UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES MEETINGS

WHIDDON ADMINISTRATION BUILDING – PRESIDENT'S OFFICE (STE. 130), BOARD ROOM

NOVEMBER 30, 2022
1:30 P.M.

AUDIT COMMITTEE – ALEXIS ATKINS, VICE CHAIR

1 Roll Call
2 Approve: Minutes
3 Report: KPMG Audit Reports, Year Ended September 30, 2022
4 Approve: Ratification of Internal Audit Budget
5 Report: Office of Internal Audit

DEVELOPMENT, ENDOWMENT AND INVESTMENTS COMMITTEE – JIM YANCE, CHAIR

6 Roll Call
7 Approve: Minutes
8 Report: Endowment and Investment Performance * Gerber/Taylor
9 Recommendation to Approve: Evaluation of Endowment and Non-Endowment Investment Policies
10 Recommendation to Approve: Commendation of Mrs. Mary Jo Hrabe
11 Report: Development and Alumni Relations

HEALTH AFFAIRS COMMITTEE – JIMMY SHUMOCK, CHAIR

12 Roll Call
13 Approve: Minutes
14 Recommendation to Approve: USA Health Hospitals Medical Staff Appointments and Reappointments for August, September and October 2022
15 Recommendation to Approve: USA Health Hospitals Medical Staff Bylaws and Associated Documents Revisions
16 Report: USA Health and Whiddon College of Medicine

ACADEMIC AND STUDENT AFFAIRS COMMITTEE – MIKE WINDOM, CHAIR

17 Roll Call
18 Approve: Minutes
19 Recommendation to Approve: Sabbatical Awards
20 Recommendation to Approve: Faculty Emeritus
21 Recommendation to Approve: Tenure
22 Report: Academic Affairs
23 Report: Student Affairs
24 Report: Diversity and Community Engagement
25 Report: Research and Economic Development

BUDGET AND FINANCE COMMITTEE – TOM CORCORAN, CHAIR

26 Roll Call
27 Approve: Minutes
28 Report: University of South Alabama 2022 Financial Report
29 Report: Facilities Update

LONG-RANGE PLANNING COMMITTEE – CHANDRA BROWN STEWART, CHAIR

30 Roll Call
31 Approve: Minutes
32 Report: Reaffirmation of Accreditation
33 Report: Strategic Plan and Scorecard

COMMITTEE OF THE WHOLE – ARLENE MITCHELL, CHAIR

34 Roll Call
35 Approve: Minutes
36 Recommendation to Approve: Tribute to the Late Mrs. June Ledyard Whiddon
37 Approve: Executive Session

DECEMBER 1, 2022
10:30 A.M.

BOARD OF TRUSTEES MEETING – ARLENE MITCHELL, CHAIR PRO TEMPORE

1 Roll Call
2 Approve: Minutes
3 Report: University President
4 Report: Faculty Senate President
5 Report: Student Government Association President
6 Approve: Consent Agenda Resolutions
- Evaluation of Endowment and Non-Endowment Investment Policies
- USA Health Hospitals Medical Staff Appointments and Reappointments for August, September and October 2022
- USA Health Hospitals Medical Staff Bylaws and Associated Documents Revisions
- Sabbatical Awards
- Faculty Emeritus

7 Report: Audit Committee
8 Report: Development, Endowment and Investments Committee
9 Report: Health Affairs Committee
10 Report: Academic and Student Affairs Committee
11 Approve: Tenure
12 Report: Budget and Finance Committee
13 Report: Long-Range Planning Committee
14 Approve: Commendation of Mrs. Mary Jo Hrabe
15 Approve: Tribute to the Late Mrs. June Ledyard Whiddon

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

MEETING SCHEDULE

WEDNESDAY, NOVEMBER 30, 2022:

1:30 p.m.	**Committee Meetings (consecutive)**	**Whiddon Administration Bldg.** **President's Office (Ste. 130), Board Room**

THURSDAY, DECEMBER 1, 2022:

10:30 a.m.	**Board of Trustees Meeting**	**Whiddon Administration Bldg.** **President's Office (Ste. 130), Board Room**

UNIVERSITY OF SOUTH ALABAMA

BOARD OF TRUSTEES

STANDING COMMITTEES
2022-2025

EXECUTIVE COMMITTEE:

- Arlene Mitchell, **Chair *pro tempore***
- Katherine Alexis Atkins, **Vice Chair**
- Lenus Perkins, **Secretary**
- E. Thomas Corcoran
- Steven P. Furr, M.D.
- James H. Shumock
- James A. Yance

ACADEMIC AND STUDENT AFFAIRS COMMITTEE:

- Scott A. Charlton, M.D.
- Steven P. Furr, M.D., **Vice Chair**
- William Ronald Graham
- Robert D. Jenkins III
- Bill W. Lewis, II
- Lenus M. Perkins
- Margie Malone Tuckson
- Michael P. Windom, **Chair**

AUDIT COMMITTEE:

- Katherine Alexis Atkins, **Vice Chair**
- E. Thomas Corcoran
- William Ronald Graham, **Chair**
- Robert D. Jenkins III
- Bill W. Lewis, II
- Lenus M. Perkins

BUDGET AND FINANCE COMMITTEE:

- Katherine Alexis Atkins
- Chandra Brown Stewart
- E. Thomas Corcoran, **Chair**
- William Ronald Graham
- Lenus Perkins, **Vice Chair**
- James H. Shumock
- Steven H. Stokes, M.D

DEVELOPMENT, ENDOWMENT AND INVESTMENTS COMMITTEE:

- Chandra Brown Stewart
- Scott A. Charlton, M.D.
- James H. Shumock
- Steven H. Stokes, M.D
- Margie Malone Tuckson, **Vice Chair**
- Michael P. Windom
- James A. Yance, **Chair**

EVALUATION AND COMPENSATION COMMITTEE:

- Katherine Alexis Atkins
- Scott A. Charlton, M.D., **Vice Chair**
- E. Thomas Corcoran
- Steven P. Furr, M.D.
- Robert D. Jenkins III, **Chair**
- James H. Shumock
- Michael P. Windom

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- Scott A. Charlton, M.D.
- E. Thomas Corcoran
- Steven P. Furr, M.D. , **Vice Chair**
- James H. Shumock, **Chair**
- Steven H. Stokes, M.D.
- James A. Yance
- G. Owen Bailey, ex officio
- William H. Barber IV, M.D., ex officio
- Jo Bonner, ex officio
- John V. Marymont, M.D., ex officio

LONG-RANGE PLANNING COMMITTEE:

- Chandra Brown Stewart, **Chair**
- Robert D. Jenkins III
- Bill W. Lewis, II
- Lenus M. Perkins
- Steven H. Stokes, M.D., **Vice Chair**
- Michael P. Windom
- James A. Yance

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

MEETING AGENDA
AND MINUTES

UNIVERSITY OF SOUTH ALABAMA
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UNIVERSITY OF SOUTH ALABAMA

MEMORANDUM

Board of Trustees

DATE: November 21, 2022

TO: USA Board of Trustees

FROM: Lenus M. Perkins
Secretary, Board of Trustees

SUBJECT: Meeting Minutes

Included herein are the unapproved minutes for the Board of Trustees and standing committee meetings held on September 22, 2022. Please review these documents for amendment or approval at the meetings on November 30 and December 1, 2022.

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

September 22, 2022
10:45 a.m.

A meeting of the University of South Alabama Board of Trustees was duly convened by Ms. Arlene Mitchell, Chair *pro tempore*, on Thursday, September 22, 2022, at 10:52 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Alexis Atkins, Chandra Brown Stewart, Scott Charlton, Tom Corcoran, Ron Graham, Ron Jenkins, Bill Lewis, Arlene Mitchell, Lenus Perkins, Jimmy Shumock, Steve Stokes, Margie Tuckson, Mike Windom and Jim Yance were present.
Members Absent:	Steve Furr and Kay Ivey.
Administration & Guests:	Delaware Arif (Faculty Senate), Nealan Armstrong, Owen Bailey, Jim Berscheidt, Joél Billingsley, Jo Bonner, Camille Bonura and Amya Douglas (SGA), Lisa Byrd, Lynne Chronister, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, Johnson Haynes, Andi Kent, Kim and Nick Lawkis, John Marymont, Abe Mitchell, Mike Mitchell, Dianne and Jim Moore, Laura Schratt, Margaret Sullivan and Clement Williams.

Following the call to order and brief introductory remarks by Chair Mitchell, the attendance roll was called, **Item 1**. Chair Mitchell called for a motion to revise the agenda to exclude the **Item 9** consent agenda resolution authorizing revisions to the USA Health Hospitals Medical Staff Bylaws and to related documents. On motion by Mr. Corcoran, seconded by Mr. Shumock, the Board voted unanimously to revise the agenda. Chair Mitchell called for consideration of **Item 2**, the minutes of a regular meeting of the Board of Trustees held on June 3, 2022, as well as the minutes of a special Board meeting held on August 29, 2022. On motion by Mr. Yance, seconded by Mr. Shumock, the Board voted unanimously to adopt the minutes.

On behalf of the Board of Trustees, Ms. Tuckson welcomed Dr. Johnson Haynes, Professor of Internal Medicine and longtime Director of the USA Comprehensive Sickle Cell Center, as well as his colleagues, friends and members of his family, to join her, Chair Mitchell, President Bonner and others for the presentation of **Item 3** as follows. Ms. Tuckson read the resolution and the Board voted unanimously to approve the resolution with a standing round of applause in honor of Dr. Haynes. Dr. Haynes shared heartfelt words in reflection of his life, the opportunities he had as a medical student at South Alabama and his career centered on treating patients with sickle cell disease:

RESOLUTION
COMMENDATION OF JOHNSON HAYNES, JR., M.D.

WHEREAS, in 1980, the University of South Alabama Comprehensive Sickle Cell Health Care Program was founded with a mission to improve the lives of persons affected by this disease through clinical care, basic and clinical research, and through patient and professional education, and

WHEREAS, eight years later, the program had grown into the USA Comprehensive Sickle Cell Center and was awarded one of only ten prestigious, federally funded grants from the National Institutes of Health to sustain the program for the next 15 years, and

WHEREAS, Dr. Johnson Haynes, Jr., a 1980 graduate of the USA College of Medicine and former intern, resident, and fellow of USA Health, has led the Center since August 2001 as a professor of medicine in the USA Whiddon College of Medicine and the third Center director, and

WHEREAS, Dr. Haynes has cared for most of the adults with sickle cell disease in the southern half of Alabama, and, under his leadership, the Cecil L. Parker Sickle Cell Lectureship Endowment was funded, the Pediatric to Adult Care Transition Program was established, patients were enrolled in pharmaceutical-sponsored clinical trials, and one patent was issued, and

WHEREAS, Dr. Haynes has served on various local, regional and national committees dedicated to the treatment of sickle cell disease, and has served as principal investigator or collaborator on more than three dozen research grants, and authored or co-authored countless publications, book chapters, newsletters, abstracts and reports, and

WHEREAS, Dr. Haynes' dedication to this community extends beyond his commitment to sickle cell treatment and research, as demonstrated through his work with various organizations, such as 100 Black Men of Greater Mobile, Mobile United's Leadership Mobile, the United Way of Southwest Alabama, the Mobile Symphony Orchestra and other non-profit organizations, and

WHEREAS, Dr. Haynes' life's work has been recognized through numerous awards, such as the National Research Service Award, America's Top Doctor, the Edith Mitchell Health Initiative Academy of Achievers Perseverance Award, and Distinguished Alumni Awards from the USA National Alumni Association and Medical Alumni Association,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama commends Dr. Johnson Haynes, Jr., for his longstanding commitment to the treatment, research and education of sickle cell disease, and extends profound thanks to Dr. Haynes on behalf of the entire University community, and

BE IT FURTHER RESOLVED, the Board of Trustees authorizes the naming of the USA Comprehensive Sickle Cell Center as the *Johnson Haynes, Jr., M.D., Comprehensive Sickle Cell Center*.

Chair Mitchell and President Bonner were joined by USA freshman Mr. Nealan Armstrong, who President Bonner announced was selected as the 2022-2023 Board of Trustees Scholar for outstanding academic achievement, **Item 4**. Also introduced was Ms. Lisa Byrd, Mr. Armstrong's mother. Mr. Armstrong was presented a plaque commemorating the occasion and he shared brief remarks on what this honor meant to him.

President Bonner introduced Mr. Jim Moore, Past President of the USA National Alumni Association (NAA), and his wife, Ms. Dianne Moore, and presented Mr. Moore with a certificate of appreciation in recognition of his service as NAA President from 2020 to 2022, **Item 8**. Mr. Moore thanked the Board for expressed gratitude for the acknowledgement.

Chair Mitchell asked President Bonner to deliver the President's Report, **Item 5**. President Bonner recognized Mr. Abe Mitchell, Honorary Trustee; Ms. Kim Lawkis, NAA President; and Mr. Clement Williams, Black Student Union (BSU) President. He also introduced and gave background information on Mr. Jim Berscheidt, South's new Vice President for Marketing and Communications, and advised of the permanent appointments of Dr. Billingsley as Vice President for Diversity and Community Engagement and Ms. Stokley as Vice President of Finance and Administration. He discussed inauguration week festivities, noting that U.S. Navy Capt. Mike Abrashoff would give the keynote address at the Irving Silver and Frances Grodsky Silver Presidential Lectureship later in the day and that copies of Capt. Abrashoff's best-selling book, *It's Your Ship,* were placed at Trustees' seats. He added that Governor Kay Ivey and Dr. Jack Hawkins, President of Troy University, would participate in his inauguration ceremony on September 23, and called on Provost Kent, who provided information on other inauguration week activities, such as an employee picnic on the main campus, the *Java with Jo* engagement events for employees of University Hospital and Children's & Women's Hospital, a student talent showcase and a beautification project on the main campus grounds featuring the USA logo.

Chair Mitchell called for a report from Dr. Delaware Arif, Faculty Senate President, **Item 6**. Dr. Arif acknowledged Chair Mitchell for her historic election as the Board's first female Chair *pro tempore*; welcomed Judge Lewis to the Board; spoke about the Senate's commitment to work with the Board and Administration to promote South Alabama as the *Flagship University of the Gulf Coast*; and encouraged the Administration to continue in its efforts to improve salaries and benefits as a means of preserving South's strong workforce.

Chair Mitchell called for a report from Ms. Camille Bonura, Student Government Association (SGA) President, **Item 7**. Ms. Bonura spoke about the SGA's ongoing work since the beginning of the summer term and introduced SGA Attorney General Ms. Amya Douglas. They detailed a number of SGA undertakings completed and on the horizon, including the participation of the SGA Executive Committee in STARS Leadership and University Advocates Conference, a program of the Alabama Higher Education Partnership; the passage of several SGA bills, among which pertained to the installation of additional charging stations in the Marx Library and the registration of South as a voter-friendly campus; and a new tradition Ms. Bonura and President Bonner founded to offer students golf cart rides to class.

President Bonner called on Dr. Erdmann for a brief report. Dr. Erdmann provided information on a U.S. Supreme Court ruling allowing college athletes to enter into agreements with companies and leverage the use of their name, image and likeness (NIL) for brand marketing and, in turn, receive compensation. He shared thoughts on the broad and evolving implications of NIL and its impact on South Alabama athletes, and answered questions.

Chair Mitchell called for consideration of consent agenda resolutions as follows, **Item 9**, all of which were unanimously recommended for Board approval by the respective committees that met earlier in the morning. On motion by Mr. Corcoran, seconded by Ms. Atkins, the Board voted unanimously to approve the resolutions:

RESOLUTION
USA HEALTH HOSPITALS MEDICAL STAFF APPOINTMENTS AND REAPPOINTMENTS FOR MAY, JUNE AND JULY 2022

WHEREAS, the medical staff appointments and reappointments for May, June and July 2022 for the USA Health Hospitals are recommended for approval by the medical executive committees and the USA Health Credentialing Board,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama hereby authorizes the appointments and reappointments as submitted.

RESOLUTION
EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES

WHEREAS, the Bylaws of the University of South Alabama Board of Trustees provide for the appointment by the Chair *pro tempore* of an Executive Committee, subject to the approval of the Board, for terms concurrent with the term of the Chair *pro tempore*, who shall serve as Chair of the Executive Committee,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama hereby authorizes the appointment of the following named Trustees to serve on the Executive Committee for terms concurrent with the term of the current Chair *pro tempore*.

- Ms. Arlene Mitchell
- Ms. Katherine Alexis Atkins
- Mr. Lenus Perkins
- Mr. E. Thomas Corcoran
- Dr. Steven P. Furr
- Mr. James H. Shumock
- Mr. James A. Yance

Chair Mitchell called for a report from the Audit Committee, **Item 10**. Mr. Graham, Committee Chair, said that the Committee met earlier in the morning, and he provided an overview of the business that took place.

Chair Mitchell called for a report from the Development, Endowment and Investments Committee, **Item 11**. Mr. Yance, Committee Chair, advised of a Committee meeting held prior to the Board meeting, and he shared highlights of the matters addressed.

Chair Mitchell called for a report from the Health Affairs Committee, **Item 12**. Mr. Shumock, Committee Chair, stated that a Committee meeting was held earlier in the day, and he provided a recap of the business that occurred.

Chairman Mitchell called for a report from the Academic and Student Affairs Committee, **Item 13**. Judge Windom, Committee Chair, said the Committee held a meeting before the Board of Trustees meeting, and he gave a summary of the proceedings.

Chair Mitchell called for a report from the Budget and Finance Committee, **Item 14**. Mr. Corcoran, Committee Chair, advised of a Committee meeting earlier in the morning and provided an over-

view of the business that took place. He made a motion to approve **Item 15** as follows, on which the Committee had voted unanimously to recommend for Board approval. (To view policies approved and other documents authorized, refer to Appendix A.) Chair Mitchell seconded and the Board voted unanimously to approve the resolution:

RESOLUTION
UNIVERSITY TOTAL BUDGET FOR 2022-2023

BE IT RESOLVED, the University of South Alabama Board of Trustees approves the 2022-2023 University of South Alabama Total Budget, and

BE IT FURTHER RESOLVED, that the University of South Alabama Board of Trustees approves the 2022-2023 Total Budget as a continuation for 2023-2024 in order to be in compliance with bond trust indenture requirements if the budget process cannot be completed prior to beginning the 2023-2024 fiscal year.

Chair Mitchell called for a report from the Long-Range Planning Committee, **Item 16**. Ms. Brown Stewart, Committee Chair, said that the Committee met prior to the Board of Trustees meeting, and she gave a summary of the information presented.

In accordance with the provisions of the Alabama Open Meetings Act, Chair Mitchell made a motion to convene an executive session for an anticipated duration of 15 minutes for the purpose of discussing pending or threatened litigation, as well as preliminary negotiations involving a matter of trade or commerce, **Item 17**. She stated that Ms. Dukes had submitted the required written declaration for the minutes and that the meeting would effectively be adjourned at the conclusion of the executive session. Mr. Yance seconded and, at 12:03 p.m., the Board voted unanimously to convene an executive session, as recorded below:

AYES:
- Ms. Atkins
- Ms. Brown Stewart
- Dr. Charlton
- Mr. Corcoran
- Mr. Graham
- Capt. Jenkins
- Judge Lewis
- Chair Mitchell
- Mr. Perkins
- Mr. Shumock
- Dr. Stokes
- Ms. Tuckson
- Judge Windom
- Mr. Yance

There being no further business, the meeting was adjourned at 12:27 p.m.

Attest to:

Lenus M. Perkins, Secretary

Respectfully submitted:

Arlene Mitchell, Chair pro tempore

APPENDIX A

Executive Session

University of South Alabama Board of Trustees meeting on September 22, 2022.

The purpose of the executive session for the above-referenced meeting is to discuss a pending or threatened litigation, as well as preliminary negotiations involving a matter of trade or commerce.

This declaration is submitted pursuant to the requirements of the Alabama Open Meetings Act by Kristin Daniels Dukes, ASB number 6408o61k.

Kristin Daniels Dukes

UNIVERSITY OF SOUTH ALABAMA

DISCLOSURE OF INFORMATION ON PURCHASE OF REAL PROPERTY PURSUANT TO ALABAMA ACT 2014-133

PROPERTY ADDRESS:

1406 Spring Hill Avenue
Mobile, AL 36604

Parcel Number: 29-07-25-0-005-203.XXX
Key Number: 809520

APPRAISAL INFORMATION:

Appraised by: M.D. Bell Company, Inc.
Date of Appraisal: 08/10/2022
Appraised Value: $97,000.00

CONTRACTS RELATED TO THE PURCHASE:

Attached as Exhibit "A"

PURCHASE TERMS:

Cash Purchase

SOURCES OF FUNDS USED IN THE PURCHASE:

Unrestricted Funds

OFFICE OF REAL ESTATE SERVICES AND ASSET MANAGEMENT
775 N. University Blvd. | Suite 150 | Mobile, Alabama 36608-4548
TEL: (251) 460-6100 | FAX: (251) 461-1765 | SouthAlabama.edu

REAL ESTATE PURCHASE CONTRACT

The **University of South Alabama** (“Buyer”), a public body corporate of the State of Alabama, whose principal address is 307 University Boulevard North, AD-170, Mobile, AL 36688 ("Buyer's Address"), hereby agrees to buy, and **Samuel L. Jones** ("Seller"), whose principal address is 2069 Tucker St., Mobile, Alabama 36617 ("Seller’s Address"), hereby agrees to sell for the consideration and upon the terms hereinafter set forth, the real estate commonly known as:

1406 Springhill Avenue, Mobile, Alabama 36604
Parcel: 29 07 25 0 005 203.XXX (Key#: 809520)

Lots 12 and 13 of Heath’s First Addition to Mobile as per plat thereof recorded in Map Book 2, Page 44 of the records in the office of the Judge of Probate Court of Mobile County, Alabama

TOGETHER WITH all rights, privileges, tenements, hereditaments and appurtenances thereunto belonging, or in anywise appertaining (the “Property”).

ARTICLE I - Purchase Price and Condition of Property

1.1 The purchase price for the Property shall be ***NINETY-SEVEN THOUSAND AND NO/100 DOLLARS ($97,000.00)*** (the "Purchase Price") and shall be payable on the day of Closing (“Closing Date") by cash, cashier's check, certified check or wire transfer. Buyer shall pay the cost of acquiring a current title insurance policy for the benefit of Buyer, and the cost of document preparation, including a general warranty deed. Buyer further agrees to pay other closing and settlement costs but shall not be responsible for Seller’s attorney’s fees, if any. Property taxes shall be prorated as of the Closing Date.

1.2 Buyer agrees to deliver earnest money in the amount of Five Hundred Dollars ($500.00) to the Title Insurance Company within ten (10) business days of the execution of this Real Estate Purchase Contract (the "Contract"), said earnest money to be returned to Buyer in full if the Closing of this transaction does not occur by the time specified herein due to Seller’s failure to meet all conditions to Closing.

1.3 Seller agrees that the proceeds of this sale shall be used to satisfy any and all outstanding mortgages and/or liens that exist on the Property at the Closing of this transaction (the "Closing") before any remaining proceeds from the sale are given to Seller.

ARTICLE II- Closing

2.1 Unless otherwise extended by the provisions of the Contract or by agreement in writing by the parties, the Closing shall be held within sixty (60) days of the signing of this Contract.

2.2 The Closing shall be held at the office of Guarantee Title Company, LLC located at 4300 Downtowner Blvd., Mobile, Alabama, 36609.

ARTICLE III - Possession

3.1 Possession shall be delivered to Buyer at Closing. Seller and Buyer acknowledge and agree that until the Closing Date, Seller shall have possession of the Property and shall continue to pay any and all expenses incurred by Seller, such as yard maintenance, and Seller agrees to indemnify and hold Buyer harmless from any and all costs associated with same. Seller shall be responsible for insuring the property during the period of Seller's possession. Buyer shall bear no responsibility for risk of loss prior to the time that Seller vacates the property.

ARTICLE IV - Deed and Other Documents

4.1 Seller shall convey the Property to Buyer by recordable General Warranty Deed (the "Deed"), conveying good and marketable title of record to the Property, in fee simple, free and clear of all liens and encumbrances except for the lien of real property taxes not yet due and payable, any existing easements of record, and other exceptions approved in writing by Buyer.

4.2 Seller shall execute and deliver with the Deed such other documents as may be required by any governmental entity or by the title insurance company as a condition to the issuance of its policy of title insurance in accordance with Article VI, including, but not limited to:

(a) The standard affidavit required by the title insurance company for the removal of the standard preprinted exceptions from the title insurance policy; and

(b) A Certificate of Non-Foreign Status or other evidence satisfactory to Buyer and the title insurance company confirming that Buyer is not required to withhold or pay to the Internal Revenue Service any part of the "amount realized" as such term is defined in the Internal

Revenue Code of 1986, as amended, and the regulations promulgated pursuant thereto.

ARTICLE V - Title Insurance

5.1 Buyer shall order a title insurance commitment or preliminary title report issued by Guarantee Title Company (referred to as “Title Insurance Company”) in which the Title Insurance Company commits that upon delivery and recordation of the Deed and other documents provided for in this Contract, it will issue, at its usual rate, a standard form ALTA owner's commitment with extended coverage or comparable form, insuring access to the Property and such other endorsements as Buyer may request (the "Policy"), insuring Buyer in the total amount of the Purchase Price, fee simple title to the Premises subject only to (a) the lien for real estate taxes not yet due and payable; (b) exceptions approved in writing by Buyer; and/or (c) such liens as are to be released and discharged at the Closing. Seller agrees to provide to Buyer and the Title Insurance Company all title information in Seller’s possession relating to the Property together with a copy of the most recent tax bills relating to the Property.

5.2 Without limiting the foregoing or being limited thereby, the standard exceptions for parties in possession, mechanics' and materialmen's liens and matters which would be disclosed by an accurate survey shall be eliminated from said Policy.

5.3 While Buyer shall bear the costs and expenses incurred in connection with the issuance of said title commitment and Policy, Seller shall bear all costs and expenses incurred in connection with any endorsements thereto which are required to conform the Policy to the terms and conditions of this Contract.

5.4 If the title commitment or report shows any exceptions to title other than those referred to in Article 5.1 above, Buyer shall notify Seller in writing of the defects in title within ten (10) days after receipt of the title commitment (with copies of all documents referred to therein). Seller shall then have ten (10) days after receipt of such notice in which to cure such defects and furnish to Buyer satisfactory proof that such defects have been cured. Seller agrees to use its best efforts to cure such defects. If Seller fails or is unable to cure such title defects within such ten (10) day period or to obtain title insurance which will give affirmative coverage to Buyer against loss as a result of such title defects, Buyer shall have the option, to be exercised in its sole discretion, to (i) proceed with Closing of this transaction subject to such title defects, or (ii) terminate this Contract.

ARTICLE VI - Taxes and Assessments

6.1 Seller shall pay or credit against the Purchase Price all unpaid real estate taxes, including penalties and interest, for all tax years preceding the Closing Date, and shall credit a portion of such taxes for the tax year in which the Closing is held, prorated through the Closing Date. The proration of such taxes shall be based on a 365-day year and on the most recently available rate and valuation and the amount so computed and adjusted shall be final.

6.2 Seller shall pay any special assessments which (a) are a lien on the Property on the Closing Date, whether such assessments are past due, then due or thereafter to become due or (b) are not a lien but are then known and will be payable in whole or in part after the Closing Date.

ARTICLE VII - Utility Charges

7.1 Seller shall pay or credit on the Purchase Price all unpaid utility charges and all charges for services of any type furnished to the Property by all governmental agencies, public utilities and/or private utilities through the Closing Date.

ARTICLE VIII - Risk of Loss

8.1 The risk of loss, damage or destruction to the Property and any improvements thereon through condemnation, fire or otherwise shall be borne by Seller until the Closing or until Seller delivers actual possession of the Property to Buyer, whichever is later.

ARTICLE IX - Conditions to Closing

9.1 Buyer's obligation to close this transaction is subject to the following conditions and covenants:

(a) Easements. Buyer may obtain at or prior to Closing all other easements or licenses deemed necessary by Buyer upon terms and conditions acceptable to Buyer. Seller agrees to reasonably cooperate with Buyer in obtaining any such easements or licenses.

(b) Survey. Buyer may obtain, at Buyer's sole cost, a certified ALTA survey, being a legal description, made by a licensed surveyor, showing the area, dimensions and location of the Property to the nearest monuments, streets, alleys or property, the

location of all improvements, utilities and encroachments, and the location of all proposed and recorded easements against or appurtenant to the Property. If a survey is obtained and discloses any condition rendering the Property unusable, in Buyer's sole judgment, for the intended purpose of Buyer, Buyer may terminate this Contract with no penalty.

(c) Title Insurance. Buyer shall have obtained from Seller a satisfactory title insurance commitment or preliminary title report in accordance with Article V above.

(d) Seller's Performance. Seller shall have performed all terms, covenants and obligations required of Seller hereunder.

(e) Environmental Audit and Testing. Buyer, at Buyer's expense, may obtain a current satisfactory Phase I or Phase II Environmental Audit of the Property and any other environmental testing which Buyer deems reasonably necessary to evaluate potential environmental risks. If such audit or tests reveal the existence of any toxic or hazardous waste, material or substance on, under or surrounding the Property, Buyer may terminate this Contract with no further liability to Seller.

(f) Satisfaction of all existing mortgages and/or liens.

(g) Termination of any and all leases on the property and removal of all occupants and contents held within any structures remaining.

ARTICLE X - Notices

10.1 Unless otherwise provided herein, all notices shall be in writing and shall be deemed effective upon the earlier of either (a) personal delivery (b) facsimile or (c) deposit in the U.S. Mail, marked Certified or Registered, return receipt requested, with postage prepaid to Seller at 2069 Tucker St., Mobile, Alabama 36617, and to Buyer at 775 N. University Blvd., Suite 150, Mobile, AL 36608.

ARTICLE XI - Representations and Warranties

11.1 Seller represents, warrants and covenants to Buyer as to the following matters, and shall be deemed to remake all of the following representations, warranties and covenants as of the Closing Date.

(a) All covenants, conditions, restrictions, easements and similar matters affecting the Property have been complied with.

(b) There is no pending or threatened litigation, arbitration, administrative action or examination, claim, or demand whatsoever relating to the Property or the furnishings and equipment contained in the premises and sold as part of this Contract. No attachments, execution proceedings, liens, assignments or insolvency proceedings are pending, threatened or contemplated against Seller, the Property or the furnishings and equipment contained in the premises and sold as part of this Contract. Seller is not contemplating the institution of insolvency proceedings.

(c) Seller has no knowledge of any pending or contemplated eminent domain, condemnation, or other governmental or quasi-governmental taking of any part or all of the Property.

(d) Seller has not been notified of any possible future improvements by any public authority, any part of the cost of which might be assessed against any part of the Property.

(e) To the best of Seller's knowledge, Seller: (i) has not used the Property for the storage, treatment, generation, production or disposal of any toxic or hazardous waste, material or substance nor does Seller have knowledge of such use by others; (ii) has not caused or permitted and has no knowledge of the release of any toxic or hazardous waste, material or substance on or off site of the Property; (iii) has not received any notice from any governmental authority or other agency concerning the removal of any toxic or hazardous waste, material or substance from the Property; and (iv) has disclosed to Buyer the location of all underground storage tanks on the Property (if any).

(f) No event has occurred with respect to the Property which would constitute a violation of any applicable environmental law, ordinance or regulation.

(g) The execution and delivery of this Contract has been duly authorized and validly executed and delivered by Seller, and will not (i) constitute or result in the breach of or default under any oral or written agreement to which Seller is a party or which affects the Property; (ii) constitute or result in a violation of any order, decree or injunction with respect to which either Seller and/or the Property is/are bound; (iii) cause or entitle any party to have a right to accelerate or declare a default under any oral or written agreement to which Seller is a party or which affects the Property; and/or (iv) violate any provision of any municipal, state or federal law, statutory or

otherwise, to which either Seller or the Property may be subject.

(h) Seller is the sole owner of the Property and there are no leases (oral or written) of any part of the Property.

11.2 As an inducement to Seller to enter into this Contract, Buyer represents that Buyer has the right, power and authority to purchase the Property in accordance with the terms and conditions of this Contract and that Buyer has validly executed and delivered this Contract.

11.3 Except as is expressly provided in this Contract, Buyer acknowledges that neither Seller nor any agent, attorney, employee or representative of Seller has made any representations as to the physical nature or condition of the Property.

ARTICLE XII – Termination, Default, and Remedies.

12.1 If Buyer fails or refuses to consummate the purchase of the Property pursuant to this Contract at the Closing or fails to perform any of Buyer's other obligations hereunder either prior to or at the Closing for any reason other than termination of this Contract by Buyer pursuant to a right so to terminate expressly set forth in this Contract or Seller's failure to perform Seller's obligations under this Contract, then the Seller, as Seller's sole and exclusive remedy, shall have the right to terminate this Contract by giving written notice thereof to Buyer prior to or at the Closing, whereupon neither party hereto shall have any further rights or obligations hereunder.

12.2 If Seller fails or refuses to consummate the sale of the Property pursuant to this Contract at the Closing or fails to perform any of Seller's other obligations hereunder either prior to or at the Closing for any reason other than the termination of this Contract by Seller pursuant to a right so to terminate expressly set forth in this Contract, or Buyer's failure to perform Buyer's obligations under this Contract, then Buyer, as Buyer's sole and exclusive remedy, shall have the right to terminate this Contract by giving written notice thereof to Seller prior to or at the Closing, whereupon neither party hereto shall have any further rights or obligations hereunder.

ARTICLE XIII - Miscellaneous

13.1 This Contract shall inure to the benefit of and bind the parties hereto, their respective heirs, executors, administrators, personal and/or legal representatives, successors and assigns.

13.2 This Contract constitutes the entire agreement between the parties and there are no representations, oral or written, relating to the Property or to this transaction which have not been

incorporated herein. Any agreement hereafter made shall be ineffective to change, modify or discharge this Contract in whole or in part unless such agreement is in writing and signed by the party against whom enforcement of any change, modification or discharge is sought.

13.3 The headings of the Articles hereof have been inserted for convenience only and shall in no way modify or restrict any provisions hereof or be used to construe any such provisions.

13.4 If two or more persons constitute the Seller, the word "Seller" shall be construed as if it reads "Sellers" throughout this Contract.

13.5 This Contract shall be construed, interpreted and enforced in accordance with the laws of the State of Alabama. The parties agree and acknowledge that the only forum for any claim against Buyer pursuant to this Agreement is the Alabama State Board of Adjustment.

13.6 This Contract may be executed in multiple counterparts, each of which shall be considered to be an original document.

13.7 The Effective Date shall be the date of the last execution hereof.

13.8 Time is of the essence hereof.

13.9 Any condition or right of termination, cancellation or rescission granted by this Contract to Seller or Buyer may be waived by such party provided such waiver is in writing.

13.10 If the time period or date by which any right, option or election provided under this Contract must be exercised, or by which any act required hereunder must be performed, or by which the Closing must be held, expires or occurs on a Saturday, Sunday, or legal or bank holiday, then such time period or date shall be automatically extended through the close of business on the next regularly scheduled business day.

13.11 If any provision of this Contract, or the application thereof to any person, place, or circumstance, shall be held by a court of competent jurisdiction to be invalid, unenforceable, or void, the remainder of this Contract and such provisions as applied to other persons, places, and circumstances shall remain in full force and effect.

ARTICLE XIV - Acceptance

14.1 In the event this Contract is not signed simultaneously by both parties, it shall be considered to be an offer made by the party first executing it. In such event this offer shall expire at 12:00pm NOON, Friday, ~~July 15~~ AUGUST 26, 2022 Central Daylight Time following the offer unless one copy of this Contract, executed by the party to whom this offer had been made, shall have been mailed (in accordance with Article X hereof) or personally delivered to the party making the offer.

ARTICLE XV – Broker Agency Disclosure: 34-27-8-(c)

The selling company is:	The listing company is:
USA Properties	**USA Properties**
TWO BLOCKS MAY BE CHECKED	**TWO BLOCKS MAY BE CHECKED**
☐ and is an Agent of the Seller ☒ and is an Agent of the Buyer ☐ and is an Agent of both Seller and Buyer acting as a limited ☐ and is assisting the ☐ Buyer ☒ Seller as a transaction broker. Buyer(s) initials: _____ _____	☐ and is an Agent of the Seller ☒ and is an Agent of the Buyer ☐ and is an Agent of both Seller and Buyer acting as a limited ☐ and is assisting the ☐ Buyer ☒ Seller as a transaction broker. Seller(s) initials: _____ _____

ARTICLE XVI – Broker Commissions

16.1 Both Buyer and Seller agree and understand that USA Properties is acting as an agent of the Buyer in this transaction and is solely assisting Seller as a transaction broker. Seller understands that Seller is under no obligation to pay a commission to USA Properties with respect to this transaction.

SIGNATURES ON THE NEXT PAGE

Signed by Buyer this 26th day of August, 2022.

BUYER:

UNIVERSITY OF SOUTH ALABAMA

By: _____

Donna F. Tipps
Contract Officer

Signed by Seller(s) this 24 day of August, 2022.

SELLER:

SAMUEL L. JONES

By: _____

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

AUDIT COMMITTEE

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

Audit Committee

September 22, 2022
8:30 a.m.

A meeting of the Audit Committee of the University of South Alabama Board of Trustees was duly convened by Mr. Ron Graham, Chair, on Thursday, September 22, 2022, at 8:30 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Alexis Atkins, Tom Corcoran, Ron Graham, Ron Jenkins, Bill Lewis and Lenus Perkins were present.
Other Trustees:	Chandra Brown Stewart, Scott Charlton, Arlene Mitchell, Jimmy Shumock, Steve Stokes, Margie Tuckson, Mike Windom and Jim Yance.
Administration & Guests:	Jim Berscheidt, Joél Billingsley, Jo Bonner, Lynne Chronister, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, Melinda Gratwick (KPMG), Andi Kent, Nick Lawkis, John Marymont, Mike Mitchell, Amanda Price (KPMG), Kristen Roberts, Laura Schratt, Keith Shurbutt (KPMG), Margaret Sullivan and Ashley Willson (KPMG).

Following introductory remarks by Chair Mitchell, which included welcoming Judge Lewis to the Board of Trustees, the Audit Committee meeting came to order and the attendance roll was called, **Item 1**.

Mr. Graham called on Ms. Kristen Roberts, Assistant Vice President for Finance and Administration, who introduced Ms. Ashley Willson, KPMG lead engagement partner. Ms. Willson recognized fellow KPMG audit team members Ms. Amanda Price, Ms. Melinda Gratwick and Mr. Keith Shurbutt. She and Ms. Price discussed the scope of the 2021-2022 fiscal year audit and shared information required to be communicated to the Audit Committee, **Item 3**. Mr. Shurbutt discussed the single audit results pertaining to federal awards for fiscal year 2021. Questions about findings and compliance related to international student enrollment were addressed.

Mr. Graham called on Ms. Roberts to present the independent audit of the USA Foundation (USAF) consolidated financial statements and Disproportionate Share Hospital Funds combined financial statements for the years ended June 30, 2022 and 2021, **Item 4**. Ms. Roberts stated the USAF reported a decrease in net assets by approximately $47 million, as well as assets totaling approximately $389 million. She added that both reports received unqualified audit opinions.

Mr. Graham called for consideration of the minutes of the Audit Committee meeting held on June 2, 2022, **Item 2**. On motion by Mr. Corcoran, seconded by Capt. Jenkins, the Committee voted unanimously to adopt the minutes.

Mr. Graham called on Ms. Schratt, who presented the Office of Internal Audit (OIA) draft audit plan for fiscal year 2023 for the Committee's consideration, **Item 5**. Ms. Schratt discussed the importance of operating under a guiding plan and shared the particulars of the plan. On motion by Mr. Corcoran, seconded by Ms. Atkins, the committee voted unanimously to approve the 2023 fiscal year audit plan.

Concerning **Item 6**, a report on OIA activities, Ms. Schratt provided an overview on progress related to five key performance indicators during the third quarter of fiscal year 2022, and on recommendations issued by the OIA.

There being no further business, the meeting was adjourned at 8:53 a.m.

Respectfully submitted:

William Ronald Graham, Chair

UNIVERSITY OF SOUTH ALABAMA

2022

Office of Internal Audit Annual Report

Performance, Activities & Disclosures

Prepared for the:

University of South Alabama Board of Trustees Audit Committee

Issued: 11/2022

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EXECUTIVE SUMMARY

The Fiscal 2022 (FY22) Office of Internal Audit (OIA) Annual Report provides quantitative and qualitative data for benchmarking key departmental operational factors, a summary of audits and projects completed, an update on outstanding recommendations and the Quality Assessment and Improvement Process (QAIP), as well as other mandatory reporting.

OIA has budgeted staffing of seven full-time employees (Director, Manager, 4 Senior Level, 1 Staff Level), in addition to a part-time student intern. During FY22, OIA was able to fill the newly created Healthcare Auditor position at the end of March 2022, therefore, was fully staffed for approximately 6 months.

During FY22, OIA staff worked to complete the below projects and achieve a number of KPIs.

INTERNAL AUDIT PROJECT SUMMARY

The below table provides a summary of the major internal audit engagements completed during FY22.

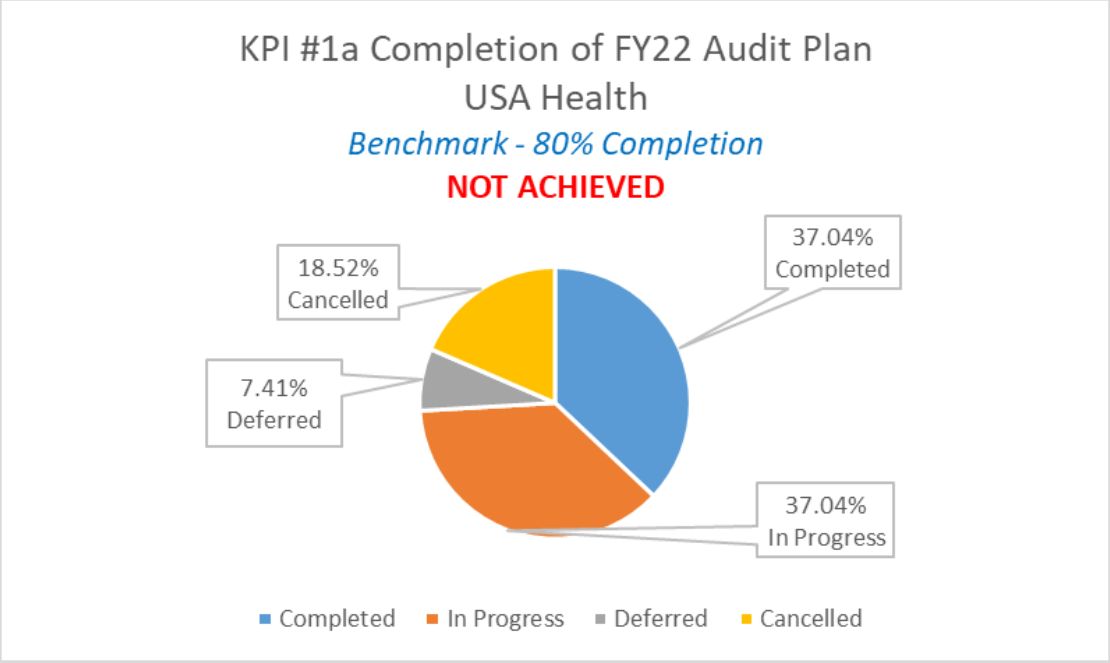
Project Type	Area
Audit	Data Security and Remote Access to Protected Information
Audit	Academic Colleges Fixed Assets
Audit	Pharmacy
Audit	USA Health System Employee Badge Access
Audit	Gastrointestinal Labs Charge Capture
Audit	Anesthesia Charge Capture
Follow-up	Center for Women's Health Follow-up
Follow-up	Fresenius Contract Follow-up
Follow-up	Course Fee Follow-up
Consultation	USA Health Physicians Group Cash Counts
Consultation	Pathology Department Turn-around-time
Investigation	USAPG Neurosciences and Surgery Clinics Cash Process Review
Investigation	Process Technology Certificate Program, EG Curriculum
External Assist	NCAA Agreed Upon Procedures
Annual Activity	Risk Assessment Process (USA Health & University) & FY23 Audit Plan
Department Enhancement	Implemented an Automated Continuous Review of AD Deprovisioning

Nine additional engagements, started in FY22, were still in progress at the end of FY22. Three were completed in October 2022 (Clinical Trials Investigation, Radiation Oncology Follow-up, and Allied Health Petty Cash Investigation), four are wrapping up in FY23Q1 (Physician PTO, MCOB Fund Analysis, Physician Licensure, HCA Co-pays) and two more will be finalized later in FY23.

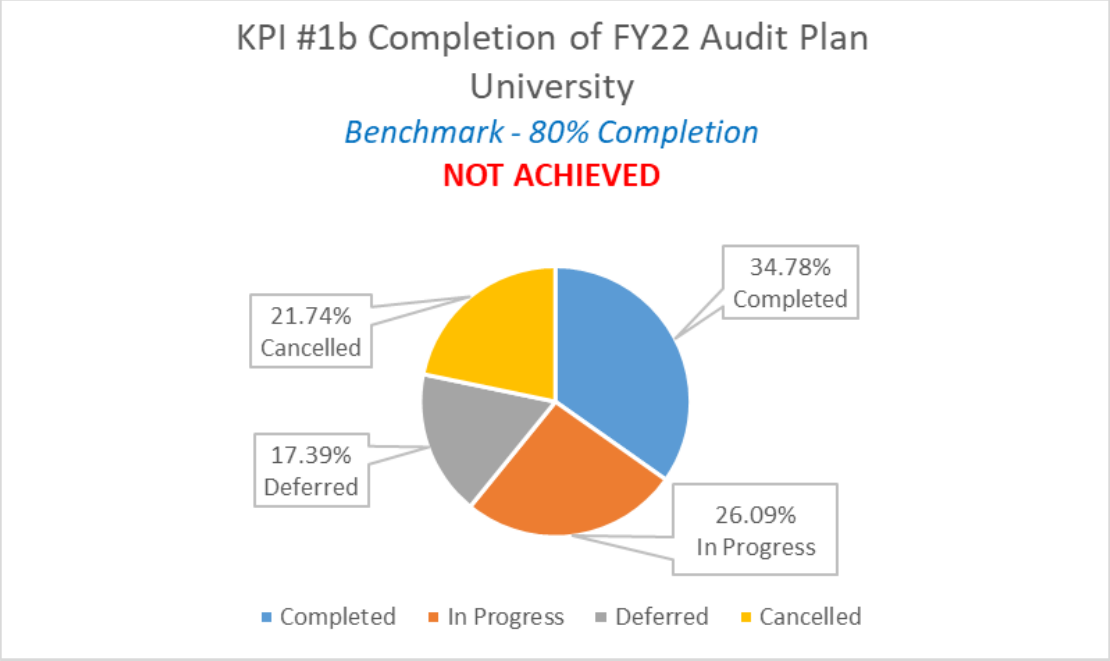
KEY PERFORMANCE INDICATORS

In accordance with the Institute of Internal Auditors (IIA) Standards included as part of the *International Professional Practices Framework (IPPF),* OIA developed performance measurements designed to evaluate the effectiveness and efficiency of the internal audit function. Five Key Performance Indicator (KPI) areas were reported on during FY22; Completion of the Audit Plan, Client Satisfaction, Staff Qualifications, Stakeholder Communication and Implementation of 2019 Warren Averett QAR Recommendations. A chart or table indicating performance to the established benchmark is included for each of these KPI as well as an indication of **ACHIEVED** or **NOT ACHIEVED**. All data is as of 9/30/2022.

KPI #1 – Completion of the Audit Plan

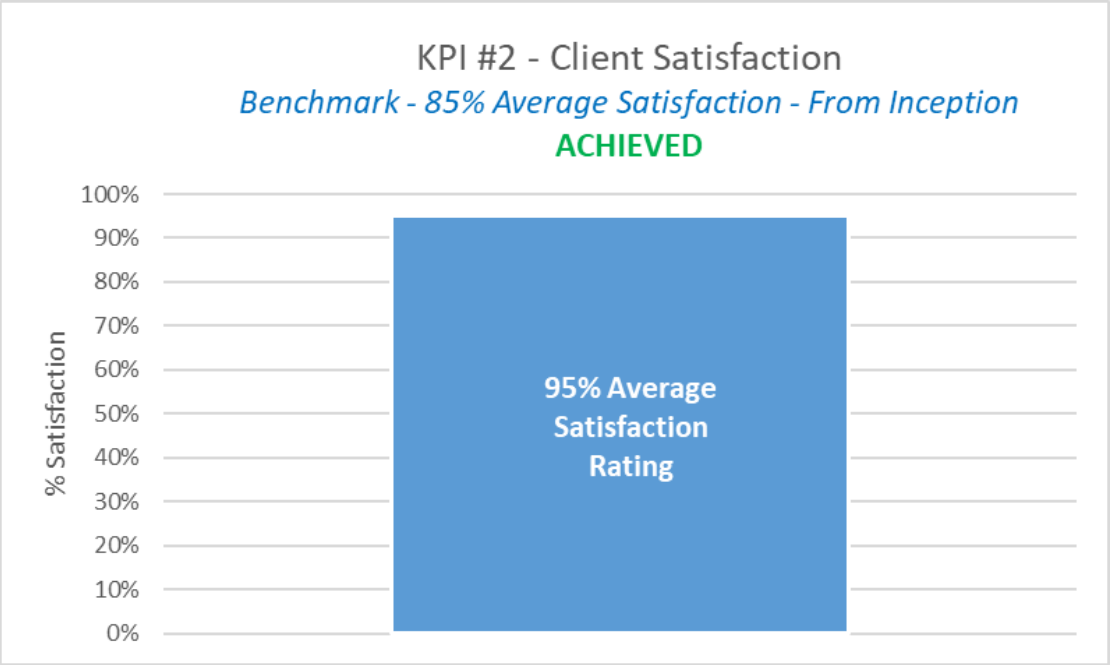


**Note: Two USA Health audits, included on the FY22 audit plan, have been cancelled due to available audit hours and changing risk priorities. KPMG assist work was also cancelled due to an audit approach change by KPMG and one audit was deferred to FY23 and is currently in progress.*

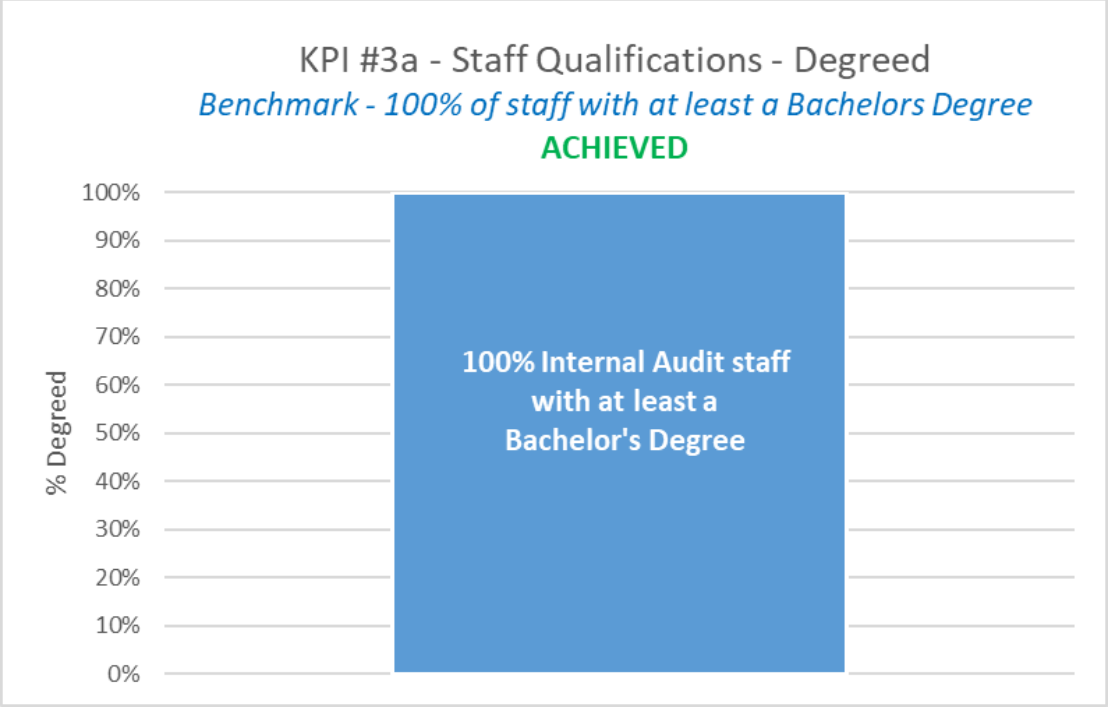


**Note: One University audit, included on the FY22 audit plan, was cancelled due to available audit hours and changing risk priorities. The NCAA Football Attendance Certification was cancelled due to a COVID waiver and KPMG assist work was cancelled due to an audit approach change by KPMG. Two audits were deferred to FY23.*

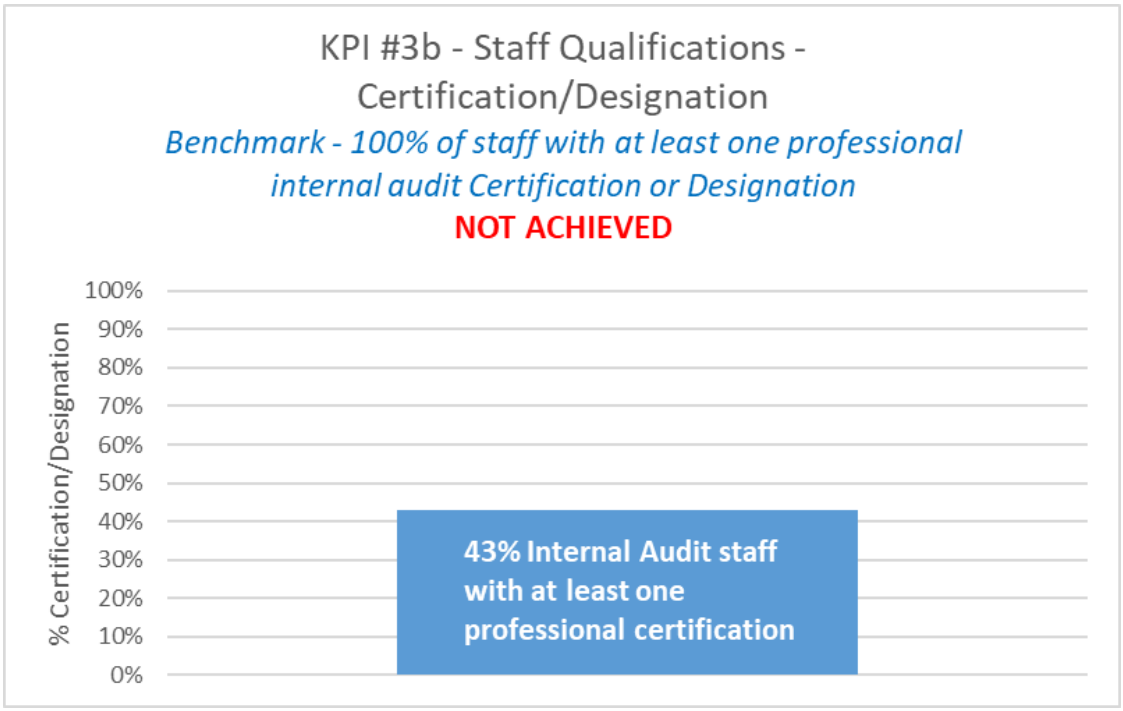
KPI # 2 – Client Satisfaction

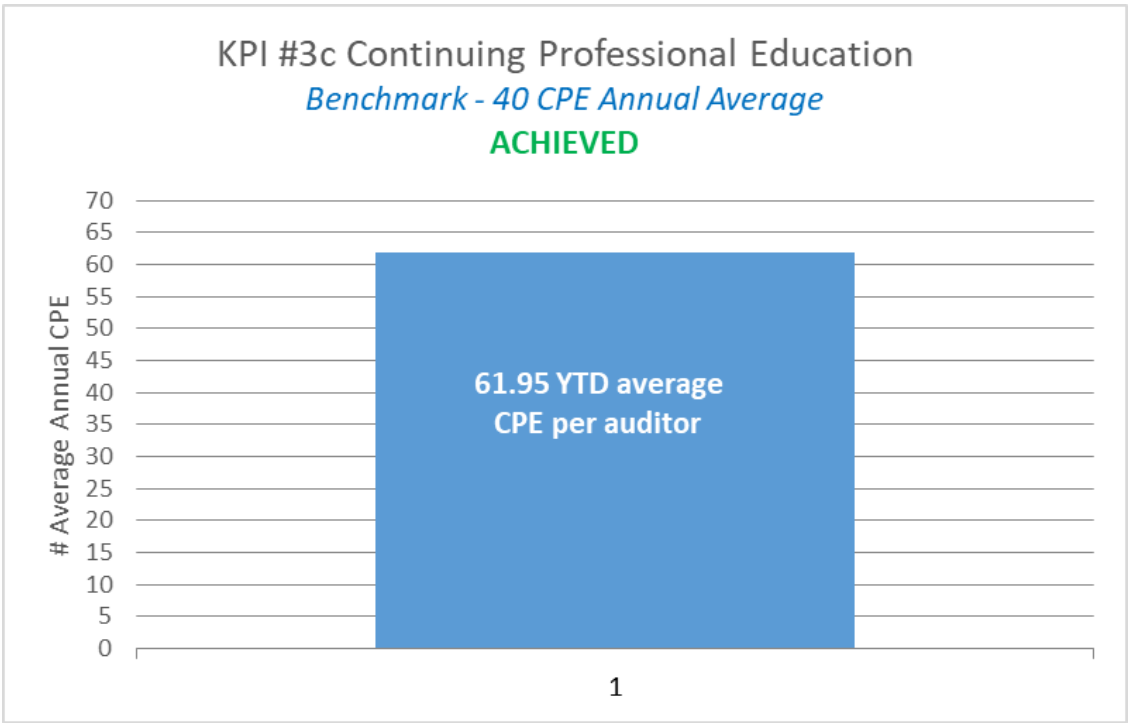


KPI #3 – Staff Qualifications



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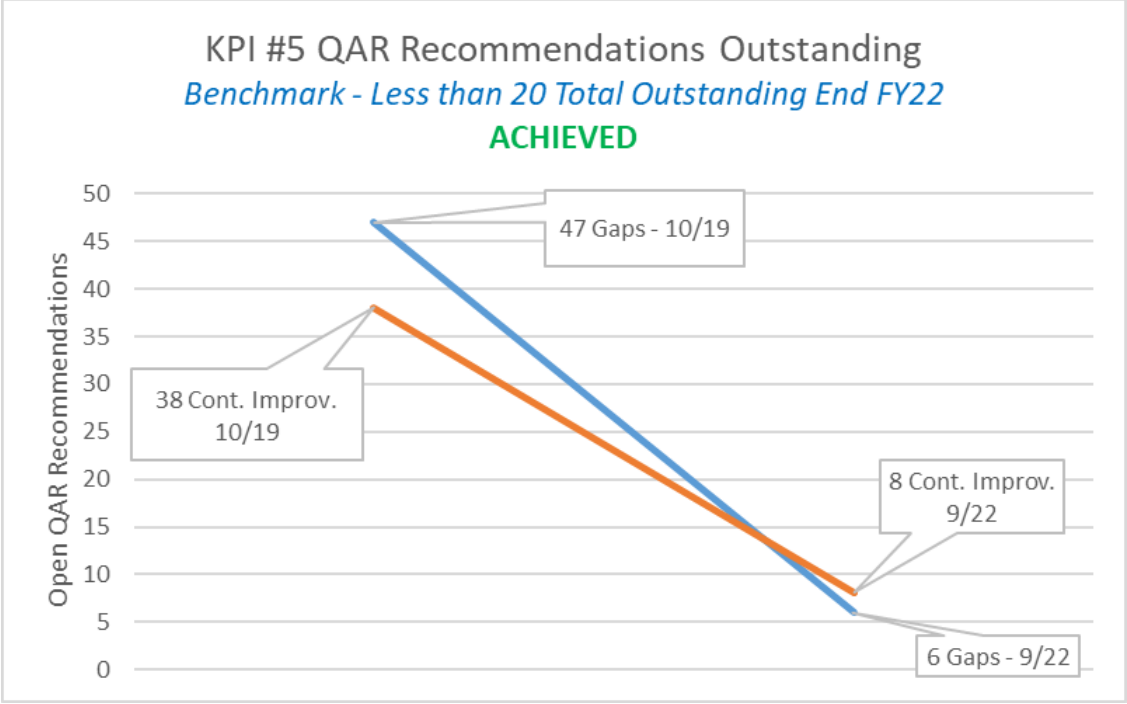

KPI #3b - Staff Qualifications - Certification/Designation
Benchmark - 100% of staff with at least one professional internal audit Certification or Designation
NOT ACHIEVED
% Certification/Designation
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
43% Internal Audit staff with at least one professional certification


KPI #3c Continuing Professional Education
Benchmark - 40 CPE Annual Average
ACHIEVED
Average Annual CPE
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
61.95 YTD average CPE per auditor
1

KPI #4 – Stakeholder Communication



KPI #5 – Implementation of 2019 Warren Averett Quality Assessment Review Recommendations



OUTSTANDING ISSUED RECOMMENDATIONS

In accordance with the IIA *Standard 2500 Monitoring Progress: The chief audit executive must establish and maintain a system to monitor the disposition of results communicated to management.*

OIA is required to determine if management has taken appropriate action regarding observations noted in audit reports. OIA tracks issued recommendation status on a quarterly basis. This process requests updates from management as to the implementation status of stated management action plans. The below table provides detail on recommendation actions during FY22Q4.

Description	Period	# of Recommendations
Outstanding Recommendations	Beginning FY22Q4	18
LESS: Management Noted as Implemented	During FY22Q4	(5)
LESS: IA Closed (due to follow-up/other)	During FY22Q4	(1)
LESS: Management Accepted Risk	During FY22Q4	0
ADD: Newly Issued OIA Recommendations	During FY22Q4	10
Outstanding Recommendations	End FY22Q4	22

IIA STANDARDS REPORTING

Organizational Independence: In accordance with the IIA *Standard 1110 Organizational Independence: The chief audit executive must report to a level within the organization that allows the internal audit activity to fulfill its responsibilities. The chief audit executive must confirm to the board, at least annually, the organizational independence of the internal audit activity.*

USA's OIA reports administratively to the President and functionally to the USA Board of Trustees Audit Committee. Reporting functionally to the Board of Trustees Audit Committee promotes the independence necessary for OIA to adequately perform duties and be in compliance with the standards.

Impairment to Independence or Objectivity: In accordance with the IIA *Standard 1130 Impairment to Independence or Objectivity: If independence or objectivity is impaired in fact or appearance [including personal conflict of interest, scope limitations, restrictions on access], the details of the impairment must be disclosed to appropriate parties. The nature of the disclosure will depend upon the impairment.*

USA's OIA staff complete a Conflict of Interest form for all audits to enable the identification of potential independence or objectivity impairments. If identified, these are evaluated and disclosed as appropriate. USA's OIA noted no scope limitations or restrictions on access during Fiscal 2022.

Communicating Management's Acceptance of Risks: In accordance with the IIA *Standard 2600 Communicating the Acceptance of Risks: When the chief audit executive concludes that management has accepted a level of risk that may be unacceptable to the organization, the chief audit executive must discuss the matter with senior management. If the chief audit executive determines that the matter has not been resolved, the chief audit executive must communicate the matter to the board.*

USA's OIA noted no such instances during Fiscal 2022.

External Assessments: In accordance with the IIA *Standard 1312 External Assessments: External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organization.*

USA engaged Warren Averett to complete an external Quality Assessment Review (QAR) in 2019. The resulting overall assessment was that USA's OIA "Partially Conforms" with the Standards and the IIA Code of Ethics, noting 47 conformance gaps and 38 conformance improvement items. The status of outstanding QAR conformance items is included in the quarterly Audit Committee updates. The next external assessment will be in 2024.

Reporting on the Quality Assurance & Improvement Program: In accordance with the IIA *Standard 1320 Reporting on the Quality Assurance & Improvement Program: The chief audit executive must communicate the results of the quality assurance & improvement program to senior management and the board.*

USA's OIA received approval from the Board of Trustees Audit Committee for the Quality Assurance & Improvement Program in June 2021. Additionally, OIA presented the results of the internal QAR to the Board of Trustees Audit Committee in September 2021. OIA continued to evaluate and make process improvements, as appropriate, throughout Fiscal 2022.

Disclosure of Non-Conformance: In accordance with the IIA *Standard 1322 – Disclosure of Nonconformance: When nonconformance with the Code of Ethics or the Standards impacts the overall scope or operation of the internal audit activity, the chief audit executive must disclose the nonconformance and the impact to senior management and the board.*

USA's OIA noted no instances of non-conformance, other than those detailed in the Warren Averett QAR report, during Fiscal 2022.

For further information regarding this report, please contact:

Laura Anne Schratt, MBA, CIA, CRMA - Executive Director of Internal Audit & CFCO

307 University Blvd. North, AD260, Mobile, AL 36688

251-460-6147

lauraschratt@southalabama.edu

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

DEVELOPMENT, ENDOWMENT AND INVESTMENTS COMMITTEE

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

Development, Endowment and Investments Committee

September 22, 2022
8:53 a.m.

A meeting of the Development, Endowment and Investments Committee of the University of South Alabama Board of Trustees was duly convened by Mr. Jim Yance, Chair, on Thursday, September 22, 2022, at 8:53 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Chandra Brown Stewart, Scott Charlton, Jimmy Shumock, Steve Stokes, Margie Tuckson, Mike Windom and Jim Yance were present.
Other Trustees:	Alexis Atkins, Tom Corcoran, Ron Graham, Ron Jenkins, Bill Lewis, Arlene Mitchell and Lenus Perkins.
Administration & Guests:	Terry Albano, Jim Berscheidt, Joél Billingsley, Jo Bonner, Lynne Chronister, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, Andi Kent, Nick Lawkis, John Marymont, Mike Mitchell, Norman Pitman, Laura Schratt and Margaret Sullivan.

The meeting came to order, and the attendance roll was called, **Item 7**. Mr. Yance called for consideration of the minutes of a meeting held on June 2, 2022, **Item 8**. On motion by Judge Windom, seconded by Mr. Shumock, the committee voted unanimously to adopt the minutes.

Mr. Yance called for a report on endowment and investment performance, **Item 9**. Mr. Albano and Mr. Norman Pitman, the University's investment consultant, detailed endowment investment results for the period October 1, 2021, to July 31, 2022, as well as individual manager performance and asset allocation. It was reported that the investment returns for the period and since the inception of the endowment were -5.1 percent and 5.52 percent, respectively, with both outperforming their relative indices. Also noted was that, as of July 31, 2022, the University's net invested capital totaled approximately $61.7 million; the endowment's market value was just over $192 million; and investment earnings totaled close to $125 million.

Mr. Yance called on Ms. Sullivan, who presented **Item 10**, a resolution commending Dr. Johnson Haynes, Jr., Whiddon College of Medicine alumnus; Professor in the Department of Internal Medicine; and Director of the USA Comprehensive Sickle Cell Center, for his many years of dedicated service and authorizing the naming of the USA Comprehensive Sickle Cell Center as the *Johnson Hayes, Jr., M.D. Comprehensive Sickle Cell Center*. (To view resolutions, policies and other documents authorized, refer to the minutes of the Board of Trustees meeting held on September 22, 2022.) Ms. Sullivan provided insight on the service record of Dr. Haynes. On mo-

tion by Dr. Stokes, seconded by Ms. Brown Stewart, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

Regarding **Item 11**, a report on the activities of the Division of Development and Alumni Relations, Ms. Sullivan discussed fiscal year 2022 fundraising results and thanked Dr. Steve Stokes and Mrs. Angela Stokes for their gifts totaling $100,000 to fund Marine and Environmental Sciences and Creative Writing scholarships, which she stated raised the total in gifts and commitments secured for the period to just over $41 million. She added that these gifts were eligible to be matched through the Mitchell-Moulton Scholarship Initiative. She shared information on recent and future development events, such as the *Meet President Bonner* functions held in Washington, DC, in July that included a reception for donors and friends; the USA at UCLA football game held on September 17 at the Rose Bowl in Pasadena, CA; the second annual *Alumni Reunion Weekend* planned for October 13-15; and the *A Night Honoring Healers* benefit for USA Health slated for October 13. She also reported that, in conjunction with President Bonner's inauguration ceremony on September 23, U.S. Navy Capt. Mike Abrashoff, a best-selling author, would deliver the keynote address at USA's inaugural Silver Presidential Lectureship later in the afternoon following the Board of Trustees meeting.

There being no further business, the meeting was adjourned at 9:05 a.m.

Respectfully submitted:

James A. Yance, Chair

University of South Alabama Endowment Investment Performance Review/Analysis

Fiscal Year 2022

USA Endowment Fund Performance Fiscal Year to Date
October 1, 2021 to September 30, 2022

- USA Endowment Fund returned -12.35% versus its blended benchmark return of -15.85%. The USA Endowment Fund outperformed by 3.50% for the fiscal year.

USA Endowment Manager Performance Fiscal Year to Date
October 1, 2021 to September 30, 2022

Individual Manager versus Benchmark performance:

- Commonfund returned -15.96% versus its benchmark return of -17.13%.
- Charles Schwab returned -13.26% versus its benchmark return of -18.08%.
- Douglas Lane returned -22.38% versus its benchmark return of -15.46%.
- Gerber Taylor returned -5.68% versus its benchmark return of -6.99%.
- Gerber Taylor International returned -24.21% versus its benchmark return of -25.13%.
- Hancock Whitney returned -14.77% versus its benchmark return of -15.10%.
- JP Morgan returned -38.85% versus its benchmark return of -27.50%.
- USAFund (Student Investment Fund) returned -19.82% versus its benchmark return of -15.46%.
- Private Equity returned approximately 12.72% from July 1, 2022 to June 30, 2022 versus the S&P 500 return of -10.60% during the same time period.

USA Endowment Annualized Fund Performance Since Inception
As of September 30, 2022

- USA Endowment Fund has an annualized return of 5.08% since inception versus its blended benchmark return of 3.97%. The USA Endowment Fund outperforms by 1.11% since inception.

USA Endowment Investment Earnings and Appreciation Since Inception
March 31, 2000 to September 30, 2022

- USA Endowment Fund Market Value at Inception (March 31, 2000): $5.7 million.
- USA Endowment Fund Net Invested Capital as of September 30, 2022: $61.4 million.
- USA Endowment Fund Market Value as September 30, 2022: $173.6 million.
- USA Endowment Fund Income and Appreciation since Inception: $112.3 million.

RESOLUTION

EVALUATION OF THE UNIVERSITY'S ENDOWMENT AND NON-ENDOWMENT INVESTMENT POLICIES

WHEREAS, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) requires that investment policies be evaluated regularly, and

WHEREAS, the Board of Trustees has previously approved the University's endowment funds policies and guidelines and the University's non-endowment cash pool investment policy,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama hereby acknowledges and accepts the current year annual evaluation of both policies by the Development, Endowment and Investments Committee and the Committee's recommendation that no changes be made to either policy at this time.

Endowment Funds Investment Policies and Guidelines

The Endowment Committee of the Board of Trustees of the University of South Alabama shall be responsible for recommending investment policies and guidelines for approval by the Board of Trustees, implementation of such policies and guidelines and selection of qualified investment professionals including Investment Consultant(s), Investment Manager(s), and Funds Custodian(s). The Endowment Committee will oversee investment activities, monitor investment performance and ensure the prudent control of the Endowment Funds of the University. The Endowment Committee will make periodic reports to the Board of Trustees.

I. Purpose of the Endowment Funds

The University of South Alabama Endowment Funds exist to provide revenue while preserving principal to fund those projects which have been endowed for specific purposes, i.e., scholarships, professorships, program enhancements, student loans, etc.

II. Purpose of the Investment Policy

This investment policy is set forth by the Board of Trustees of the University of South Alabama in order to:

1. Define and assign the responsibilities of all involved parties.

2. Establish a clear understanding of all involved parties of the investment goals and objectives of Endowment Funds assets.

3. Offer guidance and limitations to Investment Manager(s) regarding the investment of Endowment Funds assets.

4. Establish a basis of evaluating investment results.

5. Manage Endowment Funds assets according to prudent standards as established in the laws of the State of Alabama.

6. Establish the relevant investment horizon for which the Endowment Funds assets will be managed.

In general, the purpose of this policy is to outline a philosophy and attitude which will guide the investment management of the assets toward the desired results. It is intended to be sufficiently specific to be meaningful, yet flexible enough to be practical.

III. Delegation of Authority

The Board of Trustees of the University of South Alabama is responsible for directing and monitoring the investment management of the University's Endowment Funds assets. As such, the Board of Trustees is authorized to delegate certain authority to professional experts in various fields. These include, but are not limited to:

1. Investment Management Consultant(s). The consultant may assist the Board of Trustees in: establishing investment policy, objectives, and guidelines; selecting investment managers; reviewing such managers over time; measuring and evaluating investment performance; and other tasks as deemed appropriate.

2. Investment Manager(s). The investment manager has discretion to purchase or sell, in the University's name, the specific securities that will be used to meet the Endowment Funds investment objectives.

3. Funds Custodian(s). The custodian will physically (or through securities owned by the Fund) collect dividend and interest payments, redeem maturing securities, and effect receipt and delivery following purchases and sales. The custodian may also perform regular accounting of all assets, owned, purchased or sold as well as movement of assets into and out of the Endowment Funds accounts.

With the exception of specific limitations described in these statements, managers will be held responsible and accountable to achieve the objectives herein stated. While it is not believed that the limitations will hamper investment managers, each manager should request modifications which they deem appropriate. All expenses for such experts must be customary and reasonable, and will be borne by the Endowment Funds as deemed appropriate and necessary.

IV. Assignment of Responsibility

A. Responsibility of the Board of Trustees of the University of South Alabama

The Board of Trustees is responsible for the management of the assets of the Endowment Funds. The Board of Trustees shall discharge its duties in good faith like an ordinary prudent person in a like position would exercise under similar circumstances and in a manner the Trustees reasonably believe to be in the best interest of the University. The Board of Trustees will supervise the Endowment Committee and assigns the following authority and responsibilities to the Endowment Committee on behalf of the Board of Trustees.

B. Responsibility of the Endowment Committee

The specific authority and responsibilities of the Endowment Committee relating to the

investment management of Endowment Funds assets include:

1. Projecting the Endowment Funds financial needs, and communicating such needs to the Investment Manger(s) on a timely basis.

2. Determining the Endowment Funds risk tolerance and investment horizon, and communicating these to the appropriate parties.

3. Establishing reasonable and consistent investment objectives, policies, time frames and guidelines which will direct the investment of the Endowment Funds assets.

4. Prudently and diligently selecting qualified investment professionals, including Investment Manager(s), Investment Consultant(s), and Custodian(s).

5. Regularly evaluating the performance of the Investment Manager(s) to assure adherence to policy guidelines and monitor investment objectives progress.

6. Developing and enacting proper control procedures: For example, replacing Investment Manager(s) due to fundamental changes in the investment management process, or failure to comply with established guidelines.

7. Making direct investments in cases in which selection of an investment manager is not appropriate.

8. Recommending an endowment spending policy to the Board of Trustees for approval.

9. Reporting periodically to the Board of Trustees Endowment Committee actions and recommendations and investment performance of the Endowment Funds.

C. Responsibility of the Investment Manager(s)

The Endowment Funds will be managed primarily by external investment advisory organizations; both commingled vehicles and separate accounts may be used. The investment manager(s) have discretion, within the guidelines set forth in this policy statement and any additional guidelines provided them, to manage the assets in each portfolio to achieve the investment objectives. Managers will normally manage only one type of investment in each fund. For example, equities and fixed income will not be combined in a balanced fund with one manager.

Each Investment Manager must acknowledge, in writing, their acceptance of responsibility as a fiduciary. Each Investment Manager will have full discretion to make all investment decisions for the assets placed under their jurisdiction, while observing and operating within all policies, guidelines, constraints, and philosophies as outlined in this statement. Each Investment Manager will be provided with a copy of this statement of investment objectives and policies. In turn, as part of the investment management contract that will govern their portfolio, the Investment Manager is expected to provide a written statement of the firm's expectations, stated in terms of the objectives and comparative benchmarks that will be used to evaluate performance and the allowable securities that can be used to achieve these objectives. These statements will be consistent

with the statement of investment objectives and policies and will be incorporated as appendices. Specific responsibilities of the Investment Manager(s) include:

1. Discretionary investment management including decisions to buy or sell individual securities, and to alter asset allocation with the annual guidelines established by the Endowment Committee.

2. Reporting, on a timely basis, quarterly investment performance results.

3. Providing monthly valuation of the investment portfolio based on the previous month's closing prices.

4. Communicating any major changes in economic outlook, investment strategy, or any other factors which affect implementation of investment process, or the investment objectives progress of the Endowment Funds investment management.

5. Informing the Endowment Committee regarding any qualitative change in the investment management organization. Examples include changes in portfolio management personnel, ownership structure, investment philosophy, etc.

6. Providing the Endowment Committee with proof of liability and fiduciary insurance coverage.

7. Acknowledging in writing an ability and agreement to invest within the guidelines set forth in the investment policy.

8. Meeting with the Endowment Committee at least annually.

9. Voting proxies on behalf of the Endowment Funds and communicating such voting records on a timely basis. In cases in which the University desires to vote proxies related to specific topics, it will so notify Manager(s).

10. The Board of Trustees may from time to time request that the Investment Manager(s) allocate commissions to those brokerage firms providing other investment management services to the University. Good execution and commission prices are primary considerations in routing business to the said brokerage firms. If at any time any Investment Manager believes that any policy guideline inhibits investment performance, it is their responsibility to communicate this to the Endowment Committee.

V. General Investment Principles

1. Investments shall be made solely in the interest of the purposes of the University of South Alabama.

2. The Endowment Funds shall be invested with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person in a like position would exercise under similar circumstances in a manner the Board of Trustees reasonably believe to be in the best interest of the University.

3. Investment of the Endowment Funds shall be so diversified as to minimize the risk of large losses, unless under the circumstances it is clearly prudent not to do so.

4. The Board of Trustees may employ one or more investment managers of varying styles and philosophies to attain the Endowment Funds objectives.

5. Cash is to be employed productively at all times, by investment in short term cash equivalents to provide safety, liquidity, and return.

VI. Investment Objectives

In order to meet its needs, the investment strategy of the University of South Alabama Endowment Funds is to emphasize total return; that is, the aggregate return from capital appreciation and dividend and interest income. The total Endowment Funds shall be monitored for return relative to objectives, consistency of investment philosophy, and investment risk. The Endowment Funds results shall be evaluated on a rolling five-year basis against a market benchmark weighted 40 percent in favor of the S&P 500 Index, 5% Russell 2000 Index, 12% MSCI EAFE (US Dollar) Index, 23 percent toward the Barclay's Capital US Aggregate Bond Index, 10% HFRI Fund of Funds Conservative Index and 10% HFRI Fund of Funds Strategic Index.

VII. Portfolio Composition and Risk

A. To achieve its investment objective, the Endowment Funds assets are considered as divided into three parts a fixed income component, a fixed income alternative component, an equity component and a private equity component. The Endowment Funds long-term commitment to these funds shall be as follows:

Asset Class	Range	Long-Term Neutral
Fixed Income	15-35%	25%
Equity	35-75%	50%
Private Equity	0-10%	5%
Fixed Income Alternative	10-30%	20%
Cash	0-10%	0%

The purpose of dividing the Endowment Funds in this manner is to ensure that the overall asset allocation among major asset classes remains under the regular scrutiny of the Endowment Committee and is not allowed to become the residual
of separate manager decisions. Over the long run, the allocation among the major asset classes may be the single most important determinant of the endowment funds investment performance.

The purpose of the fixed income fund is to provide a hedge against deflation, to reduce the overall volatility of returns of the Endowment Funds, in order to produce current income in support of spending needs.

The percentage of total Endowment Funds assets allocated to the fixed-income fund at any time should be sufficient to provide that neither the current income nor the capital value or the total Endowment Funds declines by an intolerable amount during an extended period of deflation. The fixed-income fund should normally represent approximately 15-35 percent of total Endowment Funds assets at market value. Although the actual percentage will fluctuate with

market conditions, levels outside this range should be closely monitored by the Endowment Committee.

The purpose of the equity fund is to provide appreciation of principal that more than offsets inflation and to provide a growing stream of current income. It is recognized that the pursuit of this objective could entail the assumption of greater market variability and risk than investment in fixed-income securities. Equity and equity-substitute investments are broadly defined as common stocks, high-yield bonds, reorganization securities, private equity, venture capital, leveraged buyout investments, equity real estate, reorganization securities, exchange traded index funds, etc. Investments made in such less liquid equity investments should be made through funds offered by professional investment managers.

The purpose of the fixed income alternative component is to provide the Endowment a source of returns with low correlation to equity markets and volatility of one third to one half that of the U.S. equity market, while still achieving equity-like returns of Treasury Bills plus 2-8% over time. The Fixed Income Alternative should normally represent approximately 10-30 percent of total Endowment Funds.

Any assets not committed to the fixed-income fund or fixed income alternative shall be allocated to the equity fund and the private equity fund. The equity fund should normally represent approximately 35-75 percent of total Endowment Funds assets at market value. The private equity fund should normally represent approximately 0-10 percent of total Endowment Fund assets at market value. Although the actual percentage of equities will vary with market conditions, levels outside these ranges should be closely monitored by the Investment Committee.

The Endowment includes investments in several categories, and the Endowment Committee targets allocations for the following:

Asset Class	Long-Term Strategic Target (%) of Endowed Funds	Range
Domestic Equity	**42%**	**30-60%**
Large/Mid-Cap	35%	25-55%
Small Cap	5%	3-8%
High Yield Debt	2%	0-5%
International Stocks	**10%**	**5-15%**
Developed Markets	6%	3-10%
Emerging Markets	4%	0-6%
Private Equity	**5%**	**0-10%**
TOTAL EQUITY COMPONENT	**57%**	**35-75%**
Alternative Investments	**20%**	**10-30%**
Absolute Return	15%	12-20%
Long/Short Equity	5%	0-10%
TOTAL ALTERNATIVE COMPONENT	**20%**	**10-30%**
Fixed Income	**23%**	**15-35%**
U.S. Core Bonds	16%	12-20%
Global Bonds	4%	0-7%

Asset Class	Long-Term Strategic Target (%) of Endowed Funds	Range
TIPS	2%	0-5%
Emerging Market Debt	1%	0-2%
TOTAL FIXED INCOME COMPONENT	**23%**	**15-35%**
Cash and Equivalents	**0%**	**0-10%**

Within the equity fund, certain investments can be included, with Endowment Committee approval, to provide a hedge against unanticipated, rapidly accelerating inflation. These include cash, real estate and oil and gas investments. While the Endowment Committee recognizes the argument for having a separate allocation to inflation-hedging assets, at this time, these investments are evaluated primarily as equity-substitutes. The Endowment Committee will periodically review the adoption of an inflation-hedging fund allocation separate from the equity allocation.

Within the equity fund, in addition to cash reserves held by managers, there is normally an investment in cash or short-term instruments. Although the Endowment Committee has not adopted a cash allocation, new gifts to the endowment and endowment income in excess of budgetary distributions generate cash inflow to the Endowment Fund. The level of cash should be closely monitored by the committee.

The Endowment committee may change any of the above ratios; however, it is anticipated that these changes will be infrequent.

The Endowment Funds investments shall be diversified both by asset class (e.g., equities and fixed-income securities) and within asset classes (e.g., within equities by economic sector, geographic area, industry, quality, and size). The purpose of diversification is to provide reasonable assurance that no single security or class of securities shall have a disproportionate impact on the endowment funds aggregate results. Equity securities in any single industry will not exceed 20 percent, nor will equity securities in any single company exceed 10 percent of the market value of the endowment's allocation to equities.

VIII. Spending Policy

It shall be the policy of the University of South Alabama Board of Trustees to preserve and maintain the real purchasing power of the principal of the Endowment Funds. The current spending policy of the University will be determined annually by the President and the Endowment Committee and approved by the Board of Trustees. The spending guideline is based on an expected total return over the long-term less expected inflation.

IX. Volatility of Returns

The Board of Trustees understands that in order to achieve its objectives for Endowment Funds assets, the Funds will experience volatility of returns and fluctuations of market value. The Board will tolerate volatility as measured against the risk/return analysis of the appropriate market indices. The indices used as a measure of an investment manger's performance will be used to measure the allowable volatility (risk).

X. Liquidity

To minimize the possibility of a loss occasioned by the sale of a security forced by the need to meet a required payment, the Vice President for Financial Affairs will periodically provide Investment Manager(s) with an estimate of expected net cash flow. The Vice President will notify the Investment Consultant in a timely manner, to allow sufficient time to build up necessary liquid reserves. Because of the infrequency of cash outflows and overall marketability of Endowment Funds assets, the Board of Trustees does not require the maintenance of a dedicated cash or cash equivalent reserve.

XI. Marketability of Assets

The Board of Trustees requires that all Endowment Funds allocated to cash equivalents, fixed income securities or equity securities be invested in liquid securities, defined as securities that can be transacted quickly and efficiently for the Endowment Funds, with minimal impact on market price. The Board of Trustees recognizes that opportunities may exist in illiquid assets and will allow Investment Managers overseeing Private Equity or Fixed Income Alternatives to invest in securities that may be less liquid and could present a risk of illiquidity.

XII. Investment Guidelines

A. Allowable Assets

1. Cash Equivalents

- Treasury Bills
- Money Market Funds
- Common Fund Short Term Investment Fund
- Commercial Paper
- Banker's Acceptance
- Repurchase Agreements
- Certificates of Deposits

2. Fixed Income Securities

- U.S. Government and Agency Securities
- Corporate Notes and Bonds
- Mortgage Backed Bonds
- Preferred Stock
- Fixed Income Securities of Foreign Governments and Corporations
- Collateralized Mortgage Obligations

3. Fixed Income Alternatives

- Arbitrage (merger, event, convertible, equity and fixed income arbitrage and pairs trading)
- Event investing (restructurings, spin-offs, etc.)
- Distressed securities
- Long Short equities (U.S., global and sector funds)
- Market neutral equities

- Short-biased equities
- Macro investing

4. Equity Securities

- Common Stocks
- Convertible Notes and Bonds
- Convertible Preferred Stocks
- American Depository Receipts (ADRs) of Non-U.S. Companies
- Exchange traded index funds

5. Private Equity

6. Mutual Funds

- Mutual Funds which invest in securities as allowed in this statement.

Other Assets:

Derivative Securities: options and future contracts
In general, the use of derivative securities by the Investment Manager shall be discouraged, unless such an opportunity presents itself that the use of the sophisticated securities would provide substantial opportunity to increase investment returns at an appropriately equivalent level of risk to the remainder of the total portfolio. Also, derivative securities may be used by the Investment Manager in order to hedge certain risks to the portfolio. The approval and use of derivative securities will not be allowed unless the Endowment Committee is confident that the Investment Manager(s) thoroughly understands the risks being taken, has demonstrated expertise in their usage of such securities, and has guidelines in place for the use and monitoring of derivatives.

Real Estate: Investments may also include equity real estate, held in the form of professionally managed, income producing commercial and residential property. Such investments may be made only through professionally managed, income producing commercial and residential property. Such investments may not exceed 10% of the total endowment fund. Such investment may be made only through professionally managed pooled real estate investment funds, as offered by leading real estate managers with proven track records of superior performance over time.

(Is now covered under the derivative section)
The Endowment will avoid highly leveraged strategies and managers who provide insufficient transparency of their actions for adequate monitoring of the risks they are taking.

B. Guidelines for Fixed Income Investments and Cash Equivalents

1. Investment in fixed income securities shall be restricted to only investment grade bonds rated BAA or higher.

2. Money Market Funds selected shall contain securities whose credit rating at the absolute minimum would be rated investment grade by Standard and Poor's, and/or Moody's.

3. Investment in fixed income securities within the fixed income portfolio shall be restricted to only investment grade bonds rated BAA or higher. Any investment in below investment grade bonds shall be considered an equity or fixed income alternative investment**.**

C. Guidelines for Fixed Income Alternatives

1. Fixed Income alternative investments will be defined as any strategy using a partnership or offshore investment company structure that may or may not be subject to SEC registration, investing primarily in marketable securities and/or subject to a performance fee. These strategies would generally have absolute, as opposed to relative, return objectives driven more by manager skill and market inefficiency than market direction. Use of leverage, short selling and/or derivatives may or may not be employed as part of the investment approach. The endowment will employ a manager of manager's approach to investing in fixed income alternative investments.

D. Limitations on Manager Allocations

1. No more than 5% of the Endowment Fund assets shall be allocated to an individual Investment Manager.

2. No more than 25% of the Endowment Fund assets shall be allocated to a "Fund of Funds" or multi-manager fund.

XIII. Investment Manager Performance Review and Evaluation

Performance reports generated by the Investment Consultant shall be compiled at least quarterly and communicated to the Board of Trustees for review. The investment performance of total portfolios, as well as asset class components, will be measured against commonly accepted performance benchmarks. Consideration shall be given to the extent to which the investment results are consistent with the investment objectives, goals, and guidelines as set forth in this statement. The Board of Trustees intends to evaluate the portfolio(s) over at least a three-year period, but reserves the right to terminate a manager for any reason including the following:

1. Investment performance which is significantly less than anticipated, given the discipline employed and risk parameters established, or unacceptable justification of poor results.

2. Failure to adhere to any aspect of this statement of investment policy, including communication and reporting requirements.

3. Significant qualitative changes to the investment management organization.

Investment managers shall be reviewed annually regarding performance, personnel, strategy, research capabilities, organizational and business matters, and other qualitative factors that may impact their ability to achieve the desired investment results.

XIV. Investment Policy Review

To assure continued relevance of the guidelines, objectives, financial status and capital markets expectations as established in this statement of investment policy, the Board of Trustees will review investment policy at least annually.

Investment Manager Selection

1. The Endowment Committee will decide on guidelines for the desired investment philosophy, asset mix, and performance objectives of the new manager.

2. The Endowment Committee will employ, if appropriate, Investment Consultant(s) to identify potential managers.

3. Potential managers will be reviewed by the Endowment Committee in some or all of the following areas with the importance of each category determined by the Endowment Committee:

Organization
- Experience of firm
- Assets under management
- Ownership
- Number of professionals
- Fees and minimum account size

Performance
- One, three and five-year comparisons
- Up/down market comparisons
- Risk/return graphs

Securities Summary – Equities
- Yield
- Profit/earnings
- Quality
- Growth
- Beta

Securities Summary – Fixed Income
- Quality
- Maturity
- Duration
- Government/non-government
- Investment decision-making process
- Top down/bottom up
- Quantitative/qualitative/traditional
- Expected performance characteristics

Securities Summary – Fixed Income Alternative

- Arbitrage (merger, event, convertible, equity and fixed income arbitrage and pairs trading)
- Event investing (restructurings, spin-offs, etc.)
- Distressed securities
- Long Short equities (U.S., global and sector funds)
- Market neutral equities
- Short-biased equities
- Macro investing

Skill Set Analysis

- Market timing
- Sector diversification
- Security selection
- Security consideration

4. Final selection of a new manager resides with the Endowment Committee.

UNIVERSITY OF SOUTH ALABAMA
NON-ENDOWMENT CASH POOL INVESTMENT POLICIES

Purpose

The purpose of this Investment Policy is to provide a guideline by which the pooled funds (the current, loan, agency and plant fund groups) not otherwise needed to meet the daily operational cash flows for the University can be invested to earn a maximum return, yet still maintain sufficient liquidity to meet fluctuations in the inflow of funds from revenues, tuition payments and state appropriations.

The policies and practiced hereinafter set forth separate funds into three investment categories: (1) Short-term funds (2) Intermediate-term funds (3) Long-term funds.

INVESTMENT OBJECTIVES

The investment objectives for Operational Funds Investments are: (1) to maximize current investment returns consistent with the liquidity needs of the University. In keeping with the investment objectives noted above, it is acknowledged that there are Operational Funds which require short-term, intermediate-term and long-term investment strategies.

It is expected that the maturities of the investments in the Operational Funds will be matched against the cash flow needs of each campus to maximize yields consistent with the liquidity needs of the University.

Maintenance of Adequate Liquidity

The investment portfolio must be structured in such a manner that will provide sufficient liquidity to pay obligations such as normal operating expenses and debt service payments as they become due. A liquidity base will be maintained by the use of securities with active secondary markets, certificates of deposit, or repurchase agreements. These investments could be converted to cash prior to their maturities should the need for cash arise.

Return on Investments

The University seeks to optimize return on investments within the constraints of each investment objective. The portfolio strives to provide a return consistent with each investment category. The cash pool portfolio rate of return will be compared with the returns of broad indices representing the investment and maturity structure of the Pool.

DELEGATION OF AUTHORITY

The Board of Trustees is ultimately responsible for investment policy. By Board Resolution the Board of Trustees is delegating investment authority to the President or Vice President for Financial Affairs or other such persons as may be authorized to act on their behalf.

The Investment Policy is established to provide guidance in the management of the University's Non-Endowment Cash Pool to insure compliance with the laws of the State of Alabama and investment objectives. The Vice President for Financial Affairs or his designee is accorded full discretion, within policy limits, to select individual investments and to diversify the portfolio by applying their own judgments concerning relative investment values.

IMPLEMENTATION OF THE INVESTMENT POLICY

The Vice President for Financial Affairs or his designee is authorized to execute security transactions for the University investment portfolio. Reports of investments shall be presented to the Endowment and Investment Committee of the Board of Trustees.

AUTHORIZED INVESTMENT INSTRUMENTS

Short-Term Operational Funds

Safety of Capital

Preservation of capital is regarded as the highest priority in the handling of investments for the University of South Alabama. All other investment objectives are secondary to the safety of capital.

It is assumed that all investments will be suitable to be held to maturity. However, sale prior to maturity is warranted in some cases. For example, investments may be sold if daily operational funds are needed or if the need to change the maturity structure of the portfolio arises.

All investments will be restricted to fixed income securities with the maturity range to be consistent with the liquidity needs of the pooled fund groups. It is essential that cyclical cash flow be offset by liquid investments. Permissible investment instruments may include:

1. Checking and Money Market deposit accounts in banks. These funds are subject to full collateralization for the amounts above the FDIC $250,000.00 coverage limit, or participation by the Bank in the State of Alabama's Security for Alabama Funds Enforcement Program.

2. Certificates of Deposit issued by banks and fully collateralized for the amounts above the FDIC $250,000.00 coverage limit or participation by the bank in the State of Alabama's Security for Alabama Funds Enforcement Program. Negotiable Certificates of Deposit or

Deposit Notes issued by credit worthy U.S. Banks in amounts not to exceed the FDIC $250,000.00 coverage limit.

3. Direct obligations of the United States or obligations unconditionally guaranteed as to principal and interest by the Unites States.

4. Obligations of a Federal Agency (including mortgage backed securities) or a sponsored instrumentality of the United States including but not limited to the following:

- Federal Home Loan Bank (FHLB)
- Federal Home Loan Mortgage Corporation (FHLMC)
- Federal Farm Credit Banks (FFCB)
- Government National Mortgage Association (GNMA)
- Federal National Mortgage Association (FNMA)
- Student Loan Marketing Association (SLMA)
- Financing Corp (FICO)
- Tennessee Valley Authority (TVA)
- Government Trust Certificates (GTC)

5. Commercial paper of corporate issuers with a minimum quality rating of P-1 by Moody's, A-1 by Standard and Poor's or F-1 rating by Fitch. Corporate bonds will maintain a minimum "A" rating by both Moody's and Standard and Poor's at the time of purchase. No more than ten percent (10%) of the Total Cash and Investments shall be invested in a single corporation for Commercial Paper/Short-term Corporate Bonds and thirty-five percent (35%) per Federal Agency Obligation as described above. There will be no limit on U.S. Treasury Obligations. All such securities must have an active secondary market.

The maturity range of Short-Term Operational Funds Investments shall be consistent with liquidity requirements of the funds category. However, funds established under certain debt instruments may be invested in accordance with the applicable criteria. Typical maturity will range from one day to one year.

Intermediate-Term Investment of Operational Funds

Investments for those Operational Funds designated by the President as benefiting from investment over a one- to three-year period.

Permissible investments are consistent with all investments approved under short-term operational funds within a one- and three- year investment period. It is expected that the maturities of the investments within the intermediate-term funds will match against the cash flow needs of the University and to maximize yields consistent with the liquidity needs of the University.

Long-Term Investment of Operational Funds

From time to time management may have the opportunity to invest Operational Funds designated by the President to achieve higher earnings over a longer time horizon. These funds will be invested based on the Non-endowment Equity and Alternative Investment Pool Guidelines referenced in Appendix A.

PASS THROUGH OR DESIGNATED FUNDS

This policy shall also cover pass through funds (endowment funds to be forwarded to external endowment fund managers) and any funds managed by the University and designated for specific purposes and not covered by individual investment restrictions (i.e. endowment funds that may not be co-mingled, bond proceeds during construction, USA Health Plan, etc.)

PRUDENCE AND ETHICAL STANDARDS

The standard of prudence to be used by investment officials shall be the "prudent person" standard and shall be applied in the context of managing the overall portfolio. Persons performing the investment functions, acting in accordance with these written policies and procedures, and exercising due diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes, provided deviations from expectations and appropriate recommendations to control adverse developments are reported in a timely fashion. The "prudent person" standard is understood to mean:

"Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived."

EFFECTIVE DATE

This policy shall become effective immediately upon its adoption by the Board of Trustees. Further, this policy shall be reviewed at least annually and updated whenever changing market conditions or investment objectives warrant.

Appendix A

University of South Alabama

Non-Endowment
Equity and Alternative Investment Pool Guidelines

Purpose

The purpose of the University's Non-Endowment Equity and Alternative Investment Pool (Equity and Alternative Pool) is to maximize returns for those operating funds that are not utilized for day to day cash management needs. These funds will have a seven- to ten- year time horizon. The goal of the Equity and Alternative Pool is to provide revenue while preserving principal to fund University projects as set forth by the University President.

Return on Investments

The University seeks to optimize return on these investments within the constraints of the Equity and Alternative Pool guidelines. The portfolio strives to provide a return consistent with each investment category.

Oversight and Delegation of Authority

The Equity and Alternative Pool will be governed by the Non-Endowment Cash Pool Investment Policy. The Board of Trustees is ultimately responsible for the Non-Endowment Cash Pool Investment Policy. Investment oversight will be delegated to the President or Vice President for Finance and Administration or other such persons as may be authorized to act on their behalf.

Investment Objectives

In order to meet its needs, the investment strategy of the Equity and Alternative Pool is to emphasize long-term growth; that is, the aggregate return from capital appreciation. The Equity and Alternative Pool shall be monitored for return relative to objectives, consistency of investment philosophy, and investment risk.

Portfolio Composition and Risk

A. To achieve its investment objective, the Equity and Alternative Pool assets are considered as divided into two parts; an alternative investment component or hedged strategy and an equity component. Total Equity and Alternative Pool assets

should not exceed 25% of all non-endowment cash and cash-equivalents of the University as of September 30th of the prior fiscal year. This percentage will be reassessed periodically and any changes will be communicated to the Board. The Equity and Alternative Pool commitment to these funds shall be as follows:

	Range	Long-term neutral
Equity	45-85%	70%
Alternative Investment	10-35%	30%

B. The purpose of the equity component is to provide appreciation of principal that more than offsets inflation and to provide a growing stream of capital appreciation and current income. It is recognized that the pursuit of this objective could entail the assumption of greater market variability and risk than investment in fixed-income securities. Equity and equity-substitute investments are broadly defined as common stocks, high-yield bonds, reorganization securities, venture capital, leveraged buyout investments, equity real estate, exchange traded index funds**,** etc.

C. The purpose of the alternative investment component is to provide the Equity and Alternative Pool a source of returns with low to negative correlation to equity markets and volatility of one third to one half that of the U.S. equity market, while still achieving equity-like returns of Treasury Bills plus 2-8% over time. The alternative investment component should normally represent approximately 10-35 percent of the total Equity and Alternative Pool.

D. Any assets not committed to the alternative investment component shall be allocated to the equity fund. The equity fund should normally represent approximately 45-85 percent of total the Equity and Alternative Pool assets at market value. Although the actual percentage of equities will vary with market conditions, levels outside this range should be closely monitored.

E. The Equity and Alternative Pool includes investments in several categories:

Asset Class	Long-Term Strategic Target (%) of Funds	Range
DOMESTIC EQUITY	**55%**	**40-70%**
Large Cap	40%	30-65%
Mid Cap	10%	5-15%
Small Cap	5%	3-10%
INTERNATIONAL STOCKS	**15%**	**5-25%**
Developed Markets	10%	3-20%
Emerging Markets	5%	0-10%
TOTAL EQUITY COMPONENT	**70%**	**45-85%**
ALTERNATIVE INVESTMENTS	**30%**	**10-35%**
Absolute Return	30%	10-35%
TOTAL ALTERNATIVE COMPONENT	**30%**	**10-35%**
TOTAL	**100%**	

F. Within the equity fund, certain investments can be included to provide a hedge against unanticipated, rapidly accelerating inflation. These include cash, real estate and oil and gas investments.

G. The Equity and Alternative Pool investments shall be diversified both by asset class (e.g., equities and alternative investment securities) and within asset classes (e.g., within equities by economic sector, geographic area, industry, quality, and size). The purpose of diversification is to provide reasonable assurance that no single security or class of securities shall have a disproportionate impact on the endowment funds aggregate results. Equity securities in any single industry will

not exceed 20 percent, nor will equity securities in any single company exceed 10 percent of the market value of the endowment's allocation to equities.

Spending Policy

It shall be the policy of the Equity and Alternative Pool to preserve and maintain the real purchasing power of the principal of the Fund. The current spending policy of the Equity and Alternative Pool will be determined annually by the University President. The spending guideline is based on an expected total return over the long-term less expected inflation and will use the excess return over the inflation adjusted principal using a 3 year moving average to help fund the operating needs of the University.

Line of Credit

At times of extreme volatility related to the Equity and Alternative Pool a Line of Credit (LOC) will be utilized to meet day to day management of the University's operating needs. A LOC of up to $30,000,000 will be established and available to meet those periods when operating cash is low due to seasonal tuition revenue. The LOC will be repaid in full as soon as sufficient cash is available. The Investment Manager will be required to inform the Vice-President for Finance and Administration, Treasurer and President and obtain appropriate approval of any draws and repayments on the LOC and will be required to provide them with balance reports throughout the year.

RESOLUTION

COMMENDATION OF MRS. MARY JO HRABE

WHEREAS, the University of South Alabama (USA) pursues the vision of being a leading comprehensive public university internationally recognized for educational, research and health care excellence, as well as for its positive intellectual, cultural and economic impact on those it serves, and

WHEREAS, the mission of USA's College of Education and Professional Studies is to transform the community and expand outreach through a commitment to excellence in education and human services, advancement of innovative research and supporting the dedicated service of its faculty, staff, students and alumni, and

WHEREAS, Mrs. Mary Jo Hrabe and her late husband, Charles Fullington Hrabe, Jr., aspired to endow a scholarship honoring the memory of his, sister Patricia Ann Hrabe, and Mrs. Mary Jo Hrabe desires to fulfill this wish through a transformational gift to the College of Education and Professional Studies, and

WHEREAS, Patricia Ann Hrabe received her Bachelor of Science degree in Secondary Education in the field of Social Studies in 1972 and a Master's Degree in Health, Physical Education and Recreation in 1976, and

WHEREAS, Mrs. Mary Jo Hrabe values educators and the difference they make in our communities, and through her generosity, many future educators will be positively impacted for years to come,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama hereby recognizes the extraordinary commitment and generosity of Mrs. Mary Jo Hrabe and her late husband, Charles Fullington Hrabe, Jr., and joins the University President, faculty, staff and students in extending deepest gratitude for their impactful gift to USA.

UNIVERSITY OF SOUTH ALABAMA

MEMORANDUM

Development and Alumni Relations

DATE: November 16, 2022

TO: Jo Bonner
President

FROM: Margaret M. Sullivan
Vice for Development and Alumni Relations

SUBJECT: Commendation of Mary Jo Hrabe

I recommend presentation of the attached resolution commending Mary Jo Hrabe for her transformational gift establishing the *Patricia Ann Hrabe Endowed Scholarship in Education*.

This resolution commends Mary Jo Hrabe and her late husband, Charles Fullington Hrabe, who aspired to endow the award before his passing in 2021. The award is named in honor of Charles Hrabe's sister who graduated from the University of South Alabama in 1972 and 1976.

With your support, this commendation by the Board of Trustees will be an appropriate way to honor Mary Jo Hrabe and her support of USA and the College of Education and Professional Studies.

Attachment: Proposed Resolution

c: Monica Ezell
Dr. Andrea (Andi) Kent

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

HEALTH AFFAIRS COMMITTEE

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

Health Affairs Committee

September 22, 2022
9:05 a.m.

A meeting of the Health Affairs Committee of the University of South Alabama Board of Trustees was duly convened by Mr. Jimmy Shumock, Chair, on Thursday, September 22, 2022, at 9:05 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Chandra Brown Stewart, Scott Charlton, Tom Corcoran, Jimmy Shumock, Steve Stokes and Jim Yance were present.
Member Absent:	Steve Furr.
Other Trustees:	Alexis Atkins, Ron Graham, Ron Jenkins, Bill Lewis, Arlene Mitchell, Lenus Perkins, Margie Tuckson and Mike Windom.
Administration & Guests:	Jim Berscheidt, Joél Billingsley, Jo Bonner, Lynne Chronister, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, Andi Kent, Nick Lawkis, John Marymont, Mike Mitchell, Laura Schratt and Margaret Sullivan.

The meeting came to order, and the attendance roll was called, **Item 12**. Mr. Shumock called for consideration of the minutes of a meeting held on June 2, 2022, **Item 13**. On motion by Mr. Yance, seconded by Mr. Corcoran, the Committee voted unanimously to adopt the minutes.

Mr. Shumock called on Dr. Marymont to update the Committee on circumstances unfolding at University Hospital. Dr. Marymont advised that a team representing The Joint Commission, USA Health's primary accrediting agency, had made an unannounced visit at University Hospital to perform a standard compliance assessment. He added that Mr. Bailey along with Dr. Chang, USA Health Chief of Staff, had been detained at University Hospital to assist with the review. Given this, he and Mr. Shumock recommended delaying consideration of the **Item 15** resolution authorizing revisions to the USA Health Hospitals Medical Staff Bylaws and to pertinent documents, as this was subject to review by the accreditation team, as well as delaying the **Item 16** report on the activities of USA Health and the Whiddon College of Medicine that Dr. Chang was to deliver.

Dr. Marymont presented **Item 14**, a resolution authorizing the USA Health Hospitals Medical Staff appointments and reappointments for May, June and July 2022. (To view resolutions, policies and other documents authorized, refer to the minutes of the Board of Trustees meeting held on September 22, 2022.) Dr. Marymont stated that the medical staff credentials had been thoroughly vetted by the credentials office and a committee on which Drs. Furr and Stokes serve. On motion

by Dr. Stokes, seconded by Dr. Charlton, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

There being no further business, the meeting was adjourned at 9:09 a.m.

Respectfully submitted:

James H. Shumock, Chair

UNIVERSITY OF SOUTH ALABAMA

MEMORANDUM

USA Health

DATE: November 3, 2022

TO: Jo Bonner
President

FROM: Owen Bailey, Chief Executive Officer

SUBJECT: Board Meeting Documents

Attached for review and approval by the Health Affairs Committee and the Board of Trustees are:

Resolution – USA Health Hospitals Medical Staff Appointments and Reappointments for August, September and October 2022

- Medical Staff Appointments/Reappointments Board of Trustees Report

Resolution – USA Health Hospitals Medical Staff Bylaws/Associated Documents

- Proposed Bylaws/Associated Documents Revisions

OB/kh

Attachments

RESOLUTION

USA HEALTH HOSPITALS MEDICAL STAFF APPOINTMENTS AND REAPPOINTMENTS FOR AUGUST, SEPTEMBER AND OCTOBER 2022

WHEREAS, the medical staff appointments and reappointments for August, September and October 2022 for the USA Health Hospitals are recommended for approval by the medical executive committees and the USA Health Credentialing Board,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama hereby authorizes the appointments and reappointments as submitted.

USA BOARD OF TRUSTEES REPORT
USA HEALTH HOSPITALS MEDICAL STAFF
APPOINTMENTS APPROVED IN AUGUST, SEPTEMBER, AND OCTOBER 2022

The following is a listing of recommendations for approval of new appointments, reappointments and other status changes of physicians and APP staff professionals. These have been reviewed and are recommended by the Medical Executive Committee of the respective hospitals.

NAME	USA Health Children's & Women's Hospital			USA Health University Hospital			USA Health Ambulatory Care		
New Appointments:	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**
Adams, Mason G., MD	New Appt.	Community Staff	Internal Medicine	New Appt.	Community Staff	Internal Medicine	NA	NA	NA
Adams, Randall L., CRNA	New Appt.	APP Locums	Anesthesiology	New Appt.	APP Locums	Anesthesiology	NA	NA	NA
Ahmed, Ibrahim M., MD	New Appt.	Active USA	Pediatrics	New Appt.	Active USA	Pediatrics	New Appt.	Active USA	Pediatrics
Albright, Amanda B., RN	New Appt.	APP Non-Priv.	Internal Medicine	New Appt.	APP Non-Priv.	Internal Medicine	NA	NA	NA
Bartel, Melissa M., MD	New Appt.	Consulting	Radiology	New Appt.	Consulting	Radiology	NA	NA	NA
Batra, Mansi, MD	New Appt.	Active USA	Pediatrics	New Appt.	Active USA	Pediatrics	New Appt.	Active USA	Pediatrics
Bayer, Danielle E., MD	NA	NA	NA	New Appt.	Active	Internal Medicine	NA	NA	NA
Breaux, Jr., Charles W., MD	New Appt.	Contract/Locums	Surgery	New Appt.	Contract/Locums	Surgery	New Appt.	Contract/Locums	Surgery
Caldwell, Kelly T., PA	NA	NA	NA	New Appt.	APP USA	Surgery	New Appt.	APP USA	Surgery
Capasso, Thomas J., MD	New Appt.	Active USA	Surgery	New Appt.	Active USA	Surgery	New Appt.	Active USA	Surgery
Chhetri, Sumit, MD	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine
Clark, Haley, R., MD	New	Active	Radiology	New	Active	Radiology	NA	NA	NA
Clarke, Ronald W., MD	New Appt.	Active	OBGYN	NA	NA	NA	NA	NA	NA
Clay, Elizabeth A., DDS	New Appt.	APP	Surgery	New Appt.	APP	Surgery	NA	NA	NA
Crenshaw, Danielle M., CRNP	New Appt.	APP USA	Pediatrics	NA	NA	NA	New Appt.	APP USA	Pediatrics
Dhillon, Reshvinder S., MD	New Appt.	Active USA	Ped. Emerg. Med.	NA	NA	NA	NA	NA	NA
Duke, Jonathan B., CRNA	New Appt.	APP Contract/Locum	Anesthesiology	New Appt.	APP Contract/Locum	Anesthesiology	NA	NA	NA
El Shakankiry, Hanan M., MD	New	Active USA	Neurology	New Appt.	Active USA	Neurology	New Appt.	Active USA	Neurology
Gavin, Brenda F., CRNP	NA	NA	NA	New Appt.	APP HCA/JAG	Internal Medicine	New Appt.	APP HCA/JAG	Internal Medicine
Gerstler, Steven T., MD	New Appt.	Consulting	Radiology	New Appt.	Consulting	Radiology	NA	NA	NA
Hightower, Emily E., CRNP	New Appt.	APP USA	Internal Medicine	New Appt.	APP USA	Internal Medicine	New Appt.	APP USA	Internal Medicine
Hines, IV, Robert D., MD	New Appt.	Active	Radiology	New Appt.	Active	Radiology	NA	NA	NA
Jones, Joseph A., MD	New Appt.	Active USA	Radiation Oncology	New Appt.	Active USA	Radiation Oncolocy	New Appt.	Active USA	Radiation Oncology
Karki, Nabin R., MD	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine
Kestler, Brianne E., PA	New Appt.	APP USA	OBGYN	New Appt.	APP USA	OBGYN	New Appt.	APP USA	OBGYN
Lee, Bonnie K., MD	New Appt.	Active USA	Surgery	New Appt.	Active USA	Surgery	New Appt.	Active USA	Surgery
Lewis, Emma J., PA	New Appt.	APP USA	Neurosurgery	New Appt.	APP USA	Neurosurgery	New Appt.	APP USA	Neurosurgery
Marshall, Mary C., MD	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine
McInnis, Cameron H., PA	New Appt.	APP-USA	Neurosurgery	New Appt.	APP-USA	Neurosurgery	New Appt.	APP-USA	Neurosurgery
McMullin, Sarah E., MD	New Appt.	Active USA	Pediatrics	NA	NA	NA	New Appt.	Active USA	Pediatrics
Morris, Julia H., MD	New Appt.	Active	Radiology	New Appt.	Active	Radiology	NA	NA	NA
Newell, Olivia M., CRNP	New Appt.	APP USA	Pediatrics	NA	NA	NA	New Appt.	APP USA	Pediatrics
Nisar, Taha, MD	New Appt.	Active USA	Neurology	New Appt.	Active USA	Neurology	New Appt.	Active USA	Neurology
Petrey, Wilkes B., MD	New Appt.	Active	Radiology	New Appt.	Active	Radiology	NA	NA	NA
Pham, Tuan H., MD	New Appt.	Contract/Locums	Surgery	New Appt.	Contract/Locums	Surgery	New Appt.	Contract/Locums	Surgery
Ramani, Manimaran, MD	New Appt.	Active USA	Pediatrics	NA	NA	NA	New Appt.	Active USA	Pediatrics
Reich, Caroline A., MD	New Appt.	Active	Radiology	New Appt.	Active	Radiology	NA	NA	NA
Reus, Tammy W., RN	New Appt.	APP- HCA	Surgery	New Appt.	APP- HCA	Surgery	New Appt.	APP- HCA	Surgery
Rodriguez, Ramon F., MD	New Appt.	Active	Orthopaedics	New Appt.	Active	Orthopaedics	NA	NA	NA
Rowland, Lauren E., CRNA	New Appt.	APP Contract/Locums	Anesthesiology	New Appt.	APP Contract/Locums	Anesthesiology	NA	NA	NA
Saleemi, Muhammad Adeel, MD	New Appt.	Active USA	Neurology	New Appt.	Active USA	Neurology	New Appt.	Active USA	Neurology

USA BOARD OF TRUSTEES REPORT
USA HEALTH HOSPITALS MEDICAL STAFF
APPOINTMENTS APPROVED IN AUGUST, SEPTEMBER, AND OCTOBER 2022

NAME	USA Health Children's & Women's Hospital			USA Health University Hospital			USA Health Ambulatory Care		
New Appointments: (Continued)	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**
Sidahmed, Shima M., MD	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine
Sweet, Nicholas N., DO	New Appt.	Consulting	Radiology	New Appt.	Consulting	Radiology	NA	NA	NA
Thomas, Jacqueline Claire, CRNP	New Appt.	APP USA	Ped. Emerg. Medicine	NA	NA	NA	NA	NA	NA
Thomas, Melanie J., CRNP	New Appt.	APP USA	Orthopaedics	New Appt.	APP USA	Orthopaedics	New Appt.	APP USA	Orthopaedics
Thompson, Aaron J., CRNP	NA	NA	NA	New Appt.	APP HCA	Internal Medicine	New Appt.	APP HCA	Internal Medicine
Thompson, Jacquelyn C., PA	New Appt.	APP USA	Neurosurgery	New Appt.	APP USA	Neurosurgery	New Appt.	APP USA	Neurosurgery
Trice, Celeste, DO	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine
Trisel, Zachary M., MD	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine	New Appt.	Active USA	Internal Medicine
Vanderberg, Robert H., MD	New Appt.	Active	Radiology	New Appt.	Active	Radiology	NA	NA	NA
Wattenbarger, Sara, DO	New Appt.	Active USA	Ped. Emerg. Med.	New Appt.	Active USA	Emergency Medicine	NA	NA	NA
Watts, Justin T., MD	New Appt.	Active	Radiology	New Appt.	Active	Radiology	NA	NA	NA
Webb, Matthew L., MD	New Appt.	Active USA	Orthopaedics	New Appt.	Active USA	Orthopaedics	New Appt.	Active USA	Orthopaedics
White, Parker A., MD	New Appt.	Active USA	Orthopaedics	New Appt.	Active USA	Orthopaedics	New Appt.	Active USA	Orthopaedics
Williams, Kathryn L., DO	New Appt.	Active -USA	Pediatrics	NA	NA	NA	New Appt.	Active USA	Pediatrics
Wilson, Brittany M., CRNP	New Appt.	APP USA	OBGYN	NA	NA	NA	New Appt.	APP USA	OBGYN
Reappointments:									
Aggen, Ashlen P., MD	Reappt.	Community Staff	Family Medicine	Reappt.	Community Staff	Family Medicine	NA	NA	NA
Aikin, Stephanie D., PA	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Allen, Peter C., RN	NA	NA	NA	Reappt.	APP Non-Priv.	Internal Medicine	NA	NA	NA
Allen-Johnson, Jennifer C., MD	Reappt.	Community Staff	Pediatrics	NA	NA	NA	NA	NA	NA
Asher, William M., MD	Reappt.	Community Staff	Radiology	Reappt.	Community Staff	Radiology	NA	NA	NA
Bailey, Lisa M., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Baliem, Wilma D., CRNP	Reappt.	APP USA	Internal Medicine	Reappt.	APP USA	Internal Medicine	Reappt.	APP USA	Internal Medicine
Ballard, Jr., Barry D., MD	Reappt.	Community Staff	Surgery	Reappt.	Community Staff	Surgery	NA	NA	NA
Ballard, Haley H., MD	Reappt.	Consulting USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Consult/Active USA	Internal Medicine
Banerjee, Sara, MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Baranano, Anne E., MD	Reappt.	Consulting	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Barber, IV, William H., MD	Reappt.	Consulting USA	Surgery	Reappt.	Active USA	Surgery	Reappt.	Consult/Active USA	Surgery
Barnett, Cody B., MD	Reappt.	Consulting	Internal Medicine	Reappt.	Consulting	Internal Medicine	NA	NA	NA
Benjamin, Regina M., MD	Reappt.	Community Staff	Family Medicine	Reappt.	Community Staff	Family Medicine	NA	NA	NA
Beverly, Brenda L., CCC-SLP, PhD	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery
Blair-Elortegui, Judy V., MD	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine
Bogart, Heather A., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Bradham, Kari A., DO	Reappt.	Active USA	Pediatrics	NA	NA	NA	Reappt.	Active USA	Pediatrics
Brooks, Ronald M., MD	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery
Brown, Mark S., MD	NA	NA	NA	Reappt.	Consulting	Surgery	NA	NA	NA
Brown, Roderick S., DO	NA	NA	NA	Reappt.	Active HCA/JAG	Internal Medicine	NA	NA	NA
Brutkiewicz, Barbara V., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Butler, Thomas W., MD	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine
Camp, Pamela R., CRNP	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery
Carlyle, Megan E., PA	Reappt.	APP	Surgery	NA	NA	NA	NA	NA	NA
Carpenter, David C., MD	Reappt.	Courtesy	OBGYN	NA	NA	NA	NA	NA	NA
Carter, Jr., James E., MD	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology

USA BOARD OF TRUSTEES REPORT
USA HEALTH HOSPITALS MEDICAL STAFF
APPOINTMENTS APPROVED IN AUGUST, SEPTEMBER, AND OCTOBER 2022

NAME	USA Health Children's & Women's Hospital			USA Health University Hospital			USA Health Ambulatory Care		
Reappointments: (Continued)	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**
Cartledge, Hollie V., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Chalhub, Elias G., MD	Reappt.	Active USA	Neurology	NA	NA	NA	Reappt.	Active USA	Neurology
Chung, Allison M., Pharm D	Reappt.	APP	Pediatrics	Reappt.	APP	Pediatrics	NA	NA	NA
Cobb, Michael L., MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Cole, Jason H., MD	NA	NA	NA	Reappt.	Consulting	Internal Medicine	NA	NA	NA
Cook, Amy B., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Coumanis, Lewis G., MD	Reappt.	Consulting USA	Radiology	Reappt.	Consulting USA	Radiology	Reappt.	Consulting USA	Radiology
Courtney, Angel C., CRNA	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology	NA	NA	NA
Crews, LaDonna M., MD	Reappt.	Active USA	Pediatrics	Reappt.	Consulting USA	Pediatrics	Reappt.	Active/Consult. USA	Pediatrics
Cunningham, Erin B., CRNP	Reappt.	APP USA	Ped. Emerg. Med.	Reappt.	APP USA	Emergency Medicine	NA	NA	NA
Custodio, Haidee T., MD	Reappt.	Active USA	Pediatrics	Reappt.	Consulting USA	Pediatrics	Reappt.	Active/Consult. USA	Pediatrics
Das, Abhijin, MD	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine
Davis, Angela A., RN	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Davis, Nita S., MD MBBS	Reappt.	Active USA	Pediatrics	Reappt.	Consulting USA	Pediatrics	Reappt.	Active/Consult. USA	Pediatrics
DiPalma, Jack A., MD	Reappt.	Consulting USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Consult./Active USA	Internal Medicine
Domzalski, Jerome T., MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Douglas, Mark J., MD	Reappt.	Consulting	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Duke, Kenneth G., CRNA	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology
Elkadi, Osama R., MD	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology
Estrada, Benjamin, MD	Reappt.	Active USA	Pediatrics	Reappt.	Consulting USA	Pediatrics	Reappt.	Active/Consult. USA	Pediatrics
Evans, Charla J., DO	Reappt.	Courtesy HCA	Family Medicine	Reappt.	Active HCA	Family Medicine	Reappt.	Court./Active HCA	Family Medicine
Fedok, Frederick G., MD	Reappt.	Consulting	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Finan, Michael A., MD	Reappt.	Community Staff	GYN/ONC	Reappt.	Community Staff	GYN/ONC	NA	NA	NA
Finn, Edgar W., MD	Reappt.	Consulting	Psychiatry	Reappt.	Consulting	Psychiatry	NA	NA	NA
Fiorito, Thomas F., MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Fonseca, Annabelle L., MD	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery
Foust, Anna C., MD	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine
Foust, Anna C., MD	Reappt.	Active USA	Pediatrics	Reappt.	Active USA	Pediatrics	Reappt.	Active USA	Pediatrics
Fox, Matthew A., MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Gandy, Roy E., MD	NA	NA	NA	Reappt.	Academic	Surgery	NA	NA	NA
Garcia Lopez de Victoria, Elizabeth, MD	Reappt.	Consulting	Neurology	Reappt.	Consulting	Neurology	NA	NA	NA
Hamilton, Maria A., MD	Reappt.	Consulting	Psychiatry	Reappt.	Consulting	Psychiatry	NA	NA	NA
Hanes, II, Charles R., MD	Reappt.	Active HCA	OBGYN	Reappt.	Courtesy HCA	OBGYN	Reappt.	Active/Court. HCA	OBGYN
Hannon, Jeffrey K., MD	Reappt.	Community Staff	Surgery	Reappt.	Community Staff	Surgery	NA	NA	NA
Hardin, Marie, PCT	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Harris, Janice D., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Hart, Katharine E., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Hartman, Catherine A., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Hassouneh, Linda, MD	Reappt.	Active USA	Pediatrics	NA	NA	NA	Reappt.	Active USA	Pediatrics
Haynes, Jr., Johnson, MD	Reappt.	Consulting USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Consult./Active USA	Internal Medicine
Herrera, Jorge L., MD	Reappt.	Consulting USA	Internal Medicine	Reappt.	Courtesy USA	Internal Medicine	Reappt.	Consult./Court. USA	Internal Medicine
Hewes, Amelia R., MD	Reappt.	Active USA	OBGYN	Reappt.	Courtesy USA	OBGYN	Reappt.	Active/Court. USA	OBGYN
Higgs, William R., MD	Reappt.	Consulting	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Hixson, William C., MD	Reappt.	Active USA	Radiology Oncology	Reappt.	Consulting USA	Radiology Oncology	Reappt.	Active/Consult. USA	Radiology Oncology
Hogue, Antwan J., MD	Reappt.	Consulting USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Consult./Active USA	Internal Medicine

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Reappointments: (Continued)	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**
Houston, Eileen M., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Houston, John T., MD	Reappt.	Comm. Staff HCA	Family Medicine	Reappt.	Comm. Staff HCA	Family Medicine	NA	NA	NA
Huddleston, Adam J., MD	Reappt.	Active USA	Radiology Oncology	Reappt.	Active USA	Radiology Oncology	Reappt.	Active USA	Radiology Oncology
Hundley, Jr., Terry J., MD	Reappt.	Courtesy USA	Internal Medicine	Reappt.	Courtesy USA	Internal Medicine	Reappt.	Courtesy USA	Internal Medicine
Hussain, Zeiad, MD	Reappt.	Active USA	Radiology	Reappt.	Active USA	Radiology	Reappt.	Active USA	Radiology
Hutchens, Dennis W., MD	Reappt.	Active USA	Anesthesiology	Reappt.	Active USA	Anesthesiology	NA	NA	NA
Iliff, Greire H., CRNP	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery
Jacobson, Richard D., MD	Reappt.	Consulting	Neurology	Reappt.	Consulting	Neurology	NA	NA	NA
Iliff, Greire H., CRNP	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery
Jacobson, Richard D., MD	Reappt.	Consulting	Neurology	Reappt.	Consulting	Neurology	NA	NA	NA
Johnson, Alfreda M., RN	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Johnson, George M., DPM	NA	NA	NA	Reappt.	APP	Orthopaedics	NA	NA	NA
Jones, III, Richard E., MD	Reappt.	Community Staff	Pediatrics	NA	NA	NA	NA	NA	NA
Jones, Vanessa L., CRNP	Reappt.	APP USA	Internal Medicine	Reappt.	APP USA	Internal Medicine	Reappt.	APP USA	Internal Medicine
Kidd, Jonathan L., PCT	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
King, Jessica L., CRNP	Reappt.	APP USA	Internal Medicine	Reappt.	APP USA	Internal Medicine	Reappt.	APP USA	Internal Medicine
Kirkland, Jordan C., CRNA	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology	NA	NA	NA
Klecker, Rosemary J., MD	Reappt.	Active USA	Radiology	Reappt.	Active USA	Radiology	Reappt.	Active USA	Radiology
Klisch, Gregory, MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Kuebler, Sr., Richard S., MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Lane, Daniel R., MD	Reappt.	Community Staff	Surgery	Reappt.	Community Staff	Surgery	NA	NA	NA
Laskay, Kathleen M., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Lewis, Elizabeth E., CRNP	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery
Leytham, Thomas J., MD	Reappt.	Community Staff USA	Family Medicine	Reappt.	Community Staff USA	Family Medicine	Reappt.	Community Staff USA	Family Medicine
Little, Jr., Walter K., DDS	Reappt.	APP Non-Privileged	Surgery	Reappt.	APP Non-Privileged	Surgery	NA	NA	NA
Lutz, Peter O., MD	NA	NA	NA	Reappt.	Consulting	Internal Medicine	NA	NA	NA
Maertens, Paul A., MD	Reappt.	Active USA	Neurology	Reappt.	Active USA	Neurology	Reappt.	Active USA	Neurology
Maguire, Raymond J., MD	Reappt.	Active USA	Ped. Emerg. Med.	Reappt.	Active USA	Emerg. Medicine	NA	NA	NA
Malozzi, Christopher M., DO	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine	Reappt.	Active USA	Internal Medicine
Manci, Elizabeth A., MD	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology
Marshall, Cara A., RN	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Mbaka, Maryann I., MD	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery
McCoy, Amy M., MD	Reappt.	Active HCA	OBGYN	NA	NA	NA	Reappt.	Active HCA	OBGYN
McDaniel, Mark A., MD	Reappt.	Community Staff	Family Medicine	Reappt.	Community Staff	Family Medicine	NA	NA	NA
McGrath, John W., RN	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
McMullan, Eddrice M., MD	Reappt.	Active USA	Anesthesiology	Reappt.	Consulting USA	Anesthesiology	NA	NA	NA
Mobley, Norma D., MD	Reappt.	Active	Pediatrics	NA	NA	NA	NA	NA	NA
Molokhia, Ehab A., MD	Reappt.	Active USA	Family Medicine	Reappt.	Active USA	Family Medicine	Reappt.	Active USA	Family Medicine
Moore, Jeremy C., DO	Reappt.	Consulting	Psychiatry	Reappt.	Consulting	Psychiatry	NA	NA	NA
Morrison, Katie L., PA	Reappt.	APP USA	Orthopaedics	Reappt.	APP USA	Orthopaedics	Reappt.	APP USA	Orthopaedics
Moss, Charlotte A., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Murphy, Patrick L., MD	NA	NA	NA	Reappt.	Consulting	Internal Medicine	NA	NA	NA
Myers, Lori A., MD	NA	NA	NA	Reappt.	Active USA	Emerg. Medicine	NA	NA	NA
Naritoku, Dean K., MD	Reappt.	Active USA	Neurology	Reappt.	Active USA	Neurology	Reappt.	Active USA	Neurology
Neese, Forrest L., CRNA	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology	NA	NA	NA

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Ngando, George E., MD	NA	NA	NA	Reappt.	Active USA	Emergency Medicine	NA	NA	NA
O'Dowd, John M., MD	NA	NA	NA	Reappt.	Courtesy	Internal Medicine	NA	NA	NA
O'Gorman, Ronald B., MD	NA	NA	NA	Reappt.	Consulting	Surgery	NA	NA	NA
Panacek, Edward A., MD	Reappt.	Active USA	Ped. Emerg. Med.	Reappt.	Active USA	Emergency Medicine	NA	NA	NA
Park, Christopher A., MD	Reappt.	Consulting	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Parker, Jr., Cecil L., MD	NA	NA	NA	Reappt.	Community Staff	Internal Medicine	NA	NA	NA
Pate, Emily P., CRNP	Reappt.	APP USA	Ped. Emerg. Med.	NA	NA	NA	NA	NA	NA
Pettaway, Jacqueline U., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Pettway, Kimberly M., RN	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Polski, Jacek M., MD	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology	Reappt.	Active USA	Pathology
Quatrino, Gregory M., MD	Reappt.	Community Staff	Surgery	Reappt.	Community Staff	Surgery	NA	NA	NA
Rachel, James N., MD	Reappt.	Consulting	Orthopaedics	Reappt.	Consulting	Orthopaedics	NA	NA	NA
Radcliff, Virginia S., MD	NA	NA	NA	Reappt.	Consulting	Internal Medicine	NA	NA	NA
Reed, Jason M., CRNA	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology	NA	NA	NA
Rettig, Kenneth R., MD	Reappt.	Consulting USA	Pediatrics	NA	NA	NA	Reappt.	Consulting USA	Pediatrics
Revere, Cherie L., CRNP	NA	NA	NA	Reappt.	APP USA	Internal Medicine	Reappt.	APP USA	Internal Medicine
Rich, Leonard S., MD	Reappt.	Consulting	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Richards, William O., MD	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery	Reappt.	Active USA	Surgery
Rifai, Aref, MD	Reappt.	Active	Surgery	NA	NA	NA	NA	NA	NA
Ringold, Forrest G., MD	Reappt.	Community Staff	Surgery	Reappt.	Community Staff	Surgery	NA	NA	NA
Rivers, Terry N., MD	NA	NA	NA	Reappt.	Comm Staff USA	Emerg. Medicine	NA	NA	NA
Roberson-Trammell, Katrina L., MD	Reappt.	Active USA	Pediatrics	NA	NA	NA	Reappt.	Active USA	Pediatrics
Roberts, Lauren L., CRNA	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology	NA	NA	NA
Roberts, Wilder M., CCCA	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery	Reappt.	APP USA	Surgery
Rodgers, Sandra Y., PCT	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Rodning, Kai J., MD	Reappt.	Active USA	Anesthesiology	Reappt.	Active USA	Anesthesiology	NA	NA	NA
Rogers, Vera Renee, RN	Reappt.	APP	OBGYN	Reappt.	APP	OBGYN	NA	NA	NA
Sanders, Michael K., MD	NA	NA	NA	Reappt.	Active	Internal Medicine	NA	NA	NA
Savells, Katherine L., MD	Reappt.	Active	Pediatrics	NA	NA	NA	NA	NA	NA
Self, Lauren C., MD	Reappt.	Courtesy	OBGYN	NA	NA	NA	NA	NA	NA
Semple, Henry C., MD	Reappt.	Consulting	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Sharma, Kamal P., MD	Reappt.	Active USA	Pediatrics	Reappt.	Courtesy USA	Pediatrics	Reappt.	Active/Court. USA	Pediatrics
Sharma, Kamal P., MD	Reappt.	Active USA	Ped. Emerg. Med.	NA	NA	NA	NA	NA	NA
Shell, Grantham M., MD	Reappt.	Courtesy	Orthopaedics	Reappt.	Courtesy	Orthopaedics	NA	NA	NA
Shumaker, Robin H., PA	Reappt.	APP USA	Neurosurgery	Reappt.	APP USA	Neurosurgery	Reappt.	APP USA	Neurosurgery
Sindel, Lawrence J., MD	Reappt.	Active	Pediatrics	NA	NA	NA	NA	NA	NA
Skific, Karen E., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Skipper, Caitlin E., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Slauterbeck, James R., MD	Reappt.	Active USA	Orthopaedics	Reappt.	Active USA	Orthopaedics	Reappt.	Active USA	Orthopaedics
Smith, Royshanda C., MD	Reappt.	Courtesy	OBGYN	NA	NA	NA	NA	NA	NA
Soriano, Jason A., MD	Reappt.	Consulting	Neurology	Reappt.	Consulting	Neurology	NA	NA	NA
Stella, Felicia B., MD	Reappt.	Community Staff	OBGYN	NA	NA	NA	NA	NA	NA
Stokes, Timothy B., MD	Reappt.	Active USA	Ped. Emerg. Med.	Reappt.	Active USA	Emerg. Medicine	NA	NA	NA
Swain, Jr., Ronnie E., MD	Reappt.	Courtesy	Surgery	Reappt.	Courtesy	Surgery	NA	NA	NA

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Talerico, Christina M., MD	Reappt.	Consulting	Psychiatry	Reappt.	Consulting	Psychiatry	NA	NA	NA
Tengsupakul, Supatida, MD	Reappt.	Active USA	Pediatrics	NA	NA	NA	Reappt.	Active USA	Pediatrics
Terry, Andrew P., MD	Reappt.	Courtesy	Surgery	NA	NA	NA	NA	NA	NA
Thrasher, Michelle R., CRNP	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Tintner, Ron, MD	Reappt.	Consulting	Neurology	Reappt.	Consulting	Neurology	NA	NA	NA
Tubbs, Candiann D., PCT	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Vick, Valerie L., MD	Reappt.	Courtesy	Surgery	Reappt.	Consulting	Surgery	NA	NA	NA
Walker, Jennifer D., MD	Reappt.	Community Staff	Pediatrics	NA	NA	NA	NA	NA	NA
Weatherly, Daniela V., MD	Reappt.	Courtesy HCA/JAG	Family Medicine	Reappt.	Active HCA/JAG	Family Medicine	Reappt.	Court./Act. HCA/JAG	Family Medicine
Weaver, Yaffa K., MD	NA	NA	NA	Reappt.	Consulting	Surgery	NA	NA	NA
Weidman, Tonya C., PA	Reappt.	APP USA	Pediatrics	NA	NA	NA	Reappt.	APP USA	Pediatrics
Weishaar, Brendan A., CRNA	Reappt.	APP USA	Anesthesiology	Reappt.	APP USA	Anesthesiology	NA	NA	NA
Whitt, Sharron, PCT	Reappt.	APP	Internal Medicine	Reappt.	APP	Internal Medicine	NA	NA	NA
Williams, III, Joseph P., MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Willis-Curry, Sandra Kay T., MD	Reappt.	Consulting	Radiology	Reappt.	Consulting	Radiology	NA	NA	NA
Winkler, Carey L., MD	Reappt.	Active USA	OBGYN	Reappt.	Active USA	OBGYN	Reappt.	Active USA	OBGYN
Woods, Amy R., MD	NA	NA	NA	Reappt.	Community Staff	Internal Medicine	NA	NA	NA
Yarbrough, Theresa N., MD	Reappt.	Active HCA	Internal Medicine	Reappt.	Active HCA	Internal Medicine	Reappt.	Active HCA	Internal Medicine
Wilson, Felicia M., MD	Reappt.	Active USA	Pediatrics	Reappt.	Courtesy USA	Pediatrics	Reappt.	Active/Court. USA	Pediatrics
Change Requests:	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**	**Type/Stat**	**Category**	**Dept/Ser**
Aggen, Ashlen P., MD	Reappt.	Community Staff	Family Medicine	Reappt.	Community	Family Medicine	NA	NA	NA
Allen, Peter C., RN	NA	NA	NA	Chg. Status	APP Non-Priv.	Internal Medicine	NA	NA	NA
Asher, William M., MD	Chg. Status	Community Staff	Radiology	Chg. Status	Community Staff	Radiology	NA	NA	NA
Brown, Amberlyn N., PA	Chg Coll/Priv.	APP USA	OBGYN	Chg Coll/Priv.	APP USA	OBGYN	Chg Coll/Priv.	APP USA	OBGYN
Davis, Shannon N., CRNP	Chg Coll/Priv.	APP USA	OBGYN	Chg Coll/Priv.	APP USA	OBGYN	Chg Coll/Priv.	APP USA	OBGYN
Gerjoi, Marcelo N., PA	Chg. Coll. Phy.	APP USA	Neurosurgery	Chg. Coll. Phy.	APP USA	Neurosurgery	Chg. Coll. Phy.	APP USA	Neurosurgery
Giambrone, Melanie J., CRNP	Added Priv.	APP USA	Neurosurgery	Added Priv.	APP USA	Neurosurgery	Added Priv.	APP USA	Neurosurgery
Harris, Janice D., CRNP	Chg. Coll. Phy.	APP USA	Pediatrics	NA	NA	NA	Chg. Coll. Phy.	APP USA	Pediatrics
Hayes, Lorna S., CRNP	Colla./Priv.	APP USA	OBGYN	NA	NA	NA	Colla./Priv.	APP USA	OBGYN
Maertens, Paul A., MD	NA	NA	NA	Added. Priv.	Active USA	Neurology	Added. Priv.	Active USA	Neurology
Mbaka, Maryann I., MD	Added Priv.	Active USA	Surgery	Added Priv.	Active USA	Surgery	Added Priv.	Active USA	Surgery
Mowry, Margaret H., MD	Added Priv.	Active USA	Radiology	Added Priv.	Active USA	Radiology	Added Priv.	Active USA	Radiology
Park, Christopher A., MD	Add/Del Priv.	Consulting	Surgery	Add/Del Priv.	Consulting	Surgery	NA	NA	NA
Revere, Cherie L., CRNP	NA	NA	NA	Chg. Coll. Phy.	APP USA	Internal Medicine	Chg. Coll. Phy.	APP USA	Internal Medicine
Shumaker, Robin H., PA	Add/Del. Priv.	APP USA	Neurosurgery	Add/Del. Priv.	APP USA	Neurosurgery	Add/Del. Priv.	APP USA	Neurosurgery
Slauterbeck, James R., MD	Del. Privs.	Active USA	Orthopaedics	Del. Privs.	Active USA	Orthopaedics	Del. Privs.	Active USA	Orthopaedics
Wilhite, Annelise, MD	Added Priv.	Active USA	OBGYN	Added Priv.	Active USA	OBGYN	Added Priv.	Active USA	OBGYN
Wood, Amanda L., CRNP	Chg. Coll. Phy.	APP USA	Pediatrics	NA	NA	NA	Chg. Coll. Phy.	APP USA	Pediatrics

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Resigned/Retired:	**Reason**	**Date**	**Dept.**	**Reason**	**Date**	**Dept.**	**Reason**	**Date**	**Dept.**
Adams, Mason G., MD	NA	NA	NA	Resigned	7/19/2022	Internal Medicine	Resigned	7/18/2022	Internal Medicine
Ahmed, Shawn I., MD	Resigned	8/19/2022	Radiology	Resigned	8/19/2022	Radiology	NA	NA	NA
Alemayehu, Hanna, MD	Resigned	8/22/2022	Surgery	Resigned	8/22/2022	Surgery	Resigned	8/22/2022	Surgery
Amritphale, Amod, MD	Resigned	7/18/2022	Internal Medicine	Resigned	7/18/2022	Internal Medicine	Resigned	7/18/2022	Internal Medicine
Amritphale, Nupur, MD	Resigned	7/11/2022	Pediatrics	Resigned	7/11/2022	Pediatrics	Resigned	7/11/2022	Pediatrics
Anaya, II, John A., MD	Resigned	6/30/2022	Internal Medicine	Resigned	6/30/2022	Internal Medicine	Resigned	6/30/2022	Internal Medicine
Beasley, Kyle C., MD	NA	NA	NA	Resigned	7/15/2022	Emergency Med.	NA	NA	NA
Benson-Inge, Antrias L., CMD	Resigned	9/13/2022	Radiology	Resigned	9/13/2022	Radiology	NA	NA	NA
Blount, Winona L., RN	Resigned	7/8/2022	Surgery	Resigned	7/8/2022	Surgery	Resigned	7/8/2022	Surgery
Boyd, Jr., William M., DO	Resigned	7/27/2022	OBGYN	Resigned	7/27/2022	OBGYN	Resigned	7/27/2022	OBGYN
Briggs, Blake M., MD	Resigned	10/2/2022	Ped. Emerg. Med.	Resigned	10/2/2022	Emergency Medicine	NA	NA	NA
Buckley, Stacie L., CMD	Resigned	9/13/2022	Radiology	Resigned	9/13/2022	Radiology	NA	NA	NA
Carnahan, Gary E., MD	Retired	9/1/2022	Pathology	Retired	9/1/2022	Pathology	Retired	9/1/2022	Pathology
Chandra-Sekar, Balasundaram, MD	Retired	7/31/2022	Radiology	Retired	7/31/2022	Radiology	NA	NA	NA
Chilukuri, Madhu B., PhD	Resigned	9/13/2022	Radiology	Resigned	9/13/2022	Radiology	NA	NA	NA
Cureton, Beth A., MD	Resigned	9/29/2022	Radiology	Resigned	9/29/2022	Radiology	NA	NA	NA
Davis, Janelle N., CRNP	Resigned	9/1/2022	Pediatrics	NA	NA	NA	NA	NA	NA
Dempsey, Gretchen J., CRNP	Resigned	7/13/2022	Pediatrics	NA	NA	NA	Resigned	7/13/2022	Pediatrics
DeShazo, Megan E., MD	Resigned	8/11/2022	Pediatrics	NA	NA	NA	Resigned	8/11/2022	Pediatrics
Diegmann, Fred F., MD	Resigned	7/25/2022	OBGYN	NA	NA	NA	NA	NA	NA
Dill, Stephen R., MD	Resigned	7/28/2022	Internal Medicine	Resigned	7/28/2022	Internal Medicine	NA	NA	NA
Dobbins, Devin M., RTT	Resigned	9/13/2022	Radiology	Resigned	9/13/2022	Radiology	NA	NA	NA
Ellerman, Justin L., MD	Resigned	6/30/2022	Internal Medicine	Resigned	6/30/2022	Internal Medicine	Resigned	6/30/2022	Internal Medicine
Eyrich, George A., MD	NA	NA	NA	Resigned	7/13/2022	Internal Medicine	NA	NA	NA
Folse, Tiffany M., CRNP	Resigned	10/3/2022	Neurology	Resigned	10/3/2022	Neurology	Resigned	10/3/2022	Neurology
Forehand, Marilyn C., CRNP	NA	NA	NA	Resigned	7/24/2022	Surgery	Resigned	7/24/2022	Surgery
Fox, Shaketa S., RN	Resigned	8/23/2022	Internal Medicine	Resigned	8/23/2022	Internal Medicine	NA	NA	NA
Gonzalez, Jr., Juan C., DO	Resigned	6/17/2022	Pediatrics	NA	NA	NA	Resigned	6/17/2022	Pediatrics
Harmon, Charles M., MD	Resigned	9/1/2022	Pediatrics	Resigned	9/1/2022	Pediatrics	Resigned	9/1/2022	Pediatrics
Heins, Alan E., MD	Resigned	8/2/2022	Ped. Emergency Med.	Resigned	8/2/2022	Emergency Med.	NA	NA	NA
Holloway, II, Walter B., MD	NA	NA	NA	Resigned	6/30/2022	Emergency Med.	NA	NA	NA
Hopper, Hal J., RTT	Resigned	9/13/2022	Radiology	Resigned	9/13/2022	Radiology	NA	NA	NA
Hoven, Angelia, CMD	Resigned	9/13/2022	Radiology	Resigned	9/13/2022	Radiology	NA	NA	NA
Jacobs, Amy A., CRNP	Resigned	6/25/2022	Pediatrics	NA	NA	NA	Resigned	6/25/2022	Pediatrics
Kalra, Sarathi, MD	Resigned	8/6/2022	Ped. Emerg. Med.	Resigned	8/6/2022	Emergency Medicine	NA	NA	NA
Lolley, Bentley B., CRNA	Resigned	9/7/2022	Anesthesiology	Resigned	9/7/2022	Anesthesiology	NA	NA	NA
Lowthert, Lori A., MD	Resigned	7/15/2022	Psychiatry	Resigned	7/15/2022	Psychiatry	NA	NA	NA
Ludvik, Nicholas R., MD	Resigned	8/1/2022	Internal Medicine	Resigned	8/1/2022	Internal Medicine	Resigned	8/1/2022	Internal Medicine
Maher, Amy L., DMD	Resigned	7/7/2022	Surgery	Resigned	7/7/2022	Surgery	NA	NA	NA
Martinez-Ceballos, Jose E., MD	Retired	9/11/2022	Pediatrics	NA	NA	NA	Retired	9/11/2022	Pediatrics
McGee, Gregory S., MD	Retired	9/12/2022	Surgery	Retired	9/12/2022	Surgery	NA	NA	NA
Mock, Brittany A., DO	Resigned	8/11/2022	Intern. Med/Pediatrics	Resigned	8/11/2022	Intern. Med/Pediatrics	Resigned	8/11/2022	Intern. Med/Pediatrics
Montgomery, Andrew E., CRNP	Resigned	7/25/2022	Ped. Emergency Med.	Resigned	7/25/2022	Emergency Med.	NA	NA	NA
Moore, Rachel M., CRNP	Resigned	7/13/2022	Surgery	Resigned	7/13/2022	Surgery	Resigned	7/13/2022	Surgery
Muscat, Sr., David C., |CRNA	Resigned	8/16/2022	Anesthesiology	Resigned	8/16/2022	Anesthesiology	NA	NA	NA

USA BOARD OF TRUSTEES REPORT
USA HEALTH HOSPITALS MEDICAL STAFF
APPOINTMENTS APPROVED IN AUGUST, SEPTEMBER, AND OCTOBER 2022

NAME	USA Health Children's & Women's Hospital			USA Health University Hospital			USA Health Ambulatory Care		
Resigned/Retired: (Continued)	**Reason**	**Date**	**Dept.**	**Reason**	**Date**	**Dept.**	**Reason**	**Date**	**Dept.**
Najam, Aishsh, DO	Resigned	6/30/2022	Pediatrics	NA	NA	NA	Resigned	6/30/2022	Pediatrics
Olson, Elis Y., MD	Resigned	9/19/2022	Ped. Emerg. Med.	NA	NA	NA	NA	NA	NA
Overstreet, Jennifer M., CRNP	Resigned	7/1/2022	Internal Medicine	Resigned	7/1/2022	Internal Medicine	Resigned	7/1/2022	Internal Medicine
Paladugu, Rajesh, MD	Resigned	8/23/2022	OBGYN	Resigned	8/23/2022	OBGYN	Resigned	8/23/2022	OBGYN
Panayiotou, Hercules, MD	NA	NA	NA	Resigned	8/1/2022	Internal Medicine	NA	NA	NA
Polska, Urszula A., CRNP	NA	NA	NA	Resigned	8/3/2022	Internal Medicine	NA	NA	NA
Springer, Gina E., CRNA	Resigned	9/7/2022	Anesthesiology	Resigned	9/7/2022	Anesthesiology	NA	NA	NA
Toris, Amanda J., CRNP	Resigned	7/12/2022	Emergency Med.	Resigned	7/12/2022	Emergency Med.	NA	NA	NA
Torres, Billy, MS	Resigned	9/13/2022	Radiology	Resigned	9/13/2022	Radiology	NA	NA	NA
Warner, Andrew M., MD	Resigned	7/31/2022	Ped. Emergency Med.	Resigned	7/31/2022	Emergency Med.	NA	NA	NA
Wong, William J., MD	Resigned	8/16/2022	Radiology	Resigned	8/16/2022	Radiology	NA	NA	NA

RESOLUTION

USA HEALTH HOSPITALS MEDICAL STAFF BYLAWS AND ASSOCIATED DOCUMENTS REVISIONS

WHEREAS, revisions to USA Health Hospitals Medical Staff Bylaws and to associated documents, approved October 31, 2022, by the active voting general medical staff members via email and attached hereto, are recommended for approval by the medical executive committees and the Executive Committee of the USA Health Hospitals,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama hereby authorizes the revisions as submitted.

Proposed Changes to USA Health Hospitals Medical Staff Bylaws/Associated Documents
Approved by the USA Health Hospitals Medical Executive Committees on June 28, and October 25, 2022
Approved via email vote by the USA Health Hospitals Active Medical Staff on July 25, and October 31, 2022

Bold and Underlined -New Wording ~~Strikethrough~~ –Deletion

Summary of Proposed Bylaws/Associated Documents Revisions:

MEDICAL STAFF BYLAWS

1. **Duties of Department Chairs and Service Line Chair-**Added "Identify a designee to serve during their absences
2. **Medical Executive Committee-** Added "and" to allow CW to have both department and service line chairs as voting members and added one (1) Advanced Practice Provider as a non-voting member.
3. **H & P Examination-** Allow H & Ps to be completed by outside physicians for dental patients
4. **H & P Examination-** Added heart and lung to physical examination section (align with O/P assessment)

MEDICAL STAFF RULES AND REGULATIONS

5. **Abortions –** Revised to align with state statute.
6. **Operative, Invasive Diagnostic or Invasive Therapeutic Procedure Record-** Revised to allow the clinical team to complete report while patient is in the adjoining areas of PACU recovery.
7. **Care of Dental Patients-** Deleted form no longer in use, reference hospital policy and clarify discharge process.
8. **Transfers from Other Facilities-** Deleted detail description and refer to Hospital Policy**.**
9. **Death -Pronouncement –** Clarified who can perform this function.
10. **Emergency Department / Evaluation Center Medical Screening requirements-** Clarified who can conduct the medical screening requirements for the CW Pediatric Emergency Department, CW OB Evaluation Area and UH Emergency Department.

ORGANIZATIONAL MANUAL

11. **List of Clinical Departments and Service Lines-** Added Urology to both hospitals and ED to CW Hospital**.**

ADVANCED PRACTICE POLICY

12. **Clinical Privileges for Dentists-** Revised to allow the patient's primary provider (outside practitioners) to complete the H & P examination.

FPPE (AND OPPE) POLICY

FPPE Policy- Added the following:

- Definition of terms.
- FPPE evaluation for a specific reason.
- OPPE section (currently as a separate policy) to this policy.
- PI Plan changed to Voluntary Enhancement Plan.

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BYLAWS

4.F. DUTIES OF DEPARTMENT CHAIRS AND SERVICE LINE CHAIRS

Department chairs and service line chairs shall work in collaboration with Medical Staff Leaders and other Hospital personnel to collectively be responsible for the following:

(1) all clinically-related activities of the department or service line;
(2) all administratively-related activities of the department or service line, unless otherwise provided for by the Hospital;
(3) the integration of the department or service line into the primary functions of the Hospital;
(4) the coordination and integration of interdepartmental and intradepartmental services;
(5) the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;
(6) determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment and services;
(7) recommendations for a sufficient number of qualified and competent persons to provide care or services;
(8) continuous assessment and improvement of the quality of care and services provided;
(9) maintenance of quality monitoring programs, as appropriate;
(10) recommendations for space and other resources needed by the department or service line;
(11) assessing and recommending off-site sources for needed patient care services not provided by the department or service line or the Hospital;
(12) the orientation and continuing education of all persons in the department or service line; ~~and~~
(13) performing all functions authorized in the Credentials Policy, including collegial intervention; **and**
(14) Identify a designee to serve during absences.

5.C. MEDICAL EXECUTIVE COMMITTEE

5.C.1. Composition:

(a) Each Hospital shall maintain its own MEC.
(b) The individual MECs shall consist of the following voting members:
• Chair of the MEC;
• Chair-Elect/Secretary of the MEC;
• Immediate Past Chair of the MEC;
• Department chairs **and/**or service line chairs, as applicable;

- Four at-large members of the Medical Staff to serve two-year terms, who shall be selected by the Nominating Committee as defined in Section 3.D.1 in a manner to be representative of the specialties of the Medical Staff as well as the relationships that Medical Staff members have with the Hospitals (i.e., employed, contracted, or independent);
- Chair of the Combined Credentials Committee;
- Graduate Medical Education Designated Institutional Official; and
- For USA Health Children's and Women's Hospital MEC only, the Residency Program Directors (Primary Service).

(c) The Hospital Administrator, CMO, CNO, College of Medicine Dean/Vice President of Medical Affairs, resident physicians, **Advanced Practice Practitioner**, and Quality Management representatives shall serve as ex officio, non-voting members.
(d) The Chair of the MEC will chair the MEC.
(e) Other Medical Staff members or Hospital personnel may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others. Such individuals are an integral part of the committee's functioning and are bound by the same confidentiality requirements as the standing members of the MEC.

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APPENDIX B - H & P EXAMINATION described in the Bylaws

(a) General Documentation Requirements

(1) A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services) by an individual who has been granted privileges by the Hospital to perform histories and physicals. **Primary care providers permitted by state law and hospital policy of dental patients will be allowed to provide a medical history and physical for patients undergoing dental procedures while under sedation.**

(2) The scope of the medical history and physical examination will include, as pertinent:

- patient identification;
- chief complaint;
- history of present illness;
- review of systems
- personal medical history, including medications and allergies;
- family medical history;
- social history, including any abuse or neglect;
- physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses, **as well as heart and lungs;**
- data reviewed;
- assessments, including problem list;
- plan of treatment; and
- if applicable, signs of abuse, neglect, addiction, or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion which will be documented in the plan of treatment.

(3) In the case of a pediatric patient, the history and physical examination report must also include:

(i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); and (v) immunization status.

MEDICAL STAFF RULES AND REGULATIONS

2.4.4 ~~Therapeutic~~ Abortions.

Abortions shall be performed only in compliance with current Alabama State Law. ~~Following clinical evaluation of the patient, independent documentation of two attending physicians, either in a progress note or consultation report, is required when gestational/menstrual age reaches 20 weeks (18 weeks post fertilization age).~~ **An abortion will only be performed if an attending physician licensed in Alabama determines that an abortion is necessary in order to prevent a serious health risk to the unborn child's mother. Except in the case of a medical emergency, the physician's determination shall be confirmed in writing by a second physician licensed in Alabama. As used herein, the term "abortion", does not include the termination of a pregnancy (1) to save the life or preserve the health of an unborn child, (2) remove a dead unborn child, (3) to deliver the unborn child prematurely to avoid a serious health risk to the unborn child's mother, or (4) to eliminate an ectopic pregnancy or a lethal anomaly.**

2.4.10 Operative, Invasive diagnostic or invasive therapeutic procedure record

2.4.10.1 After any operation or any invasive diagnostic or invasive therapeutic procedure involving moderate or deep sedation or general, spinal, or regional anesthesia a note must be entered into the electronic medical record as either:

- A full, detailed operative/procedure note by the responsible surgeon/proceduralist; or
- A brief post-operative/procedure note by a member of the operative/procedural team (ex., Attending Physician, Advance Practice Provider, or House Staff).

2.4.10.2 One of these notes must be entered into the electronic medical record (with date and times of surgery) and signed prior to the patient moving ~~from the operative/procedure area~~ to the next level of care ~~(e.g., PACU, IR recovery area or ICU).~~ **The Pre-Op, Operating Room and PACU are the same level of care as the clinical team is essentially intact across these areas. If the practitioner performing the operation or high-risk procedure accompanies the**

patient from the operating room to the next unit or area of care, the report can be completed in the new unit or area of care. In the cardiovascular, Gastroenterology and Interventional Radiology Labs the post procedure note can be completed while the patient is still in the immediate recovery area.

2.4.10.3 A brief post-operative/procedure note must contain the following eight (8) elements:

- • Name(s) of surgeon/proceduralist and assistant(s)
- • Pre-operative diagnosis
- • Post-operative or post procedure diagnosis
- • Name of the specific operation/procedure performed
- • Brief description of the operation/procedure findings
- • Estimated blood loss, as applicable to the procedure
- • Specimen(s) removed, as applicable to the procedure
- • any unexpected events

2.4.11 Care of Dental Patients

A patient admitted for dental care is a dual responsibility of the dentist and the attending physician who assumes responsibilities as outlined below.

Dentist's responsibilities

1) A detailed dental history justifying the clinical necessity for the procedure;

2) Coordinate with the patient's primary physician to provide information about the patient's clinical history and physical condition prior to the planned procedure, ~~utilizing USA's Dental History & Physical form or equivalent form~~ **according to the hospital policy.**

3) A detailed description of the dental examination and pre-operative diagnosis

4) A complete operative report describing the findings and techniques employed. In cases of tooth extraction, the dentist shall clearly state the number of teeth and fragments removed. All tissue including teeth and fragments shall be sent to the hospital pathologist for examination;

5) Progress notes as are pertinent to the dental condition;

6) A clinical summary

7) Patients shall be discharged ~~be on the written order of the dentist member of the staff~~ **upon receiving an order from dentist staff member.**

USA practitioner's Responsibilities

1) Review medical history provided by the primary physician and the dentist. Perform a relevant medical history update with physical examination prior to anesthesia and surgery

2) Accept transfer of care from the dentist to the USA practitioner if inpatient admission is needed or provide consultation if warranted for a change in condition during or following the procedure.

2.5.8 Transfers from other facilities

~~CW – During normal business hours, the nurse manager of the receiving unit is contacted about the transfer. After hours, the house supervisor will be contacted.~~

~~UH- All transfer requests are called to the admit nurse/clinical administrator 24/7. The admit nurse will connect the transferring physician to the accepting physician and will notify admitting of the impending transfer from another facility.~~

See Hospital Policy

2.8 Death:

2.8.1 Pronouncement

In the event of a hospital patient death, the deceased shall be pronounced dead ~~by the primary attending~~ a physician ~~or designee or a nursing supervisor within a reasonable time.~~

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6.0 Emergency Department (ED)/ Evaluation Center
6.1 ~~Physician~~ Medical Screening requirements
CW Pediatric ED, UH ED and Free-standing ED:
A physician, advanced practice registered nurse, **physician assistant** or a Sexual Assault Nurse Examiner, with appropriate clinical privileges, will perform a medical screening examination, based on the patient's presenting signs and symptoms, to determine the existence of an emergency medical condition. ~~If an advanced practice registered nurse or physician assistant performs the medical screening examination, he/she must review the examination findings with the physician and the physician must sign the patient's medical record.~~ The SANE examiner will consult the ED physician, if an emergency medical condition is identified.

UH: ~~A licensed independent practitioner with appropriate clinical privileges will assess patients in need of emergency care and determine appropriate management.~~

OB Evaluation Area*:* A physician, advanced practice registered nurse, or **physician assistant** with appropriate clinical privileges may perform a medical screening examination, based on the patient's presenting signs and symptoms, to determine the existence of an emergency medical condition. Additionally, a registered nurse, with medical screening examination competency validation and approved by the MEC/BOT, may perform the medical screening examination based on the patient's presenting signs and symptoms, to determine the existence of an emergency medical condition. The registered nurse will contact the physician or advanced practice registered nurse to review the medical screening examination findings and the physician or advanced practice registered nurse will determine subsequent care.

ORGANIZATION MANUAL

2.B. LIST OF CLINICAL DEPARTMENTS AND SERVICE LINES
2.B.1. University Hospital Departments:
The following clinical departments are established:
Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Neurosurgery, Obstetrics and Gynecology, Oncology, Orthopedic Surgery, Pathology, Pediatrics, Psychiatry, Radiology, Surgery **and Urology.**
2.B.2. Children's & Women's Hospital Service Lines:
The following service lines are established:
Emergency Medicine, Family Medicine, Obstetrics and Gynecology, Pediatrics and Neonatology, Oncology, **and Urology.** Hospital Based Services (Anesthesia, Pathology, Radiology, Surgery)

ADVANCED PRACTICE PROFESSIONALS POLICY

Advanced Practice Professionals Policy (Dentist is a Category I practitioner)
"CATEGORY I PRACTITIONER" means a Licensed Independent Practitioner, a type of Advanced Practice Professional who is permitted by law and by the Hospital to provide patient care services without direction or supervision, within the scope of his or her license and consistent with the clinical privileges granted. Category I practitioners also include those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital under the conditions set forth in this Policy (i.e., moonlighting residents). See Appendix A for a list of Category I practitioners.

5.B.3. Clinical Privileges for Dentists:
(a) The scope and extent of surgical procedures that a dentist may perform in the Hospital shall be delineated and recommended in the same manner as other clinical privileges.
(b) Surgical procedures performed by dentists shall be under the overall supervision of the relevant department chair or service line chair. A medical history and physical examination of the patient shall be made and recorded by ~~a qualified practitioner who has been granted clinical privileges~~ **the patient's primary provider permitted by state law and hospital policy** to complete medical histories and physical examinations before dental surgery shall be performed, and a designated physician shall be responsible for the medical care of the patient throughout the period of hospitalization.

(c) The dentist shall be responsible for the dental care of the patient, including the dental history and dental physical examination, as well as all appropriate elements of the patient's record. Dentists may write orders within the scope of their license and consistent with any pertinent Medical Staff Rules and Regulations and in compliance with the Hospital and Medical Staff Bylaws and this Policy.
(d) A dentist may make a specific request for an exception from paragraph (b) above and may request to be able to complete a history and physical examination on dental surgery patients upon demonstration of adequate training in the completion of histories and physical examinations.
If such an exception is granted by the MEC, the dentist is still required to identify a designated physician who has agreed to be responsible for the medical care of the patient throughout the period of hospitalization.

RED is new wording ~~Strikethrough~~ –Deletion

USA HEALTH HOSPITALS

FPPE AND OPPE POLICY

(TO CONFIRM PRACTITIONER COMPETENCE AND PROFESSIONALISM)

(~~NEW MEMBERS/NEW PRIVILEGES~~)

Adopted by the Medical Staff on January 21, 2020
Approved by the Board on March 6, 2020

RED is new wording ~~Strikethrough~~ –Deletion

FPPE AND OPPE POLICY TO CONFIRM PRACTITIONER COMPETENCE AND PROFESSIONALISM ~~(NEW MEMBERS/NEW PRIVILEGES)~~

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RED is new wording ~~Strikethrough~~ –Deletion

FPPE AND OPPE POLICY TO CONFIRM PRACTITIONER COMPETENCE AND PROFESSIONALISM

(~~NEW MEMBERS/NEW PRIVILEGES~~)

Scope of Policy.

1.1 As part of the organizations ongoing commitment to quality, the competence of a practitioner shall be evaluated in order to ensure safe, high-quality care through focused and ongoing professional practice evaluations, by defining the circumstances requiring monitoring and evaluation of the practitioner's professional performance. All information, written or verbal, pertaining to ongoing and focused review is privileged and confidential and should be maintained confidentially for the protection of individuals.

1.2 FPPE: All Practitioners who are granted initial and new clinical privileges at USA Health Hospitals (the "Hospital") are subject to focused professional practice evaluation ("FPPE") to confirm their:

1.2.1 clinical competence to exercise the clinical privileges that have been granted to them; and

1.2.2 professionalism, which includes (i) the ability to work with others in a professional manner that promotes quality and safety; and (ii) the ability to satisfy all other responsibilities of Practitioners who are granted clinical privileges at the Hospital (i.e., "citizenship" responsibilities).

~~A Focused Evaluation as a result of peer review may also be initiated when a single or sentinel event occurs and/or patterns or trends indicate potentially unsafe patient care.~~

1.3 A period of focused evaluation may also be initiated as a result of peer review, a single or sentinel event, and/ or patterns or trends which indicate potentially unsafe patient care. The procedure for FPPE for a specific reason is outlined in Section 4.7.

1.4 OPPE: All practitioners designated by the Medical Staff Bylaws will undergo ongoing professional practice evaluation ("OPPE") to assess a practitioner's clinical competence and professional behavior. OPPE information is factored into the decision to maintain, modify or revoke existing clinical privilege(s). It is also used when appropriate to recommend further evaluation such as a FPPE for a specific reason.

1.5 Practitioners are required to cooperate with the FPPE and OPPE process as outlined in this Policy.

2. ***Delegation of Functions.***

2.1 When a function under this Policy is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner Medical Staff member or an Advance Practice Professional or Hospital employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws

and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.

2.2 When a Medical Staff member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

3. ***Definitions.***

3.1 ***"FPPE"*** means a time-limited period during which a Practitioner's professional performance is evaluated. All ~~initially granted~~ clinical privileges, whether granted at the time of initial appointment, reappointment, or during the term of appointment, shall be subject to FPPE.

3.2 ***"OPPE"*** is data collected for the purpose of assessing a practitioner's clinical competence and professional behavior. Through this process, practitioners receive feedback for potential improvement or confirmation of achievement related to the effectiveness of their professional practice in all practitioner competencies.

3.3 ***"Quality Specialists"*** means the clinical and non-clinical staff who support the professional practice evaluation ("PPE") process generally and the FPPE and OPPE processes described in this Policy. This may include, but is not limited to, staff from the quality department, Medical Staff office, human resources, and/or patient safety department.

3.4 ***"Practitioner"*** means any individual who has been granted clinical privileges and/or membership by the Board, including, but not limited to, members of the Medical Staff and Advance Practice Professionals.

3.5 ***"FPPE Reviewers"*** means a practitioner who has completed the FPPE process described in this Policy and who hold applicable clinical privileges are obliged to provide a reasonable amount of service as a FPPE reviewer through chart review, proctoring, direct observations, and/or discussions with others involved in the patient's care.

3.6 ***"Practitioner Competencies"*** The medical staff has determined that for purposes of defining its expectations of performance, measuring performance, and providing performance feedback it will use the American College of Graduate Medical Education Framework outlined below, whenever possible.

3.7 ***"Patient Care"*** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.

3.8 ***"Medical/Clinical Knowledge"*** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences and the application of their knowledge to patient care and the education of others.

3.9 **"Practice-Based Learning and Improvement"** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

3.10 ***"Interpersonal and Communication Skills"*** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and

maintain professional relationships with patients, families, and other members of health care teams.

3.11 ***"Professionalism"*** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society. See Professionalism Policy.

3.12 ***"Systems-Based Practice"*** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

4. ***FPPE PROCEDURE:***

4.1 ***Notice of FPPE Requirements.*** When notified that a request for privileges has been granted, Practitioners shall be informed of the relevant FPPE clinical activity requirements and of their responsibility to cooperate in satisfying those requirements. New applicants will also be informed that the FPPE process will be used to assess their professionalism, as described above. The Combined Credentials Committee and Medical Executive Committee may modify the FPPE requirements for a particular applicant if the applicant's credentials indicate that additional or different FPPE may be required.

4.2 ***Focused Professional Practice Evaluation (FPPE) New Members/New Privileges***

4.2.1 For Medical Staff members including Advanced Practice Practitioners, the FPPE will include a representative number of at least five cases that reflect the requested privileges. The number and types of privileges or cases reviewed to determine competency will reflect core and special privileges or level delineation. See FPPE Specialty Plan.

4.2.2 A designated reviewer will be chosen by the department/ service line chair or their designee. The reviewer will complete the FPPE FORM for new members/new privileges. The form will be returned to the Quality Specialists in a timely manner, generally 8 weeks.

4.2.3 Initial or new privilege request evaluation results and recommendations from the Department/Service line Chair or designee shall be reported to the Combined Credentials Committee Chair/designee for approval or other consideration of the requested privilege(s) and recommendation of action to the MEC. Medical quality of care concern FPPE results shall be reported to the Leadership Council or the MEC.

4.2.4 Recommendations of satisfactory evaluation shall result in the approval of the requested privilege(s) or as in the case of performance improvement, allow the practitioners to resume the privilege(s). Recommendations of unsatisfactory evaluation shall result in the denial of the requested privilege(s) or as in the case of performance improvement reduction, suspension or revocation of the privilege(s) to be determined by the MEC.

4.2.5 If after the designated review period, competency assessment, which includes the practitioner's current clinical competence and ability to perform the requested privilege(s), is not yet verified the evaluation period may be extended. Under such circumstances, a different type of evaluation

process may be assigned, or the individual will remain on FPPE until requirements are met.

~~Information to be considered in a Focused Evaluation may include, but is not limited to: quality assurance safety reports (RL6), chart reviews, monitoring clinical practice patterns, simulation, proctoring, external peer review and/or discussion with other care givers of specific patients (i.e. consulting physicians, assistants, nursing or administrative personnel).~~

~~External sources may be utilized in the Focused Evaluation process if there are concerns about conflict of interests or the possession of the appropriate level of experience or skill by the internal reviewers.~~

4.3 ***FPPE Clinical Activity Requirements.***

4.3.1 ***Development of Clinical Activity Requirements.*** Each Department/Service Line will recommend the following FPPE clinical activity requirements:

4.3.2 ***For New Practitioners:***

4.3.2.1 the number and types of procedures or cases that will be reviewed to confirm a new Practitioner's competence to exercise the core and special privileges in his or her specialty;

4.3.2.2 how those reviews are to be documented; and

4.3.2.3 the expected time frame in which the evaluation will be completed (generally 12 months); and

4.3.3 ***For Practitioners with Existing Clinical Privileges Who Are Requesting New Privileges:***

4.3.3.1 the number and types of procedures or cases that must be reviewed to confirm a Practitioner's competence to exercise a new privilege that is granted during a term of appointment or at reappointment;

4.3.3.2 how those reviews are to be documented; and

4.3.3.3 the expected time frame in which the review will be completed (generally six months).

4.3.4 In developing such recommendations, Departments/Service Lines should attempt to identify "index" procedures or cases that will demonstrate a Practitioner's competence to perform a bundle of privileges (i.e., the skills required to perform the index procedure or case are the same skills required to perform privileges in the bundle). See USA Health FPPE Plan for description of bundling of minor and major procedures. Departments/Service Lines may consult with Quality Specialists, chairs of the Peer Review or Departmental/Service Line Committees, and the CMO. The FPPE clinical activity requirements shall be reviewed by the Combined Credentials Committee and approved by the Medical Executive Committee. They shall be reviewed periodically by the Departments to ensure their continued effectiveness.

4.4 ***Gathering FPPE Data.***

4.4.1 ***Mechanism for FPPE Review.***

4.4.2 ***Data to Be Reviewed.*** The FPPE clinical activity requirements will utilize at least one of the following review mechanisms to confirm competence:

4.4.2.1 retrospective chart review by internal or external reviewers;

4.4.2.2 concurrent proctoring or direct observation of procedures or patient care practices; and/or

4.4.2.3 discussion with other individuals also involved in the care of the Practitioner's patients.

4.4.2.4 Review of available Ongoing Professional Practice Evaluation ("OPPE") data and other quality data may also be used to confirm competence.

4.4.2.5 External sources may be utilized in the Focused Evaluation process if there are concerns about conflict of interests or the possession of the appropriate level of experience or skill by the internal reviewers.

4.4.3 ***Selection of FPPE Cases.*** The Quality Specialists and/or the CMO will select the specific cases to be evaluated and the individuals who will be asked to provide information about the Practitioner, with the goal being an effective and fair review process. To that end, cases should be selected randomly or in a deliberate manner that ensures a representative sample is reviewed. Practitioners shall notify the Quality Specialists, CMO and/or FPPE Reviewers when cases subject to review are scheduled or have been completed.

4.5 ***Cooperation of Practitioner.*** Practitioners are required to cooperate with the **FPPE** data gathering outlined in this Policy. For example, if cases are to be proctored the Practitioner must promptly notify the proctor when cases are scheduled.

4.6 ***Selection of FPPE Reviewers.*** Practitioners who have completed the FPPE process described in this Policy and who hold applicable clinical privileges are obliged to provide a reasonable amount of service as a FPPE reviewer through chart review, proctoring, direct observations, and/or discussions with others involved in the patient's care. Reviewers will be assigned by the Department or Service Line Chair. See Responsibilities of FPPE reviewers in Section 5.1. If no qualified Practitioners are available, the Department or Service Line Chair shall consult with the CMO Leadership Council regarding the need for an external review. FPPE reviewers act on behalf of, and their work product is a record of, the Combined Credentials Committee and Medical Executive Committee.

4.7 ***Additional Period of FPPE For a Specific Reason***

4.7.1 For instances of a single or sentinel event or patterns or trend indicating potentially unsafe patient care, a(n) additional focused review of a privileged practitioner's performance may be requested by the Medical Executive Committee Chair, any Department Chair; a Hospital Administrator; Performance Improvement Council Chair; Leadership Council, Executive Committee, Multidisciplinary Peer Review Committee; or by the Board of Trustees. If the focused review is determined to be warranted either by an ad-hoc peer review committee or by an independent, external peer review committee, the Leadership Council or the Medical

Executive Committee (MEC), in consultation with other individuals shall be responsible to define the exact nature and scope of the Focused Review. Any action, decision, finding or recommendation by the Leadership Council shall be based upon the evaluation of the Practitioner's current clinical competence, practice behavior and ability to perform the clinical privileges under review. A Voluntary Enhancement Plan shall be created by the Leadership Council for ~~providers~~ practitioners undergoing a period of focused review for a specific reason. The leadership council may determine the length of the voluntary enhancement plan, as well as developing methods to strengthen the ~~provider~~ practitioner's privilege(s) under review. See Responsibilities (Section 5) for defined roles.

4.7.2 Recommendations of satisfactory evaluation shall result in the approval of the ~~requested~~ reviewed privilege(s) or as in the case of performance improvement, allow the practitioners to resume the privilege(s). Recommendations of unsatisfactory evaluation shall result in the denial of the requested privilege(s) or as in the case of performance improvement reduction, suspension or revocation of the privilege(s) to be determined by the MEC.

4.7.3 If after the designated review period, competency assessment, which includes the practitioner's current clinical competence and ability to perform the ~~requested~~ privilege(s) under review, is not yet verified the evaluation period may be extended. Under such circumstances, a different type of evaluation process may be assigned, or the individual will remain on FPPE until requirements are met.

4.7.4 The procedure for gathering of FPPE data for an additional period of review is the same as FPPE for New Members/ New Privileges

4.8 *FPPE for Professionalism.*

4.8.1 In addition to assessing clinical competence, the FPPE process for new and existing Practitioners will also assess the Practitioner's professionalism based on the following criteria:

4.8.1.1 cooperation with the FPPE clinical activity requirements for the Practitioner's specialty and the monitoring process described in this Policy;

4.8.1.2 compliance with the Medical Staff Professionalism Policy, including appropriate interactions with nursing, other Hospital personnel, the Practitioner's colleagues, and patients and their families;

4.8.1.3 compliance with medical record documentation requirements, including those related to use of CPOE and the EHR;

4.8.1.4 timeliness and quality of response to consultation and ED call requests;

4.8.1.5 completion of any orientation program requirements (e.g., patient safety modules; EHR training);

4.8.1.6 patient satisfaction scores; and

4.8.1.7 compliance with protocols that have been adopted by the Medical Staff or the Practitioner's department.

4.8.2 The Leadership Council may recommend that these criteria for professionalism be modified or expanded, with such modifications or expansions being reviewed and approved by the Combined Credentials Committee and Medical Executive Committee.

4.9 ***Review of FPPE Results.***

4.9.1 ***Review by Quality Specialists.***

4.9.1.1 Information gathered for purposes of FPPE shall be reported to the Quality Specialists, who shall compile the information and prepare it for subsequent review as set forth in this Policy.

4.9.1.2 If any information gathered for FPPE suggests that a concern may exist that requires expedited review, the FPPE reviewer and/or the Quality Specialists shall notify the Chairpersons of the Combined Credentials Committee and the CMO ~~Leadership Council~~, who shall determine whether a concern exists such that the matter should be referred for processing under the relevant peer review policy, the Professionalism Policy, or the Credentials Policy.

4.9.1.3 The Quality Specialists shall determine whether any of a Practitioner's cases or activities have been reviewed pursuant to the relevant peer review policies or the Medical Staff Professionalism Policy. If so, a summary of these matters shall be included with the Practitioner's FPPE results.

4.9.2 ***Review by the Department Chair or Service Line Chair.***

4.9.2.1 At the conclusion of the expected time frame for completion of the FPPE, the relevant Department or Service Line Chair shall review the results of a Practitioner's FPPE and provide a report to the Combined Credentials Committee. The report shall address whether:

4.9.2.1.1 the Practitioner fulfilled all the clinical activity requirements;

4.9.2.1.2 the results of the FPPE confirmed the Practitioner's clinical competence;

4.9.2.1.3 the results of the FPPE confirmed the Practitioner's professionalism; and/or

4.9.2.1.4 additional FPPE is required to make an appropriate determination regarding clinical competence and/or professionalism.

4.9.2.2 In addition, the Department or Service Line Chair may engage in a collegial discussion with a Practitioner where the FPPE indicates that competence and professionalism are confirmed, but where there is nonetheless an opportunity for the Practitioner to improve upon an aspect of his/her clinical care or citizenship responsibilities.

4.9.3 ***Review by Combined Credentials Committee.***

4.9.3.1 Based on the Department or Service Line Chair's assessment and report, and its own review of the FPPE results and all other relevant information, the Combined Credentials Committee will make one of

the following recommendations to the Medical Executive Committee:

4.9.3.1.1 ***Competence and Professionalism Are Confirmed.*** The FPPE process has confirmed clinical competence and professionalism, and no changes to clinical privileges or the Practitioner's conditions of practice are necessary;

4.9.3.1.2 ***Extend FPPE Due to Questions.*** Some questions exist and additional FPPE is needed to confirm clinical competence and/or professionalism, what additional FPPE is needed, and the time frame for it;

4.9.3.1.3 ***Extend FPPE Due to Inactivity.*** The time period for FPPE should be extended for up to six months because the individual did not fulfill the FPPE clinical activity requirements, thus preventing an adequate assessment of the individual's clinical competence or professionalism. Although exceptions may be made for certain low volume Practitioners based on a need for services in their specialties or coverage requirements (see subsection (7) below), generally the time frame for initial FPPE shall not extend beyond 12 total months after the initial granting of privileges;

~~Performance Improvement~~ Plan Voluntary Enhancement or Other Intervention is Necessary. Some concerns exist about the Practitioner's competence to exercise some or all of the clinical privileges granted or the Practitioner's professionalism, and the details of the ~~Performance Improvement~~ Voluntary Enhancement Plan (or other intervention) that should be pursued with the Practitioner in order to adequately address the concerns. Prior to making such a recommendation to the Medical Executive Committee, the Combined Credentials Committee will obtain the input of the Practitioner as set forth in Section ~~6.E~~ 7.E of this Policy. In developing a proposed ~~Performance Improvement~~ Voluntary Enhancement Plan or other intervention, the Combined Credentials Committee may also request input or assistance from the relevant peer review committee (for clinical issues) or the Leadership Council (for behavioral issues); the Leadership Council will develop unique plans in the event a practitioner needs an additional period of FPPE ~~for a specific focus for cause reason.~~

4.9.3.1.4 ***THIS SHOWS HOW THE ABOVE READS DUPLICATE OF THE ABOVE PARAGRAPH***
Voluntary Enhancement Plan or Other Intervention is Necessary. Some concerns exist about the Practitioner's competence to exercise some or all of the clinical privileges granted or the Practitioner's professionalism, and the details of the Voluntary Enhancement Plan (or other intervention) that should be pursued with the

Practitioner in order to adequately address the concerns. Prior to making such a recommendation to the Combined Credentials Committee, the Leadership Council will obtain the input of the practitioner as set forth in Section 4.9.5 of this Policy. In Developing a proposed Voluntary Enhancement Plan, the Leadership Council may also request input or assistance from the relevant peer review committee, Serious Safety Event (SSE) Committee, Robotics Surgery Committee, or the Combined Credentials Committee. The Combined Credentials Committee will determine the plan's adequacy and enforce the plan.

4.9.3.1.5 ***Change to Privileges or Membership Category is Necessary.*** More significant concerns exist about a Practitioner and the changes that should be made to the Practitioner's clinical privileges or membership (e.g., mandatory concurring consultation requirement imposed; suspension; revocation), subject to the procedural rights outlined in the Medical Staff Credentials Policy. Prior to making such a recommendation to the Medical Executive Committee, the Combined Credentials Committee will obtain the input of the Practitioner as set forth in Section 6.E of this Policy; or

4.9.3.1.6 ***Transfer to Membership-Only Staff Category or the Automatic Relinquishment of Certain Privileges Due to Inactivity.*** The individual shall either: (i) be transferred to the Community Staff, the membership-only staff category, for failure to meet FPPE clinical activity requirements for all privileges, or (ii) automatically relinquish specific clinical privileges for which the individual failed to meet the applicable requirements. Such transfer or automatic relinquishment shall not entitle the Practitioner to the hearing and appeal rights outlined in the Medical Staff Credentials Policy.

4.9.3.1.6.1 ***Decision Not an Adverse Action.*** A decision that a Practitioner will be transferred to a membership-only staff category or will automatically relinquish his or her clinical privileges for failure to satisfy clinical activity requirements is not an adverse action that must be reported to the National Practitioner Data Bank or any state licensing board.

4.9.3.1.7 ***Grant Exception to Allow Continued FPPE.*** Based on community need, coverage requirements, the rare nature of a given procedure or treatment, and other relevant

factors, the Combined Credentials Committee may recommend that a Practitioner be granted an exception that permits the Practitioner to remain subject to FPPE to confirm competence for the duration of the Practitioner's appointment term. If an exception is being considered, data from affiliated entities may be obtained as set forth in the Medical Staff Credentials Policy and used for purposes of FPPE as set forth in this Policy. The need for the exception will be reevaluated as part of the Practitioner's application for reappointment.

4.9.4 ***Review by Medical Executive Committee.*** At its next regular meeting after receipt of the written findings and recommendation of the Combined Credentials Committee, the Medical Executive Committee shall:

4.9.4.1 adopt the findings and recommendation of the Combined Credentials Committee as its own;

4.9.4.2 refer the matter back to the Combined Credentials Committee for further consideration and responses to specific questions raised by the Medical Executive Committee prior to its final recommendation; or

4.9.4.3 state its reasons in its report and recommendation, along with supporting information, for its disagreement with the Combined Credentials Committee's recommendation.

4.9.4.4 As needed, the Medical Executive Committee may obtain additional input from the Practitioner as set forth in Section 4.9.5 of this Policy before making a decision. If the recommendation of the Medical Executive Committee would entitle the Practitioner to request a hearing pursuant to the Medical Staff Credentials Policy, the Medical Executive Committee shall forward its recommendation to the Hospital Administrator, who shall proceed as set forth in the Credentials Policy.

4.9.5 ***Input by Practitioner.***

4.9.5.1 ***General.*** The Practitioner shall provide input in writing, responding to any specific questions posed in the request. Upon the request of either the Practitioner or the committee conducting the review, the Practitioner may also provide input by meeting with appropriate individuals to discuss the issues. The committee requesting input may ask the Practitioner to provide a copy of, or access to, medical records from the Practitioner's office that are relevant to a review being conducted under this Policy. Failure to provide such copies or access will be viewed as a failure to provide requested input. Any records obtained from the Practitioner's office pursuant to this section will be maintained as part of the confidential PPE/peer review file but will not be included in the Hospital's medical record.

4.9.5.2 ***Failure to Provide Written Input.*** If the Practitioner fails to provide written input within the time frame specified in the request, the Practitioner will be required to meet with the Leadership Council.

The purpose of the meeting is to discuss the Practitioner's obligation to participate in the review process, permit the Practitioner to explain why the written input was not provided, and inform the Practitioner of the consequences of continuing to not provide the information. Failure of the Practitioner to either:

4.9.5.2.1 meet with the Leadership Council and persuade it that the written input was not necessary; or

4.9.5.2.2 provide the requested written input prior to the date of that meeting

4.9.5.2.3 will result in the automatic relinquishment of the Practitioner's clinical privileges. Such automatic relinquishment will continue until the Practitioner either meets with the Leadership Council and persuades it that the written information is not necessary or provides the requested written information.

4.9.5.3 ***Failure to Meet with Committee.*** If the committee conducting the review requests that the Practitioner attend a meeting with it or a designated individual to provide verbal input and the Practitioner fails or refuses to attend such a meeting, the Practitioner's clinical privileges will be automatically relinquished until the meeting occurs.

4.9.5.4 ***Automatic Resignation.*** If the Practitioner fails to provide written input or meet with a committee conducting the review within thirty (30) days of an automatic relinquishment, the Practitioner's Medical Staff membership and clinical privileges will be automatically resigned.

4.9.5.5 ***Extensions for Good Cause.*** Automatic relinquishment or resignation ~~as described in this Appendix~~ will not occur if the Practitioner's failure to provide written input or meet with a committee is due to the Practitioner's absence (e.g., a planned vacation, attendance at a conference, etc.), illness, family emergency or other cause beyond the Practitioner's control. In such case, the committee will establish reasonable deadlines depending on the circumstances.

4.9.5.6 ***Future Application for Privileges.*** A Practitioner who is transferred to a membership-only staff category or who automatically relinquishes certain privileges will be ineligible to apply for the clinical privileges in question for two years from the date of the transfer or automatic relinquishment, unless an exception is approved by the Medical Executive Committee for good cause.

5 *Responsibilities*

5.1 *FPPE Reviewers*

5.1.1 Reviewers must be members in good standing of the medical staff of USA Health and must have unrestricted privileges to perform any procedure to be concurrently observed.

5.1.2 Based on the FPPE Guidelines for each Service, the reviewer must

5.1.2.1 Directly observe the procedure being performed, if required, and complete appropriate FPPE form

5.1.2.2 Retrospectively review the completed medical record following discharge, if required, and complete appropriate FPPE form

5.1.2.3 Ensure the confidentiality of the FPPE results and forms. All FPPE forms must be delivered in a timely manner to the Medical Staff Office

5.1.3 If, at any time during the FPPE period, the reviewer has concerns about the practitioner's competency to perform specific clinical privileges or care related to a specific patient, the reviewer shall promptly notify the department chair/service line chair and may recommend departmental intervention or review.

5.1.4 ***Role of reviewer.*** The reviewer's role is typically that of an evaluator, not of a consultant or mentor. A practitioner serving solely as a reviewer, for the purpose of assessing and reporting on the competence of another practitioner, is an agent of the hospital. The reviewer shall receive no compensation directly or indirectly for this service and shall have no duty to the patient to intervene if the care provided by the proctored practitioner is deficient or appears to be deficient. The reviewer or any other practitioner, however, may nonetheless render emergency medical care to the patient for medical complications arising from the care provided by the practitioner under review. The hospital will defend ~~and indemnify~~ any practitioner who is subjected to a claim or suit arising from his/her acts or omissions in the role of reviewer.

5.1.5 ***Partners as FPPE Reviewers.*** Consistent with the conflict-of-interest guidelines set forth in the Credentials Policy, partners and other individuals who are affiliated in practice with a Practitioner may participate in the FPPE process for new members/new privileges described in this Policy through chart review, proctoring, direct observations, and/or discussions with others involved in the patient's care. Such individuals shall comply with the standard procedures that apply to all other individuals who participate in the FPPE process, such as the use of Hospital forms and the requirements related to confidentiality.

5.2 ***Practitioner Being Reviewed.*** Practitioners under review shall:

5.2.1 Notify the reviewer of each case in which care is to be evaluated and, when required, do so in sufficient time to enable the proctor to observe or review the case concurrently.

5.2.2 Provide the reviewer with information about the patient's clinical history; pertinent physical findings; pertinent lab and x-ray results; planned course of treatment or management; and direct delivery of any documents that the proctor may request.

5.2.3 Shall have the prerogative of requesting from the Department/service line Chair a change of reviewer if disagreements with the current reviewer may adversely affect his or her ability to complete the FPPE process satisfactorily.

5.2.4 Inform the reviewer of any unusual incidents associated with his/her

patients. Ensure documentation of the satisfactory completion of his/her FPPE process, including the completion and delivery of review forms. if the FPPE forms are not completed and returned at the end of the 12-month FPPE period, the practitioner will be granted an extension of six months.

5.3 ***Department/Service Line Chairs***. Each medical staff department or service shall:

5.3.1 Assign reviewers for all new applicants, applicants requesting additional privileges, or low-volume practitioner.

5.3.2 The Department/service line chair may consider FPPE process completed at the shared hospital (Children's and Women's/ University Hospital) under the Information Sharing Agreement. However, the Combined Credentials Committee has final approval on whether or not the FPPE accepted from the shared hospital is applicable.

5.3.3 Review FPPE reports to ensure practitioner competence.

5.4 ***Combined Credentials Committee***

5.4.1 The Combined Credential Committee shall monitor compliance with the FPPE policy and process. If at any time during the initial privileges FPPE period the Department/Service line Chair, or Combined Credentials Committee determines that the appointee is not competent to perform specific clinical privileges and their continued exercise of those privileges jeopardizes patient safety, the committee shall then review the medical records of patients treated by the appointee and shall make a recommendation regarding their continued appointment and clinical privileges to the Medical Executive Committee. If necessary, the clinical privileges of the appointee may be summarily suspended as outline in the medical staff bylaws.

6 ***Ongoing Professional Practice Evaluation Procedure:***

6.1 Ongoing Professional Practice Evaluation (OPPE) shall begin immediately after satisfactory completion of the FPPE process and provide continuous monitoring of practitioner's performance. Such evaluations shall be factored into the decision to maintain, revise or to revoke an existing privilege or privileges.

6.2 The Department Chair shall be responsible to oversee the evaluation process for all practitioners assigned to their Department and shall be responsible to report undesirable evaluation findings to Combined Credentialing Committee.

6.3 The Department Chair or designee is responsible for reviewing data every 6 months. The Department Chair or designee will confirm with electronic signature that the practitioner has been reviewed and no potential problems exist with performance or trends that would impact quality of care and patient safety or identify a concern does exist and discuss with the physician to provide education, support or request for a profile follow up. Follow up may include a period of FPPE.

6.4 Specialty specific performance indicators shall be identified and approved by each Department/Service line Chair and the Medical Executive Committee. The approved indicators shall be reviewed and approved by the Department chair/designee at an interval of every 6 months. Reports shall include data reflecting positive performance as well as negative/outlier/trending data. Zero data shall also be used.

6.5 The Quality & Safety Department and Medical Staff Department shall be responsible for collecting information obtained through, but not limited to one or more of the following methods:

- **6.5.1** Review of general indicators as defined by the Medical Executive Committee
- **6.5.2** Review of clinical outcomes data as defined by department/specialty-specific indicators
- **6.5.3** Direct observation
- **6.5.4** Chart review (concurrent or retrospective review)
- **6.5.5** Monitoring or proctoring of diagnostic and treatment technique
- **6.5.6** Confidential discussion with other individuals involved in the care of each patient, including consulting physicians, assistants at surgery, and nursing and administrative personnel
- **6.5.7** Applicable peer review data
- **6.5.8** External peer review

6.6 OPPE data with an undesirable trend or pattern may trigger a period of focused professional practice evaluation review.

- **6.6.1** Information gathered from the OPPE report shall be used by the Department Chair and the Credentials Committee to recommend actions to the MEC. The Medical Executive Committee shall determine whether to continue, limit or revoke any existing privileges based upon the OPPE reports and recommendations.
- **6.6.2** The OPPE report shall be signed by the Department/service line Chair or designee for consideration in the practitioner's credentials file at the time of the 2-year reappointment.

7 ***External Peer Review***

7.1 External peer review may be needed in certain circumstances when appropriate medical staff members are not available to adequately review a specific case. Circumstances requiring external peer review may include but are not limited to:

- **7.1.1** Lack of Internal Expertise- There is no peer on staff with similar or like privilege in the specialty under review.
- **7.1.2** Conflict of interest- The review may not be conducted by any peer on staff due to a potential conflict of interest that cannot be appropriately resolved.
- **7.1.3** Ambiguity- There is confusion when internal reviews reach conflicting or vague conclusions.
- **7.1.4** The Medical Department and or the Medical Executive Committee request external review.

8 ***Practitioner Procedural Rights****:*

8.1 Privileged practitioners whose intervention resulted in corrective action will have access to the medical staff fair hearing and appeal process as stated in the Medical Staff Bylaws.

8.2 Results of peer review activities are integrated into the hospital-wide Performance Improvement Program allowing for organizational improvement. These activities adhere to policies and/or procedures intended to preserve confidential or legal privilege of information established by applicable law.

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

ACADEMIC AND STUDENT AFFAIRS COMMITTEE

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

Academic and Student Affairs Committee

September 22, 2022
9:09 a.m.

A meeting of the Academic and Student Affairs Committee of the University of South Alabama Board of Trustees was duly convened by Judge Mike Windom, Chair, on Thursday, September 22, 2022, at 9:09 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Scott Charlton, Ron Graham, Ron Jenkins, Bill Lewis, Lenus Perkins, Margie Tuckson and Mike Windom were present.
Member Absent:	Steve Furr.
Other Trustees:	Alexis Atkins, Chandra Brown Stewart, Tom Corcoran, Arlene Mitchell, Jimmy Shumock, Steve Stokes and Jim Yance.
Administration & Guests:	Jim Berscheidt, Joél Billingsley, Jo Bonner, Nicole Carr, Lynne Chronister, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, John Friend, Chelsea Greer, Andi Kent, Nick Lawkis, John Marymont, Mike Mitchell, Laura Schratt and Margaret Sullivan.

The meeting came to order and the attendance roll was called, **Item 17**. Judge Windom welcomed Judge Lewis to the Academic and Student Affairs Committee and then called for consideration of the minutes for the meeting held on June 2, 2022, **Item 18**. On motion by Mr. Perkins, seconded by Capt. Jenkins, the Committee voted unanimously to adopt the minutes.

Judge Windom called on Provost Kent to present a report on the activities of the Division of Academic Affairs, **Item 19**. Provost Kent discussed fall enrollment, advising that, while overall enrollment dropped 3.8 percent, international enrollment was up by 26 percent; the entering freshman class had a record average high school grade point average of 3.75; and the Start South program had a record enrollment. She shared enthusiasm for the comprehensive strategic plan being developed to improve enrollment and retention, and detailed a few of the strategies being employed, such as transporting high school students to campus in South's new motor coach buses to tour and learn first-hand about USA programs; focusing recruiting efforts on adult learners by expanding the *Heroes* scholarship across the armed forces and law enforcement field; and broadening partnerships with community colleges.

Provost Kent introduced Dr. Estis to discuss plans for developing a new Quality Enhancement Plan (QEP). Dr. Estis, coordinator of South's first QEP called *Team USA*, advised that the SACSCOC (Southern Association of Colleges and Schools Commission on Colleges) requires execution of a QEP as part of the University's reaffirmation of accreditation. She said Dr. Nicole Carr, Associate Vice President for Student Academic Success, had been instrumental in exploring

initiatives and advised that, after careful consideration, it was determined that the next QEP would focus on preparing students for their next step after graduation. She stated a written proposal would be submitted to the SACSCOC on January 23, 2023, and the QEP would be launched in March 2023, at which time she noted a SACSCOC accreditation team would be on campus and could provide feedback on improving the QEP. Questions and comments from Trustees were addressed.

Judge Windom called for a report on the activities of the Division of Student Affairs, **Item 20**. As photos were shown, Dr. Mitchell provided highlights on *Week of Welcome* programming, including *Move-In Day*, Fall Convocation, which featured recording artist Cupid performing his hit "Cupid Shuffle;" *Fun Fest*; and *Get on Board Day*, which promotes student involvement in campus life.

Dr. Mitchell introduced Drs. John Friend and Chelsea Greer, Director and Associate Director of South's Counseling and Testing Center (CTC), respectively. Drs. Friend and Greer shared information on the Kognito *At Risk* on-line early intervention mental health training modules designed to teach faculty, staff and students how to properly engage with students in crisis, and on *Togetherall*, a peer-to-peer mental health online platform involving other colleges and universities that provides users the opportunity to connect with others experiencing similar challenges and that offers access to trained mental health professionals.

Judge Windom called on Ms. Chronister to present **Item 21**, a report on the activities of the Division of Research and Economic Development. Ms. Chronister spoke about recent efforts by the University to advance entrepreneurship and the innovation ecosystem along the Gulf Coast. She advised that, as a result of a national grant award from the State Science and Technology Initiative, South was able to sponsor two symposia presented through the Mobile Innovation Hub and the Fairhope Hatch. She stated the charge to the symposia working groups centered on identifying how to collectively grow the local economic base by supporting innovation, entrepreneurship, and workforce development, and discussed the next steps for this community-wide endeavor.

There being no further business, the meeting was adjourned at 10:07 a.m.

Respectfully submitted:

Michael P. Windom, Chair

RESOLUTION

SABBATICAL AWARDS

WHEREAS, in accordance with University policy, proposals for sabbatical awards from the following faculty have been reviewed and recommended by the respective faculty committees, departmental chair, college dean, the Executive Vice President and Provost, and the University President,

- Ermanno Affuso, Associate Professor of Economics, Finance and Real Estate
- Sinead Ni Chadhain, Associate Professor of Biology
- Steven Clontz, Associate Professor of Mathematics and Statistics
- Kip Franklin, Associate Professor of Music
- Erin Nelson, Assistant Professor of Sociology and Anthropology
- Andrei Pavelescu, Associate Professor of Mathematics and Statistics
- Charlotte Pence, Associate Professor of English
- Steven Schultze, Associate Professor of Earth Sciences
- Corina Schulze, Associate Professor of Political Science/Criminal Justice
- Alex Sharland, Professor of Marketing and E-Commerce
- Elizabeth VandeWaa, Professor of Adult Health Nursing
- Rebecca Williams, Associate Professor of History
- Bob Wood, Professor of Economics, Finance and Real Estate

THEREFORE, BE IT RESOLVED, the University of South Alabama Board of Trustees hereby approves the sabbatical awards for Fall 2023 through Spring 2024 as recommended.

UNIVERSITY OF SOUTH ALABAMA

MEMORANDUM

Executive Vice President and Provost

DATE: November 7, 2022

TO: Jo Bonner, President

FROM: Andrea M. Kent, Executive Vice President and Provost

SUBJECT: Sabbatical Recommendations for Fall 2023 – Spring 2024

I recommend that the individuals whose names are listed below be granted a sabbatical for the period of time as indicated.

NAME	DISCIPLINE	TIME PERIOD
Ermanno Affuso	Economics, Finance, & Real Estate	Fall 2023
Sinead Ni Chadhain	Biology	Fall 2023 & Spring 2024
Steven Clontz	Mathematics & Statistics	Spring 2024
Kip Franklin	Music	Fall 2023
Erin Nelson	Sociology and Anthropology	Spring 2024
Andrei Pavelescu	Mathematics & Statistics	Fall 2023
Charlotte Pence	English	Spring 2024
Steven Schultze	Earth Sciences	Fall 2023
Corina Schulze	Political Science & Criminal Justice	Fall 2023 & Spring 2024
Alex Sharland	Marketing and E-Commerce	Fall 2023
Elizabeth VandeWaa	Adult Health Nursing	Fall 2023
Rebecca Williams	History	Spring 2024
Bob Wood	Economics, Finance, & Real Estate	Spring 2024

Teaching coverage has been addressed in a satisfactory manner for all recommended proposals. Proposals have been reviewed and recommended at the department and college. Full applications and supporting materials are available in the Office of Academic Affairs. A brief summary of each request is attached.

SABBATICAL RECOMMENDATIONS
Fall 2023 – Spring 2024

College of Arts and Sciences

1) Erin Nelson, Assistant Professor of Sociology and Anthropology
   Sabbatical Request: Spring 2024 at full pay

   Dr. Nelson is requesting this sabbatical to explore the origins and development of the Pensacola Mississippian variant of Native American communities. This will allow Dr. Nelson to participate in external collaboration with academic institutions and tribal partners, develop material for a second book, and build towards promotion to full professor.

2) Steven Clontz, Associate Professor of Mathematics and Statistics
   Sabbatical Request: Spring 2024 at full pay

   Dr. Clontz would use this sabbatical to develop advanced free-and-open-source (FOSS) cyberinfrastructure for mathematics research and STEM higher education using existing NSF support. This sabbatical would result in multiple FOSS software products and expansion of networks to support existing NSF work. It would also give Dr. Clontz the opportunity to continue development of ongoing research in topology and build towards promotion to full professor.

3) Sinead Ni Chadhain, Associate Professor of Biology
   Sabbatical Request: Fall 2023 and Spring 2024 at half pay

   Dr. Chadhain is requesting this sabbatical to conduct a pilot study to investigate mercury toxicity and cycling in microbiomes. This would allow her to participate in external collaboration, develop a course based undergraduate research experience, draft an NSF Mid-Career Advancement program grant, submit three manuscripts for peer review, and build towards promotion to full professor.

4) Rebecca Williams, Associate Professor of History
   Sabbatical Request: Spring 2024 at full pay

   Dr. Williams would use this sabbatical to travel to Harvard University's library system to research the book titled, Prophets and Miracles Across Judaism, Christianity, and Islam (7th-12th centuries, CE). Using this research, Dr. Williams would prepare a book and contract with a publisher, and build towards promotion to full professor.

5) Corina Schulze, Associate Professor of Political Science/Criminal Justice
   Sabbatical Request: Fall 2023 and Spring 2024 at half pay

   Dr. Shulze is requesting this sabbatical to author a contracted book focused on gender and capital punishment in the United States. This would allow Dr. Shulze first authorship on a book to be published by Rutledge, and to build towards promotion to full professor.

SABBATICAL RECOMMENDATIONS
Fall 2023 – Spring 2024

6) Andrei Pavelescu, Associate Professor of Mathematics and Statistics
   Sabbatical Request: Fall 2023 at full pay

   Dr. Pavelescu would use this sabbatical to engage in external collaboration to research minor minimal intrinsically knotted graphs. This would allow him to participate in External collaborations, develop manuscripts for submission to peer reviewed journals, draft a submission to the NSF DMS program, and build towards promotion to full professor.

7) Kip Franklin, Associate Professor of Music
   Sabbatical Request: Fall 2023 at full pay

   Dr. Franklin is requesting this sabbatical for the preparation of scholarly publications focused on Carl Maria von Weber's Fantasia and Rondo. As a result, Dr. Franklin would publish a musical score with potential for invitation for international performance, development towards a CD, treasure the International Clarinet Association, and build towards promotion to full professor.

8) Steven Schultze, Associate Professor of Earth Sciences
   Sabbatical Request: Fall 2023 at full pay

   Dr. Schultze would use this sabbatical to conduct research focused on in-situ microclimatic variability. This sabbatical would result in one peer-reviewed paper, a grant submission to NSF, allow him to learn Python programming language, modernize the GIS Program Curriculum, and build towards promotion to full professor.

9) Charlotte Pence, Associate Professor of English
   Sabbatical Request: Spring 2024 at full pay

   Dr. Pence is requesting this sabbatical to complete an in-progress creative non-fiction book project that combines memoir with adolescent psychology and cultural history. This would allow Dr. Pence to complete and submit a book to prospective agents, prepare journal manuscripts, attend invited readings, and build towards promotion to full professor.

Mitchell College of Business

10) Ermanno Affuso, Associate Professor of Economics, Finance and Real Estate
    Sabbatical Request: Fall 2023 at full pay

    During Dr. Affuso's sabbatical, he has proposed to visit the Technical University of Kosice in Slovakia for his research. He plans to experience more teaching at the graduate level and to refine his research expertise in the area of climate change, which is a key component of our societal impact requirement for accreditation. Additionally, his strong association with the

Technical University of Kosice may lead to faculty exchanges and opportunities to recruit graduate students.

11) Alex Sharland, Professor of Marketing and E-Commerce
Sabbatical Request: Fall 2023 at full pay

Dr. Sharland is requesting this sabbatical to focus on the issues of Caribbean economic performance, foreign direct investment, human capital development and sovereign wealth funds. The interaction of these institutions and concepts provides provide excellent opportunities for research evaluating best practices in Caribbean Islands. He will work with the University Institute of Lisbon in Portugal. His focal areas during this period will include a research project on multinational ethics, as well as teaching in a culturally diverse system, mentoring students, and developing academic programs.

12) Bob Wood, Professor of Economics, Finance and Real Estate
Sabbatical Request: Spring 2024 at full pay

During Dr. Wood's sabbatical, he will work with the University Institute of Lisbon in Portugal. His focal areas during this period will include a research project on multinational ethics, as well as teaching in a culturally diverse system, mentoring students, and developing academic programs.

College of Nursing

13) Elizabeth VandeWaa, Professor of Adult Health Nursing
Sabbatical Request: Fall 2023 at full pay

During Dr. VandeWaa's sabbatical, she will be working with three professors from other universities studying the attitudes of healthcare providers toward individuals who are stigmatized by society for various reasons including homelessness, alcohol and/or substance abuse, and mental illness. The research from this sabbatical will inform curricular and experiential activities in the healthcare professions to produce providers of care who may be better prepared to care for a wider variety of individuals.

RESOLUTION

FACULTY EMERITUS

WHEREAS, the following faculty members have retired from the University of South Alabama:

ACADEMIC AFFAIRS:

- Christopher Hollingsworth, Associate Professor in the Department of English
- R. Burke Johnson, Professor in the Department of Counseling and Instructional Sciences
- John Steadman, Professor in the Department of Electrical and Computer Engineering

WHIDDON COLLEGE OF MEDICINE:

- Curtis Norman Harris, M.D., Associate Professor in the Department of Surgery,

and,

WHEREAS, in recognition of their contributions to the University through extraordinary accomplishments in teaching and in the generation of new knowledge through research and scholarship; in serving to positively inspire students; and, regarding those with clinical backgrounds, for dedication to the treatment and healing of patients; all for which, in accordance with University policy, the respective faculty committees, departmental chair and college dean, the Executive Vice President and Provost or the Vice President for Medical Affairs, and the University President have duly recommended the aforementioned faculty retirees be appointed to the rank of Professor Emeritus or Associate Professor Emeritus,

THEREFORE, BE IT RESOLVED, the University of South Alabama Board of Trustees hereby appoints these individuals to the rank of Professor Emeritus or Associate Professor Emeritus with the rights and privileges thereunto appertaining, and

BE IT FURTHER RESOLVED that the Board of Trustees conveys its deep appreciation to these individuals in recognition of their significant contributions and dedicated service to the University of South Alabama.

UNIVERSITY OF SOUTH ALABAMA

MEMORANDUM

Executive Vice President and Provost

DATE: November 8, 2022

TO: Jo Bonner, President

FROM: Andrea M. Kent, Executive Vice President and Provost

SUBJECT: Emeritus Recommendations

In accordance with recommendations by the faculty, chairs and deans of the respective disciplines and colleges I recommend that the retired University of South Alabama faculty members listed below be granted the status of Professor Emeritus and Associate Professor Emeritus, appropriate for their respective rank at retirement effective upon approval by you and the Board of Trustees.

- Christopher Hollingsworth, Associate Professor of the Department of English (Associate Professor Emeritus)
- R. Burke Johnson, Professor of Counseling and Instructional Sciences (Professor Emeritus)
- John Steadman, Professor of Electrical and Computer Engineering (Professor Emeritus)

If you have any questions or concerns, please let me know.

AMK/rmh

UNIVERSITY OF SOUTH ALABAMA

MEMORANDUM

VP Medical Affairs/Dean's Office/Frederick P. Whiddon College of Medicine

DATE: November 1, 2022

TO: Jo Bonner
President, University of South Alabama

FROM: Dr. John V. Marymont
Vice-President for Medical Affairs and Dean, Whiddon College of Medicine

SUBJECT: Whiddon College of Medicine Emeritus Recommendation, 2022

I recommend awarding the rank of associate professor emeritus to retired Whiddon College of Medicine faculty member appropriate for the respective rank at retirement as specified below. Information for this faculty member has been forwarded for your review. With your approval, I request presentation of the recommendation to the Board of Trustees at the December meeting.

- Dr. Curtis Norman Harris, Associate Professor of Surgery (Associate Professor Emeritus)

JVM/afn

RESOLUTION

TENURE

WHEREAS, in accordance with University policy, an application for tenure from Robert A. Barrington, Ph.D., a Whiddon College of Medicine faculty member, has been reviewed by faculty peers, the Chair of the Department of Microbiology and Immunology, the Dean of the Whiddon College of Medicine/Vice President for Medical Affairs, and the University President, and is hereby recommended for approval effective on January 1, 2023,

THEREFORE, BE IT RESOLVED, the University of South Alabama Board of Trustees hereby grants tenure to Robert A. Barrington, Ph.D., as recommended.

UNIVERSITY OF SOUTH ALABAMA

MEMORANDUM

Office of the Dean/Frederick P. Whiddon College of Medicine

DATE: November 1, 2022

TO: Jo Bonner
President, University of South Alabama

FROM: Dr. John V. Marymont
Vice-President for Medical Affairs and Dean, Whiddon College of Medicine

SUBJECT: Whiddon College of Medicine Tenure Recommendation, December 2022 Board Meeting

I recommend the awarding of tenure to Whiddon College of Medicine faculty as specified below. Information for each faculty member has been forwarded for your review. With your approval, I request presentation of the recommendation to the Board of Trustees at the December meeting.

- Robert A. Barrington, Ph.D., Department of Microbiology and Immunology

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

BUDGET AND FINANCE COMMITTEE

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

Budget and Finance Committee

September 22, 2022
10:07 a.m.

A meeting of the Budget and Finance Committee of the University of South Alabama Board of Trustees was duly convened by Mr. Tom Corcoran, Chair, on Thursday, September 22, 2022, at 10:07 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Alexis Atkins, Chandra Brown Stewart, Tom Corcoran, Ron Graham, Lenus Perkins, Jimmy Shumock and Steve Stokes were present.
Other Trustees:	Scott Charlton, Ron Jenkins, Bill Lewis, Arlene Mitchell, Margie Tuckson, Mike Windom and Jim Yance.
Administration & Guests:	Jim Berscheidt, Joél Billingsley, Jo Bonner, Lynne Chronister, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, Andi Kent, Nick Lawkis, John Marymont, Mike Mitchell, Kristen Roberts, Laura Schratt, Margaret Sullivan and Donna Tipps.

The meeting came to order, and the attendance roll was called, **Item 22**. Mr. Corcoran called for consideration of the minutes of a meeting held on June 2, 2022, **Item 23**. On motion by Mr. Graham, seconded by Mr. Shumock, the Committee voted unanimously to adopt the minutes.

Mr. Corcoran called on Ms. Kristen Roberts, Assistant Vice President for Finance and Administration, to discuss **Item 24**, the quarterly financial statements for the nine months ended June 30, 2022. Ms. Roberts advised of an increase in the University's net position by approximately $55 million for the end of the third quarter of fiscal year 2022, compared to that of approximately $102 million at the end of the third quarter for fiscal year 2021. She stated this decrease could be attributed primarily to the decline in investment performance. She added that the University's ending net position was close to $398 million at the end of June 2022.

Mr. Corcoran asked Ms. Donna Tipps, Associate Vice President for Finance and Administration, to address **Item 25**, a resolution authorizing the 2022-2023 University total budget, and further authorizing the 2022-2023 total budget as the continuation budget for the 2023-2024 fiscal year in order to comply with bond trust indenture requirements should the budget process not be completed prior to the beginning of the 2023-2024 fiscal year. (To view copies of resolutions, policies and other documents authorized, refer to the minutes of the Board of Trustees meeting held on September 22, 2022.) Ms. Tipps discussed several key factors that influenced the balanced-budget proposal totaling approximately $1.3 billion, which reflected an increase in projected revenue due largely to an increase in the state appropriation and in anticipated net patient revenue, as well as an increase in budgeted expenses to address increases in salaries and benefits, debt service and new health system services. On motion by Mr. Shumock, seconded by Ms. Atkins, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

There being no further business, the meeting was adjourned at 10:18 a.m.

Respectfully submitted:

E. Thomas Corcoran, Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

LONG-RANGE PLANNING COMMITTEE

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

Long-Range Planning Committee

September 22, 2022
10:18 a.m.

A meeting of the Long-Range Planning Committee of the University of South Alabama Board of Trustees was duly convened by Ms. Chandra Brown Stewart, Chair, on Thursday, September 22, 2022, at 10:18 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Chandra Brown Stewart, Ron Jenkins, Bill Lewis, Lenus Perkins, Steve Stokes, Mike Windom and Jim Yance were present.
Other Trustees:	Alexis Atkins, Scott Charlton, Tom Corcoran, Ron Graham, Arlene Mitchell, Jimmy Shumock and Margie Tuckson.
Administration & Guests:	Jim Berscheidt, Joél Billingsley, Jo Bonner, Nicole Carr, Lynne Chronister, Angela Coleman, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, Andi Kent, Nick Lawkis, John Marymont, Mike Mitchell, Laura Schratt and Margaret Sullivan.

The meeting came to order, and the attendance roll was called, **Item 26**. Ms. Brown Stewart called on Dr. Angela Coleman, Associate Vice President for Institutional Effectiveness, to present **Item 28**, a report on the process for reaffirmation of accreditation through SACSCOC (Southern Association of Colleges and Schools Commission on Colleges). Dr. Coleman advised that the University submitted its formal report to SACSCOC on September 2, 2022, and that an evaluation from the SACSCOC off-site committee should be delivered in early December, at which point she noted the University would have an opportunity to respond. She thanked the Board for its committee work, which she said was submitted as evidence related to governance, policy and budgets. She stated that a final decision from SACSCOC was expected in December 2023.

As to **Item 29**, an update on strategic planning and scorecard development, Dr. Coleman discussed plans for appointing a new Institutional Planning and Evaluation Committee charged with overseeing the strategic planning and master planning processes and developing the next University scorecard. She shared that work was in progress to identify five student success metrics on which to base the initial elements of the scorecard. Dr. Nicole Carr, Assistant Vice President for Student Academic Success, was asked to share perspective gained on student retention and graduation rates. President Bonner credited Ms. Tuckson for connecting USA and Georgia State representatives to begin a dialog on strategies for improving retention at South.

Ms. Brown Stewart called for consideration of the minutes of a meeting held on June 2, 2022, **Item 27**. On motion by Mr. Yance, seconded by Capt. Jenkins, Committee voted unanimously to adopt the minutes.

There being no further business, the meeting was adjourned at 10:36 a.m.

Respectfully submitted:

Chandra Brown Stewart, Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

COMMITTEE OF THE WHOLE

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

Committee of the Whole

September 22, 2022
10:36 a.m.

A meeting of the Committee of the Whole of the University of South Alabama Board of Trustees was duly convened by Ms. Arlene Mitchell, Chair *pro tempore*, on Thursday, September 22, 2022, at 10:36 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

Members:	Alexis Atkins, Chandra Brown Stewart, Scott Charlton, Tom Corcoran, Ron Graham, Ron Jenkins, Arlene Mitchell, Lenus Perkins, Jimmy Shumock, Steve Stokes, Margie Tuckson, Mike Windom and Jim Yance were present.
Members Absent:	Steve Furr and Kay Ivey.
Administration & Guests:	Jim Berscheidt, Joél Billingsley, Jo Bonner, Lynne Chronister, Kristin Dukes, Joel Erdmann, Julie Estis, Monica Ezell, Andi Kent, Nick Lawkis, John Marymont, Mike Mitchell, Laura Schratt and Margaret Sullivan.

The meeting came to order, and the attendance roll was called, **Item 30**. Chair Mitchell called for consideration of the minutes of a Committee of the Whole meeting held on June 2, 2022, as well as the minutes of meetings of the Executive Committee held on June 24 and August 3 and 24, 2022, **Item 31**. On motion by Mr. Corcoran, seconded by Ms. Atkins, the Committee voted unanimously to adopt the minutes.

Chair Mitchell called for consideration of a resolution authorizing the membership of the Executive Committee for terms concurrent with the term of the Chair *pro tempore*, **Item 32**. (To view copies of resolutions, policies and other documents authorized, refer to the minutes of the Board of Trustees meeting held on September 22, 2022.) On motion by Mr. Shumock, seconded by Mr. Corcoran, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

There being no further business, the meeting was adjourned at 10:38 a.m.

Respectfully submitted:

Arlene Mitchell, Chair *pro tempore*

RESOLUTION

TRIBUTE TO THE LATE MRS. JUNE LEDYARD WHIDDON

WHEREAS, Mrs. June Ledyard Whiddon, who faithfully served the University of South Alabama (USA) as its very first *First Lady* and filled that role for nearly 35 years, passed away on October 29, 2022, and

WHEREAS, Mrs. Whiddon was born in Tuscaloosa, Alabama, to the late Charles Ledyard and Gladys Kicker Ledyard and went on to earn a Bachelor's Degree in Education before teaching elementary education in Georgia, and

WHEREAS, Mrs. Whiddon married Dr. Frederick Palmer Whiddon, who would later become the founder of the University of South Alabama, the first four-year, state-supported university in Mobile, and become its first President, and

WHEREAS, the Whiddons served as President and First Lady from the University's creation in 1964 until 1998, a period of tremendous growth and progress for USA and the greater Mobile community, and

WHEREAS, during the 1960s and 1970s, when most of the faculty members were men, Mrs. Whiddon began a Women's Club at USA and helped start a campus chapter of the Alpha Omicron Pi sorority, and

WHEREAS, Mrs. Whiddon was directly involved in the planting of beautiful azaleas and camellias that still bloom outside the Whiddon Administration Building, helping to make the University of South Alabama campus a welcoming setting for students, faculty, staff and alumni, and

WHEREAS, Mrs. Whiddon was a member of the National Society of Colonial Dames XVII Century, a member of the Society of Mayflower Descendants, a Meals on Wheels volunteer for 15 years and a member of Mount Hebron United Methodist Church in Newton, Alabama,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama acknowledges the legacy of the late Mrs. June Ledyard Whiddon and pays tribute to her memory for her many contributions to the University community, local community, and people of the State of Alabama, all of whom have benefitted from her dedication, service, kindness and generosity, and

BE IT FURTHER RESOLVED, the Board of Trustees extends heartfelt sympathy to the children of Dr. Frederick P. Whiddon and Mrs. June Ledyard Whiddon, Dr. Karen Whiddon Peterson, a Senior Instructor in the Department of English; John T. Whiddon, a member of the USA Foundation Board of Directors; Charles Whiddon; and Keith F. Whiddon, and to the entire Whiddon family.