February 26, 2021

Recommendation memo to VPCC Erika Lacro from the UHCC nursing PCC including Hawaii CC, Kapiolani CC, Kauai CC, and UHMC.

1. We met on Friday, 2/26 from 2:30 -4pm via Zoom to talk through the guiding questions for Phase 2.

2. Key data:
   a. We reviewed the degrees by campus, of which we supply a total of 404 over the 3-year time span, and the low enrolled and small program lists, where we are not represented.
   b. We also reviewed each program’s retention and graduation rates, our NCLEX pass rates, and our employment rates, all of which are between 80-100% over the past 3 years.
   c. Finally, we reflected on the contribution to enrollment in general education classes, i.e., sciences, math, English, psych, etc., that the students seeking admission to the nursing programs provide. With 3 or 4 times more applicants than those admitted, the program drives countless students through these classes in their hopes of gaining a nursing spot.
   d. Local healthcare organizations that sit on the nursing program advisory committees, repeatedly state their preference for new nurses that live on the island and are locally educated.

3. Recommendations:
   a. Though 3 of the 4 programs share the same curriculum, and the 4th maps to the same Hawaii State Board of Nursing (BON) requirements, the closeness to our individual students’ progress underpins our high retention and pass rates. Imagining one campus offering a lecture to all students would weaken the faculty responsiveness to student needs and the ability of students to interact and question material. Campus labs have BON mandated ratios of 8-10 students /instructor and the clinical ratios, set by the healthcare organizations, are even lower. Consolidation would only serve to weaken our successful programs.
   b. Scheduling with the community health care organizations for clinical time puts rigid restraints on the flow of the calendars. There are two levels of students running simultaneously and there are 3 specialty rotations interspersed. When accounting for only one campus, the scheduling is a Rubik’s Cube; adding 3 more campuses would be unmanageable.
   c. Faculty priorities:
      i. All campuses are down several faculty positions. Faculty ratios are legally and organizationally mandated so it is a rate limiting factor to the amount of students that can progress. In addition, with social distancing requirements imposed for campus labs, one lab group of 8-10 must be split into 2 groups when labs are in smaller spaces; which is twice the faculty work or half the time allotment for students.
ii. Having less faculty drives up TE for the remaining faculty; which is costly to the institution and tiring to the faculty. With the lecturer budgets being concurrently decreased, filling behind makes up only a portion of the gap between student credit needs and faculty TE.

iii. Enrollment decrease is the only option to address the lost faculty positions.

iv. UHMC has a BSN proposal in the ATP1 phase that will increase revenue by ~$300K/year once fully implemented; this should be started F22.

Sincerely,

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Kathleen Hagan, PC, UHMC
Luzviminda Miguel, DC, Hawaii CC
Anne Scharnhorst, DC, UHMC
Maureen Tabura, PC, Kauai CC