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University of South Carolina

BOARD OF TRUSTEES

Health Affairs Committee

March 16, 2006

The Health Affairs Committee of the University of South Carolina Board of Trustees met on Thursday, March 16, 2006, at 2:30 p.m. in the 1600 Hampton Street Board Room.

Members present were: Mr. Arthur S. Bahnmuller, presiding; Mr. William W. Jones, Jr.; Ms. Rita M. McKinney; Mr. M. Wayne Staton; Mr. John C. von Lehe, Jr.; Mr. Eugene P. Warr, Jr.; Mr. Herbert C. Adams, Board Chairman; and Mr. Miles Loadholt, Board Vice Chairman. Members absent were: Dr. C. Edward Floyd and Mr. Toney J. Lister, Chairman. Other members present were: Mr. Samuel R. Foster, II; Mr. William C. Hubbard; and Mr. John W. Fields.

Others present were: President Andrew A. Sorensen; Secretary Thomas L. Stepp; Vice President for Research and Health Sciences Harris Pastides; Vice President for Information Technology and Chief Information Officer William F. Hogue; Executive Dean of the S.C. College of Pharmacy Joseph T. DiPiro; Interim Dean of the College of Pharmacy Randall C. Rowen; Professor in the Department of Exercise Science, Arnold School of Public Health, and NCAA/SEC Faculty Athletics Representative, Russell R. Pate; Associate Professor in the College of Nursing Judith Alexander; Bicentennial Chair in Behavioral Neuroscience, Department of Psychology, Rosemarie M. Booze; Research Associate, Office of Research and Health Sciences, Pam Weiss; Public Information Officer, Office of Media Relations, Karen Petit; and Director of University Communications, Division of University Advancement, Russ McKinney, Jr.

Mr. Bahnmuller called the meeting to order, welcomed those present, and asked everyone to introduce themselves. Mr. McKinney indicated that no members of the media were in attendance.

Mr. Bahnmuller stated that the agenda had been posted and the press had been notified as required by the Freedom of Information Act; the agenda had been circulated to the Committee members; and a quorum was present to conduct business.

Mr. Bahnmuller directed the attention of the Committee to the agenda and called on the Dean of the College of Nursing, Peggy O. Hewlett.

Open Session

I. School of Nursing Update: Dean Hewlett thanked the Board for the opportunity to share her views of the "state-of-the-state" in nursing education and her vision for the future of USC in leading the way in providing nursing care for the people of South Carolina. Dean Hewlett distributed information regarding the current status of the nursing profession in South Carolina.

Nationally, there was a nursing shortage of unprecedented proportion. Dean Hewlett stated that while we had weathered shortages in the past, this one was very different in that there was no end in sight. It was expected to persist and worsen over the next 10 - 15 years; everyone in the nation will be affected by this crisis.

While the healthcare demands from an older population would continue to increase, so will the numbers of nurses moving into retirement. Additionally, today's average hospital environment was not conducive to recruiting and retaining nurses. This was compounded by the ongoing fact that we were unable to keep pace with sufficient numbers of new nurses entering the educational system to fill the widening gap between supply vs. demand.

Dean Hewlett showed trend data projections for South Carolina which indicated that the state would experience a reduction in the available supply of nurses by a negative 5 percent by 2010 and a negative 17.8 percent by 2020.

This equated to needing at least 6,741 more nurses by 2020 than current supply trends indicated we would have, with an additional shortage of over 110,000 predicted for Georgia, Florida, North Carolina at the same time.

Dean Hewlett stated that as we set our vision for the future of South Carolina nursing, we must align our own policies and planning with recommendations for the preparation of the nursing workforce. She stated that there was no question that more nurses were needed, but we also had to ask ourselves if the type of education they received made any difference. And if it did, she asked, how should we incorporate this information into sound planning at University and state-wide levels?

Dr. Linda Aiken, an internationally recognized nursing researcher from the University of Pennsylvania, had conducted multiple studies about whether or not having RN's, as compared to Licensed Practical Nurses (LPNs), in the hospitals made any difference in patient care outcomes. Her landmark 2003 study showed that not only did RNs in general make a positive difference, but when there was as little as a 10 percent increase in baccalaureate prepared nurses (BSN) working in the hospital, there was a resulting 5 percent decrease in patient mortality rates.

The Institute of Medicine (IOM) had been very concerned with patient injury and deaths related to medication errors and other safety issues. In their 2003 report, it was noted that whenever there was an increase in the BSN workforce, there were also higher levels of patient safety indicators. They were now supporting recommendations for a shift in our workforce toward more baccalaureate prepared nurses. Dean Hewlett stated that within the past six months, the American Hospital Association endorsed the American Organization of Nurse Executive's position paper calling for the BSN as the preferred level of preparation for the future of patient care.

South Carolina currently had almost 75 percent of nurses prepared at the associate degree level and these programs consistently received the largest state-appropriated increases for program additions and expansions. Dean Hewlett stated that no one was calling for closing associate degree programs. Doing so would almost certainly cause a considerable increase in the depth of the shortage. But

while we likely needed to maintain current ADN (Associate Degree in Nursing) admissions and graduation rates, we would be very shortsighted if we did not set strategic priorities to dramatically increase the numbers of graduates from each of the state's BSN programs.

She stated that we needed to rethink this whole issue of educational preparation and members of this Board were major players in those "big picture" decisions.

Dean Hewlett further stated that if we were to support and expand baccalaureate nursing education, we needed to be aware of the program capacity issues involved. The bottom line was that we did not have enough nursing faculty now or in the immediate educational pipeline to accommodate higher numbers of qualified ADN or BSN students at the national, state or local levels.

In continuing her report Dean Hewlett stated that in our own USC system, we had been unable to accept all qualified student applicants at the upper division. Anecdotal data from USC Aiken and USC Upstate reported that over 200 students in our three programs were denied entry at junior level this current academic year and no projected decline in those numbers was anticipated in the immediate future, unless we fundamentally changed the way we do business. On this campus - and we were likely the most highly competitive for admission into upper division in the USC system - our cut-off GPA for the upcoming Fall '06 junior level admissions was 3.5532. The good news was that the students we were able to accommodate were exceptionally bright; but the bad news was that we actually had to deny admission to many others with GPA's between 3.0 - 3.5 who ought not to be lost to the profession. She stated that Carolina had 66 students in our own applicant pool for this coming fall between those grade point averages.

Dean Hewlett opined that her new "motto" was "Leave No Qualified Nursing Student Behind." She felt that we must not stop short of a total transformation in how we educated our nurses.

Dean Hewlett recommended various solutions in order to address the significant challenges ahead for the University. First and foremost, we needed reliable S.C. data. While we had some reasonably valid and reliable national workforce projection data, we were simply without sufficient local and state data. Most groups offering data for policy/planning purposes reported a "needs assessment," that was more often than not centered on the needs of their constituents, rather than representing a reliable state-wide data collection process.

She expressed the opinion that we had the opportunity to build on remnants of a former Robert Wood Johnson Foundation South Carolina workforce project by moving quickly to have the USC College of Nursing Center for Nursing Leadership designated by the state as the nexus for nursing workforce issues. An additional need Dean Hewlett pointed out was that we must address the critical nursing faculty shortage. Simply providing more money to hire additional faculty at the current rates was an insufficient solution, although salary enhancements were required. Many of our nurses who qualified as potential clinical faculty often earned \$75,000 to \$90,000

annually in the service setting. This represented compensation higher than nursing clinical faculty made.

Dean Hewlett stated that we must keep in mind that addressing the shortage by simply opening new ADN or BSN programs was a short-sighted solution, as we don't have enough faculty for what we were teaching now. South Carolina nursing programs reported 32 current faculty vacancies, with an additional 100 vacancies projected for 2010.

The University needed, in the opinion of Dean Hewlett, to come up with innovative ways to share faculty resources across our campuses. And we had to be creative in how to broaden the inclusion of our practice-based nurses in our academic ventures. Finding a healthy balance in this equation was a challenge. If we cannot produce or hire the numbers we needed, USC must lead the way in developing creative new models for teaching nursing.

Dean Hewlett expressed her assessment of the top priorities for the USC system as follows:

First, we needed to advocate for a new model for educational delivery - leading the effort to move quickly toward more collaboration among the nursing programs. To accomplish this, we must first develop clear and accepted articulation agreements between ADN and BSN nursing programs in our own system, including a common set of general education requirements and compatible course requirements at the BSN upper division level. For our campuses with no BSN-level program, we must establish quick and accessible routes into our existing upper division classes. For those with no nursing education program, articulation plans from the academic track into one of the USC nursing programs were required. In order to meet this goal, non-traditional course delivery must become the norm, Dean Hewlett reported.

Second, we must address the pressing need for additional clinical space for our BSN students. Areas of greatest need included: Pediatrics, Obstetrics, Psychiatry, Critical Care, and Community Health Facilities.

In the absence of additional patients in these settings, we must strategize how the USC system can build and utilize nursing simulation labs. This was a logical reason for moving some clinical learning activities from the acute-care setting into simulation learning labs, and USC needed a coordinated approach for providing this type of expensive learning alternative for BSN students. Such a move would also offer us the opportunity for multidisciplinary learning teams (i.e. medical students working with nursing and allied health students in simulated clinical environment) to strengthen the entire healthcare workforce over the long run.

Finally, we must have a clear articulation plan for USC nurses prepared at the BSN level to move directly into South Carolina nursing schools with established graduate programs. This was our primary source of new nursing faculty and must become a state-wide priority.

Dean Hewlett then concluded her report by discussing the three year strategic plan for the USC College of Nursing. The College's new strategic vision was to step boldly forward to "provide statewide leadership using innovative approaches to

advance the practice of nursing." Dean Hewlett stated that she intended for the University to become South Carolina's flagship College of Nursing, not just in name only but in action-oriented results. She discussed the five overarching strategic priorities in her opinion and distributed materials describing them in detail.

Dean Hewlett thanked the Board and Dr. Sorensen for the opportunity to serve as Dean of the College of Nursing. She stated that she came to the University prepared as an expert in team-building and would hopefully bring new energy, focus, expertise and enthusiasm toward solving the complex challenges facing the University today. She was confident that with adequate resources and a renewed sense of leadership and innovation, the college would be well positioned to make a dramatic and positive difference in nursing education. She emphasized that to a very great extent, the health of South Carolinians depended on our success. There was considerable discussion and questions concerning Dean Hewlett's thoughtful report.

Dr. Sorensen stated that it was essential that the University increased the number of nurses that we prepared in South Carolina. The University had established nursing programs at USC Upstate, USC Aiken, USC Columbia and USC Beaufort. Dean Hewlett will take the lead in bringing all the existing programs into a coherent productive relationship. He was extremely pleased with Dean Hewlett's enthusiasm, vision and willingness to be inclusive in bringing people together.

Mr. von Lehe asked if there were any indication from the hospital systems that they would like to grant stipends to those people who would like to teach. Dean Hewlett responded that there were good discussions going on among the Midlands area healthcare providers. We were already receiving funding from Lexington Health System and Palmetto Health had been interested in working with us on some new and innovative types of teaching models.

Mr. Bahnmuller stated that this report was received for information.

II. Biomedical Research Infrastructure Steering Committee Report: Mr. Bahnmuller called on Dr. Russ Pate to give an update on the activities of the Biomedical Research Initiative Steering Committee (BRISC). Dr. Pate reported that the Committee had evolved into the third phase of its work. Some three years ago, Dr. Pastides asked the head of the Department of Chemistry and Biochemistry and Dr. Pate to form a panel that would be broadly representative of the units at USC engaged in biomedical research. The charge to that Committee was to analyze USC's biomedical research activity as it stood at that time and to make recommendations to enhance the University's productivity in research on human health. In addition, he offered funding and asked the committee to decide on a mechanism whereby those funds could be invested in existing USC investigators for the purpose of making quick advances in our biomedical research program.

Dr. Pate talked about the accomplishments of BRISC I which included identification of areas of strength, barriers to research growth and directions for future investment. In addition, the committee established a competitive seed grant funding program.

BRISC I concluded that the University had strengths in cancer research, neurosciences, and research on reduction of health disparities across racial, ethnic

and social economic groups. There was emerging strengths in bioengineering/regenerative medicine and a potential for substantial research productivity in clinical research. In addition, the Committee identified significant barriers in the areas of infrastructure to support leadership and management of biomedical research.

Some of the major recommendations for BRIS I were:

- To invest resources to support the growth of research on prevention & treatment of cancer, neuroscience, reduction of health disparities across racial, ethnic & socioeconomic groups, and bioengineering & regenerative medicine.
- To identify and make productive investments to support growth of clinical research.
- To improve policies and procedures for management of biomedical research.
- Finally, to improve infrastructure and leadership for biomedical research.

Dr. Pate stated that the five-year funding goals were to increase funding from NIH from \$30 million in FY 03 to \$50 million in FY 08. Two overriding issues were that the University must increase faculty capacity for biomedical research and that new resources were needed to support the expansion of biomedical research.

Dr. Pate discussed BRISC II. The purpose was to support and monitor implementation of BRISC I recommendations and to advise the senior administration of additional strategies for development of biomedical research at USC. One of the key accomplishments of the Biomedical Research Internal Funding Program was the awarding of \$1 million in internal grants. He discussed various other accomplishments which were listed in more detail in the materials distributed for this meeting.

Dr. Pate stated that planning was underway for the Biomedical Research Campus (buildings named Omega I & II) and that continued work to equip and staff a new Brain Imaging Center was ongoing.

BRISC III would continue to support implementation of BRISC I recommendations and advise the administration on additional strategies for development of biomedical research at USC. Additionally, five priority areas had been identified for BRISC III activity over the next year. They were: facilitation and promotion of submission of PPGs/center grants and support of interdisciplinary research; provision of guidance on developing a protocol for management of new biomedical facilities; provision of oversight of faculty hiring (the CP program); enhancement of technology transfer protocols; evaluation of clinical research at USC and enhancement of USC/MUSC biomedical faculty communication and collaboration.

Dr. Pate gave an overview of the NIH funding at USC which had grown from \$5.5 million in 1990 to \$26.4 million in 2005.

Mr. Foster commented that he had heard that NIH funding was being held constant at \$1 billion and that the budget had not grown much. He asked Dr. Pate what his views were regarding the future of NIH funding. Dr. Pate responded that the budget was before the U. S. Senate this week and there was an \$8 billion increase in funding, but this would continue to be a challenging situation for a few more years.

Mr. Bahnmuller stated that this report was received for information.

Dr. Sorensen thanked Dr. Pate for the leadership he had provided in this initial phase of BRISC. He commended Dr. Pastides for his role as the architect of this entire organizational trust.

There were no other matters to come before the Committee, and Mr. Bahnmuller declared the meeting adjourned at 3:30p.m.

Respectfully submitted,

Thomas L. Stepp
Secretary