

Health Sciences Committee

February 10, 2022

Agenda Item:	I. Approval of Minutes - November 11, 2021
Responsible Person:	Tom Furr Committee Chair
Action Requested:	Approval
Notes:	

Health Sciences Committee – Open Session ECU Board of Trustees November 11, 2021 Main Campus Student Center

Board Members Present:

Tom Furr (Committee Chair)
Cassie Burt (Committee Member)
Fielding Miller (Committee Member)
Jeffrey Roberts (Committee Member)
Leigh Fanning (Committee Member)
Van Isley
Dave Fussell
Chandler Ward
Jason Poole
Scott Shook
Vince Smith

Others Present:

Chancellor Rogers Jenny McKellar Michelle Brooks Ron Mitchelson **Greq Chadwick** Bob Orlikoff Chris Dyba Rob Spahr Virginia Hardy Michael Van Scott **Grant Hayes** Mike Waldrum Amanda Williams Jeannine Hutson Meagan Kiser Paul Zigas Chris Locklear

Recorder: Cindy Reaves

Call to Order and Approval of Minutes:

Mr. Furr called the meeting to order at approximately 3:30 pm and read the conflict of interest statement required by the State Government Ethics Act. No conflicts were identified. The minutes of September 9, 2021 were approved.

Review of Operational Metrics:

Dr. Ron Mitchelson discussed the newly adopted metrics that include the number of applications to health sciences division undergraduate, graduate and professional programs. Additional metrics include sponsored awards, Laupus Library Resource Utilization, and patient visits.

Closed Session:

Action: A motion was made by Chairman Furr that the Health Sciences Committee go into closed session. Mr. Shook read the motion to go into closed session:

- 1. to prevent the disclosure of confidential information under N.C. General Statutes §126-22 to §126-30 (personnel information) and the federal Family Educational Rights and Privacy Act; and
- 2. to consider the qualifications, competence, performance, character, fitness, or appointment of prospective and/or current employees and/or to hear or investigate a complaint or grievance by or against one or more employees.
- 3. to prevent the disclosure of competitive healthcare information under N.C. General Statute 130A-45.11; G.S. 131E-97.3.
- 4. to consult with an attorney to preserve the attorney-client privilege between the attorney and the Committee.

Action: Motion passed.

The meeting moved back into open session at 3:57 pm

Meeting adjourned at 3:58 pm.



Health Sciences Committee

February 10, 2022

Agenda Item:	II. Review of Operational Metrics
Responsible Person:	Ron Mitchelson Interim Vice Chancellor Health Sciences
Action Requested:	Information
Notes:	



CEO Tracking Sheet Fiscal Year - 2022 Division of Health Sciences

KPI	Measurement	Prior Year	Target	Variance	July	August	September	October	November	December	January	February	March	April	May	June	Total
Kri	Wicasurement	THOI Teal	raiget	Monthly Plan	0	74	159	1,944	686	323	237	134	76	23	7	0	3,
	Number of new			Monthly Actual	Ü	0	143	1,716	556	259	257	154	70	23	,	0	
	freshmen applications			Monthly +/-		(74)	(16)	(228)	(130)	(64)							
New Freshmen Applications	submitted with DHS	3,627	3,663	YTD Plan		74	233	2,177	2,863	3,186	3,423	3,557	3,633	3,656	3,663	3,663	
intended major.				YTD Actual		0	143	1,859	2,415	2,674	3,423	3,337	3,033	3,030	3,003	3,003	
			YTD +/-		(74)	(90)	(318)	(448)	(512)								
				,		(/	(55)	(020)	()	()						1	
				Monthly Plan	0	11	11	56	29	25	73	47	72	51	79	62	
	Number of new transfer			Monthly Actual		0	14	62	32	30							
	applications submitted			Monthly +/-		(11)	3	6	3	5							
New Transfer Applications	with DHS intended	511	516	YTD Plan		11	22	78	107	132	205	252	324	375	454	516	
	major.			YTD Actual		0	14	76	108	138							
				YTD +/-		(11)	(8)	(2)	1	6							
										<u> </u>							
	Number of new			Monthly Plan	447	199	120	200	78	150	445	116	106	60	27	27	
	Number of new graduate applications			Monthly Actual	426	175	84	147	62	124							
New Graduate Applications	to DHS graduate	1,966	1,975	Monthly +/-	(21)	(24)	(36)	(53)	(16)	(26)							
Ten Graduate Applications	programs (excluding	1,500	1,373	YTD Plan	447	646	766	966	1,044	1,194	1,639	1,755	1,861	1,921	1,948	1,975	
	MD and DMD).			YTD Actual	426	601	685	832	894	1,018							
	, ,			YTD +/-	(21)	(45)	(81)	(134)	(150)	(176)							
	Number of new			Monthly Plan	5	13	0	15	15	16	54	52	205	97	56	32	
	graduate admits to DHS			Monthly Actual	19	8	11	16	4	11							
New Graduate Admits	graduate programs	558	560	Monthly +/-	14	(5)	11	1	(11)	(5)							
	(excluding MD and		300	YTD Plan	5	18	18	33	48	64	118	170	375	472	528	560	
	DMD).			YTD Actual	19	27	38	54	58	69							
	,			YTD +/-	14	9	20	21	10	5							
New BSOM Applications Number of new verifie				Monthly Plan	92	92	92	92	92	92	92	92	92	92	92	92	
	Number of control of			Monthly Actual					19								
		1,209 1,100	1,100	Monthly +/-		100		267	(73)					048	4 000	4.400	
	applications.			YTD Plan	92	183	275	367 1,137	458 1,156	550	642	733	825	917	1,008	1,100	
				YTD Actual YTD +/-				770	698								
				YID +/-				770	698								
				Monthly Plan	30	30	30	30	30	30	30	30	30	30	30	30	
				Monthly Actual	30	30	50	50	2	42	30	30	30	30	50	50	
	Number of new verified			Monthly +/-					(28)	12							
New SODM Applications	applications.	361	364	YTD Plan	30	61	91	121	152	182	212	243	273	303	334	364	
				YTD Actual		-	, ,	283	285	327		- 10				-	
				YTD +/-				162	133	145							
	+		+														
				Monthly Plan	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	3,270,813	\$ 39,2
	DUE spapes			Monthly Actual	3,730,147	3,992,225	1,904,848	3,372,903	3,252,359	1,383,068							-
Sponsored Awards	DHS sponsored awards,	\$39,249,750	\$39,249,750	Monthly +/-	459,335	721,413	(1,365,965)	102,091	(18,454)	(1,887,745)							
Sponsored Awards excluding ECI SoDM contr	excluding ECUP and	\$39,249,750 \$39,249,750	\$39,249,730	YTD Plan	3,270,813	6,541,625	9,812,438	13,083,250	16,354,063	19,624,875	22,895,688	26,166,500	29,437,313	32,708,125	35,978,938	39,249,750	\$ 39,2
	SUDIVI CUILL'ACES.			YTD Actual	3,730,147	7,722,372	9,627,220	13,000,123	16,252,482	17,635,550							\$ 17,6
				YTD +/-	459,335	1,180,747	(185,218)	(83,127)	(101,581)	(1,989,325)							
				Monthly Plan	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	78,333	9
	Gate count and number			Monthly Actual	51,792	44,378	103,097	111,634	99,286	51,021							
aupus Library Resource Utilization	of resource information	906,188	940,000	Monthly +/-	(26,541)	(33,955)	24,764	33,301	20,953	(27,312)							
caupus Library Resource Officiation of res	downloads	940,000	3.0,000	YTD Plan	78,333	156,666	235,000	313,333	391,666	470,000	548,333	626,666	705,000	783,333	861,666	940,000	9
				YTD Actual	51,792	96,170	199,267	310,901	410,187	461,208							4
				YTD +/-	(26,541)	(60,496)	(35,733)	(2,432)	18,521	(8,792)							
						-		ı	-		ı	ı	т	ı		-	
		448,870 45:		Monthly Plan	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	37,780	4
	Number of Visits to DHS outpatient clinics			Monthly Actual	35,962	38,240	38,842	37,332	38,121	33,689							
			453,358	Monthly +/-	(1,818)	460	1,062	(448)	341	(4,091)							
				YTD Plan	37,780	75,560	113,340	151,119	188,899	226,679	264,459	302,239	340,019	377,798	415,578	453,358	22
				YTD Actual	35,962	74,202	113,044	150,376	188,497	222,186							
	1		1	YTD +/-	(1,818)	(1,358)	(296)	(743)	(402)	(4,493)							



Health Sciences Committee

February 10, 2022

Agenda Item:	III. ECU Health Update
Responsible Person:	Dr. Michael Waldrum Dean, BSOM Dr. Jason Higginson Executive Dean, BSOM
Action Requested:	Information
Notes:	



ECU HEALTH UPDATE

FEBRUARY 2022

Dr. Mike Waldrum, Dean and Chief Executive Officer Dr. Jason Higginson, Executive Dean



AGENDA

- Brand rollout timeline
- Ongoing communications
 - JOA in effect / support for the brand
- Brand work
 - Logo development
 - Rebrand to ECU Health
 - Go to market
- Integration workgroups
 - ECU Health Enterprise Leadership and Clinical Model Structure
 - Provider Practice Operations
 - Shared Services
 - Finance



Jan 1, 2022: Joint Operating Agreement in effect

Early Spring:

Logo announcement

Early - Mid Spring: Internal brand experience and celebration

Late Spring - Fall: Begin brand transition to ECU Health (exterior signage, websites, etc.)

Summer - End of 2022: Brand advertising campaigns

Jan 2022 Dec 2022

ECU Health Brand Transition Timeline



ONGOING COMMUNICATIONS TO BUILD SUPPORT FOR BRAND LAUNCH

- January 3 communications
 - Goal: provide clarity around timeline for logo announcement
 - Included extensive internal and external messaging: video, elevator speech, timeline graphic, press release
- Regional road show to demonstrate the "why"
 - Underway: meet with civic organizations and team members in the region
 - Beaufort Committee of 100, Dec. 2021
 - Edenton next
- Brody tactics
 - Alumni forum with deans
 - Chair and faculty meetings
 - Forum with donors, employees, community stakeholders
 - Feedback line for staff and employees
- Joint ongoing tactics planned
 - Joint town halls
 - Videos
 - Numerous internal channels



BRAND WORK

- Logo development
 - Final stages
 - Goal is to announce early Spring
- Begin rebrand to ECU Health
 - Brand Architecture and Naming Conventions
 - Brand Manual
 - Goal is late Spring
- Brand Deployment
 - Significant scope and scale of changing the visible brand
 - Change will take place quickly, but it will take months to fully undo the Vidant brand
 - Signage, digital presence, bills, vehicles, stationary, email, recruiting, badges, etc.
 - Goal is late Spring through end of 2022
- Go to market
 - Brand advertising campaigns
 - Goal is May / June 2022





INTEGRATION WORKGROUPS

ECU Health Enterprise Leadership & Clinical Model Structure

• Evaluating the leadership and clinical model structure of ECU Health, and how we can bring together and build upon our collective strengths to achieve the goals of integration.

Provider Practice Operations

Prioritizing key integration decisions to be made across the clinical enterprise. The group will align
decision rights within the developed clinical leadership structure to empower our leaders within our
integrated organization to continue to advance the work of clinically and operationally aligning our
medical groups.

Shared Services

 Aligning on an approach to develop an integrated operating model that will drive efficiency and future growth for ECU Health.

Finance

 Continuing efforts related to consolidating our pro forma financial information and building a new funds flow model that enables us to support our mission and strategic priorities with transparency and accountability.



WHY ENC NEEDS THIS

This partnership makes the two leading health care organizations in our community even stronger.

We can increase access to health care and help offset the negative impact from some of these social determinants of health.

Already, more than 29 counties depend on our joint organization.



This new chapter supports and strengthens regional transformation.

We are **building NC's health care workforce** through student success.



PARTNERSHIP IN ACTION



GammaTile



Rural Residency Program



Women's Care



COVID testing



NEW MEDICAL EDUCATION BUILDING UPDATE

- Advertisement for interested designers posted and will close on February 22, 2022.
- We will bring the designer interview committee together and begin the shortlisting and interview process.
- Once completed, the recommendations will be forwarded for BOT approval.
- The Design process will include several required steps including:
 - Advance Planning (includes Performance Standards for Sustainable Energy-Efficient Public Buildings GS 143-135.35-.40 Article 8C)
 - 2. Preliminary Design (includes programming, site development and confirmation)
 - 3. Basic Services (includes Schematic Design, Design Development, Construction Documents, Bidding, Construction Administration and Close-out Services)
- After a design agreement is executed, an internal planning committee is established for programming and design.
- Estimated timeframe from design to completion is ~4-5 years. (18+ mo plan/design: 30+ mo construction)



Questions







Health Sciences Committee

February 10, 2022

Agenda Item:	IV. Interprofessional Education
Responsible Person:	Dr. Stephen Charles Interim Assistant Vice Chancellor Interprofessional Collaboration
Action Requested:	Information
Notes:	



ECU Board of Trustees Health Sciences Committee

Stephen C. Charles, PhD, CHSE
Interim Assistant Vice Chancellor for Interprofessional Collaboration
February 10, 2022



Outline of Presentation

- What is Interprofessional Education (IPE) and Interprofessional Collaboration (IPCP)
- Why are they important?
- What is being done to train our students to be collaborative care practitioners?
- What do students have to say about IPE?
- What are future plans for IPE and IPCP at ECU?



What is IPE?

"IPE occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes." World Health Organization, 2010





What Is Interprofessional Collaborative Practice (IPCP)?

- IPCP is defined as multiple healthcare professionals who come together to work with patients, family members, and the community to provide a higher quality of patient care.
- The purpose is to increase the quality of care provided to also increase health outcomes for the patient.
- Also known as IPE **IN** ACTION.





Why is IPE/IPCP important?



- It is all about improving patient outcomes...
 - It is no longer adequate to have a team of individual experts
 - An expert team with demonstrated skills in shared decision making, joint accountability for patient care, and population health is needed to address patient's needs.



Why is IPE important at ECU?

- Payment models are changing for Medicare and Medicaid that are focused on patient outcomes.
- Every health profession accreditation body requires interprofessional education.
- We are uniquely positioned to work underserved and rural patients in Eastern NC.
- Brandt visit (2018) stated we have the highest number of IPE experts in one location.



NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION



What are we doing for IPE at ECU?



- Office of Interprofessional Education and Practice (IPEP)
 - www.ipep.ecu.edu
- IPE Education Taskforce
 - Focus on IPE Telehealth
 - 3 Asynchronous Modules
 - IPE Telehealth Network (\$200,000 grant)
 - Truist Leadership Workshop (\$10,000 grant)
- Student Organizations
 - Health Sciences Leadership Council
 - Institute for Healthcare Improvement Chapter



Health Sciences Leadership Council

Tyler Brookshire
MD Candidate, Class of 2023



Future Plans

- IPE Education Taskforce
 - Distinction in Interprofessional Collaboration
- Faculty Development Taskforce
 - IPE Scholarship Day
- Creation of New Taskforce- Clinical Collaboration
- Determine Structure of Office of Interprofessional Education and Practice
- Participating in planning new building



University Affairs Committee

February 10, 2022

Agenda Item:	V. Closed Session
Responsible Person:	
Action Requested:	Information
Notes:	
Proposed Closed Session Motion I move that we go into Closed Session: •to prevent the disclosure of confidential information under I Statutes §126-22 to §126-30 (personnel information) and the Educational Rights and Privacy Act; and	federal Family
• to consider the qualifications, competence, performance, c	character, titness, or

appointment of prospective and/or current employees and/or to hear or

attorney and the Committee.

investigate a complaint or grievance by or against one or more employees; and • to consult with an attorney to preserve the attorney-client privilege between the