



AGENDA
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES
AND
UNIVERSITY BOARD OF TRUSTEES

May 17, 2024

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
REGULAR AGENDA
May 17, 2024
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

Mr. Allan E. Stalvey Dr. Charles B. Thomas, Jr. Dr. James E. Wiseman, Jr.

- Item 1. Call to OrderDr. James Lemon
Chairman

- Item 2. Roll Call Katherine Haltiwanger
Board Secretary

- Item 3. Date of Next Regular Meeting – August 9, 2024 Katherine Haltiwanger
Board Secretary

- Item 4. Approval of Meeting MinutesDr. James Lemon
Chairman

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

- Item 5. General Informational Report of the President Dr. David Cole
President

- Item 6. Other Business..... Dr. David Cole
President

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

- Item 7. MUSC Health Status Report Dr. Patrick Cawley
Chief Executive Officer, MUSC Health

- Item 8. MUHA Consolidated Financial Report Doug Lishke
Chief Financial Officer, MUSC Health

Item 9. Capital Funding Requests for Approval Doug Lishke
Chief Financial Officer, MUSC Health

Charleston Microscope Replacements	\$563,000
Orangeburg Ultrasound Replacement	\$382,000

Item 10. Quality and Patient Safety Report..... Dr. Danielle Scheurer
Chief Quality Officer, MUSC Health

Item 11. Governmental Affairs Report Mark Sweatman
Chief, Governmental Affairs

Item 12. Other Committee Business..... Dr. Murrell Smith
Committee Chair

MUHA and MUSC Physical Facilities Committee: Terri Barnes, Chair

Item 13. MUHA Property Easement for Approval Jessica Paul
Chief Real Estate Officer, MUSC Health

Item 14. MUSC Project Budget Adjustment Approval..... David Attard
Chief Facilities Officer, MUSC

Item 15. Other Committee Business..... Terri Barnes
Committee Chair

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

Item 16. Other Committee Business..... Tom Stephenson
Committee Chair

Other Business for the Board of Trustees

Item 17. Approval of Consent Agenda..... Dr. James Lemon
Chairman

Item 18. 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 19. New Business for the Board of Trustees Dr. James Lemon
Chairman

Item 20. Report from the Chairman Dr. James Lemon
Chairman

MUSC Health - Board Package
MUHA - Medical University Hospital Authority
Interim Financial Statements
March 31, 2024

Medical University Hospital Authority (MUHA)

Statement of Revenues, Expenses and Changes in Net Assets

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Medical University Hospital Authority - Consolidated

Statement of Revenues, Expenses, and Change in Net Position

For the 9 Month Period Ending - March 31, 2024

Modified FASB Basis (in thousands)

	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	\$278,540	\$277,583	\$957	0.34%	\$2,457,136	\$2,404,517	\$52,619	2.19%	\$2,072,335
DSH & Other Medicaid Directed Payments	47,446	8,879	38,567	434.36%	306,657	79,912	226,745	283.74%	50,449
Retail Pharmacy Revenue	66,444	47,433	19,012	40.08%	504,639	422,448	82,191	19.46%	403,537
Other Revenue	16,533	12,608	3,924	31.13%	158,738	114,252	44,486	38.94%	69,814
State Appropriations	7,499	5,357	2,142	39.98%	61,735	48,212	13,523	28.05%	46,542
Total Operating Revenues	\$416,461	\$351,860	\$64,602	18.36%	\$3,488,905	\$3,069,340	\$419,564	13.67%	\$2,642,677
Operating Expenses									
Salaries Wages	\$119,573	\$111,948	\$7,625	6.81%	\$1,005,696	\$981,380	\$24,316	2.48%	\$844,107
Benefits	40,463	39,774	689	1.73%	332,688	341,339	(8,651)	-2.53%	268,428
Purchased Services	48,997	47,913	1,084	2.26%	449,302	430,416	18,886	4.39%	380,292
Physician Services	16,792	16,470	321	1.95%	148,281	148,620	(339)	-0.23%	121,573
Pharmaceuticals	28,175	21,641	6,534	30.19%	225,141	186,438	38,703	20.76%	175,046
Retail Pharmaceuticals	35,092	23,464	11,628	49.55%	264,786	207,262	57,524	27.75%	192,841
Medical Supplies	53,958	47,415	6,544	13.80%	426,777	408,405	18,372	4.50%	365,252
Other Supplies	5,975	5,281	693	13.13%	53,495	45,791	7,704	16.82%	44,007
Utilities	3,419	3,379	40	1.18%	29,320	30,818	(1,498)	-4.86%	27,262
Insurance	1,570	1,691	(121)	-7.16%	12,875	14,910	(2,035)	-13.65%	11,361
Leases	1,332	2,613	(1,281)	-49.01%	19,084	23,337	(4,252)	-18.22%	42,080
Other	26,410	5,918	20,492	346.28%	160,334	53,267	107,068	201.00%	37,389
Total Operating Expenses	\$381,756	\$327,508	\$54,249	16.56%	\$3,127,780	\$2,871,982	\$255,798	8.91%	\$2,509,640
EBIDA	\$34,705	\$24,352	\$10,353	42.52%	\$361,125	\$197,358	\$163,767	82.98%	\$133,037
Depreciation	\$12,894	\$13,076	(\$182)	-1.39%	\$127,611	\$117,681	\$9,930	8.44%	\$87,902
Interest	3,603	3,538	64	1.82%	30,535	31,844	(1,309)	-4.11%	29,906
Operating Income (Loss)	\$18,209	\$7,738	\$10,471	135.32%	\$202,979	\$47,834	\$155,145	324.34%	\$15,229
Operating Margin	4.37%	2.20%			5.82%	1.56%			0.58%
NonOperating Revenue (Expenses)									
Gifts and Grants	\$202	\$321	(\$119)	-37.03%	\$2,915	\$2,892	\$23	0.79%	\$18,645
Noncash Pension and Other Post Employment Benefits	(1,895)	(14,503)	\$12,607	-86.93%	(123,036)	(130,523)	\$7,488	-5.74%	(129,606)
Investment Income	6,283	917	5,365	585.03%	29,411	8,254	21,157	256.32%	6,488
Loss on Disposal of Capital Assets	101	2	99	4266.80%	(10)	21	(30)	-146.18%	(11)
Other NonOperating Revenues (Expenses)	(271)	63	(333)	-531.77%	746	564	182	32.25%	(17)
Debt Issuance Costs	(31)	-	(31)	0.00%	(31)	-	(31)	-3967472.22%	(20)
Total NonOperating Revenues (Expenses)	\$4,389	(\$13,199)	\$17,588	-133.25%	(\$90,004)	(\$118,792)	\$28,788	-24.23%	(\$104,521)
Income (Loss) before NonOperating Payments to MUSC Affiliates	\$22,598	(\$5,461)	\$28,059	-513.78%	\$112,975	(\$70,958)	\$183,933	-259.21%	(\$89,292)
Non Operating Payments to MUSC Affiliates	-	-	-	0.00%	-	-	-	0.00%	-
Change in Net Position	\$22,598	(\$5,461)	\$28,059	-513.78%	\$112,975	(\$70,958)	\$183,933	-259.21%	(\$89,292)
Total Margin	5.43%	-1.55%			3.24%	-2.31%			-3.38%
Operating Cash Flow Margin	8.98%	6.29%			10.42%	5.77%			4.85%

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 March 31, 2024 (Unaudited)

Actuals Compared to Fixed Budget

Revenue Explanation: March year-to-date net patient service revenues were favorable to budget by 2.2%, or \$52.6M. Inpatient surgeries were unfavorable to budget by 8.2%, and outpatient surgeries were favorable to budget by 1.9%. Transplant procedures were unfavorable to budget by 25.4%. Case Mix Index was favorable \$33.6M and Payor Mix shift was favorable \$23.7M.

Changes in the Medicaid Reimbursement Program - FY24 the State of South Carolina implemented a directed payment program for Medicaid patients who participate with managed care organizations. The plan was approved by CMS and requires an annual approval. The program is based on average commercial rates for inpatient services. The focus of the program (HAWQ) is healthcare, access, workforce and quality. The current disproportionate share program will remain available for use with lower levels of funding. In October 2023, MUHA received approximately \$120M related to the first round of HAWQ and another \$120M for second round in December. In March 2024, MUHA received approximately \$69M, which was the remainder of the third round. Revenues recognized year-to-date for HAWQ funding total \$275.3M.

Retail pharmacy revenues were favorable by \$82.2M due to continued growth and expansion into other markets.

Other Revenues were \$44.5M favorable to budget due to 340B revenues and quality achievement payments.

State Appropriations were \$13.5M favorable to budget due to Crisis Stabilization and Behavioral Health funding.

Expense Explanation: Salaries and wages were unfavorable to budget by \$24.3M. Benefits were favorable to budget \$8.7M.

Purchased Services were unfavorable to budget \$18.9M due to dietary, maintenance and contractual services.

Pharmaceuticals, not explained by acuity and volume, were unfavorable to budget by \$33.1M due to increased productivity in 340B programs, Ambulatory and Radiologic departments. Retail pharmacy revenues, net of expenses, were \$24.7M favorable to budget.

Medical and Other Supplies, not explained by acuity and volume, were \$43.9M unfavorable to budget due to increased purchases in central supply locations in Ashley River Tower and Main hospitals in Charleston.

Utilities, insurance, leases, and other expenses were unfavorable to budget by \$0.7M.

DSH & Other Medicaid Directed Tax Payments were unfavorable to budget by \$98.6M.

Statements of Net Position

Medical University Hospital Authority - Consolidated

Statements of Net Position (in thousands)

March 31, 2024 and June 30, 2023

Assets and Deferred Outflows	As of 03/31/2024 (unaudited)	As of 06/30/2023 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 484,168	\$ 226,907
Cash Restricted for Capital Projects and Major Programs	98,529	65,454
Cash Restricted for COVID-19 Stimulus Funding	686	686
Investments Unrestricted	198,064	314,581
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$531,000 and \$379,500	467,852	482,149
Due from Third-Party Payors	26,567	41,805
Due from Joint Ventures and Partnerships	8,467	-
Other Current Assets	357,543	270,987
Total Current Assets	\$ 1,641,877	\$ 1,402,569
Investments Held by Trustees Mortgage Reserve Fund	\$ 84,644	\$ 77,066
Investments in Joint Ventures and Partnerships	62,492	32,816
Other Non-Current Assets	4,410	6,205
Capital Assets, Net	1,265,606	1,234,773
Total Assets	\$ 3,059,029	\$ 2,753,429
Deferred Outflows	\$ 874,668	\$ 886,798
Total Assets and Deferred Outflows	\$ 3,933,697	\$ 3,640,227
 Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 36,746	\$ 69,570
Current Installments of Capital Lease Obligations	45,943	42,801
Current Installments of Notes Payable	4,514	7,816
Due to Related Parties	7,458	7,854
Due to Joint Ventures and Partnerships	-	791
Accounts Payable	246,125	249,132
Accrued Payroll, Withholdings and Benefits	209,052	140,098
Other Accrued Expenses	16,225	30,172
Unearned Revenue	60,236	-
Total Current Liabilities	\$ 626,299	\$ 548,234
Long-Term Debt	\$ 647,359	\$ 675,027
Capital Lease Obligations	242,286	216,226
Notes Payable	11,355	18,823
Other Liabilities	29,774	24,718
RMC Net Pension Liability	24,541	28,322
Total MUHA Liabilities	\$ 1,581,614	\$ 1,511,350
Net Pension Liability (obligation of the state of SC)	1,322,017	1,257,093
Net OPEB Liability (obligation of the state of SC)	1,067,820	1,045,764
Total Liabilities	\$ 3,971,451	\$ 3,814,207
Deferred Inflows	\$ 470,502	\$ 446,937
Total Liabilities and Deferred Inflows	\$ 4,441,953	\$ 4,261,144
Net Position:		
Net Investment in Capital Assets	\$ 289,340	\$ 192,995
Restricted:		
Under Indenture Agreements	84,644	77,066
Expendable for:		
Capital Projects	75,731	57,172
Major Programs	45,850	37,925
COVID-19 Stimulus Funding	686	686
Unrestricted (deficit)	(1,004,507)	(986,762)
Total Net Position	\$ (508,256)	\$ (620,918)
Total Liabilities, Deferred Inflows and Net Position	\$ 3,933,697	\$ 3,640,227

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 03/31/2024 (Unaudited) and 06/30/2023 (Audited) - (in thousands)

Cash, Cash Equivalents and Investments

Unrestricted cash and cash equivalents increased by \$257.3M from June 30, 2023. Significant FY2024 impacting cash include receipt of \$361.1M Health Access, Workforce, and Quality (HAWQ) Medicaid, \$33.0M payoff of CSC building debt, \$30.0M Tidelands capital call, and \$80.0M HAWQ tax payment.

The Authority's cash balance is as follows:	3/31/2024 Balance	6/30/2023 Balance
Insured (FDIC & SIPC)	\$ 3,000	\$ 2,000
Uninsured, uncollateralized by securities held by the pledging institution or by its trust dept or agent in other than MUHA's name	\$ 603,258	\$ 323,839
Total	<u>\$ 606,258</u>	<u>\$ 325,839</u>
Carrying Amount (cash and cash equivalents)	\$ 484,168	\$ 226,907
Restricted (cash and cash equivalents)	99,215	66,140
Total	<u>\$ 583,383</u>	<u>\$ 293,047</u>

The Authority has unrestricted available cash of \$682.2M as detailed below

Cash and cash equivalents	\$ 484,168	\$ 226,907
Investments - unrestricted	198,064	314,581
Total	<u>\$ 682,232</u>	<u>\$ 541,488</u>

Fixed Income Securities:	3/31/2024 Balance	6/30/2023 Balance
Fannie Mae	\$ 28,267	\$ 14,980
Federal Home Loan Bank	115,451	144,943
Federal Farm Credit Bank	79,929	113,711
Dreyfus Treasury Securities	1,364	663
Federal Home Loan Mortgage Corporation	-	33,567
Intl Bk Recon & Development	-	9,801
Federal National Mortgage Association	52,877	52,209
FED Farm CRD Discount NT	-	18,716
	<u>\$ 277,888</u>	<u>\$ 388,590</u>

Investment Income comprises the following:	3/31/2024 Balance	6/30/2023 Balance
Dividend and interest income	\$ 20,008	\$ 11,421
Realized and unrealized loss on investments	9,403	2,210
	<u>\$ 29,411</u>	<u>\$ 13,631</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 03/31/2024 (Unaudited) and 06/30/2023 (Audited) - (in thousands)

Net Patient Accounts Receivable

Compared to March year-to-date fiscal year 2023, Net Patient Service Revenue increased by \$384.8M, or 18.6%. Gross patient charges increased by \$1.8B, or 17.8%, for the comparison period due to increases in patient activity and comprehensive rate. Net revenue related to the Health Access, Workforce, and Quality (HAWQ) and Disproportionate Share Hospital (DSH) programs administered by the State Department of Health and Human Services increased for the comparison period to \$306.7M from \$50.4M.

Payor class percentages changed between Blue Cross, Medicaid, and Medically indigent/self-pay/other; all other payor classes remained relatively stable as shown in the table below.

	3/31/2024 Balance	6/30/2023 Balance
Blue Cross	27%	29%
Medicare	34%	34%
Medicaid	12%	16%
Private insurance/managed care	15%	15%
Medically Indigent/self-pay/other	12%	6%
	<u>100%</u>	<u>100%</u>

Other Current Assets

The composition of other current assets is as follows:

	3/31/2024 Balance	6/30/2023 Balance
Inventory	\$ 110,579	\$ 104,414
Other Prepayments	120,128	83,509
Non-Patient Accounts Receivable	124,077	82,818
Lease Receivable	2,862	297
Accrued Interest	9	11
Unapplied Cash - Grant Payments	(112)	(62)
	<u>\$ 357,543</u>	<u>\$ 270,987</u>

Other Non-Current Assets

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

	3/31/2024 Balance	6/30/2023 Balance
Maintenance Contracts	\$ 3,182	\$ 4,954
Dept of Veterans Affairs Prepaid Rent	1,228	1,251
	<u>\$ 4,410</u>	<u>\$ 6,205</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 03/31/2024 (Unaudited) and 06/30/2023 (Audited) - (in thousands)

Third Party Payors

Medicare and Medicaid owes MUHA \$26.6M, a decrease of \$15.2M due to prior year Medicaid cost settlements.

	3/31/2024 Balance	6/30/2023 Balance
Medicare/Medicaid Accounts Receivable	\$ 26,567	\$ 41,805

Joint Ventures & Partnerships

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

	3/31/2024 Balance	6/30/2023 Balance
MUSC Health Partners (MHP)	\$ (29)	\$ 18
Edgewater Surgery Center	4,139	1,599
MSV Health Inc (MHI)	241	241
Mainsail Health Partners	1,979	914
MUSC Strategic Ventures (MSV)	2,137	(3,563)
	<u>\$ 8,467</u>	<u>\$ (791)</u>

Deferred Outflows

	3/31/2024 Balance	6/30/2023 Balance
Pension	\$ 325,873	\$ 331,505
Other Post-Employment Benefits	536,546	541,469
Refunding bond amortization	12,249	13,825
	<u>\$ 874,668</u>	<u>\$ 886,798</u>

Accounts Payable

Accounts Payable decreased by \$3.0M from June 30, 2023.

	3/31/2024 Balance	6/30/2023 Balance
	\$ 246,125	\$ 249,132

Other Accrued Expenses

The composition of other accrued expenses is as follows:

	3/31/2024 Balance	6/30/2023 Balance
Other	10,423	18,945
Advance from third party	2,667	8,000
Accrued Interest	2,823	2,604
Amounts due to contractors	312	623
	<u>\$ 16,225</u>	<u>\$ 30,172</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 03/31/2024 (Unaudited) and 06/30/2023 (Audited) - (in thousands)

Unearned Revenue

Unearned revenue increased by \$60.2M from June 30, 2023 due to Health Access, Workforce, and Quality (HAWQ), Disproportionate Share Hospital (DSH), Telemedicine, Statewide Health, and Health Solutions revenue.

	3/31/2024 Balance	6/30/2023 Balance
DSH & Other Medicaid Directed Payments	\$ 42,208	\$ -
Statewide/Behavioral Health Innovation	4,138	-
340B Remedy Settlement	11,056	-
MUSC Health Solutions	750	-
Cost Settlement	1,654	-
Other	430	-
	<u>\$ 60,236</u>	<u>\$ -</u>

Long Term Debt

As of March 31, 2024, Long-Term Debt related to HUD debt for Ashley River Tower (ART), Shawn Jenkins Children's Hospital (SJCH) and the Central Energy Plant (CEP). A table of outstanding balances by major issuance is listed below:

Project (mo/yr issued)	3/31/2024 Balance	6/30/2023 Balance
SJCH (06/2019)	\$ 267,257	\$ 274,346
ART (12/2012)	171,931	185,594
CHS Acquisition (03/2019)	113,356	116,459
Lifepoint Acquisition (07/2021)	73,536	75,218
CEP (12/2013)	21,279	23,410
	<u>\$ 647,359</u>	<u>\$ 675,027</u>

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 03/31/2024 (Unaudited) and 06/30/2023 (Audited) - (in thousands)

As of March 31, 2024, 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)	3/31/2024 Balance	6/30/2023 Balance
Charleston Property Lease (various)	\$ 115,354	\$ 97,988
Charleston Equipment Lease (various)	54,040	54,497
Summey Medical Pavilion (04/2019)	40,453	40,931
RHN & Midlands Equipment Lease (various)	25,259	27,784
RHN & Midlands Property Lease (various)	36,159	17,952
Subscription-based Technology Agreement - ERP (10/22)	7,523	9,890
Medical Malls (02/2019)	8,896	9,151
Cardiovascular Equipment (03/2020)	522	686
Computer software (09/2019)	23	65
Ultrasound (03/2019)	-	84
	\$ 288,229	\$ 259,027

Annual debt service costs for FY2023 totaled \$113M. 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)	Current Installments Principal
Capital Leases (various - see below)	\$ 45,943
ART (12/2012)	18,150
SJCH (06/2019)	9,413
CHS Acquisition (03/2019)	4,122
Imaging Equipment (01/2019)	3,648
CEP (12/2013)	2,827
Lifepoint Acquisition (07/2021)	2,234
Patient Monitors (07/2016)	866
	\$ 87,203

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Consolidated

Balance Sheet: As of 03/31/2024 (Unaudited) and 06/30/2023 (Audited) - (in thousands)

Project (month/year issued)	Current Installments Principal
Charleston Equipment Lease (various)	\$ 17,772
Charleston Property Lease (various)	12,293
RHN & Midlands Equipment Lease (various)	6,081
RHN & Midlands Property Lease (various)	5,609
Subscription-based Technology Agreement - ERP (10/22)	2,253
Summey Medical Pavilion (04/2019)	1,273
Medical Malls (02/2019)	413
Cardiovascular Equipment (03/2020)	227
Computer Software (09/2019)	22
	\$ 45,943

Pension and Other Post Employment Benefit (OPEB) Liabilities

As of March 31, 2024, the net pension liability, inclusive of RMC, increased by \$61.1M from June 30, 2023.

As of March 31, 2024, the net other post-employment benefit liability increased by \$22.1M from June 30, 2023.

Deferred Inflows

Deferred inflows increased by \$23.6M compared to June 30, 2023. The following breakdown is below:

	3/31/2024 Balance	6/30/2023 Balance
Pension	\$ 11,669	\$ 11,620
Other Post-Employment Benefits	452,901	428,068
Equipment	3,245	3,992
Property Leases	2,687	3,259
	\$ 470,502	\$ 446,937

Statements of Cash Flows

MEDICAL UNIVERSITY HOSPITAL AUTHORITY - Consolidated

Statements of Cash Flows - (in thousands)

March 31, 2024 and June 30, 2023

	As of 03/31/2024	As of 6/30/2023
	(unaudited)	(audited)
Cash flows from operating activities:		
Receipts received from patients and third-party payors	\$ 3,337,886	\$ 3,369,024
Other cash receipts	150,656	84,291
Payments to suppliers and employees	(3,150,862)	(3,418,388)
State appropriations	49,333	59,723
Net cash provided (used) by operating activities	<u>\$ 387,013</u>	<u>\$ 94,650</u>
Cash flows from noncapital financing activities:		
Proceeds from CARES Funding	\$ -	\$ 45,720
Proceeds from noncapital grants and gifts	2,915	5,339
Payments of revenue anticipation notes	-	(80,000)
Nonoperating revenues	746	(5,926)
Net cash provided (used) by noncapital financing activities	<u>\$ 3,661</u>	<u>\$ (34,867)</u>
Cash flows from capital and related financing activities:		
Capital expenditures	\$ (65,668)	\$ (127,040)
Capital appropriations	15,000	-
Capital grants and gifts received	-	14,862
Proceeds from disposal of capital assets	-	45,417
Payments of principal on long-term debt	(69,216)	(89,954)
Proceeds from financing debt	-	4,271
Payments of bond issuance cost	(31)	(20)
Payments of mortgage insurance premium	-	(805)
Payments on lease obligations	(59,813)	(33,909)
Proceeds on equipment replacement obligations	-	803
Interest payments	(28,960)	(42,299)
Net cash provided (used) by capital and related financing activities	<u>\$ (208,688)</u>	<u>\$ (228,674)</u>
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	\$ 239,000	\$ 179,000
Investment income received	24,820	15,267
Purchases of investments	(123,005)	(213,410)
Contributions to joint ventures and partnerships	(30,000)	-
Net cash provided (used) by investing activities	<u>\$ 110,815</u>	<u>\$ (19,143)</u>
Net increase (decrease) in cash and cash equivalents	292,801	(188,034)
Cash and cash equivalents at beginning of year	296,764	484,798
Cash and cash equivalents at end of year	<u>\$ 589,565</u>	<u>\$ 296,764</u>

**FACILITIES
ACADEMIC
TEMPORARY CONSTRUCTION ACCESS AGREEMENT
FOR APPROVAL**

5/17/2024

DESCRIPTION: Dominion Energy Calhoun Improvement Project

REQUESTOR: Dominion Energy South Carolina, Inc.

REQUESTOR CONTACT: William Reid, Dominion Energy South Carolina, Inc.

LOCATION: TMS#460-14-00-023 10 McClennan Banks Dr.

SUMMARY: Dominion Energy is requesting temporary construction access around the existing easement, granted in 2003, to be able to bury the existing power lines that run along this specific parcel. The general areas of access are from the corner of McClennan Banks Dr. and Calhoun St., and secondly from the corner of Courtenay Dr. and Calhoun St. onto the parcel. The overall project is estimated to take 4 to 6 months to complete. Upon completion, the existing landscape, hardscape, and surrounding areas will be restored to the current state.

JUSTIFICATION: Support the City of Charleston's comprehensive plan to improve the Calhoun corridor as the gateway into the City of Charleston and more specifically enhance the Shawn Jenkins Children's Hospital site within the Charleston Medical District.

granted hereunder, at and before the sealing of these presents, by the CITY OF CHARLESTON the receipt of which is hereby acknowledged, has, subject to all matters of record in the Register of Deeds Office for Charleston County, South Carolina and to all matters that an inspection of the Property and/or a true and correct survey of the Property would show (collectively, the “Permitted Exceptions”) granted, bargained, sold and released, and by these presents does grant, bargain, sell and release unto the CITY OF CHARLESTON (the “City” or “Grantee”), the following rights-of-way and easements:

- (1) Transferable subsurface tunnel easements (collectively, the “Subsurface Tunnel Easement”) for a public purpose under and across those certain portions of the Property designated as “NEW 40’ COC SUBSURFACE TUNNEL EASEMENT, 0.32 ACRE (13,938 SF),” “NEW 40’ COC SUBSURFACE TUNNEL EASEMENT, 0.06 ACRE (2,736 SF),” and “NEW 40’ COC SUBSURFACE TUNNEL EASEMENT: 0.002 ACRE (81 SF),” on a plat entitled “EASEMENT PLAT SHOWING TMS# 460-15-01-(017 & 027), TMS# 460-11-04-027, PROPERTY OF THE MEDICAL UNIVERSITY OF SOUTH CAROLINA & TMS# 460-15-01-(023, 024 & 026) PROPERTY OF THE HEALTH SCIENCE FOUNDATION OF THE MEDICAL UNIVERSITY OF SC CREATING A 40’ SUBSURFACE TUNNEL EASEMENT, PERMANENT EXCLUSIVE DRAINAGE EASEMENT & TEMPORARY CONSTRUCTION EASEMENT AS SHOWN TO BE ACQUIRED BY THE CITY OF CHARLESTON LOCATED CITY OF CHARLESTON, CHARLESTON COUNTY, SOUTH CAROLINA, D&F JOB #: 031874.00,” by Kevin Thewes (S.C.R.L.S. No. 21627) of Davis & Floyd, Inc., dated March 11, 2020 and recorded on _____, in Plat Book ____ at Page ____ in the Register of Deeds Office for Charleston County, South Carolina (the “Plat”). A copy of the Plat is attached hereto and incorporated herein by reference as Exhibit A.

Said Subsurface Tunnel Easement is shown as being contained within a portion of the Property designated as “NEW 40’ COC SUBSURFACE TUNNEL EASEMENT” on said Plat and has such size, shape, dimensions, buttings and boundings as by reference to said Plat will more fully appear.

Together with the right to lay, construct, locate, install, operate, maintain, inspect repair and replace an underground stormwater conveyance tunnel within the Subsurface Tunnel Easement area.

- (2) A permanent, transferable and exclusive stormwater drainage easement (the “Drainage Easement”) for a public purpose over, under, and across that certain portion of the Property designated as “NEW PERMANENT VARIABLE WIDTH COC EXCLUSIVE DE: 0.04 ACRE (1,844 SF)” on the Plat. The Drainage Easement is shown as being contained within a portion of the Property designated as “TMS# 460-15-01-017” on said Plat and has such size, shape, dimensions, buttings and boundings as by reference to said Plat will more fully appear.

Scope of Exclusivity. Notwithstanding any other provision of this Agreement, the Drainage Easement shall be “exclusive” in that the Grantee shall have the right to exclude others, including Grantor, from using the Storm Water System and Drainage Improvements; however, the Drainage Easement shall be “nonexclusive” in that the Grantor may make other uses of the Easement Area so long as the uses do not unreasonably interfere with the rights granted to Grantee under this Drainage Easement. In addition, Grantor will not grant additional easements over, under, or upon the Drainage Easement area which would conflict with the Drainage Easement without prior written consent of the Grantee, which consent shall not unreasonably be withheld, conditioned or delayed.

- (3) A temporary construction easement (the “Temporary Construction Easement”) for a public purpose (as specified in Paragraph 4 below) over, under, and across that certain portion of the Property designated as “NEW TEMPORARY VARIABLE WIDTH COC CONSTRUCTION EASEMENT: 0.14 ACRE (6,225 SF)” on the Plat. The Temporary Construction Easement is shown as being contained within a portion of the Property designated as “TMS# 460-15-01-017” on said Plat and has such size, shape, dimensions, buttings and boundings as by reference to said Plat will more fully appear.
- (4) The City, its agents and independent contractors shall have, during the duration of the Temporary Construction Easement, the right of ingress and egress to the land contained within the Temporary Construction Easement as shown on the Plat and described in Paragraph 3 above for purposes of construction, periodic inspection, maintenance, repair and replacement as necessary to construct the drop shaft, vortex box, deep tunnel, and associated surface drainage system components for the Stormwater System. The Temporary Construction Easement shall terminate upon the earlier of the completion of the portion of the drainage project designated as “Ehrhardt Drainage Improvement Project” by the City or _____. The termination of such authorization shall be automatic and without the necessity of any further documentation or action by the Parties hereto; provided, however, that upon reasonable request of any one of the Parties, a written agreement in recordable form prepared at the cost of the Party so requesting shall be executed by the Parties hereto to evidence such termination.
- (5) The easement areas contained within the Subsurface Tunnel Easement, Drainage Easement, and Temporary Construction Easement shall collectively be identified as the Easement Area.

IT IS FURTHER AGREED between the parties that the CITY OF CHARLESTON shall be responsible for the following:

- (1) All landscape shrubs, trees and surface improvements that were removed to construct the temporary laydown yard contained in the Temporary Construction Easement area and as shown on the Plat will be promptly replaced with shrubs, trees of equivalent size to that which was removed, provided they are compatible with being placed within close proximity to a storm drain. All existing lawn that has been disturbed during construction will be promptly replaced with sod. All existing landscaping materials, barriers and fences will be replaced or restored as it was prior to construction. All irrigation system components will be promptly replaced, connected into the existing irrigation system and restored to full operation, as it was prior to construction. After construction, once the plants, shrubs, trees and/or sod, as needed, have been placed within the Temporary Construction Easement by the City and the property has sufficiently been restored, the City shall have no further responsibility to maintain the area subject to the Temporary Construction Easement.
- (2) Construction activities within the Temporary Construction Easement will commence no earlier than [REDACTED] and will be completed no later than [REDACTED]. The City will use reasonable efforts to complete all identified work and return the Temporary Construction Easement area to Grantor within an efficient manner.
- (3) The City shall cause each contractor, architect, engineer and professional consultants which shall provide materials, labor or services within the Easement Area to purchase and maintain commercial general liability insurance as described in the attached insurance addendum which is incorporated herein by reference as Insurance Addendum to Permanent & Temporary Utility Easements (attached hereto as Exhibit B).
- (4) Evidence of Contractor's insurance, to include but not be limited to certificates of

insurance and policies shall be provided to Grantor as follows via first class mail to:

Office of General Counsel, MUSC

C/O MUSC Health

22 WestEdge, Suite 300

Charleston, SC 29403

TOGETHER with all the rights and privileges necessary or convenient for the full enjoyment or use of said Subsurface Tunnel Easement, Drainage Easement, and Temporary Construction Easement.

AND it is further agreed between the parties that:

- (1) The Grantor and its successors and assigns shall have the right to construct a structure within the portion of the Property subject to the Subsurface Tunnel Easement. Provided however, the Grantor agrees for itself and its successors and assigns that, in the event a structure is constructed within the portion of the Property subject to the Subsurface Tunnel Easement, no portion of said structure, including but not limited to the foundation and pilings, will penetrate the Subsurface Tunnel Easement to depths exceeding negative ninety-five feet (-95.0'), referenced to the North American Vertical Datum of 1988 (NAVD88). See "Easement Section View (TYP)" on said Plat, which is incorporated herein by reference.
- (2) The Subsurface Tunnel Easement shall continue in force only for a period of fifty (50) years from the Effective Date of this Agreement so long as they are used for utility purposes, unless renewed the Medical University of South Carolina, its successors and assigns, prior to termination, in its sole and exclusive discretion and subject to all requisite governmental approvals. And, in the event the City should abandon or not use the Subsurface Tunnel Easement for a consecutive period of (2) years, with or without written notice to the Grantor, the City will have given up all rights to such

easements. The Subsurface Tunnel Easement and/or Temporary Construction Easement may also be terminated by Grantor in the event of the City's failure to comply with the terms and conditions of this instrument.

- (3) The Drainage Easement shall continue in force from the Effective Date of this Agreement so long as it is used for utility purposes. And, in the event the City should abandon or not use the Drainage Easement for a consecutive period of (2) years, with or without written notice to the Grantor, the City will have given up all rights to such easement. The Drainage Easement may also be terminated by Grantor in the event of the City's failure to comply with the terms and conditions of this instrument.
- (4) The Subsurface Tunnel Easement and Drainage Easement granted herein are for a public purpose and may be transferred and assigned by the City and its successors and assigns.
- (5) The agreements contained herein shall be binding upon the City of Charleston and Grantor and their respective successors and assigns.
- (6) The Grantee shall ensure that all of its activities involving the easements are in compliance with all existing, and any future, applicable environmental, historical, cultural protection and all other laws, statutes and regulations, including, but not limited to: the Federal Water Pollution Control Act (a.k.a. the Clean Water Act), 33 U.S.C § 1251 et seq.; the Safe Drinking Water Act, 42 U.S.C § 300f et seq.; The Clean Air Act, 42 U.S.C §7401 et seq.; the Resource Conservation and Recovery Act, 42 U.S.C §6901 et seq.; the Toxic Substances Control Act, 15 U.S.C §2601 et seq.; the Coastal Zone Management Act, 16 U.S.C § 1451 et seq.; the Federal Insecticide, Fungicide, and Rodenticide Act 7 U.S.C § 136 et seq.; National Historic Preservation Act, 16 U.S.C §470 et seq.; and the Endangered Species Act, 16 U.S.C §1531 et seq.;

as well as any applicable state or local laws or regulations.

- (7) The Grantee may not unlawfully pollute the air, ground, or water, nor create a public nuisance. The Grantee shall, at no cost to the Grantor, promptly comply with all applicable federal, state, and local laws, regulations, or directives regulating the quality of the environment and Grantee's use of the Easement Area for the purposes set forth herein. This does not affect the Grantee's right to contest the validity of such laws, regulations, or directives or to try to enjoin their applicability.
- (8) The Grantee shall use all required means to protect the environment, natural resources and the balance of the Property from any damage arising from the Grantee's use of the Property and activities incident to such use.
- (9) Grantee acknowledges responsibility for the torts and environmental and other liabilities of Grantee and Grantee's employees in the same manner and to the same extent as a private individual under like circumstances, subject to the limitations upon liability and damages, and exemptions from liability and damages, contained in the South Carolina Tort Claims Act (the "Act"), codified at sections 15-78-10 to -220 of the South Carolina Code, as the Act as applicable and as may be amended from time to time.
- (10) If any damage results to the environment or natural resources or to any portion of the Property as a result of the Grantee's use of the Easement Area pursuant to the rights granted herein including any rights of ingress and egress as provided herein, the Grantee shall promptly restore the environment, damaged resources and/or Property at Grantee's sole cost and expense. The Grantee shall be solely responsible for all environmental cleanup costs, any claims for damage done to any natural resources or to any portion of the Property resulting from the Grantee's use of the Easement Area, including any rights of ingress and egress as provided herein and activities incident to such use.

- (11) Notwithstanding the foregoing, the Grantor may be liable for the costs of any environmental cleanup required for contamination which existed prior to the execution of this agreement (except to the extent such existing contamination is exacerbated or made evident by the actions of the Grantee or the existence of this Easement, in which event the same shall be the sole responsibility of the Grantee), or which Grantor causes after the execution of this document (except to the extent resulting from the presence of this Easement , in which event the same shall be the sole responsibility of the Grantee except to the extent caused by the negligent acts of Grantor). “Environmental cleanup” as used herein means the remediation of any environmental damage as required by any federal, state, or local regulatory agency having jurisdiction over the area.
- (12) The Grantee shall obtain any and all required federal, state and local environmental permits, licenses and/or approvals prior to commencement of construction.
- (13) The Subsurface Tunnel Easement, Drainage Easement, and Temporary Construction Easement are conveyed without interference with, or prejudice to, the rights of the Grantor, except so far as is reasonably necessary in the exercise of the rights-of-way and easements hereby granted, and there are reserved to the Grantor all its respective rights in, and to, the use of its land lying within said rights-of-way and easements for all lawful purposes not inconsistent with the City’s use of such easements for the purposes mentioned herein.

TO HAVE AND TO HOLD, subject to the Permitted Exceptions, all and singular, the easement rights and privileges above described unto the CITY OF CHARLESTON, its successors and assigns.

FACILITIES
ACADEMIC/RESEARCH
BUDGET ADJUSTMENT
FOR APPROVAL

DATE: May 17, 2024

PROJECT TITLE: MUSC Campus Connector Bridge

PROJECT NUMBER: H51-9872

TOTAL ESTIMATED BUDGET: \$55,168,738

SOURCE(S) OF FUNDS: \$6,500,000 – State Appropriated Capital Reserve Funds
\$34,000,000 – State Office of Resiliency ARPA Funds
\$2,160,000 – Clinical Revenues
\$12,508,738 – University and Health System Capital Reserve Funds

PREVIOUS APPROVALS: MUSC Board project approval for \$34,399,710 on 4/8/22
State Capital Budget Office Phase 1 Approval \$950,000 on 11/10/22

BUDGET CHANGE REQUEST: This request is to increase the project budget by \$20,769,028.

SCOPE OF WORK: This project will construct an elevated connector bridge adjacent to Doughty Street from the 2nd floor of the Ashley River Tower to the 2nd floor of the Bioengineering Building. Connections from this Doughty Street bridge will also be made at the 2nd floor of the Thurmond Gazes Building. Once completed most major campus buildings will be connected together at the 2nd floor level. This project will provide capability to relocate the existing underground swisslog tube transportation system to the new connector bridge. Approximately \$9 million of the cost is based on a rough order of magnitude cost estimate provided in collaboration with Dominion Energy to relocate medium and high voltage lines from above ground to below ground service at Courtenay, Ehrhardt, and President Streets.

JUSTIFICATION: The Charleston Medical District is spread out over 80 plus acres and is located within the 100 year floodplain, specifically flood zone AE. The entire area is prone to flooding during storm events including hurricanes/tropical storms, heavy rain events, and sometimes even during normal high tide events. The medical tube system is essential to hospital lab operations for care of critical patients and is compromised by its current underground location and requires shutdown during heavy rains and high tide causing delays in required care. Once complete the elevated walkway project will allow patients, care team members, and

supplies to move freely from building to building during storm and flood events. This project will connect the entire MUSC Health campus network and provide safe passage to any emergency rooms or adult Level 1 Trauma centers via the helipad located on top of the Sean Jenkins Children's Hospital. As South Carolina's only integrated academic health sciences center and MUSC Health's main campus which includes University Hospital, Ashley River Tower, and Shawn Jenkins Children's Hospital and Pearl Tourville Women's Pavilion, maintaining accessibility and operation for disaster response and recovery is imperative.

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
REGULAR AGENDA
May 17, 2024

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

Mr. Allan E. Stalvey Dr. Charles B. Thomas, Jr. Dr. James E. Wiseman, Jr.

- Item 1. Call to OrderDr. James Lemon
Chairman

- Item 2. Roll CallKatherine Haltiwanger
Board Secretary

- Item 3. Date of Next Regular Meeting – August 9, 2024.....Katherine Haltiwanger
Board Secretary

- Item 4. Approval of Meeting MinutesDr. James Lemon
Chairman

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

- Item 5. Other Business..... Dr. David Cole
President

Research and Institutional Advancement Committee: Michael Stavrinakis, Chair

- Item 6. Institutional Advancement ReportKate Azizi
Vice President for Institutional Advancement

- Item 7. Naming Request for ApprovalKate Azizi
Vice President for Institutional Advancement

- Item 8. Other Committee Business.....Michael Stavrinakis
Committee Chair

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

- Item 9. Basic Science Department Restructure for ApprovalDr. Terry Steyer
Dean, College of Medicine & Vice President for Medical Affairs
- Item 10. Other Committee Business..... Barbara Johnson-Williams
Committee Chair

Finance and Administration Committee: Jim Battle, Chair

- Item 11. MUSC Financial Report..... Patrick Wamsley
Chief Financial Officer, MUSC
- Item 12. MUSC Physicians Financial ReportFred Borelli
Chief Financial Officer, MUSC Physicians
- Item 13. Other Committee Business..... Jim Battle
Committee Chair

Other Business for the Board of Trustees

- Item 14. Hollings Cancer CenterBoard of Trustees

A request to consider steps necessary to advance Hollings Cancer Center to comprehensive status will be presented for approval.
- Item 15. Approval of Consent Agenda.....Dr. James Lemon
Chairman
- Item 16. Executive SessionDr. 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 17. New Business for the Board of TrusteesDr. James Lemon
Chairman
- Item 18. Report from the ChairmanDr. James Lemon
Chairman

MUSC Board of Trustees Institutional Advancement Update

May 17, 2024



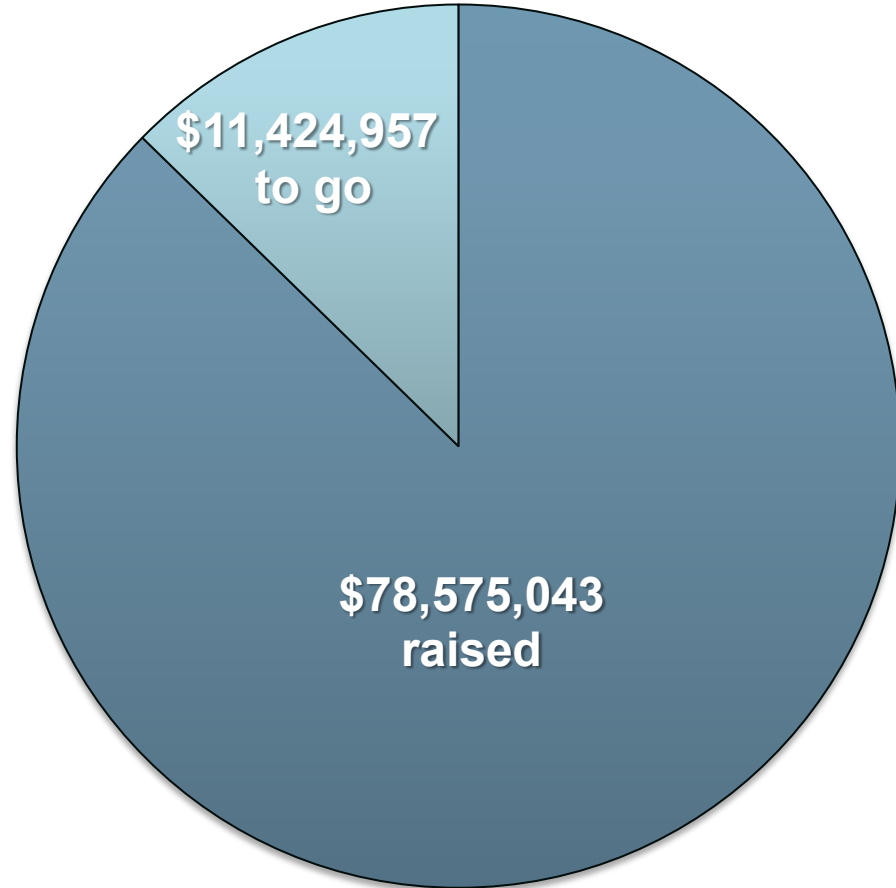
Goal 1: Raise \$90 million

FY24 progress as of April 29, 2024

Goal:
\$90,000,000

Achieved:
\$78,575,043

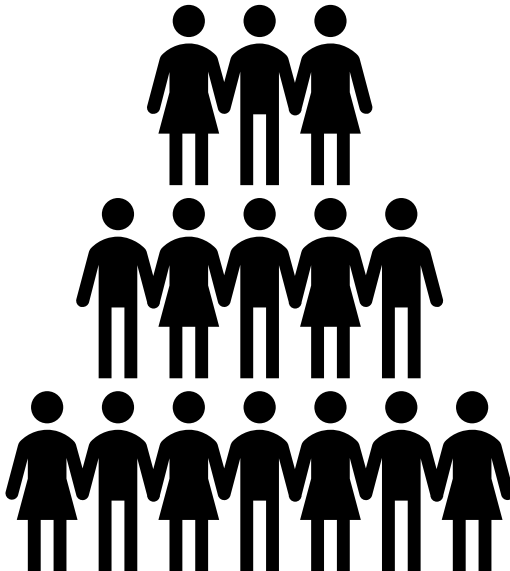
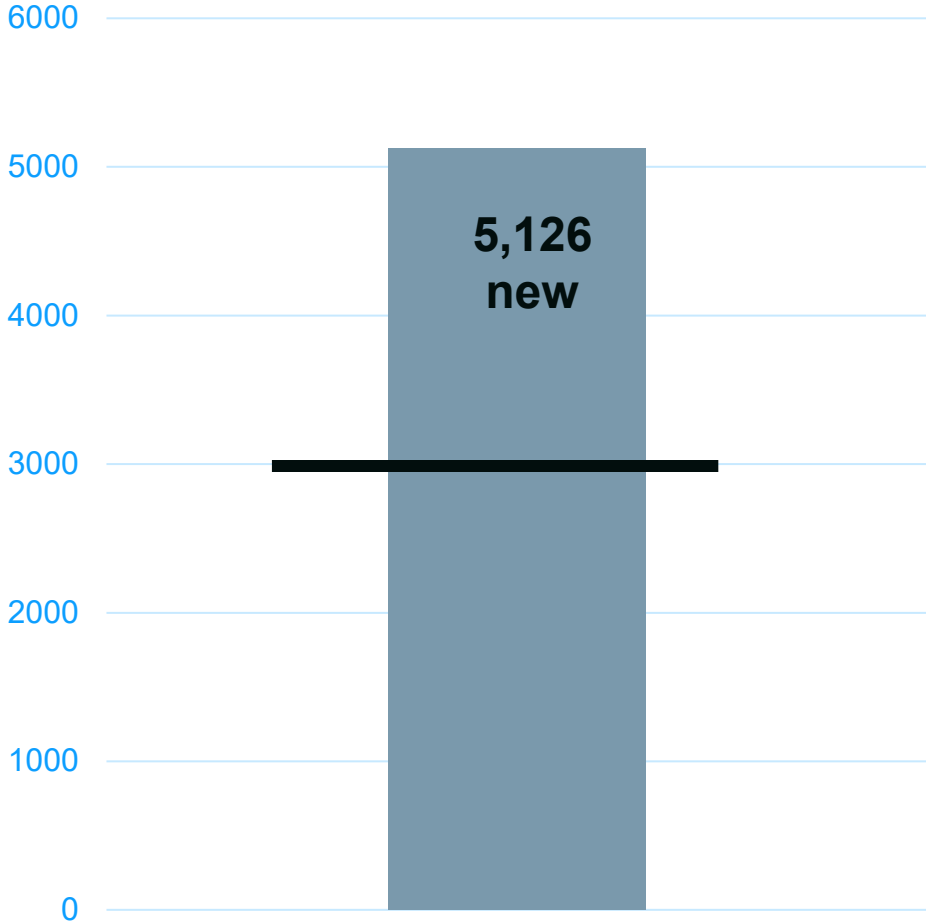
Progress to
Goal: **87%**



Goal 2: Increase # of New Donors by 3,000

FY24 progress as of April 29, 2024

Progress to Goal:
171%



THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Nine (9) Month Period Ended March 31, 2024

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University Budgeted Funds Comparison to Budget	2
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Summary of Current Debt Obligations and Analysis of Available Bonded Debt Capacity	5
Statement of Revenues, Expenses and Changes in Net Position For Affiliated Organizations	6

The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of March 31, 2024

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
Assets & Deferred Outflows			
Cash and Cash Equivalents	\$ 407,430,091	\$ 5,351,596	\$ -
Cash and Cash Equivalents - Restricted	43,337,808	-	1,057,532
State Appropriation Receivable	79,712,173	8,955,775	-
Student Tuition and Fees Receivable	(1,033,965)	-	-
Student Loan Receivable	11,364,420	-	-
Grants and Contracts Receivable	86,245,980	917,121	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Lease Receivable	12,977,557	-	-
Other Receivables	6,900,504	-	-
Investments	-	-	-
Prepaid Items	6,059,430	-	-
Capital Assets, net of Accumulated Depreciation	477,677,897	-	-
Due from Hospital Authority	41,996,849	-	-
Due from Other Funds	127,557,684	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	-	-	-
Deferred Outflows-Pensions	81,196,886	-	-
Deferred Outflows-OPEB	128,901,575	-	-
Other Assets	-	-	-
Total Assets & Deferred Outflows	\$ 1,510,324,889	\$ 15,224,492	\$ 1,057,532
Liabilities & Deferred Inflows			
Accounts Payable	\$ 8,467,732	\$ 80,747	\$ -
Accrued Payroll and Other Payroll Liabilities	30,536,892	-	-
Accrued Compensated Absences	33,164,333	208,238	-
Deferred Revenue	70,468,388	3,424,129	-
Retainages Payable	1,917,156	-	-
Long-Term Debt	86,208,973	-	-
Lease Liability	79,167,797	-	-
SBITA Liability	4,444,936	-	-
Interest Payable	650,583	-	-
Deposits Held for Others	(2,614,885)	-	-
Due to Hospital Authority	-	-	-
Due to Other Funds	24,198,474	-	-
Federal Loan Program Liability	11,344,515	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	539,077,280	-	-
Net OPEB Liability	343,184,575	-	-
Deferred Inflows-Leases	12,976,570	-	-
Deferred Inflows-Pensions	3,541,588	-	-
Deferred Inflows-OPEB	335,753,312	-	-
Other Liabilities	64,603,462	-	-
Total Liabilities & Deferred Inflows	\$ 1,647,091,681	\$ 3,713,114	\$ -
Net Position	(136,766,793)	11,511,378	1,057,532
Total Liabilities & Deferred Inflows and Net Position	\$ 1,510,324,889	\$ 15,224,492	\$ 1,057,532

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending March 31, 2024

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
Federal Grants & Contracts	\$ 164,661,333	\$ 123,496,000	\$ 132,722,706	\$ 9,226,706	F
Federal Grants Indirect Cost Recoveries	41,945,395	31,459,046	33,844,133	2,385,087	F
State Grants & Contracts	13,720,460	10,290,345	10,165,920	(124,425)	U
Private Grants & Contracts	34,711,984	26,033,988	38,880,017	12,846,029	F
Private Grants Indirect Cost Recoveries	5,412,922	4,059,692	5,638,636	1,578,944	F
Total Grants & Contracts	260,452,094	195,339,071	221,251,412	25,912,341	F
State Appropriations	119,743,190	89,807,393	87,753,728	(2,053,665)	U
Tuition and Fees	110,813,870	79,618,926	81,394,330	1,775,404	F
Pass-Through Revenues	90,728,707	68,046,530	41,477,784	(26,568,746)	U
Gifts	26,539,132	19,904,349	15,031,642	(4,872,707)	U
Transfers from (to) MUSC Physicians	108,407,539	81,305,654	79,061,858	(2,243,796)	U
Sales and Services of Educational Departments	16,478,145	12,358,609	15,202,970	2,844,361	F
Sales and Services of Auxiliary Enterprises	17,029,102	12,771,827	13,241,574	469,747	F
Interest and Investment Income	2,734	2,051	171,996	169,945	F
Endowment Income	3,512,583	2,634,437	462,557	(2,171,880)	U
Miscellaneous	21,367,933	16,025,950	41,640,669	25,614,719	F
Miscellaneous - Residents	8,000,000	6,000,000	6,000,000	-	F
Authority Revenue	97,297,041	72,972,781	58,240,504	(14,732,277)	U
Authority Revenue - Residents	80,594,740	60,446,055	60,446,055	-	F
Intra-Institutional Sales	35,881,640	26,911,230	25,663,556	(1,247,674)	U
Total Other	736,396,356	548,805,792	525,789,222	(23,016,569)	U
Total Revenues	996,848,450	744,144,863	747,040,634	2,895,772	F
Expenditures					
Salaries	\$ 383,700,295	\$ 287,775,221	\$ 287,853,693	\$ (78,472)	U
Miscellaneous Personnel Expenditures	4,412,854	3,309,641	2,623,382	686,259	F
Fringe Benefits	155,286,068	116,464,551	125,408,569	(8,944,018)	U
Total Personnel	\$ 543,399,217	\$ 407,549,413	\$ 415,885,645	\$ (8,336,232)	U
Contractual Services	\$ 186,498,979	\$ 139,874,234	\$ 129,882,399	\$ 9,991,835	F
Pass-through Expenditures	90,728,707	68,046,530	41,477,784	26,568,746	F
Supplies	67,149,771	50,362,328	47,172,865	3,189,463	F
Fixed Charges	52,502,351	39,376,763	38,884,675	492,088	F
Equipment	10,853,692	8,140,269	-	8,140,269	F
Travel	5,062,259	3,796,694	5,030,591	(1,233,897)	U
Trainee / Scholarships	24,988,679	18,741,509	18,555,591	185,918	F
Other Expenses	7,092,110	5,319,083	18,452,501	(13,133,418)	U
Debt Service	9,142,267	6,856,700	6,856,700	(0)	U
Total Other	\$ 454,018,815	\$ 340,514,110	\$ 306,313,105	\$ 34,201,005	F
Total Expenditures	\$ 997,418,032	\$ 748,063,523	\$ 722,198,750	\$ 25,864,773	F
Other Additions (Deductions)					
Transfers from(to) Plant Funds	(22,849,494)	(17,137,121)	(17,805,691)	(668,570)	U
Other Transfers	(11,926)	(8,945)	13,193	22,138	F
Prior Year Fund Balance Usage	31,353,166	23,514,875	22,621,386	(893,489)	U
Total Other Additions (Deductions)	\$ 8,491,746	\$ 6,368,809	\$ 4,828,888	\$ (1,539,921)	U
NET INCREASE (DECREASE) in Fund Balance	\$ 7,922,164	\$ 2,450,149	\$ 29,670,772	\$ 27,220,624	F
Non-Budgeted Items					
Net Unfunded Pension Expense			2,206,258		
Net Unfunded OPEB Expense			(6,890,759)		
Depreciation			(27,476,300)		
Endowment Gains/Losses			(1,151,688)		
Gain (Loss) on Disposition of Property			2,937,392		
Other Non-Budgeted Items			34,688,945		
SRECNP Bottom Line			33,984,620		

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
 March 31, 2024

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	\$ 48,512,312
Land/Bldgs/Equipment/Accumulated depreciation	<u>429,165,585</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 477,677,897</u>

Note 5. *Construction in Progress*

The itemized construction-in-progress will be updated in future months.

Note 6. *Deferred Revenue*

The University's deferred revenue consists of the following:

State appropriations	\$ 41,837,196
Grants and contracts	13,295,845
Student tuition and fees	12,813,576
Other	<u>2,521,771</u>
Total Deferred Revenue	<u>\$ 70,468,388</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
 March 31, 2024

Note 7. *Long Term Liabilities and Leases*

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

Lease Liability	\$ 79,167,797
Higher Ed Refunded Revenue bond payable	16,255,000
State Institution bonds payable	38,945,000
Energy Performance Note Payable	25,294,421
Premium on State Institution bonds payable	5,177,749
Premium on Refunding Revenue Bonds	<u>536,803</u>
Total Long Term Liabilities and Leases	<u>\$ 165,376,770</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 2023, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$17.9 million for a total of \$218.1 million. In fiscal year 2022, excluding the GASB 68 and GASB 75 impact, the University's net position increased \$39.6 million for a total of \$200.2 million. In fiscal year 2021, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$2.3 million for at total of \$160.6 million. In fiscal year 2020, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position decreased \$7.1 million for a total of \$158.3 million.

	Per annual CAFR			
	<u>FY2023</u>	<u>FY2022</u>	<u>FY2021</u>	<u>FY2020</u>
Net investment in capital assets	\$ 272,606,591	\$ 264,898,753	\$ 256,273,784	\$ 273,745,547
Restricted				
Nonexpendable	96,695,036	94,737,549	93,450,804	92,884,333
Expendable	248,944,820	204,093,027	172,064,021	119,736,905
Unrestricted (exclusive of GASB 68 and 75 liabilities)	218,124,473	200,247,718	160,633,515	158,323,021
Unrestricted (including GASB 68 and 75 liabilities)	<u>(1,001,836,676)</u>	<u>(961,299,272)</u>	<u>(908,652,076)</u>	<u>(868,396,874)</u>
Total net position	<u>\$ (165,465,756)</u>	<u>\$ (197,322,225)</u>	<u>\$ (226,229,952)</u>	<u>\$ (223,707,068)</u>

Medical University of South Carolina
Summary of Current Debt Obligations

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 31-Mar-2024
State Institution Bonds (SIB)			
SIB 2012B refunding	12,645	Refunding SIB 2001C, 2003D, & 2003J	835
SIB 2016D	30,095	Refunding SIB 2005A & convert BAN	17,165
SIB 2021D	<u>23,415</u>	Refunding SIB 2011D & to fund construction of capital projects	<u>20,945</u>
	<u>\$ 66,155</u>		
Current SIB Debt Authorized and Issued			<u>\$ 38,945</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ -</u>
Refunding Revenue Bonds, Series 2017			
2017	<u>\$ 25,115</u>	Refunding of Higher Ed Revenue Bonds	<u>\$ 16,255</u>
Energy Performance Note Payable			
EPNP 02-27-19	<u>\$ 30,000</u>	Energy Savings	<u>\$ 25,294</u>

The Medical University of South Carolina and Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Nine (9) Month Period Ending March 31, 2024

	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
Operating Revenues		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	978,198	-
State Grants and Contracts	-	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	123,887	-
Sales and Services to Hospital Authority	-	-
Sales and Services of Educational and Other Activities	-	-
Sales and Services of Auxiliary Enterprises	-	-
Interest Income	-	65,495
Other Operating Revenues	168,230	-
Total Operating Revenues	<u>1,270,315</u>	<u>65,495</u>
Operating Expenses		
Compensation and Employee Benefits	1,647,364	-
Pension Benefits		
OPEB Expense		
Services and Supplies	3,402,121	-
Utilities	-	-
Scholarships and Fellowships	-	-
Refunds to Grantors	-	-
Interest Expense	-	48,366
Depreciation and Amortization	-	12,742
Total Operating Expenses	<u>5,049,485</u>	<u>61,108</u>
Operating Income (Loss)	<u>(3,779,170)</u>	<u>4,387</u>
Nonoperating Revenues (Expenses)		
State Appropriations	10,004,891	-
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)	<u>10,004,891</u>	<u>-</u>
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	<u>6,225,721</u>	<u>4,387</u>
Capital Appropriations	-	-
Capital Grants and Gifts	-	-
Additions to Permanent Endowments	-	-
Transfers From (To) MUSC Physicians (UMA)	-	-
Transfers From (To) AHEC	-	-
Transfers From (To) CHS Development	-	(13,193)
Transfers From (To) Facilities Corporation	-	-
Increase (Decrease) In Net Position	<u>\$ 6,225,721</u>	<u>\$ (8,806)</u>

MUSC Physicians and Carolina Family Care

Interim Financial Statements For the nine month period ending March 31, 2024

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Unaudited – For Management Use

MUSC Physicians and Carolina Family Care, Inc.
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 9 Month Period Ending - March 31, 2024

	MUSC Physicians				Carolina Family Care, Inc.		Total		
	College of Medicine Actual	Corporate Actual	Ambulatory Care Actual	Other Actual	Carolina Family Care Primary Care Actual	Other Actual	Total Actual	Total Fixed Budget	Total Variance
Operating revenues:									
Net clinical service revenue	372,060,080	-	-	5,145,258	21,453,084	943,213	399,601,635	382,973,144	16,628,491
Supplemental medicaid	36,070,021	-	-	-	2,400,000	-	38,470,021	38,452,415	17,607
Other operating revenue	6,518,314	2,478,545	4,683	3,444,983	3,828,223	1,778,252	18,053,000	19,236,351	(1,183,351)
Intercompany transfers	(110,011,335)	26,679,620	86,097,257	(2,765,542)	-	-	-	-	-
Purchased services revenue	98,295,522	6,246,056	2,685,917	10,619,500	1,820,616	3,706,519	123,374,130	124,981,082	(1,606,952)
Grant salary reimb. from MUSC	12,842,581	-	-	173,642	-	-	13,016,224	10,915,210	2,101,013
Total operating revenues	415,775,184	35,404,220	88,787,857	16,617,842	29,501,922	6,427,985	592,515,011	576,558,202	15,956,808
Operating expenses:									
Salaries, wages and benefits	317,528,236	24,644,304	26,833,377	12,770,010	18,717,348	4,119,916	404,613,191	403,483,375	(1,129,816)
MUSCP reimb. for education and research	80,837,381	-	-	63,275	-	-	80,900,655	80,900,655	-
Supplies	900,492	495,788	41,579,655	290,205	2,835,867	116,412	46,218,418	41,780,207	(4,438,211)
Contractual services	6,868,314	7,471,457	2,770,176	2,287,013	924,859	601,581	20,923,399	20,283,330	(640,069)
Purchased services	6,139	8,329,357	6,964,988	1,410,458	1,364,053	220,601	18,295,596	21,434,701	3,139,105
Facility cost and equipment	40,563	931,513	7,393,052	(2,292,253)	1,756,766	(972,894)	6,856,747	7,408,230	551,483
Professional liability insurance	6,904,668	15,347	2,681	12,941	262,651	8,880	7,207,168	7,042,319	(164,849)
Depreciation	-	99,904	3,564,427	3,815,754	259,336	1,105,549	8,844,970	9,624,553	779,583
Meals and travel	2,180,951	154,167	54,799	587,810	19,715	30,749	3,028,191	3,586,143	557,952
Other expenses	683,032	895,802	10,514	145,006	(43,857)	48,316	1,738,813	2,173,949	435,136
Faculty and staff recruitment	753,642	96,987	12,714	206,282	26,431	290,779	1,386,835	1,273,155	(113,679)
Donations - transfer to MUSCF	200,000	-	-	405,000	-	-	605,000	405,000	(200,000)
MUSCP corporate shared services	-	-	-	-	1,901,765	1,807	1,903,572	1,933,733	30,161
Total operating expenses	416,903,417	43,134,626	89,186,383	19,701,501	28,024,933	5,571,695	602,522,554	601,329,351	(1,193,203)
Operating income (loss)	(1,128,233)	(7,730,406)	(398,526)	(3,083,659)	1,476,990	856,290	(10,007,544)	(24,771,149)	14,763,605
Operating margin	(0.3%)	(21.8%)	(0.4%)	(18.6%)	5.0%	13.3%	(1.7%)	(4.3%)	
Nonoperating revenue (expenses):									
Donations - transfer to MUSCF	-	-	-	(7,204,829)	-	-	(7,204,829)	-	(7,204,829)
Donation of Rutledge Tower Garage	-	-	-	8,520,000	-	-	8,520,000	-	8,520,000 *
Investment income	106,010	7,782,872	-	12,202,826	177	-	20,091,885	5,273,623	14,818,261 *
Interest expense	-	(226,596)	(8,965)	(1,831,502)	(8,743)	(82,125)	(2,157,931)	(2,429,440)	271,509 *
Rental income	-	174,131	405,870	3,999,471	49,466	106	4,629,044	5,477,396	(848,352) *
Rent expense	-	-	-	(900,057)	-	-	(900,057)	(1,157,189)	257,132 *
Gain (loss) on disposal of assets	-	-	1,621	16,703,443	-	-	16,705,064	-	16,705,064 *
Total Nonoperating revenue (expenses)	106,010	7,730,406	398,526	31,489,352	40,900	(82,018)	39,683,176	7,164,391	32,518,785
Change in net position	\$ (1,022,222)	\$ -	\$ -	\$ 28,405,693	\$ 1,517,889	\$ 774,272	\$ 29,675,632	\$ (17,606,758)	\$ 47,282,390
Net margin	(0.2%)	0.0%	0.0%	170.9%	5.1%	12.0%	5.0%	(3.1%)	

Notes:

MUSC Physicians Other includes other Colleges (Nursing CoHP, Dental), Presidents Fund, Rental Properties, Investment Account and Funded Leadership Carolina Family Care, Inc. Other includes MHA Population Health, CFC Community Physicians, and Funded Leadership

* The sale of Rutledge Tower impacted these income statement accounts

Medical University of South Carolina Physicians

Executive Summary

For the nine-month period ending March 31, 2024

Charges:

- **YTD: 4% over budget and 7% over last year**
- Month of March: 2% over budget and 1% over last year
- Top clinical departments (% over budget): Infusion, Emergency Medicine, Ophthalmology, Otolaryngology, Medicine

Payments:

- **YTD: 2% over budget and 8% over last year**
- Month of March: (1%) under budget and (5%) under last year
- Top clinical departments (% over budget): Infusion, Emergency Medicine, Otolaryngology, Ophthalmology, Orthopedics
- 39.5 days in AR as of March 2024 and 35.6 days in AR as of June 2023
- \$83 per wRVU as of March 2024 and \$85 per wRVU as of June 2023

Income/(Loss):

- **(\$12.3M) Operating Loss; (2%) Operating Margin**
 - \$12.8M favorable variance to fixed budget
 - \$15.9M net clinical service revenue
 - \$11.2M favorable Epic revenue
 - \$4.7M favorable other patient revenue: \$3.0M Surgery PSA (unbudgeted) and \$1.1M Citadel (bolus payment)
 - (\$3.2M) salaries, wages and benefits
 - (\$1.4M) College of Medicine over budget: (\$1.5M) Medicine, (\$1.0M) Dermatology, and (\$0.9M) Neurosurgery
 - (\$0.8M) Hollings Cancer Center over budget
 - (\$3.9M) supplies
 - Infusion (\$5.2M) over budget (higher acuity cases)
 - Ambulatory Care \$0.8M under budget (Women's Centers' timing of purchases)
 - College of Medicine \$0.4M under budget
 - \$2.8M purchased services
 - Enterprise Funding (Helix and OneMUSC) \$2.5M under budget - due to timing
- **\$39.7M Nonoperating Income**
 - \$32.6M favorable variance to fixed budget
 - (\$7.2M) President's Fund transfer to MUSC Foundation – unbudgeted
 - \$8.5M donation of Rutledge Tower Garage - unbudgeted
 - \$14.8M investment income
 - \$12.1M unrealized/realized gain on investments
 - \$3.4M interest and dividend income over budget
 - \$16.7M gain on disposal of assets
 - \$30M MUHA Rutledge Tower bond payment
 - (\$11.1M) loss on disposal of Rutledge Tower capital assets
- **\$27.4M Net Income; 5% Net Margin**
 - \$45.3M favorable variance to fixed budget

Balance Sheet:

- Days cash on hand: 130 days
- Net Position: \$467.0M; increased by \$27.4M compared to June 2023

MUSC Physicians
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the 9 Month Period Ending - March 31, 2024

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
Operating revenues:					
Net clinical service revenue	\$ 377,205,338	\$ 361,326,059	\$ 15,879,279	4%	\$ 343,601,293
Supplemental medicaid	36,070,021	36,052,415	17,607	0%	35,213,950
Other operating revenue	12,446,525	14,221,541	(1,775,015)	(12%)	8,744,891
Purchased services revenue	117,846,995	118,021,560	(174,565)	(0%)	84,574,415
Grant salary reimb. from MUSC	13,016,224	10,915,210	2,101,013	19%	11,092,299
Total operating revenues	556,585,104	540,536,785	16,048,319	3%	483,226,846
Operating expenses:					
Salaries, wages and benefits	381,775,927	378,595,565	(3,180,362)	(1%)	338,585,058
MUSCP reimb. for education and research	80,900,655	80,900,655	-	0%	76,529,736
Supplies	43,266,139	39,333,340	(3,932,799)	(10%)	36,525,799
Contractual services	19,396,960	18,852,330	(544,629)	(3%)	14,726,183
Purchased services	16,710,942	19,504,945	2,794,002	14%	-
Facility cost and equipment	6,072,876	6,484,196	411,320	6%	8,164,331
Professional liability insurance	6,935,637	6,714,200	(221,437)	(3%)	6,320,304
Depreciation	7,480,085	8,198,756	718,671	9%	4,396,350
Meals and travel	2,977,727	3,551,194	573,467	16%	2,256,711
Other expenses	1,734,355	1,892,485	158,130	8%	1,283,139
Faculty and staff recruitment	1,069,625	1,215,477	145,852	12%	925,224
Donations - transfer to MUSCF	605,000	405,000	(200,000)	(49%)	-
Total operating expenses	568,925,927	565,648,143	(3,277,784)	(1%)	489,712,836
Operating income (loss)	(12,340,823)	(25,111,358)	12,770,535	51%	(6,485,990)
Operating margin	(2.2%)	(4.6%)			(1.3%)
Nonoperating revenue (expenses):					
Donations - transfer to MUSCF	(7,204,829)	-	(7,204,829)	(100%)	-
Donation of Rutledge Tower Garage	8,520,000	-	8,520,000	100%	- *
Investment income	20,091,708	5,273,014	14,818,693	281%	14,586,859 *
Interest expense	(2,067,063)	(2,365,944)	298,881	13%	(2,348,806) *
Rental income	4,579,471	5,407,465	(827,994)	(15%)	5,568,653 *
Rent expense	(900,057)	(1,157,189)	257,132	(22%)	(1,111,525) *
Gain (loss) on disposal of assets	16,705,064	-	16,705,064	100%	(1,540) *
Total nonoperating revenue (expenses)	39,724,294	7,157,347	32,566,948	455%	16,693,641
Change in net position	\$ 27,383,471	\$ (17,954,012)	\$ 45,337,483	253%	\$ 10,207,651
Net margin	4.9%	(3.3%)			2.1%

Notes:

Operating revenue:

-Net clinical service revenue: \$11.2M favorable Epic revenue; \$4.7M favorable other patient revenue: \$3.0M Surgery PSA (unbudgeted), \$1.1M Citadel (bolus payment)

-Other operating revenue: (\$1.7M) College of Medicine under budget: (\$1.2M) Pediatrics - due to timing and (\$1.2M) Psychiatry - due to contract ending; UMA Other under budget: (\$0.9M) funded cost centers and (\$0.3M) other settlements; \$1.2M MHA participant distribution over budget (unbudgeted)

Operating expense:

-Salary, wages and benefits: (\$1.4M) College of Medicine over budget: (\$1.5M) Medicine, (\$1.0M) Dermatology, and (\$0.9M) Neurosurgery; (\$0.8M) Hollings Cancer Center over budget

-Supplies: Infusion (\$5.2M) over budget - due to higher acuity cases; Ambulatory Care \$0.8M under budget - due to Women's Centers' timing of purchases; College of Medicine \$0.4M under budget

-Purchased Services: \$2.5M Enterprise Funding (Helix and OneMUSC) under budget - due to timing

-Donations - transfer to MUSCF: Transfer from College of Medicine - Department of Medicine Endowed Chair Funding (unbudgeted)

Nonoperating revenue:

-Donations - transfer to MUSCF: Transfer from President's Fund (unbudgeted)

-Donation of Rutledge Tower Garage: \$8.5M Rutledge Tower garage donated by MUSC (unbudgeted)

-Investment income: \$12.1M unrealized/realized gain on investments; \$3.4M interest and dividend income over budget; \$0.2M gain on swap

-Gain on disposal of assets: \$30M MUHA Rutledge Tower bond payment and (\$11.1M) loss on disposal of Rutledge Tower capital assets

* The sale of Rutledge Tower impacted these income statement accounts

MUSC Physicians

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

Statement of Net Position

ASSETS

	March 31, 2024	June 30, 2023	Variance
Current Assets:			
Cash and investments	\$ 277,680,368	\$ 315,574,142	\$ (37,893,774) *
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$227,453,125	65,543,301	55,810,725	9,732,576
Due from the Medical University of South Carolina	6,696,233	33,661,147	(26,964,914) *
Due from the Medical University Hospital Authority	14,698,283	26,996,199	(12,297,915)
Due from the Medical University Foundation	279,627	1,265,181	(985,554)
Due from Carolina Family Care, Inc.	5,762,202	3,411,551	2,350,651
Note receivable from CFC/MHP	251,976	756,003	(504,027)
Investment / Advancements consolidated CFC	32,270,000	32,270,000	-
Due from Comprehensive Psychiatric Services	5,908	(15,111)	21,018
Due from MCP	255,159	592,744	(337,585)
Due from MUSC Health Alliance	11,241	1,065,645	(1,054,404)
Lease receivable	2,388,737	2,388,737	-
Other current assets	45,534,936	4,817,209	40,717,727
Total Current Assets	451,377,972	478,594,172	(27,216,201)
Noncurrent assets:			
Capital assets:			
Land	25,554,537	17,034,537	8,520,000 *
Buildings	52,400,225	52,199,050	201,175 *
Furniture and equipment	36,709,694	32,930,389	3,779,306
Leasehold improvements	30,038,860	66,601,815	(36,562,955) *
Rental buildings under capital lease	-	13,989,600	(13,989,600) *
Computer software	14,774,652	14,774,652	-
Right of use assets	18,455,263	22,144,945	(3,689,681) *
Subscription assets	6,844,976	8,156,645	(1,311,669)
Accumulated depreciation and amortization	(67,450,671)	(110,578,146)	43,127,475 *
Lease receivable	2,202,591	3,991,734	(1,789,143)
Other assets	-	100,000	(100,000) *
Investment in partnerships	2,620,387	3,353,397	(733,009)
Fair value of derivative instruments	-	1,259,931	(1,259,931) *
Total noncurrent assets	122,150,514	125,958,547	(3,808,032)
Total Assets	573,528,486	604,552,719	(31,024,233)
Deferred outflows of resources:			
Deferred refunding cost	-	5,169,336	(5,169,336) *
Deferred outflows-OPEB	581,138	581,138	-
Total deferred outflows	581,138	5,750,474	(5,169,336)
Total Assets and Deferred Outflows	\$ 574,109,624	\$ 610,303,194	\$ (36,193,569)

Notes:

Current assets:

-Cash and investments: FY23 YE incentive payments of (\$34.8M) and FY24 incentive payments of (\$28.1M); Rutledge Tower bond payoff of (\$14.6M); FY23 DHHS funds and FY23 Q3 STP received of \$23.6M; realized/unrealized gain on investments of \$12.1M

-ST Other current assets: accrual of FY24 STP payments \$36.1M; FY24 COM income accruals \$1.7M; reversal of year end accruals (\$1M)

Noncurrent assets:

-Capital assets: Rutledge Tower impact: \$8.5M Rutledge Tower garage contribution and (\$11.1M) disposal of capital assets

-Leasehold improvements: includes projects: West Campus Phase II (FY24 balance increase of \$5.4M with 1/31/2024 project completion date)

-Other Rutledge Tower impact: Fair value of derivative instruments (\$1.3M) and deferred refunding cost (\$5.2M)

* The sale of Rutledge Tower impacted these balance sheet accounts 4

MUSC Physicians

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

Statement of Net Position

LIABILITIES

	March 31, 2024	June 30, 2023	Variance
Current Liabilities:			
Accounts payable	\$ 5,833,899	\$ 5,555,514	\$ (278,384)
Accrued interest payable	52,317	201,826	149,509 *
Accrued payroll	22,811,142	40,490,601	17,679,459
Accrued payroll withholdings	2,164,192	140,790	(2,023,402)
Accrued pension contribution	4,699,285	1,499,373	(3,199,912)
Unapplied cash - patient services	12,840,022	9,702,587	(3,137,435)
Other accrued liabilities	10,367,777	7,085,074	(3,282,703)
Due to Medical University of South Carolina	408,514	2,916,376	2,507,862
Due to Medical University Hospital Authority	17,962,902	19,812,241	1,849,338
Accrued compensated absences	6,103,852	6,103,852	-
Lease liability	3,020,911	3,020,911	-
Subscription liability	641,227	641,227	-
Bonds payable	1,560,000	4,195,000	2,635,000 *
Total current liabilities	88,466,041	101,365,372	12,899,332
Noncurrent Liabilities:			
Lease liability	11,465,629	11,238,101	(227,528)
Subscription liability	1,196,575	2,908,164	1,711,589
Bonds payable	450,000	47,820,000	47,370,000 *
Deferred inflows-leases	4,432,233	6,255,881	1,823,648
Deferred inflows-OPEB	633,852	633,852	-
Net OPEB liability	473,427	473,427	-
Total noncurrent liabilities	18,651,716	69,329,425	50,677,709
Total liabilities	107,117,757	170,694,797	63,577,041
NET POSITION			
Invested in capital assets, net of related debt	73,658,007	73,658,007	-
Unrestricted (deficit)	393,333,860	365,950,389	(27,383,471)
Total Net Position	466,991,867	439,608,396	(27,383,471)
Total Liabilities, Inflows & Net Position	\$ 574,109,624	\$ 610,303,194	\$ 36,193,569

Current liabilities:

-Accrued payroll: FY24 balance includes Y incentive (salary + fringe) accruals of (\$16.2M); reversal of \$34.8M FY23 year-end accruals

-Other accrued liabilities: change in balance due to (\$3.8M) HCC and EVPAA contractual services accrual and

FY24 (\$2.1M) R transfers accrual; \$2.3M HCA settlement payment

-Bonds Payable: change in balance due to Rutledge Tower bond pay-off

* The sale of Rutledge Tower impacted these balance sheet accounts

Carolina Family Care, Inc.
Including MUSC Health Partners

Executive Summary

For the nine-month period ending March 31, 2024

Charges-CFC:

- **YTD: 3% over budget and 10% over last year**
- Month of March: (3%) under budget and 3% over last year

Payment-CFC:

- **YTD: 2% over budget and 11% over last year**
- Month of March: (9%) under budget and (3%) under last year
- 21.4 Days in AR as of March 2024 and 23.5 Days in AR as of June 2023
- \$107 per wRVU as of March 2024 and \$106 per wRVU as of June 2023

Income/(Loss):

- **\$2.3M Operating Income; 6.5% Operating Margin**
 - \$2.0M favorable variance to fixed budget
 - \$0.7M favorable net clinical service revenue
 - \$419K CFC Primary Care over budget
 - \$121K Grace Internal Medicine, \$60K Wound Care, and \$56K Gastro over budget (unbudgeted collections)
 - \$104K Centerspace over budget (funded clinic; revenue offset by expenses)
 - \$0.6M favorable other operating revenue
 - \$844K MHA Upstream ACO PMPM payments over budget and \$323K MHA Participant Distribution over budget (unbudgeted)
 - (\$570K) CFC Primary Care under budget - (\$308K) EDS subscription fees due to delay in opening, (\$180K) new provider support
 - (\$1.4M) unfavorable purchased services revenue
 - (\$475K) Modern Minds and (\$235K) MCP funded leadership (funded clinics; revenue offset by expenses)
 - (\$339K) Gastroenterology and (\$295K) Oncology (timing of new clinics)
 - \$2.1M favorable salaries
 - \$865K CFC Primary Care under budget (faculty and staff vacancies; timing of new clinics)
 - \$833K funded clinics: \$510K MCP funded leadership under budget, \$474K Modern Minds under budget
 - \$286K Oncology under budget (clinic has not opened)
- **\$2.3M Net Income; 6.4% Net Margin**
 - \$1.9M favorable variance to fixed budget

Balance Sheet:

- Current ratio: 0.9
- Net Position: \$2.9M; increased by \$2.3M compared to June 2023

Carolina Family Care, Inc.
(Including MUSC Health Partners)
Statement of Revenues, Expenses and Changes in Net Position
For the 9 Month Period Ending - March 31, 2024

	Fiscal Year To Date				Prior Year To Date
	Actual	Fixed Budget	Variance	Var %	Actual
Operating revenues:					
Net clinical service revenue	\$ 22,396,297	\$ 21,647,085	\$ 749,212	3%	\$ 21,250,179
Supplemental medicaid	2,400,000	2,400,000	-	0%	2,400,000
Other operating revenue	5,606,475	5,014,810	591,665	12%	3,764,142
Purchased services revenue	5,527,135	6,959,523	(1,432,387)	(21%)	5,234,821
Total operating revenues	35,929,907	36,021,418	(91,511)	(0%)	32,649,142
Operating expenses:					
Salaries, wages and benefits	22,837,264	24,887,810	2,050,546	8%	22,107,775
Supplies	2,952,279	2,446,867	(505,412)	(21%)	2,220,164
Contractual services	1,526,439	1,431,000	(95,439)	(7%)	2,152,194
Purchased services	1,584,654	1,929,756	345,103	18%	-
Depreciation	1,364,885	1,425,797	60,912	4%	227,143
Facility cost and equipment	783,871	924,034	140,163	15%	1,891,259
Professional liability insurance	271,531	328,119	56,588	17%	283,043
Meals and travel	50,464	34,949	(15,515)	(44%)	34,911
Faculty and staff recruitment	317,210	57,678	(259,532)	(450%)	146,017
MUSCP corporate shared services	1,903,572	1,933,733	30,161	2%	1,834,362
Other expenses	4,459	281,464	277,006	98%	5,101
Total operating expenses	33,596,627	35,681,208	2,084,581	6%	30,901,967
Operating income (loss)	2,333,280	340,210	1,993,070	586%	1,747,174
Operating margin	6.5%	0.9%			5.4%
Nonoperating revenue (expenses):					
Investment income	177	609	(432)	(71%)	232
Interest expense	(90,868)	(63,496)	(27,372)	(43%)	(39,318)
Rental income	49,573	69,931	(20,358)	(29%)	45,777
Total nonoperating revenue (expenses)	(41,118)	7,044	(48,163)	684%	6,691
Change in net position	\$ 2,292,161	\$ 347,254	\$ 1,944,907	560%	\$ 1,753,866
Net margin	6.4%	1.0%			5.4%

Operating revenue:

- Net clinical service revenue over budget: \$419K CFC Primary Care; \$121K Grace Internal Medicine, \$60K Wound Care, \$56K Gastro (unbudgeted collections); \$104K Centerspace (funded clinic; revenue offset by expenses)
- Other operating revenue: \$844K MHA Upstream ACO PMPM payments over budget and \$323K MHA Participant Distribution over budget (unbudgeted); (\$570K) CFC Primary Care under budget - (\$308K) West Campus EDS subscription fees, (\$180K) new provider support
- Purchased services revenue under budget: (\$475K) Modern Minds and (\$235K) MCP funded leadership (funded clinics; revenue offset by expenses); (\$339K) Gastroenterology and (\$295K) Oncology (timing of new clinics)

Operating expense:

- Salaries and benefits: \$865K CFC Primary Care under budget (faculty and staff vacancies; timing of new clinics); \$833K funded clinics: \$510K MCP funded leadership under budget and \$474K Modern Minds under budget; \$286K Oncology under budget (clinic has not opened)
- Supplies: (\$245K) reversal of FY23 Henry Schein accrual; (\$129K) Park West Primary Care, (\$115K) Lab, and (\$104K) Centerspace over budget
- Purchased services: \$575K MHA Upstream under budget (due to unspent funds) and \$136K West Campus EDS under budget (clinic has not opened); (\$289K) UMA Ambulatory leadership allocation over budget (unbudgeted)

Budgeted New Clinics	Opening Date
Accel	January 2024
Gastroenterology	January 2024
Oncology	FY25
Dorchester County	FY25
John's Island	FY25
West Campus EDS	FY26

Lab:

- \$6.9M operating revenue: \$0.5M over budget
- \$2.9M net margin: \$0.5M over budget

Carolina Family Care, Inc.
Including MUSC Health Partners

Statement of Net Position

	March 31, 2024	June 30, 2023	Variance
ASSETS			
Current Assets:			
Cash and cash equivalents	\$ 4,367,337	\$ 3,412,200	\$ 955,138
Receivables:			
Patient services - net of allowances for contractual adjustments and bad debt of \$5,707,418	2,607,584	2,280,402	327,182
Due from the Medical University of South Carolina	14,179	21,711	(7,533)
Due from the Medical University Hospital Authority	191,250	817,033	(625,782)
Due from MCP	305,562	(119,048)	424,611
Due from MUSC Health Alliance	48,744	1,067,962	(1,019,219)
Due from MSV	1,538,781	316,605	1,222,175
Lease receivable	20,699	20,699	-
Other current assets	3,011,246	513,044	2,498,202
Total Current Assets	12,105,382	8,330,608	3,774,774
Noncurrent assets:			
Capital assets:			
Furniture and equipment	2,116,166	1,620,679	495,487
Leasehold improvements	3,923,549	2,584,733	1,338,816
Computer software	46,563	46,563	-
Right of use assets	10,467,495	9,162,238	1,305,256
Accumulated depreciation and amortization	(6,801,377)	(5,436,492)	(1,364,885)
Lease receivable	29,577	45,026	(15,449)
Investment in partnerships	209,000	209,000	-
Total noncurrent assets	9,990,972	8,231,747	1,759,225
Total Assets	\$ 22,096,354	\$ 16,562,355	\$ 5,533,999

Notes:

Current assets:

-Other current assets: variance due to Supplemental Medicaid accrual

Noncurrent assets:

-Leasehold Improvements: includes projects: Park West relocation (MUSC Accel opened 1/3/2024 at 1200 Innovation Way)

Carolina Family Care, Inc.
Including MUSC Health Partners

Statement of Net Position

LIABILITIES

	March 31, 2024	June 30, 2023	Variance
Current Liabilities:			
Accounts payable	\$ 81,321	\$ 230,322	\$ 149,000
Accrued interest payable	9,067	5,320	(3,747)
Accrued payroll	1,183,384	1,383,437	200,053
Accrued payroll withholdings	751,538	172,941	(578,597)
Unapplied cash - patient services	1,163,726	551,468	(612,258)
Other accrued liabilities	1,207,963	1,160,766	(47,197)
Due to Medical University of South Carolina	31,175	38,908	7,733
Due to Medical University Hospital Authority	109,687	390,759	281,072
Due to UMA	5,762,202	3,411,551	(2,350,651)
Note Payable to UMA	251,976	756,003	504,027
Note Payable to MSV	452,032	432,790	(19,242)
Accrued compensated absences	839,616	839,616	-
Lease liability	1,325,172	1,325,172	-
Total current liabilities	13,168,858	10,699,052	(2,469,807)
Noncurrent Liabilities:			
Lease liability	6,027,720	5,240,125	(787,595)
Deferred inflows-leases	48,420	63,983	15,563
Total noncurrent liabilities	6,076,140	5,304,108	(772,032)
Total liabilities	19,244,998	16,003,160	(3,241,839)
NET POSITION	2,851,356	559,195	(2,292,161)
Total Liabilities, Inflows & Net Position	\$ 22,096,354	\$ 16,562,355	\$ (5,533,999)

Notes:

Current liabilities:

-Accrued payroll: reversal of \$335K FY23 year-end physician/APP bonus accruals

Carolina Family Care, Inc.
(Including MUSC Health Partners)
Statement of Revenues, Expenses and Changes in Net Position
For the 9 Month Period Ending - March 31, 2024

	MHA Population Health	CFC Community Physicians	Other Departments	CFC Primary Care	CFC Total
Operating revenues:					
Net clinical service revenue	-	630,652	312,562	21,453,084	22,396,297
Supplemental medicaid	-	-	-	2,400,000	2,400,000
Other operating revenue	1,741,586	-	36,666	3,828,223	5,606,475
Purchased services revenue	420,089	-	3,286,430	1,820,616	5,527,135
Total operating revenues	2,161,675	630,652	3,635,658	29,501,922	35,929,907
Operating expenses:					
Salaries, wages and benefits	513,529	480,865	3,125,521	18,717,348	22,837,264
Supplies	-	3,137	113,275	2,835,867	2,952,279
Contractual services	-	519,987	81,594	924,859	1,526,439
Purchased services	-	553	220,048	1,364,053	1,584,654
Depreciation	-	-	1,105,549	259,336	1,364,885
Facility cost and equipment	-	94,931	(1,067,826)	1,756,766	783,871
Professional liability insurance	-	3,031	5,849	262,651	271,531
Meals and travel	43	-	30,706	19,715	50,464
Faculty and staff recruitment	-	-	290,779	26,431	317,210
MUSCP corporate shared services	-	1,807	-	1,901,765	1,903,572
Other expenses	-	34,460	13,856	(43,857)	4,459
Total operating expenses	513,572	1,138,771	3,919,351	28,024,933	33,596,627
Operating income (loss)	1,648,103	(508,120)	(283,694)	1,476,990	2,333,280
Operating margin	76.2%	(80.6%)	(7.8%)	5.0%	6.5%
Nonoperating revenue (expenses):					
Investment income	-	-	-	177	177
Interest expense	-	-	(82,125)	(8,743)	(90,868)
Rental income	-	-	106	49,466	49,573
Total nonoperating revenue (expenses)	-	-	(82,018)	40,900	(41,118)
Change in net position	\$ 1,648,103	\$ (508,120)	\$ (365,712)	\$ 1,517,889	\$ 2,292,161
Net margin	76.2%	(80.6%)	(10.1%)	5.1%	6.4%

Notes:

CFC Community Physicians:

- (\$379K) Mt Pleasant Community PM&R operating loss
- (\$177K) Gastro operating loss
- \$79K Grace Internal Medicine operating income
- (\$28K) Wound Care operating loss

Other Departments:

- (\$186K) Community Corporate Executive costs operating loss
- (\$48K) GASB 87 Leases Impact
- (\$32K) Group Health deficit to be transferred to UMA
- Other column also includes the following entities which are fully funded: Tideland Multispecialty, Modern Minds, Centerspace (\$43K loss to be billed to outside funding), MCP Leadership, and MUHA Midlands

Lab (included in CFC Primary Care):

- \$6.9M operating revenue
- \$2.9M operating income

**FY2024 MUSCP Consolidated Approved Unbudgeted Expenses
As of 3/31/24**

Unbudgeted Capital Projects	Amount
Olympus Strobes/Scopes @ North Specialty Laryngology	\$ 291,916
Sciton Joule X Laser Platform @ Health East Cooper Plastics	425,754
Moncks Corner Pediatrics Clinic	999,000
MUSC Health West - Transabdominal Intestinal Ultrasound	142,000
Total	\$ 1,858,670
Unbudgeted Operating Expenses	Amount
Bishop Gadsden Primary Care Office	\$ 16,000
MUSC Housestaff Recruitment Initiative	180,000
IOP Clinic Relocation	295,000
Mobile MRI Unit - Health East Cooper	822,000
Total	\$ 1,313,000
Total FY24 Approved Unbudgeted Expenses	\$ 3,171,670

MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA) BOARD OF TRUSTEES
CONSENT AGENDA
May 17, 2024
101 Colcock Hall

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

Consent Agenda for Approval

- Item 21. MUSC Health Charleston Division Appointments, Reappointments, and Delineation of Privileges.....Dr. Saju Joy
Chief Executive Officer, MUSC Health Charleston

- Item 22. MUSC Health Regional Health Network (RHN) Appointments, Reappointments, and Delineation of Privileges Dr. Michael Foster
President, RHN Unified Medical Staff

- Item 23. Revised MUSC Health Charleston Division Credentials Manual for ApprovalDr. Saju Joy
Chief Executive Officer, MUSC Health Charleston

Consent Agenda for Information

- Item 24. MUSC Health Charleston Division MEC Minutes.....Dr. Carrie Herzke
Chief Medical Officer, MUHA

- Item 25. Contracts and Agreements..... Annette Drachman
General Counsel

MUHA and MUSC Physical Facilities Committee: Terri Barnes, Chair

Consent Agenda for Information

- Item 26. MUSC FY2024 Active Projects >\$250,000David Attard
Chief Facilities Officer, MUSC

- Item 27. MUSC Facilities Contracts AwardedDavid Attard
Chief Facilities Officer, MUSC

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

Consent Agenda for Approval

- Item 28. Revised Industry Relations Policy for Approval..... Annette Drachman
General Counsel, MUSC

Board of Trustees Credentialing Subcommittee April 2024

The Medical Executive Committee reviewed the following applicants on April 24, 2024

and recommends approval by the Board of Trustees Credentialing Subcommittee effective April 28, 2024

Initial Appointment and Clinical Privileges

Young Kyun Ahn, MD	Orangeburg Campus; Medicine	Telemedicine by Proxy
Cipriano Josef Ayala, MD	Active – Remote	Orangeburg Campus; Surgery
Jacob Alan Bennett, NP	Anesthesiology	Allied Health
Donna Christine Bennett, MD	Active – Remote	Orangeburg Campus; Maternal and Child Care
Karin Michele Bonfili, CRNA	Allied Health - Remote	Orangeburg Campus;
Brian Bridges, MD	Pediatrics	Active
Thomas Edward Brouette, MD	Active – Remote	Orangeburg Campus; Medicine
Jazmine Katrice Brown, MSN	Department of Nursing	Allied Health
Paul David Brown, PAC	Allied Health - Remote	Orangeburg Campus; Medicine
Daniel Charles Carney, DO	Active – Remote	Orangeburg Campus;
Janee Rivers Carter, FNP	Medicine	Allied Health
Chinise Kayanna Clinton, FNP-BC	Psychiatry	Allied Health
Uchekukwu Maduabuchukwu Egbujo, MD	Orangeburg Campus; Medicine	Active – Remote
Jessica L Etten, NP	Family Medicine	Allied Health
Bethany Dyar Evans, NP	Pediatrics	Allied Health
Amanda Riley Flamman, DPM	Orthopaedics	Active
Wayne Lee Garrett, DO	Active – Remote	Orangeburg Campus; Surgery
Nathan L Gentry, DO	Family Medicine	Affiliate
Mary Ellen Gibbons, CRNA	Allied Health - Remote	Orangeburg Campus; Surgery
Carolyn Anne Gildersleeve, LISW-CP	Psychiatry	Allied Health
Amartha Nnegi Gore, MD	Active – Remote	Orangeburg Campus; Maternal and Child Care
Nathaniel G Gray, MD	Orangeburg Campus; Radiology	Active – Remote
ReJoyce Denise Green, PhD	Psychiatry	Allied Health
Lester E Hilbert Jr, CRNA	Allied Health - Remote	Orangeburg Campus; Surgery
Leslie Corinn Jacobs, CRNA	Allied Health - Remote	Orangeburg Campus;
Karisa Kay Kindy, PA	Family Medicine	Affiliate
Predrag Michael Latkovich, MD	Active – Remote	Orangeburg Campus; Surgery
Emily Lever, PA	Psychiatry	Allied Health
Moriah Kathryn Lieberman, PA	Surgery	Allied Health
Michael David Martin, NP	Neurosurgery	Allied Health
Katherine Ann McVay, RD	MUHA Dietetic Services	Allied Health
Cody Ryan Quirk, MD	Orangeburg Campus; Radiology	Active – Remote
Michael Wayne Rentz, MD	Pathology & Lab Med	Affiliate
Robert Michael Rodriguez, NP	Neurosurgery	Allied Health
Chelsea Elizabeth Rosfeld, DNP	Medicine	Allied Health
Brittany Ann Ruth, PA	Emergency Medicine	Allied Health
Martin Jacob Steine, MD	Anesthesiology	Active
Tristyn Kuehn Stultz, LISW-CP	Psychiatry	Allied Health
Lauren Amanda Thompson, DO	Pediatrics	Active
Emanuela F T Veras, MD	Medicine	Active
Diana Margaret Whiteman, MD	Active – Remote	Orangeburg Campus; Medicine
Daniel Williams, MD	Family Medicine	Affiliate
Robert George Zeller, MD	Orangeburg Campus; Radiology	Active – Remote

Reappointment and Clinical Privileges

Jafer Ali, MD	Anesthesiology	Active
Charles Martin Andrews, MD	Neurosurgery	Active
Chirantan Banerjee, MD	Neurology	Active
Laura DeLustro Beamer, PhD	Pediatrics	Allied Health
Tatsiana Y Beiko, MD	Medicine	Active
Russell Steven Blackwelder, MD	Family Medicine	Active
Victoria Elizabeth Bowen, LPC	Psychiatry	Allied Health
Bethany Bailey Bradley, CRNA	Anesthesiology	Allied Health
Scott MacMillan Bradley, MD	Surgery	Active
Frank Joseph Brescia, MD	Medicine	Active
Andrew Sam Brock, MD	Medicine	Active
Elisha Lynn Brownfield, MD	Medicine	Active
Laura Devereaux Buch, PAC	Pediatrics	Allied Health
Caroline Black Buchanan, MD	Pediatrics	Affiliate

William H Burke, PhD	Psychiatry	Allied Health
Denise Mugnol Carneiro-Pla, MD	Surgery	Active
Jessica Leigh Casey, PA	Surgery	Allied Health
Angela Rank Choi, MD	Obstetrics & Gynecology	Active
Shahryar Majeed Chowdhury, MD	Pediatrics	Active
Lillian M Christon Arnold, PhD	Psychiatry	Allied Health
Carlee Ann Clark, MD	Anesthesiology	Active
Kate Byrd Clarkson, MD	Pediatrics	Affiliate
Hayne Clifton, CRNA	Anesthesiology	Allied Health
Ernest Benjamin Clyburn, MD	Active	Medicine
Patrick Joseph Coyne, CNS	Medicine	Allied Health
Joanne Sujtira Daniel, PAC	Urology	Allied Health
Tatiana M Davidson, PhD	Psychiatry	Allied Health
Natalia Davila, DNP	Department of Nursing	Allied Health
Harry Andrew Demos, MD	Orthopaedics	Active
Jessica Evilyn Dial, DNP	Medicine	Allied Health
Kevin Webster Dickey, MD	Radiology	Active
Terry Carlyle Dixon, MD	Pediatrics	Active
Margaret Elaine Dorlon, MD	Surgery	Active
Ashley Ann Duckett, MD	Medicine	Active
Julie Ann Eastman, CRNA	Anesthesiology	Allied Health
Jonathan Charles Edwards, MD	Neurology	Active
Dirk Michael Elston, MD	Dermatology	Active
Devyn Feil, FNP	Medicine	Allied Health
Cara Seay Ferguson, MD	Medicine	Affiliate CFC
Patrick A Flume, MD	Medicine	Active
Dee Walker Ford, MD	Medicine	Active
Loren Rae Francis, MD	Anesthesiology	Active
Amy Marie Frattaroli, CRNA	Anesthesiology	Allied Health
John Richard Freedy, MD	Family Medicine	Active
Christopher Gill Goodier, MD	Obstetrics & Gynecology	Active
Andrew James Goodwin, MD	Medicine	Active
Eric Matthew Graham, MD	Pediatrics	Active
Kevin Michael Gray, MD	Psychiatry	Active
George Joseph Guldan III, MD	Anesthesiology	Active
Rochelle Fishman Hanson, PhD	Psychiatry	Allied Health
Faye Naomi Hant, DO	Medicine	Active
Jessica Leigh Harrison, APRN	Pediatrics	Allied Health
Marc Hassid, MD	Anesthesiology	Active
Robyn Elisabeth Hendrix, CRNA	Anesthesiology	Allied Health
Leanne Patricia Hewit, PAC	Surgery	Allied Health
Melissa L Hill, APRN	Neurosurgery	Allied Health
Jeanne Griffin Hill, MD	Radiology	Active
Leah Goodwin Hopkins, FNP	Medicine	Allied Health
Allison Hossfeld, CRNA	Anesthesiology	Allied Health
Abid Irshad, MBBS	Radiology	Active
Robert Joseph Ishak, MD	Medicine	Active
Benjamin Felder Jackson, MD	Pediatrics	Active
Candace A Jaruzel, CRNA	Anesthesiology	Allied Health
Diane Leigh Kamen, MD	Medicine	Active
Brad Albert Keith, MD	Medicine	Active
Richard E Kidd, DNP	Family Medicine	Allied Health CFC - Colleague
David Glenn Koch, MD	Medicine	Active
Frances Rowinsky Koch, MD	Pediatrics	Active
Brandon Wesley Kote, CRNA	Anesthesiology	Allied Health
Asha Ponnu Kumar-Veerawamy, MD	Pediatrics	Active
Paul Ray Lambert Jr, MD	Otolaryngology	Active
Lee Rodney Leddy, MD	Orthopaedics	Active
Rebecca Joann Leddy, MD	Radiology	Active
Madelene Carroll Lewis, MD	Radiology	Active
Alvin Lee Lewis IV, MD	Psychiatry	Active
Leonard Steven Lichtenstein, MD	Medicine	Active

Albert Craig Lockhart, MD	Medicine	Active
Tyner Leigh Ray Lollis, DNP	Pediatrics	Allied Health
Timothy J Lyons, MD	Medicine	Active
Abhinava Srinivasa Madamangalam, MD	Anesthesiology	Active
Richard Michael Marchell, MD	Dermatology	Active
Chelsey Alise Durr Massey, DNP	Medicine	Allied Health
Eric Morgen Matheson, MD	Family Medicine	Active
Monica M McCole, MSW	Psychiatry	Allied Health
James Thomas McElligott, MD	Pediatrics	Active
William Brett McGary, MD	Emergency Medicine	Active
Jeffrey DeVon McMurray, MD	Anesthesiology	Active
Sarah Harper Mennito, MD	Pediatrics	Active
Jennifer Blake Mitchell, CRNA	Anesthesiology	Allied Health
Katherine Ann Morgan, MD	Surgery	Active
Karen Lode Motley, CRNA	Anesthesiology	Allied Health
Lauren R Nabors, LISW-CP	Psychiatry	Allied Health
Deepak Kurian Ozhathil, MD	Surgery	Active
Manish Prafulla Patel, MD	Urology	Affiliate - Colleague
Tonya Baker Perkins, APRN	Surgery	Allied Health
David William Ploth, MD	Medicine	Active
Susan Erin Presnell, MD	Pathology & Lab Med	Active
Amanda Townsend Redding, MD	Anesthesiology	Active
Charles Alan Reitman, MD	Orthopaedics	Active
Mary Sharon Richardson, DDS	Pathology & Lab Med	Active
William Jefferson Rieter, MD	Radiology	Active
Don Chase Rockey, MD	Medicine	Active
Luke William Schroeder, MD	Pediatrics	Active
Richard Joseph Schroer, MD	Pediatrics	Affiliate
David Selewski, MD	Pediatrics	Active
Eva R Serber, PhD	Psychiatry	Allied Health
Emily Blake Sheridan, PAC	Neurosurgery	Allied Health
Zachary Michael Soler, MD	Otolaryngology	Active
Leslie Hirsig Spence, MD	Radiology	Active
Regan W Stewart, PhD	Psychiatry	Allied Health
Pal Suranyi, MD	Radiology	Active
Zachary Wade Sutton, PA	Surgery	Allied Health
Steven Edward Swift, MD	Obstetrics & Gynecology	Active
Brandie J Taylor, ANP	Medicine	Allied Health
Ryan James Tedford, MD	Medicine	Active
Cristian Mauricio Thomae, MD	Obstetrics & Gynecology	Active
Mary Olivia Titus, MD	Pediatrics	Active
Thomas Whitley Uhde, MD	Psychiatry	Active
Helen G Ulmer, NP	Psychiatry	Allied Health
Celine Ward, MD	Medicine	Active
Ruth Mary Weber, MD	Family Medicine	Active
Tamara Jean Weis, CRNA	Anesthesiology	Allied Health
Warren A Whitworth, MS	Surgery	Allied Health
Ira Richard Willner, MD	Medicine	Active
Abbie Lee Zeffery, DO	Medicine	Active
Sinai Choi Zyblewski, MD	Pediatrics	Active

Change in Privileges

Grace Elizabeth Baker, APRN	Medicine	Allied Health
Amanda Grace Beverly, AGAC-NP	Anesthesiology	Allied Health
Christine Canivan, MD	Pediatrics	Active Provisional
Shannon Christine Cornell, NP	Medicine	Allied Health
Aaron Joseph Cunningham, MD	Surgery	Active
Angela Pipitone Dempsey, RD	MUHA Dietetic Services	Allied Health
Erin Elizabeth Gilfoyle, NP	Medicine	Provisional Allied Health
Larissa Gouvea, MD	Ophthalmology	Active
Elizabeth Guerreiro Hambright, AGNP-C	Medicine	Allied Health
Brooke Hendrickson, APRN	Surgery	Allied Health
Jordan Jenkins, PA	Neurosurgery	Allied Health

Danielle Cathleen Krukowski, APRN	Medicine	
Laura Elizabeth Lach, DO	Pediatrics	Active
Kathryn Adele Lanter, MSN	Medicine	Allied Health
Jaclyn A Makovich, RD	MUHA Dietetic Services	Allied Health
Jaime Luis Martinez Santos, MD	Neurosurgery	Active
Meghan McChesney, PA	Medicine	Allied Health
Amy Merwarth, RD	MUHA Dietetic Services	Allied Health
Hayley Renee Morie, PA	Radiology	Allied Health
Ashley Denise Osborne, MD	Pediatrics	Active
Pamela Denise Perrella, FNP	Medicine	Allied Health
Andrew James Picca, DO	Pediatrics	Active
Guilherme Bastos Ferreira Porto, MD	Neurosurgery	Active
Eric Scott Rovner, MD	Urology	Active
Richard Ames Saunders, MD	Ophthalmology	Active
Ben Allen Strickland, MD	Neurosurgery	Active
Mary Jo Turner, RD	MUHA Dietetic Services	Allied Health
Kristian Vitu, NP	Anesthesiology	Allied Health
Frank Richard Voss, MD	Orthopaedics	Active

END

MUSC HEALTH PEE DEE - Credentialing Applications - April 2024

MUSC HEALTH FLORENCE

Practitioner name	Practice Name	Specialty	Status Request
Initial Appointment and Clinical Privileges;			
Mitchell Brian Oetken MD	MUSC Florence	Orthopaedic Surgery	Active
Chitharanjan Pullattrana, M.D., M.S.	MUSC Florence	General Surgery - Bariatric - Robotic Assist	Active
Ryan Christopher Mims, MD	MUSC Florence	Anesthesiology	Active
Jack Edward Neil, M.D	MUSC Florence	Anesthesiology	Active
Cipriano Josef Ayala, M.D.	MUSC Florence	Anesthesiology	Active
Blake Alexander Winkles, M.D.	MUSC Florence	Anesthesiology	Active
William Currie Buhman, B.S., M.D.	MUSC Florence	Anesthesiology	Active
Forest Luke Evans, Jr., M.D.	MUSC Florence	Anesthesiology	Active
Matthew Jonathan Graves, M.D., B.S.	MUSC Florence	Anesthesiology	Active
Natasha Malackany, D.O.	MUSC Florence	Anesthesiology	Active
Zachary Nathan Bryant, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	Allied Health
Carlos Eduardo Castro, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	Allied Health
Stephanie M DeHart, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	Allied Health
Dena Carol Burnett, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	Allied Health
Christopher Anthony Chrosniak, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	Allied Health
Angela Annette Wilson, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	Allied Health
Charles Denver Gill, C.R.N.A.	MUSC Florence	CRNA-Anesthesiology	Allied Health
Tony Glenn Lucas, N.P.	MUSC Florence	Hospitalist	Allied Health
Jonathan Lightfoot Brandon, M.D.	MUSC Florence	Radiology	Consulting
Roy George Jacob, M.D.	MUSC Florence	Radiology	Consulting
Christopher Ryan Pettis, M.D.	MUSC Florence	Radiology	Consulting
Sajal Sharma Pokharel, M.D., Ph.D.	MUSC Florence	Radiology	Consulting
Jesus Alberto Sanchez Contreras, Jr., D.O.	MUSC Florence	Radiology	Consulting
Matthew Daniel Schmitz, M.D.	MUSC Florence	Radiology	Consulting
Barry Alan Schoelch, D.O.	MUSC Florence	Radiology	Consulting
Veronica Sue, M.D.	MUSC Florence	Radiology	Consulting
Andrew Ray Weinberger, M.D.	MUSC Florence	Radiology	Consulting
John D. Wendel, M.D.	MUSC Florence	Radiology	Consulting
Paraag Ravi Bhatt, M.D.	MUSC Florence	Radiology	Consulting
Mark Alan Brinckman, M.D.	MUSC Florence	Radiology	Consulting
Sean Bryant, M.D.	MUSC Florence	Radiology	Consulting
Shawn Alan Corey, M.D.	MUSC Florence	Radiology	Consulting
Scott Glasser, M.D.	MUSC Florence	Radiology	Consulting
Christopher Brinson Hartness, M.D.	MUSC Florence	Radiology	Consulting
Christine Kassis, M.D.	MUSC Florence	Radiology	Consulting
Jennifer L. Kemp, M.D.	MUSC Florence	Radiology	Consulting
Adam Edgar Kowalski, M.D.	MUSC Florence	Radiology	Consulting
James Louis Landi, M.D.	MUSC Florence	Radiology	Consulting
Michael Alexander Letzing, M.D.	MUSC Florence	Radiology	Consulting
Annie Kyoung Lim, D.O.	MUSC Florence	Radiology	Consulting
Eric Matthew Lyders, M.D.	MUSC Florence	Radiology	Consulting
Matthew Adam Lynn, M.D.	MUSC Florence	Radiology	Consulting
Keir Douglas Marshall, M.D.	MUSC Florence	Radiology	Consulting
Arash K Momeni, M.D.	MUSC Florence	Radiology	Consulting
Dipti Venkatesh Nevrekar, M.D.	MUSC Florence	Radiology	Consulting
Viral Patel, D.O.	MUSC Florence	Radiology	Consulting
Hari Charan P Reddy, M.D.	MUSC Florence	Radiology	Consulting
Brian Mckay Steele, M.D.	MUSC Florence	Radiology	Consulting
Perry Morgan Stevens, M.D.	MUSC Florence	Radiology	Consulting
Clayton Louis Vandergriff, M.D.	MUSC Florence	Radiology	Consulting
Reappointment and Clinical Privileges			
Manuel Antonio Fonseca, DO	MUSC Florence	Family Medicine	Active

Patrick Earl Britell, M.D.	MUSC Florence	Anesthesiology	Active
Sandy Tyrone Cooper, M.D.	MUSC Florence	Emergency Medicine	Active
Christo Courban, M.D.	MUSC Florence	Emergency Medicine	Active
Avinash Gupta, M.D.	MUSC Florence	Anesthesiology	Active
Oluwadamilola Daniel Odutola, M.D., M.B.A., M.P.H	MUSC Florence	Hospitalist	Active
Andrew Press, M.D.	MUSC Florence	Emergency Medicine	Active
Kenneth Carl Staples, Jr., D.O.	MUSC Florence	Emergency Medicine	Active
Brittany Danielle Hein, P.A.C.	MUSC Florence	Hospitalist	Allied Health
Brandon Mitchell Cramer, M.D.	MUSC Florence	Radiology	Consulting
Hersh Rajesh Patel, M.D.	MUSC Florence	Radiology	Consulting
Dale Eugene Marko, M.D., Ph.D.	MUSC Florence	Tele-Psychiatry (SCDM)	Tele-Medicine ByProxy
Sarah Elizabeth Schmitt, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Tele-Medicine ByProxy
Christina Frances Tolbert, M.D.	MUSC Florence	Tele-Psychiatry (MUSC)	Tele-Medicine ByProxy
Andrew Rutledge Alkis, M.D.	MUSC Florence	Tele-Psychiatry (MUSC)	Tele-Medicine ByProxy
Salim Ibrahim Dib, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Tele-Medicine ByProxy
David Kalman Epstein, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Tele-Medicine ByProxy
Alyssa Ashley Gitter, D.N.P., A.P.R.N., FNP-BC	MUSC Florence	Tele-Infectious Disease (MUSC)	Tele-Medicine ByProxy
Dalila Lewis, M.D., B.S.	MUSC Florence	Tele-Neurology (MUSC)	Tele-Medicine ByProxy
Alberto Rafael Ramos, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Tele-Medicine ByProxy
Mariana Grossi Bessa Szuchmacher, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Tele-Medicine ByProxy
Simon Sy Tan, M.D.	MUSC Florence	Tele-Neurology (MUSC)	Tele-Medicine ByProxy
New Business			
Louise Sutton Boyd MD OB-GYN Davinic Robotic Priv	MUSC Florence	OB-GYN	Adding Robtic Privileges
MUSC HEALTH MARION			
Practitioner name	Practice Name	Specialty	Status Request
Initial Appointment and Clinical Privileges;			
Timothy Carr MD	MUSC Marion	Emergency Medicine	Active
Perry Everett Little, B.S., M.D.	MUSC Marion	Anesthesiology	Active
Jack Edward Neil, M.D.	MUSC Marion	Anesthesiology	Active
Angela Annette Wilson, C.R.N.A.	MUSC Marion	Anesthesiology	Allied Health
Cipriano Josef Ayala, M.D.	MUSC Marion	Anesthesiology	Active
Forest Luke Evans, Jr., M.D.	MUSC Marion	Anesthesiology	Active
Natasha Malackany, D.O.	MUSC Marion	Anesthesiology	Active
Ryan Christopher Mims, M.D.	MUSC Marion	Anesthesiology	Active
Blake Alexander Winkles, M.D.	MUSC Marion	Anesthesiology	Active
Carlos Eduardo Castro, C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	Allied Health
Stephanie M DeHart, C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	Allied Health
Ernest Singletary, Jr., C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	Allied Health
Christopher Anthony Chrosniak, C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	Allied Health
Charles Denver Gill, C.R.N.A.	MUSC Marion	CRNA-Anesthesiology	Allied Health
Jessica Lynn Litchfield, N.P.	MUSC Marion	Hospitalist	Allied Health
Jonathan Lightfoot Brandon, M.D.	MUSC Marion	Radiology	Consulting
Roy George Jacob, M.D.	MUSC Marion	Radiology	Consulting
Christopher Ryan Pettis, M.D.	MUSC Marion	Radiology	Consulting
Sajal Sharma Pokharel, M.D., Ph.D.	MUSC Marion	Radiology	Consulting
Jesus Alberto Sanchez Contreras, Jr., D.O.	MUSC Marion	Radiology	Consulting
Matthew Daniel Schmitz, M.D.	MUSC Marion	Radiology	Consulting
Barry Alan Schoelch, D.O.	MUSC Marion	Radiology	Consulting
Veronica Sue, M.D.	MUSC Marion	Radiology	Consulting
Andrew Ray Weinberger, M.D.	MUSC Marion	Radiology	Consulting
John D. Wendel, M.D.	MUSC Marion	Radiology	Consulting
Paraag Ravi Bhatt, M.D.	MUSC Marion	Radiology	Consulting

Mark Alan Brinckman, M.D.	MUSC Marion	Radiology	Consulting
Sean Bryant, M.D.	MUSC Marion	Radiology	Consulting
Shawn Alan Corey, M.D.	MUSC Marion	Radiology	Consulting
Scott Glasser, M.D.	MUSC Marion	Radiology	Consulting
Christopher Brinson Hartness, M.D.	MUSC Marion	Radiology	Consulting
Christine Kassis, M.D.	MUSC Marion	Radiology	Consulting
Jennifer L. Kemp, M.D.	MUSC Marion	Radiology	Consulting
Adam Edgar Kowalski, M.D.	MUSC Marion	Radiology	Consulting
James Louis Landi, M.D.	MUSC Marion	Radiology	Consulting
Michael Alexander Letzing, M.D.	MUSC Marion	Radiology	Consulting
Annie Kyoung Lim, D.O.	MUSC Marion	Radiology	Consulting
Eric Matthew Lyders, M.D.	MUSC Marion	Radiology	Consulting
Matthew Adam Lynn, M.D.	MUSC Marion	Radiology	Consulting
Keir Douglas Marshall, M.D.	MUSC Marion	Radiology	Consulting
Arash K Momeni, M.D.	MUSC Marion	Radiology	Consulting
Dipti Venkatesh Nevrekar, M.D.	MUSC Marion	Radiology	Consulting
Viral Patel, D.O.	MUSC Marion	Radiology	Consulting
Hari Charan P Reddy, M.D.	MUSC Marion	Radiology	Consulting
Brian Mckay Steele, M.D.	MUSC Marion	Radiology	Consulting
Perry Morgan Stevens, M.D.	MUSC Marion	Radiology	Consulting
Clayton Louis Vandergriff, M.D.	MUSC Marion	Radiology	Consulting
Reappointment and Clinical Privileges;			
Steven Barry Glassman, MD	MUSC Marion	Radiology	Active
James David Freeman, M.D.	MUSC Marion	Radiology	Active
Hersh Rajesh Patel, M.D.	MUSC Marion	Radiology	Active
Andrew Press, M.D.	MUSC Marion	Emergency Medicine	Active
Katherine Louisa Sterner, M.D.	MUSC Marion	Radiology	Active
David Mark Floyd CRNA	MUSC Marion	CRNA-Anesthesiology	Allied Health
Michael Todd Adams CRNA	MUSC Marion	CRNA-Anesthesiology	Allied Health
Brandon Mitchell Cramer, MD	MUSC Marion	Radiology	Consulting
Andrew Rutledge Alkis, M.D.	MUSC Marion	Tele-Psychiatry (MUSC)	Tele-Medicine ByProxy
		Tele-Infectious Disease (MUSC)	
Joseph Robert Cantey, M.D.	MUSC Marion		Tele-Medicine ByProxy
Gregory Alan Compton, M.D., M.A.	MUSC Marion	Tele-Palliative Care (MUSC)	Tele-Medicine ByProxy
Forrest Justin Lowe, M.D., B.S.	MUSC Marion	Tele-Neuro Stroke	Tele-Medicine ByProxy
Dale Eugene Marko, M.D., Ph.D.	MUSC Marion	Tele-Psychiatry (SCDMH)	Tele-Medicine ByProxy
		Tele-Infectious Disease (MUSC)	
Cassandra Danielle Salgado, M.D., M.S.	MUSC Marion		Tele-Medicine ByProxy
Sarah Elizabeth Schmitt, M.D.	MUSC Marion	Tele-EEG (MUSC)	Tele-Medicine ByProxy
Christina Frances Tolbert, M.D.	MUSC Marion	Tele-Psychiatry (MUSC)	Tele-Medicine ByProxy
Dalia Lewis, MD	MUSC Marion	Tele-EEG (MUSC)	Tele-Medicine ByProxy
Mariana Grossi Bessa Szuchmacher, M.D.	MUSC Marion	Tele-EEG (MUSC)	Tele-Medicine ByProxy
MUSC HEALTH BLACK RIVER			
Practitioner name	Practice Name	Specialty	Status Request
Initial Appointment and Clinical Privileges;			
Perry Everett Little, M.D.	MUSC Black River	Anesthesiology	Active
Jack Edward Neil, M.D.	MUSC Black River	Anesthesiology	Active
Cipriano Josef Ayala, M.D.	MUSC Black River	Anesthesiology	Active
Robert James Searles, D.O.	MUSC Black River	Anesthesiology	Active
Blake Alexander Winkles, M.D.	MUSC Black River	Anesthesiology	Active
Forest Luke Evans, Jr., M.D.	MUSC Black River	Anesthesiology	Active
Natasha Malackany, D.O.	MUSC Black River	Anesthesiology	Active
Ryan Christopher Mims, M.D.	MUSC Black River	Anesthesiology	Active
Angela Annette Wilson, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	Allied Health
Carlos Eduardo Castro, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	Allied Health

Stephanie M DeHart, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	Allied Health
Hannah Elizabeth Pettigrew, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	Allied Health
Ernest Singletary, Jr., C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	Allied Health
Christopher Anthony Chrosniak, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	Allied Health
Charles Denver Gill, C.R.N.A.	MUSC Black River	CRNA-Anesthesiology	Allied Health
Tony Glenn Lucas, N.P.	MUSC Black River	Hospitalist	Allied Health
Rebecca Jean Widel, F.N.P.	MUSC Black River	Hospitalist	Allied Health
Roy George Jacob, M.D.	MUSC Black River	Radiology	Consulting
Jonathan Lightfoot Brandon, M.D.	MUSC Black River	Radiology	Consulting
Christopher Ryan Pettis, M.D.	MUSC Black River	Radiology	Consulting
Sajal Sharma Pokharel, M.D., Ph.D.	MUSC Black River	Radiology	Consulting
Jesus Alberto Sanchez Contreras, Jr., D.O.	MUSC Black River	Radiology	Consulting
Matthew Daniel Schmitz, M.D.	MUSC Black River	Radiology	Consulting
Barry Alan Schoelch, D.O.	MUSC Black River	Radiology	Consulting
Veronica Sue, M.D.	MUSC Black River	Radiology	Consulting
Andrew Ray Weinberger, M.D.	MUSC Black River	Radiology	Consulting
John D. Wendel, M.D.	MUSC Black River	Radiology	Consulting
Paraag Ravi Bhatt, M.D.	MUSC Black River	Radiology	Consulting
Mark Alan Brinckman, M.D.	MUSC Black River	Radiology	Consulting
Sean Bryant, M.D.	MUSC Black River	Radiology	Consulting
Shawn Alan Corey, M.D.	MUSC Black River	Radiology	Consulting
Scott Glasser, M.D.	MUSC Black River	Radiology	Consulting
Christopher Brinson Hartness, M.D.	MUSC Black River	Radiology	Consulting
Christine Kassis, M.D.	MUSC Black River	Radiology	Consulting
Jennifer L. Kemp, M.D.	MUSC Black River	Radiology	Consulting
Adam Edgar Kowalski, M.D.	MUSC Black River	Radiology	Consulting
James Louis Landi, M.D.	MUSC Black River	Radiology	Consulting
Michael Alexander Letzing, M.D.	MUSC Black River	Radiology	Consulting
Annie Kyoung Lim, D.O.	MUSC Black River	Radiology	Consulting
Eric Matthew Lyders, M.D.	MUSC Black River	Radiology	Consulting
Matthew Adam Lynn, M.D.	MUSC Black River	Radiology	Consulting
Keir Douglas Marshall, M.D.	MUSC Black River	Radiology	Consulting
Arash K Momeni, M.D.	MUSC Black River	Radiology	Consulting
Dipti Venkatesh Nevrekar, M.D.	MUSC Black River	Radiology	Consulting
Viral Patel, D.O.	MUSC Black River	Radiology	Consulting
Hari Charan P Reddy, M.D.	MUSC Black River	Radiology	Consulting
Brian Mckay Steele, M.D.	MUSC Black River	Radiology	Consulting
Perry Morgan Stevens, M.D.	MUSC Black River	Radiology	Consulting
Clayton Louis Vandergriff, M.D.	MUSC Black River	Radiology	Consulting

Reappointment and Clinical Privileges;

Andrew Press, M.D.	MUSC Black River	Emergency Medicine	Active
Andrew Rutledge Alkis, M.D.	MUSC Black River	Tele-Psychiatry (MUSC)	Tele-Medicine ByProxy
Dale Eugene Marko, M.D., Ph.D.	MUSC Black River	Tele-Psychiatry (SCDMH)	Tele-Medicine ByProxy
Sarah Elizabeth Schmitt, M.D.	MUSC Black River	Tele-EEG (MUSC)	Tele-Medicine ByProxy
Christina Frances Tolbert, M.D.	MUSC Black River	Tele-Psychiatry (MUSC)	Tele-Medicine ByProxy

MUSC HEALTH CATAWBA - Credentialing Applications - April 2024

MUSC HEALTH LANCASTER

Practitioner name	Practice Name	Specialty	Status Request
Initial Appointment and Clinical Privileges; Status : Active			
Cipriano J. Ayala, M.D.	MUSC	Anesthesia	Active
Forest L. Evans, Jr., M.D.	MUSC	Anesthesia	Active
Ryan C. Mims, M.D.	MUSC	Anesthesia	Active
Jack E. Neil, MD	MUSC	Anesthesia	Active
Anirudha P. Kulkarni, DO	MUSC	Anesthesia	Active
Steven M. Freeland, MD	Contract	Anesthesia	Active
Vincent N. Irish, MD	Contract	Radiology	Active
Kevin Dickey, MD	MUSC	Radiology	Active
Reginald F. Munden, MD	MUSC	Radiology	Active

Darryl R. Pauls, MD	MUSC	Radiology	Active
Donna C. Bennett, MD	Contract	OB/GYN	Consulting
Amartha N. Gore, MD	Contract	OB/GYN	Consulting
Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner			
Mallory M. Cauthen, P.A.C	MUSC	Neuro Surgery	AHP
Julia H. Boone, AGNP-C	MUSC	Urology	AHP
Jessica L. Metzler, CRNA	MUSC	CRNA	AHP
Lilyana Teichert, CRNA	Contract	CRNA	AHP
Dena C. Burnett, CRNA	Contract	CRNA	AHP
Charels D. Gill, CRNA	Contract	CRNA	AHP
Grover S. Cruise, CRNA	Contract	CRNA	AHP
Tyler G. Nelson, CRNA	Contract	CRNA	AHP
Megan E. Melton, CSFA	MUSC	CSFA	AHP
Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy			
Donna Roberts, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Andrew Hardie, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Vivek Singh, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Dhiraj Baruah, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Gregory D. Puthoff, D.O.	MUSC	Tele-Radiology	Telemed-By Proxy
Nicholas H. Shaheen, III MD	MUSC	Tele-Radiology	Telemed-By Proxy
William H. Stewart, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Michael Antonucci, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Eric Bass, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Justin Chetta, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Madelene Lewis, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Jennifer Joyce, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Gisele M. Matheus, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Vittoria M. Spampinato, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Seth Stalcup, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Milad Yazdani, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Kevin P. Horn, MD	MUSC	Tele-Radiology	Telemed-By Proxy
William J. Rieter, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Saeed Elojeimy, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Reappointment and Clinical Privileges; Status : Active			
Surendar Bhandari, MD	Contract	Hospitalist	Active
Satya Sai Bhupathi, MD	Independent	Nephrology	Active
Andrew Press, MD	MUSC	Emerg. Medicine	Active
Keia V. Hewitt, MD	MUSC	Emerg. Medicine	Active
Bradlee A. Johnson, MD	MUSC	Urology	Active
Aran M. O'Malley, MD	MUSC	Orthopaedics	Active
Jared Adam White, MD	MUSC	Transplant Surgery	Active
John W. McGillicuddy, MD	MUSC	Transplant Surgery	Active
Prabhakar K. Baliga, MD	MUSC	Transplant Surgery	Active
Sergio B. Zamorano, MD	Contract	Hospitalist	Active
Paloma P Espinal, MD	Contract	Hospitalist	Active
Chad Staples, PA-C	MUSC	Emerg. Medicine	AHP
Cassandra N. Calloway, FNP	MUSC	Medicine	AHP
David M. Floyd, C.R.N.A.	Contract	CRNA	AHP
Reappointment and Clinical Privileges; Status: Consulting / Courtesy			
Vipul V. Thakkar, MD	Independent	Radiation Oncology	Consulting
Noelle L. Williams, MD	Independent	Radiation Oncology	Consulting
William E. Bobo, MD	Independent	Radiation Oncology	Consulting
Robert J. McCammon, MD	Independent	Radiation Oncology	Consulting
Reappointment Telemedicine; Status : Telemedicine By Proxy; Status: Consulting			
Dale E. Marko, MD	SC DMH	Tele-Psychiatry	Telemed-By Proxy
Cassandra D. Salgado, MD	MUSC	Tele-Inf Disease	Telemed-By Proxy
Suman Vaddi, MD	Hicuity	Tele-Critical Care	Telemed-By Proxy
David Shabaz A. Eshak, MD	Hicuity	Tele-Critical Care	Telemed-By Proxy

Beth Ann Fisher, MD	Hicuity	Tele-Critical Care	Telemed-By Proxy
Andrew R. Alkis, MD	MUSC	Tele-Psychiatry	Telemed-By Proxy
Christina F. Tolbert, MD	MUSC	Tele-Psychiatry	Telemed-By Proxy
Sarah E. Schmitt, MD	MUSC	Tele-Neurology	Telemed-By Proxy
Change in Privilege			
Erik Eadie, MD	Adding Diagnostic Radiology Privileges		
Brittany Smith, PA	Adding Interventional/Vascular Privileges and Proctoring Privileges		
Mitchell Oetken, DO	Additional privileges for Zimmer ROSA Orthopedic Knee & Hip		
MUSC HEALTH CHESTER			
Practitioner name	Practice Name	Specialty	Status Request
Initial Appointment and Clinical Privileges; Status : Active			
Cipriano J. Ayala, MD	MUSC	Anesthesia	Active
Forest L. Evans, Jr., MD	MUSC	Anesthesia	Active
Steven M. Freeland, MD	Contract	Anesthesia	Active
Anirudha P. Kulkarni, DO	MUSC	Anesthesia	Active
Ryan C. Mims, MD	MUSC	Anesthesia	Active
Jack E. Neil, MD	MUSC	Anesthesia	Active
Kevin Dickey, MD	MUSC	Radiology	Active
Reginald F. Munden, MD	MUSC	Radiology	Active
Darryl Pauls, MD	MUSC	Radiology	Active
Vincent N. Irish, MD	Contract	Radiology	Active
Initial Appointment and Clinical Privileges; Status : Allied Health Practitioner			
Mallory M. Cauthen, PA-C	MUSC	Neuro Surg	AHP
Julia H. Boone, AGNP-C	MUSC	Urology	AHP
Jessica Metzler, CRNA	MUSC	CRNA	AHP
Dena C. Burnett, CRNA	Contract	CRNA	AHP
Charles D. Gill, CRNA	Contract	CRNA	AHP
Tyler G. Nelson, CRNA	Contract	CRNA	AHP
Lilyana Teichert, CRNA	Contract	CRNA	AHP
Megan E. Melton, CSFA, CST	MUSC	CSFA	AHP
Initial Appointment and Clinical Privileges; Status : Consulting			
Cane Hoffman, MD	MUSC	Inter./Diag Rad.	Consulting
Georgina D. Muth-Maurelli, N.P.	MUSC	Tele-Cardiology	Consulting
Initial Appointment and Clinical Privileges; Status : Telemedicine by Proxy			
Donna Roberts, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Andrew Hardie, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Vivek Singh, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Dhiraj Baruah, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Gregory D. Puthoff, D.O.	MUSC	Tele-Radiology	Telemed-By Proxy
Nicholas H. Shaheen, III MD	MUSC	Tele-Radiology	Telemed-By Proxy
William H. Stewart, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Michael Antonucci, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Eric Bass, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Justin Chetta, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Madaline Lewis, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Jennifer Joyce, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Gisele M. Matheus, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Vittoria M. Spampinato, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Seth Stalcup, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Milad Yazdani, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Kevin P. Horn, MD	MUSC	Tele-Radiology	Telemed-By Proxy
William J. Rieter, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Saeed Elojeimy, MD	MUSC	Tele-Radiology	Telemed-By Proxy
Reappointment and Clinical Privileges; Status: Active			
Surendar Bhandari, MD	Contract	Hospitalist	Active
Keia V. Hewitt, MD	MUSC	Emerg. Medicine	Active

Andrew Press, M.D.	MUSC	Emerg. Medicine	Active
Reappointment and Clinical Privileges; Status: Allied Health Practitioner			
Julie W. Bowers, F.N.P	MUSC	Medicine - Clinic	AHP-Amb. Rural
Joshua K. Rosenthal, P.A.C.	MUSC	General Surgery	AHP
Chad Staples, P.A.C.	MUSC	Emerg. Medicine	AHP
Reappointment and Clinical Privileges; Status: Courtesy			
Stacy H. Graham, M.D., RPh	Independent	Cardiology	Courtesy
Bradlee A. Johnson, M.D.	MUSC	Urology	Courtesy
Reappointment and Clinical Privileges; Status: Telemedicine by Proxy - Consulting			
Andrew R. Alkis, M.D.	SC DMH	Tele-Psychiatry	Telemed-By Proxy
Dale Eugene Marko, MD	SC DMH	Tele-Psychiatry	Telemed-By Proxy
Sarah E. Schmitt, M.D.	MUSC	Tele-Neurology	Telemed-By Proxy
Jonathan J. Halford, M.D.	MUSC	Tele-Neurology	Telemed-By Proxy
Dalila Lewis, M.D., B.S.	MUSC	Tele-Neurology	Telemed-By Proxy
Laura G. McCabe, MD	MUSC	Tele-Psychiatry	Telemed-By Proxy
Christina F. Tolbert, M.D.	MUSC	Tele-Psychiatry	Telemed-By Proxy
Cassandra D. Salgado, MD	MUSC	Tele-Infectious Dis.	Telemed-By Proxy
Joshua Bernard Coney, M.D.	MUSC	Tele-Cardiology	Telemed-By Proxy
Jonathan C. Edwards, MD	MUSC	Tele-Neurology	Telemed-By Proxy
Change in Privilege			
Erik Eadie, MD	Adding Diagnostic Radiology Privileges		
Brittany Smith, PA	Adding Interventional/Vascular Privileges and Proctoring Privileges		
MUSC HEALTH MIDLANDS - Credentialing Applications - April 2024			
MUSC HEALTH COLUMBIA			
Practitioner name	Practice Name	Specialty	Status Request
Initial Appointment and Clinical Privileges			
Cipriano Josef Ayala, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active
Justin Aubrey Cheongsiatmoy, MD, MBA	Intact Pathways	Clinical Neurophysiology	Active
Forest Luke Evans, Jr., M.D.	MUSC Health Anesthesiology	Anesthesiology	Active
Gautham Gondi, M.D.	Midlands Orthopedics	Orthopaedic Surgery	Active
Steven Hermiz, Jr., M.D.	Virtu Cosmetic Surgery	Plastic Surgery	Active
Aaron Hilton, M.D.	CENTA Medical	Otolaryngology	Active
Jonathan Obinna Nwanagu, M.D.	Sandhills OBGYN Associates PA	OBGYN	Active
Matthew Jonathan Graves, M.D., B.S.	MUSC Health Anesthesiology	Anesthesiology	Active
Norman Robert Harvey, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active
Dena Carol Burnett, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP
Louis Aaron Bussells, N.P., BSN, B.A.	MUSC Health Emergency Medicine	Emergency Medicine	AHP
Grover Scott Cruise, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP
Amanda Rose DiPiazza, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP
Steven Morris Freeland, B.S., M.D.	MUSC Health Anesthesiology	Anesthesiology	AHP
Pamela Fletcher Gardner, B.S.N., C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP
Zachary Bryant, C.R.N.A	MUSC Health Anesthesiology	Anesthesiology	AHP
Tyler Gerard Nelson, C.R.N.A., D.N.P., B.S.N.	MUSC Health Anesthesiology	Anesthesiology	AHP

Jonathan Ross Lena, M.D.	MUSC Health Center of Telehealth	Tele-Neurology	By Proxy
Ekrem Kutluay, M.D.	MUSC Health Center of Telehealth	Tele-Neurology	By Proxy
Lauren Elizabeth Mitchell, C.R.N.A.	MUSC Health Anesthesiology	Anesthesiology	AHP
Kathryn Grace Yovanovich, P.A., B.L.S.	SCENT and Allergy Partners	Otolaryngology	AHP
Reappointment and Clinical Privileges			
Patrick Earl Britell, M.D.	MUSC Health Anesthesiology	Anesthesiology	Active
Joshua Bernard Coney, M.D.	MUSC Health Heart And Vascular	Cardiovascular Disease	Active
Dion L. Franga, M.D.	MUSC Health Orangeburg	General Surgery	Active
Keia Vennda-Rei Hewitt, M.D., M.B.A., M.P.H.	MUSC Health Emergency Medicine - Fairfield	Emergency Medicine	Active
Andrew Press, M.D.	MUSC Health Emergency Medicine - Fairfield	Emergency Medicine	Active
Muhammad Amir Rafiq, M.D.	Carolina Kidney Specialists	Nephrology	Active
Gregory Wayne Smith, M.D.	Columbia Nephrology	Nephrology	Active
Ira David Uretzky, M.D.	SCENT and Allergy Partners	Otolaryngology	Active
Payam Yousefian, M.D.	Doctors Care Hope Ferry	Family Medicine	Courtesy*
Abdul Basit Usmani, M.D.	Carolina Kidney Specialists	Nephrology	Active
Derek Michael Berta, P.A.C., B.S.	MUSC Health Cardiothoracic	Thoracic and Cardiac Surgery	AHP
Alexandra Smith Burley, P.A., M.P.H, B.S.	APOGEE	Hospitalist	AHP
David Mark Floyd, C.R.N.A., D.N.A.P	MUSC Health Anesthesiology	Anesthesiology	AHP
Martha Kathleen Russell, A.P.R.N.	Midlands Orthopedics	Orthopaedics	AHP
Kayla Morgan Taylor, P.A.	MUSC Health Heart And Vascular	Cardiovascular Disease	AHP
Kareem Irshad Shaikh Ahmad, M.D.	Hicuity	Tele-Critical Care	By Proxy
Andrew Rutledge Alkis, M.D.	MUSC Center for Telehealth - Charleston	Tele-Psychiatry	By Proxy
David Shabaz Ally Eshak, M.D.	Hicuity	Tele-Critical Care	By Proxy
Beth Ann Fisher, M.D.	Hicuity	Tele-Critical Care	By Proxy
Jessica Jette-Tarumi, M.D.	Hicuity	Tele-Critical Care	By Proxy
Karthik Ram Kode, M.D.	Hicuity	Tele-Critical Care	By Proxy
Barbara Lee, M.D.	Hicuity	Tele-Critical Care	By Proxy
Dalila Lewis, M.D., B.S.	MUSC Center for Telehealth - Charleston	Tele-Neurology	By Proxy
Christopher George Pelic, M.D.	MUSC Center for Telehealth - Charleston	Tele-Psychiatry	By Proxy
Sarah Elizabeth Schmitt, M.D.	MUSC Center for Telehealth - Charleston	Tele-Neurology	By Proxy
Michelle Courtney Spiegel, M.D.	Hicuity	Tele-Critical Care	By Proxy
Mary Elizabeth Stoermann, D.O.	MUSC Center for Telehealth - Charleston	Tele-Psychiatry	By Proxy
Mariana Grossi Bessa Szuchmacher, M.D.	MUSC Center for Telehealth - Charleston	Tele-Neurology	By Proxy
Christina Frances Tolbert, M.D.	MUSC Center for Telehealth - Charleston	Tele-Psychiatry	By Proxy
Suman Vaddi, M.D.	Hicuity	Tele-Critical Care	By Proxy
Bryan Adam Zorko, M.D.	Hicuity	Tele-Critical Care	By Proxy
Change in Privilege			
Kaitlin Nicole Corwin, P.A.	MUSC Health Columbia	Critical Care	AHP

Krystene Lynn Helgeson, P.A.	Musc Health Columbia Emergency Medicine	Hospitalist and ED (PRN)	AHP
Kathleen Marie Keiner, P.A.C., B.S.	MUSC Health Columbia	Critical Care	AHP
Proctoring			
Todd Michael Kraemer, M.D.	Kraemer Women's Care	OB/GYN	Active
MUSC HEALTH KERSHAW			
Practitioner name	Practice Name	Specialty	Status Request
Initial Appointment and Clinical Privileges			
Ayala, Cipriano MD	MUSC Health Columbia Anesthesiology	Anesthesiology	Active
Burnett, Dena CRNA	MUSC Health Columbia Anesthesiology	Anesthesiology	AHP
Bussells, Louis NP	MUSC Health Columbia Anesthesiology	Emergency Medicine	AHP
Dean, Brian DO	MUSC Health Kershaw Emergency Department	Emergency Medicine	Active
DiPiazza, Amanda CRNA	MUSC Health Columbia Anesthesiology	Anesthesia	AHP
Doscher, Ashley MD	MUSC Health Columbia Emergency Department	Emergency Medicine	Active
Evans, Forest MD	MUSC Health Columbia Anesthesiology	Anesthesia	Active
Freeland, Steven DO	MUSC Health Columbia Anesthesiology	Anesthesiology	Active
Helgeson, Krystene PA	MUSC Health Columbia	Emergency Medicine	AHP
Nelson, Tyler CRNA	MUSC Health Columbia Anesthesiology	Anesthesia	AHP
Nowell, Maxcy MD	MUSC Health Kershaw Emergency Department	Emergency Medicine	Active
Rosen, Chad MD	MUSC Health Columbia Anesthesiology	Anesthesiology	AHP
Thomas, Julie PA	MUSC Health Elgin Urgent Care	Urgent Care	AHP
Yovanovich, Kathryn PA	South Carolina ENT Allergy & Sleep Medicine, PA	Otolaryngology	AHP
Reappointment and Clinical Privileges			
Floyd, David CRNA	MUSC Health Midlands Anaesthesiology	Anesthesiology	AHP
Taylor, Kayla PA	MUSC Health Midlands Cardiology	Cardiology	AHP
Press, Andrew MD	MUSC Health Midlands Emergency	Emergency Medicine	Active
Ahmad, Kareem MD	Hicuity Health	Tele-Critical Care	By Proxy
Eshak, David MD	Hicuity Health	Tele-Critical Care	By Proxy
Fisher, Beth MD	Hicuity Health	Tele-Critical Care	By Proxy
Jette-Tarumi, Jessica MD	Hicuity Health	Tele-Critical Care	By Proxy
Kode, Karthik MD	Hicuity Health	Tele-Critical Care	By Proxy
Vaddi, Suman MD	Hicuity Health	Tele-Critical Care	By Proxy
Brown, Joshua MD	MUSC Health TeleHealth	Tele-Stroke & Neuro	By Proxy
Edwards, Jonathan MD	MUSC Health TeleHealth	Tele-EEG	By Proxy
Halford, Jonathan MD	MUSC Health TeleHealth	Tele-EEG	By Proxy
Kutluay, Ekrem MD	MUSC Health TeleHealth	Tele-EEG	By Proxy
Schmitt, Sarah MD	MUSC Health TeleHealth	Tele-EEG	By Proxy
Proctoring			
Mullins, Julie MD	MUSC Health Women's Center Lugoff	OB/GYN	Active
Gomillion, Angelan NNP	MUSC Health Kershaw Women's Center	Neonatology	AHP

Medical University South Carolina Credentials Manual Charleston Division

Delegated Payors require that all Primary Source Verification sources be outlined within our policies.

Policies need to be more specific on what and when sanctions are verified. Licensures and Medicare/Medicaid sanctions need to be collected and reviewed within 30 calendar days of release.

Request to approve the following two updates to the MUSC Credentials Manual, for accreditation:

UPDATE 1. Credentials Manual Updated to reflect reporting and review of sanctions (Medicare, Medicaid, licensure) within 30 days of release – Continuing Duties of Medical Staff Members and Privileged Practitioners (pgs. 18,19)

UPDATE 2: Credentials Manual Updated to show regularly *checking the Medicare Opt-Out Affidavits List at Initial (pg.11), Re-Credentialing, and Monthly for Ongoing Monitoring process (pg.21):*

- Medicare Opt-Out Affidavits added:
 - SC Medicaid Exclusion List, Termination, and Program Integrity Lists
 - Validation of NPI and CMS- Opt Out;
 - OIG- Office of Inspector General;
 - SAM-System of Award Management.

Your approvals will update our policies to reflect the NCQA and Health Plan requirements that are already in place.

Section # {External Reference #}	Policy # MS-001	MS-001 Credentialing-Manual Medical Staff Office	
Responsible Department: CHS - Medical Staff Office (Main)			
Date Originated 02/01/2006	Last Reviewed 12.28.2022	Last Revised 04.12.2024	Effective Date 04.12.2024

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

**MUSC Medical Center
Credentialing
Policy and Procedure Manual
~~December 2022~~**

April 2024

I. Credentialing Process

The credentialing process involves the following: 1) assessment of the professional and personal background of each practitioner seeking privileges; 2) assignment of privileges appropriate for the clinician's training and experience; 3) ongoing monitoring of the professional activities of each staff member; and 4) periodic reappointment to the medical or professional staff based on objectively measured performance.

A. Purpose

To define the policies and procedures used in the appointment, reappointment, and privileging of all licensed independent practitioners or allied health professional who provide patient care services at MUSC Medical Center and other designated clinical facilities. Credentialing is the process of determining whether an applicant for appointment is qualified for membership and/or clinical privileges based on established professional criteria. Credentialing involves a series of activities designed to verify and evaluate data relevant to a practitioner's professional performance. These activities serve as the foundation for objective, evidence-based decisions regarding appointment to membership on the medical or professional staff, and /or recommendations to grant or deny initial or renewed privileges.

B. Scope

Although appointment or reappointment and the granting or renewal of clinical privileges generally happens at the same time, they are two different activities of the credentials process. Applicants to some categories of the Medical Staff may not necessarily request or be granted privileges, and applicants for privileges need not necessarily be members of the Medical Staff. Therefore, the MUSC Medical Center Credentialing Policy and Procedure Manual applies to all Medical Staff members with or without delineated clinical privileges as well as other licensed independent practitioners and allied health professionals, who while not Medical Staff members, are considered Professional Staff appointees and are credentialed through the organized Medical Staff credentials process.

C. Credentials Committee

1. Purpose

To review requests for initial appointments and reappointments to the Medical and Professional Staffs and to review all requests for initial or renewed clinical privileges. The Credentials Committee reviews completed applications for appointment and reappointment and for any clinical privilege request after approval by the appropriate Department Chairperson. The Credentials Committee may make recommendations to approve/deny or delay appointments, reappointments and/or privileges.

2. Membership

The Chairperson of the Credentials Committee is appointed by the Vice President for Medical Affairs (or his/her designee) as recommended by the Chief Medical Officer of MUSC Medical Center. The appointment for Chairperson shall be for a three (3) year term with eligibility for reappointment for two additional terms. Members of the Credentials Committee are recommended by Department Chairpersons at the request of the President of the Medical Staff and /or the Chief Medical Officer of MUSC Medical Center. Appointment for members shall be a three (3) year term, with eligibility for reappointment for an additional three (3) year term. Both the Chairperson and other members may have their membership extended beyond the stated appointment period if approved by the MEC.

3. Reporting Channels

The Credentials Committee reports to and makes credentials recommendations directly to the Medical Executive Committee.

4. Meetings

The Credentials Committee meets monthly or at the request of the Chairperson.

5. Minutes

The Credentials Committee shall document meetings with minutes. Minutes of the meeting are reported to the Medical Executive Committee.

D. Confidentiality

II. Access to credentials files is limited to the following: appropriate MSO staff, members of the Credentials Committee, members of the Medical Executive Committee, MUSC legal counsel, Medical Center Risk Management, Department/Division Chairpersons of physician's specialty, the President of the Medical Staff, the Executive Director, the Chief Medical Officer and others who may be otherwise authorized. These files shall be privileged pursuant to Medical Staff credentials files are the property of the MUSC Medical Center. CLASSIFICATION OF APPOINTED PRACTITIONERS

A. Conditions and Requirements for Appointment to the Medical Staff

Appointment to the Medical Staff of MUSC Medical Center is a prerogative that shall be extended only to competent professionals, who continuously meet the qualifications, standards, and requirements set forth in the Bylaws, the Credentialing Manual and

associated policies of the MUSC Medical Staff.

B. Qualifications for Medical Staff Membership

Only practitioners with Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), or Doctor of Dental Medicine (DMD) degrees holding a current, valid license to practice in the State of South Carolina shall be qualified for clinical privileges and appointment to the Medical Staff. To be considered for appointment and clinical privileges at MUSC Medical Center, an applicant must meet all of the following criteria:

- Have a valid and unrestricted medical/dental license to practice in the State of South Carolina;
- Be board certified or eligible to obtain board certification in his/her respective specialty (ABMS APPROVED) unless the Department Chairperson requests otherwise based on demonstrated equivalent competency. A five-year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification. Newly hired practitioners who are not board certified or are more than five years out from initial eligibility are required to attain board certification within two years.
- Maintain a Federal DEA number and State DHEC License/Certification where applicable;
- Be a faculty member of the Medical University of South Carolina if a member of the College of Medicine
- Provide satisfactory evidence of appropriate training, education, and competency in the designated specialty;
- Hold current professional malpractice insurance at levels acceptable to MUSC Medical Center.

C. Medical Staff Appointment with Privileges

1. Active Medical Staff

The Active Medical Staff shall consist of full-time and part-time practitioners with Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), or Doctor of Dental Medicine (DMD) degrees who are professionally responsible for specific patient care and/or education and/or research activities in the healthcare system and who assume all the functions and responsibilities of membership on the active staff. Fellows who practice as attendings must be appointed to the Medical Staff and granted privileges through the credentials process for the services they provide as attendings.

Prerogatives: Members of the active medical staff shall be appointed to a specific department or service line with the following prerogatives:

- Exercise the privileges granted without limitation, except as otherwise provided in

the Medical Staff Bylaws, Rules and Regulations and Credentials Manual of the Medical Staff or by specific privilege restriction.

- Vote on all matters presented at general and special meetings of the Medical Staff, and of the Department and Committees on which he/she is appointed.
- Hold office, sit on or be Chairperson of any committee, unless otherwise specified elsewhere in Medical Staff Bylaws.
- May request admitting privileges. Dentists are not eligible for admitting privileges.

Responsibilities: Appointees to this category must:

- Contribute to the organizational and administrative affairs of the Medical Staff.
- Actively participate in recognized functions of staff appointment, including professional practice evaluation, performance improvement and other monitoring activities.
- Monitor practitioners with new privileges during a focused review period.
- Accept individual responsibilities in the supervision and training of students and House Staff members as assigned by their respective department, division or section head and according to Medical Center Policy C-074 Resident Supervision (<https://www.musc.edu/medcenter/policy/Med/C074.pdf>).
- Participate in the emergency room and other specialty coverage programs as scheduled or as required by the Chief Medical Officer, Medical Executive Committee or Department Chairperson.

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

2. Affiliate Medical Staff

The Affiliate Medical Staff shall consist of physicians and dentists, who are responsible for supplementing the practice of members of the active staff in their roles in education, patient care and/or research. Affiliate staff members may admit and attend to patients when appropriately privileged. Only those Affiliate Staff who admit or attend to patients shall be required to participate in professional practice evaluation including ongoing and focused review.

Prerogatives: Affiliate Medical Staff will be appointed to a specific department or service line with the following prerogatives:

- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentialing Manual of the Medical Staff or by specific privilege restriction. Attend meetings of the Staff and Department to which he/she is appointed and any staff or MUSC Medical Center education programs.
- May request admitting privileges. Dentists are not eligible for admitting privileges.

Restrictions: Appointees to the Affiliate Category do not have general Medical Staff voting privileges.

3. **Locum Providers** This category is restricted to those Medical Staff and Professional Staff under contract with a Locum agency who temporarily fulfill the duties of another provider or provide independent short-term services. Such members are not eligible for faculty appointments.

Qualifications:

- Have a valid and unrestricted medical/dental license to practice in the State of South Carolina;
- Be board certified or eligible to obtain board certification in his/her respective specialty (ABMS approved) unless the Department Chairperson requests otherwise based on demonstrated equivalent competency. A five-year grace period may be allowed an applicant from the time of completion of his/her residency or fellowship to obtain initial board certification;
- Maintain a Federal DEA number and State DHEC License/Certification where applicable;
- Provide satisfactory evidence of appropriate training, education, and competency in the designated specialty;
- Hold current professional malpractice insurance at levels acceptable to MUSC Medical Center;
- Exercise the privileges granted without limitation, except as otherwise provided in the Medical Staff Bylaws, Rules and Regulations and Credentials Manual of the Medical Staff or by specific privilege restriction.

D. Medical Staff Appointment Without Privileges

1. Honorary/Administrative Members

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

2. AFFILIATE COLLEAGUES

This category is restricted to those physicians who meet all the eligibility and membership requirements for appointment to the Medical Staff but who neither request nor are granted clinical privileges. This includes medical staff members of MUHA Health owned and operated hospitals as well as affiliate hospitals, who are in good standing at their respective facility. Such staff appointees are not eligible to admit patients to the Medical Center or to vote in Medical Staff matters. They may, however, attend Medical Staff and Department

meetings without voice. This category is exempt from malpractice insurance requirements except as required by their respective facilities. Physicians from MUSC Health affiliated hospitals may be appointed to this category.

E. Professional Staff Appointment with Privileges

1. Allied Health Professionals

Allied Health Professionals are those health professionals who:

- Are licensed in the state with a doctorate in psychology, or are licensed as advanced practice nurses, physician assistants, optometrists, podiatrists, or acupuncturists;
- Are others who are appropriately licensed or certified and are designated as Allied Health Professionals by the Governing Board;
- Are subject to licensure requirements or other legal limitations, exercise independent

- judgment within areas of their professional competence; and
- Are qualified to render direct or indirect care as delineated in their respective scopes of practice, job descriptions, or privileging forms.

All matters relating to delineated clinical privileges, supervision agreements, and responsibilities of these individuals shall be in accordance with information in this manual.

2. Physician Extenders (Allied Health External)

This category of practitioners shall consist of physician assistants, advanced practice nurses and or clinical technologists, who are employees of a Medical Staff Member. These physician extenders must be privileged through the Medical Staff credentials process. These physician extenders are qualified to render direct or indirect care only as delineated in their respective scopes of practice, job descriptions, or privileging forms.

F. Telemedicine Providers

Telemedicine providers are practitioners whose sole privileges are for the provision of specific services to MUSC Medical Center patients via telemedicine link. These practitioners are not members of the Medical Staff, are not eligible to vote or attend meetings of the Medical Staff, and are not eligible to admit patients to the MUSC Medical Center. This category is exempt from Board Certification requirements. Credentialing by Proxy is the method that will be used to credential these practitioners at the MUSC Medical Center.

III. Initial Appointment Application

A. Nature of the Application

Each applicant shall complete the online application provided by the Medical Staff Office via the Credentials Verification Office (CVO).

B. Application Requirements

The initial application shall include:

- Information pertaining to professional licensure including a request for information regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following license or registration has ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:

- Board certification
- License to practice
- State DHEC and federal DEA license or certification;
- State DHEC and federal DEA license or certification, if applicable;
- Specialty board certification/eligibility;
- Professional education, training, and experience;
- Information pertaining to malpractice coverage and claims history including current and past liability insurance coverage in amounts that may be determined from time to time and at any time by the Board with relevant Medical Executive Committee input, and about current and past liability malpractice judgments, suits, claims, settlements and any pending liability action as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- Statement of current health status by the applicant that includes the ability to perform the requested privileges, any history of alcohol or substance abuse or conviction for DUI, and a current PPD;
- Information regarding any negative action by a governmental agency or conviction of a felony or a crime involving moral turpitude;
- Information about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions Information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institution;
- Membership in professional societies;
- Documentation of faculty appointment (applicants for College of Medicine medical staff appointment only);
- Peer recommendations: Names and complete addresses of three (3) professional references from colleagues who have knowledge of current clinical abilities;
- Practice history: Any gaps exceeding 6 months will be reviewed and clarified either verbally or in writing. Lapses in service greater than 60 days may prompt review and request for additional information;
- Request for Medical Staff or Professional Staff membership category and/or clinical privileges;
- Release form; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

C. Applicant's Responsibility for Producing Information:

The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, ability to work with other professionals and non-professionals in the Medical Center, and other qualifications, and for resolving any

doubts about such qualifications. This could include:

- Current copy of South Carolina license and DEA certificate;
- Copies of certificates showing evidence of completion of education and training, if available;
- Copy of Board Certification certificate, if applicable;
- Current and dated curriculum vitae (month/year format) outlining education and practice history with written explanations of gaps greater than thirty (30) days;
- Copy of certificate evidencing professional liability insurance coverage;
- A valid state identification card, driver's license, or passport photograph of self;
- Any additional information required in response to questions on the application form; and a statement as to the correctness and completeness of the application and a signed attestation of the penalty for misrepresenting, falsifying or concealing information.

D. Applicant's Agreement

The following is required of all applicants for appointment and/or initial privileges, for reappointment and/or renewal of privileges and when requesting an increase in privileges:

- That he/she has received, has read, and agrees to be bound by the MUSC Medical Staff bylaws, rules and regulations, Credentials manual and related policies;
- That he/she is willing to appear for an interview as part of the application process;
- That he/she is responsible for truth, accuracy and completeness of information provided;
- That he/she is responsible for conducting adequate medical/professional activity as determined by each Medical Staff Department to allow for evaluation by the Medical Executive Committee;
- That he/she is bound to the continuous care of patients under his/her care;
- That he/she will attest to their qualifications to perform the clinical privileges requested;
- That he/she will not practice outside the scope of his/her granted privileges including the settings in which such privileges may be practiced;
- That he/she will provide supervision and oversight of house staff and others for whom he/she has responsibility;
- That he/she will adhere to all MUSC Medical Center's policies and procedures that govern clinical practice; and
- That he/ she will adhere to the MUSC Standards of Behavior.

Release: In connection with the application, applicants agree to release from liability the Medical University of South Carolina, its employees, agents, Trustees, Medical Staff, and their representatives, for their acts performed in good faith and without malice, in connection with evaluating and making recommendations and decisions based upon their application, credentials, and qualifications for staff membership and clinical privileges. In addition, the applicant shall:

- Consent to inspection by MUSC Medical Center of all records and documents it may deem material to the evaluation of his/her qualifications and competence to carry out the

privileges he/she is seeking, physical and mental health status, and professional and ethical qualifications;

- Release from any liability all authorized individuals and organizations who provide requested information to MUSC Medical Center or its representative concerning his/her competence, professional ethics, character, physical and mental health, quality of care, and other qualifications for appointment and/or privileges; and Authorize and consent to MUSC Medical Center representatives providing other authorized organizations, including managed care organizations, surveyors, and auditors, information concerning his/her professional competence, ethics, character and other qualifications, only as necessary to complete accreditation, contracting, and/or utilization reviews or as otherwise required by law. Such organizations will be required to hold the information as privileged and confidential (as defined in SC State Law) and such information may not be further released or utilized in any other manner.

E. Applicant's Rights Regarding Information:

The applicant for membership and/or privileges has the following rights:

- The right to review any information he/she submitted with the application for appointment, reappointment, or clinical privileges. If requested, the practitioner may be provided a summary of information gathered in the credentialing process without identifying the source unless required to be released by law. Information may only be viewed in the Medical Staff Office under the supervision of an authorized representative of the MSO staff;
- The right to correct erroneous information;
- The right, upon request, to be informed of the status of his/her credentialing application.

F. Verification Process:

After receipt of the completed application for membership, the Medical Staff Office via the Credentials Verification Organization (CVO) will collect and verify the references, licensure and other qualification evidence submitted. Primary source verification will be conducted regarding current licensure, relevant training, and current competence. When collection and verification is completed, the CVO will promptly transmit the application and supporting material to the department in which the applicant seeks clinical privileges.

Verification will include the following:

- Verification of South Carolina license directly with the State Licensing Board, and other state licenses by receipt of information from either the appropriate State Licensing Board or the Federation of State Medical Boards;
- Verification of graduation from medical school (for Medical Staff appointees only);
- Verification of postgraduate professional training;
- Verification of board certification through the use of the Directory of the American Board of Medical Specialties, directly with the appropriate specialty board or via internet, where applicable (for Medical Staff appointees, only);
- Verification and status of past and current hospital affiliations;

- System of Award Management (SAM);
- Office of Inspector General (OIG)
- Verification of National Provider Identifier (NPI);
- Verification of SSA DMF (Death Master);
- CMS Opt-Out;
- State specific Medicaid Exclusion List, Termination and Program Integrity List(s); Group practice affiliations during the past seven years, if applicable;
- Current and past malpractice insurance information from malpractice carriers concerning coverage, claims, suits, and settlements during the past five years;
- Information from the National Practitioner Data Bank;
- Evidence of Medicare/Medicaid sanctions or investigations from websites of the Office of the Inspector General and Excluded Parties Listing System;
- Three peer references that can provide information about the applicant's current clinical competence, relationship with colleagues, and conduct. Professional references will include an assessment of medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism. Reference letters of an ambiguous or noncommittal nature may be acceptable grounds for refusal to grant Medical or Professional Staff membership or clinical privileges;
- Relevant practitioner specific data compared to aggregate when available including mortality and morbidity data; and, any other relevant information requested from any person, organization, or society that has knowledge of the applicant's clinical ability, ethical character, and ability to work with others.

G. Inability to Obtain Information:

The practitioner has the burden of producing any information requested by the Medical Center or its authorized representatives that is reasonably necessary, in the sole discretion of the Medical Center, to evaluate whether or not the practitioner meets the criteria for Medical or Professional Staff membership or privileges.

If there is delay in obtaining such required information, or if the Medical Center requires clarification of such information, the MSO or CVO will request the applicant's assistance. Under these circumstances, the medical staff may modify its usual and customary time periods for processing the application or reapplication. The Medical Center has sole discretion for determining what constitutes an adequate response.

If, during the process of initial application or reapplication, the applicant fails to respond adequately within 15 days to a request for information or assistance, the Medical Center will deem the application or reapplication as being withdrawn voluntarily. The result of the withdrawal is automatic termination of the application or reapplication process. The Medical Center will not consider the termination an adverse action. Therefore, the applicant or re-applicant is not entitled to a fair hearing or appeal consistent with the Medical Staff's fair hearing plan. The Medical Center will not report the action to any external agency. The applicant shall be notified in writing that the application has been deemed a voluntary

withdrawal.

When trying to verify the information supplied by the applicant, if a particular entry has closed or ceased to operate and information cannot be verified because the source no longer exists, and after all avenues have been thoroughly tried, the verification will be deemed complete. Due diligence is defined as the Medical Staff Office and/or the CVO attempting to obtain the verification at least three times. The file will be presented to the Department Chairperson for review and approval with the unverified item noted.

IV. Initial Appointment and Privileging Process

A. Review/Approval Process

All initial appointments and requests for initial privileges will be reviewed as outlined below. Final approval rests with the Governing Body of MUSC Medical Center. The time from the date of application attestation to final Board decision, including all the steps outlined in the appointment or privileging process, cannot exceed 180 days. Departmental Chairperson Review

Once all required application documentation has been received and processed by the Medical Staff Office and/or the CVO, and all verifications and references confirmed, the Chairperson of the applicable Department or Division Chief, if appropriate, shall then review the application, and, at his/her discretion, conduct a personal interview. Upon completion of this review, the Chairperson shall make a recommendation as to the extent of clinical privileges and the proposed category of the Medical Staff or Professional Staff. The application with his/her recommendation shall then be returned to the Medical Staff Office or CVO for transmission to the Credentials Committee.

B. Credentials Committee Review

Following review by the appropriate Department Chairperson, the Credentials Committee shall review the application and supporting documentation, including all written documentation, along with the recommendations made to the Credentials Committee by the Department Chairperson. The Chief Nursing Officer is a member of the Credentials Committee and will participate in all application reviews. In particular, the Chief Nursing Officer will make a recommendation based on the status of each Advanced Practice Registered Nurse (APRN) action that comes before the committee. The Credentials Committee then either defers action or prepares a written report for the Medical Executive Committee for consideration at its next regularly scheduled meeting. The written report will contain recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, clinical service affiliation, and/or scope of clinical privileges. If the Credentials Committee requires further information about an applicant, it may request the applicant to appear before the committee. Notification by the Credentials Committee Chairperson or the Chief Medical

Officer through the Medical Staff Office shall be promptly given to the applicant if the Credentials Committee requires further information about the applicant.

C. Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chairperson and Credentials Committee, and any other relevant information available to it. The Medical Executive Committee defers action on the application or prepares a written report with recommendations for approval or denial, or any special limitations on staff appointment, category of staff membership and prerogatives, departmental affiliation, and/or scope of clinical privileges.

Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up in a timely manner with subsequent recommendations as to approval or denial of, or any special limitations on Staff appointment, category of Staff membership and prerogatives, department affiliation, and scope and setting of clinical privileges. The Executive Director or the Chief Medical Officer through the Medical Staff Office promptly sends the applicant written notice of an action to defer.

2. Recommendation for Approval

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board for review at the next scheduled Board Meeting.

3. Adverse Recommendation

When the Medical Executive Committee's recommendation to the Board is averse to the applicant, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, so informs the applicant within 30 days by special notice with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny, in full or in part, appointment, membership, requested staff category, requested departmental assignment, and/or requested clinical privileges. No such adverse recommendation needs to be forwarded to the Board until after the practitioner has exercised his procedural rights or has been deemed to have waived his/her right to a hearing as provided in the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

D. Board Action

The Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee.

Effect of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made, and may include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ten (10) days after receipt of such subsequent recommendation and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

When the Board has reached a favorable decision, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, by written notice, will inform the applicant of that decision within 10 days. Notice of the Board's decision is also given through the Medical Staff Office to the Medical Executive Committee, and to the Chairperson of the respective department. A decision and notice to appoint includes:

- a) The Staff category to which the applicant is appointed (if applicable);
- b) The clinical department to which he is assigned;
- c) The clinical privileges he may exercise; and
- d) Any special conditions attached to the appointment.

3. Adverse Action

“Adverse action” by the Board means action to deny, in full or in part, appointment, membership, requested staff category, requested departmental assignment, and/or requested clinical privileges.

If the Board's decision is averse to the applicant, the Chief Executive Office or the Chief Medical Officer or their designee through the Medical Staff Office, within 10 days so informs the applicant by special notice, with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

Report of adverse Board action shall be given by the Executive Director or the Chief Medical Officer through the Medical Staff Office to the National Practitioner Data Bank.

4. Expedited Action

To expedite appointment, reappointment, or renewal or modification of clinical privileges,

the governing body may delegate the authority to render those decisions to an ad hoc committee consisting of at least two governing body members.

Following a recommendation for approval from the Medical Executive Committee on an application, the committee of the governing body shall review and evaluate the qualifications and competency of the practitioner applying for appointment, reappointment, or renewal or modification of clinical privileges and render its decision. An approval by the committee will result in the status or privileges requested. The committee shall meet as often as necessary as determined by its Chairperson. The full governing body shall consider and, if appropriate, ratify all committee approvals at its next regularly scheduled meeting. If the committee's decision is averse to an applicant, the matter is referred to the Medical Executive Committee for further evaluation.

An applicant will be ineligible for the expedited process if at the time of appointment or reappointment, any of the following have occurred:

- The applicant submits an incomplete application;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- When there has been an unusual pattern or excessive number of professional liability actions resulting in a final judgment against the applicant.

E. Provisional Appointment and Initial Privileges

~~Each initial appointment of an applicant for Active or Affiliate Medical Staff Membership or for appointment to the Professional Staff shall be for a period not to exceed two (2) years. For all newly appointed practitioners or for all newly approved privileges privileged practitioners this provisional period shall include an initial period of focused professional practice evaluation. Criteria for the focused evaluation of all practitioners requesting new privileges shall be determined by the Department Chairperson and/or the Division Director or their designee. The focused evaluation will include a monitoring plan specific to the requested privileges, the duration of the monitoring plan, and circumstances under which monitoring by an external source is required. Focused evaluation may be conducted by using chart review, direct observation, monitoring of diagnostic or treatment techniques, feedback from other professionals involved in patient care or other methodology determined by the Department. All new appointees must complete a focused evaluation during the first year; however, the focused evaluation period will be for a time frame determined by the Department Chairperson and/or the Division Director or their designee.~~

Upon satisfactory completion of a focused professional practice evaluation, appointees will be required to follow the reappointment process. If at the end of the focused evaluation period a decision is made to deny privileges to the practitioner, the practitioner is afforded the rights outlined in the Fair Hearing Plan of the MUSC Medical Staff Bylaws.

V. Reappointment/Renewal of Privileges Application

A. Nature of the Application

Each applicant for reappointment and/or renewal of privileges shall complete and electronically sign the online application provided by the Medical Staff Office via the CVO.

B. Review/Approval Process

Reappointments to the Medical and Professional Staffs shall be for a period not to exceed two years. Reappointments and/or the renewal of privileges are not automatic and shall be based on information concerning the individual's performance, ability to work with other professionals at MUSC Medical Center, judgment, quality of care, and clinical skills. The reappointment/renewal process from time of application attestation to final Board decision cannot exceed 180 days.

C. Application for Reappointment Requirements The application for reappointment is completed online and electronically signed. The application and supporting information will include:

- Current copy of license and, if applicable, State DHEC and Federal DEA certificate or license;
- Certificate of professional liability coverage;
- Request for clinical privileges;
- Information pertaining to malpractice claims activity including malpractice claims pending, or judgments or settlements made, as well as any evidence of an unusual pattern or excessive number of professional liability actions resulting in a final action against the applicant;
- CME: In accordance with South Carolina Medical Board guidelines (40 hours every 2 years are required for renewal of South Carolina Medical License). The predominant number of hours must be related to the clinician's specialty. Professional staff will be required to complete the number of hours dictated by their respective license;
- Peer Recommendations: Medical staff are required to submit two (2) peer references from practitioners in the applicant's field with knowledge of their clinical abilities. These recommendations must include an assessment of current competence, health status and any relevant training or experience as well as the six general competencies. Professional staff are required to submit three (3) references: two (2) from current peers and one (1) from the current supervising physician (as applicable);

- Health status relative to ability to perform the clinical privileges requested;
- Current PPD;
- Chairperson Recommendation: Evaluation form electronically completed by Chairperson/Chairperson designee recommending privileges including documentation of health status or the ability to perform the requested privileges;
- Information from the National Practitioner Data Bank and HIPDB;
- Hospital Affiliations: Evaluation of clinical activities from other hospital affiliations;
- Current board certification or eligibility as outlined in the Medical Staff Bylaws;
- Information since initial appointment or previous appointment that includes:
- Details regarding previously successful or currently pending challenges, if any, to any licensure or registration or whether any of the following licenses or registrations have been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, or not renewed:
 - Board certification
 - License to practice
 - State DHEC and/or federal DEA license or certification;
- Details about the applicant's loss, revocation, voluntary or involuntary relinquishment of clinical privileges at other institutions, information as to whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, denied, relinquished, challenged, or not renewed at any other hospital or health care institutions, and voluntary or involuntary changes in membership, privileges, or status at other healthcare organizations; The results of Ongoing Professional Practice Evaluation and the results of any Focused Professional Practice Evaluations;
- Any additional practitioner specific data as compared to aggregate data, when available;
- Morbidity and mortality data, when available;
- Release of information; and
- Any additional information required by the Medical Executive Committee, relevant clinical department, Credentials Committee, and/or Board, to adequately evaluate the applicant. Failure by the applicant to provide truthful, accurate and complete information may in itself be grounds for denial or revocation of staff membership/appointment and clinical privileges.

D. Continuing Duties of Medical Staff and Professional Staff Members

It shall be a continuing duty of all Medical Staff and Professional Staff members to promptly update credentials information on an ongoing basis, for review by the Department Chairman and/or respective Peer Review or Medical Staff Leadership Committees no later than 30 days from the reporting or release . Failure to do so may result in immediate reappraisal by the Credential Committee of the member's staff appointment. This information shall include but not be limited to the following:

- Voluntary or involuntary termination of appointment, limitation or reduction or loss of privileges at any hospital, healthcare organization, or managed care organization, or any

- restriction of practice or severance from employment by a medical practice;
- Any investigations, charges, limitations or revocation of professional license in the State of South Carolina or any other state;
- Any investigations, charges, limitations, or corrective action by any professional organization;
- Changes in physical or mental health which effect ability to practice medicine;
- Change of address;
- Name changes;
- Any investigations, convictions, arrests, or charges related to any crime (other than minor traffic violations), including crimes involving child abuse;
- Any "quality query" from any qualified peer review organization, or its equivalent;
- Any investigations regarding reimbursement or billing practices;
- Any professional investigations or sanctions including but not limited to Medicare or Medicaid sanctions;
- Notification of cancellation or proposed cancellation of professional liability insurance;
- Disclosure and updates of malpractice claims or other actions initiated or made known subsequent to appointment; and,
- Any information reasonably required by the Medical Executive Committee or Board to adequately evaluate the staff members.

The Medical Staff Office will promptly notify the Department Chairman of any adverse actions or exclusions related to the above disclosure from the practitioner, or via notification from the following monthly reports for the purposes of ongoing monitoring:

- CMS Opt-Out;
- State specific Medicaid Exclusion List, Termination and Program Integrity List(s);
- System of Award Management (SAM); AND
- Office of Inspector General (OIG)

E. Ongoing Professional Practice Evaluation

During the appointment cycle, each practitioner with clinical privileges will be reviewed on an ongoing basis. Ongoing Professional Practice Evaluation (OPPE) is an evidenced based evaluation system designed to evaluate a practitioner's professional performance. The Department Chairperson is responsible for conducting OPPE for all practitioners with clinical privileges within their Department and for insuring that OPPE is uniformly applied to all members within the department. The type of data to be collected is approved by the Medical Executive Committee but is determined by individual departments and is uniformly applied. The frequency of data collection must be more often than yearly with specific timeframes determined by the Medical Executive Committee in collaboration with the Chief Medical Officer. Information from ongoing professional practice evaluation will be used to determine whether to continue, limit, or revoke any existing privileges. It may also be used

to trigger a Focused Professional Practice Evaluation (FPPE).

F. Insufficient Activity for Evaluation

Reappointment and reappraisal of clinical privileges focuses on a member's clinical activity and demonstrated clinical competence as it relates to Medical and Professional Staff quality monitoring and evaluation activity. Therefore, a practitioner (except those appointed to categories of the Medical Staff without privileges) who has not utilized the Medical Center and/or participated in Medical Center clinical activities for a continuous period of six (6) months, or has ceased to maintain an active professional practice within the service area of the Medical Center, and does not initiate leave of absence as provided in the Bylaws, or initiate an application in change of status, may have his/her membership on the Medical Staff terminated or reduced to a category commensurate with his/her current practice.

The Credentials Committee shall, upon request from the Department Chairperson, the Medical Executive Committee, or the Chief Medical Officer, or upon its own initiative, investigate any circumstances which would authorize termination or reduction of membership or category under this paragraph and shall recommend to the Medical Executive Committee such action as it considers appropriate. Prior to making a recommendation, however, it shall notify the affected member of its investigation and request information as to the status and intentions of the members. Said notice and request shall be in writing, fax, or e-mail and directed to the affected member. Practitioners who can document admission(s), consultations, or cross coverage activity may be considered for reappointment. In such instances, objective reports of clinical activity at their primary practice site must be submitted to allow an appropriate evaluation of the practitioner's request for clinical privileges.

Failure of the member to respond within thirty (30) days of correspondence of said notice shall constitute sufficient basis for termination of membership or reduction of staff category. Failure to be reappointed as outlined in this section constitutes an administrative action that shall not require reporting to the National Practitioner Data Bank. In addition, it shall constitute a waiver of procedural rights as defined in the MUSC Medical Staff Bylaws Article IX from action taken pursuant to the provision of this paragraph.

G. Failure to Complete the Reappointment Application

Failure to complete the application for reappointment by the time the reappointment is scheduled for the first step in the review process (i.e. Department review) shall be deemed voluntary resignation from the Medical Staff or the Professional Staff and the practitioner's membership and/or privileges shall lapse at the end of his/her current term. The Practitioner shall be notified prior to final action by the Board through the Executive Director or the Chief Medical Officer. This non-renewal shall constitute an administrative action that shall not require reporting to the National Practitioner Data Bank and shall not entitle the practitioner to the procedural rights afforded by the MUSC Medical Center Medical Bylaws. Termination of an appointment in this way does not preclude the submission of a reapplication for initial

privileges or membership.

H. Reappointment Verification Process

Upon receipt of a completed (signed and dated) application, the Medical Staff Office via the CVO will collect and verify through accepted sources the references, licensure and other qualification evidence submitted. The CVO will promptly notify the applicant of any problems in obtaining the information required and it shall be the applicant's obligation to obtain the required information. The CVO will also notify the practitioner about any information obtained during the credentialing process that varies substantially from the information provided by the practitioner. Failure of the applicant to furnish information within fifteen (15) days of a request shall be deemed a withdrawal of such application. When collection and verification is completed, the CVO will promptly transmit the application and supporting material to the department in which the applicant seeks clinical privileges. The CVO will verify the contents of the application by collecting the following information:

- Primary source verification of current South Carolina licensure;
- Primary source verification of any training necessary for increase of privileges;
- Status of current DEA;
- Specialty Board status;
- Status of affiliations with other hospitals or healthcare organizations;
- Status of group affiliations;
- Status of malpractice claims history for the past five years;
- Peer recommendations;
- System of Award Management (SAM);
- Office of Inspector General (OIG);
- National Provider Identifier (NPI);
- SSA DMF (Death Master); Information from the National Practitioner Data Bank; and
- State specific Medicaid Exclusion List, Termination and Program Integrity List(s)
- CMS Opt-Out; and
- Medicare/Medicaid sanctions and investigations from websites of the Office of Inspector General and the Excluded Parties Listing System.

VI. Reappointment/Privilege Renewal Review Process

A. Department Chairperson Review

The Department Chairperson evaluation of the applicants request for reappointment or privilege renewal shall be based upon the applicant's education, demonstrated clinical competencies including clinical judgment, technical skills and ability, and utilization patterns and other relevant information. Once all required documentation has been received and processed by the Medical Staff Office and/or the CVO, and all verifications and references confirmed, the Chairperson of the applicable Department or Division Chief, if appropriate, shall then review the application. Upon completion of this review, the Chairperson shall

make a recommendation as to the reappointment and/or the extent of clinical privileges. The application with his/her recommendation as well as results of ongoing professional practice evaluation and focused professional practice evaluation shall then be submitted for transmission to the Credentials Committee. All Department Chairperson reappointment application requests will be reviewed by the Charleston Division Chief Executive Officer or designee.

If prior to reappointment of a member to the Medical Staff, the Department Chairperson anticipates recommending an involuntary reduction or total denial of previously granted privileges at MUSC Medical Center, the Department Chairperson is required to notify in writing the affected member of the specific deficiencies, failure to meet specific deficiencies, failure to meet specific criteria, and/or other documentation supporting the reduction or denial of privileges. Notice shall also be sent to the Chief Medical Officer, President of the Medical Staff and the Executive Director. Such notification will include adequate supporting documentation of the basis for reduction or non-renewal of privileges. This notice will be given in writing to the practitioner at least thirty (30) days before his/her reappointment date, unless there is a delay caused by the actions or inactions of the applicant, such as failing to file the credentialing application and information in a timely manner. This notification by the Department Chairperson shall trigger a review of the information and circumstances by the Chief Medical Officer and the President of the Medical Staff. In the event of non-resolution, the Department Chairperson's recommendations shall be forwarded to the Credentials Committee with the supporting documentation. The decision, if adverse to the member may be appealed by the practitioner as outlined in the Fair Hearing Plan of the MUSC Medical Staff Bylaws (Article IX).

At the time of reappointment, a Department Chairperson may request, based on physician specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Credentials Committee and the Medical Executive Committee, that a practitioner within his/her department be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the Department Chairperson with approval by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

B. Credentials Committee Review

After approval of completed reappointment application with all attachments by the Department Chairperson/Chairperson Designee, the application is presented at the next regularly scheduled Credentials Committee meeting. The Chief Nursing Officer is a member of the Credentials Committee and will participate in all application reviews. In particular, the Chief Nursing Officer will make a recommendation based on the status of each Advanced Practice Registered Nurse (APRN) action that comes before the committee. The Credentials Committee members shall review the completed application and make a recommendation to approve, deny, or defer pending further evaluation/information. If the recommendation is to deny or defer pending additional

information, the applicant and Chairperson must be informed in writing within seven (7) days after the meeting. If the recommendation is to approve, the applicants are presented at the next regularly scheduled Medical Executive Committee meeting. At the time of reappointment, the Credentials Committee may request based on practitioner specific quality information including technical skills, clinical judgment and behavior with supporting documentation to the Medical Executive Committee, that a practitioner be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the by the Credentials Committee and the Medical Executive Committee but may not exceed one year.

C. Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the Department Chairperson and Credentials Committee, and any other relevant information available to it. The Medical Executive Committee defers action on the application or prepares a written report with recommendations as to approval or denial, or any special limitations on staff reappointment, category of staff membership and prerogatives, and/or scope of clinical privileges.

Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up in a timely manner with subsequent recommendations as to approval or denial, or any special limitations on staff re-appointment, category of staff membership and prerogatives, and scope and setting of clinical privileges. The Executive Director or the Chief Medical Officer through the Medical Staff Office promptly sends the applicant written notice of an action to defer.

2. Recommendation for Approval

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board for review at the next scheduled Board Meeting.

3. Adverse Recommendation

When the Medical Executive Committee's recommendation to the Board is averse to the applicant, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, so informs the applicant within 30 days by special notice with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article IX of the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny, in full or in part, reappointment, requested staff category, and/or requested clinical privileges. No such adverse recommendation needs to be forwarded to the Board until after the practitioner has exercised his procedural rights or has been

deemed to have waived his/her right to a hearing as provided in the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

At the time of reappointment, the Medical Executive Committee may request, based on physician specific quality information including technical skills, clinical judgment and behavior with supporting documentation, that a practitioner be placed on a focused professional practice evaluation with proctoring or reporting requirements. The timeframe for this specific focused evaluation will be determined by the Medical Executive Committee and the Chief Medical Officer but may not exceed one year.

D. Board's Action

The Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee.

Effects of Board Action

1. Deferral

The Board may send a recommendation back to the Medical Executive Committee. Any such referral back, shall state the reasons therefore, shall set a time within thirty (30) days in which a subsequent recommendation to the Board shall be made and may include a directive that a hearing be conducted to clarify issues which are in doubt. At its next regular meeting within ten (10) days after receipt of such subsequent recommendation, and new evidence in the matter, if any, the Board shall make a decision either to provisionally appoint the practitioner to the staff or to reject him/her for staff membership.

2. Approval

When the Board has reached a favorable decision, the Executive Director or the Chief Medical Officer or their designee through the Medical Staff Office, by written notice, inform the applicant of that decision within 10 days. Notice of the Board's decision is also given through the Medical Staff Office to the Medical Executive Committee, and to the Chairperson of the respective department. A decision and notice to reappoint includes:

- a) The staff category to which the applicant is reappointed (if applicable);
- b) The clinical privileges he/she may exercise; and
- c) Any special conditions attached to the reappointment.

3. Adverse Action

"Adverse action" by the Board means action to deny, in full or in part, reappointment, requested staff category, or requested clinical privileges.

If the Board's decision is adverse to the applicant, the Chief Executive Office or the Chief Medical Officer or their designee through the Medical Staff Office, within 10 days

so informs the applicant by special notice, with return receipt or written attestation required, and the applicant is then entitled to the procedural rights as provided in Article X of the Bylaws. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

Report of adverse Board action shall be given by the Executive Director or the Chief Medical Officer through the Medical Staff Office to the National Practitioner Data Bank.

4. Expedited Action

To expedite, reappointment, or renewal or modification of clinical privileges, the governing body may delegate the authority to render those decisions to an ad hoc committee consisting of at least two governing body members.

Following a recommendation for approval from the Medical Executive Committee on an application, the committee of the governing body shall review and evaluate the qualifications and competency of the practitioner applying for reappointment, or renewal or modification of clinical privileges and render its decision. Approval by the committee will result in the status or privileges requested. The committee shall meet as often as necessary as determined by its Chairperson. The full governing body shall consider and, if appropriate, ratify all committee approvals at its next regularly scheduled meeting. If the committee's decision is averse to an applicant, the matter is referred to the Medical Executive Committee for further evaluation.

An applicant will be ineligible for the expedited process if since the last appointment or reappointment, any of the following have occurred:

- The applicant submits an incomplete application;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- When there has been an unusual pattern or excessive number of professional liability actions resulting in a final judgment against the applicant.

VII. Privileges

A. Granting of Privileges

Evaluation of applicants for the privileges requested shall be based upon the applicant's education, training, experience, references, demonstrated clinical competencies including

clinical judgment, technical skills and ability, and utilization patterns and other relevant information. This information is used to determine the types of care, treatment, and services or procedures that a practitioner will be authorized to perform. Privileges may only be granted when sufficient space, equipment, staffing, and financial resources are in place and available or will be available in a specific timeframe to support the requested privilege.

It is the responsibility of the Department Chairperson, Credentials Committee, and the Medical Executive Committee to ensure that privileges for all privileged practitioners are current and accurate. Privilege sets are maintained by the MSO. These privileges sets may be either paper or electronic. It is the responsibility of the MSO to communicate privilege lists to Medical Center staff to ensure that privileged practitioners practice within the scope of their respective granted privileges.

Renewal of privileges and the increase or curtailment of the same shall be based upon direct observation, review of the records, or any portion thereof, of patients treated in this or other hospitals, and review of the records of the practitioner which may document the member's participation in Medical Staff or Professional Staff responsibilities. Ongoing professional practice evaluations and the results of any focused professional practice evaluation will be considered as well as both physical and mental capabilities. The foundation for the renewal of privileges and the increase or curtailment of the same are the core competencies of patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. The nonuse of any privilege as well as the emergence of new technologies will also be considered.

Practitioners may request an increase of privileges at any time during the appointment period by completing a change in privileging form included with the reappointment application, or if not during reappointment by requesting a change in privileges form from the Medical Staff Office. When a request is received in the Medical Staff Office with appropriate documentation, including the Department Chairperson's recommendation, the request will be forwarded to the Credentials Committee for review as a part of the reappointment process. If a change is requested at another time during the appointment cycle, the Medical Staff Office via the CVO will verify the following prior to submitting the request to the Credentials Committee:

- Current license and challenges to any licensure or registration
- Voluntary or involuntary relinquishment of any license or registration, or medical staff membership
- Voluntary or involuntary limitation, reduction, or loss of clinical privileges
- Involvement in a professional liability action including any final judgment or settlement
- Documentation of health status
- Practitioner specific quality information including mortality and morbidity data, if available
- Peer recommendations, and

- National Practitioner Data Bank Healthcare Integrity Data Bank Query

Practitioners who have had their clinical privileges withdrawn or curtailed for alleged lack of competency in accordance with the procedures outlined in the Medical Staff Bylaws shall not have them reinstated until the following requirements have been met:

- Active participation in a training program approved by the Department Chairperson with written approval of the Credentials Committee;
- Successful completion of Focused Professional Practice Evaluation to allow demonstration of such competency to their specific Department, Credentials Committee, and the Medical Executive Committee; and
- If executed, the practitioner's submission of a fair hearing plea in accordance with the Medical Staff Bylaws has been resolved.

B. Medical Staff Temporary Privileges

Circumstances: There are two circumstances in which temporary privileges may be granted. Each circumstance has different criteria for granting privileges. The circumstances for which the granting of temporary privileges is acceptable include the following:

- To fulfill an important patient care, treatment, and service need; or
- When a new applicant with a complete application that raises no concerns is awaiting review and approval of the Medical Executive Committee and Board.

Therefore, temporary privileges will be granted in the following circumstances:

1. Care of Specific Patients

Upon written concurrence of the Chairperson of the Department where the privileges will be exercised, an appropriately licensed practitioner who is not an applicant for staff membership but who has specific expertise in a desired field, may request temporary privileges for the care of one or more specific patients.

Application forms for this request are available in the Medical Staff Office. Before granting temporary privileges, the practitioner's current license and current competency are verified. Such privileges cannot exceed 120 days.

2. New Applicants

Temporary privileges for new applicants may be granted while awaiting review and approval by the Medical Executive Committee and Board. These "interim" temporary privileges may only be granted for 120 days and only upon verification of the following:

- Current licensure

- Relevant training or experience
- Current competence
- Ability to perform the privileges requested Other criteria required by the organized Medical Staff Bylaws
- A query and evaluation of the NPDB information
- A complete application
- No current or previously successful challenge to licensure or registration
- No subjection to involuntary termination of medical staff membership at another organization
- No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges

Granting of Temporary Privileges: Temporary privileges are granted by Executive Director or authorized designee and/or Chief Medical Officer when the available information reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability, and judgment to exercise the privileges requested. The Department Chairperson or his designee will be responsible for the supervision of the applicant for temporary privileges.

Temporary privileges will not be granted unless the practitioner has attested to abide by the Bylaws and the Rules and Regulations of the Medical Staff of the MUSC Medical Center in all matters relating to his temporary privileges. Whether or not such written agreement is obtained, said Bylaws and Rules and Regulations control in all matters relating to the exercise of temporary privileges.

Termination of Temporary Privileges: The Executive Director or his/her designee after consultation with the appropriate Department Chairperson or designee may terminate a practitioner's temporary privileges at any time and must terminate a practitioner's temporary privileges upon the discovery of information or the occurrence of an event that raises questions about the practitioner's professional qualifications or ability to exercise any or all his/her temporary privileges. If it is determined that the practitioner is endangering the life or well-being of a patient, any person who has the authority to impose summary suspension may terminate the practitioner's temporary privileges.

If the Medical Center terminates a practitioner's temporary privileges, the Department Chairperson who is responsible for supervising the practitioner will assign all the practitioner's patients who are in the Medical Center to another practitioner. When feasible, the Department Chairperson will consider the patients' wishes in choosing a substitute practitioner.

Rights of the Practitioner Who Has Temporary Privileges: In the following cases, a practitioner is not entitled to the procedural rights afforded by the hearing and appeal procedures outlined in the Medical Staff Bylaws:

- When his/her request for temporary privileges is refused; or
- C. When all or any part of his/her temporary privileges are terminated or suspended. Disaster Privileges**

During disaster(s) in which the disaster plan has been activated, the Executive Director of the Medical Center, the Chief Medical Officer, or the President of the Medical Staff or their designee(s) may, if the Medical Center is unable to handle immediate and emergent patient needs, grant disaster privileges to individuals deemed qualified and competent, for the duration of the disaster situation according to the Medical Staff Bylaws and Clinical Policy C-035 Disaster Privileges for Licensed Independent Practitioners (<https://www.musc.edu/medcenter/policy/Med/C035.pdf>). Granting of these privileges will be handled on a case by case basis and is not a "right" of the requesting provider.

D. Emergency Privileges

For the purpose of this section, an "emergency" is defined as a condition in which serious and permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

In the case of an emergency any practitioner, to the degree permitted by his license and regardless of Staff status or lack of it, shall be permitted and assigned to do everything possible to prevent serious and permanent harm or to save the life of a patient, using every facility of the Medical Center necessary, including calling for any consultation necessary or desirable. When an emergency no longer exists, the practitioner must request the privileges to continue to treat the patient. In the event such privileges are denied, or he does not wish to request such privileges, the patient shall be assigned to a member of the Medical Staff by the appropriate Department Chairperson.


Under conditions of extreme patient risk, the President of the Medical Staff, the Chief Medical Officer, the appropriate Department Chairperson, Credentials Committee Chairperson, or the Executive Director (or his/her designee) may grant emergency privileges for that patient alone. These conditions would apply if the physician in question was the only one capable of rendering appropriate professional services (i.e. no qualified staff members were available). Such privileges shall be based on the information then available which may reasonably be relied upon to affirm the competency, ethical standing and licensure of the physician who desires such emergency privileges. In the exercise of such privileges, such physician shall act under the direct supervision of the Department Chairperson or his/her designee to which he/she is assigned

Revised 05/2009
Reviewed 11/2011
Revised 10/2013
Revised 11/2014
Revised 01/2017





Approved by Medical Staff on December 8, 2016. Approved by the Medical Executive Committee on January 18, 2017. Revisions approved by the Board of Trustees in February 2017.

Proposed Revision 04.12.24 by the Board of Trustees.

MEDICAL EXECUTIVE COMMITTEE

Medical Executive Committee Presiding: Dr. Marc Heincelman Date: March 20, 2024 Meeting Place: MS Teams Recording: Sarah de Barros Meeting Time: 7:30 am Adjournment: 8:34 am	Members: Dr. Basco, Dr. Boylan, Dr. Clark, Dr. Craig, Dr. Crookes, K. Denty, Dr. DiSalvo, Dr. Edwards, Dr. Eiseman, V. Fairbairn, M. Fulton. Dr. Herzke, Dr. Heincelman, L. Infinger, Brenda Kendall-Bailey, L. Kerr, Jessica Johnson, Kiersten Leban, J. Melroy, Dr. Munden, Dr. Reeves, Dr. Russell, Dr. Salgado, Dr. D. Scheurer, Dr. M. Scheurer, Dr. Talley, Dr. Zukas, Dr. Andrews, Dr. Atz, Dr. Baliga, Dr. Steyer, Dr. Carroll, Dr. Costello, T. Crawford, M. Field, Dr. Hong, M. Kocher, Dr. Krywko, L. Leddy, Dr. Mack, S. Patel, Dr. Reeves, Dr. Streck, Dr. Joy Guest(s): Kelly Gaffney		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation / Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from February Medical Executive Committee meeting approved	Approval	Approved
Credentials Committee <ul style="list-style-type: none"> • Dr. Edwards 	There are not any credentials on items to report currently. <ul style="list-style-type: none"> - Tawnya Roscoe, Credentialing Director reported that the Credentials Committee meeting is now meeting to align closer to the 28th of the month, so the credentials meeting this month will be on Monday the 25th. 	MEC recommends the approval of roster to the Board of Trustees	Approved
GME Report <ul style="list-style-type: none"> • Dr. Cynthia Talley 	<ul style="list-style-type: none"> - Main match occurred last week where all 37 programs were completely filled - All positions, which is nearly 200 incoming interns - May be having a resident performance bonus <ul style="list-style-type: none"> ○ Dr. Kaliva will be collaborating with ICCE Chiefs Program Directors and Department Chairs to try to find achievable metrics for residents that will be evaluated on a semi-annual basis and paid out up to 4%. ○ This is very similar to what is currently done with the staff ○ Adjusted a little bit with different metrics a ○ Continuing the non-ACGME oversight plan with some adjustments. 		
Perioperative/Quality Report <ul style="list-style-type: none"> • Dr. Danielle Scheurer 	See Attached Presentation <ul style="list-style-type: none"> - American College of Surgeons Quality Verification Program Update - Peri-Op Quality Scorecard - Infection Prevention & Control Surgical Site Infection Information - Charleston Division SSI ACA Monthly Task Force 		 MEC Peri-Op March 2024.pptx

MEDICAL EXECUTIVE COMMITTEE

	<ul style="list-style-type: none"> - Outpatient CHG - MRSA Staph Aureus Preop Bundle - Nasal Decolonize at Discharge Available for MRSA Patients - CMS Updates 		
CMO Report <ul style="list-style-type: none"> • Dr. Carrie Herzke 	See Attached Presentation <ul style="list-style-type: none"> - Bedside Procedure Service - Moderate Sedation Requirements for Privileging 	Information	 MEC CMO Update March 2024.pptx
Nursing Report <ul style="list-style-type: none"> • Brenda Kendall-Bailey 	See Attached Presentation <ul style="list-style-type: none"> - WINS - Harm Events – Plan for Action - People Pillar – Recruitment and Retention - New Grad Blitz – Spring 2024 - 1st Annual MUSC-Charleston Nursing Golf Tournament 	Information	 MEC Nursing Update 3.20.24.pptx
Regulatory Report <ul style="list-style-type: none"> • Kim Denty 	See Attached Presentation <ul style="list-style-type: none"> - January 29, 2024- TJC Complaint Survey - February 23, 2024- TJC Complaint Survey 	Information	 MEC March 2024 Accreditation-Regul
Pharmacy & Therapeutics Committee Updates <ul style="list-style-type: none"> • Kelly Gaffney 	See Attached Presentation <ul style="list-style-type: none"> - New MUSC Health System P&T Committee Structure - New MUSC Health System P&T Committee Membership - January and February Report Out <ul style="list-style-type: none"> o Monograph Reviews o Policy and Guideline Reviews & Updates o Operations Optimization o Optimize the Second Level Request Process 	Information	 March MEC Presentation - Pharn
Consent Items			
Policies <i>(Consent)</i>	<u>Policies for Approval:</u> <ul style="list-style-type: none"> • C-040 SYS – Consultations • C-113 SYS - Patient Safety Companion/Observation (formerly Patient Sitters) • C-156 Patient Wandering and Elopement • C-002 SYS Informed Consent and Refusal 	Approval	Approved

MEDICAL EXECUTIVE COMMITTEE

	<ul style="list-style-type: none"> • C-077 Informing Patient/Family of Healthcare Outcomes • C-037 Release Against Medical Advice • C-075 Vascular Access Care and Management including IV Administration Sets, IV Infusion and IV Administration • 9007 - SYS Medicare Beneficiary Notices • 9070 - SYS-MUSC Utilization Review Plan • 9071 - SYS-Utilization Review Committee Charter • 9009 - SYS DC Planning • 1203OPNS CHS Outpatient Pediatric Nutrition Assessment and Documentation • 9010 SYS - Safe Haven for Abandoned Babies 		
Standing Orders <i>(Consent)</i>	<u>Standing Orders for Approval:</u>		
	•		
Data & Service Reports <i>(Consent)</i>	<u>Data Reports:</u> ○	<u>Service reports reviewed:</u>	Information
Subcommittee Minutes <i>(Consent)</i>	<u>Committee Minutes:</u> ○ System Pharmacy & Therapeutics Committee ○ Quality Executive Committee ○ Ethics Committee ○ Perinatal Quality		Information
Adjournment 8:34 am	The next meeting of the Medical Executive Committee will be April 17, 2024, 2024 at 7:30 am via TEAMS		

 Marc Heincelman, MD, Secretary of the Medical Staff

**AGREEMENTS ENTERED INTO BY THE MEDICAL UNIVERSITY HOSPITAL
AUTHORITY SINCE THE APRIL 2024 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:

Medicaid Branches of DHHS
OptumHealth Care Solutions LLC
Select Health of South Carolina, Inc.
US Department of Veterans Affairs

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:

None

Affiliation Agreements –

None

Clinical Services Agreements –

Georgetown Hospital dba Tidelands Health
Intramed Plus
Poplar Healthcare
Janseen Biotech, Inc.

Consulting Contracts over \$50k –

Executive Consulting Group, LLC d/b/a ECG Management Consultants
HR&A Advisors
PalAmerican Security, Inc.

University Active Project List > \$250,000		May 2024						
Project #	Description	MUSC Approved Budget	Funds Committed to Date	Balance to Finish	A/E	Contractor	Status	Projected Final Completion
Approved Projects								
9840	BSB Envelope Repairs	\$12,200,000	\$10,942,900	\$1,257,100	REI	WxTite	Construction Award Pends	December 2025
9845	BSB Replace AHU 3	\$1,500,000	\$1,480,000	\$20,000	RMF	Triad	Construction	June 2024
9846	Pharmacy Addition/Innov Instruc Classroom Renov	\$58,000,000	\$56,197,000	\$1,803,000	Compass 5	Whiting Turner	Construction	June 2024
9851	BSB AHU #1 Replacement	\$5,800,000	\$5,566,600	\$233,400	RMF	CR Hipp	Construction	June 2024
9854	CoHP President Street Academic Building	\$70,000,000	\$66,763,000	\$3,237,000	SMHa	RTT	Construction	December 2025
9855	COM Office/Academic Building	\$200,000,000	\$15,492,000	\$184,508,000	Liollo	RTT	Design	June 2027
9856	Anderson House Interior Repairs	\$1,400,000	\$1,340,000	\$60,000	Compass 5	Huss	Construction Award Pends	December 2024
9857	CRI AHU #1 and #2 Replacement	\$9,600,000	\$328,000	\$9,272,000	DWG		Design	December 2026
9859	HCC AHU #6 Replacement	\$2,300,000	\$177,000	\$2,123,000	DWG		Design	June 2025
9860	HCC Medium Voltage Fedders A & B Replacement	\$1,500,000	\$855,000	\$645,000	GWA	Metro	Construction	August 2024
9861	MRE Chiller #1 Replacement	\$2,500,000	\$1,365,000	\$1,135,000	RMF	McCarter	Construction	June 2025
9862	T-G AHU 3 Replacement	\$2,500,000	\$1,378,000	\$1,122,000	MECA	CR Hipp	Construction	September 2024
9863	T-G Generators Replacement	\$4,100,000	\$3,698,000	\$402,000	GWA	Metro	Construction	December 2024
9865	CSB Exterior Wall Repairs	\$2,000,000	\$1,600,000	\$400,000	BEE	EBS	Construction	December 2024
9868	Data Center AHU 7-10 Replacement	\$900,000	\$829,000	\$71,000	MECA	McCarter	Construction	December 2024
9869	HCC Cooling Towers Replacement	\$1,740,000	\$1,648,000	\$92,000	RMF	McCarter	Construction	March 2025
9871	SEI HVAC Controls, Pumps, and Piping Replace	\$630,000	\$52,000	\$578,000	DWG		Design	December 2024
9872	Campus Connector Bridges (PR002036)	\$950,000	\$456,000	\$494,000	SLAM		Design	TBD
9873	CSB 1st Floor Electrical Switchgear Replacement	\$1,350,000	\$1,252,000	\$98,000	RMF	Metro	Construction	March 2025
9874	Research Building Strobic Fan Replacement	\$2,550,000	\$221,000	\$2,329,000	CEMS		Design	July 2025
51355	BSB Chiller #6 Replacement	\$1,500,000	\$1,248,000	\$252,000	MECA	McCarter	Construction	June 2024
51356	HCC Generator #3 Replacement	\$3,000,000	\$2,918,000	\$82,000	GWA	Metro	Construction	June 2024
51357	HCC Lab Air System Replacement	\$1,300,000	\$605,000	\$695,000	DWG	Triad	Construction	June 2024
51358	Campus Elevators Modernization	\$4,300,000	\$153,000	\$4,147,000	RMF		Design	June 2025
51361	CON 1st Floor Renovation	\$4,950,000	\$3,171,000	\$1,779,000	Coe	J Davis	Construction	December 2024
51362	135 Cannon AHU #1 - #4 Replacement	\$1,800,000	\$1,681,000	\$119,000	CEMS	Triad	Construction	December 2024
51366	IOP 5th Floor Sleep Study Lab	\$1,250,000	\$850,000	\$400,000	Liollo	Chastain	Construction	June 2024
51367	BSB 7 East Lab and Office Renovations	\$1,300,000	\$148,000	\$1,152,000	Compass 5		Design	June 2025
51368	Waring Library Renovations	\$1,200,000	\$106,000	\$1,094,000	Liollo		Design	December 2024
51370	Garage Structural Repairs	\$2,250,000	\$250,000	\$2,000,000	WGI		Design	June 2025
51371	HCC AHU #5 Replacement	\$4,600,000	\$44,620	\$4,555,380	DWG		Design	June 2025
51372	BSB MCC Refurbishment	\$1,200,000	\$68,000	\$1,132,000	RMF		Design	June 2025
51373	CSB Shiller Surgical	\$1,000,000	\$81,000	\$919,000	Compass 5		Design	December 2024
50151	BSB AHU #5 Replacement	\$875,000	\$781,000	\$94,000	RMF	Triad	Construction	June 2024
50153	IOP 3rd Floor Resident Space	\$640,000	\$445,000	\$195,000	Liollo	E2 Development	Construction	June 2024
PR002008	FY 23 Miscellaneous Roof Repairs	\$860,000	\$665,000	\$195,000	BEE	Escola	Construction	December 2024
PR002168	TG Elevators 90,91, & 92 Replacement	\$999,999	\$925,000	\$74,999	VDA	Delaware Elev	Construction	December 2024
PR002242	Student Health & Counseling Renovations	\$700,000	\$496,000	\$204,000	Liollo	Musselman	Construction	December 2024
PR002312	CSB 4th Floor Rooms Renovations	\$260,000	\$195,000	\$65,000		Stenstrom	Construction	December 2024
PR002357	Wellness Center Pool Renovation	\$729,000	\$68,175	\$660,825	RMF		Design	December 2024
PR002373	Colcock Hall AHU 1 & 2 Replacement	\$737,332	\$7,500	\$729,832	RMF		Design	December 2024
PR002384	HCC 3rd Floor Lobby Renovation	\$488,981	\$24,000	\$464,981	MPS		Design	December 2024
PR002393	CODM 1st Floor Lobby Renovations	\$317,763			Compass 5		Bidding	August 2024
PR002401	H147 Radiation Oncology Renovation	\$250,000			Compass 5		Bidding	June 2024

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS
FOR REPORTING
May 17, 2024**

MUSC General Construction Projects:

J Davis Construction College of Nursing 1 st Floor Renovation CO#1	\$ 117,161.57
J Musselman Construction Student Health Services Clinic Renovation-30 Bee St.	\$ 496,257.00
Metro Electric Thurmond Gazes Building Generators Replacement CO#2	\$ 77,828.42

Other Contracts:

Task Order Contract Releases:

McCarter Mechanical Wellness Center Chiller Replacement	\$ 235,223.00
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**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES
FOR REPORTING
May 17, 2024**

Professional Services Contracts:

SMHa, Inc.	\$	56,115.00
College of Health Professions President St. Academic Bldg		
Amend 9		

SUMMARY OF CHANGES
MUSC/MUHA – INDUSTRY RELATIONS POLICY (#E-COI-002)

Section I. Policy Statement/Purpose

- Expanded the definition of “industry” to include healthcare related supporting industries (i.e., entities that provide services to the MUSC Enterprise in the areas of physical plant, university and hospital administration, human resources, project management, clinical services and regulatory services).

Section II. Scope

- Defined “covered person” under the policy and updated the scope to accurately reflect the MUSC Enterprise and associated entities.

Section III.1.b.ii. Attendance at educational meetings sponsored by Industry

- Included “lodging” as a prohibited item to accept from Industry for attending an educational meeting sponsored by Industry.

Section III.1.d. Consulting or Educational Programming Conducted on Personal Leave

- Added language indicating that the ownership/assignment of IP created via consulting or educational programming conducted on personal leave will be in accordance with policy #E-FRD-002 (Intellectual Property: Policies and Procedures).

Section III.1.d. Consulting or Educational Programming Conducted on Professional Leave

- Added language indicating that the ownership/assignment of IP created via consulting or educational programming conducted on professional leave will be in accordance with policy #E-FRD-002 (Intellectual Property: Policies and Procedures).

Section III.5. Educational Materials and Equipment

- Added language to indicate that capital equipment donations must be approved by the leadership of the applicable non-University entities (i.e., MUHA, MUSCP, etc.).

Section III.12. Purchasing

- Added language to expand the interest(s) of covered persons to include “personal” benefits/interests (i.e., non-financial benefit as further defined in Section IV. Definitions) in addition to “financial” benefits/interests.

Section IV. Definitions

- “Covered Persons”: Added definition of “Covered Persons” to indicate the scope of the policy.

- “Industry”: Added “domestic federal, state, or local government agencies” as entities that would not be included in the definition of Industry.
- “MUSC Enterprise”: Added definition of “MUSC Enterprise” to indicate/confirm the scope of the policy.

Section V. Related Policies

- Added references to applicable MUSC Conflict of Interest (E-COI-001, E-COI-003) and Intellectual Property (E-FRD-002) policies.

Section VI. Applicable Laws and/or Regulations

- Added references to South Carolina Ethics Law, 42 CFR Part 50 Subpart F, and 45 CFR Part 94.

Section VII. VII. References (Internal and External) and Citations

- Added citation for “Accreditation Council for Continuing Medical Education, Standards for Integrity and Independence in Accredited Continuing Education (2020).”

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

- Added link to MUSC Conflict of Interest website and associated resources (<https://web.musc.edu/about/coi>).

Enterprise-wide Policy

Section # **	Policy # E-COI-002	MUSC/MUHA- Industry Relations	
Responsible Department: General Counsel			
Date Originated 02/01/2014	Last Reviewed 11/01/2023	Last Revised 11/01/2023	Effective Date* 09/18/2020

Policy Scope:

Applicable	Entity
X	MUHA
X	University
X	MUSCP

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

I. Policy Statement/Purpose

The MUSC Enterprise (collectively referred to herein as “MUSC”) recognizes the value of its relationships with the healthcare industry and associated supporting industries (“Industry”). MUSC also believes that such relationships must be entered into on the basis of a partnership that advances the benefits of education, research and patient care in pursuit of preserving and optimizing human life. Importantly, these activities must avoid either the existence or impression of professional impropriety by MUSC individuals who are entrusted with the integrity of the Institution’s educational, clinical or research programs.

II. Scope

This policy applies to all Trustees, Officers, Faculty, Administrators, Staff, Students and Trainees including all full-time, part-time, temporary and contract employees (“Covered Persons”) of the Medical University of South Carolina (University), the Medical University Hospital Authority (MUHA), and entities (including but not limited to Medical University of South Carolina Physicians (MUSCP), MUSC Community Physicians (MCP), the MUSC Foundation and the Zucker Institute for Innovation Commercialization), which derive their not-for-profit status from MUSC, MUHA or such other entity. These entities shall as a condition of conducting business with MUSC, develop and implement policies and procedures substantially similar to and consistent with this policy.

III. Policy

1. Consulting and Educational Programming

a) Consulting

Purpose

Consulting interactions can facilitate the advancement of innovative ideas and discoveries, which ultimately benefit the general public through the transfer of clinical, educational, professional and/or

Enterprise-wide policies are those policies that apply to the Medical University of South Carolina, the Medical University Hospital Authority, and entities (including but not limited to Medical University of South Carolina Physicians, MUSC Community Physicians, the MUSC Foundation and the Zucker Institute for Innovation Commercialization), which derive their not-for-profit status from MUSC, MUHA or such other entity. These entities shall as a condition of conducting business with MUSC, develop and implement policies and procedures substantially similar to and consistent with this policy.

scientific information. This section of the policy clarifies the terms of consulting interactions with Industry.

Policy Statement

Consulting refers to all activities where the external entity furnishes a Personal Financial Benefit or an Economic Benefit and/or other Personal Benefit as reimbursement/compensation for the exchange of clinical, educational, professional and/or scientific information or other related services provided by Covered Persons (see Scope above).

The provision of bona fide Consulting Services by Covered Persons to external entities is consistent with MUSC's mission when those activities:

- (a) involve a two-way exchange of ideas in which each party benefits from the interchange;
- (b) are relevant to and enrich the consultant's research, education or other professional responsibilities;
- (c) do not interfere with the consultant's responsibilities to patients or the Institution;
- (d) do not adversely affect the consultant's intellectual independence or the integrity of the Institution; and,
- (e) are confined to the exchange of clinical, educational, professional and/or scientific information.

i. Approved consulting activities include, but are not limited to, the following:

- Serving on advisory boards, expert panels, leadership groups, data safety monitoring boards, and/or similar groups.
- Providing expert witness testimony (See [MUSC Faculty Handbook](#)).
- Providing scientific or medical presentations or expertise to Industry scientists, research and development staff, and/or their staff.
- Providing product review, product evaluation, and product feedback for Industry.
- Demonstrating an Industry product (*i.e.*, teaching when and how to appropriately use a product) for medical or research professionals in the context of medical or scientific education.
- Providing consultation to venture capital firms and serving as a scientific or medical advisor to Industry for purposes of MUSC intellectual property development.

ii. Prohibited consulting activities include, but are not limited to, the following:

- Consulting activities requiring or appearing to require MUSC staff to endorse or appear to endorse a particular product, drug, device, or service (either orally or in writing). This includes demonstrating an Industry product for promotional or sales purposes; and appearing (or being quoted) in a video, television, radio, internet-broadcast, web site, or other publicly-broadcasted or distributed materials for promotional or sales purposes without proper authority or approval.
- Participating in ghostwriting, which is defined as Industry sponsorship for (i) making a major contribution towards the writing and/or research of scientific and medical publications without receiving authorship; or (ii) accepting authorship for a scientific or medical publication without making a major contribution towards the writing and/or the research.
- Serving as an Industry sponsored "named reference" for a product recommendation.

- Providing MUSC slides, videos, pamphlets or any other MUSC logo or copyrighted materials to Industry for marketing or promotional use. Such use must be approved in accordance with applicable MUSC/MUHA policy or procedure.
- Providing services that conflict or appear to conflict with SEC rules and regulations for stock brokers, investment houses, equity management companies, banks, and/or financial institutions.
- Providing services to an entity that is in a known legal dispute with MUSC.
- Speaking to investors on behalf of a company, except when the company is an MUSC sanctioned and supported start-up company.

The lists of approved and prohibited consulting activities are the same whether consulting is done on personal or professional time. All Covered Persons who participate in consulting activities are subject to the approval procedures outlined in section VI.1.g of this policy.

b) Educational Programming

Purpose

MUSC recognizes the value to the Institution and Covered Persons in having such opinion leaders present educational material before professional and lay groups. As noted in the [MUSC Faculty Handbook](#), activities such as presentations to professional groups such as other universities, health systems, and professional societies are considered to be within the scope of Covered Persons' work. Education provided by Covered Persons shall be in the best interest of the public, independent from commercial interest, and refrain from product promotion. Additionally, MUSC recognizes the benefits that Covered Persons obtain by attending educational programs.

Policy Statement

This policy applies to all medical, healthcare and scientific speaking engagements or educational presentations, with or without professional continuing education credit, where Industry furnishes a Personal Financial Benefit or an Economic Benefit and/or other Personal Benefit as reimbursement/compensation for the provision of those presentations by Covered Persons. The policy also applies to Covered Persons who attend such educational meetings. Educational programming should be independent from commercial interest and promote evidence-based clinical care and/or advance scientific research which conforms with generally accepted standards. MUSC recognizes that bona fide educational activities typically adhere to ACCME, ADA CERP, ACPE, ANCC or other national accreditation standards and qualify for continuing education credit. Other acceptable activities that do not provide CE credits but would serve recognized educational purposes include, but are not limited to, presentations to Industry (e.g., providing scientific or medical expertise) and training for medical or research professionals (e.g., teaching practitioners when and how to appropriately use a medical device). Otherwise, non-accredited, Industry sponsored speaking to healthcare professionals is not consistent with the standards of allowable educational programming due to the risk of Industry influence.

- i. *Approved educational speaker activities include, but are not limited to, the following:***

Providing continuing education (CE) services, scientific or medical presentations or expertise at academic meetings and professional societies, at other universities or research institutions, and at lay organization meetings as long as the following conditions are met:

- These activities are designed to promote evidence-based clinical care and/or advance scientific research;
- The presentation is made in accordance with professional accreditation standards such as the ACCME's *Standards for Integrity and Independence in Accredited Continuing Education*,¹ the ADA CERP *Continuing Education Recognition Program*, or other national accreditation standards including those set by the ACPE and the ANCC, *i.e.*, the educational content, including handouts and visual-aids, must be determined entirely by the speaker; and,
- The financial support of Industry, if provided, is clearly disclosed. Payments to Covered Persons for speaking and for travel costs for these approved educational activities are permitted for approved speaker activities (see section VI.1.c for rules about payments).

ii. Prohibited educational speaker activities include, but are not limited to, the following:

- Speaking at any educational meeting where the content of the presentation, including handouts and visual-aids, is not determined entirely by the Covered Person.
- Providing Industry sponsored continuing education (CE) services or scientific or medical training offered solely to an audience consisting of MUSC attendees.
- Educational speaking should be independent from commercial interest, and refrain from product promotion. As such, speaking activities frequently referred to as speakers' bureaus are prohibited. Speakers' bureaus are typically characterized by, but are not limited to, the following attributes:
 - promotional educational activity concerning a biomedical or pharmaceutical product;
 - the company has the contractual right to dictate or control the content of the presentation or talk;
 - the company creates the slides or presentation material and/or restricts or otherwise limits the Covered Person's intellectual independence over the educational content of his or her presentation; and/or
 - Covered Persons are expected to act as a company's agent or spokesperson for the purpose of disseminating company or product information (*e.g.*, the presentation is focused on a healthcare product made by the sponsor and does not include a balanced representation of alternative products or services).

If you have questions about whether a speaking activity is a speakers' bureau, you should consult with the COI Office for guidance.

- **Attendance at educational meetings sponsored by Industry**

¹ Accreditation Council for Continuing Medical Education, *Standards for Integrity and Independence in Accredited Continuing Education* (2020)

Covered Persons may attend any educational meeting sponsored by Industry but may not undertake the following:

- Receive gifts, other compensation, or travel costs (including lodging) for attendance;
- Participate in Industry sponsored food, beverages or entertainment events if the audience is restricted to MUSC personnel only (*i.e.*, MUSC personnel can only accept Industry sponsored meals, beverages and entertainment events if the audience is not restricted to MUSC personnel and is open to members of the professional community at large).

The lists of approved and prohibited educational activities are the same whether these activities are done on personal or professional time. All Covered Persons who participate as speakers in Educational Programs are subject to the approval procedures outlined in section VI.1.g of this policy.

c) Payments for Consulting and Educational Programming

Payments for consulting and educational services should be at a level commensurate with effort. If done on professional time, the distribution of payment to either the individual or the Institution will be at the discretion of each college or department. For all outside activities, Covered Persons should coordinate with the Conflict of Interest Office to determine reporting requirements for any Industry relationship.

Senior institutional officials (defined here as the President, Vice Presidents, Deans and Associate Deans) who conduct outside activities that fall within the Institution's missions and/or relate to their service as institutional leaders must conduct those activities under a written agreement with the Institution. Remuneration for the outside activity must be paid to the Institution and cover the senior official's time and effort for the work; compensation should not be in addition to the senior official's institutional salary.

d) Leave Status Requirements for Consulting and Educational Programming Activities

Consulting and Educational Programming activities may occur on either *Personal Leave (annual leave/paid time off)* or *Professional Leave*. Please refer to section XI of this policy for specific definitions.

Consulting or Educational Programming Conducted on Personal Leave

- MUSC resources (*e.g.*, secretarial assistance, office space, etc.) are not allowed to be used while providing consulting services or educational programming activities performed on personal time.
- Covered Persons considering undertaking consulting or educational programming activities with a company with whom they are performing concurrent research should consult with the Conflict of Interest Office.
- Covered Persons who consult or conduct educational programming while on Personal Leave may retain 100 percent of the fee; this fee must be paid directly to the Covered Person from the external entity. The Covered Person is responsible for securing payment for these consulting or educational activities, tax liability, and any financial concerns associated with such payments.

- MUSC does not provide liability insurance coverage for Covered Persons performing consulting OR educational programming activities on personal leave.
- Covered Persons may provide consulting or educational services on Personal Leave in conjunction with MUSC approved travel. Additional travel expenses incurred by the consulting or educational activities (e.g., additional hotel night/s, per diem, transportation, miscellaneous) will be the responsibility of the Covered Person.
- Covered Persons should be aware that payments received from medical device, pharmaceutical manufacturers and biomedical suppliers are subject to the **Physician Payment Sunshine Act** and **will be made publicly accessible via the Centers for Medicare and Medicaid Services website (<https://openpaymentsdata.cms.gov/>)**.
- In accordance with E-FRD-002, Intellectual Property: Policies and Procedures (<https://musc.policytech.com/dotNet/documents/?docid=4359>), ownership/assignments of any created intellectual property (IP) shall be determined pursuant to the applicable provisions of the referenced MUSC Enterprise policy.

Consulting or Educational Programming Conducted on Professional Leave

- MUSC resources may be utilized to conduct consulting or educational programming on approved professional leave.
- Covered Persons considering undertaking consulting or educational programming activities with a company with whom they are performing concurrent research should consult with the Conflict of Interest Office.
- If the consulting or educational programming is completed on MUSC time while on professional leave, payment must be made to MUSC and allocated to an account within the college, department or division. Each college, department or division will be responsible for the disbursement of funds.
- Consulting or educational programming conducted on professional leave requires a contract or agreement; please see section VI.1.f of this policy.
- MUSC provides applicable liability insurance coverage for Covered Persons performing consulting activities or educational programming on professional leave.
- In accordance with E-FRD-002, Intellectual Property: Policies and Procedures (<https://musc.policytech.com/dotNet/documents/?docid=4359>), ownership/assignments of any created intellectual property (IP) shall be determined pursuant to the applicable provisions of the referenced MUSC Enterprise policy.

e) Consulting or Educational Programming Conducted with Concurrent Research

For consulting or educational activities that occur with concurrent research with the same company, Covered Persons should consult with the Conflict of Interest Office.

f) Consulting or Educational Programming Contracts

Professional Leave Status:

All formal consulting and educational programming relationships approved for Covered Persons that are conducted while on approved **Professional Leave** must be formalized in a fully executed contract. All such agreements must be channeled through the appropriate contract approval process.

Enterprise-wide policies are those policies that apply to the Medical University of South Carolina, the Medical University Hospital Authority, and entities (including but not limited to Medical University of South Carolina Physicians, MUSC Community Physicians, the MUSC Foundation and the Zucker Institute for Innovation Commercialization), which derive their not-for-profit status from MUSC, MUHA or such other entity. These entities shall as a condition of conducting business with MUSC, develop and implement policies and procedures substantially similar to and consistent with this policy.

- All agreements must clearly describe the services and deliverables to be furnished by the Covered Person, including the time required for such services or method of calculating compensation, a description of the compensation due under the agreement, a declaration regarding disposition of intellectual property rights if applicable, and a provision to protect the use of the MUSC name if appropriate. The agreement should be consistent with MUSC policies and eliminate unauthorized transfer of MUSC intellectual property (see Enterprise Policy E-FRD-002, Intellectual Property: Policies and Procedures)
- An agreement must be signed and dated by all parties prior to the commencement of any consulting or educational programming activities. All agreements must be consistent with MUSC's policies, mission and duties to its stakeholders.
- The Covered Person is expected to maintain records of the consulting or educational programming activities for 6 years after the termination of the contract.

Personal Leave Status:

Covered Persons who consult or provide educational programming on **Personal Leave** are acting as independent contractors. Covered Persons may not bind or obligate MUSC in any way. Contracts entered into by Covered Persons acting as independent contractors should not contain any references to MUSC or its entities (see Scope above); this includes an individual title (*i.e.*, Professor, Director etc.) or work/email addresses.

g) Approval Process for Consulting and Educational Programming

All consulting and educational programming whether occurring on Personal Leave or Professional Leave must not negatively impact MUSC or the Institution's research, educational or clinical missions. For all outside activities, Covered Persons should coordinate with the Conflict of Interest Office to determine reporting requirements for any Industry relationship. Requests for consulting and educational programming occurring on Professional Leave must be approved by the department chair or appropriate supervisor during the applicable contract approval process. It is recommended that Covered Persons notify their department chair or supervisor of any consulting or educational programming occurring on Personal Leave, as individual departments and/or colleges may have additional requirements.

2. Gifts

Covered Persons and their immediate family members may not accept gifts of value exceeding \$10 from vendors or other representatives of Industry. Examples of gifts include, but are not necessarily limited to, travel and lodging expenses; membership dues; admission fees; preferential terms on a loan, goods or services; or the use of real property; for this section, "gifts" does not include food and beverages which is discussed in Section 3 below.

Acceptance of travel funds to participate in meetings or training directly related to ongoing sponsored research is not considered a gift and is allowable.

Covered Persons may accept travel funds from scientific or professional societies that are funded by Industry, as long as the society independently controls the selection of the recipient. Covered Persons may not accept travel funds directly from Industry; however, Industry funded travel support provided directly to MUSC is allowed.

3. Food, Beverages and General Hospitality

Except as noted below, Covered Persons should not accept food and beverages, support for social events, or other hospitality offered directly by Industry to the Covered Person. Industry support for food and beverages for college, department or division meetings or retreats is prohibited.

Covered Persons attending an educational meeting or conference may participate in food, beverages and social receptions sponsored by Industry as long as the invitation to these events is open to non-MUSC attendees as well, i.e., the event is open to all meeting attendees.

A Covered Person engaged in off-site consulting may accept food and beverages as a part of a reasonable compensation package for consulting services.

Covered Persons cannot participate in Industry sponsored food, beverages and/or entertainment events that are provided only for a select invited individual or group of individuals if the primary purpose of the event is for marketing and promotional purposes. However, this restriction does not preclude allowable activities, such as site visits and meetings with potential vendors, which may occur when obtaining contracted goods and services; these activities are governed by state and applicable MUSC and/or MUHA procurement guidelines. Covered Persons should recognize that attendance at an Industry supported event may cause their name and institutional affiliation to be reported as required by federal regulation. This can be avoided by paying for one's own meal at such events and removing one's name from the attendance list.

4. Industry Supported Continuing Education Programs

- Continuing Education (CE) programs supported by Industry are permitted provided the following criteria are met:
 - Industry sponsored programs offering continuing education (CE) credit must be processed through the Office of Continuing Medical Education if appropriate and adhere to the standards for commercial support established by the ACCME, the ADA CERP, the ACPE, the ANCC, or other such accrediting or licensing body if available.
 - Industry provided food and beverages are prohibited at educational programs in which the only attendees are from MUSC, both on campus and off campus.
 - Students or trainees may participate in the continuing education programs as long as the programs are structured group settings that are supervised by faculty.
 - Appropriate disclosure statements must be made in any pre-meeting announcement and by the speaker prior to beginning the program.
 - Companies seeking to provide support for CE programs may do so through unrestricted educational grants.

5. Educational Materials and Equipment

Donations of educational materials and equipment may be accepted. Such donations are expected to be used by faculty, staff, students and trainees and are not expected to be used by a single Covered Person. Donations are expected to be donated directly to an appropriate college or departmental official within MUSC or its entities, and documentation of the donation, including the value of the equipment donated and the date of the donation, should be retained. Donations of capital equipment require approval of the Executive Vice President for Academic Affairs and Provost or leadership of

the applicable entity, except in cases of sponsored research, in which equipment donations are managed by the Office of Research and Sponsored Programs (ORSP).

6. Scholarships and other Educational Funding for Students and Residents

Industry support for student scholarships, residents and fellows should be made in cooperation with the appropriate MUSC entity or University official. This may include the MUSC Foundation or the MUSC Zucker Institute for Innovation Commercialization Foundation, the Office of Development, ORSP or senior leadership according to applicable MUSC policies and procedures. Covered Persons must obtain approval from the department chair, division director or college dean before soliciting Industry support for these purposes. The appropriate MUSC entity or University Official must manage and oversee the receipt of such Industry support. The evaluation and selection of recipients of such funds and use of such funds must be at the sole discretion of the applicable MUSC and/or entity, college, or department, as applicable. All potential Industry sponsors should be given the opportunity to contribute.

7. Fundraising and Business Development Activities

The Institution recognizes that the MUSC Foundation has a unique and integral mission to attract financial support that furthers the research, education and patient care initiatives of the MUSC Enterprise. Similarly, the Institution recognizes that certain activities are necessary to further the strategic and business development initiatives of the Institution. Activities necessary to the successful conduct of fundraising and strategic advancement on behalf of the Institution may continue. However, these activities are not permitted to influence educational, clinical or research operations of the Institution other than providing support to further those missions. Activities intended to further strategic and business development initiatives must be part of the Covered Person's official duties or approved in advance by a member of the President's Council.

No gift shall influence or appear to influence institutional decision-making related to procurement, patient care, education and research integrity. Any concerns shall be reported immediately to the Conflict of Interest Office. Notwithstanding anything in this section, South Carolina state employees remain subject to the SC Ethics Law and must act in compliance with state regulations.

8. Charitable Contributions

Charitable contributions from Industry for the benefit of MUSC or any of its entities must be made through the appropriate MUSC channels. This may include the Office of Development, MUSC Foundation or MUSC leadership. The distribution of charitable contributions for their intended purposes will be the responsibility of the department, division director, college deans, and administration. Industry funding for sponsored projects (funding provided which is subject to terms and conditions) is accepted and managed on behalf of MUSC by ORSP.

9. Pharmaceutical Samples

Drug samples that are provided for distribution to patients will be handled in accordance with MUHA Policy C-026, Medication Samples (<https://musc.policytech.com/docview/?docid=637>).

10. Site Access

The MUSC Medical Center recognizes the value of information provided by various Industry representatives but intends to limit access to its personnel and facilities to prevent interference with patient care activities. All vendors are expected to adhere to policy A-015A, Vendor Representative

Access to Procedural Service Departments (<https://musc.policytech.com/docview/?docid=11534>) or any applicable contract with the vendor.

11. Use of Confidential Information

Unauthorized use of confidential, privileged or proprietary information by Covered Persons or their family members is prohibited. This includes, but is not limited to, disclosure of such information to commercial entities without authorization and unauthorized use of such information to engage in a relationship with a commercial entity that leads to a Personal Financial Benefit or Economic Benefit for the Covered Person or their family member.

12. Purchasing

Covered Persons with any personal and/or financial interest in any particular manufacturer of pharmaceuticals, devices or equipment or any provider of goods or services, must disclose such interests and recuse themselves from purchasing decisions relevant to the conflicting interests. Any Covered Person whose expertise is essential to evaluate a product and/or service must disclose their personal and/or financial interest in any related manufacturer, device, product, provider of goods or services, etc. to the applicable individual/group responsible for the purchasing decision.

13. Disclosure and Notification

Covered Persons shall disclose all business or financial relationships in accordance with E-COI-001, MUSC-MUHA Conflict of Interest Policy(<https://musc.policytech.com/docview/?docid=4433>).

If there is a question about appropriate business or financial relationships or the potential for a real and/or perceived Conflict of Interest, the Covered Person should consult with individuals within their chain of command; the MUSC Conflict of Interest Office; MUSC, MUHA or MUSCP Office of Compliance; or the MUSC General Counsel's Office for guidance.

Special situations

Exceptions

The Enterprise Conflict of Interest Committee will review/consider requests for exceptions to this policy. Request for exceptions must be submitted in writing to the Conflict of Interest Office. Resolution of such requests will be documented in the minutes of the Enterprise Conflict of Interest Committee and reported back to the requestor and their supervisor. If additional recourse is desired after review and action by the Enterprise Conflict of Interest Committee, a Covered Person may submit their request in writing to the MUSC Executive Vice President for Academic Affairs and Provost for appeal.

Sanctions for Non-compliance

Violations of this Policy, including the failure to avoid a prohibited activity or disclose applicable business and financial relationships will be dealt with in accordance with applicable policies and procedures that may include disciplinary action up to and including termination of employment or medical staff privileges. Sanctions may include suspension or dismissal, non-renewal of appointment, denial of eligibility to engage in research funded through MUSC, denial of merit pay, or other appropriate penalties. Such sanctions may require giving notice of relevant information to funding agencies, professional bodies or journals, or the public. Termination of medical staff privileges or denial of medical staff privileges under this policy will not be based upon a physician's individual competence, quality of care, or professional conduct; therefore, the revocation or denial of appointment or reappointment will not be reportable to any agency or databank.

The Executive Vice President for Academic Affairs and Provost will determine the methods of resolving non-compliance with this policy and applying sanctions. The Executive Vice President for Academic Affairs and Provost may refer the matter to the appropriate College Dean or in the case of entities, to the senior administrative officer of that entity, take action on his or her own, or initiate applicable MUSC/entity procedures governing such discipline.

The Board of Trustees, as the ultimate governing body, or its designee, retains authority to make a final determination of any matter covered by this policy.

IV. Definitions **

Conflict of Interest includes, but is not limited to, a circumstance that arises when an individual has an opportunity to influence patient care, research and/or education of trainees regarding the purchase or use of products or services of an industry with which he/she has a secondary interest (e.g., financial relationship, or research support, or personal benefit).

Consulting (Consulting Services, Consultant, etc.) includes, but is not limited to, activities where the external entity furnishes a Personal Financial Benefit or Economic Benefit and/or other Personal Benefit such as reimbursement/compensation for the exchange of clinical, educational, professional and/or scientific information or activities by Covered Persons.

Covered Persons refers to Trustees, Officers, Faculty, Administrators, Staff, Students and Trainees including all full-time, part-time, temporary and contract employees of the Medical University of South Carolina (University), the Medical University Hospital Authority (MUHA), and entities (including but not limited to Medical University of South Carolina Physicians, MUSC Community Physicians, the MUSC Foundation and the Zucker Institute for Innovation Commercialization) which derive their not-for-profit status from MUSC, MUHA or such other entity

Educational Programming includes, but is not limited to, medical, healthcare and scientific speaking engagements or educational presentations where Industry furnishes a Personal Financial Benefit or Economic Benefit and/or other Personal Benefit as reimbursement/compensation for the provision of those presentations by Covered Persons.

Industry refers to any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, trust, enterprise, or other legal entity, including for profit and not for profit entities that are engaged in 1) the manufacture, distribution or sale of diagnostic or therapeutic drugs, medical/dental devices or equipment, supplies, or information technology, 2) medical testing, or 3) providing services for clinical care, research, or education. Industry also refers to entities that provide services to the MUSC Enterprise in the areas of physical plant, university and hospital administration, human resources, project management, clinical services and regulatory services. The term industry does not include professional associations and societies; not for profit foundations; not for profit volunteer health organizations; domestic federal, state, or local government agencies; academic institutions or not for profit hospitals that provide medical research/education-related products and services.

MUSC Enterprise (collectively referred to herein as "MUSC") or **Institution** is defined as the Medical University of South Carolina (University), the Medical University Hospital Authority (MUHA), and

entities (including but not limited to Medical University of South Carolina Physicians, MUSC Community Physicians, the MUSC Foundation and the Zucker Institute for Innovation Commercialization), which derive their not-for-profit status from MUSC, MUHA or such other entity.

Other Personal Benefit is defined as a non-financial benefit to a Covered Person; for example, promise of a job promotion, future grant, research publication, clinical trial or authorship, etc. The term “personal” includes the Covered Person’s immediate family, defined as parents, spouse, siblings, children, stepchildren and grandchildren.

Personal Financial Benefit or Economic Benefit is defined as anything of monetary value - including salary, commissions, fees, honoraria, gifts, equity interests (which include any stock, stock option, or other ownership interest), interests in real or personal property, dividends, royalty, rent, capital gains, intellectual property rights, loans, and forgiveness of debt. The term “personal” also includes the Covered Person’s immediate family, defined as parents, spouse, siblings, children, stepchildren and grandchildren.

Personal Leave is defined as that time away from work taken as annual leave/paid time off (PTO), or any part of a 24-hour period when there are no MUSC assigned responsibilities (e.g., weekends or after hours when there are no MUSC assigned responsibilities).

Professional Leave includes time away from MUSC to conduct MUSC approved professional activities, while receiving compensation from MUSC. A request for this leave must be approved by the Covered Person’s supervisor.

V. Related Policies **

- E-COI-001, MUSC-MUHA Conflict of Interest Policy (<https://musc.policytech.com/docview/?docid=4433>)
- E-COI-003, Institutional Conflict of Interest (<https://musc.policytech.com/dotNet/documents/?docid=6143>)
- E-FRD-002, Intellectual Property: Policies and Procedures (<https://musc.policytech.com/dotNet/documents/?docid=4359>)

VI. Applicable Laws and/or Regulations **

- South Carolina Ethics Law at <http://www.scstatehouse.gov/code/t08c013.php>
- 42 CFR Part 50 Subpart F - "Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought"
- 45 CFR Part 94 - "Responsible Prospective Contractors"

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

- Accreditation Council for Continuing Medical Education, Standards for Integrity and Independence in Accredited Continuing Education (2020)
- Boumil MM. Cutrell ES. Lowney KE. Berman HA. Pharmaceutical speakers' bureaus, academic freedom, and the management of promotional speaking at academic medical centers. *Journal of Law, Medicine & Ethics*. 40(2):311-25, 2012.

- Korn D. Carlat D. Conflicts of interest in medical education: Recommendations from the Pew Task Force on medical conflicts of interest. Journal of the American Medical Association. 310(22):2397-2398, 2013.

VIII. Distribution and Communication Plan

Review of this policy is covered in the annual mandatory training for all employees.

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

<https://web.musc.edu/about/coi>

* **Policies become effective on the date of publication**

** **If not applicable, enter NA**

Enterprise-wide policies are those policies that apply to the Medical University of South Carolina, the Medical University Hospital Authority, and entities (including but not limited to Medical University of South Carolina Physicians, MUSC Community Physicians, the MUSC Foundation and the Zucker Institute for Innovation Commercialization), which derive their not-for-profit status from MUSC, MUHA or such other entity. These entities shall as a condition of conducting business with MUSC, develop and implement policies and procedures substantially similar to and consistent with this policy.

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) BOARD OF TRUSTEES
CONSENT AGENDA
May 17, 2024
101 Colcock Hall

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

Consent Agenda for Approval

- Item 19. Appointment of Dean, College of Graduate StudiesDr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Michael J. Bouchard, Ph.D., Professor, College of Medicine, for the appointment of Dean in the College of Graduate Studies, effective July 1, 2024.

- Item 20. Endowed Chair AppointmentsDr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Hermes Florez, M.D., Ph.D., MPH, Professor and Chair of our Department of Public Health Sciences, for appointment to the Center for Healthy Aging Endowed Chair effective May 17, 2024.

Albert Craig Lockhart, M.D., Professor in the Department of Surgery, Division of Hematology/Oncology, for appointment to the Grace E. DeWolff Endowed Chair in Medical Oncology, effective April 1, 2021.

Patrick Mulholland, Ph.D., Professor in the Department of Neuroscience for appointment to the Admiral Paul E. Pihl Chair of Neuroscience, effective May 17, 2024.

College of Nursing

Teresa Kelechi, Ph.D., Professor in the Department of Nursing for appointment to the David R. and Margaret C. Clare Endowed Chair in Nursing, effective March 1, 2014.

College of Dental Medicine

Michael R. Cotter, DDS, Clinical Associate Professor in the Department of Biomedical and Community Health Sciences, for appointment to the Endowed Professorship effective May 1, 2024.

- Item 21. Faculty AppointmentsDr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Brittany K. Bankhead, M.D., MS, Associate Professor, on the Clinician Educator track, in the Department of Surgery, Division of General Surgery, effective August 15, 2024.

Steven Ira Hanish, M.D., Professor, on the Clinician Educator track in the Department of Surgery, Division of Transplant Surgery, effective June 1, 2024. Dr. Hanish will also serve as division chief of the Division of Transplant Surgery.

Saju D. Joy, M.D., MBA, MS, Clinical Professor, in the Department of Obstetrics and Gynecology, Division of Maternal Fetal Medicine, effective June 1, 2024. Dr. Joy will also serve as CEO of MUSC Charleston Health.

College of Dental Medicine

Michael Cotter, DDS, Associate Professor, on the academic clinician tenure track in the James B. Edwards College of Dental Medicine, Department of Biomedical and Community Health Sciences, Division of Emergency Services, effective May 1, 2024.

Item 22. Change in Faculty StatusDr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Nursing

Susan Newman, PhD, RN, CRRN, FAAN, from Professor to Affiliate Professor in the Department of Nursing, College of Nursing, effective July 1, 2024.

Item 23. Revised College of Medicine, Appointment, Promotion & Tenure Guidelines...Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Item 24. Department Name Change.....Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

A request to formally change the name of the Department of Radiation Oncology to the Department of Radiation Medicine, effective July 1, 2024, will be presented for approval.

Item 25. Rescindment of Policy U-PROV-005: Undergraduate Student Admissions.....Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Item 26. Conferring of DegreesDr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Michael J. Bouchard, Ph.D.

Professor, Biochemistry & Molecular Biology

Director, Division of Biomedical Science Programs, Graduate School of Biomedical Sciences &
Professional Studies

Drexel University College of Medicine

Dr. Michael Bouchard earned a B.S. in Microbiology from Cornell University and a Ph.D. in Microbiology from Columbia University. He then conducted post-doctoral research at New York University, where he initiated studies on mechanisms that control hepatitis B virus (HBV) replication. This research was published in *Science* and became a cornerstone of his work at Drexel University College of Medicine, where he is currently a Professor of Biochemistry and Molecular Biology. Dr. Bouchard's research has made seminal contributions to our understanding of HBV replication and pathogenesis.

Dr. Bouchard currently leads the Division of Biomedical Science Programs in the Graduate School of Biomedical Sciences and Professional Studies at Drexel University College of Medicine. In this role, he oversees all research-intensive graduate programs and associated academic partnerships in the Graduate School. His commitment to research and education is reflected in the numerous awards he has received for teaching and research and mentorship of students and faculty. Dr. Bouchard's career is marked by a blend of research and education innovation, establishing him as a leader in graduate education and training.

Hermes Jose Florez, MD, PhD, MPH
Abbreviated Curriculum Vitae
Professor
(843) 792-0915
florez@musc.edu

Personal Information

Country of Origin: Venezuela, Bolivarian Republic Of
Languages: English, Spanish

Contact Information

No activities entered.

Degrees

2006	Ph.D., Epideminology
1998	MPH, Public Health, University of Miami School of Medicine
1993	M.D., Medicine, University of Zulla School of Medicine

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, Medicine, Endocrinology, 2020-05-25
Professor, Medical University of South Carolina, College of Medicine, Public Health Sciences, 2020-05-25

Non-MUSC Rank and Promotion History

No activities entered.

Albert Craig Lockhart, MD, MHS
Abbreviated Curriculum Vitae
Professor
lockhara@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2001	M.H.S., Clinical Trials, Duke University
1993	M.D., Medicine, University of Texas Southwestern Medical School
1989	B.A., Biology, Rice University

Post-Graduate Training

Fellowship, Duke University Medical Center, Hematology/Oncology, July 1997, June 2001
Internship, Barnes Hospital at Washington University, N/A, July 1993, June 1994
Residency, Barnes Hospital at Washington University, Internal Medicine , July 1994, June 1996

Additional Training

No activities entered.

Certifications

American Board of Internal Medicine's (ABIM) , Type of Certification: Board Certification , Specialty: Medical Oncology Board , Certification Number: N/A, Effective Date: 2014, Expiration Date (if none, see note above): 2017

Professional Licensures

State of Missouri License, Month / Year Originally Conferred: January 1996, INACTIVE
State of Florida Medical License, Month / Year Originally Conferred: January 2018, Florida
State of Tennessee License, Month / Year Originally Conferred: PRESENT 2004, INACTIVE
State of North Carolina License., Month / Year Originally Conferred: January 1999, INACTIVE
State of Texas License, Month / Year Originally Conferred: January 1994, Texas, INACTIVE

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Medicine, Hematology/Oncology, 2021-04-01

Non-MUSC Rank and Promotion History

Professor of Medicine, Washington University School of Medicine, 2016, 2017
Professor of Medicine, University of Miami - Miller School of Medicine, 2017
Lecturer, MS2, Washington University, Clinical Pharmacology, 2008, 2017
Lecturer, CAB 720 - Dialogues with Cancer Clinicians, "Drug Development 101, Lecturer, CAB 720 - Dialogues with Cancer Clinicians, "Drug Development 101, 2018
Key faculty - Hematology/Oncology Fellowship Program, Washington University, 2012, 2017

Faculty - Methods in Clinical Cancer Research Workshop, AACR/ASCO , 2017-01-01

Course Director, University of Miami - Miller School of Medicine, Cancer Biology (CAB) 716 Course: Design and Management of Cancer Clinical Trials, 2019

Core faculty - Hematology/Oncology Fellowship Program, University of Miami/Jackson Memorial Hospital, 2017-01-01

Associate Professor of Medicine, Washington University School of Medicine, 2008, 2016

Assistant Professor of Medicine, Vanderbilt University Medical Center, 2001, 2008

Patrick J. Mulholland Jr, PhD
Abbreviated Curriculum Vitae
Professor
(843) 792-1229
mulholl@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2005	Ph.D., Behavioral Neuroscience, University of Kentucky, Kentucky, United States
2003	M.S., Behavioral Neuroscience, University of Kentucky, Kentucky, United States
2000	B.A., Psychology, Edinboro University

Post-Graduate Training

Post-Doctorate, Medical University of South Carolina, Department of Neurosciences and Charleston Alcohol Research Center, Postdoctoral Fellow, National Institute on Alcohol Abuse and Alcoholism, September 2005, September 2009

Additional Training

No activities entered.

Certifications

No activities entered.

Professional Licensures

No activities entered.

MUSC Rank and Promotion History

Research Assistant Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2009-04-01, 2010-06-30

Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2020-07-01

Professor, Medical University of South Carolina, College of Dental Medicine, Neuroscience, 2020-07-01

Professor, Medical University of South Carolina, College of Graduate Studies, 2010-06-30

Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2020-07-01

Associate Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2015-07-01, 2020-06-30

Associate Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2015-07-01, 2020-06-30

Associate Professor, Medical University of South Carolina, College of Dental Medicine, Neuroscience Research, 2015-07-01, 2020-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Psychiatry and Behavioral Sciences, 2010-07-01, 2015-06-30

Assistant Professor, Medical University of South Carolina, College of Dental Medicine, Neuroscience Research,

2010-07-01, 2015-06-30

Assistant Professor, Medical University of South Carolina, College of Medicine, Neuroscience, 2010-07-01, 2015-06-30

Non-MUSC Rank and Promotion History

No activities entered.

Teresa J. Kelechi, RN, PhD, FAAN
Abbreviated Curriculum Vitae
 Professor
 (843) 792-4602
 kelechtj@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

Degree	Discipline	Institution	City	State or Province	Nation	Year Conferred	Title of Dissertation or Thesis
Ph.D.	Nursing Science	University of South Carolina		South Carolina	United States	2001	
M.S.N.	Gerontological Nursing	Case Western Reserve University		Ohio	United States	1984	
B.S.N.	Nursing	Kent State University		Ohio	United States	1981	

Post-Graduate Training

Type	Institution	Specialty	Begin Month/Year	End Month/Year
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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
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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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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 Nursing	Office of Research		2001-08-01	2006-06-30
Professor	Medical University of South Carolina	College of Graduate Studies			2004-07-07	
Associate Professor	Medical University of South Carolina	College of Nursing	Office of Research		2006-07-01	2012-06-30
Professor	Medical University of South Carolina	College of Nursing	Department of Nursing		2012-07-01	

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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Brittany Bankhead, MD, MS
Abbreviated Curriculum Vitae
Associate Professor
bankheab@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2013	M.D., Medicine, Ross University of Medicine
2009	M.S., Biomedical Sciences, Barry University
2007	B.S., Biomedical Sciences, Texas A&M University

Post-Graduate Training

Fellowship, Massachusetts General Hospital, Surgical Critical Care, August 2019, July 2020
Internship, Methodist Dallas Medical Center, General Surgery, July 2013, June 2014
Residency, University of Texas at Austin – Dell Medical School, General Surgery, July 2016, June 2019
Residency, St. Joseph Mercy Oakland, General Surgery, July 2014, June 2016

Additional Training

No activities entered.

Certifications

American Heart Association, Type of Certification: Life Support, Specialty: ACLS, Certification Number: N/A, Effective Date: 2019
American Heart Association, Type of Certification: Life Support, Specialty: BLS, Certification Number: N/A, Effective Date: 2019
American Heart Association, Type of Certification: Life Support, Specialty: ATLS, Certification Number: N/A, Effective Date: 2022
American Board of Surgery , Type of Certification: Board Certification, Specialty: General Surgery, Certification Number: 067406, Effective Date: 2021-03-10, Expiration Date (if none, see note above): 2025-01-05
American Board of Surgery , Type of Certification: Board Certification, Specialty: Surgical Critical Care, Certification Number: 005796, Effective Date: 2023-09-11, Expiration Date (if none, see note above): 2025-01-05

Professional Licensures

Texas Medical License, Month / Year Originally Conferred: January 2022, T4709

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Assistant Professor, Texas Tech University Health Sciences Center, Trauma, Burns, & Critical Care, 2020-01-01

STEVEN HANISH, MD
Abbreviated Curriculum Vitae
Professor
hanish@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2000	M.D., Medicine, Indiana University School of Medicine
1996	M.S., Biophysics/Physiology, Indiana University School of Medicine
1995	B.A., Biochemistry and Biophysics, Northwestern University

Post-Graduate Training

Fellowship, University of Wisconsin Hospital and Clinics, Transplant Surgery, January 2007, January 2009
Fellowship, Duke University School of Medicine, Surgery,, January 2002, January 2004
Internship, Duke University School of Medicine, General Surgery, January 2000, January 2001
Residency, Duke University, School of Medicine,, General Surgery, January 2001, January 2002

Additional Training

No activities entered.

Certifications

American Board of Surgery , Type of Certification: Board Certification , Certification Number: n/a, Effective Date: 2007

Professional Licensures

Texas Medical License , Month / Year Originally Conferred: Ongoing

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Medicine, Surgery, Transplant Surgery, 2024-06-10

Non-MUSC Rank and Promotion History

Professor , UTSW School of Medicine, Surgery, 2022
Associate Professor, UTSW School of Medicine, Surgery, 2018, 2022
Associate Professor, University of Maryland School of Medicine, Hepatobiliary Surgery, 2017, 2018
Associate Professor, University of Maryland School of Medicine, 2013, 2017
Assistant Professor , Emory University School of Medicine, Surgery,, 2009, 2013

Saju Joy, MD, MBA, MS
Abbreviated Curriculum Vitae
Clinical Professor
joys@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2014	M.B.A., Business Administration: Health Sector Management, Duke University The Fuqua School of Business
1999	M.D., Medicine, University of North Carolina
1994	M.S., Electrical Engineering, North Carolina State University
1991	B.S., Computer Engineering, North Carolina State University

Post-Graduate Training

Fellowship, The Ohio State University Medical Center, Clinical Research, August 2003, June 2006

Residency, University of Florida, Obstetrics and Gynecology , July 1999, June 2003

Additional Training

No activities entered.

Certifications

American Board of Obstetrics and Gynecology , Type of Certification: Board Certification, Specialty: Maternal-Fetal Medicine, Certification Number: N/A, Effective Date: 2009-04-22, Expiration Date (if none, see note above): 2024-12-31

American Board of Obstetrics and Gynecology , Type of Certification: Board Certification, Specialty: Obstetrics & Gynecology, Certification Number: N/A, Effective Date: 2008-01-17, Expiration Date (if none, see note above): 2024-12-31

Professional Licensures

State of South Carolina Medical License, Month / Year Originally Conferred: April 2014, Month/Year Expires: June 2025, 36672

State of North Carolina Medical License, Month / Year Originally Conferred: June 2006, Month/Year Expires: November 2024, 2006-00985

MUSC Rank and Promotion History

Non-MUSC Rank and Promotion History

Instructor, University of Florida , Obstetrics and Gynecology , 1999-07-01, 2003-06-30

Instructor, The Ohio State University Medical Center, Obstetrics and Gynecology, 2003-07-01, 2006-06-30

Clinical Associate Professor , University of North Carolina , 2012-05-01, 2015-09-30

Associate Professor , Virginia Tech Carilion School of Medicine , Obstetrics and Gynecology , 2009-11-01, 2010-

11-30

Assistant Professor , Wake Forest University School of Medicine , Obstetrics and Gynecology , 2006-07-01,
2009-11-30

Medical University of South Carolina
 COLLEGE OF DENTAL MEDICINE
 ABBREVIATED CURRICULUM VITAE

Date: 3/21/2024

Name: Cotter Michael Richard
 Last First Middle

Citizenship and/or Visa Status:

Office Address: Mount Pleasant Endodontics Telephone: 843-654-1410
3070 N. Highway 17 Mt. Pleasant, SC

Education: (Baccalaureate and above) 29466

Institution	Years Attended	Degree/Date	Field of Study
<u>Saint John's University</u>	<u>1990-1995</u>	<u>BS</u>	<u>Biology / Communications</u>
<u>New York University</u>	<u>1996-2000</u>	<u>DDS</u>	<u>DENTAL</u>
<u>New York University</u>	<u>2001-2003</u>	<u>Certificate in Endodontics</u>	

Graduate Medical Training: (Chronological)

Internship	Place	Dates

Residencies or Postdoctoral:	Place	Dates
<u>Montefiore Medical Center</u>	<u>Bronx, NY</u>	<u>July 2000 - June 2001</u>

Board Certification: The American Board of Endodontics Date: Nov 16th 2013
 Date: 6 Dec 31st 2033
 Date:

Licensure: South Carolina Board of Dentistry Date: 10/27/22
 Date: 03/01/25
 Date:

Faculty appointments: (Begin with initial appointment)

Years	Rank	Institution	Department
<u>2004-2008</u>	<u>Faculty / Attending</u>	<u>Montefiore Medical Center</u>	<u>Dentistry</u>

First Appointment to MUSC: Rank _____ Date: _____

Susan D Newman, PhD, RN, CRRN, FAAN
Abbreviated Curriculum Vitae
Associate Professor
(843) 792-9255
newmansu@musc.edu

Personal Information

No activities entered.

Contact Information

No activities entered.

Degrees

2008	Ph.D., Nursing, Medical University of South Carolina, South Carolina, United States
1995	B.S.N., Nursing, Medical University of South Carolina, South Carolina, United States
1991	B.F.A., Visual Arts, Clemson University, South Carolina, United States

Post-Graduate Training

No activities entered.

Additional Training

No activities entered.

Certifications

Certified Rehabilitation Registered Nurse (CRRN), Effective Date: 06/1999

Professional Licensures

Registered Nurse, South Carolina

MUSC Rank and Promotion History

Professor, Medical University of South Carolina, College of Nursing, Department of Nursing, 2024-07-01
Associate Professor, Medical University of South Carolina, College of Nursing, Department of Nursing, 2012-06-01, 2024-06-30
Associate Professor, Medical University of South Carolina, College of Graduate Studies, 2010-09-30
Assistant Professor, Medical University of South Carolina, College of Nursing, Office of Research, 2008-06-01, 2012-06-30

Non-MUSC Rank and Promotion History

No activities entered.

Overview of COM APT changes for BOT

The College of Medicine undertook an effort to revise its “Guidelines for Appointment, Promotion and Tenure of Faculty in the College of Medicine” over the past year under the direction of Dean Terry Steyer. The Dean charged an APT Review Committee led by College of Medicine APT Committee Chair Dr. Dan Lackland with drafting revised APT guidelines for the college. The draft guidelines prepared by the APT Review Committee were presented to the College of Medicine APT Committee and the COM Dean’s Executive Committee for review and input. The revised guidelines were then presented to the COM Faculty Council in April 2024.

Updates to the College of Medicine APT guidelines have been made to enhance clarity and provide faculty with a better understanding of the types of accomplishments that are likely to meet the criteria for appointment and promotion across the various COM faculty tracks. Examples of activities that would indicate participation, excellence and achievement related to Education/Teaching, Research/Scholarship, Clinical Service, and Service/Leadership are also provided in the revised guidelines.

Guidelines for Appointment, Promotion, and Tenure of Faculty in the College of Medicine

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I. Overview

This document defines the standards and guidelines established by the College of Medicine for faculty appointment, promotion, and tenure (APT). Tenure is also considered separately by the University.

The College of Medicine expects all faculty to be active scholars with vital contributions in research, teaching, curricula, publications, care redesign, or in other areas of innovation and service. Faculty will align with the scholarship mission by demonstrating commitment to improving health in our community as a model for the nation; evolving new models of person-centered, multidisciplinary care that reward value; accelerating innovation and research to improve health; educating leaders who transform health care; and redesigning the academic health environment to better serve society.

Requests for appointment, promotion and tenure originate from the department by the Department Chair, who may receive recommendations from a departmental APT committee. Recommendations are forwarded by the Department Chair to the Dean of the College of Medicine, who is advised by a College Appointment, Promotion and Tenure (APT) Committee composed of tenured full professors appointed from various departments. The College of Medicine APT Committee is divided into subcommittees with membership appropriate to review qualifications for appointment and promotion within each of the tracks. Final review and approval are made by the full committee. The Dean makes recommendations to the Executive Vice President for Academic Affairs and Provost. The Executive Vice President for Academic Affairs and Provost reviews the dossier and qualifications of the individual and makes recommendations to the President. Appointments and Promotions at the level of associate professor and professor are transmitted to the Board of Trustees for final decision. Although the same information is considered at each level of review, and previous recommendations are considered, decisions are made independently at each level and decisions may differ.

Acceptance of appointment to the faculty of the College of Medicine carries an obligation to foster the missions of the College and University. Each faculty member is expected to contribute to the success of the academic community and work to achieve an atmosphere in which shared values and collegial relationships facilitate achievement of our academic vision. Faculty are expected to demonstrate achievement as designated within these guidelines as they progress through the ranks from Assistant Professor to Associate Professor, and from Associate Professor to Professor.

Faculty going up for promotion should reference those activities/accomplishments that took place only after their first appointment at current rank or their last promotion. Most faculty spend 5-7 years in rank before promotion. Faculty can be recommended for promotion after a shorter period in rank in exceptional circumstances, and with exceptional performance and productivity. A detailed explanation from both the faculty member and department chair is required when early promotion is desired. In some instances, due to professional and/or life circumstances, it may take faculty more than 7 years to be ready for promotion. Faculty wishing to explain factors that affected past productivity, such as family care responsibilities, illness, disability, or military service, may do so in their Personal Statement.

Please see [examples](#) of participation, excellence and achievement related to Education/Teaching, Research/Scholarship, Clinical Service, and Service/Leadership as addressed below.

II. College of Medicine Faculty Tracks

The College of Medicine offers faculty appointments in multiple tracks. The faculty tracks are designed to address and reward the diverse roles assumed by the faculty of a college of medicine and academic health sciences center. The very diversity of these work roles requires diverse criteria to determine success in each track. Designation of a track will be based upon the faculty member's principal activities and will be indicated by the department chair in the initial offer letter.

A. Regular Faculty Tracks

The College of Medicine has four separate academic tracks for regular faculty; all have the potential for achievement of tenure. When the faculty ranks for regular

faculty are used as academic titles, no modifiers distinguish tracks. These tracks are: Academic Investigator; Academic Investigator/Educator; Academic Clinician; and Clinician Educator. Faculty are generally expected to have the appropriate terminal degree and other training as appropriate that aligns with their area of intended scholarship and practice. Under exceptional circumstances, appointments and promotions may be recommended when the candidate does not meet all of the basic criteria; these will be unusual cases.

1. ACADEMIC INVESTIGATOR

This track recognizes faculty engaged in productive, high-quality, basic biomedical research as paramount importance. The quality of research and productivity are judged by multiple criteria, including the candidate's role in well-focused, significant research as a participant, project initiator or leader, as well as publication of results in peer-reviewed journals and presentation of peer-reviewed research talks. There should be evidence of the candidate's ability to prepare research proposals that receive high ratings from national funding agencies. The candidate should demonstrate a consistent record of funding. However, evaluation will take into account the fact that funding can be subject to variables that lie beyond the scientific and scholarly merits of the investigator.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Research/Scholarship. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Research/Scholarship, and evidence of **achievement in either** Education/Teaching **or** Service/Leadership at the assistant professor rank, but **participation** in both is expected. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Research/Scholarship and evidence of sustained **achievement in** Education/Teaching **and** Service/Leadership at the associate professor rank.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be "typical" standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion with a significant authorship role (first or last authorship is assumed to be significant, as is corresponding authorship; the significance of contribution in cases of other positions of authorship must be explained). Exceptions could be made for impactful publications in the field (as supported by statements from external references or number of citations); patents filed based on the published work; honors/awards specifically for the published work; etc. The impact factor of the journal is a consideration but not an absolute criteria of significance or impact of the publication. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications (whether peer-reviewed or not) are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified.

Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

With respect to funding, it would be unusual for a candidate for promotion to not hold current grant support. For promotion to Full Professor, evidence of sustained grant support is expected. A typical candidate for promotion will currently serve as PI or MPI on an NIH R01 or similar extramural award. Foundation grants and grants from industry are recognized as alternative sources of research support although usually of a lesser significance than an NIH R01. In recognition of the importance of team science, candidates may be recognized if they are not the PI or MPI of a grant but serve as co-investigators on multiple awards with significant effort and contributions. For all grants in which the candidate is not the sole PI, their specific role in the research project should be clearly explained. For current (and recent, if desired) grant support, in addition to standard documentary information (title, source, period), applicants for promotion should provide information on total direct costs and indirect costs of the grant, the fraction of the total or of the direct and indirect costs that are controlled by the candidate in the case of subcontracts or other types of subsidiary arrangements, and percent of the candidate's effort supported by the grant.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Teaching/Education certainly have merit. It is the responsibility of the candidate for promotion to explain their Teaching/Education roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions

contribute to a candidate's profile in both Teaching/Education and Service/Leadership.

Service/Leadership

Service includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

2. ACADEMIC INVESTIGATOR/EDUCATOR

This track recognizes faculty members primarily involved in educational activities related to their discipline. Teaching activities include individual, small and large group instruction of medical students, graduate and postgraduate students, graduate medical and continuing medical education. When most of a faculty member's effort is devoted to teaching, and an unusual level of excellence has been demonstrated, or the teaching fulfills a particularly important need for the department and/or college, promotion should be under the Academic Investigator/Educator track. Most faculty assigned to this track are in basic science departments and/or have a primary commitment to basic biomedical research. Basic scientists in clinical departments may be in this track.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Education/Teaching. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Education/Teaching, and evidence of **achievement** in **either** Research/Scholarship **or** Service/Leadership at the assistant professor rank, but **participation** in both is expected. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Education/Teaching and evidence of sustained **achievement** in Research/Scholarship **and** Service/Leadership at the associate professor rank.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the

criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be "typical" standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed academic publications since last appointment/promotion. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications are recognized to have merit in scholarship, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. In recognition that results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of that activity.

Service/Leadership

Service/Leadership includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

3. **ACADEMIC CLINICIAN**

This track recognizes faculty members who are clinical scholars and scientists. This track is designed to recognize clinical faculty who have a strong commitment to Research/Scholarship (basic biomedical, clinical, educational, health services). Research/Scholarship is of paramount importance in this track. Involvement in patient care is expected but should not override the faculty commitment to Research/Scholarship. The quality of research and productivity are judged by

multiple criteria, including the candidate's role in well focused, research as a participant, project initiator or leader, publication of results in peer-reviewed journals and presentation of peer-reviewed research. There should be evidence of the candidate's ability to consistently and actively participate in research protocols that receive high ratings from national funding agencies. However, evaluation must consider the fact that funding can be subject to variables that lie beyond the scientific and scholarly merits of the investigator. The candidate's approach to clinical medicine often will lead them into one or more areas of clinical research. They share their knowledge gained from clinical practice and research by providing high-quality teaching, including podium presentations as an invited speaker and as part of national/international conferences.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Clinical Service **and** Research/Scholarship. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Research/Scholarship, and evidence of **achievement** in **either** Education/Teaching **or** Service/Leadership at the assistant professor rank, but **participation** in both is expected. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Research/Scholarship, and evidence of sustained **achievement** in Education/Teaching **or** Service/Leadership at the associate professor rank, but **participation** in both is expected.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be "typical" standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion with a significant authorship role (first or last authorship is assumed to be significant, as is corresponding authorship; the significance of contribution in cases of other positions of authorship must be explained). Exceptions could be made for impactful publications in the field (as supported by statements from external references or number of citations); patents filed based on the published work; honors/awards specifically for the published work; etc. The impact factor of the journal is a consideration but not an absolute criteria of significance or impact of the publication. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications (whether peer-reviewed or not) are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last

appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

With respect to funding, it would be unusual for a candidate for promotion to not hold current grant support. For promotion to Full Professor, evidence of sustained grant support is expected. A typical candidate for promotion will currently serve as PI or MPI on an NIH R01 or similar extramural award. Foundation grants and grants from industry are recognized as alternative sources of research support although usually of a lesser significance than an NIH R01. In recognition of the importance of team science, candidates may be recognized if they are not the PI or MPI of a grant but serve as co-investigators on multiple awards with significant effort and contributions. For all grants in which the candidate is not the sole PI, their specific role in the research project should be clearly explained. For current (and recent, if desired) grant support, in addition to standard documentary information (title, source, period), applicants for promotion should provide information on total direct costs and indirect costs of the grant, the fraction of the total or of the direct and indirect costs that are controlled by the candidate in the case of subcontracts or other types of subsidiary arrangements, and percent of the candidate's effort supported by the grant.

Clinical Service

Influencing Clinical Practice such as development of innovative approaches to diagnosis, treatment, or prevention of disease, applications of technologies and/or models of care delivery that are recognized for influencing care at a regional and/or national level. Recognition as a Clinical Expert such as visiting professorships and invitations to speak nationally and, in some cases, internationally on issues related to area of clinical expertise. Leadership roles in national and, in some cases, international professional organizations related to an area of clinical expertise including leadership of national and/or international courses or programs. Service as a consultant on issues related to area of clinical expertise. Service on national and, in some cases, international committees developing guidelines and policies for management or evaluating programs in area of clinical expertise.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.).

Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

Service/Leadership

Service includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

4. CLINICIAN EDUCATOR

This track recognizes the clinician who is actively involved in undergraduate and/or graduate medical education. These faculty also may participate in research, but this is not required for advancement. The clinician educator has major commitments to patient care and teaching. These faculty members are clinical scholars involved in the scholarship of integration, application, and teaching. Scholarship of integration involves interpreting published research, integrating new clinical knowledge with previous concepts, and selecting outmoded clinical concepts for discard. Scholarship of application tests new knowledge in clinical practice. Combining new knowledge with experience in clinical practices, they teach medical students, residents, other health professionals, and peers. They may have major interest in developing more effective teaching methods. Settings for education include the classroom, ambulatory clinics, and offices, continuing medical education programs, diagnostic suites, operating rooms, and the hospital bedside. Clinician educators must be involved in the discovery, organization, interpretation, and transmission of new knowledge related to patient care, health care delivery, health care economics, professional ethics, medical legal issues, or new educational methodology. They must participate in publications of some variety but may or may not author peer-reviewed papers in their field. However, their publications should influence the practice of clinical medicine at the regional and/or national levels. Clinician educators are not required to be principal investigators on research grants from national funding sources but are encouraged to participate in research as co-investigator, or a principal investigator on grants from local and regional funding sources. Clinician educators are recognized clinical experts with advanced and in-depth knowledge of the pathophysiology and management of disorders within their general or specialty field. They may be sought as consultants in difficult cases and receive patients referred from a wide area. Faculty in this track must maintain licensure and certification to practice

their specialty. They are expected to be recognized by election to local, regional, national, and international scientific organizations in their specialty. They must maintain clinical privileges at one of the affiliated teaching hospitals.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to excel in Clinical Service **and** Education/Teaching. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Education/Teaching at the assistant professor rank, and evidence of **participation** in **either** Research/Scholarship **or** Service/Leadership. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** Education/Teaching at the associate professor rank, and evidence of sustained **achievement** in Research/Scholarship **or** Service/Leadership, but **participation** in both is expected.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

Clinical Service

Influencing Clinical Practice such as development of innovative approaches to diagnosis, treatment, or prevention of disease, applications of technologies and/or models of care delivery that are recognized for influencing care at a regional and/or national level. Recognition as a Clinical Expert such as visiting professorships and invitations to speak nationally and, in some cases, internationally on issues related to area of clinical expertise. Leadership roles in

national and, in some cases, international professional organizations related to an area of clinical expertise including leadership of national and/or international courses or programs. Service as a consultant on issues related to area of clinical expertise. Service on national and, in some cases, international committees developing guidelines and policies for management or evaluating programs in area of clinical expertise.

Research/Scholarship

The following Research/Scholarship criteria are what the APT Committee might consider to be “typical” standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

Service/Leadership

Service includes activities within and external to the University. Common internal service roles include membership on committees at any level. External service commonly includes study section membership, conference organization, etc. Roles that involve a higher degree of leadership or responsibility should be identified as such. Because all of these can vary so widely in their scope of effort and responsibility, it is the responsibility of the candidate for promotion to provide sufficient information to the APT Committee to explain their roles in these service activities and to justify that their activities meet the criteria for participation vs. achievement vs. excellence.

B. Modified Faculty Tracks

The College of Medicine has five separate academic tracks for modified faculty; these tracks do not have the potential for achievement of tenure. When the modified faculty ranks are used as titles the appropriate modifier is used to distinguish the rank. These tracks are: Research; Clinical; Adjunct; Visiting; and Affiliate. Faculty are generally expected to have the appropriate terminal degree and other training as appropriate that aligns with their area of intended scholarship and practice. Under exceptional circumstances, appointments and promotions may be recommended when the candidate does not meet all of the basic criteria; these will be unusual cases.

1. RESEARCH

Faculty in this track typically have few or no job obligations other than doing research, often as a member of a research team. These individuals are typically focused on supporting the research of PIs within their department, supporting research core facilities, interacting with students and postdocs. This track will provide a long-term career opportunity. Some faculty, however, will elect to achieve research success and independent funding and then desire to add a full load of teaching and university service. With the support of their department chair and appropriate qualifications, these faculty may apply to change tracks to the Academic Investigator Track. Change from modified faculty to regular faculty will require criteria, documentation and consideration similar to initial regular faculty appointment.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to support the Research/Scholarship mission. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate significant **achievement** in Research/Scholarship at the assistant professor rank. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Research/Scholarship at the associate professor rank.

Production of high-quality, biomedical research is the essence of this track. The privilege of concentrating entirely on research is viewed as a major attraction of this track. In the beginning of their career, members of this track will almost always function as an integral member of a research team. They may be recruited to provide research skills or techniques needed by an existing research team or to establish a facility needed for the existing research program. They will help the team leader and the team obtain research funding. As these faculty become more experienced, a portion of their time may be used to explore independent research which may complement the team's research. As they succeed in limited independent research, they may seek independent funding. Usually, the overall theme of the team research will be complemented or expanded by their newly funded research. As these faculty become funded, more experienced, and capable of leading the research of others, they may become research team leaders in an expanding research operation. It is expected that long-term funding for the faculty in this track will come from research grants and contracts. In some cases, temporary short-term or start-up funds that do not come from research grants and contracts may be used. The quality of research and productivity are judged by multiple criteria, including the candidate's role in well-focused, significant research as a team member, project initiator or leader, as well as publication of results in peer-reviewed journals and presentation of peer-reviewed research talks.

With advancement, there should be evidence of ability to conceive and prepare research protocols that receive high ratings from national funding agencies. With advancement, there should be evidence of ability to lead others and to lead research programs. Teaching, if done, often will be in the context of instructing more junior research colleagues or graduate students in ongoing research. University service in the junior ranks, if done, often will be in development and maintenance of research facilities and services. University service in the more

senior ranks, if done, often will take the form of leadership in research policy and planning.

Research/Scholarship

The following **Research/Scholarship** criteria are what the APT Committee might consider to be “typical” standards for appointment/promotion in this track (with understanding that some candidates will have scholarly productivity that is not typical). With respect to publications, a typical candidate for promotion will have 5 or more peer-reviewed primary research publications since last appointment/promotion with a significant authorship role (first or last authorship is assumed to be significant as is corresponding authorship; the significance of contribution in cases of other positions of authorship must be explained). Exceptions could be made for impactful publications in the field (as supported by statements from external references or number of citations); patents filed based on the published work; honors/awards specifically for the published work; etc. The impact factor of the journal is a consideration but not an absolute criteria of significance or impact of the publication. Review papers, commentaries, case reports, book chapters, textbooks, and other types of publications (whether peer-reviewed or not) are recognized to have merit in scholarship although usually of a lesser impact than primary research papers, and the type of publication for each publication listed as a scholarship accomplishment must be explicitly identified. Additional examples of scholarship that go beyond traditional journal publications are described below. In recognition that research results often appear in print sometime after the actual work was performed, it is essential that candidates state or explain how each publication fulfills the criterion that the work embodied in the paper was conducted after their last appointment or promotion (or, as relevant, what parts of the paper were conducted by the candidate before and after the last appointment); the date of publication per se is not sufficient evidence of the time frame of research activity.

2. CLINICAL

Faculty in this track typically are engaged in direct patient care and teaching in the clinical setting. Clinical faculty employed full-time and part-time in the College of Medicine who do not typically satisfy the academic criteria for Regular Faculty will typically be in this track. This track will provide a long-term career opportunity. Some faculty, however, will elect to broaden their contributions beyond Clinical Service and desire to participate more fully in Education/Teaching, Research/Scholarship, and/or Service/Leadership. With the support of their department chair and appropriate qualifications, these faculty may apply to change to the Clinician Educator Track or the Academic Clinician Track. Change from modified faculty to regular faculty will require criteria, documentation, and consideration similar to initial regular faculty appointment.

For appointment as an Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to support the Clinical Service mission. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate significant **achievement** in Clinical Service **and participation** in Education/Teaching at the assistant professor rank. For promotion to Professor (or

for an initial MUSC appointment as Professor), faculty members **must** demonstrate **excellence** in Clinical Service **and** demonstrate **achievement** in Education/Teaching at the associate professor rank.

Clinical Service

Influencing Clinical Practice such as development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies and/or models of care delivery that are recognized for influencing care at a regional and/or national level. Recognition as a Clinical Expert such as visiting professorships and invitations to speak nationally and, in some cases, internationally on issues related to area of clinical expertise. Leadership roles in national and, in some cases, international professional organizations related to an area of clinical expertise including leadership of national and/or international courses or programs. Service as a consultant on issues related to area of clinical expertise. Service on national and, in some cases, international committees developing guidelines and policies for management or evaluating programs in area of clinical expertise.

Education/Teaching

Formal classroom teaching in the medical or graduate school curricula and serving as a course director have the most weight. Classroom teaching can include didactic lectures, leading discussion groups in student-led learning or problem-based learning, presentation of CME lectures, etc. Direct mentoring of trainees at all levels in the candidate's lab is an important component of Education/Teaching but has lesser weight than classroom teaching because this is so deeply intertwined with Research/Scholarship. Membership on student qualifying exam or thesis committees falls within Education/Teaching but is of even lower weight. This list is not intended to be comprehensive; other forms of Education/Teaching certainly have merit. It is the responsibility of the candidate for promotion to explain their Education/Teaching roles and to justify that their activities meet the criteria for participation vs. achievement vs. excellence. Appropriate information that should be included related to classroom teaching includes the number of classes and hours, the number of students in the course, and the type of course (lecture, small group discussion, CME, oversight of student presentations, etc.). Information regarding course direction should be sufficient to show the degree of effort involved (number of students, number of classes and hours, number of participating faculty, etc.). Information about trainees should include their names, level while in the lab (postdoc or resident, PhD or medical student, MS student, undergrad student), length of time mentored, and their current status. Participation in education-oriented committees, directing or having an important role in training programs, and leadership in other educationally relevant functions contribute to a candidate's profile in both Education/Teaching and Service/Leadership.

3. ADJUNCT

Faculty in this track typically have a faculty appointment at another institution and/or have major responsibilities outside of MUSC but also contribute to the college's programs. Faculty in this track are not ordinarily involved in direct patient contact or teaching in clinical courses.

4. VISITING

Faculty in this track typically have a faculty appointment at another institution and/or have major responsibilities outside of MUSC but also contribute to the college's programs for a limited time, but not on a continuing basis from year to year. Faculty in this track are not ordinarily involved in direct patient contact or teaching in clinical courses.

5. THE S.C. AREA HEALTH EDUCATION CONSORTIUM (SC AHEC)

The College of Medicine recognizes the importance of fulltime, AHEC-affiliated faculty members (salaried by AHEC-affiliated institutions) who do not pursue traditional tenure-track faculty appointments. These clinicians play a very important role in their programs and in their communities. The heavy teaching and patient care responsibilities of these clinicians may limit their ability to participate in significant research or scholarship endeavors; however, their contributions to the education of medical students, residents, peers, and the local, state, and national medical communities warrant their consideration for appointment as AHEC faculty. This is a non-tenure granting track. All full-time faculty who work at affiliated teaching sites that constitute the SCAHEC system and who are not employees of MUSC may be considered for faculty appointments on the AHEC track.

Each appointment or promotion through the AHEC track will be initiated by an AHEC Program Director and forwarded to the AHEC Executive Director. If the application is complete and the requested rank is consistent with the criteria, the AHEC Executive Director has the authority to approve the appointment. Evidence of progressively effective performance is required for advancement through faculty ranks.

Promotion from the rank of Instructor to Assistant Professor should be requested once individuals have demonstrated a keen interest and aptitude as teachers, clinicians, and/or researchers/scholars. Evidence should be provided based on the candidate's local, and where applicable, regional contributions. A physician candidate at the rank of Assistant Professor must be board certified, possess maturity of judgment, personal and professional integrity, motivated productivity, and a commitment to institutional and professional goals. Assistant Professor generally requires at least an "Adequate" record in two of the three categories (teaching, scholarship/research, service/patient care). If a category is not applicable to a candidate, the minimum requirement becomes two points. Promotion from the rank of Assistant Professor to Associate Professor should be requested only if individuals demonstrate real promise that they will become leading teachers, clinicians, and/or scholars/researchers. Promise should, in fact, be substantiated by tangible, developing evidence. A candidate at the rank of Associate Professor must possess maturity of judgment, personal and professional integrity, highly motivated productivity, potential for leadership, and commitment to institutional and professional goals. Promotion from the rank of Assistant Professor to Associate Professor generally requires at least an "Adequate" record in each of the three categories (teaching, scholarship/research, service/patient

care). Promotion from the rank of Associate Professor to Professor should normally be based upon promise fulfilled. A move to the rank of Professor should be accompanied by evidence of attainment of national or international stature in a field. Additionally, a candidate for promotion at the rank of Professor must demonstrate maturity of judgment, personal and professional integrity, leadership skills, administrative abilities, and commitment to institutional and professional goals. Promotion from the rank of Associate Professor to Professor generally requires at least a “Substantial” record in each of the three categories (teaching, scholarship/research, service/patient care).

6. AFFILIATE

The College of Medicine has maintained close ties with the professional community whose members have contributed, in one form or another, to the functions of the College. This affiliation is recognized by the modifier, Affiliate. The Affiliate faculty track recognizes community members who support the programs and missions of the College of Medicine. Implicit in the designation is the recognition that contributions relate to those educational activities immediately relevant to the patient, often in a private practice setting, and on a limited or part-time basis, or, by collaborating on well-focused, significant research as a team member, project initiator or leader, as well as publication of results in peer-reviewed journals and presentation of peer-reviewed research talks. This support may be through a variety of mechanisms to include volunteering time from private practice to participate in teaching at either the undergraduate or graduate medical levels, participating in College of Medicine conferences in their area of interest, or regularly consulting with College of Medicine faculty regarding patient care issues.

Eligibility criteria for Affiliate faculty are as follows: (1) the individual must provide a valuable service to the MUSC mission; (2) the individual must be appropriately qualified for the service they provide; (3) the individual’s qualifications and contributions are vetted by the COM APT committee, then approved by the Dean and the Provost and by the Board of Trustees (BOT) if the appointment is at the Associate or Professor rank; (4) the individual must receive no compensation from the College of Medicine (COM) or unit that issues the Affiliate faculty appointment.

An individual paid by a college or unit is ineligible to be an Affiliate faculty in that college/unit; if a paid faculty position in the COM is warranted, they should be so designated in accordance with the MUSC Faculty Handbook (including appropriate rank modifiers such as Adjunct, Visiting, Research, or Clinical). The title Affiliate shall not be used in conjunction with other faculty rank modifiers (e.g. Adjunct, Visiting, Research, or Clinical).

For appointment as an Instructor or Assistant Professor in this track, faculty are expected to have the appropriate training and attributes to enable them to support the missions of the college. For promotion from Assistant to Associate Professor (or for an initial MUSC appointment as Associate Professor), faculty members **must** demonstrate contribution in Clinical Service, Education/Teaching, Research/Scholarship and/or Service/Leadership at the assistant professor rank, as

well as years since completion of training. For promotion to Professor (or for an initial MUSC appointment as Professor), faculty members **must** contribute to Clinical Service, Education/Teaching, Research/Scholarship and/or Service Leadership at the associate professor rank, as well as years since completion of training.

Affiliate Faculty Criteria for Appointment/Promotion

Affiliate Instructor

Individuals must possess a Doctoral degree in one of the health sciences or basic sciences; be Board eligible or possess Board certification in one of the medical specialties or equivalent postdoctoral training; demonstrate excellence in either teaching, research or clinical practice; and demonstrate an ability to work cooperatively and collegially within a diverse environment.

Affiliate Assistant Professor

Individuals must continue to meet all the criteria for Affiliate Instructor; demonstrate continued excellence in either teaching, research or clinical practice; have a minimum of three (3) years of professional postgraduate experience; and demonstrate an ability to work cooperatively and collegially within a diverse environment; or must have achieved this rank as a MUSC employed faculty member in the College of Medicine.

Affiliate Associate Professor

Individuals must continue to meet all the criteria for Affiliate Instructor; demonstrate continued excellence in either teaching, research or clinical practice; have a minimum of eight (8) years of professional postgraduate experience; and demonstrate the ability to work cooperatively and collegially within a diverse environment; or, must have achieved this rank as a MUSC employed faculty member in the College of Medicine.

Affiliate Professor

Individuals must continue to meet all the criteria for Affiliate Instructor; demonstrate continued excellence in either teaching, research or clinical practice; have a minimum of fourteen (14) years of professional postgraduate experience; and demonstrate the ability to work cooperatively and collegially within a diverse environment; or, must have achieved this rank as a MUSC employed faculty member in the College of Medicine.

Should the Affiliate faculty member become an employed faculty member in the College of Medicine the appointment may be re-evaluated based on the appropriate rank and track requested by the department.

All appointment (and renewal) letters shall make explicit that the title Affiliate must be included any time the individual refers to his/her MUSC faculty title (letterhead, e-mail signature, etc.). For example, John Smith, M.D., Affiliate Professor. The appointment and renewal letters will also make clear that Affiliate faculty are ineligible for tenure.

Renewal of Affiliate designation. On a 3-year cycle, all Affiliate faculty appointments will be reviewed by the college to determine whether the appointment will be renewed. Renewal is based on continued qualifications and provision of valued service to the college that issued the initial appointment. An Affiliate faculty appointment may be terminated at any time at the discretion of the Dean.

III. Special Appointments

A. DUAL OR JOINT APPOINTMENT

A faculty member is eligible for a dual appointment when he/she participates in the activities of two administrative units within the College of Medicine. A person may hold a joint appointment when he/she contributes to the activities of two administrative units in different colleges of the Medical University. Chairs who make dual or joint appointments are urged to appoint at the same rank in each administrative unit. However, circumstances may arise in which the candidate's credentials may require appointments at different ranks. Under such circumstances, the requirements of the participating chairs should take precedence. Persons recommended for dual or joint appointments should meet the same high standards that are applied to full-time members of the faculty. Chairs are urged to avoid courtesy appointments and to show evidence that the candidate participates actively in the scholarly affairs of the unit.

Request for Dual (appointment in another department within the College of Medicine) or Joint (appointment in another college) subsequent to initial primary appointment requires a letter from the Chair requesting appointment and endorsement from the Chair of the current department or Dean of other College. This will be submitted to the APT Committee and requires an up-to-date curriculum vitae utilizing the College of Medicine standard format and an abbreviated one-page curriculum vitae. A completed Dual/Joint Appointment Form must also be submitted with the proposal.

B. DISTINGUISHED UNIVERSITY PROFESSOR

Faculty with a long history of exceptional contributions to the College of Medicine may be awarded the life-long faculty status of Distinguished University Professor. The following information should be submitted to the Dean of the College of Medicine:

1. A letter requesting the change from the Department Chair which includes: candidate's full name and degree; recommended change to Distinguished University Professor status; effective date of change;
2. An abbreviated one-page curriculum vitae; and
3. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations.

Recommendations for Distinguished University Professor status require approval by the Dean of the College of Medicine, Executive Vice President for Academic Affairs and Provost, the President and the Board of Trustees.

C. EMERITUS FACULTY

Faculty may be awarded Emeritus status on the basis of length and quality of service upon official retirement from the University. The following information should be submitted to the Dean of the College of Medicine:

1. a letter requesting the change from the Department Chair which includes candidate's full name and degree; recommended change to Emeritus status; and effective date of change;
2. An abbreviated one-page curriculum vitae; and
3. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations.

Recommendations for Emeritus status require approval by the College of Medicine APT Committee, Dean of the College of Medicine, Executive Vice President for Academic Affairs and Provost, the President, and the Board of Trustees.

D. ASSISTANT

The rank of Assistant is used to designate persons with a Bachelor's degree or lesser certification who participates in teaching, clinical service or administrative activities that contribute to the function of a department or division. This appointment does not carry permanent faculty status or faculty voting privileges.

E. ASSOCIATE

The rank of Associate requires at least a master's degree or comparable training and experience in an appropriate area. This appointment does not carry permanent faculty status or faculty voting privileges.

F. RESEARCH ASSOCIATE

An associated faculty member who holds an academic appointment but is not assigned to a position in the progression of faculty rank may be eligible for appointment as a Research Associate. Research Associates do not have faculty voting privileges.

IV. Procedure for Appointment of Regular and Modified Faculty

The following information should be submitted to the Dean of the College of Medicine by the Chair of the Department in which the candidate is seeking appointment and will comprise a completed Appointment Packet. The Department Chair will encourage the faculty candidate to provide accurate and complete information regarding teaching, research, clinical practice, administration, and other areas as appropriate. Packets that do not adhere to College guidelines will be returned to the Chair for revision. The contents of the Appointment Packet are described below:

1. Proposal letter from the Department Chair. The Chair of the Department in which the candidate is seeking appointment is responsible for preparing a proposal letter and for providing the APT Committee the required documentation and description of accomplishments. The Department Chair must provide signed endorsement of the proposal letter if it is written by another official. Accurate and current information regarding teaching, research, practice, administration and other areas provided by the candidate for inclusion in the packet assists the Chair in preparing the letter. An up-to-date proposal letter is central in helping the APT Committee evaluate the candidate's accomplishments and suitability for appointment. The proposal letter must follow the College of Medicine outline and be appropriate for the level of rank proposed.
2. If appointment is Dual (appointment in another department within the College of Medicine) or Joint (appointment in another college), include a letter of endorsement from the Chair of the other department or the Dean of the other college, and include a completed Dual/Joint Appointment form.
3. Completed Chair Request form.
4. An up-to-date abbreviated one-page curriculum vitae.
5. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations.
6. Candidate's personal statement. The candidate should describe personal reflections on past accomplishments, areas of particular strength of the candidate's Appointment Packet, and future professional plans spanning the next five years. This section of the packet must include a signed statement testifying to the honesty and accuracy of the contents of the Appointment Packet submitted to the APT Committee.
7. Official transcript from an institution of higher learning of highest degree earned.
8. Recommendations
 - a. FOR REGULAR FACULTY TRACKS: Appointment to Associate Professor or Professor requires a minimum of four recommendations, of which three unbiased recommendations are required; these recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, current or recent collaborators and/or co-workers, and/or individuals with a clear conflict. This does not necessarily preclude a recommender having been a former collaborator or co-author on a publication with the individual under consideration for appointment, nor does it preclude recommendations in which the recommender knows the individual under consideration for appointment; in those instances, clarification should be provided. Individuals selected to write the recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting appointment as Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit 3-4 names and the Chair or Chair's designee should also submit 3-4 names; these suggestions will be used to request the required four recommendations, of which

- three must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Appointment Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to provide extramural recommendation, as well as a copy of one of the Chair's letters sent in request of a recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.
- b. **FOR MODIFIED FACULTY TRACKS OTHER THAN AFFILIATE TRACK.** Appointment to Associate Professor or Professor requires a minimum of two recommendations; of which one recommendation must be unbiased; those recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, collaborators, co-workers, and/or individuals with a clear conflict. This does not preclude a recommender having been a co-author on a publication with the individual under consideration for appointment; nor does it preclude recommendations in which the recommender knows the individual under consideration for appointment. Individuals selected to write the recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting appointment as Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit two names and the Chair or Chair's designee should also submit two names; these suggestions will be used to request the required two recommendations, of which one must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Appointment Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a letter of recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.
- c. **FOR AFFILIATE TRACK:** Letter of support written for the Affiliate faculty member by a College of Medicine faculty member at the academic rank of equivalent stature or higher than the requested rank for the Affiliate faculty member (other than the Chair of the requesting department).

Appointment recommendations are reviewed by the Chair of the College APT Committee and those at the rank of Associate Professor and Professor are forwarded to members of the APT Committee for review. A majority is required for approval. However, when recommendations are disapproved by more than five members, the committee is convened to further consider the request and, when indicated, meet with the Department Chair(s) to review concerns. Recommendations from the College APT Committee are transmitted to the Dean of the college for review and consideration.

Appointments approved by the Dean of the College of Medicine at the rank of Associate Professor and Professor are forwarded to the Executive Vice President for Academic Affairs and Provost and require approval by the President of the Medical University and are sent to the Board of Trustees for review and approval. Appointments at the level of Assistant Professor and below require approval only by the Dean of the College of Medicine.

Approved appointments are transmitted by the Executive Vice President for Academic Affairs and Provost to the Dean of the College of Medicine who sends the appointment letter from the Dean to the department to be forwarded to the candidate. A copy of this letter is to be signed and returned to the Dean's Office.

The faculty appointment is entered into the system of record. This includes name, degree(s), academic rank, department, faculty track, effective date of appointment.

The Office of Faculty Affairs prepares a faculty file which includes:

- a) The original recommendation letter with attached support materials.
- b) A copy of the letter from the Executive Vice President for Academic Affairs and Provost, when appropriate, indicating approval of the appointment and, when appropriate, by the Board of Trustees.
- c) Copy of the letter from the Dean, College of Medicine to the candidate indicating approval of the appointment.
- d) Background check and transcript.

V. Procedure for Promotion of Regular and Modified Faculty

The following information should be submitted to the Dean of the College of Medicine by the Chair of the Department in which the candidate is seeking promotion and will comprise a completed Promotion Packet. The Department Chair will encourage the faculty candidate to provide accurate and complete information regarding teaching, research, clinical practice, administration, and other areas as appropriate. Packets that do not adhere to College guidelines will be returned to the Chair for revision. The contents of the Promotion Packet are described below:

1. Proposal letter from the Department Chair. The Chair of the Department in which the candidate is seeking promotion is responsible for preparing a proposal letter and for providing the APT Committee the required documentation and description of accomplishments. The Department Chair must provide signed endorsement of the proposal letter if it is written by another official. Accurate and current information regarding teaching, research, practice, administration and other areas provided by the candidate for inclusion in the packet assists the Chair in preparing the letter. An up-to-date proposal letter is central in helping the APT Committee evaluate the candidate's accomplishments and suitability for promotion. A description of accomplishments since last promotion is important. The proposal letter must follow the College of Medicine outline. The letter should be appropriate for the level of rank proposed.
2. If promotion is Dual (promotion in another department within the College of Medicine) or Joint (promotion in another college), include a letter of endorsement from the Chair of

the other department or the Dean of the other college as well as a completed Dual/Joint Appointment form.

3. Completed Faculty Track designation form.
4. An abbreviated one-page curriculum vitae, preferably printed from the system of record in PDF format.
5. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations. Conform as closely as possible to the College of Medicine format; being sure to include all required information. Departures from this format may result in delayed or postponed consideration of the promotion.
6. Candidate's personal statement. Briefly describe personal reflections on accomplishments, areas of particular strength of the candidate's Promotion Packet, and the candidate's future professional plans spanning the next five years. This page of packet must include a signed statement testifying to the honesty and accuracy of the contents of the Promotion Packet submitted to the APT Committee.
7. Updated Faculty Intramural Teaching Effort Report. (NOT REQUIRED FOR AFFILIATE FACULTY.)
8. Teaching Evaluations on candidate (obtained from medical students, residents, fellows, postdocs, graduate students, CME programs, etc.) (NOT REQUIRED FOR MODIFIED FACULTY TO INCLUDE AFFILIATE FACULTY.)
9. Candidate has the option to provide no more than 5 examples of scholarship since the last promotion that are representative of his/her capabilities and area of expertise with documentation of how the faculty member has made significant contributions to science/their field of practice.
10. Letters of recommendation.
 - a. FOR REGULAR FACULTY TRACKS: Promotion to Associate Professor or Professor requires a minimum of four recommendations, of which three unbiased recommendations are required; these recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, current or recent collaborators and/or co-workers, and/or individuals with a clear conflict. This does not necessarily preclude a recommender having been a former collaborator or co-author on a publication with the individual under consideration for promotion, nor does it preclude recommendations in which the recommender knows the individual under consideration for promotion; in those instances, clarification should be provided. Individuals selected to provide recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting promotion to Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit 3-4 names and the Chair or Chair's designee should also submit 3-4 names; these suggestions will be used to request the required four recommendations, of which three must be unbiased.

- Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Promotion Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.
- b. **FOR MODIFIED FACULTY TRACKS OTHER THAN AFFILIATE TRACK.** Promotion to Associate Professor or Professor requires a minimum of two recommendations; of which one recommendation must be unbiased; those recommendations should be addressed to the Department Chair. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, collaborators, co-workers, and/or individuals with a clear conflict. This does not preclude a recommender having been a co-author on a publication with the individual under consideration for promotion; nor does it preclude recommendations in which the recommender knows the individual under consideration for promotion. Individuals selected to provide recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. If a candidate or chair requesting promotion to Associate Professor is unable to submit names of Professors, Associate Professors will be acceptable (but Professors are preferred). The candidate should submit two names and the Chair or Chair's designee should also submit two names; these suggestions will be used to request the required two recommendations, of which one must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for appointment/promotion to the candidate's proposed rank. The Promotion Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a letter of recommendation. The Chair's letter might provide clarity/clarification as needed to support that the recommendations are provided by objective parties.
- c. **FOR AFFILIATE TRACK:** Letter of support written for the Affiliate faculty member by a College of Medicine faculty member at the academic rank of equivalent stature or higher than the requested rank for the Affiliate faculty member (other than the Chair of the requesting department).

The applications are sent to the members of the College of Medicine APT committee for review. In cases where additional information is deemed necessary, meetings are scheduled with the department chair. When recommendations are disapproved, the department chair is notified by the chair of the APT Committee and the reasons for disapproval are reviewed. The chair may request a meeting with the committee to defend the recommendation. Actions of the APT Committee are transmitted to the Dean for review.

Promotions that are approved by the Dean of the College of Medicine are transmitted to the Executive Vice President for Academic Affairs and Provost who makes recommendations to the

President. The President reviews recommendations, renders a decision and, when required, submits recommendations to the Board of Trustees for action.

When recommendations are approved, the Dean is notified by the Executive Vice President for Academic Affairs and Provost and a letter specifying the promotion is sent to the faculty member from the Dean, with a copy to the chair of the department. A copy of the promotion letter is placed in the faculty member's file.

When a recommendation for promotion is disapproved, the Dean is notified by the Executive Vice President for Academic Affairs and Provost. The Dean notifies the department chair who apprises the candidate of the action.

Promotions ordinarily are made twice a year, effective January and July.

VI. Changing the Status of Faculty Appointments

- A. Change in status of Faculty Appointment from modified faculty to regular faculty requires criteria, documentation and consideration identical to initial appointment. Guidelines described under Section IV above should be followed.
- B. Change in status of Faculty Appointment from regular faculty to modified faculty requires a change in the Faculty Track form signed by the faculty member and the chair of the department. This should be submitted to the Dean's Office with a letter from the Chair requesting the change. Appointment as modified faculty at the rank of assistant professor does not become active until the request is approved by the Chair of the College APT Committee. Appointment as modified faculty at the rank of associate professor or above does not become active until the request is approved by the College APT Committee, Dean, Executive Vice President for Academic Affairs and Provost, and ultimately the MUSC Board of Trustees.
- C. Change of a faculty primary appointment from one department to another requires:
 - 1. A letter from the faculty member to the Dean requesting a departmental change. The letter should outline the reasons for the change, planned activities within the new department, ongoing associations and relationships with the previous department, and nature of discussions with both departmental chairs.
 - 2. A letter of agreement from the previous departmental chair.
 - 3. A letter of proposal for appointment from the chair of the department the faculty member will be joining. This letter should outline the proposed activities, responsibilities, and expectations of the faculty member in the new department.
 - 4. If the faculty member will retain a secondary appointment within the previous department, provisions listed under DUAL OR JOINT APPOINTMENT of these guidelines should be completed.

VII. Regular Faculty Tenure

Tenure is the assurance of continuous employment at a particular faculty rank. Tenure ensures academic freedom, with the expectation that the faculty member will continue to perform according to accepted standards subject to termination for cause (Faculty Handbook 9.01), upon

retirement, on account of financial exigency or the change or abolition of institutional programs. Tenure rests in the college or department of primary appointment only.

Tenure may be recommended for Regular faculty members appointed to the rank of Professor or Associate Professor. A high level of performance is required; however, tenure is not based upon specific academic skills or attainments. These qualifications are considered in the process of promotion in rank.

The University separates issues associated with tenure from those related to promotion, recognizing that tenure involves criteria different from those defined for appointment and promotion. In considering tenure there must be evidence of achievement in research or in clinical expertise; success as a teacher is an essential element for tenure regardless of other attainment. All of these factors represent threshold characteristics that must be met prior to consideration for tenure.

In considering tenure, the individual's long-term value to the University is the central issue. Implicit in the determination of value is academic maturity, a qualitative, not quantitative, characteristic. Many factors contribute to academic maturity. Some of these are professional judgment, wisdom, collegiality, citizenship in the academic community and the capacity to promote development of colleagues and students. Tenure is recommended when, in the opinion of the college, a level of mutual trust and responsibility has developed such that the ability of the college to meet its academic and societal mission and the effectiveness of the faculty member in maximizing scholarly exchange and intellectual exploration, both are enhanced by the relationship.

Once achieved, these characteristics are rarely lost, and it is this durable and continuous state which permits the long-term commitments and obligations inherent in tenure. It is recognized that tenure is of value to the college in the retention of superior faculty members, and to the faculty member in economic security; however, these factors are secondary to its primary purpose.

Appointment to a status of tenure carries obligations both for the College of Medicine and for the faculty member. The tenure decision requires review and appraisal by several committees of peers in the college and at the university level.

If a faculty recruit has tenure at their current institution, this does not provide an automatic guarantee of tenure at MUSC. It is critically important for the department chair requesting tenure for a faculty recruit to clearly articulate in the packet and letter the reasons tenure should be awarded and, if tenure was awarded at the recruit's previous institution, the department chair should indicate the review process through which tenure was granted. Future long-term value to the institution is a critical component and should be highlighted by the department chair in the tenure request. This could include specifics related to expected contributions to the educational, research, and/or clinical missions; expected contribution to strategic initiatives; international reputation; expected leadership roles and/or committee involvement; and the like.

VIII. Procedure for Awarding Faculty Tenure

Recommendations for tenure are initiated by the Department Chair and must be submitted to the Dean's Office no later than May 1 annually. In larger departments, tenure recommendations may be considered initially by a departmental APT committee that advises the Chair. The following information should be submitted to the Dean of the College of Medicine by the Chair of the Department in which the candidate is seeking tenure and will comprise a completed

Tenure Packet. The Department Chair will encourage the faculty candidate to provide accurate and complete information regarding teaching, research, clinical practice, administration, and other areas as appropriate. Packets that do not adhere to College guidelines will be returned to the Chair for revision. The contents of the Tenure Packet are described below:

1. Proposal letter from the Department Chair. The Chair of the Department in which the candidate is seeking tenure is responsible for preparing a proposal letter and for providing the APT Committee the required documentation and description of accomplishments. The Department Chair must provide signed endorsement of the proposal letter if it is written by another official. Accurate and current information regarding teaching, research, practice, administration and other areas provided by the candidate for inclusion in the packet assists the Chair in preparing the letter. An up-to-date proposal letter is central in helping the APT Committee evaluate the candidate's accomplishments and suitability for promotion. A description of accomplishments since last promotion is important. The proposal letter must follow the College of Medicine outline. The letter should be appropriate for the level of rank proposed.
2. When the candidate holds a Dual or Joint appointment, there should be a letter from the secondary Chair or Dean supporting the recommendation as well as a completed Dual/Joint Appointment form.
3. Completed Faculty Track designation form.
4. An abbreviated one-page curriculum vitae, preferably printed from the system of record in PDF format.
5. An up-to-date curriculum vitae for the candidate utilizing the College of Medicine standard format. Include only published or in-press citations. Conform as closely as possible to the College of Medicine format; being sure to include all required information. Departures from this format may result in delayed or postponed consideration of the promotion.
6. Candidate's personal statement. Briefly describe personal reflections on contributions to the College and University missions. Discuss further professional plans and how they will further assist in the interests of the College. State the reasons why tenure should be granted. This page of packet must include a signed statement testifying to the honesty and accuracy of the contents of the Tenure Packet submitted to the APT Committee.
7. Updated Faculty Intramural Teaching Effort Report.
8. Teaching Evaluations on candidate (obtained from medical students, residents, fellows, postdocs, graduate students, CME programs, etc.)
9. Candidate has the option to provide no more than 5 examples of scholarship since the last promotion that are representative of his/her capabilities and area of expertise with documentation of how the faculty member has made significant contributions to science/their field of practice.
10. Tenure requires a minimum of four recommendations, of which three unbiased recommendations are required; these recommendations should be addressed to the

Department Chair. Individuals selected to provide the minimum four recommendations should be non-MUSC faculty in the candidate's field at the academic rank of professor or its equivalent stature. Unbiased recommendations should be from individuals not associated with the candidate by having been past mentors/teachers, students/trainees, current or recent collaborators and/or co-workers, and/or individuals with a clear conflict. This does not necessarily preclude a recommender having been a former collaborator or co-author on a publication with the individual under consideration for tenure, nor does it preclude recommendations in which the recommender knows the individual under consideration for tenure; in those instances, clarification should be provided. The candidate should submit 3-4 names and the Chair or Chair's designee should also submit 3-4 names; these suggestions will be used to request the required four recommendations, of which three recommendations must be unbiased. Individuals should be contacted by the Chair (not the candidate) using a letter structured from the College of Medicine letter of recommendation template. The letter from the Chair should be accompanied by the candidate's CV, personal statement, and copies of pertinent pages from these guidelines that list the criteria for tenure. The Tenure Packet submitted to the APT Committee must include the list of individuals submitted by the candidate and also the Chair's list of proposed individuals to write extramural recommendations, as well as a copy of one of the Chair's letters sent in request of a recommendation. (For individuals being considered for promotion and tenure during the same APT cycle, one packet and four recommendations are required, of which three recommendations must be unbiased.)

Completed Tenure Packets are sent to the members of the College of Medicine APT committee for review. The APT Committee meets to review all recommendations for tenure during the summer. In cases where additional information is deemed necessary, meetings are scheduled with the department chair. The Committee may also solicit additional information, such as an assessment of the quality of a candidate's teaching from curriculum course directors. When recommendations are disapproved, the department chair is notified by the chair of the APT Committee and the reasons for disapproval are reviewed. The chair may request a meeting with the committee to defend the recommendation. Actions of the APT Committee are transmitted to the Dean for review.

Tenure recommendations approved by the Dean of the College of Medicine are transmitted to the Executive Vice President for Academic Affairs and Provost who is advised by a University Tenure Committee. Recommendations which are approved by the Executive Vice President for Academic Affairs and Provost are transmitted to the President, and through the President to the Board of Trustees for final review and approval.

When recommendations for tenure are approved, the Dean is notified by the Executive Vice President for Academic Affairs and Provost and a letter indicating approval is sent to the faculty member from the Dean, with a copy to the chair of the department. A copy of the tenure letter is placed in the faculty member's file.

Appointments to tenure ordinarily are effective on January 1.

On occasion, a department may recommend an initial appointment that includes a request that the candidate receive tenure. When approved by the Dean, the request requires a special meeting of the University Tenure Committee to consider the recommendation. When approved by the Executive Vice President for Academic Affairs and Provost, the recommendation is forwarded to the President and, through the President, to the Board of Trustees for final review and approval.

IX. APT Criteria Categories/Examples

Research/Scholarship

Evidence of expertise in research and scholarly work that is of high quality and significance. Work may focus on laboratory, population-based, clinical, health services, or educational investigations, resulting in the production of scholarly work that has been published in peer-reviewed journals. A record of local, regional, national, and/or international invited presentations, external recognition or awards for research, service as an editor and/or on editorial boards of scientific journals, service on regional, national, and international committees related to research including grant review panels is also considered.

Research and Scholarly participation might be indicated by:

- PI role on extramural grant(s), including site-PI or project-PI
- Co-Investigator on grants or contracts, including federal, foundation, industry
- Investigator role(s) on local or institutional pilot or seed grants
- Participation in team science, to include authorship
- Participation in clinical trials
- Peer-reviewed publications, reviews, case reports, book chapter, or other educational documents
- Presentation (oral or poster) or significant authorship of scientific abstracts, workshops, or educational sessions at regional, national, or international meetings
- Creator or editor of local or regional newsletters, blogs, or other media disseminating clinical, educational, or scholarly information
- Receipt of multiple scholarly recognition awards (travel awards, abstract awards, etc.)
- Authorship on issued patents
- Conducting peer-review for scientific journals
- Organize and lead institutional scholarly conferences

Research and Scholarly achievement might be indicated by:

- Consistent publication record with some first/last authorship on publications in leading refereed journals
- Sustained record of federal, foundation, or industry funding with some as principal investigator, project leader, program director, and/or core leader, some currently active
- Multiple site-PI roles on grants or contracts
- Mission-critical investigator roles on multiple funded team science projects
- Invited authorship on important review articles, chapters, and books
- Invited editorials or commentaries in leading journals
- Invited research presentations at national meetings
- Invited scientific lectures at outside institutions
- Authorship of licensed patents
- Participation in ground-breaking clinical trials
- Co-Investigator on multiple foundation, industry, or federal grants
- Publish or commercialize novel clinical procedure or product
- Book Editor with clinical focus

Research and Scholarly **excellence** might be indicated by:

- Consistent publication record in field-specific high impact journals
- Sustained record of federal, foundation, or industry funding as principal investigator, project leader, and/or program director
- Study chair or PI roles on large multi-investigator grants, contracts, or clinical trials
- Numerous invited lectures, possibly including keynote presentations, at national or international meetings based on original research
- Named lectureships, or multiple lecture invitations, at outside institutions
- Paradigm-shifting research contributions as assessed by peers
- National/international research recognition award

Education/Teaching

Evidence of expertise and scholarship in teaching and curricular contributions that are of high quality and significance. Teaching may involve medical students, graduate students, residents, fellows, colleagues, and/or learners from other disciplines, and may take a variety of formats, including didactics, precepting, seminars, direction of theses and dissertations, clinical supervision, continuing education instruction, and extension education programs. Demonstration of excellence in mentoring and excellent peer-evaluations or student evaluations are expected. A record of invited lectureships, leadership in educational societies or committees, peer-reviewed education-focused publications, educational materials developed and used by other institutions, or external recognition or awards received for education are also considered.

Education/Teaching **participation** might be indicated by:

- Teaching/mentoring residents or students in the context of patient care or research
- Delivering occasional lectures for a course
- Participating in regular small group teaching sessions
- Earning consistently favorable teaching evaluations
- Serving as primary mentor for various education programs
- Serving as a member of thesis committees
- Sharing new scholarly approaches with community or referring physicians
- Providing patient group or community education
- Organizing and leading institutional clinical/grand rounds conferences
- Developing and distributing CME
- Mentoring visiting scholars or clinicians
- Serving as primary mentor for students engaged in MSCR, MPH, or similar programs

Education/Teaching **achievement** might be indicated by:

- Regularly participating in teaching at least one course or lecturing in multiple settings
- Leading regular small group teaching sessions
- Receiving a Division or Department teaching award
- Advising/mentoring PhD students, postdoctoral fellows, and/or other trainees
- Serving on Division or Department education/curriculum committees or task forces

- Serving in a supportive leadership role of large, accredited training or graduate programs (e.g., Assistant Program Director, Site Director, etc.)
- Delivering invited educational lectures in regional CME courses or grand rounds
- Developing web-based clinical content, new diagnostic tools, surgical techniques and devices
- Developing high impact clinical website
- Having a sustained track record of advising/mentoring PhD students, residents, fellows, and other trainees

Education/Teaching **excellence** might be indicated by:

- Developing and leading a COM or University course or teaching regularly in multiple courses
- Serving as Medical Student Society Advisor or Leader
- Earning a COM, University, or regional teaching award or multiple departmental awards
- Serving on multiple College or University education committees
- Leading a major Division or Department education/curriculum committee or task force
- Developing an innovative teaching methodology or training program
- Serving in a leadership role of accredited training or graduate medical programs
- Serving as Graduate Program Director/Director of Graduate Studies
- Developing or directing regional courses or CME programs
- Social media impact on health, health policy or consumer health information with a large audience to include podcasts, etc.
- Invited reviews as senior author for clinical article in subspecialty journal or book chapter
- Serving as Assistant, Associate, or Senior Associate Dean for Education
- Leading a College-wide accreditation effort

Service/Leadership

Evidence of expertise and scholarship in community-based program development or participatory research and contributions of high quality with demonstrated impact, including contributions and/or policies that measurably improved the health of a community and its members. A record of leadership in community organizations, engagement with community or public health leaders, publications in lay or professional media or peer-reviewed journals, or external recognition or awards received is also considered. Service addressing social and health issues such as health disparities, access and health equity should be described. Service includes administrative committee service on a local, regional, national, and/or international level; a strong record of public service to the community, state, and nation; and other evidence of merit or recognition, such as fellowships, grants, honors, and election to office in scholarly or professional organizations.

Service/Leadership **participation** might be indicated by:

- Participating in quality improvement activities
- Participating in Divisional or Departmental service activities
- Participating in a hospital committee
- Organizing recurring Departmental meetings (e.g., grand rounds, M&M conferences)
- Advising community or patient advocacy groups
- Leadership of QI initiatives

- Serve on institutional clinical or QI committee
- Participation in Community or Alumni service programs

Service/Leadership achievement might be indicated by:

- Leading quality improvement teams
- Chairing a Divisional, Departmental, or Hospital committee; serving on multiple committees
- Serving as a member of major University or College committees
- Receiving a Division/Department service award
- Serving in a substantial Division role (e.g., Section Chief, etc.)
- Serving in a leadership role of small, accredited training or graduate programs
- Serving in a supportive leadership role of large, accredited training or graduate programs (e.g., Assistant Program Director, Site Director, etc.)
- Serving as Director of a core facility/service center
- Serving on the organizing committee of a regional meeting
- Participating as a committee member for a state/regional society
- Organizing and leading institutional clinical/grand rounds conferences

Service/Leadership excellence might be indicated by:

- Leading a core program/service center that has a regional impact
- Chairing major University, College, or health system committees; serving on multiple institution-wide committees
- Receiving major institutional service/leadership awards
- Serving in a leadership role of accredited training or graduate medical programs
- Serving in a Departmental leadership role (e.g., Vice Chair, Division Chief, etc.)
- Holding a titled leadership position within the College, University, or Health Care System (e.g., Associate Dean, Associate Provost, Chief Quality Officer, Chief Medical Officer, etc.)
- Leading/developing a center that involves multiple departments, colleges, or other components of the institution
- Serving as committee chair or elected officer for state or regional organizations
- Serving as chair of the program organizing committee for regional or national CME meetings
- Serving in advisory roles for regional or national governmental agencies
- Earning service/leadership awards from state or regional professional societies or medical organizations
- Director or Co-Director of subspecialty fellowship or residency program
- Leadership of Community or Alumni programs
- Leadership in medical associations and professional entities

Clinical Service

Evidence of expertise and scholarship in a clinical discipline and contributions to clinical practice that are of high quality and significance, including contributions and/or policies that measurably improved the quality and value of patient outcomes. A record of leadership in professional societies, membership on editorial boards, development of significant protocols or technologies, or external recognition or awards received for clinical excellence is also considered.

Clinical Service **participation** might be indicated by:

- Institutional/regional recognition for clinical accomplishments
- Serve on institutional QI or clinical committee
- Leadership of QI initiatives
- Development of practice guidelines
- Meeting clinical quality metrics
- Social media impact on health, health policy or consumer health information with a large audience to include podcasts, etc.
- Improving clinical efficiency
- Serving as clinical faculty for resident and fellow clinical experiences
- ‘Best Doctor’ recognition
- Developing new local clinical services or models of care

Clinical Service **achievement** might be indicated by:

- Exceeding clinical quality metrics
- Invited review as senior author for clinical or teaching article in subspecialty journal or book chapter
- National recognition for clinical accomplishments
- AHEC recognition
- Social media impact on health, health policy or consumer health information with a large audience to include podcasts, etc.
- Being invited to give a grand rounds on an area of clinical expertise
- Member of national or international clinical committee
- Develop web-based clinical content, new diagnostic tools, surgical techniques and devices
- Improving clinical efficiency
- Exceeding RVU targets
- Serving as key clinical faculty for resident and fellow clinical experiences
- ‘Best Doctor’ recognition
- Developing a clinical program that attracts patients from the state or region

Clinical Service **excellence** might be indicated by:

- Key clinical faculty for resident and fellow clinical experiences
- Continually exceeding RVU targets
- Continually exceeding clinical quality metrics
- Demonstrated population-based health outcomes improvement
- Oral presentations by self or mentee at national or international meetings
- Book Editor with clinical focus
- International recognition for clinical accomplishments
- ‘Best Doctor’ recognition
- Broad social media impact on health, health policy or consumer health information with a large audience to include podcast, etc.
- Director of major clinical service/program
- Leader of institutional clinical committee
- Leader of national or international clinical committee

- Develop high impact clinical website
- Develop new clinical services or models of care and implement system-wide

Section # **	Policy # U-PROV-005	Undergraduate Student Admissions Policy	
Responsible Department: Provost's Office			
Date Originated 05/19/1989	Last Reviewed 04/13/2018	Last Revised 04/13/2018	Effective Date* 03/30/2022

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

I. Policy Statement

S.C. Code of Laws Section 59-104-10(B) states, *“The boards of trustees of each public institution of higher learning, excluding the State Board for Technical and Comprehensive Education, shall adopt admission policies reflecting the desired mix of in-state and out-of-state enrollment appropriate for each institution. Changes in the policies affecting the mix of in-state and out-of-state enrollment must be approved by the board of trustees of the affected institution. The boards shall submit the policies to the commission by July 1, 1989, and any subsequent changes to the policies must be submitted to the commission. These admission policies and standards shall be reviewed by the commission as provided in Section 59-103-45(3). For purposes of this section enrollment must be calculated on a full-time equivalency basis with the equivalent of one full-time student being a student enrolled for thirty credit hours in an academic year. Out-of-state students mean students who are not eligible for in-state rates for tuition and fees under Chapter 112 of Title 59.”*

II. Scope

Applies to undergraduate programs only.

III. Purpose of This Policy

This policy defines the desired mix of in-state and out-of-state students in undergraduate programs.

IV. Who Should Be Knowledgeable about This Policy

President
Executive Vice President for Academic Affairs and Provost
Deans
Enrollment Management

V. The Policy

The Medical University of South Carolina has served the State by educating health care professionals, many in disciplines now undergoing severe shortages. In the past the mix of in-state to out-of-state undergraduate students has exceeded 3:1. Now due to shortages in nursing, pharmacy and many allied health professions, the Medical University proposes that the mix not drop below 70% in-state, 30% out-of-state. In all MUSC colleges, qualified in-state students will be given preference over equally qualified out-of-state students regardless of these stated figures.

VI. Related Information

A. References, citations

B. Other

C. Appendices

VII. Communication Plan

VIII. Definitions

**Medical University of South Carolina
May 2024 Graduates**

Master in Health Administration

Monica Velazquez Alverson
Jordan Arcturus
Alexa Arnette
Caolin Bridget Byrne
Gretchen Elizabeth Clarke
Christopher J. Collette
Bailey René Craven
Lawson Grace Devers
Fiona Elizabeth Duffy
Mary Edmunds
Chani R. Egge
Kaitlin Marie Epperson
Nichole Etowski
Carolynne Hunter Garner
Heather Greiner
Cassandra Bailey Hames
Aaron Joseph Hart
Austin Hoyt
Grace Ellen Jacknin
Gina Michelle Koppenaar

Carley Elizabeth Margetts
Brittany Ann Miles
Jack Saslavsky Miller
Joel Kyle Montgomery
Sarah Elizabeth Murchison
Ryan Christian O'Malley
Shefali Patel
Anne Hanley Puckett
Taylor Mae Regensburger
Aundra Christina Scott
Simone Sonya Smith
Payton Stacia Starmack
Rebecca Copeland Sturm
Morgan Evelyn Sweeney
Abbie Sarvis Tisdale
Michael John Valrie II
William VandeMerwe
Lauren Whittlesey-Ferrera
Maggie Leigh Wilson
Hiba Ghasham Zebian

Master of Science in Cardiovascular Perfusion

McKenzie Peace Ayala
Emmaline Bendell
Tristan Benedict
Robert J. Brownlee
Samantha Bruner
Michaela Califano
Chandler Causey
Amy Elizabeth Grace Chandler
Taylor Coombs
Abby Curtis
Andy Dorcely
Christopher Alan Foley
Jalen Antoine Gibbs
James Major Glidewell

Lilly Hemesath
Nathan Hoyer
Elisabeth Jones
Noorez Amir Lalani
Evan C. Morris
Taylor Alexis Morris
Ruchi Patel
Melissa Claire Pollard
Tia Yasming Ray
Cassandra Reamer
Amber Janeé Stone
Shelby S. Stoner
Jennifer Stubblebine
Lorrie Bruning Wicks

Master of Science in Extracorporeal Science

Jessica Kaye Betts
Holly Elizabeth Gleave

Phoebe Hafner
Aidan Singh Howard

Master of Science in Health Informatics

Vaughn Pyles

Doctor of Health Administration

Ruth Adwawah Arthur-Asmah
Sundeeep Singh Boparai
Christopher Bridgeman
Jennifer Burchill
Michael Daniel Carpenter
Talitha Michele Clisby-Massaquoi
Daphanie J. Dean
De'Angelo LeVon Dean
Kristy Danielle Hampton
Beverly Wilson Holmes
Patrick Howell

Stanley Chima Ibe
Tiffany Renee Jones
Jonathan Ross McKinney
Ben Parekkadan
Leighton St. Aubyn Pitter
Micheline Plantada
Kimberly Radcliffe
Sadia Marrissa Robinson
Summer Lynn Stanford
Roger Aaron Williams
Jonathan Emanuel Young

Doctor of Nurse Anesthesia Practice

Emily Ann Adkinson
Irys Ako Agbortabi
Matthew Joseph Bauer
Leilani Lee Berry
Kristen Crocker
Molly Mae Curtiss
Emily M. Engle-Young
Artemis Flouras
Jesse Meek Greene IV
Zachary B. Greenwood
Mitchell E. Haverstuhel
Austin Dean Kaser
Michael Alexander Kithcart
Ruvim Leontyev

Justin Michael Lyle
Geordan Cullens Lynch
Ekaterina Maksimov
Molly Paige Miedema
Kailey BreAun Moorhead
Brittany Lynn Nesky
Rebecca Ann Newton
Martin L. Padgett
LarkAnn Louise Parks
Cristina Diano Rateb
Alexander Scott
Mary Austen Stoddard
Rodrigo Vazquez-Cardenas

Doctor of Occupational Therapy

Katherine Rose Baslik
Christine Marilyn Boone
Emily Ryan Bott
Molly Diane Brinkhoff
Addie Elizabeth Broom
Tara Marie Brophy
Joshua Brown
Kylie Bugbee
Lindsay Busha
Shelby Alexandra Cobb
Patricia Rewwer Corbin
Macayla Criswell
Susan Renee Dempsey
Emily A. Donovan
Ashley Elisabeth Edwards
Katja Dumont Ehlers
Erin C. Elenz
Katelyn Rose Feeny
Morgan Elizabeth Fontenot
Stephanie Victoria Garner

Lauren Grace Garrett
Madison Gies
Taylor Lynn Griffin
John Joseph Guerriero IV
Lexi Sha Hall
Emma Maclaine Hanvey
Audrey Rebecca Hartis
Elizabeth Brooks High
Bridget Mary Horgan
Reagin Elizabeth Hunter
Jessica Carter Kirk
Madisen Seville Lamp
Jennifer Nicole Langan
Lindsey Lewallen
Hannah Lindahl
Julia Mabe
Margaret Kathleen Mahoney
Ashlyn Jackson McKeehan
Karen Wortham McWaters
Erin Adkins Miller

Marisa Paige Moore
Caroline Reynolds Morrison
Morgan S. Pace
Jaeger Louise Parsons
Caitlin Sumner Pollan
Grace Elaine Price
Lauren Elizabeth Ray
Katlyn Rigali
Elizabeth Duvall Riley

Doctor of Physical Therapy

Maria Alvarez
Phillip Michael Armentrout
Lucy Corinne Ashmore
Stephen Bailey
Ashlyn Barron
Haley Beamon
Gabrielle N. Bosak
Kelli Brantley Willson
Sophia Rose Bursch
Mallory Elisabeth Cheek
Mathew D. Clark
Hannah Katherine Deese
Matthew Donnelly
Lillian Elmore
Jonathan Feagin
Amanda Reese Felsberg
Leah LiXing Fraley
Sophie Claire Gardner
Zachary Clemente Giamundo
Katherine Parker Godbee
Emily Celeste Gonnerman
Katerine Maria Gonzalez
Michelle Marie Greenwood
Emma Claire Harms
Breanna Hennessy
Alexandra Faith Homan
Henri Bohdan Hury
Sydney A. James
Landon Willis Jensen
Meaghan Joslin
Dylan J. Kipp
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Doctor of Philosophy - Rehabilitation Sciences

Carolyn Kate Barnes
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Laura Dianne Schmeling
Sophie Sherman
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Tremayne Terrill Thurman
Mackenzie Walker
Alison L. Walsh
Abreigh A. Youngblood

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Emily Michelle Lysack
Emma Lucia Marcille
Melissa Martinez
Margaret Grace McGovern
Brendan Kyle McSheehy
Carolyn Megalla
Anna Rose Milford
Preston Sinclair Miller
Spencer Ann Mitchell
Lindsay Katherine Morris
Christine Elizabeth Marie Owens
Jordan Paul
Lauren Michelle Percy
Charlotte Addison Pickens
Asher Reuel Roberts
Evan Harold Robinette
Justin Nicolas Robinson
Sarah Michelle Rock
Matthew Schmitt
Taylar Schultz
Amanda Coburn Stone
Bailey Renee Topping
Elizabeth Turner
Ryan Tan Dan Van
Taylor Isabelle Walker
Brooke Lindsay Ward
Larainna Jo Williams
Amanda RoseAnn Wilson
McKenzie Leigh Yon
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Bachelor of Science in Nursing

Emma Grace Bagwell
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Clarissa Cheyenne Burgess
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Matthew Dombek
Kaila Eaddy
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Whitney Anne Elizabeth Elliott
Lauren Elizabeth Eskridge
Mary Grace Furmanchik
Meghan Gagliano
Malinda Garrett
Emanuel Mario Geddis
Olivia Louise Gelpi
Emma Gillespie
Alexis Davis Gontz
Kailah Shanice Green
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Mary Hamilton
Lisa Harlan
Margaret Frances Hartman

Holly Elizabeth Hatfield
Elizabeth Gail Jourdain
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Amanda Rose Kelley
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Emily Scalabrini
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Doctor of Nursing Practice

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Grace Bennfors
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Gavin Thomas Cauley
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Kyle Crawford
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Robyn L. DeAbreu
Jordan Gower Decker
John William DeStefano
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Maya P. Dodhia
Matthew D. Dominguez
Kelsey Ann Duckett
Timothy Robert Dusch
Benjamin Asher Ellison
Katherine Kuske Farrell
Hayley Nicole Fowler

Katelyn Ann Fritsche
Brittany Nicole Fritz
Mauricio Gallegos Leal
Elizabeth Thompson Gammeltoft
Steven T. Gannon
Ashley Jordan Girvin
Rya Hanon Glasshof
Robert Leslie Grafe III
Alexander Stefano Guareschi
Alondra Gutierrez Ara
Mary Harriet Hall
Ryan Matthew Hall
Matthew Michael Harrison
Kaila Nicole Hayden
Tyler Holt
Ashley J. Howell
Erin Simone Hynd
Kacey Youngkyung Idouchi
Mansi Joglekar
Sonya Lawon Ketchens
Serena D. Khaleghi
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Azalfa Uzair Lateef
Carla M. Lautenschlager
Jamison Wallis Lee
Samuel Carlon Light
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Elena Manalich
Matthew Joseph McCrosson
Aaron McGuire
Caroline McWhorter
Molly Jean Mead
Allison Meadows
Megan N. Minchak
Fatima Abbas Mohammed
Neil Patrick Monaghan
Angela Maree Montes
Caroline M. Moore
Miyonta D. Moore
Ryan Thomas Moore
Tinea Marche Morris
Annie Britt Murray
Baxter Reid Murray
Caroline Marie Nassab
Ashish Joel Nicodemus
Danny Aaron Nixon
Krystal D. Nolan +
Allison Clarisa Osborne

Allie Morgan Ottinger
Christopher Rocco Panetta
Sonali Parmar
Raj Patel
Brandon J. Penland
Cooper King Pitts
Ladd Michael Platt
Ipsita Pradhan
Wanya Tyree Pridgen
Ritchelli Pettry Carvalho Quintao
Luis Felipe Quistian
Emily Reith Ramsayer
Cymone Marie Reed
Olivia Reszczyński
Kayla Lorraine Reynolds
Grace Davis Rhodes
Mason Martin Richardson
Emily Caroline Robertson
Megan Dawn Rodgers
Peyton G. Russell
Kelly Goheen Rutherford
Katherine Lorick Sanders
Samuel Weldon Seigler
Aili Pataro Vinson Shahidpour
Kayla Renee Shine
Kevin Shrake
John Albert Slovensky
Alexander-Jacques Theodore Sougiannis
Susan X. Spencer +
William Charles Stallings
Connor Stephenson
Andrew Graham Stoddard
Margaret Alice Stroud
Kassidy Kianna Sullivan
Stephanie Rae Teeling
Joseph Tyler Vasas
Aidan Vatalaro
Megan Elizabeth Vieira
Himabindu Vinnakota
Michael Jeffrey Vinzani, Jr.
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Elizabeth Richmond Wallace
Abigail Kate Watson
Emma Limehouse Wetmore
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Lauren Elizabeth Wolfe
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Latiffa Janeka Smith

Noah Christopher Vieira

Courtney Linkous Walker

Doctor of Medicine & Doctor of Philosophy

Sagar Bajpai

Tyler C. Beck

Daniel James Bonthius

Catherine Margeret Bridges

Nour Hijazi

+ Pending Completion of Requirements