The Health Affairs Committee of the University of South Carolina Board of Trustees met on Friday, June 18, 2010, at 10:00 a.m. in the 1600 Hampton Street Board Room.

Members present were: Mr. John C. von Lehe, Jr., Chairman; Mr. Chuck Allen; Dr. C. Edward Floyd; Ms. Leah B. Moody; Mrs. Amy E. Stone; Mr. Mack I. Whittle, Jr.; and Mr. Miles Loadholt, Board Chairman. Members absent were: Mr. Arthur S. Bahnmueller; and Mr. Eugene P. Warr, Jr., Board Vice Chairman.

Other Trustees present were: Mr. Herbert C. Adams; Mr. William W. Jones, Jr.; and Mr. Toney J. Lister.

Others present were: President Harris Pastides; Secretary Thomas L. Stepp; Vice President for Academic Affairs and Provost Michael D. Amiridis; Vice President for Finance and Planning William T. Moore; Interim Administrator for the Division of Human Resources Judy Owens; Vice President for Information Technology and Chief Information Officer William F. Hogue; Vice President of Development and Alumni Relations Michelle D. Dodenhoff; Interim Vice President for Communications and Public Affairs and Dean of the College of Mass Communications and Information Studies Charles Bierbauer; Vice President for Research and Graduate Education Stephen Kresovich; Vice President for Medical Affairs Donald J. DiPette; University Treasurer Susan D. Hanna; Associate Vice President for Resource Planning Edward L. Walton; Associate Vice President for Finance and Budget Director, Division of Finance and Planning, Leslie Brunelli; Dean of the College of Nursing Peggy O. Hewlett; Distinguished President Emeritus Andrew A. Sorensen; Special Assistant to the President J. Cantey Heath, Jr.; Special Assistant to the President and Director of Athletics John D. Gregory; Faculty Representative Dr. Patrick D. Nolan; Director of Governmental and Community Relations and Legislative Liaison Shirley D. Mills; Associate Director of Governmental Affairs and Legislative Liaison Casey Martin; Trustees-elect C. Dorn Smith, III, M.D. and Thad H. Westbrook; President and CEO of Kaludis Consulting Company George Kaludis; Senior Vice President of Kaludis Consulting Company Glen Stine; and Senior Consultant of Kaludis Consulting Company Richard Dean; Director of Media Relations, Division of University Advancement, Margaret Lamb; Board staff members Terri Saxon, Vera Stone, and Karen Tweedy.

Chairman von Lehe called the meeting to order, welcomed those present, asked everyone to introduce themselves; Ms. Lamb indicated that no members of the media were in attendance.
Chairman von Lehe 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.

Chairman von Lehe stated that there were contractual matters which were appropriate for discussion in Executive Session.

Mr. Allen moved to enter Executive Session. Ms. Moody seconded the motion. The vote was taken, and the motion carried.

The following persons were invited to remain: President Pastides, Secretary Stepp, Dr. Amiridis, Dr. Moore, Ms. Owens, Dr. Pruitt, Dr. Hogue, Dr. Kresovich, Ms. Dodenhoff, Dr. Sorensen, Dr. DiPette, Dean Bierbauer, Mr. Parham, Mr. Heath, Mr. Walton, Ms. Brunelli, Mrs. Hanna, Mr. Gregory, Mrs. Martin, Ms. Mills, Ms. Lamb, Dr. George Kaludis, Dr. Richard Dean and Dr. Glen Stine.
Open Session

I. USC/GHS Joint Academic Affiliation Agreement: Chairman von Lehe called on Provost Amiridis who updated the committee on the progress that had been made since its last meeting in expanding the medical program at the Greenville Hospital System site.

He stated that progress had been made in developing the necessary documents; primarily, an affiliation agreement and a business plan for Board consideration. Dr. Sorensen represented the University in this process. Several committees had been organized which included a large number of School of Medicine faculty. The committees deliberated and created the basis for the curriculum for the new program. The information was then used to prepare the first draft of the business plan which was completed in May.

During the past five weeks, several working sessions were held and the parties reviewed the first draft of the documents. These sessions included members of the administration, representatives of the Greenville Hospital System (GHS), and representatives of the Board of Trustees to the Oversight Committee.

With the assistance of a group of external consultants, progress had been made in putting the final operational details of the plan together. The target date for completion of this phase was July 20th. Provost Amiridis stated that they would continue working with board representatives during the next few weeks; and he would provide information to other board members as progress continued and as requested.

Provost Amiridis remarked that at a previous Academic Affairs Committee meeting, a question was raised regarding the required student-teacher ratio in the Nursing Education program.

He called on Dean Hewlett to give a follow-up report, specifically regarding the state mandated 1:8 faculty-student ratio for South Carolina in the Nursing Program. She gave a detailed overview of how faculty-student ratios were determined, who determined them, and how the process worked to change the faculty-student ratio.

Dean Hewlett distributed information showing faculty-student ratios in nursing education programs in other states where such a mandate from the Board of Nursing existed.

All states, with the exception of Mississippi, had established a mandated faculty-student ratio and were under their own Boards of Nursing. In Mississippi, the Board of Nursing had no jurisdiction; they were governed by the Institute for Higher Learning which was similar to the South Carolina Commission on Higher Education.

She explained that the 2009 data came from the National Council of State Boards of Nursing (NCSBN) which provided expertise, consultation and guidance to nursing boards in the United States.

Dean Hewlett stated that while the NCSBN Board of Directors did not directly oversee any individual state board, it did provide the states with a set of “model rules.” These rules were reviewed and revised by the NCSBN board on a regular basis, and
reflected the best practices for nursing programs and individual nurse licensure guidelines. Each state then determined its own “Scope of Practice and Rules and Regulations” to which all practicing licensed registered nurses and approved nursing education programs must comply. Also, there were variances between states regarding the involvement of their state legislatures in this process.

In addition, the data revealed that Florida had the highest student/faculty ratio, with the majority of states allowing up to 10:1 students per faculty. She said an important point to make was the “up to” allowance. Schools in certain states were allowed to assign fewer than 10 in the acute care settings, if that was deemed appropriate by the faculty and clinical facility, but their boards of nursing allowed up to 10 in all clinical settings.

Dean Hewlett noted that South Carolina allowed a 10:1 ratio in all non-acute settings (home health, health department, and long-term care settings) but required an 8:1 ratio when students were being taught in an acute care setting which included hospitals. A determination was made that this ratio was safe, and would also assure a quality learning experience for our students.

She stated that without a doubt, this 8:1 ratio increased the required numbers of both faculty members and clinical sites; but considering an increase in the ratio to 10:1 needed to be carefully considered from three perspectives: financial, quality of instruction, and patient safety.

Dean Hewlett advised that from a financial perspective they could already assign clinical faculty up to 10 students for any/all clinical settings. However, with the 8:1 mandated ratio for all acute care facilities, the school would have to reassign two students from each group into observational experiences; that number currently totaled approximately 160 students.

Mr. Whittle inquired whether the Nursing Board could change the faculty-student ratio. Dean Hewlett responded that it could be done as a state effort because the regulations applied to all nursing schools in South Carolina. Any changes in ratio could be requested by the Board who would then make the recommendation to the Legislature through LLR.

Further, Dean Hewlett stated that with the required 8:1 ratio, students already had a fair degree of “wait time” because they must be under the direct supervision of the faculty member in order to perform most procedures. Additionally, if the faculty member was with another student, the opportunity to practice a particular patient care skill was sometimes missed. The professors worked very hard to meet the needs of every clinical student, and his/her patients. Their involvement in simulated patient clinical care would provide some relief from those constraints as a long-term, high impact solution, but was not an immediate remedy.

The patient safety factor must be carefully considered when thinking about increasing student numbers in the clinical setting. Today’s acute-care (in-patient care)
settings featured very ill patients with complex care requirements. When one faculty member had responsibility for 8-16 patients (depending on whether the students were taking one or two patients each), the faculty member had tremendous responsibilities. Dean Hewlett stated that “while our faculty are very competent and handle this stressful teaching environment exceedingly well, we do need to remember that today’s patients are much sicker and require a much higher level of nursing care than in years past - further impacting safety factors in these clinical settings.”

Mr. Whittle noted the nursing shortage and the need to produce as many nurses as possible. If other states had a higher faculty-ratio than why couldn’t South Carolina have it? Initially, he said he thought that South Carolina was more restrictive than other states as it related to faculty-ratios.

He requested Dean Hewlett to quantify further the available data on how other schools like North Carolina and Georgia were dealing with the faculty-student ratio, and identify any problems they may be having. Dean Hewlett would report her findings at a later date.

Mr. Jones asked how MUSC would react to a request to change the faculty-student ratio. Dean Hewlett responded that as a member of the Deans and Directors Council which included all of the programs as well as the technical programs, she felt that this request would be met with a “fair amount of resistance” because the nursing educators firmly believed that 8:1 was a more viable ratio. Furthermore, she explained that one faculty member (registered nurse) would be responsible for approximately 14 to 16 individuals currently. “To complicate matters, whenever you had eight very sick clients and eight ‘green students’ taking care of them, this could be an enormous safety issue that we really need to be concerned about.”

In response to a question about how many people served on the Board of Nursing, and how they were appointed, Dean Hewlett advised that it was very difficult to find individuals to serve on the Board of Nursing; the appointments were made by the Governor. Currently, there were five members but several vacancies that needed to be filled.

Mr. von Lehe stated that the committee did not want to overlook the concerns of Dean Hewlett. Also, he added, it was difficult to find nursing faculty now, and if the instructors felt like the amount of responsibilities were increased even more, perhaps, it could be that much more difficult to recruit faculty.

Finally, Dean Hewlett remarked that students who had attended a technical school and had obtained an associate degree were already licensed. These students could come to Carolina and complete their baccalaureate degree in one year and would not have to sit for licensure. In this type of situation, the ratio could be much higher and the school would not be restricted to the 10:1 and 8:1 ratio because the students were already pre-licensed.

Dean Hewlett noted that the needs of hospitals were rapidly changing; and there was a need for more nurse practitioners, speech pathologists, and other health professionals.
Therefore, the School of Nursing would conduct an assessment of hospital needs in this area and develop some new programs or expand current programs.

In addition, another market that the school was considering was offering associate degree students an opportunity to come to Carolina and graduate as nurse practitioners or with a doctorate degree.

In closing, Dr. Floyd commented that, in the past, there had been some issues regarding the nursing students moving into the advanced program. Dean Hewlett responded that those issues had been addressed up front and everything was going much better now. Also, the Columbia campus was expecting 206 nursing students this fall, 16 at USC Lancaster, and 16 at USC Salkehatchie. Lastly, she advised that the graduate school admission rate had doubled this year.

II. Adjournment: Since there were no other matters to come before the Board, Chairman von Lehe declared the meeting adjourned at 11:30 a.m.

Respectfully submitted,

Thomas L. Stepp
Secretary