

Respiratory Care Program Comprehensive Program Review

College Mission Statement:

Mission Statement 2008-2015

Kapi'olani Community College...

- is a gathering place where Hawai'i's cultural diversity is celebrated, championed and reflected in the curriculum, pedagogy, support services and activities, students, faculty, staff, and administration.
- is a nurturing workplace of choice for strong and caring faculty, staff, and administrators committed to effective communication and shared vision, values, mission, and responsibilities.
- strives to provide the highest quality education and training for Hawai'i's people.
- provides open access, and promotes students' progress, learning and success with low tuition and high quality instructional programs, student development and support services, and selective areas of excellence and emphasis.
- prepares students to meet rigorous associate and baccalaureate requirements and personal enrichment goals by offering high quality liberal arts and other articulated transfer programs.
- delivers high quality 21st century career programs that prepare students for rigorous employment standards and to meet critical workforce immediate and long-term needs and contribute to a diversifying state economy.
- prepares students for lives of ethical and social responsibility by offering opportunities for increased service-learning and community engagement.
- leads locally, regionally, nationally and internationally in the development of integrated international education, enriched through global collaborations.
- uses human, physical, technological and financial resources effectively and efficiently to achieve ambitious educational goals and generate a solid return on the public's investment for a sustainable future.
- builds partnerships within the University and with other educational, governmental, business, and non-profit organizations to support improved lifelong learning.
- uses ongoing cycles of planning, best practice research, budgeting, implementation, assessment, and evaluation to drive continuous program and institutional improvement.

Program Mission Statement:

The mission of the Respiratory Care Program is to follow the Health Education Unit as well as to serve the needs of the Respiratory community through the program mission by:

- Providing a respiratory care practitioner program that will meet the respiratory care personnel needs of the State of Hawaii.
- Providing advanced practitioner level respiratory care program.
- Providing a competency-based, success-oriented learning environment that is germane to local and national standards for the practice of respiratory care.
- Providing students with a relevant curriculum so that they may achieve their career and personal goals.
- Providing high quality faculty in the classroom, laboratory, and clinical areas.
- Providing continuing education programs for the respiratory care community

Part I. Executive Summary of CPR and Response to previous program review recommendations

Part II. The Respiratory Care Practitioner Program is a physician-directed, nationally accredited, health science specialty, caring for patients with disorders of the cardiovascular and pulmonary systems. The program at Kapi'olani Community College, the only accredited respiratory care program in Hawaii serving students from throughout the state, prepares students for a career as a respiratory care practitioner (RCP). It is also the career pathway to becoming a Registered Respiratory Therapist (RRT).

The career pathway begins with successful completion of the two-year Kapi'olani CC program where graduates will earn an Associate of Science Degree and are eligible to take the Entry-Level Examination of the National Board for Respiratory Care (NBRC). After passing the Entry-Level examination, graduates will be awarded the Certified Respiratory Therapist (CRT) credential. After completing the CRT credential, graduates will be eligible to take the Advanced-Practitioner Examinations of the NBRC. Upon passing the two examinations, the individual will be awarded the Registered Respiratory Therapist (RRT) credential. The CRT and RRT credentials are recognized in the United States and several other countries. The CRT credential is required in approximately 49 states (including Hawaii) as part of eligibility for a license to work as an RCP.

There is a career ladder offered via the Baccalaureate Degree in Applied Science through the Mananawai program with UH West Oahu for KCC students completing the A.S. degree in Respiratory Care.

The mission of Kapi'olani Community College's Health Education Unit is to develop and deliver student-centered health career programs that employ industry standards through partnerships with the healthcare community by:

Offering credit and non-credit programs to provide competent and qualified personnel to meet the needs of the healthcare industry in Hawai'i;

Providing qualified learning opportunities for maintaining worker competence and career mobility in a rapidly evolving healthcare field, and delivering friendly, courteous, individualized and student-centered instructional and related support services that promote the likelihood of student success.

The mission of the Respiratory Care Program is to follow the Health Education Unit as well as to serve the needs of the Respiratory community through the program mission by:

- Providing a respiratory care practitioner program that will meet the respiratory care personnel needs of the State of Hawaii.
- Providing advanced practitioner level respiratory care program.
- Providing a competency-based, success-oriented learning environment that is germane to local and national standards for the practice of respiratory care.
- Providing students with a relevant curriculum so that they may achieve

- their career and personal goals.
- Providing high quality faculty in the classroom, laboratory, and clinical areas.
 - Providing continuing education programs for the respiratory care community

Admissions

1. Applications are accepted from April 1 to May 31 for the Fall Program. All materials (transcripts etc) must be received by May 31st . Submit the application form to the KCC Health Sciences Office.
2. Submit transcripts of college work and high school diploma *
3. Attend a Program Information/Orientation session.
4. Complete prerequisite courses prior to Fall entry.
5. Attend career shadowing as needed.

Selection to the Program

1. Age 18 or older.
2. Overall GPA of 2.0 or higher.
3. Selection is based on a factoring system in which points are given in the following categories:
 - a) Prerequisite course grades
 - b) Previous college degrees
 - c) Interview scores
 - d) Reference letters

Applicants are ranked in numerical order by the total of the factors assigned in the selection criteria. Up to 16 applicants will be notified of their admission acceptability and will be asked to:

1. Confirm their intention to enroll in the program.
2. Purchase liability insurance prior to registering.
3. Complete technical standards assessment.
4. Attend the program orientation sessions.

Curriculum

Curriculum is reviewed every five years and revised on a similar schedule. The Respiratory Care Program incorporates upper division (300 level) in the final year of the program. Students may attend UHWO for elective courses in the pursuit of the BAS-RC.

Pre-professional

Requirement Course Credit

Human Anatomy ZOO 141+142 3,3
and Physiology ZOO 141L+142L 1,1
Chemistry CHEM 100(or higher) 3
Communication Eng 100 3

Medical Term. HLTH 125 1
Humanities (100 or higher) 3
Mathematics Math 100 (or higher) 3
Microbiology MICRO 130 3
MICRO 140 2
Social Science (100 or higher) 3
Total Credits in Pre-respiratory Program- 29

RESPIRATORY CARE PROGRAM COURSES

Summer I Course Credits

100 Intro Professional 1
101 RC Science 3 **4 credits**

Fall I Course Credits

202 Clinical I 5
203 Techniques I 3
201 A+P 3
200 Patho 3 **14 credits**

Spring I Credits

212 Clinical II 5
213 Techniques II 3
218 Pharmacology 3
211 Mechanical Vent 2 **13 credits**

Summer II Credits

222 Clinical III 5
229 ACLS 2

7 credits

Fall II Credits

301 Neonatal Pediatric 3
302 Clinical IV 4
Electives 6 **13 Credits**

Spring II Credits

312 Clinical V 4
316 Diagnostic 3
Electives 6 **13 credits**

Summer III

320 Seminar 4
322 Clinical VI 4 **8 Credits**

Total Credits in Program

Prerequisites 29
Electives 12
Respiratory Clinical 27 (1500 clinical hours)
Respiratory Didactic 33
101

Credentialing and Licensure

Graduates of the Respiratory Care Program are eligible to take multiple credentialing examinations because we are accredited as a Advanced Standing Program. All graduates must first pass the Certified Respiratory Therapist Examination (CRT)
The CRT credential is required for employment in the United States.
Upon successful completions, graduates are eligible to take the following credentialing examinations:

- Registered Respiratory Therapist (RRT)
The RRT credential is the highest credential in this profession.
- Certified Pulmonary Function Technologist (CPFT)
- Registered Pulmonary Function Technologist (RPFT)
- Neonatal Pediatric Specialist (NPS)
- Sleep Disorders Specialist (SDS)
- Certified Asthma Educator (AE-C)

Upon earning the CRT credential, graduates are eligible to apply for licensing as Respiratory Therapists with the State of Hawaii Department of Commerce and Consumer Affairs. Licenses are now required to practice the profession. This law went into effect in 2011.

Part III. Quantitative Indicators for Program Review

Overall Program Health: **Cautionary**

Majors Included: RESP

Demand Indicators		Program Year		
		09-10	10-11	11-12
1	New & Replacement Positions (State)	13	16	19
2	*New & Replacement Positions (County Prorated)	9	14	5
3	*Number of Majors	29	29	32
4	SSH Program Majors in Program Classes	833	801	685
5	SSH Non-Majors in Program Classes	2	50	11
6	SSH in All Program Classes	835	851	696
7	FTE Enrollment in Program Classes	28	28	23
8	Total Number of Classes Taught	24	24	17

Efficiency Indicators		Program Year	
		09-10	10-11
9	Average Class Size	10.6	10.7
10	*Fill Rate	87%	93%
11	FTE BOR Appointed Faculty	4	4
12	*Majors to FTE BOR Appointed Faculty	5.7	7.1
13	Majors to Analytic FTE Faculty	8.8	8.8
13	Analytic FTE Faculty	3.2	3.2

a			
14	Overall Program Budget Allocation	\$238,461	\$256,724
14 a	General Funded Budget Allocation	\$238,461	\$256,724
14 b	Special/Federal Budget Allocation	\$0	\$0
14 c	Tuition and Fees	Not Reported	Not Reported
15	Cost per SSH	\$286	\$302
16	Number of Low-Enrolled (<10) Classes	12	12

Effectiveness Indicators		Program Year	
		09-10	10-11
17	Successful Completion (Equivalent C or Higher)	95%	98%
18	Withdrawals (Grade = W)	0	2
19	*Persistence (Fall to Spring)	97%	90%
20	*Unduplicated Degrees/Certificates Awarded	14	11
20 a	Degrees Awarded	14	11
20 b	Certificates of Achievement Awarded	0	0
20 c	Advanced Professional Certificates Awarded	0	0
20 d	Other Certificates Awarded	0	0
21	External Licensing Exams Passed	Not Reported	Not Reported
22	Transfers to UH 4-yr	2	2
22 a	Transfers with credential from program	2	1
22 b	Transfers without credential from program	0	1

Distance Education: Completely On-line Classes		Program Year	
		09-10	10-11
23	Number of Distance Education Classes Taught	0	0
24	Enrollment Distance Education Classes	0	0
25	Fill Rate	0%	0%
26	Successful Completion (Equivalent C or Higher)	0%	0%
27	Withdrawals (Grade = W)	0	0
28	Persistence (Fall to Spring Not Limited to Distance Education)	0%	0%

Perkins IV Core Indicators 2010-2011		Goal	Actual
29	1P1 Technical Skills Attainment	90.10	100.00
30	2P1 Completion	45.00	91.67
31	3P1 Student Retention or Transfer	56.00	95.45
32	4P1 Student Placement	51.00	92.86
33	5P1 Nontraditional Participation	N/A	N/A
34	5P2 Nontraditional Completion	N/A	N/A

Last Updated: August 6th, 2012

Part IV. Curriculum Revision and Review

Listing of courses reviewed during the previous three years. A minimum of 20% of existing courses are to be reviewed each year.

Part V. Survey results

Outcomes Summary

Calculation	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	Total
Graduates	15	12	11	14	14	17	12	14	13	10	132

Calculation	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	Threshold
Attrition †	0.0%	12.5%	6.2%	5.9%	29.4%	17.6%	12.5%	5.6%	7.1%	22.2%	40 ‡
Positive Placement	0.0%	83.3%	81.8%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	70
CRT Credentialing Success	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	90.0%	80
RRT Credentialing Success	0.0%	100.0%	90.9%	100.0%	100.0%	88.2%	83.3%	92.9%	92.3%	100.0%	N/A
Overall Employer Satisfaction	N/A	100.0%	100.0%	100.0%	100.0%	N/A	N/A	N/A	N/A	N/A	80
Overall Graduate Satisfaction	N/A	100.0%	100.0%	100.0%	100.0%	N/A	N/A	N/A	N/A	N/A	80
On-Time Graduation Rate	100.0%	75.0%	91.7%	100.0%	100.0%	100.0%	92.3%	100.0%	92.9%	90.9%	N/A

† - This row is based on enrollment date, not graduation date.

‡ - The threshold for this item is reversed. Below 40% meets the Threshold.

Note: Any missing data is marked as N/A.

Calculation	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
Enrollment	12	16	16	17	17	17	16	18	14	18

Part VI. Analysis of the Program

1. Alignment with Mission

The primary mission of the Respiratory Care Program is to meet the workforce needs of the State in respiratory care.

The latest ARPD data did indicate an "Unhealthy" rating for Demand indicators, but we believe the data was flawed because it only showed a county demand of 5 positions for the year 11-12, but neglected to consider the Statewide data showing 19 positions. In 2012, the program graduated 15 students of which 14 have been employed to date. The program is assessed on "positive placement" by our accrediting body and, for the most recent 3-year period, we show an 89.2% positive placement. This is well above the threshold of 70%.

In addition, the program meets or exceeds all accreditation standards and was recognized by the CoARC for distinguished credentialing success. Our 100% first-time pass rates on the Entry level CRT exam and 100% RRT credentialing success in the last 2 years (97% over 3 years) places us among the very best programs in the country. We are not just producing an adequate number of graduates, but we are producing quality graduates who are in demand in Hawaii and elsewhere.

2. Current situation

A. Internal strengths and weaknesses. Strengths include the quality of the faculty and the clinical education. Over the course of the last 2-3 years, we've been able to expand our equipment resources by purchasing and acquiring new mechanical ventilators and associated devices. We now have 7 mechanical ventilators that are currently used in Honolulu area hospitals and 2 modern Non-invasive ventilators. Previously, we had to rely on using obsolete machines that were not consistent with state-of-the-art clinical practice. This was achieved by securing grants for purchases and creatively working to get loaned equipment. We've been able to work with some of our key clinical partners to provide consistent clinical education at our 2 most important clinical locations (Queen's Medical Center and Kapi'olani Medical Center for Women & Children) and this is shown in our graduate and employer surveys.

One weakness is the difficulty in maintaining adequate staffing. One position is vacant and we need to fill that as soon as practicable. The year-round nature of the

program and the workload of the faculty requires 4 full-time faculty. We are managing with 3 11-month faculty and a small cadre of part-time lecturers, but recent assessments of faculty workload indicate that some faculty are overloaded. Another weakness is the limited financial resources and space the program has to work with. We charge our students a program fee of \$250 per term and this is the primary source of money to meet all of the diverse financial needs of the program including office supplies, medical supplies, parking and mileage, software and computers, etc. The physical space we have is dated, in poor repair and grossly lacking in infrastructure for a modern healthcare educational environment. The electrical capacity of the building is limited (we've tripped circuits) and modern computer access is limited for the students' use.

As the only educational program for respiratory therapists in the state we struggle to meet the needs of counties other than the C&C of Honolulu. We have tried to provide clinical education on Maui with some limited success, but the limited budget of the program makes this very difficult to achieve with consistency. Strategic objective B is achievable with some funds to recruit students from and for the neighbor island counties.

I've already addressed the demand issues as far as the ARPD data is concerned. The Demand indicators are healthy by our standards and by the CoARC accreditation criteria. Our internal ability to flex our resources is limited due to space, personnel and equipment limitations, but also due to CoARC limitations. We can not increase our cohort size beyond 16 without changing our accreditation. We do have the ability to reduce cohort size if needed and did so for the class accepted in July 2012 due to external concerns (closing of 2 clinical sites, HMC- East and HMC-West).

The state-of-the-art in healthcare education is simulation technology and collaborative learning. While KCC does have a limited simulation lab it is poorly placed and has very limited function. The RT program teaches across the entire human spectrum, but the simulation lab only offers an adult simulation lab with basic functions. The program needs access to baby and pediatric simulators. We have tried to work with other simulation facilities such as JABSOM's SimTiki and will continue to look for other opportunities, but ideally an on-site lab is required.

All Perkins Core Indicators were met at levels well in excess of the goals.

B. External factors.

The most significant external factor in the past 2 years has been the closure of 2 acute care hospitals on O'ahu, Hawaii Medical Centers East and West. This was significant in the short-term because we lost 20% of our hospital clinical affiliates and had a reduction in capacity at clinical sites that continues to this day. In response to this event, we reduced our incoming cohort of 2012 to 12 from the maximum of 16. In the past 16 months since HMC closed, there has been a change in the hiring practices of all O'ahu hospitals. Displaced HMC respiratory therapists

were hired by the remaining hospitals and opportunities for new graduates were limited. Most of the graduating class of 2012 has employment in the field, but often at only part-time or "casual hire" levels of employment. We anticipate that when HMC- West is reopened by Queen's Medical Center in early 2014 demand for new RTs should begin to rise.

Two other external factors have had an effect on the graduates of our program; licensure and the need for advanced level credentials. This has forced our students to prepare even more thoroughly than was required before because they must demonstrate competence at the advanced level prior to even entering the field as professionals. This has helped us by forcing the students to work very hard at passing the board exams, but has caused a financial hardship, too. Just 3 years ago, a graduate would have been required to pass the CRT entry-level exam (at a cost of \$200) before applying for a job and beginning to earn a paycheck before they had to pay for and prepare for the \$450 RRT Advanced Practitioner exams. There was no license requirement prior to 2011.

Today students must earn CRT, RRT credentials and pay at least \$450 for the license before they can even be considered for employment at an O'ahu hospital. In the last 2-3 years, employers have emphasized specialty credentials for RT hires including Neonatal Pediatric Specialist (NPS), Certified Pulmonary Function Technologist (CPFT), and Certified Asthma Educator (AE-C); meaning additional expenses of \$200-300 each. The bar has been raised considerably for the graduate. In response to these external factors, the program has offered opportunities to prepare for the many exams required. We have always offered an exam review course for the CRT and RRT exams, but we now offer opportunities for our graduating classes and the community to prepare for the NPS and AE-C exams. As the host institution for exam prep courses we are able to get discounted rates for our graduates, but most still need to pay over \$1500 prior to earning a paycheck as an RT. The expenses and time needed to earn the needed credentials has meant that often students cannot start their professional careers until 6 months after graduation.

Another external factor is the growing sentiment in the national RT community to push for Bachelors' degrees as an entry requirement for the field. While this has not been instituted, yet, there is a palpable need for new RTs to consider attaining a Bachelor's degree. Our curriculum was designed to dovetail into the BAS program offered by UH-West O'ahu, but because of our association with West O'ahu, our flexibility in changing the curriculum can be limited.

External and internal factors both point to a need for staff development. The faculty must earn all of the credentials that our graduates require and the faculty need to keep up with the changing environment in the clinical world and in the realm of accreditation and pedagogical knowledge.

3. Assessment Results for Program SLOs.
Program Name: Respiratory Therapy
Date: 3/2013

Program SLOs	Evidence of Industry Validation	Expected Level of Achievement	Assessment Strategy/ instrument	Results of Program Assessment ¹	Plan for Improvement ²
Assimilate and apply relevant knowledge necessary to function competently as an advanced-level therapist.	National Board for Respiratory Care (NBRC) Examinations Employer surveys (required by accrediting body, CoARC)	80% on NBRC Certified Respiratory Therapist (CRT) Credentialing Exam 80% on Registered Respiratory Therapist (RRT) Credentialing Exam	NBRC CRT Credentialing Exam RRT Credentialing Exam Employer Satisfaction Survey	100% pass rate for Class of 2011 100% pass rate for Class of 2012 100% pass rate for Class of 2011 100% pass rate for Class of 2012 for all graduates 100% satisfaction	Continue to offer exam preparation and hands-on clinical as well as NBRC style testing in program
Perform technical and clinical skills necessary to function competently as an advanced-level therapist.	CoARC required graduate and employer surveys	80% satisfied (>2 on Likert scale)	Graduate and Employer surveys	100% of employers indicated graduates were rated above the benchmark (2011) 100% of graduates indicated that they were adequately prepared to perform as advanced-level therapists (2011)	No improvement indicated
Demonstrate professional behavior skills necessary to function competently as an	CoARC required graduate and employer surveys	80% above cut score (>2 on a 5-point likert scale) on surveys	Graduate and Employer surveys	100% Employers indicated satisfaction with professional behavior for Class of 2009, 2010 and 2011. 100% of graduates indicated the same for the same period.	No improvement indicated

¹ Results of program assessment: % of students who met the outcome(s) and at what level they met the outcome(s)

² Plan for Improvement: what will the program do to improve the results?

advanced-level therapist.					
Communicate and interact appropriately and effectively	CoARC required graduate and employer surveys	80% above cut score (>2 on a 5-point likert scale) on surveys	Graduate and Employer surveys	100% of Employers and graduates indicate satisfaction with communication skills from surveys done in 2010 to 2012.	No improvement indicated
Incorporate knowledge of multicultural perspectives to meet the needs of diverse populations.		80% above cut score (>2 on a 5-point likert scale) on surveys	Graduate and Employer surveys	All respondents (100%) on surveys conducted in 2010 to 2012 indicate satisfaction with multicultural knowledge.	No improvement indicated

Alignment of Respiratory Care Program Courses to Program SLOs
September 2011

Program SLO	Courses	Notes
Assimilate and apply relevant knowledge necessary to function competently as an advanced-level therapist.	All courses RESP 100, 101, 200, 201, 202, 203, 212, 218, 213, 211, 229, 222, 301, 302, 312, 316, 320, 322	Capstone courses are the final arbiter; RESP 320, 322. Final proof comes from results on National Board exams
Perform technical and clinical skills necessary to function competently as an	All clinical courses RESP 202, 212, 222, 302, 312, 322	RESP 322 is the capstone clinical course

advanced-level therapist.		
Demonstrate professional behavior skills necessary to function competently as an advanced-level therapist.	RESP 100, 202, 212, 222, 302, 302, 312, 320, 322	Clinical instructors and preceptors evaluate affective behavior daily, during Midterms and Finals in clinical courses offered each semester.
Communicate and interact appropriately and effectively	RESP 100, 101, 201, 202, 212, 222, 301, 302, 312, 316, 322	Written and verbal communication is assessed in all these courses. All clinical courses require the student to communicate in written form (charting in the patient's electronic medical record) as well as verbally with other health care personnel.
Incorporate knowledge of multicultural perspectives to meet the needs of diverse populations.	All clinical courses RESP 202, 212, 222, 302, 312, 322	This is assessed in each clinical course in daily preceptor evaluations, Mid-term and Final instructor evaluations every semester.

Part VII. Tactical Action Plan

1. Department Action Plan

a. Appropriate Strategic Outcomes:

A=Hawaiian Attainment, B=Educational Capital, C=Grants Development, D=Workforce Development, E=Professional Development, F=Resource Stewardship).

b. **Tactical Plan Performance Measures:** A1, A2, A4; B2, B3, B4, B7; D1, D4;E1; F1, F2,F5

c. **Strategies:** A1C,D; A2A, A4D; B2C, B3C,B4I, B4J, B4L, B7B; D1C,D1D, D4B. D4C; E1F; F1A,F1B; F2F, F5A

d. HMSA, Workforce Development grants (Ulu Pono and C3T) and Alu Like scholarships

1) HOSA partnerships, Health Services Pathway

- 2) UHM pathway program transfer information sessions
- 3) Building renovation and equipment upgrades.
- e. **Data to be gathered:** e.g. ARPD, IEMs, CCSSE, program-specific data
- f. **Position(s) Responsible** Sheila Kitamura, Program Director, Department Chair, Patricia O'Hagan, Dean.
- g. **Synergies with other programs, units, emphases and initiatives**
- h. **Key Community Partners:** Queens Foundation, HMSA Foundation, Affiliating agencies, Advisory committees

Part VIII. Resource and Budget Implications

A. Human resources- Fill the vacant position. The program had intended to recruit an instructor (C2 level) with clinical expertise and then work to develop teaching skills over 4-5 years. It was anticipated that this would be filled more rapidly and economically than recruiting experienced RT faculty for a leadership position. The alternative would be to recruit a C3 or C4 level faculty member to take the role of Program Director. As of the publication of this document we don't have an indication about what the administration will allow. This position will cost, depending on the job description, between \$70K-\$150K/year.

B. In accordance with Strategic outcome E, the college must provide faculty development funding and opportunities. CoARC and our professional organizations (American Association for Respiratory Care, AARC and National Board for Respiratory Care, NBRC) provide educational opportunities, workshops and forums but often these require travel to out-of-state locations with considerable time and economic costs. Especially since the program's accreditation will be assessed again in 2016, the program requires a budget to provide the needed staff development training. At least \$2500 per faculty member per year is needed to allow for one out-of-state educational trip per year- a total of \$10,000 per year for the program's 4 faculty positions.

C. Strategic objective B (Increase the educational capital of the state/underserved regions) requires funding to make it work. We currently have 2 Maui students in the program and have discussed the possibility of placing students on Kauai, but without travel and housing budgets for both students and faculty it is not possible to make this work. If we could assure adequate funding we could assure 2-3 neighbor island clinical placements per year. Just having clinical education done for 2 students during the summer would require \$10,000 per year. If we could recruit neighbor island students and provide housing/transportation support (a key barrier to access for this population) we would require an additional \$50,000.

D. Strategic outcome E- Develop innovative and inspiring environments in which to work. Better simulation technology would meet this need. Also, in accordance with

outcome F (stewardship of resources) we need to allow for the maintenance and replacement of the resources we have. Our sophisticated medical devices do not get routine preventive maintenance or servicing, because there is no qualified BioMed technical support within the College structure. If we are to invest in capital equipment, we must have the resources to maintain that equipment in good working order. To buy simulation baby and pediatric mannikins we would need at least \$30,000. Replacement of old/worn equipment needs to be budgeted- a Ventilator costs at least \$20,000, often more. The department or College could provide a BioMed provider shared by all programs or campuses, but we need access to these services.

Part IX. Evaluation of Data and Measurable Improvements (annually updated)*

Evaluation of Data identified in Part VII-1-d

List of achievements in the last year

- a. 2 new ventilators purchased, 2 acquired
- recognition for credentialing success by CoARC

List of goals for the next year

- hire a 4th faculty member
- recognition for credentialing success by CoARC
- each faculty member attend an out-of-state staff development course

