



US News & World Report Ranking

In their July 19th issue, US News & World Report ranked MUSC's

Gastroenterology services as 34th and ENT as 41st in the nation!!

The magazine reviewed data from 4,852 hospitals and selected 152 medical centers to receive rankings this year. This is the 15th consecutive year our Gastroenterology services have been ranked by US News & World Report. In addition to the national rankings, other hospitals were designated as "high-performing" in a number of specialties. MUSC received that designation for:

Nephrology
Cardiology & Heart surgery
Gynecologic disorders
Psychiatry

Rheumatology
Pulmonology
Orthopedics
Urology

Hematology/oncology
Geriatrics
Neurology & Neurosurgery

According to Pat Cawley, MD, MBA, the MUHA Executive Medical Director. "Here in Charleston, we're easily recognized as the hospital that you want to go to for the hardest problems and most difficult-to-treat cases," ... "What these new metro rankings show our community is that in addition to taking the hardest cases, we also provide excellent care for more routine procedures and treatments. With this number one designation for our area, our neighbors can rest easy knowing that we can deliver an excellent standard of care, no matter what brings them to us."

*Richard M. Silver, MD.
Distinguished University Professor
and Interim Chairman*

On the Calendar:

White Coat Ceremony

August 20 at 2 pm
Gaillard Auditorium

Faculty Convocation

August 23rd at 4:30 pm
Basic Science Auditorium #100
Dr. Sagel will get Award

Medicine Research Day

January 19th
Abstracts due: December 19th

Also in today's newsletter:

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Employees of the Quarter Selected for Summer 2011



On July 25, we honored our Employees of the Quarter, shown here with Dr. Silver, from left to right: **Kelley Gibson, Sue Cwik, Sandra Crosby, Richard Ancrum, and Drew Mather**. Our Employee of the Quarter program recognizes employees who consistently perform well beyond their job description requirements. Winners are consistently courteous and helpful to others and embody Excellence! Other nominees for this quarter's award included:

Bill Barry	Dee Brissie	Brian Collins	Gayle Cox
Ann Donaldson	Carol Kravetz	Justin Marsden	Diane Mauney
JoAnne Morse	Annie Lee Sallee	Derek Sanford	Wendy Stogner
Melissa Wimberly	Roshonta Walker		

The process of nominating an individual for Employee of the Quarter includes submission of a nomination, describing the ways in which the individual excels and their contributions to MUSC and the Department of Medicine. Below are excerpts from the nominations for the latest Employees of the Quarter:

Richard Ancrum, Information Technology Consultant, Administration: I'd like to recognize Richard broadly for his commitment to all his customers and to excellent and outside-the-box customer service. Specifically, I'd like to bring attention to his excellence and accomplishment as lead of grand rounds audiovisual support, recording, and management. Richard has taken leadership and ownership of all grand rounds, a duty because of the high-stress and early morning nature of it, that the other IT staff are often daunted by. He is always an excellent "face of MUSC" when he assists both our local and distinguished guest faculty in getting set up. This is not to be underestimated, because they bring novel and time-sensitive technical issues with them to every grand rounds and their own stress level can be substantial because they are presenting to the distinguished MUSC faculty of their peers. Richard successfully and professionally manages all those concerns while at the same time quietly recording nearly every grand round without fail and making those available to physician's state and country wide through the grandrounds.musc.edu website.





Sandra Crosby, Business Administrator, Hematology/Oncology: Ms. Crosby has done a terrific job reorganizing the Division's administrative staff, straightening out financial puzzles, and planning for personnel, services, and facilities expansion -- and it's all the more remarkable a job she's done given this is her first position in the health industry---at a complex institution such as a major academic medical center serving three very different missions in parallel. It's really amazing how much she has learned in such a relatively short time. In addition, her always sunny disposition, her respect for everyone no matter the role or title, her drive to not only get the job done but get it done in the best manner possible, and her constant willingness to go the extra mile to assist anyone in need -- well, it's obvious why we're so lucky to have her and why it's such a treat to be able to work with her every day.



Sue Cwik, Business Manager, Rheumatology & Immunology: We are very fortunate to have Sue Cwik as business manager in our Division. She is always helpful, cooperative, kind, and trustworthy, not even mention very professional. If any problem occurs in our lab - Sue is the best person to discuss. She is giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. She is tremendously helpful with hiring and identifying the best people for the job. She takes care of visas for our visiting scientists, and will work extra hours if needed.



Kelley Gibson, Clinical Trials Coordinator, Rheumatology & Immunology: Kelley Gibson was hired two years ago and was new to the clinical trial field. She had previously worked in medical billing and was an outstanding employee in that department also. I have seen her work with professionalism and efficiency to learn this new and challenging field. She continues to learn and improve daily and is always focused on good clinical practices and the best care for her patients. I don't know how I would have ever been able to get through the past 4 months without her. MUSC not only has a very knowledgeable employee in Kelley Gibson, but also an employee that most employers would be proud to have on their team because of her amazing teaching abilities and her kind and gentle spirit while doing so.



Andrew Mather, Research Specialist, General Internal Medicine & Geriatrics: he is by far one of the hardest working, dedicated, and intelligent individuals that I have ever worked with. Drew is an invaluable and integral part of my team. In his current position as my research specialist, Drew is involved in planning and executing experiments as well as data interpretation for numerous projects. Drew thinks independently and critically. In addition, he is highly creative and ambitious. During his first year, Drew became first author on a book chapter I was asked to write. Drew has excellent writing skills and I was extremely impressed with how easily he mastered the literature better and more quickly than many Ph.D. students with whom I have worked. Drew is involved in several of my projects, which range from work in animal models of kidney disease to basic molecular biology work. He is an extremely quick learner and very enthusiastic about his work.

Staff Town Hall Meetings



This year the Department of Medicine participated once again in the Press-Ganey Employee Partnership Survey, more commonly known as the Employee Satisfaction Survey. Our results improved over last year and were above average for the College of Medicine. Several common themes emerged including facilities maintenance and the need for departmental leaders to do more listening to staff ideas and concerns. One result of this feedback was the decision to hold staff "Town Hall Meetings" several times during the year to discuss current events and any concerns the staff might raise.

Two Town Hall Meetings were held in July. During these meetings, Dr. Silver began the discussions by outlining the results of the Employee Partnership Survey and stating that "[staff] ideas and opinions are valuable - our staff is one of our most valuable resources - and we need your ideas, skills and can-do attitude if we are to be successful."

A new program is being launched within the Department of Medicine to facilitate communication. The Bright Ideas program (<http://clinicaldepartments.musc.edu/medicine/administration/admintoolkit/empidprog>) provides a portal for employees to notify the leadership of ideas regarding solutions to problems, stream lining processes, saving money and other ways in which we can improve the services we provide to our patients, students and others. These ideas will be sent to a "triage" group consisting of Frances Glanville, Cameron Craft, Annie Lee Sallee, Meredith Stafford and Joe Gough. They will review each idea and forward to an appropriate individual for further action. Individuals submitting ideas will be provided with a status update and/or progress on the issue as appropriate.

We hope that by getting more individuals involved in the Bright Ideas program we will be able to tap even more of that valuable resource for the benefit of the Department, University, and ultimately, our staff, trainees and faculty. So, please do spend some time thinking about potential ways we can improve our processes and save our effort, time and/or money.

During the two Town Hall Meetings staff were given the opportunity to ask Dr. Silver questions. Some of those questions included:

Q: What is the current status of the Chair search?

A: The Chair search is underway - a Search Committee chaired by Dr. David Cole from the Department of Surgery has been charged, a search firm, Tyler and Company, has been engaged to assist in identifying candidates and more than 30 applications have already been received. It is anticipated that a short list of candidates (6-8 individuals) will be developed and candidates will be invited to campus starting in the early fall. Each candidate will be making a presentation and members of the Department should have the opportunity to attend those presentations. We are anticipating a new Chairperson will be in place by July 2012.

Q: There are leadership changes occurring in the Department, when can we expect new Division Directors to be in place?

A: Given that we are currently in the process of recruiting a new Department Chairperson, the decision has been made to delay the search for new Division Directors until the new Chairperson comes on board. That means the searches will probably begin in the fall of 2012 and the positions filled in the spring/summer of 2013. In the

(Continued on page 5)

mean time we are confident that capable individuals have been identified to serve as Interim Division Directors: Dr. Michael Ullian for Nephrology; Dr. Patrick Flume for Pulmonary (starting in January) and Dr. Edward Jauch for Emergency Medicine.



Q. What is the current status of the Department's /University's finances? Should we be worried?

We'll start by repeating what Dr. Pisano said during her recent meeting with the Department's faculty - we are not in a state of financial crisis! Thanks to the preparation of our leadership prior to the state's budget cuts, and the hard work of our leadership, faculty and staff since that time, the Department is actually doing quite well. Collections are up, Grant Revenue is up and although we expect further state budget cuts, at this point state dollars comprise a very small portion of the department's budget - less than 3%. Even a large cut to this small portion of our budget will have a minimal impact on the Department.

Q. What about Biostatistics?

We are anticipating that Biostatistics & Epidemiology will separate from the Department at some point in the next twelve months, possibly to become part of a new Department devoted to population sciences. This change is pending approval of the Board of Trustees. Also, if the change is approved by the Board a Department Chairperson will need to be recruited so it could a year before this occurs.

Q. It seems like only "favorites" are selected as Employees of the Quarter - why can't anyone else get recognized?

A. Basically the largest barrier to an individual winning Employee of the Quarter is a lack of nominations. Anyone can nominate any Department of Medicine staff employee for Employee of the Quarter. If you know of an employee who deserves to be recognized please nominate them! This is a program for ALL employees regardless of their position, role or responsibility. Every nominee receives notice of their nomination, it means a lot to them just to know

that their efforts are appreciated. (Of course the winners also receive recognition and a small cash reward.) Here is the link for the nomination form: <http://clinicaldepartments.musc.edu/medicine/administration/admintoolkit/serpform/serpform.htm>

Nominations are reviewed and voted upon by a committee made up of individuals from across the department—winners are not selected by the Chairman's Office staff. The selection committee consists of individuals from different disciplines (administrative, clinical, research) and across the divisions. They review the nominations made each quarter and vote to determine the winners. The committee gets new members with each fiscal year and this year will grow from 5 to 10 members in order to assure representation from a larger portion of the Department.

When asked, the selection committee advised including details within your nominations - facts on which the committee can base their decisions - something more than "she's a really great employee - everyone really likes her".

Q. Is Diversity a priority when recruiting students, residents and fellows?

A. The short answer, is "Yes!" Many of the individuals in our department are aware that Diversity was a major priority for Dr. Jerry Reves when he served as Dean of the College of Medicine - in fact, he received national recognition for his work in this area. This commitment to increased diversity remains a priority for the College and Department - we are seeking to improve all aspects of diversity - gender, race, ethnic, etc.

Q. When can we expect improvements in facilities, especially Clinical Sciences and older buildings?

A. During her recent meeting with the Department of Medicine faculty, Dr. Pisano recognized that building maintenance has been a low priority on campus for quite some time. She is working with Mr. Bob Marriott, her space manager, to review the College's space and identify areas in which improvements need to be made. The Department will be meeting with Mr. Marriott to "walk-through" the space and bring him up to speed on areas of particular concern - such as the problems on the 8th and 9th floor of the Clinical Sciences Building.

Send an email to medcomm@musc.edu if you have any questions, either in general, or for Dr. Silver, Cathy Wood or anyone else in the Chairman's Office.



Inpatient Billing Part III – Follow-up

There are three levels to choose from when selecting your inpatient follow-up or subsequent care code. The level of follow-up or subsequent care billing should be based on the nature of the presenting problem. When deciding the level, you must take into account what is happening today vs. yesterday. The level of coding should depict how the patient progressed throughout their stay. If you are managing multiple diagnoses, but you simply continue the current therapy with no changes, then the visit will most likely be a level II. The following serves as an example of how the nature of the presenting problem can guide the level of code selection:

CPT	Complexity/Nature of Presenting Problem	Documentation
99231	Straightforward/Low Complexity- Recovering or Improving	Problem-focused (Elements: 1-3 HPI, Interval History/past 24 hrs, 1 Exam)
99232	Moderate complexity- Responding inadequately to therapy or has developed a minor complication	Expanded problem focused (Elements: 1-3 HPI- Interval History/ past 24 hrs , 2-4 Exam)
99233	High complexity - Unstable or has developed a significant complication or significant new problem	Detailed(Elements: 4+ HPI- Interval History/past 24 hrs, 5-7 Exam)

Day 1: Admission – 99223 Uncontrolled HTN, Pneumonia

Day 2: Follow-up – 99232 Persistent HTN, low-grade fever

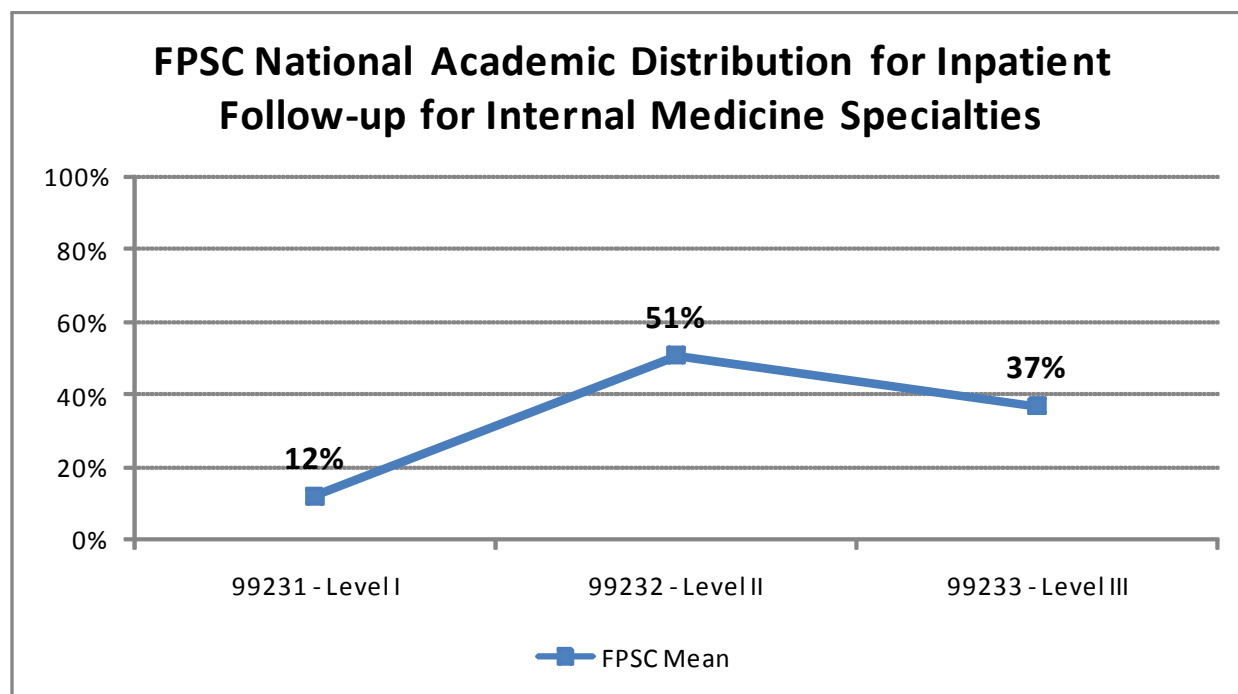
Day 3: Follow-up – 99233 Uncontrolled HTN w/fever

Day 4: Follow-up – 99232 HTN controlled, un-wavering low-grade fever

Day 5: Follow-up – 99231 Patient improving, no new complaints

Day 6: Discharge – 99238 MD documents < 30 minutes spent on D/C

Be sure to include descriptive statements in your documentation. List the diagnoses and indicate their status for the present service date. It does not take a novel, but a few concise statements of the nature of the problem *today*.



For questions, please contact Annie Lee Sallee Clinical Revenue Manager, logue@musc.edu

Aging Q³ Focuses on Resident Education in Geriatrics

Submitted by Patty Iverson, MA
Aging Q³ Project Director



Aging Q³ is a 4 year project in the division of General Internal Medicine and Geriatrics funded by the D.W. Reynolds Foundation. In any month, Internal Medicine residents in Rutledge Tower see over 800 patients 65 years of age or older, more than a quarter of all patients seen by Medicine residents. Results from an internal 2008 educational survey suggested a moderately low level of confidence from our Internal Medicine residents in addressing common geriatric syndromes and aging-related conditions. The Aging Q³ program, which began in 2009, utilized these results to identify 16 geriatric topics to target as modules for the education-based

program. Although the primary intervention of Aging Q³ is focused on improving resident education in geriatrics, the end result is better quality care provided to our older patients.

In the photo above, Dr. Josh Smith, PY2 and Chief Resident Dr. Sarah Allen are going over medications with patient. She is holding a medication bag given to her as part of the Aging Q3 program, to bring in all her meds to each visit. Medication reconciliation has been a big focus during several ACOVEs of Aging Q3.

Every 3 months, the faculty introduces a new geriatric module, using lectures and clinical educational experiences. Residents attend a lecture on the geriatric topic during a noon conference. Those residents who miss the lecture can view it on Tegrity via the Aging Q³ website at <http://mcintranet.musc.edu/agingq3>. The faculty and nursing staff also attend lectures to learn about key points of geriatric care and their own professional role in the educational process. Following the initial resident education stage of the module, the clinical care process for the module topic is implemented.



The topic-specific clinical process, developed and implemented in UIM, has older adult patients identified by registration staff. Medical assistants then ask these patients questions regarding the specific geriatric module topic to potentially cue a resident to address during the office visit. If cued, the resident discusses the patient's evaluation and management and whether any treatment is planned, with the faculty member. Thus, Aging Q³ is a team-driven, multidisciplinary program, with close collaboration required for success. Registration staff members initiate the process, medical assistants and nurses support the residents in evaluation and management, and pharmacists work closely with residents to assure safe medication management and minimized side effects. Practice Partner analysts provide technical support with the EMR template design, and research faculty perform data management educational evaluation.



Actual time involved for this fast paced educational and clinical process is less than 10 minutes. The resident evaluation and management plan is recorded in Practice Partner. The most recent modules have included medication safety, preventive care, hospital to home care transitions, and end of life care. Future modules include osteoporosis, acute and chronic pain management in older adults, and osteoarthritis. In fact, you may see UIM patients carrying Aging Q³ labeled materials such as a medication bag, pill box, or exercise stretch band, all of which remind patients of Aging Q³ interventions.



The GIM faculty, staff, and residents have been successfully engaged in Aging Q³. When asked for their comments about Aging Q³'s impact on their clinical practice, one resident said that Aging Q³ has prompted him to more closely consider the different physiological changes older adults experience. Another hopes to be able to carry forward principles learned during the project in their own practice. Dr. Ben Clyburn says Aging Q³ has a positive impact on education in geriatrics. "...Aging Q³ has put important geriatric issues on the resident's radar and has facilitated the faculty in conducting direct observations of resident performance on skills such as the Timed Up and Go and funduscopy exams."

(Above, PGY-4 Med/Peds Resident, Dr. Jonathan Jennings and Dr. Kathy Wiley)

A 2011 follow-up resident survey shows an increased level of confidence in geriatric care. Aging Q³ is having a positive impact on resident training and older patients clinical experience at MUSC, and we think MUSC Medicine residents will be better prepared to provide high quality care to the increasing number of older adults they will see in practice.

For more information about Aging Q³, please visit our website at [http://mcintranet.musc.edu/agingq³](http://mcintranet.musc.edu/agingq3) or contact Dr. Bill Moran, moranw@musc.edu or Patty Iverson, Project Director at Iverson@musc.edu.

Thank You for Saying YES! in 2011

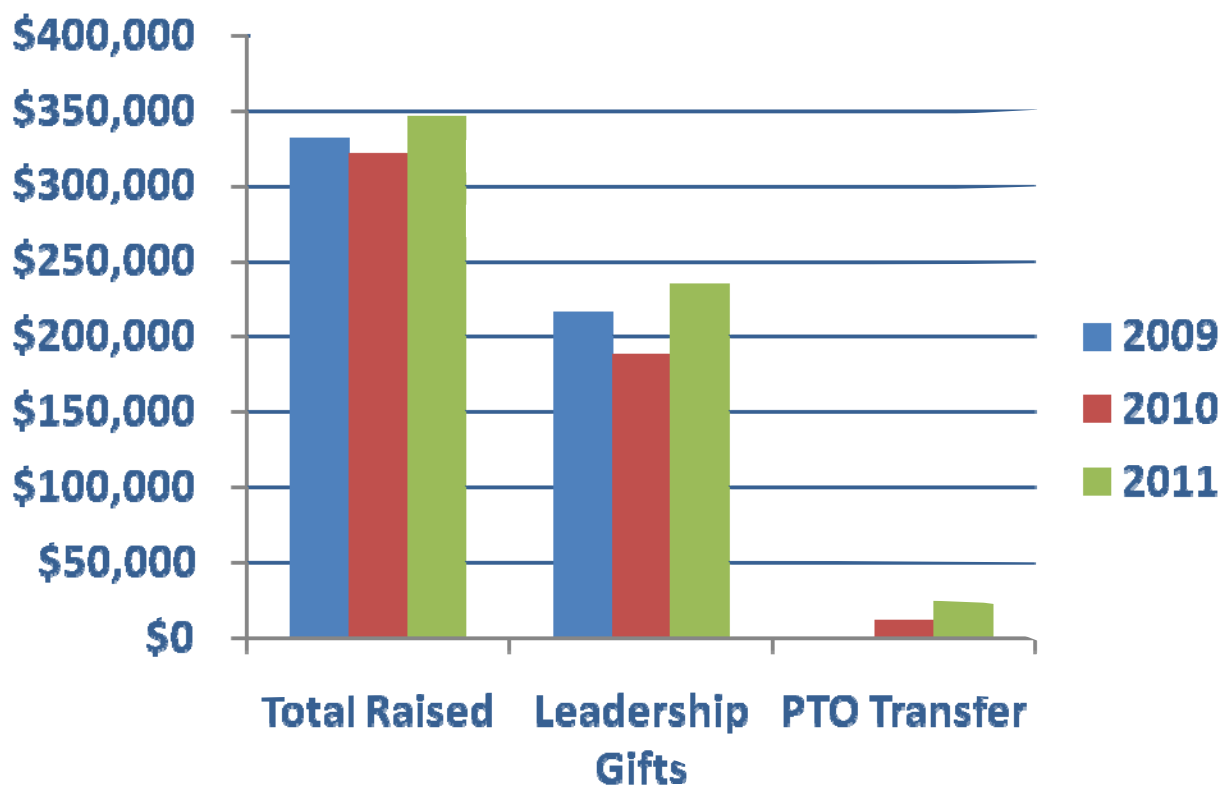
We would like to say Thank You to those employees in the Department of Medicine who participated in this year's 2011 YES Campaign. Thank you for your generous support and participation!



A few facts about the campus-wide campaign:

Total Raised: \$346,044.68

This year compared to previous years:



- **UMA Match:** We used all \$50,000 of the UMA Match this year before the end of May!
- **YES Family Fund:** More than \$20,000
- **Department of Medicine participation** increased by more than 40% with a participation of 25% across the Department.

Thank You for Saying YES! in 2011

We would like to say Thank You to those employees in the Department of Medicine who participated in this year's 2011 YES Campaign. Thank you for your generous support and



Deborah Adams	Marvella E. Ford	Yuko Y. Palesch
Lawrence B. Afrin	Michael D. Frye	David W. Ploth
Pamela Arnold	Maria Garnovskaya	Eric Powers
John M. Arthur	Gerald Garza	Melanie Puckhaber
Valerie Assey	Donna J. Gerke	Amy C. Ramsay
Jan N. Basile	Gary S. Gilkeson	Laurence H. Raney
Phillip D. Bell	Frances G. Glanville	Benjamin A. Rogers
Julie Benke	James A. Glenn	Julius Sagel
Galina Bogatkevich	Michael R. Gold	Steven A. Sahn
Marcy B. Bolster	Joe Gough	Cassandra D. Salgado
Christina L. Bourne	Charles S. Greenberg	Annie Lee Sallee
Frank J. Brescia	Jill M. Griffith	Derek Sanford
Deborah H. Brooks	Megan E. Hatfield	Lancer A. Scott
Milos Budisavljevic	Tammy E. Hill	Richard M. Silver
Lisa R. Burkhardt	Stanley Hoffman	Edwin A. Smith
Jeffrey S. Bush	Edward C. Jauch	Meredith B. Stafford
Christine M. Carr	Diane L. Kamen	Antine E. Stenbit
Melinda Carter	Brad A. Keith	Robert K. Stuart
Don Castell	J. Michael Kilby	George Taylor
Patrick J. Cawley	Jaemyung Kim	Marian H. Taylor
Neal P. Christiansen	Dianne Krywko	James H. Tolley
Brian G Collins	Walter E. Limehouse	Elena V. Tourkina
John Colwell	Louis Luttrell	Michael E. Ullian
Peter B Cotton	Lawrence W. Manaker	Adrian Van Bakel
Cameron G. Craft	Jane B. McCullough	Leigh J. Vaughan
Sandra H. Crosby	Paul J. McDermott	Stephen F. Vinciguerra
Susan M. Cwik	William W. Merrill	Patricia A. Wagner
Deborah J. DeWaay	Robert Miller	Simon C. Watson
Clara E Dismuke	Michelle D Mitchell	Theodore Wickman
Ann Donaldson	William P. Moran	Kathleen Wiley
Harry A. Drabkin	Karen Murphy	Melissa H. Wimberly
Dallas Ellis	Margaret M. Myers	Jeffrey Wong
John R. Feussner	Tammy Nowling	Cathy G. Wood
Wayne Fitzgibbon	James C. Oates	Dannah W. Wray
Patrick A. Flume	Terrence X. O'Brien	Susan L Zayac
		Peter Zwerner

We have tried to include all known gifts to date from Department of Medicine employees. If you participated in this year's YES campaign and your name is not on the list, please let us know by contacting Melissa Wimberly at 792-4851 or hugh@musc.edu.

Donations are still being accepted in support of the YES Campaign!
To make a gift please go to <http://alumni.musc.edu/yes/>

MUSC Awarded Joint Commission Certificate of Distinction for Advanced Inpatient Diabetes Care

Message from Kathie Hermayer, MD, MS, FACE,
Director of Diabetes Management Service
Chair of Hospital Diabetes Task Force

On July 21, 2011, MUSC was awarded Joint Commission Advanced Inpatient Diabetes Certification for Main Hospital, Ashley River Tower, Institute of Psychiatry, and Children's Hospital. There is one other large academic institution that has this distinction, the University of Minnesota. Additionally some university affiliate hospitals and one VA hospital in Cleveland, Ohio have achieved this award. MUSC is approximately the 40th hospital in the US to gain this distinction.



The Joint Commission Inpatient Diabetes Certification Program is founded on the American Diabetes Association's Clinical Practice Recommendations and is linked to the Joint Commission Certification Standards. Diabetes currently affects 25.8 million people in the US and another 79 million Americans are estimated to have pre-diabetes. At MUSC in FY2010, there were 34,442 hospital discharges and in FY2011 (up to April 2011), there were 28,044 hospital discharges. For the percent of discharges with a diagnosis of diabetes, ICD-9 codes: 249.XX and 250.XX, approximately twenty percent of inpatients at MUSC have a diagnosis of diabetes. On a daily basis at MUSC medical center, there are approximately 130-150 in patients with a diagnosis of diabetes. The program encompasses all service lines at MUSC. **Some important features of the program include: a program champion or champion team, written blood glucose monitoring protocols, staff education in diabetes management, the medical record identifies diabetes, a plan coordinating insulin and meal delivery, plans for treatment of hypoglycemia and hyperglycemia, data collection for incidence of hypoglycemia, and patient education on self-management of diabetes.**

The Joint Commission Certification for Inpatient Diabetes Care was accomplished by a multidisciplinary approach involving many areas of MUSC Hospital. Key individuals involved in the process from the Center for Clinical Effectiveness and Patient Safety are: **Patrick Cawley, MD, MBA**, Hospital Executive Medical Director, **Mary-Eliese Merrill, MA, RN**, Director of Clinical Effectiveness, **Christopher Rees, MA, MBA**, Director of Quality and Patient Safety, **Pam Arnold, MSN, APRN, CDE**, Program Manager for the Diabetes Management Service and Vice Chair of the Hospital Diabetes Task Force, **Angela Strickland, RN**, Hospital Certified Diabetes Educator (CDE), and **Amy Hutto, RN**, Hospital CDE. Other important areas of input included: nursing services, pharmacy, dietary services, laboratory medicine, information technology, anesthesia, representatives from MUSC Main Hospital, Ashley River Tower, Children's Hospital, and Institute of Psychiatry. **Heather Kokko, PharmD**, Director of Pharmacy Services, **Yusheng Zhu, PhD**, **James Madory, DO**, and **Nina Epps, MS**, from Pathology and Lab Services, and **Mary Basel, MNS, RD** and **Ashleigh Ricevuto, RD**, from Dietetic Services, all provided valuable input in this process. Special thanks go to **Dr. Louis Luttrell**, Division Director of Endocrinology, members of the Diabetes Management Service (DMS): **Drs. Louis Luttrell, Soonho Kwon, Jyotika Fernandes, Beatrice Hull, the Endocrine Fellows** and the DMS mid-level providers: **Sarah Kimble, PA, Kelly Taylor, PA, and Meredith Wince, NP**. Also thanks to **Drs. Bill Moran, Rogers Kyle, Danielle Scheurer, the MUSC Internal Medicine Program and the MUSC Hospitalist Program**. Collaborative efforts occurred with **Drs. David Cole**, Chairman of the De-

partment of Surgery, **Deborah Bowlby**, Director of Pediatric Endocrinology, **Stephen McLeod-Bryant**, Service Line Director for Psychiatry, and **Jill Mauldin**, Service Line Director for Women's Services. Additionally, of great importance are **members of the Hospital Diabetes Task Force** who have given their input and guidance on various diabetes issues, on a monthly basis since 2003. **Dr. Jack Feussner** was always a source of inspiration for his visionary goals and foresight regarding the care of the patient with diabetes. Thanks to our Joint Commission team: **Lois Kerr, Kathy Wade, and Terri Ellis**, who always brought relevance to our goals for improving diabetes care. Overall, we had only one recommendation for improvement from Joint Commission which involved hypoglycemia recheck in thirty minutes from initial blood glucose (BG), BG less than 70 mg/dL, or BG recheck within fifteen minutes from treatment.

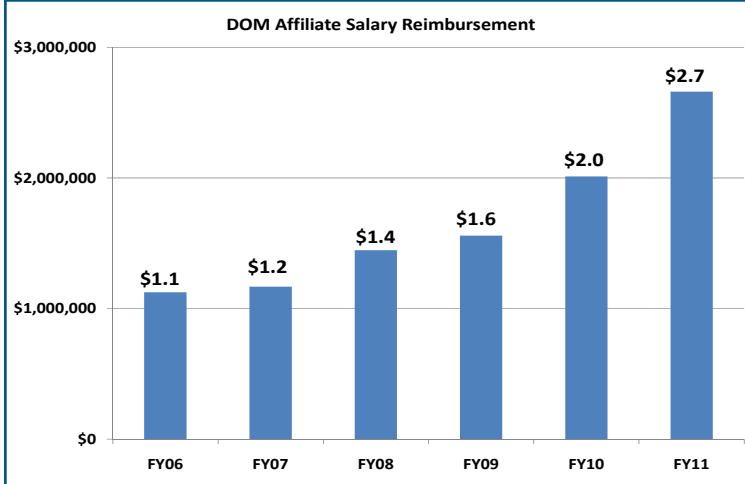
In conclusion, achievement of certification regarding inpatient diabetes care implies that MUSC has the critical elements to attain success in the care of patients with diabetes. It may be used as a designation for the community that MUSC delivers quality care to our patients. Ultimately, maintaining compliance with these national standards and performance measurement tools may assist with acquiring contracts from employers and purchasers associated with controlling costs and enhancing productivity. This is a distinction that will continue to inspire MUSC to excel in offering safe and effective patient care of the highest quality and value.

Affiliate Salary Reimbursement a Success

When a faculty member receives salary support from a grant the amount supported is based upon a calculation of a percent of their total work time times their salary amount. (10% time x \$60,000/ year = \$6,000). For faculty members with salary support from MUSC and UMA - this calculation must include both salary sources in order to reflect total work effort. Since grant funding cannot be paid directly via UMA accounts a mechanism for charging these salaries had to be developed.

MUSC Salary + UMA Salary = Institutional Base Salary

MUSC effort + UMA effort = Total MUSC Effort



Why does it matter?

- ◆ We are able to charge both MUSC and UMA salaries to sponsored projects
- ◆ Increases our Research Award Dollars AND Research expenses (measurement tool for Dept. Productivity)
- ◆ Increases IDC Revenue to Dept / Division / PI
- ◆ Provides a revenue stream for Div. UMA cost center
- ◆ All budget requests on grant applications include the total base salary (MUSC + UMA).
- ◆ Faculty effort on Research projects is effort taken away from both their MUSC and UMA responsibilities.
- ◆ Faculty have to certify total effort every quarter - report time spent on research, clinical care, teaching etc.

In 2006 the University implemented a new process for insuring that faculty salary reimbursement from our affiliate, University Medical Associates, occurs in an accurate and timely manner. This reimbursement is critical to the financial health of the institution. Utilizing an interface, the Teamworks system, to transfer data between the University's financial system and the financial system utilized by the College of Medicine (UMS), Grants and Contracts Accounting has worked with the Departments (in Department of Medicine, Jill Griffith and Meghan Hatfield) to maximize this salary reimbursement. This process is commonly known as Affiliate Salary Reimbursement. This has resulted in a 30% increase in affiliate revenue across MUSC (see chart above). For the Department of Medicine this has been an increase of 136%.

Shaquana Randall Grants Coordinator Biostatistics & Epidemiology



What do you like about working at MUSC?

Working with very diverse people. I don't think I would have gotten this kind of life and/or work experience working any place else.

What is your job?

I'm the grants coordinator in the division of biostatistics & epidemiology. I assist our faculty in getting their grant proposals ready to be submitted to NIH, DOD, CDC, etc. I'm the liaison between my division and ORSP, GCA, and the various federal agencies that we have grants through. I also assist my business manager on various projects. There are several (and I do mean several) other things that I do/assist with but I don't have the space to list them all. :)

Any outside of work interests you'd like to share?

Spending time with my 7 year old daughter, reading and watching football. Go Steelers!!!

If you could have any career, anywhere, what would it be? **I would be a football commentator/analyst on ESPN.**

Tea, Coffee, Soda or Water?

It's a tie between tea (hot) and Pepsi.

Favorite book? **Too many to name**

Strangest day you've had on the job at MUSC? **I'll let you know when it happens.**

Anything else you'd like to tell us?

Other than some of the people in my division, many don't know that I've been working at MUSC for 10 1/2 years.



Ron Mize Administrative Assistant Rheumatology & Immunology

What do you like about working at MUSC?

Working in Rheumatology for over 15 years, I have had the pleasure of working with and for a bunch of really great folks, past and present, who have somehow managed to put up my many various quirks and not kill me.

What is your job?

I process various procurement documents, allocate funds for purchasing card transactions, and reconcile end-of-month reports. Also I handle the petty cash reimbursements for clinical trials and coordinate the divisional CME program.

Any outside of work interests you'd like to share?

Is sleeping a hobby? because I REALLY enjoy doing that a lot!

If you could have any career, what would it be?

An architect, because I really enjoy looking through home design magazines and visiting model homes. I used to doodle floor plans during school classes, which sometimes got me in trouble!

Tea, Coffee, Soda or Water?

COFFEE! COFFEE! COFFEE! - I'm a Starbucks junkie

Strangest day you've had on the job at MUSC?

I'm usually at work around 7am and there is no one else around when I come in. One morning I came off the elevator and was walking toward the main door when I noticed someone walking down the hallway I glanced back down the hallway and the person turned into one of the doorways but the door never opened. I walked down the hallway and the door was still locked. I unlocked the door and there was no one inside the hallway or in any of the offices. I don't know - you tell me? (enter Twilight Zone music here)

Anything else you'd like to tell us?

Yes, but you'll need a Top Secret clearance.

Excellent Comments

I have had only one visit to this office as a new patient. **Dr. Vogt** was very nice and attentive to my needs. I look forward to my next visit. I am confident she will be able to get my asthma under control. Every member of the staff was very nice and helpful. Overall a very good experience.

Dr. Silver is a great doctor, easy going, always available during the treatment, well informed and a good listener and very caring.

Dr. Ploth and his staff are Wonderful!

Dr. Church and his staff are extremely interested in my health. I feel comfortable in the knowledge that my long-term health will be assisted by this staff.



Dr. Wiley is the best, both my wife and I see her. She is always able to see us on time and always explains everything in detail. **Elaine and Carol** make it a great team.

I have had two (2) visits with **Dr. Robert B. Miller** in the month of June 2011. Both Dr. Miller and the **entire staff were outstanding** in every respect. The facility was clean as well. I have informed all my neighbors how well I was treated. My thanks to all concerned.

My Dr., **Dr. Edwin Smith** is the best Dr ever, and **his staff is exceptional**, and has gone above and beyond for his patients, as long as Dr. Smith is with MUSC I will be there also.



I am very happy with the care that I receive when I come to see **Dr. Comerford**. He is an excellent doctor **and all the other staff members** are very pleasant and provide good and excellent services also. I wouldn't go anywhere else.

Two Reasons to Continue e-Prescribing until December 31st

For all eligible providers, even if you did not report 10 e-prescribing encounters on Medicare outpatient visits by June 30th, you are still eligible for a bonus this year if you continue forward and e-prescribe on 25 Medicare visits. The bonus will be 1% of your total 2011 Medicare collections.

For all eligible providers, if you report 25 e-prescribing encounters on outpatient Medicare visits, then you will be exempt from any subjected penalties in 2013.

84% of eligible physicians were able to successfully report 10 eRx encounters to Medicare by June 30th.

Don't forget to mark your charge tickets! This is the only way that Medicare is made aware of your participation in their program.

Important HIPAA Tip

Do not store protected health information on the C:\ drive (hard drive) of your computer, or anywhere else outside of the institution's protected servers. Under the new HITECH regulations, if your computer is lost or stolen, or its security is compromised, then we may have to notify the affected patients. If you had stored information on 500 or more patients, then we would also have to notify the Department of Health & Human Services and the local media!

If you have questions regarding this or other related privacy issues, contact your Privacy Office: MUHA/Reece Smith, MUSC/Mike Wheeler or UMA/Suzanne Collins.

Medicine Grand Rounds

All lectures are held in the IOP Auditorium
each Tuesday at 8:00am
CME credit applies if you have
signed/swiped in by 8:15 am.

August 2 **No Grand Rounds**

August 9 **“Spatial Epidemiology of Cancer”**



Andrew Lawson, PhD
Professor
Biostatistics & Epidemiology

August 16 **“Let’s Get Physical -
A Celebration of the
Clinical Approach,
Inspired by the Liver”**



Adrian Reuben, MBBS, FRCP,
FACG,
Professor
Director of Liver Studies
Gastroenterology and Hepatology

Night Shuttle Pilot on MUSC Campus

In response to interest from employees for a transportation link at night between their work sites and their on-campus parking locations, a pilot for expanded shuttle service will begin on August 1. The service (operated by MUHA MEDUCARE) connects the Clinical Sciences Building with the President Street, Bee Street and Courtenay Drive parking garages and other destinations on demand. The pilot will operate Monday - Friday from 5:00am to 7:00am and from 7:00pm to 11:00pm during the month of August.

The planned stops are the Clinical Sciences Building ramp, Bee Street garage, ART and Courtenay garages. Drivers will have discretion to go to other places on demand as long as the destination is within the inner campus. MUSC students, patients and visitors are authorized to ride subject to the same restriction.

The existing shuttle bus service linking the campus with the off-site parking locations and operated by University Transportation and the Public Safety Escort program will continue to operate as usual. After 30 days, the pilot program will be evaluated for expansion, modification, or cancelation.

MISSION

*To improve the health of those we serve
through the highest quality patient care, excellence in
education, and innovative research*

VISION

*To be a leader of academic internal medicine
in South Carolina and the Nation*

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