 92,964,662</u>

* Preliminary, subject to change.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROOF SHOWING COMPLIANCE WITH
TITLE 59, CHAPTER 107, CODE OF LAWS OF
SOUTH CAROLINA 1976, AS AMENDED

Aggregate of tuition fees received by the University as of June 30, 2022	\$15,185,306
Multiplied by	90%
Produces	\$13,666,775
Maximum annual debt service on all State Institution Bonds of the University (including the proposed issue of not exceeding Twenty-Five Million Two Hundred Twenty-Five Thousand Dollars (\$25,225,000) General Obligation State Institution Bonds issued on behalf of the University)	\$ 6,703,862
Margin	\$ 6,962,913

Calculated as of August 12, 2022

MUSC Physicians and Carolina Family Care

**Financial Statements for the
twelve month period ending
June 30, 2022**

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MUSC Physicians and Carolina Family Care, Inc.
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 12 Month Period Ending - June 30, 2022

UNAUDITED

	MUSC Physicians				Carolina Family Care, Inc.		Total		
	College of Medicine	Corporate	Ambulatory Care	Other	Carolina Family Care Primary Care	Other	Total	Total	Total
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Flex Budget	Variance
Operating revenues:									
Net clinical service revenue	\$ 431,418,209	\$ 1,501,359	\$ -	\$ 2,758,107	\$ 24,221,670	\$ 1,110,524	\$ 461,009,869	\$ 444,362,714	\$ 16,647,155
Supplemental medicaid	52,402,841	-	-	-	3,200,000	-	55,602,841	59,774,134	(4,171,293)
Other operating revenue	5,334,223	6,728,997	2,556	8,336,647	4,547,866	1,057,157	28,348,345	17,895,743	10,452,602
Intercompany transfers	(125,694,622)	33,840,381	87,650,436	4,203,805	-	-	-	-	-
Purchased services	106,812,158	1,880,203	(4,366,562)	1,204,100	462,299	4,676,948	112,593,302	111,323,961	1,269,341
Grant salary reimb. from MUSC	15,912,482	-	-	59,907	-	-	15,972,389	16,916,871	(944,483)
Total operating revenues	486,185,291	43,950,941	83,286,430	16,562,566	32,431,835	6,844,629	673,526,746	650,273,424	23,253,322
Operating expenses:									
Salaries, wages and benefits	361,868,431	37,475,706	29,031,758	7,769,829	21,013,224	5,213,867	462,648,847	454,551,613	(8,097,234)
MUSCP reimb. for education and research	87,840,006	-	-	2,457,252	-	-	90,297,258	90,813,896	516,638
Supplies	4,451,988	507,885	39,527,082	23,011	2,749,967	7,075	47,613,509	48,346,154	732,646
Contractual services	3,821,096	8,166,187	1,796,235	1,311,671	1,410,690	1,295,489	19,289,466	18,785,358	(504,107)
Facility cost and equipment	707,864	1,180,206	9,850,512	427,852	2,164,328	166,467	14,625,191	14,115,718	(509,472)
Professional liability insurance	7,830,416	34,788	377	1,123	424,529	77,669	8,368,902	9,377,255	1,008,354
Depreciation	-	167,887	3,564,975	600,338	312,293	-	5,614,181	6,233,381	619,200
Meals and travel	2,323,316	177,926	40,048	224,472	16,492	16,075	2,798,384	3,618,694	820,310
Other expenses	1,616,849	3,321,925	12,308	108,964	588,740	7,195	5,655,980	3,858,798	(1,797,182)
Faculty and staff recruitment	725,165	192,991	38	586,978	14,746	-	1,519,919	929,507	(590,412)
Donations - transfer to MUSCF	2,955,100	-	-	-	-	-	2,955,100	725,000	(2,230,100)
MUSCP corporate shared services	-	-	-	-	2,166,948	19,937	2,186,885	2,385,570	198,685
Total operating expenses	474,140,231	51,225,503	83,823,332	13,511,489	30,861,957	6,803,773	663,573,621	653,740,944	(9,832,677)
Operating income (loss)	12,045,060	(7,274,562)	(536,901)	3,051,077	1,569,878	40,855	9,953,125	(3,467,521)	13,420,646
Operating margin	2.5%	(16.6%)	(0.6%)	18.4%	4.8%	0.6%	1.5%	(0.5%)	
Nonoperating revenue (expenses):									
Provider Relief Funds	-	1,886,704	-	-	167,297	-	2,054,001	-	2,054,001
MUSCP reimb. for education and research	(10,000,000)	-	-	-	-	-	(10,000,000)	-	(10,000,000)
Investment income	(637,412)	4,522,946	-	(16,909,547)	389	-	(13,023,623)	4,712,902	(17,736,525)
Interest expense	-	(320,447)	-	(1,583,300)	(13,003)	(9,450)	(2,983,916)	(3,064,416)	80,500
Rental income	-	219,703	511,901	6,679,750	53,173	-	7,464,527	7,320,139	144,388
Rent expense	-	-	-	(1,476,204)	-	-	(1,476,204)	(1,476,204)	-
Gain (loss) on disposal of assets	-	965,655	25,000	2,000	(60,175)	-	932,481	(1,077,813)	2,010,294
Total Nonoperating revenue (expenses)	(10,637,412)	7,274,562	536,901	(13,287,302)	147,682	(9,450)	(17,032,735)	6,414,607	(23,447,342)
Change in net position	\$ 1,407,649	\$ -	\$ -	\$ (10,236,225)	\$ 1,717,560	\$ 31,405	\$ (7,079,610)	\$ 2,947,086	\$ (10,026,696)
Net margin	0.3%	0.0%	0.0%	(61.8%)	5.3%	0.5%	(1.1%)	0.5%	

Notes:

MUSC Physicians Other includes other Colleges (Nursing CoHP, Dental), Presidents Fund, Rental Properties and Investment Account
Carolina Family Care, Inc. Other includes Grace Internal Medicine, Institutional Advancement, and MHA Participant Distribution

Medical University of South Carolina Physicians

Executive Summary

For the twelve-month period ending June 30, 2022

Charges:

- **YTD-6% over budget and 10% over last year**
- Month of June: 8% over budget and 2% over last year
- Top 5 clinical departments: Pathology and Lab Medicine, Family Medicine, Anesthesiology, OB/GYN, Medicine
- Bottom 5 clinical departments: Otolaryngology, Emergency Medicine, Ophthalmology, Radiation Oncology, Dermatology

Payments:

- **YTD-5% over budget and 10% over last year**
- Month of June: 16% over budget and 8% over last year
- 35 Days in AR and \$78 per wRVU

Income/(Loss):

- **\$8.3M Operating Income; 1.3% Operating Margin**
 - \$5.8M favorable variance to fixed budget
 - \$26.9M favorable net clinical service revenue
 - (\$4.2M) unfavorable supplemental Medicaid
 - \$3.6M favorable other operating revenue
 - (\$18.5M) unbudgeted Z incentive accrual
 - (\$2.2M) unfavorable unbudgeted MUSC Foundation transfer
- **(\$8.8M) Net Loss; (1.4%) Net Margin**
 - (\$17.9M) unfavorable variance to fixed budget
 - (\$31.0M) unrealized/realized loss on investments
 - (\$10.0M) transfer for College of Medicine Building
 - \$13.0M Allianz Settlement
 - \$1.9M Provider Relief funding
 - \$2.0M favorable gain (loss) on disposal of fixed assets – sale of Whitfield Tract

Balance Sheet:

- Days cash on hand: 282 days and \$335.6M
- Current ratio: 4.7
- Net Position: \$423.6M; decreased by \$8.8M compared to June 2021
- Assets decreased by (\$25M) compared to June 2021
 - (\$18M) net unrealized/realized loss on investments
 - (\$6.0M) decrease in Land due to the sale of Whitfield Tract
- Liabilities decreased by \$16.3M compared to June 2021
 - \$5.2M decrease in Due to MUSC Health Alliance
 - \$4.0M decrease in Bonds payable
 - \$4.9M improvement in Swap fair value

Pension:

- YTD expense: \$37.6M; increased by 6.7% compared to YTD June 2022

MUSC Physicians

(A Component Unit of MUSC)

Statement of Revenues, Expenses and Changes in Net Position

For the 12 Month Period Ending - June 30, 2022

UNAUDITED

	Fiscal Year To Date					Prior Year To Date	
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Variance	Actual
Operating revenues:							
Net clinical service revenue	\$ 435,677,675	\$ 421,317,991	\$ 14,359,685	3%	\$ 408,769,412	\$ 26,908,263	\$ 404,100,631
Supplemental medicaid	52,402,841	56,574,134	(4,171,293)	(7%)	56,574,134	(4,171,293)	61,552,958
Other operating revenue	20,402,424	10,867,205	9,535,219	88%	10,867,205	9,535,219	11,755,063
MUHA reimb. for ambulatory and revenue cycle	2,340,898	2,420,717	(79,819)	(3%)	2,420,717	(79,819)	6,636,715
Purchased services	107,454,056	108,207,672	(753,616)	(1%)	108,824,803	(1,370,747)	100,367,121
Grant salary reimb. from MUSC	15,972,389	16,916,871	(944,483)	(6%)	16,916,871	(944,483)	17,721,640
Total operating revenues	634,250,282	616,304,590	17,945,692	3%	604,373,142	29,877,140	602,134,128
Operating expenses:							
Salaries, wages and benefits	436,421,755	430,821,123	(5,600,632)	(1%)	415,470,245	(20,951,511)	397,588,461
MUSCP reimb. for education and research	90,297,258	90,813,896	516,638	1%	90,813,896	516,638	83,959,108
Supplies	44,856,467	45,680,881	824,415	2%	43,978,632	(877,835)	41,547,951
Contractual services	16,583,287	16,640,323	57,036	0%	16,592,649	9,362	15,888,300
Facility cost and equipment	12,294,395	11,617,324	(677,072)	(6%)	11,552,416	(741,979)	10,783,751
Professional liability insurance	7,866,704	8,868,899	1,002,195	11%	8,490,670	623,967	7,452,092
Depreciation	5,301,888	5,897,411	595,522	10%	5,897,411	595,522	5,778,225
Meals and travel	2,765,817	3,587,854	822,037	23%	3,457,515	691,698	787,720
Other expenses	5,060,046	3,912,600	(1,147,446)	(29%)	3,895,954	(1,164,092)	4,265,171
Faculty and staff recruitment	1,505,173	927,642	(577,531)	(62%)	927,642	(577,531)	678,131
Donations - transfer to MUSCF	2,955,100	725,000	(2,230,100)	(308%)	725,000	(2,230,100)	2,310,250
Total operating expenses	625,907,891	619,492,953	(6,414,938)	(1%)	601,802,030	(24,105,861)	571,039,160
Operating income (loss)	8,342,391	(3,188,363)	11,530,754	362%	2,571,113	5,771,279	31,094,968
Operating margin	1.3%	(0.5%)			0.4%		5.2%
Nonoperating revenue (expenses):							
Provider Relief Funds	1,886,704	-	1,886,704	100%	-	1,886,704	-
MUSCP reimb. for education and research	(10,000,000)	-	(10,000,000)	(100%)	-	(10,000,000)	-
Investment income	(13,024,012)	4,712,902	(17,736,915)	(376%)	4,712,902	(17,736,915)	43,546,986
Interest expense	(2,961,464)	(3,061,780)	100,316	3%	(3,061,780)	100,316	(3,362,084)
Rental income	7,411,354	7,295,910	115,443	2%	7,295,910	115,443	7,383,843
Rent expense	(1,476,204)	(1,476,204)	-	0%	(1,476,204)	-	(1,503,265)
Gain (loss) on disposal of assets	992,655	(1,000,000)	1,992,655	199%	(1,000,000)	1,992,655	(46,614)
MUHA reimb. for equipment - GRTC	-	-	-	0%	-	-	733,232
Total nonoperating revenue (expenses)	(17,170,967)	6,470,828	(23,641,796)	(365%)	6,470,828	(23,641,796)	46,752,099
Change in net position	\$ (8,828,576)	\$ 3,282,466	\$ (12,111,042)	(369%)	\$ 9,041,941	\$ (17,870,517)	\$ 77,847,067
Net margin	(1.4%)	0.5%			1.5%		12.9%

Notes:

Other operating revenue includes \$3.5M MHA participant distribution (unbudgeted), \$2.4M ACO aAPM bonus received for MHA (unbudgeted), \$1.7M Non-compete Settlement (unbudgeted) and \$1.5M Provost fund reimbursement from MUSC

Purchased services: MHA participant distribution to CFC and MUHA (\$0.7M) and OneMUSC Project reimbursement to MUHA (\$0.5M)

Salary, wages and benefits: (\$18.5M) Z accrual unbudgeted, (\$1.7M) deficit in MUSCP Health Plan, and (\$1.3M) MHA participant distribution unbudgeted; \$1.4M Ambulatory underbudget

Facility cost and equipment: \$0.2M West Campus roof repair over budget

Other expenses: ACO aAPM bonus (\$2.4M) transferred to MHA

Faculty recruitment fees related to Chief of Gastroenterology/Hepatology, Hollings Cancer Center Deputy Director & Program Co-Leader, and COM Dean

Investment income includes unrealized loss on investment of (\$35M), Allianz settlement of \$13M, realized gain of \$4.5M and interest income of \$4.9M

Gain on disposal of assets: \$1M gain from sale of Whitfield Tract

MUSC Physicians

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

UNAUDITED**Statement of Net Position****ASSETS**

	June 30, 2022	June 30, 2021	Variance
Current Assets:			
Cash and investments	\$ 335,586,173	\$ 343,265,033	\$ (7,678,860)
Receivables:			
Patient services - net of allowances for contractual adjustments of \$144,337,812			
bad debts of \$22,816,574	49,901,045	49,070,745	830,300
Due from the Medical University of South Carolina	2,474,926	32,536,800	(30,061,875)
Due from the Medical University Hospital Authority	5,261,172	4,883,822	377,350
Due from the Medical University Foundation	389,403	854,141	(464,738)
Due from Carolina Family Care, Inc.	5,727,444	4,656,305	1,071,139
Note receivable from CFC/MHP	756,003	100,310	655,693
Investment / Advancements consolidated CFC	32,270,000	32,270,000	-
Due from Comprehensive Psychiatric Services	4,341	17,327	(12,986)
Due from MCP	58,783	-	58,783
Due from MSV	-	733,232	(733,232)
Prepaid rent - MUSC Foundation	338,226	338,226	-
Other current assets	26,909,743	5,626,886	21,282,857
Total Current Assets	459,677,258	474,352,826	(14,734,352)
Noncurrent assets:			
Capital assets:			
Land	17,034,537	22,999,986	(5,965,449)
Buildings	51,956,947	51,956,947	-
Furniture and equipment	31,936,037	28,960,305	2,975,732
Leasehold improvements	64,265,087	59,855,236	4,409,851
Rental buildings under capital lease	13,989,600	13,989,600	-
Computer software	14,213,945	14,213,945	-
Accumulated depreciation and amortization	(97,161,208)	(90,809,366)	(6,351,843)
Prepaid rent - MUSC Foundation	4,643,038	5,213,856	(570,818)
Other assets	2,740,000	5,470,000	(2,730,000)
Net OPEB Asset	1,504,745	1,504,745	-
Investment in partnerships	6,958,570	7,772,020	(813,450)
Total noncurrent assets	112,081,297	121,127,274	(9,045,977)
Total Assets	571,758,555	595,480,100	(23,780,329)
Deferred outflows of resources:			
Deferred refunding cost	6,476,238	7,840,185	(1,363,947)
Deferred outflows-OPEB	26,711	26,711	-
Total deferred outflows	6,502,949	7,866,896	(1,363,947)
Total Assets and Deferred Outflows	\$ 578,261,504	\$ 603,346,996	\$ (25,085,492)

Notes:

Cash and Investments: Unrealized Loss on investments (\$35.4M); additional R Transfers (\$11.7M); COM cash collections overbudget \$18.5M;

Allianz settlement \$13M; Whitfield Tract sale \$7.7M

Due from MUSC variance is due to receipt of FY21 Supplemental Medicaid payments received in FY22

Note receivable: \$0.7M promissory note with CFC for repayment of lab equipment; final loan payment of (\$0.1M) from MHP

Due from MSV: Linac receivable of \$0.7M reclassified to due from MUHA

Other current assets variance is due to FY22 Supplemental Medicaid accrual \$23.5M

Land: \$5.9M decrease is due to sale of Whitfield Tract

Furniture and equipment: \$2.9M increase is due to capitalization of East MRI and WC Breast Imaging Center

Leasehold Improvements include new projects: ERP, Nexton, and Parkshore Renovations

Other Assets - (Noncurrent) decrease in collateral deposit for Swap

MUSC Physicians

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

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

	<u>June 30, 2022</u>	<u>June 30, 2021</u>	<u>Variance</u>
Current Liabilities:			
Accounts payable	\$ 7,690,104	\$ 7,892,080	\$ 201,975
Accrued interest payable	127,001	141,612	14,611
Accrued payroll	42,790,577	37,268,240	(5,522,338)
Accrued payroll withholdings	10,295,467	12,257,318	1,961,850
Accrued pension contribution	2,402,455	2,136,569	(265,885)
Unapplied cash - patient services	10,703,254	3,371,283	(7,331,971)
Other accrued liabilities	5,293,175	16,950,290	11,657,114
Due to Medical University of South Carolina	6,733	242,378	235,644
Due to Medical University Hospital Authority	11,617,891	12,360,670	742,779
Due to MUSC Health Alliance	(438,172)	4,719,371	5,157,542
Accrued compensated absences	3,157,494	3,197,751	40,257
Capital leases	320,969	320,969	-
Bonds payable	4,015,000	4,015,000	-
Total current liabilities	<u>97,981,949</u>	<u>104,873,529</u>	<u>6,891,578</u>
Noncurrent Liabilities:			
Accrued compensated absences	2,788,752	2,788,752	-
Capital leases	254,308	690,792	436,484
Bonds payable	52,125,000	56,140,000	4,015,000
Deferred inflows-OPEB	881,457	881,457	-
Fair value of derivative instruments	660,108	5,573,961	4,913,853
Total noncurrent liabilities	<u>56,709,626</u>	<u>66,074,962</u>	<u>9,365,337</u>
Total liabilities	<u>154,691,575</u>	<u>170,948,491</u>	<u>16,256,915</u>
NET POSITION			
Invested in capital assets, net of related debt	69,813,684	69,813,684	-
Unrestricted (deficit)	353,756,245	362,584,821	8,828,576
Total Net Position	<u>423,569,929</u>	<u>432,398,505</u>	<u>8,828,576</u>
Total Liabilities, Inflows & Net Position	<u>\$ 578,261,504</u>	<u>\$ 603,346,996</u>	<u>\$ 25,085,492</u>

Notes:*Accrued payroll FY22 balance includes Y and Z incentive accruals of \$37.6M (salary + fringe)**Accrued payroll withholdings FY22 & FY21 balance includes FICA employer withholding being deferred (\$3.2M of original balance remaining)**Other accrued liabilities change in balance due to Advanced Medicare Payments \$11.8M (fully repaid in FY22)**Due to/from MHA: \$4.7M transfer of CMMI program funds**Rutledge Tower debt is approximately \$52.1M, \$51M JEDA Bond Balance and the swap valued at \$0.7M*

Carolina Family Care, Inc.
Including Carolina Primary Care Physicians & MUSC Health Partners
Executive Summary
For the twelve-month period ending June 30, 2022

Charges-CFC:

- **YTD-15% over budget and 24% over last year**
- Month of June: 18% over budget and 22% over last year

Payment-CFC:

- **YTD-2% over budget and 20% over last year**
- Month of June: 11% over budget and 14% over last year
- 25 Days in AR and \$86 per wRVU

Income/(Loss):

- **\$1.6M Operating Income; 4.1% Net Margin**
 - \$1.0M favorable variance to fixed budget
 - \$799K favorable net clinical service revenue
 - \$510K net favorable MUSC Health Alliance distribution
 - \$375K favorable salaries CFC Primary Care
 - (\$258K) unfavorable Grace Internal Medicine
 - (\$183K) unfavorable Spine PM&R
- **\$1.7M Net Income; 4.1% Net Margin**
 - \$1.2M favorable variance to fixed budget
 - \$170K Provider Relief Funds

Balance Sheet:

- Current ratio: 0.71
- Net Position: (\$2.2M); increased by \$1.8M compared to June 2021
- Assets decreased by (\$5.4M) compared to June 2021
 - (\$1.7M) decrease in cash and cash equivalents (payments to UMA)
 - (\$4.9M) decrease in receivables (decrease in RHN receivables)
 - \$0.6M increase in Due from MCP (MCP leadership employed by CPCP)
 - \$0.5M increase in Due from MSV (Modern Minds activity)
- Liabilities decreased by (\$7.1M) compared to June 2021
 - (\$5.7M) decrease in accrued payroll (removal of RHN payroll)
 - (\$1.6M) decrease in accrued payroll withholdings
 - \$1.1M increase in Due to UMA
 - \$0.7M increase in note payable to UMA (CFC lab equipment)
 - (\$0.7M) decrease in Due to MUSC Health Alliance

Carolina Family Care, Inc.

(Including Carolina Primary Care Physicians and MUSC Health Partners)

Statement of Revenues, Expenses and Changes in Net Position

For the 12 Month Period Ending - June 30, 2022

UNAUDITED

	Fiscal Year To Date						Prior Year To Date
	Actual	Flex Budget	Variance	Var %	Fixed Budget	Variance	Actual
Operating revenues:							
Net clinical service revenue	\$ 25,332,194	\$ 23,044,723	\$ 2,287,471	10%	\$ 24,532,758	\$ 799,436	\$ 21,792,912
Supplemental medicaid	3,200,000	3,200,000	-	0%	3,200,000	-	3,200,000
Other operating revenue	5,605,024	4,607,821	997,202	22%	4,607,821	997,202	5,158,795
Purchased services	5,139,247	3,116,289	2,022,958	65%	3,133,061	2,006,185	3,371,884
Total operating revenues	39,276,464	33,968,834	5,307,631	16%	35,473,640	3,802,824	33,523,592
Operating expenses:							
Salaries, wages and benefits	26,227,092	23,730,489	(2,496,602)	(11%)	24,226,551	(2,000,540)	21,886,639
Supplies	2,757,042	2,665,273	(91,769)	(3%)	2,674,536	(82,506)	2,169,112
Contractual services	2,706,178	2,145,035	(561,143)	(26%)	2,145,008	(561,171)	1,972,310
Depreciation	312,293	335,970	23,677	7%	335,970	23,677	264,025
Facility cost and equipment	2,330,795	2,498,395	167,600	7%	2,499,467	168,671	2,382,956
Professional liability insurance	502,198	508,356	6,158	1%	506,410	4,212	512,105
Meals and travel	32,567	30,840	(1,727)	(6%)	31,357	(1,209)	21,899
Faculty and staff recruitment	14,746	1,865	(12,881)	(691%)	1,865	(12,881)	4,755
MUSCP corporate shared services	2,186,885	2,385,570	198,685	8%	2,385,570	198,685	1,512,152
Other expenses	595,934	(53,802)	(649,736)	(1208%)	103,386	(492,548)	586,805
Total operating expenses	37,665,730	34,247,992	(3,417,739)	(10%)	34,910,120	(2,755,610)	31,312,758
Operating income (loss)	1,610,734	(279,158)	1,889,892	677%	563,520	1,047,214	2,210,834
Operating margin	4.1%	(0.8%)			1.6%		6.6%
Nonoperating revenue (expenses):							
Provider Relief Funds	167,297	-	167,297	100%	-	167,297	558,053
Investment income	389	-	389	100%	-	389	(88,593)
Interest expense	(22,452)	(2,636)	(19,816)	(752%)	(2,636)	(19,816)	(6,443)
Rental income	53,173	24,228	28,945	119%	24,228	28,945	25,528
Gain (loss) on disposal of assets	(60,175)	(77,813)	17,639	23%	(77,813)	17,639	-
Total nonoperating revenue (expenses)	138,232	(56,221)	194,453	346%	(56,221)	194,453	488,546
Change in net position	\$ 1,748,966	\$ (335,380)	\$ 2,084,346	621%	\$ 507,299	\$ 1,241,667	\$ 2,699,379
Net margin	4.5%	(1.0%)			1.4%		8.1%

Notes:

Financial statements exclude RHN clinics due to MCP transition at 1/30/2022.

Net clinical service revenue overbudget: \$628K CFC Primary Care, \$61K Centerspace, \$59K Mt Pleasant Community PM&R and \$38K East Cooper Radiology

Other operating revenue: \$1M MHA participant distribution overbudget (unbudgeted) and \$540K ACO aAPM bonus received for MHA (unbudgeted);

(\$600K) CFC Primary Care underbudget

Purchased services: \$1.3M MCP Funded Leadership overbudget (unbudgeted), \$564K Modern Minds overbudget (funded by MSV), and

\$395K MUHA Midlands overbudget (unbudgeted); (\$315K) MHA Funded Staffing underbudget

Salaries and benefits: (\$1.3M) MCP Funded Leadership overbudget (unbudgeted), (\$554K) Modern Minds overbudget (funded by MSV), and

(\$542K) MHA participant distribution overbudget (unbudgeted); \$375K CFC Primary Care underbudget

Contractual services overbudget: \$353K Grace Internal Medicine and \$186K Mt Pleasant Community PM&R (unbudgeted)

Other expenses: ACO aAPM bonus (\$540K) transferred to MHA

Carolina Family Care, Inc.

Including Carolina Primary Care Physicians and MUSC Health Partners

UNAUDITED**Statement of Net Position****ASSETS**

	<u>June 30, 2022</u>	<u>June 30, 2021</u>	<u>Variance</u>
Current Assets:			
Cash and cash equivalents	\$ 4,144,560	\$ 5,803,109	\$ (1,658,549)
Receivables:			
Patient services - net of allowances for contractual adjustments of \$7,249,771 bad debts of \$2,217,129	3,754,045	8,661,767	(4,907,722)
Due from the Medical University of South Carolina	-	2,116	(2,116)
Due from the Medical University Hospital Authority	278,253	447,963	(169,710)
Due from MCP	592,213	-	592,213
Due from MSV	512,641	62,860	449,780
Other current assets	477,993	511,674	(33,680)
Total Current Assets	<u>9,759,705</u>	<u>15,489,489</u>	<u>(6,321,997)</u>
Noncurrent assets:			
Capital assets:			
Furniture and equipment	1,608,959	1,361,934	247,025
Leasehold improvements	2,678,566	2,678,566	-
Computer software	46,563	46,563	-
Accumulated depreciation and amortization	(2,410,506)	(2,537,707)	127,201
Investment in partnerships	209,000	209,000	-
Total noncurrent assets	<u>2,132,581</u>	<u>1,758,355</u>	<u>374,226</u>
Total Assets	<u>\$ 11,892,287</u>	<u>\$ 17,247,843</u>	<u>\$ (5,355,557)</u>

Notes:*Furniture and equipment variance due to purchase of lab equipment*

Carolina Family Care, Inc.

Including Carolina Primary Care Physicians and MUSC Health Partners

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

	<u>June 30, 2022</u>	<u>June 30, 2021</u>	<u>Variance</u>
Current Liabilities:			
Accounts payable	\$ 1,092,713	\$ 848,229	\$ (244,484)
Accrued payroll	665,876	6,364,259	5,698,383
Accrued payroll withholdings	958,090	2,511,633	1,553,543
Unapplied cash - patient services	1,046,790	817,291	(229,499)
Other accrued liabilities	524,931	846,910	321,979
Due to Medical University of South Carolina	30,397	24,235	(6,162)
Due to Medical University Hospital Authority	25,456	60,843	35,386
Due to MUHA - RHN / RHN Settlement	2,517,044	2,922,717	405,673
Due to UMA	5,727,444	4,656,305	(1,071,139)
Note Payable to UMA	756,003	100,310	(655,693)
Note Payable to MSV	408,169	200,751	(207,418)
Due to MUSC Health Alliance	(510,273)	228,805	739,077
Accrued compensated absences	549,979	886,936	336,957
Total current liabilities	<u>13,792,618</u>	<u>20,469,221</u>	<u>6,676,603</u>
Noncurrent Liabilities:			
Accrued compensated absences	295,129	723,048	427,919
Total noncurrent liabilities	<u>295,129</u>	<u>723,048</u>	<u>427,919</u>
Total liabilities	<u>14,087,747</u>	<u>21,192,269</u>	<u>7,104,522</u>
NET POSITION	<u>(2,195,460)</u>	<u>(3,944,426)</u>	<u>(1,748,966)</u>
Total Liabilities, Inflows & Net Position	<u>\$ 11,892,287</u>	<u>\$ 17,247,843</u>	<u>\$ 5,355,557</u>

Notes:

Accounts payable FY22 balance includes corporate credit card payable \$952K and accrued medical supplies \$141K

Accrued payroll decrease due to payment of FY21 RHN wRVU bonuses in FY22 and reversal of RHN salary accruals

Accrued payroll withholdings FY22 and FY21 balance includes FICA Employer Withholding being deferred (1/2 of original balance remaining)

Other accrued liabilities change in balance due to FY22 reduction of Advanced Medicare \$500K (fully repaid in FY22) and

MHA Participant Distribution accrual (\$224K)

Note payable to UMA change in balance is due to promissory note of \$743K for lab equipment and final UMA/MHP loan payment of (\$100K)

Note payable to MSV: Line of credit was increased by \$200K and fully disbursed in FY22

MUSC Health Alliance (MHA): MHA owes CFC for staffing \$250K, CMMI program fund transfer \$229K, and

MHA Participant Distribution accrual \$224K

Accrued compensated absences change due to MCP transition

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Statement of Revenues, Expenses and Changes in Net Position
For the 12 Month Period Ending - June 30, 2022

UNAUDITED	Grace Internal	Other	Carolina	CFC
	Medicine	Entities	Family Care	Total
	(1)	(2)	(3)	Sum of (1)-(3)
Operating revenues:				
Net clinical service revenue	\$ 966,132	\$ 144,392	\$ 24,221,670	\$ 25,332,194
Supplemental medicaid	-	-	3,200,000	3,200,000
Other operating revenue	-	1,057,157	4,547,866	5,605,024
Purchased services	-	4,676,948	462,299	5,139,247
Total operating revenues	966,132	5,878,497	32,431,835	39,276,464
Operating expenses:				
Salaries, wages and benefits	-	5,213,867	21,013,224	26,227,092
Supplies	216	6,859	2,749,967	2,757,042
Contractual services	1,103,462	192,027	1,410,690	2,706,178
Depreciation	-	-	312,293	312,293
Facility cost and equipment	89,382	77,085	2,164,328	2,330,795
Professional liability insurance	-	77,669	424,529	502,198
Meals and travel	-	16,075	16,492	32,567
Faculty and staff recruitment	-	-	14,746	14,746
MUSCP corporate shared services	19,323	614	2,166,948	2,186,885
Other expenses	-	7,195	588,740	595,934
Total operating expenses	1,212,383	5,591,390	30,861,957	37,665,730
Operating income (loss)	(246,251)	287,107	1,569,878	1,610,734
Operating margin	(25.5%)	4.9%	4.8%	4.1%
Nonoperating revenue (expenses):				
Provider Relief Funds	-	-	167,297	167,297
Investment income	-	-	389	389
Interest expense	-	(9,450)	(13,003)	(22,452)
Rental income	-	-	53,173	53,173
Gain (loss) on disposal of assets	-	-	(60,175)	(60,175)
Total nonoperating revenue (expenses)	-	(9,450)	147,682	138,232
Change in net position	\$ (246,251)	\$ 277,657	\$ 1,717,560	\$ 1,748,966
Net margin	(25.5%)	4.7%	5.3%	4.5%

Notes:

Financial statements exclude RHN clinics due to MCP transition at 1/30/2022.

(1) Funding from MSV Line of credit in the amount of \$0.4M has been received in FY21 and FY22; accumulated fund balance of (\$462K)

(2) Other non-Primary Care entities:

- \$0.5M MHA Participant Distribution - \$1.1M distributed, (\$0.5M) salaries and benefits
- (\$.2M) Mt Pleasant Community PM&R operating loss
- Other column also includes the following entities which are fully funded: Tideland Multispecialty, Hampton Regional, Modern Minds, Charleston Cardiology, Centerspace, MCP Leadership, MHA Staffing and MUHA Midlands; East Cooper Radiology and Tideland Neurosciences (closed in FY21) includes run off collections

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Regional Health Network
Statement of Revenues, Expenses and Changes in Net Position
For the 12 Month Period Ending - June 30, 2022

UNAUDITED

	Florence Actual (1)	Marion Actual (2)	Chester Actual (3)	Lancaster Actual (4)	RHC Actual (5)	RHN Integ. Costs Actual (6)	RHN Consol. Actual Sum of (1)-(6)
Operating revenues:							
Net clinical service revenue	\$ 24,516,671	\$ 3,413,946	\$ 1,925,707	\$ 5,623,237	\$ -	\$ -	\$ 35,479,561
Supplemental medicaid	2,499,275	538,792	504,883	1,146,850	-	-	4,689,799
Purchased services	(1,048,649)	5,741	(14,918)	51,438	58,188	802,596	(145,605)
Total operating revenues	25,967,296	3,958,479	2,415,672	6,821,525	58,188	802,596	40,023,755
Operating expenses:							
Salaries, wages and benefits	30,956,507	4,281,708	1,647,331	9,035,188	4,900,408	672,110	51,493,253
Supplies	1,062,794	90,074	25,557	233,600	-	8,752	1,420,777
Contractual services	4,719,459	604,383	959,552	990,870	-	120,434	7,394,698
Facility cost and equipment	1,602,592	171,329	184,220	627,395	3,780	627	2,589,943
Professional liability insurance	977,358	226,845	112,754	382,450	331,559	-	2,030,967
Meals and travel	3,634	-	-	2,476	-	-	6,110
Faculty and staff recruitment	20,252	-	-	1,948	-	-	22,200
MUSCP corporate shared services	673,998	87,863	231,412	191,072	-	-	1,184,345
Other expenses	59,014	21,856	2,530	9,170	-	674	93,243
Total operating expenses	40,075,609	5,484,058	3,163,356	11,474,169	5,235,747	802,596	66,235,535
Operating income (loss)	(14,108,313)	(1,525,579)	(747,685)	(4,652,644)	(5,177,559)	-	(26,211,780)
Nonoperating revenue (expenses):							
Provider Relief Funds	538,375	83,882	89,456	132,625	-	-	844,338
Rental income	1,400	-	-	-	-	-	1,400
Total nonoperating revenue (expenses)	539,775	83,882	89,456	132,625	-	-	845,738
RHN provider practice strategic support	13,568,539	1,441,697	658,228	4,520,019	-	-	20,188,483
Salary reimbursement for RHCs	-	-	-	-	5,177,559	-	5,177,559
Change in net position	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes:
RHN clinics transitioned to MCP at 1/30/2022.
Purchased services in operating revenues includes Medical Directorships, FCALL payments, other salary reimbursements
Salary Reimbursement for RHCs: Regional Health Clinics are fully reimbursed for salaries and other expenses by MUHA. Income is not recognized but reimbursed directly to MUHA.

**FY2022 MUSCP Due to/Due From
As of 6/30/22**

	Outstanding	
	Balance	Notes
1. MUSCP/MUHA		
MUSCP due from MUHA	\$5,261,172	June recurring: \$2.4M Epic Collections; \$.6M Leadership costs; \$.4M RHN COM Salaries; \$.3M Ambulatory; \$.2M Revenue Cycle
MUSCP due to MUHA	(\$11,617,891)	June recurring: \$5.7M Epic Collections; \$.8M IS costs; \$1M Ambulatory \$.8M Billing agreements, \$1.1M East MRI
Net Amount Due	(\$6,356,718)	
2. MUSCP/MUSC		
Net Amount Due	\$2,468,192	Balance consists of \$.9M remaining FY21 STP accrual; \$1.6M grant salary reimbursement
3. CFC/MUHA		
Net Amount Due	\$188,051	Balance consists of monthly recurring activity
4. CFC/MUHA - RHN		
Total RHN accounts-Due from (to) MUHA	(\$2,517,044)	Net Advance from MUHA for RHN expenses: includes AR Accrual
5. CFC/MUSC		
Net Amount Due	(\$30,300)	Balance consists of monthly recurring activity
6. MHP/MUHA		
Net Amount Due	\$0	
7. MHP/MUSC		
Net Amount Due	(\$162)	Balance consists of monthly recurring activity - Innovation Station
8. MSV		
Net Amount Due	\$512,640	Modern Minds billing
9. MCP		
Net Amount Due	\$553,649	Balance consists of monthly recurring activity

**FY2022 MUSCP Consolidated Approved Unbudgeted Expenses
As of 6/30/22**

Unbudgeted Capital Projects	Amount
Whitfield Tract	\$ 1,000,000
Imaging Sectra PACS system	1,070,662
Notable Digital platform	544,861
Nexton MOB ultrasound machine	72,706
Various equipment under \$50K	180,509
Total	\$ 2,868,738
Unbudgeted Operating Expenses	Amount
OneMUSC	\$ 1,250,000
Provost Office marketing efforts (fully funded)	800,000
Select Health Bonus	400,000
Emergency Department Chair search	173,000
Recruitment fees: Chief of Gastroenterology & Hepatology	133,000
Diversity Office support	105,699
Project Lego/Helix genomics initiative	83,000
Moncks Corner Pediatrics acquisition	80,000
HCC digital marketing tool (fully funded)	64,000
Total	\$ 3,088,699
Total FY22 Approved Unbudgeted Expenses	\$ 5,957,437

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
CONSENT AGENDA
August 12, 2022
101 Colcock Hall

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

Consent Agenda for Approval

- Item 31. Appointments, Reappointments, and Delineation of Privileges..... Dr. Carrie Herzke
Chief Medical Officer, MUHA
- Item 32. Revised Withholding / Withdrawing Life-Sustaining Treatment Policy..... Dr. Carrie Herzke
Chief Medical Officer, MUHA
- Item 33. Revised Medical Staff Rules and Regulations..... Dr. Carrie Herzke
Chief Medical Officer, MUHA

Consent Agenda for Information

- Item 34. MEC Minutes..... Dr. Carrie Herzke
Chief Medical Officer, MUHA
- Item 35. Contracts and Agreements Annette Drachman
General Counsel

MUHA and MUSC Physical Facilities Committee: Mr. Bill Bingham, Chair

Consent Agenda for Information

- Item 36. MUHA FY2023 Active Projects >\$250,000 Greg Weigle
Interim Chief Facilities Officer, MUSC
- Item 37. MUSC Facilities Contracts Awarded..... Greg Weigle
Interim Chief Facilities Officer, MUSC

Board of Trustees Credentialing Subcommittee May 2022
The Medical Executive Committee reviewed the following applicants on May 18, 2022
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 5/28/2022

Medical Staff Initial Appointment and Clinical Privileges

Ribal Al Aridi, M.D.	Active Provisional	Medicine
Maria Emily Freitas, Au.D.	Active Provisional	Otolaryngology
Byung Joo Lee, D.D.S.	Active Provisional	Otolaryngology
Andrew Press, M.D.	Active Provisional	Emergency Medicine
Joseph R Scalea, M.D.	Active Provisional	Surgery
Tina Rushing Woods, D.M.D.	Active Provisional	Oral & Maxillofacial Surgery
Angela Jiyeon Yoon, D.D.S.	Active Provisional	Oral & Maxillofacial Surgery
Eryn Nicole Alpert, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Kevin Council Coppedge, D.O.	Provisional Affiliate- Colleague- Other	Medicine
Suzin Jacob Duwaik, M.D.	Provisional Affiliate- Colleague- Other	Medicine
John Dewayne Gaskins, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Reda S Hallaba, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Radwan Hallaba, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Randy Scott Kinnard, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Michael T O'Neil, D.O.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Narendra Chhaotabhai Patel, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Avinash Gupta, M.D.	Provisional Affiliate- Colleague- Other	Anesthesiology
Oluwadamilola Odutola, M.D.	Other	Medicine

Medical Staff Reappointment and Clinical Privileges

Charles Martin Andrews, M.D.	Active	Neurosurgery
Chirantan Banerjee, M.D.	Active	Neurology
Tatsiana Y. Beiko, M.D.	Active	Medicine
Russell Steven Blackwelder, M.D.	Active	Family Medicine
Angela Rank Choi, M.D.	Active	Obstetrics & Gynecology
Margaret Elaine Dorlon, M.D.	Active	Surgery
Ashley Ann Duckett, M.D.	Active	Medicine
Jonathan Charles Edwards, M.D.	Active	Neurology
Brian Patrick Flemming, M.D.	Active	Radiology
Patrick A. Flume, M.D.	Active	Medicine
Loren Rae Francis, M.D.	Active	Anesthesiology
John Richard Freedy, M.D.	Active	Family Medicine
Christopher Gill Goodier, M.D.	Active	Obstetrics & Gynecology
George Joseph Guldán, III, M.D.	Active	Anesthesiology
Jeanne Griffin Hill, M.D.	Active	Radiology
Abid Irshad, M.B.B.S	Active	Radiology

David Glenn Koch, M.D.	Active	Medicine
Mark Daniel Kovacs, M.D.	Active	Radiology
Paul Ray Lambert, Jr., M.D.	Active	Otolaryngology
Lee Rodney Leddy, M.D.	Active	Orthopaedics
Madelene Carroll Lewis, M.D.	Active	Radiology
Alvin Lee Lewis, IV, M.D.	Active	Psychiatry
Leonard Steven Lichtenstein, M.D.	Active	Medicine
Abhinava Madamangalam, M.D.	Active	Anesthesiology
Richard Michael Marchell, M.D.	Active	Dermatology
Eric Morgen Matheson, M.D.	Active	Family Medicine
James Thomas McElligott, M.D.	Active	Pediatrics
William Brett McGary, M.D.	Active	Emergency Medicine
Jeffrey DeVon McMurray, M.D.	Active	Anesthesiology
Katherine Ann Morgan, M.D.	Active	Surgery
Susan Erin Presnell, M.D.	Active	Pathology & Lab. Med.
Amanda Townsend Redding, M.D.	Active	Anesthesiology
Charles Alan Reitman, M.D.	Active	Orthopaedics
William Jefferson Rieter, M.D.	Active	Radiology
David Selewski, M.D.	Active	Pediatrics
Zachary Michael Soler, M.D.	Active	Otolaryngology
Leslie Hirsig Spence, M.D.,	Active	Radiology
Pal Suranyi, M.D.,	Active	Radiology
Steven Edward Swift, M.D.	Active	Obstetrics & Gynecology
Ryan James Tedford, M.D.	Active	Medicine
Cristian Mauricio Thomae, M.D.	Active	Obstetrics & Gynecology
James Clifford Thomas, M.D.	Active	Medicine
Mary Olivia Titus, M.D.	Active	Pediatrics
Thomas Whitley Uhde, M.D.	Active	Psychiatry
Celine Ward, M.D.	Active	Medicine
Ira Richard Willner, M.D.	Active	Medicine
Abbie Lee Zeffery, D.O.	Active Provisional	Medicine
Manish Prafulla Patel, M.D.	Affiliate - Colleague	Urology
Louise Sutton Boyd, M.D.	Affiliate- Colleague- Other	Obstetrics & Gynecology
Daniel Kam Ng, M.D.	Affiliate- Colleague- Other	Medicine

Medical Staff Reappointment and Change in Clinical Privileges

None

Medical Staff Change in Privileges

Ismail Mikdat Kabakus, M.D.	Active Provisional	Radiology	Add nuclear RAD privilege
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Professional Staff Initial Appointment and Clinical Privileges

Allison Marie Caudill, C.R.N.A.	Provisional Allied Health	Anesthesiology
Sue Adams, FNP	Provisional Allied Health	Medicine
Kacie Berry, A.P.R.N.	Provisional Allied Health	Surgery
Cherstin Davis Edmondson, R.D.	Provisional Allied Health	MUHA Dietetic Services
Stephanie Luke, M.S.N.	Provisional Allied Health	Family Medicine
Lisa Pascal Mack, M.S.N.	Provisional Allied Health	Family Medicine
Elizabeth B McGuan, LICSW	Provisional Allied Health	Psychiatry
Laurie Dianne Morgan, C.N.M.	Provisional Allied Health	Obstetrics & Gynecology

Sarah Watson Paddrik, A.P.R.N.	Provisional Allied Health	Surgery
Yolanda D Walker, A.P.R.N.	Provisional Allied Health	Surgery
Derek Michael Berta, P.A.C.	Provisional Allied Health- Colleague- Other	Surgery
Brittany D Hein, P.A.C.	Provisional Allied Health- Colleague- Other	Medicine
Samantha Gwendolyn Hoover, F.N.P.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Avneet Kaur Nagra, P.A.C.	Provisional Allied Health- Colleague- Other	Family Medicine
Chad Staples, P.A.C.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Elizabeth Weitzel, FNP-C	Provisional Allied Health- Colleague- Other	Medicine

Professional Staff Reappointment and Clinical Privileges

Liza Rachel Bergrin, MSN	Allied Health	Obstetrics & Gynecology
Bethany Bailey Bradley, C.R.N.A.	Allied Health	Anesthesiology
Brittany Eliza Bryant, LISW-CP	Allied Health	Psychiatry
William H Burke, Ph.D.	Allied Health	Psychiatry
Jessica Leigh Casey, P.A.C.	Allied Health	Emergency Medicine
Lillian M Christon Arnold, Ph.D.	Allied Health	Psychiatry
Hayne Clifton, C.R.N.A.	Allied Health	Anesthesiology
Patrick Joseph Coyne, M.S.N.	Allied Health	Medicine
Melissa L. Hill, A.P.R.N.	Allied Health	Neurosurgery
Leah Goodwin Hopkins, F.N.P.	Allied Health	Medicine
Allison Hossfeld, C.R.N.A.,	Allied Health	Anesthesiology
Brandon Wesley Kote, C.R.N.A.	Allied Health	Anesthesiology
Robyn Elisabeth Little, C.R.N.A.,	Allied Health	Anesthesiology
Tyner Leigh Ray Lollis, D.N.P.	Allied Health	Pediatrics
Jennifer Blake Mitchell, C.R.N.A.	Allied Health	Anesthesiology
Angelica Timmerman, N.P.	Allied Health	Surgery
Jennifer Battaglia Waterhouse, D.N.P.	Allied Health	Surgery
Warren A. Whitworth, M.S.	Allied Health	Surgery

Richard E Kidd, D.N.P. Allied Health CFC - Colleague Family Medicine

Blenda Christina Ruggiero, P.A.	Allied Health- Colleague- Other	Surgery
Victoria Elizabeth Bowen, LPC	Provisional Allied Health	Psychiatry
Laura Devereaux Buch, P.A.C.	Provisional Allied Health	Pediatrics
Joanne Sujtira Daniel, P.A.C.	Provisional Allied Health	Urology
Jessica Evilyn Dial, D.N.P.	Provisional Allied Health	Medicine
Chelsey Alise Durr Massey, A.P.R.N.	Provisional Allied Health	Anesthesiology
Lauren R Nabors, LISW-CP	Provisional Allied Health	Psychiatry

Professional Staff Reappointment and Change in Privileges

None

Professional Staff Change in Privileges

Caitlin Elizabeth Crabtree, M.P.A.S.	Provisional Allied Health	Radiology	Add port placement/removal
Tiffany Ann Doyle, FNP-BC	Provisional Allied Health CFC	Family Medicine	Department change to MED GIM

Board of Trustees Credentialing Subcommittee June 2022

The Medical Executive Committee reviewed the following applicants on June 15, 2022
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 6.28.22

Medical Staff Initial Appointment and Clinical Privileges

Joseph Edward Alagna, Jr., D.O.	Active Provisional	Family Medicine
Mira D Amin, M.D.	Active Provisional	Ophthalmology
Madison Margaret Aspiri, M.D.	Active Provisional	Anesthesiology
Brittany Austin, B.S., M.D.	Active Provisional	Obstetrics & Gynecology
Steliyana Bakalova-Georgieva, M.D.	Active Provisional	Medicine
Priyanka Ballal, M.D.	Active Provisional	Medicine
Eliza Longstreet Barnwell, M.D.	Active Provisional	Ophthalmology
Robert Earl Sean Bowen, M.D.	Active Provisional	Anesthesiology
Jamel Lekeif Fraizer Brown, M.D.	Active Provisional	Medicine
Daniel Chadwick Butler, M.D.	Active Provisional	Pathology & Lab. Med.
George Benjamin Carter, M.D.	Active Provisional	Medicine
Nikita Chapurin, M.D., M.H.S.	Active Provisional	Otolaryngology
Vimal B. Choudhari, M.D.	Active Provisional	Anesthesiology
Charlotte Ann Collins, M.D.	Active Provisional	Emergency Medicine
Daniel Harrison Cook, M.D.	Active Provisional	Radiology
Christopher Thomas Cordeiro, M.D.	Active Provisional	Medicine
Brittany Paige DePriest, M.D.	Active Provisional	Pediatrics
Bishnu Prasad Dhakal, M.D.	Active Provisional	Medicine
Rashmi Gyawali Dhakal, M.D.	Active Provisional	Medicine
Brittany L Dobson, M.D.	Active Provisional	Radiology
Anthony Jacob Emanuel, M.D.	Active Provisional	Pathology & Lab. Med.
Brittainy Renee Erby, M.D.	Active Provisional	Psychiatry
Hannah C Espeleta, Ph.D.	Active Provisional	Department of Nursing
Colleen Anne Gavigan, M.D.	Active Provisional	Medicine
Christopher Robert Gilbert, D.O.	Active Provisional	Medicine
Megan Elizabeth Goff, D.O.	Active Provisional	Medicine
Tara Grahovac, M.D., B.S.	Active Provisional	Surgery
Matthew Jonathan Graves, M.D.	Active Provisional	Anesthesiology
Kendall Warren Headden, M.D.	Active Provisional	Anesthesiology
Matthew Hewitt, M.D., B.A.	Active Provisional	Emergency Medicine
Harriet Bagnol Hinen, M.D.	Active Provisional	Dermatology
Teresa Mary Jolley Kilgore, D.O.	Active Provisional	Family Medicine
Kristen Punshon Kyler, D.O.	Active Provisional	Pediatrics
Katherine Ruth Lee, M.D.	Active Provisional	Dermatology
Richard Robert Lueking, M.D.	Active Provisional	Medicine
Michael Patrick Lugo, M.D.	Active Provisional	Pediatrics
Kelli Michelle McFarling, M.D.	Active Provisional	Obstetrics & Gynecology
Brian Henry McGreen, D.O.	Active Provisional	Urology
Aravind Ajakumar Menon, M.D.	Active Provisional	Medicine
Elizabeth Anne Monter, D.O.	Active Provisional	Psychiatry
Ellen Margaret Nielsen, M.D.	Active Provisional	Medicine
William John Nixon, M.D.	Active Provisional	Radiology
Brielle Paolini, M.D., Ph.D.	Active Provisional	Radiology
Neil Kanaiyalal Patel, M.D.	Active Provisional	Anesthesiology
Ryan Vincent Puccia, M.D.	Active Provisional	Otolaryngology
Dena Patel Rhinehart, M.D.	Active Provisional	Medicine
Carrie Kristen Riestenberg, M.D.	Active Provisional	Obstetrics & Gynecology
Meg Katherine Scott, M.D.	Active Provisional	Medicine
Pranav Virenkumar Shah, M.D.	Active Provisional	Medicine
Matthew Chrisman Sherrier, M.D.	Active Provisional	Orthopaedics
Haley Catherine Sibley, M.D.	Active Provisional	Otolaryngology
Harrison Banks Smith, M.D.	Active Provisional	Medicine
Adam Snoap, M.D.	Active Provisional	Otolaryngology
Jacob Christopher Snyder, D.O.	Active Provisional	Pathology & Lab. Med.
Trevor Stone, M.D.	Active Provisional	Radiology

Stephen Andrew Thacker, M.D.	Active Provisional	Pediatrics
Leonel Abelardo Vasquez, M.D.	Active Provisional	Radiology
Alice Yinghui Wang, M.D.	Active Provisional	Urology
Katherine Vivian Wang, M.D.	Active Provisional	Pathology & Lab. Med.
Mohan Bangalore Puttaiah, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Romie Sarand Barnes, D.O.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Ghaila Chinasa Keng, M.D.	Provisional Affiliate- Colleague- Other	Medicine

Medical Staff Reappointment and Clinical Privileges

David Joseph Annibale, M.D.	Active	Pediatrics
Diana D. Antonovich, M.D.	Active	Dermatology
Tiffany Gray Baker, M.D., Ph.D.	Active	Pathology & Lab. Med.
Benjamin Will Barnette, M.D.	Active	Medicine
Graham Wesley Beattie, M.D.	Active	Medicine
James Frank Bethea, M.D.	Active	Orthopaedics
Carey Lewis Brewbaker, M.D.	Active	Anesthesiology
Lauren Meeks Brown, M.D.	Active	Obstetrics & Gynecology
Jeremy Robert Burt, M.D.	Active	Radiology
John B. Cahill, Jr., M.D.	Active	Pediatrics
Julio A. Chalela, M.D.	Active	Neurosurgery
Taylor Ellen Christian, M.D.	Active	Family Medicine
Jack Messenger Condrey, III, M.D.	Active	Anesthesiology
Samuel Lewis Cooper, M.D.	Active	Radiation Oncology
Michael Lawrence Craig, M.D.	Active	Medicine
Brad Allen Eastman, D.O.	Active	Anesthesiology
Matthew Michael Finneran, M.D.	Active	Obstetrics & Gynecology
Tibor Fulop, M.D., Ph.D.	Active	Medicine
Barry Gibney, D.O.	Active	Surgery
Barbara B Head, M.D.	Active	Obstetrics & Gynecology
Megann Kathleen Helton-Rieter, M.D.	Active	Obstetrics & Gynecology
Heather Yaun Hughes, M.D.	Active	Medicine
Soonho Kwon, M.D.	Active	Medicine
William Purvis Lancaster, M.D.	Active	Surgery
Jonathan Ross Lena, M.D.	Active	Neurosurgery
Maria Gisele Matheus, M.D.	Active	Radiology
Jared Stewart McKinnon, M.D.	Active	Anesthesiology
Darlene Harriet Moak, M.D.	Active	Psychiatry
Maritere Nazario, M.D.	Active	Pediatrics
Bradley William Petkovich, M.D.	Active	Medicine
Marty Shannon Player, M.D.	Active	Family Medicine
Rachel Pemberton Powell, M.D.	Active	Obstetrics & Gynecology
Eric Randall Powers, M.D.	Active	Medicine
Paul Baker Pritchard, III, M.D.	Active	Neurology
Christopher Morris Pruitt, M.D.	Active	Pediatrics
Theodore D Ravenel, V, D.M.D.	Active	Oral & Maxillofacial Surgery
Federico Jose Rodriguez-Porcel, M.D.	Active	Neurology
Claire Madden Smith, M.D.	Active	Psychiatry
Maria Vittoria Spampinato, M.D.	Active	Radiology
Sylvia Elaine Szentpetery, M.D.	Active	Pediatrics
Frederick William Tecklenburg, M.D.	Active	Pediatrics
Meghan Katherine Thomas, M.D.	Active	Medicine
Elizabeth Mary Wallis, M.D.	Active	Pediatrics
Rebecca Jane Wineland, M.D.	Active	Obstetrics & Gynecology
Ethan Alexander Ashley, M.D.	Active Provisional	Psychiatry
Stephen Daniel Ballis, M.D.	Active Provisional	Pediatrics
John Brenton Bushkar, M.D.	Active Provisional	Emergency Medicine
Emily Margaret Campbell, M.D.	Active Provisional	Pediatrics
Andrew Thomas Cibulas, M.D.	Active Provisional	Radiology
John C Comisi, D.D.S., B.S.	Active Provisional	Oral & Maxillofacial Surgery
Susan Linn Evenhouse, M.D.	Active Provisional	Medicine

Bianca Stephania Farley, M.D.	Active Provisional	Medicine
Christopher Michael Fatora, M.D.	Active Provisional	Anesthesiology
Adam Hastings Fox, M.D.	Active Provisional	Medicine
Kyle Steven Freeman, M.D.	Active Provisional	Radiology
Chadi Hajar, M.D.	Active Provisional	Pathology & Lab. Med.
Ellen Legare Hay, M.D.	Active Provisional	Anesthesiology
Jerry Johnston, Jr., M.D.	Active Provisional	Anesthesiology
Ismail Mikdat Kabakus, M.D.	Active Provisional	Radiology
Andreea Lazar, M.D.	Active Provisional	Anesthesiology
Claire Elizabeth Milam, M.D.	Active Provisional	Emergency Medicine
Christina Marie Mingora, M.D.	Active Provisional	Medicine
Mario Joseph Nigro, M.D.	Active Provisional	Radiology
Sam Tomas Ontiveros, M.D.	Active Provisional	Emergency Medicine
Jane Scribner, M.D.	Active Provisional	Dermatology
Denise Sese, M.D.	Active Provisional	Medicine
Rani Hassan Shayto, M.D.	Active Provisional	Medicine
Ian Blake Smith, D.O.	Active Provisional	Radiology
Jennifer Veronica Smith, M.D.	Active Provisional	Anesthesiology
Jessica Sara Snider, M.D.	Active Provisional	Pathology & Lab. Med.
Michelle Courtney Spiegel, M.D.	Active Provisional	Medicine
Pritee Tarwade, M.B.B.S.	Active Provisional	Anesthesiology
Charles Spencer Teixeira, D.O.	Active Provisional	Medicine
Charles Terry, M.D.	Active Provisional	Medicine
Evan Michael Verplancken, M.D.	Active Provisional	Emergency Medicine
Mason James Walgrave, M.D.	Active Provisional	Pediatrics
Charlotte Durant Wallace, M.D.	Active Provisional	Radiology
Jeffrey T Waltz, M.D.	Active Provisional	Radiology
Adrienne Wiggins-Metcalf, M.D.	Active Provisional	Obstetrics & Gynecology
Brian Scott Wirkus, P.A.C.	Active Provisional	Surgery
William Daniel Young, M.D.	Active Provisional	Anesthesiology
Jessica Marie Cook, M.D.	Affiliate	Family Medicine
Laura Jane Juul, M.D.	Affiliate	Medicine
Lyndsay Marie Mueller, M.D.	Affiliate	Medicine
Yotam Papo, M.D.	Affiliate	Medicine
Vijay Renga, M.D.	Affiliate	Neurology
Garrett Colton Kent, M.D.	Affiliate- Colleague- Other	Family Medicine
Erika Maria Anderson, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Ryan Batson, M.D., B.S.	Provisional Affiliate CFC - Colleague	Obstetrics & Gynecology
Erin Gilmore Bhatia, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Sarah Margaret Carter, M.D.	Provisional Affiliate CFC - Colleague	Medicine
Christopher Michael Davis, D.O.	Provisional Affiliate CFC - Colleague	Family Medicine
Scott Robert Dobson, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Daniel Justin Dukes, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Steven Douglas Egge, Sr., M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Ashleigh Brooke Gardner, D.O.	Provisional Affiliate CFC - Colleague	Pediatrics
Brittiany Hailey Gray, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Melanie Schnoor Greene, M.D.	Provisional Affiliate CFC - Colleague	Medicine
Matthew Lucas Hardy, D.O.	Provisional Affiliate CFC - Colleague	Family Medicine
Jennifer Morrison Heegard, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Elizabeth Perry Hipp, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Stephen McAlister Jones, Jr., M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Kelly Whittaker Kline, M.D.	Provisional Affiliate CFC - Colleague	Obstetrics & Gynecology
James Coan McAlpine, III, M.D.	Provisional Affiliate CFC - Colleague	Medicine
Lindsey McAmis Gouge, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Sarah Katherine McNemar, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Ann Winter Meade, M.D.	Provisional Affiliate CFC - Colleague	Medicine
Carole Irene Mercer, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Katherine Hoeft Minton, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Justin Steven Moll, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics

Geeta Nangia, M.D.	Provisional Affiliate CFC - Colleague	Psychiatry
Alanna Ahlers Nutz, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Jeremy Andrew Pickell, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Maya Mathew Powers, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Jocelyn R Renfrow, M.D.	Provisional Affiliate CFC - Colleague	Medicine
Todd Allan Roemmich, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Joseph Parker Rogers, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Rachel Jones Sine, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Maryann Jose Terzella, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Andrew James White, M.D.	Provisional Affiliate CFC - Colleague	Obstetrics & Gynecology
Rebecca Sue Woodlief, M.D.	Provisional Affiliate CFC - Colleague	Pediatrics
Bamidele Ayotunde Ajibola, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Uchechukwu Egbujo, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Pamela Jean Gizzo, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Rozi Khan, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Opeyemi Komolafe, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Paras Malhotra, M.D.	Provisional Affiliate- Colleague- Other	Medicine

Medical Staff Reappointment and Change in Clinical Privileges

None

Medical Staff Change in Privileges

John Glaser, MD	Orthopedic Surgery	adding Use of Robotic Assist
Kimberly Kicielinski, MD	Neurosurgery	adding Use of Robotic Assist
Sara Van Nortwick, MD	Orthopedic Surgery	adding Use of Robotic Assist
Robert Murphy, MD	Orthopedic Surgery	adding Use of Robotic Assist
Abhay Varma, MD	Neurosurgery	Device.

Professional Staff Initial Appointment and Clinical Privileges

Marlee Mckenzie Bodle, C.R.N.A.	Provisional Allied Health	Anesthesiology
Lauren Ashley Boudreaux, MSN	Provisional Allied Health	Surgery
Haley Marie Brimmer, B.S., M.P.H	Provisional Allied Health	MUHA Dietetic Services
TaCorey Sanchez Campbell, CPNP	Provisional Allied Health	Pediatrics
Natasha Desian Davis, LISW-CP	Provisional Allied Health	Psychiatry
Jessica Lynn Fragile, N.N.P.	Provisional Allied Health	Pediatrics
Stephanie Michelle Greene, FNP	Provisional Allied Health	Medicine
Alexander V Kruysman, A.D.N.	Provisional Allied Health	Department of Nursing
Jonathan Andres Littlejohn, D.N.P	Provisional Allied Health	Surgery
Deborah A Marrington, A.P.R.N.	Provisional Allied Health	Pediatrics
Jordan Drake Mattern, P.A.	Provisional Allied Health	Surgery
Patricia Anne Meiers, B.S.N., M.S.N.	Provisional Allied Health	Pediatrics
Carrie Prescott, D.N.P.		Surgery
Sean A. Roles, M.S., B.Sc.	Provisional Allied Health	Radiation Oncology
Anna Rose, P.A.	Provisional Allied Health	Orthopaedics
Cameron Taylor Shiflett, N.N.P.	Provisional Allied Health	Pediatrics
Keith Stanley Sims, C.R.N.A.	Provisional Allied Health	Anesthesiology
Meredith Stamper, C.R.N.A.	Provisional Allied Health	Anesthesiology
Susan Bailey Wells, P.A.C.	Provisional Allied Health	Medicine
Elizabeth Ugino Berry, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Steven Jamesayer Hutto, FNP-BC	Provisional Allied Health- Colleague- Other	Emergency Medicine
Michael McGowan, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Edward Job Milosz, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Dana B Pederson, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology
Joshua Kyle Rosenthal, P.A.C.	Provisional Allied Health- Colleague- Other	Surgery

Professional Staff Reappointment and Clinical Privileges

Margaret N. Conway-Orgel, N.N.P.	Allied Health	Pediatrics
Emily Katherine DePue, P.A.	Allied Health	Urology
Maranda Nicole Ferguson, F.N.P.	Allied Health	Medicine
William Jennings Godwin, Ph.D.	Allied Health	Radiation Oncology
Stephanie E. Hall, N.N.P.	Allied Health	Pediatrics
Elizabeth Hambright, A.G.N.P.-C	Allied Health	Medicine
Emily M Heslop, B.S., M.S.	Allied Health	Orthopaedics
Margaret B Hudepohl, Ph.D.	Allied Health	Pediatrics

Amber Lyn Johnson, R.D.	Allied Health	MUHA Dietetic Services
Amanda Marie Jones, P.A.C.	Allied Health	Family Medicine
James L. Klein, CPO	Allied Health	Orthopaedics
Ashley B. Klumb, N.N.P.	Allied Health	Pediatrics
Kaylee Knisley, C.R.N.A.	Allied Health	Anesthesiology
Steven Kramer, Jr., B.S., CP	Allied Health	Orthopaedics
Amber Nicole Monroe, D.N.P.	Allied Health	Pediatrics
Amber Newell, B.S.	Allied Health	Orthopaedics
Leigh E Ridings, Ph.D.	Allied Health	Department of Nursing
John Rhett Smith, CPO	Allied Health	Orthopaedics
Whitney Ann Smith, A.G.N.P.-C	Allied Health	Department of Nursing
Benjamin A Toll, Ph.D.	Allied Health	Psychiatry
Elizabeth Bunch Wachowicz, A.P.R.N.	Allied Health	Neurosurgery
Johnlyn Olin Nettles, ADN	Allied Health- Colleague- Other	Family Medicine
Ashley Denneil Alexander, AGAC-NP	Provisional Allied Health	Neurosurgery
Jessica Dawn Benes, N.N.P.	Provisional Allied Health	Pediatrics
Donte L Bernard, Ph.D.	Provisional Allied Health	Psychiatry
Nicole Kahealani Casadona, P.A.	Provisional Allied Health	Medicine
Candace Gullung Gosnell, C.R.N.A.	Provisional Allied Health	Anesthesiology
David Brian Haver, Jr., Psy.D., M.P.H.	Provisional Allied Health	Psychiatry
Kristina Dawn Manning, M.P.A.S.	Provisional Allied Health	Pediatrics
Kimberly Claire Ryan, C.R.N.A.,	Provisional Allied Health	Anesthesiology
Cynthia Ann Plasters, LISW-CP	Provisional Allied Health CFC	Family Medicine
Caroline Hesse Atkins, P.A.C.	Provisional Allied Health CFC - Colleague	Pediatrics
Brittaine H Davis, P.A.C.	Provisional Allied Health CFC - Colleague	Pediatrics
Charise Dawn Ebersole, N.P.	Provisional Allied Health CFC - Colleague	Pediatrics
Jennifer D Edwards, B.S.N., M.S.N.	Provisional Allied Health CFC - Colleague	Medicine
Jennifer Lee Goldsmith, P.N.P.	Provisional Allied Health CFC - Colleague	Pediatrics
Precious Denyse Anne Goode, M.S.N.	Provisional Allied Health CFC - Colleague	Pediatrics
Nathan Heffington, FNP-BC	Provisional Allied Health CFC - Colleague	Pediatrics
Hannah Walker Henderson, N.P.	Provisional Allied Health CFC - Colleague	Pediatrics
Evelyn Brantley Horne, N.P.	Provisional Allied Health CFC - Colleague	Medicine
Kathryn K Huguley, N.P.	Provisional Allied Health CFC - Colleague	Pediatrics
Vanessa Kanarr, FNP-BC	Provisional Allied Health CFC - Colleague	Medicine
Haley Nottingham Keith, P.A.C.	Provisional Allied Health CFC - Colleague	Medicine
Grace King Lott, N.P.	Provisional Allied Health CFC - Colleague	Medicine
Kate Emily Nattier, P.A.	Provisional Allied Health CFC - Colleague	Medicine
Elizabeth Chandler Miler Rackley, P.A.	Provisional Allied Health CFC - Colleague	Medicine
Dorothy Stella Ramsey, N.P.	Provisional Allied Health CFC - Colleague	Medicine
William Graham Robinson, FNP-BC	Provisional Allied Health CFC - Colleague	Pediatrics
Erin Phillips Rogers, P.A.	Provisional Allied Health CFC - Colleague	Medicine
Paige McCown Rostin, N.P.	Provisional Allied Health CFC - Colleague	Medicine
Jennifer Hardy Singletary, N.P.	Provisional Allied Health CFC - Colleague	Obstetrics & Gynecology
Suzanne Finley Ulmer, CPNP	Provisional Allied Health CFC - Colleague	Pediatrics
Tania Chacon Vanderbilt, P.A.C.	Provisional Allied Health CFC - Colleague	Pediatrics
Kathryn Heasley Walker, FNP	Provisional Allied Health CFC - Colleague	Obstetrics & Gynecology

Professional Staff Reappointment and Change in Privileges

None

Professional Staff Change in Privileges

Chelsea Veranis, PA	Medicine Hem Onc	priv
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END OF ROSTER

Board of Trustees Credentialing Subcommittee July 2022
The Medical Executive Committee reviewed the following applicants on July 20, 2022
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 7.28.22

Medical Staff Initial Appointment and Clinical Privileges

Mohamed Abdelwahab, M.D.	Active Provisional	Otolaryngology
Christina M Abrams, M.D.	Active Provisional	Pediatrics
Jessica Atkins, M.D.	Active Provisional	Medicine
Erin Balog, M.D.	Active Provisional	Pediatrics
Anthony Philip Carnicelli, M.D.	Active Provisional	Medicine
Meghan M Carter, Au.D.	Active Provisional	Otolaryngology
Rebeca Gonzalez, Ph.D.	Active Provisional	Psychiatry
Alexander Ross Coltoff, M.D., B.A.	Active Provisional	Medicine
Karley Dutra, M.D.	Active Provisional	Obstetrics & Gynecology
Mohamed Badreldin Elshazly, M.D.	Active Provisional	Medicine
Michele Lynne Esposito, M.D.	Active Provisional	Medicine
Sarah Elizabeth Evins, M.D.	Active Provisional	Pediatrics
Lauren Elizabeth Fiorillo, M.D.	Active Provisional	Radiology
Mary Laing Holland, B.S., Au.D.	Active Provisional	Otolaryngology
Timothy Jeremiah Horgan, III, D.O.	Active Provisional	Pediatrics
Daniel Mohammed Hossain, D.O.	Active Provisional	Emergency Medicine
William Howell Jarrard, III, B.S., M.D.	Active Provisional	Neurology
Rachel Miriam Kaplan, M.D.	Active Provisional	Medicine
Gabriel Mark Klein, M.D., M.S.	Active Provisional	Surgery
Benjamin Robert Kuhn, D.O.	Active Provisional	Pediatrics
Deepa Vaduthalakuzhy Luka, M.D.	Active Provisional	Psychiatry
Rustin Meister, M.D., M.S.	Active Provisional	Pediatrics
Alexandra Mills, M.D.	Active Provisional	Medicine
Ghada Mohamed, M.D.	Active Provisional	Neurology
Ameet Singh Nagpal, M.D.	Active Provisional	Orthopaedics
Amy Spicer Noxon, AuD	Active Provisional	Otolaryngology
Jeanhyong Park, M.D.	Active Provisional	Emergency Medicine
Jennifer Janell Patterson, M.D.	Active Provisional	Psychiatry
Lauren Nicole Powell, D.O.	Active Provisional	Pediatrics
Robert Ravinsky, M.D.	Active Provisional	Orthopaedics
Donna Jones Roberts, B.S., M.D.	Active Provisional	Family Medicine
Mark Allen Stacy, M.D.	Active Provisional	Neurology
Tracy Robertson Voss, M.D.	Active Provisional	Medicine
Joseph Raleigh West, Jr., M.D.	Provisional Affiliate CFC - Colleague	Family Medicine
Katrina Bidwell, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Dennis Deane Garvin, M.D.	Provisional Affiliate- Colleague- Other	Urology
Megan Kammerer, D.O.	Provisional Affiliate- Colleague- Other	Emergency Medicine
David William Moon, Sr., M.D.	Provisional Affiliate- Colleague- Other	Family Medicine
Benjamin Josef Phelps, D.O.	Provisional Affiliate- Colleague- Other	Medicine
Julian Floyd Reese, III, D.O.	Provisional Affiliate- Colleague- Other	Medicine

Medical Staff Reappointment and Clinical Privileges

Robert Joseph Adams, M.D.	Active	Neurology
Mallory Hudson Alkis, M.D.	Active	Obstetrics & Gynecology
Joshua Ryan Arenth, M.D.	Active	Pediatrics
Rahul Gupta Argula, M.D.	Active	Medicine
Ryan Matthew Barnes, D.O.	Active	Emergency Medicine
Shayla Marie Bergmann, M.D.	Active	Pediatrics
Laura Elizabeth Bishop, D.O.	Active	Neurology
Colleen Jae Bressler, M.D.	Active	Pediatrics
Patrick James Cawley, M.D.	Active	Medicine
Sung Wook Choi, M.D.	Active	Anesthesiology
William F. Conway, M.D.	Active	Radiology
Lindsey Cassini Cox, M.D.	Active	Urology
Emily Jones Cullen, M.D.	Active	Psychiatry
Anca Dumitriu, M.D.	Active	Pediatrics
Andrew David Fisher, M.D.	Active	Anesthesiology
Gabrielle Fisher, M.D.	Active	Anesthesiology

Tung Nguyen Giep, M.D.	Active	Pediatrics
Charles Stephen Greenberg, M.D.	Active	Medicine
Lucinda Ann Halstead, M.D.	Active	Otolaryngology
Heather Tripp Henderson, M.D.	Active	Pediatrics
Elizabeth Higgins, M.D.	Active	Medicine
Ling-Lun Bob Hsia, M.D.	Active	Dermatology
Libby Kosnik Infinger, M.D.	Active	Neurosurgery
Steven Kahn, M.D.	Active	Surgery
Ian Donald Kane, M.D.	Active	Pediatrics
Kimberly Price Kicielinski, M.D.	Active	Neurosurgery
Carlene Kingston, M.D.	Active	Neurology
Jerome Edward Kurent, M.D.	Active	Neurology
Dustin Paul LeBlanc, M.D.	Active	Emergency Medicine
Chung Albert Lee, M.D.	Active	Pediatrics
Angello Lin, M.D.	Active	Surgery
Andrew Joseph Matuskowitz, M.D.	Active	Emergency Medicine
Eliza McElwee, M.D.	Active	Obstetrics & Gynecology
John William McGillicuddy, M.D.	Active	Surgery
Kimberly Elaine McHugh, M.D.	Active	Pediatrics
Jessica Emily McLaughlin, M.D.	Active	Obstetrics & Gynecology
Theodore Richardson McRackan, M.D.	Active	Otolaryngology
Michelle Frances Meglin, M.D.	Active	Obstetrics & Gynecology
Oana Maria Nicoara, M.D.	Active	Pediatrics
Christopher David Nielsen, M.D.	Active	Medicine
Amanda Faye Northup, M.D.	Active	Medicine
Sunil Jayavant Patel, M.D.	Active	Neurosurgery
Dag Pavic, M.D.	Active	Radiology
Kenneth Mark Payne, M.D.	Active	Medicine
Clinton Frederick Pillow, M.D.	Active	Anesthesiology
Sarah Tucker Price, M.D.	Active	Family Medicine
Alicia Renee Privette, M.D.	Active	Surgery
Megan Elizabeth Redfern, M.D.	Active	Pediatrics
Charlotte Ivey Rivers, M.D.	Active	Radiation Oncology
Jason Patrick Ulm, M.D.	Active	Surgery
Leigh Meade Vaughan, M.D.	Active	Medicine
Conrad Williams, IV, M.D.	Active	Pediatrics
Deirdre Sams Williams, D.D.S.	Active	Oral & Maxillofacial Surgery
Mathew David Wooster, M.D.	Active	Surgery
Milad Yazdani, M.D.	Active	Radiology
Nikki Elizabeth Yourshaw, M.D.	Active	Pediatrics
Sanford Manning Zeigler, M.D.	Active	Surgery
Elizabeth Emrath Zivick, M.D.	Active	Pediatrics
Julian D Amin, M.D.	Active Provisional	Otolaryngology
Susannah Liberty Brown, M.D.	Active Provisional	Ophthalmology
Helen Jense Burton, M.D.	Active Provisional	Medicine
Parinita Anil Dherange, M.D.	Active Provisional	Medicine
John Clayton Foster, M.D.	Active Provisional	Anesthesiology
Stephanie Shinn Gaydos, M.D.	Active Provisional	Pediatrics
Kimberly Michelle Green, D.O.	Active Provisional	Medicine
Austin Grayce Hester, M.D.	Active Provisional	Urology
Laura Genevieve McCabe, M.D.	Active Provisional	Psychiatry
Lauren Whitney Mims, D.O.	Active Provisional	Medicine
Steven Lewis Morgan, M.D.	Active Provisional	Neurosurgery
Michael Dennis Moxley, M.D.	Active Provisional	Obstetrics & Gynecology
David C Park, M.D.	Active Provisional	Pathology & Lab. Med.
Ralitzia Hristova Peneva, M.D.	Active Provisional	Obstetrics & Gynecology
Anita Tambay Perez, M.D.	Active Provisional	Pediatrics
Maria Cecilia Reyes, M.D.	Active Provisional	Pathology & Lab. Med.

Hampton Brooks Sasser, M.D.	Active Provisional	Medicine
Sara Rhodes Proctor Short, M.D.	Active Provisional	Pediatrics
Michael Anthony Smith, M.D.	Active Provisional	Anesthesiology
Christopher Thomas Stem, M.D.	Active Provisional	Pediatrics
Mason Thomas Turner, M.D.	Active Provisional	Medicine
Aravind Viswanathan, M.D.	Active Provisional	Urology
Roger Pons, M.D.	Affiliate	Medicine
Dustin Kelley Dalton, M.D.	Affiliate CFC	Medicine
Suzann Hutto Weathers, M.D.	Affiliate CFC	Family Medicine
Jon Martin McGough, M.D.	Affiliate CFC - Colleague	Medicine
Caitlin Sarah Kessler, D.O.	Provisional Affiliate CFC	Family Medicine
Jason J Hill, D.O.	Provisional Affiliate CFC - Colleague	Obstetrics & Gynecology
Jonathan Sawaya Lekoshere, D.O.	Provisional Affiliate CFC - Colleague	Family Medicine
Altaf Ahmed, M.D.	Provisional Affiliate- Colleague- Other	Orthopaedics
Monther Saud Amer Altit, M.D.	Provisional Affiliate- Colleague- Other	Surgery
Charles Mosadoluwa Ayanleke, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Jeffery Joseph Dorociak, M.D.	Provisional Affiliate- Colleague- Other	Medicine
Deborah Jo Taylor, M.D.	Provisional Affiliate- Colleague- Other	Medicine

Medical Staff Reappointment and Change in Clinical Privileges

None

Medical Staff Change in Privileges

John A. Glaser, M.D.	Active	Orthopaedics
Kimberly Price Kicielski, M.D.	Active	Neurosurgery
Robert Francis Murphy, M.D.	Active	Orthopaedics
Sara Van Nortwick, M.D.	Active	Orthopaedics
Abhay Kumar Varma, M.B.B.S	Active	Neurosurgery

Professional Staff Initial Appointment and Clinical Privileges

Jody E Crouch, A.P.R.N.	Provisional Allied Health	Surgery
Julianne Catherine Gant, O.D.	Provisional Allied Health	Ophthalmology
Anna Catherine Gilg, C.R.N.A.	Provisional Allied Health	Anesthesiology
Jillian Grzeskiewicz, A.P.R.N.	Provisional Allied Health	Department of Nursing
Michael Martz, C.R.N.A.	Provisional Allied Health	Anesthesiology
Meghan Hill Pattavina, C.R.N.A.	Provisional Allied Health	Anesthesiology
Elena Ann Piorkowski, A.P.R.N.	Provisional Allied Health	Neurosurgery
Chelsea Anne Riddle, A.G.N.P.-C	Provisional Allied Health	Medicine
Jessica M Shearer, N.N.P.	Provisional Allied Health	Pediatrics
Kristen Gayeski Tinkler, O.D.	Provisional Allied Health	Ophthalmology
Alyssa Raquel Greene, A.P.R.N.	Provisional Allied Health- Colleague- Other	Pediatrics
Meredith Ellenburg Greene, FNP	Provisional Allied Health- Colleague- Other	Emergency Medicine
Michael Edward Raymo, A.P.R.N.	Provisional Allied Health- Colleague- Other	Medicine
Jennifer Kaye Turner, FNP	Provisional Allied Health- Colleague- Other	Medicine
Cheryl Diane Walter, C.R.N.A.	Provisional Allied Health- Colleague- Other	Anesthesiology

Professional Staff Reappointment and Clinical Privileges

Catherine Cheely Bradley, Ph.D.	Allied Health	Pediatrics
Michael Andrew de Arellano, Ph.D.	Allied Health	Psychiatry
Catherine O'Connor Durham, D.N.P.	Allied Health	Family Medicine
Tina Michele Dvoren-Baker, F.N.P.	Allied Health	Neurology
Donna B. Embrey, C.R.N.A.	Allied Health	Anesthesiology
Jacquelyn P French, N.P.,	Allied Health	Family Medicine
Clarice Martha Hauschildt, Au.D.	Allied Health	Otolaryngology
Rochelle Nicole Judd, F.N.P.	Allied Health	Medicine
John Anthony Kenna, N.P.	Allied Health	Neurosurgery
Kathryn Elizabeth Kerley, M.S.N.,	Allied Health	Neurosurgery
Samantha Perry Kinninger, C.R.N.A.,	Allied Health	Anesthesiology
Tammy J Lamont, C.R.N.A.	Allied Health	Anesthesiology
Laura Kay Lybarger, D.N.P.	Allied Health	Family Medicine
Maegan Elizabeth Manson, A.P.R.N.	Allied Health	Medicine
Christopher James Mart, M.S.	Allied Health	Radiation Oncology

Danielle Wiese Prox, A.P.N.	Allied Health	Neurosurgery
Megan Mercedes Wallace, LISW-CP	Allied Health	Psychiatry
Michaela A Buckhannon, LISW-CP	Provisional Allied Health	Psychiatry
Jody Koziol Eblen, M.S.N.	Provisional Allied Health	Medicine
Elizabeth Anne Hare, C.R.N.A.	Provisional Allied Health	Anesthesiology
Victoria Anne O'Hara, P.A.,	Provisional Allied Health	Anesthesiology
Elizabeth Lauren Silver Sottile, LPC	Provisional Allied Health	Psychiatry
Megan Lynn Scallion, LMSW	Provisional Allied Health CFC	Family Medicine
Karis Elena Kellner, P.A.C.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Kristie Wood Wade, F.N.P.	Provisional Allied Health- Colleague- Other	Family Medicine
Chloe Walbourne, P.A.C.	Provisional Allied Health- Colleague- Other	Emergency Medicine

Professional Staff Reappointment and Change in Privileges

None

Professional Staff Change in Privileges

Chelsea Elizabeth Veranis, P.A.	Provisional Allied Health	Medicine
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Summary of Changes to MUSC Health-Charleston Policy C-023: Withholding / Withdrawing Life-Sustaining Treatment

- Removed broken web links to policies throughout the policy.
- Page 1-Under **Appropriate Medical Treatment**, added: “and any involved health care professionals.”
- Page 1-Under **Policy**, added wording to clarify the goal of the policy and remove “economic-social.”
- Page 2-Under **Guidelines for Decision Making**, added additional language to factors to be considered when during discussions regarding withholding or withdrawing life-sustaining treatment.

Section # PC-25	Policy # C-023	Withholding/Withdrawing Life-Sustaining Treatment	
Responsible Department: Biomedical Ethics			
Date Originated 06/01/1997	Last Reviewed 04/01/2019	Last Revised 04/01/2019	Effective Date 03/01/2020

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

Definitions:

Appropriate Medical Treatment: Treatment that has a reasonable expectation of meeting goals of the patient or patient’s surrogate for medical intervention and any involved health care professionals by ameliorating, improving, restoring, or maintaining a quality of life satisfactory to the patient.

Life-sustaining Treatment: Any medical intervention, technology, procedure, or medication that forestalls impending death, whether or not the treatment affects the underlying disease process.

Policy:

The goal of health care is to benefit the patient and the process of delivering care should respect the dignity and integrity of the patient and health care professionals. Appropriate medical treatment including life-sustaining treatment should be provided in conformity with current medical, ethical, and legal standards of care. In providing or withdrawing life-sustaining treatment, clinicians should consider potential harm to patients including but not limited to physical problems (i.e., pain), psychological, ~~social~~, and ~~economicsocial~~ consequences for the patient. Experts in organ donation should be contacted following decisions on withholding or withdrawing life-sustaining treatments for a patient who is a potential organ donor. See C-017 Organ/Tissue Donation (<https://www.musc.edu/medcenter/policy/Med/C017.pdf> Organ and Tissue Donation).

Procedure:

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

1. Refusal of Resuscitation by Competent Adult Patient. See Policy C-002 Informed Consent/Refusal (<https://www.musc.edu/medcenter/policy/Med/C002.pdf> Informed Consent and Refusal).
2. Based upon a written Advance Directive signed by a competent adult patient.
3. Based upon an oral declaration by a competent adult patient if made in the presence of a physician and one witness.

4. Refusal by a Surrogate Decision Maker. See Policy C-002 [Informed Consent/Refusal \(https://www.musc.edu/medcenter/policy/Med/C002.pdf\)](https://www.musc.edu/medcenter/policy/Med/C002.pdf) [Informed Consent and Refusal](#). The surrogate should base his/her decision on the patient's [basic values and beliefs](#) [health care views and desires](#) and any preferences regarding treatment previously expressed to the extent they are known, and if unknown or unclear, on the patient's best interests.
5. 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.
 - a. 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.
 - b. 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.

B. Guidelines for Decision Making:

1. Every adult who is able to consent as more fully defined in Policy C-002 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.
2. The physician should provide advice about the treatment choices and should make recommendations for treatment based on the patient's circumstances and should give reasons, based on medical, experiential, or ethical factors, for such recommendations.
3. Factors to be considered during discussions regarding withholding or withdrawing Life-sustaining Treatment should include:
 - a. ~~The patient's wishes~~
 - a. [health care views and desires](#)
 - b. [The details of patient's prognosis, goals of treatment, and the reasons the medical team believes that the treatments are beneficial or potentially harmful or ineffective](#)
 - b. The benefits and burdens associated with the treatment options
 - c. The patient's life [expectancy, prognosis, and expectancy](#) and level of functioning with and without the treatment.
4. In all cases in which this policy applies, a 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.
5. A written Allow Natural Death/Limited Resuscitation Progress Note should precede orders to withhold or withdraw life-sustaining treatment.
6. Once the decision is made to withhold/withdraw Life-sustaining Treatment, a plan of palliative care only should be established with the primary objective being relief of suffering.

- C. **Procedure(s) for Resolving Significant Disagreements** [See section of this name in Policy C-224 Interventions that are Ineffective or Harmful (<https://www.musc.edu/medcenter/policy/Med/C224.pdf>Interventions that are Ineffective or Harmful)]

Related Policies:

C-001 Patient's Rights and Responsibilities

(<http://www.musc.edu/medcenter/policy/Med/C001.pdf> Patient Rights & Responsibilities) Patient Rights & Responsibilities

C-012 Advance Directives (<http://www.musc.edu/medcenter/policy/Med/C012.pdf> Advance Directives (ADS) Patient Self Determination Act)

C-013 Resuscitation Orders (<http://www.musc.edu/medcenter/policy/Med/C013.pdf> Organ and Tissue Donation v.1) <https://musc.policytech.com/docview/?docid=4890> }

C-015 Guidelines for the Determination of Death (in Infants and Children

<http://www.musc.edu/medcenter/policy/Med/C015.pdf> Guidelines for Determination of Death of Infants and Children)

C-016 Decedent Care Program (<http://www.musc.edu/medcenter/policy/Med/C016.pdf> Decedent Care Program) Guidelines for Determination of Death of Infants and Children

C-017 Organ/Tissue Donation (<http://www.musc.edu/medcenter/policy/Med/C017.pdf> Organ and Tissue Donation)

C-050 Care at the End of Life (<http://www.musc.edu/medcenter/policy/Med/C050.pdf> Organ and Tissue Donation v.1) <https://musc.policytech.com/docview/?docid=4890> }

C-125 Organ Donation after Cardiopulmonary Death (DCD)

(<https://www.musc.edu/medcenter/policy/Med/C125.pdf> Organ and Tissue Donation v.1) <https://musc.policytech.com/docview/?docid=4890> }

C-224 Interventions that are Ineffective or Harmful

(<https://www.musc.edu/medcenter/policy/Med/C224.pdf> Organ and Tissue Donation v.1) <https://musc.policytech.com/docview/?docid=4890> }

**Summary of Changes to Medical Staff Rules and Regulations
MUSC Health Charleston Division**

Reasoning: Changes required in Rules & Regulations policy to enable compliance with updated DHEC Code of Law 44-63-74.

- SC DHEC Code of Law 44-63-74 was approved by SC Legislation in 2016. The law required penalties for noncompliance with death certification however the fines were never imposed at that time due to the state of the electronic Vital Records system.
- In 2019 DHEC updated the Vital Records system to what we currently use today. The entire process for death certification is now electronic including all processes completed by certifying hospital physicians, morgues, coroner offices, funeral homes, and primary care physicians for outpatient deaths.
- Effective July 1, 2022, SC DHEC Vital Records: Will implement and test the new electronic notification system for non-compliance with the requirement for death certification completion within 48 hours of the death. The testing will start in June, July, and August. No penalties will be imposed at this time.
- Effective Sept 1, 2022, SC DHEC Vital Records will send notifications for non-compliance with possible penalties that could be imposed on the certifying physician.
 - ❖ Penalties are \$200 for a first violation or a warning letter
 - ❖ \$500 for a second violation
 - ❖ \$1000 for a third or subsequent violation
 - ❖ PENALTIES ARE PER DAY UNTIL CASE IS CERTIFIED

Medical Staff Rules & Regulations Page 9

Medical Records Preparation and Completion/Completion Requirements

Addition to list:

EPIC Death Note - prior to transport of decedent to Morgue.

EPIC Death Summary – final version within 12 hours of pronouncement of death.

Medical Staff Rules & Regulations page 10

Delinquency Summary Table: Update as listed below.

Medical Record Required Element	Required Completion Time Within:	Attending’s Signature, APRN, or PA-C Required Within:	Deemed Delinquent at:
Death Note	Prior to transport decedent to Morgue	12 hours (excludes PA-C)	1 Day
Death Summaries	Final version within 12 hours of death pronouncement	24 hours (attending signature only)	2 Days

Section # {External Reference #}	Policy # 8604	Medical Staff Rules Regulations	
Responsible Department:			
Date Originated Not Set	Last Reviewed Not Set	Last Revised Not Set	Effective Date Not Set

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



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

***Medical Staff
Rules and Regulations
October 2019***

DEFINITIONS:

1. **Medical Staff** - all persons who are privileged to engage in the evaluation, diagnosis and treatment of patients admitted to the MUSC Medical Center, and includes medical physicians, osteopathic physicians, oral surgeons, and dentists.
2. **Board of Trustees** - the Board of Trustees of the Medical University of South Carolina, which also functions as the Board of Trustees for the MUSC Medical Center.
3. **University Executive Administration** - refers to the President of the Medical University of South Carolina and such Vice Presidents and Administrators as the Board directs to act responsibly for the Hospital.
4. **Dean** - the Dean of the appropriate College of the Medical University of South Carolina.
5. **VP for Health Affairs/ Executive Director. Medical Center** - the individual who is responsible for the overall management of the Hospital.
6. **Executive Medical Director/Chief Medical Officer** - the individual who is responsible for the overall management of medical staff functions.
7. **Chief Medical Information Officer**- the individual with the strategic and operational responsibilities of optimizing the collection, appropriate use, and protection of patient health information for best care and research.
8. **Practitioner** - an appropriately licensed medical physician, osteopathic physician, Advanced Practice Provider (APRN and PA-C), oral surgeon, or dentist, or any other individual who exercises independent judgment within areas of his professional judgment and applicable state practice.
9. **Executive Committee** the Medical Executive Committee of the Medical Staff.
10. **House Staff** - any post graduate physician practitioner in specialty or sub-specialty training.
11. **Affiliated Health Professional** - any health professional who is not a licensed medical physician, osteopathic physician, oral surgeon, or dentist, subject to licensure requirements or other legal limitations; with delineated clinical privileges; exercises independent judgment within areas of his professional competence and is qualified to render direct or indirect care.

Authentication - refers to the full name signature, date, time, and credentials by the author of the entry in the medical record; signature is to include full name and the individual's credentials. The signature may be handwritten, by rubber stamp, or by computer key.

Whereas herein the word "**Hospital**" is used it refers to the MUSC Medical Center and its component hospitals and outpatient activities. Since the English language contains no singular pronoun that includes both sexes, wherever the word "**he**" appears in this document, it signifies "he/she."

MEDICAL STAFF RULES AND REGULATIONS

I. INTRODUCTION

It is the duty and responsibility of each member of the medical staff to abide by the Rules and Regulations

II. ADMISSIONS

Who May Admit Patients

A patient may be admitted to the Medical Center only by a medical staff member who has been appointed to the staff and who has privileges to do so. Patients shall be admitted for the treatment of any and all conditions and diseases for which the Medical Center has facilities and personnel. Except in an emergency, no patient shall be admitted to the Medical Center unless a provisional diagnosis has been stated. In emergency cases, the provisional diagnosis shall be stated as soon after admission as possible. Admission orders must be provided by the attending physician. If admit orders are entered by another physician, PA-C or APRN, they must be co-signed by the attending physician.

Attending Physician Responsibilities

Each patient shall be the responsibility of a designated attending physician of the medical staff. Such attendings shall be responsible for the:

- initial evaluation and assessment of the admitted patient. The evaluation can be performed and completed by an APRN or PA-C. Such an evaluation must be completed within 24 hours of admission and must include admission orders. The admission orders must be signed/co-signed by the attending physician prior to discharge
- management and coordination of the care, treatment, and services for the patient including direct daily assessment evaluation and documentation in the medical record by the attending or the designated credentialed provider

- prompt completeness and accuracy of the medical record,
- necessary special instructions,
- transmitting reports of the condition of the patient to the referring physician or agency. Whenever these responsibilities are transferred to another medical staff member and service, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record, and
- completion of a clinical handoff to the next attending in inpatient settings, during times of intermittent coverage and/or at the end of a clinical rotation. "Best practice" handoffs are both written and verbal, with an opportunity for the oncoming attending to ask clarifying questions.

The admitting practitioner shall be responsible for providing the Medical Center with such information concerning the patient as may be necessary to protect the patient, other patients or Medical Center personnel from infection, disease, or other harm, and to protect the patient from self-harm.

Alternate Coverage

Each medical staff appointee shall provide assurance of immediate availability of adequate professional care for his patients in the Medical Center by being available or having available, an alternate medical staff appointee with whom prior arrangements have been made and who has clinical privileges at the Medical Center sufficient to care for the patient. Residents may provide coverage only under the direct supervision of an attending physician.

Emergency Admissions

The history and physical examination must clearly justify any admission on an emergency basis and must be recorded on the patient's chart no later than 24 hours after admission. In the case of emergency admission, patients who do not already have a personal admitting physician will be assigned to a medical staff appointee with privileges in the clinical department appropriate to the admitting diagnosis.

III. MEDICAL RECORDS

General Guidelines

- a. The "legal medical record" consists of all authenticated (signed) documentation, handwritten or electronically generated related to the care of an individual patient and any related communication between a physician, APRN or PA-C and a patient specific to the patient's care or treatment regardless of storage site or media. Included are all inpatient

records from the Medical Center, Institute of Psychiatry, Children's Hospital, and their outpatient, provider-based clinics, and associated aspects of care documentation of patients participating in research projects. Each element of the medical record, including all notes and orders, must unambiguously identify the patient with information to include name and medical record number and be authenticated, inclusive of date/time, and (electronic) signature with credentials of the authorized author of the entry.

- b. All records are the property of MUSC and shall not be removed except as pursuant to provision of law. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information. Please see A-082 Records Retention for more information.
- c. Medical Staff and other practitioners shall not remove or destroy any part or authenticated entry of information in the medical record for any reason. Identification and correction of errors in the record is governed by separate policy. Any member of the medical staff or privileged practitioner who purposely removes any document from a medical record will be suspended and/or lose Medical Staff Membership and or privileges. See Policy A-082 [Records Retention](#) for more information.
- d. The attending physician, APRN or PA-C is specifically responsible for the completion of the medical record for each patient encounter (e.g., admission).
- e. Diagnostic and therapeutic orders given by medical staff members shall be authenticated by the responsible practitioner.
- f. Symbols and abbreviations may be used only when approved by the Medical Staff. The use of unapproved abbreviations as specified in [Use of Abbreviations](#) is prohibited. All final diagnosis, complications, or procedures and informed consent must be recorded without abbreviations.
- g. Electronic signatures may only be utilized in accord with governing regulation/law and institutional policy and procedures; sharing electronic keys/passwords is fraudulent and grounds for Medical Staff suspension.
- h. Progress notes are to be documented daily by the designated attending or his designated credentialed provider for all inpatient and observation patients.

- i. The patient's medical record requires the progress notes, final diagnosis, and discharge summary or final visit note to be completed with authenticated dates and signatures. All final diagnosis, complications, or procedures must be recorded without abbreviations.

Informed Consent Requirements

It is the responsibility of the attending physician, APRN, PA-C, resident, or intern to assure appropriate informed consent is obtained and documented in the medical record and when appropriate, also document the discussion in a progress note if the provider is present during the procedure. For surgical procedures only, the provider needs to be present during the procedure to obtain consent. Nursing staff and other personnel may witness patient signature but may not consent the patient. Informed consent is required for all invasive procedures, for the use of anesthesia, including moderate and deep sedation, and for the use of blood and blood products.

Appropriate informed consent shall include the following at a minimum:

- patient identity,
- date,
- procedure or treatment to be performed,
- name of person performing the procedure or treatment,
- authorization for the proposed procedure,
- authorization for anesthesia or moderate sedation if indicated,
- indication that alternate means, risk and complications of the planned procedure and recuperation, and anesthesia have been explained,
- authorization for disposition of any tissue or body parts as indicated,
- risks and complications of blood or blood product usage (if appropriate),
- witnessed signature of the patient or other empowered individual authorizing informed consent, and
- signature, name/identity, and pager # of the physician, APRN or PA-C who obtained the consent, (verbal consent may be witnessed by the nurse and indicated on the consent form),
- physician, APRN or PA-C documentation of the consent process in a progress note or on the consent form.

Physician, APRN or PA-C documentation of the consent process and discussion may be accomplished with either an out-patient or in-patient note in the record.

Operative and Other Procedure Documentation Requirements

Operative /Procedure Progress Note/Brief Operative Note: If a full operative/procedure report is not completed and on the record before a patient

moves to a different level of care post procedure, an operation/procedure

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progress note/brief op note will be written and promptly signed by the primary physician/surgeon (this applies to both inpatients and outpatients). This progress note is considered an abbreviated report and will include the pre-operative procedure/diagnosis, the name of the primary physician/surgeon and assistants, findings, procedure performed and a description of the procedure, estimated blood loss, as indicated any specimens/tissues removed, and the postoperative/procedure diagnosis. All required elements must be addressed even if the element is not applicable (N/A).

Operative Report:

For all patients (both inpatient and outpatient) the full operative/procedure report shall be entered, written, or dictated into the medical record no later than twenty-four (24) hours from the completion of operation/procedure. The signature of the primary physician/surgeon is required within three (3) days of the procedure unless the operative report was completed by the primary surgeon, in which case the signature is required with the completion of the report (within 24 hours.) The operative/procedure report must contain the name(s) of the licensed independent practitioner(s) who performed the procedure and his or her assistant(s), the name of the procedure performed, a description of the procedure, findings of the procedure, any estimated blood loss, any specimen(s) removed and the postoperative/procedure diagnosis.

Procedure Report:

Included but not limited to Interventional Radiology, Heart Catheterizations and Gastroenterology Endoscopies, shall be entered, written, or dictated and into the medical record no later than twenty-four (24) hours from the completion of the procedure. The signature of the primary physician is required within 3 days of the procedure.

Note: When a progress note is entered into the record immediately after the procedure it can become part of the operative report but must be dated, timed, and signed by the physician at the time of completion of the progress note.

In all cases, when the full operative report is dictated, the operative progress note/brief operative report must be completed.

Operative/procedure reports may be completed by residents with supervision by the attending as evidenced by the attending's counter signature authenticating the report. These documentation requirements apply to all procedures billed as such according to a CPT code.

Discharge Summary Requirements

For all inpatient and observation stays, a preliminary discharge summary must be completed within 24 hours of discharge with an official discharge summary and signature by the physician, APRN or PA-C within 3 days of discharge. The discharge summary must include reasons for hospitalization, significant findings, procedures performed, treatment given, condition of the patient upon discharge, specific instructions given to patient and/or patient's family regarding activity, discharge, medications, diet, and follow-up instructions. Residents may complete the discharge summary with attending supervision as evidenced by the attending's co-signature on the report.

For inpatient and observation stays less than 24 hours, to facilitate continuity and patient safety, an abbreviated discharge summary may be completed, but it must include the same elements as the previous paragraph.

Complete Medical Records

The attending physician is responsible for supervising the preparation of a complete medical record for each patient.

Specific record requirements for physicians shall include the following:

- identification date, name, address, birth date, next of kin, patient history number, legal status (for behavioral health patients)
- initial diagnosis
- history and physical
- medication reconciliation
- orders
- clinical observation, progress note, consultations
- reports of procedures, tests, and results
- operative/procedure reports including labor and delivery summaries
- reports of consultations
- discharge summary, including a complete and accurate medication list
- all final diagnoses, complications, or procedures
- AJCC staging for diagnosed cancer patients
- **Death Note- prior to transport of decedent to Morgue.**
- **Death Summary – final version within 12 hours of pronounced time of death.**

Outpatient Care Documentation Requirements

- a) ED Attending Notes. ED Attending and ED consultation notes must be completed and authenticated in the medical record within 24 hours.

- b) MUSC Medical Center Outpatient Visits. This is inclusive of MUSC Medical Center outpatient visits at any location and MUSC Medical Center “e-visits” where the patient is “arrived” within the MUSC Medical Center system; documentation must be complete within 7 days.

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- c) Patient/family communications. All direct communications in any media (e.g., phone, email) with patients or family or other representative by a medical staff member should be documented and authenticated in the medical record within 24 hours.
- d) Telehealth Consultation Requirements. Telehealth consultations are consultations requested by non-MUSC Medical Center providers to assist them in the care of their patients in other (non-MUSC Medical Center) healthcare facilities. In this circumstance, primary documentation of the consult will be in the other facility's medical record, and that record provided in a timely way. However, by agreement, such patients should have an MUSC medical record number, and an official copy of the consult maintained as part of the MUSC medical record.
- e) Other documentation. Other events pertinent to the patient's care, such as care coordination and medical decision making between patient contacts, should be documented, and authenticated in the medical record as soon as possible after their occurrence.

Medical Records Preparation and Completion

Completion Requirements

The following elements in the medical record must be completed as stated:

- History and physical – 24 hours after admission or prior to invasive or operative procedure whichever comes first
- Consultation report – within 24 hours of request
- Labor and Delivery summary – within 24 hours of delivery
- Operative report- within 24 hours of surgery
- Procedure reports – within 24 hours of procedure
- Discharge summary – within 24 hours of discharge for preliminary and within 3 days of discharge for official
- Diagnostic study – within 24 hours after completion of the study
- Transfer Summary – within 24 hours of discharge
- ED procedure notes – within 24 hours
- Verbal Orders – within 14 days after discharge
- Home health orders- within 24 hours of discharge
- **Death Note- prior to transport of decedent to Morgue.**
- **Death Summary – final version within 12 hours of pronounced time of death.**

Delinquent Records

A medical record of a patient is delinquent if specific significant elements of the record are not completed by the due date specified in these Rules and Regulations and not authenticated by the responsible attending physician, APRN or PA-C 3 days following the completion due date, (The exception is outpatient

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visit notes when the attending physician's, APRN or PA-C signature is not required until 14 days after completion of the note.)

For the purposes of this rule, medical record delinquencies are individually identified by patient and encounter and are only for: (1) admission H&Ps; (2) inpatient and ED consultations; (3) discharge/death summaries; (4) ED attending notes; (5) inpatient and outpatient operative/procedure reports; (6) outpatient visit notes and (7) admission orders. [See Delinquency Summary Table]

Delinquency Summary Table

Medical Record Required Element	Required Completion time within:	Attending's Signature, APRN or PA-C required within:	Deemed Delinquent at:
Admission H&Ps	24 hours	3 days	4 days
Inpatient & ED consultations	24 hours	3 days	4 days
Death note	Prior to transport of decedent to Morgue	12 hours*	1 day
Discharge Summaries/	Preliminary version within 24 hours Official within 3 days	3 days	4 days
Death summaries	Final version within 12 hours of death pronouncement	24 hours (attending signature only)	2 days
ED attending notes	24 hours	3 days (attending signature only)	4 days
Operative	24 hours	3 days (attending signature only)	4 days
Outpatient visit notes	7 days	14 days	14 days
Admission orders	Upon admission	Prior to discharge (Attending signature only)	At discharge
Procedure reports	24 hours	3 days	4 days
In-Basket Folders	24 hours	3 days	4 days
In-Basket Pool Folders	48 hours	4 days	6 days

*Regarding the "death note," APRNs and PAs can perform the death notes if they are signed off on a department specific competency and is in their practice agreement (APRN)/scope of practice guidelines (PA).

Note: In basket folder items may be signed by another LIP with like privileges when requested by the physician, APRN or PA-C responsible for the In-Basket to assure timely review of time-sensitive results.

Physicians, APRNs or PA-Cs will receive two (2) notifications from the Health Information Management (HIM) Department during the 14-day period post patient

discharge regarding missing medical record elements including signatures.
Suspension notification will be sent on day 14.

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Failure to Complete Medical Records

All significant portions of the medical record of each patient's medical record shall be completed within the time period after the patient's discharge as stated in the Delinquency Table within the Medical Staff Rules and Regulations. Failure to do so automatically results in the record being defined as delinquent and notification of the practitioner of the delinquency. Physicians, APRNs or PA-Cs will receive two (2) notifications from the HIM Department during the 14-day period post patient discharge regarding missing medical record elements including signatures. Suspension notifications will be sent on day 14. A medical record temporary suspension may also result for repeated failure to provide quality documentation (i.e., the quality of histories and physicals, failure to update histories and physicals as required, failure to sign admit orders). These determinations will be made based on medical record reviews conducted under the authority of the Chief Medical Information Officer.

A medical record temporary suspension is noted in a provider's internal credentials file but is not otherwise reportable. Unless specifically exempted by the Chief Medical Officer to meet urgent patient care needs a temporary suspension means withdrawal of admitting privileges, scheduling of clinic appointments, or scheduling of elective surgical cases, effective until the medical records are complete. This temporary suspension shall be imposed automatically after warning a member of his/her delinquency and his/her failure to complete such medical records. The temporarily suspended physician, APRN or PA-C can continue to provide care for those patients directly under his/her care prior to the suspension. Once records are complete the temporary suspension will end. Temporary suspensions can be set aside by the Chief Medical Officer. A temporary medical record suspension is NOT a suspension from the medical staff.

A medical record temporary suspension of a member of the medical staff is automatically instituted 3 days following the determination that the provider has three or more simultaneous total medical record delinquencies (from one or more of the above six record types), provided:

- a. The HIM Department has notified the provider as above that each record was delinquent; and
- b. The HIM Department has notified the provider in writing of the impending medical record suspension one day before its occurrence.
- c. The provider still has three or more delinquent records at the date and time the medical record suspension would otherwise become effective.

- d. The (pending) suspension has not been appealed. Appeals may originate with the provider, but in any event must be endorsed by a supervising physician (e.g., Division Chief, Department Chair, and Chief Medical Officer). Appeals must be written and include (1) an acknowledgement of the delinquent records; (2) an explanation of the delay in completion; and (3) a specific date by when ALL delinquent records will be completed. Appeals are considered by the Chief Medical Information Officer but if rejected, may be escalated to the CMO, whose decision is final. If the appeal is rejected, the provider is immediately placed on medical record suspension. When the explicit timeframe of an approved appeal expires, the provider is again immediately liable for medical record suspension, if 3 or more records remain delinquent.

Three (3) such suspensions in a twelve (12) month period will result in a loss of Medical Staff Membership, according to the MUSC Medical Staff Bylaws. Re-application for reinstatement to the staff is allowed immediately upon completion of the delinquent record(s).

Administrative Authority for Medical Records

In extreme and extenuating circumstances, the Health Information Management Committee (HIMC) with the Chief Medical Information Officer has the authority to make administrative changes in the medical record. These changes would be necessary in rare circumstances when the provider is no longer available, or in other extenuating circumstances, or to enable various chart correction activities (e.g., when a signed note is discovered in the wrong patient's chart). In all cases, these administrative changes will be reported to the MEC and will follow specific Health Information Management policies and procedures.

V. ORDERS

General Requirements

- a. When a practitioner uses an electronic signature, he must ensure it is only used in accordance with departmental policies and related regulatory guidelines.
- b. When transferring a patient to a different level of care or to a different service, all orders must be individually reviewed and adjusted by the practitioner according to the patient clinical status. See [Transfer of Patients Within MUSC Health Charleston](#) [Transfer of Patients Within MUSC Health Charleston](#); See [Medication Reconciliation](#)

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- c. When a patient returns to a patient care unit from the operating room (OR) or when a procedure is performed outside of the OR, pre-procedure orders are individually reviewed and adjusted by the physician, APRN or PA-C according to the patient clinical status.
- d. Explicit orders must be written for each action to be taken.
- e. Medications should be ordered within the *MUSC Formulary of Accepted Drugs* ([Formulary System](#))
- f. Blanket orders such as “resume pre-op medications” [as outlined above in c.] or “resume home medications” are prohibited.
- g. All medication orders must be written according to C-078 [Policy Medication Orders](#).
- h. Any nursing communication should be used to communicate a singular action for the care of the patient. If the therapy should occur in any frequency, the provider must place a specific order with the exact frequency and directions for completion of the action or therapy.
- i. Palliative care consults, ethics consults, or referrals can be placed by any provider or ancillary staff based on the needs of the patient. After completing the consult, recommendations will be communicated back to the attending of record.

Who May Write Orders

Orders may be written by members of the medical staff, residents, and allied health professionals (i.e., advanced nurse practitioners, physician assistants, social workers, psychologists, pharmacists) within the scope of their practice delineated clinical privileges, and approved protocols. All orders must be written clearly and completely. Orders must include date, time written, and provider authentication. When an order is handwritten, the order must also be legible and include the ordering practitioner page ID for authentication.

Authenticated electronic signatures for orders are acceptable when available.

Order Entry

Orders can only be placed and accepted through the orders entry activities within the electronic health record. Care instructions written outside of the order entry activities are not considered orders; therefore, they will not be acted upon by the clinical staff. Examples include but are not limited to progress notes and discharge forms.

Orders for Specific Procedures/Circumstances

- a. All requests for tests such as imaging and labs, etc. shall contain a statement of the reason for the examination.
- b. All orders for therapy shall be entered in the patient's record and signed by the ordering practitioner.
- c. Therapeutic diets shall be prescribed by the attending physician, APRN, PA-C or a registered dietician through orders entered into the patient's medical record. Orders for diet must be specific as in the case of limited sodium diets where the desired sodium content must be stated in either milligrams or grams.

All orders for *restraints* shall include the type of restraint, the reason for the restraint, the length of time (not to exceed 24 hours), and alternatives attempted. Restraints can be ordered by a physician, an advanced nurse practitioner, PA-C or psychologist within the scope of their duties. Such orders must be signed and dated by the ordering practitioner at the time restraints are ordered. Emergency verbal orders must be secured within one hour of the nurse initiating restraints. The ordering practitioner must sign verbal orders for restraints within twenty-four (24) hours. PRN orders are not acceptable. Collaboration with the attending physician must occur as soon as feasible if the attending physician did not order the restraint or seclusion.

- d. When restraints are used for behavioral reasons, the patient must be seen by an MD, APRN or PA-C within one hour of initiation.
- e. Do Not Resuscitate (DNR) orders may be accepted as a verbal order only when the patient has executed an advance directive and that directive is included in the patient's record. A no-code (DNR) must be written by the attending physician, APRN or PA-C with the progress notes reflecting the patient's mental status, the reasons for the DNR, diagnosis and prognosis, and a statement of the patient's wishes. Medical staff are to follow [Medical Resuscitation Orders](#). In all cases, the patient has the right to refuse resuscitation verbally or as by written advanced directive. Collaboration with the attending physician must occur as soon as feasible if the attending physician did not order the DNR.
- f. Allow Natural Death (AND) order should be followed according to C-023 [Withholding/Withdrawing Life-Sustaining Treatment](#). When a patient or family presents a signed AND advanced directive, discussion must occur between treating physician, APRN or PA-C and

patient (or surrogate). Collaboration with the attending physician must occur as soon as feasible if the attending physician did not order the AND order.

- g. A validly completed and executed South Carolina Physician Orders for Scope of Treatment ("POST") form may be accepted in any emergency as a valid expression of patient wishes until the contents are reviewed with the patient or the legally authorized representative at the earliest possible opportunity. The attending physician, APRN or PA-C should document review of the POST and conversations about the POST in the medical record. Collaboration with the attending physician must occur as soon as feasible if the attending physician did not complete the POST form.
- h. Orders to admit a patient must be signed/co-signed by the admitting physician or by another physician credentialed to admit patients.
- i. All PRN medications must include an indication for use.
- j. All outpatient in-clinic or retail medication orders must include an associated diagnosis.
- k. Any sample medication provided in the clinics must appear on the patient's outpatient medication list. For MUHA clinics, the sample will be sent as a prescription to an on-campus retail pharmacy. For MUSC-P clinics, the medication order will be added to the medication list when the sample(s) is provided to the patient.
- l. Pharmacists may place laboratory orders without a prescriber's co-signature as part of the therapeutic drug monitoring referral program ([Medication Orders](#)).
- m. A discharge orders for home health care must have an appropriately documented face to face encounter between the patient and the ordering physician, APRN or PA-C. For CMS home health, Attending Physician signature required.

Verbal or Telephone Orders

A verbal or telephone order is defined as an order communicated verbally by either an on-site or off-site practitioner for treatment that normally requires a written order. The request for and use of verbal or telephone orders should be limited, whenever possible, to urgent or emergent situations. In all cases, a verbal or telephone order will not be considered complete until the individual receiving the order, reads back and verifies the content of the order. Non-urgent

verbal or telephone order may be acceptable when the practitioner is off-site (without access to the EHR), unable to immediately stop the care of a patient (e.g., OR procedure), or communicating a medication order to a retail pharmacy.

Ordering Modes

- a. The following disciplines may request and accept a verbal or telephone order within the scope of their practice:
 - Physician assistant
 - Advanced practice registered nurse
 - Registered nurse
 - Licensed practical nurse (in ambulatory clinics only)
 - Certified medical assistant (in ambulatory clinics only)
 - Certified ophthalmic personnel (in ambulatory clinics only)
 - Licensed pharmacist
 - State certified pharmacy technician or pharmacy intern (in ambulatory pharmacies only) [SC Code of Laws 40-43-84]
 - Certified respiratory care practitioner
 - Emergency medical technician
 - Licensed physical therapist
 - Licensed occupational therapist
 - Registered dietician
 - Board registered or licensed nuclear medicine technologist
 - Board registered or licensed radiologic technologist
 - Dental hygienist
 - Licensed speech language pathologist
 - Organ procurement coordinators (transplant program only)
 - Approved research coordinators
 - Other disciplines as specifically approved by the Chief Medical Officer, and subsequently endorsed by the Medical Executive Committee
- b. Verbal orders must be signed with credentials, dates and timed, read back and verified, and flagged for signature by the person accepting the order.
- c. The full name and credentials of the practitioner who dictated the order must be documented for an electronic. The pager ID/immediate contact information should also be documented for handwritten orders.
- d. All verbal orders (with the exception of verbal orders for restraint or seclusion or verbal orders for controlled substances) must be signed, timed, and dated by the practitioner, or designee (a physician member of

the service team) who issued the order within 96 hours after patient discharge.

- e. Verbal orders for Schedule II Controlled Substances must be signed, timed, and dated only by the practitioner who issued the order within 48 hours. (SC Code Ann.Reg 61-4.908 and 909).
- f. Unsigned verbal orders for controlled substances must be discontinued after forty-eight (48) hours. The responsible physician, APRN, PA-C or dentist must be notified by a nurse of the discontinuation. Documentation of notification of the physician, APRN, PA-C or dentist must occur in the medical record.
- g. Verbal orders must not be accepted for certain high-risk medications as defined in [Ordering Modes Standing Orders](#)
- h. Non-licensed or non-certified personnel (i.e., unit secretaries, clinical assistants) may not give or accept verbal orders from a practitioner under any circumstances.
- i. Orders given verbally and documented through one-step mechanisms are considered a verbal order that will require co-signature by the practitioner communicating the order.
- j. All of the above applies to both paper and electronic medical record verbal order entry.
- k. When using the electronic system, the appropriate physician, APRN or PA-C must select the verbal order within the sign tab and then submit the order.
- l. Another practitioner responsible for the patient's care and authorized by hospital policy to write orders may authenticate the verbal order in the absence of the practitioner originating the order.

Standing Orders/ Guidelines

A standing order or a guideline is an order that can be initiated by a nurse or other individual without a prior specific physician's, APRN's or PA-C's order for that patient. The Medical Staff must approve standing orders after the recommendation and approval of the Pharmacy and Therapeutics Committee if medications are part of the standing order. All standing orders must be signed, dated, and timed by the ordering practitioner or by another practitioner responsible for the care of the patient in the medical record as soon as possible.

Standing orders are typically initiated when a patient's condition meets certain predefined clinical criteria as part of an emergency response wherein it is not practical for a nurse to obtain an order before providing care. Standing orders are also provided as part of an evidence-based treatment regimen. Other requirements for Standing Orders are according to [Medical Center Policy C-068: Standing Orders Plans](#).

Note: A checklist of preprinted treatment options that a physician or practitioner selects from is not considered a standing order.

VI. **CONSULTATIONS**

Who May Give Consultations

Any qualified practitioner with clinical privileges in the Medical Center can be asked for consultation within his area of expertise. In circumstances of grave urgency, or where consultation is required by the rules of the medical staff as stated below, the President of the Medical Staff, or the appropriate department chair, or the designee of either of the above, shall always have the right to call in a consultant or consultants.

Admission orders should be written and signed by the physician on service that is accepting admitted patient.

Required Consultations

- a. Consultation shall be required in all non-emergency cases whenever requested by the patient or the patient's personal representative if the patient is incompetent. Consultations are also required in all cases in which, in the judgment of the attending physician, APRN or PA-C:
 - the diagnosis is obscure after ordinary diagnostic procedures have been completed,
 - there is doubt as to the choice of therapeutic measures to be utilized,
 - unusually complicated situations are present that may require specific skills of other practitioners,
 - the patient exhibits severe symptoms of mental illness or psychosis.
- b. The practitioner is responsible for requesting consultation when indicated.
- c. It shall be the responsibility of all individuals exercising clinical privileges, to obtain any required consultations, and requests for a consultation shall

be entered on an appropriate form in the medical record. If the history and physical are not on the chart and the consultation form has not been completed, it shall be the responsibility of the practitioner requesting the consultation to provide this information to the consultant.

- d. It is the duty of the Credentials Committee, the Department Chair, and the Medical Executive Committee, to make certain that appointees to the staff request consultations when needed.

Contents of Consultation Report

Consultations will be completed within 24 hours for inpatients. Each consultation report should contain a written opinion and recommendations by the consultant that reflects, when appropriate, an actual examination of the patient and the patient's medical record. This report shall be made a part of the patient's record within 24 hours of completion of the consultation. While the consultant may acknowledge data gathered by a member of the house staff, a limited statement, such as "I concur" alone does not constitute an acceptable consultation report. When operative or invasive procedures are involved, the consultation note shall be recorded prior to the operation, except in emergency situations so verified on the record. The consultation report shall contain the date and time of the consultation and the signature of the consultant.

Emergency Department Consultations

Specialists who are requested as consultants to the Emergency Department (ED) must respond in a timely fashion as per reference to [Consultations 040](#) Consultations. In addition, any specialist who provides a consultation in the ED for a patient with an urgent condition is responsible for providing or arranging follow-up care. It is the policy of the ED that all patients are seen by an attending physician physically present in the ED. House staff, APRN or PA-C evaluating patients in the ED for the purpose of consultation will confer with the responsible attending within their given specialty who is physically present in the ED. When such an attending is not physically present, the attending physician responsible for overseeing the patient's care will default to the ED attending physician while in the ED.

VII. SUBSTANCE ABUSE/PSYCHIATRIC PATIENTS

Any patient known to be suicidal in intent or with a primary diagnosis of substance abuse or psychiatric disorder shall be admitted to the appropriate psychiatric unit. If there are no accommodations available in this area, the patient shall be referred to another institution where suitable facilities are available. In the event that the patient has a non-psychiatric condition which

requires treatment at the Medical Center and no accommodations are available in the Institute of Psychiatry, the patient may be admitted to another unit of the Medical Center. Explicit orders regarding precautionary measures are required.

Any patient known or suspected to be suicidal or with a primary diagnosis of a psychiatric disorder who is admitted to a non-psychiatric unit must have consultation by a Medical Staff member of the psychiatric staff.

All patients admitted to a non-psychiatric unit while awaiting transfer will be medically assessed and stabilized before transfer. The care of such patients will remain with the attending MD until transfer or discharge.

Patients exhibiting symptoms of a psychiatric disorder or substance abuse while hospitalized with a medical/surgical diagnosis will have a consultation by a physician, APRN, PA-C or a member of the Department of Psychiatry.

VIII. MODERATE AND DEEP SEDATION

Moderate sedation will be administered under the immediate direct supervision of a physician, dentist, or other practitioner who is clinically privileged to perform moderate sedation. Moderate sedation will be administered only in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to [Sedation Guidelines for Non-Anesthesiologists Sedation/Analgesia](#).

Deep sedation/analgesia will be administered only by an anesthesiologist, CRNA or a physician holding appropriate clinical privileges. Deep sedation will be administered ONLY in areas of the medical center where trained, qualified staff and appropriate equipment are present, according to C-044 (see above).

IX. PATIENT DISCHARGE

Who May Discharge

Patients shall be discharged only under the direction of the attending/covering physician. Should a patient leave the Medical Center against the advice of the attending physician, APRN or PA-C or without proper discharge, a notation of the incident shall be made in the patient's medical record and the patient will be asked to sign the Medical Center's hospital release form.

Discharge of Minors and Other Incompetent Patients

Any individual who cannot legally consent to his own care shall be discharged only to the custody of parents, legal guardian, person standing in loco parentis or another responsible party unless otherwise directed by the parent, guardian, or court order. If the parent or guardian directs that discharge be made otherwise, that individual shall so state in writing and the statement shall become a part of the permanent medical record of the patient.

Transfer of Patient

Patients may be transferred to another medical care facility after arrangements for transfer and admission to the facility have been made. Clinical records of sufficient content to ensure continuity of care shall accompany the patient.

Death of Patient

Should a patient die while being treated at the Medical Center, the attending physician shall be notified immediately. A practitioner will pronounce the patient dead, notify the family ASAP, enter a death note in the record, and request and document permission to perform an autopsy, when applicable.

Methods for Obtaining an Autopsy

Methods for obtaining an autopsy shall include:

- a. The family requests an autopsy.
- b. The death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County.
- c. The attending physician requests an autopsy based on the College of American Pathologists criteria and [Decedent Care Program Care Program](#).

No autopsy shall be performed without written consent of a responsible relative or authorized person unless ordered by the Coroner/Medical Examiner of Charleston County.

Duties of the Physician for Obtaining an Autopsy

- a. Determine whether the death falls within the jurisdiction of the Coroner/Medical Examiner of Charleston County. (Refer to "A Guide to the Autopsy for Physicians and Nurses.")
- b. Obtain permits for organ donation when applicable according to the Organ

Procurement, [Organ and Tissue Donation](#).

- c. Documentation of request for autopsy must be completed, authenticated, and placed in the medical record.

Scope of Autopsy

- a. The scope of the autopsy should be sufficiently completed in order to answer all questions posed by the attending physician and by the pathologist, upon review of the clinical database.
- b. The autopsy report should include: a summary of the clinical history, diagnoses, gross descriptions, microscopic descriptions, and a final summary that includes a clinicopathologic correlation.
- c. The autopsy findings should be promptly communicated to the attending physician along with all additional information the pathologist considers relevant to the case
- d. The results of autopsies will be monitored as a part of performance improvement.

X. HOSPITAL ADMISSION CENSUS

In situations where the hospital bed occupancy is full, the Medical Center may reference and implement [A-074 Bed Shortages-EP3](#).

XI. MAYDAY PROCEDURE

In the event that a clinical emergency situation arises within the Medical Center or within any University area designated in the [Emergency Medical Response](#), Medical Staff are to follow specific duties as outlined in the policy.

XII. EMERGENCY MEDICAL SCREENING

Any individual who presents in the Emergency Department or other department of the Medical Center either by him or herself, or by way of an accompanied

party, and requests an examination for treatment of a medical condition must be screened by an appropriate practitioner to determine whether or not an emergency medical condition exists. Individuals qualified to provide this medical screen include attending physicians, house staff, advanced practice registered nurse, and physician assistants. If a physician on the on-call list is called by the Emergency Department physician to provide emergency screening or treatment, the on-call physician must respond within a reasonable time as defined in Policy C-048 EMTALA-Medical Emergencies, Screening and Transfer ([EMTALA - Medical Emergencies, Screening and Transfer](#)).

If the physician refuses or fails to arrive within the required response time the chain of command should be initiated.

XIII. OBLIGATION TO ACCEPT PATIENT TRANSFERS FROM EMERGENCY ROOM

The Medical Center, and its on-call physicians, will accept the transfer from an emergency room of any patient with an emergent condition who requires specialized capabilities of the Medical Center if the Medical Center has the capability and capacity to treat the patient.

XIV. MEDICATION ADMINISTRATION

All medications will be administered throughout the MUSC health-system using the appropriate procedures and technology to ensure safe, accurate, and timely administration of medication for optimizing patient outcomes. Documentation of the administration should occur in the electronic health record on the medication administration record (MAR) by the person who administered the medication or his/her designee who witnessed the administration.

XV. PATIENT SAFETY INITIATIVES

All members of the medical staff are required to follow all guidelines/policies related the National Patient Safety Goals and other patient safety initiatives. These policies include but are not limited to the following:

[Ordering Modes](#)

[Critical Results - Reporting and Receiving](#)

[Universal Protocol \(formerly Time Out Policy-Preventing Wrong Site, Wrong Procedure, Wrong Person\) Person Surgery/Procedure\)](#)

[Use of Abbreviations](#)

[Event Investigation & Analysis](#)

[Patient Identification](#)

[Hand Hygiene - System](#)

[Medication Reconciliation](#)

XVI. HOUSE STAFF/RESIDENT PHYSICIANS

House staff (post graduate physician practitioners in specialty or sub-specialty training) at the MUSC Medical Center shall not be eligible to become appointees of the active medical staff and shall not be eligible to admit patients. They are authorized to carry out those duties and functions normally engaged in by house staff according to their defined job descriptions and/or scope of practice under the supervision of an appointee of the active medical staff. Supervision of residents is required. Supervision includes but is not limited to counter signature in the medical record by the attending, participation by the resident in rounds, one on one conference between the resident and attending, and the attending physician's observation of care being delivered by the resident. Active medical staff members are required to supervise students as specified in [Medical Center Resident Supervision](#). Appropriately credentialed fellows serving as attending physicians are excluded from these requirements.



XVII. PEER REVIEW

All members of the MUSC Medical Center Medical Staff, House Staff, and Professional Staff will be included in the Medical Staff's peer review process.

XVIII. MEDICAL STAFF POLICIES

All members of the Medical Staff are required to follow the policies of the Medical Staff and the Medical Center.

MEDICAL EXECUTIVE COMMITTEE

<p>Medical Executive Committee Presiding: Dr. Robert Cina Date: April 20, 2022 Meeting Place: MS Teams Recording: Elaine Jenkins Meeting Time: 7:30 am Adjournment: 8:37 am</p>	<p>Members present: Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Basco, N. Brahney, Dr. Brendle, Dr. Bundy, Dr. Cina, Dr. Clark, Dr. Clyburn, K. Denty, Dr. DiSalvo, Dr. Edwards, P. Hart, V. Fairbairn, M. Field, Dr. Herzke, D. Krywko, L. Kerr, Dr. Mack, Dr. Russell, Dr. Salgado, S. Scarbrough, Dr. D. Scheurer, Dr. Zaas, Members excused: Dr. Boylan, Dr. Carroll, Dr. Costello, Dr. Crawford, H. Dorr, Dr. DuBois, Dr. Hong, J. Melroy, M. Fulton, M. Kocher, L. Leddy, S. Patel, Dr. Reeves, Dr. M. Scheurer, Dr. Streck, Dr. Zwerner, Guests: K. Davis, C. McEachern, T. Clemons, K. Munto, J. Li, M. Wiles, J. Mazur</p>		
<p>Agenda/Topic</p>	<p style="text-align: center;">Debate & Discussion</p>	<p style="text-align: center;">Conclusions</p>	<p style="text-align: center;">Recommendation/ Follow-Up What/When/Who</p>
<p>Executive Session</p>	<p>n/a</p>	<p>n/a</p>	<p><i>Approved</i></p>
<p>Review of Minutes</p>	<p>Minutes from March 16, 2022 MEC meeting approved</p>	<p>Information</p>	<p><i>Approved</i></p>
<p>Credentials Committee</p> <ul style="list-style-type: none"> • Dr. Edwards 	<p>Monthly credentialing roster presented. No controversies or exceptions.</p>	<p>MEC recommends the approval of roster to the Board of Trustees</p>	<p style="text-align: center;">Approved</p>
<p>GME Report</p> <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • VA Continue negotiating • ACGME- 6 weeks of leave recommended, teams require paid leave per board rules. • MUSC has had success with The Match program in filling positions 	<p style="text-align: center;">Information</p>	
<p>Quality Report</p> <ul style="list-style-type: none"> • Dr. Bundy 	<ul style="list-style-type: none"> • Shared Quality and Safety Pillar Scorecard • EE/Culture of Safety 	<p style="text-align: center;">Information</p>	<p style="text-align: center;"> 22_04_20 MEC Bundy.pptx</p>
<p>Communication's Report</p> <ul style="list-style-type: none"> • Dr. Herzke 	<ul style="list-style-type: none"> • Updating the goals of the ICU Medical doctors • Updating by-law changes for credentialing • Joint Commission readiness 	<p style="text-align: center;">Information</p>	
<p>Nursing Report</p> <ul style="list-style-type: none"> • Patti Hart 	<ul style="list-style-type: none"> • Nurses Week • MUSC Emp Survey- Nursing 	<p style="text-align: center;">Information</p>	<p style="text-align: center;"> 4.20.22 MEC P. Hart update.pptx</p>

MEDICAL EXECUTIVE COMMITTEE



<p>New Business</p> <ul style="list-style-type: none"> • Karen (Jiaying Li) • C-014 Emergency Medical Response “Family Friendly Workplace” 	<ul style="list-style-type: none"> • New Weight Loss CDTM • Kim Munto • Michelle Wiles 	<p style="text-align: center;"><i>Information</i></p>	<p style="text-align: center;">Approved Approved</p>
Consent Items			
<p>Policies (Consent)</p>	<p><u>Policies for Approval:</u></p> <ul style="list-style-type: none"> • #C-167-Use of Non-MUSC Supplied Patient Medications • #CHS-IPC-010- Infection Prevention and Control Program 	<p style="text-align: center;"><i>Information</i></p>	<p style="text-align: center;">Approved</p>
<p>Standing Orders (Consent)</p>	<p><u>Standing Orders for Approval:</u></p> <ul style="list-style-type: none"> • Primary Care Laboratory Titers • Standing Orders Template – Sarcoma • Primary Care Pediatric Hemoglobin and Lead Level • UIM Visual Acuity • Primary Care Administering Depo-Provera • Primary Care Administering Human Papillomavirus Vaccine to Adults • Primary Care Administering Hepatitis A Vaccine to Adults • Primary Care Administering Inactivated Poliovirus Vaccine to Children and Teens • Primary Care Administering Tdap to Pregnant Women • Rheum Prescription Refill protocol • Primary Care Administering Meningococcal ACWY Vaccine to Children and Teens • Primary Care Administering Measles, Mumps, and Rubella Vaccine to Children and Teens • Primary Care Administering Varicella Vaccine to Children and Teens • Primary Care Administering Varicella Vaccine to Adults • Ambulatory Care Routine Preventive Services: Colon Cancer Screening • Orthopedics-Medication Refills • Children's Rx Request 	<p style="text-align: center;"><i>Information</i></p>	<p style="text-align: center;">Approved</p>

MEDICAL EXECUTIVE COMMITTEE




Data & Service Reports <i>(Consent)</i>	Data Reports: o YTD Census Report 2-2022	Service reports reviewed: o Discharge Summary Turnaround Time o Discharge Detail Turnaround Time by Physician	Information
Subcommittee Minutes <i>(Consent)</i>	Committee Minutes: o Moderate Sedation Committee o Utilization Management Committee o Perinatal Quality Meeting o Pharmacy & Therapeutics Committee	o Clinical Documentation o Ethics Committee o Quality Executive Committee o Health Information Management Committee-HIMC	Information
Adjournment 8:37 am	The next meeting of the Medical Executive Committee will be May 18, 2022 at 7:30 am via TEAMS/In Person		

Elizabeth Mack, MD, Secretary of the Medical Staff

MEDICAL EXECUTIVE COMMITTEE

<p>Medical Executive Committee Presiding: Dr. Robert Cina Date: May 18, 2022 Meeting Place: MS Teams Recording: Elaine Jenkins Meeting Time: 7:30 am Adjournment: 8:37 am</p>	<p>Members present: Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Basco, N. Brahney, Dr. Bundy, Dr. Cina, Dr. Clark, Dr. Clyburn, K. Denty, Dr. DiSalvo, H. Dorr, Dr. Edwards, P. Hart, V. Fairbairn, Dr. Herzke, D. Krywko, L. Kerr, J. Melroy, Dr. Reeves, Dr. Russell, Dr. Salgado, Dr. D. Scheurer, Dr. Zaas</p> <p>Members excused: Dr. Boylan, Dr. Brendle, Dr. Carroll, Dr. Costello, Dr. Crawford, Dr. DuBois, M. Field, Dr. Hong, Dr. Mack, J. Melroy, M. Fulton, M. Kocher, L. Leddy, S. Patel, , Dr. M. Scheurer, Dr. Streck, Dr. Zwerner,</p> <p>Guests: Z. Hubbard, C. McEachern, W. Meyer, K. Polowski</p>		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from April 20, 2022 MEC meeting approved	Information	<i>Approved</i>
Credentials Committee <ul style="list-style-type: none"> • Dr. Edwards 	Monthly credentialing roster presented. No controverseys or exceptions.	MEC recommends the approval of roster to the Board of Trustees	Approved
New Business <ul style="list-style-type: none"> • Dr. Clark 	Certified Anesthesia Asst. provider data	Information	Approved  CAAcredentiating-Clark.pptx
GME Report <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • Orientation: Upcoming Chiefs meeting • Still working with the VA • AAMC, 5 recommendations for upcoming recruitment, #1 recommending all virtual 	Information	
Joint Commission <ul style="list-style-type: none"> • Lois Kerr 	Lois Kerr reported <ul style="list-style-type: none"> • Joint Commission Update 	Information	 Medical Staff JC findings-Lois.pptx

MEDICAL EXECUTIVE COMMITTEE

Quality Report <ul style="list-style-type: none"> • Dr. Bundy 	<ul style="list-style-type: none"> • Shared Quality and Safety Pillar Scorecard • Joint Commission • Risk Director Update 	<i>Information</i>	 22_05_18 MEC Bundy.pptx
Communication's Report <ul style="list-style-type: none"> • Dr. Herzke 	<ul style="list-style-type: none"> • Joint Commission findings & response • IV Contrast-Tiers 	<i>Information</i>	 Contrast Updates for ADM- Herzke.pp
Nursing Report <ul style="list-style-type: none"> • Patti Hart 	<ul style="list-style-type: none"> • Nurses Week • 2021 Nursing Annual Report • Magnet Update- Timeline • Recruitment • Retention 	<i>Information</i>	 05.18.22 MEC Update- P. Hart.ppt

Consent Items	<p><u>Policies for Approval:</u></p> <ul style="list-style-type: none"> • C-218 Wasting of Controlled Substances • C-145 Liberation from Invasive Positive Pressure Ventilation • C-054 Epidural Infusion: Pain Management • C-140 Medication Security and Storage • 8686 Medical Emergency Response 	<i>Information</i>	Approved
Standing Orders (Consent)	<p><u>Standing Orders for Approval:</u></p> <ul style="list-style-type: none"> • 6047 Adult Kidney Living Donor Post Transplant Donation Wellness: • 6048 Adult Kidney Living Donor Pre-Transplant Donation Screening: • 6083 Transplant LifeImage Standing Order: • 8585 Ambulatory Care Administration of Influenza Vaccine to Children and Teens: • 8584 Ambulatory Care Administration of Influenza to Adults: • 4398 Primary Care Home Health Continuation: • 4397 Primary Care Chest Pain: • 4483 Primary Care Administering Haemophilus Influenza Type B Vaccine to Children and Teens: 	<i>Information</i>	Approved

MEDICAL EXECUTIVE COMMITTEE

- 4494 Primary Care Administering Meningococcal B Vaccine to Adolescents and Adults:
- 4498 Primary Care Administering Rotavirus Vaccine to Infants:
- 4499 Primary Care Administering Td Tdap Vaccine to Adults:
- 4495 Primary Care Administering Zoster Vaccine to Adults:
- 4481 Primary Care Administering Diphtheria, Tetanus, and Acellular Pertussis Vaccine to Children Younger than age 7:
- 4482 Primary Care Administering Haemophilus Influenzae Type B Vaccine to Adults:
- 4480 Primary Care Administering Hepatitis A Vaccine to Children and Teens:
- 4486 Primary Care Administering Hepatitis B vaccine to adults:
- 4487 Primary Care Administering Hepatitis B vaccine to Children and Teens:
- 4485 Primary Care Administering Measles, Mumps, and Rubella Vaccine to Adults:
- 4492 Primary Care Administering Meningococcal ACWY Vaccine to Adults:
- 6046 Adult Kidney Post Transplant HCV Donor Positive Organ:
- 6073 Adult Heart Med Refill Standing Orders:
- 8601 MSK – Lifeline/MIES Nominating:
- 6062 Adult Heart Post Transplant Coordinator Lab Review Protocol:
- 8544 CHF Drug Monitoring lab Standing order:
- 6037 Cardiovascular Clinics Medication Renewal Standing Order:
- 8562 Ambulatory Care Routine Preventive Services: Mammogram Screening
- 8616 MSK- Ortho RAV Labs:
- 6457 Chronic Care Management Depression and Anxiety Care Plan:
- 6456 Chronic Care Management (CCM) – Hyperlipidemia Care Plan:
- 8572 Primary Care Administering Human Papillomavirus Vaccine to Children and Teens:
- 4444 Primary Care Guidance for therapeutic Alternatives:
- 8620 ACT Nominating Radiology Images:

MEDICAL EXECUTIVE COMMITTEE



	<ul style="list-style-type: none"> ● 4472 Chronic Care Management (CCM) Sickle Cell Care Plan: ● 8617 Adult Nephrology Labs: 			
Data & Service Reports <i>(Consent)</i>	<p>Data Reports:</p> <ul style="list-style-type: none"> ○ Health Information Management Committee 	<p>Service reports reviewed:</p>	Information	
Subcommittee Minutes <i>(Consent)</i>	<p>Committee Minutes:</p> <ul style="list-style-type: none"> ○ Ethics Committee ○ Quality Executive Committee ○ Clinical Documentation Improve/C ○ Credentialing Committee ○ Sedation Committee ○ Pharmacy & Therapeutics 		Information	
Adjournment 8:32 am	The next meeting of the Medical Executive Committee will be June 15, 2022 at 7:30 am via TEAMS/In Person			

Elizabeth Mack, MD, Secretary of the Medical Staff

MEDICAL EXECUTIVE COMMITTEE

<p>Medical Executive Committee Presiding: Dr. Robert Cina Date: June 15, 2022 Meeting Place: MS Teams Recording: Elaine Jenkins Meeting Time: 7:30 am Adjournment: 8:30 am</p>	<p>Members present: Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Basco, Dr. Boylan, N. Brahney, Dr. Carroll, Dr. Cina, Dr. Clark, Dr. Clyburn, K. Denty, H. Dorr, M. Ebersole, Dr. Edwards, V. Fairbairn, Dr. Herzke, Dr. Hong, D. Krywko, L. Kerr, J. Melroy, Dr. Reeves, Dr. Russell, Dr. D. Scheurer, Dr. Zaas</p> <p>Members excused: Dr. Brendle, Dr. Bundy, Dr. Costello, Dr. Crawford, Dr. DiSalvo, Dr. DuBois, P. Hart, L. Leddy, M. Field, Dr. Mack, M. Fulton, M. Kocher, L. Leddy, S. Patel, Dr. Salgado, Dr. M. Scheurer, Dr. Streck, Dr. Zwerner,</p> <p>Guests: Dr. Bruce Crookes, M. Williams-Lowe</p>		
<p>Agenda/Topic</p>	<p>Debate & Discussion</p>	<p>Conclusions</p>	<p>Recommendation/ Follow-Up What/When/Who</p>
<p>Executive Session</p>	<p>n/a</p>	<p>n/a</p>	<p><i>Approved</i></p>
<p>Review of Minutes</p>	<p>Minutes from May 18, 2022 MEC meeting approved</p>	<p>Information</p>	<p><i>Approved</i></p>
<p>Credentials Committee</p> <ul style="list-style-type: none"> • Dr. Edwards 	<p>Motions of approval:</p> <ul style="list-style-type: none"> • Monthly credentialing roster presented. No controversy's or exceptions • Due to the physician being out on medical leave in Spartanburg, SC since 11/2021, a recommendation that they remain fully credentialed and not have any privileges suspended simply for being ill, and when they return to clinical activity, they and their supervisor/chair should attest to being able to perform the functions of their job and that should be submitted to the Medical Staff Office. 	<p>MEC recommends the approval of roster to the Board of Trustees as well as physicians return from leave</p>	<p>Approved</p> <p>Approved</p>
<p>GME Report</p> <ul style="list-style-type: none"> • Dr. Clyburn 	<ul style="list-style-type: none"> • Orientation: Set for onboarding. We just have different start dates. The bulk will be July 1. PEDs Fellowships will be starting after July 7th. Surgery and OB Fellowships are going to August 1st. • Still working with the VA • Based on the changes with ABMS and now with ACGME, residents are guaranteed 1 time during their residency 6 weeks of leave. 	<p>Information</p>	
<p>Communication's Report</p> <ul style="list-style-type: none"> • Dr. Herzke 	<ul style="list-style-type: none"> • Nora will present some important changes with Death Certificates • Joint Commission updates • DHEC visit 	<p>Information</p>	

MEDICAL EXECUTIVE COMMITTEE

<p>Joint Commission Readiness</p> <ul style="list-style-type: none"> Lois Kerr 	<p>Lois Kerr reported</p> <ul style="list-style-type: none"> Telehealth Services SBAR A small group of was put together to try to answer some of the questions: Clyburn, K. Mack, Edwards, Kerr, Cina Joint Commission Update 	<p style="text-align: center;">Information</p>	 MEC Telehealth.pptx
<p>New Business</p> <ul style="list-style-type: none"> Nora Brahney 	<ul style="list-style-type: none"> Death Certificate updates 	<p style="text-align: center;">Approved</p>	 6.15.22 Nora-Request to ME

<p>Consent Items</p>	<p><u>Policies for Approval:</u></p> <ul style="list-style-type: none"> C-218 Wasting of Controlled Substances C-145 Liberation from Invasive Positive Pressure Ventilation C-054 Epidural Infusion: Pain Management C-140 Medication Security and Storage 8686 Medical Emergency Response 	<p style="text-align: center;">Information</p>	<p style="text-align: center;">Approved</p>
<p>Standing Orders (Consent)</p>	<p><u>Standing Orders for Approval:</u></p> <ul style="list-style-type: none"> Primary Care Administering Pneumococcal Vaccines (PCV15_PCV20_PPSV23) to Adults (11582_-1) Primary Care Administering Pneumococcal Conjugate Vaccine to Children (11580_-1) Primary Care Administering Pneumococcal Polysaccharide Vaccine to Children and Teens (11581_-1) Chest Xray Device Clinic (12125_-1) ACT Prescription Refill Protocol (11917_-1) Care of Hypertensive Patient in Device Clinic (12121_-1) Standing Orders Template - Pancreatic (9315_-1) Standing Orders Template - Gastric (9314_-1) Dermatopathology Exam Orders (12312_-1) 	<p style="text-align: center;">Information</p>	<p style="text-align: center;">Approved</p>

MEDICAL EXECUTIVE COMMITTEE

Data & Service Reports <i>(Consent)</i>	Data Reports: o Health Information Management Committee	Service reports reviewed:	
Subcommittee Minutes <i>(Consent)</i>	Committee Minutes: o Credentialing Committee		Information
Adjournment 8:30 am	The next meeting of the Medical Executive Committee will be July 20, 2022 at 7:30 am via TEAMS/In Person		

Elizabeth Mack, MD, Secretary of the Medical Staff

**AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL
AUTHORITY SINCE THE MAY 2022 MEETING OF THE BOARD OF TRUSTEES**

Hospital Services - Any contract involving the exchange of Hospital services either for money or other services.

Managed Care - The Medical Center has entered a Managed Care Agreement with the following:

- AETNA X2
- BCBSSC X3
- Bright Health Management, Inc.
- Cigna
- Crescent Hospice
- Seven Corners, Inc.
- Medicaid Branches of DHHS

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

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

- Calhoun Convalescent Center
- Chesterfield Convalescent Center
- Dialysis Clinic, Inc. (DCI) X2
- Faith Healthcare Center
- Fresenius Medical Care
- Hallmark Healthcare Center
- Jolley Acres Healthcare Center
- Lake Emory Post Acute Care
- Lancaster Healthcare Center
- McLeod Regional Medical Center
- Magnolia Manor Greenville
- Magnolia Manor Greenwood
- Magnolia Manor Inman
- Magnolia Manor or Rock Hill
- Magnolia Manor of Spartanburg
- Midlands Health and Rehab
- Oakbrook Health and Rehab
- Palmetto Prince George Operating, LLC
- Physical Rehabilitation and Wellness of Spartanburg
- Riverside Health and Rehabilitation
- South Carolina Hospital Association (SCHA) X2
- Southpoint Healthcare and Rehabilitation
- Springdale Healthcare Center
- St. George Healthcare Center
- Valley Falls Terrace Healthcare

Affiliation Agreements –

Triad of Alabama LLC d/b/a Flowers Hospital
Bradley University
Le Moyne College
Mary Black College of Nursing
Morehouse School of Medicine
Old Dominion University
Queens University at Charlotte
Revived Medical Training Academy, LLC
University of South Carolina (USC) Aiken
Wake Forrest School of Medicine
Webster University
Woolard Technology Center
Charleston Southern University
Concordia University St. Paul, MN
Emory University
Rush University Medical Center
Texas Christian University
Virginia Commonwealth

Shared Services Agreements –

University Active Project List > \$250,000 | August 2022

Project #	Description	MUSC Approved Budget	Funds Committed to Date	Balance to Finish	A/E	Contractor	Status	Projected Final Completion
Approved Projects								
9834	IOP Chiller # 2 Replacement	\$2,500,000	\$1,910,834	\$589,166	MECA	McCarter	Construction	September 2022
9835	Energy Performance Contract	\$30,000,000	\$27,500,000	\$2,500,000	Ameresco	Ameresco	Construction	October 2022
9840	BSB Envelope Repairs	\$12,200,000	\$4,780,000	\$7,420,000	REI	Hawkins	Construction	December 2023
9844	HCC 3rd Floor Renovations	\$4,500,000	\$430,000	\$4,070,000	MPS	Triad	Bidding	June 2023
9845	BSB Replace AHU 3	\$1,200,000	\$1,124,000	\$76,000	RMF	Whiting Turner	Construction	December 2022
9846	Pharmacy Addition/Innov Instruc Classroom Renov	\$58,000,000	\$52,712,000	\$5,288,000	Compass 5	Whiting Turner	Construction	December 2022
9847	HCC Mechanical Systems Replacement	\$3,500,000	\$3,468,000	\$32,000	RMF	CR Hipp	Construction	September 2022
9848	BSB Replace AHU #4 and #4A (serve animal area)	\$1,700,000	\$1,606,000	\$94,000	RMF	Triad	Construction	June 2023
9851	BSB AHU #1 Replacement	\$5,800,000	\$5,344,000	\$456,000	RMF	CR Hipp	Construction	December 2022
9852	MUSC Combined Heat & Power Facility	\$1,500,000	\$1,500,000	\$0	Ameresco		Design	TBD
9854	CoHP President Street Academic Building	\$40,000,000	\$532,000	\$39,468,000	SMHa		Design	December 2024
9855	COM Office/Academic Building	\$172,000,000	\$1,634,000	\$170,366,000	Liollo		Design	June 2025
9856	Anderson House Interior Repairs	\$1,400,000	\$0	\$1,400,000	Compass 5		Design Award pends	June 2023
9857	CRI AHU #1 and #2 Replacement	\$1,600,000	\$0	\$1,600,000	TBD		A/E Selection	December 2023
9859	HCC AHU #5 & #6 Replacement	\$1,500,000	\$164,000	\$1,336,000	DWG		Design	December 2023
9860	HCC Medium Voltage Feeders A & B Replacement	\$1,500,000	\$42,000	\$1,458,000	GWA		Design	December 2023
9861	MPE Chiller #1 Replacement	\$2,500,000	\$88,000	\$2,412,000	RMF		Design	December 2023
9862	T-G AHU 2, 3, 4, & 6 Replacement	\$2,500,000	\$200,000	\$2,300,000	MECA		Design	December 2023
9863	T-G Generators Replacement	\$3,500,000	\$200,000	\$3,300,000	GWA		Design	December 2023
51355	BSB Chiller #6 Replacement	\$1,500,000	\$1,100,000	\$400,000	MECA	McCarter	Construction	December 2022
51356	HCC Generator #3 Replacement	\$3,000,000	\$188,000	\$2,812,000	GWA		Design	June 2023
51357	HCC Lab Air System Replacement	\$1,300,000	\$5,000	\$1,295,000	DWG		Design	March 2023
51358	Campus Elevators Modernization	\$4,300,000	\$0	\$4,300,000	Compass 5		Design Award Pends	December 2023
51359	IOP Cooling Tower Upgrade	\$1,800,000	\$950,000	\$850,000	RMF	McCarter	Construction	December 2022
51360	HCC 4th Floor Roof Replacement	\$1,300,000	\$1,210,000	\$90,000	BEE	Bone Dry	Construction	December 2022
51361	CON 1st Floor Renovation	\$3,700,000	\$250,000	\$3,450,000	Rosenblum Coe		Design	March 2024
51362	135 Cannon AHU #1 - #4 Replacement	\$1,000,000	\$0	\$1,000,000	TBD		Design Award Pends	June 2023
50095	T-G Humidifier Replacement	\$700,000	\$515,000	\$185,000	RMF	Triad	Construction	August 2022
50098	BSB Heat Exchanger Replacement	\$350,000	\$241,000	\$109,000	RMF	Triad	Construction	August 2022
50121	Quad F Building Roof Replacement	\$600,000	\$514,000	\$86,000	BEE	Bone Dry	Construction	October 2022
50122	CSB Fuel Tanks Replacement	\$990,000	\$900,000	\$190,000	S&ME	JB Petroleum	Construction	August 2022
50123	CODM Clinics Building Cooling Tower Upgrade	\$980,000	\$71,000	\$909,000	RMF		Design	TBD
50124	CSB Cooling Tower Piping Upgrade	\$300,000	\$24,000	\$276,000	RMF		Design	October 2022
50126	Miscs Research Hoods Phoenix Control Upgrades	\$450,000	\$282,000	\$168,000	N/A	Hoffman	Construction	October 2022
50127	DDB Air Cooled Chiller Replacement	\$450,000	\$414,000	\$36,000	MECA	McCarter	Construction	December 2022
50131	University Facilities Condition Assessment	\$741,504	\$721,504	\$20,000	SSR		Design	October 2022
50133	CSB Suite 215/216 Renovations	\$660,000	\$615,967	\$44,033	RMF	Satchell	Construction	December 2022
50134	CSB Exterior Envelope Brick Repairs	\$500,000	\$63,000	\$437,000	BEE		Design	TBD
50145	CSB Wound Care Renovations	\$900,000	\$680,000	\$220,000	MPS	Branks	Construction	December 2022
50146	CSB 816 HVAC Replacement	\$400,000	\$26,000	\$374,000	RMF		Design	March 2023
50147	CHP Building B Restroom Renovations	\$128,000	\$104,000	\$24,000	Doyle	Stenstrom	Construction	December 2022
50148	135 Cannon Suite 101 Renovation	\$249,000	\$30,500	\$218,500	Compass 5		Design	March 2023
50149	Colbert Library Roof Replacement	\$900,000	\$50,000	\$850,000	WMBE		Design	March 2023

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
AUGUST 11, 2022**

MUSC Indefinite Quantity Contract Releases

Compass 5 Partners, LLC	\$189,505.00
Campus Elevator Modernization Project	
GWA, Inc.	\$193,500.00
TG Research Building-Generator Replacement	

Other Contracts

Rosenblum Coe Architects, Inc.	\$250,606.00
College of Nursing 1st Floor Renovation	
REI Engineers, Inc.	\$102,885.00
BSB Exterior Envelope Repairs	
Compass 5 Partners, LLC	\$67,022.00
New COP Addition & Innovative Instructional Redesign	
Liollo	\$1,563,930.00
College of Medicine Office & Academic Building	

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
FOR REPORTING
AUGUST 11, 2022**

MUSC Task Order Contract Releases

Stenstrom & Associates	\$102,500.00
College of Health Professions B Restroom Renovation	

MUSC General Construction Projects

Triad Mechanical Contractors, Inc.	\$62,179.00
TG Research Building Humidifier Replacement	

Metro Electric Co., Inc.	\$132,720.00
Medium Voltage Feeder Cable Replacement	

Triad Mechanical Contractors, Inc.	\$824,411.00
BSB AHU-3 Replacement	

Whiting Turner Contracting Company	\$350,690.17
New College of Pharmacy Addition & Innovative Instructional Redesign	

Other Contracts:

New College of Pharmacy Addition & Innovative Instructional Redesign:

Dauphin-Auditorium Fixed Seating	\$316,992
Internetwork Engineering-Network Switching	\$109,242

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
CONSENT AGENDA
August 12, 2022
101 Colcock Hall

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

Consent Agenda for Approval

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

College of Medicine

Eugene Chang, M.D., Professor in the Department of Obstetrics and Gynecology, as the Spaulding-Paolozzi Endowed Chair for OB/GYN, effective August 12, 2022.

Erin Forster, M.D., MPH, Associate Professor in the Department of Medicine as the Marvin Jenkins Family IBD Endowed Chair, effective August 12, 2022.

- Item 29. Distinguished University Professor Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Janice D. Key, M.D., Professor in the Department of Pediatrics, effective August 12, 2022.

College of Pharmacy

Patrick M. Woster, Ph.D., Professor in the Department of Drug Discovery and Biomedical Sciences, effective August 12, 2022.

- Item 30. Faculty Tenure Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Health Professions

Roxanna Bendixen, Ph.D., OTR/L, FAOTA, Associate Professor in the Department of Rehabilitation Sciences, Division of Occupational Therapy, effective July 1, 2022. Dr. Bendixen will also serve as the Dire Division of Occupational Therapy Director.

- Item 31. Change in Faculty Status Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Erin K. Balog, M.D., from Affiliate Assistant Professor to Clinical Associate Professor, in the Department of Pediatrics, Division of General Pediatrics, effective July 11, 2022.

Jeremy R. Burt, M.D., from Professor, to Adjunct Professor, in the Department of Radiology and Radiological Science, effective July 1, 2022.

Marcelo F. Lopez, M.D., from Research Associate Professor to Associate Professor, on the Academic Investigator track, in the Department of Psychiatry and Behavioral Sciences, effective April 1, 2022.

Jennifer K. Poon, M.D., from Associate Professor to Adjunct Associate Professor in the Department of Pediatrics, Division of Developmental-Behavioral Pediatrics, effective July 1, 2022.

Wing-Kin Syn, M.D., Ph.D., from Professor to Adjunct Professor, in the Department of Medicine, Division of Gastroenterology and Hepatology, effective July 1, 2022.

College of Dental Medicine

M. Kinon Lecholop, DMD, from Affiliate Associate Professor to Research Associate Professor in the Department of Oral Health Sciences, effective May 1, 2022.

College of Nursing

Gayenell Magwood, Ph.D., RN, FAHA, FAAN, from Professor to Affiliate Professor, effective August 1, 2022.

Item 32. Faculty Appointments..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Saverio Gentile, Ph.D. as Associate Professor, on the Academic Investigator track, in the Department of Cell and Molecular Pharmacology and Experimental Therapeutics, effective June 1, 2022.

Christopher Robert Gilbert, D.O., as Professor, on the Clinician Educator track, in the Department of Medicine, Division Pulmonary and Critical Care Medicine, effective July 1, 2022.

Azizul Haque, Ph.D., [dual appointment] as Associate Professor in the Department of Neurosurgery, effective June 1, 2022. His primary appointment rests in the Department of Microbiology and Immunology.

Benjamin Robert Kuhn D.O., as Clinical Professor, in the Department of Pediatrics, Division of Pediatric Gastroenterology, effective August 1, 2022.

Byung Joo Lee, D.D.S. as Clinical Associate Professor, in the Department of Otolaryngology-Head and Neck Surgery, with a joint appointment as Clinical Associate Professor, in the College of Dental Medicine, Department of Oral and Maxillofacial Surgery, effective June 1, 2022.

Ameet S. Nagpal, M.D., as Professor, on the Clinician Educator track, in the Department of Orthopaedics and Physical Medicine, effective August 1, 2022.

Elizabeth Rinker, M.D., as Associate Professor, on the Clinician Educator track in the Department of Pathology and Laboratory Medicine, effective September 10, 2022.

Steven Andrew Thacker, M.D., as Associate Professor, on the Clinician Educator track, in the Department of Pediatrics, Division of Pediatric Infectious Diseases, effective July 1, 2022.

Leonel A. Vasquez, M.D., as Clinical Professor, in the Department of Radiology and Radiological Science, effective July 1, 2022.

Tracy R. Voss M.D., as Clinical Associate Professor, in the Department of Medicine, Division of General Internal Medicine, effective August 1, 2022.

College of Health Professions

Christina Pelatti, Ph.D., CCC-SLP, as Associate Professor, in the Department of Rehabilitation Sciences, Division of Speech-Language Pathology, tenure track, effective August 1, 2022. Dr. Pelatti will also serve as the Division Director of Speech-Language Pathology.

Item 33. Affiliate Faculty Appointments Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Tsveti Markova, M.D., as Affiliate Professor, in the Department of Family Medicine, retroactive to August 1, 2021.

Item 34. Emerita/Emeritus..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Truman R. Brown, Ph.D., from Professor to Professor Emeritus, in the Department of Radiology and Radiological Science, effective July 1, 2022.

Joel B. Cochran, D.O., from Associate Professor to Professor Emeritus in the Department of Pediatrics, Division of Pediatric Critical Care, effective July 1, 2022.

Florence Niles Hutchison, M.D., from Professor to Professor Emerita, in the Department of Medicine, Division of Nephrology, effective May 12, 2022.

Sherron McQueen Jackson, M.D., from Associate Professor to Professor Emerita in the Department of Pediatrics, Division of Pediatric Hematology/Oncology, effective July 1, 2022.

Harold D. May, Ph.D., from Professor to Professor Emeritus, in the Department of Microbiology and Immunology, effective September 1, 2022.

William S. Randazzo, M.D., from Assistant Professor to Assistant Professor Emeritus in the Department of Pediatrics, Division of General Pediatrics, effective July 1, 2022

William Michael Southgate, M.D., from Professor to Professor Emeritus in the Department of Pediatrics, Division of Neonatology, effective July 1, 2022.

College of Dental Medicine

Elizabeth S Pilcher, DMD, from Professor to Professor Emerita, in the Department of Oral Rehabilitation, effective September 1, 2022.

Item 35. Promotions effective January 1, 2023 Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

From Associate Professor to Professor, Academic Investigator track

Wei Jiang, M.D., Department of Microbiology and Immunology

From Associate Professor to Professor, Academic Investigator/Educator track

Heather A. Boger, Ph.D., Department of Neuroscience

From Associate Professor to Professor, Clinician Educator track

Carlee A Clark, M.D., Department of Anesthesia and Perioperative Medicine

Benjamin F. Jackson, M.D., Department of Pediatrics, Division of Pediatric Emergency Medicine

Lucinda A. Halstead, M.D., Department of Otolaryngology-Head and Neck Surgery; Dual in Pediatrics, Division of General Pediatrics

Jennifer J. Jaroscak, M.D., Department of Pediatrics, Division of Hematology/Oncology

Eric M. Matheson, M.D., Department of Family Medicine

Julie Ryan McSwain, M.D., MPH, Department of Anesthesia and Perioperative Medicine

John D. Melville, M.D., MS, Department of Pediatrics, Division of Child Abuse Pediatrics

Cynthia L. Talley, M.D., Department of Surgery, Division of General Surgery

Catherine D. Tobin, M.D., Department of Anesthesia and Perioperative Medicine

From Clinical Associate Professor to Clinical Professor, Modified track

Eric L. Berman, M.D., Department of Ophthalmology; Dual in Department of Neurology

From Assistant Professor to Associate Professor, Academic Investigator track

Kristine Y. Deleon-Pennell, Ph.D., Department of Medicine, Division of Cardiology

Antonios Kourtidis, Ph.D., Department of Regenerative Medicine and Cell Biology

Michael D. Scofield, Ph.D., Department Anesthesia and Perioperative Medicine; Dual in Department of Neuroscience

From Assistant Professor to Associate Professor, Academic Investigator / Educator track

Allison K. Wilkerson, Ph.D., Department of Psychiatry and Behavioral Sciences

From Assistant Professor to Associate Professor, Clinician Educator track

Ryan M. Barnes, DO, Department of Emergency Medicine; Dual in Department of Pediatrics, Division of Pediatric Emergency Medicine; Joint in CHP, Department of Clinical Sciences, Division Physician Assistant Studies

Sonal O. Bhatia, MBBS, M.D., Department of Pediatrics, Division of Pediatric Neurology

Charles A. Daly, M.D., Department of Orthopaedics and Physical Medicine

Barry C. Gibney, DO, Department of Surgery, Division of Cardiothoracic Surgery

John M. Kaczmar, M.D., Department of Medicine, Division of Hematology/ Oncology; Dual in Department of Otolaryngology-Head and Neck Surgery

Jonathan R. Lena, M.D., Department of Neurosurgery

Morgan P. McBee, M.D., Department of Radiology and Radiological Science
Amerendra K. Nappalli, M.D., Department of Medicine, Division of Hematology / Oncology
William J. Rieter, M.D., Ph.D. Department of Radiology and Radiological Science
Nathan C. Rowland, M.D., Ph.D., Department of Neurosurgery; Dual in Department of Neurology
Christine B. San Giovanni, M.D., Department of Pediatrics, Division of General Pediatrics
Judith M. Skoner, M.D., Department of Otolaryngology-Head and Neck Surgery
Conrad S.P. Williams, IV, M.D., Department of Pediatrics, Division of General Pediatrics
Elizabeth E. Ziwick, M.D., Department of Pediatrics, Division of Pediatric Critical Care

From Research Assistant Professor to Research Associate Professor, Modified track

Christy Nicole Cassarly, Ph.D., Department of Public Health Sciences; Dual in Department of Otolaryngology-Head and Neck Surgery; Joint in CHP, Healthcare Leadership Management

From Clinical Assistant Professor to Clinical Associate Professor, Modified track

Diana Antonovich, DDS, Department of Dermatology and Dermatologic Surgery
James F. Hill, III, OD, Department of Ophthalmology
Eugenia K. Kagan, M.D., Department of Medicine, Division of Infectious Diseases
Henry M. Lemon, M.D., Department of Pediatrics, Division of Children’s Care Network
Barry W Sigal, M.D., Department of Medicine, Division of Pulmonary and Critical Care
Kristin R. Wise, M.D., Department of Medicine, Division of Hospital Medicine

From Affiliate Assistant Professor to Affiliate Associate Professor

Alisher R. Dadabayer, M.D., Department of Anesthesia and Perioperative Medicine
Rami G. Zebian, M.D., Department of Medicine, Division of Pulmonary and Critical Care

Other Business for the Board of Trustees

Item 36. Revisions to the Board Policy on Travel Dr. James Lemon
Chairman

Eugene Y. Chang, MD
Abbreviated Curriculum Vitae
 Professor
 843-792-4500
 changey@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 634
 Office Building: P.O. Box MSC 619
 Street 1: 96 Jonathan Lucas St.
 Street 2: Charleston, South Carolina 29425

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
M.D.	Medicine	Medical College of Virginia School of Medicine		Virginia	United States	1994	
B.A.	Chemistry	University of Virginia		Virginia	United States	1990	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Medical University of South Carolina, Department of Obstetrics and Gynecology	Intern	September 1994	September 1995
Post-Doctorate	Medical University of South Carolina, Department of Obstetrics and Gynecology	Resident	September 1995	September 1998
Post-Doctorate	Medical University of South Carolina, Department of Obstetrics and Gynecology	Fellow, Maternal Fetal Medicine	September 2002	September 2005

Additional Training

Start Date	End Date	Institution	Specialty	Type

Certifications

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
American Board of Obstetrics and Gynecology, Maternal Fetal Medicine					2007		
American Board of Obstetrics and Gynecology					2001		

Professional Licensures

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
South Carolina								

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Instructor	Medical University of South Carolina	College of Medicine	Obstetrics and Gynecology		2002-07-29	2005-06-30
Assistant Professor	Medical University of South Carolina	College of Medicine	Obstetrics and Gynecology		2005-07-01	2010-06-30
Associate Professor	Medical University of South Carolina	College of Medicine	Obstetrics and Gynecology	Maternal Fetal Medicine	2010-07-01	2016-06-30
Professor	Medical University of South Carolina	College of Medicine	Obstetrics and Gynecology	Maternal Fetal Medicine	2016-07-01	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Erin M Forster, MD, MPH
Abbreviated Curriculum Vitae
 Associate Professor
 843-876-0783
 forstere@musc.edu

Personal Information

Country of Origin: United States
 Languages: French, Spanish, German, Haitian Creole

Contact Information

Office Number: 249
 Office Building: P.O. Box MSC 702
 Street 1: Thurmond Gazes - 30 Courtenay Drive
 Street 2: Charleston, South Carolina 29425

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
M.P.H.	Public Health	Johns Hopkins School of Public Health		Maryland	United States	2013	
M.D.	Medicine	University of Miami		Florida	United States	2011	
B.S.	Science	Georgetown University		Washington D.C.	United States	2007	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Geisinger Medical Center, Danville, PA	Advanced Endoscopy Fellow	July 2017	June 2018
Post-Doctorate	Cleveland Clinic Foundation, Cleveland, OH	CCFA Visiting IBD Fellow	November 2016	November 2016
Post-Doctorate	University of Miami/Jackson Memorial Hospital, Miami, FL	Internal Medicine Resident	September 2011	September 2014
Post-Doctorate	University of Miami/Jackson Memorial Hospital, Miami, FL	Gastroenterology Fellow	September 2014	September 2017

Additional Training

Start Date	End Date	Institution	Specialty	Type
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Certifications

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
University of Miami	Internal Medicine			350477	2015		
University of Miami	Gastroenterology			350477	2017		

Professional Licenses

Professional Licensures

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
South Carolina Board of Medical Examiners		June 2023		South Carolina		52409		

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	Medical University of South Carolina	College of Medicine	Medicine	Gastroenterology & Hepatology	2018-08-01	
Associate Professor	Medical University of South Carolina	College of Medicine	Medicine	Gastroenterology & Hepatology	2022-07-01	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Janice D. Key, MD
Abbreviated Curriculum Vitae
 Professor
 843-876-1491
 keyj@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: RT 487
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 Street 1: Rutledge Tower Building - 135 Rutledge Ave.
 Street 2: Charleston, South Carolina 29425

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
M.D.		University of North Carolina at Chapel Hill		North Carolina	United States	1980	
B.S.		University of North Carolina at Chapel Hill		North Carolina	United States	1976	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
Post-Doctorate	Children's Hospital Medical Center Boston	Internship	September 1980	September 1981
Post-Doctorate	Children's Hospital Medical Center Boston	Residency	September 1981	September 1983
Post-Doctorate	Children's Hospital Medical Center Boston	Clinical Genetics	September 1983	September 1984

Additional Training

Start Date	End Date	Institution	Specialty	Type
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Certifications

Organization Name	Type of Certification	Specialty	Sub-Specialty	Certification Number	Effective Date	Expiration Date (if none, see note above)	Lifetime Board Certification
American Board of Clinical Genetics					1987		
American Board of Adolescent Medicine					1995		
Americian Board of Pediatrics					1984		

Professional Licensures

Title	Month / Year Originally Conferred	Month/Year Expires	Organization	State of Issue	Country for International Issue	Number (if applicable)	Type	Description
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SC
Medical
License

MUSC Rank and Promotion History

Faculty Rank	Institution	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
Assistant Professor	Medical University of South Carolina	College of Medicine	Pediatrics	Adolescent Medicine	1991-07-01	1998-06-30
Assistant Professor	Medical University of South Carolina	College of Medicine	Psychiatry and Behavioral Sciences		1992-05-01	1998-06-30
Associate Professor	Medical University of South Carolina	College of Medicine	Pediatrics	Adolescent Medicine	1998-07-01	2004-06-30
Associate Professor	Medical University of South Carolina	College of Medicine	Psychiatry and Behavioral Sciences		1998-07-01	2004-06-30
Associate Professor	Medical University of South Carolina	College of Medicine	Medicine		1999-11-01	2004-06-30
Professor	Medical University of South Carolina	College of Medicine	Pediatrics	Adolescent Medicine	2004-07-01	
Professor	Medical University of South Carolina	College of Medicine	Psychiatry and Behavioral Sciences		2004-07-01	
Assistant Professor	Medical University of South Carolina	College of Medicine	Medicine	General Internal Medicine & Geriatrics	2004-07-01	
Professor	Medical University of South Carolina	College of Graduate Studies			2008-08-21	

Non-MUSC Rank and Promotion History

Faculty Rank	Institution/Organization	College	Department	Division	Effective Start Date of Rank	Effective End Date of Rank
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Medical University of South Carolina

College of Pharmacy

ABBREVIATED CURRICULUM VITAE

_____	Drug Discovery	_____	_____
2015-present	Chair, Dept. of Drug	_____	_____
_____	Discovery and	_____	_____
_____	Biomedical Sciences	_____	_____

Total Number of Publications in peer-reviewed journals: 149

First Appointment to MUSC: Rank Professor and SmartState™
Endowed Chair in Drug
Discovery **Date:** April 1, 2011

Medical University of South Carolina
 COLLEGE OF HEALTH PROFESSIONS
 ABBREVIATED CURRICULUM VITAE

Date: March 25, 2022

Name: Bendixen Roxanna Marie
 Last First Middle

Citizenship and/or Visa Status: USA

Office Address: Department of Occupational Therapy, Bridgeside Telephone: 412-383-6603
Point 1 352-219-9903 (cell)
100 Technology Drive, Room 364, Pittsburgh, PA

Education: *(Baccalaureate and above)*

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
University of Florida	1995-1997	December 1997	Bachelor of Science in Occupational Therapy
University of Florida	2002	December 2002	Master of Science in Health Sciences
University of Florida	2002-2006	December 2006	Doctor of Philosophy, Rehabilitation Science

Graduate Medical Training: *(Chronological)*

	<u>Place</u>	<u>Dates</u>
Internship	Orlando Regional Medical Center, Orlando, FL	May-July 1997
	Florida Institute of Neurologic Rehabilitation, Wauchula, FL	Sept-Nov 1997

Residences or Postdoctoral:

	<u>Place</u>	<u>Dates</u>

Board Certification: National Board for Certification in Occupational Therapy (#1022672) Date: 1998-2024

Licensure: Commonwealth of Pennsylvania Occupational Therapy License (#OC012748) Date: 2013-2023

Faculty appointments: *(Begin with initial appointment)*

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2006-2013	Research Assistant Professor	University of Florida	Occupational Therapy
2013-2019	Assistant Professor (tenure track)	University of Pittsburgh	Occupational Therapy
2018-present	Secondary Appt	University of Pittsburgh	Neurology
2019-present	Associate Professor (tenured)	University of Pittsburgh	Occupational Therapy

First Appointment to MUSC: Rank Associate Professor Date: July 1, 2022

Erin K Balog, MD
Abbreviated Curriculum Vitae
Affiliate Assistant Professor
baloge@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2000 M.D., Medicine, University of Vermont College of Medicine, Vermont, United States
1993 A.B., Biology, Bowdoin College

Post-Graduate Training

Fellowship, The Reach Institute (Mini Fellowship), Patient-Centered Mental Health in Pediatric Primary Care, August 2020, February 2021
Residency, National Capital Consortium, Bethesda, MD, Pediatrics Internship, September 2000, September 2003

Additional Training

2013-09-01, 2014-09-30, Naval Postgraduate School, Healthcare Modeling and Simulation
(<https://www.movesinstitute.org/healthcare/healthcare-simulation-courses/>), Certificate Course

Certifications

Neonatal Resuscitation Program (NRP) Provider, Type of Certification: Life Support, Specialty: NRP, Certification Number: N/A, Effective Date: 2022-05-09
American Heart Association, Type of Certification: Life Support, Specialty: PALS, Certification Number: N/A, Effective Date: 2022-05-09
American Heart Association, Type of Certification: Life Support, Specialty: BLS, Certification Number: N/A, Effective Date: 2022-05-09
Healthy Children's Project, Type of Certification: Certification, Specialty: Certified Lactation Counselor, Certification Number: N/A, Effective Date: 2020-01-01
American Board of Pediatrics, Type of Certification: Board Certification, Specialty: Pediatrics, Certification Number: 077483, Effective Date: 10/2003, Expiration Date (if none, see note above): 2023-02-15

Professional Licensures

South Carolina Board of Medical Examiners, Month / Year Originally Conferred: August 2005, Month/Year Expires: June 2023, 28012

MUSC Rank and Promotion History

Affiliate Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2018-07-01, 2022-07-10
Clinical Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2022-07-11
Clinical Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2015-09-01, 2018-06-30

Non-MUSC Rank and Promotion History

Clinical Instructor, Uniformed Services University of the Health Sciences, Pediatrics, 2002-09-01

Assistant Professor, Uniformed Services University of the Health Sciences, Pediatrics, 2006-09-01

Jeremy R Burt, MD
Abbreviated Curriculum Vitae
Associate Professor
843-571-9386
burtje@musc.edu

Personal Information

Country of Origin: United States
Languages: English, Mandarin, Cantonese

Contact Information

Office Number: 2256 ART
Office Building: P.O. Box MSC 323
Street 1: Ashley River Tower (ART) - 25 Courtenay Drive
Street 2: Charleston, South Carolina 29425

Degrees

2004 M.D., Medicine, George Washington University, Virginia, United States
2000 B.S., Zoology and Asian Studies/Chinese, Brigham Young University, Utah, United States

Post-Graduate Training

Post-Doctorate, Johns Hopkins Hospital, Baltimore, MD, Cardiothoracic and Body MRI Fellow, September 2011, September 2012
Post-Doctorate, Johns Hopkins Hospital, Baltimore, MD, Radiology Resident, September 2007, September 2011
Post-Doctorate, Stanford University Medical Center, Stanford, CA, Internal Medicine Resident, September 2005, September 2007
Post-Doctorate, Stanford University Medical Center, Stanford, CA, Internal Medicine Intern, September 2004, September 2005

Additional Training

2018-10-01, 2018-12-03, Magnetic Resonance Medical Director/Physician Certification (MRMD): , The American Board of Magnetic Resonance Safety, Certification
2017-10-03, 2021-10-01, ACR , Cardiac CT Certificate of Advanced Proficiency, Certificate
2012-10-01, 2013-10-31, equivalent SCMR , Cardiac MR Training, Level 3
2012-10-01, 2013-01-01, AHA/SCCT , Cardiac CT Training, Level 3

Certifications

American Board of Radiology, Effective Date: 2011
American Board of Internal Medicine, Type of Certification: American Board, Specialty: Internal Medicine, Certification Number: 287564, Effective Date: 2007, Expiration Date (if none, see note above): 2031-12-31

Professional Licensures

State of South Carolina Medical License, Month / Year Originally Conferred: June 2019, Month/Year Expires: June 2023, South Carolina, #82743, Active
State of Maryland Medical License
State of Kentucky Medical License
State of Florida Medical License, Month / Year Originally Conferred: June 2012, Month/Year Expires: December 2023, Florida, Active
State of California Medical License

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 2019-07-01

Non-MUSC Rank and Promotion History

Section Chief of Cardiothoracic Imaging, Florida Hospital/AdventHealth, 2019-01-04

Radiologist (Cardiothoracic and Body Imaging), Radiology Specialists of Florida/AdventHealth, Orlando, FL, 2012-10-04, 2019-10-03

Medical Director of Radiology Research, Florida Hospital/AdventHealth, Orlando, FL, 2015-10-01, 2019-10-01

Medical Director of MRI Safety, Florida Hospital/AdventHealth, Orlando, FL, 2015-10-01, 2019-10-01

Founder, Owner and President , Halsa Labs, LLC, Medical Software R&D, Artificial Intelligence Windermere, FL, 2017-10-03, 2019-10-01

Founder, Owner and President , YellowDot Innovations, LLC Medical Hardware and Software R&D Orlando, FL, 2014-10-01

Co-Chair of Radiology Residency , Cardiothoracic Imaging; GI/GU Imaging Florida Hospital, Orlando, FL, 2014-10-01, 2016-10-04

Assistant Professor, Florida State University, Radiology, 2014-09-01, 2099-01-01

Assistant Professor, University of Central Florida, Orlando, FL, Radiology, 2012-09-01, 2099-01-01

Adjunct Professor, Adventist University of Health Sciences, Research, 2015-09-01, 2099-01-01

Marcelo F. Lopez, PhD
Abbreviated Curriculum Vitae
Associate Professor
843-789-6772
lopezm@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 453
Office Building: P.O. Box MSC 864
Street 1: Thurmond Gazes - 30 Courtenay Drive
Street 2: Charleston, South Carolina 29425

Degrees

1998	Ph.D., Psychology, Universidad Nacional de Cordoba, Argentina
1992	M.A., Psychology, Universidad Nacional de Cordoba, Argentina
1986	B.S., Human Biology, Colegio Nacional de Monserrat, Argentina

Post-Graduate Training

Post-Doctorate, Center for Drug and Alcohol Programs. Department of Psychiatry and Behavioral Sciences.
Medical University of South Carolina. Charleston, SC 29425, Post-Doctoral Fellow, September 1999,
September 2006

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Research Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2015-07-01, 2022-03-31

Research Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2008-01-01, 2015-06-30

Research Associate, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2006-12-01, 2007-12-31

Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2022-04-01

Non-MUSC Rank and Promotion History

No activities entered.

Jennifer K Poon, MD
Abbreviated Curriculum Vitae
Associate Professor
843-876-1511
poon@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: RT 394
Office Building: P.O. Box MSC 561
Street 1: Rutledge Tower Building - 135 Rutledge Ave.
Street 2: Charleston, South Carolina 29425

Degrees

2005 M.D., Medicine, Medical University of South Carolina, South Carolina, United States

2001 B.S., Biology, University of South Carolina, South Carolina, United States

Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, Fellowship, September 2008, September 2011

Post-Doctorate, St. Louis University/Cardinal Glennon Children's Medical Center, Internship, September 2005, September 2006

Post-Doctorate, St. Louis University/Cardinal Glennon Children's Medical Center, Residency, September 2006, September 2008

Additional Training

No activities entered.

Certifications

American Board of Pediatrics- General Pediatrics, Effective Date: 2009

American Board of Pediatrics- Developmental-Behavioral Pediatrics, Effective Date: 2013

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Adjunct Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Developmental-Behavioral Pediatrics, 2022-07-01, 2023-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Developmental-Behavioral Pediatrics, 2018-01-01, 2022-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Developmental-Behavioral Pediatrics, 2011-06-27, 2017-12-31

Non-MUSC Rank and Promotion History

No activities entered.

Wing-Kin Syn, MBChB
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Professor
843-792-3267
synw@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 402
Office Building: P.O. Box MSC 702
Street 1: Thurmond Gazes - 30 Courtenay Drive
Street 2: Charleston, South Carolina 29425

Degrees

2017 Ph.D., University of the Basque Country, Spain/Canary Island
1998 M.B.,Ch.B., Medicine, University of Sheffield Medical School

Post-Graduate Training

Post-Doctorate, Duke University, Senior Research Associate (post-board certification)- Division of Gastroenterology, September 2007, September 2010
Post-Doctorate, Kings College Hospital, London, Senior House Officer (Resident) in Hepatology, September 2001, September 2002
Post-Doctorate, Queen Elizabeth Hospital, Birmingham, Subspecialty Specialist Registrar (Advanced Fellow) in Hepatology, September 2005, September 2006
Post-Doctorate, Royal Hallamshire Hospital, Sheffield, House Officer (Intern) in Surgery (General Surgery and Hepatobiliary Surgery), September 1999, September 1999
Post-Doctorate, Royal Hallamshire Hospital, Sheffield, House Officer (Intern) in Medicine (Hepatology, Diabetology, General Medicine), September 1998, September 1999
Post-Doctorate, University Hospital Birmingham, Senior House Officer (Resident) in Medicine (General Medicine, Nephrology, Endocrinology, Gastroenterology, Intensive Care), September 1999, September 2001
Post-Doctorate, West Midlands/ Birmingham GI Training, Specialist Registrar (Fellow) in Gastroenterology and Hepatology, September 2006, September 2007
Post-Doctorate, West Midlands/ Birmingham GI Training, Specialist Registrar (Fellow) in Gastroenterology and Hepatology, September 2002, September 2005

Additional Training

No activities entered.

Certifications

UK Board Certification / Specialist Registration CCT (Internal Medicine, Gastroenterology, Hepatology subspecialty), Effective Date: 2007
Royal College of Physicians London - Fellow, Effective Date: 2017
Royal College of Physicians Edinburgh- Fellow, Effective Date: 2013
Member, Royal College of Physicians London MRCP (Internal Medicine Specialty Exam qualification), Effective Date: 2001
European Board of Gastroenterology and Hepatology- Fellow, Effective Date: 2012
CITI MUSC and VAMC, Effective Date: 2017
CITI GCP and ICH E6, Effective Date: 2017

American College of Physicians - Fellow, Effective Date: 2015

Professional Licensures

South Carolina (SCBOME)

General Medical Council United Kingdom General Internal Medicine, Gastroenterology, Hepatology Registration number: 4513023

MUSC Rank and Promotion History

Adjunct Professor, Medical University of South Carolina, College of Medicine, Medicine, Gastroenterology & Hepatology, 2022-07-01, 2023-06-30

Professor, Medical University of South Carolina, College of Medicine, Medicine, Gastroenterology & Hepatology, 2020-01-01, 2022-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Gastroenterology & Hepatology, 2016-01-01, 2019-12-31

Non-MUSC Rank and Promotion History

Visiting Professor, Georgia Health Sciences University, Medicine, Gastroenterology, 2012-09-01

Visiting Professor, University of the Basque Country, Spain, Physiology (Biochemistry), 2010-09-01

Visiting Professor, Loyola University, Chicago, IL, Surgery, 2014-09-01

Senior Research Fellow (Associate Professor), University of Birmingham, UK, Immunity and Infection, 2010-09-01

Senior Research Associate (Attending Physician, Birmingham UK), Duke University, Medicine, Gastroenterology, 2007-09-01

Research Professor, University of the Basque Country, Physiology, 2019-09-01, 2099-01-01

Honorary Senior Research Fellow (Associate Professor), University of Birmingham, UK, Immunity and Infection, 2011-09-01

Honorary Senior Clinical Lecturer, Kings College London, UK, Transplant Immunology and Mucosal Biology, 2015-09-01

Gayenell S. Magwood, RN, PhD, FAAN

Abbreviated Curriculum Vitae

Professor

843-792-0685

magwoodg@musc.edu

Personal Information

Country of Origin: United States

Contact Information

Office Number: 511

Office Building: P.O. Box MSC 160

Street 1: College of Nursing - 99 Jonathan Lucas St.

Street 2: Charleston, South Carolina 29425

Degrees

2006	Ph.D., Nursing, Medical University of South Carolina, South Carolina, United States
1997	M.S.N., Nursing, George Mason University
1993	B.S.N., Nursing, Medical University of South Carolina, South Carolina, United States
1984	B.A., Psychology, Winthrop College

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

American Board of Transplant Coordinators, Certified Clinical Transplant Coordinator, Effective Date: 1998-2005

American Association of Critical Care Nursing, CCRN, Effective Date: 1995-2002

American Association of Critical Care Nursing, Alumnus CCRN, Effective Date: 2014 Exp. 2023

Professional Licensures

Registered Nurse, Multistate

Commonwealth of Virginia Board of Nursing, APRN-Clinical Nurse Specialist

MUSC Rank and Promotion History

Affiliate Professor, Medical University of South Carolina, College of Nursing, Department of Nursing, 2022-08-01

Research Instructor, Medical University of South Carolina, College of Nursing, Office of Research, 2003-07-15, 2006-07-31

Professor, Medical University of South Carolina, College of Graduate Studies, 2006-11-17

Professor, Medical University of South Carolina, College of Nursing, Department of Nursing, 2016-07-01, 2022-07-31

Associate Professor, Medical University of South Carolina, College of Nursing, Office of Research, 2011-07-01, 2016-06-30

Assistant Professor, Medical University of South Carolina, College of Nursing, Office of Research, 2006-08-01, 2011-06-30

Non-MUSC Rank and Promotion History

Fellow/Research Assistant Professor, University of South Carolina, Arnold School of Public Health, Arnold School of Public Health, Prevention Research Center, 2009-09-01, 2011-10-31

Saverio Gentile, PhD
Abbreviated Curriculum Vitae
Associate Professor
gentilsa@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2002 Ph.D., Neurobiology and Biophysics, Universita Degli Studi Della Calabria, Cosenza, Italy

Post-Graduate Training

Post-Doctorate, Duke University Medical Center, Cardiology, July 2008, June 2009

Post-Doctorate, National Institute of Environmental Health of Science, Laboratory of Neurobiology , July 2003, June 2008

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Cell and Molecular Pharmacology and Experimental Therapeutics, 2022-06-01

Non-MUSC Rank and Promotion History

Research Assistant Professor, University of Illinois, Hematology and Oncology, 2018-01-01, 2020-12-31

Assistant Professor, Loyola University Stritch School of Medicine, Molecular Pharmacology and Therapeutics, 2009-01-01, 2018-12-31

Assistant Professor, University of Illinois, Hematology and Oncology, 2020-01-01

Christopher Gilbert, D.O.
Abbreviated Curriculum Vitae
Associate Professor
gilberch@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2012	M.S., Pharmacology, Thomas Jefferson Medical College., Philadelphia, Pennsylvania, United States
2004	D.O., Medicine, Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania, United States
2000	B.S., Chemistry and Biology, Allentown College of Saint Francis DeSales, Center Valley, Pennsylvania, United States

Post-Graduate Training

Fellowship, The Johns Hopkins Hospital, Interventional Pulmonology,, July 2011, June 2012
Fellowship, Thomas Jefferson Medical Center, Pulmonary and Critical Care Medicine, July 2008, June 2011
Residency, Reading Hospital and Medical Center, Internal Medicine, July 2004, June 2008
Post-Doctorate, Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Junior Faculty Development Program, July 2012, June 2014

Additional Training

No activities entered.

Certifications

American Heart Association, Type of Certification: Life Support, Specialty: ACLS, Certification Number: N/A, Effective Date: 2004-01-01
American Heart Association, Type of Certification: Life Support, Specialty: BLS, Certification Number: N/A, Effective Date: 2004
American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Critical Care Medicine, Certification Number: N/A, Effective Date: 2011-11-09
American Board of Internal Medicine, Type of Certification: Board Certification, Specialty: Pulmonary Disease, Certification Number: N/A, Effective Date: 2010-10-12
American Association for Bronchology and Interventional Pulmonology , Type of Certification: Board Certification, Specialty: Interventional Pulmonology , Certification Number: N/A, Effective Date: 2013-01-01

Professional Licensures

Washington State Medical License, Month / Year Originally Conferred: June 2015, OP60561413

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Pulmonary & Critical Care Medicine, 2022-07-01

Non-MUSC Rank and Promotion History

Assistant Professor of Medicine, Johns Hopkins School of Medicine, Pulmonary and Critical Care Medicine, 2011-01-01, 2012-12-31

Assistant Professor of Medicine, Penn State College of Medicine, Pulmonary, Allergy, and Critical Care Medicine, 2012-01-01, 2015-12-31

Azizul Haque, PhD
Abbreviated Curriculum Vitae
Associate Professor
843-792-9466
haque@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: BS214E
Office Building: P.O. Box MSC 504
Street 1: 173 Ashley Ave.
Street 2: Charleston, South Carolina 29425

Degrees

1997	Ph.D., Immunology, Saga Medical School, Japan
1992	M.S., Microbiology, University of Dhaka, Bangladesh
1990	B.S., Biology, University of Dhaka, Bangladesh

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Graduate Studies, 2004-10-06
Associate Professor, Medical University of South Carolina, College of Dental Medicine, Microbiology and Immunology, 2010-01-01
Associate Professor, Medical University of South Carolina, College of Medicine, Basic Sciences, Microbiology and Immunology, 2010-01-01, 2011-02-10
Associate Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 2011-02-11
Assistant Professor, Medical University of South Carolina, College of Dental Medicine, Microbiology and Immunology, 2004-06-01, 2009-12-31
Assistant Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 2004-06-01, 2009-12-31

Non-MUSC Rank and Promotion History

No activities entered.

Benjamin Kuhn, DO
Abbreviated Curriculum Vitae
Clinical Professor
kuhnbe@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

- | | |
|------|--|
| 2005 | D.O., Osteopathic Medicine, Philadelphia College of Osteopathic Medicine |
| 2000 | B.A., Biology, Concentration in Genetics, Cornell University |

Post-Graduate Training

Fellowship, CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, Pediatric Gastroenterology, Hepatology, and Nutrition, July 2008, June 2011

Residency, PENN STATE CHILDREN'S HOSPITAL, Pediatrics , July 2005, June 2008

Additional Training

No activities entered.

Certifications

AMERICAN BOARD OF PEDIATRICS, Type of Certification: Board Certification, Specialty: Pediatric Gastroenterology, Certification Number: N/A, Effective Date: 2011-11-15, Expiration Date (if none, see note above): 2023-02-15

AMERICAN BOARD OF PEDIATRICS, Type of Certification: Board Certification, Specialty: Pediatrics, Certification Number: N/A, Effective Date: 2008-10-27, Expiration Date (if none, see note above): 2023-02-15

Professional Licensures

Pennsylvania Medical License, Month / Year Originally Conferred: March 2011, Month/Year Expires: October 2022, OS015511

MUSC Rank and Promotion History

Clinical Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Gastroenterology/Nutrition, 2022-08-01

Non-MUSC Rank and Promotion History

No activities entered.

Byung Loo Lee
Abbreviated Curriculum Vitae
Clinical Associate Professor
leeby@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2012	D.D.S., Dental Surgery, University of Illinois at Chicago College of Dentistry
2008	B.S., Biochemistry, University of Illinois at Chicago
In Progress	M.B.A., Healthcare, Innovation & Teaching, Johns Hopkins University/Carey Business School

Post-Graduate Training

Fellowship, MD Anderson Cancer Center , Maxillofacial Prosthetics and Oncologic , July 2015, July 2016
Residency, University of Pittsburgh School of Dental Medicine, Certificate of Advanced Study in Prosthodontics,
July 2012, June 2015

Additional Training

No activities entered.

Certifications

American Board of Prosthodontics, Type of Certification: Board Eligible, Certification Number: N/A, Effective
Date: 2022-03-22

Professional Licensures

Texas Medical License, Month / Year Originally Conferred: July 2016, Month/Year Expires: June 2022, 32072

MUSC Rank and Promotion History

Clinical Associate Professor, Medical University of South Carolina, College of Dental Medicine, Oral and
Maxillofacial Surgery, 2022-06-01
Clinical Associate Professor, Medical University of South Carolina, College of Medicine, Otolaryngology - Head
and Neck Surgery, 2022-06-01

Non-MUSC Rank and Promotion History

Adjunct Assistant Professor of Surgery, Texas A&M College of Medicine, 2022-03-22

Ameet S Nagpal, MD
Abbreviated Curriculum Vitae
Professor
nagpal@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2022	M.B.A., Business Administration, University of Texas at San Antonio
2013	M.Ed., Curriculum & Instruction in Healthcare Education, University of Houston
2008	M.D., Medicine, New York Medical College
2004	M.S., Physiology & Biophysics, Georgetown University
2003	B.S., Natural Science & Psychology, Muhlenberg College

Post-Graduate Training

Fellowship, University of Texas Health Science Center at San Antonio, Pain Medicine, July 2012, June 2013

Internship, University of Texas Health Science Center at Houston, Internal Medicine, July 2008, June 2009

Residency, Baylor College of Medicine/UTHSC at Houston, Physical Medicine & Rehabilitation, July 2009, June 2012

Additional Training

No activities entered.

Certifications

American Board of Phys Med and Rehab, Type of Certification: Board Certification, Specialty: Pain Medicine, Certification Number: N/A, Effective Date: 2013-09-07, Expiration Date (if none, see note above): 2023-12-31

American Board of Phys Med and Rehab, Type of Certification: Board Certification, Certification Number: N/A, Effective Date: 2013-07-01, Expiration Date (if none, see note above): 2023-12-31

Professional Licensures

Texas Medical Board, Month / Year Originally Conferred: May 2012

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Orthopaedics and Physical Medicine, 2022-08-01

Non-MUSC Rank and Promotion History

Associate Professor, University of Texas Health Science Center at San Antonio, Physical Medicine and Rehabilitation, 2014-09-01

Associate Professor, University of Texas Health Science Center at San Antonio, Anesthesiology, 2018-09-01

Assistant Professor, University of Texas Health Science Center at San Antonio, Anesthesiology, 2013-09-01

Elizabeth Rinker, MD
Abbreviated Curriculum Vitae
Associate Professor
rinkere@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2009	M.D., Medicine, Vanderbilt University School of Medicine
2005	B.A., Rice University

Post-Graduate Training

Fellowship, Vanderbilt University Medical Center, Hematopathology , July 2013, June 2014
Fellowship, Vanderbilt University Medical Center, Anatomic Pathology, July 2014, June 2015
Residency, Vanderbilt University Medical Center, Anatomic and Clinical Pathology, July 2009, June 2013

Additional Training

No activities entered.

Certifications

American Board of Pathology , Type of Certification: Board Certification, Specialty: Hematology , Certification Number: N/A, Effective Date: 2014-01-01
American Board of Pathology , Type of Certification: Board Certification, Specialty: Anatomic and Clinical Pathology , Certification Number: N/A, Effective Date: 2013-01-01

Professional Licensures

State of South Carolina Medical License, Month / Year Originally Conferred: May 2022, Month/Year Expires: June 2023, 87717
State of Louisiana Medical License, Month / Year Originally Conferred: June 2015, Month/Year Expires: March 2023, 207925

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Pathology and Laboratory Medicine, 2022-09-19

Non-MUSC Rank and Promotion History

Associate Professor (Clinical) , Louisiana State University Health Sciences Center, Pathology, 2020-07-01
Assistant Professor (Clinical) , Louisiana State University Health Sciences Center, Pathology, 2015-08-01, 2020-06-30

Stephen Andrew Thacker, MD
Abbreviated Curriculum Vitae
Associate Professor
thackest@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2007 M.D., Medicine, University of North Carolina at Chapel Hill School of Medicine
2001 B.S., Biology, University of North Carolina at Chapel Hill

Post-Graduate Training

Fellowship, Baylor College of Medicine, Infectious Diseases, July 2010, June 2013
Residency, Monroe Carell Jr. Children's Hospital at Vanderbilt University Medical Center,, Pediatric, July 2007, June 2010

Additional Training

No activities entered.

Certifications

Lean Six Sigma Yellow Belt , Type of Certification: Certification, Certification Number: N/A, Effective Date: 2016
Lean Six Sigma Green Belt , Type of Certification: Certification, Certification Number: N/A, Effective Date: 2017
American Board of Pediatrics, Type of Certification: Board Certification, Specialty: Pediatric Infectious Diseases, Certification Number: 1417, Effective Date: 2013-01-01, Expiration Date (if none, see note above): 2023-02-15
American Board of Pediatrics, Type of Certification: Board Certification, Specialty: Pediatrics, Certification Number: 102697, Effective Date: 2012-01-01, Expiration Date (if none, see note above): 2023-02-15

Professional Licensures

South Carolina Medical License, Month / Year Originally Conferred: April 2022, Month/Year Expires: June 2023, 87514
Georgia State Board of Medical Examiners, Month / Year Originally Conferred: June 2013, Month/Year Expires: May 2023, 69980

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Infectious Diseases, 2022-07-01

Non-MUSC Rank and Promotion History

Clinical Assistant Professor, Georgia Regents University School of Medicine , Pediatrics, 2013-01-01, 2016-12-31
Associate Professor, Mercer University School of Medicine , Pediatrics, 2019-01-01
Assistant Professor, Mercer University School of Medicine, Pediatrics, 2013-01-01, 2019-12-31

Leonel A Vasquez, MD
Abbreviated Curriculum Vitae
Clinical Professor
vasquezl@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1989 M.D., Medicine, West Virginia University School of Medicine

1985 B.A., Chemistry, Washington and Jefferson College

Post-Graduate Training

Fellowship, Northwestern University Hospital, Breast Imaging and Breast Intervention, July 1999, June 2000

Internship, Medical College of Wisconsin, Surgery, July 1989, June 1990

Residency, Allegheny General Hospital, Medical College of Pennsylvania, Diagnostic Radiology, July 1990, June 1994

Additional Training

No activities entered.

Certifications

American Heart Association, Type of Certification: Life Support, Specialty: BLS, Certification Number: N/A, Effective Date: 2021

American Board of Radiology, Type of Certification: Board Certification, Specialty: Diagnostic Radiology, Certification Number: N/A, Effective Date: 1994-11-21

Professional Licensures

South Carolina Medical License, Month / Year Originally Conferred: October 2001, Month/Year Expires: June 2023, 22732

Iowa Medical License, Month / Year Originally Conferred: July 2015, Month/Year Expires: December 2023, 42771

MUSC Rank and Promotion History

Clinical Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 2022-07-01

Non-MUSC Rank and Promotion History

Clinical Associate Professor, University of Iowa Hospitals and Clinics, Radiology, 2015-01-01

Assistant Professor of Radiology and Imaging Sciences, Emory University School of Medicine, 2009-01-01, 2015-12-31

Tracy R Voss, MD
April 2021 - April 2022
Abbreviated Curriculum Vitae
Clinical Associate Professor
vosst@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

1986 M.D., Medicine, University of Wisconsin Medical School
1982 B.A., Biochemistry, Northwestern University

Post-Graduate Training

Residency, New England Deaconess Hospital/Harvard Medical School, Internal Medicine, July 1986, June 1990

Additional Training

No activities entered.

Certifications

American Board of Internal Medicine , Type of Certification: Board Certification, Specialty: Internal Medicine,
Certification Number: 124400, Effective Date: 1989-09-13, Lifetime Board Certification: Yes

Professional Licensures

South Carolina Medical License, Month / Year Originally Conferred: September 1993, Month/Year Expires: June
2023, 16787

MUSC Rank and Promotion History

Clinical Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, General
Internal Medicine & Geriatrics, 2022-08-01

Non-MUSC Rank and Promotion History

Clinical Instructor of Medicine , Northwestern University Medical School, 1992-07-01, 1993-04-30
Clinical Instructor of Medicine, Harvard Medical School, 1990-10-01, 1992-04-30
Associate Professor, University of South Carolina School of Medicine , Internal Medicine , 2014-08-01
Assistant Professor, University of South Carolina , Internal Medicine, 1993-08-01, 2014-08-31

Tsveti Petrova Markova, MD
Abbreviated Curriculum Vitae
Affiliate Professor
843-985-1238
markova@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: WG329
Street 1: 22 West Edge, Charleston, SC 29403

Degrees

1992 M.D., Medicine, Medical University of Varna, Bulgaria

Post-Graduate Training

Graduate , American Association of Medical Colleges, GME Leadership Development Course, January 2012, December 2014
Graduate , Harvard Macy Institute, Program for Leading Innovations in Healthcare and Education, January 2013, December 2013
Fellowship, Drexel University College of Medicine, Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women, July 2011, June 2012
Fellowship, American Academy of Family Physicians, National Institute for Program Directors Development, July 2000, June 2001
Internship, University Hospital Varna Medical Center, Medicine, July 1992, June 1993
Residency, North Oakland Medical Centers , Family Medicine, July 1993, June 1996

Additional Training

No activities entered.

Certifications

American Board of Family Practice, Type of Certification: Family Medicine, Certification Number: N/A, Effective Date: 1996

Professional Licensures

State of Michigan Physician, Month / Year Originally Conferred: January 1996

MUSC Rank and Promotion History

Affiliate Professor, Medical University of South Carolina, College of Medicine, Family Medicine, 2021-08-01, 2024-06-30

Non-MUSC Rank and Promotion History

Professor (Tenured), Wayne State University School of Medicine , Family Medicine and Public Health Sciences , 2012-01-01, 2021-12-31
Associate Professor , Wayne State University School of Medicine, Family Medicine and Public Health Sciences , 2007-01-01, 2012-12-31
Assistant Professor (Full-Time Affiliate), Assistant Professor (Full-Time Affiliate), 1997-01-01, 2000-12-31
Assistant Professor , Assistant Professor , 2000-01-01, 2007-12-31

Truman R. Brown, PhD
Abbreviated Curriculum Vitae
Professor
843-876-2462
brotrr@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: 205
Office Building: P.O. Box MSC 323
Street 1: Bioengineering Bldg - 68 President St.
Street 2: Charleston, South Carolina 29425

Degrees

1970	Ph.D., Physics, Massachusetts Institute of Technology, Massachusetts, United States
1964	B.S., Mathematics, Massachusetts Institute of Technology, Massachusetts, United States

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2011-04-01, 2022-06-30
Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 2022-07-01
Professor, Medical University of South Carolina, College of Medicine, Radiology and Radiological Science, 2010-10-11, 2022-06-30
Professor, Medical University of South Carolina, College of Graduate Studies, 2011-04-20, 2022-06-30

Non-MUSC Rank and Promotion History

Professor, Columbia University, Radiology, 2001-09-01, 2099-01-01
Lecturer, Columbia University, Radiology, 1995-09-01
Instructor, Massachusetts Institute of Technology, Physics, 1970-09-01
Adjunct Professor, University of Pennsylvania, Biochemistry & Biophysics, 1988-09-01

Joel B. Cochran, DO
Abbreviated Curriculum Vitae
Associate Professor
843-792-2618
cochrajb@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: RN 570K
Office Building: P.O. Box MSC 917
Street 1: Roper Medical Office Bldg - 125 Doughty St., Charl
Street 2: Charleston, South Carolina 29425

Degrees

1986 D.O., Medicine, University of Health Sciences, Missouri, United States
1980 B.A., Biology and Economics and Management, Albion College

Post-Graduate Training

Post-Doctorate, Cardinal Glennon Children's Hospital, Residency, September 1987, September 1990
Post-Doctorate, Doctor's Hospital of Stark County, Internship, September 1986, September 1987
Post-Doctorate, LeBonheur Children's Medical Center, Fellowship, September 1990, September 1993

Additional Training

No activities entered.

Certifications

Pediatric Critical Care Medicine, Effective Date: 1998, 2005, 2015
American Board of Pediatrics, Effective Date: 1991

Professional Licensures

South Carolina Medical License #0339

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Critical Care,
2001-07-01
Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Critical Care,
1993-07-12, 2001-06-30

Non-MUSC Rank and Promotion History

No activities entered.

Florence N. Hutchison, MD
Abbreviated Curriculum Vitae
Professor
hutchisf@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: CSB822
Office Building: P.O. Box MSC 629
Street 1: Clinical Science Bldg. - 96 Jonathan Lucas St.
Street 2: Charleston, South Carolina 29425

Degrees

1980 M.D., University of Mississippi, Mississippi, United States
1976 B.S., Millsaps College

Post-Graduate Training

Post-Doctorate, Veterans Administration Medical Center, Martinez, California, Fellow in Nephrology, September 1983, September 1985
Post-Doctorate, St. Mary's Hospital and Medical Center, San Francisco, California, Residency in Internal Medicine, September 1980, September 1983

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Medicine, Nephrology, 2022-05-12
Professor, Medical University of South Carolina, College of Graduate Studies, 1991-07-10, 2022-05-11
Professor, Medical University of South Carolina, College of Medicine, Medicine, Nephrology, 1998-07-01, 2022-05-11
Associate Professor, Medical University of South Carolina, College of Medicine, Medicine, Nephrology, 1989-07-01, 1998-12-01

Non-MUSC Rank and Promotion History

Assistant Professor, University of California at Davis, California, 1985-09-01

Sherron M. Jackson, MD
Abbreviated Curriculum Vitae
Associate Professor
843-792-2406
jacksons@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: RT 290
Office Building: P.O. Box MSC 561
Street 1: Rutledge Tower Building - 135 Rutledge Ave.
Street 2: Charleston, South Carolina 29425

Degrees

1981	M.D., Medicine, Medical College of Georgia, Georgia, United States
1977	B.S., Biology and Pre-Medicine, Mercer University

Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, Internship, September 1981, September 1982
Post-Doctorate, Medical University of South Carolina, Residency, September 1984, September 1985
Post-Doctorate, University of North Carolina, Fellowship Faculty Development, September 1988, September 1990

Additional Training

No activities entered.

Certifications

American Board of Pediatrics, Effective Date: 1985

Professional Licensures

SC Medical License

MUSC Rank and Promotion History

Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Hematology/Oncology, 1998-07-01, 2022-06-30
Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, 1990-07-01, 1998-06-30
Instructor, Medical University of South Carolina, College of Medicine, Pediatrics, 1985-07-01, 1990-06-30

Non-MUSC Rank and Promotion History

No activities entered.

Harold D. May, PhD
Abbreviated Curriculum Vitae
Professor
843-876-2404
mayh@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: BEB 101
Office Building: P.O. Box MSC 501
Street 1: Bioengineering Bldg - 68 President St.
Street 2: Charleston, South Carolina 29425

Degrees

- | | |
|------|---|
| 1987 | Ph.D., Anaerobic Microbiology, Virginia Polytechnic Institute & State University, Virginia, United States |
| 1980 | B.S., Microbiology and Immunology, Indiana University, Indiana, United States |

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

- Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 2011-02-11
- Professor, Medical University of South Carolina, College of Graduate Studies, 1995-04-12
- Professor, Medical University of South Carolina, College of Dental Medicine, Stomatology, 2008-07-01
- Professor, Medical University of South Carolina, College of Dental Medicine, Microbiology and Immunology, 2008-07-01
- Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 2008-07-01, 2009-06-30
- Professor, Medical University of South Carolina, College of Medicine, Basic Sciences, Microbiology and Immunology, 2009-07-01, 2011-02-10
- Associate Professor, Medical University of South Carolina, College of Dental Medicine, Microbiology and Immunology, 2000-07-01, 2008-06-30
- Associate Professor, Medical University of South Carolina, College of Dental Medicine, Stomatology, 2002-07-01, 2008-06-30
- Associate Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology, 2000-07-01, 2008-06-30
- Assistant Professor, Medical University of South Carolina, College of Medicine, Microbiology and Immunology,

1994-07-01, 2000-06-30

Assistant Professor, Medical University of South Carolina, College of Dental Medicine, Microbiology and Immunology, 1994-07-01, 2000-06-30

Non-MUSC Rank and Promotion History

No activities entered.

William S Randazzo, MD
Abbreviated Curriculum Vitae
Assistant Professor
843-876-0240
randazzo@musc.edu

Personal Information

Country of Origin: United States
Languages: English

Contact Information

Office Number: AHC
Office Building: P.O. Box MSC 332
Street 1: Rutledge Tower Building - 135 Rutledge Ave.
Street 2: Charleston, South Carolina 29425
State or Province: South Carolina

Degrees

1982 M.D., Medicine, University of Bordeaux II, France
1974 B.S., Biology, St. Francis College, New York, United States

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

American Academy of Pediatrics, Effective Date: 1989, 1997, 2004, 2010

Professional Licensures

SC Medical license
NJ Medical license

MUSC Rank and Promotion History

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics,
2017-07-01, 2022-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics,
2022-07-01

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics,
2009-07-01, 2012-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Emergency
Medicine, 2012-07-01, 2017-06-30

Instructor, Medical University of South Carolina, College of Medicine, Pediatrics, General Pediatrics, 2007-07-01,
2009-06-30

Non-MUSC Rank and Promotion History

No activities entered.

William M Southgate, MD
Abbreviated Curriculum Vitae
Professor
843-792-8285
southgaw@musc.edu

Personal Information

No activities entered.

Contact Information

Office Number: SJ 2190Z
Office Building: P.O. Box MSC 915
Street 1: Shawn Jenkins Childrens Hospital and Pearl Tourvil
Street 2: Charleston, South Carolina 29425

Degrees

1981 M.D., Medicine, University of Kentucky, Kentucky, United States
1977 B.S., Biology, Furman University, Greenville, South Carolina, United States

Post-Graduate Training

Post-Doctorate, Medical College of Georgia, Augusta, GA, Neonatology, September 1986, September 1988
Post-Doctorate, Fitzsimons Army Medical Center, Aurora CO, Pediatrics, September 1981, September 1982
Post-Doctorate, Fitzsimons Army Medical Center, Aurora CO, Pediatrics, September 1982, September 1984

Additional Training

No activities entered.

Certifications

American Board of Pediatrics, Sub-Board of Perinatal-Neonatal Medicine, Type of Certification: Board,
Certification Number: 22222, Effective Date: 1989, recert 1996,2002
American Board of Pediatrics, Effective Date: 1986

Professional Licensures

South Carolina
Georgia

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Neonatology, 2022-07-01
Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Neonatology, 2004-07-01,
2022-06-30
Associate Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Neonatology, 1997-
07-01, 2004-06-30
Assistant Professor, Medical University of South Carolina, College of Medicine, Pediatrics, Pediatric Cardiology,
1992-07-01, 1997-06-30

Non-MUSC Rank and Promotion History

Staff Neonatologist, Tripler Army Medical Center, Honolulu, HI, Pediatrics, 1988-09-01
Clinical Assistant Professor, F. Edward Hebert School of Medicine, Bethesda, Maryland, Uniformed Services

University of the Health Sciences, Pediatrics, 1988-09-01

Assistant Clinical Professor, University of Hawaii at Manoa, Honolulu, HI, John A. Burns School of Medicine,
Pediatrics, 1988-09-01

Policy Title	MUSC Board Policy on Travel
Classification	University MUSC Hospital Authority (MUHA)
Approval Authority	Board of Trustees
Responsible Entity	Board of Trustees
Policy Owner	Board Secretary

I. Policy Statement

The Board of Trustees desires to act lawfully and in compliance with policy at all times. This policy provides guidance for compliant reimbursement of expenses incurred by the Board of Trustees and Trustees Emeriti.

II. Scope

This policy applies to the Board of Trustees and Trustees Emeriti.

III. Approval Authority

Board of Trustees

IV. Purpose of This Policy

This policy defines how members of the Board of Trustees and Trustees Emeriti are reimbursed for expenses incurred while on official MUSC/MUHA business.

V. Who Should Be Knowledgeable About This Policy

Members of the Board of Trustees
Board Secretary
Accounts Payable

VI. The Policy

MILEAGE

Board of Trustee members (Trustees) and Trustees Emeriti (Emeriti) will be reimbursed at the state mileage rate for one personal vehicle used while on official MUSC/MUHA business.

MEALS

Trustees and Emeriti will be reimbursed for meals not otherwise provided. Guests having a clear connection or future/potential connection to MUSC may be invited to dinner by the Trustees at MUSC's expense. If a Trustee is unsure whether or not a guest qualifies as "invited," he/she should contact the Board Secretary for guidance. Names of the invited guests and a clear business purpose should be included on the reimbursement request form.

No meal reimbursements are to be paid from State Appropriated Funds. The cost of meals should not be excessive and reimbursements will be limited to \$163.20 ~~125~~ per person per day including taxes, fees, and tips.

MUSC Internal Audit staff will review board expenses on an annual basis to determine compliance with the policy. Should an over-reimbursement occur, the Trustee or Emeriti will be asked to reimburse MUSC the amount of the overpayment.

LODGING

The Board of Trustees will contract from time to time with a local hotel for rooms for Trustees, Emeriti, and guests invited by the Board. The following items will be covered:

- A room up to ~~\$350~~450 per night before taxes and fees.
- One valet parking space per night.

Reimbursements for lodging are not to be paid from State Appropriated Funds. Trustees and Emeriti will be expected to make arrangements for all other expenses not covered by this policy.

There is a 72-hour advance cancellation requirement for room reservations. Trustees and Emeriti will be responsible for charges incurred when the 72-hour cancellation requirement is not met.

TRUSTEES EMERITI

Trustees Emeriti provide support for the University as knowledgeable friends and ambassadors. The Board of Trustees extends an invitation to Emeriti, subject to all travel policies, to attend Board meetings and/or special events up to three (3) nights per calendar year, at the expense of the Board. While Emeriti may visit more often, reimbursement for mileage and lodging will be limited to three (3) nights per calendar year. Emeriti are not subject to receive an honorarium payment. Reimbursements for Emeriti expenses are not to be paid from State Appropriated Funds.

BOARD SECRETARY

The Board Secretary is not authorized to provide meals, entertainment, gifts, or other similar items for the benefit of Trustees or their guests while attending official Board meetings unless all Trustees are invited/included. Official MUSC/MUHA meetings and appointments outside of Board meetings do not apply to this provision. The Board Secretary will comply with all laws and policies regarding meals, entertainment, gifts, or other similar items. All requests for reimbursement should specify the business purpose and a list of attendees.

VII. Special Situations

N/A

VIII. Sanctions for Non-compliance

Trustees and Emeriti will be expected to make arrangements for all other expenses not covered by the policy. Should an over-reimbursement occur, the Trustee or Emeriti will be asked to reimburse MUSC the amount of the overpayment.

IX. Related Information

A. References, citations

SC Appropriation Act, General Provisions, Travel – Subsistence Expenses & Mileage:

<http://www.scstatehouse.gov/budget.php>

SC Appropriation Act, General Provisions, Per Diem:

<http://www.scstatehouse.gov/budget.php>

B. Other

C. Appendices

X. Communication Plan

This policy will be provided to all Trustees and Emeriti.

XI. Definitions

XII. Review Cycle

At least every five years.

XIII. Approval History

<i>Approval Authority</i>	<i>Date Approved</i>
Board of Trustees	February 2015
Board of Trustees	April 2017
Board of Trustees	February 2020
<u>Board of Trustees</u>	<u>August 2022</u>

XIV. Approval Signature

_____ **Board of Trustees Chairman**

_____ **Date**