I. Approval of Minutes (February 23, 2012)  Action

II. Health Sciences Division - Dr. Phyllis Horns  Discussion
   A. Health Sciences Division Student Panel
   B. Health Sciences Division Overview - Dr. Phyllis Horns
      1. Health Sciences Division Strategic Plan
      2. Plans for School of Public Health
   C. Brody School of Medicine Update – Dr. Cunningham & Dr. Benson
      1. Leadership Updates
      2. LCME Update
      3. American Academy of Family Physicians – Top Ten Award
      4. Meaningful Use Progress & Impact on ECU-P
      5. ECU Physicians Financial Performance Update

III. Health Sciences Informational Updates  Information
   A. College of Nursing
   B. College of Allied Health Sciences
   C. School of Dental Medicine
   D. Laupus Library

IV. Closed Session  Action
   A. Health Sciences Promotion & Tenure Recommendations
Call to Order and Approval of Minutes:

Mr. Jones called the meeting to order at 1:30 p.m. Mr. Jones read the conflict of interest statement required by the State Government Ethics Act. No conflicts were identified. The minutes of December 1, 2011 were approved.

Vidant Medical Center Update: Mr. Steve Lawler

Mr. Lawler reported that the Children’s Hospital construction is on schedule. Vidant has filed a Certificate of Need to add 48 new beds to the hospital. He announced the Board structure changes. There will be 2 separate boards, Vidant Health and Vidant Medical Center. Vidant Health will have a 11 member board with 6 appointed by Pitt County and 5 appointed by the UNC-Board of Governors. Vidant Medical Center will continue with the current board appointment with members appointed by Pitt County and the UNC-Board of Governors. The Vidant Medical Center Board welcomes 3 new members: Bryan Satterwhite, Mary Raab, and Bob Greczyn.
Dr. Horns reported that the construction of the School of Dental Medicine building, Ross Hall, is well underway. Estimated occupancy is July 2012. The first Service Learning Center in Ahoskie is under construction and occupancy is planned for April 2012. The second Service Learning Center in Elizabeth City is still under negotiation with the attorneys there. The SODM received 400 applications for the Class of 2016. 52 applicants will be accepted.

The College of Nursing in collaboration with 4 local community colleges (Beaufort, Lenoir, Pitt, and Roanoke-Chowan) have initiated a new program called RIBN (Regionally Increasing Baccalaureate Nurses) to increase baccalaureate nurses in the region. The College has also submitted a permission to start a DNP (Doctorate of Nursing Practice) degree to UNC-GA. Nationally the DNP is recommended as the terminal professional degree for advanced practice nurses in subspecialty practice.

The College of Allied Health Sciences continues to have a very competitive applicant pool for their programs. The 8th Annual Jean Mills Health Symposium was held in February with the focus on “Enhancing Community Health in North Carolina.” The information shared will help ECU address crucial health issues facing minority populations.

Work continues on the review of the Affiliation Agreement between Vidant and the BSOM. The work group plans to have changes completed by late summer and have the new agreement completed by the end of 2012. The current agreement expires in 2014.

The BSOM is continuing to revisit plans for expansion of the medical school class size. Plans and campus discussions are also underway to expand Public Health offerings.

Dr. Walter Pories (BSOM) has been awarded the Lifetime Achievement for Excellence in Research and Creative Activity Award.

Research Update:

Dr. Lust gave an overview of the challenges with research in the Brody School of Medicine. Internal pressures include patient volume and patient complexity vs. payer mix which leaves no time for research for clinical faculty. Also, growth in teaching obligations without growth in faculty numbers has reduced time for research by basic science faculty. The State’s economy has hampered research. Research faculty have had a flat salary over the past 4 years and there is likelihood that this will be the case for the next 2 years. This reduces morale and retention of research faculty. We may not be able to fund competitive start-up packages for new recruits. The NIH budget is also flat and is expected to remain that way for the next 3 years. The current success rate after triage is already dipping below 11% depending on the Institute. NIH initiatives to stabilize award opportunities include: reduce salary caps, consider caps on total
funding per investigator, and consider caps on total salary coverage per investigator.
For 9 fiscal years 2001-2002 to 2009-2010; the BSOM has accounted for 70% of total
growth in research funding. In 2009-2010 the BSOM accounted for 100% of the
increase in research funding for the previous eight years. BSOM alone generates more
extramural funding and represents a disproportionately better recovery cost in F&A
generated. Goals to increase public visibility of research include to “demystify”
research; provide opportunities to learn more about what is being studied, why and how;
generate board support for research essential to our mission; and help new faculty
identify collaborators with similar interest. Dr. Lust shared information on 2 research
initiatives that are currently on-going in the Division: Systolic Blood Pressure
Intervention Trial with BSOM Internal Medicine and Family Medicine faculty, Dr. Paul
Bolin and Dr. James Powell. This trial is designed to test whether a treatment program
aimed at reducing systolic blood pressure to a lower goal than currently recommended
will reduce cardiovascular disease risk. He also shared information on the research
initiative, Operation Re-Entry North Carolina, a $2.4M project to support rehabilitation
and re-entry concerns of military service personnel, veterans and their families. Dr.
Dave Cistola in the College of Allied Health Sciences is the Project Coordinator. This is
a University – wide initiative (7 colleges and 13 different departments). He shared that
the ECU Chapter, Society for Neurosciences hosted Congressman Jones in November
2011. Congressman Jones toured several research labs and listened to presentations.

**BSOM Update:**

Dr. Cunningham reported that the BSOM LCME accreditation visit was held in January.
The visit was very positive and a final report will be issued in June. The MPH program
accreditation visit was held this week and was very positive. A final report will be issued
in the coming months.

Dr. Cunningham shared information about BSOM leadership changes. Dr. Elizabeth
Baxley has accepted the Senior Associate Dean for Academic Affairs position and will
be on board June 4th. Dr. Ed Newton has stepped down as Chair of the Department of
OB/GYN. Dr. Cliff Hayslip will serve as the Interim. Dr. Bruce Ferguson has stepped
down as Chair of the Cardiovascular Sciences Department. Dr. Mark Williams will
serve as the Interim. National searches will be underway for these positions.

Mr. Jowers reported on the ECU Physicians financial performance for January 2012
FYTD. Operating results are above budget due receipts of prior year Upper Payment
Limit payments, offset by reduced contract revenue and professional fees. We are $2M
ahead of budget for the month of February. Received $2.6M yesterday in Medicaid

With no further business, the meeting adjourned at 3:00 p.m.
ECU Values:
ECU's Division of Health Sciences adheres to the established “enduring values” outlined in *ECU Tomorrow: A Vision for Leadership and Service* (2007), ECU’s long-range strategic plan and advances the goals outlined in ECU’s Strategic Action Plan, 2010-13 and its corresponding Key Performance Indicators.

ECU's values are outlined below:
- Respect;
- Authenticity;
- Accountability;
- Teamwork; and
- Commitment to Serve.

ECU Mission:
To serve as a national model for public service and regional transformation by:
- Preparing our students to compete and succeed in the global economy and multicultural society,
- Distinguishing ourselves by the ability to train and prepare leaders,
- Creating a strong, sustainable future for eastern North Carolina through education, research, innovation, investment, and outreach,
- Saving lives, curing diseases, and positively transforming health and health care, and
- Providing cultural enrichment and powerful inspiration as we work to sustain and improve quality of life.

*Approved by the UNC Board of Governors - November 13, 2009*
Key Strategic Planning Principles:
Several key planning principles were established to develop this strategic plan:

- Support for student success throughout the continuum of their college learning experience;
- Support for effective leadership and professional development;
- Purposeful decision-making, moving towards clearly defined goals and measurable objectives;
- A commitment to institutional effectiveness; and,
- Allocation of resources to ensure attainment of established priorities.

Goals
The goals outlined in this plan have been established for the period October 1, 2010 to September 30, 2013 and are aligned to outcome objectives and activities set forth by the units and departments that report to the Vice Chancellor of Health Sciences. Using the Logic Model, this collaborative and integrated approach to planning has facilitated the opportunity to integrate and align efforts towards accomplishing the following goals:

**GOAL 1:** Ensure students are prepared to succeed in interdisciplinary, team-based health care settings.

**GOAL 2:** Ensure students succeed in health sciences curricula.

**GOAL 3:** Develop a deliberate strategy for growth to efficiently meet the health and health care needs of the region and state.

**GOAL 4:** Ensure graduates are competent to address an increasingly diverse cultural and ethnic US population.

**GOAL 5:** Intentionally enhance diversity in faculty and staff across the Division.

**GOAL 6:** Partner strategically to build and enhance our health sciences research infrastructure.

**GOAL 7:** Advance health care through the promotion of technology and innovation.
**Goal 1:** Ensure students are prepared to succeed in interdisciplinary, team-based health care settings.

*Rationale/Need:*
Policy directions suggest that collaborative professional skills can address complex client needs within a framework of primary health care and social accountability for health and health care service quality, cost, and access. Such interdisciplinary teams achieve shared decision making according to client centered goals and values and can serve to optimize the composite team’s knowledge, skills, and perspectives, as well advance mutual respect and trust among all team members.

*Challenges:*
Within a rapidly changing health care environment, implementation methodologies and outcomes related to collaborative and interdisciplinary care remain elusive. Additional time and effort must be allocated to course development, professional development and training.

*Opportunities:*
ECU’s Division of Health Sciences is strategically positioned to increase awareness of and support for collaborative and interdisciplinary practice. ECU students have expressed a strong interest in developing a strategic plan for this aspect of their learning experience.

1) **Inter-Professional Experiences (IPE)**

*Outcome Objectives: (Baseline: Fall 2010)*

1.1.1. By Fall 2013, increase the number of IP experiences (programs and services) for students.

➢ *Measure:* Number of IP experiences by category: curricular, co-curricular, extracurricular, personnel and infrastructure experiences in HSD in academic year (3.1.3)

1.1.2. By Fall 2013, increase the number of students participating in interprofessional opportunities via Student Leaders Councils by 20 percentage points.

➢ *Measure:* Number of students participating in HSSLC experiences (3.1.19)

1.1.3. By Fall 2013, categorize IP experiences by IP competencies.

➢ *Measure:* Assessment of HSD IP experiences against WHO IPE criteria

These Outcome Objectives will be accomplished via the following activities:

➢ Develop a MS course devoted to social and cultural medicine (Dean, Brody School of Medicine).

➢ Increase the use of course or modular teaching/simulation for interprofessional collaboration (Dean, College of Allied Health Sciences).

➢ Partner to develop and enhance co-curricular learning opportunities (Dean, College of Allied Health Sciences, Dean, College of Nursing, and Dean, School of Dental Medicine).
Support and enhance opportunities for faculty to participate in inter-professional research (Dean, College of Allied Health Sciences and Dean, College of Nursing).
Faculty and staff professional development opportunities (Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine)
Goal 2: **Ensure students succeed in health sciences curricula.**

**Rationale/Need:**
ECU defines student success as the participation in and completion of high quality degrees and credentials. We recognize that we must prepare our students to enter the workforce with the appropriate knowledge and essential skills to think creatively, solve problems effectively, write and speak clearly, reason analytically, and work collaboratively in teams with people from different cultures and backgrounds. Within health disciplines, an additional indicator of student success is certification by a profession signifying completion of educational and testing requirements that indicates professional competence.

**Challenges:**
In an era of increased accountability and competition for students, ECU must continue to monitor all aspects of the student experience. In response to the global economic downturn, ECU must continue to identify ways to streamline costs while assuring the delivery of high quality programs and services.

**Opportunities:**
ECU’s Health Science Division is building capacity to maintain and exceed the licensure and exam passing rates of our students in a rapidly changing health care environment. We will continue to receive local, state and national recognition for our first time pass rates.

### 2.1) GRADUATION RATES

**Outcome Objectives:** Baseline: Fall 2010

2.1.1. By Fall 2013, maintain four-year graduation rates for undergraduate HSD students.

➤ **Measure:** First-Time, Full-Time Freshmen Four Year Graduation Rates (1.3.2)

2.1.2. By Fall 2013, maintain six-year graduation rates for undergraduate HSD students.

➤ **Measure:** First-Time, Full-Time Freshmen Six Year Graduation Rates (1.3.3)

2.1.3. By Fall 2013, increase the graduation rates for HSD students in graduate programs and first professional degree programs.

➤ **Measure:** Program graduation rates by College and School (3.1.15)

These Outcome Objectives will be accomplished via the following activities:

➤ Disaggregating data and information to identify barriers to retention and graduation (Director of Institutional Research and Director of Institutional Assessment)

➤ Continuing to support academic tutoring and mentoring programs (Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine)
Institutional Planning, Assessment & Research

- Ongoing assessment and enhancement of student learning outcomes and licensure/exams (Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine)

2.2) STUDENT SUCCESS (LICENSURE EXAMS)

Outcome Objectives: Baseline: Fall 2010

2.2.1. By Fall 2013, maintain the licensure exam pass rates of our students.

- Measure: Licensure Exam Rates (first-time) (3.1.11)

These Outcome Objectives will be accomplished via the following activities:
- Continue to support academic tutoring and mentoring programs (Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine)
- Ongoing assessment of curriculum and student learning needs (Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine)

2.3) STUDENT APPLICANT PROFILE (ADMISSIONS AND ENROLLMENT)

Outcome Objectives: Baseline: Fall 2010

2.3.1. By Fall 2013, enhance the profile/increase the entrance exam scores of admitted students.

- Measure: Profile of all undergraduate applicants by gender/race (3.1.6)
- Measure: Acceptance rate yield (1.1.2)
- Measure: SAT 25-75 percentiles in critical reading and math (1.1.5)
- Measure: High school GPA (1.1.6)
- Measure: Scores on GRE, MAT, MCAT, DAT (1.1.7)

These Outcome Objectives will be accomplished via the following activities:
- Development of core and enabling processes (using the Baldrige Enterprise Model for Performance Excellence) (Vice Provost, Enrollment Services)

2.4) STUDENT EXPERIENCES (SATISFACTION)

Outcome Objectives: Baseline: Fall 2010

2.4.1. By Fall 2013, increase students’ perception of the level of academic challenge (as determined via the NSSE and/or national professional school surveys).

- Measure: Level of Academic Challenge (1.6.10)

2.4.2. By Fall 2013, increase students’ perceptions of student-faculty interactions (as determined via the NSSE and outcome national professional school surveys such as the AAMC matriculation and graduation questionnaire).
Measure: Student-Faculty Interactions (1.6.2)

2.4.3. By Fall 2013, increase students’ perceptions that ECU offers a supportive campus environment (as determined via the NSSE or the AAMC Medical School Graduation Questionnaire).
   - Measure: Supportive Campus Environment (1.6.9)

2.4.4. By Fall 2013, increase students’ perceptions that ECU offers enriching educational experiences (as determined via the NSSE).
   - Measure: Active and Collaborative Learning (1.6.7)

2.4.5. By Fall 2013, maintain the percentage of ECU students who report satisfaction with Laupus Library services.
   - Measure: Satisfaction with the Laupus Library (3.1.9)

These Outcome Objectives will be accomplished via the following activities:
- Working collaboratively with IPAR to develop action plans in response to NSSE findings (Director, Institutional Assessment; Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine)
- Ongoing support for Foundations of Excellence (Director, Institutional Assessment; Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine)
- Ongoing assessment of and support for services provided by the Laupus Library.
**Goal 3:** Develop a deliberate strategy for growth to efficiently meet the health and health care needs of the campus, region, and state.

**Rationale/Need:**
As a key player in responding to the challenge of preparing North Carolina’s health care professionals to meet the state’s evolving health and health care needs, ECU has made health care education a top priority. That commitment has included: (1) the establishment of a new School of Dental Medicine; (2) an ongoing effort to secure weighted funding for students in health care programs that are costly to deliver; (3) support for a commitment to develop a School of Public Health; and (4) development of strategic initiatives to address needs for physical infrastructure.

**Challenges:**
ECU’s commitment to access demands that our health care professional schools remain affordable despite rising costs associated with providing a robust, quality educational experience that can meet the demands of the community we serve.

**Opportunities:**
To maximize access to and success in our programs, our colleges are working to create pathways for our students. Collaboration between and among other institutions of higher education continue to foster opportunities to ensure degree acceleration and student retention.

**3.1) SUSTAINABILITY (WORKFORCE DEVELOPMENT)**

**Outcome Objectives:** Baseline: Fall 2010

3.1.1. By Fall 2013, enhance the standards for our partnerships by ensuring that 100% of affiliation agreements are in compliance with accreditation standards including an efficient supportive program to have all community volunteer faculty achieve faculty appointments.

  ➢ **Measure:** Number of formalized partnerships meeting accreditation standards (3.1.12)

3.1.2. By Fall 2013, increase the number of graduates in targeted professional disciplines (determined by the Health Sciences Division Academic Council) to meet the needs of the region.

  ➢ **Measure:** Number of graduates in targeted professional disciplines (3.1.16)
  ➢ **Measure:** Number of job placements in targeted professional disciplines (3.1.17)

These Outcome Objectives will be accomplished via the following activities:

➢ Developing, sustaining and enhancing partnerships (Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine).

➢ Admission of first cohort of students to the ECU School of Dental Medicine, Fall 2011 (Dean, School of Dental Medicine).
Enhancing efforts to secure additional support for programs and services as well as financial support for our students (Dean, Brody School of Medicine; Dean, College of Allied Health Sciences; Dean, College of Nursing; Dean, School of Dental Medicine).

**Goal 4:** Ensure graduates are competent to address an increasingly diverse cultural and ethnic US population.

**Rationale/Need:**
ECU is committed to developing a health care workforce that is truly representative and reflective of the communities we serve. ECU therefore fosters and advances an environment that is equitable, diverse, inclusive, and community-connected, where the value of difference is seen in every facet of the organization which supports and sustains a diverse and inclusive learning, living and work environment.

**Challenges:**
Due to the economic downturn, ECU is facing challenges recruiting and retaining underrepresented students. Some challenges include but are not limited to: underrepresented populations and lack of international influences.

**Opportunities:**
ECU is committed to diversity as evident through the creation of an Institutional Diversity Action Plan (DAP) that encompasses goals and measurable objectives around issues of student diversity, equity and inclusion. This ongoing and integrated approach to planning and assessment will allow ECU to fully achieve its educational and institutional goals by treating our diversity as an asset and, in turn, reaping the benefits of an inclusive and equitable campus environment.

**4.1) STUDENT APPLICATION PROFILE (ADMISSIONS AND ENROLLMENT)**

*Outcome Objectives:* Baseline: Fall 2010

4.1.1. By Fall 2013, increase the cultural competence of the HSD student body by increasing the number of underrepresented undergraduate students admitted.

- **Measure:** Number of Qualified Underrepresented Undergraduate Student Applicants (8.7.1)

4.1.2. By Fall 2013, increase the cultural competence of the HSD student body by increasing the number of underrepresented graduate students admitted. (Baseline: Fall 2010 full-time cohort and benchmarked with national norms)

- **Measure:** Number of Qualified Underrepresented Graduate Student Applicants (8.7.1)
Goal 5: Intentionally enhance diversity in faculty and staff across the Division.

Rationale/Need:
A commitment to diversity is one of the core values of the university. Its foundation is the promotion of an inclusive, open, and supportive campus environment where understanding, mutual respect, and fairness underlie all of our actions.

Challenges:
Similar to other institutions, ECU is facing challenges recruiting and retaining underrepresented faculty and staff.

Opportunities:
ECU is committed to diversity as evident through the creation of an Institutional Diversity Action Plan (DAP) that encompasses goals and measurable objectives around issues of faculty and staff diversity, equity and inclusion. This ongoing and integrated approach to planning and assessment will allow ECU to fully achieve its educational and institutional goals by treating our diversity as an asset and, in turn, reaping the benefits of an inclusive and equitable campus environment. The Division is working with the Office of Equity, Diversity and Community Relations to expand and enhance professional development and awareness activities in support of this goal.

5.1) COMMITMENT TO DIVERSITY

Outcome Objectives: Baseline: Fall 2010

5.1.1. By Fall 2013, increase efforts to recruit underrepresented faculty.
    Measure: Full-time faculty by gender and by race/ethnicity (3.1.7)

5.1.2. By Fall 2013, increase the retention of underrepresented faculty.
    Measure: Faculty turnover rates by gender and by race/ethnicity (8.5.5)
    Measure: Tenure success rate by gender and by race/ethnicity (8.5.6)

5.1.3. By Fall 2013, increase efforts to recruit of underrepresented staff.
    Measure: Full-time non-exempt staff by gender and by race/ethnicity (8.5.4)

5.1.4. By Fall 2013, increase the retention of underrepresented staff.
    Measure: Full-time staff turnover rates by gender and by race/ethnicity
Goal 6: Partner strategically to build and enhance our health sciences research infrastructure.

Rationale/Need:
ECU is positioned to support and enhance current partnerships that will allow us to secure external grant funding to accomplish our research goals. Efforts will be driven based upon institutional research priorities drawing upon the expertise of our research faculty.

Challenges:
ECU recognizes the need to create the appropriate infrastructure to support research and education growth including informatics, buildings, offices, class rooms, laboratories, technicians, and support services such as Grants Management personnel is we are to continue to secure external grants and retain high quality research faculty.

Opportunities:
As part of our commitment to serving the region, bi-directional information flow between the community and our Division is essential to our vision of making the community a true partner in building and enhancing our health sciences research infrastructure.

6.1) EXTERNAL FUNDING

Outcome Objectives: Baseline: Fall 2010

6.1.1. By Fall 2013, increase the dollar value of external grants and contracts submitted.
  ➢ Measure: Amount of external grants and contracts submitted (3.1.18)

6.1.2. By Fall 2013, increase the dollar value of external grants and contracts funded.
  ➢ Measure: Amount of HSD grants and contracts funded (3.1.1)

6.1.3. By Fall 2013, increase selected rankings (among state supported schools nationally).
  ➢ Measure: National rankings (3.1.10)

6.1.4. By Fall 2013, By Fall, 2013, maximize the efficient use of research space in accordance with the University Research Space Policy.
  ➢ Measure: Percentage of research space assignment meeting URSP criteria

6.2) FACULTY PUBLICATIONS

Outcome Objectives: Baseline: Fall 2010

6.2.1. By Fall 2013, increase the number of faculty peer reviewed publications.
  ➢ Measure: Number of faculty peer reviewed publications (2.1.2)
**Goal 7:** Advance health care through the promotion of technology and innovation.

**Rationale/Need:**

**Challenges:**
Technology alone does not necessarily advance learning while well-integrated learning technologies and practices often do; therefore, significant time and expertise to considering how technologies implemented with pedagogically sound practices must be considered in-depth to advance this work.

**Opportunities:** Several core questions can inform and guide our efforts to develop a strategic plan to advance this goal:

- What are the emerging learning technologies and practices in the health care industry, and how can we use them?
- How do we accommodate emerging practices associated with new learning technologies within our colleges and schools?
- How do we evaluate the potential impact new technologies and practices may have on advancing learning?
- What do our students think about these technologies and higher education’s perspective on them?
- How can we understand what is happening on our campuses? Can surveys help us develop strategies that align student and faculty expectations for the use of learning technologies?

**7.1) TECHNOLOGY AND INNOVATION**

**Outcome Objectives:** Baseline: Fall 2010

7.1.1. By Fall 2013, increase awareness of and support for the use of technologies.

  ➢ **Measure:** Development of an assessment plan to integrate and align Division efforts (3.1.14)

7.1.2. By Fall 2013, increase the use of technology to further support interprofessional communication and health care teamwork.

  ➢ **Measure:** To be defined
March 27th, 2012

Dear Paul Cunningham, M.D.,

I am pleased to announce that the Brody School of Medicine at East Carolina University has earned an Achievement Award from the American Academy of Family Physicians (AAFP). This award recognizes your school’s efforts to foster student interest in family medicine and produce graduates who enter the specialty. Based on a three-year average, for the period ending October 2011, 20.9% of your school’s graduates have entered an ACGME-accredited family medicine residency program. This classifies the Brody School of Medicine at East Carolina University as one of the top ten schools in the nation for producing Family Medicine physicians. This contribution is important to the specialty and, more importantly, to the health of all Americans. The AAFP would like to recognize your school for this accomplishment during the Society of Teachers of Family Medicine (STFM) Annual Spring Conference being held in Seattle, Washington. For additional information about the STFM Annual Spring Conference, go to http://www.stfm.org/conferences/annual/an/index.cfm

The 2012 Family Medicine Top Ten Award recipients are scheduled to be recognized during the awards breakfast on Friday, April 27th, 2012. In addition, an award photo session, with AAFP President Glen Stream, MD, is scheduled on Friday, April 27th from 9:30am until 10:30am in the Pacific Room at the Sheraton Seattle Hotel. We would ask that you not release the names of the award winners to the public until after the Awards Ceremony.

To assist our staff in coordinating the photo session and awards breakfast, we are asking the Dean of the school to designate the person that you would like to accept the award on behalf of your school. All faculty and staff from your school are invited to participate in the photo session. Please fax the completed form to Ashley DeVilbiss Bieck, MPA, 913-906-6289, by 5:00 pm Friday, April 6th, 2012 or if you prefer, you may e-mail the information to abieck@aafp.org.

Congratulations on this achievement!

Sincerely,

Perry A. Pugno, MD, MPH, CPE
Vice President for Education
American Academy of Family Physicians
CON Faculty Involvement at the National Level
Several faculty members are involved in national projects to explore the critical role nursing plays in the current debates and possible scenarios of health care reform. *Pirate Nurse Notes* will highlight our national involvement in each issue.

**Martha K. Engelke, PhD, RN** participated in a February 2012 convening in Washington, DC, sponsored by the “Healthy Schools Campaign” and Trust for America’s Health to discuss strategies for increasing the funding school districts receive for health services for disease prevention and management and health promotion services provided to the general student population. The group updated recommendations to the Departments of Education and Health and Human Services which will be presented May 9, 2012.

**Bobby Lowery, PhD(c), MN, FNP-BC** has accepted an invitation to participate in a roundtable to discuss issues and concerns regarding Advanced Practice Registered Nurses. The event will be held in Chicago, Illinois, on April 25, 2012, and is sponsored by the National Council of State Boards of Nursing. One of the objectives of the meeting is to analyze the state-by-state comparison of elements of consensus within materials on the NCSBN web site (www.ncsbn.org).

**ECU CON Advisory Board Update**
The College of Nursing Advisory Board is comprised of partners from many of our agencies in eastern North Carolina. The group met February 2, 2012, and shared excellent dialogue on the following points:

- Employer satisfaction with ECUCON graduates; strengths/needed areas of improvement
- Professional behaviors/collegiality/civility of graduates
- Future of Nursing globally, and regionally
- RN to BSN vs. RN to MSN focus
- Maintaining strong partnerships

**Future Pirate Nursing Living and Learning Village Approved**
The CON received approval to offer a dedicated residence hall for intended nursing majors in Fall 2012. The FPNLVV will be housed in Umstead Hall and offers thirty selected freshmen the opportunity to take classes together, live in an environment that is conducive to academic achievement and frequent access to our professional staff to help them prepare for the rigors of the nursing program. Applications are available at [http://www.nursing.ecu.edu/fpnllv.htm](http://www.nursing.ecu.edu/fpnllv.htm). All application materials were due by March 30, 2012.
Fall 2012 Class Selection
The CON is in the process of selecting students for fall classes. While selection is ongoing for the graduate programs, the following data is complete:

BSN:
- Admit 130 students each semester
- 321 Applications Received
- 3.7 average GPA
  - 3.3 Lowest Accepted
- All admitted students met NLN PAX minimum score requirements.

MSN: ongoing for most concentrations
- Adult Nurse Practitioner /Family Nurse Practitioner Concentrations
- Admitted 50 students
- 219 Applications Received
- 3.83 average GPA
  - 3.58 Lowest Accepted
Following are Board of Trustee Newsletter highlights from the College of Allied Health Sciences (CAHS) since the January 20, 2012 DHS Board of Trustees newsletter.

**The Jean Mills Health Symposium** brings attention to critical health care issues facing minority populations and seeks solutions. On February 3, 2012 the College of Allied Health Sciences with its partners EAHEC and the PMHF held the eighth symposium with the theme of *Enhancing Community Health in North Carolina: Looking in the Mirror*. Keynote speaker Dr. Brian Smedley focused on *Building Stronger Communities for Better Health: The Geography of Health Equity*. He emphasized that your zip code is often more predictive of your health status than any other factor.

Following the keynote presentation, ECU faculty and their community partners presented 6 workshops focused on the nature of health disparities and effective solutions to the health issues. The final session of the day was the second stage of a charrette planning process intended to inform ECU about its effectiveness in addressing health disparities and offering suggestions for how ECU could be more effective. A 3rd and final charrette in June will bring participants back together to draft a common response that will be developed into a monograph for university and state-wide distribution.

**The Department of Health Service and Information Management** just received a $10,000 BB&T Center Leadership Enhancement Grant, and CAHS is only one of six colleges/schools at ECU that received one. The grants were to be awarded to departments that would embed leadership development into a department curriculum. Dr. Leigh Cellucci is PI of the grant titled, “Health Care Leadership 2.0: Using Social Media for Leadership Development.”

**The Department of Rehabilitation Studies** Rehabilitation Counseling program in was recently ranked 13th in the nation in new *U.S. News & World Report*. This is the highest ranked program at ECU by the U.S. News & World Report. This is consistent with their ranking in past years.

**The Department of Occupational Therapy—Dr. Jane Painter**, professor, and **Dr. Sharon Elliott**, adjunct faculty, were the guest editors and coordinators of the “Special Issue on Occupational Therapy Opportunities in Fall Prevention” in the March-April *American Journal of Occupational Therapy*.

**Dr. Stephen W. Thomas**, professor and dean, College of Allied Health Sciences, along with his co-editors, Dr. Lee McLean, professor, associate dean and chair, UNC-Chapel Hill, and Alisa Debnam, MPH, executive director, Council for Allied Health in NC, have

From the Department of Health Services and Information Management—ECU Distance Education students can now connect with each other more easily thanks to Allisha Ellis, a non-traditional ECU DE student.

Ellis, a first-year Health Services Management major, has created the first DE student organization, Pirates From Afarr, as an opportunity for DE students to meet others who share similar situations and classes and to network with one another.

With the help of Jennifer Baysden in the ECU Office of Continuing Studies, the organization’s constitution was completed and submitted in October 2011. There are currently about 30 active members consisting of currently enrolled graduate and undergraduate students. Ellis is serving as the organization’s president with Kellie Dunne, a second-year BSBA major, as secretary.

Ellis says she is excited about forming a new community for DE students here at East Carolina University. “My primary focus is for DE students to know that they are not alone and there are others to draw strength from. This alone can instill an even greater pride in our institution.”

From the Department of Communication Sciences and Disorders—Lakshmi Kollara Sunil, a first-year CSDI student, was recently being awarded the “Karlind T Moller Cleft/Craniofacial Scholarship” through the American Cleft Palate Craniofacial Association.

Lakshmi’s scholarship was awarded based on her thesis proposal and funds will be used for running her MRI subjects. In addition, she will have membership to ACPA & she will be awarded at the national conference in April. This is a national award given to one student for scholarship in research. Her Thesis Title is: Variations in velopharyngeal structures between the upright and supine position in children using MRI.
Ross Hall
The construction of Ross Hall is entering the final stretch. Drywall is being completed and painting is well underway. Finishes are beginning to be installed. Major equipment and furniture purchases have been coordinated for May-early June delivery. Projected move-in date is mid-August.

Community Service Learning Centers (CSLC)
Ahoskie
Construction of the Ahoskie facility is scheduled for completion in late April. Major equipment and furniture have been ordered and scheduled for delivery in May. The faculty dentist and business manager candidates are being interviewed along with other staff (dental assistants, dental hygienists and front desk personnel) to be hired in the coming weeks. A move-in date in early June is anticipated. Plans are being made for an Open House/Ribbon Cutting later in June. An Ahoskie CSLC Advisory Board is being constituted to assist in marketing the practice and integrating it into the community. Faculty and four Advanced Education in General Dentistry (AEGD) Residents will provide care to patients initially.

Elizabeth City
The land has been purchased for the Elizabeth City CSLC and construction has begun on the facility. The 7700 sq. ft. building will be very similar in construction and layout to the Ahoskie CSLC. A tentative completion date of November 2012 is anticipated. Candidates are being screened for the faculty dentist position. Once the facility is completed, two Ahoskie AEGD residents designated for Elizabeth City will move to Elizabeth City and begin providing care along with our Faculty dentist. Early marketing for the practice has begun.

Faculty/Staff Recruiting and Hiring
The School of Dental Medicine currently employs 59 faculty, staff and administrators and is currently recruiting 24 faculty and staff. Next fiscal year as we move into Ross Hall and begin clinical operations, we will begin hiring the necessary clinical staff.

Students
The Class of 2016 is being finalized and will begin orientation mid-August 2012.

Community Service Efforts
Both faculty and students participated in local community service events, as well as NCDS Missions of Mercy (MOM) clinics throughout rural North Carolina.

January – Greenville Shelter Dental Bus and the New Bern MOM Clinic
February – Pitt County Give Kids a Smile, Greenville Shelter Dental Bus and Pitt County Project Homeless Connect
March – New London and Reidsville MOM Clinics
Greetings from the Laupus Library!

**UNC Press Editor Visits Laupus Library**

UNC Press editor Joseph Parsons visited the library on March 16 to introduce potential authors to the UNC Press and explore possible publication projects by ECU authors. Seventeen DHS attendees joined Mr. Parson for coffee and discussion at a morning session sponsored by Laupus Library. A second get acquainted session was held at the Greenville Centre for potential ECU authors from the east campus. These sessions were organized by Dr. Joseph Bord, adjunct assistant professor, Laupus Library.

**CHE and Libraries Collaborate on Successful BB&T Leadership Enhancement Grant**

“Leadership Development in the Hospitality Management Curriculum” is the theme of a collaborative project chosen to receive one of the 2012 BB&T leadership enhancement awards. This project will develop curriculum materials for integrating leadership principles throughout the hospitality management curriculum using reusable learning modules developed by Laupus and Joyner library personnel. The philosophy and methods of selecting evidence-based literature, key to the practice of evidence-based medicine in the health sciences, will be used to review the leadership literature and development modules to teach use of information that is peer reviewed, authoritative, accurate and timely in solving leadership and management problems in the field of hospitality management. Cynthia Deale, PhD (CHE) and librarians Roger Russell, MLA, AHIP (Laupus) and Mark Sanders, MLS and Angela Whitehurst, MLS (Joyner) will collaborate on this project.

**NN/LM Funds Kiosk Project**

Jeff Coghill, EAHEC/Outreach Librarian working in collaboration with Jamie Messenger (Family Medicine Center) and Katherine Rickett and Roger Russell (Laupus Library Information Services) received a contract from the National Network/Libraries of Medicine—National Library of Medicine for $29,468 to cover the cost of four computer kiosks to be used for patient/consumer health education. The kiosks will be placed in Family Medicine, the Monk Geriatric Center, the Bethel Clinic and the ECU Physicians’ Fire Tower Road office. Each kiosk will have patient and consumer health information selected specifically for the patients seen in that venue. Laupus library will purchase,
configure, install, service and assess the effectiveness of the kiosks. Installation is expected in late spring, 2012.

**KUDOS**

**Jeffrey Coghill**, MLA, AHIP, EAHEC/Outreach librarian, was awarded a full-scholarship to complete the Certificate in Advanced Study in Health Sciences Librarianship at the University of Pittsburgh School of Information Sciences. This one-year, distance education program is being underwritten by a grant from the US Institute for Museum and Library Services.

**Jennifer Walker**, MLS, AHIP, liaison librarian to the College of Nursing, received a $1,000 EBSCO scholarship to attend the 2012 Annual Meeting of the Medical Library Association to be held in Seattle, WA, this May. The EBSCO MLA scholarship program is designed to encourage attendance and participation by early-career librarians who have between two and five years' experience as a health sciences librarian.
The Worst Place to Be If You're Sick

By Katharine Greider

American hospitals are capable of great medical feats, but they also are plagued by daily errors that cost lives. No one knows that better than Ilene Corina. In the 1990s, she saw a medical team rescue her fragile premature newborn, but she also endured the death of another son—a healthy 3-year-old—when, she says, doctors failed to attend to complications from a routine tonsillectomy.

When a family member dies because of a hospital's mistake, "what do we care about the excellence in the system?" says Corina, 51, of Long Island, NY., founder and president of a patient safety advocacy group. "We have to voice our anger about the problems we see in the health care system." Corina had already joined the patient safety movement when, in 1999, the Institute of Medicine's now-famous report, To Err Is Human, burst into public consciousness with its startling announcement: Each year as many as 100,000 Americans die in hospitals from preventable medical mistakes.

Today, more than a decade into the fight against medical errors, there's little reason to believe the risks have declined substantially for the 37 million people hospitalized each year. In fact, recent studies suggest a problem that's bigger and more complex than many had imagined. A report released in January on Medicare patients found that hospital staff did not report a whopping 86 percent of harms done to patients. If most errors that harm patients aren't even reported,

Photos by Dan Saelinger
they can never be tracked or corrected, the Health and Human Services Department report pointed out.

This latest study built on an earlier HHS study of Medicare patients that found one in seven suffered serious or long-term injuries, or died, as a result of hospital care. Researchers said about 44 percent of the problems were preventable.

In another key study published last spring in the journal *Health Affairs*, researchers examined patient charts of seven of America’s leading hospitals and found that an astounding one in three admissions included some type of harm to the patient.

Mistakes run the gamut. The surgeon nicked a healthy blood vessel; a nurse mistakenly administers a toxic dose of medicine; the staff fails to adequately disinfect a room, and a patient contracts a dangerous “superbug.”

The number of patients who die each year from preventable hospital errors is equal to four full jumbo jets crashing each week.

If airline tragedies of that magnitude were occurring with such frequency, no one would tolerate the loss.

“At its deepest level, what we’re now having trouble with is the enormous complexity of medicine,” says Atul Gawande, a surgeon, Harvard associate professor and author who promotes the use of medical checklists to save lives. “We now have 13,600 diagnoses, 6,000 drugs, 4,000 medical and surgical procedures,” he says. And yet “we have not paid attention to the nuts and bolts of what’s required to manage complexity.” Experts like Gawande say one reason medical errors continue at such high rates is that hospitals have only recently begun to copy aviation’s decades-long effort to create safety procedures that take into account human fallibility—often using only simple checklists.

There has been some progress, to be sure. Around the country, safety innovators have introduced promising ways to minimize alipups—from using checklists to reporting hospital infection rates on state websites. Last spring the Obama administration announced it would spend $1 billion to fund safety measures by hospitals, with the ambitious goal of reducing preventable pa-

tient injuries by 40 percent by the end of next year.

Still, the question of how close hospitals can ever come to being error-free is controversial. It seems fair to expect them to reduce the number of times—as many as 40 per week—that U.S. surgeons operate on the wrong person or body part. But what about other procedures?

Patient safety advocates have been able to raise the bar on hospitals in some key areas, showing that they can prevent harm to even the most vulnerable patients. A case in point: bloodstream infections that result from inserting a tube into a large vein near the heart to deliver medication. For years, these infections, which resulted in some 30,000 deaths annually, were viewed as largely unavoidable.

But then, in a program launched in 2004, more than 100 Michigan intensive care units managed to reduce these infections by two-thirds—and save some 1,500 lives in just 18 months—using a short checklist of practices for handling the catheters, and a culture change aimed at getting all staff on board. Hospitals around the country then took up the challenge, and the results were impressive.

The trouble is, there are plenty of other problems that may not be susceptible to an approach that tests a simple process that can be used nationwide. A recent program looking at lapses that could lead to surgery on the wrong section of the patient found that errors can creep in just about anywhere, from scheduling to the marking
Protect Yourself From Hospital Errors

Advocates agree that patients can minimize their risks by keeping a close eye on their care. Hospitals are busy places with lots of moving parts. “You cannot assume that people in the hospital have a really clear idea of who you are or why you’re there,” says Jean Rexford, director of the Connecticut Center for Patient Safety. Here are some tips on how to protect yourself:

- Bring an advocate—a friend or family member—especially for check-in and discharge. Many hospitals have a patient advocate or staff person you can consult. Or you can hire your own advocate, but be aware that the profession lacks licensing requirements, so get referrals and check credentials.
- Bring a notebook. Write down all your medications, why you take them and who prescribed them. Include phone numbers of key personal and medical contacts (and don’t forget your cellphone and charger). In the hospital, when questions arise, write them down.
- Bring a big bottle of hand sanitizer. Put it by your bed to remind you and the staff to keep hands clean.

For More:
- HospitalCompare
- NHI.gov
- Agency for Healthcare Research and Quality, ahrq.gov
- Consumers Union, consumerreports.org
- Connecticut Center for Patient Safety (“5 Things to Know”), ctcps.org
News Release

March 13, 2012

FOR IMMEDIATE RELEASE

HHS settles HIPAA case with BCBST for $1.5 million

First enforcement action resulting from HITECH Breach Notification Rule

Blue Cross Blue Shield of Tennessee (BCBST) has agreed to pay the U.S. Department of Health and Human Services (HHS) $1,500,000 to settle potential violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules, Leon Rodriguez, Director of the HHS Office for Civil Rights (OCR), announced today. BCBST has also agreed to a corrective action plan to address gaps in its HIPAA compliance program. The enforcement action is the first resulting from a breach report required by the Health Information Technology for Economic and Clinical Health (HITECH) Act Breach Notification Rule.

The investigation followed a notice submitted by BCBST to HHS reporting that 57 unencrypted computer hard drives were stolen from a leased facility in Tennessee. The drives contained the protected health information (PHI) of over 1 million individuals, including member names, social security numbers, diagnosis codes, dates of birth, and health plan identification numbers. OCR’s investigation indicated BCBST failed to implement appropriate administrative safeguards to adequately protect information remaining at the leased facility by not performing the required security evaluation in response to operational changes. In addition, the investigation showed a failure to implement appropriate physical safeguards by not having adequate facility access controls; both of these safeguards are required by the HIPAA Security Rule.

“This settlement sends an important message that OCR expects health plans and health care providers to have in place a carefully designed, delivered, and monitored HIPAA compliance program,” said OCR Director Leon Rodriguez. “The HITECH Breach Notification Rule is an important enforcement tool and OCR will continue to vigorously protect patients’ right to private and secure health information.”

In addition to the $1,500,000 settlement, the agreement requires BCBST to review, revise, and maintain its Privacy and Security policies and procedures, to conduct regular and robust trainings for all BCBST employees covering employee responsibilities under HIPAA, and to perform monitor reviews to ensure BCBST compliance with the corrective action plan.

HHS Office for Civil Rights enforces the HIPAA Privacy and Security Rules. The HIPAA Privacy Rule gives individuals rights over their protected health information and sets rules and limits on who can look at and receive that health information. The HIPAA Security Rule protects health information in electronic form by requiring entities covered by HIPAA to use physical, technical, and administrative safeguards to ensure that electronic protected health information remains private and secure.

The HITECH Breach Notification Rule requires covered entities to report an impermissible use or disclosure of protected health information, or a “breach,” of 500 individuals or more to HHS and the media. Smaller breaches affecting less than 500 individuals must be reported to the secretary on an annual basis.

Individuals who believe that a covered entity has violated their (or someone else’s) health information privacy rights or committed another violation of the HIPAA Privacy or Security Rule may file a complaint with OCR at:

The HHS Resolution Agreement can be found at

Additional information about OCR’s enforcement activities can be found at
CLOSED SESSION MOTION

I move that we go into Closed Session:

1. to prevent the disclosure of privileged information under N.C. General Statutes §126-22 to §126-30 (personnel information);

2. to consider the qualifications, competence, performance, character, fitness, or conditions of appointment of one or more prospective and/or current employees and/or to hear or investigate a complaint, charge, or grievance by or against one or more individual employees; and

3. to consult with an attorney to preserve the attorney-client privilege between the attorney and the Committee.